

C1 **14461** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE
 DATE WELL COMPLETED
 MM 5/30/03
 15 20
 Depth of Well
 22 500 26
 (TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **(13) A56600W**
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO 94-3374
 28 29 30 31 32 33 34 35 36 37

OWNER **Toll Brothers**
 STREET OR RFD **Sapping Ridge Drive** TOWN **Glenelg**
 SUBDIVISION **HIGH FOREST ESTATES** SECTION _____ LOT **24**

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 Shale	0	75	
Gray Limestone	75	100	
White	100	101	✓
Gray Limestone	101	465	
White	465	466	✓
Gray Limestone	466	500	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y) (N)**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS ^{45 46} 18 NO. OF POUNDS ^{15 16} 92
 GALLONS OF WATER 108
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 60 ft.
 48 TOP 52 54 BOTTOM 58 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
(ST) (CO)
 STEEL CONCRETE
(PL) (OT)
 PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) 06
 Total depth of main casing (nearest foot) 80
 60 61 63 64 66 70

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

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

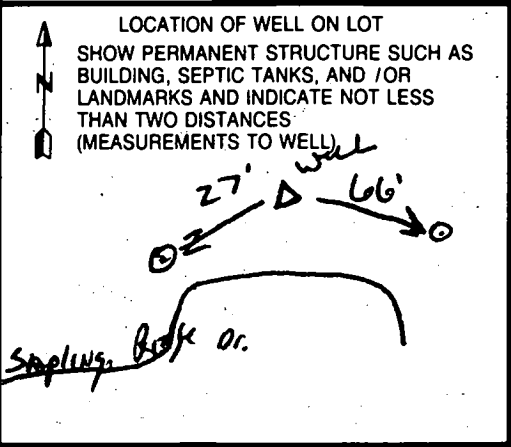
C2 DEPTH (nearest ft.)
 1 HO 80 500
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GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min.) 1.7
 METHOD USED TO MEASURE PUMPING RATE 1 gal
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 111 ft.
 WHEN PUMPING 169 ft.
 TYPE OF PUMP USED (for test)
(A) (P) (T) air piston turbine
(C) (R) (O) centrifugal rotary other (describe below)
(J) (S) jet submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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. 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 } 02 (nearest foot)
 49 50 51



NUMBER OF UNSUCCESSFUL WELLS: 0
 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. **MSD0091**
 DRILLERS SIGNATURE **[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 9660

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3374

fill in this form completely

w5116541D

Date Received (APA)

02 28 02

OWNER INFORMATION

8 MM DD YY 13

Toll Brothers

15 Last Name Owner First Name 34

14203 Howard RD

57 Town 70 State 72 Zip 76

Allen Compton MS D 009

Fogles Well Drilling

580 Obrecht RD

Allen Compton 2-27-02

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

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

PERMIT No. HO-94-3374

SPECIAL CONDITIONS

LOCATION OF WELL

Howard COUNTY

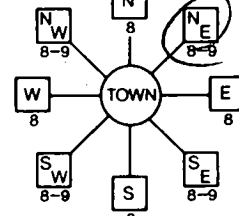
High Forest Estates

SECTION 44 46 LOT 24 48 50

610019

MILES FROM TOWN (enter 0 if in town) 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sapling Ridge OK

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 20 37

TAX MAP: 27 BLK: 11 PARCEL 147

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 56600 W COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 03 12 02

511 000 EAST GRID 0795

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

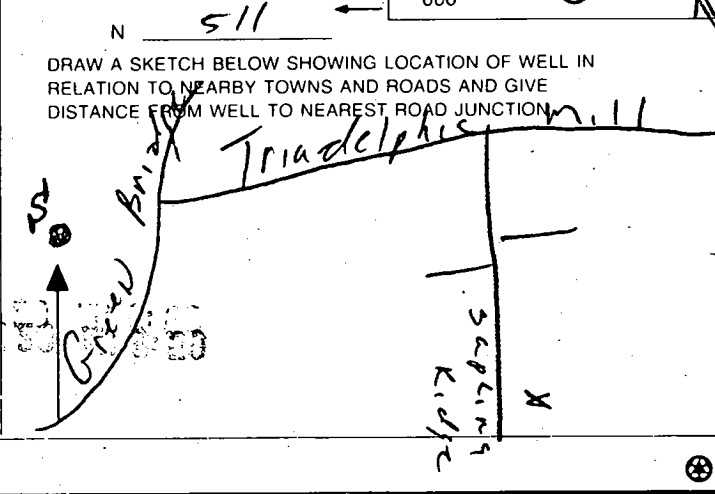
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 795

N 511

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



4/25/03 - OK to drill

STAKED BY ENG'R

WELL SITE OK
Plan SITE OK
3/13/03

2/6/02 DIST. BY
GAS LINE
TICKS TO
ENG'R

5' from BGE line
(current stake)

