

C1 6510 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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0796

OWNER: TOI Brothers last name first name TOWN: Glenelg SUBDIVISION: EDGEWOOD FARMS SECTION LOT: 4A

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, FEET (FROM, TO), check if water bearing. Rows include: BROWN SANDY Soil (0-12), BROWN WEATHERED SAND Rock (12-20), HARD GRAY Rock (20-300), WATER BEARING AT 180 FT. + 265 FT.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC) NO. OF BAGS: 9 NO. OF POUNDS: 346 GALLONS OF WATER: 54 DEPTH OF GROUT SEAL: 26

CASING RECORD

MAIN CASING TYPE: PL Nominal diameter: 6 Total depth: 26 OTHER CASING: none

SCREEN RECORD

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

DEPTH (nearest ft.): 26, 300

Table with columns: ACHCANSING, diameter of screen, from, to. Rows: 1 (40-26-300), 2 (23-24-26), 3 (38-39-41), 4 (45-47-51)

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

C 3

PUMPING TEST

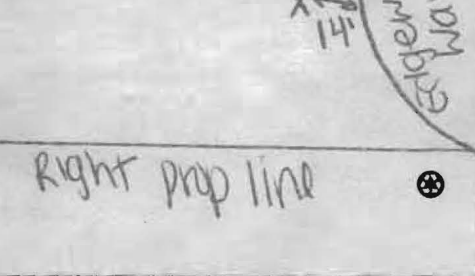
HOURS PUMPED: 16/8 PUMPING RATE: 2 PUMPING RATE (gal. per min.): 2 METHOD USED TO MEASURE PUMPING RATE: Timer/BUCKET WATER LEVEL: 55 BEFORE PUMPING: 17/20 WHEN PUMPING: 22/25 TYPE OF PUMP USED: S (submersible)

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: 31 GALLONS PER MINUTE PUMP HORSE POWER: 37 PUMP COLUMN LENGTH: 43 CASING HEIGHT: + (above) LAND SURFACE

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 2395

SEQUENCE NO. (MDE USE ONLY)

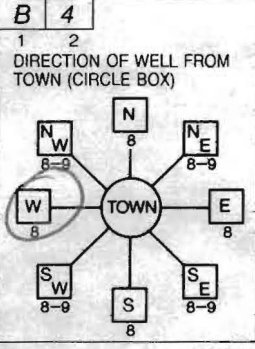
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526283 please type

STATE PERMIT NUMBER H0-95-0796 fill in this form completely

OWNER INFORMATION: Date Received (APA) 8 MM DD YY 13 Toll Brothers; 15 Last Name, Owner First Name 34 7164 Columbia Gateway Ln. Sk 230; 36 Street or RFD 55 Columbia MD 21046; 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 48 50; 52 NEAREST TOWN Colene; MILES FROM TOWN (enter 0 if in town) 73 2 M 76 77 78

DRILLER INFORMATION: Driller's Name 76 Michael Barlow M W D 355; License No. 81 Barlow Well Drilling Srvc; Firm Name 500 Underwood Ln, Bel Air, Md 21014; Address 3/13/07; Signature Date



Edgewoods Way; 11 NEAR WHAT ROAD 30; ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, EAST, SOUTH; 34 140 37; DISTANCE FROM ROAD 4; ENTER FT OR MI 38 39; TAX MAP: 21 BLK: 22 PARCEL 90

WELL INFORMATION: B 2 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

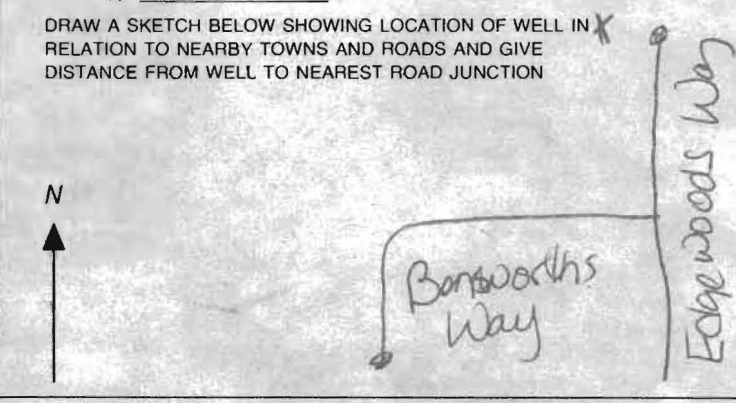
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard (13) A518964; COUNTY NAME COUNTY NO.; STATE SIGNATURE INSERT S; DATE ISSUED 4/2/2007 Brian Baker 4/2/2008; 43 MM DD YY 48 CO SIGNATURE EXP. DATE; NORTH GRID 520 000 EAST GRID 793 000; 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET; APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X; SOURCES OF DRILLING WATER; WRITE THE BOX NUMBER FROM THE MAP HERE: E 7903; N 520

