

C 1 6440

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER AS14193

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

DATE WELL COMPLETED MM DD YY 3 15 05

Depth of Well 22 165 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 44-4135

OWNER Toll Bros last name Meadow Lake Dr first name TOWN Calverly SUBDIVISION Philadelphia Crossing SECTION 2123/95 LOT 14

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like Dirt, Hard Tan, Med Tan, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (110), NO. OF POUNDS (1400), GALLONS OF WATER (95), DEPTH OF GROUT SEAL (52 to 54 ft).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth (62 feet).

OTHER CASING (if used) table with columns: diameter, depth (from, to).

SCREEN RECORD: screen type (H.O.), insert appropriate code (H.O.), slot size (1, 2, 3).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A, E, P

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...

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)

C 2 DEPTH (nearest ft.) 40 60 165

DEPTH (nearest ft.) table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51

DIAMETER OF SCREEN (NEAREST INCH) 56 60

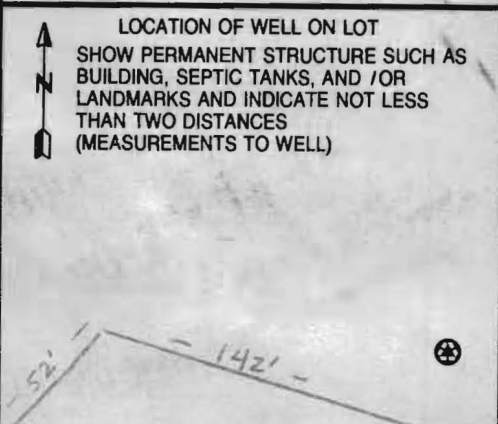
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C 3 PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Time Bucket), WATER LEVEL (10 ft before, 13 ft when pumping), TYPE OF PUMP USED (air, piston, turbine, centrifugal, rotary, other, jet, submersible)

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31 to 35), PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47), CASING HEIGHT (above/below LAND SURFACE)



Depth
of ground
165, ?

Then # of
bags should
have been
44 bags
2202 gals
H₂O.

B 1 5339

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HO-94-4135 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Owner First Name 34 7164 Columbia Gateway Dr 36 Street or RFD 55 57 Columbia MD Suite 230 70 State 72 Zip 21046 76

B 3

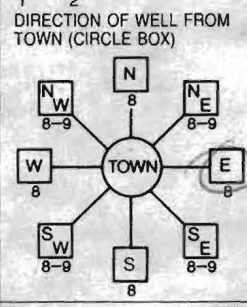
LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION Teradaphin Crossing 42 51 SECTION 1 44 46 LOT 14 48 50 52 NEAREST TOWN Shewell 71 MILES FROM TOWN (enter 0 if in town) 1/2 M 1 73 76 77 78

DRILLER INFORMATION

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

B 4



11 NEAR WHAT ROAD Woodlake Drive 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 450 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI 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)

- 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 Howard 514193 COUNTY NO. STATE SIGNATURE DATE ISSUED 3/9/05 CO SIGNATURE 3/9/05 EXP. DATE NORTH GRID 519 000 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-PE Percussion ROTARY (Hydraulic Rotary) 30 37 CABLE REVERSE-ROTary DRIVE-POINT other

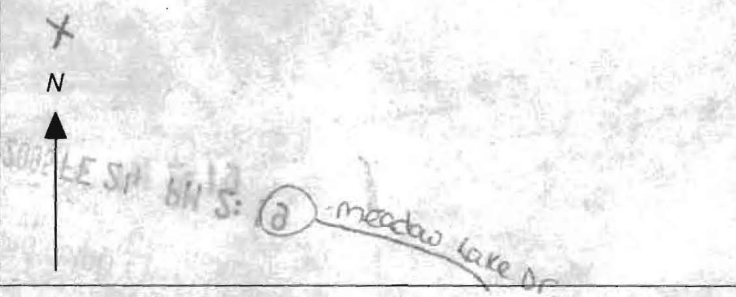
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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

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

165' deep 62' casing 15 bags of grout 10 sam 000 4/14/05 PAY 000

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



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

APPROP. PERMIT NUMBER HO 2004G 005 PERMIT No. HO-94-4135 70 71 72 73 74 75 76 77 78 79

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 Ln.
Berair, 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# MD0385
*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 #: 14 Well Tag #: HO-94-4135
Site Address: Meadow Lake Dr.
Glenn

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: SPA Rite Make: Campbell Two piece watertight cap: yes
Model #: 7SP4E025L Model#: PA 800 Screened, vented well cap: yes
Pump Capacity: 7 GPM Depth: 42" (36" min) Cap secured to casing: yes
Well Yield: 12 GPM NSF/WSC approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 165 (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: 1100 (80 psi min) Approximate length of sleeve: 4ft
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 of company representative responsible for installation: [Signature] date: 5/16/06

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

Date Insp. Requested: 5/3/06 Date Insp. Approved: 5/4/2006 Inspector: GAC
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

5/4/06
All corrections
Made (GAC)

**NON-BUILDABLE
PRESERVATION PARCEL A
DEDICATED TO RECS. AND PARKS
ENVIRONMENTAL TRUST ESMT. HOLDER
11.99 AC.**

LIMIT OF WETLANDS

STREAM BUFFER

25' WETLAND

147
514.0

149
513.8

153
524.5

15' HDPEP

30' BRL

WELL

148

151
519.0

30' BRL

WELL

LOT 13
52,903 S.F.

LOT 14
51,495 S.F.

530

30' BRL

148
524.8

159
527.4

228

152
527.4

154
530.5

LOT 15
50,558 S.F.

WS
330A
544.8

230

SDA
10,087 S.F.

229

GIBL

227

10' BRL

10' BRL

WS
336
528.5

84' BRL

385
533.1

228

SDA
10,986 S.F.

224

540

245

10' BRL

225

SDA
10,085 S.F.

22

12' DRIVEWAY ACCESS

EX. WIRE FENCE
TO BE REMOVED

MIC?

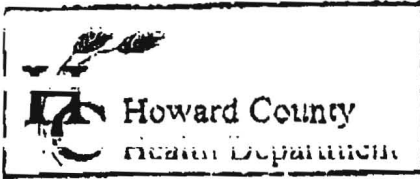
10' BRL

226

222.9

BRL

3/9/05
Well Box
OK



3525 H Elliott 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:

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) Philadelphia Crossing

Toll Buses



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

May 9, 2006

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

SENT VIA FACSIMILE 410-489-2278

RE: Triadelphia Crossing, Lot 14
14242 Meadow Lake Drive
Glenelg, MD 21737
BP #: B00155323
Well Permit # HO-94-4135

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 5/08/2006 by HCHD and Howard County Bureau of Utilities. Final approval of the well line connection to the dwelling was approved on 5/4/2006.**

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-94-4135. 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: 5/03/2006
Date of Well Completion: 3/15/2005

Approving Authority,


Gabriel Creighton, R. S.
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 #:	58992	Account #:	1930
Reference:	Toll Brothers Lot 14	Company:	Fogle's Well Drilling
Location:	14242 Meadow Lake Drive Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	5/3/2006 1015	Source:	Well Water
Date/Time Rec'd:	5/3/2006 1229	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.2
		Well #:	HO-94-4135

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/4/2006 / 0800 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/4/2006 / 0800 / AMD/BCD
Nitrate	9.00	mg/L	10	601	5/3/2006 / 1230 / BCD
Turbidity	0.94	NTU	<10	SM18 2130B	5/3/2006 / 1240 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	5/3/2006 / 1240 / 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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : 155323

Date Reported: 5/4/2006