

B 1 9335

SEQUENCE NO. (MDE USE ONLY)

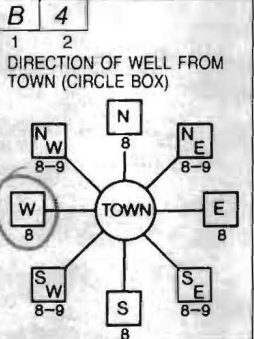
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526283 please type

STATE PERMIT NUMBER Ho-95-1054 fill in this form completely 79

OWNER INFORMATION Date Received (APA) 8 MM DD YY 13 Toll Brothers 15 Last Name Owner First Name 34 764 Columbia Gateway Dr, Ste 230 36 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 52 NEAREST TOWN Glenelg 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

DRILLER INFORMATION Michael Barlow M N D 305 76 License No. 81 Michael Barlow New Drilling Serv Firm Name 533 Underwood Ln, Bel Air, Md 21014 Address Signature Date 3/13/07



Edgewoods Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 30 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A518964 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 4/8/2007 Brian Baber 4/8/2008 CO SIGNATURE EXP. DATE NORTH GRID 519 000 EAST GRID 793 000 50 55 57 63

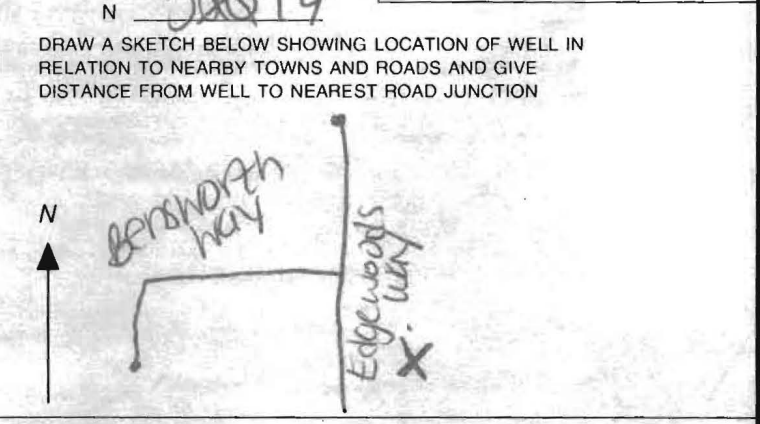
USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 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 52819 000 000

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 H02006 G004 PERMIT No. H0-95-1054 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 **Bel Air, Maryland 21014**
(410) 838-6910 **Fax (410) 838-3582**

WELL YIELD REPORT

Date Test Completed: April 12, 2007

Well Depth: 200 feet

Customer	<u>Toll Brothers</u>	Permit #	<u>HO-95-1054</u>
Road	<u>Edgewoods Way</u>	Subdivision	<u>Edgewood Farms</u>
City	<u>Glenelg</u>	Section	<u></u>
State	<u>Maryland</u>	Lot #	<u>54</u>

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:15 AM	38	6	10.00
9:30 AM	49	6	10.00
9:45 AM	52	6	10.00
10:00 AM	53	6	10.00
10:15 AM	54	6	10.00
10:30 AM	54	6	10.00
10:45 AM	54	6	10.00
11:00 AM	55	6	10.00
11:15 AM	56	6	10.00
11:30 AM	56	6	10.00
11:45 AM	57	6	10.00
12:00 PM	57	6	10.00
12:15 PM	57	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: Foote's Well Drilling Telephone #: 410-795-5070
Address: J PO BOX 2021
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. Foote License# MSD226

*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: Philadelphia Crossing Lot #: 54 Well Tag #: HO-95-105H
Site Address: 14540 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>Amorell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1359207-186</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>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>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 anastors, 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>70</u> (160 psi-min)	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.

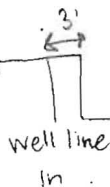
Signature of company representative responsible for installation: David Foote date: 8-14-15

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

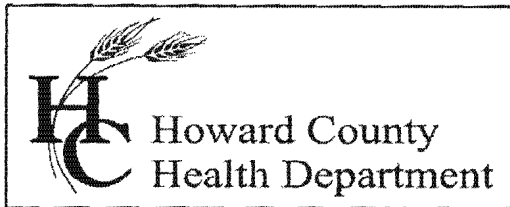
Date Insp. Requested: 8/17/15 Date Insp. Approved: 8/17/15 Inspector: SC

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



~38' sleeve



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 - APRIL 22, 2016

October 22, 2015

Homeowner
14540 Edgewoods Way
Glenelg, MD 21737

RE: Edgewood Farm, Lot 54
14540 Edgewoods Way
Building Permit: B15000602
Well Permit: HO-95-1054

Dear Homeowner:

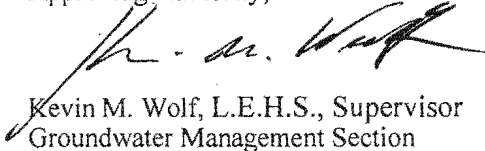
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **10/22/2015**. Final approval of the well line connection to the dwelling was granted on **8/17/2015**. The well construction was completed on **4/12/2007**. Water samples were collected on **9/22/2015**.

