

C1 6524

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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 4 12 07

Depth of Well 22 200 26 6/1/07 (TO NEAREST FOOT) O.K. (PB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40 45 - 1056

OWNER TOIL Brothers last name first name STREET OR RFD Edgewood Farms TOWN Glenelg SUBDIVISION Edgewood Farms SECTION LOT 56

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: RED SANDY MICA SOIL, LAYERS OF SOFT BROWN MICA & LIGHT GRAY WEATHERED MICA ROCK, HARD GRAY ROCK, WATER BEARING AT 95 FT. 140 FT. & 180 FT.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (15), NO. OF POUNDS (1470), GALLONS OF WATER (90), DEPTH OF GROUT SEAL (0 to 45 ft).

CASING RECORD Form: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (45).

OTHER CASING (if used) Form: diameter, depth (feet).

SCREEN RECORD Form: screen type (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 40, 45, 200.

PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Timer/BUCKET), WATER LEVEL (before/when pumping), TYPE OF PUMP USED (S - submersible).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y.

CIRCLE APPROPRIATE LETTER: A (Abandoned), E (Electric Log), P (Test 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...

DRILLERS LIC. NO. M W D 355. DRILLERS SIGNATURE (Must match signature on application).

LIC. NO. D

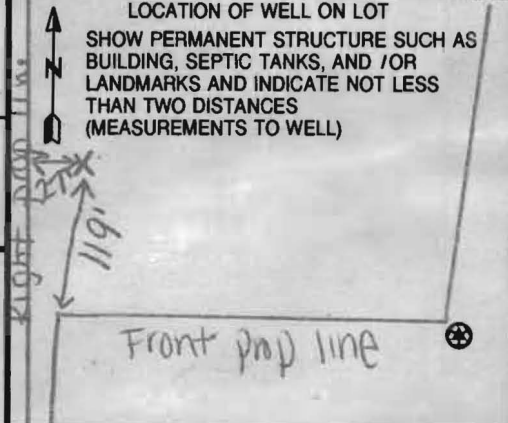
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 40, 45, 200. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (56, 60).

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.

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE (31, 35), PUMP HORSE POWER (37, 41), PUMP COLUMN LENGTH (43, 47), CASING HEIGHT (above/below), LAND SURFACE (1, nearest foot).



B 1 9372

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER HO-95-1056 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Toll Brothers 15 Last Name Owner First Name 34 7104 Columbia Courtway Dr. Ste 230 36 Street or RFD 55 Columbia MD 21046 57 Town 70 State 72 Zip 76

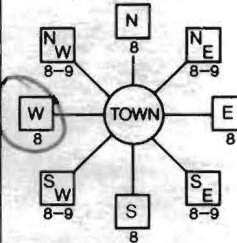
B 3 LOCATION OF WELL

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

DRILLER INFORMATION

Driller's Name Michael Barlow MWD 355 76 License No. 81 Barlow Well Drilling Srvc Firm Name 532 Underwood Ln, Bel Air, Md. Address Signature Date 3/13/07 21014

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Edgewoods Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH 215 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 22 PARCEL 90

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 8 (GAL. PER MIN.) 12 AVERAGE DAILY QUANTITY NEEDED 300 14 (GAL. PER DAY) 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 DATE ISSUED 4/8/2007 Brian Baker 4/8/2008 CO SIGNATURE EXP. DATE NORTH GRID 519 000 55 EAST GRID 794 000 63

APPROXIMATE DEPTH OF WELL 300 24 FEET 28

APPROXIMATE DIAMETER OF WELL 6 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)

