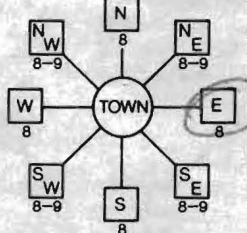
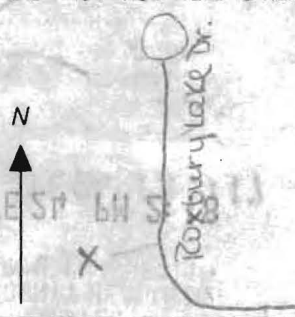


1-6434		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE				THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 4 15 05				Depth of Well 22 165 26 (TO NEAREST FOOT)		COUNTY NUMBER A 514193			
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 4 15 05				Depth of Well 22 165 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 54 4129			
OWNER last name first name 1011 Bras		STREET OR RFD Roxbury Lake Dr		TOWN Crown		SUBDIVISION 1000 Delphi Circle		SECTION 21/23/97		LOT 1	
WELL LOG Not required for driven wells		STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD yes no Y N 44 44		PUMPING TEST 1 2 C 3					
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		WELL HAS BEEN GROUTED (Circle Appropriate Box)		HOURS PUMPED (nearest hour) 3 8 9			
Dirt		0 45				TYPE OF GROUTING MATERIAL (Circle one)		PUMPING RATE (gal. per min.) 12 11 15			
Hard Gray		45 50				CEMENT CM BENTONITE CLAY BC		METHOD USED TO MEASURE PUMPING RATE Timer/Back			
Soft + Brown		50 55				NO. OF BAGS 12 NO. OF POUNDS 130		WATER LEVEL (distance from land surface)			
Hard Gray		55 121				GALLONS OF WATER 75		BEFORE PUMPING 45 ft. 17 20			
Med Gray		121 122				DEPTH OF GROUT SEAL (to nearest foot)		WHEN PUMPING 48 ft. 22 25			
Hard Gray		122 165				from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		TYPE OF PUMP USED (for test)			
						CASING RECORD		A air P piston T turbine			
						casing types insert appropriate code below		C centrifugal R rotary O other (describe below)			
						MAIN CASING TYPE		J jet S submersible			
						Nominal diameter top (main) casing (nearest inch)					
						Total depth of main casing (nearest foot)					
						OTHER CASING (if used)					
						EACH CASING					
						SCREEN RECORD					
						screen type or open hole					
						ST STEEL BR BRASS HO OPEN HOLE					
						PL PLASTIC OT OTHER					
						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					
NUMBER OF UNSUCCESSFUL WELLS: 2		WELL HYDROFRACTURED yes no Y 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. 1 M D 355		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		LIC. NO. 1 M D 553		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)					
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)						T (E.R.O.S.) W Q					
						70 72 74 75 76					
						TELESCOPE CASING LOG INDICATOR OTHER DATA					

B 1 1 2 3 6 5334	SEQUENCE NO. (MDE USE ONLY) 522003	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 94 - 4129 fill in this form completely
Date Received (APA) 02/24/05 8 MM DD YY 13 Toll Brothers Inc 15 Last Name Owner First Name 34 7164 Columbia Gateway Drive 36 Street or RFD 55 Columbia MD 21046 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Terrelphina Crossing 42 SECTION 1 44 46 LOT 1 48 50 52 NEAREST TOWN Clevedy 71 MILES FROM TOWN (enter 0 if in town) 1/2 M I 73 76 77 78	
DRILLER INFORMATION Michael Barlow M.D D355 Driller's Name 76 License No. 81 Michael Barlow Well Drilling Inc. Firm Name 522 Underwood Lane, Bel Air MD Address 2/17/05 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Boxbury Lake Drive 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 40' 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 23 PARCEL 57	
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard AS14193 COUNTY NAME COUNTY NO. STATE SIGNATURE 3/9/05 INSERT S 41 DATE ISSUED 43 MM DD YY 48 3/9/06 CO SIGNATURE EXP. DATE NORTH GRID 518 000 EAST GRID 794 000 50 55 57 63	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> <u>REVERSE-ROTary</u> <u>DRIVE-POINT</u> other		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 48' to casing 2. 105' deep 3. 30 gpm WRITE THE BOX NUMBER FROM THE MAP HERE E 794/4 N 518/2 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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 DEEPMEN 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 - 4129 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

