

C1 14348 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

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 24 82  
15 20

Depth of Well

22 225' 26  
(TO NEAREST FOOT)OKSRK  
1/3/03PERMIT NO.  
FROM "PERMIT TO DRILL WELL"H0-94-3590  
28 29 30 31 32 33 34 35 36 37OWNER GST TRUST + SISTER TRUST  
STREET OR RFD 1012 "B" WILLIS WAY first name TOWN GLENWOOD  
SUBDIVISION WATERFORD FARMS SECTION LOT 28

## 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  
bearingBrown Shale 0 82  
Gray Granite 82 225'

## GROUTING RECORD

yes no

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CMBENTONITE CLAY BCNO. OF BAGS 45 46 22 NO. OF POUNDS 45 46 2068GALLONS OF WATER 132

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 76 ft.  
48 TOP 52 54 BOTTOM 58  
(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 87  
60 61 63 64 66 70

## OTHER CASING (if used)

E  
A  
C  
H  
C  
A  
S  
I  
N  
Gdiameter  
inchdepth (feet)  
from to

## SCREEN RECORD

screen type  
or open hole(insert  
appropriate  
code  
below)ST  
STEELBR  
BRASSHO  
OPEN  
HOLEPL  
BRONZEOT  
OTHERPL  
PLASTICOT  
OTHER

C 2

DEPTH (nearest ft.)

1 2 80 85 225  
E 1 8 9 11 15 17 21  
A 2 23 24 26 30 32 36  
C 3 38 39 41 45 47 51  
S  
R  
E  
E  
N

SLOT SIZE 1 2 3

DIAMETER  
OF SCREEN (NEAREST  
INCH)56 60  
from toGRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68

68

MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3  
8 9

PUMPING RATE (gal. per min.)

20  
11 15METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

49  
17 20 ft.

WHEN PUMPING

55  
22 25 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  
(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)

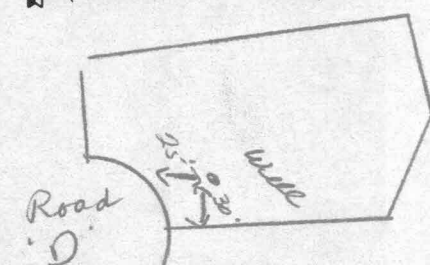
+ above

LAND SURFACE

- below

2 (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)

