

C 1 6419

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER 13 A518914

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED MM 3 DD 23 YY 07

Depth of Well 22 425 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0774

OWNER TOLL BROTHERS, INC. STREET OR RFD CORPUS COURSE TOWN GAITHERSBURG SUBDIVISION EDGEMOOD FARMS SECTION LOT 17

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, FEET (FROM, TO), check if water bearing. Rows include: DIRT (0-3), SOFT BROWN (3-60), HARD GRAY (60-155), MED. BROWN (155-150), HARD GRAY (150-425).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 16 NO. OF POUNDS 1481 GALLONS OF WATER 95 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 63 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 60 61 63 64 Total depth of main casing (nearest foot) 66 70

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (I) (T) DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MWD 3552 DRILLERS SIGNATURE LIC. NO. 1 D

Table for screen depth with columns for diameter and depth. Includes slot size 1, 2, 3 and diameter of screen.

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) 4.9 PUMPING RATE (gal. per min.) 11.15 METHOD USED TO MEASURE PUMPING RATE timer/bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 300 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.

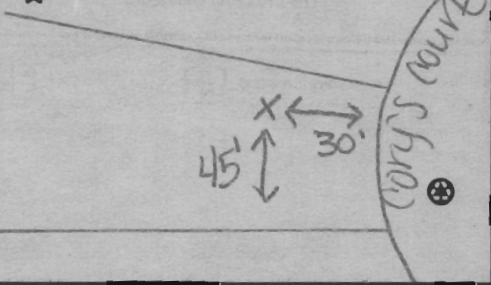
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) (+) above (49) LAND SURFACE (-) below (49) (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)



C 1 7037

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)

COUNTY NUMBER 13 A518964

DATE RECEIVED MM 08 DD 13 YY 07

DATE WELL COMPLETED MM 03 DD 23 YY 07

DEPTH OF WELL 22 425 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0774

OWNER Toll Brothers, Inc. STREET OR RFD Corys Court TOWN Glenelg SUBDIVISION Edgewood Farm SECTION LOT 17

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Dirt, Soft Brown, Hard Grey, Med Brown, Hard Grey.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) form with fields: diameter inch, depth (feet) from to.

SCREEN RECORD form with fields: screen type or open hole (ST, BR, HO, PL, OT), diameter of screen, (NEAREST INCH).

WELL HYDROFRACTURED (Y/N), CIRCLE APPROPRIATE LETTER (A, E, P) for well status.

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 MWD 355, DRILLERS SIGNATURE, LIC. NO. 1 D

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

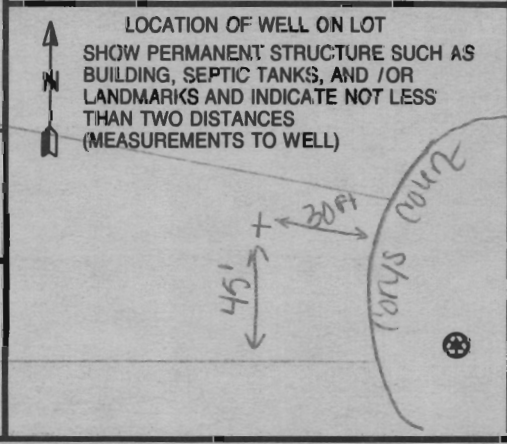
DEPTH (nearest ft.) table with columns 1-2, 8-11, 15-17, 21-24, 28-30, 34-36, 38-41, 45-47, 51-54, 58-60, 64-66, 70-72.

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 form with fields: HOURS PUMPED (4), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (timer/bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (40), WHEN PUMPING (30), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE (nearest foot).



**B 1** 9366 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO - 95 - 0774  
 1 2 3 6 70 fill in this form completely 79  
**526283** please type

**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 Street or RFD 55  
Columbia MD 21046  
 57 Town 70 State 72 Zip 76

**LOCATION OF WELL**  
**B 3**  
 8 COUNTY Howard 21  
 23 SUBDIVISION Edgewood Farms 42  
 SECTION 44 46 LOT 48 50 17  
 52 NEAREST TOWN Glennelg 71  
 MILES FROM TOWN (enter 0 if in town) 2 (M) 73 76 77 78

**DRILLER INFORMATION**  
Michael Barow M N D 355  
 Driller's Name 76 License No. 81  
Barow Well Drilling Srvc  
 Firm Name  
622 Underwood Ln, Bel Air, Md 21014  
 Address  
[Signature] 3/13/07  
 Signature Date

**WELL INFORMATION**  
**B 4**  
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 11 NEAR WHAT ROAD CONIS COURT 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST  
 34 30 37 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39  
 TAX MAP: 21 BLK: 22 PARCEL 90

**WELL INFORMATION**  
**B 2**  
 1 2 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 3/21/2007 Brian Baber 3/21/2008  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 518 0 0 0 EAST GRID 792 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28

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  
 N 5218  
 000  
 000

**METHOD OF DRILLING** (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
 37 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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
  
