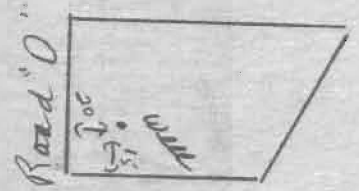


C1 14346		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER <u>AS15227-4</u>	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 12 30 02		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" OKSRK 1/3/03 H0-94-3588 28 29 30 31 32 33 34 35 36 37	
OWNER <u>GST TRUST + SISTER TRUST</u>		STREET OR RFD <u>ROAD "A" WILLS WAY</u>		TOWN <u>GLENWOOD</u>			
SUBDIVISION <u>WATERFORD FARMS</u>		SECTION		LOT <u>26</u>			
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="radio"/> Y no <input type="radio"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> CM BENTONITE CLAY <input type="radio"/> BC NO. OF BAGS <u>45</u> NO. OF POUNDS <u>450</u> GALLONS OF WATER <u>70</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>5-6</u> ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>10</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>49</u> ft. WHEN PUMPING <u>115</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="radio"/> A air <input type="radio"/> P piston <input type="radio"/> T turbine <input checked="" type="radio"/> C centrifugal <input type="radio"/> R rotary <input type="radio"/> O other (describe below) <input type="radio"/> J jet <input checked="" type="radio"/> S submersible			
DESCRIPTION (Use additional sheets if needed) FROM TO check if water bearing <u>Brown Shale 0 61</u> <u>Gray Granite 61 300</u>		CASING RECORD casing types insert appropriate code below <input checked="" type="radio"/> ST STEEL <input type="radio"/> CO CONCRETE <input type="radio"/> PL PLASTIC <input type="radio"/> OT OTHER MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>65</u> 60 61 63 64 66 70		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES <input type="radio"/> NO <input checked="" type="radio"/> 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) <input checked="" type="radio"/> + above LAND SURFACE 49 <input type="radio"/> - below 2 (nearest foot) 50 51			
		OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to					
		SCREEN RECORD screen type or open hole insert appropriate code below <input checked="" type="radio"/> ST STEEL <input type="radio"/> BR BRASS <input type="radio"/> HO OPEN HOLE <input type="radio"/> PL PLASTIC <input type="radio"/> OT OTHER					
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		C 2 1 2 DEPTH (nearest ft.) <u>63</u> <u>300</u> A 8 9 11 15 17 21 C 23 24 26 30 32 36 S R 38 39 41 45 47 51 E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 60 from to		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) 			
WELL HYDROFRACTURED yes <input checked="" type="radio"/> Y no <input type="radio"/> N		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68					
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 WELL I 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.		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA					
DRILLERS LIC. NO. 1 <u>M 5 D 024</u> <u>Joseph E. Mayne</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 <u>D</u>							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

B 1	6752	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 517434 please type	STATE PERMIT NUMBER H0-94-3588 70 fill in this form completely 79
Date Received (APA) 08/22/02		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name Owner First Name 34		
36 Street or RFD 55		57 Town 70 State 72 Zip 76		
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name Joseph L. Mayne M S D 024		8 COUNTY Howard 21		
Firm Name Joseph L. Mayne Well Drilling		23 SUBDIVISION Waterford Farms 42		
Address 5512 Ridge Rd Mt Airy Md 21771		SECTION 44 46 LOT 26 48 50		
Signature Joseph L. Mayne Date 8-23-02		52 NEAREST TOWN Glenwood 71		
B 2 WELL INFORMATION		B 3		
APPROX. PUMPING RATE (GAL. PER MIN.) 5		1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		11 NEAR WHAT ROAD Road 'D' 30		
		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
		34 15 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39		
		TAX MAP: 13 BLK: 24 PARCEL 13		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		COUNTY NAME HOWARD COUNTY NO. A515227-Y		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		STATE SIGNATURE _____ INSERT S → 41		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		DATE ISSUED 11/22/02 Don P. King 11/23/03		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		43 MM DD YY 48 CO SIGNATURE Don P. King EXP. DATE		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		NORTH GRID 520 000 EAST GRID 780 000		
<input type="checkbox"/> GEO-THERMAL		50 55 57 63		
APPROXIMATE DEPTH OF WELL 260 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL 6 INCH		SOURCES OF DRILLING WATER		
METHOD OF DRILLING (circle one)		1. Well		
BORED (or Augered) JETTED Jetted & DRIVEN		2.		
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)		3.		
CABLE REVerse-ROTary DRive-POINT		WRITE THE BOX NUMBER FROM THE MAP HERE		
other _____		E 780		
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)		N 520		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<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 DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER _____ G				
PERMIT No H0-94-3588				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

