

C1 | 6523 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 4 12 07

Depth of Well 22 250 26 6/1/07 (TO NEAREST FOOT) O.K. PB

COUNTY NUMBER PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-45-1055

OWNER TOLL Brothers STREET OR RFD Edgewoods Way TOWN Glenelg SUBDIVISION Edgewood Farms SECTION LOT 55

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for BROWN SANDY SOIL, SOFT BROWN WEATHERED MICA ROCK, LAYERS OF WHITE QUARTZ + BROWN MICA ROCK, HARD GRAY ROCK, WATER BEARING AT 127 FT. + 235 FT.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter (6) Total depth of main casing (43)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) DEPTH (nearest ft.)

Table for screen record with columns for depth and diameter of screen.

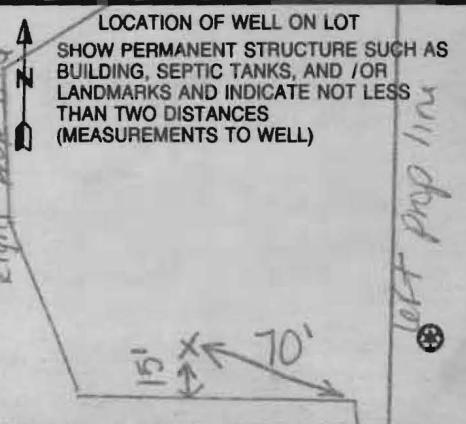
C 3

PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (8 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (BUCKET), WATER LEVEL (49 ft. before, 210 ft. when pumping), TYPE OF PUMP USED (S - submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (48)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A (Abandoned and Sealed), 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"

DRILLERS LIC. NO. 1 MWD 355 DRILLERS SIGNATURE 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

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

B 1 9371

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HO-95-1055 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 TOLL Brothers 15 Last Name Owner First Name 34 7164 Columbia Gateway Dr. Ste 230 36 Street or RFD 55 Columbia MD 21046 57 Town 70 State 72 Zip 76

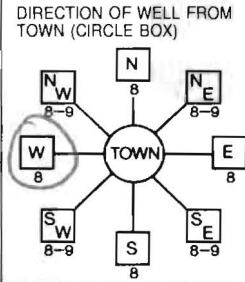
B 3 HOWARD LOCATION OF WELL

8 COUNTY Howard 21 Edgewood Farms 23 SUBDIVISION 42 SECTION 44 46 LOT 55 48 50 GLENELG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

DRILLER INFORMATION

michael barlow M W D 355 76 License No. 81 Barlow Well Drilling Srvc 53A Underwood Ln, Bel Air, Md Address 3/13/07 2104 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Edgewoods Hwy 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 150 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 12 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 500 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 4/8/2007 Brian Baker 4/8/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 519 0 0 0 50 55 EAST GRID 793 0 0 0 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 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 30 CABLE REVERSE-ROTary DRIVE-POINT 37 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

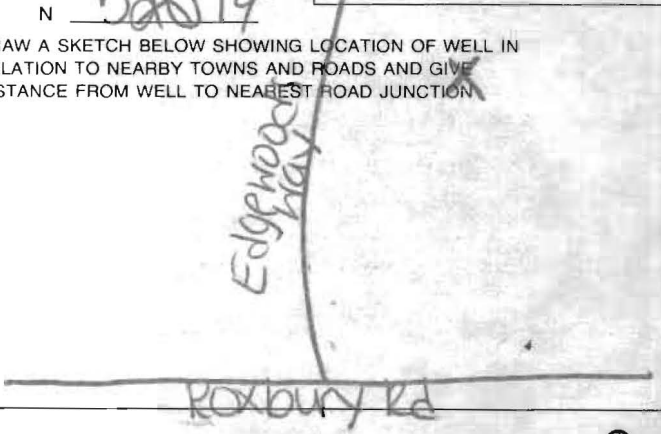
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7913 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



