

C1 7023 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

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

DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 3 21 07

DEPTH OF WELL 22 200 26 5/17/07 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0755

OWNER Toll Brothers Inc. STREET OR RFD Edgewoods Way TOWN Glenelg SUBDIVISION Edgewood Farm SECTION LOT 3

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: Red sandy mica soil (0-15), Layers of brown weathered sand rock (15-45), Hard gray rock (45-200), Water bearing at 125 ft. & 165 ft.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 17 NO. OF POUNDS 1578 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 49 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 49

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

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) DEPTH (nearest ft.) 49, 200

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

DRILLERS LIC. NO. 1 MWD 355 1

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 1

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

C 2 DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N and rows for depth intervals (8-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51)

DIAMETER OF SCREEN (NEAREST INCH) 56 from 60 to

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) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 65 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) YES NO

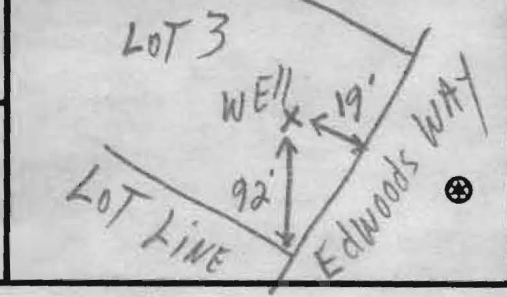
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 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) LAND SURFACE 49 (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)



B 1 9352

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER Ho-95-0755 fill in this form completely

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

DRILLER INFORMATION 76 Driller's Name License No. 81 76 Firm Name 81 500 underwood Ln, Bel Air, Md Address 3/13/07 Date

WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 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 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

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 DEEPEMED 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 Ho2006G004 PERMIT No. Ho-95-0755

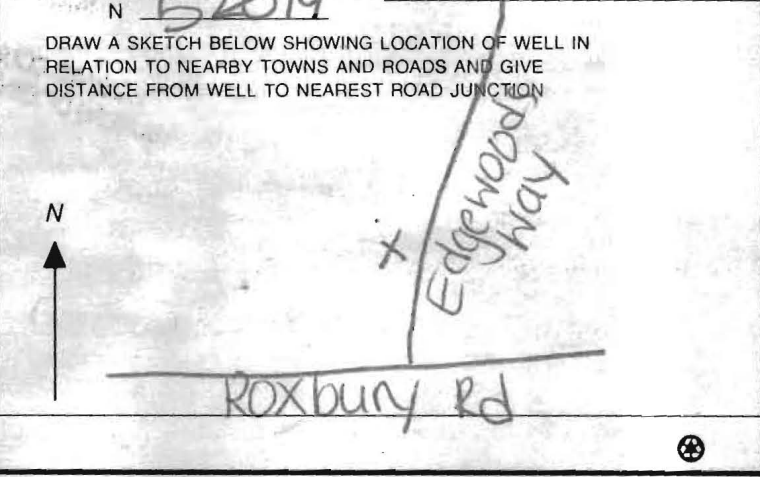
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Edgewoods Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD ENTER (FT) OR MI 34 30 37 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 3/16/2007 Brian Baker 3/16/2008 CO SIGNATURE EXP. DATE NORTH GRID 519 000 EAST GRID 794 000

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 N 52019 000 000





MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

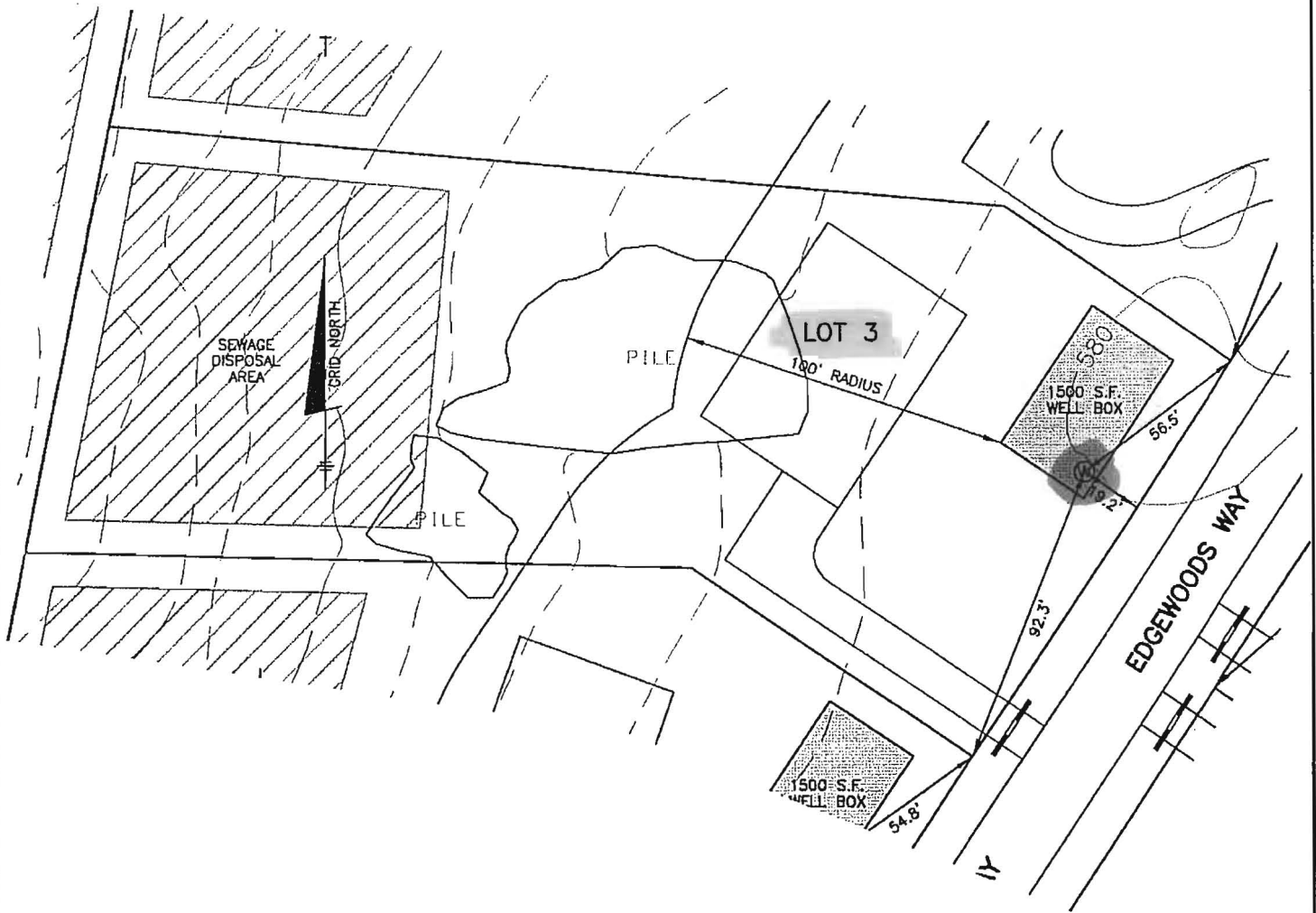
**522 Underwood Lane
(410) 838-6910**

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

WELL YIELD REPORT

Date Test Completed:	March 21, 2007		
Well Depth:	_____ feet		
Customer	<u>Toll Brothers</u>	Permit #	<u>HO-95-0755</u>
Road	<u>Edgewoods Way</u>	Subdivision	<u>Edgewood Farms</u>
City	<u>Glenelg</u>	Section	_____
State	<u>Maryland</u>	Lot #	<u>3</u>

