

C 1 6521

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: Glenelg, SUBDIVISION: Edgewood Farms, SECTION: , LOT: 53

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 BROWN WEATHERED MICA ROCK, MEDIUM HARD BROWN WEATHERED SAND ROCK, HARD GRAY ROCK, WATER BEARING AT 80 FT. + 360 FT.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (63)

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (insert appropriate code below), SCREEN RECORD (ST, BR, HO, PL, OT)

DEPTH (nearest ft.)

Table for DEPTH with columns: A, C, H, S, R, E, N and values for 63, 400

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

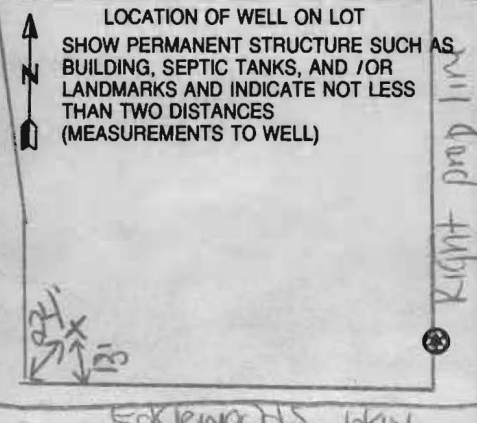
HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 2, METHOD USED TO MEASURE PUMPING RATE timer/bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 36, WHEN PUMPING 250

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, - below (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)



DRILLERS LIC. NO. 1 M 4355

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 9334

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER Ho-95-1053 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Toll Brothers 15 Last Name Owner First Name 34 2104 Columbia Gateway Dr. Ste 230 36 Columbia Street or RFD 55 21046 57 Town 70 State 72 Zip 76

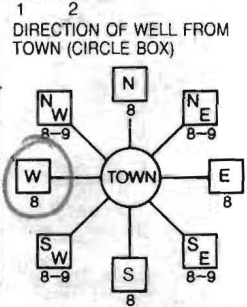
B 3 HOWARD LOCATION OF WELL

8 COUNTY 21 Edgewood Farms 23 SUBDIVISION 42 SECTION 44 46 LOT 53 48 50 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DRILLER INFORMATION

Driller's Name Michael Barlow MN D 355 76 License No. 81 Firm Name Michael Barlow Well Drilling Serv 333 Underwood Ln, Bel Air, Md 2104 3/13/07 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Edgewoods Way 11 NEAR WHAT ROAD 80

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 25 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 22 PARCEL 90

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A518964 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 4/8/2007 Brian Baber 4/8/2008 CO SIGNATURE EXP DATE NORTH GRID 519 000 EAST GRID 793 000

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

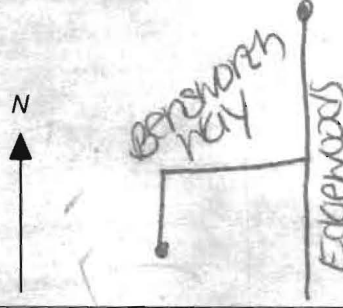
WRITE THE BOX NUMBER FROM THE MAP HERE

E 7903 N 52019

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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER HO2006-G-004 PERMIT No. HO-95-1053

SPECIAL CONDITIONS



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:		400	feet
Customer	Toll Brothers	Permit #	HO-95-1053
Road	Edgewoods Way	Subdivision	Edgewood Farms
City	Glenelg	Section	
State	Maryland	Lot #	53

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
11:15 AM	36	5	12.00
11:30 AM	169	5	12.00
11:45 AM	250	30	2.00
12:00 PM	250	30	2.00
12:15 PM	250	30	2.00
12:30 PM	250	30	2.00
12:45 PM	250	30	2.00
1:00 PM	250	30	2.00
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4:15 PM	250	30	2.00
4:30 PM	250	30	2.00
4:45 PM	250	30	2.00
5:00 PM	250	30	2.00
5:15 PM	250	30	2.00
5:30 PM	250	30	2.00
5:45 PM	250	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: Foales Well Drilling LLC Telephone #: 410-795-5670
Address: 14544 Edgewood Crossway
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. Foale 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 #: 410-489-2275
Subdivision: Edgewood / Triadelphia Crossway Lot #: S3 Well Tag #: HO-95-1053
Site Address: 14544 Edgewood Crossway
Glebe, MD 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Pumpell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>ISSAQE10-22 0</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>2</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 anestors, 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" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>140 (160 psi min)</u>	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>36" (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 Foale date: 9-30-14

