

C1 6534

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received MM DD YY 8 13

DATE WELL COMPLETED

MM DD YY 4 16 07

Depth of Well

22 405 26 (TO NEAREST FOOT)

5/31/07 O.K. RB

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HU-49-0792 28 29 30 31 32 33 34 35 36 87

OWNER: Toll Brothers last name first name STREET OR RFD: Bensworth way TOWN: Glenelig SUBDIVISION: Edgewood Farms SECTION: LOT: 35

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: Dirt, Soft Brown, Hard Grey, Red Tan, Hard Grey.

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 5 NO. OF POUNDS 420 GALLONS OF WATER 30 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 20

OTHER CASING (if used) diameter inch depth (feet) from to A 4 1/2 65 85

SCREEN RECORD

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER screen type or open hole (insert appropriate code below)

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 W D 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

C2 DEPTH (nearest ft.)

1 NO 20 405 E 8 9 11 15 17 21 C 2 H 23 24 26 30 32 36 S 3 R 38 39 41 45 47 51 E N 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 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 7 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Time/Pressure WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 300 ft. TYPE OF PUMP USED (for test) 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 49 LAND SURFACE - below 1 (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)

PACK PROP LINE

B 1 9347

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

Ho-95-0792 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Toll Brothers 15 Last Name Owner First Name 34 2164 Columbia Gateway Dr Ste 230 36 Street or RFD 55 Columbia MD 21046 57 Town 70 State 72 Zip 76

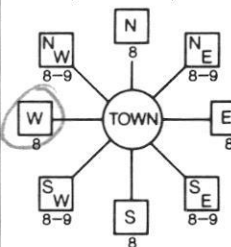
B 3 Howard LOCATION OF WELL

8 COUNTY 21 Edgewood Farms 23 SUBDIVISION 42 SECTION 44 46 LOT 35 48 50 52 NEAREST TOWN Glenelg 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

Michael Barlow M W D 355 76 Driller's Name License No. 81 Barlow Well Drilling Serv Firm Name 522 Underwood Ln, Bel Air, Md Address 3/13/07 21014 Signature Date

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Bensworth Way 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST 365 34 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 22 PARCEL 90

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A518964 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/30/2007 Brian Baker 3/30/2008 CO SIGNATURE EXP. DATE NORTH GRID 519 000 EAST GRID 792 000 50 55 57 63

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 DEEPEN 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 H02006 G004 PERMIT No. H0-95-0792 70 71 72 73 74 75 76 77 78 79

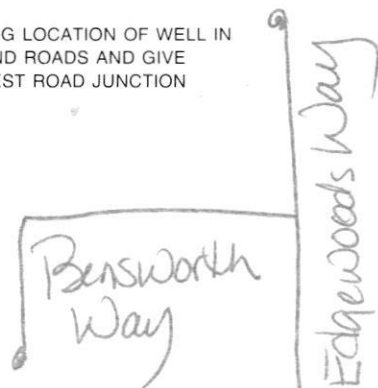
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 792 92 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

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 16, 2007		
Well Depth:	405	feet	
Customer	<u>Toll Brothers</u>	Permit #	<u>HO-95-0792</u>
Road	<u>Edgewoods Way</u>	Subdivision	<u>Edgewood Farms</u>
City	<u>Glenelg</u>	Section	<u></u>
State	<u>Maryland</u>	Lot #	<u>35</u>

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:15 AM	36	5	12.00
9:30 AM	153	5	12.00
9:45 AM	210	6	10.00
10:00 AM	268	7	8.57
10:15 AM	300	30	2.00
10:30 AM	300	30	2.00
10:45 AM	300	30	2.00
11:00 AM	300	30	2.00
11:15 AM	300	30	2.00
11:30 AM	300	30	2.00
11:45 AM	300	30	2.00
12:00 PM	300	30	2.00
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2:45 PM	300	30	2.00
3:00 PM	300	30	2.00
3:15 PM	300	30	2.00
3:30 PM	300	30	2.00
3:45 PM	300	30	2.00
4:00 PM	300	30	2.00
4:15 PM	300	30	2.00

**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: POGLES WELL DRILLING LLC Telephone #: 410-795-5670
Address: J 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 FONTE License# M01D 226

