

C1 6463

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER AS14193

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
4-27-05
15 20

Depth of Well
22 165 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-4151
28 29 30 31 32 33 34 35 36 37

OWNER Toll Bros
STREET OR RFD Meadow Lake Dr TOWN Cotuit
SUBDIVISION Tudalshin Crossing SECTION 21/23/97 LOT 20

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	
Dirt	0	75	
Hard Clay	75	90	
Med Clay	90	92	✓
Hard Clay	92	125	
Med Clay	125	170	✓
Hard Clay	170	165	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS 20 NO. OF POUNDS 1810
GALLONS OF WATER 116
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 77 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 77

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL **BR** BRASS BRONZE **HO** OPEN HOLE
PL PLASTIC **OT** OTHER
DEPTH (nearest ft.)
165 75 165

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED YES NO
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

C 2
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH)
from _____ to _____

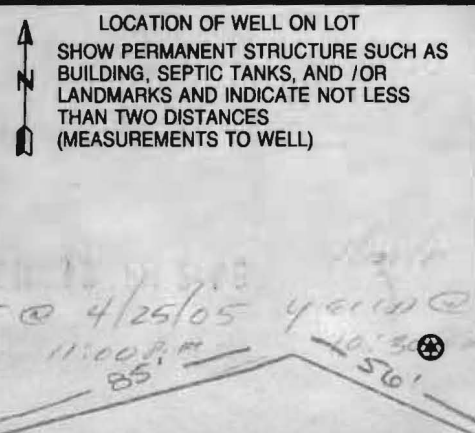
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M & D 3555
DRILLERS SIGNATURE
LIC. NO. M & D 553

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
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 20
METHOD USED TO MEASURE PUMPING RATE Turn Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 15 ft.
WHEN PUMPING 18 ft.
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
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. 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 } 2 (nearest foot)



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 5342
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

522003 please type

HO-94-4151
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Tidelphia Crossing 42

SECTION 1 LOT 20
44 46 48 50

52 NEAREST TOWN Cleveland 71

MILES FROM TOWN (enter 0 if in town) 1/2 MI
73 76 77 78

DRILLER INFORMATION

Driller's Name Michael Barlow M D 355 License No. 81

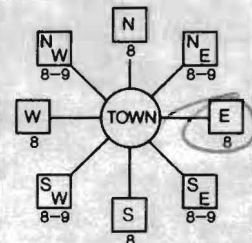
Firm Name Michael Barlow Well Drilling Inc

Address 522 Underwood Lane Belair MD

Signature [Signature] Date 2/17/05 21014

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Meadows Lake Dr 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 20' 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 23 PARCEL 97

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
- 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. A514193

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 4/1/05 CO SIGNATURE [Signature] EXP. DATE 4/1/06

NORTH GRID 50 519 000 EAST GRID 57 796 000

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 10 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 DEEPEAN 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 2004 G 005
PERMIT No. HO-94-4151
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

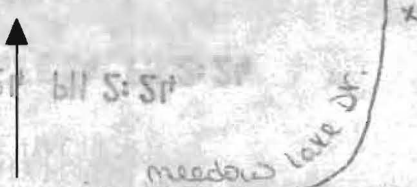
- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 796
N 519

