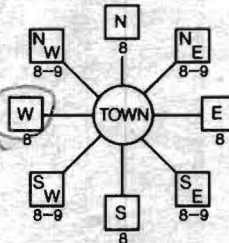


C 1	14347	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 12 18 02		Depth of Well 22 305 26 (TO NEAREST FOOT)
				PERMIT NO. FROM "PERMIT TO DRILL WELL" OKSRK 1/2/03 HO-94-3589 28 29 30 31 32 33 34 35 36 37

OWNER GST TRUST + SISTER TRUST
 STREET OR RFD WILLYS WAY first name TOWN GLENWOOD
 SUBDIVISION WATERFORD FARMS SECTION LOT 27

WELL LOG Not required for driven wells			GROUTING RECORD yes no <input checked="" type="checkbox"/> Y <input type="checkbox"/> N 44 44		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)		
DESCRIPTION (Use additional sheets if needed)	FEET		TYPE OF GROUTING MATERIAL (Circle one)		
	FROM	TO	CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input checked="" type="checkbox"/> BC	
			NO. OF BAGS <u>17</u> NO. OF POUNDS <u>1518</u> GALLONS OF WATER <u>102</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>69</u> BOTTOM 58 ft. (enter 0 if from surface)		
			CASING RECORD casing types insert appropriate code below <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">ST STEEL</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">CO CONCRETE</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">PL PLASTIC</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">OT OTHER</div> </div>		
			MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>80</u> 60 61 63 64 66 70		
			OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G		
			SCREEN RECORD screen type or open hole (insert appropriate code below) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">ST STEEL</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">BR BRASS BRONZE</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">HO OPEN HOLE</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">PL PLASTIC</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">OT OTHER</div> </div>		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>			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		
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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 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.			SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		
DRILLERS LIC. NO. 1 <u>M 5 D 0 2 0</u> DRILLERS SIGNATURE <u>Robert Mayne</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 <u>D</u>			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u> 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		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			PUMPING TEST 1 2 HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>5</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>37</u> ft. WHEN PUMPING <u>192</u> 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		
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			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)			LAND SURFACE (nearest foot) <u>2</u>		
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 1 2 3 6 <u>6751</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 517434 please type	STATE PERMIT NUMBER <u>HO-94-3589</u> fill in this form completely
Date Received (APA) <u>08/22/02</u> 8 MM DO YY 13 OWNER INFORMATION 15 Last Name <u>GST Trust & Sistrup Trust</u> Owner First Name <u>3 Wyndam Ct</u> 34 36 Street or RFD <u>Seetherville Md 21093</u> 55 57 Town <u>Seetherville</u> 70 State <u>Md</u> 72 Zip <u>21093</u> 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Waterford Farms</u> 42 SECTION <u>44</u> 46 LOT <u>27</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	
DRILLER INFORMATION Driller's Name <u>Joseph L. Mayne</u> 76 License No. <u>M 5 D 027</u> 81 Firm Name <u>Joseph L. Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt. Airy 21771</u> Signature <u>Joseph L. Mayne</u> 8-23-02 Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <u>Road 'D'</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input checked="" type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> 34 15 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>13</u> BLK: <u>24</u> PARCEL <u>13</u>	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> COUNTY NAME <u>A515227-Z</u> COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>11/22/02</u> <u>Sharon P. King</u> CO SIGNATURE <u>11/22/03</u> EXP. DATE 43 MM DD YY 48 NORTH GRID <u>520</u> 0 0 0 EAST GRID <u>780</u> 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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		SHOW MAJOR FEATURES OF 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> X000 000	
APPROXIMATE DEPTH OF WELL <u>260</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <u>Daisy Rd</u> <u>Road 'C'</u> <u>Glenwood</u>	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>AIR-ROTary</u> JETTED <u>REVERSE-ROTary</u> Jetted & DRIVEN <u>ROTARY (Hydraulic Rotary)</u> 30 <u>CABLE</u> 37 <u>Drive-POINT</u> other _____		REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <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 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. <u>HO-94-3589</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3589
Location of property (road) Road 'D'
Subdivision Watford Farms Lot 27 Block Plat Sec.
Well Driller Joseph Magee Owner East Trust + Sisters Trust
Depth of well 305'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 20 gpm
Total time 30 min to reach pumping water level 192 ft. below M.P.

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

[illegible]

Well Permit No. HO - 94-3589

Location of property (road) ROAD "D"

Subdivision WATERFORD FARMS

Well Driller JOSEPH MAYNE

Lot 27 Block 24 Plat _____ Sec. _____

Owner GST TRUST + SISTER TRUST

Depth of well

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.
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[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# MSD009

*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: Cattail Trace Lot #: 27 Well Tag #: HO-94-3589
Site Address: 15909 Willis Way

Submersible Pump Data

Make: Goulds
Model #: 75B 07422
Pump Capacity: 7 GPM
Well Yield: _____ 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

Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: yes

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 NA

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 36 (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.

