

C1 6504 (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)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 22 275 26 5/31/07

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-0785

OWNER TOLL Brothers last name first name STREET OR RFD benworth way TOWN Glenelig SUBDIVISION Edgewood Farms SECTION LOT 29

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: BROWN SANDY SOIL (0-30), SOFT BROWN WEATHERED MICHA ROCK (30-52), LAYERS OF SOFT BROWN SAND ROCK & WHITE FLINT (52-85), HARD GRAY ROCK (85-275), WATER BEARING AT 50 FT., 115 FT., & 260 FT.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 30 NO. OF POUNDS 2820 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 91 ft.

CASING RECORD

caseing types insert appropriate code below [ST] [CO] [PL] [OT] MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 6 91

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

SCREEN RECORD

screen type or open hole insert appropriate code below [ST] [BR] [HO] [PL] [OT] DEPTH (nearest ft.) 1 2 3 40 91 275

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no [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 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. 1 M W D 355 DRILLERS SIGNATURE LIC. NO. 1 D

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

Table with columns: E A C H S R E E N, rows for casing and screen data. Includes slot size and diameter of screen.

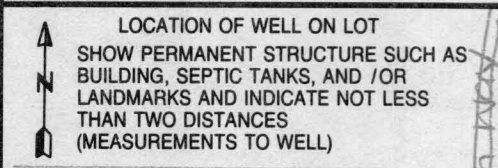
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 8 9 58 PUMPING RATE (gal. per min.) 11 15 8.58 METHOD USED TO MEASURE PUMPING RATE Timber Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 79 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] 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) [X] above [] below LAND SURFACE (nearest foot) 49 50 51



14.5' 20.5'

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 Columbia MD 21046
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
 8 COUNTY 21
 Howard
 Edgewood Farms
 23 SUBDIVISION 42
 SECTION 44 46 LOT 29 48 50
 Colene lg
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 MI
 73 76 77 78

DRILLER INFORMATION
 Michael Barlow MW D 355
 Driller's Name 76 License No. 81
 Barlow Well Drilling SRV
 Firm Name
 622 Underwood Ln, Bel Air, Md 21014
 Address
 Mike 3/13/07
 Signature Date

B 4
 1 2
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 Bensworth Way
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 400
 34 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 21 BLK: 22 PARCEL 90

B 2 **WELL INFORMATION**
 1 2
 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

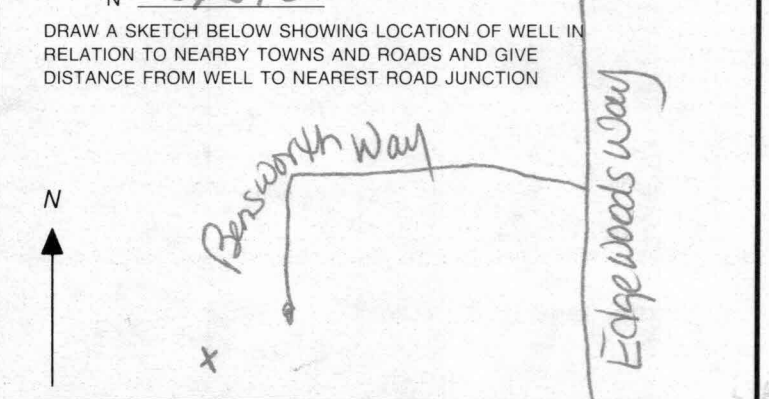
NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
 Howard (13) A518964
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE
 DATE ISSUED 3/30/2007 Brian Baker 3/30/2008
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 518 0 0 0 EAST GRID 792 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

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 7902
 N 52018
 000
 000

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)
 APPROP. PERMIT NUMBER H02006 G004
 PERMIT No. H0-95-0785
 70 71 72 73 74 75 76 77 78 79

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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, LLC Telephone #: 443-609-4195
Address: P.O. Box 202
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# MSD 009

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Toll Brothers Telephone #: 410-992-5978
Subdivision: Edgewood Lot #: 29 Well Tag #: HO-95-0785
Site Address: 14334 Bensworth Way
Glennelg md 21738

Submersible Pump Data

Make: Grundfos
Model #: 1550E10-800
Pump Capacity 10 GPM
Well Yield: 8.5 GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 36" (36" min)
NSF/WSC 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.G.: YES

Depth of well encountered at time of pump installation: 275 (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, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 5'
Sleeve sealed properly: YES

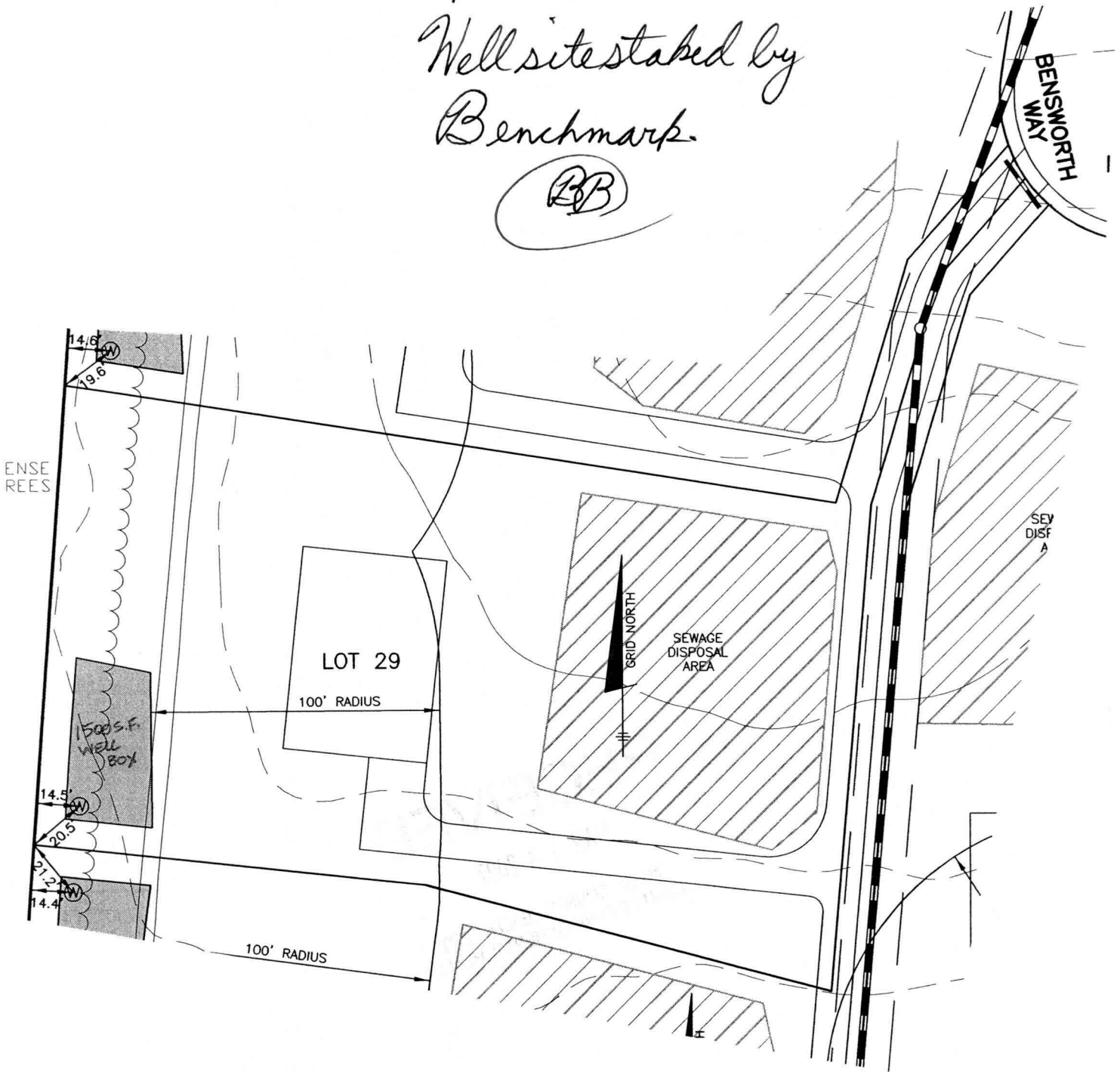
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 3-12-12

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

Date Insp. Requested: _____ Date Insp. Approved: 3/13/2012 Inspector: (BB)
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

3/30/07
 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

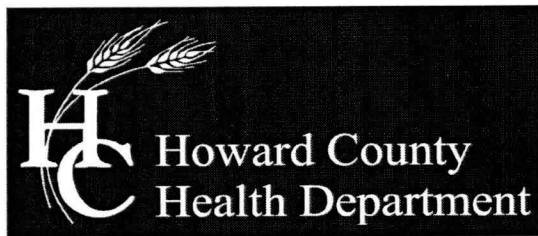
WELL LOCATION PLAN

LOT 29

F-06-108

SCALE: 1" = 50'

DATE: 10-10-06



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 7, 2013

August 7, 2012

Homeowner
14334 Bensworth Way
Glenelg, Maryland 21737

**RE: Edgewood Farm, Lot #29
14334 Bensworth Way
Building Permit: B11003633
Well Permit: HO-95-0785**

Dear Homeowner:


This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **07/27/2012**. Final approval of the well line connection to the dwelling was granted on **03/12/2012**. The well construction was completed on **04/04/2007**. Water samples were collected on **07/13/2012**

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. 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-95-0785. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,


Dana Bernard
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 85290 Account #: 1930
Reference: Toll Brothers Lot 29 Company: Fogle's Well Drilling
Location: 14334 Bensworth Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 7/13/2012 0936 Site: Kitchen Sink Tap ✓
Date/Time Rec'd: 7/13/2012 1128 Treatment: None ✓
Chlorine ppm: Free: ND ✓ Total: ND ✓ pH: 6.4
Collected By: J. Fogle 1974JF Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	7/14/2012 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	7/14/2012 / 1000 / BCD
Nitrate	1.86 ✓	mg/L	10	601	7/13/2012 / 1430 / CCH
Turbidity	0.55 ✓	NTU	<10	SM18 2130B	7/13/2012 / 1250 / JKW
Sand	NS ✓	mg/L	5	Visual/Gravimetric	7/13/2012 / 1250 / JKW

OK reb 7/26/12

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; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy

Date Reported: 7/16/2012