

C1 6499

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13 A515042

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7-29-05

Depth of Well 445 (TO NEAREST FOOT) 9/1/05

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4167

OWNER Tall Brothers Inc. STREET OR RFD Rt. 108 and Homewood Rd. TOWN Ellicott City SUBDIVISION Benedict Farm SECTION LOT 31

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries like 'Dir +', 'Hard Tan', 'Hard Gray', etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 40 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used) diameter inch 4 1/2 depth (feet) from 38 to 49

SCREEN RECORD

screen type or open hole insert appropriate code below [ST] [BR] [HO] [PL] [OT]

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. 1 M 10 D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D 553

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

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes handwritten '445' and '40'.

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 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

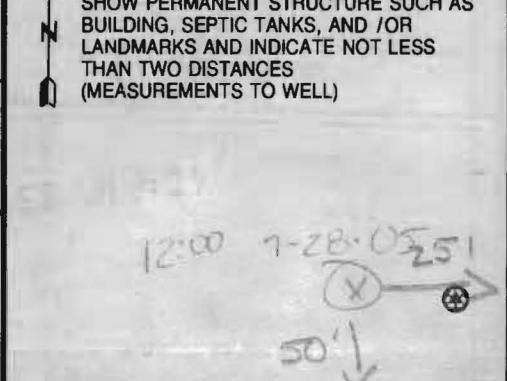
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Time/Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 142 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [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 [] below LAND SURFACE (nearest foot) 49 51

LOCATION OF WELL ON LOT



B 1 5322

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4167 fill in this form completely

521983 please type

Date Received (APA)

2/15/2005

OWNER INFORMATION

Toll Brothers Inc. Last Name Owner First Name

7164 Columbia Gateway Dr. Street or RFD

Columbia MD 21046 Town State Zip

LOCATION OF WELL

Howard MD COUNTY

Benedict Farm SUBDIVISION

SECTION 44 46 LOT 31 48 50

Columbiaville NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

1 M I 73 76 77 78

DRILLER INFORMATION

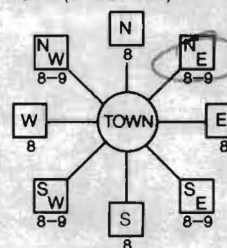
Michael Barlow MD D 355 Driller's Name License No.

Michael Barlow Well Drilling Inc. Firm Name

522 Underwood Lane, Belair MD Address

Signature Date 2/8/05 2/10/14

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Road B off Route 108 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 9 PARCEL 28

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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 4/21/2005 CO SIGNATURE EXP. DATE

NORTH GRID 510 000 EAST GRID 826 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

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
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)

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

APPROX. PERMIT NUMBER HO2003G006

PERMIT No. HO-94-4167

SPECIAL CONDITIONS

The Health Dept. Must Collect a Water Sample During The Yield Test

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

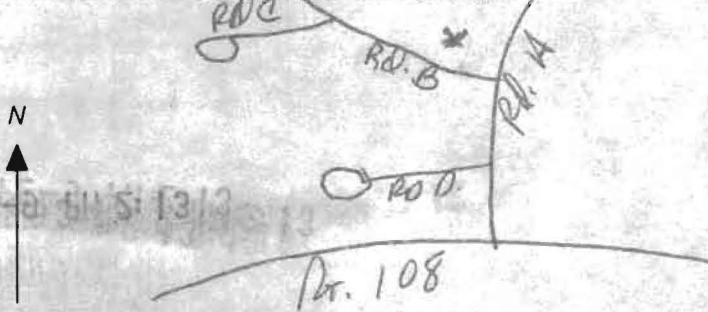
SOURCES OF DRILLING WATER

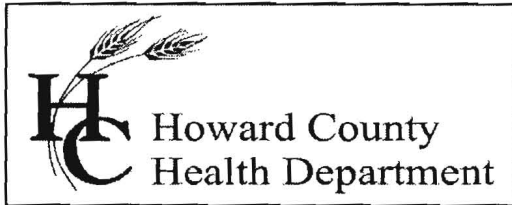
- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8206 N 510

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





Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

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 – NOVEMBER 4, 2015

May 4, 2015

Homeowner
11502 Fox River Drive
Ellicott City, MD 21042

**RE: Patuxent Chase, Lot 31
11502 Fox River Drive
Building Permit: B00158833
Well Permit: HO-94-4167**

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 **9/7/2006**. Final approval of the well line connection to the dwelling was granted on **5/9/2007**. The well construction was completed on **7/29/2005**. Water samples were collected on **4/20/2015**.

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.

