

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3943	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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER <u>A514292-J</u>

ST/CO USE ONLY DATE Received MM <u>10</u> DD <u>27</u> YR <u>03</u>	DATE WELL COMPLETED MM <u>10</u> DD <u>21</u> YR <u>03</u>	Depth of Well 22 <u>200</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-94-3734</u>
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OWNER TOLL BROTHERS
 STREET OR RFD RIDGELL CHASE DRIVE first name TOWN COLUMBIA
 SUBDIVISION ANDELL CHASE SECTION _____ LOT 10

WELL LOG			
Not required for driven wells			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown mica	0	74	
Gray	74	155	
Brown	155	156	✓
Gray	156	200	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="radio"/> Y <input type="radio"/> N	
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="radio"/> CM	BENTONITE CLAY <input type="radio"/> BC
NO. OF BAGS <u>33</u>	NO. OF POUNDS <u>3102</u>
GALLONS OF WATER <u>198</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>75</u> ft.	
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	
<input checked="" type="radio"/> ST STEEL	<input type="radio"/> CO CONCRETE
<input type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER
MAIN CASING TYPE <u>ST</u>	Nominal diameter top (main) casing (nearest inch)! <u>06</u>
	Total depth of main casing (nearest foot) <u>78</u>
60 61	63 64 66 70

OTHER CASING (if used)	
E A C H C A S I N G	diameter (inch) _____ depth (feet) from _____ to _____

SCREEN RECORD	
screen type or open hole (insert appropriate code below)	
<input checked="" type="radio"/> ST STEEL	<input type="radio"/> BR BRASS
<input type="radio"/> PL PLASTIC	<input type="radio"/> HO HOLE
	<input type="radio"/> OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED Y 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. M S D 009
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

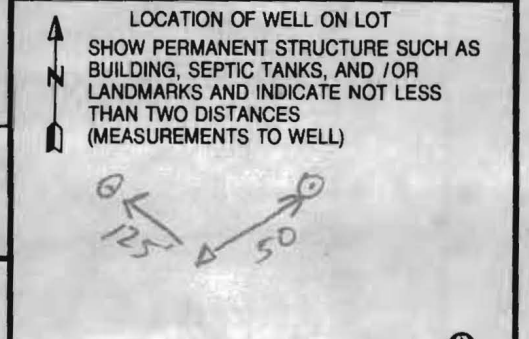
DEPTH (nearest ft.)	
T 1 2	<u>H0 78 200</u>
E 1 8 9 11	15 17 21
C 2 23 24 26	30 32 36
S 3 38 39 41	45 47 51
R E E N	
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH)	
56	60
from	to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.) W Q _____

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>03</u>
PUMPING RATE (gal. per min.)	<u>10</u>
METHOD USED TO MEASURE PUMPING RATE	<u>150L</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>22</u> ft.
WHEN PUMPING	<u>86</u> ft.
TYPE OF PUMP USED (for test)	
<input type="radio"/> A air	<input type="radio"/> P piston
<input type="radio"/> C centrifugal	<input type="radio"/> R rotary
<input type="radio"/> J jet	<input type="radio"/> S submersible
<input type="radio"/> T turbine	<input type="radio"/> O other (describe below)

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="radio"/> NO <input checked="" type="radio"/>
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	_____ 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)	
<input checked="" type="radio"/> + above	LAND SURFACE
<input type="radio"/> - below	<u>02</u> (nearest foot)



B 1 6045

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

519000 please type

STATE PERMIT NUMBER

HO-94-3734

fill in this form completely

Date Received (APA)

06/10/03

OWNER INFORMATION

Toll Brothers, 6830 Creekside Rd, Clarksville Md. 21029

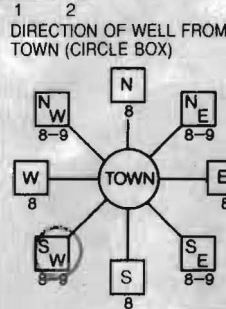
LOCATION OF WELL

Howard Pindell Chase, Columbia, 5 miles from town

DRILLER INFORMATION

Allen Compton M S D 009, Eagle Well Drilling, 580 Obrecht RD

DIRECTION OF WELL FROM TOWN



Pindell Chase DR

ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD, TAX MAP: 41 BLK: 14 PARCEL 59

