

14334 (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORTTHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)COUNTY  
NUMBER

A514952-F

ST/CO USE ONLY

DATE RECEIVED  
MM DO YY

8 13

DATE WELL COMPLETED

MM DO YY  
12 9 02

Depth of Well

22 220' 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"H0-94-3596  
28 29 30 31 32 33 34 35 36 37OWNER GST TRUST + SISTERS TRUST

STREET OR RFD

SUBDIVISION WATERFORD FARMS

SECTION

TOWN GLENWOODLOT 34

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM TO

check  
if water  
bearing

Brown Shale

0 76

Gray Granite

76 220

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
☒ Y ☐ N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☐ BCNO. OF BAGS 23 NO. OF POUNDS 2162GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 74 ft.48 TOP 52 54 BOTTOM 58 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

☒ ST  
STEEL☐ CO  
CONCRETE☐ PL  
PLASTIC☐ OT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)ST680

60 61

63 64

66 70

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G

## OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)☒ ST  
STEEL☐ BR  
BRASS☐ HO  
OPEN  
HOLE☐ PL  
PLASTIC☐ OT  
OTHERNUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no  
☒ Y ☐ N

## CIRCLE APPROPRIATE LETTER

**A** A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED**E** ELECTRIC LOG OBTAINED**P** TEST WELL CONVERTED TO PRODUCTION  
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN  
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND  
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE  
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED  
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE.DRILLERS LIC. NO. 1 M SDO 24

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 DSITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)GRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

TELESCOPE  
CASINGLOG  
INDICATOR74 75 76  
OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3  
8 9

PUMPING RATE (gal. per min.)

10  
11 15METHOD USED TO  
MEASURE PUMPING RATEBecher

WATER LEVEL (distance from land surface)

BEFORE PUMPING 62 ft.  
17 20WHEN PUMPING 90 ft.  
22 25

TYPE OF PUMP USED (for test)

☒ A air☐ P piston☐ T turbine☐ C centrifugal☐ R rotary☐ O other  
(describe  
below)☐ J jet☒ S submersible

## PUMP INSTALLED

DRILLER INSTALLED PUMP  
(CIRCLE) (YES or NO)

YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX 29.

CAPACITY:

GALLONS PER MINUTE  
(to nearest gallon)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH  
(nearest ft.)

43 47

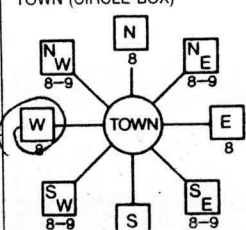
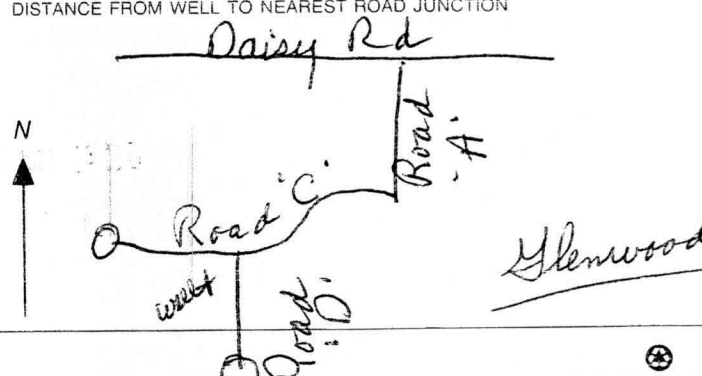
CASING HEIGHT (circle appropriate box  
and enter casing height)☒ + above

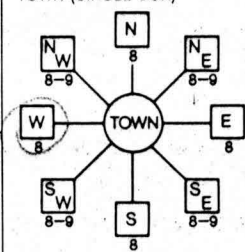
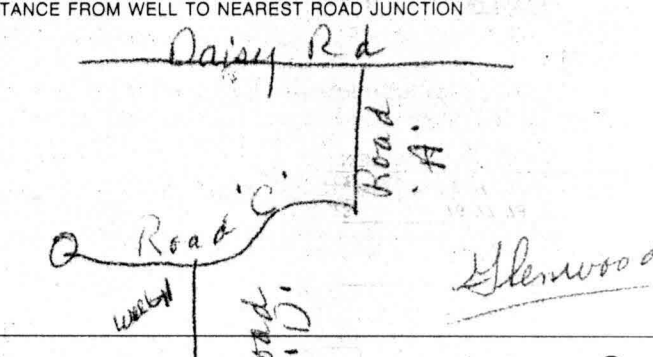
LAND SURFACE

