

C 1 **7024**
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 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 **(13) A518964**

ST/CO USE ONLY DATE RECEIVED MM DO YY
 DATE WELL COMPLETED MM DO YY
 3 21 07
 Depth of Well 22 400 26 5/17/07
 (TO NEAREST FOOT) **AK (PB)**
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
 H0-95-0756
 28 29 30 31 32 33 34 35 36 37

OWNER Toll Brothers Inc.
 STREET OR RFD Edgewoods Way first name
 TOWN Glenelg
 SUBDIVISION Edgewood Farm SECTION _____ LOT 4

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 SANDY MICA SOIL	0	12	
LAYERS OF BROWN WEATHERED SANDSTONE	12	43	
WEATHERED ROCK	43	47	
HARD GRAY ROCK	47	400	✓
WATERBEARING AT: 210' + 355'			

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED Y N
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 15 NO. OF POUNDS 150
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 48 52 ft. to 50 BOTTOM 54 58 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL 6 50
 60 61 63 64 66 70

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

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 10 2 50 3 400
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 R E E S L O T S I Z E 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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. M 6 D 355
 DRILLERS SIGNATURE _____
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D

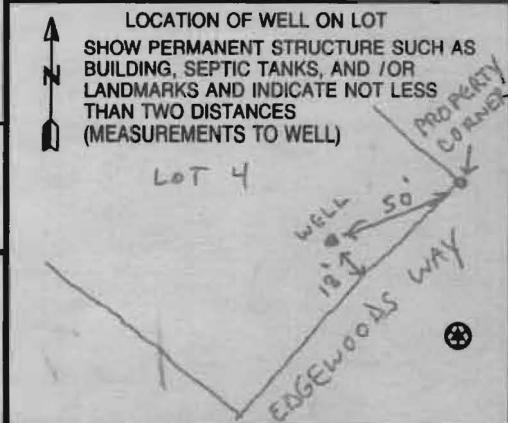
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 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) 4
 8 9
 PUMPING RATE (gal. per min.) 4
 11 15
 METHOD USED TO MEASURE PUMPING RATE BUCKET
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 50 ft.
 17 20
 WHEN PUMPING 258 ft.
 22 25
 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
 (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 } _____ (nearest foot)
 49 50 51



B 1 9353

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0756

526283 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name First Name 34
7104 Columbia Gateway Dr, Suite 230
Columbia, Md 21046

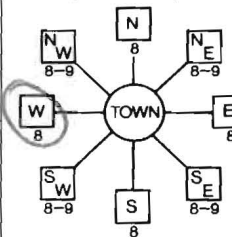
B 3 HOWARD LOCATION OF WELL

8 COUNTY 21
Edgewood Farms
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Glennrig
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 0 1

DRILLER INFORMATION

Michael Barlow M W D 355
Barlow Well Drilling Serv
522 Underwood Ln, Bel Air, Md
3/13/07

B 4 1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Edgewoods Way
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH SOUTH WEST EAST
34 30 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)

- [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 3/16/2007 Brian Baber 3/16/2008
CO SIGNATURE EXP DATE
NORTH GRID 519 000 EAST GRID 794 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER HO2006G004
PERMIT No HO-95-0756

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

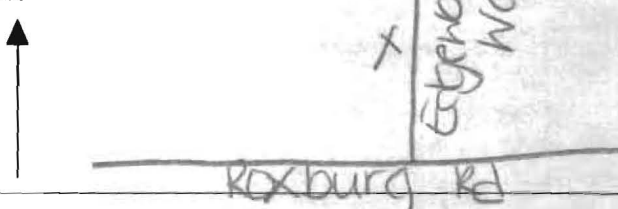
- SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7904
N 52019

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N



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: March 21, 2007

Well Depth: feet

Customer Toll Brothers
 Road Edgewoods Way
 City Glenelg
 State Maryland

Permit # HO-95-0756
 Subdivision Edgewood Farms
 Section
 Lot # 4

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:30 AM	50	5	12.00
10:45 AM	106	5	12.00
11:00 AM	150	6	10.00
11:15 AM	206	14	4.29
11:30 AM	258	14	4.29
11:45 AM	258	14	4.29
12:00 PM	258	14	4.29
12:15 PM	258	14	4.29
12:30 PM	258	14	4.29
12:45 PM	258	14	4.29
1:00 PM	258	14	4.29
1:15 PM	258	14	4.29
1:30 PM	258	14	4.29
1:45 PM	258	14	4.29
2:00 PM	258	14	4.29
2:15 PM	258	14	4.29
2:30 PM	258	14	4.29

