

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.

1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

COUNTY  
NUMBER

ST/CO USE ONLY

DATE Received  
MM DO YY  
8 13

DATE WELL COMPLETED

MM DO YY  
3 24 06

Depth of Well

22 125 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

HO - 95 - 0332  
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

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  
FROM TO

check  
if water  
bearing

Brown  
shale

0 35

Gray  
limestone

35 50

Brown

50 53

Gray  
limestone

53 125

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 38 ft.  
(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code below

ST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHER

MAIN  
CASING  
TYPE

Nominal diameter  
top (main) casing  
(nearest inch)!

Total depth  
of main casing  
(nearest foot)

PL 26 43  
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)  
inch from to

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

screen type  
or open hole  
(insert  
appropriate  
code below)

SCREEN RECORD

ST BR HO  
STEEL BRASS OPEN  
PL PL OT  
PLASTIC OTHER

C 2

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  
H0 43 125  
E 1 11 15 17 21  
A 2 23 24 26 30 32 36  
C 3 38 39 41 45 47 51  
S  
R  
E  
E  
N  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
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)

T (E.R.O.S.) W Q

70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

PUMPING TEST

HOURS PUMPED (nearest hour) 03

PUMPING RATE (gal. per min.) 20

METHOD USED TO MEASURE PUMPING RATE 1 gal.

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36 ft.

WHEN PUMPING 38 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

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 7

(to nearest gallon) 31 35

PUMP HORSE POWER 1/2

PUMP COLUMN LENGTH 90

(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above } LAND SURFACE

- below } 01 (nearest foot)

49 50 51

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)

House 31'  
Roxbury Lake

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. 1

M S D 009

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

D

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

B 1	5900	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type 524384	STATE PERMIT NUMBER HO - 95 - 0332 fill in this form completely
Date Received (APA)		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name First Name 34		
Brothers TOLL		7164 Columbia Gateway Dr.		
36 Street or RFD 55		Columbia md. 21046		
57 Town 70 State 72 Zip 76				
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name 76 License No. 81		8 COUNTY 21		
Fogles Well Drilling		Triadelphia Crossing		
Firm Name		23 SUBDIVISION 42		
580 Okrecht rd.		SECTION 44 46 LOT 2 48 50		
Address		Glenelig		
Signature Date		52 NEAREST TOWN 71		
B 2 WELL INFORMATION		MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78		
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12		B 4		
500		1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		11 NEAR WHAT ROAD 30		
		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
		NORTH N 32 E WEST S EAST SOUTH		
		34 130 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39		
		TAX MAP: 21 BLK: 33 PARCEL 97		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		COUNTY NAME COUNTY NO.		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		STATE SIGNATURE		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		DATE ISSUED		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		CO SIGNATURE		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		EXP. DATE		
<input type="checkbox"/> GEO-THERMAL		NORTH GRID 518 000 EAST GRID 794 000		
APPROXIMATE DEPTH OF WELL 150 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL 6 INCH		SOURCES OF DRILLING WATER		
METHOD OF DRILLING (circle one)		WRITE THE BOX NUMBER FROM THE MAP HERE		
BORED (or Augered) JETTED Jetted & DRIVEN		E 794 4		
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)		N 518 8		
CABLE REVERSE-ROTary DRIVE-POINT		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)		N		
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		Roxbury rd. Triadelphia rd.		
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		(32)		
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER				
PERMIT No. 40-95-0332				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				





MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 3-24-06 (month/day/year)

4/24/06

O.K.

BB

\* PERMIT NUMBER OF ABANDONED WELL (if any)

H0 - 94 - 3956

\* PERMIT NUMBER OF REPLACEMENT WELL

H0 - 95 - 0332

\* PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: TOLZ Brothers

SITE LOCATION MAP

\* WELL LOCATION:

