

C1 6439 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.

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

COUNTY NUMBER A 514193

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

DATE WELL COMPLETED
MM DD YY
4-28-05
15 20

Depth of Well
125
22 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HD-94-4134
28 29 30 31 32 33 34 35 36 37

OWNER Toll Bros
last name first name
STREET OR RFD Meadow Lake Dr TOWN Landon
SUBDIVISION Triadelpia Crossing SECTION 21/23/67 LOT 11

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	66	
Hard Clay	66	70	
Med Clay	70	71	✓
Hard Clay	71	94	
Med Brown	94	99	✓
Hard Clay	99	125	

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 17 NO. OF POUNDS 1598
GALLONS OF WATER 102
DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP 52 ft. to 54 BOTTOM 58 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 ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 68
60 61 63 64 66 70

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 **HO** OPEN HOLE
PL PLASTIC **OT** OTHER
DEPTH (nearest ft.)
66 125

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
8 9
PUMPING RATE (gal. per min.) 20
11 15
METHOD USED TO MEASURE PUMPING RATE Time Meter
WATER LEVEL (distance from land surface)
BEFORE PUMPING 110 ft.
17 20
WHEN PUMPING 42 ft.
22 25
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
27 27 27
C centrifugal **R** rotary **O** other (describe below)
27 27 27
J jet **S** submersible
27 27

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 } 2 (nearest foot)
49 50 51

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

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.

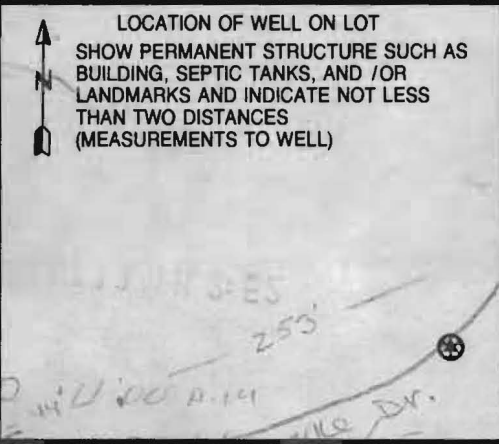
DRILLERS LIC. NO. MDD 355
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. D 553

C 2
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
70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 5337
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4134
fill in this form completely

522003 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Brothers Owner First Name Tom 34

36 7164 Columbia Gateway Drive Street or RFD 55

57 Columbia Town 70 MD State 72 21046 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Tandolph Crossing 42

SECTION 1 44 46 LOT 11 48 50

52 NEAREST TOWN Stemly 71

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

DRILLER INFORMATION

Driller's Name Michael Barlow M D 355 76 License No. 81

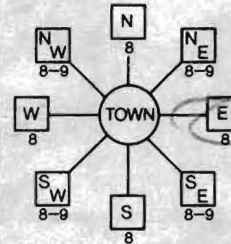
Firm Name Michael Barlow Well Drilling Inc

Address 522 Underwood Lane, Berlin

Signature [Signature] Date 2/17/05

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Hood's Lake Drive 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 351 37 DISTANCE FROM ROAD 38 39

ENTER FT OR MI FT

TAX MAP: 21 BLK: 23 PARCEL 92

B 2

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)

- 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 COUNTY NAME AC14193 COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ DATE ISSUED _____ 41

3/9/05 43 MM DD YY 48 Stutts CO SIGNATURE 3/9/05 EXP. DATE

NORTH GRID 519 000 EAST GRID 795 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL _____ 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)

- 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) 41 _____ 52

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

APPROP. PERMIT NUMBER HO 2004 G 005

PERMIT No. HO-94-4134

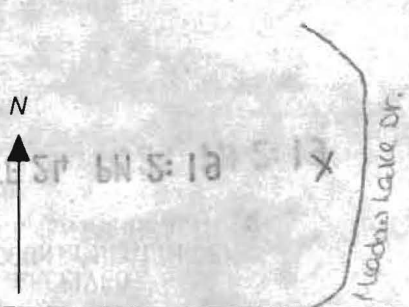
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

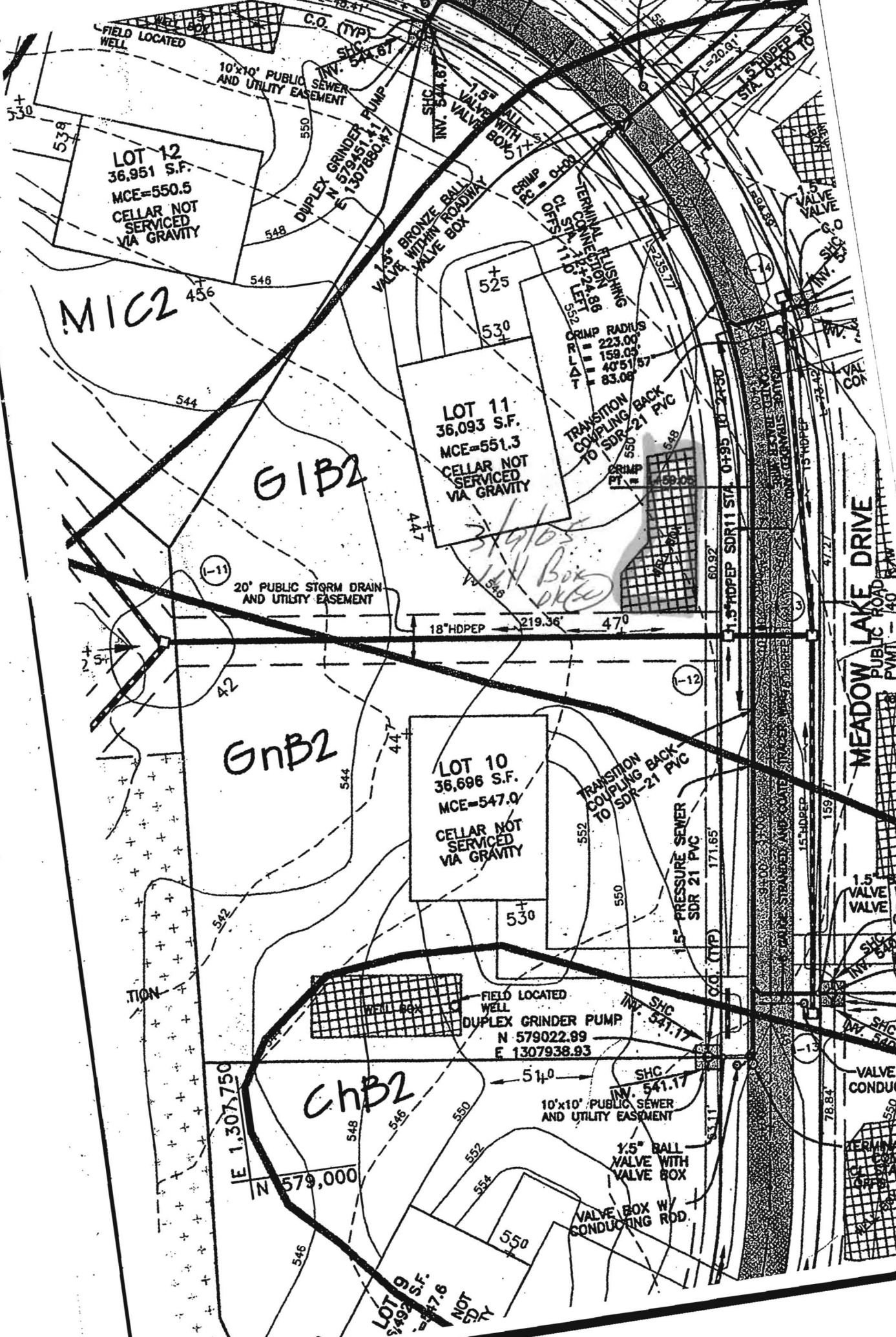
E 79x5
N 51x9

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



LOT 12
36,951 S.F.
MCE=550.5
CELLAR NOT
SERVICED
VIA GRAVITY

LOT 11
36,093 S.F.
MCE=551.3
CELLAR NOT
SERVICED
VIA GRAVITY

LOT 10
36,696 S.F.
MCE=547.0
CELLAR NOT
SERVICED
VIA GRAVITY

LOT 9
34,920 S.F.
MCE=547.6
NOT
SERVICED

MIC2

GIB2

GnB2

ChB2

E 1,307,750
N 579,000

CRIMP RADIUS
223.00'
159.05'
40'51/57'
83.08'

TRANSITION
COUPLING BACK
TO SDR-21 PVC

TRANSITION
COUPLING BACK
TO SDR-21 PVC

15" PRESSURE SEWER
SDR 21 PVC

FIELD LOCATED
WELL
DUPLEX GRINDER PUMP
N 579022.89
E 1307938.93

10'x10' PUBLIC SEWER
AND UTILITY EASEMENT

1.5" BALL
VALVE WITH
VALVE BOX

VALVE BOX W/
CONDUCTING ROD

MEADOW LAKE DRIVE
PUBLIC ROAD
PVM - 40'

1.5" BALL
VALVE WITH
VALVE BOX
C.O.

VALVE BOX
CONDUCTING

TERMINAL
FLUSHING

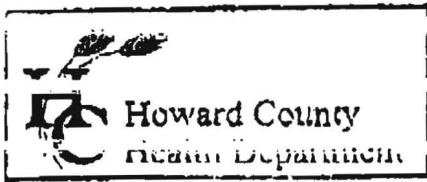
CRIMP
RADIUS

1.5" HDPEP
SDR 11 STA. 0+95 TO 2+30

1.5" HDPEP
SDR 11 STA. 0+95 TO 2+30

1.5" HDPEP
SDR 11 STA. 0+95 TO 2+30

1.5" HDPEP
SDR 11 STA. 0+95 TO 2+30



3525 H Ellicott 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 Comar		
Co./Dept.		Co.			
Phone #		Phone #	410 872 9105		
Fax #	410 313 2648	Fax #			

For Triadelphia Crossing

Toll Bros

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: Common Well Drilling Telephone #: 410-838-6910
Address: 522 UNDERWOOD
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 CARROLL License# MWD 353

*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 BOOTH #211 Telephone #: 410-489-2275
Subdivision: TRIPOLI CROSSING Lot #: 11 Well Tag #: HO-94-4134
Site Address: MENDON LANE DR.
GREENSBORO MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STA RITE</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7SP4E02</u>	Model #: <u>PA-800</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>125</u> (feet)		Conduit secured to well cap: <u>YES</u>
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 <u>inside of well casing</u>		

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

10/25/06
date

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

Date Insp. Requested: _____ Date Insp. Approved: 11/15/05 Inspector: GAC

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

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 #:	57826	Account #:	1930
Reference:	Toll Brothers Lot 11	Company:	Fogle's Well Drilling
Location:	14219 Meadow Lake Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	1/16/2006 1100	Source:	Well Water
Date/Time Rec'd:	1/16/2006 1537	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.3
		Well #:	HO-94-4134

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/17/2006 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/17/2006 / 1000 / CCH
Nitrate	9.62	mg/L	10	601	1/17/2006 / 1000 / BCD
Turbidity	1.46	NTU	<10	SM18 2130B	1/17/2006 / 0946 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	1/17/2006 / 0946 / 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 # : 153581

Date Reported: 1/17/2006

Laboratory Director:



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

MD State Certification # 133



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

1/25/2006

Toll Brothers Inc.
7164 Columbia Gateway Drive, #230
Columbia, MD 21046

SENT VIA FACSIMILE 410-489-2278

RE: Triadelphia Crossing, Lot 11
14219 Meadow Lake Drive
Glenelg, MD 21737
BP # B00153581
Well Tag # HO-94-4134

Dear Sirs or Madam:

This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Shared Septic System serves this dwelling. **Final approval was granted on 1/25/2006 by HCHD for the house connection with approval from the Bureau of Utilities on January 24, 2006. Final approval of the well line connection to the dwelling was approved on 11/15/2005.**

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-94-4134. 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: 1/16/2006
Date of Well Completion: 4/28/2005

Respectfully,

Brian Baker
Brian Baker, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File