REWORKS STAKE 1.2' FROM



5/3/61

- Revised well location o.k.
as shown

- Additional perc testing
needed for adjustment
to SDA

A McWELL

PHILMONT
LOT 24
13,580 s.f.
E-489-20
E-489-20

LOT 25
17,200 s.f.
E-489-20
E-489-20

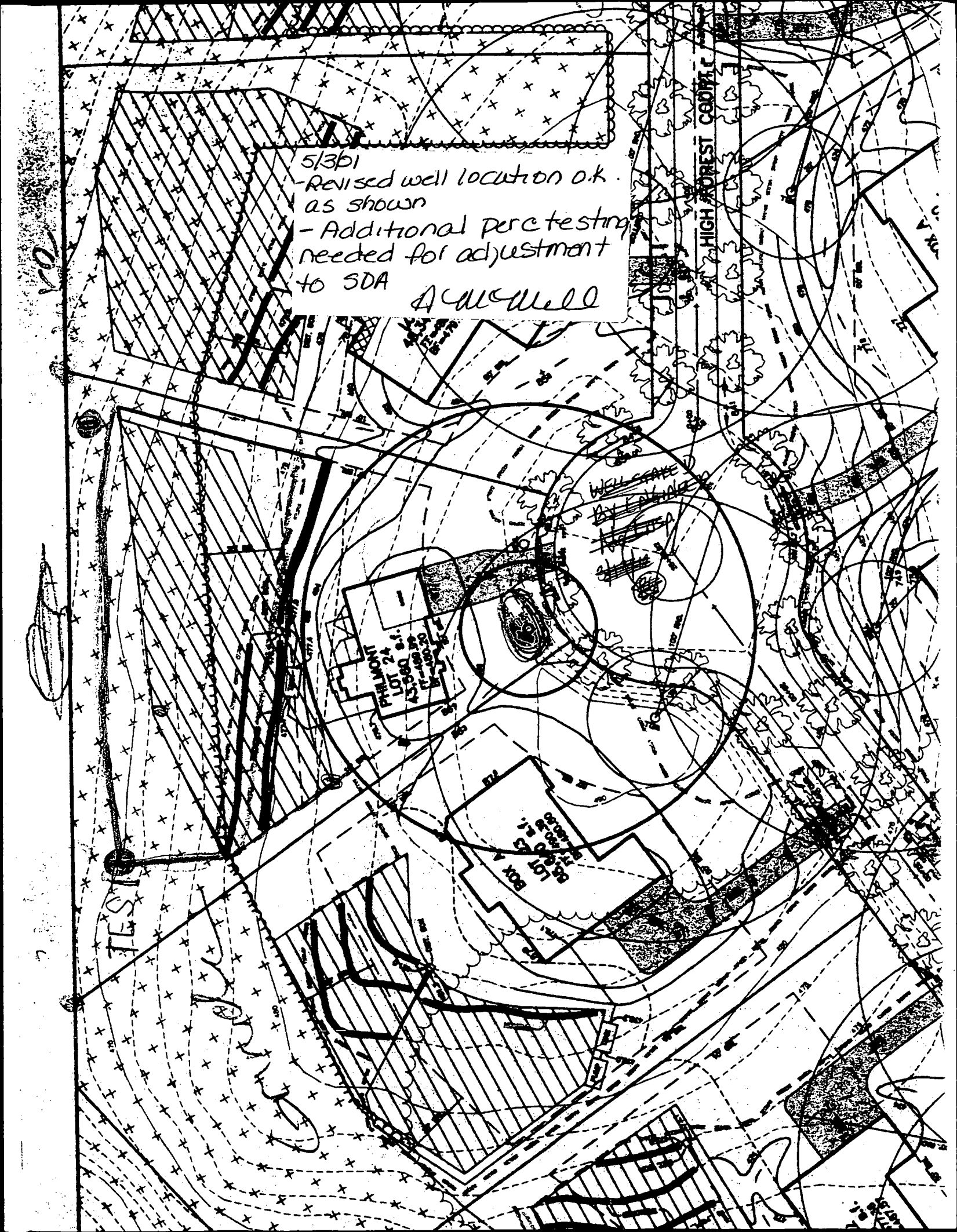
WELL SCALED
BY E-489-20

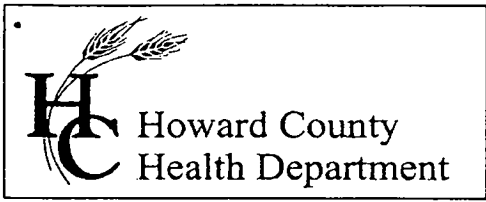
HIGH FOREST COOPERATIVE

TESI

PHILMONT

PHILMONT





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

January 7, 2004

Big Branch Overlook, LLC
7164 Columbia Gateway Drive, Suite #230
Columbia, MD 21046

SENT VIA FACSIMILE 410-872-9141

RE: High Forest Estates, Lot 24
15181 Sapling Ridge Drive
BP # B00142126
Well Permit # HO-94-3374

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 11/19/2003.**

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-94-3374. 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: 12/29/2003
Date of Well Completion: 05/30/2003

Respectfully,
Brian Baker
Brian Baker
Registered Environmental Sanitarian
Well and Septic Program

mlb
cc: Building Inspector's Office
Community Services Program
.File