Gross Alpha and Beta samples were also collected on **4/20/2015**. Results showed a Gross Alpha level of **2.0 ± 0 pCi/L** and **Gross Beta** level of **4.3 ± 0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

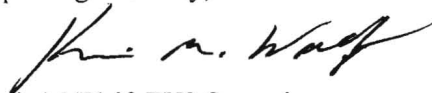
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-94-4167. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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 certified water quality 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 black ink, appearing to read "Kevin M. Wolf". The signature is written in a cursive style with a large initial "K".

Kevin M Wolf, EHS Supervisor
Environmental Health Specialist
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 #: 100024 Account #: 1930
Reference: Toll Brothers Lot 31 Company: Fogle's Well Drilling
Location: 11502 Fox River Drive Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 4/20/2015 1410 Site: Kitchen Sink Tap
Date/Time Rec'd: 4/20/2015 1550 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J. Fogle 1974JF Well #: HO-95-1142

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	2.0 ✓	pCi/L	15	900.0	4/23/2015 / --- / MJN
Gross Beta, Short Term	4.3 -	pCi/L	50	900.0	4/23/2015 / --- / MJN

OK

NOTES

- 1 Gross Alpha Detection Limit: 1.0 pCi/L; Gross Beta Detection Limit: 1.4 pCi/L
- 2 pCi/L = picocuries per liter
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sub-contracted to Reference Lab #278
- 5 ND:None Detected
- 6 pH and Chlorine level tested in lab
- 7 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B00158833

Date Reported: 4/27/2015

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 #: 100023 Account #: 1930
Reference: Toll Brothers Lot 31 Company: Fogle's Well Drilling
Location: 11502 Fox River Drive Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 4/20/2015 1410 Site: Kitchen Sink Tap
Date/Time Rec'd: 4/20/2015 1550 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J. Fogle 1974JF Well #: HO-95-1142

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	4/21/2015 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	4/21/2015 / 1015 / LLO
Nitrate	3.51 ✓	mg/L	10	601	4/21/2015 / 1445 / BCD
Turbidity	0.44 ✓	NTU	<10	SM18 2130B	4/21/2015 / 1340 / BCD
Sand	NS ✓	mg/L	5	Visual/Gravimetric	4/21/2015 / 1340 / BCD

6/5

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 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B00158833

Date Reported: 4/22/2015

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 Oberlin 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# MSD009

*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: Benedict Farm Patient Lot #: 31 Well Tag #: HO-94-4167
Site Address: 11502 Fox River Dr. Chase

Submersible Pump Data

Make: Couplers
Model #: 1550E10-220
Pump Capacity 15 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Cambell
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

Depth of well encountered at time of pump installation: 44.5 (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

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 Compton date: 9/26/06

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

Date Insp. Requested: _____ Date Insp. Approved: (ICW) 5/9/07
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

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95-1142
Site Address: 11502 Fox River Dr.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

Depth of supply line: _____ (36" min) Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: _____

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

✓
Need to Extend
Need to Install Tag
Irrigation Well - Not
Hooked to
House

C 1 7218

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Toll Brothers, STREET OR RFD: 11502 Fox River Drive, TOWN: Columbia, SUBDIVISION: Home wood crossing, SECTION: , LOT: 31

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown mica, Gray Limestone, Dry hole cement, and Rock cuttings.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 10, NO. OF POUNDS: 240, GALLONS OF WATER: 60, DEPTH OF GROUT SEAL: 0 ft.

CASING RECORD: MAIN CASING TYPE: PL (60-61), Nominal diameter: 06 (63-64), Total depth: 37 (66-70). OTHER CASING: ST (5-29), 71.

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

DEPTH (nearest ft.): 1 HO 37 300, 2 37 300, 3 37 300, 4 37 300, 5 37 300, 6 37 300, 7 37 300, 8 37 300, 9 37 300, 10 37 300, 11 37 300, 12 37 300, 13 37 300, 14 37 300, 15 37 300, 16 37 300, 17 37 300, 18 37 300, 19 37 300, 20 37 300, 21 37 300, 22 37 300, 23 37 300, 24 37 300, 25 37 300, 26 37 300, 27 37 300, 28 37 300, 29 37 300, 30 37 300, 31 37 300, 32 37 300, 33 37 300, 34 37 300, 35 37 300, 36 37 300, 37 37 300, 38 37 300, 39 37 300, 40 37 300, 41 37 300, 42 37 300, 43 37 300, 44 37 300, 45 37 300, 46 37 300, 47 37 300, 48 37 300, 49 37 300, 50 37 300, 51 37 300.

NUMBER OF UNSUCCESSFUL WELLS: 1, WELL HYDROFRACTURED: Y, CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL).