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:30 AM	50	5	12.00
10:45 AM	53	5	12.00
11:00 AM	60	9	6.67
11:15 AM	65	9	6.67
11:30 AM	65	9	6.67
11:45 AM	65	9	6.67
12:00 PM	65	9	6.67
12:15 PM	65	9	6.67
12:30 PM	65	9	6.67
12:45 PM	65	9	6.67
1:00 PM	65	9	6.67
1:15 PM	65	9	6.67
1:30 PM	65	9	6.67
1:45 PM	65	9	6.67
2:00 PM	65	9	6.67



3/16/07
 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 3

F-06-108

SCALE: 1" = 50'

DATE: 10-10-06

**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 Telephone #: 410 795 5070
Address: 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# M50226

*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 #: 410-489-275
Subdivision: Triadelphia Crossing / Edgewood Lot #: 3 Well Tag #: HO-95-0755
Site Address: 14513 Edgewood Way
Greenbelt, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>M Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>TS50207-180</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>15</u> GPM	Depth: <u>36'</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>6</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>200</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 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>200</u> (160 psi min)	Length of sleeve (5" minimum from foundation): <u>20'</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 Fogle date: 10-30-14

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

Date Insp. Requested: 10/31/14 Date Insp. Approved: 11/5/14 Inspector: SC10R
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ X
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 ✓

pitless adaptor not tightly secured to casing
10/31/14 SC10R

11/5/14 pitless adaptor secured to casing

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 #: 98953 Account #: 1930
Reference: Toll Brothers Lot 3 Company: Fogle's Well Drilling
Location: 14513 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 2/13/2015 1247 Site: Pressure Tank
Date/Time Rec'd: 2/13/2015 1406 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: J. Fogle 1974JF Well #: HO-95-0755

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	2/14/2015 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/14/2015 / 0930 / CCH
Nitrate	9.77	mg/L	10	601	2/13/2015 / 1520 / BCD
Turbidity	0.68	NTU	<10	SM18 2130B	2/13/2015 / 1520 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	2/13/2015 / 1520 / BCD

Retest ~~DK~~

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 # : 14001899

Date Reported: 2/16/2015

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 #:	99179	Account #:	1930
Reference:	Toll Brothers Lot 3	Company:	Fogle's Well Drilling
Location:	14513 Edgewoods Way Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	2/23/2015 1317	Source:	Well Water
Date/Time Rec'd:	2/23/2015 1440	Site:	Laundry Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.3
		Well #:	HO-95-0755

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/24/2015 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/24/2015 / 1000 / LLO

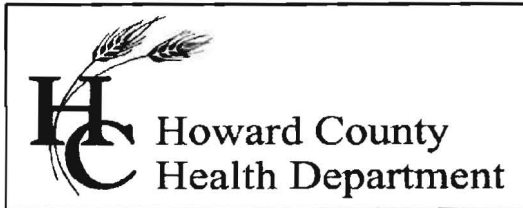
NOTES

- 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 # : 14001899

Date Reported: 2/24/2015



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-2640 | 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 – SEPTEMBER 9, 2015

March 9, 2015

Homeowner
14513 Edgewoods Way
Glenelg, MD 21737

**RE: The Reserve @ Triadelphia Crossing, Lot 3
14513 Edgewoods Way
Building Permit: B14001899
Well Permit: HO-95-0755**

Dear Homeowner:

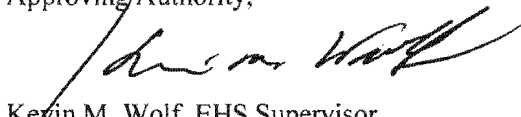
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/2/2015**. Final approval of the well line connection to the dwelling was granted on **11/5/2014**. The well construction was completed on **3/21/2007**. Water samples were collected on **2/13/2015 & 2/23/2015**.

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-95-0755. 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,



Kevin M. Wolf, EHS Supervisor
Environmental Health Specialist
Well & Septic Program

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