

3710

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 A514193

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 6-2-04

DEPTH OF WELL 400

7/27/04 O.K. BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3957

OWNER Toll Brothers, Inc. STREET OR RFD Meadow Lake Drive TOWN Glenelg SUBDIVISION Triadelphia Crossing SECTION LOT 10

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 brown soil, gray with broken lot ups, and med hard gray rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS 12 NO. OF POUNDS 1128

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 45 Total depth of main casing 45

OTHER CASING (if used)

PL 4.5 43 63

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT)

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E, E, N. Rows for casing sections with diameters and depths.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

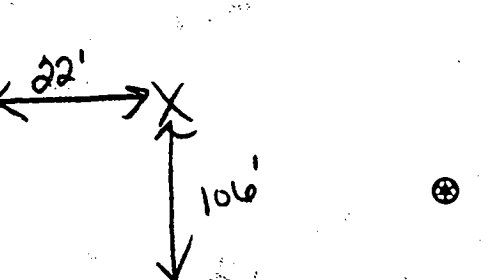
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.42 METHOD USED TO MEASURE PUMPING RATE watch bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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

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)



DRILLERS LIC. NO. MWD 355 DRILLERS SIGNATURE John C. [Signature] LIC. NO. JSD 112 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 7096

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 520348

STATE PERMIT NUMBER

HO - 94 - 3957 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Toll Brothers Inc 11841 Simpson Rd Clarksville MD 21029

B 3

LOCATION OF WELL

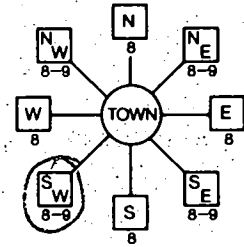
Howard Triadelphia Crossing Glenela

DRILLER INFORMATION

Michael Barlow MW D 355 Michael Barlow Well Drilling Inc 522 Underwood Ln Bel Air, MD 21014

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Meadow Lake Dr

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 130 TAX MAP: 21 BLK: 23 PARCEL 97

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A514193 COUNTY NAME STATE SIGNATURE DATE ISSUED 5/20/2004 Brian Baber 5/20/2005 CO SIGNATURE EXP DATE NORTH GRID 518 000 EAST GRID 796 000

APPROXIMATE DEPTH OF WELL 300 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER G PERMIT No. HO-94-3957

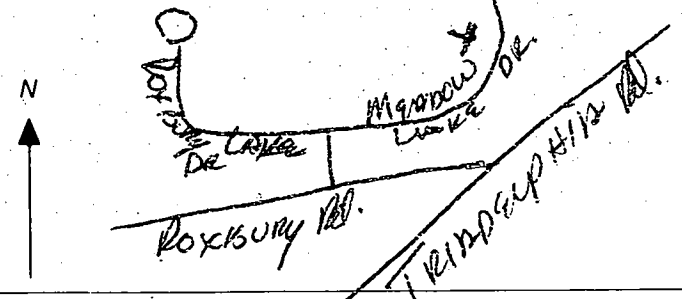
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7906 N 5108

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 Test Well to Be Converted to Domestic Well if Ground Water

Appropriation Permit and ICOP are Approved

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3957
 Location of property (road) Meadow Lake Drive
 Subdivision Triadelphia Crossing Lot 10 Block _____ Plat _____ Sec. _____
 Well Driller Michael Barlow Owner Toll Brothers

Depth of well 400'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 300'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 1.42
 Total time 45mins to reach pumping water level 300' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	10'	3sec		20
8:15	105'	3sec		20
8:30	200'	4sec		15
8:45	300'	42sec		1.42
9:00	300'	42sec		1.42
9:15	300'	42sec		1.42
9:30	300'	42sec		1.42
9:45	300'	42sec		1.42
10:00	300'	42sec		1.42
10:15	300'	42sec		1.42
10:30	300'	42sec		1.42
10:45	300'	42sec		1.42
11:00	300'	42sec		1.42
11:15	300'	42sec		1.42
11:30	300'	42sec		1.42
11:45	300'	42sec		1.42
12:00	300'	42sec		1.42
12:15	300'	42sec		1.42
12:30	300'	42sec		1.42
12:45	300'	42sec		1.42
1:00	300'	42sec		1.42
1:15	300'	42sec		1.42
1:30	300'	42sec		1.42
1:45	300'	42sec		1.42