COUNTY: Howard

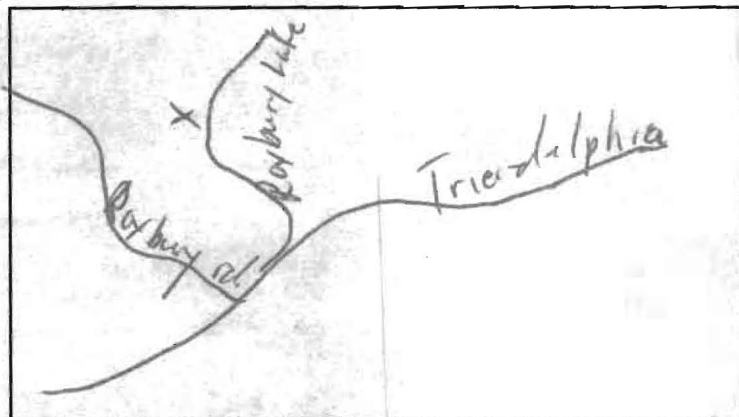
NEAREST TOWN: Glenville

TAX MAP 21 BLOCK 33 PARCEL 97

SUBDIVISION: Tridelpia Crossing

SECTION: 2 LOT: 2

NEAREST ROAD: Rayburn Lake Dr



\* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED/AUGERED ☐ HAND DUG  
☐ OTHER (specify) \_\_\_\_\_

\* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION ☐ GEOTHERMAL

\* TYPE OF CASING:

☐ STEEL ☒ PLASTIC  
☐ CONCRETE ☐ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6" INCHES IN DIAMETER

\* DEPTH OF WELL: 125' FEET DEEP

\* WAS ANY CASING REMOVED? ☐ YES ☒ NO  
if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	125
VOLUME OF MATERIAL USED		
30 bags		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 009

CIRCLE ONE MWD/MSD/MGD

DATE 3-24-06



**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: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 580 Oberlin Rd  
Sylkesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: \_\_\_\_\_  
Subdivision: Triadelphia Crossing Lot #: 2 Well Tag #: HO-95-0332  
Site Address: 14311 Roxbury Lake Dr

Submersible Pump Data

Make: Starite  
Model #: N/A  
Pump Capacity: 7 GPM  
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell  
Model#: N/A  
Depth: 36 (36" min)  
NSF approved: yes

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: 125 feet  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 5  
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: Allen Compton

date: 4-6-06

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/21/06 (BB)  
Inspection Data: Pitless adapter and 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 installed inside of well casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection Done previously  
Adequate grout observed below pitless adapter ✓

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/21/06 Inspector: BB

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 No Tag

Water supply line sleeved adequately at house connection Done Previously

Adequate grout observed below pitless adapter ✓

Old Well  
Not Sealed  
3/30/06 ↑

BB

→ O.K. 4/21/06

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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Triadelphia Crossing Lot #: 2 Well Tag #: HO - 94-3956  
Site Address: 14311 Roxbury Lake Dr.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

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: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

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

date

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/8/05 Inspector: BB  
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 ☒

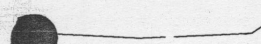
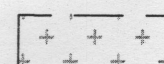

