

C1 7032
 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 NUMBER **(13) A518964**

ST/CO USE ONLY DATE RECEIVED: MM 08 DD 13 YY 07
 DATE WELL COMPLETED: MM 03 DD 23 YY 07
 Depth of Well: 22 200 26 5/31/07
 (TO NEAREST FOOT) O.K. (BB)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": H0-95-0769

OWNER: Toll Brothers, Inc.
 STREET OR RFD: Corys Court TOWN: Glenelg
 SUBDIVISION: Edgewood Farm SECTION: _____ LOT: 12

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	
RED-BROWN SANDY MICA SOIL	0	49	
BROWN SAND	49	61	
WEATHERED SANDSTONE	61	79	
HARD GRAY ROCK	79	200	✓
WATER BEARING AT:			
90', 125', 170'			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
 NO. OF BAGS 26 NO. OF POUNDS 2494
 GALLONS OF WATER 156
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 82 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE: PL Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 82

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
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)									
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) (E.R.O.S.) W Q
 T _____ W Q _____
 70 _____ 72 _____ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

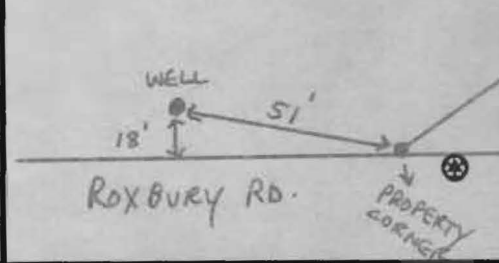
C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 6
 METHOD USED TO MEASURE PUMPING RATE: BUCKET
 WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 64 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 (CIRCLE) (YES or NO) 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) 1

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: 0
 WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER
 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 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D

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

B 1 9361

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0769 fill in this form completely

526283 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 7164 Columbia Parkway Dr, Suite 230
57 Columbia, Md 21046
70 State 72 Zip 76

B 3 LOCATION OF WELL

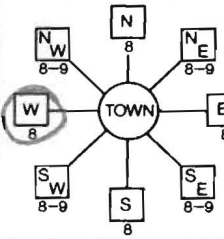
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 0 M I
73 76 77 78

DRILLER INFORMATION

Michael Barlow MW D. 355
Driller's Name 76 License No. 81
Barlow Well Drilling, Inc
Firm Name
522 Underwood Ln, Bel Air, Md
Address
Signature Date 3/13/07 21014

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
40 34 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 21 BLK: 22 PARCEL 90

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
Farming (Livestock Watering & Agricultural Irrigation)
Industrial, Commercial, Dewatering
Public Water Supply Well
Test, Observation, Monitoring
Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A518964
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED 3/21/2007
CO SIGNATURE EXPI. DATE 3/21/2008
NORTH GRID 517 000 EAST GRID 793 000

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

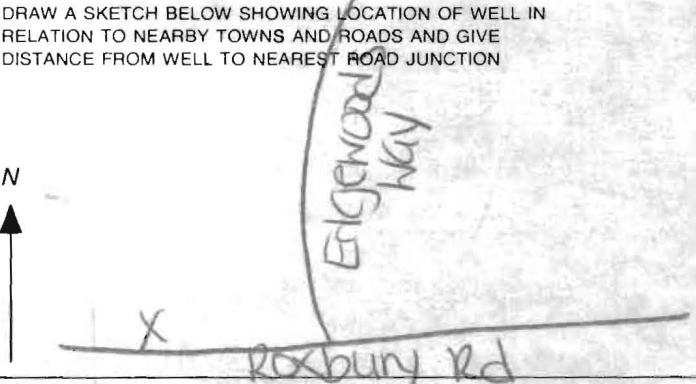
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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 7903
N 52017



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER H02006G004
PERMIT No. HO-95-0769

SPECIAL CONDITIONS Well line Must Be Sleeved if Within 10' of Septic Easements



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

**522 Underwood Lane
(410) 838-6910**

**Bel Air, Maryland 21014
Fax (410) 838-3582**

WELL YIELD REPORT

Date Test Completed:	March 22, 2007		
Well Depth:	200 feet		
Customer	Toll Brothers	Permit #	HO-95-0769
Road	Edgewoods Way	Subdivision	Edgewood Farms
City	Glenelg	Section	
State	Maryland	Lot #	12

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
1:00 PM	35	7	8.57
1:15 PM	57	9	6.67
1:30 PM	64	10	6.00
1:45 PM	64	10	6.00
2:00 PM	64	10	6.00
2:15 PM	64	10	6.00
2:30 PM	64	10	6.00
2:45 PM	64	10	6.00
3:00 PM	64	10	6.00
3:15 PM	64	10	6.00
3:30 PM	64	10	6.00
3:45 PM	64	10	6.00
4:00 PM	64	10	6.00
4:15 PM	64	10	6.00
4:30 PM	64	10	6.00