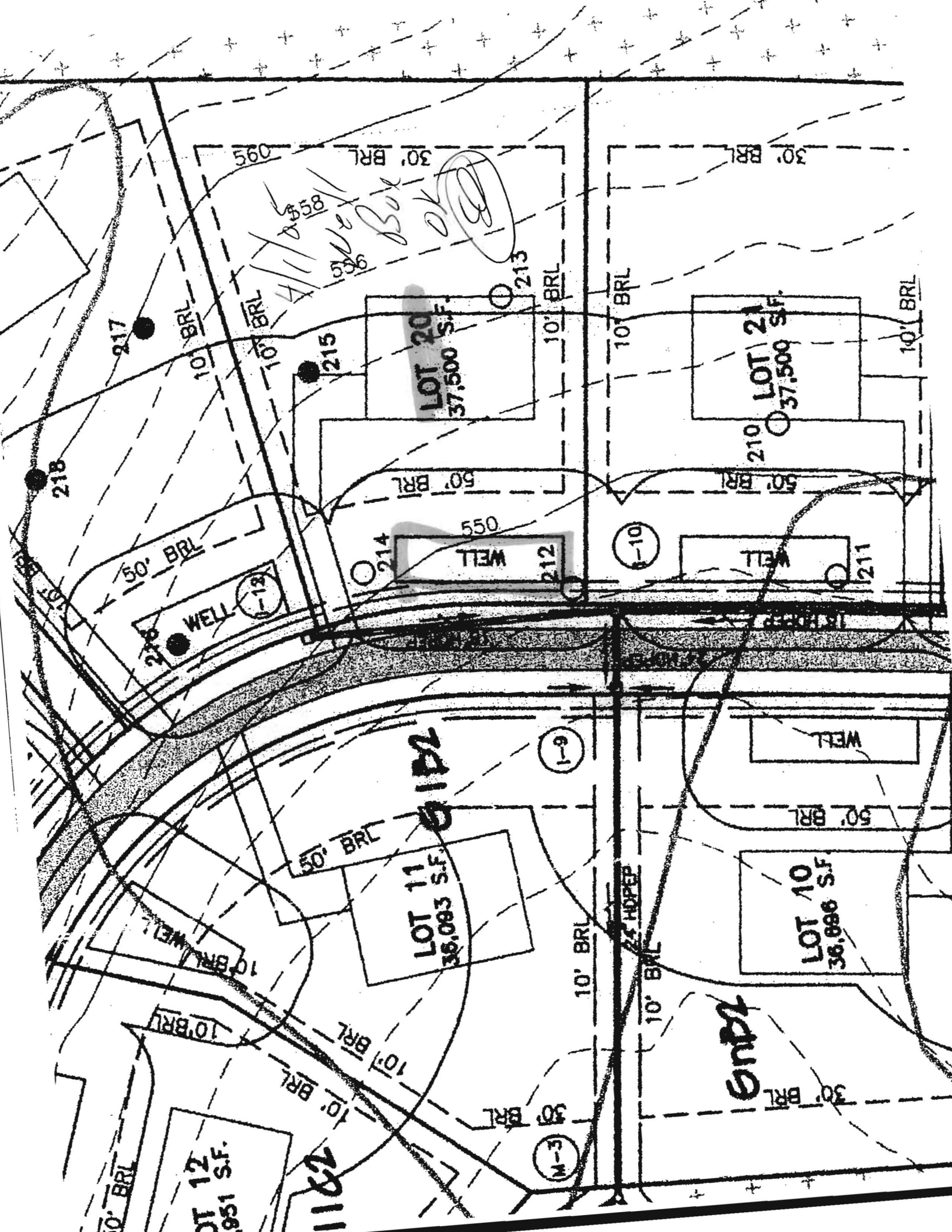
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2643

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: Brownwell Drilling Telephone #: 410-838-6910
Address: 522 UNDERWOOD LN.
BEL AIR, MD. 21014

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

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

Name (Print): MICHAEL BROWNELL License# MWD 350

*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 #: 410-489-2225
Subdivision: TRIADELPHIA CROSSING Lot #: 20 Well Tag #: HO-04-4151
Site Address: 14222 MERRILL LANE DR.
GLORIA

Submersible Pump Data

Make: STE RITE
Model #: 75P4E02JL
Pump Capacity: 7 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
Model #: PA 800
Depth: 42 + (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 1 1/2" 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, 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 NO ROPE USED

Piping to house

Type: POLYETHYLENE
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: 6 FT
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]
Signature of company representative responsible for installation

12/16/05
date

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

Date Insp. Requested: _____ Date Insp. Approved: 12/16/05 Inspector: BB / mlt
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 ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

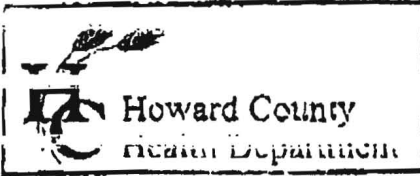
For Health Department Use Only – Not to be completed by Installer

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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 ✓

Everything O.K.

