



B 1 9369

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER HO-95-0777 fill in this form completely

526283 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Toll Brothers 15 Last Name Owner First Name 34 1164 Columbia Gateway Dr. Ste 230 36 Street or RFD 55 Columbia MD 21046 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

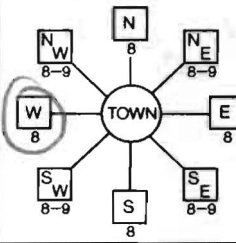
8 COUNTY Howard 21 Edgewood Farms 23 SUBDIVISION 42 SECTION 44 46 LOT 20 48 50 Blenheim 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 78

DRILLER INFORMATION

Michael Barlow MD D 355 76 License No. 81 Barlow Well Drilling Srvc Firm Name 622 Underwood Ln, Bel Air, Md Address 3/13/07 21014 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Edgewoods Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 35 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 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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 3/28/2007 Brian Baker 3/28/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 519 000 EAST GRID 793 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 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 [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 H02006-G004 PERMIT No. H0-95-0777 70 71 72 73 74 75 76 77 78 79

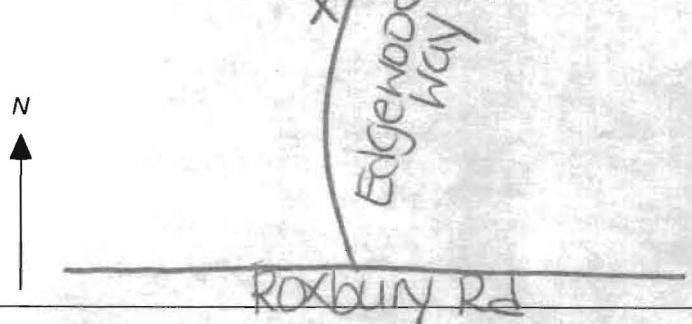
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7903 000 000 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



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: **April 3, 2007**

Well Depth: **200**

Customer	<b>Toll Brothers</b>	Permit #	<b>HO-95-0777</b>
Road	<b>Edgewoods Way</b>	Subdivision	<b>Edgewood Farms</b>
City	<b>Glenelg</b>	Section	
State	<b>Maryland</b>	Lot #	<b>20</b>

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	48	5	12.00
9:45 AM	50	5	12.00
10:00 AM	58	5	12.00
10:15 AM	58	5	12.00
10:30 AM	58	5	12.00
10:45 AM	58	5	12.00
11:00 AM	58	5	12.00
11:15 AM	58	5	12.00
11:30 AM	58	5	12.00
11:45 AM	58	5	12.00
12:00 PM	58	5	12.00
12:15 PM	58	5	12.00
12:30 PM	58	5	12.00
12:45 PM	58	5	12.00
1:00 PM	58	5	12.00

**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: Fogles Well Drilling Telephone #: 443-609-4195  
Address: 605 Woodbine Rd  
Woodbine, Md 21099

(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 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 #: 410-992-5978  
Subdivision: Edgewood Lot #: 20 Well Tag #: HO-45-0777  
Site Address: 14525 Edgewood Way

Submersible Pump Data

Make: Crawford  
Model #: 1558110-320  
Pump Capacity 15 GPM  
Well Yield: 12 GPM

Pitless Adapter

Make: Campbell  
Model #: NA  
Depth: 36 (36" min)  
NSF 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.C.: yes  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 210 (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 NA

Piping to house

Type: 1" PVC Plastic  
PSI: 160 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
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:

Signature of company representative responsible for installation: Allen Compton

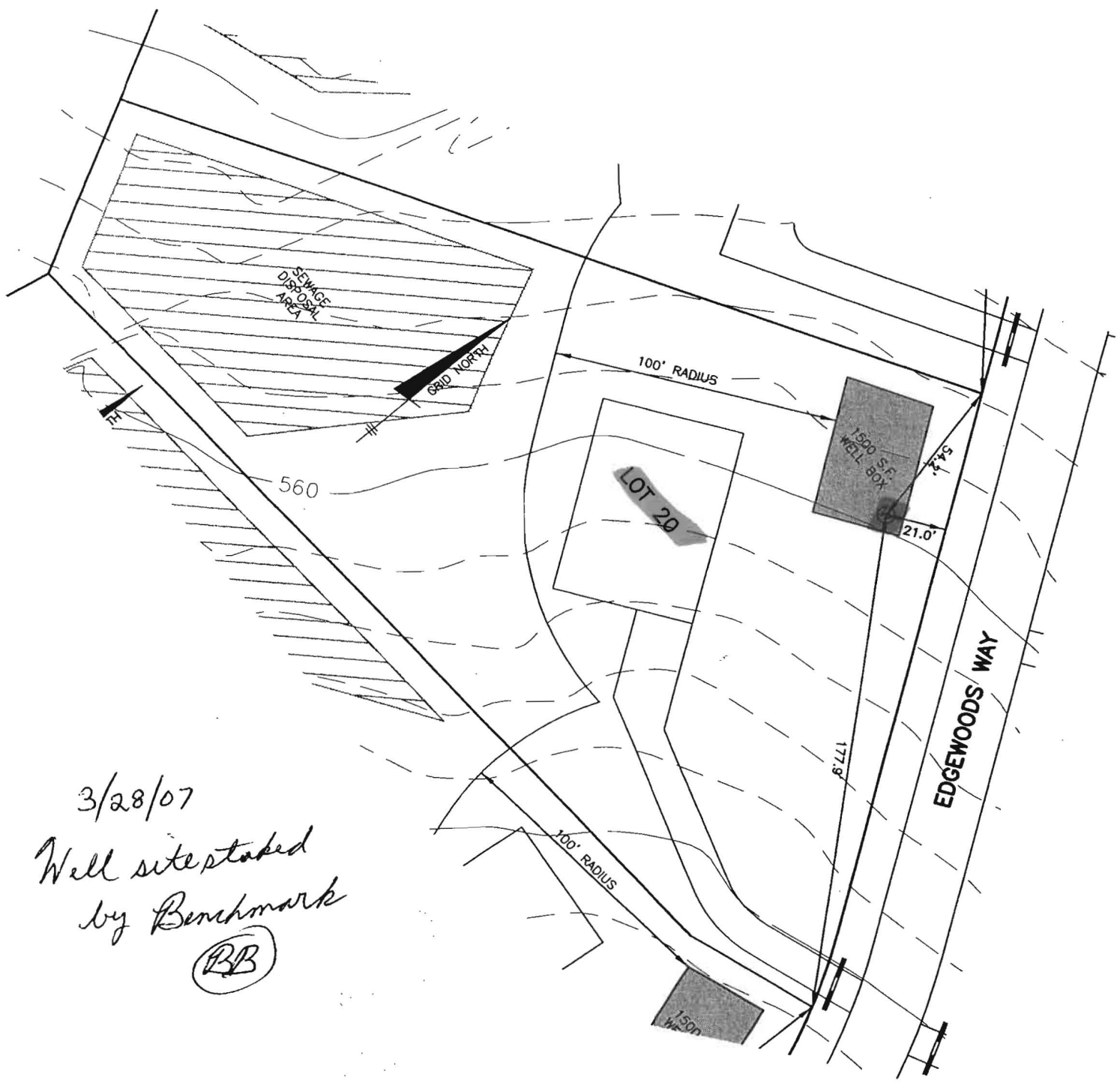
date: 12/3/09

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

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 12/1/09 **(KW)**

- |   |                                     |
|---|-------------------------------------|
| Inspection Data: Pitless adapter and water supply line at least 36" below grade | <input checked="" type="checkbox"/> |
| Two piece cap installed and attached to casing securely                         | <input checked="" type="checkbox"/> |
| Elec. conduit extends at least 18" below grade/attached to cap properly         | <input checked="" type="checkbox"/> |
| Safety rope installed inside of well casing                                     | <input checked="" type="checkbox"/> |
| Correct well tag attached properly and casing 8" above finished grade           | <input checked="" type="checkbox"/> |
| Water supply line sleeved adequately at house connection                        | <input checked="" type="checkbox"/> |
| Adequate grout observed below pitless adapter                                   | <input checked="" type="checkbox"/> |