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Public Water Supply Well, Test, Observation, Monitoring, Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, Mark E. Fulkner, 07/03/04, EXP. DATE 07/03/04

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored, Air-Rotary, Cable, Jetted, Air-PerCussion, Rotary, Drive-Point

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 deepen an existing well

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

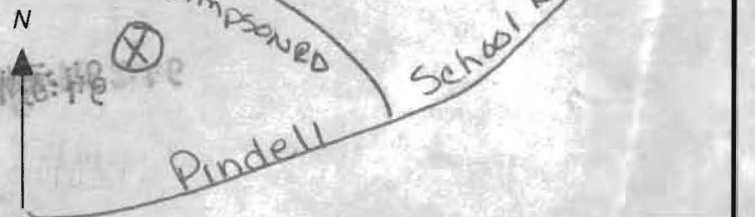
SOURCES OF DRILLING WATER

- 1. WELL, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

822, 486

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, PERMIT No. HO-94-3734

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 6045

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER Ho-94-3734 fill in this form completely 79

Date Received (APA) 06/06/03

OWNER INFORMATION

Toll Brothers 6830 Creekside Rd Clarksville Md. 21029

B 3

LOCATION OF WELL

Howard Pindell Chase Columbia 5 MILES FROM TOWN

DRILLER INFORMATION

Allen Compton MS D 009 Fogle Well Drilling 580 Obrecht RD

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N

Pindell Chase DR

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST SOUTH EAST

400 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 41 BLK: 14 PARCEL 59

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE ONE)

- DOMESTIC POTABLE SUPPLY & IRRIGATION FARMING (LIVESTOCK WATERING) INDUSTRIAL, COMMERCIAL, DEPARTMENTAL PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

Request for Duplicate Tag On 11-24-04 Tag Lost: by Driller off Well in Mail

DATE ISSUED 07/03/04 Mark E. Pflum 07/03/04 CO SIGNATURE EAST GRID 822 000 NORTH GRID 486 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

ORED (or Augered) JETTED R-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) BLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

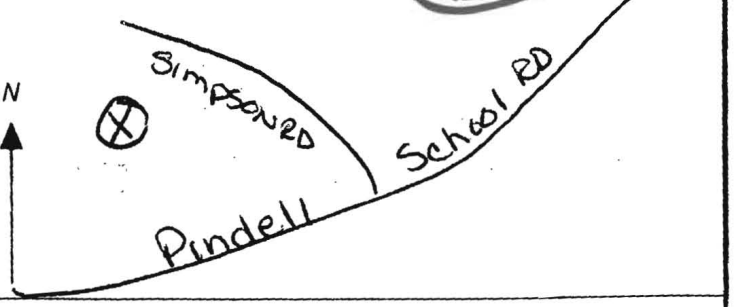
THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL 2. 3. Replacement Tag Mailed To Fogle 822 486 on 4/7/05

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



Permit Number Ho-94-3734

ADDITIONAL CONDITIONS

6 hr yield
 10/2 8 AM

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3734
 Location of property (road) PINDELL CHASE DRIVE
 Subdivision PINDELL CHASE Lot 10 Block _____ Plat _____ Sec. _____
 Well Driller ALLEN COMPTON-FOLGER Owner TOLL BROTHERS

Depth of well 300'
 Distance of measuring point (M.P.) above ground _____
 Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown
 Time pump started 8:00 Pumping rate _____
 Total time 15 to reach pumping water level _____ 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	29	3		20
↓	154	53		1.4
9:00	↓	↓	↓	↓
↓				
↓				
12:00				
		No samples taken		

