

C1 7034

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 13 A518964

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 3/23/07

Depth of Well 225 5/31/07

PERMIT NO. HO-95-0771

OWNER Toll Brothers Inc. STREET OR RFD Corys Court TOWN Glenelg SUBDIVISION Edgewood Farm SECTION LOT 14

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include RED-BROWN SANDY SOIL, WEATHERED SANDSTONE, BROWN SAND, WEATHERED ROCK, HARD GRAY ROCK, WATER BEARING AT: 130, 175, 205.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y) NO (N). CIRCLE APPROPRIATE LETTER: A, E, P.

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...

DRILLERS LIC. NO. MWD 355. DRILLERS SIGNATURE. LIC. NO. D.

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

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS: 27. NO. OF POUNDS: 2538. GALLONS OF WATER: 162. DEPTH OF GROUT SEAL: 0 ft.

CASING RECORD. MAIN CASING TYPE: PL. Nominal diameter top (main) casing: 6. Total depth of main casing: 82.

OTHER CASING (if used). diameter, depth (feet) from to.

SCREEN RECORD. screen type or open hole: ST (STEEL), BR (BRASS), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER).

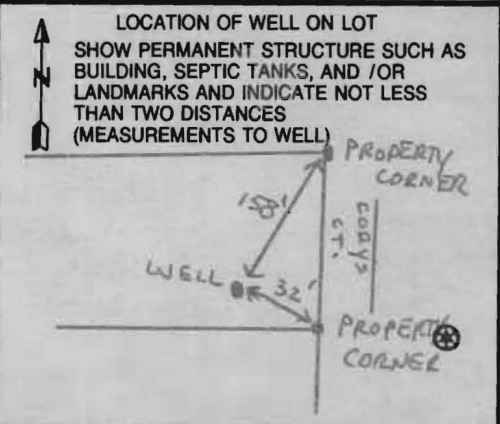
DEPTH (nearest ft.) table with rows for casing sections and slot size.

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. TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST. HOURS PUMPED: 3. PUMPING RATE: 12.0 gal. per min. METHOD USED TO MEASURE PUMPING RATE: BUCKET. WATER LEVEL: BEFORE PUMPING 31 ft., WHEN PUMPING 96 ft. TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED. DRILLER INSTALLED PUMP: YES (NO). IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED: S. 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, - below. LAND SURFACE (nearest foot) 1.



B 1 9364

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

40-95-0771 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34

7164 Columbia Exchange Dr, Suite 230

Columbia, Md 21046

DRILLER INFORMATION

Michael Barlow MW D 355 Driller's Name License No. 81

Barlow Well Drilling serv Firm Name

533 Underwood Ln, Bel Air, Md Address

Mo 3/13/07 Date

LOCATION OF WELL

Howard 8 COUNTY 21

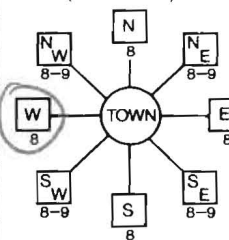
Edgewood Farms 23 SUBDIVISION 42

SECTION 44 46 LOT 14 48 50

Glencig 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD Roxbury Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

170 34 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 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 3/21/2007 Brian Baker 3/21/2008

43 MM DD YY 48 CO SIGNATURE EXP DATE NORTH GRID 50 517 0 0 0 EAST GRID 57 792 0 0 0

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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)

- 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 H02006-0004

PERMIT No 40-95-0771

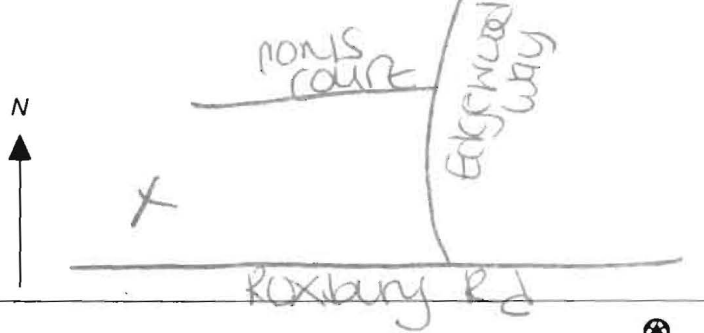
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7902 N 52017

