

C1 6457 SEQUENCE NO. (DO NOT 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.

COUNTY NUMBER AS14193

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

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

Depth of Well
22 205 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HW-94-4149
28 29 30 31 32 33 34 35 36 37

OWNER Toll Bros
STREET OR RFD Meadow Lake Dr TOWN Belton
SUBDIVISION Trial Crossing SECTION 21/23/97 LOT 18

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	61	
Hard Tan	61	74	
Soft Tan	74	93	
Hard Gray	93	103	
Med Tan	103	105	
Hard Gray	105	167	
Med Gray	167	168	✓
Hard Gray	168	171	
Med Gray	171	174	✓
Hard Gray	174	205	

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 110 NO. OF POUNDS 1481
GALLONS OF WATER 95
DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP 63 ft. to 63 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 63
OTHER CASING (if used) diameter inch 4 1/2 depth (feet) from 60 to 100

SCREEN RECORD

DEPTH (nearest ft.)
1 10 2 100 3 205
E A C H S C R E E N
SLOT SIZE 1 2 2 2 3 2
DIAMETER OF SCREEN (NEAREST INCH)
from 56 to 60

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 205
METHOD USED TO MEASURE PUMPING RATE Tracer Backed
WATER LEVEL (distance from land surface)
BEFORE PUMPING 104 ft.
WHEN PUMPING 76 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
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)

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 **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. MWD 355
DRILLERS SIGNATURE
LIC. NO. MWD 553

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

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 5344

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 522003

STATE PERMIT NUMBER HO-94-4149 fill in this form completely

OWNER INFORMATION Date Received (APA) 8 MM DD YY 13 15 Last Name Owner First Name 34 7164 Columbia Gateway Drive Columbia MD Suite 230 21046

LOCATION OF WELL B 3 8 COUNTY Howard 21 23 SUBDIVISION Philadelphia Crossing SECTION 44 46 LOT 48 50 52 NEAREST TOWN Shovelg 71 MILES FROM TOWN (enter 0 if in town) 1/2 M I 73 76 77 78

DRILLER INFORMATION Michael Barlow M.D 355 Driller's Name 76 License No. 81 Michael Barlow Well Drilling Svc Firm Name 522 Underwood Lane, Bel Air MD Address 2/2/05 Date Signature

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD Meadows Lake Drive 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD 50 FT ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 23 PARCEL 97

WELL INFORMATION B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300 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 1514193 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 4/15/05 CO SIGNATURE EXP. DATE 4/1/06 NORTH GRID 519 000 EAST GRID 596 000

APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 10 INCH NEAREST

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 7986 N 5189

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary DRive-POINT other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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 MEADOWS LAKE DR.

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER HO 2004 G 005 PERMIT No HO-94-4149

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)313-2648

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: Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 Underwood Lane
Baltimore, MD 21014

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

License # and name of individual responsible for the said installation:
Name (Print): Michael Barlow License# MD0355

*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 #: 18 Well Tag #: HO-94-4149
Site Address: Meadow Lake Dr.

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STA RITE Make: Campbell Two piece watertight cap:
Model #: 7SP4E02L Model#: PA 800 Screened, vented well cap:
Pump Capacity: 7 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF/WSC approved: yes Conduit min 1 1/2" B.G.:
Depth of well encountered at time of pump installation: 205 (feet) Conduit secured to well cap:
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

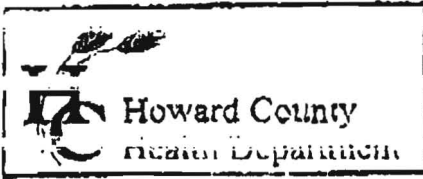
Piping to house House Connection
Type: Polyethylene PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

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] 12/27/05
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: 11/21/05 Inspector: BB (mlb)
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 (cannot see below extended casing)



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by ESE Eastern States Eng
(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	DevaCom		
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 #: 57559	Account #: 1930
Reference: Toll Brothers Lot 18	Company: Fogle's Well Drilling
Location: 14226 Meadow Lake Drive Highland, MD 20777	Requested By: Dave Fogle
Date/ Time Collected: 12/22/2005 1230	Source: Well Water
Date/Time Rec'd: 12/22/2005 1520	Site: Kitchen Sink Tap
Chlorine ppm: Free: ND Total: ND	Treatment: None
Collected By: V.M. Fadoul 6804VF-FS	pH: 6.9
	Well #: HO-94-4149

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/23/2005 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/23/2005 / 0930 / CCH
Nitrate	3.71	mg/L	10	601	12/22/2005 / 1830 / CWM
Turbidity	1.47	NTU	<10	SM18 2130B	12/22/2005 / 1700 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	12/22/2005 / 1700 / CCH

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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B00153582

Date Reported: 12/23/2005



Howard County
Health Department

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

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

December 28, 2005

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

SENT VIA FACSIMILE 410-489-2278

RE: Triadelphia Crossing, Lot 18
14226Meadow Lake Drive
Glenelg, MD 21737
BP #: B00153582
Well Permit # HO-94-4149

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 8/31/2005 by HCHD and Howard County Bureau of Utilities. Final approval of the well line connection to the dwelling was approved on 11/02/2005.**

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-94-4149. 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: 12/22/2005
Date of Well Completion: 4/15/2005

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

EXISTING CORN FIELD

554

LIMIT OF DISTURBANCE

EX. BCE PP TO BE REMOVED

LOT 17
44,154 S.F.

LOT 18
48,971 S.F.

LAKE DRIVE

WELL BOX

WELL BOX

PUBLIC SEWER
EASEMENT

21" PRESSURE SEWER

1.5" HDPE SEWER

605
613
605

622

60*5

582

584

538

582

580

538

350

00

N

