

C1 14353 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A514952-E

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
12 10 02

Depth of Well

22 345 26
(TO NEAREST FOOT)OKSRK
12/19/02PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3575
28 29 30 31 32 33 34 35 36 37OWNER GST TRUST + SISTERS TRUST
STREET OR RFD ROAD "D" WILLIS WAY first name TOWN GLENWOOD
SUBDIVISION WATERFORD FARMS SECTION LOT 33

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 67

Gray Granite

67 345

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 23 NO. OF POUNDS 2102

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)Casing types
insert
appropriate
code
below
STEEL CONCRETE
PLASTIC OTHERMAIN CASING TYPE
Nominal diameter
top (main) casing
(nearest inch)! Total depth
of main casing
(nearest foot)
60 61 63 64 66 70OTHER CASING (if used)
diameter depth (feet)
inch from to
E A C H C A S I N Gscreen type
or open hole
(insert
appropriate
code
below)
STEEL BRASS
BRONZE OPEN
HOLE
PLASTIC OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DIAMETER
OF SCREEN (NEAREST
INCH)
56 60
from toGRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 52 ft.

WHEN PUMPING 208 ft.

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

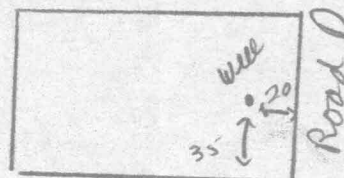
DRILLER INSTALLED PUMP YES NO

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) 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)
+ above } LAND SURFACE
- below } 3 (nearest foot)
49 50 51

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)

NUMBER 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 MSD024

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

B 1 6767

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-94-3595
fill in this form completely

Date Received (APA)

08/22/02
8 MM DD YY 13

OWNER INFORMATION

15 Last Name First Name 34
65+ Trust + Sisters Trust
36 3 Wyndam Ct Street or RFD 55
57 Lutherville Md 21093 Town State 72 Zip 76

DRILLER INFORMATION

Driller's Name 76 License No. 81
Joseph L. Mayne M S D 024
Firm Name
Joseph L. Mayne Well Drilling
Address
5512 Ridge Rd Mt. Airy Md 21111
Signature Date
Joseph L. Mayne 8-23-02

B 2 WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.) 8 12
5
AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 14 20
500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- 22 ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
☐ INDUSTRIAL, COMMERCIAL, DEWATERING
☐ PUBLIC WATER SUPPLY WELL
☐ TEST, OBSERVATION, MONITORING
☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL 24 28 260 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- 30 BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTARY Drive-POINT
other

REPLACEMENT OR DEEPEINED WELLS
(CIRCLE APPROPRIATE BOX)

- 39 ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
☐ THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED
(IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER

G
PERMIT No. H0-94-3595
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

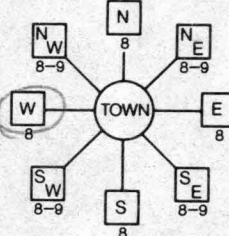
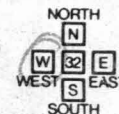
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

LOCATION OF WELL

8 COUNTY 21
Howard
23 SUBDIVISION 42
Waterford Farms
SECTION 44 46 LOT 33 48 50
Glenwood
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 4 1/2 M I
73 76 77 78

B 4

DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)Road 'D'
11 NEAR WHAT ROAD 30ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)34 20 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
FT

TAX MAP: 13 BLK: 24 PARCEL 13

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD AS14952-E
COUNTY NAME COUNTY NO.
STATE
SIGNATURE INSERT S 41
DATE ISSUED 11/22/02 Steven R. King 11/23/03
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH 520 000 EAST 780 000
GRID 50 55 57 63

