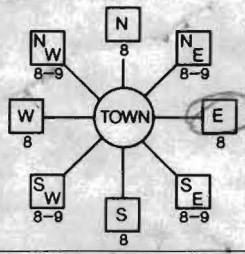


5505		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE				THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)								COUNTY NUMBER 1514193			
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 5-2-05		Depth of Well 22 265 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-4173		28 29 30 31 32 33 34 35 36 37			
OWNER STREET OR RFD SUBDIVISION		Toll Bros Triadelphia Rd Triad Cross		TOWN Chesapeake		SECTION 21/23/47		LOT 24			
WELL LOG Not required for driven wells				GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 1294 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)				C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 60 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft. WHEN PUMPING 198 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			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				C 2 1 2 DEPTH (nearest ft.) 53 265				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 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) LAND SURFACE C 2 1 2 DEPTH (nearest ft.) 53 265			
DESCRIPTION (Use additional sheets if needed)				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
FEET FROM TO 0 53 53 68 68 70 70 105 105 107 107 220 220 225 225 265				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
check if water bearing				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
NUMBER OF UNSUCCESSFUL WELLS: 0				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
WELL HYDROFRACTURED yes Y no N				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
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				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
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.				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
DRILLERS LIC. NO. 1 M W D 355				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
LIC. NO. 1 M W D 550				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
TELESCOPE CASING				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
LOG INDICATOR				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
OTHER DATA				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			
COUNTY				C 2 1 2 DEPTH (nearest ft.) 53 265				C 2 1 2 DEPTH (nearest ft.) 53 265			

B 1 1 2 3 6 5310	SEQUENCE NO. (MDE USE ONLY) 521775	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HD-94-4173 fill in this form completely
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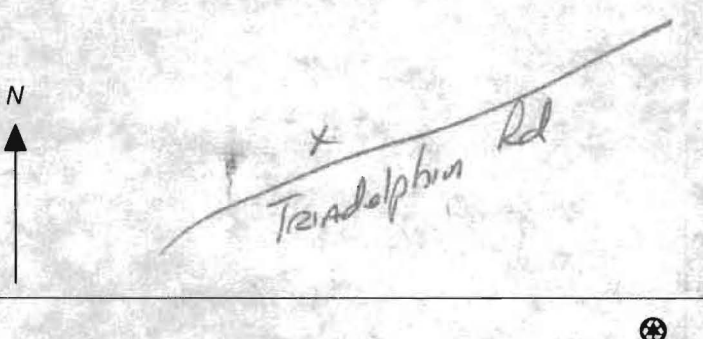
Date Received (APA) 8 MM DD YY 13 15 Last Name <u>Toll</u> Owner <u>Beas Inc</u> First Name <u>Scott</u> 36 <u>7164 Columbia Gateway Dr</u> Suite <u>230</u> Street or RFD 55 57 <u>Columbia</u> MD <u>21046</u> Town 70 State 72 Zip 76	B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Triadelphia Crossing</u> 42 SECTION <u>2</u> 44 46 LOT <u>24</u> 48 50 52 NEAREST TOWN <u>Cheverly</u> MILES FROM TOWN (enter 0 if in town) <u>1.5</u> M I 73 76 77 78
--	--

DRILLER INFORMATION Driller's Name <u>Michael Barlow</u> M D 255 76 License No. 81 Firm Name <u>Michael Barlow Well Drilling Inc.</u> Address <u>522 Underwood Lane, Bel Air MD</u> Signature <u>[Signature]</u> Date <u>1/19/05</u> 21014	B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <u>Triadelphia Rd</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>11</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>21</u> BLK: <u>23</u> PARCEL <u>97</u>
---	---

B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>A514193</u> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>4/21/05</u> CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>4/21/08</u> 43 MM DD YY 48 NORTH GRID <u>519</u> 0 0 0 EAST GRID <u>797</u> 0 0 0 50 55 57 63
---	--

USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> 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>797</u> N <u>519</u> 000 000
--	---

APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>10</u> INCH 30 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 37 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other _____	REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> 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="radio"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52
--	---

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>HD 2004-G-005</u> PERMIT No. <u>HD-94-4173</u> 70 71 72 73 74 75 76 77 78 79	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
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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 2, 2005

Well Depth:

265

feet

Customer TOLL BROTHERS, INC.