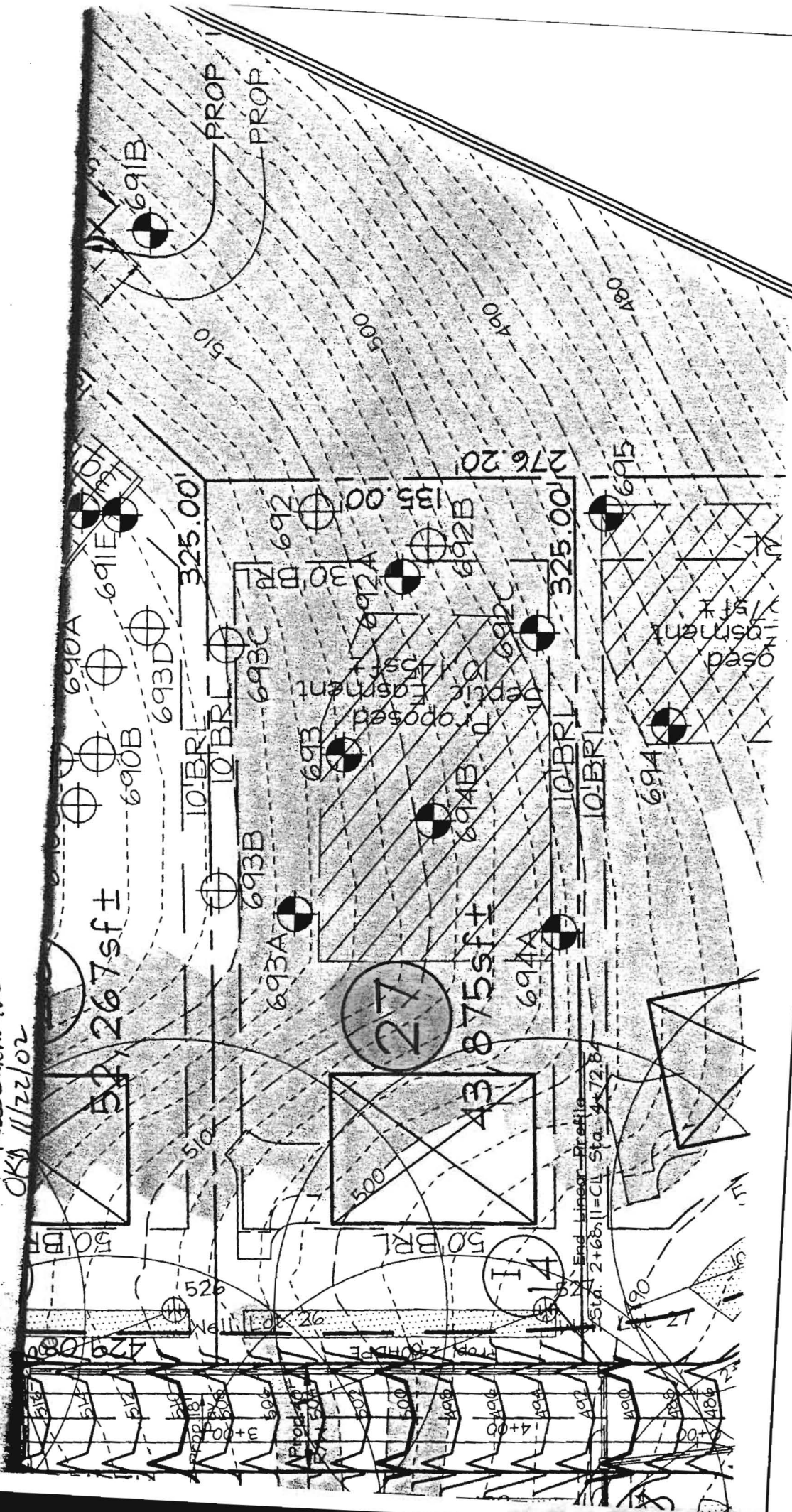
Signature of company representative responsible for installation: Allen Compton

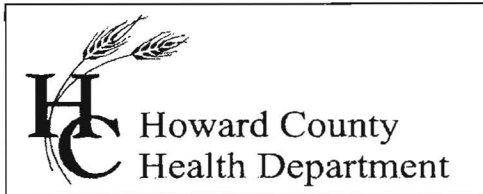
date: 12-19-05

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

Date Insp. Requested: _____	Date Insp. Approved: <u>2/21/06</u> 50
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>

Weld SITE STAKE BY
LUGUES SUBVIZOR
OK 11/22/02





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

February 21, 2006

Toll MD II, LP
3131 Lorenzo Lane
Woodbine, MD 21797

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farms, Lot 27
15909 Willis Way
Woodbine, MD 21747
BP #: B00155049
Well Permit # HO-94-3589

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 02/14/2006. Final approval of the well line connection to the dwelling was approved on 02/21/2006.**

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-94-3589. 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: 02/08/2006
Date of Well Completion: 12/18/2002

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 #:	58088	Account #:	1930
Reference:	Toll Brothers Lot 27	Company:	Fogle's Well Drilling
Location:	15909 Willis Way	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	2/8/2006 0830	Site:	Kitchen Sink Tap
Date/Time Rec'd:	2/8/2006 1406	Treatment	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/9/2006 / 0900 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/9/2006 / 0900 / AMD/BCD
Nitrate	<1.0	mg/L	10	601	2/9/2006 / 0830 / BCD
Turbidity	2.26	NTU	<10	SM18 2130B	2/9/2006 / 0934 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	2/9/2006 / 0934 / 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 # : 00155049

Date Reported: 2/9/2006

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

February 6, 2006

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

To Whom it May Concern:

Please be advised that Fogle's Well Drilling was fixing the well casing at 15909 Willis Way, Cattail Trace lot #27 and noticed that there is no well tag on the well. Could you please send out a replacement well tag at your earliest convenience.

If you have any further questions please do not hesitate in contacting the office.
Thank you in advance for your prompt attention in this matter.

Sincerely,



Allen Compton
Ac/tlm