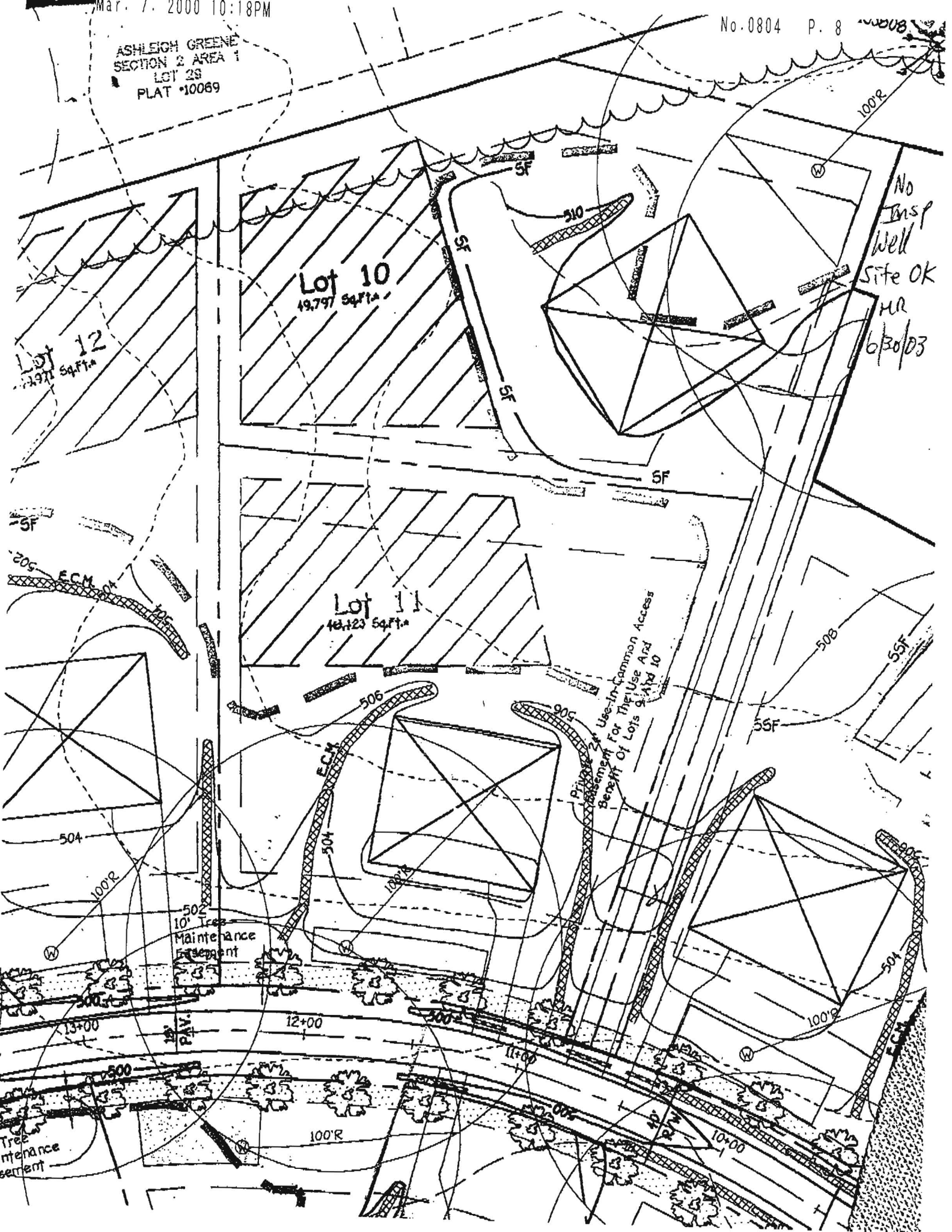
ASHLEIGH GREENE
SECTION 2 AREA 1
LOT 2S
PLAT #10069

No Insp
Well
Site OK
MR
6/30/03

Lot 12
19,797 Sq.Ft.

Lot 10
19,797 Sq.Ft.

Lot 11
48,123 Sq.Ft.



