



B 1 5336

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4133

522003 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Toll Brothers Inc. Last Name Owner First Name 34

7164 Columbia Gateway Drive Street or RFD Suite 230 55

Columbia MD 51246 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21

Tandolph Crossing SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Shenvy 71

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

DRILLER INFORMATION

Michael Barlow MWD 355 Driller's Name License No. 81

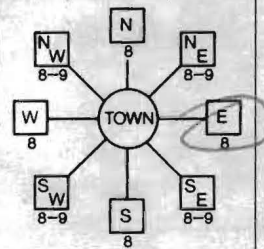
Michael Barlow Well Drilling Inc. Firm Name

522 Underwood Lane, Belair MD Address

Signature Date 2/17/05 21014

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 20 37 NEAR WHAT ROAD Roxbury Lake Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



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

TAX MAP: 21 BLK: 23 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 COUNTY NAME AS14193 COUNTY NO.

DATE ISSUED 3/9/05 CO SIGNATURE EXP. DATE 3/9/06

NORTH GRID 518 000 EAST GRID 795 000

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 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)

APPROP. PERMIT NUMBER HO2004G005 PERMIT No. HO-94-4133

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 790/C N 518/8

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





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 Soc. Telephone #: 410-838-1910  
Address: 522 Underwood Ln  
Beltair, 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 #: 7 Well Tag #: HO-94-4133  
Site Address: \_\_\_\_\_

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: JARITE      Make: Campbell      Two piece watertight cap: yes  
Model #: JSP450252      Model#: PA 800      Screened, vented well cap: yes  
Pump Capacity 7 GPM      Depth: 42" (36" min)      Cap secured to casing: yes  
Well Yield: 10 GPM      NSF/WSC approved: yes      Conduit min 18" B.G.: yes  
Depth of well encountered at time of pump installation: 205 (feet)      Conduit secured to well cap: yes  
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: 100 (160 psi min)      Approximate length of sleeve: 10 ft  
Depth of supply line: 42" (36" min)      Sleeve caulked and sealed properly: yes

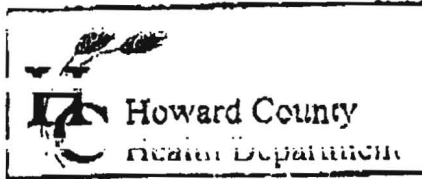
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature]      11/13/05  
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: 11/8/05 Inspector: (BB)  
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 ✓





3525 H Elliott Mills Drive, Elliott 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:

*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*



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

March 13, 2006

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

RE: Triadelphia Crossing, Lot 7  
14314 Roxbury Lake Drive  
Glenelg, MD 21737  
BP #: B00153893  
Well Permit # HO-94-4133

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 septic system was granted on 12/05/2005. Final approval of the well line connection to the dwelling was approved on 11/08/2005.**

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.

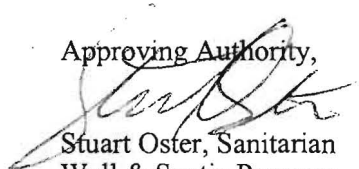
#### INTERIM CERTIFICATE OF POTABILITY

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-94-4133. 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: 03/08/2006 & 03/10/2006  
Date of Well Completion: 04/20/2005

Approving Authority,

  
Stuart Oster, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# 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 #:	58442	Account #:	1930
Reference:	Toll Brothers Lot 7	Company:	Fogle's Well Drilling
Location:	14314 Roxbury Lake Drive Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	3/10/2006 1030	Source:	Well Water
Date/Time Rec'd:	3/10/2006 1415	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.2
		Well #:	HO-94-4133

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Turbidity	0.91	NTU	<10	SM18 2130B	3/10/2006 / 1520 / AMD/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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy  
 Building Permit # : 153893

Date Reported: 3/13/2006

Laboratory Director:



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

MD State Certification # 133

**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 #:	58426	Account #:	1930
Reference:	Toll Brothers Lot 7	Company:	Fogle's Well Drilling
Location:	14314 Roxbury Lake Drive Glenelg, MD 21737	Requested By:	Dave Fogle
Date/Time Collected:	3/8/2006 0900	Source:	Well Water
Date/Time Rec'd:	3/8/2006 1420	Site:	Kitchen Sink Tap
Chlorine ppm:	Frec: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.1
		Well #:	HO-94-4133

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/9/2006 / 0835 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/9/2006 / 0835 / AMD/BCD
Nitrate	6.10	mg/L	10	601	3/9/2006 / 0900 / BCD
Turbidity	23.3	NTU	<10	SM18 2130B	3/9/2006 / 0931 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	3/9/2006 / 0931 / AMD/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 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy  
 Building Permit # : 153893

Date Reported: 3/9/2006 Laboratory Director: Charles Mooshian

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

MD State Certification # 133