

C1 14343

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER AS14952-P

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11 26 02

Depth of Well 570 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OKSRK 12/4/02 HO-94-3580

OWNER GST TRUST + SISTERS TRUST STREET OR RFD ROAD C ELEANOR GARDEN TOWN CLAYWOOD SUBDIVISION WAREFORD FARMS SECTION LOT 44

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Brown Shale (0-97), Gray Granite (97-570)

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL 85

CASING RECORD

MAIN CASING TYPE ST Nominal diameter 6 Total depth 100

OTHER CASING (if used)

Table for other casing with columns: diameter, depth

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. MS DO 24 DRILLERS SIGNATURE

LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman)

C2 DEPTH (nearest ft.)

Table for depth measurements with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

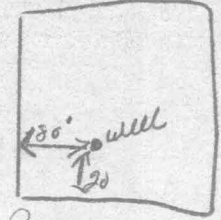
PUMPING TEST

HOURS PUMPED 6 PUMPING RATE 1.3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL 77 BEFORE PUMPING 17/20 WHEN PUMPING 22/25 TYPE OF PUMP USED S

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 31-35 PUMP HORSE POWER 37-41 PUMP COLUMN LENGTH 43-47 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)



Date Received (APA) **08/22/02**
8 MM **22** DD **02** YY **13**
6 St Trust + Sisters Trust
 15 Last Name Owner First Name 34
3 Wyndam Ct
 36 Street or RFD 55
Lutherville Md 21093
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
Waterford Farms
 23 SUBDIVISION 42
 SECTION **44** LOT **44**
 44 46 48 50
Glenwood
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **4 1/2** M I
 73 76 77 78

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

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Road C
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 N
 WEST S EAST
 W S E
 SOUTH
 34 **20** 37
 DISTANCE FROM ROAD **FT**
 ENTER FT OR MI 38 39
 TAX MAP: **13** BLK: **24** PARCEL **13**

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE **5**
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED **500**
 (GAL. PER DAY) 14 20

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
HOWARD **AS14952-P**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED **11/20/02** **Joseph L Mayne** **11/20/03**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 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 INCH

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

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary Drive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 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 DEEPEM 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

 N
 +well
 Daisy Rd
 Road C
 Road A
 Glenwood

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. **HO-94-3580**
 70 71 72 73 74 75 76 77 78 79

B 1 **5139**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
518525 please type

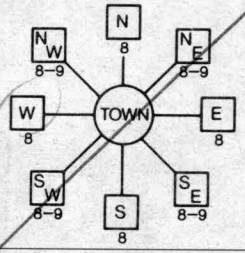
STATE PERMIT NUMBER
HO-94-3626
fill in this form completely

Date Received (APA) **01-29-03**
8 MM DD YY 13
OWNER INFORMATION
15 Last Name Owner First Name 34
Cost-Quest Systems Trust
36 Street or RFD 55
3 Wyndam Ct.
57 Town 70 State 72 Zip 76
Luthersville Md 21093

B 3 LOCATION OF WELL
8 COUNTY **Howard** 21
23 SUBDIVISION **Waterford Farms** 42
SECTION **44** LOT **44**
44 46 48 50
Glenwood
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **4 1/2** M I
73 76 77 78

DRILLER INFORMATION
Driller's Name **Joseph R. Mayne** M S D O 2 4
76 License No. 81
Firm Name **Joseph R. Mayne Well Drilling**
Address **5512 Ridge Rd Mt. Airy Md 21111**
Signature **Joseph R. Mayne** Date **1-28-03**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11 NEAR WHAT ROAD **Road C** 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 20 37
DISTANCE FROM ROAD **20** FT
ENTER FT OR MI 38 39
TAX MAP: **13** BLK: **245** PARCEL **13**



B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 8 **500** 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 - F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 - I INDUSTRIAL, COMMERCIAL, DEWATERING
 - P PUBLIC WATER SUPPLY WELL
 - T TEST, OBSERVATION, MONITORING
 - G GEO-THERMAL