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 DEEPEM AN EXISTING WELL; PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER H02006G004; PERMIT No. H0-95-0796

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:	April 6, 2007		
Well Depth:	300	feet	
Customer	Toll Brothers	Permit #	HO-95-0796
Road	Edgewoods Way	Subdivision	Edgewood Farms
City	Glenelg	Section	
State	Maryland	Lot #	42

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:15 AM	55	5	12.00
9:30 AM	180	5	12.00
9:45 AM	240	30	2.00
10:00 AM	240	30	2.00
10:15 AM	240	30	2.00
10:30 AM	240	30	2.00
10:45 AM	240	30	2.00
11:00 AM	240	30	2.00
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2:30 PM	240	30	2.00
2:45 PM	240	30	2.00
3:00 PM	240	30	2.00
3:15 PM	240	30	2.00
3:30 PM	240	30	2.00
3:45 PM	240	30	2.00

**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: PO BOX 207
Woodbine, MD 21747

(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 Wood Telephone #: 410-489-4707
Subdivision: Triadelphia Crossing 1000 Lot #: 42 Well Tag #: HO-95-0796
Site Address: 14577 Edgewoods Way
Greenig, MD 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Mmpbc II</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155QE07-190</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>7</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>300'</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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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: 9-24-13

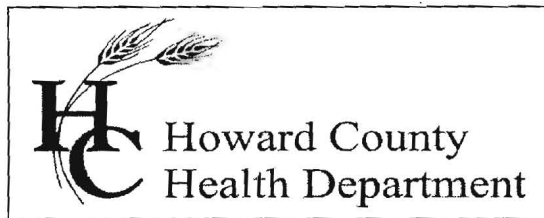
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 9/26/13 Date Insp. Approved: 9/30/13 Inspector: KW

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	<u>→</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>

(KW)
No tag/casing



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
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 – September 11, 2014

March 11, 2014

Homeowner
14540 Edgewoods Way
Glenelg, MD, 21737

RE: Edgewood Farm, Lot 42
14577 Edgewoods Way
Building Permit: B13001227
Well Permit: HO-95-0796

Dear Homeowner:

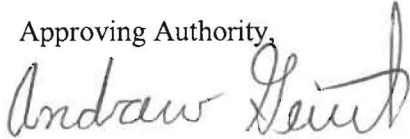
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **March 10, 2014**. Final approval of the well line connection to the dwelling was granted on **September 30, 2013**. The well construction was completed on **April 6, 2007**. Water samples were collected on **March 5, 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-95-0796. 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 "Andrew Geisert". The signature is written in dark ink and is positioned above the printed name.

