

461

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)

COUNTY NUMBER AS14193

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-4152

OWNER Toll Bugs, STREET OR RFD Meadow Lake Dr, TOWN Clonely, SUBDIVISION Triad Crossing, SECTION 21/23/97, LOT 21

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [X] NO [N], TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC], NO. OF BAGS 20, NO. OF POUNDS 1800, GALLONS OF WATER 120, DEPTH OF GROUT SEAL (to nearest foot) from 0 to 80

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 12, METHOD USED TO MEASURE PUMPING RATE Timer, WATER LEVEL (distance from land surface) BEFORE PUMPING 15 ft, WHEN PUMPING 18 ft, TYPE OF PUMP USED (for test) S submersible

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Dirt (0-78), Hard Clay (78-89), Med Hard Green (89-90), Hard Clay (90-114), Med Hard Clay (114-116), Hard Clay (116-165)

CASING RECORD

MAIN CASING TYPE PH, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 80

Table for OTHER CASING (if used) with columns for diameter (inch) and depth (feet) from and to.

SCREEN RECORD

screen type or open hole insert appropriate code below: [ST] STEEL, [BR] BRASS, [HO] OPEN HOLE, [PL] PLASTIC, [OT] OTHER

Table for E A C H S R E E N with columns for DEPTH (nearest ft.) and SLOT SIZE 1, 2, 3. Includes DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60.

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [O]

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 [X] below [ ] LAND SURFACE 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED YES [Y] NO [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... DRILLERS LIC. NO. 1 MWD 3553, 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, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W:Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

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)

B 1 5348

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HD-94-41522 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 7/16/14 Toll Brothers Inc 15 Last Name Owner First Name 34 7164 Columbia Gateway Drive 36 Street or RFD Suite 230 55 Columbia MD 21046 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

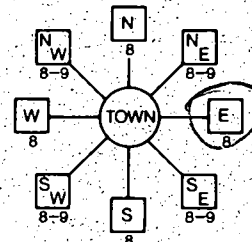
8 COUNTY Howard 21 Teriadelphia Crossing 23 SUBDIVISION SECTION 1 LOT 21 44 46 48 50 52 NEAREST TOWN Shovelg 71 MILES FROM TOWN (enter 0 if in town) 1/2 M 73 76 77 78

DRILLER INFORMATION

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD Meadow Lake Drive 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD 20 FT 34 37 ENTER FT OR MI 38 39 TAX MAP 21 BLK 23 PARCEL 97

B 2

WELL INFORMATION

APPROX PUMPING RATE 5 8 12 (GAL PER MIN) AVERAGE DAILY QUANTITY NEEDED 500 14 20 (GAL PER DAY)

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

COUNTY NAME Howard COUNTY NO A514193 STATE SIGNATURE DATE ISSUED 4/1/05 INSERT S 41 CO SIGNATURE 4/1/06 43 MM YY 48 NORTH GRID 50 518 000 EAST GRID 57 796 000 55 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

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 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

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

APPROX PERMIT NUMBER HD 2004G005 PERMIT No HD-94-5152 70 71 72 73 74 75 76 77 78 79 4152

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

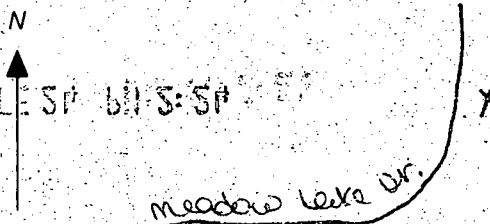
SOURCES OF DRILLING WATER

- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7946 000 000 N 5188

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







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: Michael Boreman Well Pump Telephone #: 410-838-6910  
Address: 522 UNDERWOOD LANE  
BELTERRA 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): CLAYTON BOYD License #: BWD

\*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 BROOK Telephone #: 410-489-2286  
Subdivision: TRIDELPHIA CROSSING Lot #: 21 Well Tag #: HO-94-4152  
Site Address: \_\_\_\_\_

