

C1 14342 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 4514952-0

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 12 4 02

Depth of Well 500' (TO NEAREST FOOT)

OKSRK 12/19/02 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3579

OWNER OST TRUST + SISTERS TRUST STREET OR RFD WATERFORD FARMS SECTION 43 LOT 43

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. Includes entries for Brown Shale and Gray Granite.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

Diagram for casing types (ST, CO, PL, OT) and table for MAIN CASING TYPE with columns for diameter and depth.

OTHER CASING (if used)

Table for OTHER CASING with columns for diameter and depth.

SCREEN RECORD

Diagram for screen types (ST, BR, HO, PL, OT) and table for screen diameter and depth.

DEPTH (nearest ft.) 97 500

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Abandoned), E (Electric Log), P (Production)

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 SD024 DRILLERS SIGNATURE Joseph L. Maime

LIC. NO. 1 D

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

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

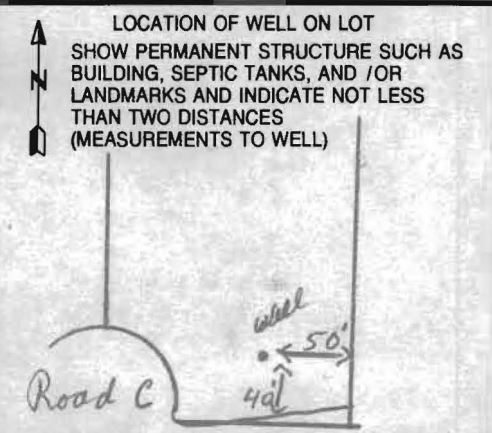
C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 76 ft. WHEN PUMPING 360 ft. TYPE OF PUMP USED (for test) S submersible

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 (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 3 (nearest foot)



B 1 6777
1 2 3 4 5 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3579
70 fill in this form completely 79

517434 please type

Date Received (APA)
08/22/02
8 MM DD YY 13

OWNER INFORMATION

15 Last Name: GST Trust + Sisters Trust
Owner: Owner
34 First Name: [blank]
36 Street or RFD: 3 Wyndam Ct
55 [blank]
57 Town: Lutherville Md 21093
70 State: Md 72 Zip: 21093 76

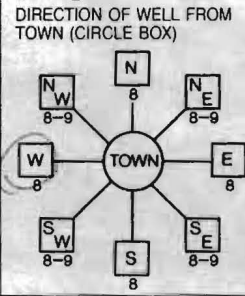
B 3 LOCATION OF WELL

8 COUNTY: Howard 21
23 SUBDIVISION: Waterford Farms 42
SECTION: [blank] 44 46 LOT: 43 48 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

Driller's Name: Joseph L. Mayne M S D O 24
76 License No. 81
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd Mt. Airy 21771
Signature: Joseph Mayne 8-23-02
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 (circled)
34 20 37 DISTANCE FROM ROAD: 20 FT
ENTER FT OR MI 38 39
TAX MAP: 13 BLK: 24 PARCEL: 13

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 500
8 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.: AS14952-0
STATE SIGNATURE: [blank] INSERT S →
DATE ISSUED: 11/20/02 Steve R. Kueg 11/20/03
43 MM DD YY 48 GO 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

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

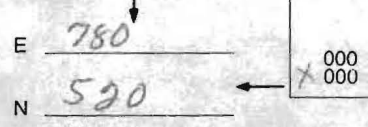
REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - 39 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 DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

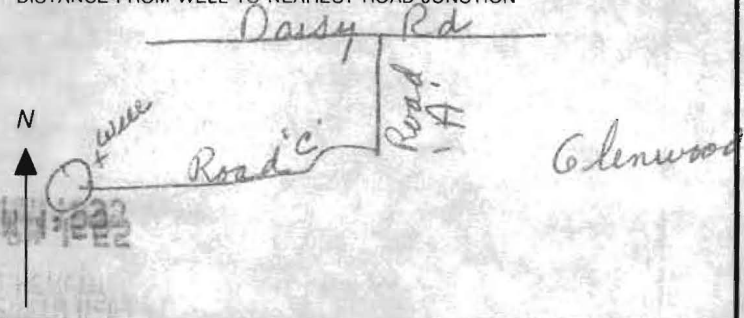
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well
 - 2.
 - 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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

