

C1 14349 (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-A

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 24 02

Depth of Well

22 305' 26
(TO NEAREST FOOT)OK
SRK 1/3/03PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3591

OWNER

GST TRUST + SISTER TRUST

STREET OR RFD

ROAD 100 WILKIS WAY

TOWN

GLENWOOD

SUBDIVISION

WATERFORD FARMS

SECTION

LOT 29

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
bearingBrown Shale 0 66
Gray Granite 66 305

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 20 NO. OF POUNDS 1800

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 63 ft.
48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)ST 6 70
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST BR HO
STEEL BRASS OPEN
HOLE
PL OT
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y 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 SD 024

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 LOG OTHER DATA
CASING INDICATOR

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 41 ft.

WHEN PUMPING 171 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other
J jet S submersible

PUMP INSTALLED

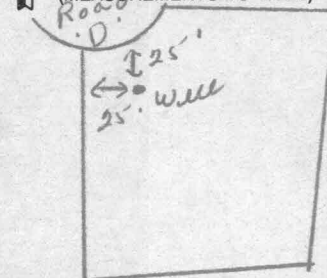
DRILLER INSTALLED PUMP YES NO

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 29CAPACITY:
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
- 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)

<div style="display: flex; justify-content: space-between;"><div>B 1 6743</div><div>SEQUENCE NO. (MDE USE ONLY)</div></div>		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type		STATE PERMIT NUMBER H0-94-3591	
				fill in this form completely	
<div style="display: flex; justify-content: space-between;"><div>Date Received (APA) 08/22/02</div><div>OWNER INFORMATION</div></div> <div style="display: flex; justify-content: space-between;"><div>8 MM DD YY 13 GS4 Trust a Sister Trust</div><div>21 Howard</div></div> <div style="display: flex; justify-content: space-between;"><div>15 Last Name 3 Wynham Ct</div><div>Owner Leatherville Md 21093</div><div>34 First Name</div></div> <div style="display: flex; justify-content: space-between;"><div>36 Street or RFD</div><div>55</div></div> <div style="display: flex; justify-content: space-between;"><div>57 Town</div><div>70 State</div><div>72 Zip</div><div>76</div></div>		<div style="display: flex; justify-content: space-between;"><div>B 3</div><div>LOCATION OF WELL</div></div> <div style="display: flex; justify-content: space-between;"><div>8 COUNTY</div><div>21</div></div> <div style="display: flex; justify-content: space-between;"><div>23 SUBDIVISION</div><div>42</div></div> <div style="display: flex; justify-content: space-between;"><div>SECTION 44 46</div><div>LOT 29 48 50</div></div> <div style="display: flex; justify-content: space-between;"><div>52 NEAREST TOWN</div><div>71</div></div> <div style="display: flex; justify-content: space-between;"><div>MILES FROM TOWN (enter 0 if in town)</div><div>73 76 77 78</div></div>			
<div style="display: flex; justify-content: space-between;"><div>DRILLER INFORMATION</div><div>B 2</div></div> <div style="display: flex; justify-content: space-between;"><div>Driller's Name Joseph L Mayne</div><div>76 License No.</div><div>81</div></div> <div style="display: flex; justify-content: space-between;"><div>Firm Name Joseph L Mayne Well Drilling</div><div>5</div></div> <div style="display: flex; justify-content: space-between;"><div>Address 5512 Ridge Rd Mt. Airy Md 21771</div><div>8-23-02</div></div> <div style="display: flex; justify-content: space-between;"><div>Signature</div><div>Date</div></div>		<div style="display: flex; justify-content: space-between;"><div>B 4</div><div>WELL INFORMATION</div></div> <div style="display: flex; justify-content: space-between;"><div>APPROX. PUMPING RATE (GAL. PER MIN.)</div><div>8</div><div>12</div></div> <div style="display: flex; justify-content: space-between;"><div>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)</div><div>14</div><div>20</div></div> <div style="text-align: center;">USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around;"><div><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</div><div><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div><div><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div><div><input type="radio"/> PUBLIC WATER SUPPLY WELL</div><div><input type="radio"/> TEST, OBSERVATION, MONITORING</div><div><input type="radio"/> GEO-THERMAL</div></div></div>			