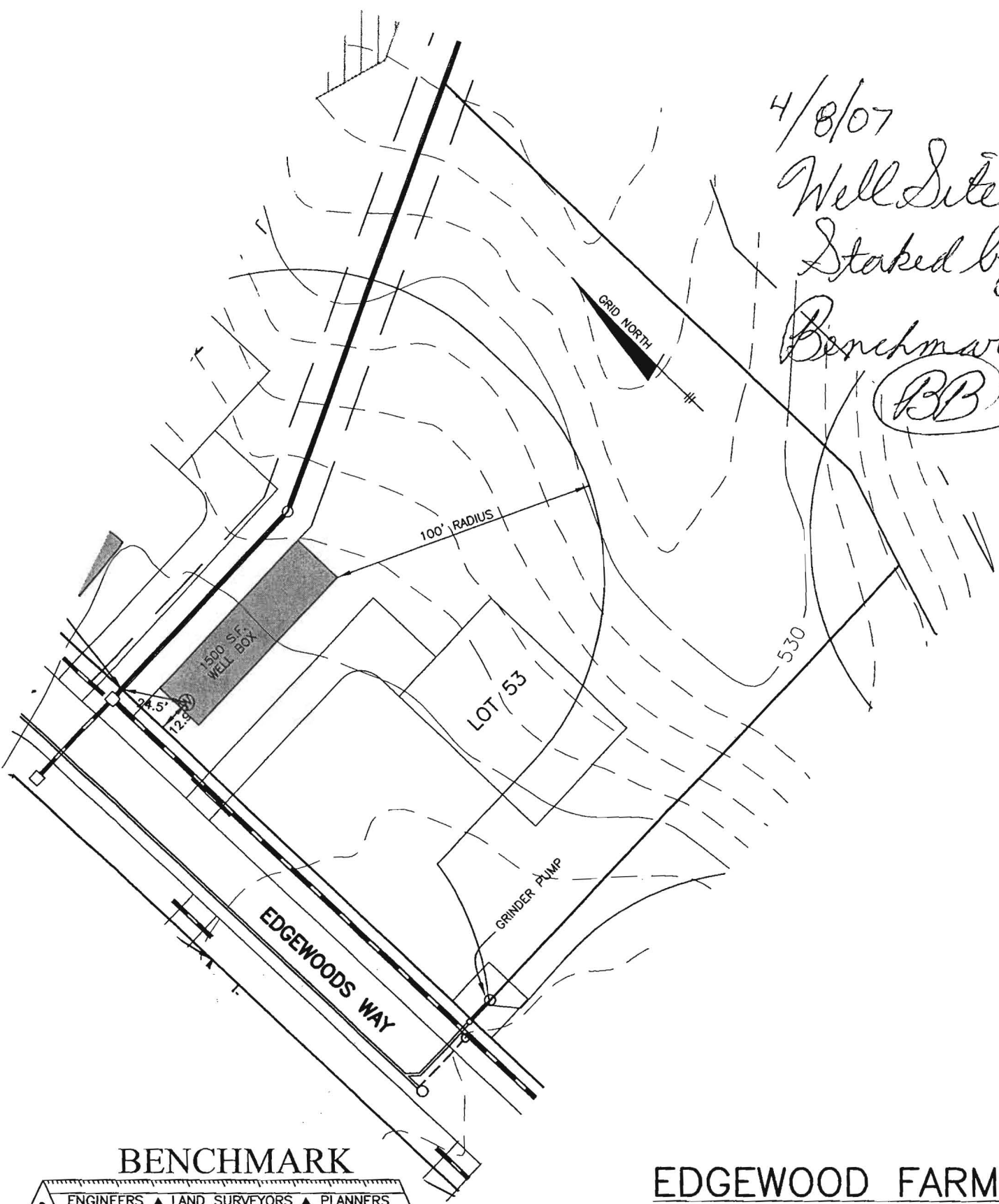
For Health Department Use Only -- Not to be completed by Installer

Date Insp. Requested: 10/1/14 Date Insp. Approved: 10/1/14 Inspector: RR

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 18" 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 8" 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"/>

40 ft sleeve on water line under driveway

4/8/07
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 53
F-06-108
SCALE: 1" = 50'
DATE: 10-4-06



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

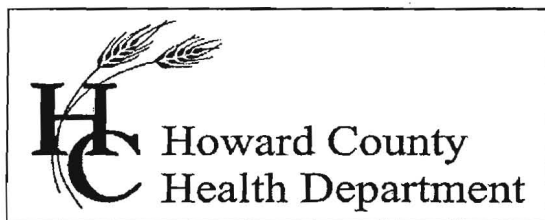
ATTENTION WELL DRILLERS!!!