☐ - below2 (nearest  
foot)

## LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND /OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)

B 1 <b>6768</b> 1 2 3 4 5 6	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 517434 please type	STATE PERMIT NUMBER <b>HO-94-3596</b> <small>fill in this form completely</small>
Date Received (APA) <b>08/22/02</b> 8 MM DD YY 13 <b>OWNER INFORMATION</b> 15 <u>Gst Trust &amp; Sisters Trust</u> Owner First Name 34 36 <u>3 Weyndam Ct.</u> Street or RFD 55 57 <u>Lutherville Md 21093</u> Town 70 State 72 Zip 76		B 3 <b>LOCATION OF WELL</b> 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Waterford Farms</u> 42 SECTION <u>44</u> 46 LOT <u>34</u> 48 50 52 NEAREST TOWN <u>Glenwood</u> 71 MILES FROM TOWN (enter 0 if in town) <u>4 1/2</u> M I 73 76 77 78	
<b>DRILLER INFORMATION</b> Driller's Name <u>Joseph L Mayne</u> MS D 024 76 License No. 81 Firm Name <u>Joseph L Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt. Airy 21711</u> Signature <u>Joseph L Mayne</u> Date <u>8-23-02</u>		B 4 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 <u>Road 'D'</u> 30 34 20 37 DISTANCE FROM ROAD <u>FT</u> ENTER FT OR MI 38 39 TAX MAP: <u>13</u> BLK: <u>24</u> PARCEL <u>13</u>	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>14</u> 20		TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>A514952-F</b> COUNTY NO.	
<b>USE FOR WATER</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATER) <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		DO NOT REMOVE THIS TAG DEPARTMENT OF THE ENVIRONMENT WELL PERMIT NUMBER <b>HO-94-3596</b> INFORMATION-GIVE NUMBER & WRITE 1800 WASHINGTON BLVD. BALTIMORE, MARYLAND 21230	
APPROXIMATE DEPTH OF WELL <u>260</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>780</u> N <u>520</u>	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <u>AIR-ROTARY</u> JETTED Jettied & <u>DRIVEN</u> 30 AIR-PERCUSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other		Request for Duplicate Tag On 1-4-2006 Tag Lost: by Driller off Well in Mail	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>HO 2002 G005</u> PERMIT No. <u>HO-94-3596</u> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> <small>NOT: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small>			

B 1 <b>6768</b> 1 2 3 4 5 6	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>517434</b>	STATE PERMIT NUMBER <b>40-94-3596</b> 70 79 fill in this form completely
Date Received (APA) <b>08/22/02</b> 8 MM DD YY 13 <b>GS Trust &amp; Sisters Trust</b> 15 Last Name Owner First Name 34 <b>3 Wyndham Ct.</b> 36 Street or RFD 55 <b>Lutherville Md 21093</b> 57 Town 70 State 72 Zip 76		B 3 <b>Howard</b> LOCATION OF WELL 8 COUNTY 21 <b>Waterford Farms</b> 23 SUBDIVISION 42 SECTION <b>44</b> 46 LOT <b>34</b> 48 50 <b>Glennwood</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>4 1/2</b> M I 73 76 77 78	
<b>DRILLER INFORMATION</b> <b>Joseph L Mayne</b> M S D 024 Driller's Name 76 License No. 81 <b>Joseph L Mayne Well Drilling</b> Firm Name <b>5512 Ridge Rd Mt. Airy 21771</b> Address <b>Joseph L Mayne 8-23-02</b> Signature Date		B 4 <b>1</b> 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  <b>Road 'D'</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <b>20</b> 37 DISTANCE FROM ROAD <b>FT</b> ENTER FT OR MI 38 39 TAX MAP: <b>13</b> BLK: <b>24</b> PARCEL: <b>13</b>	
B 2 <b>2</b> <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE <b>5</b> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <b>500</b> (GAL. PER DAY) 14 20		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL <b>260</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST INCH		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <b>HOWARD</b> <b>AS14952-F</b> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <b>11/22/02</b> <b>How R Kneeg</b> <b>11/22/03</b> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <b>530</b> 0 0 0 EAST GRID <b>780</b> 0 0 0 50 55 57 63	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>Well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>780</b> N <b>530</b> 000 X 000	
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APPROP. PERMIT NUMBER _____ <b>5005 VN 55 bW 1:20</b>			
PERMIT No. <b>40-94-3596</b> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