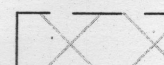



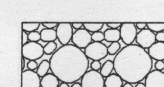

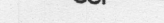
Well Only 18'  
From House

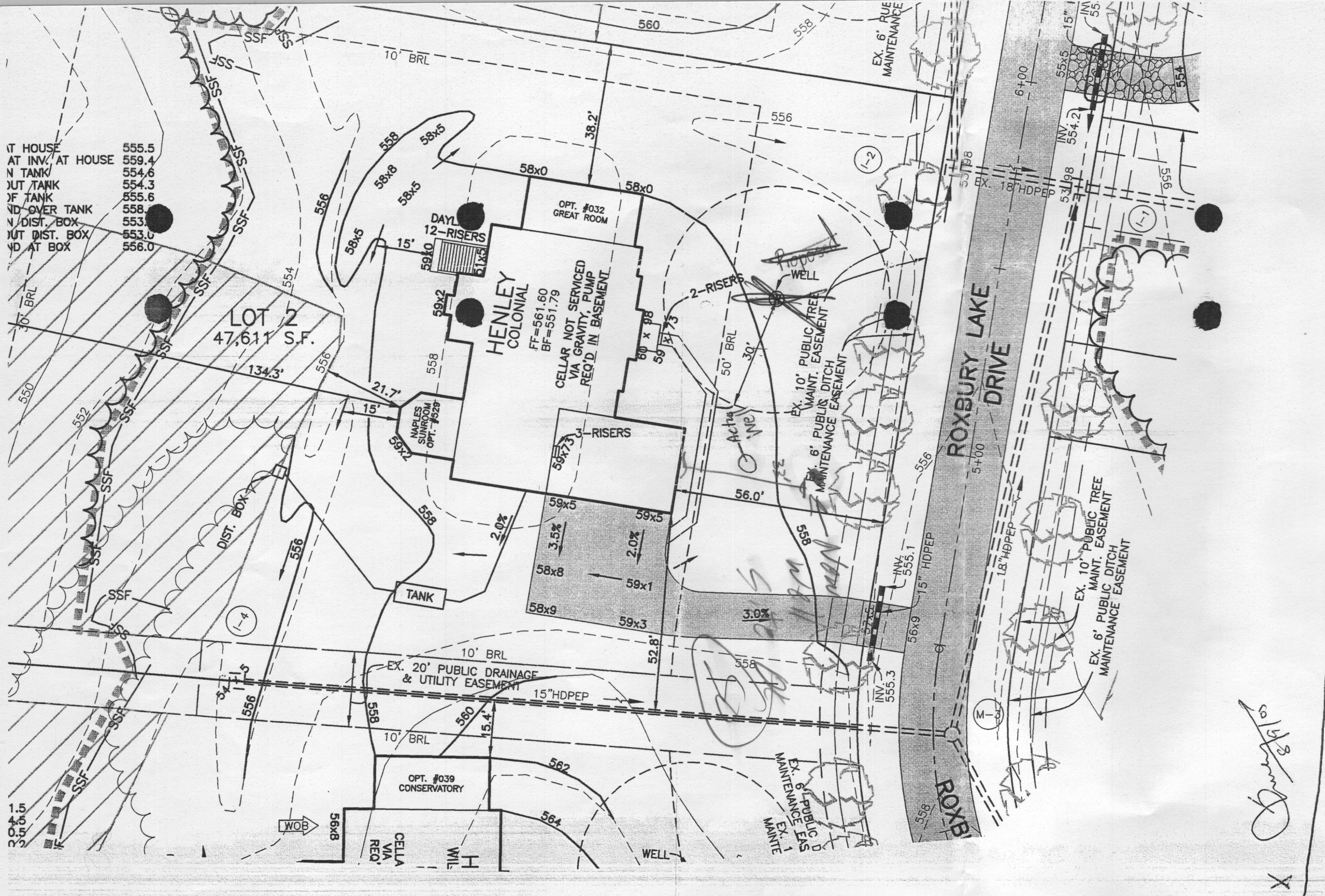


# P-1 PAVING DETAIL

NOT TO SCALE

## LEGEND

-  EXISTING CONTOURS ESTABLISHED UNDER 174-118
-  FOREST CONSERVATION EASEMENT
-  EXISTING WELL LOCATION
-  NATURAL AREA CONSERVATION CREDIT EASEMENT
-  PERIMETER LANDSCAPE TREES INSTALLED UNDER F-04-118
-  STREET TREES INSTALLED UNDER F-04-118
-  INDICATES WALK-OUT BASEMENT LOCATION
-  STABILIZED CONSTRUCTION ENTRANCE PROPOSED UNDER THIS PLOT PLAN
-  SUPER SILT FENCE INSTALLED UNDER F-04-118
-  LIMIT OF DISTURBANCE UNDER F-04-118



## PLAN

SCALE: 1" = 30'

## BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

## ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418  
ELLICOTT CITY, MARYLAND 21043  
PHONE: 410-465-6105 FAX: 410-465-6644  
www.bei-civilengineering.com

### BUILDER:

TOLL BROTHERS, INC.  
7164 COLUMBIA GATEWAY DRIVE  
SUITE 230  
COLUMBIA, MARYLAND 21046  
410-872-9105

### PROJECT:

TRIADELPHIA CROSSING  
LOT 2

### LOCATION:

14311 ROXBURY LAKE DRIVE  
TAX MAP 21, GRID 17&23 - PARCEL 97  
4th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

### TITLE:

PLOT PLAN

### HOUSE TYPE:

HENLEY

### DATE:

JUNE 23, 2005

### PROJECT NO.

179

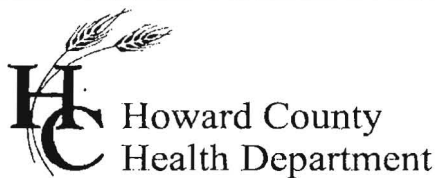
### SCALE:

AS SHOWN

### DRAWING

1 OF





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](http://www.hchealth.org)

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

April 24, 2006

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

**SENT BY FACSIMILE 410-489-2278**

RE: Triadelphia Crossing, Lot 2  
14311 Roxbury Lake Drive  
Glenelg, MD 21737  
BP #: B00154853  
Well Permit # HO-95-0332

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 12/5/2005. Final approval of the well line connection to the dwelling was approved on 04/21/2006.**

