

C1 8979 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 DATE WELL COMPLETED

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0553

OWNER Edgewood Farm, Inc STREET OR RFD Edgewoods Way TOWN Glencig SUBDIVISION Edgewood Farm SECTION LOT 23

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale, Gray Limestone, Flint, Gray Limestone, Brown Sandstone, Gray Limestone.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (C) CEMENT BENTONITE CLAY (B) NO. OF BAGS 16 NO. OF POUNDS 1304

CASING RECORD MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 06 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 (H) insert appropriate code below (S) STEEL (B) BRASS (H) OPEN HOLE (P) PLASTIC (O) OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

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 M 5 D 009 DRILLERS SIGNATURE LIC. NO. 1 D

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

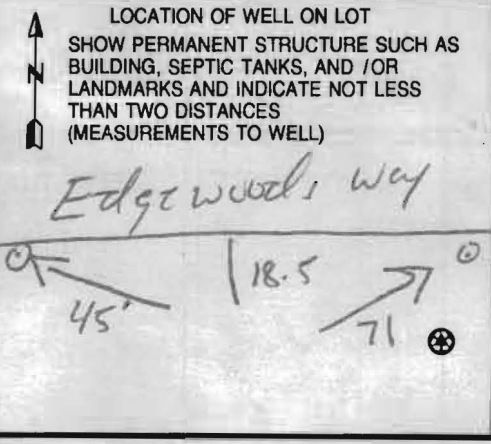
DEPTH (nearest ft.) 300 A 8 9 11 15 17 21 C 23 24 26 30 32 36 R 38 39 41 45 47 51 E SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

PUMPING TEST HOURS PUMPED (nearest hour) 06 PUMPING RATE (gal. per min.) 3 METHOD USED TO MEASURE PUMPING RATE 190L WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft WHEN PUMPING 222 ft TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (YES) 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 (OZ) (nearest foot) (-) below



B 1 6029

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HO-95-0553 fill in this form completely

OWNER INFORMATION: Date Received (APA) 8 MM DD YY 13; Toll Brothers; 14420 Triadelphia Rd; Glenelg Md 21737

LOCATION OF WELL: Howard; Edgewood Farm; SECTION 44 46 LOT 23; 52 NEAREST TOWN Glenelg; MILES FROM TOWN 4

DRILLER INFORMATION: Allen Compton MS D009; Eagles Well Drilling; 580 Obrecht Rd

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): W 8; ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): SOUTH; DISTANCE FROM ROAD 30; TAX MAP: 21 BLK: 22 PARCEL 90

WELL INFORMATION: APPROX. PUMPING RATE 5 (GAL. PER MIN.); AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX): DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION; FARMING; INDUSTRIAL; PUBLIC WATER SUPPLY WELL; TEST, OBSERVATION, MONITORING; GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard (13) A518964; COUNTY NAME; STATE SIGNATURE; DATE ISSUED 10/20/2006; CO SIGNATURE Brian Baber; EXP. DATE 10/20/2007; NORTH GRID 519 000; EAST GRID 793 000

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X; SOURCES OF DRILLING WATER; WRITE THE BOX NUMBER FROM THE MAP HERE; E 7943; N 52019

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary; JETTED AIR-PERCussion; Jetted & DRIVEN ROTARY (Hydraulic Rotary); Drive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX): THIS WELL WILL NOT REPLACE AN EXISTING WELL; THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED; THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS; THIS WELL WILL DEEPEIN AN EXISTING WELL

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER; PERMIT No. HO-95-0553

SPECIAL CONDITIONS: Test Well That is Intended to Be Converted to Domestic Potable Well - No GWAP at This Time

**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: Eagles Well Drilling Telephone #: 443-609-4195
Address: P.O. 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# MSD009

*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 #: 410-992-5998
Subdivision: Edgewood Farm Lot #: 23 Well Tag #: HO 45-0553
Site Address: 1453 Edgewood way

MISSING Tag

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Cocodriles</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>155af02-180</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>3</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>300'</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>NA</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Poly Pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve(s' 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.

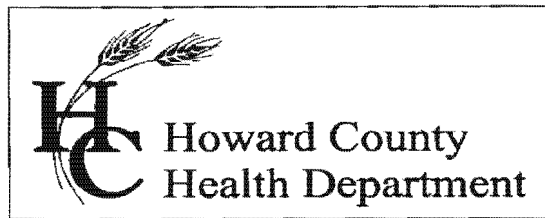
Signature of company representative responsible for installation: Allen Compton date: 1-29-13

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

Date Insp. Requested: 1/30/13 Date Insp. Approved: 1/30/13 Inspector: KW

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 Med Tag
- 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, 2013

February 19, 2013

Homeowner
14537 Edgewoods Way
Glenelg, MD 21737

RE: Edgewood Farm, Lot 23
14537 Edgewoods Way
Building Permit: B12002541
Well Permit: HO-95-0553

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 **11/28/2012**. Final approval of the well line connection to the dwelling was granted on **1/30/2013**. The well construction was completed on **10/24/2006**. Water samples were collected on **2/11/2013**.