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-95-1054**. 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>

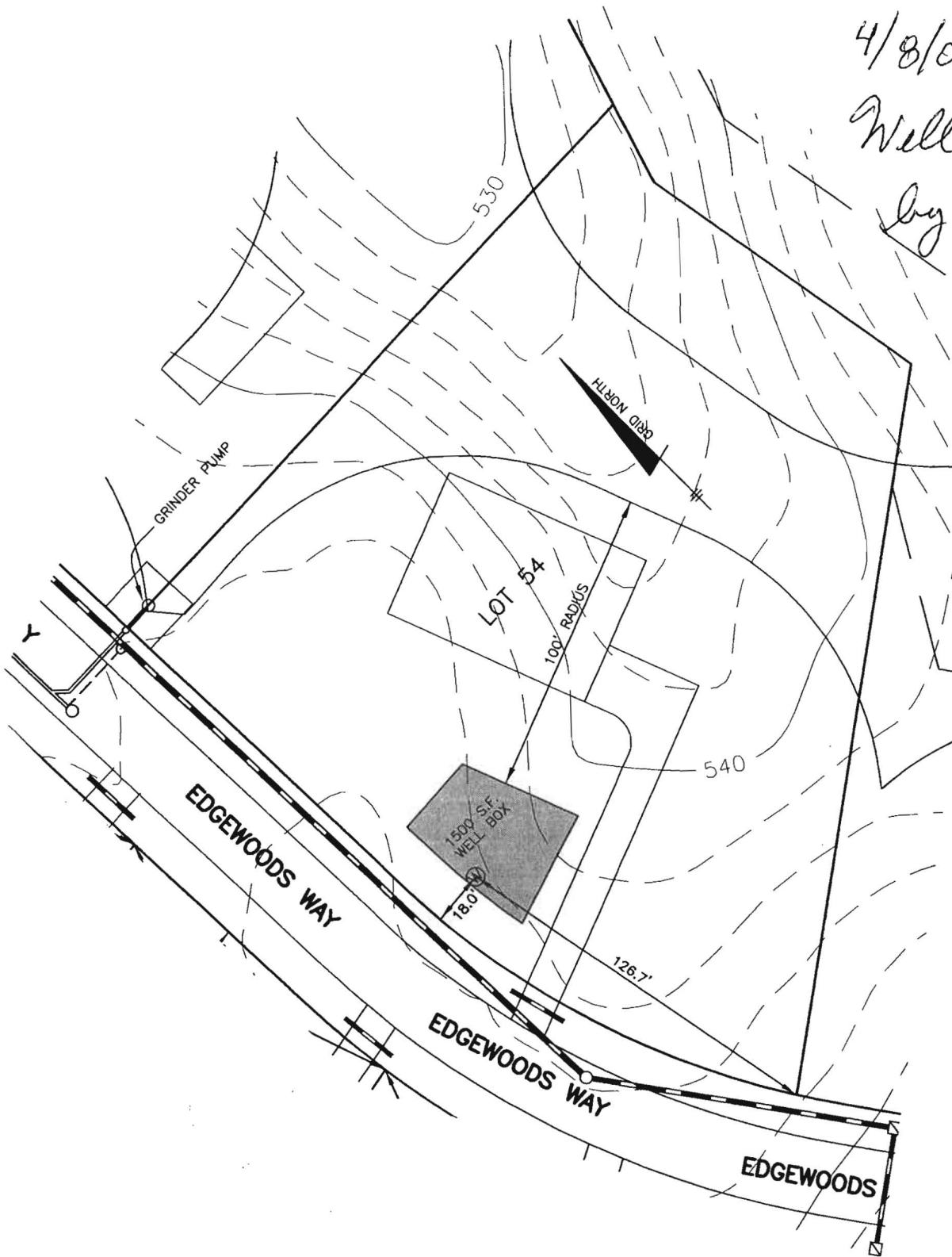
Approving Authority,

A handwritten signature in black ink, appearing to read "K. M. Wolf", written over a horizontal line.

Kevin M. Wolf, L.E.H.S., Supervisor
Groundwater Management Section
Well & Septic Program

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

4/8/07
Well Site Staked
by Benchmarks
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 54

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 #: 103292 Account #: 1930
Reference: Toll Brothers Lot 54 Company: Fogle's Well Drilling
Location: 14540 Edgewoods Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 9/22/2015 1255 Site: Pressure Tank
Date/Time Rec'd: 9/22/2015 1412 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: J. Fogle 1974JF Well #: HO-95-1054

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/23/2015 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/23/2015 / 0930 / CCH
Nitrate	9.20	mg/L	10	601	9/22/2015 / 1430 / CCH
Turbidity	1.65	NTU	<10	SM18 2130B	9/22/2015 / 1330 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	9/22/2015 / 1330 / CCH

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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 pH and Chlorine level tested in lab
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 15000602

Date Reported: 9/24/2015