<div style="display: flex; justify-content: space-between;"><div>APPROXIMATE DEPTH OF WELL</div><div>24</div><div>28 FEET</div></div> <div style="display: flex; justify-content: space-between;"><div>APPROXIMATE DIAMETER OF WELL</div><div>6</div><div>NEAREST INCH</div></div> <div style="text-align: center;">METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-around;"><div><input checked="" type="radio"/> BORED (or Augered) AIR-ROTary</div><div><input type="radio"/> JETTED AIR-PERCussion</div><div><input type="radio"/> Jetted & DRIVEN ROTARY (Hydraulic Rotary)</div><div><input type="radio"/> Drive-POINT CABLE</div><div><input type="radio"/> other</div></div></div>		<div style="text-align: center;">NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</div> <div style="display: flex; justify-content: space-between;"><div>HOWARD</div><div>A514952-A</div></div> <div style="display: flex; justify-content: space-between;"><div>COUNTY NAME</div><div>COUNTY NO.</div></div> <div style="display: flex; justify-content: space-between;"><div>STATE SIGNATURE</div><div>INSERT S</div><div>41</div></div> <div style="display: flex; justify-content: space-between;"><div>DATE ISSUED 11/22/02</div><div>Steve R. Knege</div><div>11/22/03</div></div> <div style="display: flex; justify-content: space-between;"><div>43 MM DD YY 48</div><div>CO SIGNATURE</div><div>EXP. DATE</div></div> <div style="display: flex; justify-content: space-between;"><div>NORTH GRID 520</div><div>000</div><div>57</div><div>EAST GRID 780</div><div>000</div><div>63</div></div>			
<div style="text-align: center;">REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around;"><div><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div><div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div><div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</div><div><input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL</div></div><div style="display: flex; justify-content: space-between;"><div>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)</div><div>41</div><div>52</div></div></div>		<div style="display: flex; justify-content: space-between;"><div>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>SOURCES OF DRILLING WATER</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>1. well</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>2.</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>3.</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>WRITE THE BOX NUMBER FROM THE MAP HERE</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>E 780</div><div>X 000 000</div></div> <div style="display: flex; justify-content: space-between;"><div>N 520</div><div></div></div> <div style="text-align: center;">DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="display: flex; justify-content: space-around;"><div>Daisy Rd</div><div>Road 'C'</div><div>Road 'A'</div><div>Hlenwood</div></div><div style="display: flex; justify-content: space-around;"><div>Well</div><div>X</div></div></div>			
<div style="text-align: center;">Not to be filled in by driller (MDE OR COUNTY USE ONLY)</div> <div style="display: flex; justify-content: space-between;"><div>APPROX. PERMIT NUMBER</div><div>G</div></div> <div style="display: flex; justify-content: space-between;"><div>PERMIT No.</div><div>H0-94-3591</div><div>70 71 72 73 74 75 76 77 78 79</div></div> <div style="text-align: center;">SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small></div>					

1/3/03

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3591
Location of property (road) Road D
Subdivision Waterford Farms
Well Driller Joseph Mayne