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 Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 Underwood Ln
Bel Air MD 21034

(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 Eddy License# AWN 5

*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 Brother Telephone #: 410-489-2286
Subdivision: Triadelphia Crossing Lot #: 10 Well Tag #: HO-94-3957
Site Address: _____

Submersible Pump Data

Make: STA RITE
Model #: _____
Pump Capacity: 5 GPM
Well Yield: 1.5 GPM

Pitless Adapter

Make: Campbell
Model#: PA870
Depth: 40 (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 1 1/2" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: _____ (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

Pipins to house

Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 4"
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: 8/12/05

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

Date Insp. Requested: _____ Date Insp. Approved: 10/13/05 Inspector: CSO 50
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

Not Inspected. OK per Stuart Oster

Rev. 12/00

10/12-13/05 (GAC) As built submitted

MCE=550.5
CELLAR NOT
SERVICED
VIA GRAVITY

MIC2

GIB2

LOT 11
36,093 S.F.
MCE=551.3
CELLAR NOT
SERVICED
VIA GRAVITY

ChB2

*Copy of Approved
Prelim*

LOT 9
36,492 S.F.
MCE=547.6
CELLAR NOT
SERVICED
VIA GRAVITY

GIB2

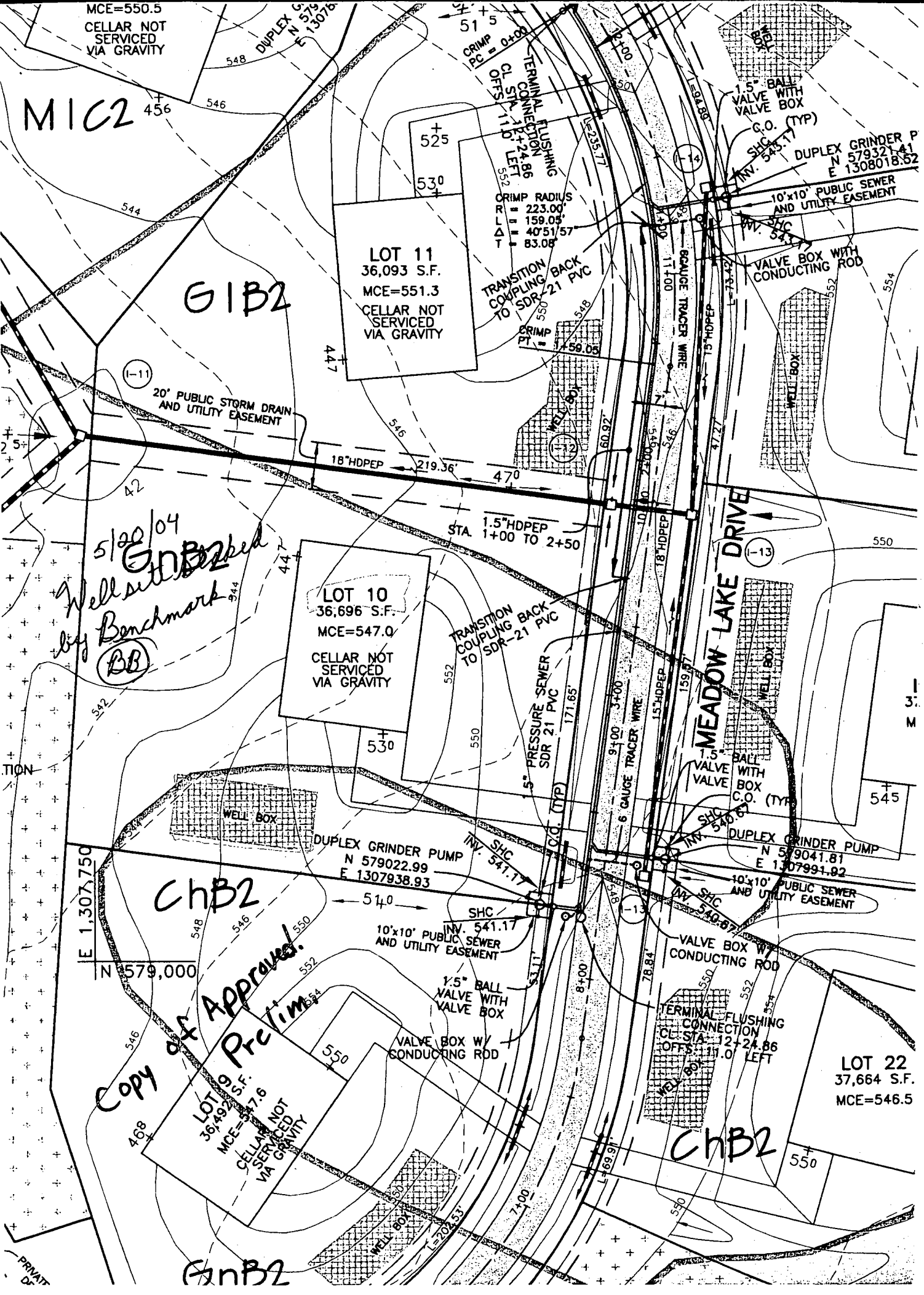
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36,696 S.F.
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CELLAR NOT
SERVICED
VIA GRAVITY