~~1/1/02/05
Conduit won't
be 18" Below
grade unless
fill put
around well.
Left Sticker
Must reinspect
sleeve. BB~~

10/25/05, 10/27/05 Everything Covered in Mud & Water.
Needs Re-Inspected. (GAC)
12/16/05 Spoke to Mike Backus, conduit extended (SD) sleeve. (BB)



3525 H Elliott Mills Drive, Elliott City MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2373 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:

Eastern States Eng

- The well site has been staked by ESE
 (professional land surveyor or company employing professional land surveyors)
 on Feb 22, 2005 (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

Post-It® Fax Note	7671	Date	7 mar 05	# of pages	1
To	Stuart	From	Dave Comer		
Co./Dept.		Co.			
Phone #		Phone #	410 872 9105		
Fax #	410 313 2648	Fax #			

For Tridelphia Crossing

Toll Bros

From: Matt Tudor
To: Hall, Verda
Date: 12/15/05 1:11PM
Subject: Tridelphia Crossing Shared Septic

Following completion of the In-Service Inspection and pump testing; the following properties were released for U&O today.

14222 Meadow Lake Drive, Lot 19
14218 Meadow Lake Drive, Lot 20

W. Matt Tudor
Operations Supervisor II
Howard County DPW - Utilities
410-313-4934

CC: Brouwers, Cynthia; Kugel, Beccy; Lang, Joseph; Mozal, Jeff; Oster, Stuart

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 #:	57473	Account #:	1930
Reference:	Toll Brothers Lot 20	Company:	Fogle's Well Drilling
Location:	14218 Meadow Lake Drive Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	12/15/2005 1000	Source:	Well Water
Date/Time Rec'd:	12/15/2005 1242	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.3
		Well #:	HO-94-4151

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Turbidity	1.06	NTU	<10	SM18 2130B	12/15/2005 / 1315 / BCD

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 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 on-site

Reason for Test : Use & Occupancy retest 57314
 Building Permit # : 153492

Date Reported: 12/15/2005

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 #:	57314	Account #:	1930
Reference:	Toll Brothers Lot 20	Company:	Fogle's Well Drilling
Location:	14218 Meadow Lake Drive Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	12/2/2005 0815	Source:	Well Water
Date/Time Rec'd:	12/2/2005 1250	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.1
		Well #:	HO-94-4151

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/3/2005 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/3/2005 / 0930 / CCH
Nitrate	9.17	mg/L	10	601	12/2/2005 / 1600 / BCD
Turbidity	44.8	NTU	<10	SM18 2130B	12/2/2005 / 1355 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	12/2/2005 / 1355 / 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

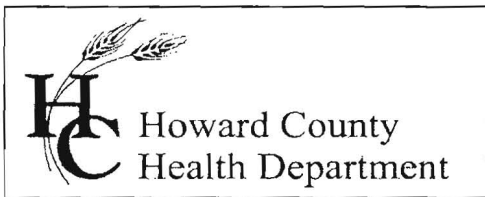
Reason for Test : Use & Occupancy

Building Permit # : 153492

Date Reported: 12/5/2005 Laboratory Director: _____

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

MD State Certification # 133



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

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

December~~16~~⁵, 200~~4~~⁵

Toll MD II LP
7164 Columbia Gateway Drive, #230
Columbia, MD 21046

SENT VIA FACSIMILE 410-489-2278

RE: Triadelphia Crossing, Lot 20
14218 Meadow Lake Drive
Glenelg, MD 21737
BP #: B00153492
Well Permit # HO-94-4151

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 house connection to the septic system was granted on 12/15/2005 by HCHD and Howard County Bureau of Utilities. Final approval of the well line connection to the dwelling was approved on 12/16/2005.**

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.

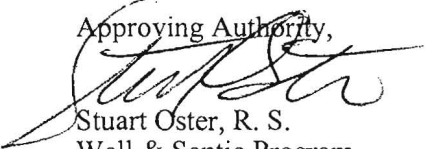
INTERIM CERTIFICATE OF POTABILITY

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-94-4151. 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.