Lot 29 Block Plat Sec.
Owner. GS Trust & Sisters Trust

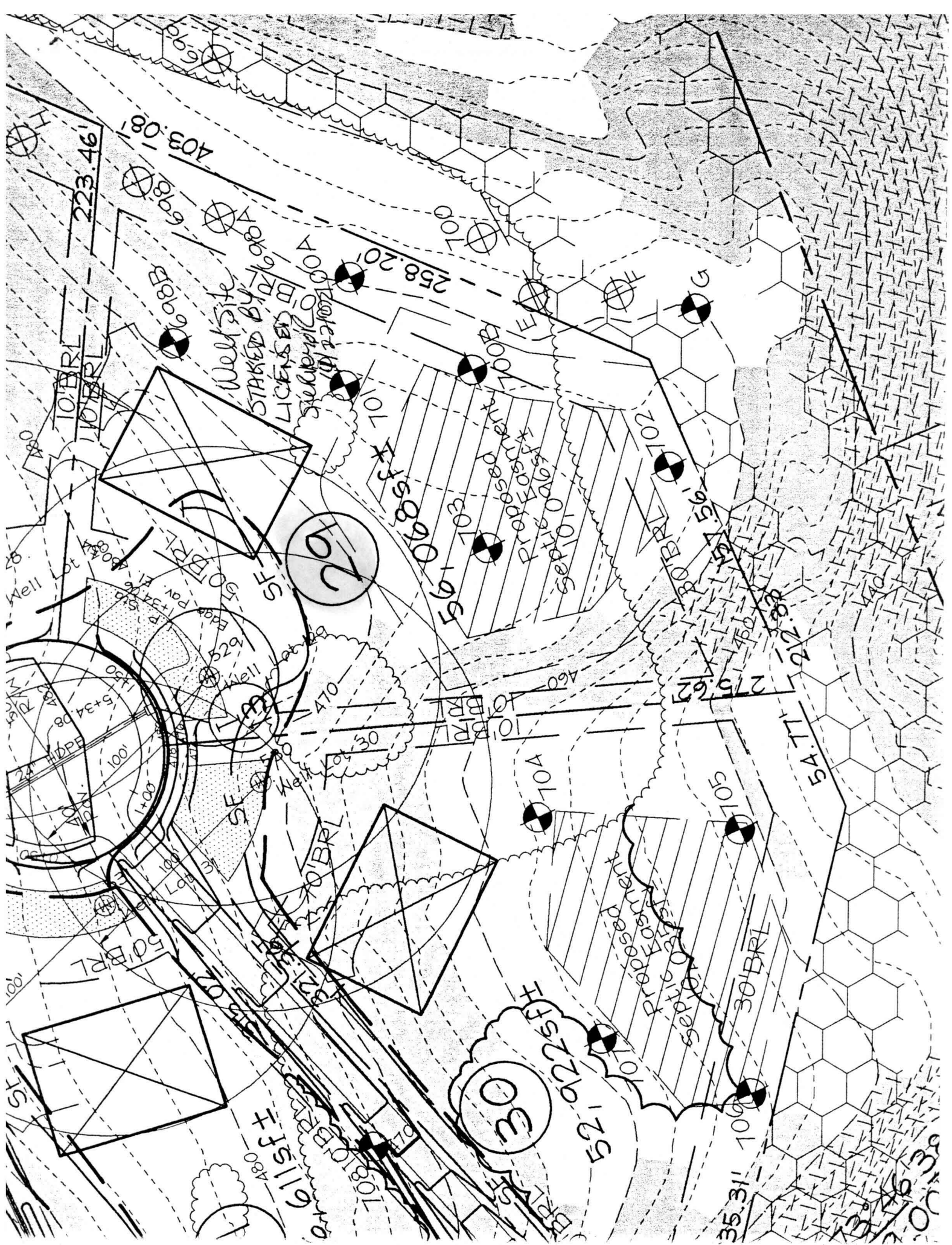
Depth of well 305'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 41'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 20 gpm
Total time 30 min to reach pumping water level 171 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
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: Waterford Farms Lot #: 29 Well Tag #: HO - 94 - 3591
Site Address: 15917 Willis Way

Submersible Pump Data

Make: _____

Model #: _____

Pump Capacity _____ GPM

Well Yield: _____ GPM

Depth of well encountered at time of pump installation: _____ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make: _____

