

C1 6458

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

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

COUNTY NUMBER 1514193 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4150

DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 15 5-2-05 20

DEPTH OF WELL 22 605 (TO NEAREST FOOT)

OWNER Fall Bros last name Meadows Walk Dr first name TOWN Glendy STREET OR RFD SUBDIVISION Triad Crossing SECTION 21/23/97 LOT 19

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. Rows include: Dirt 0-93, Hard Clay 93-107, Med Tan 107-110, Hard Gray 110-119, Med Tan 119-120, Hard Gray 120-140, Med Gray 140-142, Hard Gray 142-520, Med Gray 520-530, Hard Gray 530-605.

GROUTING RECORD yes no

WELL HAS BEEN GROUDED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUDED MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 24 NO. OF POUNDS 2230 GALLONS OF WATER 145 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 910 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 96

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

SCREEN RECORD

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

C2 DEPTH (nearest ft.)

Table with columns: T, A, C, H, S, R, E, N. Rows: 1 8 9 11 15 17 21; 2 23 24 26 30 32 36; 3 38 39 41 45 47 51; 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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE Time Method WATER LEVEL (distance from land surface) BEFORE PUMPING 11 ft. WHEN PUMPING 350 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 (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 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)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

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. MW D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW D 553

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

B 1 5343

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

42-94-4150 fill in this form completely

522003 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Toll Brothers Inc. 7164 Columbia Gateway Drive Columbia MD 21046

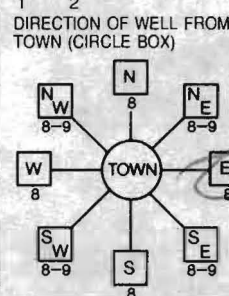
LOCATION OF WELL

Howard County 21 Terradelpia Crossing 23 SUBDIVISION SECTION 1 LOT 19 44 46 48 50 52 NEAREST TOWN 71 Miles from town 1/2 MI

DRILLER INFORMATION

Michael Barlow M D 355 Driller's Name License No. Michael Barlow Well Drilling Inc. 522 Underwood Lane Bel Air MD 21014 4/14/05

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Meadow Lake Dr. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 32 EAST 34 25' 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 21 BLK: 23 PARCEL 97

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 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

Howard County 21 AS14193 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 4/1/05 CO SIGNATURE 4/1/06 EXP. DATE NORTH GRID 50 519 000 EAST GRID 57 796 000

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST 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)

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

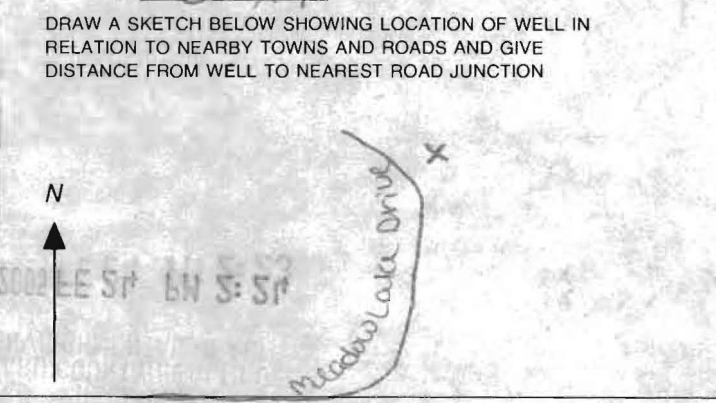
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 422104-G-005 PERMIT No. 42-94-4150

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 796 N 519





**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**  
**522 Underwood Lane**      **Bel Air, Maryland 21014**  
**(410) 838-6910**      **Fax (410) 838-3582**

**WELL YIELD REPORT**

Date Test Completed:	May 2, 2005		
Well Depth:	605	feet	
Customer	TOLL BROTHERS, INC.	Permit #	HO-94-4150
Road	MEADOW LAKE DRIVE	Subdivision	TRIADELPHIA CROSSING
City	GLENELG	Section	21/23/97
State	MARYLAND 21737	Lot #	19