*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: TOH BROTHERS Telephone #: _____
Subdivision: TRIADELPHIA CROSSING Lot #: 35 Well Tag #: HO-95-0792
Site Address: 14310 BERNARDIN WAY
GENEIG, MD 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Climpex II</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>150GE07-150</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>2</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>4 (5)</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 inside of well casing N/A

<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 (160 psi-min)</u>	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>

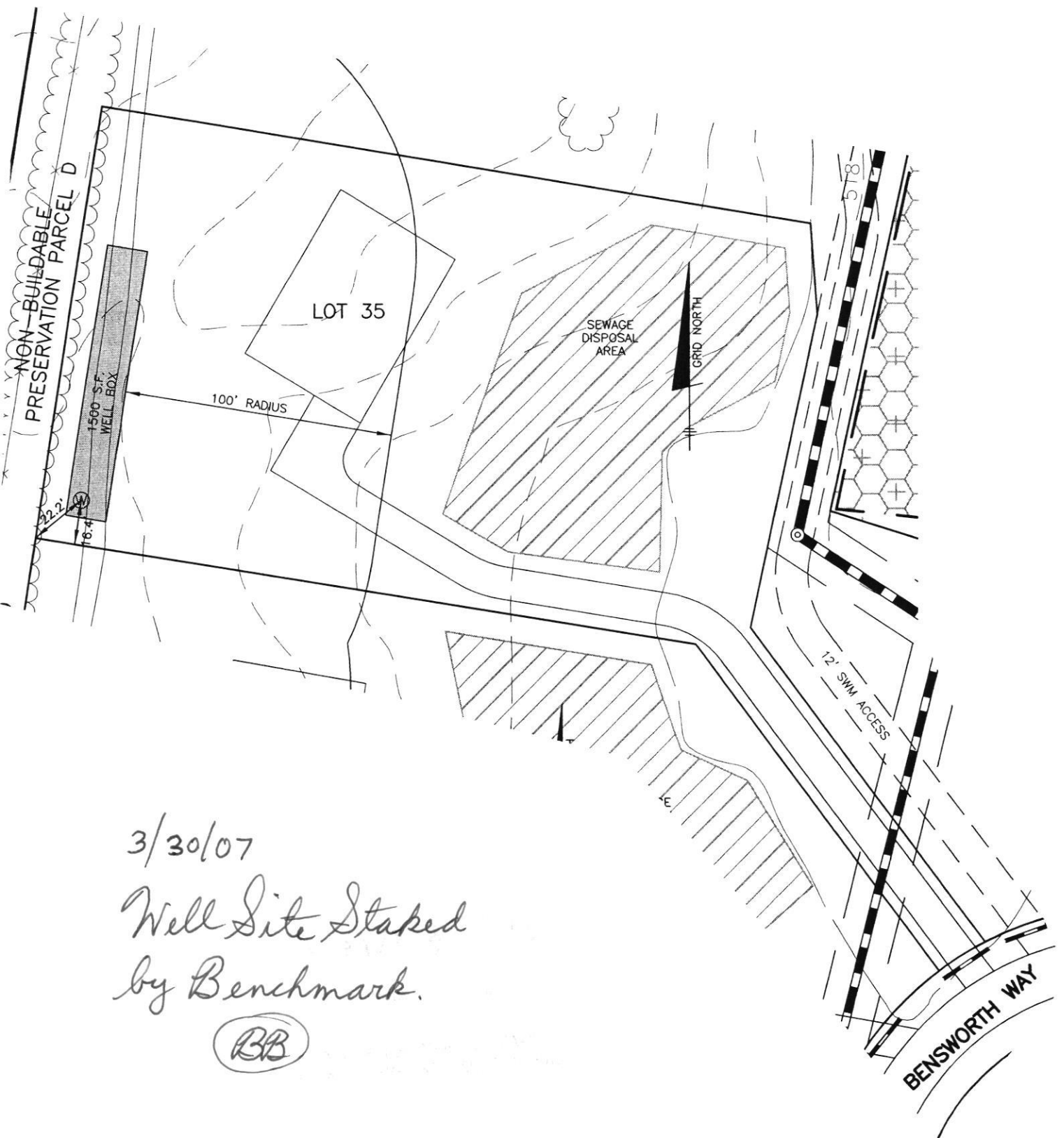
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David Pogle date: 6-29-15

