

C 1	9020	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		
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 7 15 09		Depth of Well 22 300 26 (TO NEAREST FOOT)		
				PERMIT NO. FROM "PERMIT TO DRILL WELL" H0 - 95 - 1781		

OWNER last name first name McWhorter Mark	STREET OR RFD 11221 Wayne Ridge	TOWN FULTON
SUBDIVISION	SECTION	LOT 7

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	
mud	0	4	
gravel	4	10	
Boulders			
Brown mica mud	10	20	
Gray mica	20	300	✓

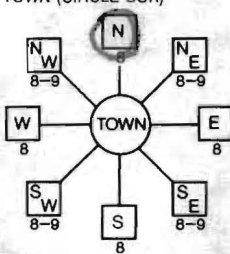
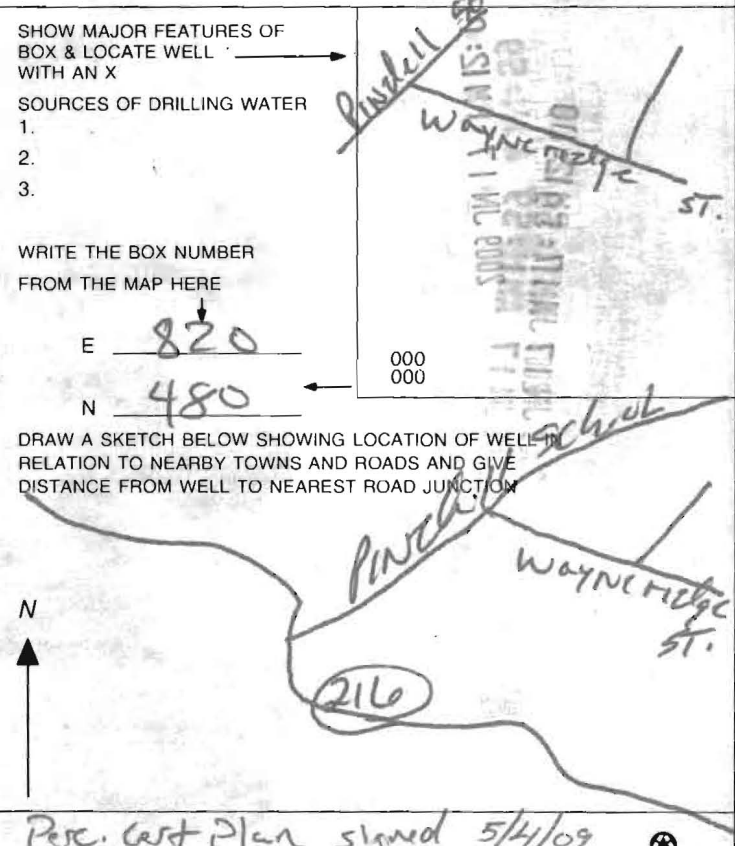
GROUTING RECORD		yes	no
WELL HAS BEEN GROUTED (Circle Appropriate Box)		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
TYPE OF GROUTING MATERIAL (Circle one)			
CEMENT <input checked="" type="checkbox"/> CM		BENTONITE CLAY <input type="checkbox"/> BC	
NO. OF BAGS 15		NO. OF POUNDS 1410	
GALLONS OF WATER 90			
DEPTH OF GROUT SEAL (to nearest foot)			
from 0 ft. to 24 ft.			
(enter 0 if from surface)			
CASING RECORD			
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL		<input type="checkbox"/> CO CONCRETE
	<input type="checkbox"/> PL PLASTIC		<input type="checkbox"/> OT OTHER
	MAIN CASING TYPE		
Nominal diameter top (main) casing (nearest inch)		Total depth of main casing (nearest foot)	
ST 06		26	
OTHER CASING (if used)			
EACH CASING	diameter inch	depth (feet) from to	
	ST 10	1 20	
SCREEN RECORD			
screen type or open hole insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL		<input type="checkbox"/> BR BRASS
	<input type="checkbox"/> PL PLASTIC		<input type="checkbox"/> HO OPEN HOLE
	<input type="checkbox"/> OT OTHER		

C 3	PUMPING TEST	
	HOURS PUMPED (nearest hour) 03	
PUMPING RATE (gal. per min.) 30		
METHOD USED TO MEASURE PUMPING RATE 1 gal.		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING 3 ft.		
WHEN PUMPING 4 ft.		
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine		
<input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below)		
<input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible		

NUMBER OF UNSUCCESSFUL WELLS: 0	
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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. 1 M SD 0091	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	
LIC. NO. 1 D 12881	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

C 2	DEPTH (nearest ft.)	
H0 26 300		
E	8 9 11	15 17 21
A		
C	23 24 26	30 32 36
H		
S		
C	38 39 41	45 47 51
R		
E		
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		
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		

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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)	
<input checked="" type="checkbox"/> + above LAND SURFACE	
<input type="checkbox"/> - below 02 (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)	
Wayne Ridge ST.	

