

B 1 2392

SEQUENCE NO. (MDE USE ONLY)

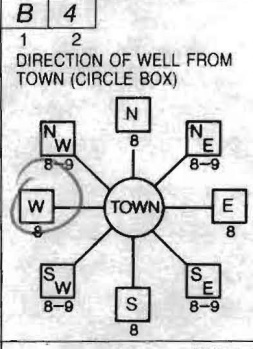
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526283 please type

STATE PERMIT NUMBER H0-95-0799 fill in this form completely

OWNER INFORMATION: Date Received (APA) 8 MM DD YY 13; Toll Brothers; 15 Last Name; Owner; First Name; 34; 164 Columbia Courtway Dr. Ste 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; 45; Colenelg; 52 NEAREST TOWN; 71; MILES FROM TOWN (enter 0 if in town) 2; 73 76 77 78

DRILLER INFORMATION: Michael Barlow M W D 355; 76 License No. 81; Barlow Well Drilling Srvc; Firm Name; 532 Underwood Ln, Bel Air, Md; Address; 21014; Signature; Date 3/13/07



DIRECTION OF WELL FROM TOWN (CIRCLE BOX); Edgeswood Way; 11 NEAR WHAT ROAD; 30; ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, SOUTH, EAST; 120 34 37; DISTANCE FROM ROAD; ENTER FT OR MI 38 39; TAX MAP: 21 BLK: 22 PARCEL 90

WELL INFORMATION: B 2; 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

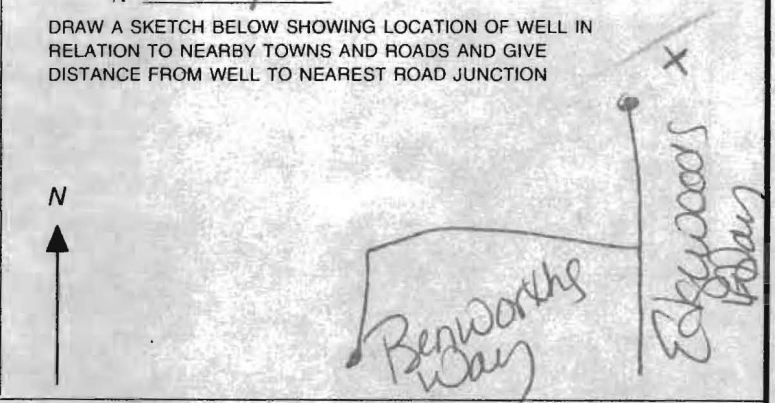
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard (13) A518964; COUNTY NAME; COUNTY NO.; STATE SIGNATURE; INSERT S; DATE ISSUED 4/4/2007; 41; Brian Baber 4/4/2008; 43 MM DD YY 48; CO SIGNATURE; EXP. DATE; NORTH GRID 521 000; EAST GRID 793 000; 50 55 57 63

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

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 5201; 000 000

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 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; 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 DEEPEAN 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. H0-95-0799; 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS; NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
(410) 838-6910

Bel Air, Maryland 21014
Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	April 6, 2007		
Well Depth:	150 feet		
Customer	Toll Brothers	Permit #	HO-95-0799
Road	Edgewoods Way	Subdivision	Edgewood Farms
City	Glenelg	Section	
State	Maryland	Lot #	45

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
1:00 PM	75	5	12.00
1:15 PM	89	5	12.00
1:30 PM	95	6	10.00
1:45 PM	95	6	10.00
2:00 PM	95	6	10.00
2:15 PM	95	6	10.00
2:30 PM	95	6	10.00
2:45 PM	95	6	10.00
3:00 PM	95	6	10.00
3:15 PM	95	6	10.00
3:30 PM	95	6	10.00
3:45 PM	95	6	10.00
4:00 PM	95	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: Fogel's Well Drilling LLC Telephone #: 410 795 5670
Address: J PO Box 202
Weddell, 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 Fogel License # MSD 226

*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 cross Lot #: 45 Well Tag #: HO-95-0799
Site Address: 14578 Edgewoods Way
Georgetown, MD 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1550E07-180</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>10</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>150</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

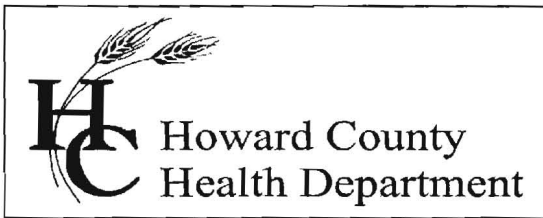
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSC: <u>110 (160 psi min)</u>	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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: David Fogel date: 10-9-14

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

Date Insp. Requested: _____	Date Insp. Approved: _____	Inspector: _____
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
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

Expiration Date – August 19, 2015

February 19, 2015

Homeowner
14578 Edgewood Way
Ellicott City, Maryland 21042

**RE: Edgewood Farms, Lot #45
14578 Edgewood Way
Building Permit: B14001680
Well Permit: HO-95-0799**

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 **1/23/2015**. Final approval of the well line connection to the dwelling was granted on **10/15/2014**. The well construction was completed on **04/06/2007**. Water samples were collected on **2/09/2015**.

