

C1 7033
 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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**

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 3 23 07
 Depth of Well
 22 205 26 5/31/07
 (TO NEAREST FOOT) I.O.K. (PB)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 HO-95-0772
 28 29 30 31 32 33 34 35 36 37

OWNER Toll Brothers, Inc
 STREET OR RFD Corys Court TOWN Glenelg
 SUBDIVISION Edgewood Farm SECTION _____ LOT 15

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		check if water bearing
	FROM	TO	
Dirt	0	18	
Hard Gray	18	69	
Hard Tan	69	73	
Hard Gray	73	89	
Hard Tan	89	94	✓
Hard Gray	94	109	
Hard Tan	109	116	✓
Hard Gray	116	139	
Med Gray	139	144	
Hard Gray	144	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 6 NO. OF BOUNDS 504
 GALLONS OF WATER 30
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 52 ft. to 24 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 PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 24
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

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

NUMBER OF UNSUCCESSFUL WELLS: 2
 WELL HYDROFRACTURED Y 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. MWD 355
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. MWD 553

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

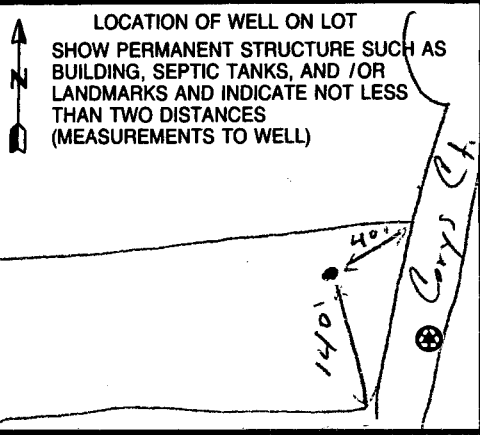
DEPTH (nearest ft.)
 T 2 Ab 23 205
 E 1 8 9 11 15 17 21
 A 2 23 24 26 30 32 36
 C 3 38 39 41 45 47 51
 S R
 E SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 56 _____ 60 _____
 from _____ to _____

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

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 8.57
 METHOD USED TO MEASURE PUMPING RATE Time/Backlog
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 41 ft.
 WHEN PUMPING 45 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
 (CIRCLE) (YES or 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 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 } 2 (nearest foot)
 49 50 51



B 1	9363	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526283 please type	STATE PERMIT NUMBER HO-95-0772 fill in this form completely
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 15 Toll Brothers
 Last Name Owner First Name 34
 36 7104 Columbia Gateway Dr, suite 220
 Street or RFD 55
 57 Columbia, Md 21046
 Town 70 State 72 Zip 76

LOCATION OF WELL

8 Howard 21
 COUNTY
 25 Edgewood Farms 42
 SUBDIVISION
 SECTION 44 46 LOT 15 48 50
 52 Glennelg 71
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 2.0
 73 76 77 78

DRILLER INFORMATION

Driller's Name Michael Barlow MW D 355 76 License No. 81
 Firm Name Barlow Well Drilling Srvc
 Address 500 Underwood Ln, Bel Air, Md
 Signature [Signature] Date 3/13/07 2104

WELL INFORMATION

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)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 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 793 0 0 0
 50 55 57 63

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 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
 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 52018

000
000

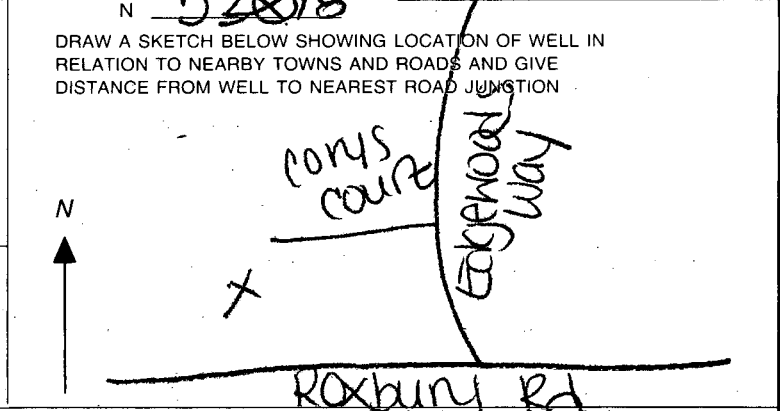
METHOD OF DRILLING (circle one)

