

C1 8964

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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 MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 9 27 06 15 20

Depth of Well 22 400 26 (TO NEAREST FOOT)

10/20/06 O.K. (PB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-75-0508 28 29 30 31 32 33 34 35 36 37

OWNER Edgewood Farm Inc. STREET OR RFD Edgewoods Way TOWN Glenelg SUBDIVISION Edgewood Farm SECTION LOT 49

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Brown shale (0-30), Gray Limestone (30-400).

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 10 NO. OF POUNDS 45/46. GALLONS OF WATER 60. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 32 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 35. OTHER CASING (if used) diameter inch depth (feet) from to.

SCREEN RECORD

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

Table with columns: A C H S R E N, DEPTH (nearest ft.), DIAMETER OF SCREEN (NEAREST INCH). Rows: 1 (8-11, 15-17, 21), 2 (23-24, 26, 30-32, 36), 3 (38-39, 41, 45-47, 51). Slot size 1, 2, 3. Diameter of screen 56, 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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

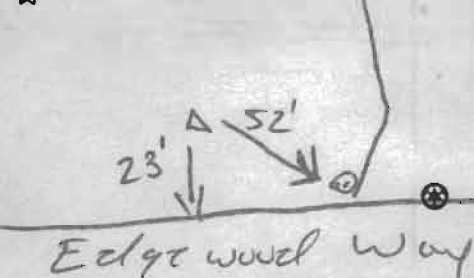
PUMPING TEST

HOURS PUMPED (nearest hour) 06. PUMPING RATE (gal. per min.) 102. METHOD USED TO MEASURE PUMPING RATE 1 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 31 ft. WHEN PUMPING 128 ft. TYPE OF PUMP USED (for test) 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 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, - below. LAND SURFACE 02 (nearest foot).

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

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.

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 M S D 009. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 5984

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-95-0508 fill in this form completely

Date Received (APA)

8 MM DD YY 13

OWNER INFORMATION

Toll Brothers 14420 Triadelphia Rd. Glenelg Md. 21737

B 3

LOCATION OF WELL

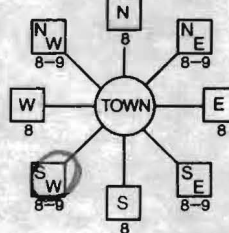
Howard Edgewood Farm SECTION 44 46 LOT 48 50 NEAREST TOWN Glenelg MILES FROM TOWN 4

DRILLER INFORMATION

Allen Compton M S D 009 Eagles Well Drilling 580 Obrecht Rd 8-4-06

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Roxbury Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD 1800 FT DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 21 BLK: 22 PARCEL 90

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- 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 DATE ISSUED 8/18/2006 Brian Baker 8/18/2007 CO SIGNATURE EXP/DATE NORTH GRID 520 000 EAST GRID 793 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

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

APPROX. PERMIT NUMBER G PERMIT No. HO-95-0508

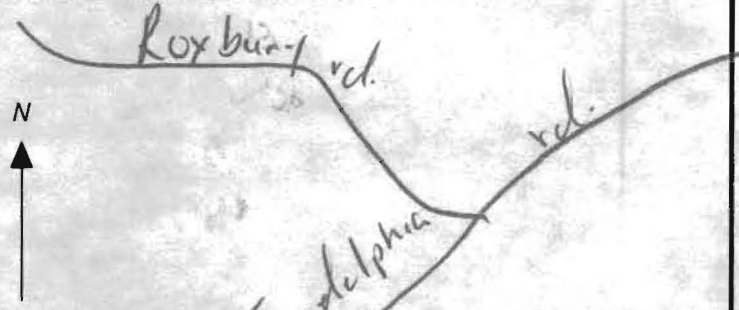
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7903 N 51020

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 REPLICATE SHEET IF NECESSARY

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0508
 Location of property (road) Edgewoods Way
 Subdivision Edgewood Farm Lot 491 Block _____ Plat _____ Sec. _____
 Well Driller Allen Compton / Eagles Owner Toll Brothers

