

C1 8091 SEQUENCE NO. (MDE USE ONLY)

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

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

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 405 26 5/31/07 PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-07710

OWNER TOLL Brothers last name first name STREET OR RFD Edgewoods Way TOWN Etnahg SUBDIVISION Edgewood Farms SECTION LOT 19

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 10 NO. OF POUNDS 404

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BR BRASS BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO 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 D553

DEPTH (nearest ft.) 1 2 40 405 3 8 9 11 15 17 21 4 23 24 26 30 32 36 5 38 39 41 45 47 51 6 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

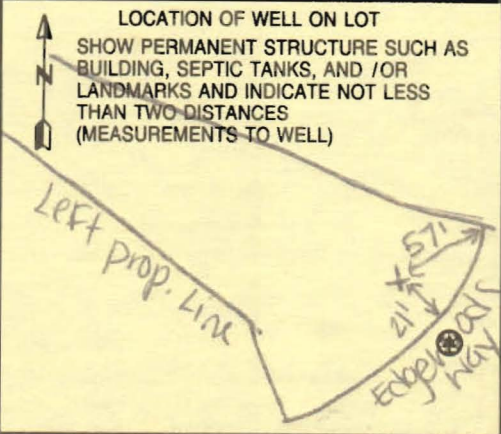
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST 1 2 HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Timer Backer WATER LEVEL (distance from land surface) BEFORE PUMPING 55 17 20 ft. WHEN PUMPING 132 22 25 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 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. 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) 50 51



B 1 9368

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-95-0776 fill in this form completely

Date Received (APA)

OWNER INFORMATION

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

B 3

LOCATION OF WELL

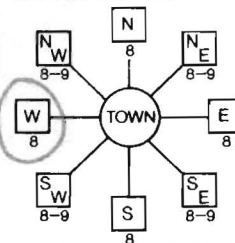
8 COUNTY Howard 21 Edgewood Farms 23 SUBDIVISION 42 SECTION 44 46 LOT 19 48 50 52 NEAREST TOWN Blaine 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

DRILLER INFORMATION

Driller's Name Michael Barlow M W D 355 76 License No. 81 Firm Name Barlow Well Drilling Srvc Address 62 Underwood Ln, Bel Air, Md Signature Date 3/13/07 2104

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Edgewoods Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 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 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 41 DATE ISSUED 3/28/2007 Brian Baker 3/28/2009 48 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 518 000 50 55 EAST GRID 793 000 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 DEEPEM 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)

APPROX. PERMIT NUMBER H02006_G004 PERMIT No. HO-95-0776 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 N 52018 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION Edgewood Way Roxbury Rd

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:	405	feet	
Customer	Toll Brothers	Permit #	HO-95-0776
Road	Edgewoods Way	Subdivision	Edgewood Farms
City	Glenelg	Section	
State	Maryland	Lot #	19

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:00 AM	55	5	12.00
9:15 AM	76	5	12.00
9:30 AM	96	5	12.00
9:45 AM	120	5	12.00
10:00 AM	132	5	12.00
10:15 AM	132	5	12.00
10:30 AM	132	5	12.00
10:45 AM	132	5	12.00
11:00 AM	132	5	12.00
11:15 AM	132	5	12.00
11:30 AM	132	5	12.00
11:45 AM	132	5	12.00
12:00 PM	132	5	12.00
12:15 PM	132	5	12.00
12:30 PM	132	5	12.00
12:45 PM	132	5	12.00
1:00 PM	132	5	12.00

Att: 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 Pump + water Telephone #: 443-846-8659
Address: 5414 A Arcadia Ave
Upperville, MD 21155

(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# PI 0161

*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 #: 301-370-0235
Subdivision: Tidelphia Crossing Lot #: 19 Well Tag #: HO-95-0776
Site Address: 14521 Edgewoods Way
Calverly, MD

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Cornukes Make: Cornell Two piece watertight cap:
Model #: ISS0007180 Model#: PA 800 Screened, vented well cap:
Pump Capacity 15 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 180 (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

