

C1 8981

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)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Edgewood Farm, Inc. STREET OR RFD Edgewoods Way TOWN Glenelg SUBDIVISION Edgewood Farm SECTION LOT 52

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Brown shale, Gray Limestone, Flint, Gray Limestone, Brown Sandstone, Gray Limestone, Brown Sandstone, Gray Limestone, Brown Sandstone, Green Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 75 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD

MAIN CASING TYPE [PL] Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 43

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

SCREEN RECORD

screen type or open hole [HO] insert appropriate code below [HO] OPEN HOLE

DEPTH (nearest ft.)

DEPTH (nearest ft.) HO 43 200. A C H S C 3 R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

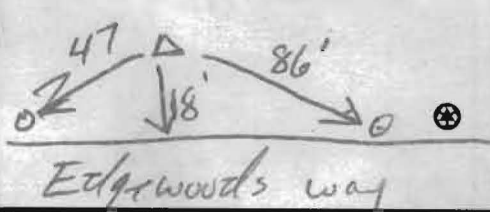
HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE 196L. WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft. WHEN PUMPING 134 ft. TYPE OF PUMP USED (for test) [P] piston [S] submersible

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 [−] below 02 (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)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED [Y] [N]

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. 1 M SD 007 DRILLERS SIGNATURE LIC. NO. 1 D

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

B 1 6019

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525588 please type

STATE PERMIT NUMBER

HO-95-0555 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Toll Brothers 15 Last Name Owner First Name 34 1420 Philadelphia Rd 36 Street or RFD 55 Glenelg Md. 21737 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

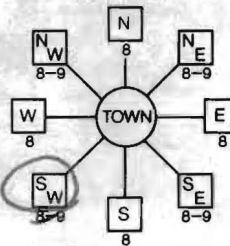
Howard 8 COUNTY 21 Edgewood Farm 23 SUBDIVISION 42 SECTION 44 46 LOT 52 48 50 Glenelg 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 MI 73 76 77 78

DRILLER INFORMATION

Allen Compton MS D 009 76 Driller's Name License No. 81 Eagles Well Drilling Firm Name 580 obrecht RD Address 10/4/06 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Edgewoods Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 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 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING (circled) C 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 10/20/2006 Brian Baker 10/20/2007 CO SIGNATURE EXP. DATE NORTH GRID 519 0 0 0 EAST GRID 793 0 0 0

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

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 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)

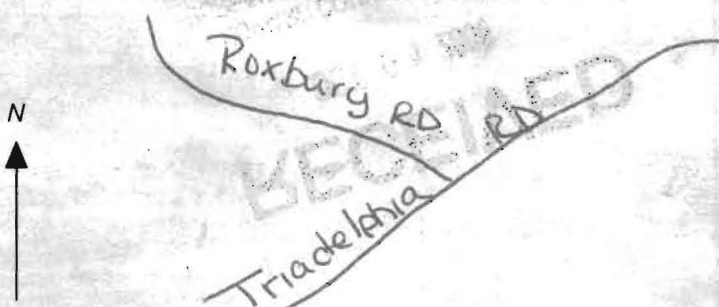
APPROX. PERMIT NUMBER HO2006G004 PERMIT No. HO-95-0555

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 79/3 N 52019

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

Test Well That is Intended to Be Converted to Domestic Potable Well No GWAP at This Time

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0555
 Location of property (road) Edgewoods Way (Roxbury Road)
 Subdivision Edgewood Farm Lot 52 Block _____ Plat _____ Sec. _____
 Well Driller Fogles/Compton Owner Toll Brothers

