SEQUENCE NO. THIS REPORT MUST BE SUBMITTED WITHIN STATE OF MARYLAND (MDE USE ONLY) 45 DAYS AFTER WELL IS COMPLETED. WELL COMPLETION REPORT COUNTY FILL IN THIS FORM COMPLETELY THIS NUMBER IS TO BE PUNCHED NUMBER A5/4/93 PLEASE TYPE IN COLS. 3-6 ON ALL CARDS) ST/CO USE ONLY DATE WELL COMPLETED Depth of Well FROM "PERMIT TO DRILL WELL" DATE Received 150 (TO NEAREST FOOT) 32 33 34 35 01 OWNER_ Glene TOWN STREET OR RFD Roxbury Lake lohia Crossing SECTION SUBDIVISION. LOT WELL LOG **GROUTING RECORD** 3 Cl WELL HAS BEEN GROUTED (Circle Appropriate Box) Not required for driven wells **PUMPING TEST** STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING TYPE OF GROUTING MATERIAL (Circle one) HOURS PUMPED (nearest hour) CEMENT C M BENTONITE CLAY | B | C FEET DESCRIPTION (Use additional sheets if needed) FROM TO NO. OF POUNDS 153 NO. OF BAGS PUMPING RATE (gal. per min.) GALLONS OF WATER watch DIDWH Soil METHOD USED TO MEASURE PUMPING RATE L 0 20 DEPTH OF GROUT SEAL (to nearest foot) 52 ft. to ______ WATER LEVEL (distance from land surface) (enter 0 if from surface) 27 72 **BEFORE PUMPING** CASING RECORD casing types CONCRETE ST insert WHEN PUMPING appropriate code PL OT TYPE OF PUMP USED (for test) below 72 150 P turbine piston Total depth Nominal diameter MĂIN CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot) C centrifugal (describe rotary 60 61 63 64 J jet S submersible OTHER CASING (if used) depth (feet) diameter from **PUMP INSTALLED** DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO) 121 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD screen type or open hole TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29 ST BR HO IN BOX 29. insert CAPACITY: GALLONS PER MINUTE appropriate BRONZE HOLE code PL OT 35 (to nearest gallon) **PUMP HORSE POWER** 41 2 DEPTH (nearest ft.) C PUMP COLUMN LENGTH NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box WELL HYDROFRACTURED N and enter casing height) above CIRCLE APPROPRIATE LETTER LAND SURFACE 24 26 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED (nearest) below foot) **ELECTRIC LOG OBTAINED** 38 39 41 50 51 TEST WELL CONVERTED TO PRODUCTION LOCATION OF WELL ON LOT SLOT SIZE 1_ Δ 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. SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR DIAMETER (NEAREST LANDMARKS AND INDICATE NOT LESS OF SCREEN INCH) 56 60 THAN TWO DISTANCES (MEASUREMENTS TO WEL from to DRILLERS LIC. NO. M. D. 35 GRAVEL PACK GRAVEL PACK
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INSERT F IN BOX 68 DRILLERS SIGNATURE 68 (MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) LIC. NO.1 -5 D -1 -2 1 WQ (E.R.O.S.) 70 72 SITE SUPERVISOR (sign. of driller or journeyman 74 75 76 TELESCOPE LOG INDICATOR responsible for sitework if different from permittee) OTHER DATA DENV-CROO COUNTY

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PERMIT No. 1 10 - 94 - 3958 / 70 71 72 73 74 75 76 77 78 79	PERMIT NO 10 - 94 - 3958 70 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED TO BE CONVERTED TO DOMESTIC WELL IF I COP and **DOMESTIC SHOULD USE SEPARATE SHEET IF NEEDED TO BE CONVERTED TO DOMESTIC WELL IF I COP and **	APPROXIMATE DEPTH OF WELL APPROXIMATE DIAMETER OF WELL METHOD OF DRILLING (circular depth of the depth of t	Z8 NEAREST INCH Totle one) Jetted & DRIVEN TARY (Hydraulic Rotary) DRIVE-POINT ED WELLS DX) WELL L BE L BE USED AUTHORITY DEEPENED 52	BOX & LOCATE WELL WITH AN X SOURCES OF DRILLIN 1. 2. 3. WRITE THE BOX NUM FROM THE MAP HERI E DRAW A SKETCH BEI RELATION TO NEARB	OOO OOO OW SHOWING LOCATION OF WELL IN Y TOWNS AND ROADS AND GIVE		
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEETER RECOED TO BE CONVERTED to Domestic Well if ICOP and	NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IN NEEDED	PERMIT No 10 - 70 71 72 7	94_3958 73 74 75 76 77 78 79	/ Ill	Tradeli		
	INV-Permit 97 Ground Water Appropriation bunifermit are Approved	SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IN HEEDED	Be Converted	I to Domestic	well if ICOP and ⊕		

Paye) of	
	6-3-04	

Review	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3958 Location of property (road) Roxbury Lake Drive Subdivision Triadelphia (rossing Lot 5 Block Plat Sec. Well Driller Michael Barlow Owner Toll Brothers	
Depth of well 150 Distance of measuring point (M.P.) above ground Static water level (S.W.L.) below M.P. 40'	
I. High rate pumping reservoir drawdown Time pump started 10.00 Pumping rate 12 Total time 15mins to reach pumping water level 49' ft. below M.P.	

