

Barlow Well Driller  
**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

#5658 P.002 /002  
 THIS REPORT MUST BE SUBMITTED TO THE STATE DEPARTMENT OF ENVIRONMENTAL & GENERAL SERVICES  
 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER **(13) A518964**

DO NOT BE PUNCHED  
 (ALL CARDS)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**H0-95-0758**

OWNER **Toll Brothers Inc.**

REET OR RFD **Edgewoods Way**

TOWN **Glenn**

SUBDIVISION **Edgewood Farm**

SECTION

LOT **6**

**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		check if water bearing
	FROM	TO	
RED SANDY MICA SOIL	0	15	
BROWN WEATHERED SANDSTONE	15	51	
WEATHERED ROCK	51	57	
HARD GRAY ROCK	57	200	✓
WATER BEARING AT 92			
130, 175			

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle appropriate box) YES  NO   
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **19** NO. OF POUNDS **176**  
 GALLONS OF WATER **114**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **60** ft.  
 (enter 0 if from surface)

**CASING RECORD**

casings types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **60**

**OTHER CASING (if used)**

diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_

**SCREEN RECORD**

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

DEPTH (nearest ft.)  
**H0 60 200**

SCREEN DEPTH (nearest ft.)  
 23 24 26 30 32 36

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH)  
 55 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX

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**

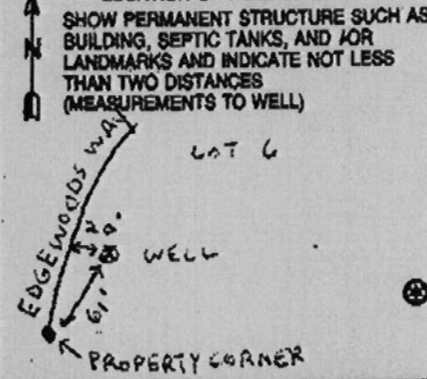
**PUMPING TEST**

HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min.) **8**  
 METHOD USED TO MEASURE PUMPING RATE **BUCKET**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **49** ft.  
 WHEN PUMPING **75** ft.  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  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 **29**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **81**  
 PUMP HORSE POWER **37**  
 PUMP COLUMN LENGTH (nearest ft.) **43**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above  - below  
 LAND SURFACE **1** (nearest foot)

**LOCATION OF WELL ON LOT**



NUMBER OF UNSUCCESSFUL WELLS; **0**

WELL HYDROFRACTURED YES  NO

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

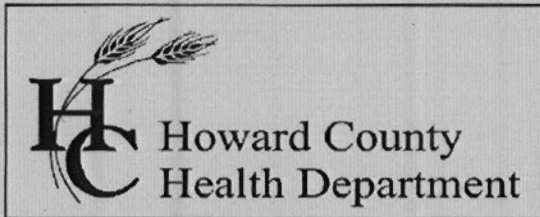
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.01 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MND352**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **D**

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



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**  
**PERMANENT DEVIATION FOR NITRATES**

Expiration Date – June 16, 2014

December 16, 2013

Homeowner  
14508 Edgewoods Way  
Glenelg, MD 21737

RE: **Edgewood Farm, Lot 6**  
**14508 Edgewoods Way**  
**Building Permit: B13001214**  
**Well Permit: HO-95-0758**

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 **10/3/2013**. Final approval of the well line connection to the dwelling was granted on **9/30/2013**. The well construction was completed on **3/22/2007**. Water samples were collected on **12/9/2013**.

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 untreated water sample collected on **12/9/2013** indicated a nitrate level of **11.4 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **12/12/2013** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

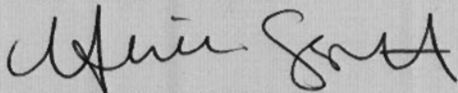
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-0758. 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 quality 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,



Heidi Scott, 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 #: 92357 Account #: 1930  
Reference: Toll Brothers Lot 6 Company: Fogle's Well Drilling  
Location: 14508 Edgewoods Way Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 12/12/2013 1156 Site: R/O Tap  
Date/Time Rec'd: 12/12/2013 1604 Treatment: Reverse Osmosis  
Chlorine ppm: Free: ND Total: ND pH: NT  
Collected By: J. Fogle 1974JF Well #: HO-95-0758

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	12/12/2013 / 1715 / BCD

*Nitrate pass  
12/10/13 HS*

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 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; NT: Not Tested
- 4 Sample collected by client, analyzed as received
- 5 Chlorine level tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : 13001214

Date Reported: 12/12/2013

**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): Allen Compton License# M50009

\*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: Tall Brothers Telephone #: 410-489-7407  
Subdivision: EDGEWOOD FARMS Lot #: 6 Well Tag #: HO-95-0756  
Site Address: 014508 EDGEWOODS WAY  
GLENEIG, MD

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>153QE10-220</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>10</u> GPM	Depth: <u>20"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>4</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>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 adaptor or other acceptable method inside of well casing N/A

**Piping to house**

Type: 1" POLY PIPE

PSI: 160 (160 psi min)

Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: YES

Length of sleeve(s) 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: Allen Compton

date: 9/26/13

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

Date Insp. Requested: _____	Date Insp. Approved: <u>9/30/13</u>	Inspector: <u>KCW</u>
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		

LOT 7

LOT 6

47,794 S.F.

