

<b>C1</b> - 6436		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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER <u>4514193</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 <u>205</u> 26 <u>6/4/05</u> (TO NEAREST FOOT) <u>OK</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-94-4131</u>	
OWNER		last name <u>Tolliver</u> first name <u>Bruce</u>		TOWN <u>Chesapeake</u>			
STREET OR RFD		<u>10000 1st Ave</u>		SECTION <u>21/23/97</u>		LOT <u>4</u>	
WELL LOG		GROUTING RECORD		yes no		<b>C3</b>	
Not required for driven wells		WELL HAS BEEN GROUTED (Circle Appropriate Box)		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		1 2	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one)		CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC		PUMPING TEST	
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water bearing	NO. OF BAGS <u>19</u> NO. OF POUNDS <u>1763</u>	GALLONS OF WATER <u>113</u>		HOURS PUMPED (nearest hour) <u>3</u>	
Dirt	0 73		DEPTH OF GROUT SEAL (to nearest foot)	from <u>0</u> TOP 52 ft. to <u>75</u> 54 BOTTOM 58 ft.		PUMPING RATE (gal. per min.) <u>16</u>	
Hard Gray	73 89		(enter 0 if from surface)		METHOD USED TO MEASURE PUMPING RATE <u>Time Bucket</u>		
Med Hard Brown	89 91		CASING RECORD		WATER LEVEL (distance from land surface)		
Hard Gray	91 106		casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		BEFORE PUMPING <u>50</u> ft.	
Soft Brown	106 107			MAIN CASING TYPE <input checked="" type="checkbox"/> PL Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>205</u>		WHEN PUMPING <u>130</u> ft.	
Hard Gray	107 115		OTHER CASING (if used)		TYPE OF PUMP USED (for test)		
Med Gray	115 117		diameter inch depth (feet) from to		<input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below)		
Hard Gray	117 125		screen type or open hole (insert appropriate code below)		<input checked="" type="checkbox"/> J jet <input type="checkbox"/> S submersible		
Med Gray	125 126		SCREEN RECORD <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		PUMP INSTALLED		
Hard Gray	126 205		screen type or open hole (insert appropriate code below)		DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>			DEPTH (nearest ft.)		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			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		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.		
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			SLOT SIZE 1 <u>2</u> 2 <u>3</u> 3 <u>4</u> DIAMETER OF SCREEN (NEAREST INCH) from <u>56</u> to <u>60</u>		CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35		
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.			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		PUMP HORSE POWER 37 41		
DRILLERS LIC. NO. <u>MWD 3551</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D 5531</u>			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		PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } <u>2</u> (nearest foot)		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			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)		54 37		

B 1	<b>5360</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>522003</b>	STATE PERMIT NUMBER <b>HO-94-4131</b> <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name		Owner First Name		34
36 Street or RFD		55		56
57 Town		70 State	72 Zip	76
DRILLER INFORMATION				
Driller's Name		76	License No.	81
Firm Name				
Address				
Signature				
Date				
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		8 12		
AVERAGE DAILY QUANTITY NEEDED (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) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME				
COUNTY NO.				
STATE SIGNATURE				
DATE ISSUED				
CO SIGNATURE				
EXP. DATE				
NORTH GRID				
EAST GRID				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
WRITE THE BOX NUMBER FROM THE MAP HERE				
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)				
<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 <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)				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER				
PERMIT No.				
SPECIAL CONDITIONS				

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



Date Test Completed:	April 19, 2005		
Well Depth:	205 feet		
Customer	TOLL BROTHERS, INC.	Permit #	HO-94-4131
Road	RUXBURY LAKE DRIVE	Subdivision	TRIADDELPHIA CROSSING
City	GLENELG	Section	21/23/97
State	MARYLAND 21737	Lot #	4

[illegible]



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-4131  
Location of property (road) Roxbury Lake Drive  
Subdivision Triadelphia Crossing Lot 4 Block 23 Plat 21 Sec. Par 92  
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]

**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: Parlow Well Drilling Telephone #: 410-888-6910  
Address: 522 Underwood Ln  
Beltair, 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 Parlow License # ME-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: Tall Brothers Telephone #: 410-489-2275  
Subdivision: Tradelonia Crossing Lot #: 4 Well Tag #: HO-94-4131  
Site Address: Meadow Lake Dr.  
Glenn, MD.

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>STARITE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>7SP4ED252</u>	Model #: <u>PA 800</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>205</u> (feet)		Conduit secured to well cap: <u>yes</u>

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: Polyethylene  
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: 12 ft  
Sleeve caulked and sealed properly: yes

