

SEQUENCE NO. (MDE USE ONLY)

C1 643

# STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY  
NUMBER

4514193

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

ST/CO USE ONLY

DATE Received  
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY  
4-27-05

Depth of Well

22 305 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

HO-94-4130  
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

TOWN

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

check  
if water  
bearing

FROM TO

Dirt 0 88  
Hard Clay 88 114  
Med Clay 114 115  
Hard Clay 115 265  
Med Clay 265 267  
Hard Clay 267 305

## GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 24 NO. OF POUNDS 215

GALLONS OF WATER 135

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

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)

60 61 63 64 66 70

## OTHER CASING (if used)

diameter depth (feet)

inch from to

screen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)

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

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

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

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 CASING LOG INDICATOR OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

8 9

PUMPING RATE (gal. per min.) 4

11 15

METHOD USED TO MEASURE PUMPING RATE

Water Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 20 ft.

WHEN PUMPING 180 25 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

27 27 27 27 27 27

## 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 (nearest foot) 2 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)

NUMBER OF UNSUCCESSFUL WELLS: 0

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

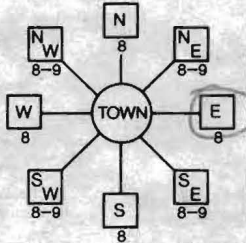
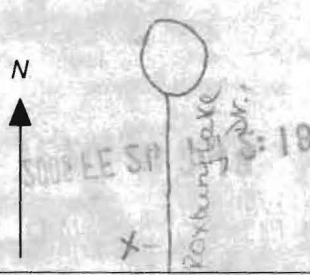
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M D

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D 553

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

B 1 1 2 3 6 <b>5302</b>	SEQUENCE NO. (MDE USE ONLY)  5 2 2 0 0 3	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>HO - 94 - 4130</b> fill in this form completely
Date Received (APA) 8 MM DD YY 13 <u>Toll Brothers Inc.</u> 15 Last Name Owner First Name 34 <u>7104 Columbia Gate Way Dr.</u> 36 Street or RFD Suite 230 55 <u>Columbia MD 21046</u> 57 Town 70 State 72 Zip 76		B 3 <b>LOCATION OF WELL</b> 8 COUNTY <u>Howard</u> 21 <u>Triadelphia Crossing</u> 23 SUBDIVISION 42 SECTION <u>1</u> 44 46 LOT <u>3</u> 48 50 <u>Coleneck</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1/2</u> 73 76 77 78	
<b>DRILLER INFORMATION</b> <u>Michael Barlow</u> M D D 355 Driller's Name 76 License No. 81 <u>Michael Barlow Well Drilling Inc.</u> Firm Name <u>522 Underwood Lane Bel Air MD</u> Address 21014 <u>[Signature]</u> 2/17/05 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD <u>Boxburg Drive</u> 30 34 25 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>21</u> BLK: <u>23</u> PARCEL <u>92</u>	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> COUNTY NAME COUNTY NO. <u>A514193</u> STATE SIGNATURE INSERT S → DATE ISSUED <u>3/9/05</u> 41 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>518</u> 0 0 0 EAST GRID <u>294</u> 0 0 0 50 55 57 63	
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G 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 <u>1984</u> N <u>518</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>10</u> INCH NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other		<b>REPLACEMENT OR DEEPEENED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S 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"/> D THIS WELL WILL DEEPEN 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)			
APPROX. PERMIT NUMBER <u>HO 2004 G 005</u> PERMIT No. <u>HO - 94 - 4130</u> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

**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 27, 2005

Well Depth:

305 feet

Customer	TOLL BROTHERS, INC.
Road	RUXBURY LAKE DRIVE
City	GLENELG
State	MARYLAND 21737

Permit #	HO-94-4130
Subdivision	TRIADELPHIA CROSSING
Section	21/23/97
Lot #	3

[illegible]