DRILLERS LIC. NO. 1 M S D 0 2 4

DRILLER'S SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

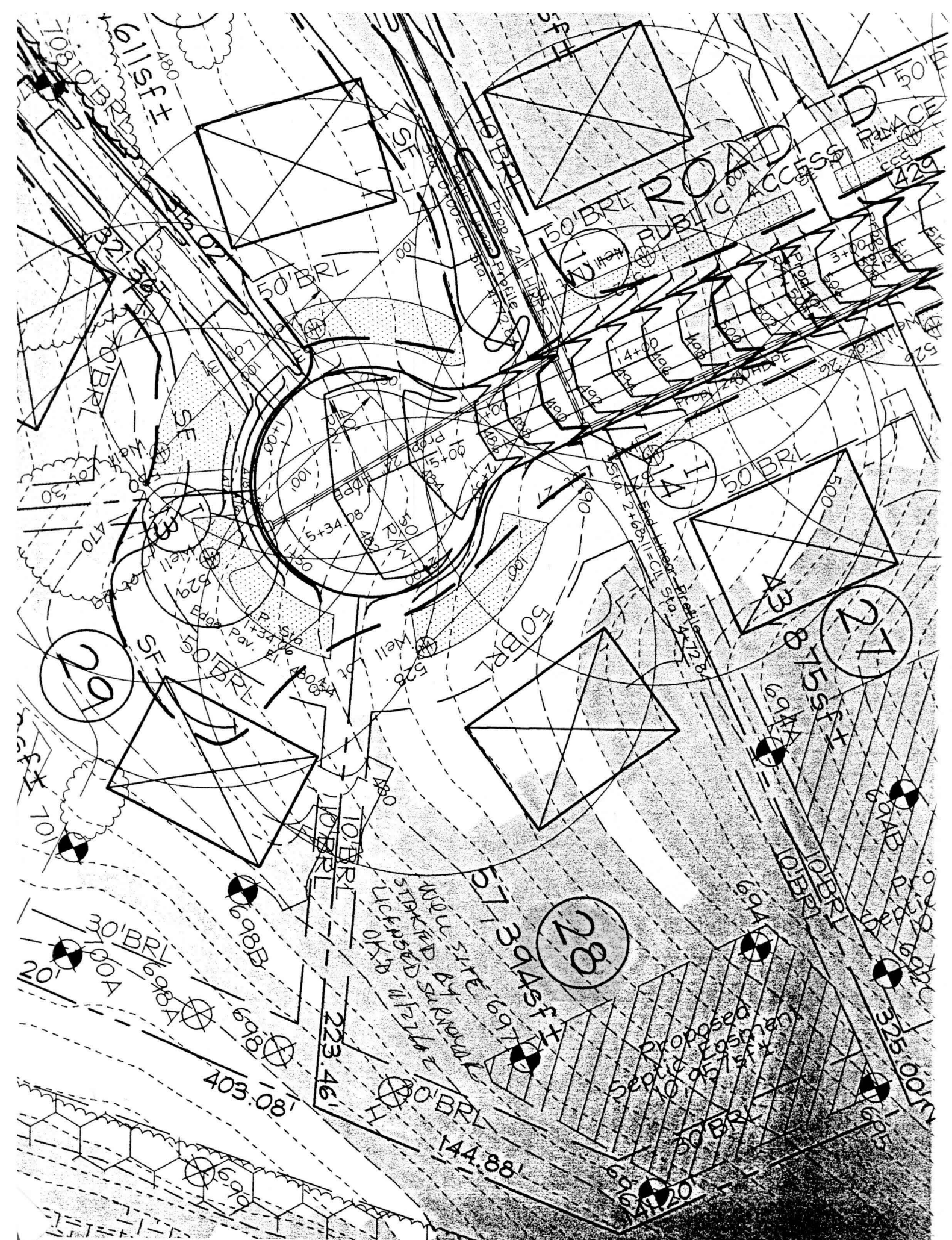
LIC. NO. 1 M S D 0 2 7

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

B 1	<b>6750</b>	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>40-94-3590</b> fill in this form completely
Date Received (APA) <b>08/22/02</b> 8 MM DD YY 13		<b>OWNER INFORMATION</b> 15 Last Name <b>GST Trust &amp; Sister Trust</b> 34 36 Street or RFD <b>3 Wyndam Ct</b> 55 57 Town <b>Luterville Md</b> 70 State <b>21093</b> 72 Zip 76		
<b>DRILLER INFORMATION</b> Driller's Name <b>Joseph L Mayne</b> 76 License No. <b>M S D 024</b> 81 Firm Name <b>Joseph L Mayne Well Drilling</b> Address <b>5512 Ridge Rd Mt. Airy Md 21771</b> Signature <b>Joseph L Mayne</b> 8-23-02 Date		<b>LOCATION OF WELL</b> B 3 8 COUNTY <b>Howard</b> 21 23 SUBDIVISION <b>Waterford Farms</b> 42 SECTION <b>44</b> 46 LOT <b>28</b> 48 50 52 NEAREST TOWN <b>Glenwood</b> 71 MILES FROM TOWN (enter 0 if in town) <b>4 1/2</b> M 73 76 77 78		
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		<b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b> 		
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME <b>HOWARD</b> COUNTY NO. <b>A514952</b> STATE SIGNATURE _____ INSERT S → DATE ISSUED <b>11/22/02</b> CO SIGNATURE <b>Shirley R. Kneeg</b> EXP. DATE <b>11/23/02</b> NORTH GRID <b>520</b> 50 000 55 EAST GRID <b>780</b> 57 000 63		
APPROXIMATE DEPTH OF WELL <b>260</b> FEET APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST		<b>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</b> SOURCES OF DRILLING WATER 1. <b>Well</b> 2. 3.		
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN 30 AIR-ROTary <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) 37 CABLE <input type="radio"/> REVERSE-ROTary <input type="radio"/> Drive-POINT other _____		WRITE THE BOX NUMBER FROM THE MAP HERE E <b>780</b> N <b>520</b>		
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> 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="radio"/> D THIS WELL WILL DEEPEEN 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) APPROX. PERMIT NUMBER _____ G _____ PERMIT No. <b>40-94-3590</b> 70 71 72 73 74 75 76 77 78 79				
<b>SPECIAL CONDITIONS</b> 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: 588 Oberlin Rd  
Stylesville Md 21154

(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 # ms0009  
\*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: Lott Brothers Telephone #:  
Subdivision: Cuttail Trace Lot #: 28 Well Tag #: HO-94-3590  
Site Address: 15913 Willis Way

Submersible Pump Data

Make: Gore 805  
Model #: NSB05422  
Pump Capacity: 7 GPM  
Well Yield: 20 GPM

Pitless Adapter

Make: Combell  
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: 225 (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 NA

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

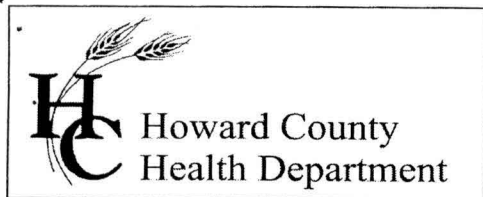
5-25-05  
date

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

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

Date Insp. Approved: 5/11/05 GC 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 ☒



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

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

08/26/2005

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

RE: Waterford Farms, Lot 28  
15913 Willis Way  
Woodbine, MD 21797  
BP # B00152395  
Well Permit #HO-94-3590

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 08/22/2005. Final approval of the well line connection to the dwelling was approved on 05/11/2005.**

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-94-3590. 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): 08/22/2005  
Date of Well Completion: 12/24/2002

Approving Authority,

*Brian Baker*

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services

**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 #: 56105  
 Reference: Cattail Trace Lot 28  
 Location: 15913 Willis Way  
 Woodbine, MD 21797  
 Date/ Time Collected: 08/22/05 1100  
 Date/Time Rec'd: 08/22/05 1530  
 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-94-3590

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	08/23/05 / 1010 / C.Holland
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	08/23/05 / 1010 / C.Holland
Turbidity	4.83	NTU	<10	SM18 2130B	08/23/05 / 0915 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	08/23/05 / 0915 / B. Dutterer
Nitrate	<1.0	mg/L	10	601	08/23/05 / 0900 / B. Dutterer

### 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 # : 00152395

Date Reported: 08/23/05

MD State Certification # 133