

C 1 6508

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

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Toll Brothers, STREET OR RFD: Edgewood Farms, TOWN: Glenelig, SUBDIVISION: Edgewood Farms, SECTION: , LOT: 39

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. Includes entries for BROWN SANDY SOIL, SOFT WEATHERED SAND ROCK, FRACTURED HARD LAYERS OF QUARTZ, BROWN WEATHERED SAND ROCK, HARD GRAY ROCK, WATER BEARING.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS 15, NO. OF POUNDS 1470, GALLONS OF WATER 90, DEPTH OF GROUT SEAL 42 ft.

CASING RECORD

MAIN CASING TYPE PL, Nominal diameter top (main) casing 6, Total depth of main casing 42.

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

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

Table with columns: ACHS, DEPTH (nearest ft.), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 10.0, METHOD USED TO MEASURE PUMPING RATE timer/bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 310 ft., WHEN PUMPING 51 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 LAND SURFACE (nearest foot) 49 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)

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y)

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. M 4 D 355, DRILLERS SIGNATURE, LIC. NO. 1 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)

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 2398

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HO-95-0793 fill in this form completely

OWNER INFORMATION Date Received (APA) 8 MM DD YY 13 15 Last Name 16 First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

DRILLER INFORMATION Driller's Name 76 License No. 81 Firm Name 52 Address 21046 Signature 3/13/07 Date

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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

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

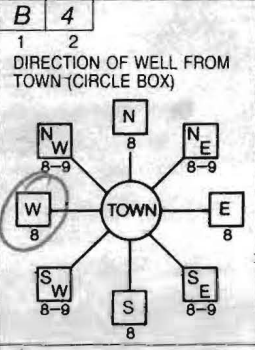
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other

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 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H02006G004 PERMIT No. HO-95-0793

SPECIAL CONDITIONS Well Must Be Drilled at Least 100' From Grinder Pump

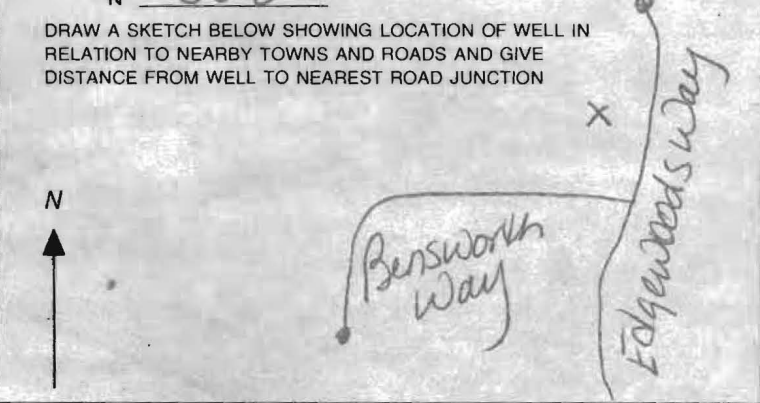
LOCATION OF WELL B 3 Howard Edgewood Farms 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 39 48 50 52 NEAREST TOWN Coleneig 71 MILES FROM TOWN (enter 0 if in town) 73 2 76 77 78



Edgewoods Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S DISTANCE FROM ROAD 34 40 37 ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 22 PARCEL 90

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A518964 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 4/2/2007 Brian Baker 4/2/2008 EXP/DATE 43 MM DD YY 48 CO SIGNATURE EXP/DATE NORTH GRID 520 000 EAST GRID 793 000 50 55 57 63

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 520 000 (X) 000





**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 11, 2007

Well Depth: 175 feet

Customer	Toll Brothers	Permit #	HO-95-0793
Road	Edgewoods Way	Subdivision	Edgewood Farms
City	Glenelg	Section	
State	Maryland	Lot #	39

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
1:15 PM	36	6	10.00
1:30 PM	51	6	10.00
1:45 PM	51	6	10.00
2:00 PM	51	6	10.00
2:15 PM	51	6	10.00
2:30 PM	51	6	10.00
2:45 PM	51	6	10.00
3:00 PM	51	6	10.00
3:15 PM	51	6	10.00
3:30 PM	51	6	10.00
3:45 PM	51	6	10.00
4:00 PM	51	6	10.00
4:15 PM	51	6	10.00
4:30 PM	51	6	10.00

**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 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): David C Fogle License# MSD226

\*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 #: 410-489-7275  
Subdivision: Edgewood / Patient Chase Lot #: 39 Well Tag #: HO-95-0793 ✓  
Site Address: 1456 Edgewoods Way  
Greenbelt, MD

Submersible Pump Data

Make: Grundfos  
Model #: 1550E07-190  
Pump Capacity: 7 GPM  
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell  
Model #: N/A  
Depth: 36" (36" min)  
NSF/WSC approved:

Well Cap and Electric Conduit

Two piece watertight cap: YES  
Screened, vented well cap: YES  
Cap secured to casing: YES  
Conduit min 1 1/2" B.G.: YES  
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

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 adaptor or other acceptable method inside of well casing N/A

Piping to house

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

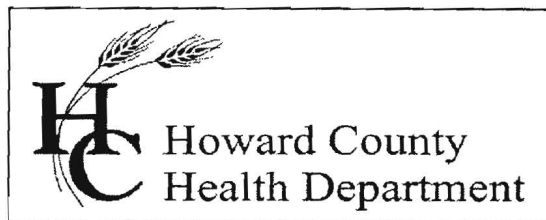
Signature of company representative responsible for installation: David Fogle date: 5-7-14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/9/14 Inspector: (Kew)

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 3" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter



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 – FEBRUARY 14, 2015**

August 14, 2014

Homeowner  
14561 Edgewoods Way  
Glenelg, MD 21737

**RE: Edgewood Farm, Lot 39  
14561 Edgewoods Way  
Building Permit: B13001213  
Well Permit: HO-95-0793**

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 **8/8/2014**. Final approval of the well line connection to the dwelling was granted on **5/8/2014**. The well construction was completed on **4/11/2007**. Water samples were collected on **8/4 /2014and 8/11/2014**.

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-95-0793. 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,



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

# 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 #: 95483 Account #: 1931  
Reference: Toll Brothers Lot 39 Company: Fogles Septic  
Location: 14561 Edgewoods Way Requested By: Kim Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 8/4/2014 1205 Site: Pressure Tank  
Date/Time Rec'd: 8/4/2014 1425 Treatment: None  
Chlorine ppm: Free: ND ✓ Total: ND pH: 6.5  
Collected By: K. Davis 5531KD Well #: HO-95-0793 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	8/5/2014 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	8/5/2014 / 1000 / LLO
Nitrate	8.81 ✓	mg/L	10	601	8/5/2014 / 1135 / CRS
Turbidity	0.60 ✓	NTU	<10	SM18 2130B	8/5/2014 / 1115 / CRS
Sand	NS ✓	mg/L	5	Visual/Gravimetric	8/5/2014 / 1115 / CRS

*Bacteria FAIL  
others 'OK'  
reb. 8/14/14*

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

Reason for Test : Use & Occupancy  
Building Permit # : B13001213

Date Reported: 8/5/2014

# 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 #: 95589 Account #: 1930  
Reference: Toll Brothers Lot 39 Company: Fogle's Well Drilling  
Location: 14561 Edgewoods Way Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 8/11/2014 1130 Site: Pressure Tank  
Date/Time Rec'd: 8/11/2014 1415 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: J. Fogle 1974JF Well #: HO-95-0793

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/12/2014 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/12/2014 / 1000 / LLO

'OK' reB 8/14/14

### 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 # : B13001213

Date Reported:

