C 1 14293 (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER A515227-H

ST/CO USE ONLY
DATE Received 120202

DATE WELL COMPLETED 11 9 02

Depth of Well 300 (TO NEAREST FOOT)

12/2/02 OK SRK

PERMIT NO. FROM "PERMIT TO DRILL WELL" AO-94-3533

OWNER GST TRUST + SISTERS TRUST

STREET OR RFD LOWER DAISY ROAD LANE TOWN GLENWOOD

SUBDIVISION WATERFALLS FARMS SECTION _____ LOT 9

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Brown Shale	0	90	
Gray Granite	90	300	

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 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.

DRILLERS LIC. NO.: MD 024

Joseph L. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: ____ D ____

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 23 NO. OF POUNDS 2162

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot) from 0 (TOP) ft. to 83 (BOTTOM) ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	95

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

DEPTH (nearest ft.)

EACH SCREEN			
1	40	92	300
2			
3			

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

from	to

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 52 ft.

WHEN PUMPING 172 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)

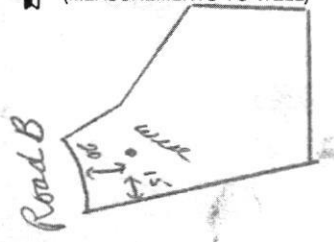
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)
- [+] above LAND SURFACE
- [−] below

3 (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)



B 1 | 6742 (SEQUENCE NO. (MDE USE ONLY))

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

517434 please type

STATE PERMIT NUMBER: HO-94-3533

fill in this form completely

Date Received (APA): 08/22/02

OWNER INFORMATION

GST Trust + Sisters Trust (Last Name / Owner / First Name)

3 Wyndam Ct. (Street or RFD)

Lutherville Md 21093 (Town / State / Zip)

DRILLER INFORMATION

Joseph L. Mayne MSD024 (Driller's Name / License No.)

Joseph L. Mayne Well Drilling (Firm Name)

5512 Ridge Rd Mt. Airy Md 21771 (Address)

Joseph L Mayne 8-23-02 (Signature / Date)

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 260 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) / JETTED / Jetted & DRIVEN

AIR-ROTary / AIR-PERcussion / ROTARY (Hydraulic Rotary)

CABLE / REVerse-ROTary / DRive-POINT

other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER ------G---

PERMIT No. HO-94-3533

B 3 LOCATION OF WELL

COUNTY: Howard

SUBDIVISION: Waterford Farms

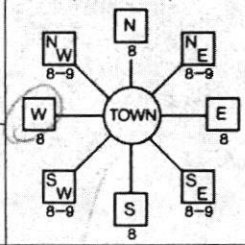
SECTION: | LOT: 9

NEAREST TOWN: Glenwood

MILES FROM TOWN (enter 0 if in town): 4 1/2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Road 'B'

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 20 FT (ENTER FT OR MI)

TAX MAP: 13 BLK: 24 PARCEL 13

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD COUNTY NO.: A515227-H

STATE SIGNATURE: _____ INSERT S

DATE ISSUED: 10-17-02 CO SIGNATURE: Steven R. Krieg EXP. DATE: 10/17/03

NORTH GRID: 520 000 EAST GRID: 780 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

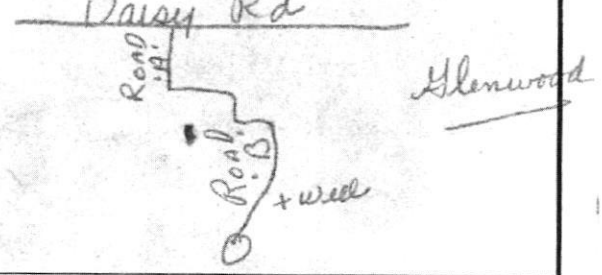
WRITE THE BOX NUMBER FROM THE MAP HERE

E 780

N 520

x 000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

② COUNTY

Page ___ of ___
Date 11-7-02

Review 12/2/02
OKSRK

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3533
Location of property (road) Daisy Rd
Subdivision Waterford Farms Lot 9 Block ___ Plat ___ Sec. ___
Well Driller Joseph Maupe Owner GST Trust and Sistus Trust

