

C1 6456

SEQUENCE NO. (M&E 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)

COUNTY NUMBER AS14193

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HD-94-4148

OWNER Fall Bros last name Meadow Lake Dr first name TOWN Wicomico SUBDIVISION Fried Cracking SECTION 21/22/97 LOT 17

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

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

NO. OF BAGS 28 NO. OF POUNDS 2032

GALLONS OF WATER 170

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

(enter 0 if from surface)

CASING RECORD

ST [ ] CO [ ] PL [ ] OT [ ]

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 112

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

SCREEN RECORD screen type or open hole ST [ ] BR [ ] HO [ ] PL [ ] OT [ ]

DEPTH (nearest ft.)

DEPTH (nearest ft.) 110 110 205

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

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

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

DESCRIPTION (Use additional sheets if needed)

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Dirt (0-110), Hard Clay (110-118), Med Green (118-120), Hard Clay (120-205)

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE Time Back

WATER LEVEL (distance from land surface)

BEFORE PUMPING 310 ft.

WHEN PUMPING 185 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES [ ] NO [X]

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)

LAND SURFACE

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)

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

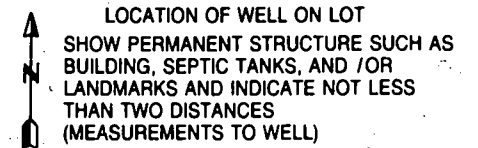
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M WD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M WD 553

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

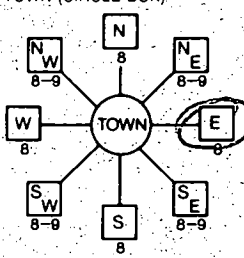


B 1 **5346** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HD-94-4148**  
 1 2 3 6 70 fill in this form completely 79  
**522003** please type

Date Received (APA) \_\_\_\_\_  
 OWNER INFORMATION  
 8 MM OD YY 13  
 15 Toll Brothers Inc Last Name Owner First Name 34  
 36 7164 Columbia Gateway Drive Street or RFD 55  
Columbia MD 21046 Town State Zip 76

B 3 LOCATION OF WELL  
 8 COUNTY Howard 21  
 23 SUBDIVISION Tandolphia Crossing 42  
 SECTION 1 LOT 17  
 44 46 48 50  
 52 NEAREST TOWN Genevlg 71  
 MILES FROM TOWN (enter 0 if in town) 1/2 M 73 76 77 78

DRILLER INFORMATION  
 76 Driller's Name Michael Barlow License No. 81 MD D355  
 Firm Name Michael Barlow Well Drilling Inc  
 Address 522 Underwood Lane Bel Air MD  
 Signature [Signature] Date 2/17/05

B 4  
 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 2   
 11 NEAR WHAT ROAD Meadow Lane Dr 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 34 10' 37 DISTANCE FROM ROAD FT 38 39  
 ENTER FT OR MI  
 TAX MAP 21 BLK 23 PARCEL 97

B 2 WELL INFORMATION  
 1 APPROX PUMPING RATE 5 GAL PER MIN. 12  
 2 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

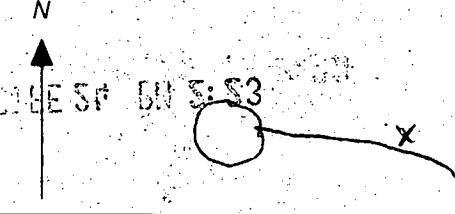
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME Howard COUNTY NO. AS14193  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED 4/1/05 CO SIGNATURE [Signature] EXP. DATE 4/1/06  
 43 MM 00 YY 48 NORTH GRID 519 000 EAST GRID 796 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28  
 APPROXIMATE DIAMETER OF WELL 12 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. 4/21/05 Grant 10:30  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 7906  
 N 5109  
 000  
 000

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-REBcussion ROTARY (Hydraulic Rotary)  
 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 DEEPEMED AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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 HD 2004 G 005  
 PERMIT No HD-94-4148  
 70 71 72 73 74 75 76 77 78 79



**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**

**522 Underwood Lane  
(410) 838-6910**

**Bel Air, Maryland 21014  
Fax (410) 838-3582**

**WELL YIELD REPORT**

Date Test Completed:		April 29, 2005	
Well Depth:		205 feet	
Customer	TOLL BROTHERS, INC.	Permit #	HO-94-4148
Road	MEADOW LAKE DRIVE	Subdivision	TRIADELPHIA CROSSING
City	GLENELG	Section	21/23/97
State	MARYLAND 21737	Lot #	17

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
8:00 AM	36	6	10.00
8:15 AM	59	6	10.00
8:30 AM	81	7	8.57
8:45 AM	110	10	6.00
9:00 AM	131	12	5.00
9:15 AM	153	12	5.00
9:30 AM	178	15	4.00
9:45 AM	185	15	4.00
10:00 AM	185	15	4.00
10:15 AM	185	15	4.00
10:30 AM	185	15	4.00
10:45 AM	185	15	4.00
11:00 AM	185	15	4.00
11:15 AM	185	15	4.00
11:30 AM	185	15	4.00
11:45 AM	185	15	4.00
12:00 PM	185	15	4.00
12:15 PM	185	15	4.00
12:30 PM	185	15	4.00
12:45 PM	185	15	4.00



CLARKS WOODS  
EDGEBROOK FARM, INC.  
NON-BUILDABLE  
PRESERVATION PARCEL A  
4838/244  
PLAT NO. 14203  
ZONED: RC-DEO

EX. BARN

61B2

PARCEL 2  
CLARKS WO  
DORSET MIL  
LOT 4  
8377/61  
PLAT NO. 1  
ZONED: RC

EXISTING  
CORN FIELD

159  
555.8  
30' BRL

61B2

LOT 16  
46,498 S.F.