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. 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-95-0553. 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>

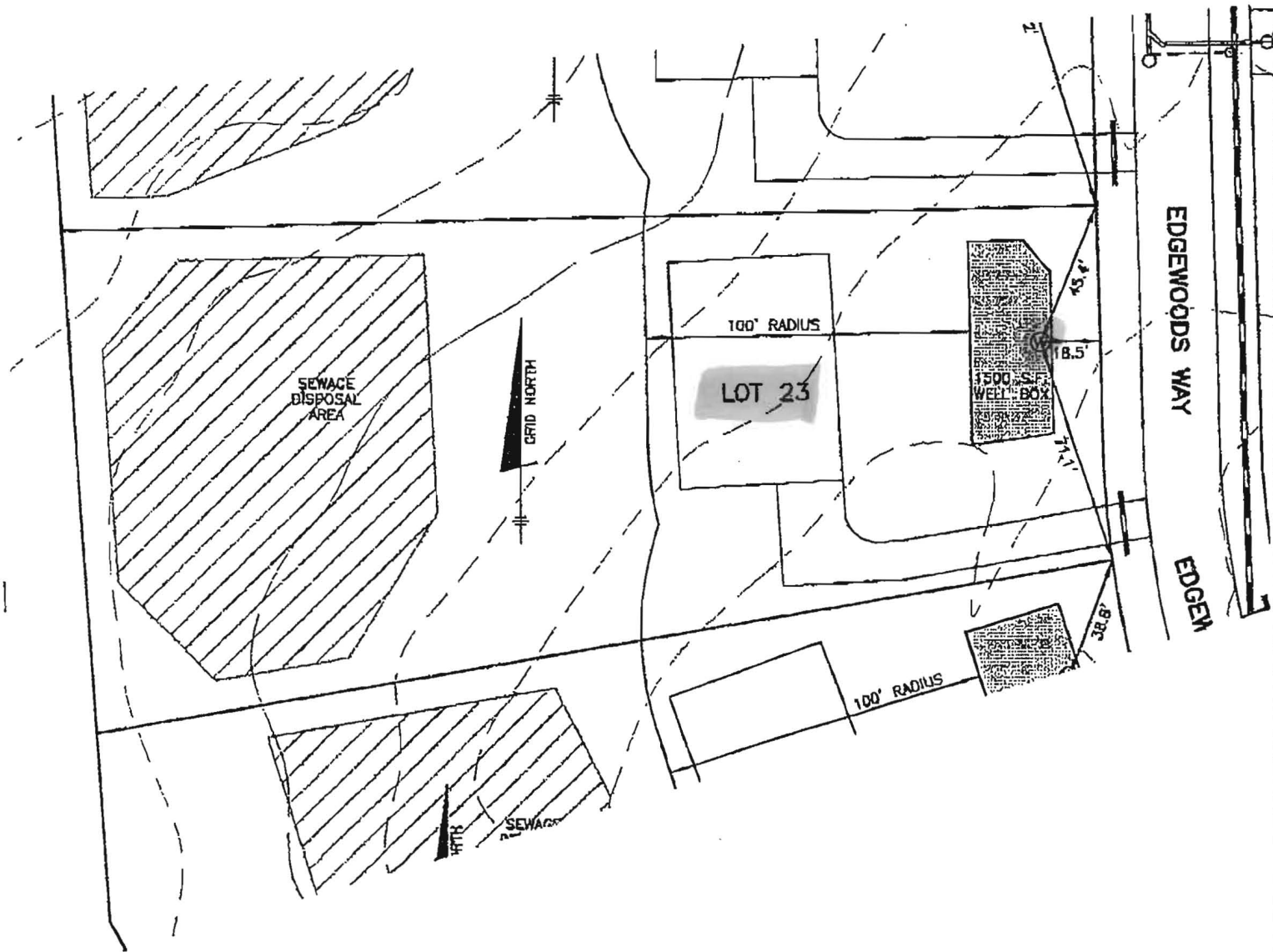
Approving Authority,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is written in a cursive style with a large initial "R".

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

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

10/20/06
Well sites staked by Benchmark
Engineering. (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 23

F-06-108

SCALE: 1" = 50'

DATE: 10-4-06

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 #: 88057 Account #: 1930
Reference: Toll Brothers Lot 23 Company: Fogle's Well Drilling
Location: 14537 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 2/11/2013 1351 Site: Pressure Tank ✓
Date/Time Rec'd: 2/11/2013 1500 Treatment: None
Chlorine ppm: Free: ND ✓ Total: ND ✓ pH: 6.1 ✓
Collected By: J. Fogle 1974JF Well #: HO-95-0553

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/12/2013 / 1030 / JKW
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/12/2013 / 1030 / JKW
Nitrate	8.43	mg/L	10	601	2/12/2013 / 1330 / CCH
Turbidity	1.60	NTU	<10	SM18 2130B	2/12/2013 / 0805 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	2/12/2013 / 0820 / JKW

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; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : 12002541

Date Reported: 2/12/2013