

C1 8980

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 A518964

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0554

DATE Received MM DD YY

10 24 06

22 300 26 (TO NEAREST FOOT)

4/11/07 O.K. (initials)

28 29 30 31 32 33 34 35 36 37

OWNER Edgewood Farm, Inc. STREET OR RFD Edgewoods Way TOWN Glenely SUBDIVISION Edgewood Farm SECTION LOT 37

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), and check if water bearing. Rows include Brown shale (0-35), Gray limestone (35-300), and a section marked with '2'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (Circle one) CEMENT [C] BENTONITE CLAY [B]

NO. OF BAGS 45 46 12 NO. OF POUNDS 45 46 1128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft.

DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD casing types insert appropriate code below [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 06 40

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

SCREEN RECORD screen type or open hole insert appropriate code below [ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

DEPTH (nearest ft.) 1 2 H0 40 300

ACSHSRENE 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from 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

70 72 TELESCOPE CASING LOG INDICATOR 74 75 76 OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE 1966

WATER LEVEL (distance from land surface) BEFORE PUMPING 39.9 ft.

WHEN PUMPING 145 ft.

TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [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 01 (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) Edgewoods Way

Diagram showing well location on lot with distances 49 and 74.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER A 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. M S D 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

B 1 6018

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER H0-95-0554 fill in this form completely

OWNER INFORMATION: Date Received (APA), 8 MM DD YY 13, Toll Brothers, 14420 Tradelphra Rd, Glenelg md. 21737

LOCATION OF WELL: Howard, Edgewood Farm, SECTION 44 46, LOT 37, 52 NEAREST TOWN Glenelg, MILES FROM TOWN 4

DRILLER INFORMATION: Allen Compton MS D 009, Fogles Well Drilling, 580 obrecht RD

Edgewoods Way, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD 30 FT, TAX MAP: 21 BLK: 22 PARCEL 90

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard (13) A518964, DATE ISSUED 10/20/2007, CO SIGNATURE Brian Baker 10/20/2007

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

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

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

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER H02006G004, PERMIT No. H0-95-0554

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

GPS

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 26.84.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling LLC Telephone #: 410-795-5670
Address: Po 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): David C. Fogle License# MD0226

*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: Triadelphia Crossing Lot #: 37 Well Tag #: HO-95-0654
Site Address: 14553 EDGEWOODS WAY
Greenbelt 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>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: _____ 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 wrenches, 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

Piping to house
Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 5'
Sleeve sealed properly: YES

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: 1-5-15

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

Date Insp. Requested: 1/5/15 Date Insp. Approved: 5/13/15 Inspector: SC
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

Penny E. Borenstein, M.D., M.P.H., Health Officer

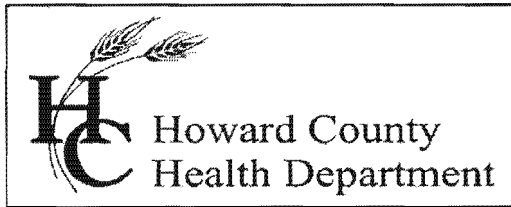
ATTENTION WELL DRILLERS!!!

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

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 - DECEMBER 26, 2015

June 26, 2015

Homeowner
14553 Edgewoods Way
Glenelg, MD 21737

RE: Edgewood Farm, Lot 37
14553 Edgewoods Way
Building Permit: B14003232
Well Permit: HO-95-0554

Dear Homeowner:

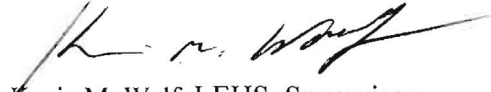
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **6/1/2015**. Final approval of the well line connection to the dwelling was granted on **5/13/2015**. The well construction was completed on **10/24/2006**. Water samples were collected on **5/26/2015**.

