

C1 **6528** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 4 5 6
 (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

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 150 26 6/1/07 PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37
 8 13 15 20 (TO NEAREST FOOT) O.K. (BB) HD-95-1060

OWNER Toll Brothers STREET OR RFD EDGEWOODS WAY TOWN ETHELTON SUBDIVISION EDGEWOOD FARMS SECTION LOT 60

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 SANDY SOIL	0	21	
BROWN WEATHERED SAND ROCK	21	41	
HARD GRAY ROCK	41	150	✓
WATER BEARING			
78 FT. 110 FT. + 140 FT.			

GROUTING RECORD (yes no) (Y N) (44 44)
 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 1470
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 46 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) 46
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

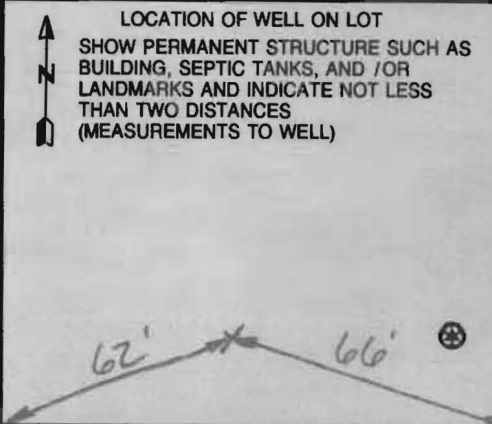
SCREEN RECORD
 screen type or open hole (insert appropriate code below)
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER
 DEPTH (nearest ft.)
 1 HO 2 46 3 150
 E A C H C A S I N G

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 28.04.04 "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 MWD 355
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 D
 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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 10
 METHOD USED TO MEASURE PUMPING RATE BUCKET
 WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 104 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 **N**
 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) **+** 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)



B 1 9376
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

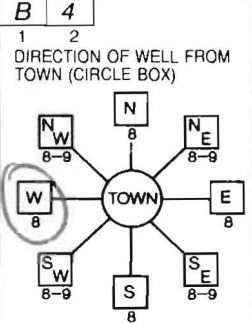
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526283 please type

STATE PERMIT NUMBER
HO-95-1060
70 fill in this form completely 79

Date Received (APA)
OWNER INFORMATION
8 MM DD YY 13
15 Last Name Owner First Name 34
Tole Brothers
36 264 Columbia Gateway B. St 230
Columbia MD 21046
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard
23 SUBDIVISION Edgewood Farms
SECTION 44 46 LOT 48 50
52 NEAREST TOWN Glenelg
MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

DRILLER INFORMATION
76 Driller's Name Michael Barlow M W D 3555 License No. 81
Barlow Well Drilling Shv
532 Underwood Ln, Bel Air, Md
Address
Signature Date 3/13/07 2104



B 4
11 Edgewoods Way
NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST 22 EAST
SOUTH
34 35 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP 21 BLK 22 PARCEL 90

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5 8 12 1
(GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED 500 14 20
(GAL. PER DAY)

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 - F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 - I INDUSTRIAL, COMMERCIAL, DEWATERING
 - P PUBLIC WATER SUPPLY WELL
 - T TEST, OBSERVATION, MONITORING
 - G GEO-THERMAL

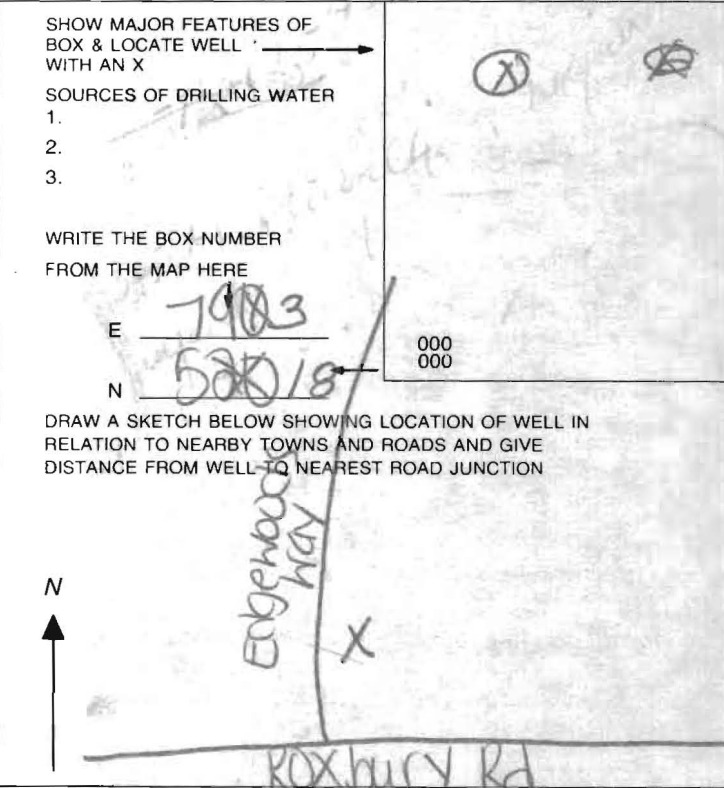
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard (13) A518964
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 4/8/2007 Brian Baber 4/8/2008
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 518 000 EAST GRID 793 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 30 24 28 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTary DRIVE-POINT
other