10,000 S.F.  
SRA

PART OF HOUSE  
OVER SEPTIC RESERVE  
SETBACK TO HAVE CRAWL SPACE

20' SEPTIC SETBACK

*Area  
cont. promised*

80  
60  
210  
72.5

POURED CONCRETE  
FOUNDATION  
TW=578.04

30' WELL SETBACK

1  
95  
85  
75  
255

95  
90

50' BRL

10' TREE EASEMENT

6' DITCH EASEMENT

50.7'

S33°45'48"W

119.14'

L=136.64'  
R=275.00

EDGEWOODS WAY

1" = 30'

N56°14'12"W  
295.62'

10' BRL

10' BRL

# 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 #: 92311 Account #: 1930  
Reference: Toll Brothers Lot 6 Company: Fogle's Well Drilling  
Location: 14508 Edgewoods Way Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 12/9/2013 1348 Site: Kitchen Sink Tap  
Date/Time Rec'd: 12/9/2013 1535 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.1  
Collected By: J. Fogle 1974JF Well #: HO-95-0758

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/10/2013 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/10/2013 / 1000 / CCH
Nitrate	11.4	mg/L	10	601	12/10/2013 / 1300 / BCD
Turbidity	0.80	NTU	<10	SM18 2130B	12/10/2013 / 0826 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	12/10/2013 / 0826 / JKW

*FALL Nitrate*  
*Others 'ok' rechecked 12/12/2013*

### 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 # : 13001214

Date Reported: 12/10/2013

C1 7026

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

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

ST/GO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 3 22 07

Depth of Well 200

5/21/07

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0758

OWNER Toll Brothers Inc. STREET OR RFD Edgewoods Way TOWN Glenelg SUBDIVISION Edgewood Farm SECTION LOT 6

WELL LOG table with columns for FEET (FROM, TO) and DESCRIPTION (RED SANDY MICA SOIL, BROWN WEATHERED SANDSTONE, WEATHERED Rock, HARD GRAY Rock, WATERBEARING AT: 92', 130', 175')

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 19, NO. OF POUNDS 1786, GALLONS OF WATER 114, DEPTH OF GROUT SEAL 60

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter top (main) casing 6, Total depth of main casing 60

OTHER CASING (if used) table with diameter and depth columns

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT)

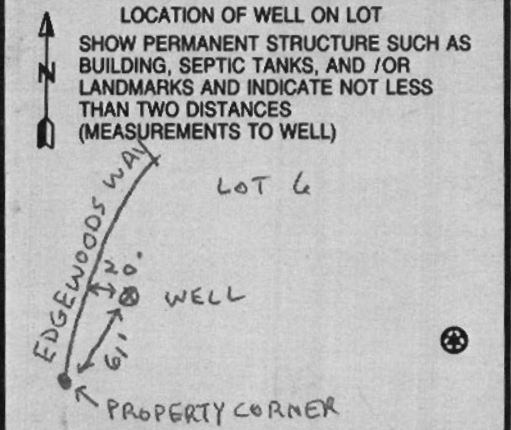
DEPTH (nearest ft.) table with columns for casing height and screen depth

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 8.57, METHOD USED TO MEASURE PUMPING RATE BUCKET, WATER LEVEL BEFORE PUMPING 49, WHEN PUMPING 75

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO.: MND 352, DRILLERS SIGNATURE

LIC. NO.: D

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

B 1	9358	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526283 please type	STATE PERMIT NUMBER Ho-95-0758 fill in this form completely
-----	------	--------------------------------	---	---

Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13 \_\_\_\_\_

15 Last Name Toll Brothers Owner First Name \_\_\_\_\_ 34

36 1104 Columbia Gateway Dr, suite 230 Street or RFD \_\_\_\_\_ 55

57 Columbia, Md 21046 Town \_\_\_\_\_ 70 State \_\_\_\_\_ 72 Zip \_\_\_\_\_ 76

B 3 **LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION Edgewood Farms 42

SECTION 44 LOT 6 46 48 50

52 NEAREST TOWN Glencig 71

MILES FROM TOWN (enter 0 if in town) 2.0 MI 73 76 77 78

**DRILLER INFORMATION**

Driller's Name Michael Barlow MW D 355 76 License No. 01

Firm Name Barlow Well Drilling srvc

Address 522 Underwood Ln, Bel Air, Md

Signature [Signature] Date 3/13/07 2104

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

1 2 \_\_\_\_\_

11 NEAR WHAT ROAD Edgewoods Way 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 22 PARCEL 90

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  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 3/16/2007 Bruce Baker 3/16/2008 41

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 519 0 0 0 EAST GRID 794 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

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 7904 000 000

N 52019

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST 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)**