**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
Sylkesville, 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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Toll Brothers Telephone #: _____
Subdivision: Pindell Chase Lot #: 10 Well Tag #: HO-94-3734
Site Address: 11740 Pindell Chase Dr

Submersible Pump Data

Make: Goulds
Model #: 75B05422
Pump Capacity 7 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Cambell
Model#: N/A
Depth: 36 (36" min)
NSF/WSC 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: 200 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house

Type: 1" Clcyl. Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve 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.

Allen Compton 8-30-04
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: _____ Inspector: _____
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade No-tag
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

8/12/04
Need to Reattach Well
Tag (50)

**FOGLE'S SEPTIC CLEAN, INC.
FOGLE'S EXCAVATING & PAVING, LLC
FOGLE'S WELL DRILLING, LLC**

**580 Obrecht Road
Sykesville, Maryland 21784
(410) 795-5670**

August, 31, 2004

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21042

RE: Replacement Well Tags
Pindell Chase Lot #10
11740 Pindell Chase Dr.
Well Permit# HO-94-3734

To Whom It May Concern:

We went out to chlorinate the well at the above address and notice that the well tag had fallen off the well. We think it was buried when the final grade was done. We are requesting a replacement well tags reading HO-94-3734.

Thank you for your cooperation in this matter.

Respectfully,



Allen Compton
Fogle's Well Drilling
AJC/tlm

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 #: 52216 Account #: 1930
Reference: Pindell Chase Lot 10 Company: Fogle's Well Drilling
Location: 11740 Pindell Chase Drive Requested By: Dave Fogle
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 09/02/04 0830 Site: Kitchen Tap
Date/Time Rec'd: 09/02/04 1522 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: K. Henley 8022KH Well #: HO-94-3734

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.

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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy retest 52154
Building Permit # : 144947

Date Reported: 09/03/04

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 #: 52154 Account #: 1930
Reference: Pindell Chase Lot 10 Company: Fogle's Well Drilling
Location: 11740 Pindell Chase Drive Requested By: Dave Fogle
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 08/30/04 1211 Site: Kitchen Tap
Date/Time Rec'd: 08/30/04 1343 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Yeager 6176JY Well #: HO-94-3734

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	22.2	MPN/ 100 ml	<1.0	SM 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.

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 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 52090
Building Permit # : 144947

Date Reported: 08/31/04

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 #: 52090 Account #: 1930
Reference: Pindell Chase Lot 10 Company: Fogle's Well Drilling
Location: 11740 Pindell Chase Drive Requested By: Dave Fogle
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 08/25/04 1300 Site: Kitchen Tap
Date/Time Rec'd: 08/25/04 1826 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Yeager 6176JY Well #: HO-94-3734

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	50.4	MPN/ 100 ml	<1.0	SM 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.
Nitrate	1.33	mg/L	10	601
Turbidity	0.70	NTU	<10	SM2130B
Sand	NS	mg/L	5	Visual/Gravimetric

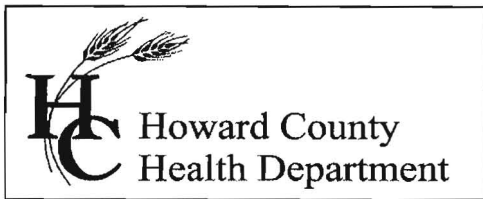
NOTES:

- 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 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy

Building Permit # : 144947

Date Reported: 08/26/04



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

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

September 3, 2004

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

SENT VIA FACSIMILE 410-531-8472

RE: Pindell Chase – Lot 10
11740 Pindell Chase Drive
Fulton, MD 20759
BP #: B00144947
Well Permit #: HO-94-3734

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 7/1/2004.

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.

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-94-3734. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This is a 60 day **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04). Although all of the other requirements for the interim certificate of potability have been fulfilled, there is no tag on the well casing. **COMAR requires a well identification tag on all new wells.** The interim certificate of potability will be issued upon confirmation that the replacement well tag, ordered by the Health Department, has been affixed to the well by a licensed well driller.

Date of Water Sample(s): 8/25/2004, 8/30/2004 & 9/2/2004
Date of Well Completion: 10/21/2003

Approving Authority,

Brian Baker, R. S.
Well and Septic Program

cc: Building Inspector's Office
File