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
39 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 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER H020060004
PERMIT No. H0-95-1060
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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: April 16, 2007

Well Depth: 150 feet

Customer	Toll Brothers	Permit #	HO-95-1060
Road	Edgewoods Way	Subdivision	Edgewood Farms
City	Glenelg	Section	
State	Maryland	Lot #	60

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
1:30 PM	50	6	10.00
1:45 PM	70	6	10.00
2:00 PM	82	6	10.00
2:15 PM	90	6	10.00
2:30 PM	95	6	10.00
2:45 PM	99	6	10.00
3:00 PM	102	6	10.00
3:15 PM	102	6	10.00
3:30 PM	103	6	10.00
3:45 PM	103	6	10.00
4:00 PM	103	6	10.00
4:15 PM	104	6	10.00
4:30 PM	104	6	10.00

Attn: Mike

**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: Home Land Pumpwater Telephone #: 443-846-8659
Address: 235 Barclay Circle
Downer, PA 17331

(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 Dodd License# PI0161

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: 1011 Brothers Telephone #: 301-376-0835
Subdivision: The Reserve at Triadelphia Lot #: 600 Well Tag #: HO-95-10600
Site Address: Edgewoods way

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Gundres Make: Campbell Two piece watertight cap:
Model #: ISSAEG180 Model#: PA800 Screened, vented well cap:
Pump Capacity 15 GPM Depth: 46 (36" min) Cap secured to casing:
Well Yield: 8.5 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 150 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house **House Connection**
Type: 5/8" ORG HOS pipe PVC sleeved to undisturbed soil at wall penetration:
PSI: 60 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 1/2 (36" min) 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.