APPROX. PERMIT NUMBER: _____ G
PERMIT No.: HO-94-3579
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 - 94-3579
 Location of property (road) Road C
 Subdivision Watford Farms Lot 43 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mayne Owner 65th Trust, Suster Trust

Depth of well 500'
 Distance of measuring point (M.P.) above ground 3'
 Static water level (S.W.L.) below M.P. 76'

I. High rate pumping -- reservoir drawdown

Time pump started 7:05 Pumping rate 20 gpm
 Total time 45 min to reach pumping water level 360 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:20	182'	3 sec		20 gpm
7:35	278	4		15
7:50	360	5		12
8:05	360	30		2
8:20	360	30		2
8:35	359	30		2
8:50	359	30		2
9:05	359	30		2
9:20	359	30		2
9:35	359	30		2
9:50	359	30		2
10:05	359	30		2
10:20	359	30		2
10:35	359	30		2
10:50	359	30		2
11:05	359	30		2
11:20	359	30		2
11:35	359	30		2
11:50	359	30		2
12:05	359	30		2
12:20	359	30		2
12:35	359	30		2
12:50	359	30		2
1:05	359	30		2
HD-22420	359	30		2
1:35	359	30		2
1:50	359	30		2
2:05	359	30		2

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 Obercht 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. Licenses may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: _____
Subdivision: Calloway Drive Lot #: 43 Well Tag #: HO-94-3579
Site Address: 3248 Cleanors Garden Way

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>55B10422</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: _____ GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>504</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>

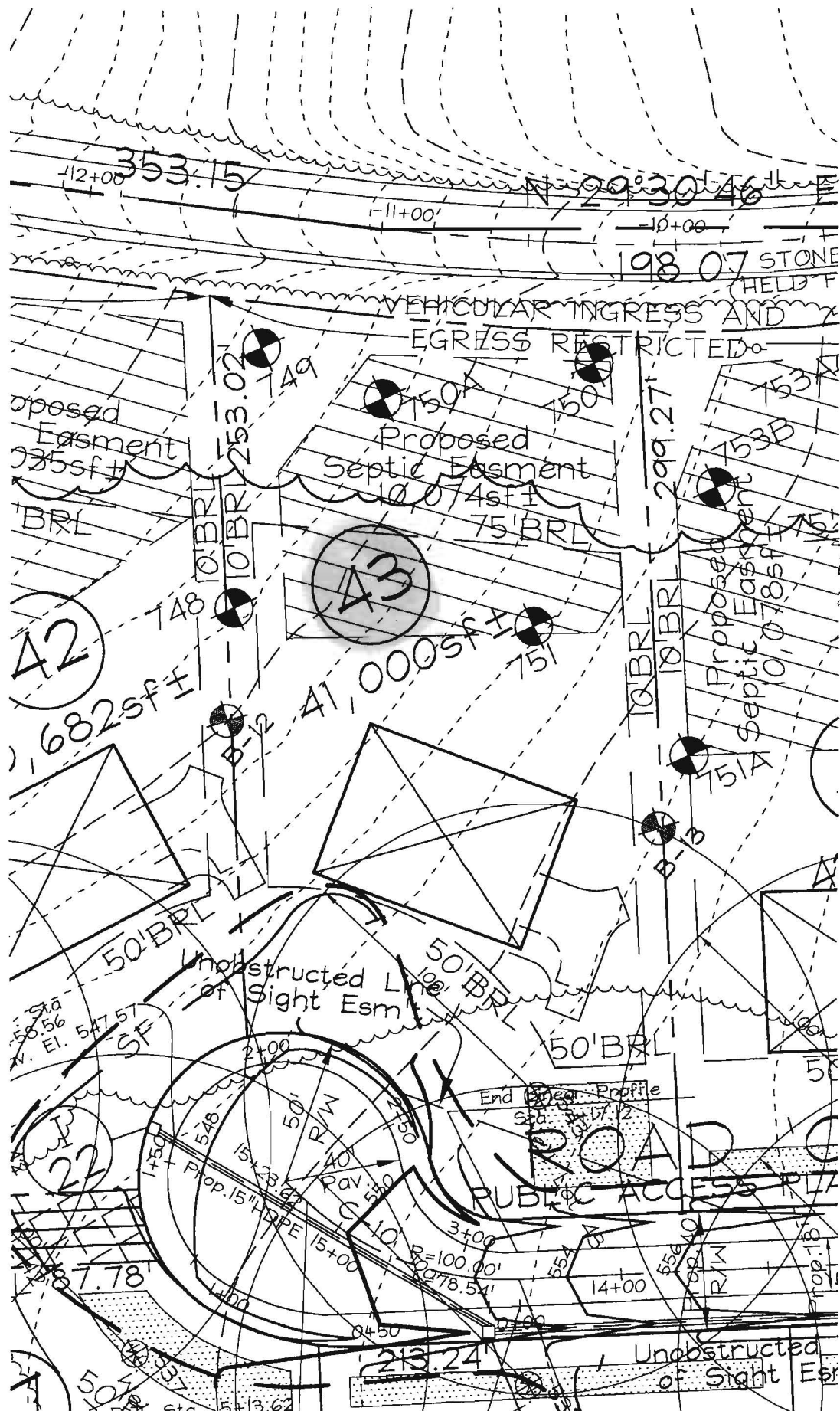
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton 12-20-05
Signature of company representative responsible for installation date