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

APPROP. PERMIT NUMBER HO-2006-G004 PERMIT No. HO-95-1055 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 **Bel Air, Maryland 21014**
(410) 838-6910 **Fax (410) 838-3582**

WELL YIELD REPORT

Date Test Completed:		April 12, 2007	
Well Depth:		250	feet
Customer	Toll Brothers	Permit #	HO-95-1055
Road	Edgewoods Way	Subdivision	Edgewood Farms
City	Glenelg	Section	
State	Maryland	Lot #	55

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	49	6	10.00
9:45 AM	114	6	10.00
10:00 AM	152	7.5	8.00
10:15 AM	176	7.5	8.00
10:30 AM	190	7.5	8.00
10:45 AM	198	7.5	8.00
11:00 AM	203	7.5	8.00
11:15 AM	206	7.5	8.00
11:30 AM	208	7.5	8.00
11:45 AM	209	7.5	8.00
12:00 PM	209	7.5	8.00
12:15 PM	210	7.5	8.00
12:30 PM	210	7.5	8.00

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, Painless Adapter, and Supply Pipeline

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 and Pump Care Telephone #: 413-346-3659
Address: 3200 14th Avenue
Arroyo, CA 97331

(Please circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of person responsible for the field installation: _____ License: PT-116

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

Name of Property Owner: Franklin Telephone #: 361-310-0835 Beck
Subdivision: The Meadows at ... Lot #: 55 Well Tag #: HO-95-1055
Site Address: 102 ...

Description of well: _____
Fiberglass casing: Wilo, 4" x 10'
Motor: 3/4 HP
Depth: 30'
Not approved: ✓
Well Cap and Electric Conduit:
Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit runs 20' B.G.: ✓
Conduit secured to well cap: ✓
Well cap capacity: _____
Well field, low water cut-off switch is required by NSPC 1990 Section 17.3.4
If the installation of this pump is required - Mark circle one
If any rope, if used, is to be inside of well casing, with eye bolt _____

