



B 1 9355  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0766  
70 fill in this form completely 79

526293 please type

Date Received (APA) 8 MM DD YY 13  
OWNER INFORMATION  
15 Last Name Owner First Name 34  
Toll Brothers  
36 7164 Columbia Gateway Dr, Suite 230  
Columbia, Md 21046  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
8 COUNTY 21  
Edgewood Farms  
23 SUBDIVISION 42  
SECTION 44 46 LOT 48 50  
9  
52 NEAREST TOWN 71  
Blaneig  
MILES FROM TOWN (enter 0 if in town) 2 0 11  
73 76 77 78

DRILLER INFORMATION  
62 mienciel Barlow MW D 355  
Driller's Name 76 License No. 81  
Barlow Well Drilling, Srvc  
Firm Name  
62 Underwood Ln, Bel Air, Md  
Address  
me 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)  
NORTH  
WEST EAST  
SOUTH  
34 30 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 5  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 500  
(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 3/21/2007 Brian Baber 3/21/2008  
43 MM DD YY 45 CO SIGNATURE EXP. DATE  
NORTH GRID 518 000 EAST GRID 793 000  
50 55 57 63

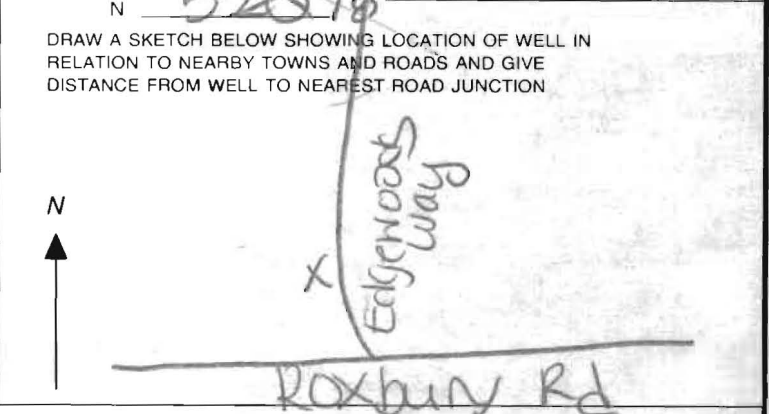
APPROXIMATE DEPTH OF WELL 300 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. X  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 7903  
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  
39 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 H0-2006-G004  
PERMIT No. H0-95-0766  
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS  
NOTE - AUTHORIZING 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 22, 2007**

Well Depth: **200** feet

Customer Toll Brothers  
 Road Edgewoods Way  
 City Glenelg  
 State Maryland

Permit # HO-95-0766  
 Subdivision Edgewood Farms  
 Section \_\_\_\_\_  
 Lot # 9

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
12:30 PM	47	5	12.00
12:45 PM	53	5	12.00
1:00 PM	56	5	12.00
1:15 PM	56	5	12.00
1:30 PM	56	5	12.00
1:45 PM	56	5	12.00
2:00 PM	56	5	12.00
2:15 PM	56	5	12.00
2:30 PM	56	5	12.00
2:45 PM	56	5	12.00
3:00 PM	56	5	12.00
3:15 PM	56	5	12.00
3:30 PM	56	5	12.00
3:45 PM	56	5	12.00
4:00 PM	56	5	12.00

F  
12/21/09  
5115110

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: 6043 Woodbine Rd  
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# MSD0009  
\*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 #: 410-592-5978  
Subdivision: Patuxent Edgewood Lot #: 9 Well Tag #: HO-95-0766  
Site Address: 14601 Cecily Ct

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: Grundfos      Make: Compton      Two piece watertight cap: YES  
Model #: 550415-210      Model #: 511A      Screened, vented well cap: YES  
Pump Capacity: 15 GPM      Depth: 36 (36" min)      Cap secured to casing: YES  
Well Yield: 12 GPM      NSF approved:      Conduit min 18" B.G.: YES  
Depth of well encountered at time of pump installation: 300 (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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt YES

Piping to house      House Connection  
Type: 1" Black Plastic      PVC sleeved to undisturbed soil at wall penetration: YES  
PSI: 100 (160 psi min)      Approximate length of sleeve (5 foot minimum): 5  
Depth of supply line: 52 (36" min)      Sleeve caulked and sealed properly: YES