Road TRIDELPHIA ROAD

City **GLENELG**

State MARYLAND 21737

Permit # HO-94-4173

Subdivision TRIADELPHIA CROSSING

Section 21/23/97

Lot # 24

[illegible]

Well Permit No. HO - 94-4173
Location of property (road) Tr. adelpia Rd
Subdivision Tridelpia Crossing Lot 24 Block 23 Plat 21 Sec. 2
Well Driller Borlan Owner 1011 Bros

HD-224

NON-BUILDABLE
PRESERVATION PARCEL E
PRIVATELY OWNED
PRESERVATION EASEMENT
ERS ASSOCIATION EASEMENT HOLDI
RD COUNTY EASEMENT HOLDER

564.94

30' BRL

LOT 24
47,306 S.F.

LOT 25
44,119 S.F.

NON-BUILDABLE
BULK PARCEL 1

75' BRL

75' BRL

WELL BOX
16

WELL BOX

WELL BOX

S46°33'20"W

\$8.05

1703'

TRIAD~~EL~~PHIA
(MINOR COLLECT

PARCEL 205
N/F

N7F
MICHAEL MULLINX
~~NANCY MULLINX~~ W
1571/665

579

~~7,309.~~

**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 #: 410-838-6910
Address: 522 Underwood Ln -
Belair MD 21034

(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# MJD 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 #: 24 Well Tag #: HO-94-4173
Site Address: _____

Submersible Pump Data

Make: STA Rite
Model #: 73P4E025Z
Pump Capacity: 3 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell
Model #: PA 900
Depth: 424 (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

Depth of well encountered at time of pump installation: 2105 (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

Piping to house

Type: Blue the line
PSI: 100 (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'
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: 5/31/06

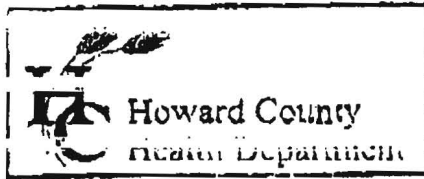
For Health Department Use Only - Not to be completed by installer

Date Insp. Requested: _____ Date Insp. Approved: 6/1/06 Inspector: (RB)

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. 3



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 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 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 #:	60666	Account #:	1930
Reference:	Toll Brothers Lot 24	Company:	Fogle's Well Drilling
Location:	14350 Tridelphia Road Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	9/20/2006 1200	Source:	Well Water
Date/Time Rec'd:	9/20/2006 1406	Site:	Pressure tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.1
		Well #:	HO-94-4173

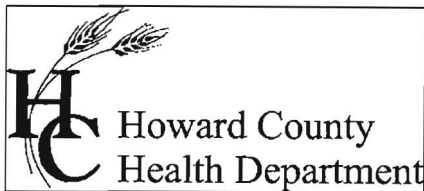
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/21/2006 / 0815 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/21/2006 / 0815 / AMD/BCD
Nitrate	1.98	mg/L	10	601	9/20/2006 / 1400 / AMD/BCD
Turbidity	34.0	NTU	<10	SM18 2130B	9/20/2006 / 1420 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	9/20/2006 / 1420 / AMD/BCD

NOTES

- 1 Corrected Report: Address Changed per Toll Brothers 10/4/06 BCD
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00158124

Date Reported: 9/21/2006



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

October 12, 2006

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

SENT VIA FACSIMILE 410-489-2278

RE: Triadelphia Crossing, Lot 24
14350 Triadelphia Road
Glenelg, MD 21737
BP #: B00158124
Well Permit # HO-94-4173

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 10/11/2006. Final approval of the well line connection to the dwelling was approved on 06/01/2006.**

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.

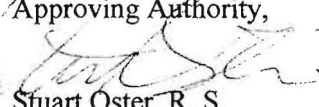
INTERIM CERTIFICATE OF POTABILITY

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-94-4175. 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: 09/20/2006 & 09/28/2006
Date of Well Completion: 05/02/2005

Approving Authority,


Stuart Oster, R. S.
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 #:	60782	Account #:	1930
Reference:	Toll Brothers Lot 24	Company:	Fogle's Well Drilling
Location:	14350 Tridelphia Road	Requested By:	Dave Fogle
	Glenelg, MD 21737	Source:	Well Water
Date/ Time Collected:	9/28/2006 1400	Site:	Pressure Tank
Date/Time Rec'd:	9/28/2006 1456	Treatment	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.1
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-94-4173

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Turbidity	1.55	NTU	<10	SM18 2130B	9/29/2006 / 1445 / GN

NOTES

- 1 Corrected Report: Address Changed per Toll Brothers 10/4/06 BCD
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 pH tested on-site

Reason for Test : Use & Occupancy retest 60666

Building Permit # : B00158124

Date Reported: 10/2/2006