

C 1 6508

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS 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)COUNTY
NUMBER

A514193

ST/CO USE ONLY
DATE Received
MM DD YY

DATE WELL COMPLETED

MM DD YY
5-3-05

Depth of Well

22 165 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

10-94-4176

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOcheck
if water
bearing

Dist 0 48
Haw Gray 48 55
Med Gray 55 57
w/ chips
Haw Gray 57 64
Med Tan 64 65
Haw Gray 65 79
Med Brown 79 80
Haw Gray 80 165

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 175

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)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

60 61 63 64 66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
OTHERPL
PLASTIC

C 2

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

DIAMETER
OF SCREEN(NEAREST
INCH)

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
CASINGLOG
INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

20

METHOD USED TO
MEASURE PUMPING RATE

Tanner/Back

WATER LEVEL (distance from land surface)

BEFORE PUMPING

17 38 20 ft.

WHEN PUMPING

22 48 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

PUMP INSTALLED

DRILLER INSTALLED PUMP

YES 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

(nearest
foot)

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: 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
WELLI 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

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

B 1 <div style="font-size: 24pt; font-weight: bold;">5318</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <div style="font-size: 24pt; font-weight: bold;">521975</div>	STATE PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold;">HD - 94 - 4176</div> fill in this form completely
Date Received (APA) <div style="font-size: 12pt;">8 MM DD YY 13</div> <div style="font-size: 18pt; font-weight: bold;">Toll Bros Inc</div> <div style="font-size: 12pt;">15 Last Name Owner First Name</div> <div style="font-size: 12pt;">36 7164 Columbia Gateway Drive Suite 230</div> <div style="font-size: 12pt;">57 Columbia MD 21046</div> <div style="font-size: 12pt;">70 State 72 Zip 76</div>		B 3 LOCATION OF WELL <div style="font-size: 12pt;">8 COUNTY Howard 21</div> <div style="font-size: 12pt;">23 SUBDIVISION Templeton Crossing 42</div> <div style="font-size: 12pt;">SECTION 2 LOT 27</div> <div style="font-size: 12pt;">44 46 48 50</div> <div style="font-size: 12pt;">52 NEAREST TOWN Chevy Chase 71</div> <div style="font-size: 12pt;">MILES FROM TOWN (enter 0 if in town) 1/2 M 1</div> <div style="font-size: 12pt;">73 76 77 78</div>	
DRILLER INFORMATION <div style="font-size: 12pt;">1 Michael Barlow M W D 355</div> <div style="font-size: 12pt;">Driller's Name 76 License No. 81</div> <div style="font-size: 12pt;">1 Michael Barlow Well Drilling Svc</div> <div style="font-size: 12pt;">Firm Name</div> <div style="font-size: 12pt;">522 Underwood Lane Bel Air MD</div> <div style="font-size: 12pt;">Address</div> <div style="font-size: 12pt;">Signature Date 1/18/05 21014</div>		B 4 <div style="font-size: 12pt;">1 2</div> <div style="font-size: 12pt;">DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</div> <div style="text-align: center;"> </div> <div style="font-size: 12pt;">11 NEAR WHAT ROAD Templeton Rd 30</div> <div style="font-size: 12pt;">ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</div> <div style="text-align: center;"> </div> <div style="font-size: 12pt;">34 15 37</div> <div style="font-size: 12pt;">DISTANCE FROM ROAD</div> <div style="font-size: 12pt;">ENTER FT OR MI 38 39</div> <div style="font-size: 12pt;">TAX MAP: 21 BLK: 23 PARCEL 97</div>	
B 2 WELL INFORMATION <div style="font-size: 12pt;">1 APPROX. PUMPING RATE</div> <div style="font-size: 12pt;">2 (GAL. PER MIN.)</div> <div style="font-size: 12pt;">8 12</div> <div style="font-size: 12pt;">AVERAGE DAILY QUANTITY NEEDED</div> <div style="font-size: 12pt;">(GAL. PER DAY)</div> <div style="font-size: 12pt;">14 500 20</div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="font-size: 12pt;">COUNTY NAME Howard</div> <div style="font-size: 12pt;">COUNTY NO. AS14193</div> <div style="font-size: 12pt;">STATE SIGNATURE</div> <div style="font-size: 12pt;">DATE ISSUED 4/2/05</div> <div style="font-size: 12pt;">43 MM DD YY 48</div> <div style="font-size: 12pt;">CO SIGNATURE</div> <div style="font-size: 12pt;">NORTH GRID 519 000 55</div> <div style="font-size: 12pt;">EAST GRID 797 000 63</div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="font-size: 12pt;">D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</div> <div style="font-size: 12pt;">F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div> <div style="font-size: 12pt;">I INDUSTRIAL, COMMERCIAL, DEWATERING</div> <div style="font-size: 12pt;">P PUBLIC WATER SUPPLY WELL</div> <div style="font-size: 12pt;">T TEST, OBSERVATION, MONITORING</div> <div style="font-size: 12pt;">G GEO-THERMAL</div>			
APPROXIMATE DEPTH OF WELL 300 FEET <div style="font-size: 12pt;">24 28</div> APPROXIMATE DIAMETER OF WELL 12 INCH <div style="font-size: 12pt;">NEAREST INCH</div>			
METHOD OF DRILLING (circle one) <div style="font-size: 12pt;">BORED (or Augered) JETTED Jetted & DRIVEN</div> <div style="font-size: 12pt;">30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</div> <div style="font-size: 12pt;">37 CABLE REVERSE-ROTARY Drive-POINT</div> <div style="font-size: 12pt;">other</div>			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="font-size: 12pt;">N THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div style="font-size: 12pt;">Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div style="font-size: 12pt;">39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</div> <div style="font-size: 12pt;">D THIS WELL WILL DEEPM AN EXISTING WELL</div> <div style="font-size: 12pt;">PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41</div> <div style="font-size: 12pt;">52</div>			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) <div style="font-size: 12pt;">APPROX. PERMIT NUMBER HD 2004 G005</div> <div style="font-size: 12pt;">PERMIT No. HD - 94 - 4176</div> <div style="font-size: 12pt;">70 71 72 73 74 75 76 77 78 79</div>			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