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-95-0799. 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 "Dana Bernard".

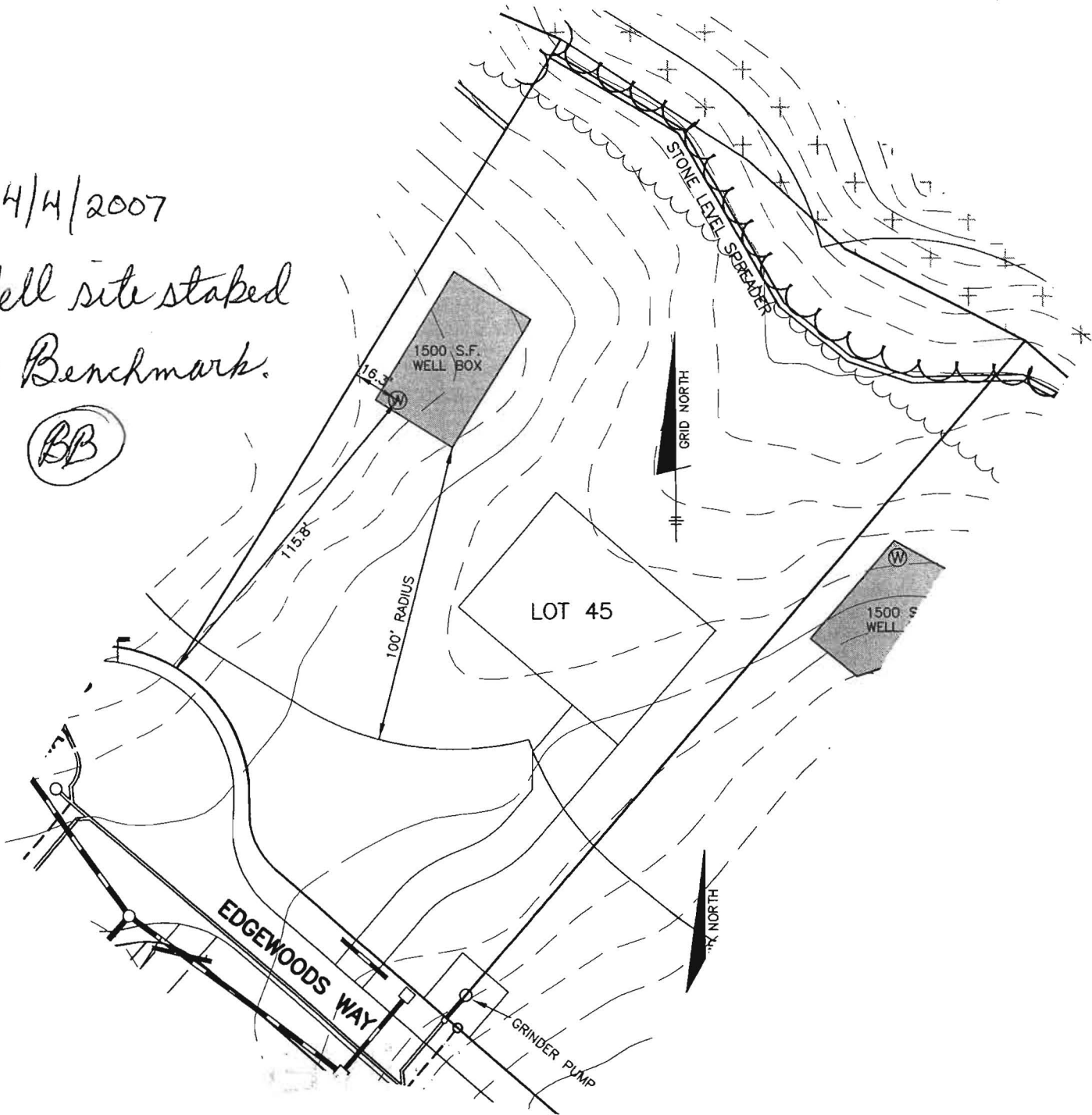
Dana Bernard
Environmental Sanitarian
Well & Septic Program

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

4/4/2007

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 45

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 #: 98886 Account #: 1930
Reference: Toll Brothers Lot 45 Company: Fogle's Well Drilling
Location: 14578 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 2/9/2015 1327 Site: Laundry Room Sink
Date/Time Rec'd: 2/9/2015 1450 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.3
Collected By: J. Fogle 1974JF Well #: HO-95-0800

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/10/2015 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/10/2015 / 0930 / CCH
Nitrate	6.11	mg/L	10	601	2/10/2015 / 1200 / CCH
Turbidity	0.71	NTU	<10	SM18 2130B	2/10/2015 / 1200 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	2/10/2015 / 1300 / CCH

OK
2-18-15

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 # : 14001680

Date Reported: 2/10/2015