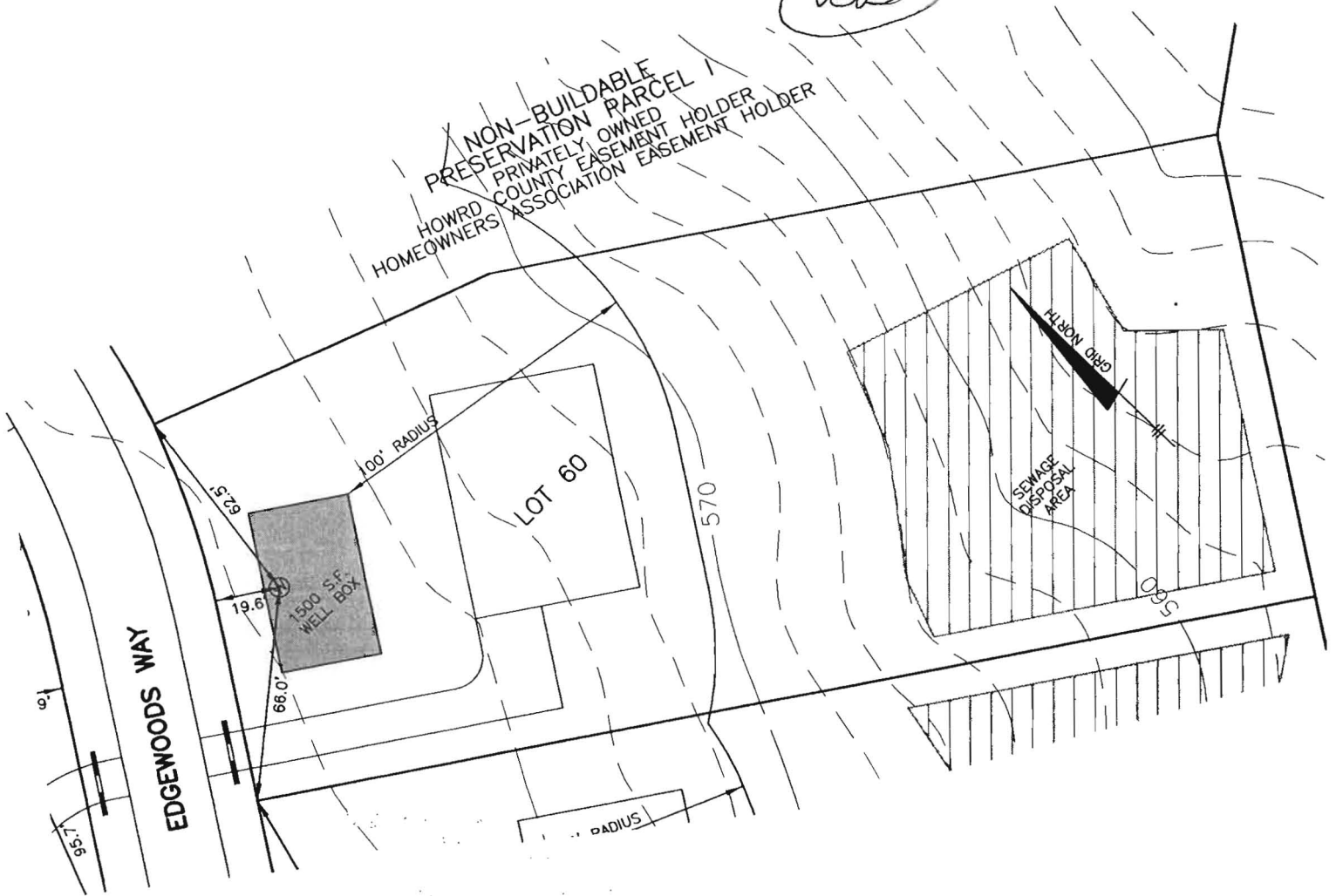
[Signature] 2-10-09
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 1/16/09 *(Signature)*
Inspection Data: Pitless adapter and 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 installed inside of well 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

4/8/2007
Well Site Staked
by Benchmark.

BB



BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418

ELLCOTT CITY, MARYLAND 21043

PHONE: 410-465-6105

FAX: 410-465-6644

EDGEWOOD FARM

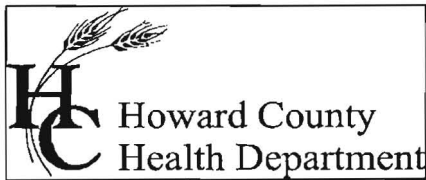
WELL LOCATION PLAN

LOT 60

F-06-108

SCALE: 1" = 50'

DATE: 10-10-06



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

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

May 26, 2009

Homeowner
14516 Edgewoods Way
Glenelg, MD 21737

SENT VIA FACSIMILE 410-489-2278

RE: Edgewood Farm, Lot 60
The Reserve @ Triadelphia Crossing
14516 Edgewoods Way
BP # B08001888
Well Permit #HO-95-1060

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 02/05/2009. Final approval of the well line connection to the dwelling was approved on 01/16/2009.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-95-1060. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 05/21/2009

Date of Well Completion: 04/16/2007

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 Fancystown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	71163	Account #:	2333
Reference:	Toll Brothers Lot 60	Company:	Homeland Pump & Water
Location:	14516 Edgewoods Way Glencol, MD 21737	Requested By:	Mike Dodd
Date/ Time Collected:	5/21/2009 1000	Source:	Well Water
Date/Time Rec'd:	5/21/2009 1050	Site:	Kitchen
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Dodd 6244MD	pH:	6.4
		Well #:	HO-95-1060

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/22/2009 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/22/2009 / 0830 / CCH
Nitrate	8.26	mg/L	10	601	5/22/2009 / 1730 / CCH
Turbidity	0.68	NTU	<10	SM18 2130B	5/22/2009 / 1240 / CCH
Sand	NS	mg/L	5	Visual/Gravimct	5/22/2009 / 1510 / CCH

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 # : B08001888

Date Reported: 5/22/2009