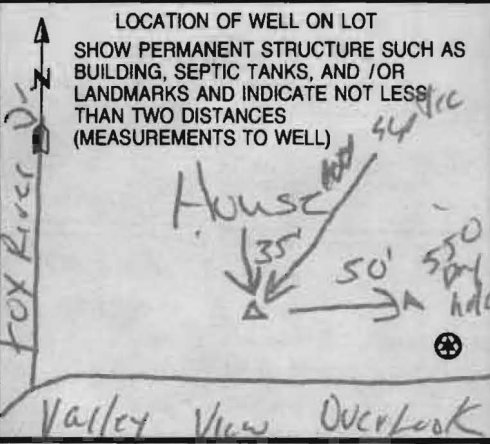
GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), T (E.R.O.S.), W Q.

DRILLERS LIC. NO.: M SD 009, DRILLERS SIGNATURE: [Signature], LIC. NO.: D.

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED: 03, PUMPING RATE: 5.4 gal. per min., METHOD USED TO MEASURE PUMPING RATE: 190L, WATER LEVEL: BEFORE PUMPING 29 ft., WHEN PUMPING 105 ft., TYPE OF PUMP USED: C (centrifugal), S (submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP: YES, TYPE OF PUMP INSTALLED: S, PLACE IN BOX 29: 7, CAPACITY: 3 1/4 GALLONS PER MINUTE, PUMP HORSE POWER: 37, PUMP COLUMN LENGTH: 280, CASING HEIGHT: + above, LAND SURFACE: 01 (nearest foot).



B 1 **4380**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER **HO-95-1142**
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
TOLL Brothers
15 Last Name Owner First Name 34
14324 Triadelphia
36 Street or RFD 55
Glenclyg Md. 21737
57 Town 70 State 72 Zip 76

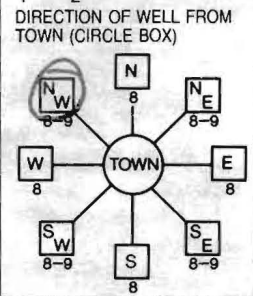
B 3 LOCATION OF WELL

8 COUNTY **Howard** 21
23 SUBDIVISION **Benedict Farm** 42
Homewood Crossing
SECTION **44 46** LOT **31** 48 50
52 NEAREST TOWN **Columbia** 71

DRILLER INFORMATION

Driller's Name **Allen Compton M.S.D. 009** 76 License No. 81
Firm Name **Fogles Well Drilling**
Address **580 Obrecht rd.**
Signature **Allen Compton** Date **6-1-07**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MILES FROM TOWN (enter 0 if in town) **7** M 1
73 76 77 78
11502 Fox River Drive
Valley View Overlook
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
34 46 37 DISTANCE FROM ROAD FT 38 39
ENTER FT OR MI FT
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)
- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION **Replacement Well**
 - 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

Howard COUNTY NAME COUNTY NO. **AS15042**
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **6/6/07** CO SIGNATURE **John Stok** EXP. DATE **6/6/08**
43 MM DD YY 48
NORTH GRID **510** 0 0 0 EAST GRID **826** 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST

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
- 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 DEEPEN 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)

APPROX. PERMIT NUMBER **HO 2003 G 006**
PERMIT No. **HO-94-1142**
70 71 72 73 74 75 76 77 78 79

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **826**
N **510**

000
000

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

Yield Test Data Sheet

County File # _____
District 2

MD Well Permit #. H0-95-1142

Date of Test: 6-18-07

Subdivision Name: HOMERWOOD CROSSINGS

Section _____ Lot # 31

Street Address: 11502 FOX RIVER DRIVE

Measuring Point (MP) Description: TOP OF CASING
(for ex. "Top of casing")

Distance from MP to ground surface 1 ft.