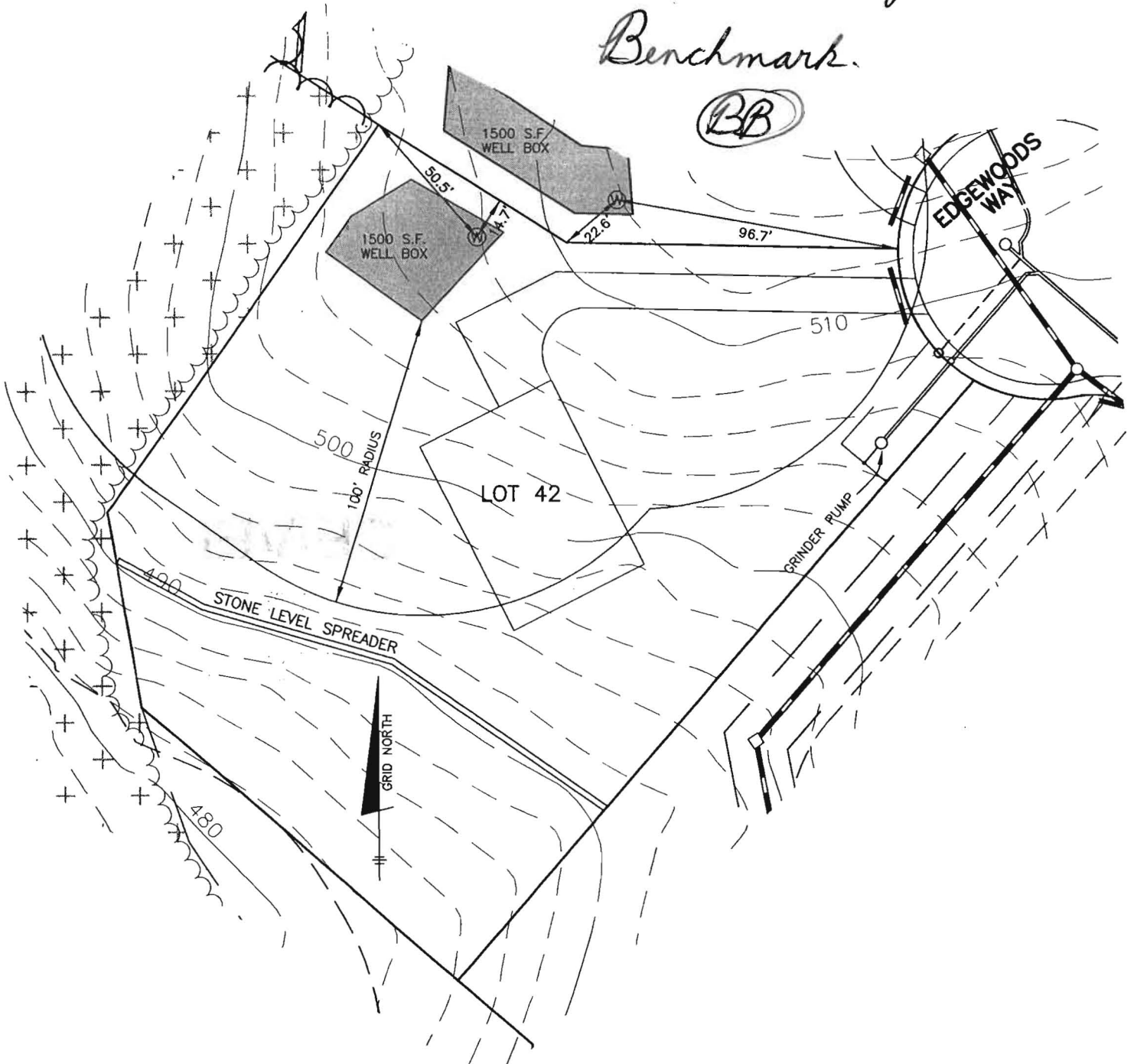
Andrew Geisert
Environmental Sanitarian
Well & Septic Program

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

4/2/07

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 42

F-06-108

SCALE: 1" = 50'

DATE: 10-10-06

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 #: 93223 Account #: 1930
Reference: Toll Brothers Lot 42 Company: Fogle's Well Drilling
Location: 14577 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 2/27/2014 1251 Site: Pressure Tank
Date/Time Rec'd: 2/27/2014 1555 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: J. Fogle 1974JF Well #: HO-95-0796

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	144.5	MPN/ 100 ml	<1.0	SM18 9223	2/28/2014 / 1015 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/28/2014 / 1015 / CCH
Nitrate	1.04	mg/L	10	601	2/28/2014 / 1345 / CCH
Turbidity	1.98	NTU	<10	SM18 2130B	2/28/2014 / 1445 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	2/28/2014 / 1445 / CRS

3/10/14

Unsent Coliform
AG

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 tested in lab, chlorine level tested on site
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B13001227

Date Reported: 2/28/2014

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 #: 93283 Account #: 1930
Reference: Toll Brothers Lot 42 Company: Fogle's Well Drilling
Location: 14577 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 3/5/2014 1116 Site: Pressure Tank
Date/Time Rec'd: 3/5/2014 1342 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: J. Fogle 1974JF Well #: HO-95-0796

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/6/2014 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/6/2014 / 0930 / CCH

3/16/14

Satisfactory Coliform

AG

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 tested in lab, chlorine level tested on site
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B13001227

Date Reported: 3/6/2014

Geisert, Andrew

From: Tudor, Matt
Sent: Monday, March 10, 2014 3:34 PM
To: Betters, Stephanie; Geisert, Andrew
Cc: Hart, Amy; Rocco, Anthony; Baker, Brian; Wolf, Kevin; Martin, Sharhonda; Williams, Jeffrey; Bozzell, Duane
Subject: FW: U&O Release 14577 Edgewood Way REVISED

Address revision in yellow.

This afternoon, I observed the start-up of a Sewage Grinder Pump at the Edgewood Farm Shared Septic System:

Edgewood Farm, Contract 50-4309-D

Toll Brothers, Lot #42
14577 Edgewood Way
Glenelg, MD 21737

The Sewage Grinder Pump test was successful; the Bureau of Utilities releases its hold on this property for U&O.

This is the 1st lot on the shared septic system at this location.

3/11/14

OK
TAG