3/28/07  
 Well site staked  
 by Benchmark  
 (BB)

**BENCHMARK**  
 ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS  
**ENGINEERING, INC.**  
 8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418  
 ELLICOTT CITY, MARYLAND 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644

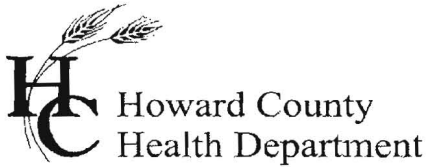
**EDGEWOOD FARM**  
**WELL LOCATION PLAN**

**LOT 20**

F-06-108

SCALE: 1" = 50'

DATE: 10-10-06



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](http://www.hchealth.org)

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

January 13, 2010

Homeowner  
14525 Edgewoods Way  
Glenelg, MD 21737

Emailed to [bjarkiew@nvrinc.com](mailto:bjarkiew@nvrinc.com)

RE: Edgewood Farm, Lot 20  
The Reserve @ Triadelphia Crossing  
14525 Edgewoods Way  
BP # B09001423  
Well Permit #HO-95-0777

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 11/30/2009. Final approval of the well line connection to the dwelling was approved on 12/01/2009.**

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 raw nitrate sample results were previously documented to be 11.1 ppm. **A nitrate 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 01/07/2010 which indicate a nitrate level of 5.3 ppm.**

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-95-0777. **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.

Furthermore, 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-95-0777 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): 12/23/2009 & 01/07/2010  
Date of Well Completion: 04/03/2007

Respectfully,



Brian Baker, R. S.  
Well and Septic Program

cc: Building Inspector's office  
Community Health Services  
File

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1418 Old Lantier Road, Westminster, MD 21157 (410) 848-1010 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #:	74002	Account #:	1930
Reference:	Toll Brothers Lot 20	Company:	Fogle's Well Drilling
Location:	14525 Edgewood Way Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	1/7/2010 1400	Source:	Well Water
Date/Time Rec'd:	1/7/2010 1530	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	V.M. Fadoul 6804VF-FS	pH:	5.8
		Well #:	HO-95-0777

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE
Nitrate	5.30	mg/L	10	601	1/7/2010 / 1545 / CCH

### 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 # : B09001423

Date Reported: 1/8/2010

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1415 Old Laneytown Rd. Westminster, MD (410) 843-1014 (410) 876-4554 FAX (410) 843-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 74001 Account #: 1930  
 Reference: Toll Brothers Lot 20 Company: Fogle's Well Drilling  
 Location: 14525 Edgewood Way Requested By: Dave Fogle  
 Glenelg, MD 21737 Source: Well Water  
 Date/ Time Collected: 1/7/2010 1400 Site: Kitchen Sink Tap  
 Date/Time Rec'd: 1/7/2010 1530 Treatment: Reverse Osmosis\*\*  
 Chlorine ppm: Free: ND Total: ND pH: 5.8  
 Collected By: V.M. Fadoul 6804VF-FS Well #: HO-95-0777

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/8/2010 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/8/2010 / 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 # : B09001423

Date Reported: 1/8/2010

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

113 Old Taneytown Rd., Westminster, MD (410) 848-1014 (410) 870-4554 FAX: (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	73894	Account #:	1930
Reference:	Toll Brothers Lot 20	Company:	Fogle's Well Drilling
Location:	14525 Edgewood Way Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	12/23/2009 1220	Source:	Well Water
Date/Time Rec'd:	12/23/2009 1550	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.2
		Well #:	HO-95-0777

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	118.4	MPN/ 100 ml	<1.0	SM18 9223	12/24/2009 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/24/2009 / 1000 / BCD
Nitrate	11.1	mg/L	10	601	12/23/2009 / 1600 / CCH
Turbidity	0.84	NTU	<10	SM18 2130B	12/23/2009 / 1600 / CCH
Sand	NS	mg/L	5	Visual/Gravimet	12/23/2009 / 1600 / 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 and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B09001423

Date Reported: 12/28/2009