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Fogles Well Drilling Telephone #: 443-609-4195
Address: P.O. Box 202
Woodbine, Md 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD009

*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 #: 301-252-1609
Subdivision: Edgewood Lot #: 12 Well Tag #: HO-95-0769
Site Address: 14613 Cory's ct
Glenn, Md

Submersible Pump Data

Make: Grundfos
Model #: 1530E10-220
Pump Capacity 10 GPM
Well Yield: 6 GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 36 (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

Depth of well encountered at time of pump installation: 200' (feet) Conduit secured to well cap: yes

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 **HA**

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve(5' minimum from foundation): 5'
Sleeve sealed properly: yes

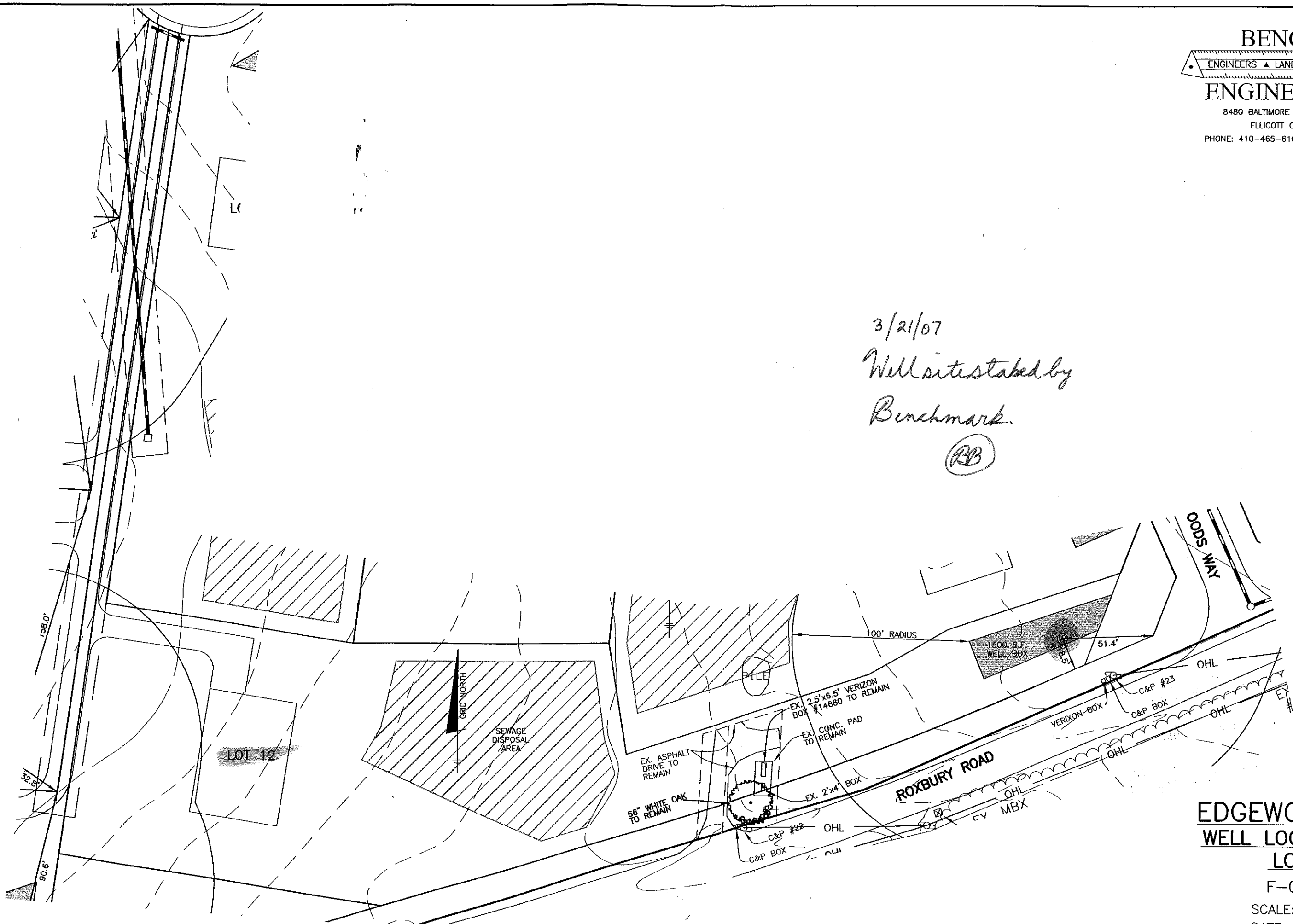
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 8-17-11