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: STR RITE Make: Cambell Two piece watertight cap: yes  
Model #: \_\_\_\_\_ Model #: PA 800 Screened, vented well cap: yes  
Pump Capacity 7 GPM Depth: 40 (36" min) Cap secured to casing: yes  
Well Yield: 12 GPM NSF/WSC approved: \_\_\_\_\_ Conduit min 1 1/2" B.G.: yes  
Depth of well encountered at time of pump installation: \_\_\_\_\_ (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: PVC PVC sleeve to undisturbed soil at wall penetration: yes  
PSI: 160 (160 psi min) Approximate length of sleeve: 4'  
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

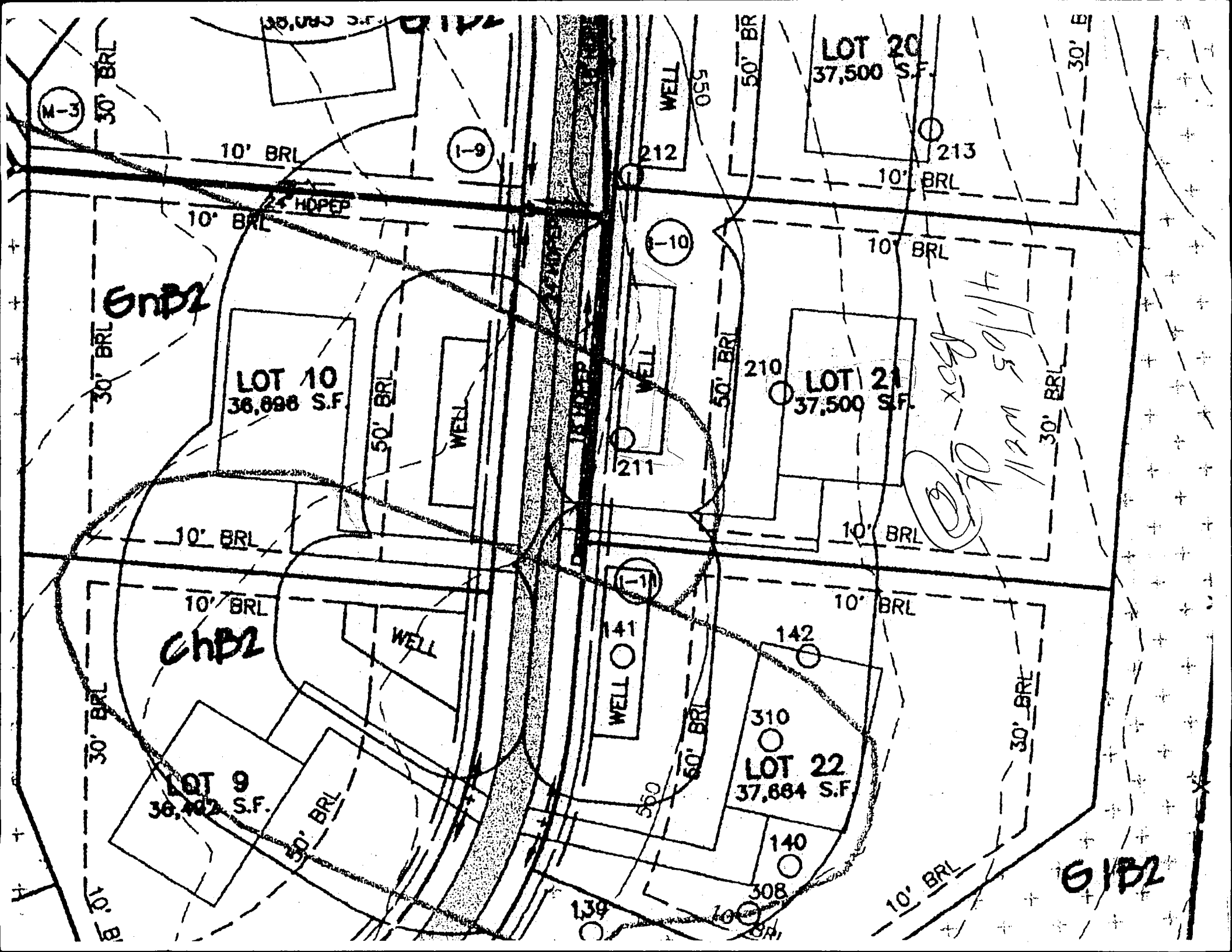
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

