

C1 6454

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A514193

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Toll Bros, last name; Meadow Lake Dr, first name; TOWN: Columbia; SUBDIVISION: Truitt Crossing; SECTION: 21/17/97; LOT: 15

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, Hard Clay, Mer Clay, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth of main casing (30 feet)

OTHER CASING (if used) diameter 4 1/2 inch, depth 30 feet

SCREEN RECORD

screen type or open hole (ST, BR, HO), insert appropriate code below

DEPTH (nearest ft.)

Table with columns: A, C, H, S, R, E, N and depth values (8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51)

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 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 15, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING 15 ft, WHEN PUMPING 15 ft, TYPE OF PUMP USED (for test) J, S

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, 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, - below, LAND SURFACE (nearest foot) 2

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: 2

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. M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D 553

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

B 1 5345

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4146

522003 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Tall Brothers Inc. Owner First Name 34
7164 Columbia Gateway Drive Street or RFD 55
Columbia MD Suite 230 Zip 21046

B 3

LOCATION OF WELL

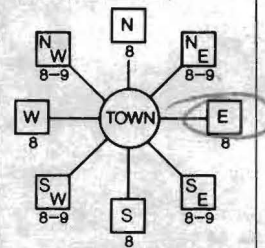
8 COUNTY Howard 21
23 SUBDIVISION Tanadelpin Crossing 42
SECTION 1 LOT 15
52 NEAREST TOWN Greeley 71
MILES FROM TOWN (enter 0 if in town) 1/2 M I

DRILLER INFORMATION

Michael Barlow M D 355 Driller's Name 76 License No. 81
Michael Barlow Well Drilling Inc. Firm Name
522 Underwood Lane Bel Air MD Address
Signature Date 2/17/05

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Wood Lake Drive 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST
34 350' 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 21 BLK: 17 PARCEL 97

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)

- 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 AS14193 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 3/31/05 CO SIGNATURE EXP. DATE 3/31/08
43 MM DD YY 48
NORTH GRID 519 000 EAST GRID 795 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 10 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 52

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

APPROP. PERMIT NUMBER HO2004G005
PERMIT No. HO-94-4146

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 795/5
N 519/9

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: Barlow Well Drilling Telephone #: 410-838-1690
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 field 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 #: 410-499-2275
Subdivision: Triadelphia Crossing Lot #: 15 Well Tag #: HO-94-4146
Site Address: Meadow Lake Dr.
Glenn Dale, MD

Submersible Pump Data

Make: SPA Rite
Model #: 7SP4E0252
Pump Capacity: 7 GPM
Well Yield: 15 GPM

Pitless Adapter

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

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 125 (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: Polyethylene
PSI: 160 (180 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 10 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