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	42'	5 ou		12
10:15	49'	5 occ		12
10130	49'	5pec		12
10:45	49'	5ac		12
11:00	49'	5 per		12
11:15	49'	5 pec		12
11:30	49 '	5 per	March 11 - Park of the	12
11:45	49'	5 pec		12
13:00	49'	5 pic	MERCENNE DEL	19
12:15	49'	5 pec	· 通知的 1995 - 4000 - 4000 - 4000 - 4000 - 4000 - 4000 - 4000 - 4000 - 4000 - 4000 - 4000 - 4000 - 4000 - 4000 -	13
12:30	49'	5oc		12
12:45	49'	5ac		12
1:00	49'	50cc		12-
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SECTION STATE			· 高级。 (1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
			CONTRACTOR STATE	

		FIELD DATA S		
Well Permit No. Location of pro Subdivision Well Driller	HO-94-3 operty (road) Friadelphia Michael Ba	958 Roxbury Lake Crossing Lot rlow Owner	Drive 5 Block Plat er Toll Brother	Sec
Distance		pint (M.P.) above gr L.) below M.P.		
Time pump Total tim		reach pumping water	Pumping rateft.l	
TIME (in 15 minute in-	WATER LEVEL	PUMPING RATE time to fill 5	FLOW METER READING (if used)	CALCULATED FLOW (gallons per
tervals		gallon bucket		minute)
				ALC: NEW PROPERTY
A Company		MESSAGE TO SERVICE STATE OF		
	AND STEELING			
Control of the last of the las	Control of the Contro	The second residence is a second residence in the seco		