 N  
 X Conis Court  
 Edgewood Rd  
 Roxbury Rd

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER HO 2006 G 004  
 PERMIT No. HO - 95 0774  
 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: **March 23, 2007**

Well Depth: **425** feet

Customer	<b>Toll Brothers</b>	Permit #	<b>HO-95-0774</b>
Road	<b>Edgewoods Way</b>	Subdivision	<b>Edgewood Farms</b>
City	<b>Glenelg</b>	Section	
State	<b>Maryland</b>	Lot #	<b>17</b>

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
1:30 PM	40	7	8.57
1:45 PM	109	7	8.57
2:00 PM	128	7	8.57
2:15 PM	196	7	8.57
2:30 PM	224	7	8.57
2:45 PM	265	7	8.57
3:00 PM	300	15	4.00
3:15 PM	300	15	4.00
3:30 PM	300	15	4.00
3:45 PM	300	15	4.00
4:00 PM	300	15	4.00
4:15 PM	300	15	4.00
4:30 PM	300	15	4.00
4:45 PM	300	15	4.00
5:00 PM	300	15	4.00
5:15 PM	300	15	4.00
5:30 PM	300	15	4.00
5:45 PM	300	15	4.00
6:00 PM	300	15	4.00

Order: Mike

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: Home Land Pump & Water Telephone #: 443-846-8659  
Address: 8414 A Arcadia Ave  
Upperco, MD 21785

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): Michael Dodd License# PE 0161

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: 301-370-0835  
Subdivision: Tridelphia Crossing Lot #: 17 Well Tag #: HO-95-0774  
Site Address: 14624 Coxys Court  
Colee, MD

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: Corus      Make: Campbell      Two piece watertight cap:   
Model #: 155001180      Model#: PA 800      Screened, vented well cap:   
Pump Capacity 15 GPM      Depth: 42" (36" min)      Cap secured to casing:   
Well Yield: 10 GPM      NSF approved:       Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 22 (feet)      Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

**Piping to house**      **House Connection**  
Type: SIDRQHDE Pipe      PVC sleeved to undisturbed soil at wall penetration:   
PSI: 60 (160 psi min)      Approximate length of sleeve: 6'  
Depth of supply line:     (36" min)      Sleeve caulked and sealed properly:

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: [Signature]      date: 7/25/08

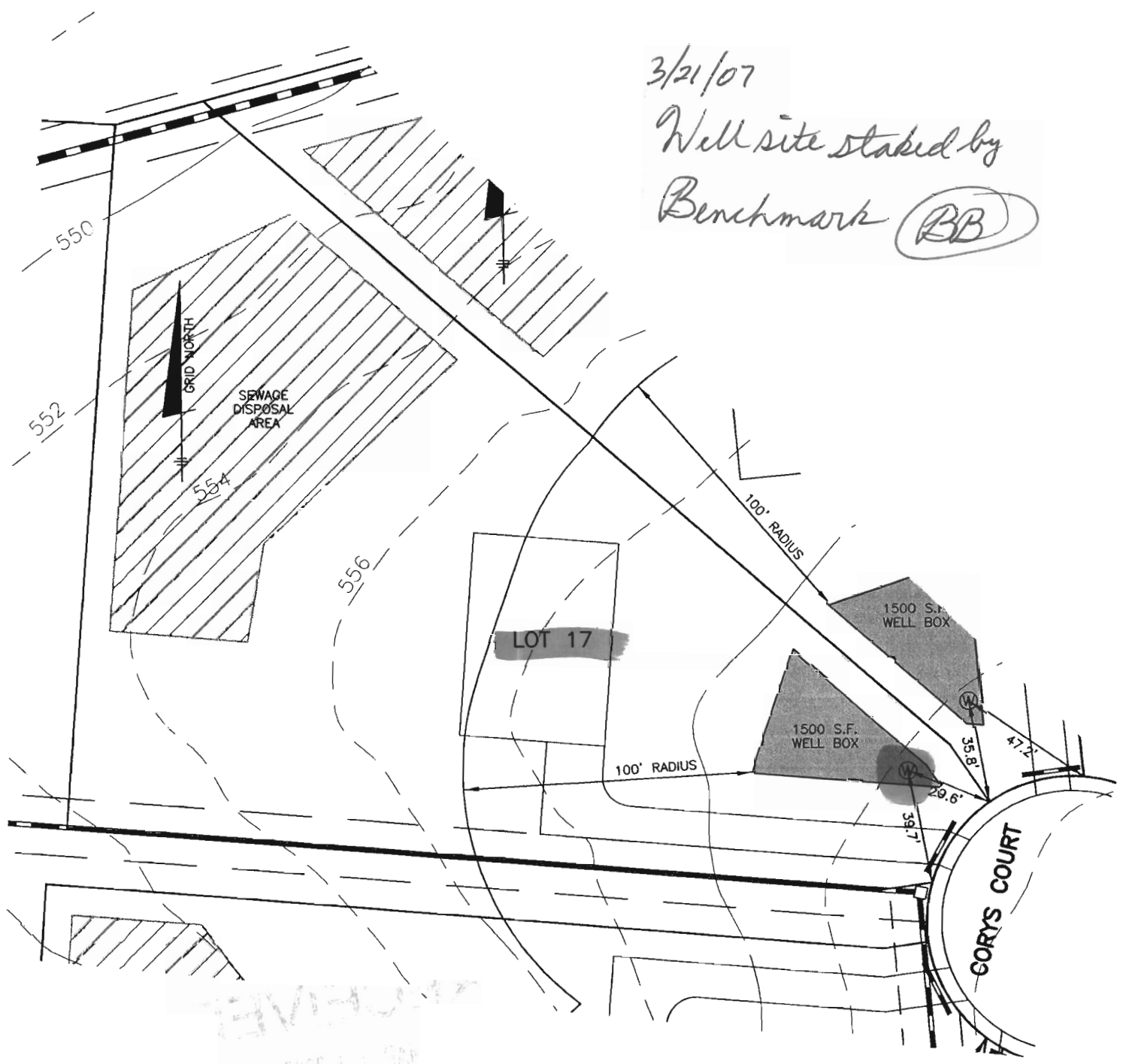
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/13/08 BR  
Inspection Data: Pitless adapter and 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 installed inside of well 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 \_\_\_\_\_

