

C 1 14350 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-B

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 19 02

Depth of Well

22 285 26
(TO NEAREST FOOT)OK SRK
1/2/03PERMIT NO.
FROM "PERMIT TO DRILL WELL"40-94-3592
28 29 30 31 32 33 34 35 36 37OWNER EST TRUST + SISTERS TRUST
STREET OR RFD ROAD "D" WILLYS WAY first name TOWN GLENWOOD
SUBDIVISION WATERFORD FARMS SECTION 30 LOT 30

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 76

Gray Granite

76 285

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 22NO. OF POUNDS 2068GALLONS OF WATER 132

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 74 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

80

60 61

63 64

66 70

E
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G

OTHER CASING (if used)

diameter
inchdepth (feet)
from to

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PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9

PUMPING RATE (gal. per min.)

10
11 15METHOD USED TO
MEASURE PUMPING RATE

bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

37
17 20 ft.

WHEN PUMPING

104
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 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)

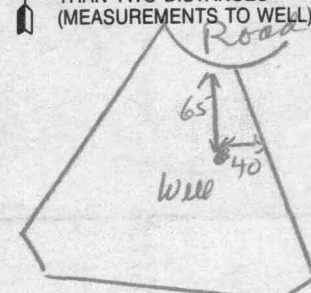
+ above

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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

Y

no

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 M S D 0 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)GRAVEL 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

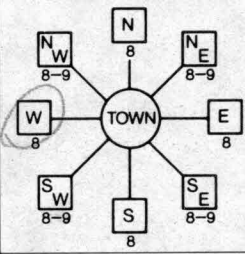
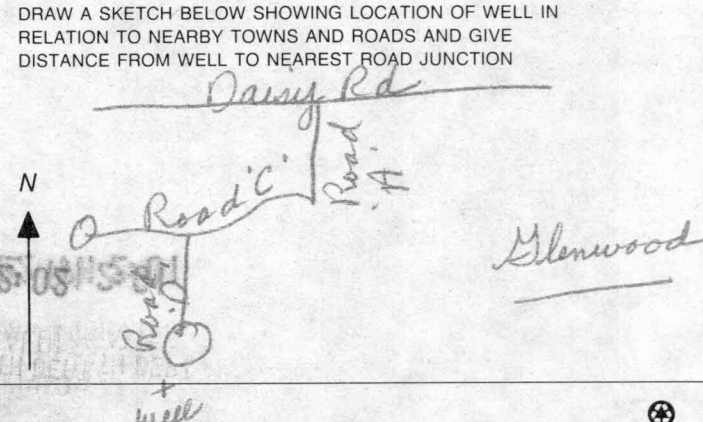
70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

B 1 6,764 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 517434	STATE PERMIT NUMBER HO-94-3592 <small>70 fill in this form completely 79</small>
Date Received (APA) 08/22/02 <small>8 MM DD YY 13</small> 65+ Trust + Sisters Trust <small>15 Last Name Owner First Name 34</small> 3 Wyndham Ct <small>36 Street or RFD 55</small> Lutherville Md 21093 <small>57 Town 70 State 72 Zip 76</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> Waterford Farms <small>23 SUBDIVISION 42</small> SECTION 44 LOT 30 <small>44 46 48 50</small> Glenwood <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 4 1/2 M I <small>73 76 77 78</small>	
DRILLER INFORMATION Joseph L. Mayne M S D O 24 <small>Driller's Name 76 License No. 81</small> Joseph L. Mayne Well Drilling <small>Firm Name</small> 5512 Ridge Rd Mt. Airy Md 21771 <small>Address</small> Joseph L. Mayne 8-23-02 <small>Signature Date</small>		B 4 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Road 'D' <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 25 37</small> DISTANCE FROM ROAD ENTER FT OR MI FT <small>38 39</small> TAX MAP: 13 BLK: 24 PARCEL 13	
B 2 2 WELL INFORMATION APPROX. PUMPING RATE 5 <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED 500 <small>(GAL. PER DAY) 14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A514952-B <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 11/23/03 Steve R. Krieg 11/23/03 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 520 000 EAST GRID 780 000 <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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		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 	
APPROXIMATE DEPTH OF WELL 260 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <small>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVERSE-ROTary Drive-POINT</small> other _____	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <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 <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 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) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HO-94-3592 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3592
Location of property (road) ROAD "D"
Subdivision WATERFORD FARMS Lot 30 Block 24 Plat Sec.
Well Driller JOSEPH MAYNE Owner GST TRUST + SISTER TRUST