Depth of well 300'
Distance of measuring point (M.P.) above ground 3'
Static water level (S.W.L.) below M.P. 52'

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 20 gpm
Total time 30 min to reach pumping water level 172 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45	109'	3sec		20
7:00	172	4		15
7:15	172	8		7.5
7:30	172	8		7.5
7:45	172	8		7.5
8:00	172	8		7.5
8:15	172	8		7.5
8:30	172	8		7.5
8:45	172	8		7.5
9:00	172	8		7.5
9:15	172	8		7.5
9:30	172	8		7.5
9:45	172	8		7.5
10:00	172	8		7.5

HD-224

TOLL BROS HAY
410-489-6293

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: Fogle's Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht rd.
Eykesville 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 Trail Lot #: 9 Well Tag # : HO-94-5533
Site Address: 3163 Centre Lane

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Cond
Make: Goulds	Make: Campbell	Two piece watertight cap: Y
Model #: 4752807422	Model#: N/A	Screened, vented well cap: Y
Pump Capacity 7 GPM	Depth: 36" (36" min)	Cap secured to casing: Yes
Well Yield: GPM	NSF approved: 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.
Torque arrestors or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house	House Connection
Type: 1" Black Plastic	PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 160 (160 psi min)	Approximate length of sleeve: 5'
Depth of supply line: 42" (36" min)	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 11-8-04
Signature of company representative responsible for installation date

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

Date Insp. Requested: 9/23/04 Date Insp. Approved: 9/24/04 (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 ✓

HD-215(Rev. 8/00)

Howard County
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 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

November 8, 2004

Toll MD II Limited Partnership
7164 Columbia Gateway Drive, Suite #230
Columbia, MD 21046

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farms, Lot 9
31632 Lorenzo Lane
Woodbine, MD 21797
BP # B00146235
Well Permit # HO-94-3533

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 8/10/2004. Final approval of the well line connection to the dwelling was approved on 09/23/2004.**

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-94-3533. 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.**