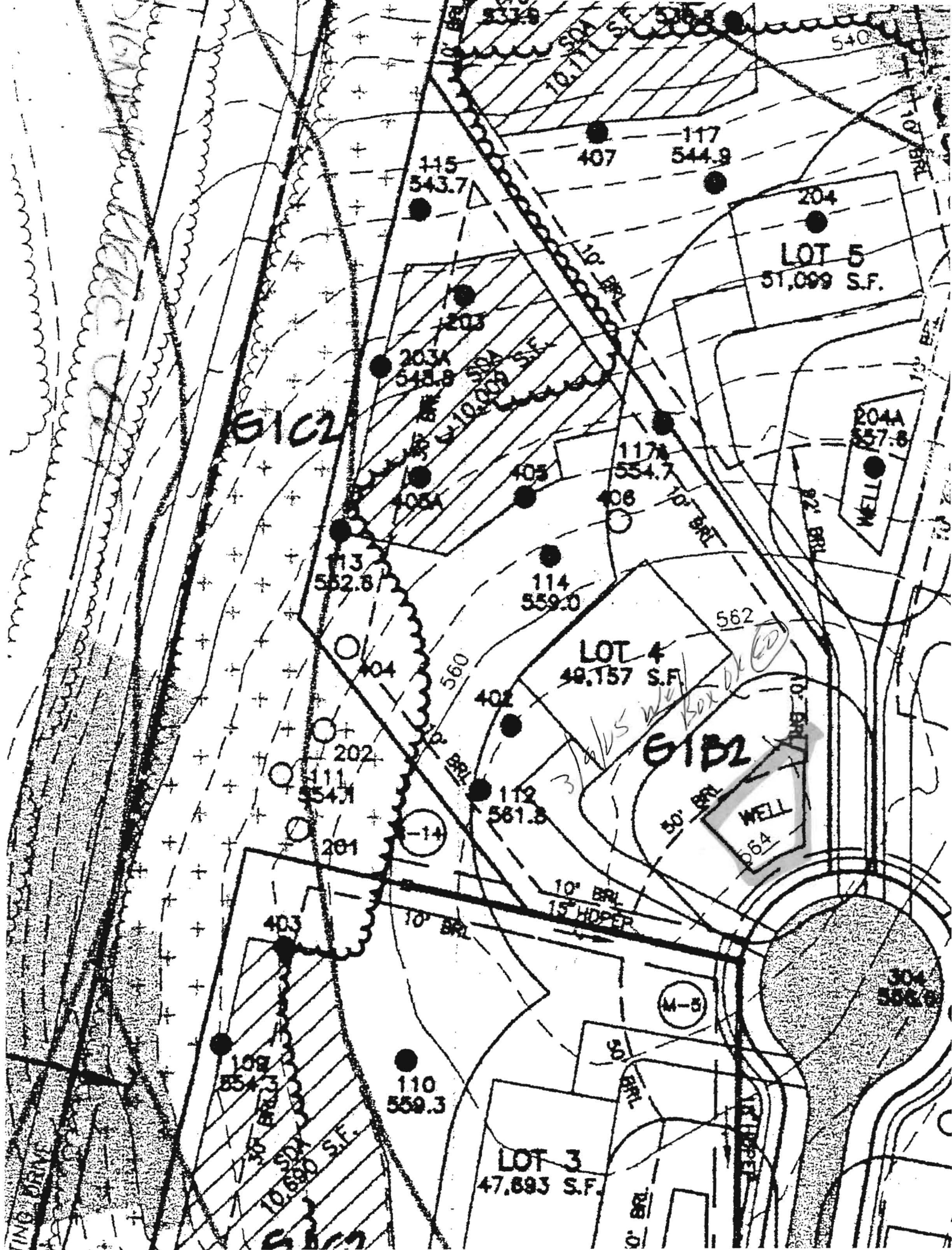
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

date 11/13/05

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

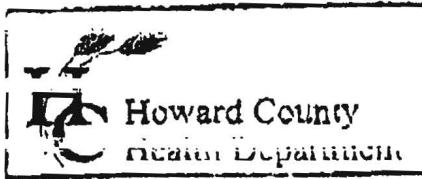
Date Insp. Requested: 10/24/05 Date Insp. Approved: 10/25/05 Inspector: GAC  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
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 Elliott Mills Drive, Elliott City MD 21043  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-211-6200  
 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*

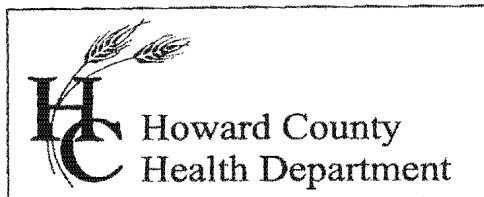
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application

Revised 6/10/03

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

*(for) Triadelphia 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

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

February 13, 2006

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

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

RE: Triadelphia Crossing, Lot 4  
14319 Roxbury Lake Drive  
Glenelg, MD 21737  
BP #: B00154234  
Well Permit # HO-94-4131

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 12/19/2005. Final approval of the well line connection to the dwelling was approved on 10/25/2005.**

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-94-4131. 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: 02/10/2006  
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 #:	58151	Account #:	1930
Reference:	Toll Brothers Lot 4	Company:	Fogle's Well Drilling
Location:	14319 Roxbury Lake Drive	Requested By:	Dave Fogle
	Glenelg, MD 21737	Source:	Well Water
Date/ Time Collected:	2/10/2006 1030	Site:	Kitchen Sink Tap
Date/Time Rec'd:	2/10/2006 1340	Treatment	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-94-4131

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/11/2006 / 0830 / CWM
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/11/2006 / 0830 / CWM
Nitrate	<1.0	mg/L	10	601	2/10/2006 / 1430 / BCD
Turbidity	6.01	NTU	<10	SM18 2130B	2/10/2006 / 1512 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	2/10/2006 / 1512 / 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 tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : 154234

Date Reported: 2/13/2006