

C1 0811

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER STREET OR RFD SUBDIVISION TOWN SECTION LOT

WELL LOG

GROUTING RECORD

C3

PUMPING TEST

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown Shale, Gray Limestone.

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface)

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing

PUMP INSTALLED

NUMBER OF UNSUCCESSFUL WELLS:

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

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

WELL HYDROFRACTURED

SCREEN RECORD screen type or open hole (insert appropriate code below) STEEL BRASS BRONZE PLASTIC

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DEPTH (nearest ft.) DIAMETER OF SCREEN (NEAREST INCH)

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

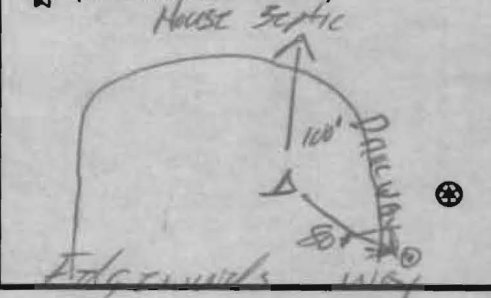
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

SLOT SIZE 1 2 3 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS

DRILLERS LIC. NO. DRILLERS SIGNATURE

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q



LIC. NO. D

TELESCOPE CASING LOG INDICATOR OTHER DATA

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

COUNTY

B 1 5698
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

40-95-2017
70 fill in this form completely 79

Date Received (APA)
09 30 10
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Toll Brothers
36 Street or RFD 14540 Edgewoods Way
57 Town Glenelg md 21737
70 State 72 Zip 76

B 3

LOCATION OF WELL

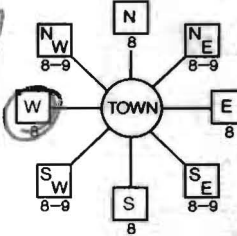
8 COUNTY Howard
23 SUBDIVISION Edgewood Farm
SECTION 44 46 LOT 59
52 NEAREST TOWN Glenelg
MILES FROM TOWN (enter 0 if in town) 0.2
73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton MS D 009
Firm Name Eagles Well Drilling
Address P.O. Box 202 Woodbine, Md 21797
Signature Allen Compton Date 9-30-10

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 14520 Edgewoods Way 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST SOUTH
EAST
34 30 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 21 BLK: 22 PARCEL 90

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- 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 INSERT S
DATE ISSUED 10/13/2011 Brun Baker 10/13/2011
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 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
other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 40-95-1059 52

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

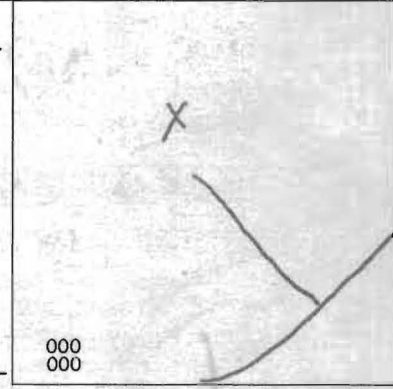
APPROP. PERMIT NUMBER 54 H02006 GAP 004 63
PERMIT No. 70 71 72 73 74 75 76 77 78 79 40-95-2017

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

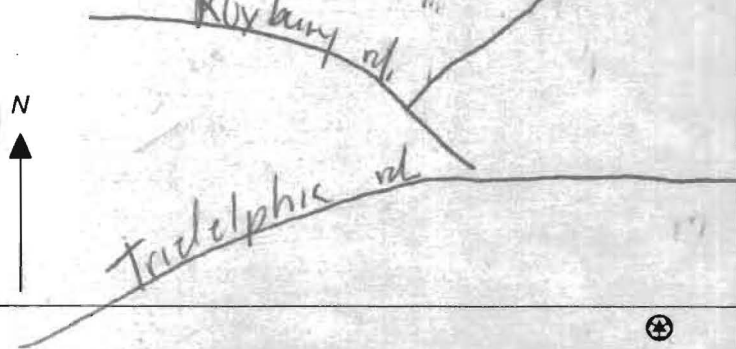
SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7903
N 518



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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Yield Test

County File # _____
District _____

MD Well Permit #: HO-95-2017

Date of Test: 11-23-10

Subdivision Name: Tridelphia Crossing

Section _____ Lot # 59

Street Address: 14520

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface _____ ft.

Well Depth 175' ft.

