

C13708

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.

COUNTY
NUMBER13A514193

1236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DO YY
813

DATE WELL COMPLETED
MM DO YY
6-3-04

Depth of Well
2215026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
3/4/05HO-94-3958

OWNER Toll Brothers, Inc.

STREET OR RFD Roxbury Lake Drive TOWN Glencol

SUBDIVISION Triadelphia Crossing SECTION LOT 5

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	
brown soil	0	29	
grey rock with broken let up	29	72	
med hard grey rock	72	150	
		49'	✓
		67'	✓
		121'	✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 152

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 48 0' TOP 52 ft. to 54 32' BOTTOM 58 ft.

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

<u>ST</u>	<u>CO</u>
STEEL	CONCRETE
<u>PL</u>	<u>OT</u>
PLASTIC	OTHER

MAIN CASING TYPE PL

Nominal diameter top (main) casing (nearest inch)! 4

Total depth of main casing (nearest foot) 32

60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING

diameter depth (feet)

inch from to

PL 4.5 22 63

SCREEN RECORD

screen type or open hole

(insert appropriate code below)

<u>ST</u>	<u>BR</u>	<u>HO</u>
STEEL	BRASS	OPEN HOLE
	BRONZE	
<u>PL</u>	<u>OT</u>	
PLASTIC	OTHER	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED 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. MWD 355

DRILLERS SIGNATURE John C. Jones

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 55D 112

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

C2

DEPTH (nearest ft.)

1 2

3 2 15

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

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9

PUMPING RATE (gal. per min.) 12 15

METHOD USED TO MEASURE PUMPING RATE watch bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 42' ft.

WHEN PUMPING 49' ft.

TYPE OF PUMP USED (for test)

<u>A</u> air	<u>P</u> piston	<u>T</u> turbine
<u>C</u> centrifugal	<u>R</u> rotary	<u>O</u> other (describe below)
<u>J</u> jet	<u>S</u> submersible	

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 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

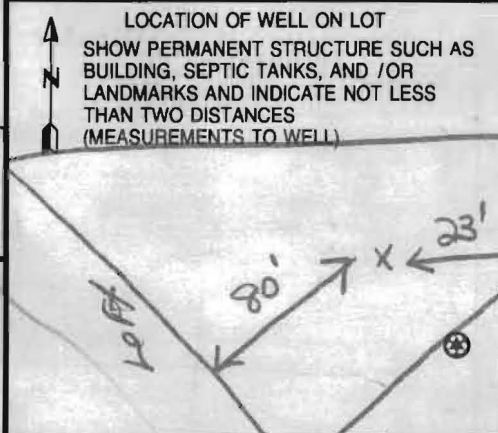
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE

- below } 2 (nearest foot)

49 50 51



B 1	7094	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520348 please type	STATE PERMIT NUMBER HO-94-3958 fill in this form completely
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>Date Received (APA)</p> <p style="text-align: center;">OWNER INFORMATION</p> <p>8 MM DD YY 13 Toll Brothers Inc. 15 Last Name Owner First Name 34 184 Simpson Rd 36 Street or RFD 55 Clarksville MD 21029 57 Town 70 State 72 Zip 76</p> <p>DRILLER INFORMATION Michael Barlow M W D 355 Driller's Name 76 License No. 81 Michael Barlow Well Drilling Inc. Firm Name 522 Underwood Ln Bel Air, MD 21014 Address Signature Date 5/6/05</p> <p style="text-align: center;">WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20</p> <p style="text-align: center;">USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input checked="" type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL</p> </div> <div style="width:48%;"> <p style="text-align: center;">LOCATION OF WELL</p> <p>Howard 8 COUNTY 21 Triadelphia Crossing 23 SUBDIVISION 42 SECTION 44 46 LOT 5 48 50 Glenely 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78</p> <p style="text-align: center;">NEAR WHAT ROAD</p> <p>Roxbury Lake Dr. 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 170 37 DISTANCE FROM ROAD 12+ ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 23 PARCEL 97</p> <p style="text-align: center;">NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>Howard (13) A514193 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 5/20/2004 Brian Baber 5/20/2005 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH 519 000 EAST 794 000 GRID 50 55 GRID 57 63</p> </div> </div>				
<p>APPROXIMATE DEPTH OF WELL 300 FEET 24 28</p> <p>APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH</p> <p style="text-align: center;">METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other</p> <p style="text-align: center;">REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52</p> <p style="text-align: center;">Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROX. PERMIT NUMBER - - - - - G - - - - - PERMIT No. HO-94-3958 70 71 72 73 74 75 76 77 78 79</p>				
<p style="text-align: center;">SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER 1. 2. 3.</p> <p style="text-align: center;">WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E 7904 N 5109 000 000</p> <p style="text-align: center;">DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> <p style="text-align: center;"> </p>				
<p style="text-align: center;">SPECIAL CONDITIONS</p> <p>Test Well to Be Converted to Domestic Well if ICOP and Ground Water Appropriation Permit are Approved</p>				