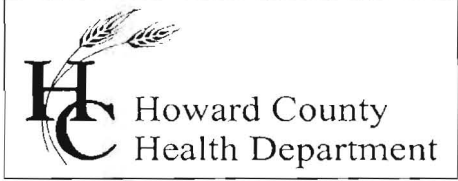
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 8/18/11 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 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

3/21/07
 Well site staked by
 Benchmark.
 (RB)



EDGEWOOD FARM
WELL LOCATION PLAN
LOT 12
 F-06-108
 SCALE: 1" = 50'
 DATE: 10-10-06



Bureau of Environmental Health
 7178 Columbia Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

**REQUEST FOR PERMANENT DEVIATION TO
 NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 9/23/11 WELL PERMIT #: HO - 95 - 0769

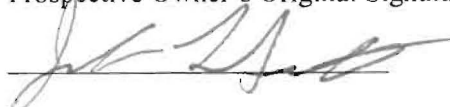
PROPERTY OWNER: Toll Brothers Inc.
 SUBDIVISION & LOT #: Edgewoods Farm / Lot 12
 PROPERTY ADDRESS: 14613 Corys Ct Glenelg, md 21737

CONDITIONS:

1) The well installed under permit # HO - 95 - 0769 has been documented to have a nitrate level of 12.3ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to ppm at the primary drinking tap.

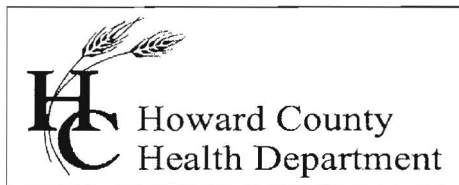
I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95 - 0769. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

 Christina LaFata

Prospective Owner's Day Time Phone Number(s)

301-758-5329 301-286-3729



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 4, 2011

Homeowner
14613 Cory's Court
Glenelg, MD 21737

RE: Edgewood Farm, Lot 12
14613 Cory's Court
BP #: B11000178
Well Tag: HO-95-0769

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 09/13/2011. Final approval of the well line connection to the dwelling was approved on 08/18/2011.**

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 raw nitrate sample results were previously documented to be 12.3ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 09/26/2011 which indicates a nitrate level of <1.0 ppm.**

Permanent Deviation for Nitrates

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence.**
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

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-95-0769 **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.

Further more under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-94-4138 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F *Enforcement* and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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: 09/19/2011, 09/26/2011,09/28/2011
Date of Well Completion: 03/23/2007

Respectfully,



Brian Baker, R.S.
Environmental Sanitarian
Well and 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 #: 81482 Account #: 1930
Reference: Toll Brothers Lot 12 Company: Fogle's Well Drilling
Location: 14613 Cory's Ct. Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 9/28/2011 1150 Site: Kitchen Sink
Date/Time Rec'd: 9/28/2011 1330 Treatment: **Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Fogle 1974JF Well #: HO-95-0769

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/29/2011 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/29/2011 / 1000 / CCH

NOTES

- 1 **Sample collected prior to treatment
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 and Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 11000178

Date Reported: 9/29/2011

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 #:	81435	Account #:	1930
Reference:	Toll Brothers Lot 12	Company:	Fogle's Well Drilling
Location:	14613 Cory's Ct. Glencig, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	9/26/2011 1040	Source:	Well Water
Date/Time Rec'd:	9/26/2011 1150	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	J. Fogle 1974JF	pH:	6.0
		Well #:	HO-95-0769

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	9/26/2011 / 1600 / CCH

*Bacteria***NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 on site

Reason for Test : Use & Occupancy
 Building Permit # : 11000178

Date Reported: 9/26/2011

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 #:	81329	Account #:	1931
Reference:	Toll Brothers Lot 12	Company:	Fogles Septic
Location:	14613 Cory's Ct. Glenelg, MD 21737	Requested By:	Kim Fogle
Date/ Time Collected:	9/19/2011 1315	Source:	Well Water
Date/Time Rec'd:	9/19/2011 1405	Site:	Laundry
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	K.Cassell 7238KC	pH:	5.4
		Well #:	HO-95-0769

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	9/20/2011 / 0830 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/20/2011 / 0830 / KME
Nitrate	12.3	mg/L	10	601	9/19/2011 / 2000 / CCH
Turbidity	0.92	NTU	<10	SM18 2130B	9/19/2011 / 1600 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	9/19/2011 / 1500 / KME

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 & Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : 11000178

Date Reported: 9/21/2011