

C1 14352

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

4514952-D

ST/CO USE ONLY

DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
12 30 82

Depth of Well

22 200 26
(TO NEAREST FOOT)2/4/03
OK SRKPERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3594
28 29 30 31 32 33 34 35 36 37

OWNER

LST TRUST + SISTERS TRUST

STREET OR RFD

last name first name
ROAD "D" WILLIS WAY

TOWN

GLENWOOD

SUBDIVISION

WATERFORD FARMS

SECTION

LOT

32

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 TOcheck
if water
bearing

Brown Shale 0 75

Gray granite 75 200

Dry well backfilled

440-40 drilling materials

40-0 cement

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 46 22 NO. OF POUNDS 45 46 2068

GALLONS OF WATER 132

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST

6

80

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)

inch from to

screen type
or open hole
(insert
appropriate
code
below)

SCREEN RECORD

ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
PLASTIC

OTHER

C 2

DEPTH (nearest ft.)

200

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER (NEAREST INCH)

OF SCREEN 56 60

from to

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 74 75 76

TELESCOPE LOG OTHER DATA

CASING INDICATOR

70 72 74 75 76

CASING INDICATOR

CASING INDICATOR

CASING INDICATOR

CASING INDICATOR

CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

20

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 44 ft.

WHEN PUMPING 49 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)
IN BOX 29.CAPACITY:
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 3 (nearest foot)
- below 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)See attached
well locations

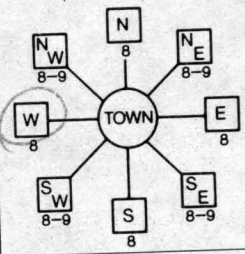
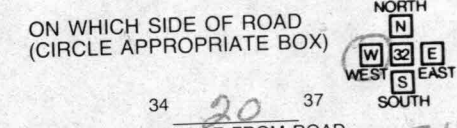
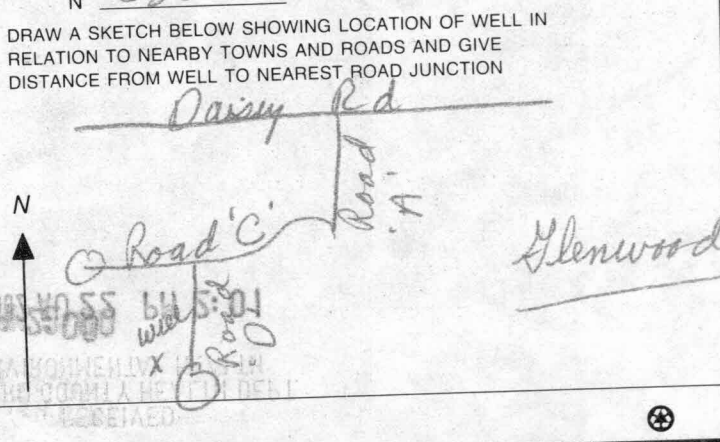
DRILLERS LIC. NO. 1 MS DO 24

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

B 1 6766		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 517434 please type		STATE PERMIT NUMBER 40-94-3594 fill in this form completely	
Date Received (APA) 08/22/02 8 MM DD YY 13			OWNER INFORMATION Gst Trust + Sisters Trust 15 Last Name Owner First Name 34 3 Weyndam Ct. 36 Street or RFD 55 Lutherville Md 21093 57 Town 70 State 72 Zip 76			
DRILLER INFORMATION Joseph L Mayne M S D 024 Driller's Name 76 License No. 81 Joseph L Mayne Well Drilling Firm Name 5512 Ridge Rd Mt. Airy 21771 Address Joseph L Mayne 8-23-02 Signature Date			LOCATION OF WELL B 3 Howard 8 COUNTY 21 Waterford Farms 23 SUBDIVISION 42 SECTION 44 46 LOT 32 48 50 Glenwood 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 1/2 73 76 77 78			
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NEAR WHAT ROAD Road 'D' 11 30 DISTANCE FROM ROAD 20 ENTER FT OR MI 38 39 TAX MAP: 13 BLK: 24 PARCEL 13			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A514952-D COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 11/22/02 Shown R. Kneeg 11/22/03 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 520 000 55 EAST GRID 780 000 63			
APPROXIMATE DEPTH OF WELL 260 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH			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 			
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other			REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S 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"/> D THIS WELL WILL DEEPEIN 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) APPROX. PERMIT NUMBER PERMIT No. 40-94-3594 70 71 72 73 74 75 76 77 78 79						
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -						

**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
Cylesville, 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# MSD0009

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

Name of Property Owner: Toll Brothers Telephone #: _____
Subdivision: Cattail Trace Lot #: 32 Well Tag #: HO-94-3594
Site Address: Willis Way 15908

Submersible Pump Data

Make: Grundfos
Model #: 75B05422
Pump Capacity: 7 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Cambell
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: 300 (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: 16 (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: 2/7/06

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

Date Insp. Requested: _____

Date Insp. Approved: 4/11/06 (RB)

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 ☒

1/10/06

Casing Extended - No Grout
Visible Down to 7.5'
Left Note to Expose
Grout (RB)