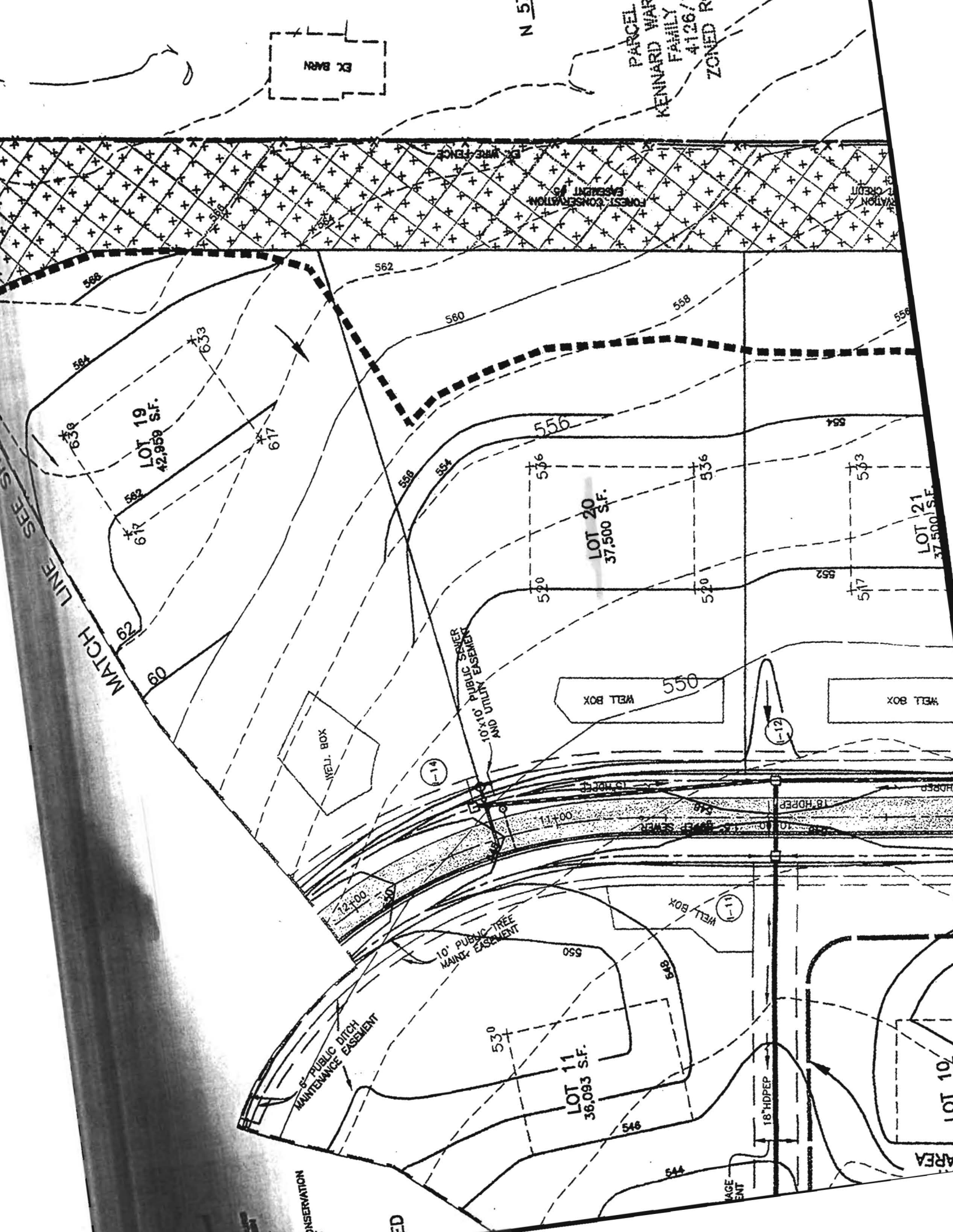
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 12/2/2005 & 12/15/2005
Date of Well Completion: 4/27/2005

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



EX. BARN

N 5

PARCEL
KENNARD WAR
FAMILY
4126/
ZONED R

FOREST CONSERVATION
EASEMENT

PLATON
CREDIT

LOT 19
42,950 S.F.

LOT 20
37,500 S.F.

LOT 21
37,500 S.F.

WELL BOX
550

WELL BOX

WELL BOX

WELL BOX
11

LOT 11
36,093 S.F.

AREA
LOT 10

MATCH LINE SEE S

6' PUBLIC DITCH
MAINTENANCE EASEMENT

10' PUBLIC TREE
MAINTENANCE EASEMENT

10'x10' PUBLIC SQUIER
EASEMENT

AGE
ENT

18" HDPEP

10" HDPEP

10" HDPEP

10" HDPEP

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10" HDPEP

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1-12

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