Well Permit No. HO - 94-4130  
 Location of property (road) Roxbury Lake Drive  
 Subdivision Trindadelphia Caring Lot 3 Block 23 Plat 21 Sec. P-97  
 Well Driller Bailey Owner Tell Bros

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

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

[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 #: 410-838-1610

Address: 522 Underwood Lane

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 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: Triadelphia Crossing

Lot #: 3 Well Tag #: HO-94-4130

Site Address: \_\_\_\_\_

Submersible Pump Data

Make: STARITE

Model #: 7SP4E0252

Pump Capacity: 7 GPM

Well Yield: 4 GPM

Depth of well encountered at time of pump installation: 305 (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 #: PA200

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: Polystyrene

PSI: 160 (160 psi min)

Depth of supply line: 92" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes

Approximate length of sleeve: 12 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: 11/8/05 Date Insp. Approved: 11/8/05 Inspector: GAL R & 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

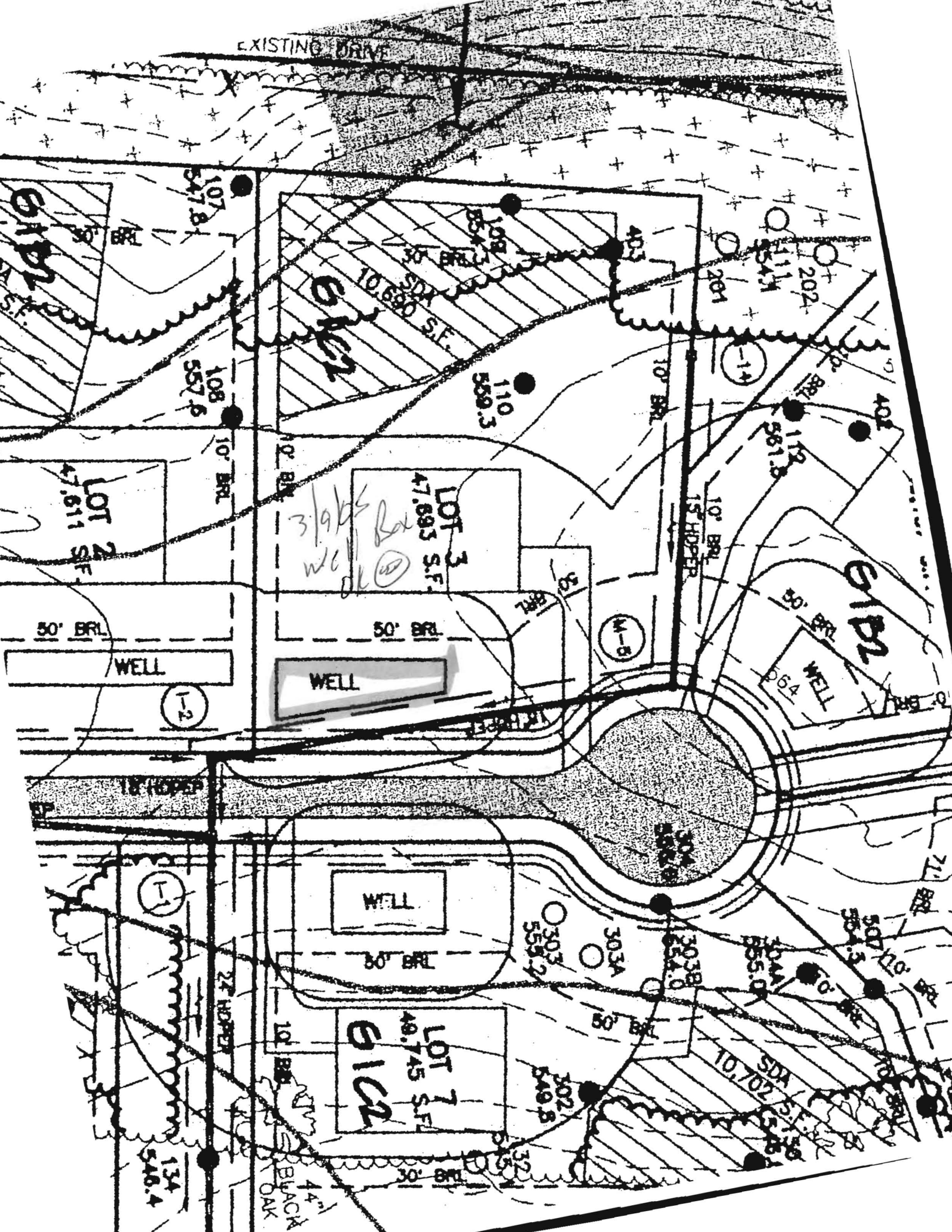
Safety rope not seen outside of well cap/casing