1/3/03

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3588
Location of property (road) Road D.
Subdivision Watford Farms Lot 26 Block _____ Plat _____ Sec. _____
Well Driller Joseph Mayre Owner 651 Trusts Sisters Trust

Depth of well 300'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 49'

1. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 20 gpm
Total time 15 min to reach pumping water level 15 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

Well Permit No. HO - 94-3588

Subdivision WATERFORD FARMS

Subdivision WATERFORD FARMS Lot 26 Block Plat Sec.

Well Driller JOSEPH MAYNE Owner GST TRUST + SISTER TRUST

Distance of measuring point (M.P.) above ground

Static water level (S.W.L.) below M.P.

Time pump started _____ Pumping rate _____

Total time	to reach pumping water level	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: 588 Obrecht Rd
Sylkesville, 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 Brother Telephone #: _____
Subdivision: Calloway Trace Lot #: 26 Well Tag #: HO - 94 3588
Site Address: 15905 Willis Way

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>75B07422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: _____ GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>yes</u>
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 <u>N/A</u>		

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.

Signature of company representative responsible for installation: Allen Compton

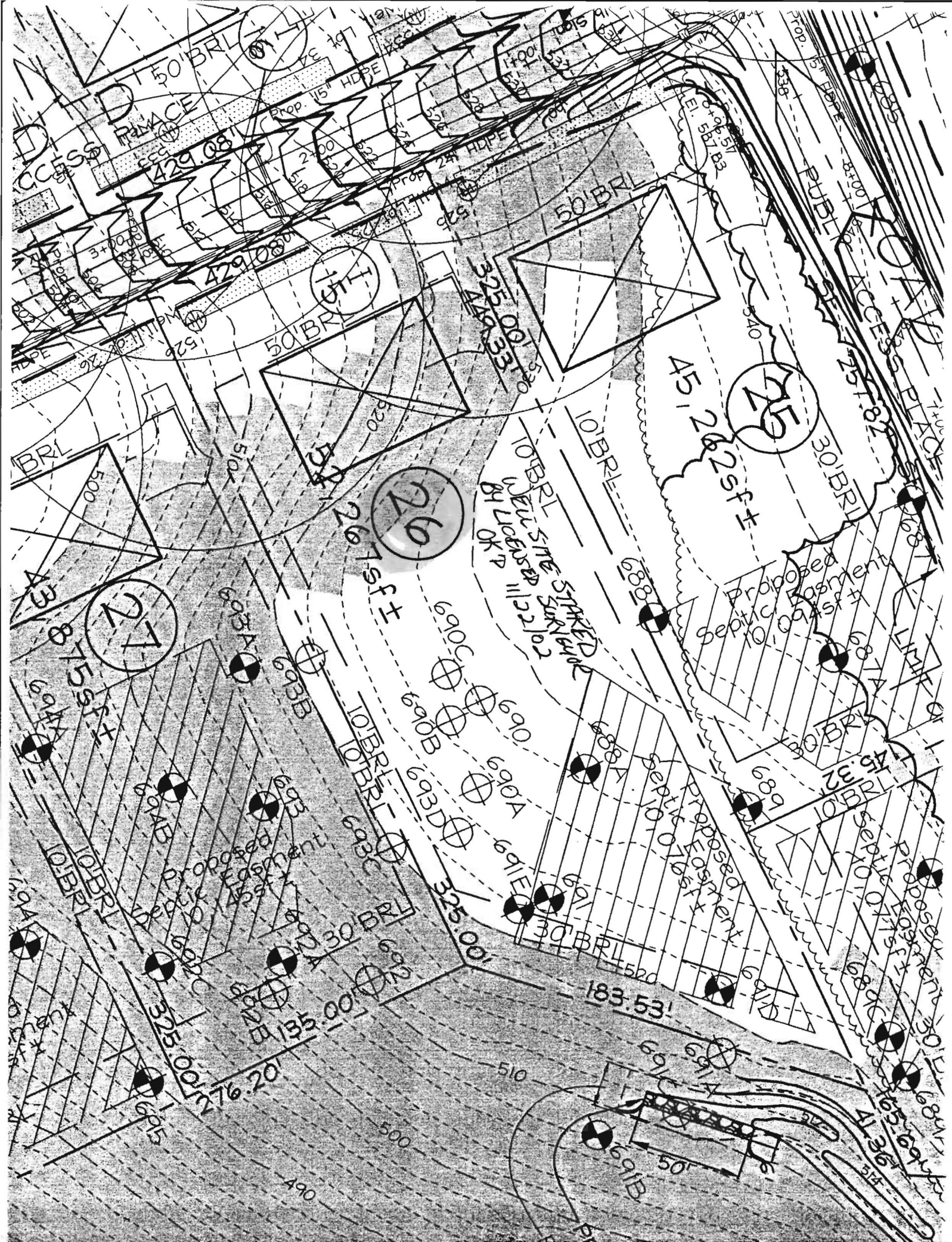
date: 1-11-06

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

Date Insp. Requested: _____	Date Insp. Approved: <u>1/26/06</u> (SO)
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>

RD-215 (Rev. 8/00)

1/10/06 B/B
Casing extended. No grout seen.
1/26/06 ALLEN COMPTON DUG DOWN ANOTHER
10 ft and hit grout. (SO)





Howard County
Health Department

7178 Columbia Gateway Drive, Columbia Maryland 21046
(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

January 27, 2006

Toll MD II, LP
7164 Columbia Gateway Dr., Suite 230
Columbia, MD 21046

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farms, Lot 26
15905 Willis Way
Woodbine, MD 21747
BP #: B00154654
Well Permit # HO-94-3588

Dear Sir:

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 01/17/2006. Final approval of the well line connection to the dwelling was approved on 01/26/2006.**

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.