1 2 3 6 6434 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		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.	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 15 15 05		Depth of Well 22 165 26 (TO NEAREST FOOT)		COUNTY NUMBER A 514193	
OWNER last name first name 1011 Bras Roxbury Lake Dr		TOWN Crown		SECTION 21/23/97		LOT 1	
STREET OR RFD SUBDIVISION 1011 Bras		WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GRROUTING RECORD yes no Y N 44 44 WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 130 GALLONS OF WATER 75 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Timer/Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft. WHEN PUMPING 48 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	
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		C 3 1 2	
Dirt		0 45					
Hard Gray		45 52					
Soft + Brown		52 55					
Hard Gray		55 121					
Med Gray		121 122					
Hard Gray		122 165					
C 2 1 2		DEPTH (nearest ft.)		C 2 1 2		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) 50 51	
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes no Y N		C 2 1 2		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)	
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.		SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER		TELESCOPE CASING LOG INDICATOR OTHER DATA	
DRILLERS LIC. NO. 1 MWD 355		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q		70 72 74 75 76	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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	

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 15, 2005	
Well Depth:		165	feet
Customer	TOLL BROTHERS, INC.	Permit #	HO-94-4129
Road	R0XBURY LAKE DRIVE	Subdivision	TRIADELPHIA CROSSING
City	GLENELG	Section	
State	MARYLAND	Lot #	1

[illegible]

Well Permit No. HO - 94-4129
 Location of property (road) Roxbury Lake Drive
 Subdivision Trigdelphia Crossing Lot 1 Block 23 Plat 21 Sec. P-87
 Well Driller Barker Owner Toll Bros

I. High rate pumping -- reservoir drawdown

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: Barlow Well Drilling Telephone #: 410-838-1090
Address: 522 Underwood Ln
Belair, MD 21034

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Michael Barlow License# MD 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: High Point Crossing Lot #: 1 Well Tag #: HO-94 4129
Site Address: Brookhollow Lake Dr
Belair, MD

Submersible Pump Data

Make: SPA Rite
Model #: SP4ED252
Pump Capacity: 7 GPM
Well Yield: 12 GPM

Depth of well encountered at time of pump installation: 42" (36" min)

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

Depth of well encountered at time of pump installation: 42" (36" min)

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 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: _____ 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



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

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

March 17, 2006

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

RE: Triadelphia Crossing, Lot 1
14307 Roxbury Lake Drive
Glenelg, MD 21737
BP #: B00154168
Well Permit # HO-94-4129

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 12/05/2005. Final approval of the well line connection to the dwelling was approved on 11/08/2005.**

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-94-4129. 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: 03/08/2006
Date of Well Completion: 04/15/2005

Approving Authority,

Brian Baker
Brian Baker, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

Mar 02 05 03:15p

p. 3



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 2-22-05
 (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.

