

C1 14335 (MDE USE ONLY)
 1 2 3 6
 (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 AS14952-H
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3572

ST/CO USE ONLY DATE Received MM DD YY
 DATE WELL COMPLETED MM DD YY
 Depth of Well 22 300 26 (TO NEAREST FOOT)
 OKSRN 12/2/02

OWNER GST TRUST + SISTER TRUST
 STREET OR RFD ROAD E ELEANORS GARDEN WAY TOWN GLENWOOD
 SUBDIVISION WATERFORD FARMS SECTION LOT 36

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		check if water bearing
	FROM	TO	
Brown Shale	0	97	
Gray granite	97	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 45 46 30 NO. OF POUNDS 45 46 2820
 GALLONS OF WATER 180
 DEPTH OF GROUT SEAL (to nearest foot)
 from 48 TOP 52 ft. to 54 BOTTOM 58 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 57 Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 101
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole (insert appropriate code below)
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED Y N

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
A	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
C	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64
S	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85
R	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106
E	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127
N	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148

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 DO 24
 DRILLERS SIGNATURE Joseph Mays
 LIC. NO. 1 D

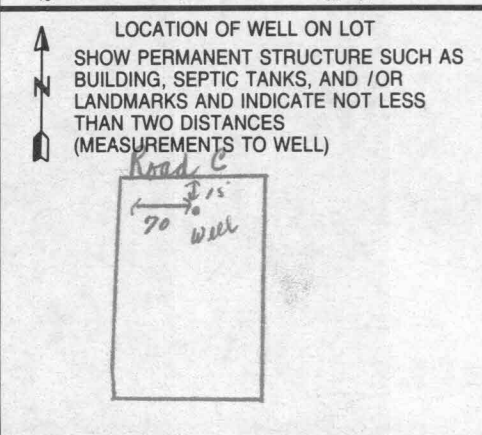
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

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

C3 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 76 ft.
 WHEN PUMPING 104 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) 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)



B 1 6770

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 517434

STATE PERMIT NUMBER Ho-94-3572 fill in this form completely

Date Received (APA) 08/22/02

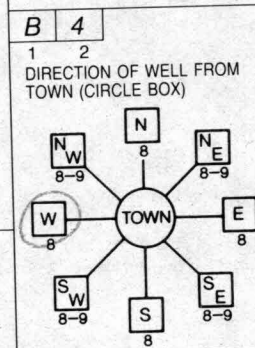
OWNER INFORMATION

Owner: St. Trust + Sisters Trust; First Name: St; Street or RFD: 3 Weyndam Ct.; Town: Lutherville; State: Md; Zip: 21093

LOCATION OF WELL: Howard County; Subdivision: Waterford Farms; Section: 44-46; Lot: 36; Nearest Town: Glenwood; Miles from town: 4.5

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne; License No.: M 5 D 0 2 4; Firm Name: Joseph L. Mayne Well Drilling; Address: 5512 Ridger Rd Mt. Airy 21771; Signature: Joseph L. Mayne; Date: 8-23-02



Road 'C' near what road; ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX); DISTANCE FROM ROAD: 25 FT; TAX MAP: 13; BLK: 24; PARCEL: 13

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.): 5; AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled); 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.: A514952-H; STATE SIGNATURE: Steve R. Kucy; DATE ISSUED: 11/20/02; EXP. DATE: 11/20/03; NORTH GRID: 520 000; EAST GRID: 780 000