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

Date Insp. Requested: 6/30/15 Date Insp. Approved: 7/21/15 Inspector: SC

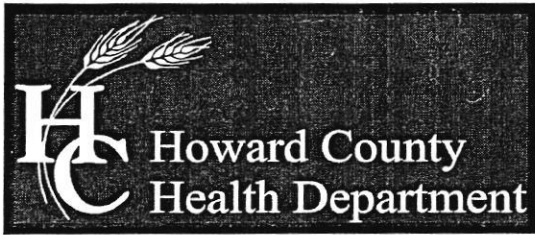
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" 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"/>



3/30/07
 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 35
 F-06-108
 SCALE: 1" = 50'
 DATE: 10-10-06



Bureau of Environmental Health

8930 Stanford Boulevard, 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

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and TOLL Brothers Inc. ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 14310 Bensworth way, _____ and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 4, Block # _____, Parcel # 35, Deed Reference # 19268 and Tax Account # _____ ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit Hb 95.0792 that has been tested by the Health Department (or a private laboratory certified to perform testing) for coliform bacteria. The results of the tests have shown that coliform bacteria is present in the water.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where a water treatment device has been installed for water disinfection.

WHEREAS, MDE has determined that bacteria can be effectively removed from the drinking water by the use of disinfection treatment devices (e.g., UV light).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device for disinfection.

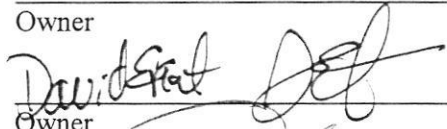

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

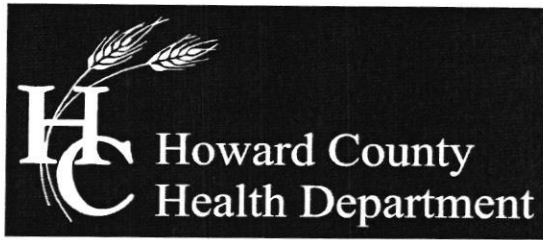
NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively eliminates the coliform bacteria to below detectable levels. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows the absence of detectable levels of coliform bacteria.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

TOLL Brothers Inc	10/9/15	Kathleen Korba	10/9/15
Owner	Date	Witness	Date
		Kathleen Korba	10/9/15
Owner	Date	Witness	Date
	10/9/15		
Howard County Health Department	Date		



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 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

**REQUEST FOR TEMPORARY DEVIATION TO
 BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: OCTOBER 8, 2015

WELL PERMIT #: HO-95-0792

PROPERTY OWNER: TDL Brothers Inc.

SUBDIVISION & LOT #:

PROPERTY ADDRESS: EDGEWOOD FARM, LOT 35
 14310 BENSWORTH WAY, GLENELG, MD 21737

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

Several Chlorinations, including super
Chlorination on 9/29/15

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

Permanent deviation letter for
UV light system recorded on 10/9/15

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 95-0792 will meet the bacteria standard resulting from approved disinfection procedures.

2) If condition #1 is not met through disinfection techniques, then either:

- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**

OR

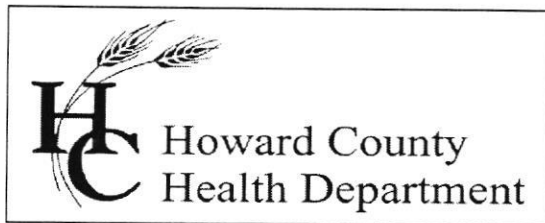
- b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO - 95 - 0792. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [Person(s) who intend to live in the dwelling]

Kathleen Corba (410) 991-7161

Prospective Owner's Day Time Phone Number(s)



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR BACTERIA

Expiration Date – OCTOBER 23, 2015

October 8, 2015

David and Kathleen Korba
14310 Bensworth Way
Glenelg, MD 21737

**RE: Edgewood Farm, Lot 35
14310 Bensworth Way
Building Permit: B14004605
Well Permit: HO-95-0792**

Dear Homeowner:

This is to advise you that the septic system installation for the above referenced property has been inspected and approved. Final approval of the septic system was granted on **7/17/2015**. Final approval of the well line connection to the dwelling was granted on **7/21/2015**. The well construction was completed on **4/16/2007**. Water samples were collected on **9/14/2015, 9/23/2015, and 10/5/2015**.

The water sample results indicate that the water samples submitted for testing contained elevated levels of coliform bacteria at the time of sampling and are **NOT** bacteriologically safe for drinking.