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-95-0332. 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): 04/13/2006  
Date of Well Completion: 03/24/2006

Approving Authority

  
Brian Baker, 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 #:	58815	Account #:	1930
Reference:	Toll Brothers Lot 2	Company:	Fogle's Well Drilling
Location:	14311 Roxbury Lake Drive Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	4/13/2006 1100	Source:	Well Water
Date/Time Rec'd:	4/13/2006 1300	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	5.8
		Well #:	HO-95-0332

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/14/2006 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/14/2006 / 1000 / BCD
Nitrate	4.99	mg/L	10	601	4/13/2006 / 1540 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	4/13/2006 / 1530 / AMD/BCD
Turbidity	0.79	NTU	<10	SM18 2130B	4/13/2006 / 1530 / AMD/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 &amp; Occupancy

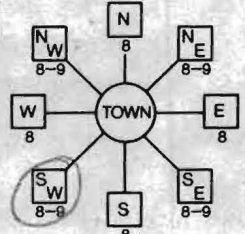
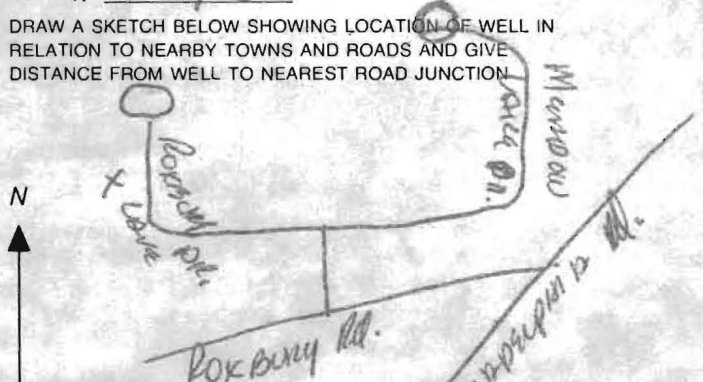
Building Permit # : 154853

Date Reported: 4/14/2006



DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

<b>C1</b> 3500		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		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)		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)	
ST/CO USE ONLY		DATE RECEIVED MM DD YY		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3956		COUNTY NUMBER 13 A514193	
OWNER Toll Brothers, Inc. STREET OR RFD Roxbury Lake Drive SUBDIVISION Triadelphia Crossing		TOWN Glenelg		LOT 2			
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS 48 NO. OF POUNDS 108 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		<b>C3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE watch WATER LEVEL (distance from land surface) BEFORE PUMPING 39' ft. WHEN PUMPING 42' ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing			
brown soil		58					
tight tan soil		58 66					
gray tack with soft green let up		66 99					
med hard gray		99 125					
<b>WELL LOG</b>		<b>GROUTING RECORD</b>		<b>CASING RECORD</b> casing types insert appropriate code below <b>ST</b> STEEL <b>CO</b> CONCRETE <b>PL</b> PLASTIC <b>OT</b> OTHER MAIN CASING TYPE <b>PL</b> Nominal diameter of main casing (nearest inch) 63 Total depth of main casing (nearest foot) 69 OTHER CASING (if used) diameter inch depth (feet) from to <b>PL</b> 4.5 68 89 E CASING 103'			
<b>SCREEN RECORD</b> screen type or open hole (insert appropriate code below) <b>ST</b> STEEL <b>BR</b> BRASS <b>HO</b> OPEN HOLE <b>PL</b> PLASTIC <b>OT</b> OTHER		<b>C2</b> 1 2 DEPTH (nearest ft.) 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		<b>PUMP INSTALLED</b> 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) <b>+</b> above LAND SURFACE <b>-</b> below 3 (nearest foot) 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 no <b>Y</b> <b>N</b>		CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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.	
DRILLER'S LIC. NO. MWD 355		DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		LIC. NO. 15 D 1121		SITE SUPERVISOR (sign. of driller or journeyman)	
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			