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-95-0554**. 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.**

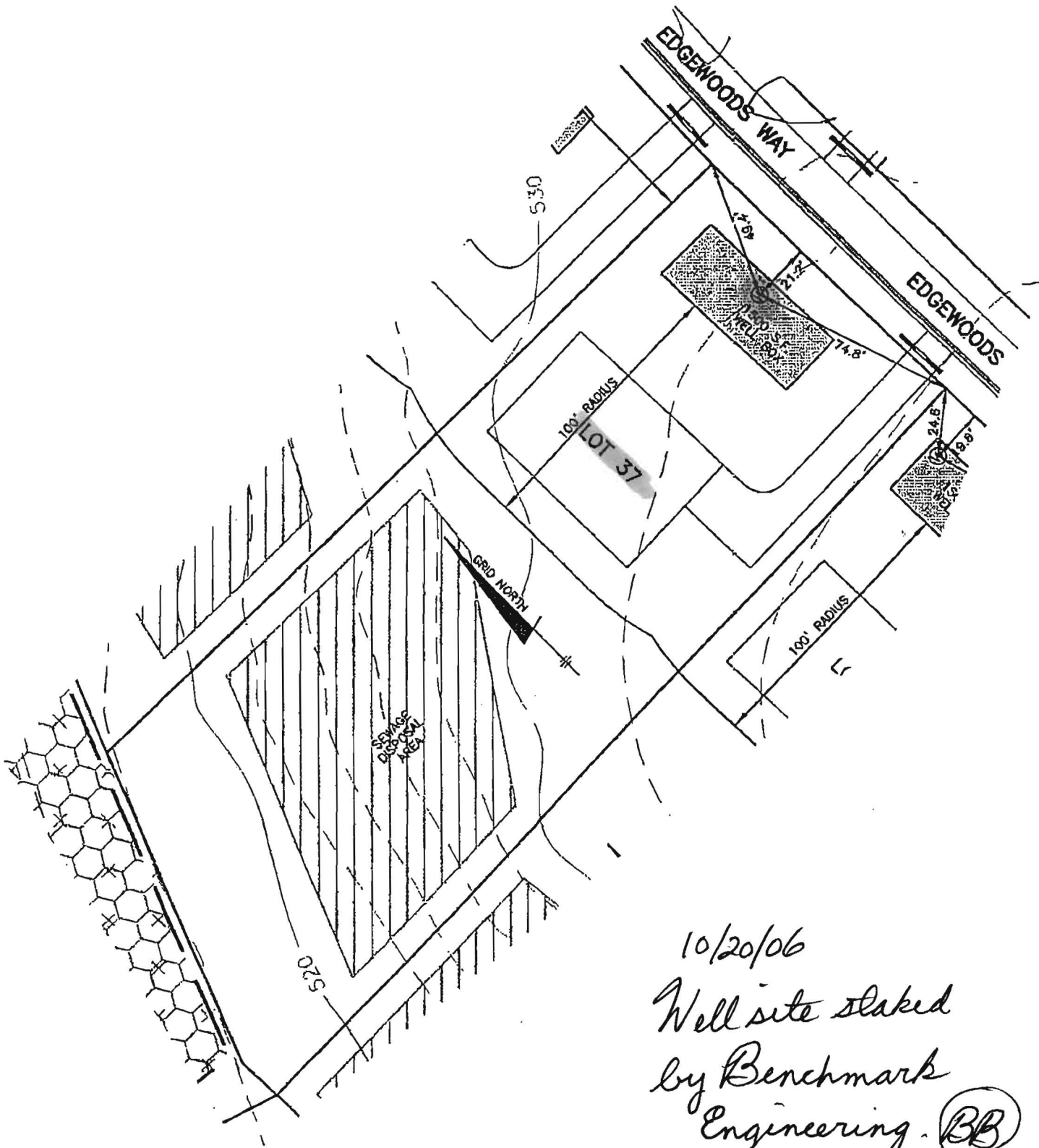
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kevin M. Wolf, LEHS, Supervisor
Groundwater Management Section
Well & Septic Program

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



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

BENCHMARK
 ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 PHONE: 410-465-6105 FAX: 410-465-6844

EDGEWOOD FARM
WELL LOCATION PLAN
LOT 37

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 #: 100884 Account #: 1930
Reference: Toll Brothers Lot 37 Company: Fogle's Well Drilling
Location: 14553 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 5/26/2015 1151 Site: Pressure Tank
Date/Time Rec'd: 5/26/2015 1540 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Fogle 1974JF Well #: HO-95-0554

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/27/2015 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/27/2015 / 1030 / LLO
Nitrate	8.78	mg/L	10	601	5/27/2015 / 1030 / CRS
Turbidity	1.16	NTU	<10	SM18 2130B	5/27/2015 / 1200 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/27/2015 / 1200 / CRS

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

Reason for Test : Use & Occupancy

Building Permit # : 14003232

Date Reported: 5/27/2015