Well Permit No. HO - 94-3958
Location of property (road) Roxbury Lake Drive
Subdivision Triadelphia Crossing Lot 5 Block Plat Sec.
Well Driller Michael Barlow Owner Toll Brothers

Depth of well 150
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 49'

Time pump started 10:00 Pumping rate 12
Total time 15 mins to reach pumping water level 49' ft. below M.P.

[illegible]

Well Permit No. HO - 94-3958
Location of property (road) Roxbury Lake Drive
Subdivision Triadelphia Crossing Lot 5 Block Plat Sec.
Well Driller Michael Barlow Owner Toll Brothers

I. High rate pumping -- reservoir drawdown

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: Barlow Well Drilling Telephone #: 410-838-10910
Address: 522 Underwood Ln. 300
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 #: 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: Philadelphia Crossing Lot #: 5 Well Tag #: HO-99-3958
Site Address: Rocking Lake Dr.

Submersible Pump Data

Make: STA RITE
Model #: 7SP4ED252
Pump Capacity: 7 GPM
Well Yield: 12 GPM

Depth of well encountered at time of pump installation: 150 (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: 1100 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed 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.

Michael Barlow
Signature of company representative responsible for installation

4/17/06
date

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

Date Insp. Requested: 3/28/06 Date Insp. Approved: 6/30/06 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 ground observed below pitless adapter

☒
☒
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FOREST CONSERVATION
EASEMENT #1
3.8 AC. TRENTON
9.8 AC. REFORESTATION

EXISTING DRIVE

LIMIT OF WETLANDS

LOT 5
51,099 S.F.

LOT 6
49,725 S.F.

LOT 4
49,157 S.F.

LOT 3
47,693 S.F.

LOT 7
49,745 S.F.

LOT 2
47,611 S.F.

LOT 1
42,912 S.F.

LOT 8
49,246 S.F.