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

EXISTING DRIVE



6102

6102

6102

6102

LOT 3  
47,693 S.F.

LOT 7  
49,745 S.F.

3/965 Bx  
WELL

WELL

WELL

WELL

WELL

(1-2)

(M-B)

(1-1)

4" BLACK OAK

134  
546.4

22' HOPPER

10' BRL  
15' HOPPER

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

71' BRL

50' BRL

10' BRL

10' BRL

50' BRL

50' BRL

30' BRL

50' BRL

50' BRL

50' BRL

10.702 S.F.

10.680 S.F.

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559.3

108  
557.5

107  
547.8

201

202

(-14)

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561.3

401

403

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553.2

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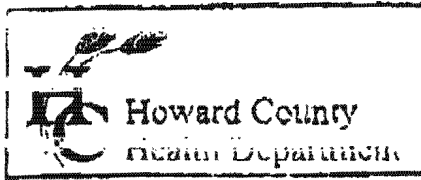
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Mar 02 05 03:15p

P. 2



3525 H Elliott 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

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	Dana Camar		
Co./Dept.		Co.			
Phone #		Phone #	410 872 9105		
Fax #	410 313 2648	Fax #			

(for) Triadelphia  
Crossing

Toll Bros



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

February 27, 2006

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

RE: Triadelphia Crossing, Lot 3  
14315 Roxbury Lake Drive  
Glenelg, MD 21737  
BP #: B00153894  
Well Permit # HO-94-4130

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 11/08/2005.**

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-94-4130. 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: 02/22/2006 & 02/24/2006  
Date of Well Completion: 04/27/2005

Approving Authority,

  
Gabriel A. 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 #:	58283	Account #:	1930
Reference:	Toll Brothers Lot 3	Company:	Fogle's Well Drilling
Location:	14315 Roxbury Lake Drive Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	2/24/2006 1330	Source:	Well Water
Date/Time Rec'd:	2/24/2006 1519	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.2
		Well #:	HO-94-4130

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/25/2006 / 0940 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/25/2006 / 0940 / AMD/BCD

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH tested on-site
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy retest 58265  
Building Permit # : 153894

Date Reported: 2/27/2006

MD State Certification # 133

**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 #:	58265	Account #:	1930
Reference:	Toll Brothers Lot 3	Company:	Fogle's Well Drilling
Location:	14315 Roxbury Lake Drive Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	2/22/2006 1240	Source:	Well Water
Date/Time Rec'd:	2/22/2006 1430	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.2
		Well #:	HO-94-4130

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM18 9223 B.	2/23/2006 / 0930 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/23/2006 / 0930 / AMD/BCD
Nitrate	<1.0	mg/L	10	601	2/23/2006 / 0845 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	2/23/2006 / 0820 / BCD
Turbidity	6.30	NTU	<10	SM18 2130B	2/23/2006 / 0820 / 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 tested on-site
- 8 Sample collected by client, analyzed as received

Reason for Test : Use &amp; Occupancy

Building Permit # : 153894

Date Reported: 2/23/2006

MD State Certification # 133