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:

May 3, 2005

Well Depth: 165 feet

Customer TOLL BROTHERS, INC.
Road TRIADELPHIA ROAD
City GLENELG
State MARYLAND 21737

Permit #	HO-94-4176
Subdivision	TRIADELPHIA CROSSING
Section	21/23/97
Lot #	27

[illegible]

08/12/2005 13:00

4103132648

ENVIRONMENTAL HEALTH

PAGE 01/03

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2643

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 #: 410-838-6910

Address: 522 Underwood Ln

Belair 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: Triadelphia Crossing Lot #: 27 Well Tag #: HO-94-4176

Site Address: _____

Submersible Pump Data

Make: STA Rite

Model #: 7SP4E0252

Pump Capacity: 7 GPM

Well Yield: 20 GPM

Depth of well encountered at time of pump installation: 145 (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: 42.4 (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: Polycarbonate

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

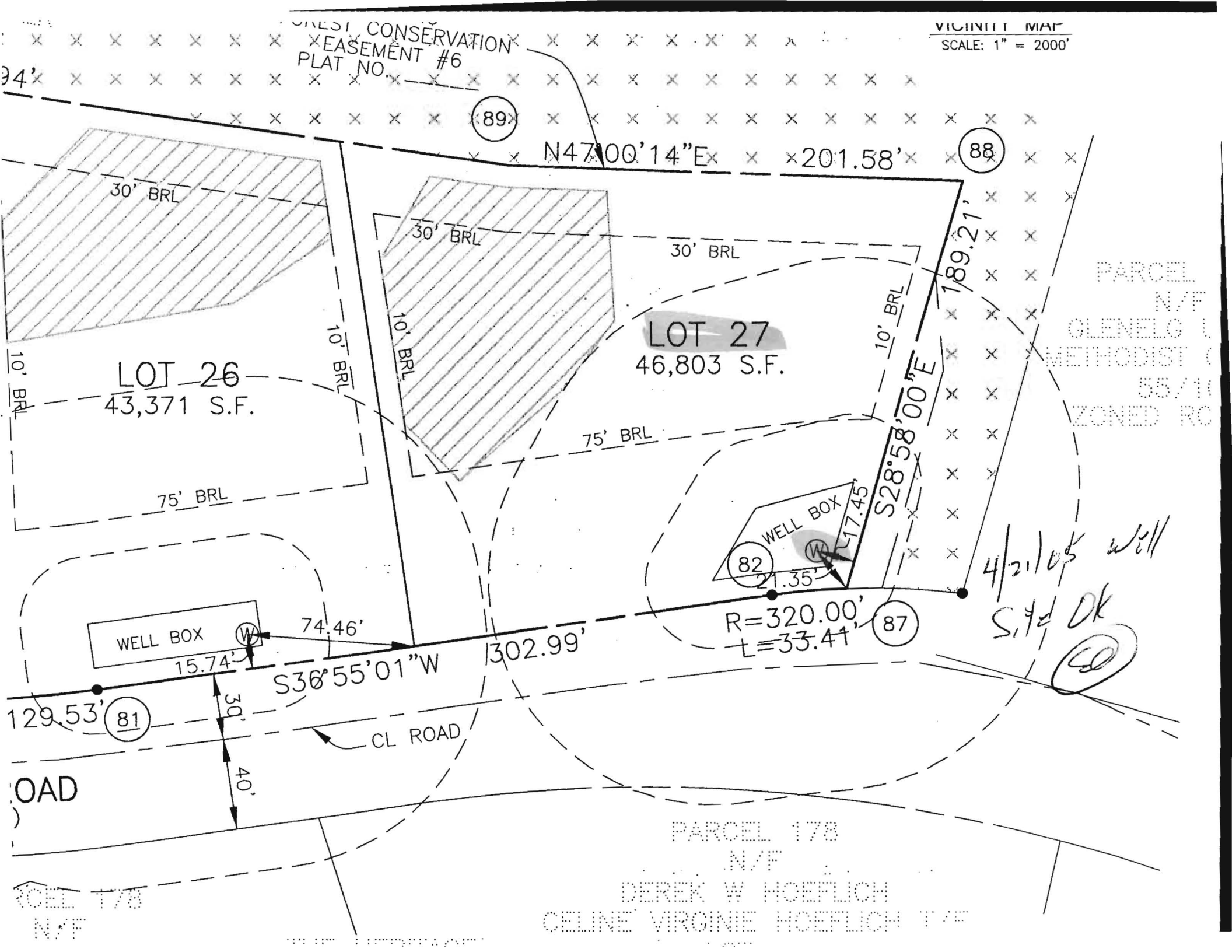
For Health Department Use Only - Not to be completed by installer