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 on 10/11/06 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



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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR BACTERIA

Expiration Date – NOVEMBER 12, 2014

October 28, 2014

Ajit Sandu
14544 Edgewood Way
Glenelg, MD 21737

**RE: Edgewood Farm, Lot 53
14544 Edgewood Way
Building Permit: B13003939
Well Permit: HO-95-1053**

Dear Homeowner:

This is to advise you that the septic system installation for the above referenced property has been inspected and partially approved. Howard County Bureau of Utilities granted approval of the grinder pit function on 10/28/2014. **The sewer house connection was not observed in its entirety by the Health Department.** Final approval of the well line connection to the dwelling was granted on 10/1/2014. The well construction was completed on 4/11/2007. Water samples were collected on 10/8/2014, 10/14/2014, and 10/23/2014.

The water sample results indicate that the water samples submitted for testing contained elevated levels of coliform bacteria at the time of sampling and are **NOT** bacteriologically safe for drinking.

This **temporary deviation** allows time for completion of additional disinfection procedures as described in COMAR 26.04.04.07N. **It is recommended that bottled water be used for drinking and cooking during this time period.**

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that further disinfection of the well is conducted and a water test result from a state certified lab indicating that the water is **free from coliform bacteria** is submitted to this Department **within 15 days**. The Health Department also requires a re-inspection of the sewer house connection during this time period. The sewer house connection must be approved by the Health Department prior to issue of either an Interim Certificate of Potability, or a Permanent Deviation for bacteria treatment, or issue of a permit for a replacement well.

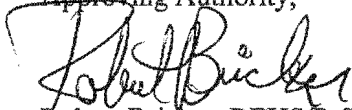
By the end of the interim period, a determination shall be made by the Health Department whether to:

- a) Accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B and issue a standard Interim Certificate of Potability or
- b) Grant approval to install an ultraviolet light or other suitable disinfection system and issue a Permanent Deviation to the Interim Certificate of Potability or
- c) Issue an order that the well is abandoned and sealed

This Temporary Interim Certificate of Potability will expire 15 days from the date of issuance. **Failure to submit the required water test results and obtain an Interim Certificate of Potability before the expiration date 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.**

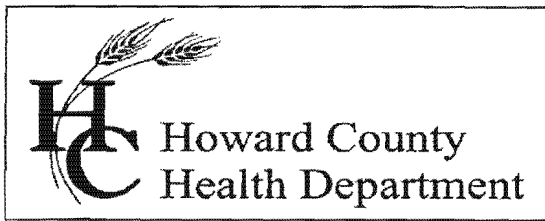
Please contact (410) 313-1773 to schedule a water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



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
David Erat, Toll Brothers, Inc.
File



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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www.hchealth.org
Facebook: www.facebook.com/hocohealth
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Maura J. Rossman, M.D., Health Officer

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR BACTERIA
Expiration Date – NOVEMBER 12, 2014

October 28, 2014

Ajit Sandu
14544 Edgewood Way
Glenelg, MD 21737

**RE: Edgewood Farm, Lot 53
14544 Edgewood Way
Building Permit: B13003939
Well Permit: HO-95-1053**

Dear Homeowner:

This is to advise you that the septic system installation for the above referenced property has been inspected and partially approved. Howard County Bureau of Utilities granted approval of the grinder pit function on **10/28/2014**. **The sewer house connection was not observed in its entirety by the Health Department.** Final approval of the well line connection to the dwelling was granted on **10/1/2014**. The well construction was completed on **4/11/2007**. Water samples were collected on **10/8/2014, 10/14/2014, and 10/23/2014**.

The water sample results indicate that the water samples submitted for testing contained elevated levels of coliform bacteria at the time of sampling and are **NOT** bacteriologically safe for drinking.

This **temporary deviation** allows time for completion of additional disinfection procedures as described in COMAR 26.04.04.07N. **It is recommended that bottled water be used for drinking and cooking during this time period.**

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that further disinfection of the well is conducted and a water test result from a state certified lab indicating that the water is **free from coliform bacteria** is submitted to this Department **within 15 days**. The Health Department also requires a re-inspection of the sewer house connection during this time period. The sewer house connection must be approved by the Health Department prior to issue of either an Interim Certificate of Potability, or a Permanent Deviation for bacteria treatment, or issue of a permit for a replacement well.