B 1 <b>7097</b> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 520348 please type	STATE PERMIT NUMBER <b>HO - 94 - 3956</b> 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76 <b>Tom Brothers Inc</b> <b>11841 Simpson Rd</b> <b>Clarksville MD 21029</b>		B 3 <b>Howard</b> LOCATION OF WELL 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78	
OWNER INFORMATION Driller's Name 76 License No. 81 Firm Name Address Signature Date <b>Michael Barlow MW D 355</b> <b>Michael Barlow Well Drilling Inc</b> <b>522 Underwood Ln Bel Air, MD</b> <b>5/6/04 21014</b>		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 23 PARCEL 97	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 <b>5</b> <b>500</b>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard (13) A514193</b> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 5/20/2004 <b>Brian Baker</b> 5/20/2005 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 50 518 0 0 0 55 EAST GRID 57 794 0 0 0 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) 22 <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input checked="" type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		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 79φ4 N 51φ8 000 000	
APPROXIMATE DEPTH OF WELL 24 28 FEET APPROXIMATE DIAMETER OF WELL 24 28 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) 39 <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <b>HO 2004G 005</b> PERMIT No. <b>HO - 94 - 3956</b> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <b>Test Well to be Converted to Domestic Well if</b> NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <b>SCOP and Ground Water Appropriation Permit is Approved</b>			



Well Permit No. HO - 94-3956  
Location of property (road) Roxbury Lake Drive  
Subdivision Triadelphia Crossing Lot 2 Block      Plat      Sec.       
Well Driller Michael Barlow Owner Toll Brothers

Depth of well 125'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 42'

Time pump started 8:15 Pumping rate 10  
Total time 15 mins to reach pumping water level 42' ft. below M.P.

[illegible]

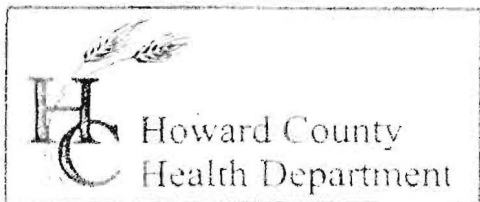


Well Permit No. HO - 94-3956  
Location of property (road) Roxbury Lake Drive  
Subdivision Triadelphia Crossing Lot 2 Block        Plat        Sec.         
Well Driller Michael Barlow Owner Toll Brothers

I. High rate pumping -- reservoir drawdown

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

[illegible]



3525 H Ellicott 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](http://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:

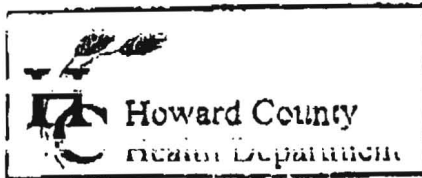
- ☐ The well site has been staked by BENCHMAPPE ENG. INC.  
(professional land surveyor or company employing professional land surveyors)  
on 5/7/04 (date) and does not require a site inspection.
- ☒ The well driller, builder or property owner will call the Health Department to schedule a time to meet 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

Mar 02 05 03:15p

P. 2



3525 H Ellcott Mills Drive, Ellcott City MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2373 Toll Free 1-866-313-4300

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:

- ☒ The well site has been staked by ESE *Eastern States Eng*  
(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.

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Revised 6/10/03

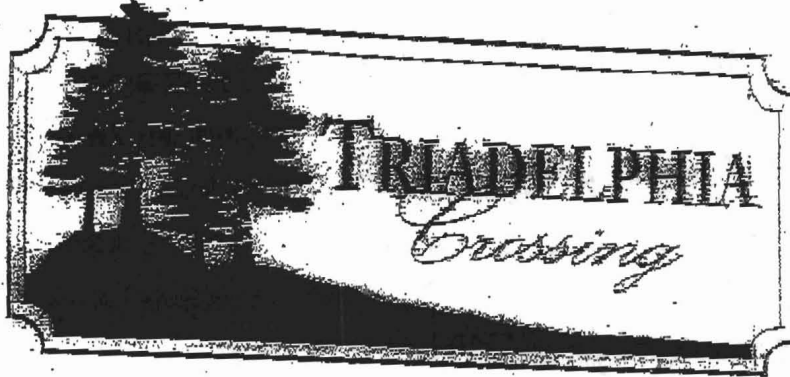
Post-It® Fax Note	7671	Date	7 Mar 05	# of pages	1
To	Stuart	From	David Camar		
Co./Dept.		Co.			
Phone #		Phone #	410 872 9105		
Fax #	410 313 2648	Fax #			

*for*  
*Triadelphia*  
*Crossing*

*Toll Bros*



Mar. 23, 2006 1:24PM



A TOLL BROTHERS COMMUNITY

14324 Triadelphia Road

Glenelg, MD 21737

(410) 489-2275, Fax: (410) 489-2278

TO: Mary Lou

FAX: 410-313-2648

FROM: Ben Frank

RE: Lot 2: 14311 Roxbury Lake Dr.

DATE: 3/22/06

Please find pages including this cover sheet. Please notify us if you did not receive all of the pages. Thank you.