(33) 44,550sf±

Proposed Septic Easement 10' x 14'5ft±

716A 715 714 713 712 711

Weld S/C Stationary Licensed Substation

(32) 44,550sf±

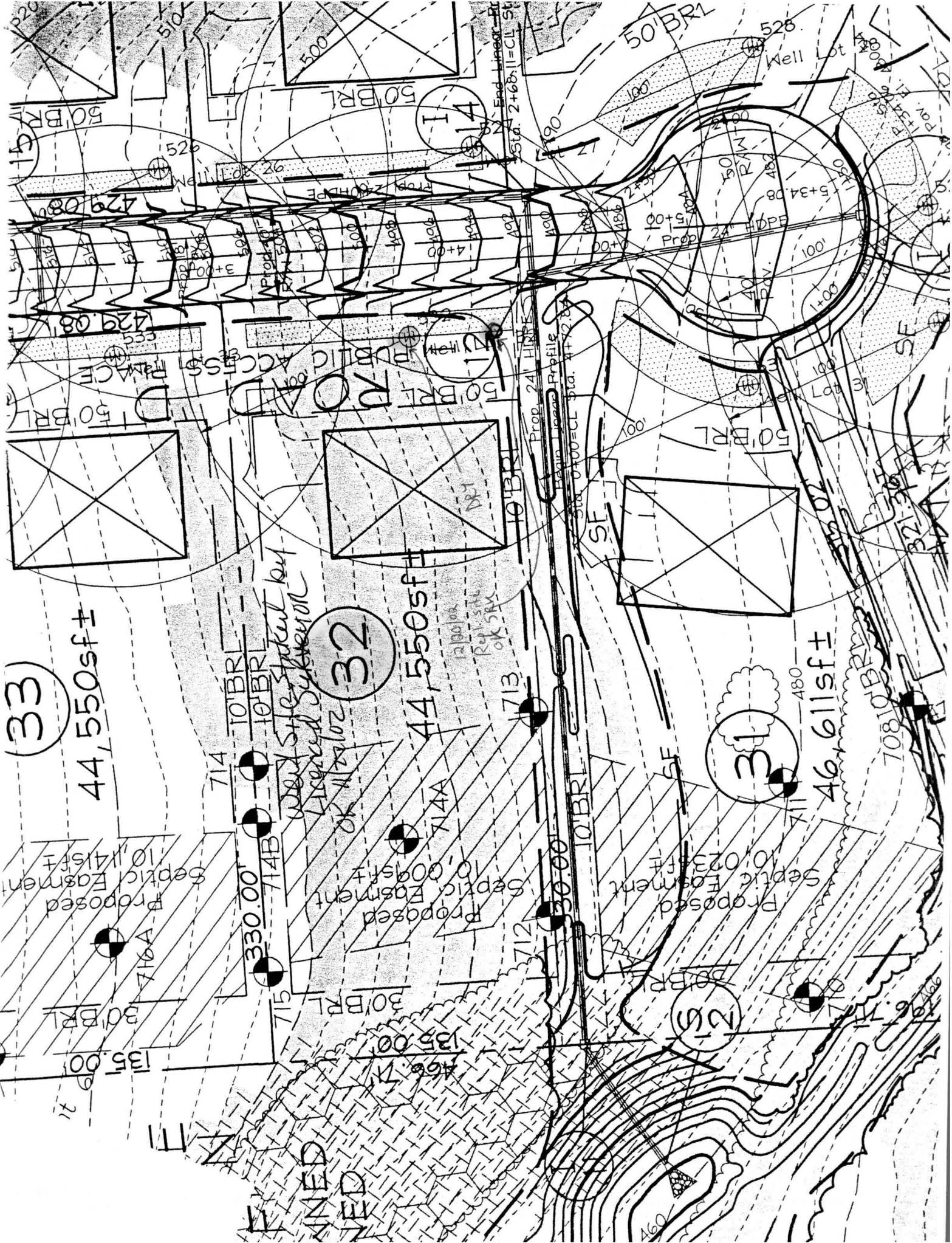
Proposed Septic Easement 10' x 14'5ft±

714A 713 712 711

(31) 46,611sf±

Proposed Septic Easement 10' x 23'5ft±

711 710 709 708 707 706 705 704 703 702 701 700 699 698 697 696 695 694 693 692 691 690 689 688 687 686 685 684 683 682 681 680 679 678 677 676 675 674 673 672 671 670 669 668 667 666 665 664 663 662 661 660 659 658 657 656 655 654 653 652 651 650 649 648 647 646 645 644 643 642 641 640 639 638 637 636 635 634 633 632 631 630 629 628 627 626 625 624 623 622 621 620 619 618 617 616 615 614 613 612 611 610 609 608 607 606 605 604 603 602 601 600 599 598 597 596 595 594 593 592 591 590 589 588 587 586 585 584 583 582 581 580 579 578 577 576 575 574 573 572 571 570 569 568 567 566 565 564 563 562 561 560 559 558 557 556 555 554 553 552 551 550 549 548 547 546 545 544 543 542 541 540 539 538 537 536 535 534 533 532 531 530 529 528 527 526 525 524 523 522 521 520 519 518 517 516 515 514 513 512 511 510 509 508 507 506 505 504 503 502 501 500 499 498 497 496 495 494 493 492 491 490 489 488 487 486 485 484 483 482 481 480 479 478 477 476 475 474 473 472 471 470 469 468 467 466 465 464 463 462 461 460 459 458 457 456 455 454 453 452 451 450 449 448 447 446 445 444 443 442 441 440 439 438 437 436 435 434 433 432 431 430 429 428 427 426 425 424 423 422 421 420 419 418 417 416 415 414 413 412 411 410 409 408 407 406 405 404 403 402 401 400 399 398 397 396 395 394 393 392 391 390 389 388 387 386 385 384 383 382 381 380 379 378 377 376 375 374 373 372 371 370 369 368 367 366 365 364 363 362 361 360 359 358 357 356 355 354 353 352 351 350 349 348 347 346 345 344 343 342 341 340 339 338 337 336 335 334 333 332 331 330 329 328 327 326 325 324 323 322 321 320 319 318 317 316 315 314 313 312 311 310 309 308 307 306 305 304 303 302 301 300 299 298 297 296 295 294 293 292 291 290 289 288 287 286 285 284 283 282 281 280 279 278 277 276 275 274 273 272 271 270 269 268 267 266 265 264 263 262 261 260 259 258 257 256 255 254 253 252 251 250 249 248 247 246 245 244 243 242 241 240 239 238 237 236 235 234 233 232 231 230 229 228 227 226 225 224 223 222 221 220 219 218 217 216 215 214 213 212 211 210 209 208 207 206 205 204 203 202 201 200 199 198 197 196 195 194 193 192 191 190 189 188 187 186 185 184 183 182 181 180 179 178 177 176 175 174 173 172 171 170 169 168 167 166 165 164 163 162 161 160 159 158 157 156 155 154 153 152 151 150 149 148 147 146 145 144 143 142 141 140 139 138 137 136 135 134 133 132 131 130 129 128 127 126 125 124 123 122 121 120 119 118 117 116 115 114 113 112 111 110 109 108 107 106 105 104 103 102 101 100 99 98 97 96 95 94 93 92 91 90 89 88 87 86 85 84 83 82 81 80 79 78 77 76 75 74 73 72 71 70 69 68 67 66 65 64 63 62 61 60 59 58 57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1