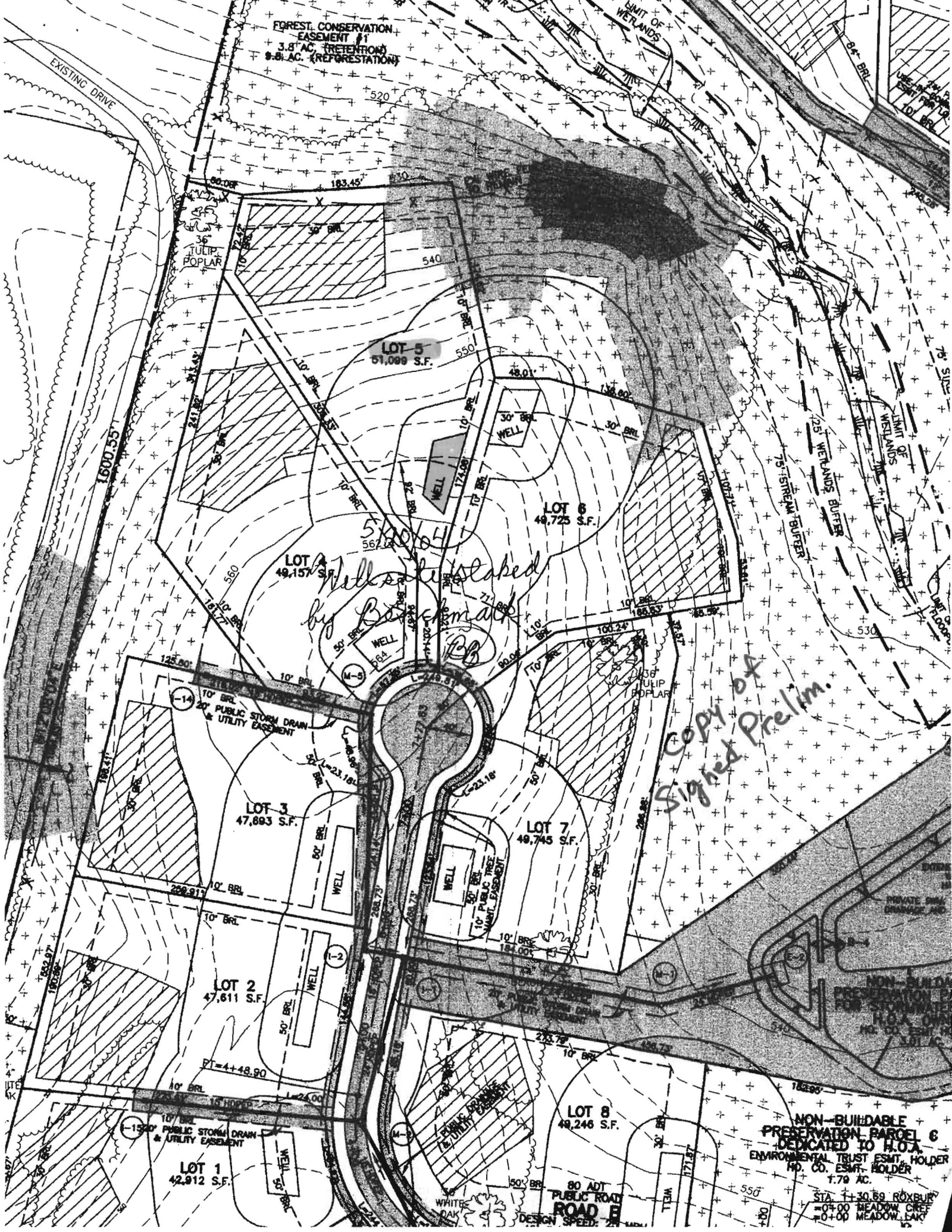
NON-BUILDABLE
PRESERVATION PARCEL 6
DEDICATED TO H.O.A.
ENVIRONMENTAL TRUST ESMT. HOLDER
HO. CO. ESMT. HOLDER
1.79 AC.

80' ADT
PUBLIC ROAD
ROAD B
DESIGN SPEED: 25 MPH

STA 1+30.59 ROXBURY
+0+00 MEADOW CREEK
+0+00 MEADOW LAKE

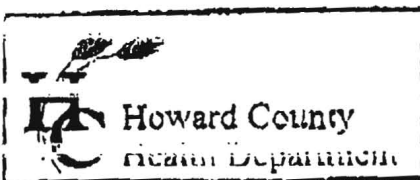
*Wells are staked
by Borchardt*

*Copy of
Signed Prelim.*



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 1-866-313-6200

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 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.

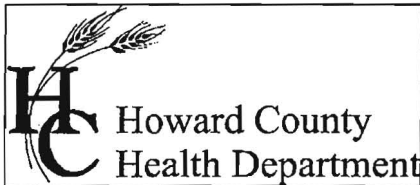
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application

Revised 6/10/03

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

For Triadelphia
Crossing

Toll Bros



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/sjn

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 1100	Site:	Kitchen Sink Tap
Date/Time Rec'd:	6/28/2006 1316	Treatment	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.1
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-94-3958

PARAMETERS	RESULTS	UNITS	REFERENCE	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

- 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 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Thio Check Negative
- 6 pH and Chlorine level tested on site by client

Reason for Test : Use & Occupancy retest 59587

Building Permit # : 154006

Date Reported: 6/29/2006

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 #:	59587	Account #:	1930
Reference:	Toll Brothers Lot 5	Company:	Fogle's Well Drilling
Location:	14322 Roxbury Lake Drive Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	6/23/2006 0930	Source:	Well Water
Date/Time Rec'd:	6/23/2006 1325	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.1
		Well #:	HO-94-3958

PARAMETERS	RESULTS	UNITS	REFERENCE	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	SM18 2130B	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.
- 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 # : 154006

Date Reported: 6/28/2006