Date Insp. Requested: 6/21/06 Date Insp. Approved: 6/21/06 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 grout observed below pitless adapter ☒

FOREST CONSERVATION
EASEMENT #6
PLAT NO.

VICINITY MAP
SCALE: 1" = 2000'



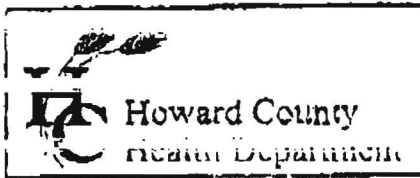
PARCEL
N/F
GLENELG U
METHODIST C
55/11
ZONED RC

4/21/05 will
sit & OK

CO

PARCEL 178
N/F

DEREK W HOEFELICH
CELINE VIRGINIE HOEFELICH T & F



3525 H Elliott Mills Drive, Elliott 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 Professional Land Surveyors
(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	Smart	From	Deirdre Camar		
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 #: 61239 Account #: 1930
Reference: Toll Brothers Lot 27 Company: Fogle's Well Drilling
Location: 14320 Tridelphia Road Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 11/6/2006 1330 Site: Kitchen Sink Tap
Date/Time Rec'd: 11/6/2006 1351 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: M. Dodd 6244MD Well #: HO-94-4176

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/7/2006 / 0815 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/7/2006 / 0815 / AD/BD

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

Reason for Test : Use & Occupancy
Building Permit # : B157991

Date Reported: 11/7/2006

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 #:	60990	Account #:	1930
Reference:	Toil Brothers Lot 27	Company:	Fogle's Well Drilling
Location:	14320 Tridelphia Road	Requested By:	Dave Fogle
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	10/18/2006 1500	Site:	Kitchen Sink Tap
Date/Time Rec'd:	10/18/2006 1545	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-94-4176

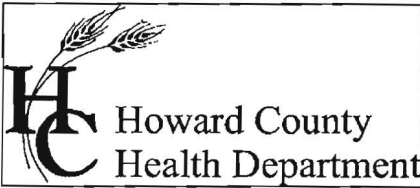
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	8.7	MPN/ 100 ml	<1.0	SM18 9223 B.	10/19/2006 / 0950 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/19/2006 / 0950 / AD/BD
Nitrate	7.66	mg/L	10	601	10/18/2006 / 1600 / GN
Turbidity	1.30	NTU	<10	SM18 2130B	10/18/2006 / 1600 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	10/18/2006 / 1600 / GN

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 # : B157991

Date Reported: 10/19/2006



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

November 9, 2006

Toll MD V, LP
7164 Columbia Gateway Drive, #230
Columbia, MD 21046

SENT VIA FACSIMILE 410-489-1278

RE: Triadelphia Crossing, Lot 27
14320 Triadelphia Road
Glenelg, MD 21737
BP #: B00157991
Well Permit # HO-94-4176

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 08/31/2006. Final approval of the well line connection to the dwelling was approved on 06/21/2006.**

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.

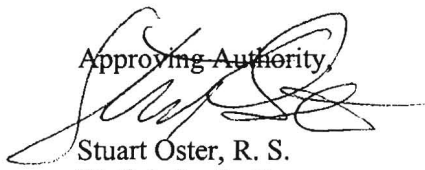
INTERIM CERTIFICATE OF POTABILITY

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-94-4176. 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: 10/18/2006 & 11/06/2006
Date of Well Completion: 05/03/2005

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File