Depth of well 200'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 45

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 15
 Total time 4 hrs. to reach pumping water level 134' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

| TIME (in 15 minute intervals) | WATER LEVEL below M.P. | PUMPING RATE time to fill \$1 gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 8:30 | 45 | 4 | | 15 |
| 8:45 | 61.8 | 4 | | 15 |
| 9:00 | 70.2 | 4 | | 15 |
| 9:15 | 74.8 | 4 | | 15 |
| 9:30 | 77 | 4 | | 15 |
| 9:45 | 80 | 4 | | 15 |
| 10:00 | 82 | 4 | | 15 |
| 10:15 | 85 | 4 | | 15 |
| 10:30 | 89.1 | 4 | | 15 |
| 10:45 | 92 | 4 | | 15 |
| 11:00 | 101.6 | 4 | | 15 |
| 11:15 | 106.2 | 4 | | 15 |
| 11:30 | 110 | 4 | | 15 |
| 11:45 | 116 | 4 | | 15 |
| 12:00 | 121 | 4 | | 15 |
| 12:15 | 124 | 4 | | 15 |
| 12:30 | 127.5 | 4 | | 15 |
| 12:45 | 131.4 | 4 | | 15 |
| 1:00 | 134.4 | 4 | | 15 |
| | | | | |
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**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 #: 443-609-4195
Address: P.O. Box 262
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# MSD 009

***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 #: 410 992-5978
Subdivision: Edgewood Farm Lot #: 52 Well Tag #: HO-95-0555
Site Address: 14598 Edgewood Lane

| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
|---|------------------------------|---|
| Make: <u>Grundfos</u> | Make: <u>Compbell</u> | Two piece watertight cap: <u>yes</u> |
| Model #: <u>1550607-180</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>15</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</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>160</u> (160 psi min) | Length of sleeve (5' minimum from foundation): <u>5'</u> |
| Depth of supply line: <u>42"</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: Allen Compton date: 12/6/12

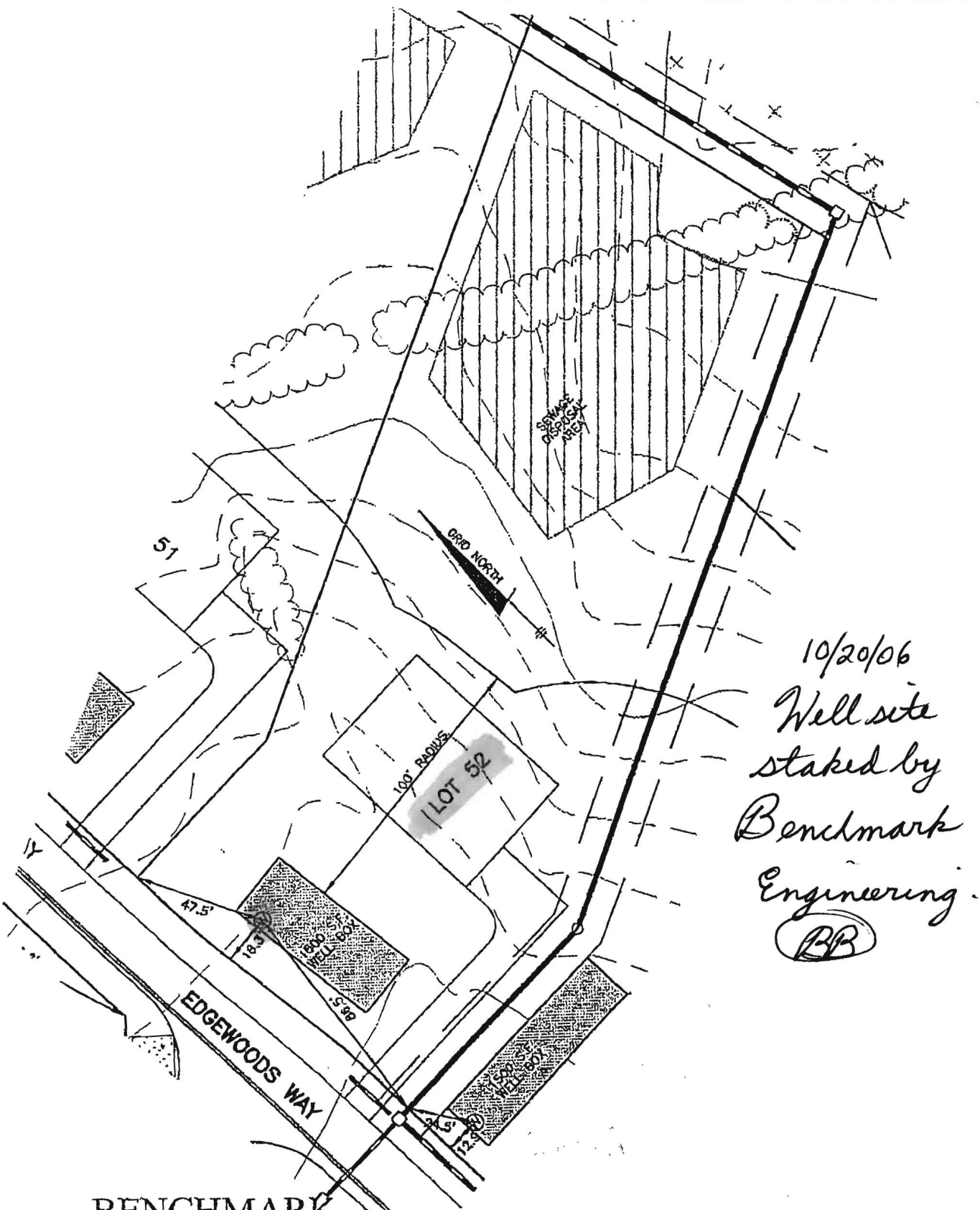
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: [Signature]