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

Date Insp. Requested: 12/8/05 Date Insp. Approved: 12/8/05
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 per BB



NEW SITE
 STAKES BY
 LICENSED
 SURVEYOR
 O.K. TO
 DRILL

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 #:	58441	Account #:	1930
Reference:	Toll Brothers Lot 43	Company:	Fogle's Well Drilling
Location:	3248 Eleanor's Garden Way Woodbine, MD 21797	Requested By:	Dave Fogle
Date/ Time Collected:	3/10/2006 1015	Source:	Well Water
Date/Time Rec'd:	3/10/2006 1415	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.2
		Well #:	HO-94-3579

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/11/2006 / 0940 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/11/2006 / 0940 / BCD
Nitrate	1.88	mg/L	10	601	3/10/2006 / 1500 / BCD
Turbidity	9.20	NTU	<10	SM18 2130B	3/10/2006 / 1520 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	3/10/2006 / 1520 / AMD/BCD

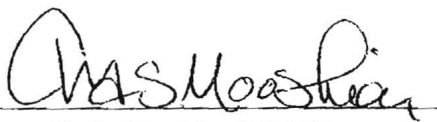
NOTES

- 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 # : 155335

Date Reported: 3/13/2006

Laboratory Director:



Charles Mooshian, B.S.,M.T.



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

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

March 29, 2006

Toll MD II LP
3130 Lorenzo Lane
Woodbine, MD 21797

SENT VIA FACSIMILE 410-489-6293

RE: Waterford Farms, Lot 43
3248 Eleanors Garden Way
Woodbine, MD 21797
BP #: B00155335
Well Permit # HO-94-3579

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 03/28/2006. Final approval of the well line connection to the dwelling was approved on 12/08/2005.**

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.

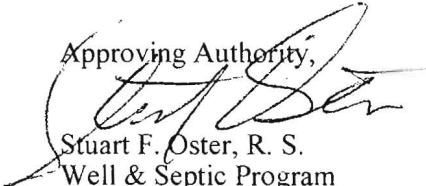
INTERIM CERTIFICATE OF POTABILITY

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-94-3579. 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: 03/10/2006
Date of Well Completion: 12/04/2002

Approving Authority,


Stuart F. Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File