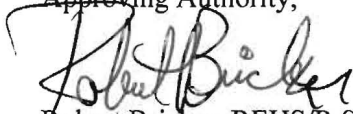
By the end of the interim period, a determination shall be made by the Health Department whether to:

- a) Accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B and issue a standard Interim Certificate of Potability **or**
- b) Grant approval to install an ultraviolet light or other suitable disinfection system and issue a Permanent Deviation to the Interim Certificate of Potability **or**
- c) Issue an order that the well is abandoned and sealed

This Temporary Interim Certificate of Potability will expire **15 days** from the date of issuance. **Failure to submit the required water test results and obtain an Interim Certificate of Potability before the expiration date 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.**

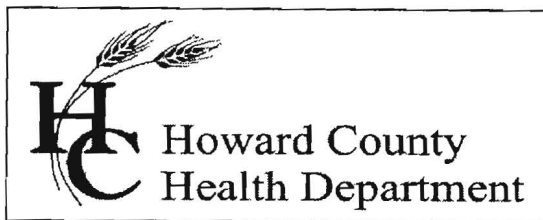
Please contact (410) 313-1773 to schedule a water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



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
David Erat, Toll Brothers, Inc.
File



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-6300 | 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
PERMANENT DEVIATION FOR BACTERIA

Expiration Date – May 7, 2015

November 7, 2014

Homeowner
14544 Edgewoods Way
Glenelg, MD 21737

RE: Edgewood Farm, Lot 53
14544 Edgewoods Way
Building Permit: B13003939
Well Permit: HO-95-1053

Dear Homeowner:

This is to advise you that the septic system installation for the above referenced property has been inspected and partially approved. Howard County Bureau of Utilities granted approval of the grinder pit function on **10/28/2014**. The sewer house connection was approved on **11/6/2014**. Final approval of the well line connection to the dwelling was granted on **10/1/2014**. The well construction was completed on **4/11/2007**. Water samples were collected on **10/8/2014, 10/14/2014, 10/23/2014, and 11/3/2014**.

The untreated water sample results indicate that the water samples submitted for testing contained elevated levels of coliform bacteria at the time of sampling and the untreated water is **NOT** bacteriologically safe for drinking.

After installation of a water disinfection device (UV light disinfection system), a post-treatment water sample was collected on **11/3/2014** and indicated that the treated water was free from coliform bacteria and is bacteriologically safe for drinking.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the water disinfection system effectively maintains the water free from bacteria.

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 bacteriological analysis perform a yearly potability 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-95-1053. 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,

Hank Oswald

Hank Oswald, L.E.H.S.
Bureau of Environmental Health
Well & Septic Program

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



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

REQUEST FOR TEMPORARY DEVIATION TO BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 10/27/14 WELL PERMIT #: HO - 95 - 1053

PROPERTY OWNER: Toll Brothers, Inc

SUBDIVISION & LOT #: 53

PROPERTY ADDRESS: Edgewood Farm 14544 Edgewoods Way, Glenelg, MD 21737

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

Fogle's Well Drilling has re chlorinated the well once again. Once the chlorine has been removed for the system, a sample will be taken and submitted for bacteria tests.

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

Blank lines for pledging steps to bring the well water supply into compliance.

CONDITIONS:

1) Within fifteen (15) days, the well installed under permit # HO -95 -1053 will meet the bacteria standard resulting from approved disinfection procedures.

2) If condition #1 is not met through disinfection techniques, then either:

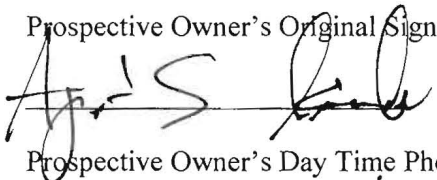
- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**

OR

- b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO -95 -1053. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [Person(s) who intend to live in the dwelling]



(410-489-1936)

Prospective Owner's Day Time Phone Number(s)

Ajit Sandu

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 #: 96861 Account #: 1930
Reference: Toll Brothers Lot 53 Company: Fogle's Well Drilling
Location: 14544 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 10/8/2014 1236 Site: Pressure Tank ✓
Date/Time Rec'd: 10/8/2014 1342 Treatment: None ✓
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: J. Fogle 1974JF Well #: HO-95-1053