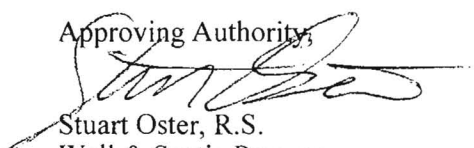
INTERIM CERTIFICATE OF POTABILITY

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-94-3588. 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 Samples: 01/18/2006 & 01/24/2006
Date of Well Completion: 12/30/2002

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 #: 57894 Account #: 1930
Reference: Toll Brothers Lot 26 Company: Fogle's Well Drilling
Location: 15905 Willis Way Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 1/24/2006 1300 Site: Kitchen Sink Tap
Date/Time Rec'd: 1/24/2006 1417 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3588

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/25/2006 / 0825 / AMD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/25/2006 / 0825 / AMD
Turbidity	6.29	NTU	<10	SM18 2130B	1/24/2006 / 1435 / AMD

NOTES

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

Reason for Test : Use & Occupancy
Building Permit # : 00154654

Date Reported: 1/25/2006

Laboratory Director:



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

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 #: 57843 Account #: 1930
Reference: Toll Brothers Lot 26 Company: Fogle's Well Drilling
Location: 15905 Willis Way Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 1/18/2006 1130 Site: Kitchen Sink Tap
Date/Time Rec'd: 1/18/2006 1505 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3588

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/19/2006 / 0945 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/19/2006 / 0945 / CCH
Nitrate	1.65	mg/L	10	601	1/19/2006 / 0900 / BCD
Turbidity	24.0	NTU	<10	SM18 2130B	1/19/2006 / 0850 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	1/19/2006 / 0850 / BCD

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 # : 00154654

Date Reported: 1/19/2006

Laboratory Director:



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

MD State Certification # 133

Fogle's Septic Clean, Inc.
Fogle's Portable Toilets • Fogle's Well Drilling, LLC
Fogle's Excavating, LLC

January 26, 2006

Howard County Health Department
7178 Columbia Gateway Dr
Columbia, Md 21046

Re: 15905 Willis Way Cattail Trace Lot #26

To Whom It May Concern:

Please be advised that on January 26, 2006 Fogle's dug up and witnessed grout on the well approximately 15' down the casing on Lot # 26 Cattail Trace.

If I can be of any further assistance, please do not hesitate in contacting the office.

Sincerely,



V. Mark Fadoul
VMF/tlm