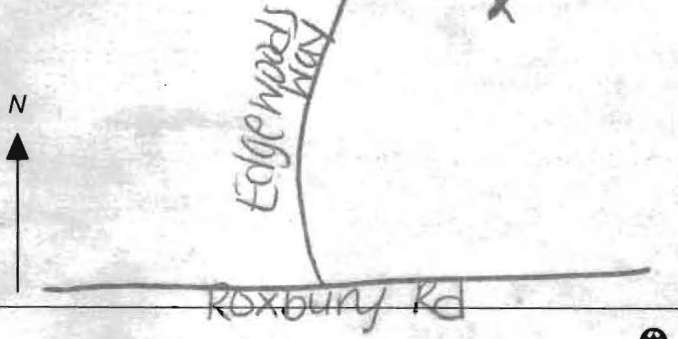
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) -41 52

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 7904 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER HO2006G004 PERMIT No HO-95-1056 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**

522 Underwood Lane  
(410) 838-6910

Bel Air, Maryland 21014  
Fax (410) 838-3582

**WELL YIELD REPORT**

Date Test Completed:	April 12, 2007		
Well Depth:	200 feet		
Customer	Toll Brothers	Permit #	HO-95-1056
Road	Edgewoods Way	Subdivision	Edgewood Farms
City	Glenelg	Section	
State	Maryland	Lot #	56

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:45 AM	62	5	12.00
10:00 AM	82	5	12.00
10:15 AM	88	5	12.00
10:30 AM	88	5	12.00
10:45 AM	88	5	12.00
11:00 AM	88	5	12.00
11:15 AM	88	5	12.00
11:30 AM	88	5	12.00
11:45 AM	88	5	12.00
12:00 PM	88	5	12.00
12:15 PM	88	5	12.00
12:30 PM	88	5	12.00
12:45 PM	88	5	12.00

*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: 335 Barclay Circle  
Hanover, 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# PI 0101

\*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: 101 Brothers Telephone #: 301-370-0835  
Subdivision: The Retreat at Tridadelphia Lot #: 56 Well Tag #: HO-15-1056  
Site Address: 14532 Edgewood Way  
Glenn, MD

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Cordus</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1530EA7180</u>	Model#: <u>PA 500</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>4 1/2</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>9.5</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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 <input type="checkbox"/>		