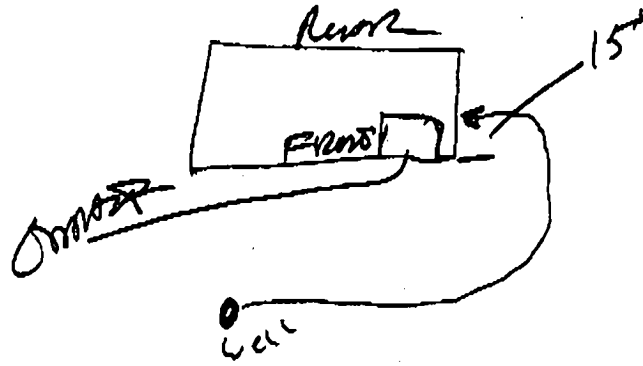
[Signature] 8/12/05  
Signature of company representative responsible for installation date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/13/05 Inspector: SO  
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 \_\_\_\_\_

HD-215 No Inspection. Rev. 12/00  
OK per Stuart Oster. 10/13/05 (GAC)  
As built Submitted







Howard County  
Health Department

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

October 25, 2005

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

RE: Triadelphia Crossing, Lot 21  
14214 Meadow Lake Drive  
Glenelg, MD 21737  
BP #: B00153465  
Well Permit # HO-94-4152

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 10/17/2005. Final approval of the well line connection to the dwelling was approved on 10/13/2005.**

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.

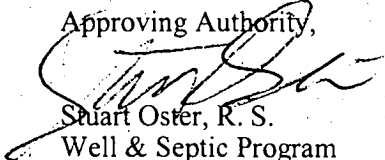
#### INTERIM CERTIFICATE OF POTABILITY

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-94-4152. 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.**

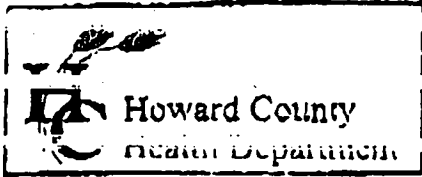
Date of Water Sample(s): 10/19/2005 & 10/25/2005  
Date of Well Completion: 04/27/2005

Approving Authority,

  
Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



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	Dennis Cameron		
Co./Dept.		Co.			
Phone #		Phone #	410 872 9105		
Fax #	410 313 2648	Fax #			

*For Triadelphia Crossing*

*Toll Bros*

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 143 Old Towne Square Rd., Westminster, MD 21157-1013    (410) 876-7554    FAX (410) 848-0398

## REPORT OF ANALYSIS

Laboratory ID #:	56840	Account #:	1930
Reference:	Tridelphia Crossing Lot 21	Company:	Fogle's Well Drilling
Location:	14214 Meadow Lake Drive Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	10/25/2005      1015	Source:	Well Water
Date/Time Rec'd:	10/25/2005      1245	Site:	R/O Faucet
Chlorine ppm:	Free: ND      Total: ND	Treatment:	Reverse Osmosis
Collected By:	V.M. Fadoul      6804VF-FS	pH:	6.1
		Well #:	No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Nitrate	<1.0	mg/L	10	601	10/25/2005 / 1515 / BD

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 tested on-site

Reason for Test :      Use & Occupancy  
 Building Permit # :      B00153465

Date Reported:      10/25/2005

*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 #:	56793	Account #:	1930
Reference:	Toll Brothers Lot 21	Company:	Fogle's Well Drilling
Location:	14214 Meadow Lake Drive Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	10/19/2005 0830	Source:	Well Water
Date/Time Rec'd:	10/19/2005 1300	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.1
		Well #:	No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/20/2005 / 0830 / CH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/20/2005 / 0830 / CH
Nitrate	11.1	mg/L	10	601	10/20/2005 / 0900 / BD
Turbidity	0.55	NTU	<10	SM18 2130B	10/20/2005 / 0900 / BD
Sand	NS	mg/L	5	Visual/Gravimetric	10/20/2005 / 0910 / BD

**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 # : B00153465

Date Reported: 10/20/2005

MD State Certification # 133