Depth of well 285'
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 7:00 Pumping rate 20 gpm
Total time 15 min to reach pumping water level 104 ft. below M.P.

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

[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# 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: Cattail trace Lot #: 30 Well Tag #: HO-94-3592
Site Address: 15916 Willis way

Submersible Pump Data

Make: Coules
Model #: 75807422
Pump Capacity 7 GPM
Well Yield: 10 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: 28.5 (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

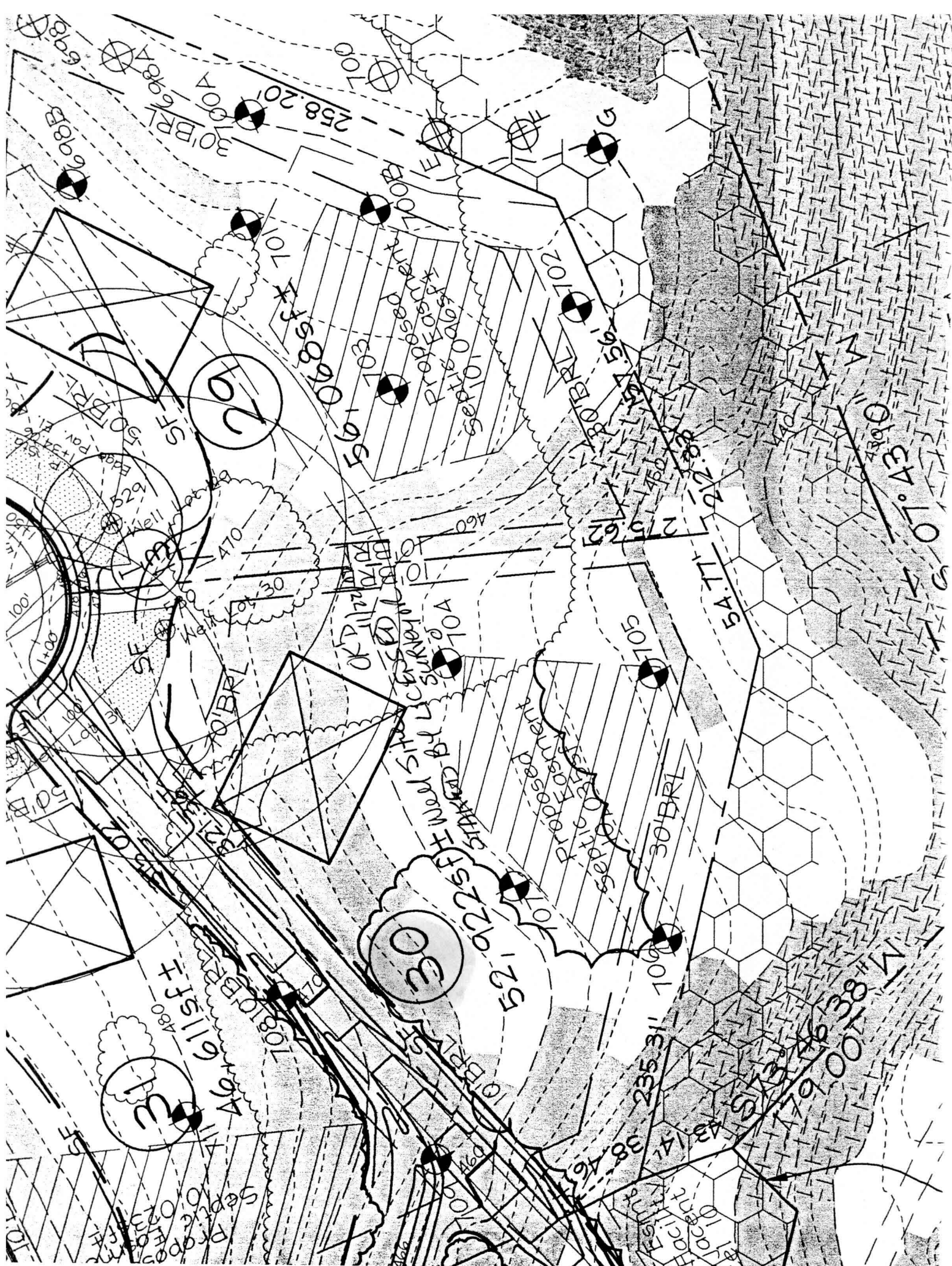
9-26-05
date

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

Date Insp. Requested: 9/20/05 Date Insp. Approved: 10/20/05

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

Lot on fill casing extended
~20', grout not visible
OK per Mike Davis
10/20/05 GAC





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

October 21, 2005

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

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farms, Lot 30
15916 Willis Way
Woodbine, MD 21747
BP #: B00153579
Well Permit # HO-94-3592

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 8/12/2005. 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-94-3592. 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: 10/13/2005
Date of Well Completion: 12/19/2002

Approving Authority,

Gabe Creighton, Sanitarian.
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 #:	56746	Account #:	1930
Reference:	Toll Brothers Lot 30	Company:	Fogle's Well Drilling
Location:	15916 Willis Way	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	10/13/2005 0830	Site:	Pressure Tank
Date/Time Rec'd:	10/13/2005 1014	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.1
Collected By:	D. Fogle 8194DF	Well #:	HO-94-3592

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	0.17	mg/L	0.3	FR. 45 (126)	10/14/2005 / 0730 / B. Dutters