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: **March 23, 2007**

Well Depth: **225** feet

Customer Toll Brothers
 Road Edgewoods Way
 City Glenelg
 State Maryland

Permit # HO-95-0771
 Subdivision Edgewood Farms
 Section _____
 Lot # 14

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:15 AM	31	5	12.00
9:30 AM	52	5	12.00
9:45 AM	96	5	12.00
10:00 AM	96	5	12.00
10:15 AM	96	5	12.00
10:30 AM	96	5	12.00
10:45 AM	96	5	12.00
11:00 AM	96	5	12.00
11:15 AM	96	5	12.00
11:30 AM	96	5	12.00
11:45 AM	96	5	12.00
12:00 PM	96	5	12.00
12:15 PM	96	5	12.00
12:30 PM	96	5	12.00
12:45 PM	96	5	12.00

John

**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 Link, Inc. Telephone #: 413-346-8659
Address: 535 W. Main St.
Howard, PA 17331

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

Licensed and responsible for the field installation: PT 0161
The location of the well, pitless adapter, and pump 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: Deborah Telephone #: 410-376-0835 Becht
Street: 14 Lot #: 14 Well Tag #: HO-8-0771
Site Address: 14000 MD 273

Pitless Adapter **Well Cap and Electric Conduit**
Make: Swirell Two piece watertight cap:
Model: PA-80C Screened, vented well cap:
Depth: 36" min. Cap secured to casing:
NIP cap: Conduit min 1/2" B.G.:
Depth of well installation: 36 (feet) Conduit secured to well cap:
Capacitor, or other electrical components, must be required by NSPC 1930 Section 17.5.4
If a disconnect switch is required - Must circle one
Check cap, if installed, must be made of well casing with eye bolt

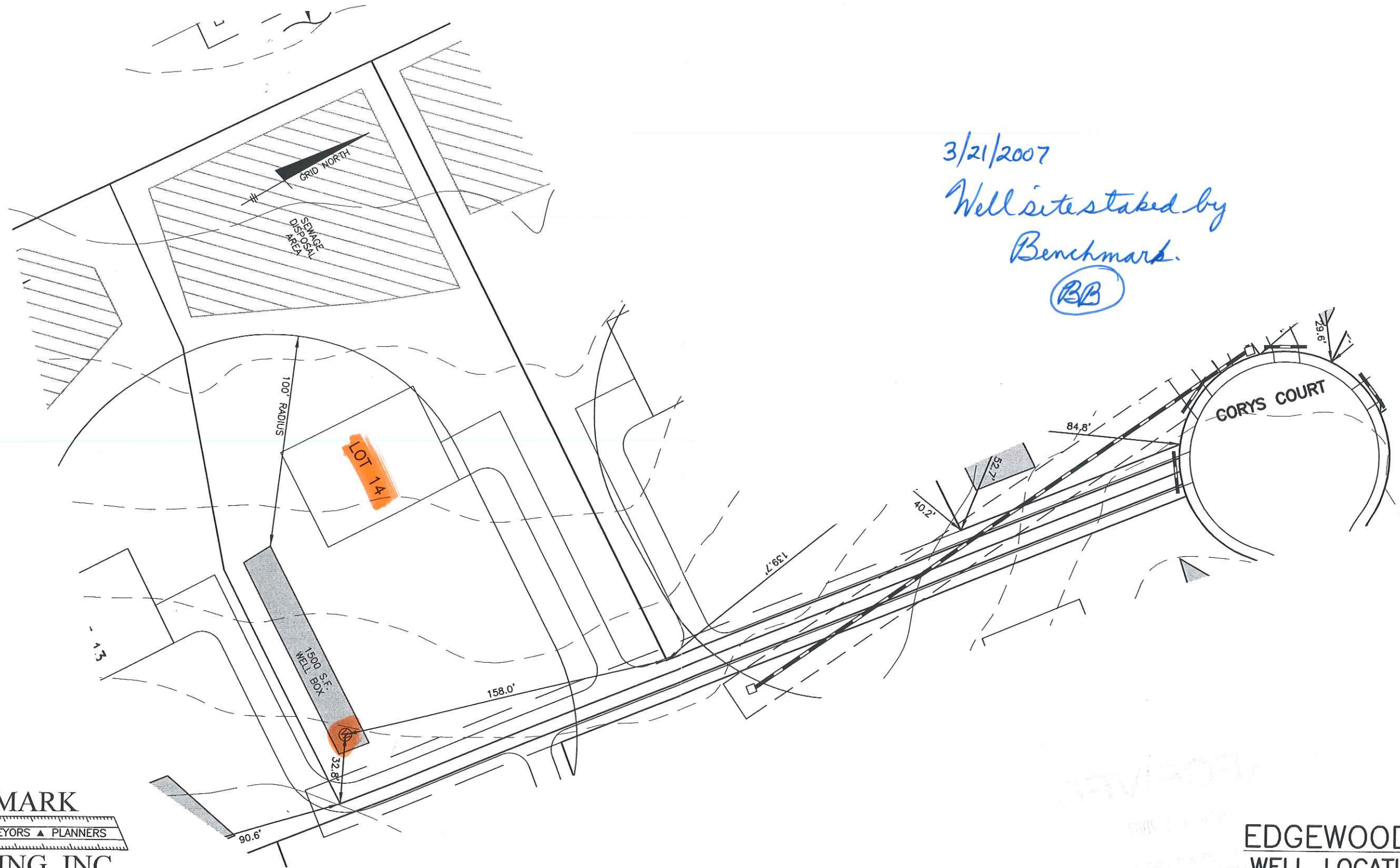
Ground Connection
EWC allowed to undisturbed soil or wall penetration:
Appropriate length of sleeve: 10'
Sleeve worked and sealed properly:

The well cap, pump chamber, or pump must be at least 12 feet from the septic tank, pump chamber, sewer piping, or other underground utility or sewerage collection lines. If this spacing be accomplished, contact this office for approval.

Signature of Installer: _____ Date: 11/18/08
Signature of Property Representative: _____

Health Department Fee: _____ (Must be completed by installer)

- Signature & Date: 10/17/08 Date Insp. Approved: 10/20/08 (KW)
- Water supply pipe at least 1" below grade
 - Casing and pitless adapter secured
 - Screener at least 1/2" below grade attached to cap properly
 - Cap installed inside of well casing
 - Casing attached properly and casing 8" above finished grade
 - EWC sleeve installed at house connection
 - Well cap observed below pitless adapter



3/21/2007
 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 14
 F-06-108
 SCALE: 1" = 50'
 DATE: 10-10-06

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Cabinerow Rd., Westminster, MD 21157-1014 (410) 576-4554 FAX (410) 576-0298

REPORT OF ANALYSIS

Laboratory ID #:	70284	Account #:	2333
Reference:	Toll Brothers Lot 14	Company:	Homeland Septic Consulting
Location:	14621 Corys Court Glenelg, MD 21737	Requested By:	Mike Dodd
Date/ Time Collected:	2/20/2009 1100	Source:	Well Water
Date/Time Rec'd.	2/20/2009 1330	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Dodd 6244MD	pH:	6.8
		Well #:	HO-95-0771

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/21/2009 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/21/2009 / 0900 / CCH
Nitrate	4.17	mg/L	10	601	2/20/2009 / 1600 / ccq
Turbidity	1.41	NTU	<10	SM18 2130B	2/20/2009 / 1445 / CCH
Sand	NS	mg/L	5	Visual/Gravimetr	2/20/2009 / 1500 / CCH

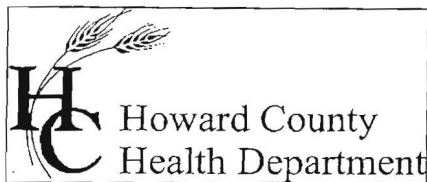
NOTES

- 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 tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B08001914

Date Reported: 2/23/2009

MD State Certification # 133



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

February 24, 2009

Homeowner
14621 Corys Court
Glenelg, MD 21737

SENT VIA FACSIMILE 410-489-2278

RE: Edgewood Farm, Lot 14
The Reserve @ Triadelphia Crossing
14621 Corys Court
BP # B08001914
Well Permit #HO-95-0771

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 11/21/2008. Final approval of the well line connection to the dwelling was approved on 10/20/2008.**

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-95-0771. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 02/20/2009

Date of Well Completion: 03/23/2007

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", with a long horizontal flourish extending to the right.

Kevin Wolf, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File