This is a **temporary deviation** to allow for additional disinfection procedures as described in COMAR 26.04.04.07N. **It is recommended that bottled water be used for drinking and cooking during this time period.**

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that further disinfection of the well is conducted and a water test result from a state certified lab indicating that the water is **free from coliform bacteria** is submitted to this Department **within 15 days**.

By the end of the interim period, a determination shall be made by the Health Department whether to:

- a) Accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B and issue a standard Interim Certificate of Potability **or**

b) Grant approval to install an ultraviolet light or other suitable disinfection system and issue a Permanent Deviation to the Interim Certificate of Potability or

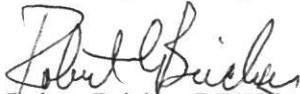
c) Issue an order that the well is abandoned and sealed

This Temporary Interim Certificate of Potability will expire **15 days** from the date of issuance. **Failure to submit the required water test results and obtain an Interim Certificate of Potability before the expiration date 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 water sample appointment or contact a Maryland certified water quality 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,



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

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

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 #: 103127 Account #: 1930
Reference: Toll Brothers Lot 35 Company: Fogle's Well Drilling
Location: 14310 Bensworth Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 9/14/2015 1430 Site: Laundry Sink
Date/Time Rec'd: 9/14/2015 1530 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: J. Fogle 1974JF Well #: HO-95-0792

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	200.5	MPN/ 100 ml	<1.0	SM18 9223	9/15/2015 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/15/2015 / 1000 / CCH
Nitrate	3.78	mg/L	10	601	9/15/2015 / 1300 / BCD
Turbidity	3.28	NTU	<10	SM18 2130B	9/15/2015 / 1135 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	9/15/2015 / 1135 / BCD

*Bacteria FAIL;
Others 'OK'
reb 10/8/15*

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

Reason for Test : Use & Occupancy

Building Permit # : B14004605

Date Reported: 9/15/2015

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 #: 103293 Account #: 1930
Reference: Toll Brothers Lot 35 Company: Fogle's Well Drilling
Location: 14310 Bensworth Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 9/23/2015 1311 Site: Laundry Sink
Date/Time Rec'd: 9/23/2015 1412 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: J. Fogle 1974JF Well #: HO-95-0792

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	5.3	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

FAIL
reb 10/8/15

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

Reason for Test : Use & Occupancy

Building Permit # : B14004605

Date Reported: 9/23/2015

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 #: 103514 Account #: 1930
Reference: Toll Brothers Lot 35 Company: Fogle's Well Drilling
Location: 14310 Bensworth Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 10/5/2015 1325 Site: Laundry Sink
Date/Time Rec'd: 10/5/2015 1545 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Fogle 1974JF Well #: HO-95-0792

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	10/6/2015 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/6/2015 / 1000 / LLO

FAIL
r.B. 10/6/15

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

Reason for Test : Use & Occupancy

Building Permit # : B14004605

Date Reported: 10/6/2015

Bricker, Robert

From: Theresa Miller <Theresa@foglesinc.com>
Sent: Thursday, October 08, 2015 2:05 PM
To: Bricker, Robert
Subject: RE: Water Test, 14310 Bensworth Way, TB Lot 35

That well was superchlorinated on 9/29/15

-----Original Message-----

From: Bricker, Robert [<mailto:RBricker@howardcountymd.gov>]
Sent: Thursday, October 08, 2015 12:51 PM
To: Theresa Miller <Theresa@foglesinc.com>
Subject: FW: Water Test, 14310 Bensworth Way, TB Lot 35

Was superchlorination implemented? What date?
Robert Bricker, REHS/R.S., L.E.H.S.

-----Original Message-----

From: Bricker, Robert
Sent: Thursday, October 08, 2015 12:42 PM
To: 'Theresa Miller'
Subject: RE: Water Test, 14310 Bensworth Way, TB Lot 35

Any other? Please send bacteria results for the time between when the original sample was taken and the sample taken yesterday.

-----Original Message-----

From: Theresa Miller [<mailto:Theresa@foglesinc.com>]
Sent: Thursday, October 08, 2015 12:35 PM
To: Bricker, Robert
Subject: FW: Water Test, 14310 Bensworth Way, TB Lot 35

Passing Bacteria I will send the one with all the results next.