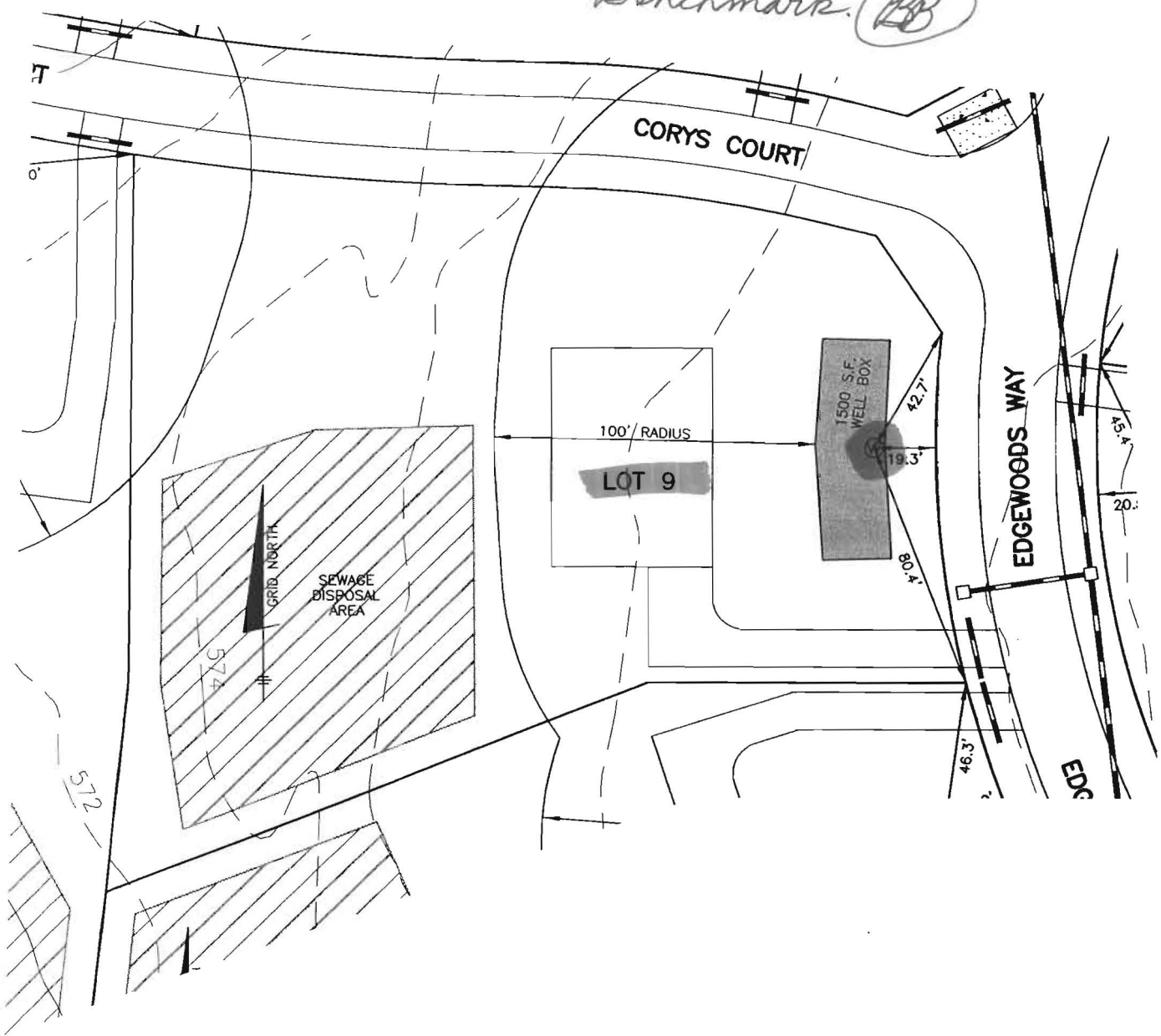
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. IF this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton      12/21/09  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/21/09 AB  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Electric conduit attached 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 ✓

3/21/2007  
Well site staked by  
Benchmark. (BB)

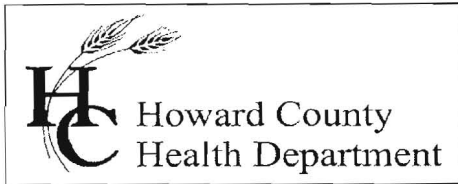


**BENCHMARK**  
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418  
ELLICOTT CITY, MARYLAND 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

**EDGEWOOD FARM**  
**WELL LOCATION PLAN**  
**LOT 9**

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

February 22, 2010

Homeowner  
14601 Corys Court  
Glenelg, MD 21737

*SENT VIA EMAIL [mmartin3@tollbrothersinc.com](mailto:mmartin3@tollbrothersinc.com)*

RE: Edgewood Farm, Lot 9  
The Reserve @ Triadelphia Crossing  
14601 Corys Court  
BP # B09001442  
Well Permit #HO-95-0766

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 02/18/2010. Final approval of the well line connection to the dwelling was approved on 12/21/2009.**

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 10.5 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 02/19/2010 which indicate a nitrate level of 2.38 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)**

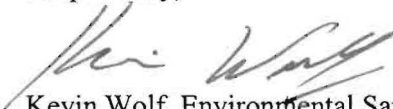
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0766. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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-95-0766 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):        2/16/2010, 2/19/2010  
Date of Well Completion:        3/22/2007

Respectfully,



Kevin Wolf, Environmental Sanitarian  
Well and Septic Program  
Howard County Health Dept.

cc:     Building Inspector's office  
       Community Health Services  
       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 #: 74362 Account #: 1930  
 Reference: Toll Brothers Lot 9 Company: Fogle's Well Drilling  
 Location: 14601 Cory's Court Requested By: Dave Fogle  
 Edgewood, MD 21040 Source: Well Water  
 Date/ Time Collected: 2/19/2010 1523 Site: R/O Tap  
 Date/Time Rec'd: 2/19/2010 1628 Treatment: Reverse Osmosis  
 Chlorine ppm: Free: ND Total: ND pH: 7.0  
 Collected By: J. Fogle 1974JF Well #: HO-95-0766

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	2.38	mg/L	10	601	2/19/2010 / 1630 / CCH

O.K.

**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 pH and Chlorine level tested in lab
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy  
 Building Permit # : 09001442

Date Reported: 2/19/2010

**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 #:	74325	Account #:	1930
Reference:	Toll Brothers Lot 9	Company:	Fogle's Well Drilling
Location:	14601 Cory's Court Edgewood, MD 21040	Requested By:	Dave Fogle
Date/ Time Collected:	2/16/2010 1100	Source:	Well Water
Date/Time Rec'd:	2/16/2010 1240	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	5.9
		Well #:	HO-95-0766

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/17/2010 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/17/2010 / 0900 / CCH
Nitrate	10.5	mg/L	10	601	2/17/2010 / 1530 / CCH
Turbidity	0.72	NTU	<10	SM18 2130B	2/17/2010 / 1515 / CCH
Sand	NS	mg/L	5	Visual/Gravimetr	2/17/2010 / 1515 / 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 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use &amp; Occupancy

Building Permit # : 09001442

Date Reported: 2/18/2010