Well Depth 300 ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

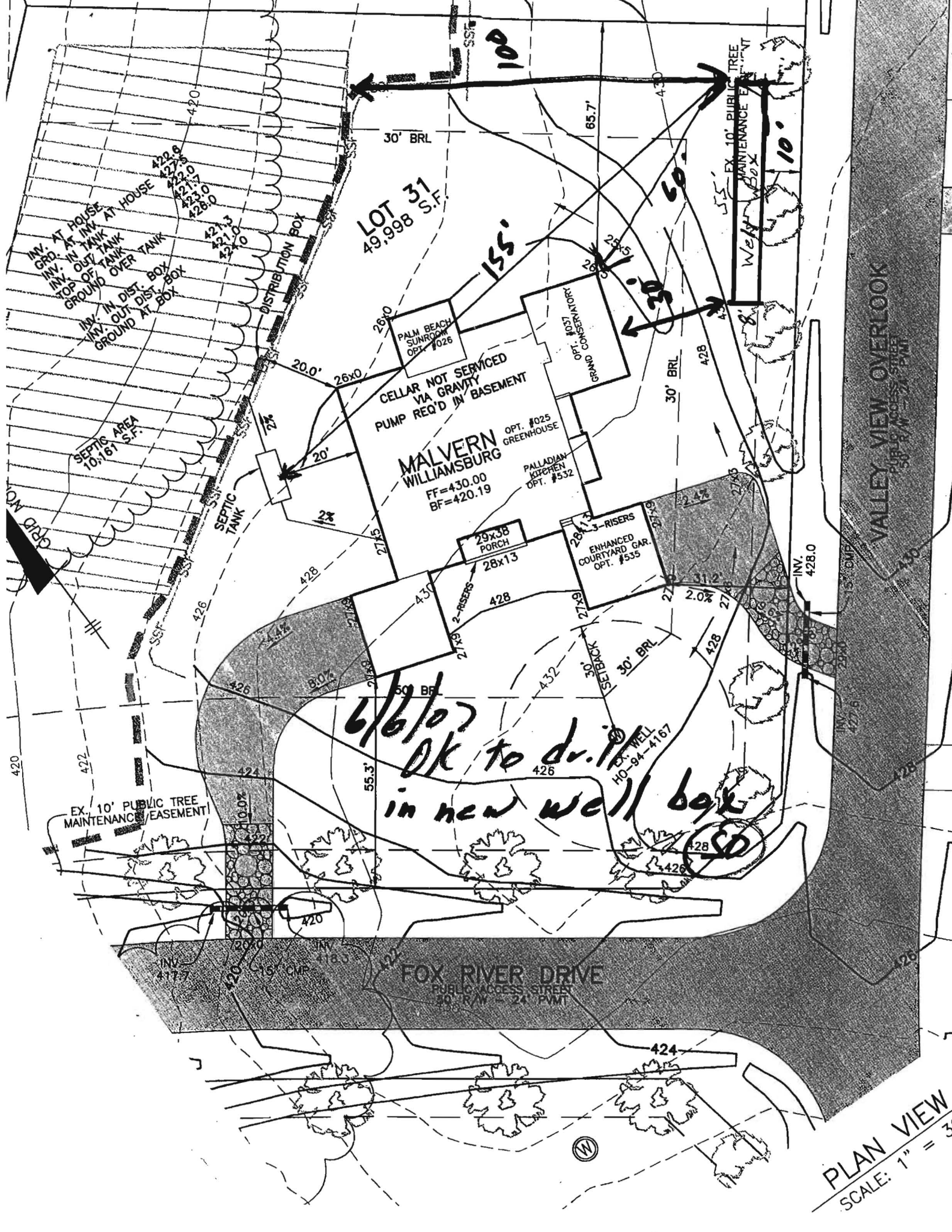
Submit to: _____

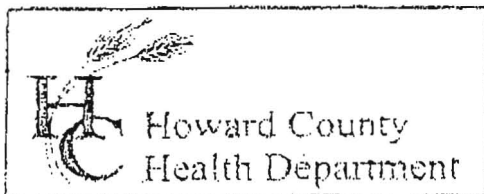
Pump Start Time <u>8:00</u>	Static Water level: <u>29</u> ft.	Pumping Rate <u>3 sec.</u> () Time to fill <u>17</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>20</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

#	TIME	WATER LEVEL BELOW M.P.	PUMPING RATE	CALCULATED FLOW (GPM)
1	8:00	29 ft.	3	20 GPM
2	8:15	105 ft.	11	5.4 GPM
3	8:30	105 ft.	11	5.4 GPM
4	8:45	105 ft.	11	5.4 GPM
5	9:00	105 ft.	11	5.4 GPM
6	9:15	105 ft.	11	5.4 GPM
7	9:30	105 ft.	11	5.4 GPM
8	9:45	105 ft.	11	5.4 GPM
9	10:00	105 ft.	11	5.4 GPM
10	10:15	105 ft.	11	5.4 GPM
11	10:30	105 ft.	11	5.4 GPM
12	10:45	105 ft.	11	5.4 GPM
13	11:00	105 ft.	11	5.4 GPM
14	11:15	105 ft.	11	5.4 GPM
15		ft.		GPM
16		ft.		GPM
17		ft.		GPM
18		ft.		GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES:





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Fogles
(professional land surveyor or company employing professional land surveyors)
on 6-1-07 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03