Depth of well 400
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 31'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate, 12
 Total time 15 min. to reach pumping water level 128 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	31	5		12
8:15	128	50		1.2
8:30	128	50		1.2
8:45	128	50		1.2
9:00	128	50		1.2
9:15	128	50		1.2
9:30	128	50		1.2
9:45	128	50		1.2
10:00	128	50		1.2
10:15	128	50		1.2
10:30	128	50		1.2
10:45	128	50		1.2
11:00	128	50		1.2
11:15	128	50		1.2
11:30	128	50		1.2
11:45	128	50		1.2
12:00	128	50		1.2
12:15	128	50		1.2
12:30	128	50		1.2
12:45	128	50		1.2
1:00	128	50		1.2
1:15	128	50		1.2
1:30	128	50		1.2
1:45	128	50		1.2
HD-2242:00	128	50		1.2
2:15	128	50		1.2

**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: Fogle's Well Drilling LLC Telephone #: 443-609-4195
Address: J PO Box 202 J
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): David C Fogle License# MSD 2216

*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 #: 410-489-2275
Subdivision: Edgewood/Philadelphia Crossing Lot #: 49 Well Tag #: HO-95-0508
Site Address: 14560 Edgewoods way
Glenelg, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Ginnafos</u>	Make: <u>Camorell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1550EIN-220</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>10</u> GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>1.4</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>400</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 <u>inside of well casing</u> <u>N/A</u>		

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

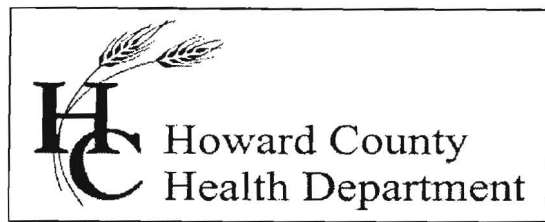
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David Fogle date: 5/11/14

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

Date Insp. Requested: _____ Date Insp. Approved: 5/11/14 Inspector: (BFB)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 3" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



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 – DECEMBER 10, 2014

June 10, 2014

Homeowner
14560 Edgewood Way
Glenelg, MD 21737

**RE: Edgewood Farm, Lot 49
14560 Edgewood Way
Building Permit: B13003163
Well Permit: HO-95-0508**

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 **6/9/2014**. Final approval of the well line connection to the dwelling was granted on **5/1/2014**. The well construction was completed on **9/27/2006**. Water samples were collected on **5/29/2014**.

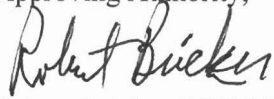
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0508. 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>