Eastern States Eng

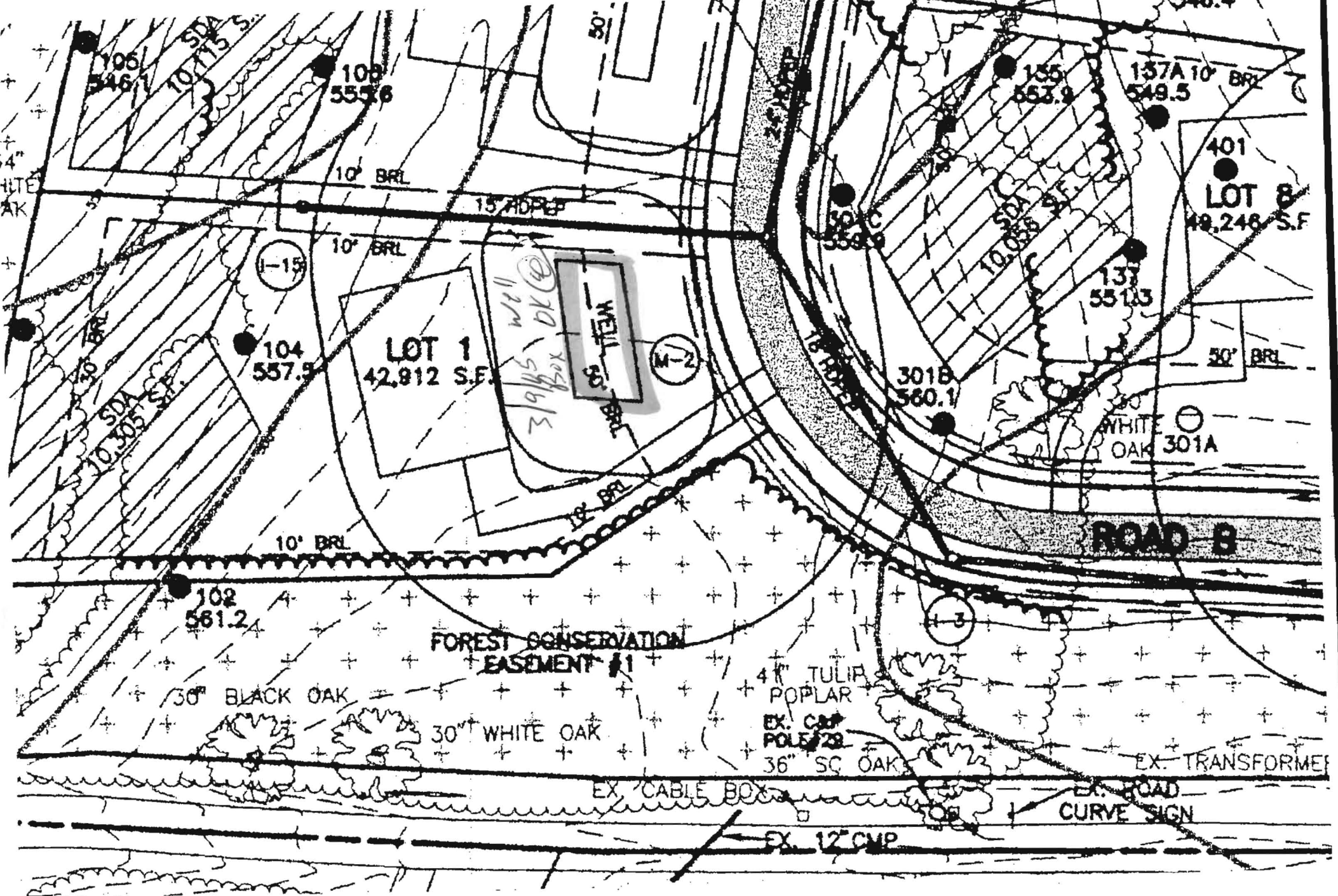
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

Post-It® Fax Note	7671	Date	7 mar 05	# of pages	1
To	Stuart	From	Dena Comer		
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 Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 58425 Account #: 1930
 Reference: Toll Brothers Lot 1 Company: Fogle's Well Drilling
 Location: 14307 Roxbury Lake Drive Requested By: Dave Fogle
 Glenelg, MD 21737 Source: Well Water
 Date/ Time Collected: 3/8/2006 0830 Site: Kitchen Sink Tap
 Date/Time Rec'd: 3/8/2006 1420 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.2
 Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-4129

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/9/2006 / 0835 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/9/2006 / 0835 / AMD/BCD
Nitrate	4.43	mg/L	10	601	3/9/2006 / 0900 / BCD
Turbidity	1.52	NTU	<10	SM18 2130B	3/9/2006 / 0931 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	3/9/2006 / 0931 / AMD/BCD

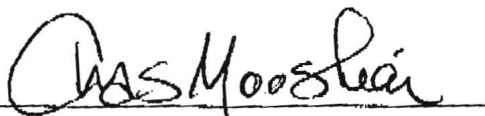
NOTES:

- 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 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
 Building Permit # : 154168

Date Reported: 3/9/2006

Laboratory Director:



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

MD State Certification # 133