Relax

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: Fogle Well Drilling, Inc Telephone #: 443-609-4195
Address: P.O. Box 303
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# MSD109
*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: Toll Brothers Telephone #: 410-972-5978
Subdivision: Benedict Farm Lot #: 4 Well Tag #: HO-95-0756
Site Address: 14517 Edgewood Way

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Cowles Make: Campbell Two piece watertight cap: yes
Model #: 1550207-180 Model#: N/A Screened, vented well cap: yes
Pump Capacity 15 GPM Depth: 42" (36" min) Cap secured to casing: yes
Well Yield: GPM NSF approved: yes Conduit min 18" B.O.: 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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve (5 foot minimum): 5'
Depth of supply line: 42" (36" min) 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:

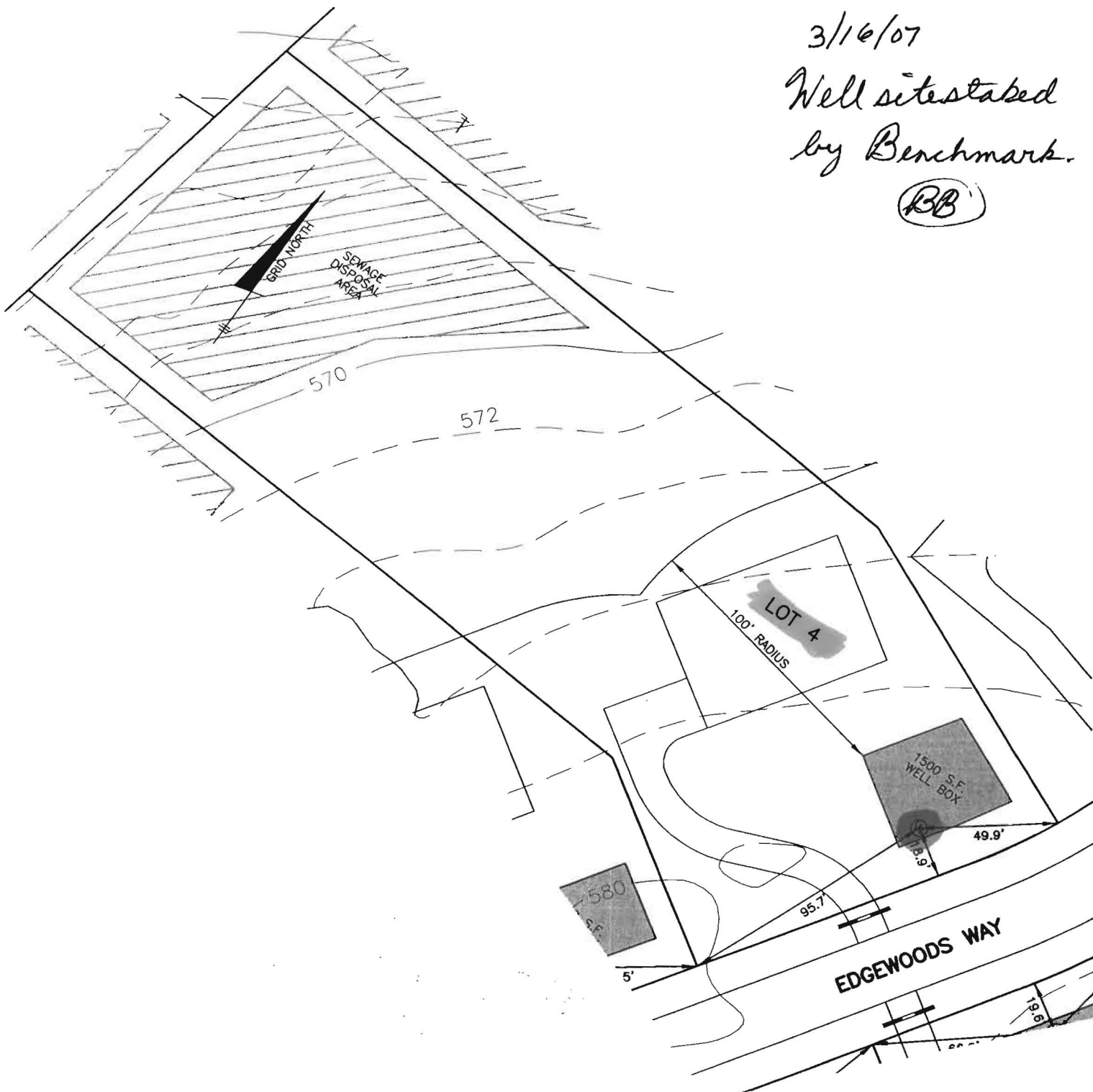
Allen Compton 5/20/10
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 10/14/2010 BB
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 _____
Missed Inspection?
should be OK