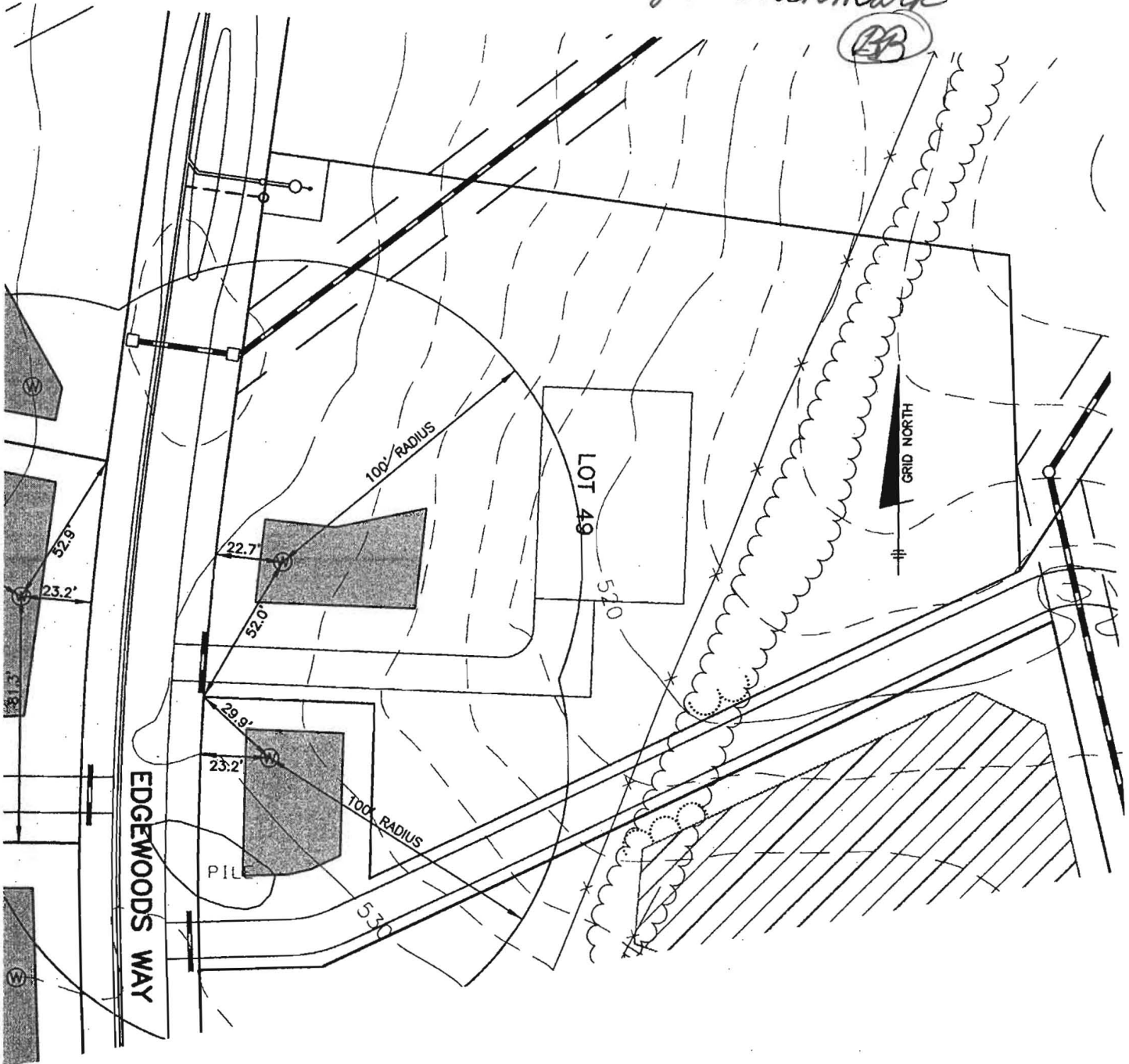
Approving Authority,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is written in a cursive style with a large initial "R".

Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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

