

C1 14333 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. COUNTY NUMBER A515227-W

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 1 14 03

Depth of Well 22 305 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3570

OWNER GST TRUST + SISTER TRUST STREET OR RFD ROAD S ELEANORS GARDEN WAY TOWN GLENWOOD SUBDIVISION WATERFORD FARMS SECTION LOT 24

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Gray Granite.

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 30 NO. OF POUNDS 1800 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 79 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 84

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO PL OT

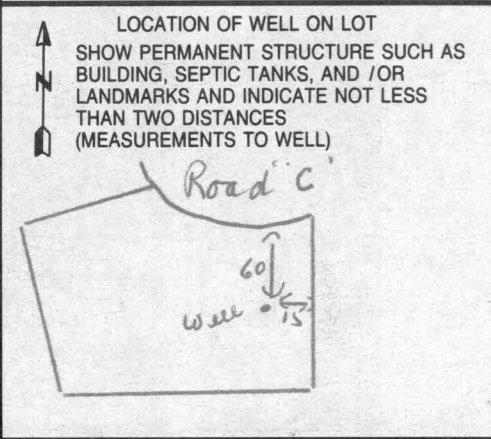
DEPTH (nearest ft.) 82 305

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

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 PUMPING TEST 3 HOURS PUMPED (nearest hour) 10 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 61 ft. WHEN PUMPING 157 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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)



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. 1 M 5 D 0 2 4 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)

Date Received (APA) 08/22/02

**OWNER INFORMATION**

8 MM DD YY 13  
 15 Last Name Owner First Name 34  
GST Trust & Sister Trust  
 36 Street or RFD 55  
3 Wyndam Ct  
 57 Town 70 State 72 Zip 76  
Lutherville Md 21093

B 3 **LOCATION OF WELL**

8 COUNTY 21  
Howard  
 23 SUBDIVISION 42  
Waterford Farms  
 SECTION 44 46 LOT 48 50  
24  
 52 NEAREST TOWN 71  
Glenwood  
 MILES FROM TOWN (enter 0 if in town) 4 1/2 M I  
 73 76 77 78

**DRILLER INFORMATION**

Driller's Name 76 License No. 81  
Joseph L Mayne M S D 024  
 Firm Name  
Joseph L Mayne Well Drilling  
 Address  
5512 Ridge Rd Mt. Airy Md 21771  
 Signature Date  
Joseph L Mayne 8-23-02

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

11 NEAR WHAT ROAD 30  
Road C  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N WEST W EAST E SOUTH S  
 34 37  
 DISTANCE FROM ROAD 38 39  
20 FT  
 ENTER FT OR MI  
 TAX MAP: 13 BLK: 24 PARCEL 13

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12  
5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20  
500

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME HOWARD COUNTY NO. A515227-W  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED 11/20/02 CO SIGNATURE Stevn R Krueger EXP. DATE 11/20/03  
 43 MM DD YY 48  
 NORTH GRID 520 0 0 0 EAST GRID 780 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
 1. Well  
 2.  
 3.

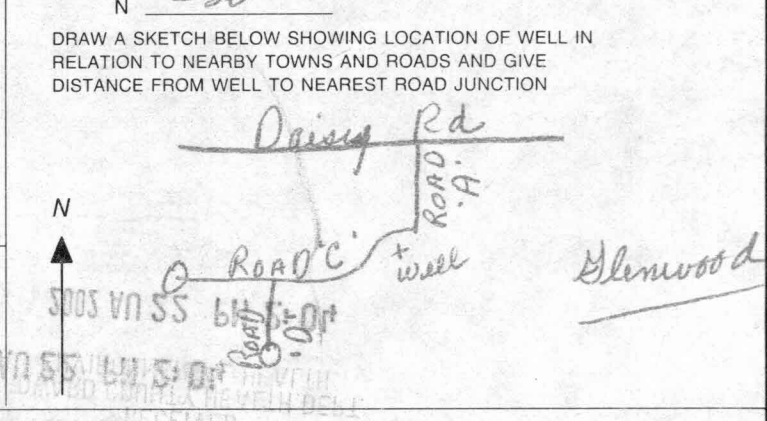
WRITE THE BOX NUMBER FROM THE MAP HERE

E 780  
 N 520

X 000  
 X 000

**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 DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 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)**

APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HO-94-3570  
 70 71 72 73 74 75 76 77 78 79



F  
12/9/05  
Defect  
9/30/05

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  
Sylesville, Md 21284

(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 #: 24 Well Tag #: HO-94-3570  
Site Address: 3211 Eleanor's Garden Way

Submersible Pump Data                      Pitless Adapter                      Well Cap and Electric Conduit  
Make: Grundfos                      Make: Camco                      Two piece watertight cap: yes  
Model #: 75B09422                      Model#: N/A                      Screened, vented well cap: yes  
Pump Capacity: 2 GPM                      Depth: 36 (36" min)                      Cap secured to casing: yes  
Well Yield: 10 GPM                      NSF approved: yes                      Conduit min 18" B.G.: yes  
Depth of well encountered at time of pump installation: 305 (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 N/A