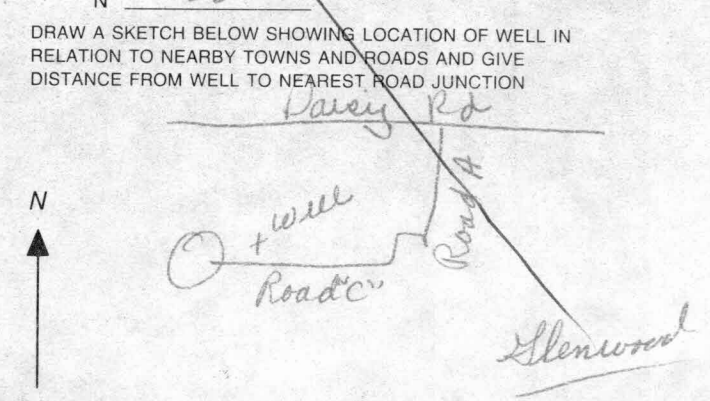
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME **HOWARD** COUNTY NO. **AS 1952-P**
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **01-30-03** CO SIGNATURE **Steven R. Krieg** EXP. DATE **01-30-04**
43 MM DD YY 48
NORTH GRID **520 000** EAST GRID **780 000**
50 55 57 63

Tag Returned & Destroyed Permit Cancelled

APPROXIMATE DEPTH OF WELL **500** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
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3.
WRITE THE BOX NUMBER FROM THE MAP HERE
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METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
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37 CABLE REVerse-ROTary DRive-POINT
other _____



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PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER _____ G _____
PERMIT No. **HO-94-3626**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3580
 Location of property (road) Road C
 Subdivision Waterford Farms Lot 44 Block Plat Sec.
 Well Driller Joseph M. Ayne Owner Est. Trust + Sisters Trust
 Depth of well 570'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 77'

I. High rate pumping -- reservoir drawdown
 Time pump started 7:00 Pumping rate 20 gpm
 Total time 45 min to reach pumping water level 351 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 5 1/2 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	179'	3 sec		20 gpm
7:30	273	4		15
7:45	351	5		12
8:00	351	45		1.3
8:15	351	45		1.3
8:30	350	45		1.3
8:45	350	45		1.3
9:00	350	45		1.3
9:15	350	45		1.3
9:30	350	45		1.3
9:45	350	45		1.3
10:00	350	45		1.3
10:15	350	45		1.3
10:30	350	45		1.3
10:45	350	45		1.3
11:00	350	45		1.3
11:15	350	45		1.3
11:30	350	45		1.3
11:45	350	45		1.3
12:00	350	45		1.3
12:15	350	45		1.3
12:30	350	45		1.3
12:45	350	45		1.3
1:00	350	45		1.3
HD-224 15	350	45		1.3

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 desired inspection. No work is to be covered until approved by the Health Department. All installation must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.01 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. Licensee may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: _____
Subdivision: Cathail Trace Lot #: 44 Well Tag #: HO-94-3-580
Site Address: 3240 Elegance Garden Way

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Coulds Make: Campbell Two piece watertight cap: 41
Model #: SW515422 Model #: N/A Screened, vented well cap: 42
Pump Capacity: 5 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 35 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 570 (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
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NA