Theresa

-----Original Message-----

From: Bradley C. Dutterer [<mailto:bdutterer@fval.com>]
Sent: Thursday, October 08, 2015 9:15 AM
To: Theresa Miller <Theresa@foglesinc.com>; smmartin@howardcountymd.gov
Subject: Water Test, 14310 Bensworth Way, TB Lot 35

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 #: 103563 Account #: 1930
Reference: Toll Brothers Lot 35 Company: Fogle's Well Drilling
Location: 14310 Bensworth Way Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 10/7/2015 1200 Site: Laundry Sink
Date/Time Rec'd: 10/7/2015 1310 Treatment: UV Light
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: J. Fogle 1974JF Well #: HO-95-0792

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/8/2015 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/8/2015 / 0815 / CCH

*Bacteria PASS though
permission to install uv light
not granted by health Dept. JCB 10/8/2015*

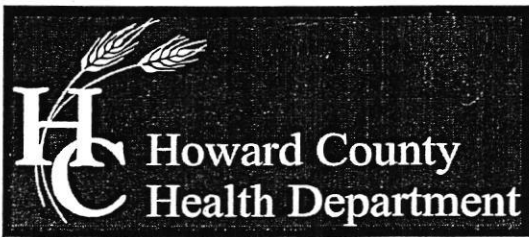
NOTES

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

Reason for Test : Use & Occupancy

Building Permit # : B14004605

Date Reported: 10/8/2015



Bureau of Environmental Health

8930 Stanford Boulevard, 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

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and TOLL Brothers Inc. ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 14310 Bensworth way, _____ and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 4, Block # _____, Parcel # 35, Deed Reference # 19268 and Tax Account # _____ ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit 16 95.072 that has been tested by the Health Department (or a private laboratory certified to perform testing) for coliform bacteria. The results of the tests have shown that coliform bacteria is present in the water.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where a water treatment device has been installed for water disinfection.

WHEREAS, MDE has determined that bacteria can be effectively removed from the drinking water by the use of disinfection treatment devices (e.g., UV light).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device for disinfection.

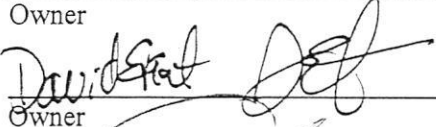

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively eliminates the coliform bacteria to below detectable levels. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows the absence of detectable levels of coliform bacteria.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

TOLL Brothers Inc	10/9/15	Kathleen Korba	10/9/15
Owner	Date	Witness	Date
		Kathleen Korba	10/9/15
Owner	Date	Witness	Date
	10/9/15		
Howard County Health Department	Date		

Fogle's Well Drilling, LLC

P.O. Box 202
 Woodbine, Md 21797
 443-609-4195
 410-795-5670{24hrs}

Invoice

Date	Invoice #
9/16/2015	10394760

Job Location

Edgewood Lot 35
 14310 Bensworth Way
 Glenelg, MD 21737

Bill To:

Toll Brothers
 Attn: Vicki O'Leary
 14540 Edgewoods Way
 Glenelg, Md 21737

Amount of Remittance

P.O. No.	Terms	Project	** 1-1/2 % Late charge due on balances outstanding more than 15 days from date of invoice** (18% per annum)	
	Due on receipt	Edgewood Lot #35		
Qty	Description	Price Each	Serviced	Amount
1	Water Testing U & O- Bacteria Coliform failing at 200.5	200.00	9/14/2015	200.00
1	Chlorinated well, ran through house.	175.00	9/16/2015	175.00
1	Water Re-Testing- BACTERIA failing at 5.3	150.00	9/22/2015	150.00
1	Chlorinated well, ran through house.	175.00	9/23/2015	175.00
1	Water Re-Testing- BACTERIA failing at 1.0	150.00	9/28/2015	150.00
1	Super Chlorinated well, ran through house.	550.00	9/29/2015	550.00
1	Water Re-Testing- BACTERIA failing at greater than 200.5	150.00	10/5/2015	150.00
1	Installed an 8gpm Ultra Violet Light System	1,425.00	10/6/2015	1,425.00
1	Water Re-Testing- BACTERIA-RESULTS ARE PASSING	150.00	10/7/2015	150.00
It's been a pleasure working with you!			Total	\$3,125.00
			Payments/Credits	\$0.00
			Balance Due	\$3,125.00