

C1 14341 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 A514952-N

1 2 3 6 (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 16 03

Depth of Well 22 320' 26 (TO NEAREST FOOT) 2/4/03 OKSRK

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3578

OWNER GST TRUST + SISTERS TRUST STREET OR RFD ELEANORS GARDEN WAY TOWN GLENWOOD SUBDIVISION WATERFORD FARMS SECTION LOT 42

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown Shale 0-105, Gray Granite 105-320, 2 drywell backfilled, 445-40 drilling materials, 40-0 cement, 400-40 drilling materials, 40-0 cement.

GROUTING RECORD (Y) (N) 44 44 WELL HAS BEEN GROUTED TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 24 NO. OF POUNDS 2256 GALLONS OF WATER 144 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 54 BOTTOM 58 ft.

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) STEEL CONCRETE PLASTIC OTHER MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 108

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

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER screen type or open hole (insert appropriate code below)

NUMBER OF UNSUCCESSFUL WELLS: 2 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO. 1 M S D 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)

DEPTH (nearest ft.) 107 320 A C H S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST 1 2 HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 10 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 68 17 20 ft. WHEN PUMPING 156 22 25 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

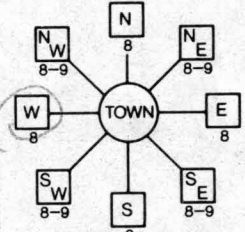
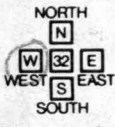
PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETE FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE (nearest foot) 1

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) See attached Well locations.

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

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

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

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD **Road C** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 50 37 DISTANCE FROM ROAD **50** ENTER FT OR MI 38 39
 TAX MAP: **13** BLK: **24** PARCEL **13**

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

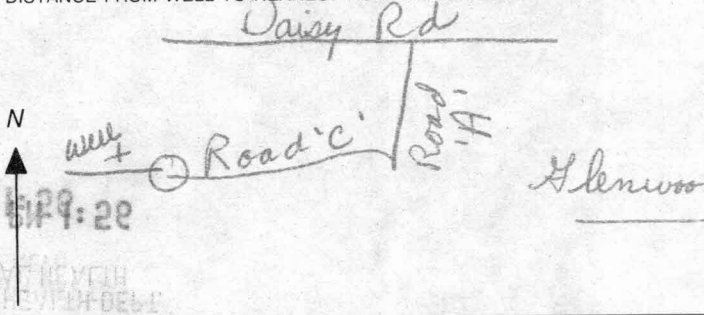
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **AS14952-N**
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **11/20/02** **Steve P. Krieg** 11/20/03
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **520** 0.00 EAST GRID **780** 0.00
 50 55 57 63

APPROXIMATE DEPTH OF WELL **260** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** 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
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

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


REPLACEMENT OR DEEPEMED 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 DEEPEAN AN EXISTING WELL
 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 _____
 PERMIT No. **Ho-94-3578**
 70 71 72 73 74 75 76 77 78 79

F
5/10/05
Revised
7/28/05

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: 588 Obrecht Rd
Syllesville, 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: Tall Brothers Telephone #: _____
Subdivision: Cattail Trace Lot #: H2 Well Tag #: HO-94-3578
Site Address: 3256 Eleonors Garden Way

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Gooods Make: Campbell Two piece watertight cap: yes
Model #: 55007422 Model#: N/A Screened, vented well cap: yes
Pump Capacity 5 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: 320 (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: 5-10-05

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

Date Insp. Requested: 7/29/05 Date Insp. Approved: 7/29/05
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 ✓

GAC



Howard County
Health Department

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

August 2, 2005

Toll MD II, LP
7164 Columbia Gateway Drive, Suite 230
Columbia, Maryland 21046

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farms, Lot 42
3256 Eleanors Garden Way
Woodbine, MD 21797
BP #: B00152036
Well Permit # HO-94-3578

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 4/28/2005. Final approval of the well line connection to the dwelling was approved on 7/29/2005.**

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-94-3578. 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: 7/27/2005
Date of Well Completion: 1/16/2003

Approving Authority,

Brian Baker, 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 #: 55743 Account #: 1930
Reference: Toll Brothers Cattail Trace Lot 42 Company: Fogle's Well Drilling
Location: 3256 Eleanor's Garden Way Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 07/27/05 0830 Site: Kitchen Sink Tap
Date/Time Rec'd: 07/27/05 1130 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3578

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	07/28/05 / 1000 / C. Mooshian
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	07/28/05 / 1000 / C. Mooshian
Nitrate	5.41	mg/L	10	601	07/28/05 / 1100 / C.Holland
Turbidity	3.23	NTU	<10	SM18 2130B	07/28/05 / 0805 / C.Holland
Sand	NS	mg/L	5	Visual/Gravimetric	07/28/05 / 0805 / C.Holland

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 # : B00152036

Date Reported: 07/28/05