Well Driller: Allen Compton

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time	Static Water level	Pumping Rate	Calculated Flow (gallons per minute)
<u>10:00</u>	<u>77</u> ft.	() Time to fill <u>1</u> gal. bucket	<u>12</u>
		() Flow meter reading (if used)	
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes			
1	<u>10:00</u>	<u>77</u> ft.	<u>5</u> <u>12</u> GPM
2	<u>10:15</u>	<u>93</u> ft.	<u>5</u> <u>12</u> GPM
3	<u>10:30</u>	<u>99</u> ft.	<u>5</u> <u>12</u> GPM
4	<u>10:45</u>	<u>105</u> ft.	<u>5</u> <u>12</u> GPM
5	<u>11:00</u>	<u>111</u> ft.	<u>5</u> <u>12</u> GPM
6	<u>11:15</u>	<u>115</u> ft.	<u>5</u> <u>12</u> GPM
7	<u>11:30</u>	<u>122</u> ft.	<u>5</u> <u>12</u> GPM
8	<u>11:45</u>	<u>127</u> ft.	<u>5</u> <u>12</u> GPM
9	<u>12:00</u>	<u>133</u> ft.	<u>5</u> <u>12</u> GPM
10	<u>12:15</u>	<u>137</u> ft.	<u>5</u> <u>12</u> GPM
11	<u>12:30</u>	<u>143</u> ft.	<u>5</u> <u>12</u> GPM
12	<u>12:45</u>	<u>146</u> ft.	<u>5</u> <u>12</u> GPM
13	<u>1:00</u>	<u>150</u> ft.	<u>5</u> <u>12</u> GPM
14		ft.	GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:

**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: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: 59 Well Tag #: HO-95-2017 ✓
Site Address: 14520 Edgewoods Way

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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 of company representative responsible for installation _____ date _____

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

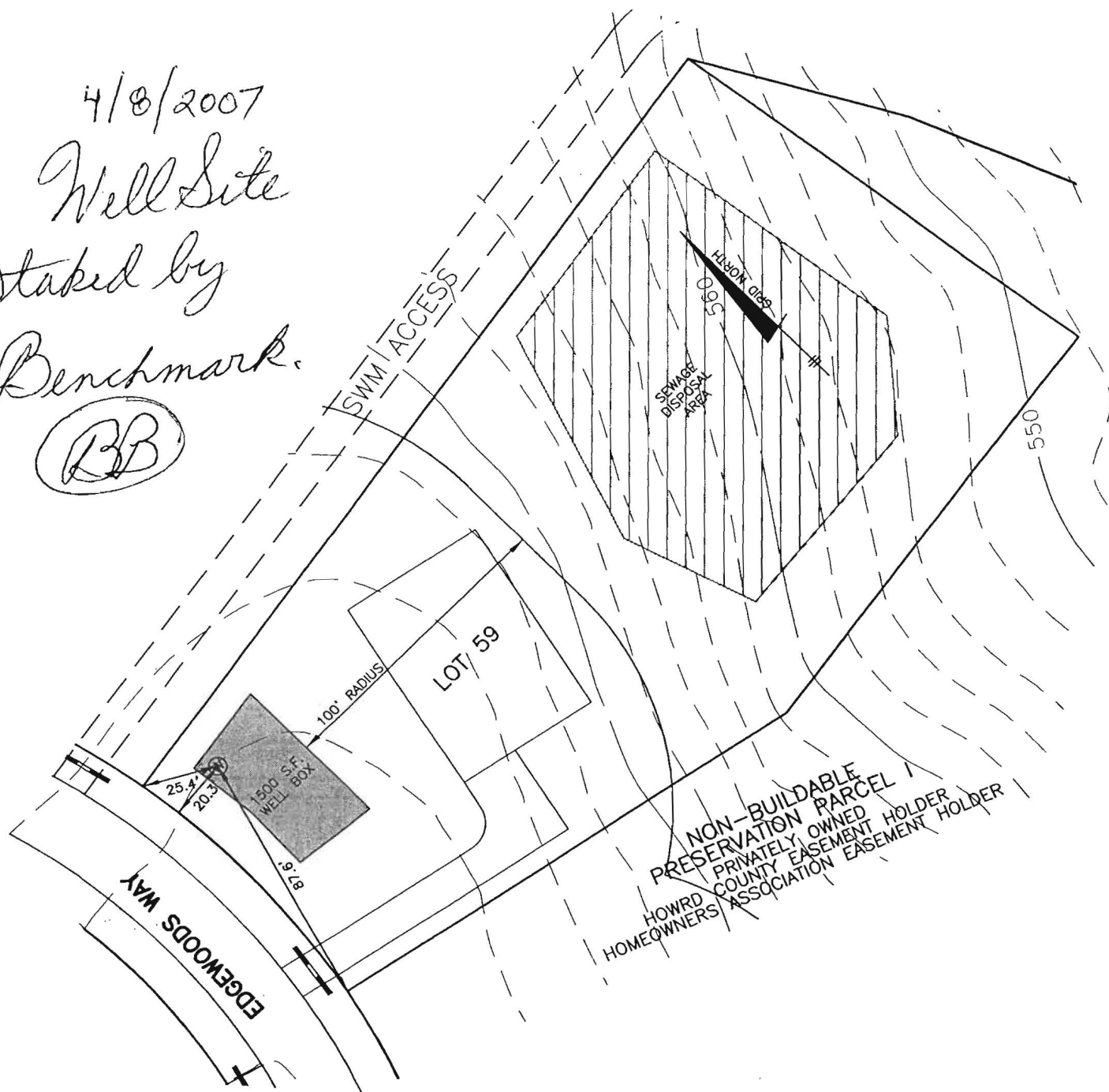
Date Insp. Requested: 11/30/2016 Date Insp. Approved: 11/30/2010 MJ
Inspection Data: Pitless adapter and water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade attached to cap properly _____
Safety rope installed inside of well casing _____
Correct well tag attached properly and casing 3" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