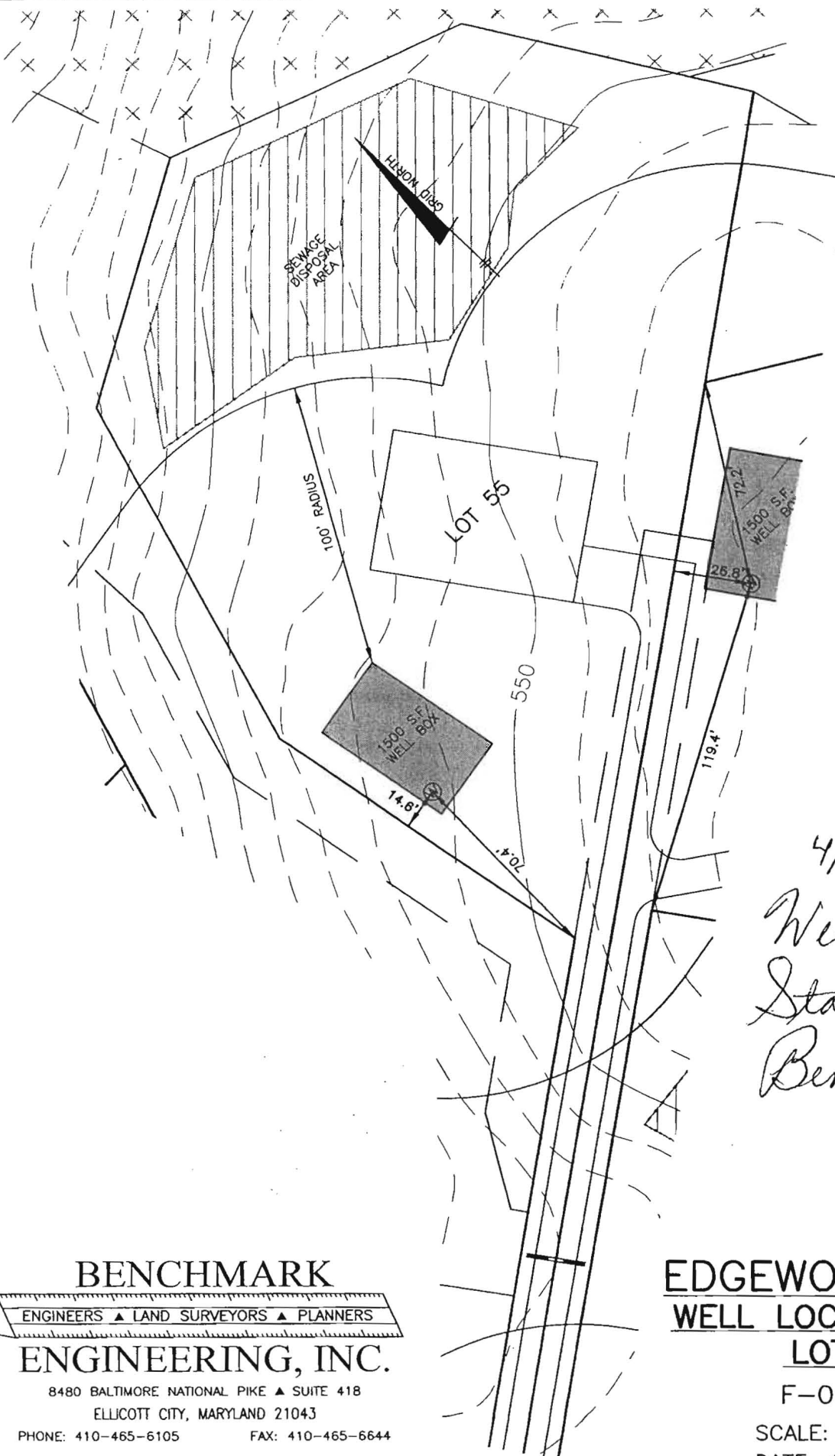
Well Connection:
1. Connected to undisturbed soil or well penetration: ✓
2. Pipe must length of sleeve: _____
3. Sleeve must be sealed properly: ✓

Minimum distance from the septic tank, pump chamber, sewage piping, distribution system, storage tanks, etc. If not done, contact this office for approval.

Signature of person responsible for installation date: 11/18/08

Health Department Date to be completed by installer

Date Insp. Requested: _____ Date Insp. Approved: 12/22/08 RR
1. Well casing must be at least 12" below grade _____
2. Well casing must be attached to casing ground _____
3. Well casing must be attached to cap properly _____
4. Well casing must be inside of well casing _____
5. Well casing must be attached properly and casing 8" above finished grade _____
6. Well casing must be sleeved properly at house connection _____
7. Well casing must be observed before pump adapter _____



4/8/07
 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 55

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

January 20, 2009

Toll Brothers
7162 Columbia Gateway Drive, #230
Columbia, MD 21046

SENT VIA FACSIMILE 410-489-2278

RE: Edgewood Farm, Lot 55
The Reserve @ Triadelphia Crossing
14536 Edgewoods Way
Glenelg, MD 21737
BP # B08000746
Well Permit #HO-95-1055

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 10/22/2008. Final approval of the well line connection to the dwelling was approved on 10/22/2008.**

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-95-1055. 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: 01/06/2009 & 01/19/2009
Date of Well Completion: 04/12/2007

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com
Maryland State Certified Laboratory # 318

LETTER OF RESULTS

Home Land Septic Consulting
Attn: Tim Shotzberger
5414-A Arcadia Road
Upperco, Maryland 21155

Report Date: January 20, 2009

S/O#: 71155

The following information was provided by Home Land Septic Consulting:

**Reference: 14536 Edgewoods Way Lot # 55
Glenelg, MD 21739**

Well Information: HO-95-1055

Date/Time Sampled: January 19, 2009 at 8:30 am
Date/Time Received: January 19, 2009 at 12:45 pm

Listed below are results of drinking water analyses on a water sample collected by self (certified sampling #8065TS) and delivered to Trace Laboratories for analysis:

<u>Parameter</u>	<u>Result</u>	<u>MCL</u>	
Total Coliform:	Absent	Absent	Pass
E. coli:	Absent	Absent	Pass

MCL=Maximum Contamination Level

Allison R. Milburn
Allison R. Milburn
Manager - Drinking Water Testing

NOTE: Trace Laboratories is not responsible for the collection or the transportation of the sample.