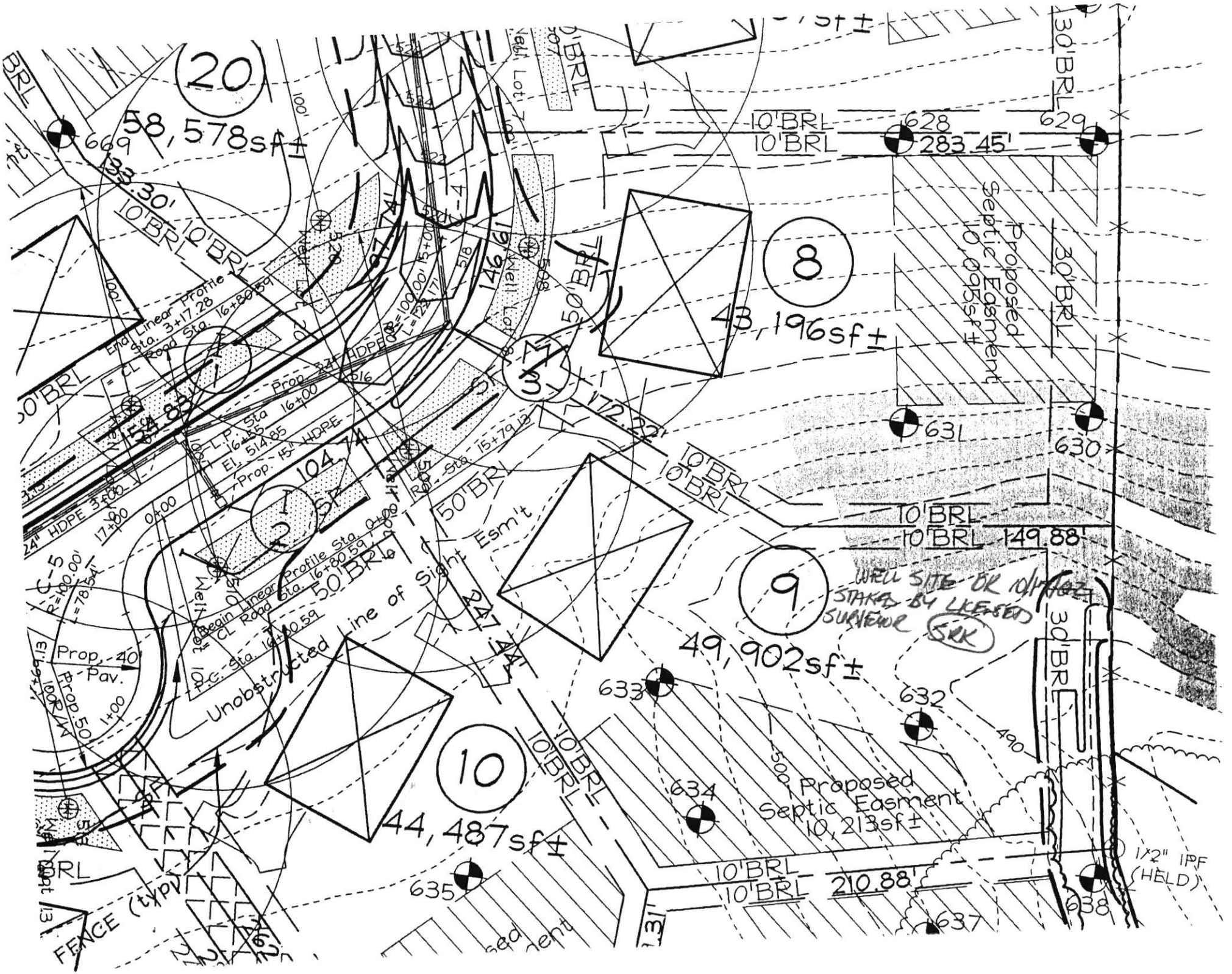
Date of Water Sample: 11/02/2004
Date of Well Completion: 11/07/2002