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	88.5	MPN/ 100 ml	<1.0	SM18 9223	10/9/2014 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	10/9/2014 / 0830 / CCH
Nitrate	1.54 ✓	mg/L	10	601	10/8/2014 / 1430 / CCH
Turbidity	1.23 ✓	NTU	<10	SM18 2130B	10/8/2014 / 1445 / CCH
Sand	NS ✓	mg/L	5	Visual/Gravimetric	10/8/2014 / 1445 / CCH

*Bacteria FALL
others 'OK'
reb 10/20/2014*

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 # : 13003939

Date Reported: 10/9/2014



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 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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 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

REQUEST FOR TEMPORARY DEVIATION TO
 BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 10/27/14 WELL PERMIT #: HO - 95 - 1053

PROPERTY OWNER: Toll Brothers, Inc

SUBDIVISION & LOT #: 53

PROPERTY ADDRESS: Edgewood Farm 14544 Edgewoods Way. Glenelg, MD 21737

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

Fogle's Well Drilling has re chlorinated the well once again. Once the chlorine has been removed for the system, a sample will be taken and submitted for bacteria tests.

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

CONDITIONS:

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 #: 96969 Account #: 1930
Reference: Toll Brothers Lot 53 Company: Fogle's Well Drilling
Location: 14544 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 10/14/2014 1525 Site: Pressure Tank
Date/Time Rec'd: 10/14/2014 1620 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J. Fogle 1974JF Well #: HO-95-1053

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	10/15/2014 / 1045 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/15/2014 / 1045 / CCH

FAIL
MB 10/28/2014

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 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : 13003939

Date Reported: 10/15/2014

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 #: 97187 Account #: 1930
Reference: Toll Brothers Lot 53 Company: Fogle's Well Drilling
Location: 14544 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 10/23/2014 1245 Site: Pressure Tank
Date/Time Rec'd: 10/23/2014 1550 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: J. Fogle 1974JF Well #: HO-95-1053

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM18 9223	10/24/2014 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/24/2014 / 1000 / LLO

FAIL
reb 10/28/2014

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

Reason for Test : Use & Occupancy
Building Permit # : 13003939

Date Reported: 10/24/2014

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 #: 97460 Account #: 1930
Reference: Toll Brothers Lot 53 Company: Fogle's Well Drilling
Location: 14544 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 11/3/2014 1458 Site: Kitchen Sink
Date/Time Rec'd: 11/3/2014 1550 Treatment: UV Light
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Fogle 1974JF Well #: HO-95-1053

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
✓ Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/4/2014 / 1000 / BCD
✓ Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/4/2014 / 1000 / BCD

11/7/14 - Treated samples okay
↳ H.O.

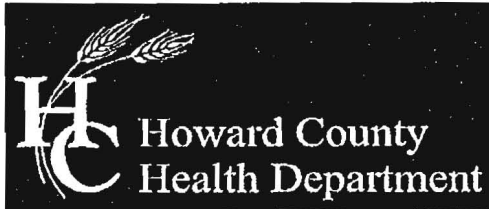
NOTES

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

Reason for Test : Use & Occupancy

Building Permit # : 13003939

Date Reported: 11/4/2014



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 Facebook: www.facebook.com/hocohealth
 Twitter: HowardCoHealthDep

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

REQUEST FOR PERMANENT DEVIATION TO BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 11/6/14 WELL PERMIT #: HO-95-1053
 PROPERTY OWNER: Toll MD VLP
 SUBDIVISION & LOT #: Edgewood Farm, Lot 53
 PROPERTY ADDRESS: 14544 Edgewoods Way, Glenely

CONDITIONS:

- 1) Results for water samples collected on 10/28 for the well installed under permit #HO-95-1053 indicated that the water samples contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe.
- 2) Repeated chlorination of the well failed to eliminate the presence of coliform bacteria in subsequent water samples.

I hereby request that an ultraviolet light disinfection system be approved for installation on the water supply to bring the well water into compliance with the potability standards described in COMAR 26.04.04.09 and that a Permanent Deviation to a Certificate of Potability be granted for the well installed under permit HO-95-1053. I understand that once the UV system has been installed, results of water samples indicating that the coliform contamination has been reduced to "absent" at the primary drinking tap must be delivered to the Health Department prior to issuance of a Permanent Deviation.

I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the water disinfection device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

_____ Ajit Singh Sekh
 Prospective Owner's Printed Name(s)

_____ Ajit Singh Sekh

Prospective Owner's Day Time Phone Number(s)

410.489.4024 _____