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

39  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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER HO2006G004

PERMIT No. HO-95-0758 70 71 72 73 74 75 76 77 78 79

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 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: March 22, 2007

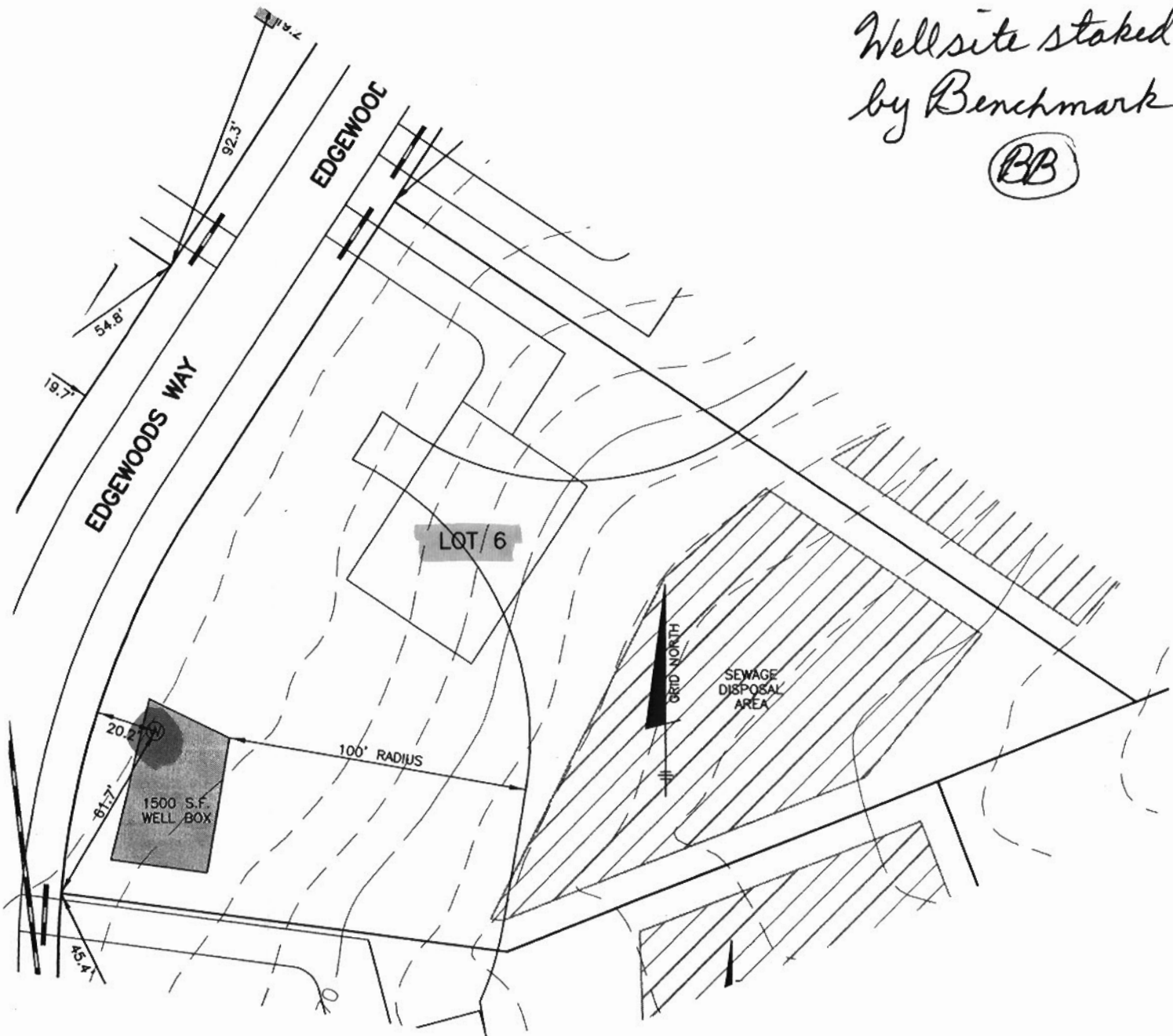
Well Depth: 200 feet

Customer	Toll Brothers	Permit #	HO-95-0758
Road	Edgewoods Way	Subdivision	Edgewood Farms
City	Glenelg	Section	
State	Maryland	Lot #	6

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
12:30 PM	49	7	8.57
12:45 PM	72	7	8.57
1:00 PM	75	7	8.57
1:15 PM	75	7	8.57
1:30 PM	75	7	8.57
1:45 PM	75	7	8.57
2:00 PM	75	7	8.57
2:15 PM	75	7	8.57
2:30 PM	75	7	8.57
2:45 PM	75	7	8.57
3:00 PM	75	7	8.57
3:15 PM	75	7	8.57
3:30 PM	75	7	8.57
3:45 PM	75	7	8.57
4:00 PM	75	7	8.57

3/16/07  
Well site staked  
by Benchmark

BB



# 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 6

F-06-108

SCALE: 1" = 50'

DATE: 10-10-06