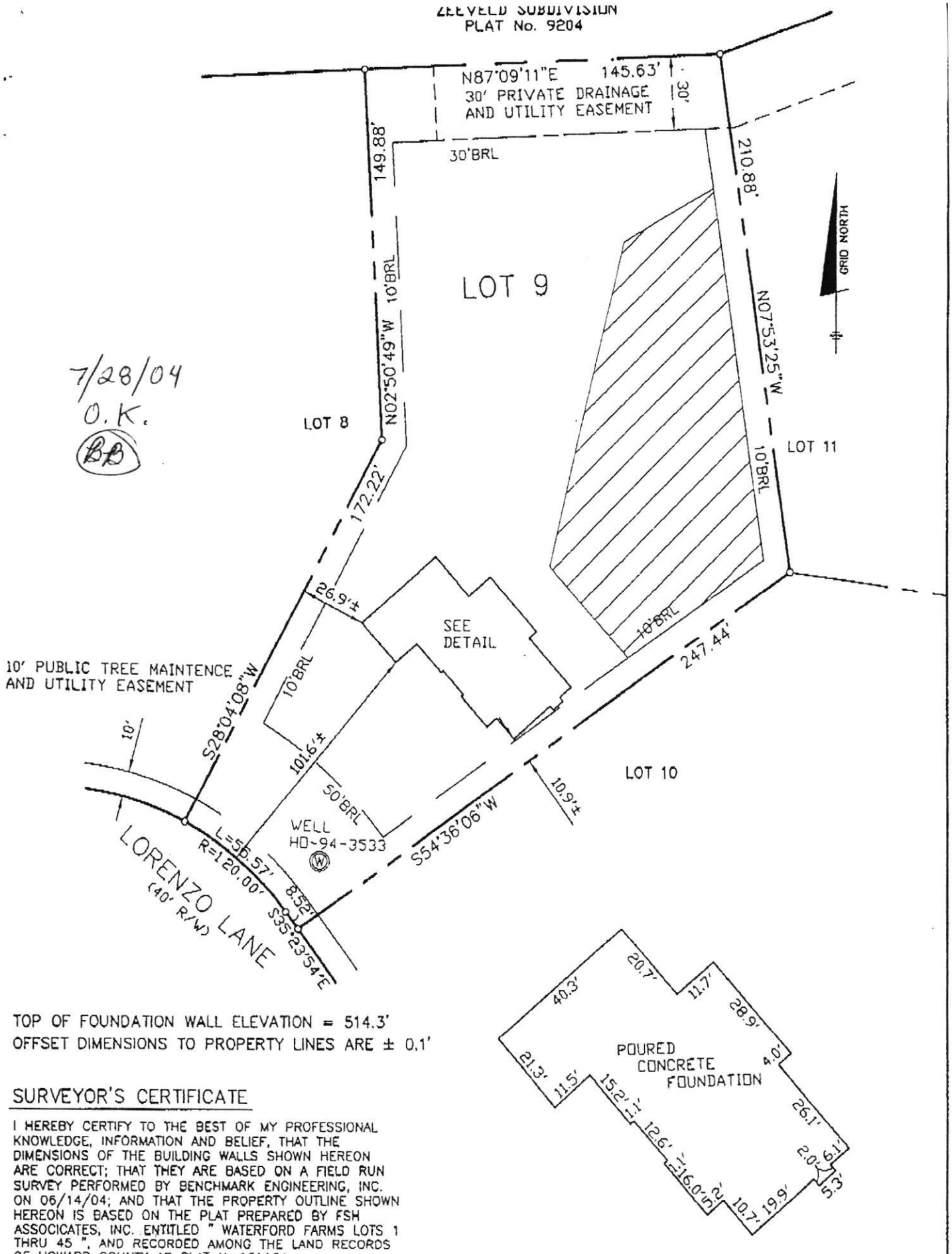
Respectfully,

Kacie Noonan

Kacie Noonan, R. S.
Well and Septic Program

Kn/sjn
cc: Building Inspector's Office
Community Services Program
File


20
58,578sf±
669
83.30'
10'BRL
10'BRL
End Linear Profile Sta. 3+17.28
Road Sta. 16+80.59
= CL Road Sta. 16+80.59
Begin Linear Profile Sta. 0+00
= CL Road Sta. 16+80.59
P.C. Sta. 16+80.59
R=100.00'
L=78.54'
C-5
Prop. 40' Pav.
Prop. 50' ROW
Prop. 24" HDPE
Prop. 15" HDPE
Prop. L.P. Sta 16+00
El. 514.85
Prop. L.P. Sta 16+55
El. 514.85
Prop. 15" HDPE
Prop. Sta. 15+79.13
Unobstructed Line of Sight Esm't
50'BRL
50'BRL
50'BRL
50'BRL
1
2
3
4
5
6
7
8
9
10
104.74
146.21'
172.22'
43,196sf±
49,902sf±
44,487sf±
WELL SITE OR DRIVE STAKED BY LICENSED SURVEYOR SRK
Proposed Septic Easment 10,095sf±
Proposed Septic Easment 10,213sf±
283.45'
149.88'
210.88'
628
629
630
631
632
633
634
635
636
637
638
30'BRL
10'BRL
FENCE (typ)
1/2" IPF (HELD)



7/28/04
O.K.
BB

TOP OF FOUNDATION WALL ELEVATION = 514.3'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 06/14/04; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY FSH ASSOCICATES, INC. ENTITLED " WATERFORD FARMS LOTS 1 THRU 45 ", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.161164