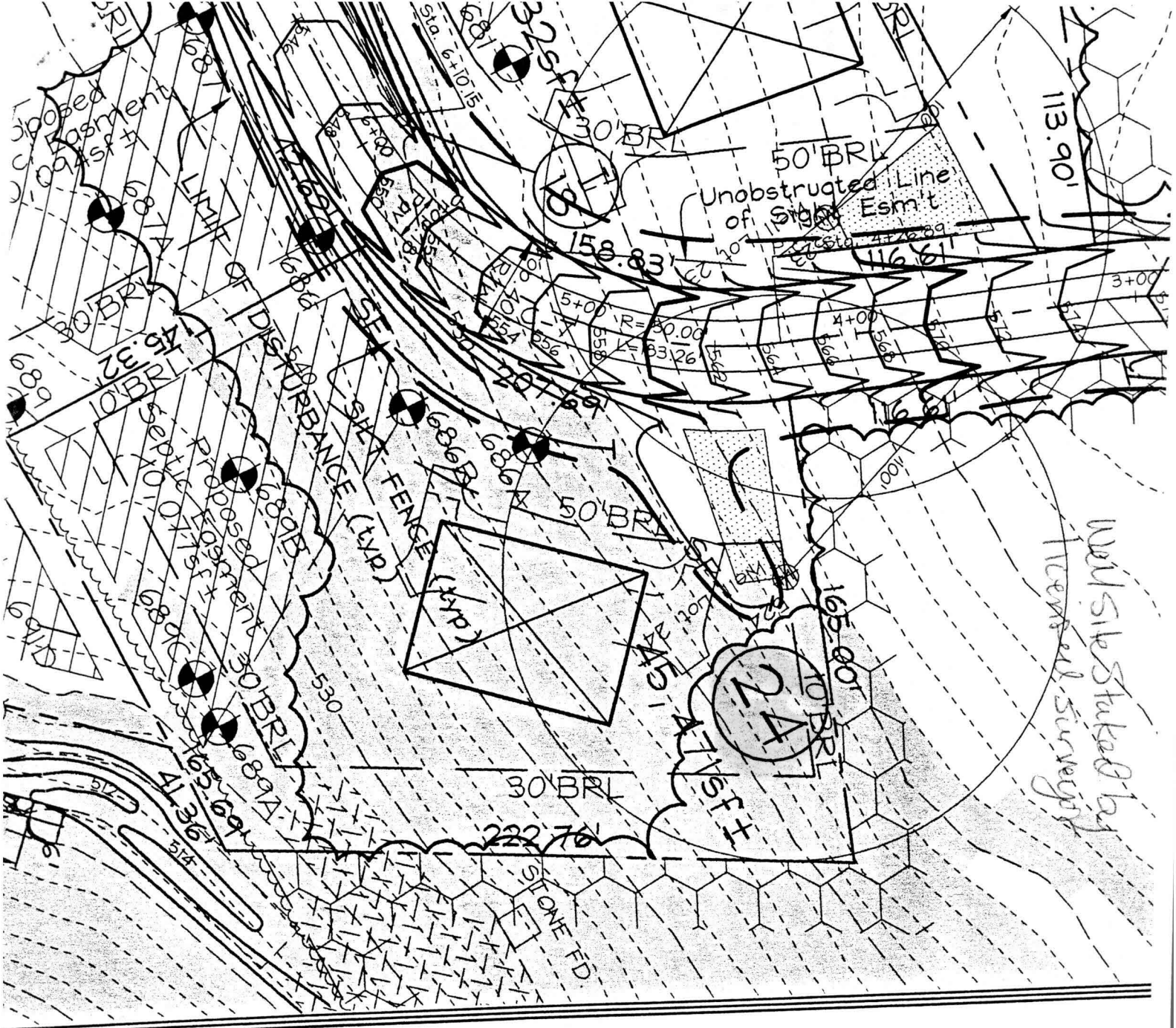
Piping to house                      House Connection  
Type: 1" Black Plastic                      PVC sleeved to undisturbed soil at wall penetration: yes  
PSI: 160 (160 psi min)                      Approximate length of sleeve: 5  
Depth of supply line: 42 (36" min)                      Sleeve caulked 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.

Signature of company representative responsible for installation: Allen Compton                      date: 9/17/05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 9/29/05 (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 \_\_\_\_\_



Well Site Staked by  
 HERTZEL SURVEY



Howard County  
Health Department

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

October 4, 2005

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

*SENT VIA FACSIMILE 410-489-6293*

RE: Waterford Farm, Lot 24  
3211 Eleanors Garden Way  
Woodbine, MD 21797  
BP #: B00153315  
Well Permit # HO-94-3570

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 08/26/2005. Final approval of the well line connection to the dwelling was approved on 08/29/2005.**

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.

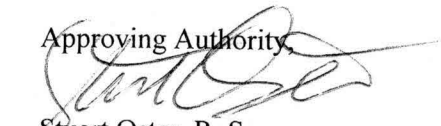
#### **INTERIM CERTIFICATE OF POTABILITY**

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-94-3570. 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): 09/23/2005 & 09/27/2005  
Date of Well Completion: 01/14/2003

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 #: 56497 Account #: 1930  
Reference: Toll Brothers Lot 24 Company: Fogle's Well Drilling  
Location: 3211 Eleanors Garden Way Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 09/27/05 1300 Site: Laundry Room Sink Tap  
Date/Time Rec'd: 09/27/05 1524 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: D. Fogle 8194DF Well #: HO-94-3570

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	4.07	NTU	<10	SM18 2130B	09/27/05 / 1538 / B. Dutterer

### NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 56447  
Building Permit # : B00153315

Date Reported: 09/27/05

# 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 #: 56447  
Reference: Toll Brothers Lot 24  
Location: 3211 Eleanors Garden Way  
Woodbine, MD 21797  
Date/ Time Collected: 09/23/05 1100  
Date/Time Rec'd: 09/23/05 1550  
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: Pressure Tank  
Treatment: None  
pH: 6.1  
Well #: HO-94-3570

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	09/24/05 / 1000 / B. Dutterer
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	09/24/05 / 1000 / B. Dutterer
Nitrate	<1.0	mg/L	10	601	09/23/05 / 1630 / B. Dutterer
Turbidity	22.4	NTU	<10	SM18 2130B	09/23/05 / 1630 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	09/23/05 / 1630 / 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 # : B00153315

Date Reported: 09/26/05