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:00 AM	11	3	20.00
10:15 AM	150	3	20.00
10:30 AM	228	3	20.00
10:45 AM	350	20	3.00
11:00 AM	350	20	3.00
11:15 AM	350	20	3.00
11:30 AM	350	20	3.00
11:45 AM	350	20	3.00
12:00 PM	350	20	3.00
12:15 PM	350	20	3.00
12:30 PM	350	20	3.00
12:45 PM	350	20	3.00
1:00 PM	350	20	3.00
1:15 PM	350	20	3.00
1:30 PM	350	20	3.00
1:45 PM	350	20	3.00
2:00 PM	350	20	3.00
2:15 PM	350	20	3.00
2:30 PM	350	20	3.00
2:45 PM	350	20	3.00
3:00 PM	350	20	3.00
3:15 PM	350	20	3.00
3:30 PM	350	20	3.00
3:45 PM	350	20	3.00
4:00 PM	350	20	3.00



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: Barlow Well 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 Barlow License# MWD 355

\*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 #: 410-489-2275  
Subdivision: Triadelphia Crossing Lot #: 19 Well Tag #: HO-94-4150  
Site Address: 14222 Meadows Lake Dr.  
Glenn

Submersible Pump Data  
Make: Sta-Rite  
Model #: 55040024L  
Pump Capacity: 5 GPM  
Well Yield: 3 GPM

Pitless Adapter  
Make: Camco  
Model #: PA 700  
Depth: 22+ (36" min)  
NSF/WSC approved:

Well Cap and Electric Conduit  
Two piece watertight cap: yes  
Screened, vented well cap: yes  
Cap secured to casing: yes  
Conduit min 1 1/2" B.G.: yes  
Conduit secured to well cap: yes

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: 250 (160 psi min)  
Depth of supply line: 22 (36" min)

House Connection  
PVC sleeve to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 6  
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: [Signature] date: 12/16/05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/16/05 Inspector: SO / 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 1 1/2" 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

12/16 spoke w/ Mike Barlow, tag fixed (SO) / mlt

**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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Triadelphia Crossing Lot #: 19 Well Tag #: HO - 94 - 4150  
Site Address: 14222 Meadow Lake Dr.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC 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, 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

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
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**

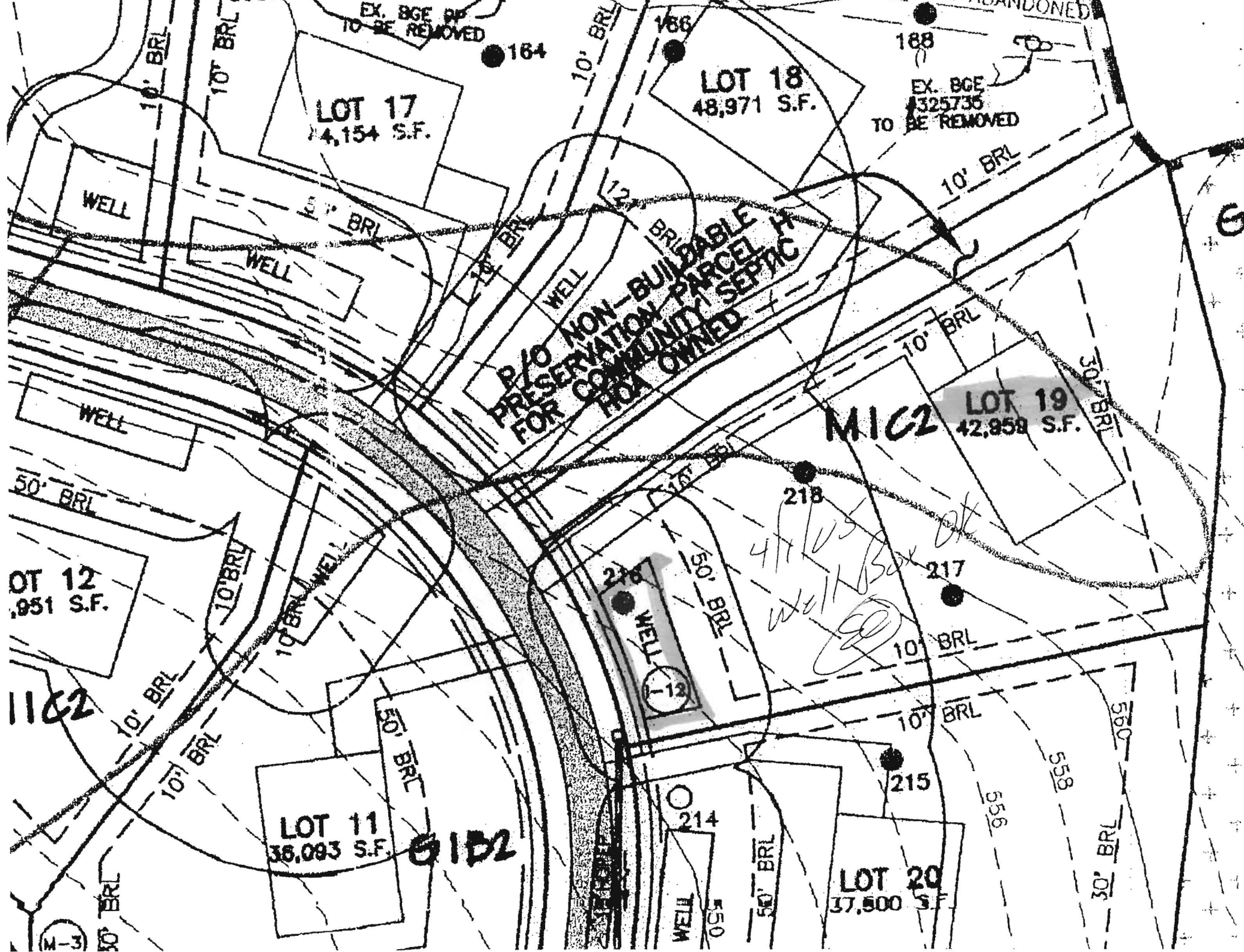
Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/16/05 Inspector: SO  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
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