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/14/2005 / 1030 / C. Holland
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/14/2005 / 1030 / C. Holland
Nitrate	1.37	mg/L	10	601	10/13/2005 / 1150 / B. Dutters
Turbidity	4.11	NTU	<10	SM18 2130B	10/13/2005 / 1150 / B. Dutters
Sand	NS	mg L	5	Visual Gravimetric	10/13/2005 / 1150 / B. Dutters

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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : 00153579

Date Reported: 10/14/2005

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

October 20, 2005

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

RE: 15916 Willis Way
Cattail Trace Lot #30

Stewart:

Please be advised that Fogle's Well Drilling went out to the above address and put a camera down the well to inspect the well casing. The county felt the well casing had been added on to but after Fogle's inspected the casing today we did not find evidence of any welding to the casing on this lot. If we can be of any further assistance, please do not hesitate in contacting the office.

Sincerely,

Allen Compton

Allen Compton
AJC/tlm

*This letter
Tells us
Nothing! (GAC)*

*If casing was
Not extended,
where is grout?
(GAC)*

G. EDGAR HARR SONS' CORP.

12047 FALLS ROAD

COCKEYSVILLE, MARYLAND 21030

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

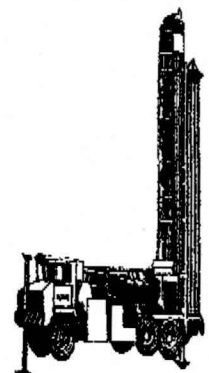
October 21, 2005

Mr. Creighton,

I am writing you today concerning work we performed at the Waterford Farm subdivision in the Spring of 2004. We extended the steel well casing on lot 30 an additional 18 feet to accommodate the final grade. A steel coupling was used to join the casing, and was welded into place. The work was performed by Maurice Dixon, III who holds a master license (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



Oct 21 2005 10:08 P.01

Fax: 4105600784

G EDGAR HARR SONS