B 1 5575 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531044 please type	STATE PERMIT NUMBER 140 95 - 1781 <small>70 79</small> fill in this form completely
Date Received (APA) <small>8 MM DD YY 13</small> mmcwhorter Contracting, LLC <small>15 Last Name Owner First Name 34</small> 6851 Redberry Rd <small>36 Street or RFD 55</small> Clarksville md 21029 <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL <small>8 COUNTY 21</small> Howard <small>23 SUBDIVISION 42</small> SECTION <small>44 46</small> LOT <small>48 50</small> 7 FULTON <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) <small>73 76 77 78</small> 4	
DRILLER INFORMATION Allen Compton MS D009 <small>Driller's Name 76 License No. 81</small> Fogles Well Drilling <small>Firm Name</small> 6003 Woodbine rd <small>Address</small> Allen Compton 6-10-09 <small>Signature Date</small>		B 4 <small>1 2</small> DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11221 Wayne ridge ST. <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> <small>34 50 37</small> DISTANCE FROM ROAD ENTER FT OR MI <small>38 39</small> FT TAX MAP: 41 BLK: 14 PARCEL 293	
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) <small>8 12</small> 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <small>14 20</small> 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A 529472 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → <small>41</small> DATE ISSUED <small>45 MM DD YY 48</small> 6/29/01 / Ric. W. 6/29/10 <small>45 MM DD YY 48</small> NORTH GRID <small>50 55</small> 480 000 EAST GRID <small>57 63</small> 0820 000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		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 820 N 480 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL <small>24 28</small> 300 FEET APPROXIMATE DIAMETER OF WELL <small>NEAREST INCH</small> 6		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSION <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <small>41 52</small> _____ Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. 140 - 95 - 1781 <small>70 71 72 73 74 75 76 77 78 79</small>		SPECIAL CONDITIONS Drill well per Approved Perc. test Plan signed 5/4/09 <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>	

Depth of well 300'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 3'

HD-224

**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: 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): 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: Mclurder Contracting Telephone #: 301-674-5394
Subdivision: Moore's Field Lot #: 1 Well Tag #: HO-951781 ✓
Site Address: 1121 Wayne Ridge St
Fulton, Md 21754

Submersible Pump Data

Make: Grundfos
Model #: 1550E10-220
Pump Capacity 10 GPM
Well Yield: 30 GPM

Pitless Adapter

Make: Corbett
Model #: N/A
Depth: 36 (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 300 (feet)
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

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: 11/29/12

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

Date Insp. Requested: _____ Date Insp. Approved: 11/30/12 Inspector: KW
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 ✓



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

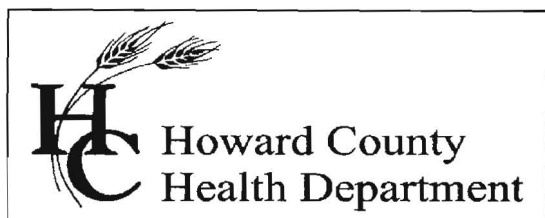
Subdivision/Property Name _____ Lot# 7 Road Name Wynncridge

☐ The well site has been staked by Surveyor,
(professional land surveyor or company employing professional land surveyors)
on 6-17-09 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health
Department to schedule a time to meet in the field to verify the
proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – July 18th, 2013

January 18th, 2013

Homeowner
11721 Wayneridge Street
Fulton, MD 20759

**RE: McWhorter Property, Lot 7
11721 Wayneridge Street
Building Permit: B09001909
Well Permit: HO-95-1781**

Dear Homeowner:


This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/13/2012**. Final approval of the well line connection to the dwelling was granted on **11/30/2012**. The well construction was completed on **7/15/2009**. Water samples were collected on **1/17/2013, 1/11/2013 & 1/4/2013**.

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. 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-95-1781. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability 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 final water sample appointment or contact a Maryland certified water 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,

A handwritten signature in cursive script, appearing to read "Heidi Scott".

Heidi Scott, R.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 #: 87806 Account #: 1930
Reference: McWhorter Contracting Company: Fogle's Well Drilling
Location: 11721 Wayneridge Street Requested By: Dave Fogle
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 1/17/2013 1314 Site: Kitchen Sink Tap
Date/Time Rec'd: 1/17/2013 1430 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: J. Fogle 1974JF Well #: HO-95-1781

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	1/18/2013 / 0845 / CCH
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	1/18/2013 / 0845 / CCH

*Bacteria
OK 1/18/13 HS*

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 & Chlorine level tested in lab

Reason for Test : Use & Occupancy**Building Permit # :** 09-001909Date Reported: 1/18/2013

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 #: 87654
 Reference: McWhorter Contracting
 Location: 11721 Wayneridge Street
 Fulton, MD 20759
 Date/ Time Collected: 1/4/2013 1315
 Date/Time Rec'd: 1/4/2013 1541
 Chlorine ppm: Free: ND Total: ND
 Collected By: J. Fogle 1974JF

Account #: 1930
 Company: Fogle's Well Drilling
 Requested By: Dave Fogle
 Source: Well Water
 Site: Kitchen Sink Tap
 Treatment: None
 pH: 5.9
 Well #: HO-95-1781