10/25, 10/27/05 Everything full of mud &

Needs Re Inspection. Water (GAC)

12/16/05 - spoke w/ Mike Barber, tag fixed (SO)

10/24/05  
Tag Loose -  
Everything  
buried in mud.  
Must reinspect.  
Left stickers  
(RB)



EX. BGE PP  
TO BE REMOVED

164

166

188

EX. BGE  
#325735  
TO BE REMOVED

LOT 18  
48,971 S.F.

LOT 17  
4,154 S.F.

P/O NON-BUILDABLE  
PRESERVATION PARCEL  
FOR COMMUNITY SEPTIC  
HOA OWNED

LOT 19  
42,958 S.F.

MIC2

LOT 12  
9,951 S.F.

218

217

216

47105 Box  
Well

MIC2

LOT 11  
36,093 S.F.

G1B2

214

215

LOT 20  
37,500 S.F.

556

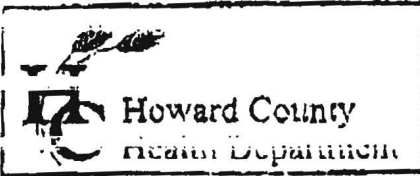
558

550

30' BRL

(M-3)

G



3525 H Ellfcott Mills Drive, Ellicott 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	David Camar		
Co./Dept.		Co.			
Phone #		Phone #	410 872 9105		
Fax #	410 313 2648	Fax #			

*(for) Triadelphia Crossing*

*Toll Bros*

## 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 #:	57315	Account #:	1930
Reference:	Toll Brothers Lot 19	Company:	Fogle's Well Drilling
Location:	14222 Meadow Lake Drive Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	12/2/2005 0900	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-94-4150

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	<1.0	mg/L	10	601	12/2/2005 / 1600 / BCD
Turbidity	2.07	NTU	<10	SM18 2130B	12/2/2005 / 1355 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	12/2/2005 / 1355 / BCD

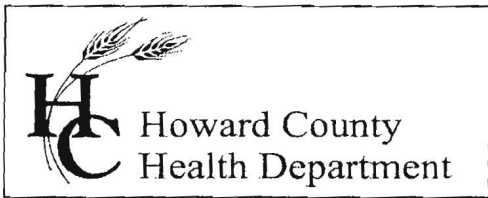
#### NOTES

- 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 # : 153491

Date Reported: 12/5/2005



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 6, 2004<sup>5</sup>

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

**SENT VIA FACSIMILE 410-489-2278**

RE: Triadelphia Crossing, Lot 19  
14222 Meadow Lake Drive  
Glenelg, MD 21737  
BP #: B00153491  
Well Permit # HO-94-4150

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-94-4150. 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  
Date of Well Completion: 5/2/2005

Approving Authority

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File