Review

Page ____ of ___

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ENVIRONMENTAL HEALTH

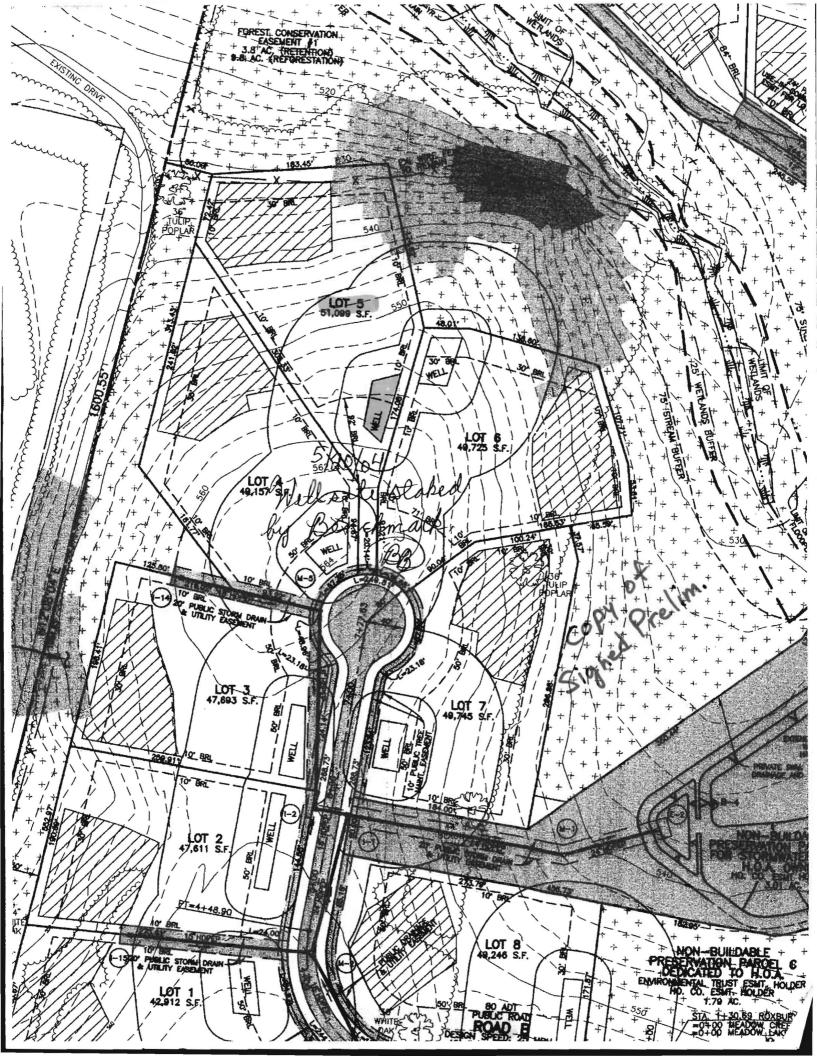
PAGE 01/

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. Pitiess 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 Tolephone #: 410-938-10910 Address: 522 Underwood to 300 Bul Air 100-21014
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of Individual responsible for the field installation: Name (Print): Name (Print): Name (Print): Proceed Procedure Proced
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make: STA RITE Make: Cap Obell Two piece waterlight cap: 4e S Model #: 75P4E0252 Model#: PA 800 Screened, vented well cap: 4e S Screened, vented well cap: 4e S Cap secured to caring: 4e S Well Yield: 12 GPM NSF/WSC approved: 4e S Conduit min 18" B.G.: 4e S Conduit min 18" B.G.: 4e S Conduit secured to well cap: 4e S Conduit secured to well cap: 4e S 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
Proing to house Type: Poles to lock PVC sleeve to undisturbed soil at wall penetration; PSI: 100 (160 psi min) Depth of supply line: 20 (36 min) Sleeve caulked and scaled 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.
For Health Department Use Only—Not to be completed by Installer Date Insp. Requested: 32606 Date Insp. Approved: 63006 Inspector: BB Inspection Data: Pitless adapter waterlight & 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/oasing Correct well tag attached properly and casing 8" above finished grade Water supply line sleaved adequately at house connection Adequate grout observed below pitless adapter



Mar 02 05 03:15p



3525 H Ellicott Mills Dalve. Ellicott City MD 21043 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2373 Toll Fore 1-866-313-6200 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:

Eastern States Eng

- The well site has been staked by ESE (professional land surveyors) on Feb 22,2005 (date) and does not require a site inspection.
- Department to schedule a time to meet in the field to verify the proposed well site location.

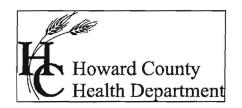
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application

Revised 6/10/03

Post-it Fax Note 7671 Date 7 mcr 05 pages \ | To Stroct From Devic Comer Co. | Phone # 410 872 9105 | Fax # 410 313 2648

For Triadelphia Crossing

TOIL Brus



Bureau of Environmental Health

7178 Columbia Gateway Drive Columbia, Maryland 21046-2132

(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

June 30, 2006

Toll Brothers Inc. 7164 Columbia Gateway Drive Columbia, MD 21045

SENT VIA FACSIMILE 410-489-2278

RE:

Triadelphia Crossing, Lot 5

14322 Roxbury Lake Drive Glenelg, MD 21737

BP # B00154006

Well Permit # HO-94-3958

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 5/15/2006. Final approval of the well line connection to the dwelling was approved on 6/30/2006

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-94-3958. 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:

6/23/2006 & 6/28/2006

Date of Well Completion:

6/03/2004

Respectfully,

Brian Baker, R. S.

Well and Septic Program

BB/sin

cc: Building Inspector's Office

Community Services Program

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 #:

59619

Account #:

1930

Reference:

Toll Brothers Lot 5

Company:

Fogle's Well Drilling

Location:

14322 Roxbury Lake Drive

Requested By: Dave Fogle

Glenelg, MD 21737

Source:

Well Water

Date/Time Collected: 6/28/2006

Site:

Kitchen Sink Tap

Date/Time Rec'd:

6/28/2006

1316

Treatment

None 6.1

Chlorine ppm: Collected By:

Free: ND V.M. Fadoul Total: ND 6804VF-FS

1100

nH: Well #:

HO-94-3958

PARAMETERS	RESULTS	UNITS R	EFERENCI	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/29/2006 / 1530 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/29/2006 / 1530 / AMD/BCD

NOTES

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

Reason for Test:

Use & Occupancy retest 59587

Building Permit #:

154006

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:

59587

Account #:

1930

Reference:

Toll Brothers Lot 5

Company:

Fogle's Well Drilling

Location:

14322 Roxbury Lake Drive Glenelg, MD 21737

Source:

Requested Bv: Dave Fogle Well Water

Date/ Time Collected: 6/23/2006

Site:

Date/Time Rec'd:

6/23/2006

0930 1325

Treatment

Kitchen Sink Tap

Chlorine ppm:

Free: ND

Total: ND

nH:

None 6.1

Collected By:

V.M. Fadoul

6804VF-FS

Well #:

HO-94-3958

PARAMETERS	RESULTS	UNITS R	EFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	12.4	MPN/ 100 ml	<1.0	SM18 9223 B.	6/24/2006 / 1000 / AD/CM
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/24/2006 / 1000 / AD/CM
Nitrate	<1.0	mg/L	10	601	6/23/2006 / 1430 / BCD
Turbidity	1.25	NTU	<10	SM182130B	6/23/2006 / 1435 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	6/23/2006 / 1435 / 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.
- NS = None Seen (NS indicates less than 5 mg/L) 3
- 4 NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 5 sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- pH tested on-site

Reason for Test:

Use & Occupancy

Building Permit #:

154006