

C 1	643	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)				COUNTY NUMBER <u>AS14193</u>	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 4-19-05		Depth of Well 22 265 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4132
OWNER Tull Bros.		last name		first name		TOWN <u>Baltimore</u>
STREET OR RFD						SECTION <u>6</u>
SUBDIVISION <u>Towson Crossing</u>						LOT <u>6</u>

<b>WELL LOG</b> Not required for driven wells			<b>GROUTING RECORD</b> yes no			C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box) Y 44 N 44			
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one) CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u>			<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>3</u> 8 9 PUMPING RATE (gal. per min.) <u>5</u> 11 15 METHOD USED TO MEASURE PUMPING RATE <u>Time/Backs</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>41</u> ft. 17 20 WHEN PUMPING <u>11.0</u> ft. 22 25 TYPE OF PUMP USED (for test) A 27 air P 27 piston T 27 turbine C 27 centrifugal R 27 rotary O 27 other (describe below) J 27 jet S 27 submersible
FEET FROM TO check if water bearing			NO. OF BAGS <u>10</u> NO. OF POUNDS <u>342</u> GALLONS OF WATER <u>35</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>23</u> BOTTOM 58 ft. (enter 0 if from surface)			
Dr. + Hard Clay Hard Tan Hard Clay Hard Tan Hard Clay Soft Brown Hard Clay Med Clay Hard Clay			Casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 6 23 60 61 63 64 66 70			
0 19 19 31 31 33 33 73 73 74 74 92 92 94 94 220 220 225 225 265			OTHER CASING (if used) diameter depth (feet) inch from to EACH CASING			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>			SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN PL PLASTIC OT OTHER DEPTH (nearest ft.) 1 2 46 21 265 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to			
WELL HYDROFRACTURED yes no Y N			C 2			
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			PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or 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 } 2 (nearest foot) 49 50 51			

DRILLERS LIC. NO. <u>MWD 355</u>		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	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		LIC. NO. <u>D 553</u>		70 72 74 75 76	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING		LOG INDICATOR OTHER DATA	
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.		COUNTY		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 1 2 3 6 <u>8712</u>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <u>522083</u> please type	STATE PERMIT NUMBER <u>HO-94-4132</u> fill in this form completely 79
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Date Received (APA)

## OWNER INFORMATION

8 MM DD YY 13

15 Last Name Toll Brothers Inc Owner First Name 34  
 36 Street or RFD 7164 Columbia Gateway Drive Suite 550  
 57 Town Columbia MD State 21046 Zip 76

## DRILLER INFORMATION

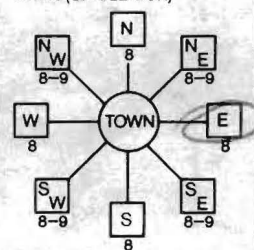
Driller's Name Michael Barlow MW D 355 License No. 76 81  
 Firm Name Michael Barlow Well Drilling Inc  
 Address 522 Underwood Lane Bel Air MD 21014  
 Signature Michael Barlow Date 2/18/05

B 3

## LOCATION OF WELL

8 COUNTY Howard 21  
 23 SUBDIVISION Temdelphia Crossing 42  
 SECTION 1 44 46 LOT 6 48 50  
 52 NEAREST TOWN Glenelg 71  
 MILES FROM TOWN (enter 0 if in town) 1/2 M I 73 76 77 78

B 4

 1 2  
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


11 NEAR WHAT ROAD Portbury Lake Dr 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 34 225' 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: 21 BLK: 23 PARCEL 92

B 2

## WELL INFORMATION

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

## USE FOR WATER (CIRCLE APPROPRIATE BOX)

- 22
- ☒ 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

Howard COUNTY NAME COUNTY NO. A514193  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 3/9/05 CO SIGNATURE Stat Bar EXP. DATE 3/9/06  
 43 MM DD YY 48  
 NORTH GRID 519000 EAST GRID 795000  
 50 55 57 63

 APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28

 APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST

## METHOD OF DRILLING (circle one)

- 30 BORED (or Augered) JETTED Jetted & DRIVEN  
 37 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
 CABLE REVerse-ROTary DRIVE-POINT  
 other \_\_\_\_\_

## REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 39 ☒ 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 DEEPEN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER HO 2004 G005  
 PERMIT No. HO-94-4132  
 70 71 72 73 74 75 76 77 78 79

## SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**  
**522 Underwood Lane**                      **Bel Air, Maryland 21014**  
**(410) 838-6910**                                **Fax (410) 838-3582**

## WELL YIELD REPORT

Date Test Completed:		April 19, 2005	
Well Depth:		265	feet
Customer	TOLL BROTHERS, INC.	Permit #	HO-94-4132
Road	RUXBURY LAKE DRIVE	Subdivision	TRIADELPHIA CROSSING
City	GLENELG	Section	
State	MARYLAND	Lot #	6

[illegible]

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-4132  
Location of property (road) Roxbury Lake Drive  
Subdivision Tridelpia Crossing Lot 6 Block 23 Plat 21 Sec. P-87  
Well Driller Barlow Owner Toll Bros

Depth of well \_\_\_\_\_  
Distance of measuring point (M.P.) above ground \_\_\_\_\_  
Static water level (S.W.L.) below M.P. \_\_\_\_\_

## I. High rate pumping -- reservoir drawdown

Time pump started		Pumping rate	
Total time	to reach pumping water level		ft. below M.P.

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

[illegible]

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: Borlow Well Drilling Telephone #: 410-838-16910  
Address: 522 Underwood Ln  
Belt Air, 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): Michael Borlow License# MWD-355

\*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 #: 410-489-2275  
Subdivision: Triadelphia Crossing Lot #: 10 Well Tag #: HO-94-4132  
Site Address: \_\_\_\_\_

Submersible Pump Data

Make: STA RITE

Model #: 5SP450ZHL

Pump Capacity 5 GPM

Well Yield: 5 GPM

Depth of well encountered at time of pump installation: 26.5 (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

Pitless Adapter

Make: Campbell

Model#: PA 800

Depth: 42" (36" min)

NSF/WSC 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

Piping to house

Type: Polyethylene

PSI: 160 (160 psi min)

Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at well penetration: yes

Approximate length of sleeve: 6 ft

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.