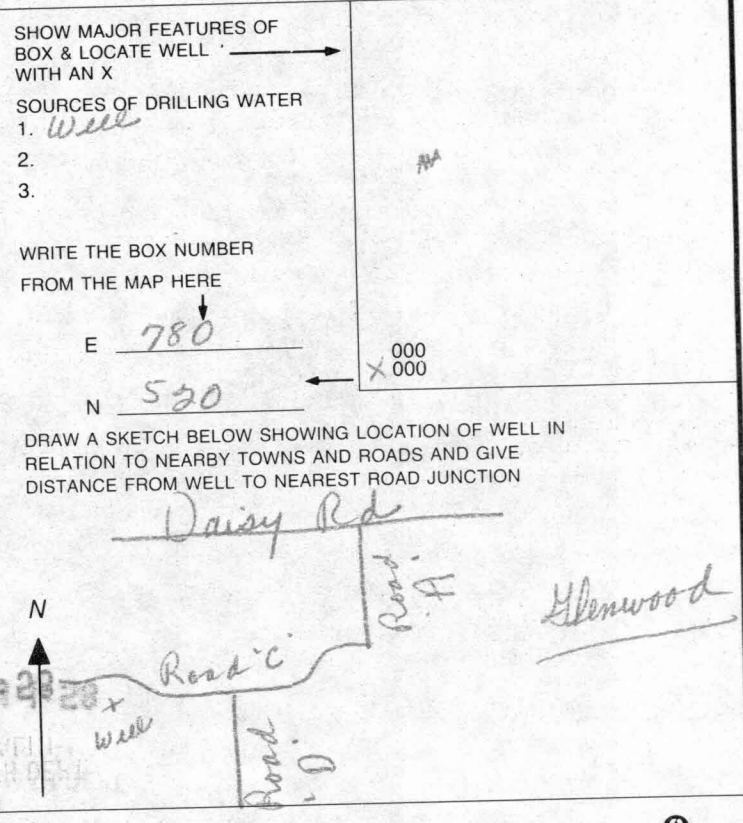
APPROXIMATE DEPTH OF WELL: 260 FEET; APPROXIMATE DIAMETER OF WELL: 6 INCH; NEAREST TOWN: GLENWOOD

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary; JETTED AIR-PERCussion; Jetted & DRIVEN ROTARY (Hydraulic Rotary); DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled); 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 DEEPEM AN EXISTING WELL



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

APPROP. PERMIT NUMBER: G; PERMIT No.: Ho-94-3572

SPECIAL CONDITIONS

6-6-05
Retaxed
7-19-05

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
Sylasville, 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: Cantaul trace Lot #: 36 Well Tag #: HO-94-3572
Site Address: _____

Submersible Pump Data
Make: Goolds
Model #: 75B07422
Pump Capacity: 7 GPM
Well Yield: 15 GPM
Depth of well encountered at time of pump installation: 300 (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

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.