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

12/6/12
→ Need Tag



10/20/06
 Well site
 staked by
 Benchmark
 Engineering.
 (BB)

BENCHMARK
 ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE ▲ SUITE 41B
 ELLICOTT CITY, MARYLAND 21043
 PHONE: 410-465-8105 FAX: 410-485-6844

EDGEWOOD FARM
WELL LOCATION PLAN
LOT 52
 F-06-108
 SCALE: 1" = 50'

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 – September 17, 2013

April 17, 2013

Homeowner
14548 Edgewoods Way
Glenelg, MD 21737

**RE: Edgewood Farm, Lot #52
14548 Edgewoods Way
Building Permit: Bb12002147
Well Permit: HO-95-0555**

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 **1/09/12**. Final approval of the well line connection to the dwelling was granted on **12/06/12**. The well construction was completed on **4/11/07**. Water samples were collected on **4/02/13**.

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-95-0555. 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,

Dana Bernard

Dana Bernard
Environmental Sanitarian
Well & Septic Program

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

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 10/11/00 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

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 #: | 88733 | Account #: | 1930 |
| Reference: | Toll Brothers Lot 52 | Company: | Fogle's Well Drilling |
| Location: | 14548 Edgewood Way Glenelg, MD 21737 | Requested By: | Dave Fogle |
| Date/ Time Collected: | 4/10/2013 1128 | Source: | Well Water |
| Date/Time Rec'd: | 4/10/2013 1245 | Site: | R/O Tap |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | Reverse Osmosis |
| Collected By: | J. Fogle 1974JF | pH: | 6.6 |
| | | Well #: | HO-95-0555 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|------------|---------|-------|-----------|--------|------------------------|
| Nitrate | <1.0 | mg/L | 10 | 601 | 4/11/2013 / 1830 / CWM |

Test OK

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

Reason for Test : Use & Occupancy

Building Permit # : 12002147

Date Reported: 4/12/2013

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 #: | 88582 | Account #: | 1930 |
| Reference: | Toll Brothers Lot 52 | Company: | Fogle's Well Drilling |
| Location: | 14548 Edgewood Way Glenelg, MD 21737 | Requested By: | Dave Fogle |
| Date/ Time Collected: | 4/1/2013 1202 | Source: | Well Water |
| Date/Time Rec'd: | 4/1/2013 1355 | Site: | Pressure Tank |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | None |
| Collected By: | J. Fogle 1974JF | pH: | 5.7 |
| | | Well #: | HO-95-0555 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-----------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 4/2/2013 / 1100 / CCH |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 4/2/2013 / 1100 / CCH |
| Nitrate | 8.96 | mg/L | 10 | 601 | 4/2/2013 / 1315 / CCH |
| Turbidity | 3.04 | NTU | <10 | SM18 2130B | 4/2/2013 / 0820 / JKW |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 4/2/2013 / 0822 / JKW |

*Test OK***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 and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
 Building Permit # : 12002147

Date Reported: 4/2/2013