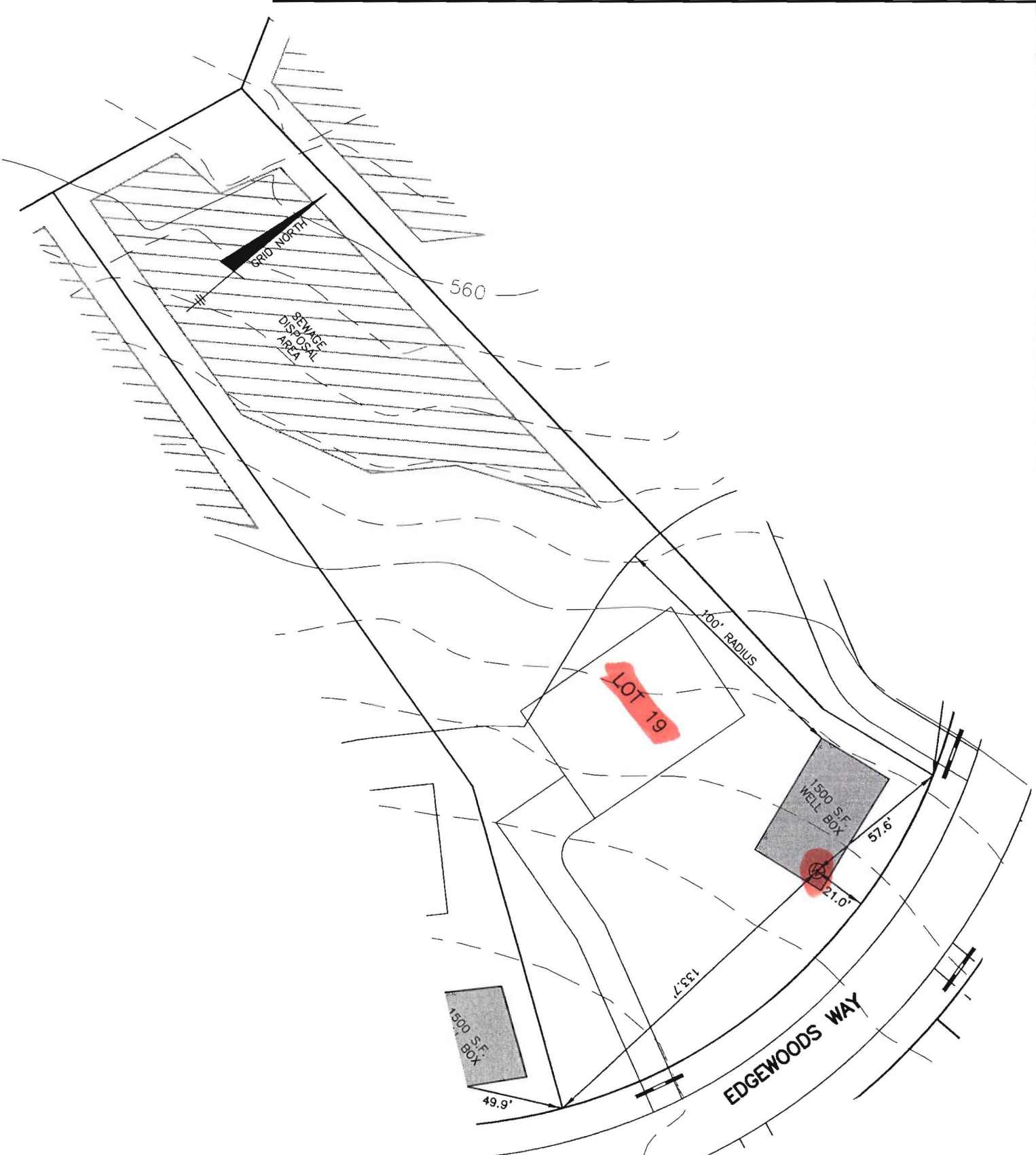
Piping to house **House Connection**
Type: SUDR9HDF pipe PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 36" min Sleeve caulked and sealed properly:

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 of company representative responsible for installation: [Signature] date: 7/25/08

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

Date Insp. Requested: _____ Date Insp. Approved: [Signature] 7/17/08
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



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

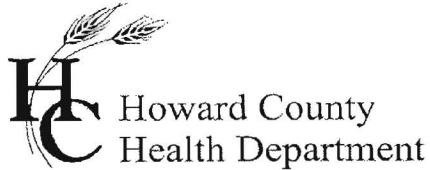
**EDGEWOOD FARM
WELL LOCATION PLAN**

LOT 19

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

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

~~September~~^{November} 26, 2008

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

RE: Edgewood Farm, Lot 19
The Reserve @ Triadelphia Crossing
14521 Edgewoods Way
Glenelg, MD 21737
BP # B08000747
Well Permit #HO-95-0776

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 09/10/2008. Final approval of the well line connection to the dwelling was approved on 07/17/2008**

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 raw nitrate sample results were previously documented to be 10.7 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 11/20/2008 which indicate a nitrate level of <1.0 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-95-0776. **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-95-0776 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Sample(s): 11/12/2008 & 11/20/2008
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

From: TRACE LABS INC

4105849117

11/21/2008 11:46

#869 P.001/002



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.trace1abs.com / Email: info@trace1abs.com

Maryland State Certified Laboratory # 318

LETTER OF RESULTS

Home Land Septic Consulting
 308 Liberty Road
 Baltimore, MD 21221

Report Date: November 21, 2008

S/O#: 70612

The following information was provided by Home Land Septic Consulting:

Reference: Toll Brothers - Lot # 19
 Edgewood Farm @ the Reserve @ Triadelphia Crossing
 14521 Edgewoods Way
 Glenelg, MD 21037

Well Information: HO-95-0776
 2-Piece Cap
 Satisfactory

Treatment: Nitrate Reduction System R10

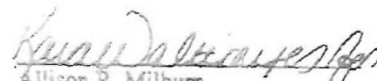
Date/Time Sampled: November 21, 2008 at 2:00 pm

Date/Time Received: November 21, 2008 at 3:00 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>	
Nitrate-N:	<1.0 mg/L as N	10 mg/L as N	Pass

MCL=Maximum Contamination Level


 Allison R. Milburn
 Manager - Drinking Water Testing

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



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 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 Sholtzberger
 5414-A Arcadia Road
 Upperco, Maryland 21155

Report Date: November 13, 2008

S/O#: 70495

The following information was provided by Home Land Septic Consulting:

Reference: Toll Brothers Lot #19
 Edgewood Farm @ the Reserve @ Triadelphia Crossing
 14521 Edgewoods Way
 Glenelig, MD 21039


Well Information: HO-95-1776 Field pH: 5.5 Units
 2-Piece Cap
 Satisfactory

Date/Time Sampled: November 12, 2008 at 10:30 am
 Date/Time Received: November 12, 2008 at 11:00 am

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
Nitrate-N:	1.0 mg/L as N	10 mg/L as N	FAIL
Turbidity:	<1.0 NTU	10 NTU	Pass

MCL=Maximum Contamination Level


 Allison R. Milburn
 Manager - Drinking Water Testing

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