

C1 0124

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 13 A515042

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0143

OWNER Toll Brothers Homes STREET OR RFD Ashby Court TOWN Ellicott City SUBDIVISION Benedict Farm SECTION LOT 77

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 MEDIUM BROWN, HARD GRAY, MEDIUM SANDY TAN, HARD GRAY, MEDIUM GRAY TAN, HARD GRAY.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 6 NO. OF POUNDS 564 GALLONS OF WATER 36 DEPTH OF GROUT SEAL 24 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 inch Total depth 24 feet

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (H.O.) OPEN HOLE (H.O.)

DEPTH (nearest ft.)

Table for depth measurements with columns for depth intervals.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

C 3

10 CPM BEHIND RIG

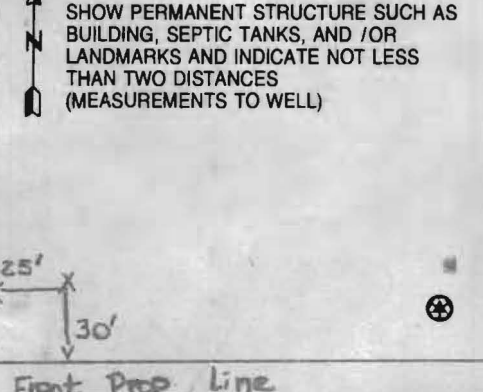
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE timer/bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 160 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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) 4 above LAND SURFACE below 1 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

- 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. MD D 355 DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

B 1 6516  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0143  
70 fill in this form completely 79

523472 please type

Date Received (APA)  
10/11/2005  
8 MM DD YY 13

OWNER INFORMATION

Tolk Brothers, Inc.  
15 Last Name Owner First Name 34  
7164 Columbia Gateway Dr. Suite 230  
36 Street or RFD 55  
Columbia, MD 21046  
52 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

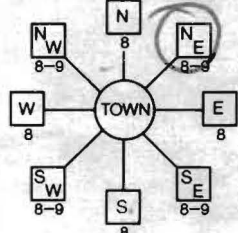
Howard  
8 COUNTY 21  
Homewood Crossing  
23 SUBDIVISION 42  
SECTION 44 46 LOT 77 48 50  
Clarksville  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) \_\_\_\_\_ M I I  
73 76 77 78

DRILLER INFORMATION

Michael Barlow M.D. D355  
Driller's Name 76 License No. 81  
Michael Barlow Well Drilling Inc.  
Firm Name  
522 Underwood Ln. Belair MD.  
Address  
Signature Date 9/20/05 21014

B 4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Ashby Court  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST 32 EAST  
SOUTH  
34 30 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: 29 BLK: 9 PARCEL 28

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

Howard 13 A515042  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 10/13/2005 Brian Baber 10/13/2006  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 513 0 0 0 EAST GRID 826 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

- 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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

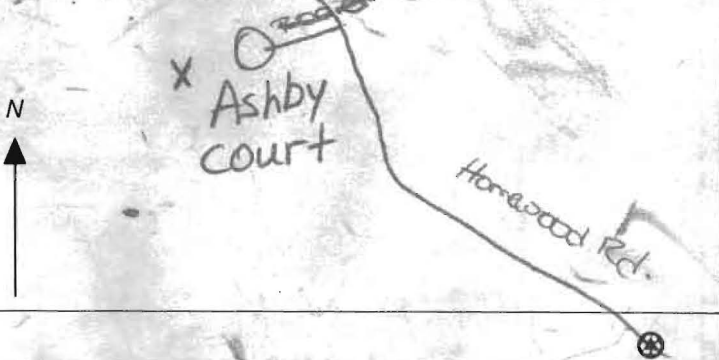
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

11/28/05 10:30am 3 hry field  
11/29/05 11:30am clear

SOURCES OF DRILLING WATER  
1. X  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE  
E 83026  
N 5103

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

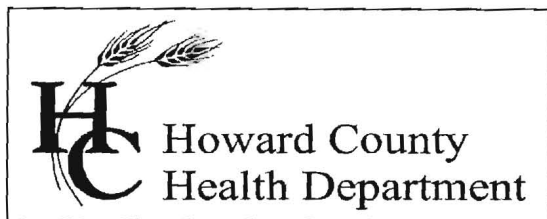


Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER HO 2003 G006  
PERMIT No. HO-95-0143  
70 71 72 73 74 75 76 77 78 79

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







Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – August 19, 2015

February 19, 2015

Homeowner  
4710 Ashby Court  
Ellicott City, Maryland 21042

**RE: Benedict Farm, Lot #77  
4710 Ashby Court  
Building Permit: B14001553  
Well Permit: HO-95-0143**

Dear Homeowner:

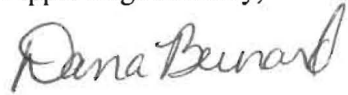
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **2/11/2015**. Final approval of the well line connection to the dwelling was granted on **10/15/2014**. The well construction was completed on **10/11/2005**. Water samples were collected on **1/30/2015**.