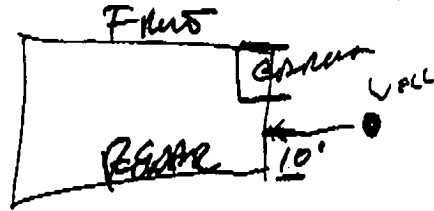
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37,664 S.F.
MCE=546.5

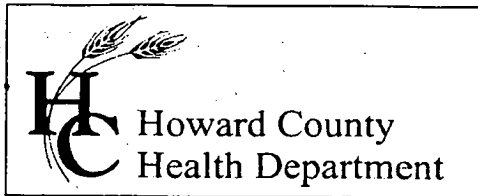
ChB2

MEADOW LAKE DRIVE

*5/20/04
Well set by
Benchmark
(BB)*







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 17, 2005

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

RE: Triadelphia Crossing, Lot10
14215 Meadow Lake Drive
Glenelg, MD 21737
BP #: B00153350
Well Permit # HO-94-3957

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 09/29/2005. 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-94-3957. 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): 10/10/2005 & 10/12/2005
Date of Well Completion: 06/02/2004

Approving Authority,

Michael J. Davis, 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 #: 56696	Account #: 1930
Reference: Toll Bros Lot 10	Company: Fogle's Well Drilling
Location: 14215 Meadow Lake Drive Highland, MD 20777	Requested By: Dave Fogle
Date/ Time Collected: 10/12/2005 0915	Source: Well Water
Date/Time Rec'd: 10/12/2005 1243	Site: Well Tank
Chlorine ppm: Free: ND Total: ND	Treatment: None
Collected By: V.M. Fadoul 6804VF-FS	pH: 7.1
	Well #: HO-94-3957

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	0.73	NTU	<10	SM18 2130B	10/13/2005 / 0900 / C. Moosh

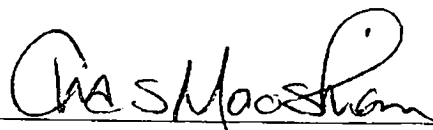
NOTES:

- 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 retest 56664
 Building Permit # : B00153350

Date Reported: 10/13/2005

Laboratory Director: _____



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

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Pateytown Rd. Westminster, MD (410) 848-1033 (410) 876-4524 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	56664	Account #:	1930
Reference:	Toll Bros Lot 10	Company:	Fogle's Well Drilling
Location:	14215 Meadow Lake Drive Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	10/10/2005 0840	Source:	Well Water
Date/Time Rec'd:	10/10/2005 1146	Site:	Well Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.1
		Well #:	HO-94-3957

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/11/2005 / 0830 / C.Holland
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/11/2005 / 0830 / C.Holland
Nitrate	<1.0	mg/L	10	601	10/11/2005 / 0925 / B. Dutter
Turbidity	11.2	NTU	<10	SM18 2130B	10/11/2005 / 0915 / B. Dutter
Sand	NS	mg/L	5	Visual/Gravimetric	10/11/2005 / 0915 / B. Dutter


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 # : B00153350

Date Reported: 10/11/2005

Laboratory Director:



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

MD State Certification # 133