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)

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

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 HO-2006-0004
 PERMIT No. HO-95-0772
 70 71 72 73 74 75 76 77 78 79



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:		205	feet
Customer	Toll Brothers	Permit #	HO-95-0772
Road	Edgewoods Way	Subdivision	Edgewood Farms
City	Glenelg	Section	
State	Maryland	Lot #	15

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:45 AM	41	7	8.57
10:00 AM	45	7	8.57
10:15 AM	45	7	8.57
10:30 AM	45	7	8.57
10:45 AM	45	7	8.57
11:00 AM	45	7	8.57
11:15 AM	45	7	8.57
11:30 AM	45	7	8.57
11:45 AM	45	7	8.57
12:00 PM	45	7	8.57
12:15 PM	45	7	8.57
12:30 PM	45	7	8.57
12:45 PM	45	7	8.57
1:00 PM	45	7	8.57

Attn: 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: Howe Land Pump + Water Telephone #: 443-846-8689
Address: 335 Barley Circle
Harver, PA 17331

(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# PT01101

*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 #: 202-270-0835
Subdivision: The Residences at Tridelphia Lot #: 15 Well Tag #: HO-95-0172
Site Address: 14625 Cecyl's Ct
Colony MD

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Carver Make: Campbell Two piece watertight cap:
Model #: LS50E07180 Model#: PA 800 Screened, vented well cap:
Pump Capacity 15 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 8.5 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 205 (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: 51 DR9 HDPE pipe PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 1/2 (36" min) Sleeve caulked and sealed properly:

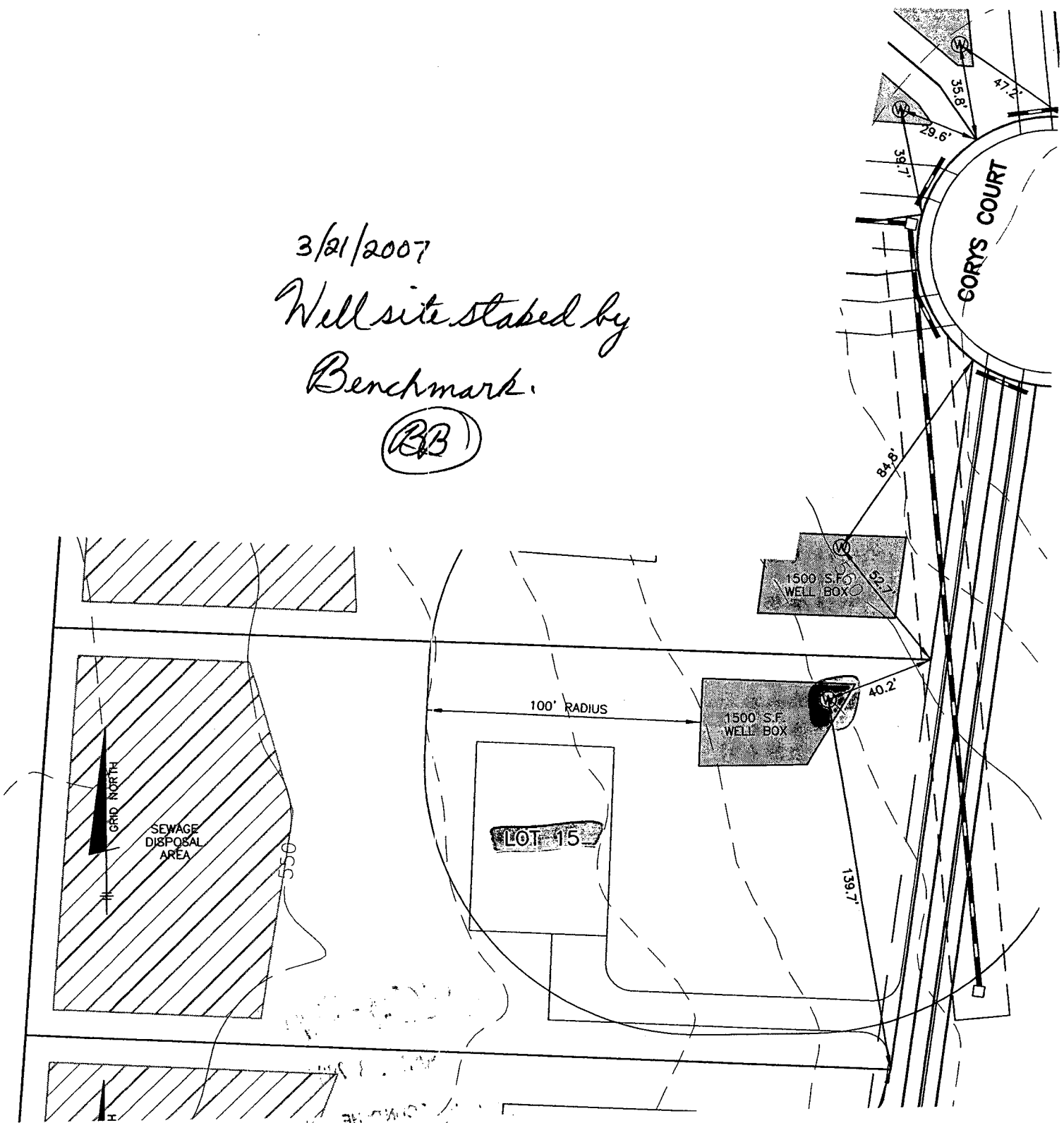
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 2-24-09

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

Date Insp. Requested: _____ Date Insp. Approved: 2/18/09 BB
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 _____

3/21/2007
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

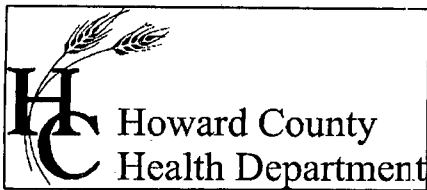
EDGEWOOD FARM WELL LOCATION PLAN

LOT 15

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

April 8, 2009

Homeowner
14625 Corys Court
Glenelg, MD 21737

SENT VIA FACSIMILE 410-489-2278

RE: Edgewood Farm, Lot 15
The Reserve @ Triadelphia Crossing
14625 Corys Court
BP# B08002161
Well Tag #: HO-95-0772

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 12/10/2008. Final approval of the well line connection to the dwelling was approved on 02/18/2009.**

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-95-0772. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 04/06/2009
Date of Well Completion: 03/23/2007

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
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 #: 70675 Account #: 2333
 Reference: Toll Brothers Lot 15 Company: Homeland Pump & Water
 Location: 14625 Corys Court Requested By: Mike Dodd
 Glenelg, MD 21737 Source: Well Water
 Date/ Time Collected: 4/6/2009 1230 Site: Kitchen Sink Tap
 Date/Time Rec'd: 4/6/2009 1342 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.4
 Collected By: M. Dodd 6244MD Well #: HO-95-0772

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/7/2009 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/7/2009 / 0900 / BCD
Nitrate	9.10	mg/L	10	601	4/6/2009 / 1530 / CCH
Turbidity	0.91	NTU	<10	SM18 2130B	4/6/2009 / 1500 / CCH
Sand	NS	mg/l.	5	Visual/Girvinmetr	4/6/2009 / 1400 / CCH

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 # : B08002161

Date Reported: 4/7/2009