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

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

April 14, 2006

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

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farms, Lot 32
15908 Willis Way
Woodbine, MD 21747
BP #: B00154912
Well Permit # HO-94-3594

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 04/11/2006. Final approval of the well line connection to the dwelling was approved on 04/11/2006.**

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-94-3594. 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: 04/11/2006
Date of Well Completion: 12/30/2002

Approving Authority,

Brian Baker, 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 #:	58769	Account #:	1930
Reference:	Toll Brothers Lot 32	Company:	Fogle's Well Drilling
Location:	15908 Willis Way	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	4/11/2006 0900	Site:	Kitchen Sink Tap
Date/Time Rec'd:	4/11/2006 1200	Treatment	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-94-3594

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/12/2006 / 0940 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/12/2006 / 0940 / AMD/BCD
Nitrate	<1.0	mg/L	10	601	4/11/2006 / 1510 / BCD
Turbidity	6.11	NTU	<10	SM18 2130B	4/11/2006 / 1518 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	4/11/2006 / 1518 / 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 # : B00154912

Date Reported: 4/12/2006

N85°23'54"W

135.00'

WELL (W)
NO TAG

72'±

50' BRL

330.00'

39'±

SEE DETAIL

17'±

330.00'

20'

20' PUBLIC DRAINAGE
AND UTILITY EASEMENT

GRID NORTH

Site is
replacement
well site
per SRR

No L&O or
I COP until
tag & well meets
code

LOT 32

LOT 31

SUT 30 00 W

10' BRL

10' BRL

S04°36'06"W

30' BRL

S85°23'54"E

135.00'

SWM
NON-BUILDABLE PRESERVATION
PARCEL 'F'

22.7'

G. EDGAR HARR SONS' CORP.
12047 FALLS ROAD
COCKEYSVILLE, MARYLAND 21030

Howard County Health Dept
7178 Columbia Gateway Drive
Columbia, MD 21046
Attn: Gage Creighton

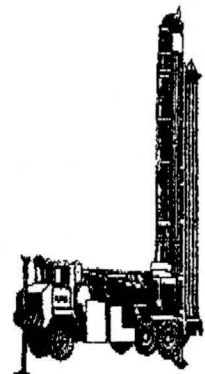
April 10, 2006

Mr. Creighton,

This letter is a follow up to the letter I sent you in October of last year concerning well extensions at Waterford Farm. My previous letter only included lot 30, but we also extended the casings on lots 29 & 32. Both steel casings were extended 10 to 15 feet. A steel coupling was used and welded into place. The work was performed by Maurice Dixon, III (MSD193). If you have any questions, please give me a call.


Michael Isom

PHONE: 410-252-4588 FAX: 410-560-0784 EMAIL: geharr@erols.com



FILE INQUIRY NOTES

[illegible]