Well Permit No. HO - 94-3596  
Location of property (road) ROAD "D"  
Subdivision WATERFORD FARMS Lot 34 Block 24 Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller JOSEPH MAYNE Owner GST TRUST + SISTER TRUST

Depth of well 220'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 62'

Time pump started 10:35 Pumping rate 20 gpm  
Total time 15 min to reach pumping water level 90 ft. below M.P.

[illegible]



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670

Address: 580 Obrecht Rd  
Sykesville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subdivision: Cattail Trace Lot #: 34 Well Tag #: HO 44-3596

Site Address: 15900 Willis Way

Submersible Pump Data

Make: Goulds

Model #: 75B07402

Pump Capacity: 7 GPM

Well Yield: \_\_\_\_\_ GPM

Depth of well encountered at time of pump installation: 220 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors of Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt NA

Pitless Adapter

Make: Campbell

Model#: NA

Depth: 36 (36" min)

NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes

Screened, vented well cap: yes

Cap secured to casing: yes

Conduit min 18" B.G.: yes

Conduit secured to well cap: yes

Piping to house

Type: 1" Bk PVC

PSI: 160 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes

Approximate length of sleeve: 5

Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton

date: 12-20-05

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 12/21/05 BB

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

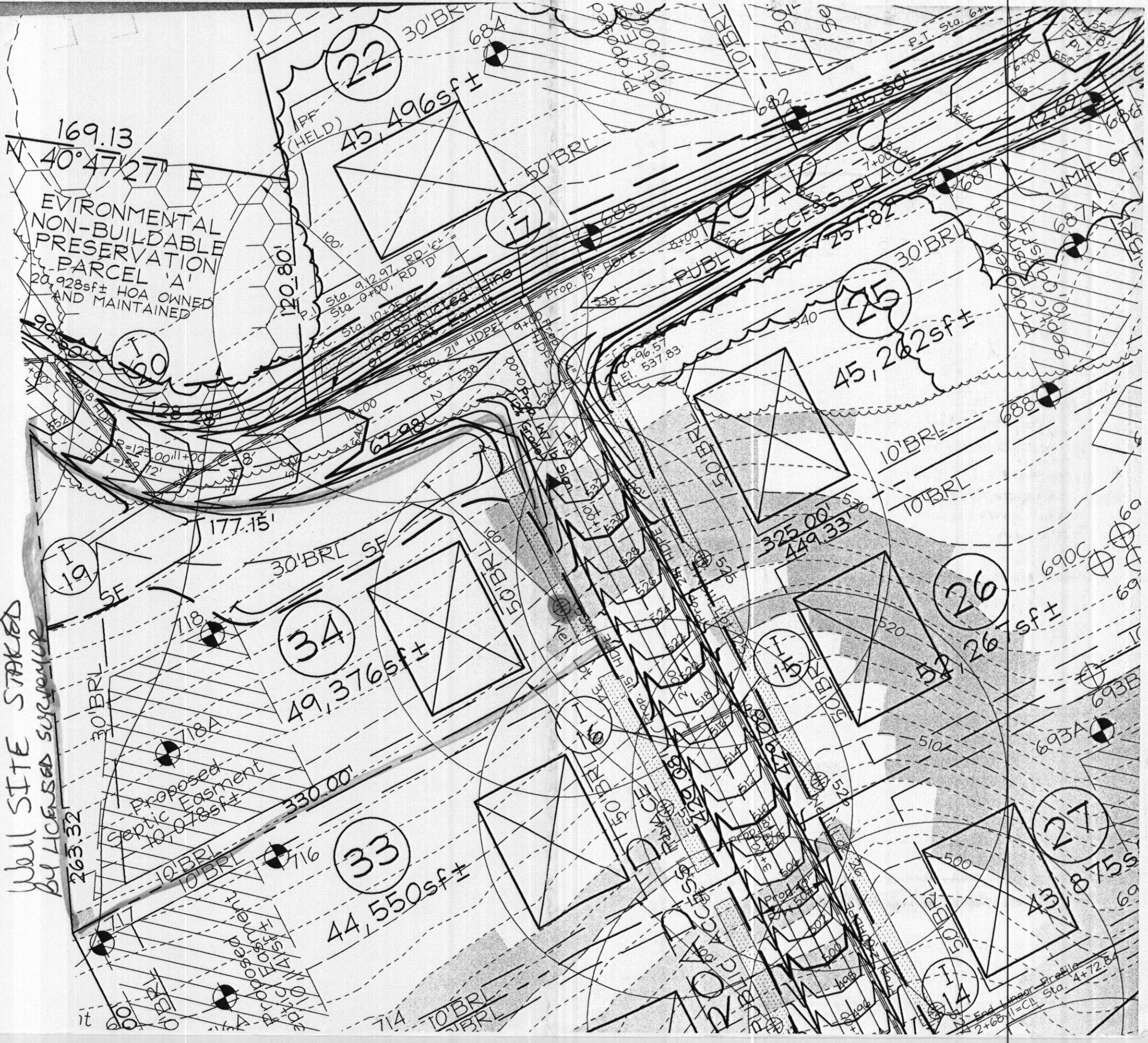
Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter



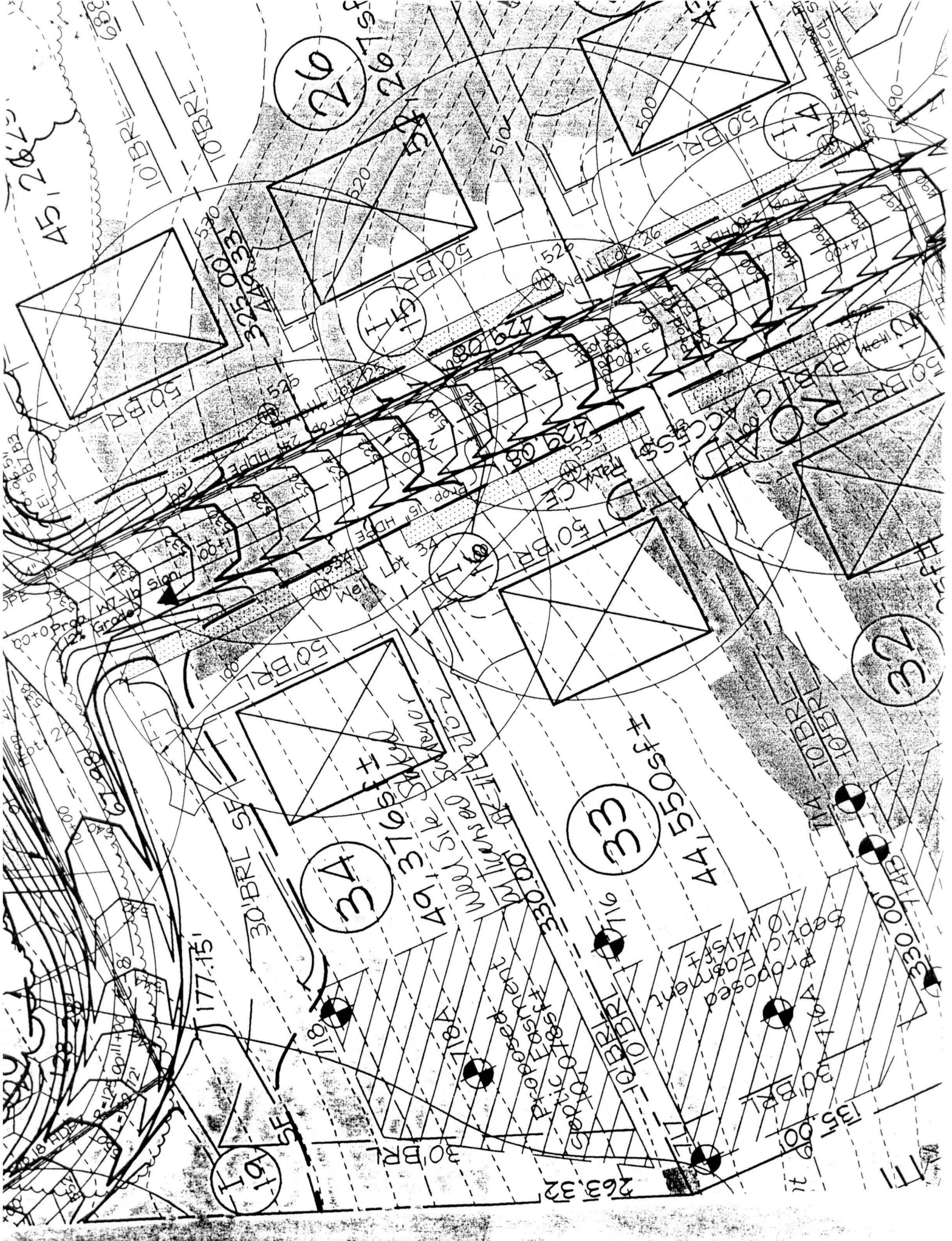
N 169.13  
40° 47' 27" E  
ENVIRONMENTAL  
NON-BUILDABLE  
PRESERVATION  
PARCEL 'A'  
20,928sf± HOA OWNED  
AND MAINTAINED