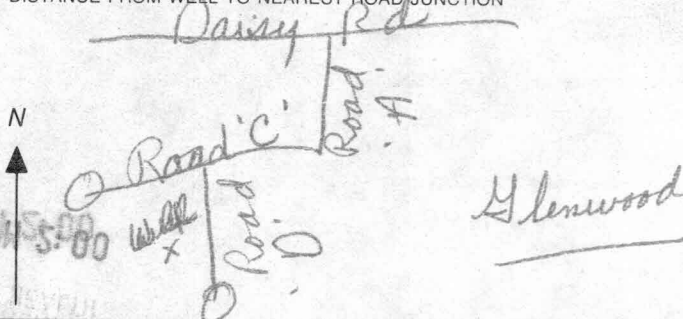
SHOW MAJOR FEATURES OF
BOX & LOCATE WELL
WITH AN X

SOURCES OF DRILLING WATER

1. Well
2.
3.

WRITE THE BOX NUMBER
FROM THE MAP HERE

E 780
N 520

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
RELATION TO NEARBY TOWNS AND ROADS AND GIVE
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Lot 33 Block 24 Plat _____ Sec. _____
Owner GST TRUST + SISTER TRUST

Depth of well 345'
Distance of measuring point (M.P.) above ground 3'
Static water level (S.W.L.) below M.P. 52'

Time pump started 7:00 Pumping rate 20 gpm
Total time 30 min to reach pumping water level 208 ft. below M.P.

HD-224

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: 588 ORCHARD RD
SYLVESVILLE 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: Toll Brothers Telephone #: _____
Subdivision: Cattow Trace Lot #: 33 Well Tag #: HO-94-3595
Site Address: 15904 WILLIS WAY

Submersible Pump Data

Make: Cowlds
Model #: 95807
Pump Capacity: 7 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Campbell
Model #: N/A
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

Depth of well encountered at time of pump installation: 345 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: 1" Black Plastic
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.

Allen Compton
Signature of company representative responsible for installation

10/4/05
date

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

Date Insp. Requested: 10/3/05 Date Insp. Approved: 10/21/05 Inspector: CAC

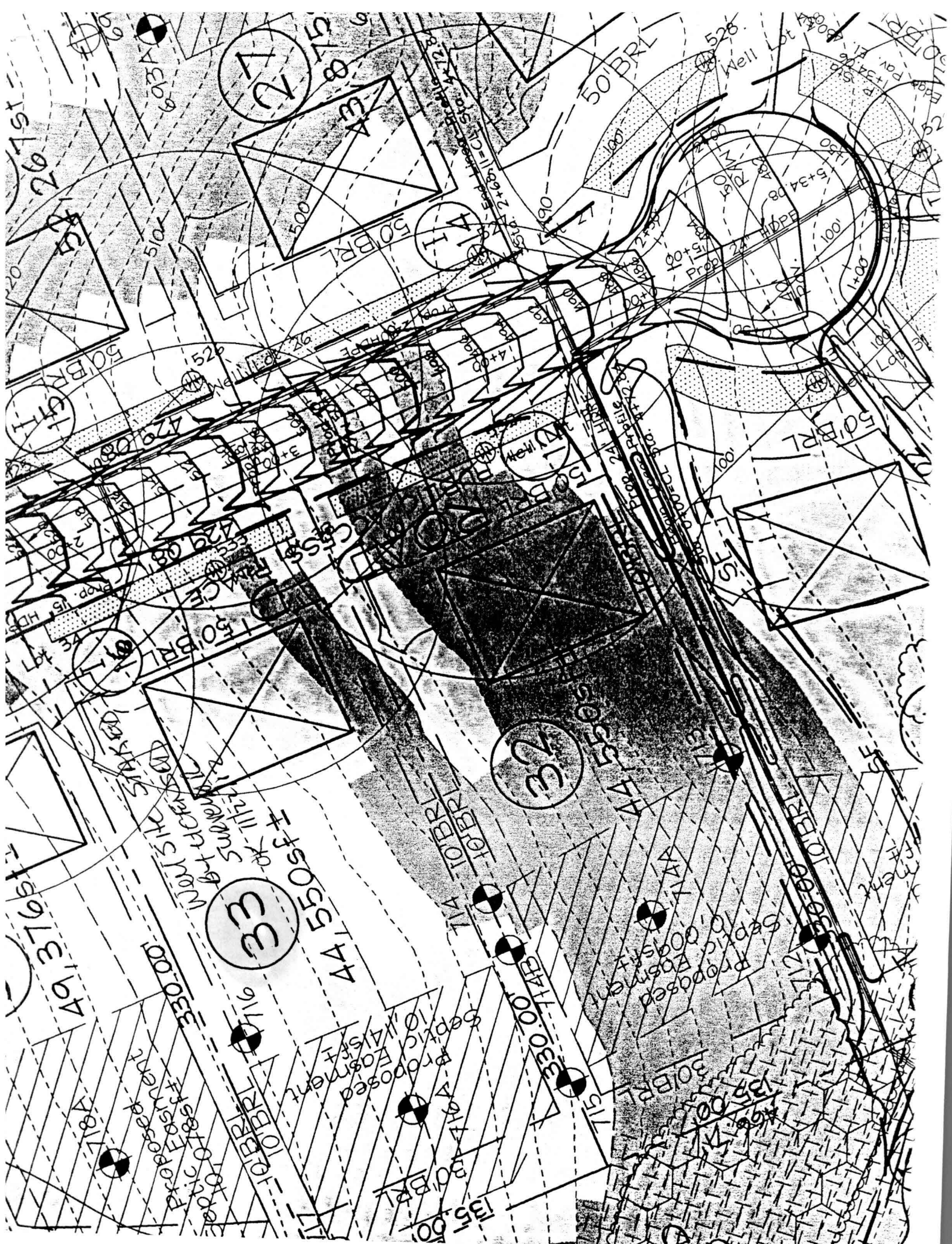
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade N/A
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