*Sleeved
Under Driveway*

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 59

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

January 7, 2011

Homeowner
14520 Edgewoods Way
Glenelg, MD 21737

RE: Edgewood Farm, Lot 59
14520 Edgewoods Way
BP #: B10000732
Well Tag: HO-95-2017

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 11/01/2010. Final approval of the well line connection to the dwelling was approved on 11/30/2010.**

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 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.

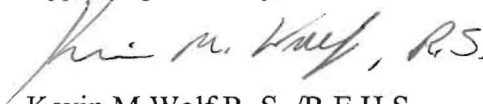
INTERIM CERTIFICATE OF POTABILITY

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-95-2017. 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: 12/29/2010
Date of Well Completion: 04/16/2007

Approving Authority,



Kevin M Wolf R. S. /R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Tabertown Rd., Westminster, MD (410) 848-1011 (410) 878-3553 FAX (410) 848-1235

REPORT OF ANALYSIS

Laboratory ID #:	78041	Account #:	1930
Reference:	Toll Brothers Lot 59	Company:	Fogle's Well Drilling
Location:	14520 Edgewood Way Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	12/29/2010 1030	Source:	Well Water
Date/Time Rec'd:	12/29/2010 1258	Site:	Basement Bathroom Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	5.6
		Well #:	HO-95-2017

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/30/2010 / 0945 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/30/2010 / 0945 / CCH
Nitrate	9.28	mg/L	10	601	12/30/2010 / 1115 / CCH
Turbidity	0.48	NTU	<10	SM18 2130B	12/30/2010 / 1035 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	12/30/2010 / 1035 / CCH

NOTES

- 1 *Revised report to show correct address. 1/6/11 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 & Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B10000732

Date Reported: 1/6/2011

MD State Certification # 133

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 12-17-10 (month/day/year)

9/26/2011
 O.K. (BB)

* PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 95 - 1059

* PERMIT NUMBER OF REPLACEMENT WELL

Ho - 95 - 2017

* PERSON ABANDONING WELL: Allen Longton

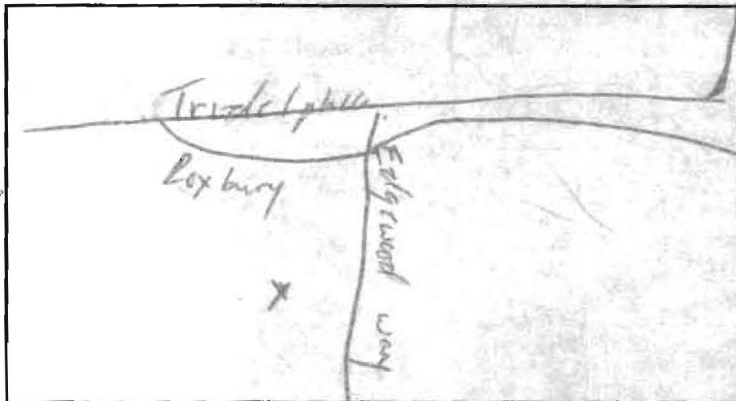
WELL DRILLERS LICENSE NUMBER: _____

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Toil Brothers

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Glencly
 TAX MAP 21 BLOCK 22 PARCEL 90
 SUBDIVISION: Edge woods Farm
 SECTION: _____ LOT: 59
 NEAREST ROAD: 14570 Edgewoods way



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>200</u>
VOLUME OF MATERIAL USED		
<u>2700 lbs</u>		

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 200' FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 2'

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 009

MWD/MSD/MGD
 CIRCLE ONE

12-17-10
 DATE