Model#: _____

Depth: _____ (36" min)

NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____

Screened, vented well cap: _____

Cap secured to casing: _____

Conduit min 18" B.G.: _____

Conduit secured to well cap: _____

Piping to house

Type: _____

PSI: _____ (160 psi min)

Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____

Approximate length of sleeve: _____

Sleeve caulked and sealed properly: _____

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 _____

date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 4/11/06 Inspector SO

Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 ☒

See letter
1/10/06
BB
Casing Extended - No
Grout Seen Down to
7' Below Grade - Left Note
Need to See Grout

**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: 5800 Abbott Rd
Sylvestre MD 21789

(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: Tall Brothers

Telephone #:

Subdivision: Calhoun Trace

Lot #:

Site Address: 15917 Williams Way

Well Tag #: HO-94-3591

Submersible Pump Data

Make: Goulds

Model #: 75007422

Pump Capacity: 7 GPM

Well Yield: 7 GPM

Depth of well encountered at time of pump installation: 305 (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

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

Conduit secured to well cap: yes

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

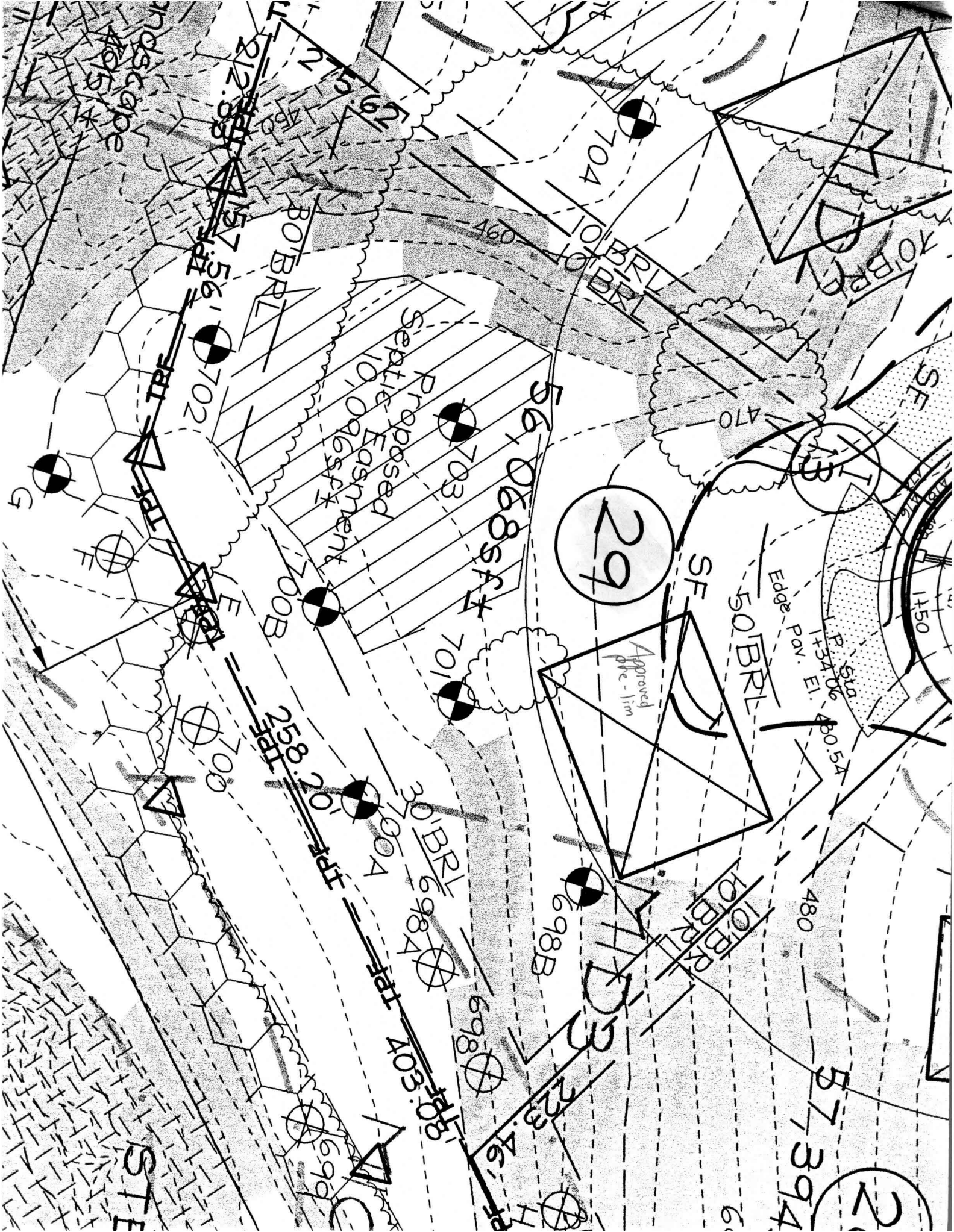
1-25-06

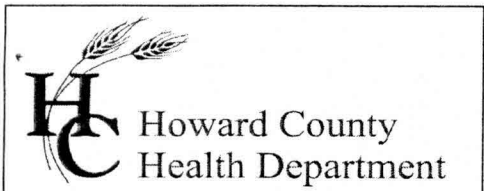
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____

Date Insp. Approved: _____

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 _____





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

April 12, 2006

Toll MD II, LP
3130 Lorenzo Lane
Woodbine, MD 21797

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farms, Lot 29
15917 Willis Way
Woodbine, MD 21747
BP #: B00155726
Well Permit # HO-94-3591

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 12/22/2005. 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.