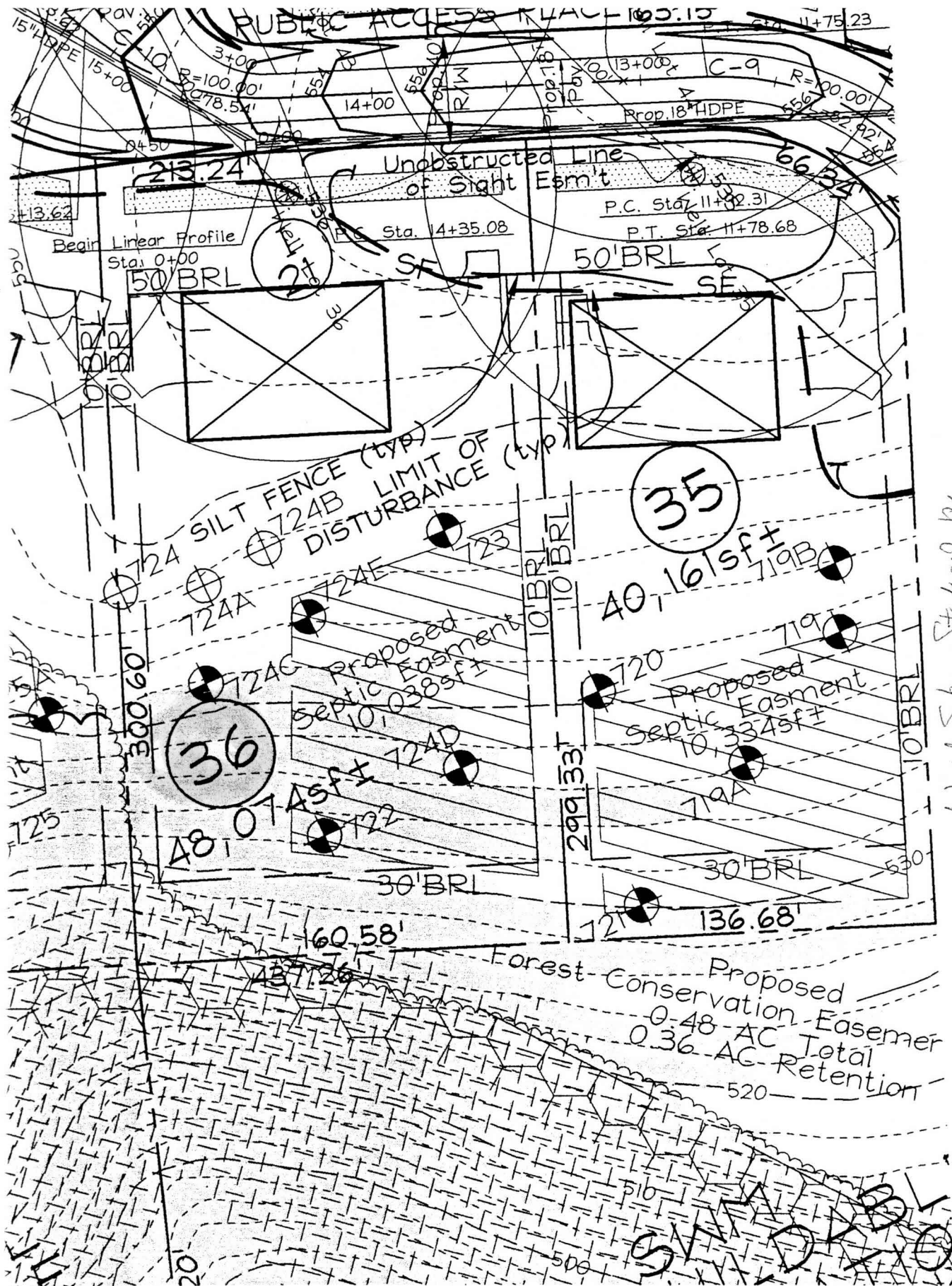
Signature of company representative responsible for installation: Allen Compt date: 6-6-05

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

Date Insp. Requested: _____ Date Insp. Approved: 4/28/05 GAC

- 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

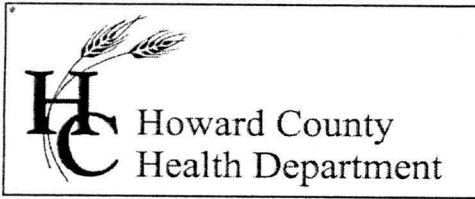
PUBLIC ACCESS TRAIL 105.13



Well Site Staked by
Licensed Surveyor

OWNER/DEVELOPER

GST TRUST (41.135%) & SISTER'S TRUST (58.865%)
 3 Wyndam Court
 Lutherville, MD 21093
 (410) 308-2714



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

July 19, 2005

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

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farms, Lot 36
3247 Eleanors Garden Way
Woodbine, MD 21797
BP #: B00152077
Well Permit # HO-94-3572

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 04/29/2005. Final approval of the well line connection to the dwelling was approved on 04/28/2005.**

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-94-3572. 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: 07/18/2005
Date of Well Completion: 11/25/2002

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 #:	55596	Account #:	1930
Reference:	Toll Brothers Cattail Trace Lot 36	Company:	Fogle's Well Drilling
Location:	3247 Eleanors Garden Way Woodbine, MD 21797	Requested By:	Dave Fogle
Date/ Time Collected:	7/18/2005 1100	Source:	Well Water
Date/Time Rec'd:	7/18/2005 1219	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.1
		Well #:	HO-94-3572

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/19/2005 / 0800 / C.Holland
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/19/2005 / 0800 / C.Holland
Nitrate	3.59	mg/L	10	601	7/19/2005 / 0900 / B. Dutterer
Turbidity	1.66	NTU	<10	SM18 2130B	7/19/2005 / 0840 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	7/19/2005 / 0840 / 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 # : B00152077

Date Reported: 7/19/2005