3/16/07
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 4

F-06-108

SCALE: 1" = 50'

DATE: 10-10-06



Howard County
Health Department

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 15, 2010

Homeowner
14517 Edgewoods Way
Glenelg, MD 21737

RE: Edgewood Farm Phase I, Lot 4
14517 Edgewoods Way
Glenelg, MD 21737
BP #B09002631
Well Permit #HO-95-0756

Dear Sir/Madam,

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 07/21/2010. Final approval of the well line connection to the dwelling was approved on 10/14/2010.**

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 12.5ppm. **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 9/14/2010 which indicates a nitrate level of <1.0 ppm.**

Permanent Deviation for Nitrates and Bacteria

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-95-0756 **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 Sample(s): 09/08/2010 & 09/14/2010
Date of Well Completion: 03/21/2007

Respectfully,



Kevin M. Wolf, R. S./R.E.H.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) 348-1011 (410) 348-1551 FAX (410) 348-0251

REPORT OF ANALYSIS

Laboratory ID #: 76743 Account #: 1930
 Reference: Toll Brothers Lot 4 Company: Fogle's Well Drilling
 Location: 14517 Edgewood Way* Requested By: Dave Fogle
 Glenelg, MD 21737 Source: Well Water
 Date/ Time Collected: 9/8/2010 1210 Site: Kitchen Sink Tap
 Date/Time Rec'd: 9/8/2010 1320 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 5.5
 Collected By: J. Fogle 1974JF Well #: HO-95-0756

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/9/2010 / 0800 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/9/2010 / 0800 / KME
Nitrate	12.5	mg/L	10	601	9/8/2010 / 1630 / CCH
Turbidity	1.01	NTU	<10	SM18 2130B	9/8/2010 / 1340 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	9/8/2010 / 1340 / KME

*Elevated Nitrate
 Need Treatment
 Kme*

NOTES

- 1 *Revised Report: Address corrected 10/14/10 CH
- 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 # : B-09002631

Date Reported: 10/14/2010

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1113 Old Lane, Towson Rd., Westminster, MD 21156-1010, Phone: 410-876-1330, Fax: 410-876-1331

REPORT OF ANALYSIS

Laboratory ID #:	76817	Account #:	1930
Reference:	Toll Brothers Lot 4	Company:	Fogle's Well Drilling
Location:	14517 Edgewood Way*	Requested By:	Dave Fogle
	Glenelg, MD 21737	Source:	Well Water
Date/ Time Collected:	9/14/2010 1445	Site:	Kitchen RO
Date/Time Rec'd:	9/14/2010 1607	Treatment:	Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	6.0
Collected By:	J. Fogle 1974JF	Well #:	HO-95-0756

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME	ANALYST
Nitrate	<1.0	mg/L	10	601	9/15/2010 / 1115 / CCH	

NOTES

- *Revised Report: Address corrected 10/14/10 CH
- mg/L = milligrams per liter (also, parts per million)
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND:None Detected
- Sample collected by client, analyzed as received
- pH tested on-site

Reason for Test : Use & Occupancy

Building Permit # : B-09002631

Date Reported: 10/14/2010

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: _____ WELL PERMIT # : HO - _____ - _____

PROPERTY OWNER: _____
SUBDIVISION & LOT #: _____
PROPERTY ADDRESS: _____

CONDITIONS:

- 1) The well installed under permit # HO - - has been documented to have a nitrate level of ___ ppm 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 - - . 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**]

Prospective Owner's Day Time Phone Number(s)