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	1/5/2013 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/5/2013 / 1000 / BCD
Nitrate	8.08	mg/L	10	601	1/4/2013 / 1605 / BCD
Turbidity	2.07	NTU	<10	SM18 2130R	1/4/2013 / 1550 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	1/4/2013 / 1550 / JKW

*Coliform FAIL
 retest needed
 1/16/13 HS*

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 & Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : 09-001909

Date Reported: 1/8/2013

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 #:	87727	Account #:	1930
Reference:	McWhorter Contracting	Company:	Fogle's Well Drilling
Location:	11721 Wayneridge Street Fulton, MD 20759	Requested By:	Dave Fogle
Date/ Time Collected:	1/11/2013 0818	Source:	Well Water
Date/Time Rec'd:	1/11/2013 1050	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	5.5
		Well #:	HO-95-1781

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	83.1	MPN/ 100 ml	<1.0	SM18 9223	1/12/2013 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	1/12/2013 / 0900 / CCH

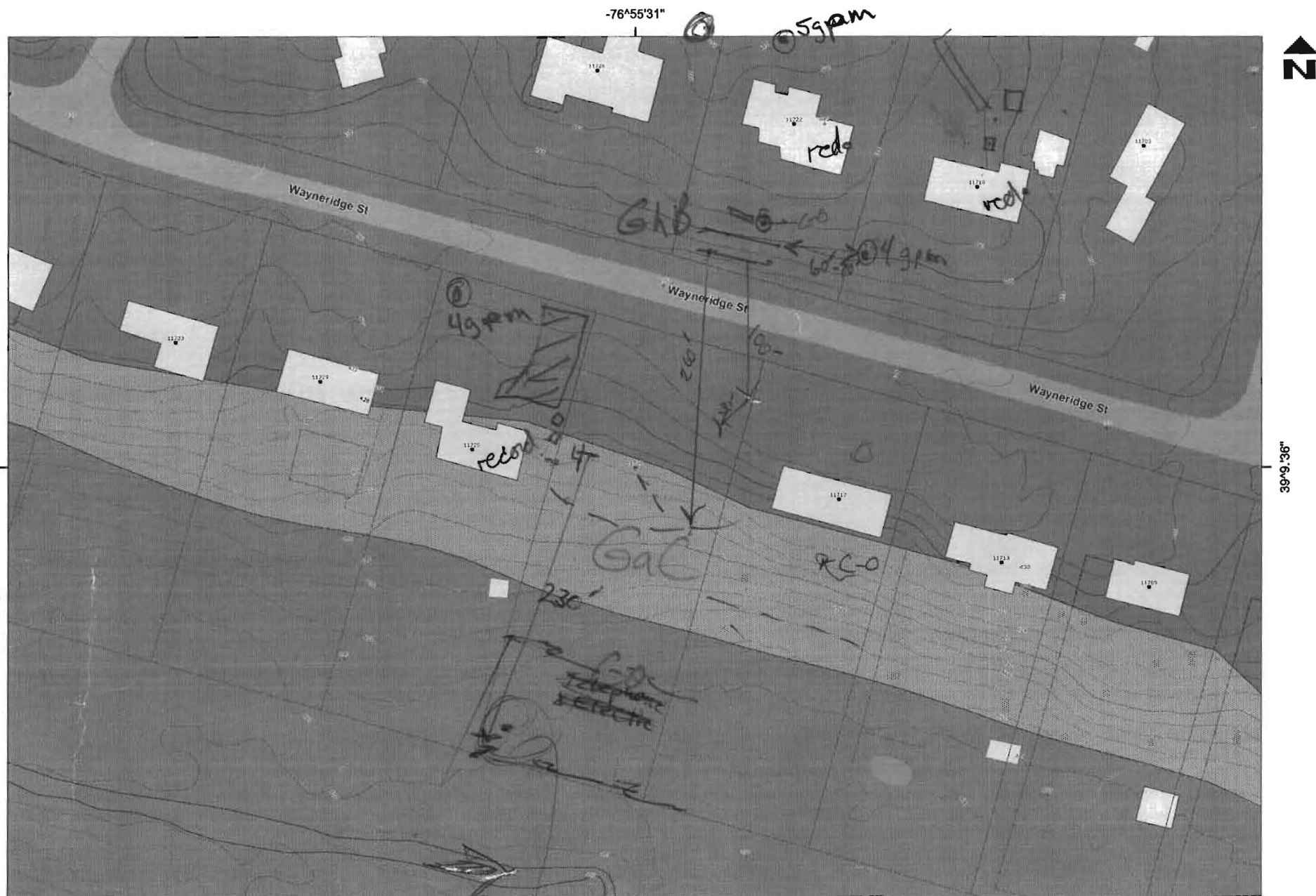
Coliform FAIL
1/16/13 HS

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 & Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : 09-001909

Date Reported: 1/14/2013



-76^55'31"

port or the
s whatsoever
warranties

-76°55'31"

Put well casing
24" above soil
or more

By:
Office:
Map Width: 910.00 ft.
Print Date: 7/14/2008
Scale: 1 in. = 100 ft.

Howard County

Check all ^{or more} neighbors' wells locations before going forward