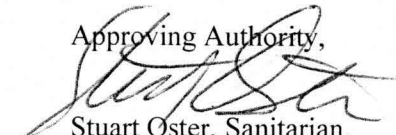
INTERIM CERTIFICATE OF POTABILITY

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-94-3591. 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: 03/20/2006
Date of Well Completion: 12/24/2002

Approving Authority,



Stuart Oster, 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 #: 58603
Reference: Toll Brothers Lot 29
Location: 15917 Willis Way
Woodbine, MD 21797
Date/ Time Collected: 3/30/2006 0900
Date/Time Rec'd: 3/30/2006 1434
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: 6.2
Well #: HO-94-3591

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/31/2006 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/31/2006 / 0900 / BCD
Nitrate	<1.0	mg/L	10	601	3/31/2006 / 1500 / BCD
Turbidity	6.28	NTU	<10	SM18 2130B	3/30/2006 / 1455 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	3/30/2006 / 1455 / 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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B00155726

Date Reported: 3/31/2006

MD State Certification # 133

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

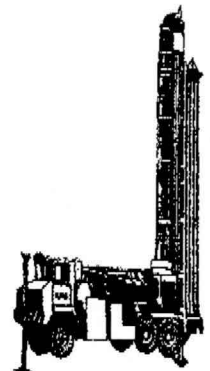
April 10, 2006

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



Apr 11 2006 16:33 P.01

Fax: 4105600784

G EDGAR HARR SONS

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
1/11/66	Mike w/ Foyles called in (40-964-8135)
	Said lots 26, 29, 32 of Catail trace
	have been dug down to 15-16' below
	pitless & still have not hit grant. Spoke
	to Betty Mayne, she said when Joe was out
	at Lot 27 (Same issue) he said more lots
	have casing extended on this court. Called
	Nate w/ Toll Bros (443-506-9446), told him about
	this situation & asked him to find out who
	did the extensions & have them put in
	writing about the work done or they can
	drill new wells. Bob & Bert agreed
	because Joe Mayne did the original drilling
	we may never actually see the grant. (SO)
	No ICOP until we get something in
	writing on casing extensions (SO)