161  
357.3

SDA  
10,220 S.F.

163

165

30' BRL  
558

10' EX. DIRT DRIVE

EX. BGE RP  
TO BE REMOVED

162  
558.9

166

LOT 17  
24,154 S.F.

LOT 18  
48,971 S.F.

4/1/05 Well Box OK/EG

WELL

WELL

WELL

WELL

P/O NON-BUILDABLE  
PRESERVATION PARCEL  
FOR COMMUNITY SEPTIC  
P/O OWNED

MIC

218

LOT 12

50' BRL

BRL

10' BRL

15'

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2643

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 B. Baker Well Drilling Telephone #: 410-838-10910  
Address: 522 Underwood Lane  
Baltimore MD 21044

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Walter Eddy License# ADD#  
\*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: Tom Bumbales Telephone #: 410-489-2286  
Subdivision: Triadelphia Crossing Lot #: 12 Well Tag #: HO-94-4148  
Site Address: \_\_\_\_\_

Submersible Pump Data                      Pitless Adapter                      Well Cap and Electric Conduit  
Make: STA RITE                              Make: CAMPBELL                              Two piece watertight cap: YES  
Model #: \_\_\_\_\_                              Model#: PARDO                              Screened, vented well cap: YES  
Pump Capacity 5 GPM                              Depth: 40 (36" min)                              Cap secured to casing: YES  
Well Yield: 4 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.B.4  
Torque arrestors, Cable guards, or other acceptable method used— Must circle one  
Safety rope, if used, attached to brass adapter or other acceptable method inside of well casing

Piping to house                              House Connection  
Type: Poly                                      PVC sleeve to undisturbed soil at wall penetration: YES  
PSI: 160 (160 psi min)                              Approximate length of sleeve: 4"  
Depth of supply line: 40 (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  
OK per Stuart Oster.                              Rev. 12/00  
10/12/05 (GAC) As built submitted



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

Pennv E. Borenstein, M.D., M.P.H., Health Officer

October 14, 2005

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

RE: Triadelphia Crossing, Lot17  
14230 Meadow Lake Drive  
Glenelg, MD 21737  
BP #: B00153321  
Well Permit # HO-94-4148

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 08/30/2005. 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-94-4148. 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.**

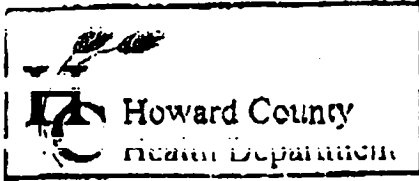
Date of Water Sample(s): 10/10/2005 & 10/13/2005  
Date of Well Completion: 04/29/2005

Approving Authority,

*Brian Baker*

Brian Baker, 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) 313-2373 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*

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1413 Old Landover Rd. Westminster, MD 21157-1031 TEL: (410) 848-0298 FAX: (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 56663	Account #: 1930
Reference: Toll Bros Lot 17	Company: Fogle's Well Drilling
Location: 14230 Meadow Lake Drive Highland, MD 20777	Requested By: Dave Fogle
Date/ Time Collected: 10/10/2005 0830	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-94-4148

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
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	8.49	mg/L	10	601	10/11/2005 / 0925 / B. Duttcrc
Turbidity	22.1	NTU	<10	SM18 2130B	10/11/2005 / 0915 / B. Duttcrc
Sand	NS	mg/L	5	Visual/Gravimetric	10/11/2005 / 0915 / B. Duttcrc

**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 # : B00153321

Date Reported: 10/11/2005 Laboratory Director: \_\_\_\_\_

*Charles Mooshian*

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

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1415 Old Baltimore Rd., Westminster, MD 21157-4552 Phone: 410-848-0298 Fax: 410-848-0320

## REPORT OF ANALYSIS

Laboratory ID #:	56695	Account #:	1930
Reference:	Toll Bros Lot 17	Company:	Fogle's Well Drilling
Location:	14230 Meadow Lake Drive Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	10/12/2005 0900	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:	6.4
		Well #:	HO-94-4148

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Turbidity	57.2	NTU	<10	SM18 2130B	10/13/2005 / 0900 / CM
Iron	4.24	mg/L	0.3	FR, 45 (126)	10/14/2005 / 1401 / BD

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Revised Report: Iron added 10/14/05
- 5 ND:None Detected
- 6 Sample collected by client, analyzed as received
- 7 pH tested on-site

Reason for Test : Use & Occupancy retst 56663  
 Building Permit # : B00153321

Date Reported: 10/14/2005

Laboratory Director:



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

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 113 Old Honeytown Rd. Westminster, MD 21157-1000 TEL: (410) 848-4554 FAX: (410) 848-1298

**REPORT OF ANALYSIS**

Laboratory ID #:	56766	Account #:	1930
Reference:	Toll Bros Lot 17	Company:	Fogle's Well Drilling
Location:	14230 Meadow Lake Drive Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	10/13/2005 0830	Source:	Well Water
Date/Time Rec'd:	10/13/2005 0832	Site:	Well Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener
Collected By:	V.M. Fadoul 6804VF-FS	pH:	7.07
		Well #:	HO-94-4148

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	0.87	NTU	<10	SM18 2130B	10/14/2005 / 1100 / C.Holland
Iron	0.01	mg/L	0.3	FR, 45 (126)	10/14/2005 / 1401 / B. Dutterer

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Revised Report: Iron added 10/14/05
- 5 ND:None Detected
- 6 Sample collected by client, analyzed as received
- 7 pH tested on-site

Reason for Test : Use & Occupancy retst 56695  
 Building Permit # : B00153321



Date Reported: 10/14/2005 Laboratory Director: \_\_\_\_\_

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