2/16/06
date

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

Date Insp. Requested: _____ Date Insp. Approved: 4/26/06 Inspector: CB

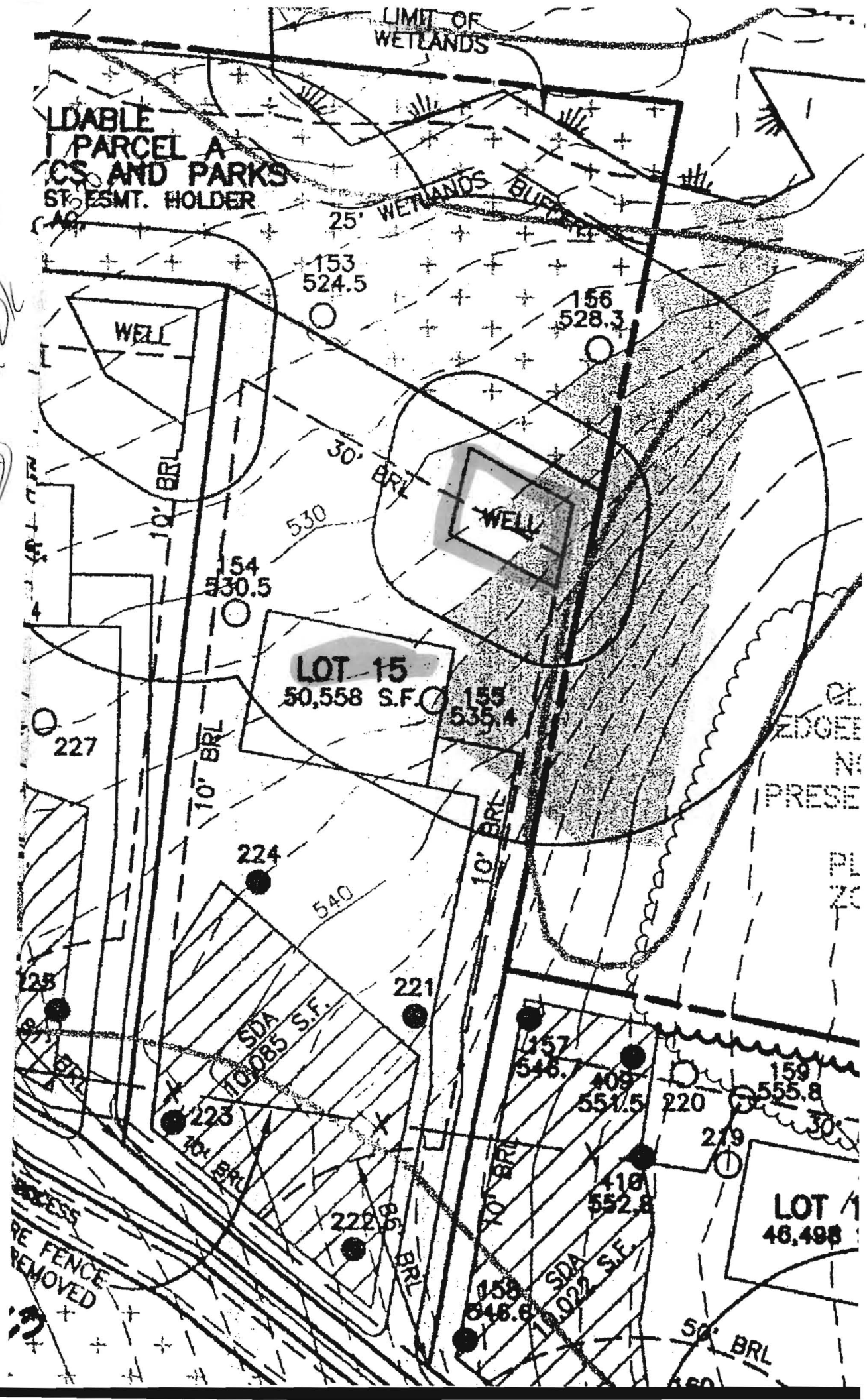
- Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope not seen outside of well cap/casing
- Correct well tag attached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

LIMIT OF WETLANDS

LDABLE
I PARCEL A
CS AND PARKS
ST. ESMT. HOLDER

25' WETLANDS BUFFER

*3/31/05
Well Box OK*



LOT 15
50,558 S.F.

SDA
10,085 S.F.

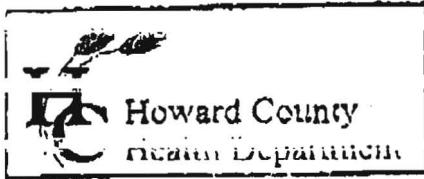
SDA
10,022 S.F.

LOT 1
48,498

ACCESS
RE FENCE
REMOVED

EDGE
PRESE

PL
ZC



3525 H Ellcott Mills Drive, Ellcott 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.

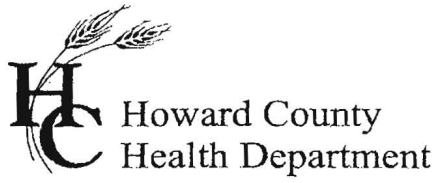
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application

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 Tridelphia Crossing

Toll Bros



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

April 27, 2006

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

RE: Triadelphia Crossing, Lot 15
14238 Meadow Lake Drive
Glenelg, MD 21737
BP #: B00154331
Well Permit # HO-94-4146

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 04/21/2006. Final approval of the well line connection to the dwelling was approved on 04/26/2006.**

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-94-4146. 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(s): 04/20/2006
Date of Well Completion: 04/21/2005

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

14130 Old Taneytown Rd. Westminster, MD (410) 878-1014 (410) 876-6554 FAX (410) 878-0298

REPORT OF ANALYSIS

Laboratory ID #:	58884	Account #:	1930
Reference:	Toll Brothers Lot 15	Company:	Fogle's Well Drilling
Location:	14238 Meadow Lake Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	4/20/2006 1000	Source:	Well Water
Date/Time Rec'd:	4/20/2006 1426	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.2
		Well #:	HO-94-4146

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/21/2006 / 0820 / AD/CM
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/21/2006 / 0820 / AD/CM
Nitrate	7.87	mg/L	10	601	4/20/2006 / 1500 / CWM
Turbidity	0.71	NTU	<10	SM18 2130B	4/20/2006 / 1447 / AD/CM
Sand	NS	mg/L	5	Visual/Gravimetric	4/20/2006 / 1447 / AD/CM

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 # : B154331

Date Reported: 4/21/2006