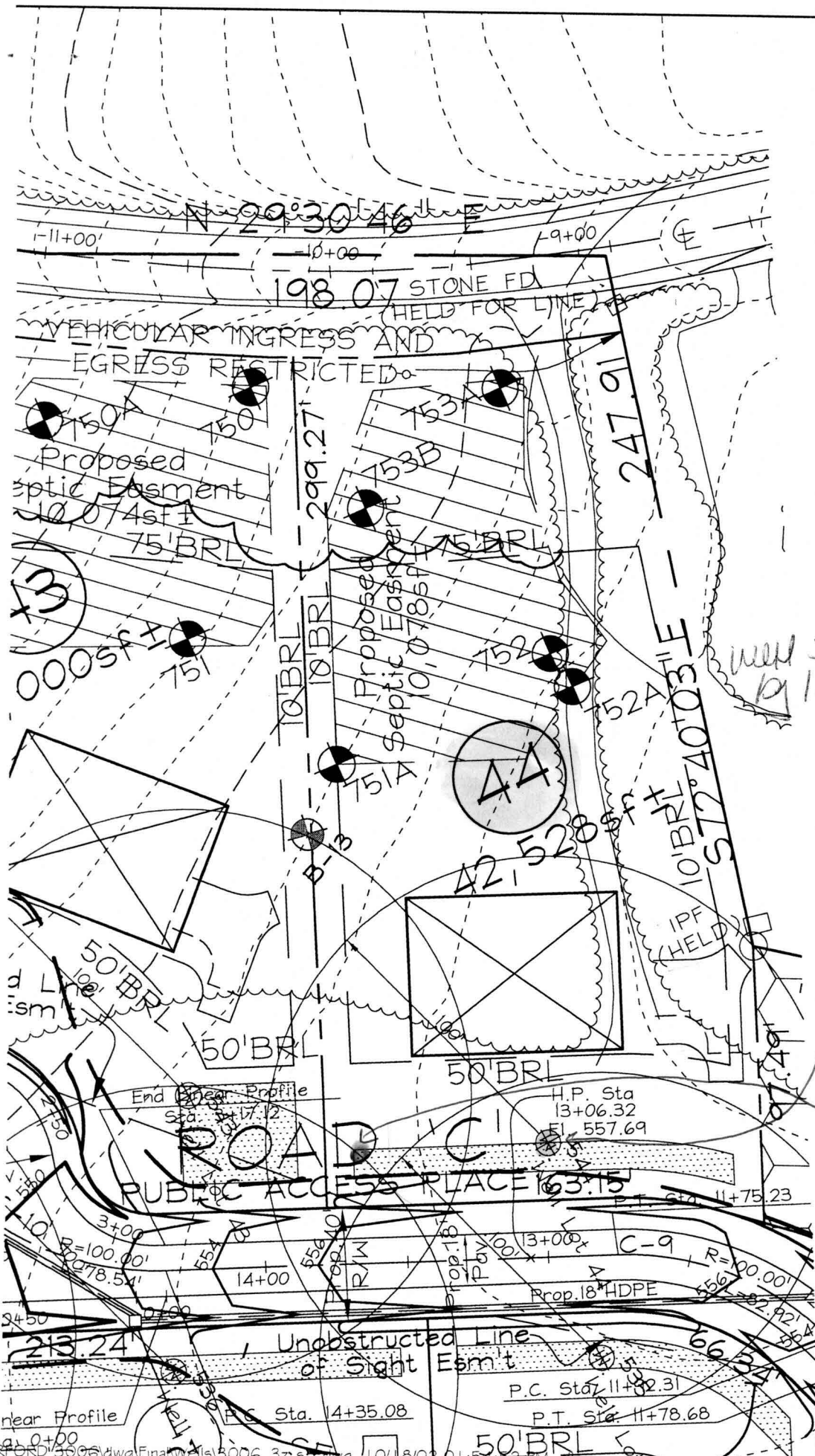
Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewer 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: 12-28-04

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

Date Insp. Requested: _____ Date Insp. Approved: 12/15/04 (50) 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

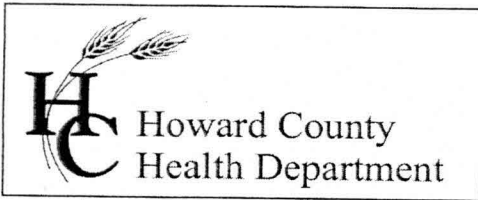


well site staked
by licensed surveyor

HO 94-3580

Initial site
yields 1.3 GPM
and is 57' deep
Owner may elect
to drill another
well.

2nd site
OK to drill
if needed
1/8/03 (SRK)



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

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

March 1, 2005

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

SENT VIA FACSIMILE 443-535-9297

RE: Waterford Farm, Lot 44
3240 Eleanors Garden Way
Woodbine, MD 21797
BP #: B00149697
Well Permit # HO-94-3580

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 03/01/2005. Final approval of the well line connection to the dwelling was approved on 12/15/2004.**

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-94-3580. 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): 02/25/2005
Date of Well Completion: 11/26/2002

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File