

C1 3711 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER **(13) A514193**

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

DATE WELL COMPLETED
MM DD YY
6-2-04

Depth of Well
22 125' 26
(TO NEAREST FOOT)
9/9/04
O.K. (RB)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3959
28 29 30 31 32 33 34 35 36 37

OWNER Toll Brothers, Inc.
STREET OR RFD Meadow Lake Drive TOWN Glenelg
SUBDIVISION Triadelphia Crossing SECTION LOT 12

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
brown soil	0	69	
broken grey rock	69	102	
med hard grey rock	102	115	
Soft broken grey rock	115	119	
med hard grey rock	119	125	

80' ✓
104' ✓

GROUTING RECORD
WELL HAS BEEN GROUTED YES NO
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 162
GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)
from 0' TOP 52 ft. to 72' BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 72

60 61 63 64 66 70

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

PL 4.5 65 125

SCREEN RECORD
screen type or open hole (insert appropriate code below)

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> PL BRONZE	<input type="checkbox"/> OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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. MWD 355
DRILLER'S SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JSD 112

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

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125
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SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____

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

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

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 20

METHOD USED TO MEASURE PUMPING RATE stick

WATER LEVEL (distance from land surface)

BEFORE PUMPING 19' ft.
WHEN PUMPING 20' ft.

TYPE OF PUMP USED (for test)

<input type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

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

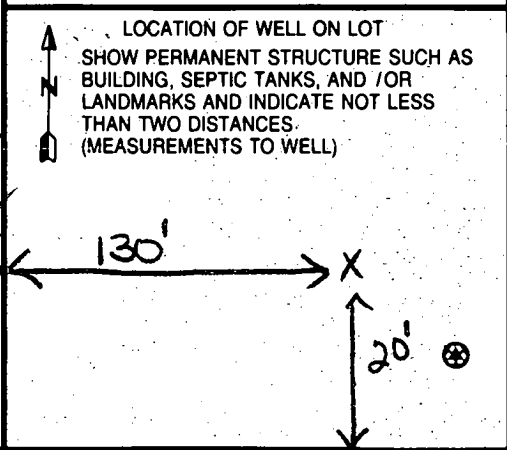
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

above } LAND SURFACE

below } 3 (nearest foot)



B 1 7098

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-94-3959 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Toll Brothers Inc. 11841 Simpson Rd Clarksville MD 21029

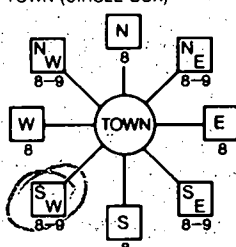
LOCATION OF WELL

Howard Tradelphia Crossing Glenela

DRILLER INFORMATION

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

DIRECTION OF WELL FROM TOWN (CIRCLE-BOX)



Meadow Lake Dr

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 20 FT TAX MAP: 21 BLK: 23 PARCEL: 97

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 [X] FARMING... INDUSTRIAL... PUBLIC WATER SUPPLY WELL [X] 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 Baker 5/20/2005 NORTH GRID 519 EAST GRID 795

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WRITE THE BOX NUMBER FROM THE MAP HERE E 7905 N 5109

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary AIR-PERCussion JETTED ROTARY (Hydraulic Rotary) Jetted & DRIVEN 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 DEEPM 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-94-3959

SPECIAL CONDITIONS Test Well to Be converted to Domestic Well if Ground Water Appropriation Permit is Approved

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 Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 Underwood Lane
BALDOR 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 Eddy License# A10D*

*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 #: 410-489-2286
Subdivision: Tridelfia Crossing Lot #: 12 Well Tag #: HO-94-3959
Site Address: _____

Submersible Pump Data

Make: STA RITE
Model #: _____
Pump Capacity: 7 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
Model#: AA 800
Depth: 10 (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 18" 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

Piping to house

Type: Poly
PSI: 1100 (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: 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 _____

No Well Tag

New tag installed
Rev. 12/00 12/5/05
GAC

No inspection.
OK per Stuart Oster 10/13/05
As built Submitted - GAC



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., County Health Officer

11/23/2005

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

SENT VIA FACSIMILE 443-535-9297

RE: Triadelphia Crossing, Lot 12
14223 Meadow Lake Drive
Glenelg, MD 21737
BP # B00153464
Well Tag # HO-94-3959

Dear Sirs or Madam:

This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Shared Septic System serves this dwelling. **Final approval was granted on 10/26/2005 by HCHD for the house connection with approval from the Bureau of Utilities on November 23, 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-94-3959. 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.

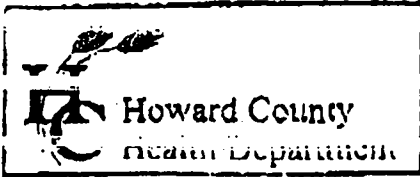
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/04/2005 & 11/22/2005
Date of Well Completion: 6/02/2004

Respectfully,

Stuart F. Oster, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File



3525 H Ellcott Mills Drive, Ellcott City MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2329 Toll Free 1-866-313-6200
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	DevoComer		
Co./Dept.		Co.			
Phone #		Phone #	410 872 9105		
Fax #	410 313 2648	Fax #			

For Tridelphia Crossing

Toll Bous

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 #:	57219	Account #:	1930
Reference:	Toll Brothers Lot 12	Company:	Fogle's Well Drilling
Location:	14223 Meadow Lake Drive Glenelg, MD 21737	Requested By:	Dave Fogle
Date/Time Collected:	11/22/2005 0840	Source:	Well Water
Date/Time Rec'd:	11/22/2005 1128	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.1
		Well #:	HO-94-3959

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total. MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/23/2005 / 1015 / CCH
Bacteria, E. coli. MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/23/2005 / 1015 / CCH
Nitrate	8.96	mg/l.	10	601	11/22/2005 / 1300 / BCD
Turbidity	1.73	NTU	<10	SM18 2130B	11/22/2005 / 1305 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	11/22/2005 / 1305 / 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 Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : 153464

Date Reported: 11/23/2005

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 #:	57018	Account #:	1930
Reference:	Toll Brothers Lot 12	Company:	Fogle's Well Drilling
Location:	14223 Meadow Lake Drive Glenelg, MD 21737	Requested By:	Dave Fogle
Date/Time Collected:	11/4/2005 1200	Source:	Well Water
Date/Time Rec'd:	11/4/2005 1322	Site:	Well Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	D. Fogle 8194DF	pH:	6.0
		Well #:	HO-94-3959

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/5/2005 / 1000 / CWM
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 D.	11/5/2005 / 1000 / CWM
Nitrate	8.02	mg/L	10	601	11/4/2005 / 1030 / CWM
Turbidity	8.07	NTU	<10	SM18 2130B	11/4/2005 / 1045 / CWM
Sand	NS	mg/L	5	Visual/Gravimetric	11/4/2005 / 1045 / CWM
Iron	0.57	mg/L	0.3	FR. 45 (126)	11/5/2005 / 0945 / CWM

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 # : 153464

Date Reported: 11/7/2005

MD State Certification # 133