HD-215

10/21/05 Casing height
above grade OK. (CAC)

Rev. 12/00

10/3/05
After Final
Grading
Casing is
Less Than 8"
Above
Grade. (BB)





Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

10/24/2005

Toll MD II, LP
7164 Columbia Gateway Drive, #230
Columbia, MD 21046

SENT BY FACSIMILE 410-489-6293

RE: Waterford Farms, Lot 33
15904 Willis Way
Woodbine, MD 21797
BP # B00153770
Well Permit #HO-94-3595

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/21/2005. Final approval of the well line connection to the dwelling was approved on 10/21/2005.**

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-94-3595. 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(s): 10/19/2005 & 10/21/05
Date of Well Completion: 12/10/2002

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
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 #: 56828
Reference: Toll Brothers Lot 33
Location: 15904 Willis Way
Woodbine, MD 21797
Date/ Time Collected: 10/21/2005
Date/Time Rec'd: 10/21/2005 1526
Chlorine ppm: Free: ND Total: ND
Collected By: V.M. Fadoul 6804VF-FS
Account #: 1930
Company: Fogle's Well Drilling
Requested By: Dave Fogle
Source: Well Water
Site: Kitchen Sink Tap
Treatment: None
pH: 6.2
Well #: HO-94-3595

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	2.67	NTU	<10	SM18 2130B	10/21/2005 / 1530 / B. Dutters

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy retest 56794
Building Permit # : B00153770

Date Reported: 10/21/2005

MD State Certification # 133

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 #: 56794
 Reference: Toll Brothers Lot 33
 Location: 15904 Willis Way
 Woodbine, MD 21797
 Date/ Time Collected: 10/19/2005 0800
 Date/Time Rec'd: 10/19/2005 1300
 Chlorine ppm: Free: ND Total: ND
 Collected By: V.M. Fadoul 6804VF-FS
 Account #: 1930
 Company: Fogle's Well Drilling
 Requested By: Dave Fogle
 Source: Well Water
 Site: Kitchen Sink Tap
 Treatment: None
 pH: 6.1
 Well #: HO-94-3595

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/20/2005 / 0830 / CH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/20/2005 / 0830 / CH
Nitrate	2.54	mg/L	10	601	10/20/2005 / 0900 / BD
Turbidity	16.5	NTU	<10	SM18 2130B	10/20/2005 / 0910 / BD
Sand	NS	mg/L	5	Visual/Gravimetric	10/20/2005 / 0910 / BD

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 # : B00153770

Date Reported: 10/20/2005

Laboratory Director: _____

Charles Mooshian, B.S., M.T.

MD State Certification # 133