

C1 8963

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 8 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A518964

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0507

OWNER Edgewood Farm Inc. Edgewoods Way Glenelg 38

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Table with 3 columns: Description, Feet (From, To), and Check if water bearing. Includes handwritten entries: Brown Shale (0-40), Gray Limestone (40-100).

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 12 NO. OF POUNDS 1200. GALLONS OF WATER 72. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 41 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 45

OTHER CASING (if used)

Table for other casing with columns for diameter (inch) and depth (feet).

screen type or open hole

SCREEN RECORD

insert appropriate code below. SCREEN RECORD: ST STEEL, BR BRASS, PL PLASTIC, HO OPEN HOLE, OT OTHER.

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 MSD009

LIC. NO. 1 D

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

DEPTH (nearest ft.)

Table for depth with columns 1-51 and handwritten values: HO 45, 100.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

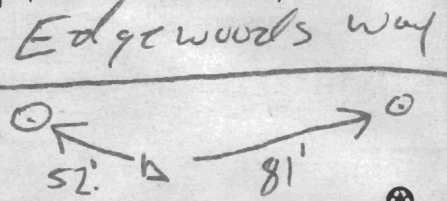
HOURS PUMPED (nearest hour) 03. PUMPING RATE (gal. per min.) 12. METHOD USED TO MEASURE PUMPING RATE 190 L. WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 42 ft. TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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 02 (nearest foot) 50 51.

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)



B 1 5983 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-95-0507
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 14420 Triadelphia Rd Street or RFD 55

57 Glennelg Md. 21737 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Edgewood Farm 42

SECTION 38

44 46 48 50

52 NEAREST TOWN Glennelg 71

MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton MSD 009 76 License No. 81

Firm Name Eagles Well Drilling

Address 580 Obrecht Rd

Signature [Signature] Date 8-4-06

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD Roxbury Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 1900 37

DISTANCE FROM ROAD ENTER FT OR MI 1 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)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard (13) COUNTY NO. A518964

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 8/18/2006 CO SIGNATURE Brian Baker EXP/DATE 8/18/2007

43 MM DD YY 48

NORTH GRID 520 000 EAST GRID 793 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEINED WELLS (CIRCLE-APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-95-0507

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 51020

000
000

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 Test Well That is Intended to Be Converted to Domestic Potable Well

NOTE - APPROVING AUTHORITIES SHOULD USE LOCAL POLICY SHEETS WHEN NEEDED

DENV-Permit 97 © COUNTY

**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: Fogel's Well Drilling Telephone #: 443-609-4195
Address: PO 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# MSD009

*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 #: _____
Subdivision: Edgewood Lot Lot #: 36 Well Tag #: HO-95-0507
Site Address: 1557 Edgewood Way
Glenelg, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155QE07180</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>100'</u> (feet)	Conduit secured to well cap: <u>YES</u>	

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 N/A

Piping to house

Type: 1" pvc pipe

PSI: 160 (160 psi min)

Depth of supply line: _____ (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: [Signature]

date: 9/26/13

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

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 _____

9-27-13 JW

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BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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Company Name: Fogles Well Drilling LLC Telephone #: 443-609-4195
Address: PO 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# M3D009

*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 #: 410-489-7407
Subdivision: Triadelphia Crossing/Edgewood Lot #: 28 Well Tag #: HO-95-0509
Site Address: 14557 Edgewood Way
Glenelg, MD 21737

Submersible Pump Data

Make: Grundfos
Model #: 150QED7-180
Pump Capacity 7 GPM
Well Yield: 6.6 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: 250' (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 N/A

Piping to house

Type: 1" poly pipe
PSI: 110 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

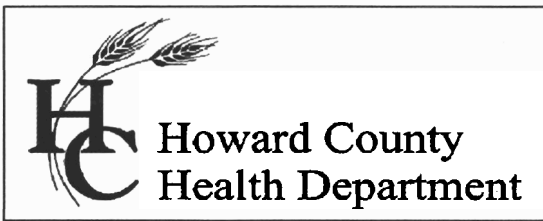
PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 5'
Sleeve sealed property: YES

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: 9/26/13

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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 _____



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 22, 2014

January 22, 2014

Homeowner
14557 Edgewoods Way
Glenelg, Maryland 21737

**RE: Edgewoods Way, Lot #38
14557 Edgewoods Way
Building Permit: B13001723
Well Permit: HO-95-0507**

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 **8/29/2013**. Final approval of the well line connection to the dwelling was granted on **9/27/2013**. The well construction was completed on **09/26/2006**. Water samples were collected on **1/13/2014**.

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-95-0507. 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,

A handwritten signature in cursive script that reads "Dana Bernard". The signature is written in black ink on a light-colored background.

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 #: 92576	Account #: 1930
Reference: Toll Brothers Lot 38	Company: Fogle's Well Drilling
Location: 14557 Edgewoods Way Glenelg, MD 21737	Requested By: Dave Fogle
Date/ Time Collected: 1/6/2014 1209	Source: Well Water
Date/Time Rec'd: 1/6/2014 1310	Site: Pressure Tank
Chlorine ppm: Free: ND Total: ND	Treatment: None
Collected By: J. Fogle 1974JF	pH: 6.2
	Well #: HO-95-0507

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	1/7/2014 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/7/2014 / 1000 / LLO
Nitrate	7.56	mg/L	10	601	1/7/2014 / 1530 / BCD
Turbidity	2.21	NTU	<10	SM18 2130B	1/7/2014 / 0910 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	1/7/2014 / 0851 / JKW

Not OK
JF

NOTES

- 1 Report Revised Well Number Corrected per Client 1/17/14 LLO
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B13001723

Date Reported: 1/7/2014

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 #: 92677 Account #: 1930
Reference: Toll Brothers Lot 38 Company: Fogle's Well Drilling
Location: 14557 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 1/13/2014 1207 Site: Pressure Tank
Date/Time Rec'd: 1/13/2014 1545 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Fogle 1974JF Well #: HO-95-0507

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/14/2014 / 1045 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/14/2014 / 1045 / LLO

NOTES

- 1 Report Revised Well Number Corrected per Client 1/17/14 LLO
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B13001723

OK
-14
1'

Date Reported: 1/14/2014



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Benchmark Engineer on 8-4-06 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN