

C1 7025 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A518964

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

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Toll Brothers Inc. STREET OR RFD Edgewoods Way TOWN Glenelg SUBDIVISION Edgewood Farm SECTION LOT 5

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries: RED SANDY SOIL, SOFT BROWN WEATHER SAND ROCK, HARD GRAY Rock, WATER AT 125' & 182'.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD MAIN CASING TYPE (Steel, Concrete, Plastic, Other) Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) diameter inch, depth (feet) from to.

SCREEN RECORD screen type or open hole (Steel, Brass, Bronze, Plastic, Open Hole, Other) DEPTH (nearest ft.)

PUMPING TEST HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

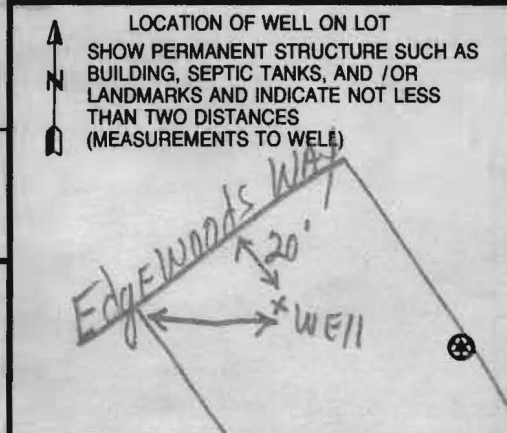
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MW D 355 DRILLERS SIGNATURE LIC. NO. D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 9354

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

Ho-95-0757 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 Gateway Dr, Suite 230 36 Street or RFD 55 Columbia, Md 21046 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

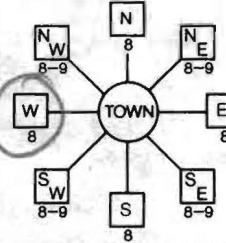
8 COUNTY 21 Howard Edgewood Farms 23 SUBDIVISION 42 SECTION 44 46 LOT 5 48 50 52 NEAREST TOWN 71 Glenelg MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

DRILLER INFORMATION

Driller's Name Michael Barlow M W D 355 76 License No. 87 Firm Name Barlow Well Drilling Srvc Address 503 Underwood Ln, Bel Air, Md 21014 Signature [Signature] Date 3/13/07

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 N WEST W EAST E SOUTH S 34 30 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 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 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 41 DATE ISSUED 3/16/2007 Brian Baber 3/16/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 519 000 55 EAST GRID 794 000 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) 30 CABLE REVERSE ROTary DRIVE-POINT 37 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 H02006G004 PERMIT No. Ho-95-0757 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

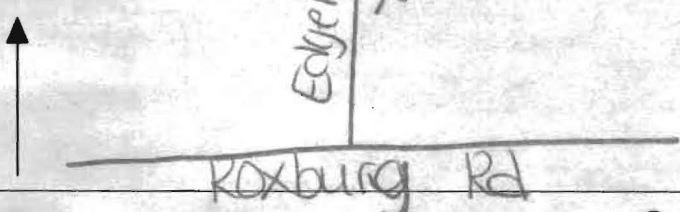
SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7904 000 000 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

N



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 21, 2007		
Well Depth:	_____ feet		
Customer	Toll Brothers	Permit #	HO-95-0757
Road	Edgewoods Way	Subdivision	Edgewood Farms
City	Glenelg	Section	_____
State	Maryland	Lot #	5

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:30 AM	46	7	8.57
10:45 AM	49	7	8.57
11:00 AM	50	7	8.57
11:15 AM	50	7	8.57
11:30 AM	50	7	8.57
11:45 AM	50	7	8.57
12:00 PM	50	7	8.57
12:15 PM	50	7	8.57
12:30 PM	50	7	8.57
12:45 PM	50	7	8.57
1:00 PM	50	7	8.57
1:15 PM	50	7	8.57
1:30 PM	50	7	8.57
1:45 PM	50	7	8.57

**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: Fogles Well Drilling Telephone #: 443-609-4195
Address: P.O. Box 200
Woodbine, Md 21791

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

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD009

***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 #: 410-992-5178
Subdivision: Edgewood Lot #: 5 Well Tag #: HO-95-0752
Site Address: 14512 Edgewood Way
Greenly, Md 21731

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Cummins</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>SS0007-180</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>no</u>
Pump Capacity <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>3.57</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 arrestors, 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>		

Piping to house

Type: 1" Black Poly Pipe
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5" minimum from foundation): 5'
Sleeve sealed properly: yes

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: Allen Compton date: 4/23/10

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 _____

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: Edgewood Forest Lot #: 5 Well Tag #: HO-95-0757
Site Address: 14512 Edgewood

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM
Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

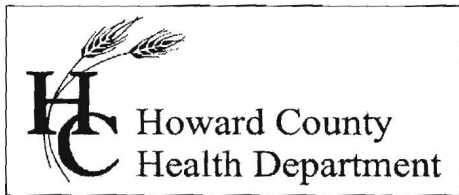
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: 4/7/10 Date Insp. Approved: 4/7/2010 **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



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(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

August 24th, 2010

Homeowner
14512 Edgewoods Way
Glenelg, MD 21737

RE: Edgewood Farm - Lot 5
14512 Edgewoods Way
Glenelg, MD 21737
BP #B09001630
Well Permit #HO-95-0757

Dear Sir/Madam,

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 5/17/2010. Final approval of the well line connection to the dwelling was approved on 4/07/2010.**

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 raw nitrate sample results were previously documented to be 11.7 ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 8/23/2010 which indicates a nitrate level of <1.0 ppm.**

Permanent Deviation for Nitrates

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence.**
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

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-95-0757. **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.

Further more under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-0757 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 8/18/2010 & 8/23/2010
Date of Well Completion: 3/21/2007

Respectfully,



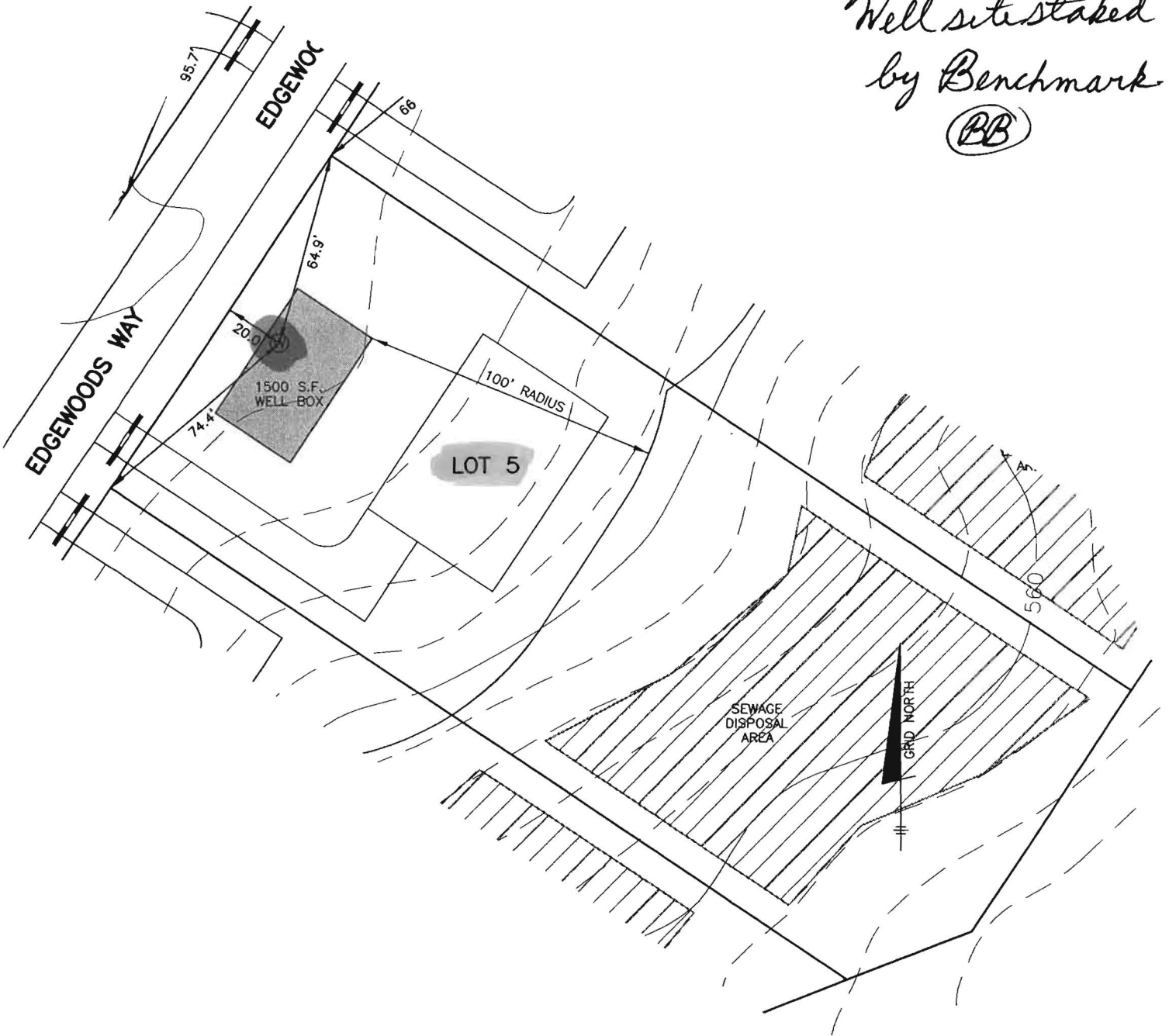
Brian Baker, R.S.
Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's office
 Community Health Services
 File

3/16/07

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 5

F-06-108

SCALE: 1" = 50'

DATE: 10-10-06

REPORT OF ANALYSIS

Laboratory ID #:	76505	Account #:	1930
Reference:	Toll Brothers Lot 5	Company:	Fogle's Well Drilling
Location:	14512 Edgewood Way Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	8/18/2010 1415	Source:	Well Water
Date/Time Rec'd:	8/18/2010 1515	Site:	Laundry Utility Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.0
		Well #:	HO-95-0757

Parameter	Result	Units	Reference	Method	Date/Time
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/19/2010 / 0920 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/19/2010 / 0920 / KME
Nitrate	11.7	mg/L	10	601	8/18/2010 / 1600 / CCH
Turbidity	0.95	NTU	<10	SM18 2130B	8/18/2010 / 1520 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	8/18/2010 / 1520 / KME

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 # : 09001630

Date Reported: 8/20/2010

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Tanytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	76537	Account #:	1930
Reference:	Toll Brothers Lot 5	Company:	Fogle's Well Drilling
Location:	14512 Edgewood Way Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	8/23/2010 0900	Source:	Well Water
Date/Time Rec'd:	8/23/2010 1155	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	J. Fogle 1974JF	pH:	5.4
		Well #:	HO-95-0757

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	8/23/2010 / 1230 / BCD

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 76505
 Building Permit # : 09001630

Date Reported: 8/23/2010



FOUNTAIN VALLEY LAB

DATE: 8/24/10

Send to: Howard County Health Department

Attention: Brian Baker

Fax Number:

From: Kathleen Eichstedt

Phone Number: 410-848-1014

Number of Pages, Including Cover: 2

URGENT

REPLY ASAP

PLEASE COMMENT

PLEASE REVIEW

FOR YOUR INFORMATION

COMMENTS: TOLL BROTHERS LOT 5

fax cover

Fountain Valley Analytical Laboratory Inc.
1413 Old Taneytown Road, Westminster, MD 21158
p-410-848-1014 | f-410-848-0298

FOGLES WELL DRILLING, LLC
P.O. Box 202
Woodbine, Maryland 21797
(443)609-4195
(443)609-4196{Fax}

Date: 8-24-10

To: H.C.H.D

Attn: Brian Baker

Fax# 410-313-2648

From: Theresa

Re: Edgewood Lot#5

Pages 2 (including cover sheet)

Message: Brian - Dave at Tell Brothers

wanted me to refer this to
your attention. Let me know
if you need anything else!
Thanks!

NEW WELLS
REPLACEMENT WELLS
DEEPEN ORIGINAL WELL

WELL PUMP INSTALLATIONS
WATER CONDITIONING
WATER TESTING

"FULL SERVICE FOR ALL WELL AND PUMP NEEDS"