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401

State Certified Water Quality
Laboratory # 106



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 139

REPORT OF ANALYSIS

Tim Shotzberger
Home Land Septics
308 Liberty Road
Baltimore, MD 21221

Lab Number: 80965
Date Received: 1/6/09 12:45
Project: HO-95-1055

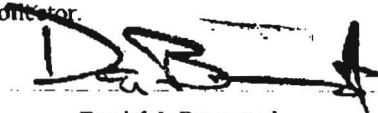
Sample No: 80965-01 Sampled: 1/6/2009 8:30:00 AM
Client ID: Lot #55-Edgewood Sampler: 8065TS Shotzberger
Farm@the
Reserve@Triadelphia
Crossing
14536 Edgewoods Way
Gelenlg, MD 21739

Parameter	Method	Result	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	SM 9223	Present/FAIL	Per/100ml	1	1/6/2009	LH
Clarity	Visual	Clear			1/6/2009	
Nitrate + Nitrite as N	EPA 353.2	< 1.1	mg/l	1.1	1/7/2009	PM
Sand	Visual	0	g/L		1/6/2009	
Turbidity	EPA 180.1	< 0.5	NTU	0.5	1/7/2009	PM
Bacteria-E.coli	SM 9223	Absent/PASS	Per/100ml	1	1/6/2009	LH
Nitrite-N	EPA 353.2	< 0.1	mg/l	0.1	1/7/2009	PM
Nitrate-N	EPA 353.2	< 1.0	mg/l	1.0	1/7/2009	PM

Notes:

- 80965-01 Maximum Contaminate Level in Drinking Water for Nitrate+Nitrite is 10.0 mg/L, Nitrate-N 10.0 mg/L and Nitrite-N 1.0 mg/L as established by the US EPA.
- 80965-01 No chlorine present at the time of collection as reported by the sample collector.

Reviewed and Approved by:


Daniel J. Brumsted
Laboratory Director

No Rush Chain of Custody Form

Please fax a copy of the results to Howard County: (410) 313-2648



HOME LAND
SEPTIC
CONSULTING, LLC

5414-A Arcadia Road

Upperco, MD 21155

Phone (443) 995-5385 Fax (443) 267-0098

Tim@MDWellandSeptic.com

Site Address

Toll Brothers Lot #55

Edgewood Farm @ the Reserve @ Triadelphia Crossing

14536 Edgewoods Way

Gelenig, MD 21739

80965
1/8
DUE

Field Collection Information

Collected Date and Time: January 6, 2008 8:30 AM

Collector's Name: Tim Sholtzberger

Sampler ID Number: 8065TS

Well Tag Number: 110 95 1055

Sand: clear

Field PH: 6.5

Field Chlorine: 0.0

Clear when Water Drawn: yes

Was well Chlorinated? No

Requested Testing:
U&O Water Sample
Bacteria
Nitrates
Turbidity
Sand

Water Conditioning:

Well Casing/Cap Condition:
Height above grade: <u>30"</u>
Cap Type: <u>2 piece PVC</u>
Casing: <u>6" PVC</u>
Conduit: <u>good</u>

Plumbing Notes:

Released By: [Signature]

Date/Time: 1/6 12:45 PM

Received By: [Signature]

Date/Time: 1/6/08 12:45 PM

Received in Lab By: [Signature]

Date/Time: 1/6/08 12:45 PM