8/18/2006
Well site staked
by Benchmark



BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418

ELLCOTT CITY, MARYLAND 21043

PHONE: 410-465-6105

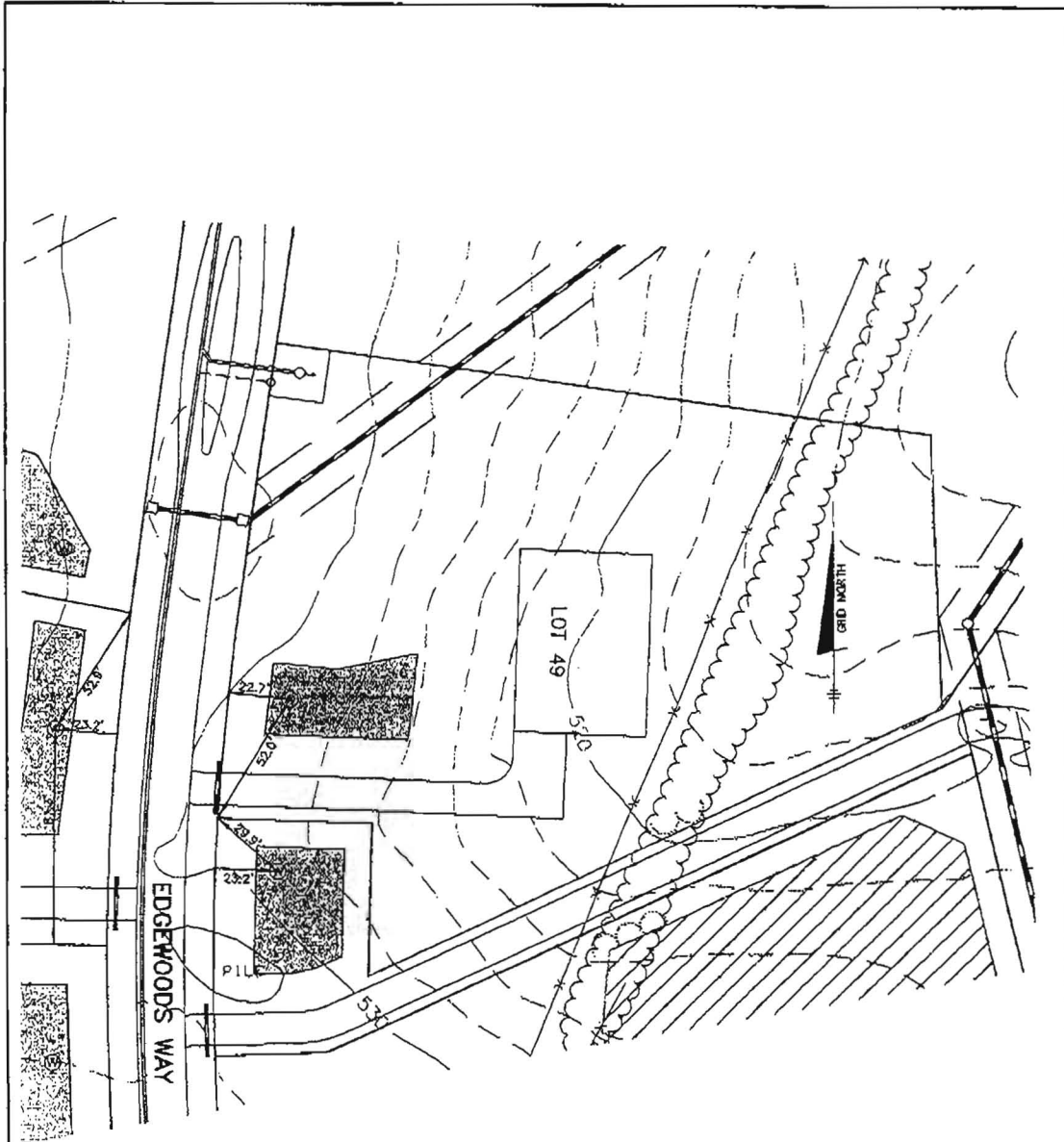
FAX: 410-465-6644

EDGEWOOD FARM WELL LOCATION PLAN LOT 49

F-06-108

SCALE: 1" = 50'

DATE: 9-2-06



BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE • SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 PHONE: 410-485-8105 FAX: 410-485-8644

EDGEWOOD FARM
WELL LOCATION PLAN
LOT 49

F-06-108
 SCALE: 1" = 50'
 DATE: 8-1-06

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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 #: 94426 Account #: 1930
Reference: Toll Brothers Lot 49 Company: Fogle's Well Drilling
Location: 14560 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 5/29/2014 1210 Site: Pressure Tank ✓
Date/Time Rec'd: 5/29/2014 1548 Treatment: None
Chlorine ppm: Free: ND ✓ Total: ND pH: 6.6
Collected By: J. Fogle 1974JF Well #: HO-95-0508

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	5/30/2014 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	5/30/2014 / 1000 / CCH
Nitrate	9.72 ✓	mg/L	10	601	5/30/2014 / 1100 / CCH
Turbidity	3.45 ✓	NTU	<10	SM18 2130B	5/30/2014 / 1145 / JKW
Sand	NS ✓	mg/L	5	Visual/Gravimetric	5/30/2014 / 1145 / JKW

OK
reb
5/10/14

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 in lab, chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B13003163

Date Reported: 5/30/2014



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 Engineering 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