

C 1 7033

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A518964

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 3 24 07

Depth of Well 22 150 26 5/31/07

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0770

OWNER Tell Brothers, Inc. STREET OR RFD Corys Court TOWN Glenelg SUBDIVISION Edgewood Farm SECTION LOT 13

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

PUMPING TEST HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include RED SANDY MICA SOIL, BROWN WEATHERED SANDSTONE, WEATHERED ROCK, HARD GRAY ROCK, WATER BEARING AT: 90', 110', + 135'

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 17 NO. OF POUNDS 1598

PUMPING RATE (gal. per min.) 8.51 METHOD USED TO MEASURE PUMPING RATE BUCKET

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 37 ft.

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 52

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

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

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO N

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

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

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

DEPTH (nearest ft.) 1 H0 52 150 2 8 9 11 15 17 21 3 23 24 26 30 32 36 4 38 39 41 45 47 51

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) 50 51

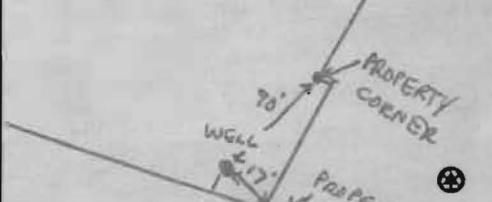
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 60 from to

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

DRILLERS LIC. NO. M W D 355 DRILLERS SIGNATURE LIC. NO. 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)

70 72 74 75 78 TELESCOPE CASING LOG INDICATOR OTHER DATA

1 9379 2 3 6

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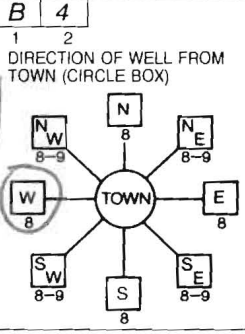
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526283 please type

STATE PERMIT NUMBER HO-95-0770 fill in this form completely

OWNER INFORMATION Date Received (APA) 8 MM DD YY 13 15 Last Name Owner 34 First Name 36 Street or RFD 55 57 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 HOWARD 8 COUNTY 21 Edgewood Farms 23 SUBDIVISION 42 SECTION 44 46 LOT 13 48 50 52 NEAREST TOWN Glenelg 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

DRILLER INFORMATION Michael Barlow M D 355 Driller's Name 76 License No. 81 Barlow Well Drilling, Inc Firm Name 522 Underwood Ln, Bel Air, Md 21014 Address 3/13/07 Date Signature



NEAR WHAT ROAD Roxbury Road 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 37 WEST SOUTH 38 39 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 21 BLK: 22 PARCEL 90

WELL INFORMATION B 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

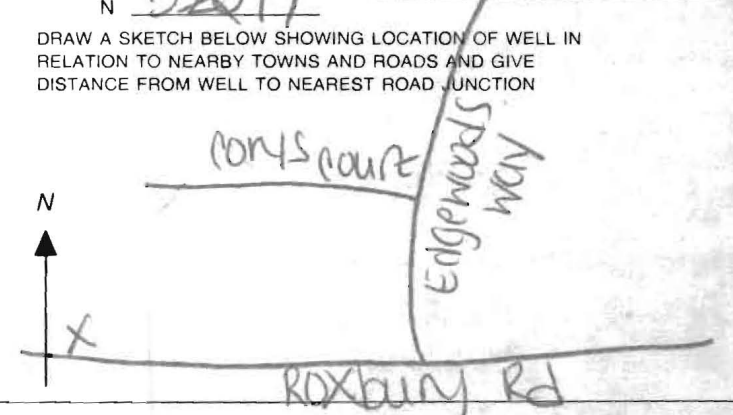
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A518964 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/21/2007 Brian Baber 3/21/2008 CO SIGNATURE EXP. DATE NORTH GRID 517 000 EAST GRID 792 000

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 52017

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 DEEPEN 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 HO2006G004 PERMIT No. HO-95-0770

SPECIAL CONDITIONS



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

**522 Underwood Lane
(410) 838-6910**

**Bel Air, Maryland 21014
Fax (410) 838-3582**

WELL YIELD REPORT

Date Test Completed: **March 23, 2007**

Well Depth: **150** feet

Customer Toll Brothers
Road Edgewoods Way
City Glenelg
State Maryland

Permit # HO-95-0770
Subdivision Edgewood Farms
Section _____
Lot # 13

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	36	7	8.57
9:45 AM	37	7	8.57
10:00 AM	37	7	8.57
10:15 AM	37	7	8.57
10:30 AM	37	7	8.57
10:45 AM	37	7	8.57
11:00 AM	37	7	8.57
11:15 AM	37	7	8.57
11:30 AM	37	7	8.57
11:45 AM	37	7	8.57
12:00 PM	37	7	8.57
12:15 PM	37	7	8.57
12:30 PM	37	7	8.57
12:45 PM	37	7	8.57

**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: 335 Barkley Circle
Henrieville, PA 17331

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): MIKE DODD License # PT0161

*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 #: 301-370-0835
Subdivision: The Reserve at Triadelphia Lot #: 13 Well Tag #: HO-95-0770
Site Address: 1407 Corey's Court
Abingdon, MD

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Carver Make: Camell Two piece watertight cap:
Model #: SS560-1180 Model #: PA300 Screened, vented well cap:
Pump Capacity: 15 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 8 GPM NSF approved: Conduit min 1 1/2" R.G.:
Depth of well encountered at time of pump installation: 150 (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 _____

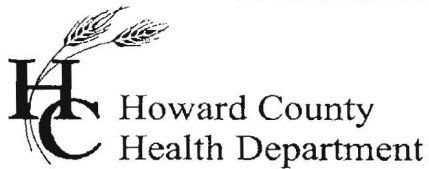
Piping to house **House Connection**
Type: DR9 HDPE PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 12 (36" min) Sleeve caulked and sealed properly:

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] 3-9-09
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: 3/10/09 **(00)**
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



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

July 23, 2009

Homeowner
14617 Corys Court
Glenelg, MD 21737

SENT VIA FACSIMILE 410-489-2278
RE: Edgewood Farm, Lot 13
BP #: B08003226
Well Permit # HO-95-0770

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 07/23/2009.**
Final approval of the well line connection to the dwelling was approved on 03/10/2009.

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 water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, are copies 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 410-313-1792.

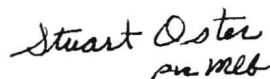
INTERIM CERTIFICATE OF POTABILITY

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-95-0770. 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: 07/09/2009
Date of Well Completion: 03/24/2007

Approving Authority,

Handwritten signature of Stuart Oster in cursive script.

Stuart Oster, R. S.
Well & Septic Program

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 #:	71884	Account #:	2333
Reference:	Toll Brothers Lot 13	Company:	Homeland Pump & Water
Location:	14617 Corys Court Glenelg, MD 21737	Requested By:	Mike Dodd
Date/ Time Collected:	7/9/2009 0900	Source:	Well Water
Date/Time Rec'd:	7/9/2009 1028	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Dodd 6244MD	pH:	6.3
		Well #:	HO-95-0770

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/10/2009 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/10/2009 / 0830 / CCH
Nitrate	1.10	mg/L	10	601	7/10/2009 / 1630 / CWM
Turbidity	2.11	NTU	<10	SM18 2130B	7/10/2009 / 1315 / CCH
Sand	NS	mg/L	5	Visual/Gravimetr	7/10/2009 / 1305 / 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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B08003226

Date Reported: 7/22/2009*MD State Certification # 133*