Well SITE STAKED  
BY LICENSED SURVEYOR



End Linear Profile  
Sta. 4+72.81  
2+68.11=CL





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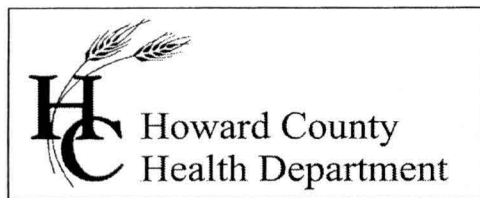
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7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 29, 2005

Toll MD II Limited Partnership  
7164 Columbia Gateway Drive, Suite #230  
Columbia, MD 21046

**SENT VIA FACSIMILE 410-489-6293**

RE: Waterford Farms, Lot 34  
15900 Willis Way  
Woodbine, MD 21797  
BP # B00154826  
Well Permit # HO-94-3596

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. The issuance of this ICOP letter is based on the condition that a replacement well tag # HO-94-3596 must be ordered and installed by a licensed well driller within 30 days of this letter. **Final approval of the septic system was granted on 12/27/2005. Final approval of the well line connection to the dwelling was approved on 12/08/2005.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

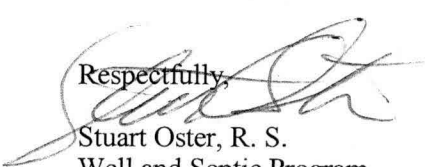
#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3596. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 12/21/2005  
Date of Well Completion: 12/09/2002

Respectfully,

  
Stuart Oster, R. S.  
Well and Septic Program

cc: Building Inspector's Office  
Community Services Program  
File



**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 57541 Account #: 1930  
Reference: Cattail Trace Lot 34 Company: Fogle's Well Drilling  
Location: 15900 Willis Way Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 12/21/2005 0930 Site: Kitchen Sink Tap  
Date/Time Rec'd: 12/21/2005 1215 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3596

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/22/2005 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/22/2005 / 0815 / CCH
Nitrate	<1.0	mg/L	10	601	12/22/2005 / 0930 / CWM
Turbidity	3.25	NTU	<10	SM18 2130B	12/22/2005 / 0820 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	12/22/2005 / 0820 / CCH

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy  
Building Permit # : 00154826

Date Reported: 12/23/2005