

C1 14339 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A514952-L

(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 6 03

Depth of Well 22 380 26 (TO NEAREST FOOT)

OKSRK 1/15/03

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3576

OWNER GSI TRUST + SISTERS TRUST STREET OR RFD ROAD "S" ELEANOR GARDEN W/OWN GLENWOOD SUBDIVISION WATERFORD FARMS SECTION LOT 40

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

GROUTING RECORD form with fields for YES/NO, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below.

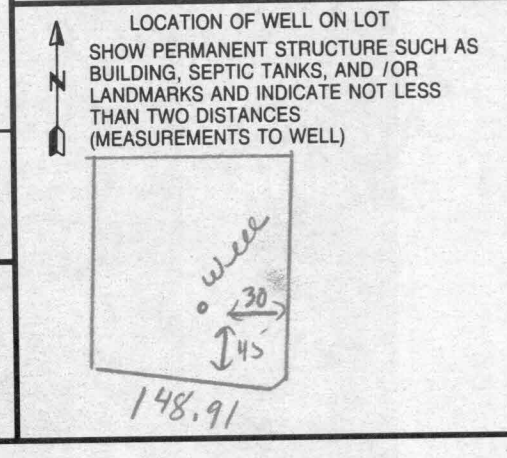
DEPTH (nearest ft.) table with columns for casing height and slot size.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES/NO (Y/N)

CIRCLE APPROPRIATE LETTER A-E (A: ABANDONED AND SEALED, E: ELECTRIC LOG OBTAINED, P: TEST WELL CONVERTED TO PRODUCTION WELL)

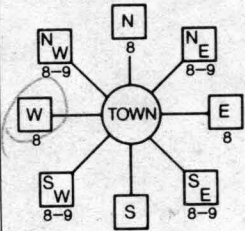
DRILLERS LIC. NO. 1 M5 D024 DRILLERS SIGNATURE LIC. NO. 1 D

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

Date Received (APA) 08/22/02
 8 MM DD YY 13
OWNER INFORMATION
 15 Last Name Gst. Trusty Sisters Trust Owner First Name 34
 36 Street or RFD 3 Wyndam Ct. 55
 57 Town Lutherville 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 40 50
 52 NEAREST TOWN Glenwood 71
 MILES FROM TOWN (enter 0 if in town) 4 1/2 M I 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name Joseph L. Mayne M S D O 24 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)
 NORTH WEST EAST SOUTH
 34 DISTANCE FROM ROAD 230 37 ENTER FT OR MI 38 39
 TAX MAP: 13 BLK: 24 PARCEL 13

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

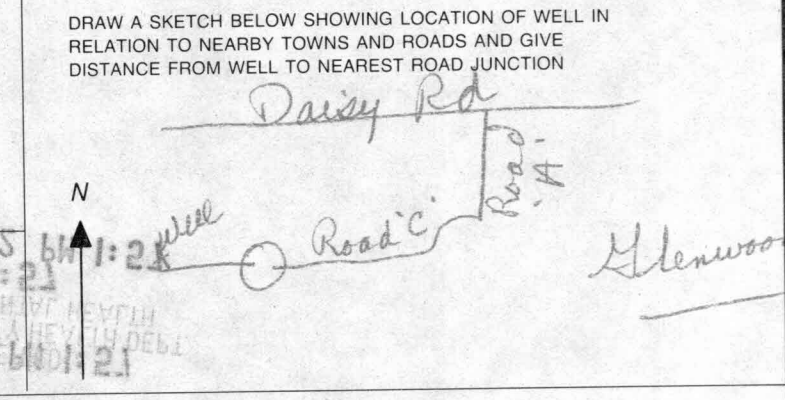
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME HOWARD COUNTY NO. A5149522
 STATE SIGNATURE _____ INSERT S _____ 41
 DATE ISSUED 11/20/03 CO SIGNATURE Steve R. Krueger EXP. DATE 11/20/03
 NORTH GRID 520 000 EAST GRID 780 000
 50 55 57 63

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

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

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

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
 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____
 PERMIT No. HO-94-3576 70 71 72 73 74 75 76 77 78 79

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
Sykesville MD

(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 #: 40 Well Tag #: HO-94-3506
Site Address: 3270 Ekanos Garden Way

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>53027</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>4</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>380</u> (feet)		Conduit secured to well cap: <u>yes</u>

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

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

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 Compt 9-26-05
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 9/21/05 GAC BB

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

Well barrier NOT needed per Gabe.



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

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

October 17, 2005

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

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farm, Lot 40
3270 Eleanors Garden Way
Woodbine, MD 21797
BP #: B00153458
Well Permit # HO-94-3576

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 08/12/2005. Final approval of the well line connection to the dwelling was approved on 09/21/2005.**

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-94-3576. 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): 10/10/2005
Date of Well Completion: 01/06/2003

Approving Authority,

Michael J. Davis, 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 #:	56665	Account #:	1930
Reference:	Toll Brothers Lot 40	Company:	Fogle's Well Drilling
Location:	3270 Eleanors Garden Way Dayton, MD 21036	Requested By:	Dave Fogle
Date/ Time Collected:	10/10/2005 0900	Source:	Well Water
Date/Time Rec'd:	10/10/2005 1146	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.1
		Well #:	CL-94-3576

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/11/2005 / 0830 / C.Holland
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/11/2005 / 0830 / C.Holland
Nitrate	2.59	mg/L	10	601	10/11/2005 / 0925 / B. Dutterer
Turbidity	0.69	NTU	<10	SM18 2130B	10/11/2005 / 0915 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	10/11/2005 / 0915 / 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 # : B00153458

Date Reported: 10/11/2005