3/21/07

Well site staked by

Benchmark (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

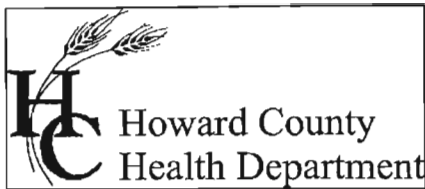
## WELL LOCATION PLAN

### LOT 17

F-06-108

SCALE: 1" = 50'

DATE: 10-10-06



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

September 15, 2008

Toll Brothers V, LP  
7164 Columbia Gateway Drive, #230  
Columbia, MD 21046

FAX SENT VIA FACSIMILE 410-489-2278

RE: Edgewood Farms, Lot 17  
14624 Cory's Court  
Glenelg, MD 21737  
BP# B07004163  
Well Tag #: HO-95-0774

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/17/2008. Final approval of the well line connection to the dwelling was approved on 4/18/08.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

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-95-0774. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 09/09/08, 09/12/08  
Date of Well Completion: 03/23/07

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



Attention: Tom

TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

### LETTER OF RESULTS

Home Land Septic Consulting  
 Attn: Tim Sholtzberger  
 5414-A Arcadia Road  
 Upperco, Maryland 21155

Report Date: September 15, 2008

S/O#: 69735

*The following information was provided by Home Land Septic Consulting:*

**Reference:** Toll Brothers – Edgewood Farm Lot 17  
 14624 Corys Court  
 Glenelg, Maryland 21737

**Well Information:** HO-95-0774  
 2-Piece Cap  
 Satisfactory

Date/Time Sampled: September 12, 2008 at 10:00 am  
 Date/Time Received: September 12, 2008 at 11:45 am

Listed below are results of drinking water analyses on a water sample collected by self (certified sampling #8065TS) and delivered to Trace Laboratories for analysis:

<u>Parameter</u>	<u>Result</u>	<u>MCL</u>	
Nitrate-N:	<1.0 mg/L as N	10 mg/L as N	Pass

MCL=Maximum Contamination Level

Allison R. Milburn  
 Manager - Drinking Water Testing

NOTE: Trace Laboratories is not responsible for the collection or the transportation of the sample.



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

### LETTER OF RESULTS

Home Land Septic Consulting  
 Attn: Tim Shotzberger  
 5414-A Arcadia Road  
 Upperco, Maryland 21155

Report Date: September 10, 2008

S/O#: 69693

*The following information was provided by Home Land Septic Consulting:*

**Reference:** Toll Brothers – Edgewood Farm Lot 17  
 14624 Corys Court  
 Glenelg, Maryland 21737

**Well Information:** HO-95-0774  
 2-Piece Cap  
 Satisfactory

**Field pH:** 6.0 Units

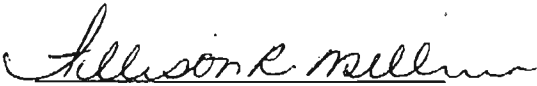
Date/Time Sampled: September 9, 2008 at 2:30 pm

Date/Time Received: September 9, 2008 at 3:30 pm

Listed below are results of drinking water analyses on a water sample collected by self (certified sampling #8065TS) and delivered to Trace Laboratories for analysis:

<u>Parameter</u>	<u>Result</u>	<u>MCL</u>	
Total Coliform:	Absent	Absent	Pass
E. coli:	Absent	Absent	Pass
Nitrate-N:	11.8 mg/L as N	10 mg/L as N	FAIL
Turbidity:	2.5 NTU	10 NTU	Pass

MCL=Maximum Contamination Level

  
 Allison R. Milburn  
 Manager - Drinking Water Testing

NOTE: Trace Laboratories is not responsible for the collection or the transportation of the sample.