Mary Lou,

Please see pages 2 + 3 for the letter of approval  
for the well location.

Thanks!  
Ben

This is a confidential facsimile message from Triadelphia Crossing in the Maryland Division of Toll Brothers, Inc., solely intended for the person(s) to whom it is addressed. If you are not the recipient named above please be aware that any disclosure, copying, distribution or use of the contents of the facsimile transmission is prohibited. If you received this message in error, please notify us immediately. Thank you.



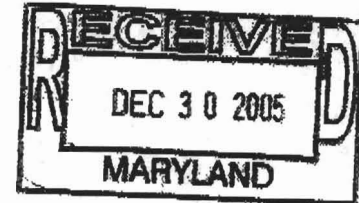
Howard County  
Health Department

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

December 28, 2005

Nathan Brandenburg  
Assistant Project Manager  
7164 Columbia Gateway Drive, Suite 230  
Columbia, Maryland 21046



*SENT VIA FACSIMILE 410-872-9141*

**RE: Well variance request for: 14311 Roxbury Lake Drive,  
Triadelphia Crossing, Lot 2**

Dear Mr. Brandenburg:

This letter is in response to your letter dated 12/6/2005, requesting relief from the 30' setback for a potable well supply serving a proposed dwelling.

The intent of the regulation is to protect the well supply not only in the interest of public health but also environmentally as well. Please read the regulation as it is noted in the Code of Maryland Regulations (COMAR) 26.04.04.05.B.2.a.iii.

A distance less than 30 feet may be considered in replacement of a well serving a lot which does not meet minimum lot ownership as defined in COMAR 26.04.03.

After reviewing the file, it was noted that this is not a request for a replacement well and ~~that the lot does not meet the minimum lot ownership as stated in COMAR 26.04.03.~~

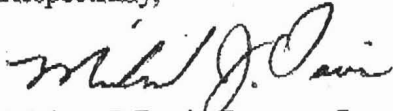
In accordance with the Administrative Procedure Act, set forth in the State Government Article, Section 10-201 through 10-217, any person aggrieved by an agency's final decision may initiate an administrative appeal. This may be done by filing within thirty days of receipt of the final decision a Notice of Intent to Appeal and a Request for Hearing, if desired, with the Director, Water Management Administration, Department of the Environment, 1800 Washington Blvd., Baltimore, Maryland 21230, with a copy of the Principal Counsel for the Department of the Environment, Office of the Attorney General, Department of the Environment, 1800 Washington Blvd., Baltimore, Maryland 21230, and a copy to the local Approving Authority, Dr. Penny E. Borenstein, M.D., M.P.H., Health Officer, .

The Notice of Intent to Appeal shall contain any grounds upon which you contend that the decision is unlawful, unreasonable, or unnecessary for protection of the public health or comfort. The Notice of Intent to Appeal shall include a copy of the document being appealed.

If a Request for Hearing is submitted, the Office of Administrative Hearings (OAH) will notify you in writing of the date and location of the hearing. Any such hearing will be held in the manner provided in the Maryland Administrative Procedure Act for hearings in contested cases and in COMAR 26.01.01.

If appellant is a Corporation, it must be represented by an attorney in an administrative hearing. The attorney must be admitted to the Bar in the State of Maryland or must be specially admitted to the Maryland Bar pursuant to Maryland Rule 20 of the Maryland rules governing admission to the Bar. Rule 20 governs special admission of out-of-state attorneys.

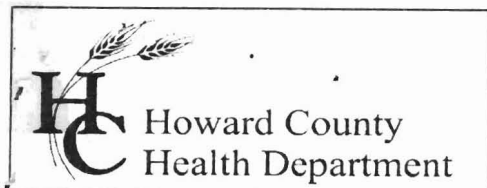
Respectfully,

A handwritten signature in black ink, appearing to read "Michael J. Davis".

Michael J. Davis, Program Supervisor  
Well & Septic Program

Cc: Barry Glotfelty, MDE  
file





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

December 28, 2005

Nathan Brandenburg  
Assistant Project Manger  
7164 Columbia Gateway Drive, Suite 230  
Columbia, Maryland 21046

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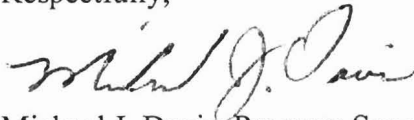
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Michael J. Davis, Program Supervisor  
Well & Septic Program

Cc: Barry Glotfelty, MDE  
file