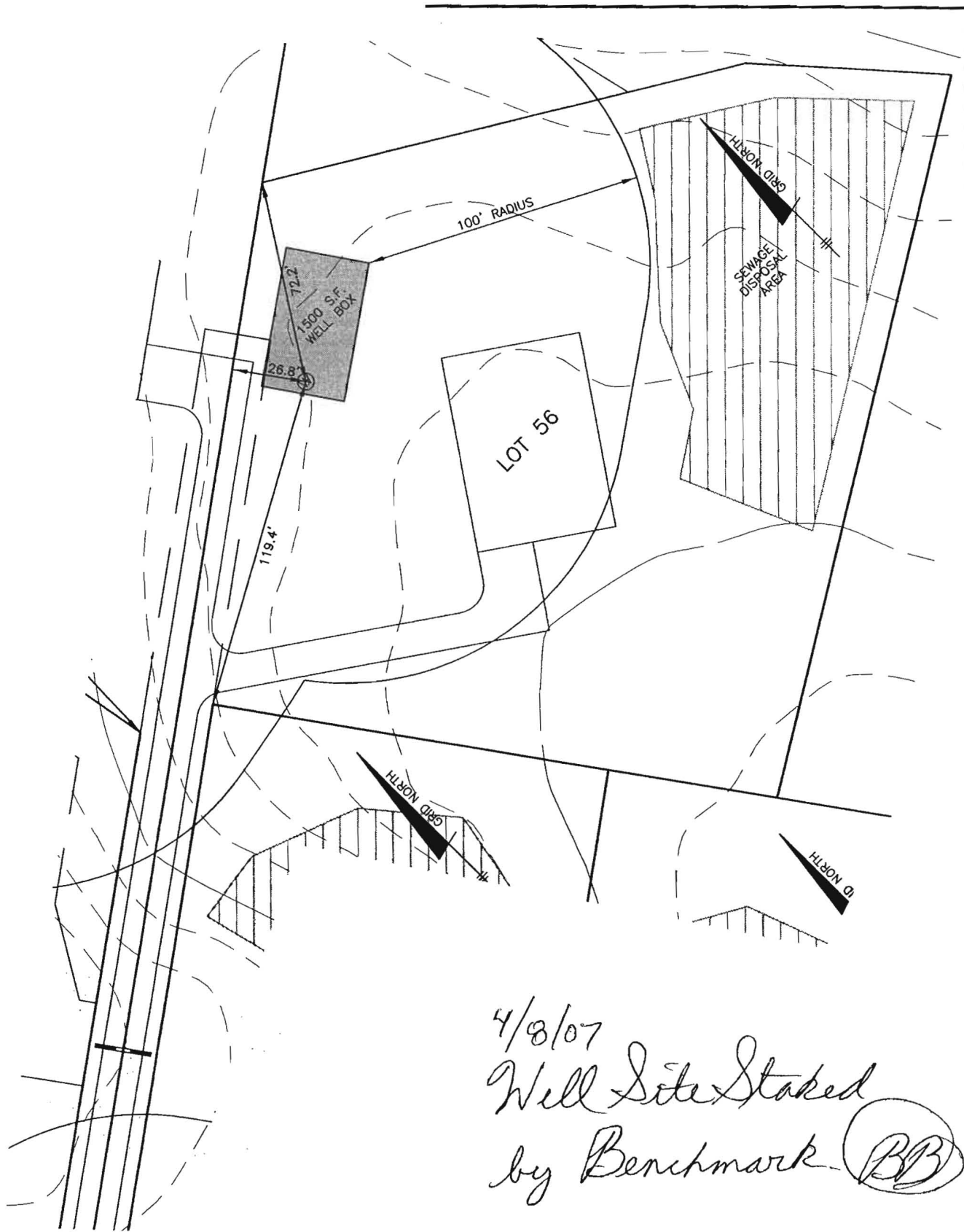
<b>Piping to house</b>	<b>House Connection</b>
Type: <u>2 1/2" HDG Ho2 Pipe</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>1/2</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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.

M  
Signature of company representative responsible for installation      date 2-24-09

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 2/18/09 BD  
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



4/8/07  
 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 56**

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 #:	71195	Account #:	2333
Reference:	Toll Brothers Lot 56	Company:	Homeland Pump & Water
Location:	14532 Edgewoods Way Glenelg, MD 21737	Requested By:	Mike Dodd
Date/Time Collected:	5/25/2009 1200	Source:	Well Water
Date/Time Rec'd:	5/25/2009 1245	Site:	Kitchen
Chlorine ppm:	Free: ND Total: ND	Treatment:	Nitrate Filter
Collected By:	M. Dodd 6244MD	pH:	6.6
		Well #:	HO-95-1056

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	5/27/2009 / 1025 / AMD

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 tested on-site

Reason for Test : Use & Occupancy retest 71162  
 Building Permit # : B08002756

Date Reported: 5/27/2009

MD State Certification # 133

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1418 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #:	71162	Account #:	2333
Reference:	Toll Brothers Lot 56	Company:	Homeland Pump & Water
Location:	14532 Edgewoods Way Glenelg, MD 21737	Requested By:	Mike Dodd
Date/ Time Collected:	5/21/2009 1000	Source:	Well Water
Date/Time Rec'd:	5/21/2009 1050	Site:	Kitchen
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Dodd 6244MD	pH:	6.6
		Well #:	HO-95-1056

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/22/2009 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/22/2009 / 0830 / CCH
Nitrate	12.1	mg/L	10	601	5/22/2009 / 1730 / CCH
Turbidity	0.62	NTU	<10	SM18 2130B	5/22/2009 / 1240 / CCH
Sand	NS	mg/L	5	Visual/Gravimet	5/22/2009 / 1510 / 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 tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B08002756

Date Reported: 5/22/2009