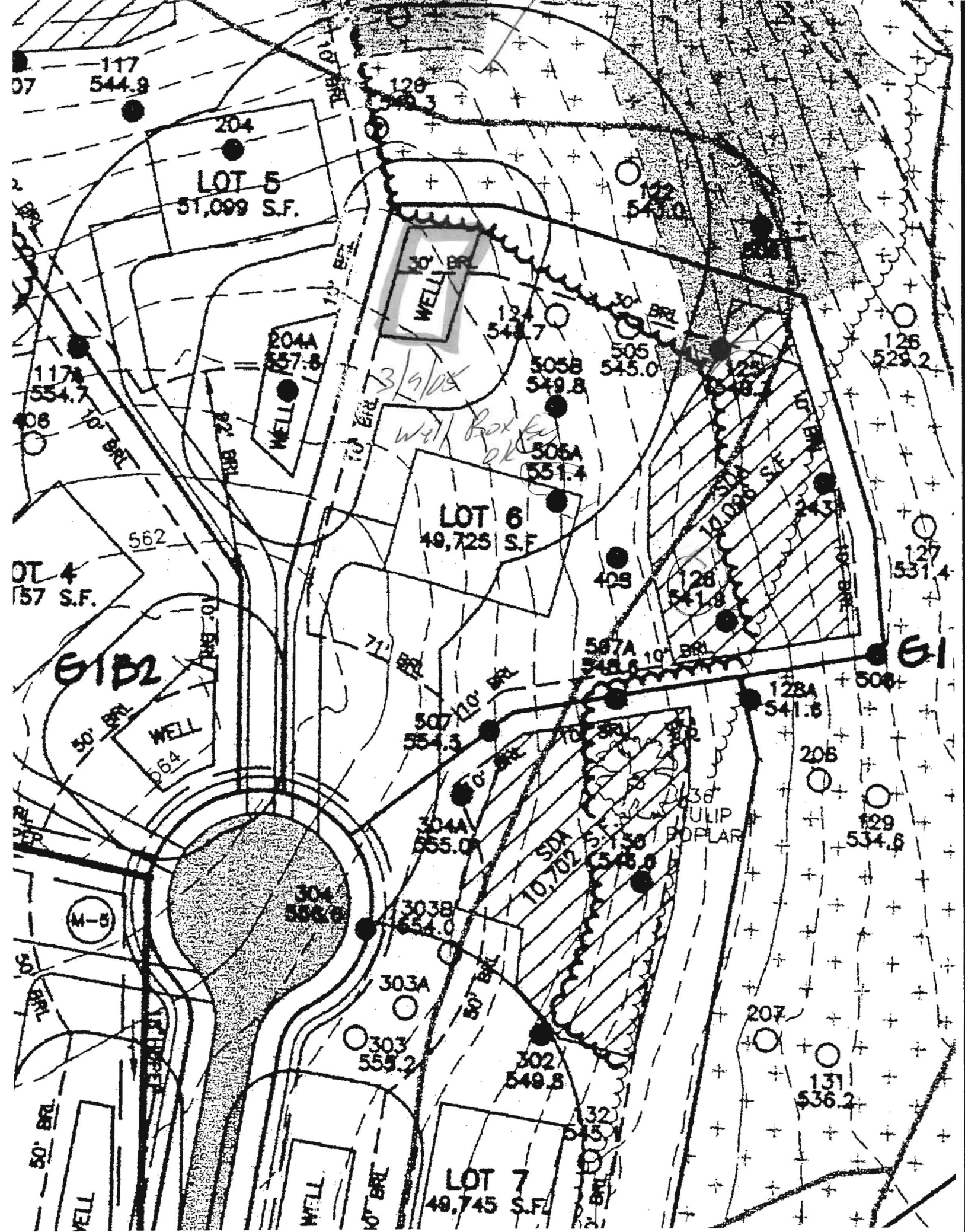
Signature of company representative responsible for installation

date 11/13/05

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

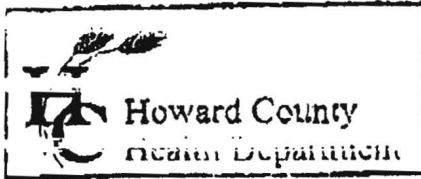
Date Insp. Requested: 11/2/2005 Date Insp. Approved: 11/2/2005 Inspector: GAC for BB

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 ✓



Mar 02 05 03:15P

P. 2



3525 H Ellicott Mills Drive, Ellicott 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:

- ☒ 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.

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  
 Tridelpia  
 Crossing

Toll Bros



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

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

January 30, 2006

Toll MD II, LP  
7164 Columbia Gateway Dr., Suite 230  
Columbia, MD 21046

**SENT VIA FACSIMILE 410-489-6293**

RE: Triadelphia Crossing, Lot 6  
14318 Roxbury Lake Drive  
Glenelg, MD 21737  
BP #: B00153778  
Well Permit # HO-94-4132

Dear Sir:

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 12/02/2005. Final approval of the well line connection to the dwelling was approved on 11/02/2005.**

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-94-4132. 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: 01/27/2006  
Date of Well Completion: 04/19/2005

Approving Authority,

Gabriel Creighton, Sanitarian  
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 #:	57936	Account #:	1930
Reference:	Toll Brothers Lot 6	Company:	Fogle's Well Drilling
Location:	14318 Roxbury Lake Drive Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	1/27/2006 1000	Source:	Well Water
Date/Time Rec'd:	1/27/2006 1335	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.3
		Well #:	HO-94-4132

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/28/2006 / 0815 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/28/2006 / 0815 / BCD
Nitrate	<1.0	mg/L	10	601	1/27/2006 / 1430 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	1/27/2006 / 1505 / AMD
Turbidity	0.53	NTU	<10	SM18 2130B	1/27/2006 / 1500 / AMD

**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 &amp; Occupancy

Building Permit # : B00153778

Date Reported: 1/30/2006