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. 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-95-0143. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

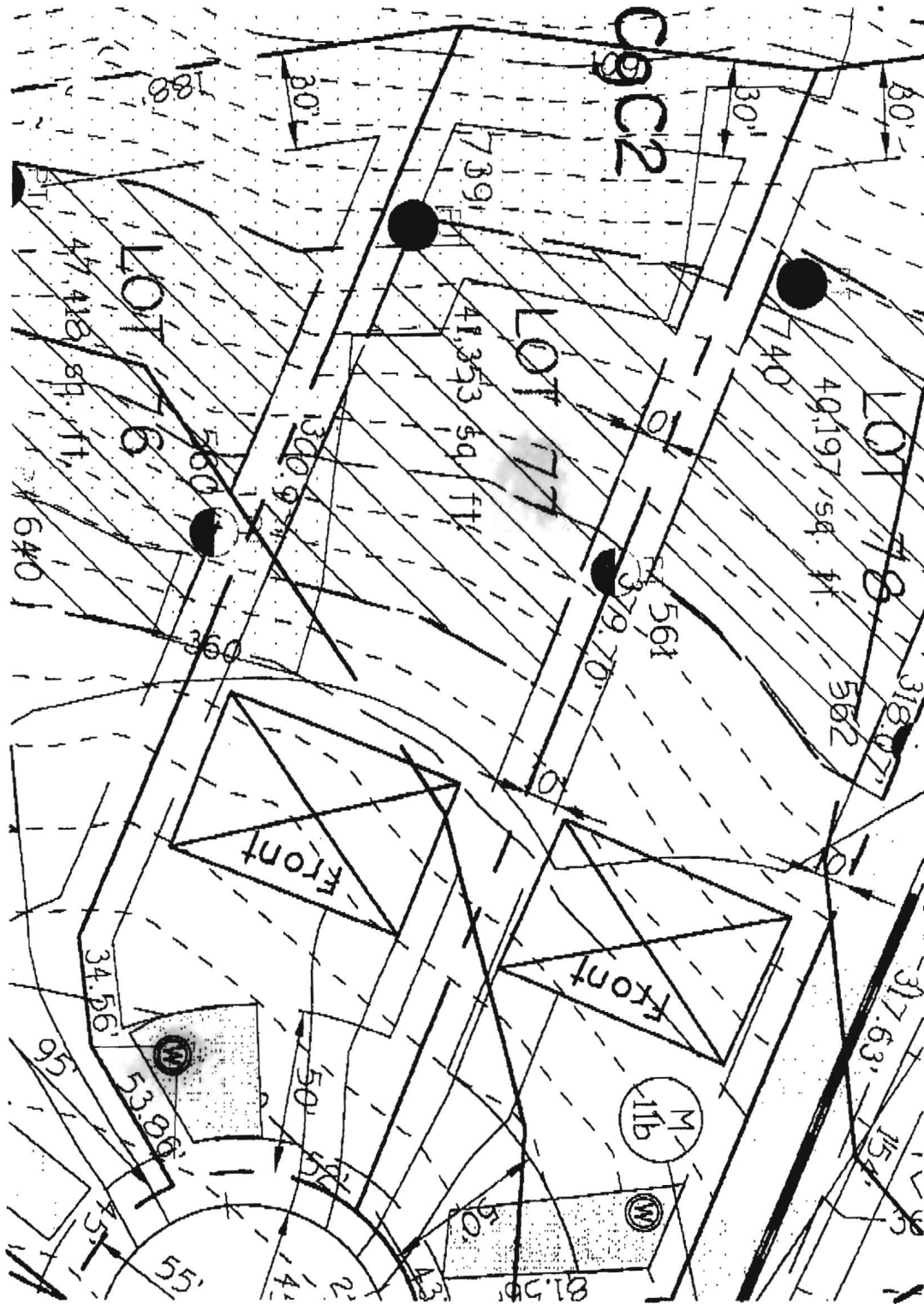
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in cursive script that reads "Dana Bernard".

Dana Bernard  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
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 #: 98726 Account #: 1930  
Reference: Toll Brothers Lot 77 Company: Fogle's Well Drilling  
Location: 4710 Ashby Court Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 1/27/2015 1154 Site: Pressure Tank  
Date/Time Rec'd: 1/27/2015 1327 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: J. Fogle 1974JF Well #: HO-95-0143

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	1/28/2015 / 0815 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/28/2015 / 0815 / LLO

NOT OK

DF  
2-18-15

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested in lab, chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : 14001553

Date Reported: 1/28/2015

# 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 #: 98792 Account #: 1930  
Reference: Toll Brothers Lot 77 Company: Fogle's Well Drilling  
Location: 4710 Ashby Court Requested By: Dave Fogle  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 1/30/2015 1420 Site: Laundry Sink  
Date/Time Rec'd: 1/30/2015 1522 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: J. Fogle 1974JF Well #: HO-95-0143

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/31/2015 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/31/2015 / 1015 / LLO

OK  
2/2-18-15

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested in lab, chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : 14001553

Date Reported: 2/2/2015

# e3 Environmental LLC

302-725-0768 www.e3onsite.com

## ECOPOD-N Completion Statement

### Installation Information

Owners Name	ERVIN NORGREN	# of Bedrooms / GPD	600
Street	4710 Ashby COURT	Repair	<input type="checkbox"/>
City	Ellicott City	New Construction	<input checked="" type="checkbox"/>
State	MD		
Zip			

### Installation Company

Company	Fogle	Installed Date	1/7/15
Certified Installer	Ricky Colson	Startup Date	2/11/15
Street	Obrecht Rd		
City	Sykesville		
State	MD		
Zip	21784		

### ECOPOD-N

Model #	Serial #
E50 <input type="checkbox"/>	
E60 <input checked="" type="checkbox"/>	EGON-02237CA
E75 <input type="checkbox"/>	
E100 <input type="checkbox"/>	
E150 <input type="checkbox"/>	

Blower Voltage	Good
Blower Running Amps	Good
Inches of water over media with blower turned off	2 inches
Vent Installed	yes
Tanks and Risers Water tight	yes
Alarm Functional	yes

I hereby certify that the ECOPOD-N wastewater treatment system has been installed and started up in accordance with the construction permit and is in compliance with the manufacturers recommendations

Company Babylon Vault Co  
Signature Steven R Koontz  
Printed Name Steven R Koontz

Date 2/11/15