

C1	1695	SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER A 44279		
ST/CO USE ONLY DATE Received MAY 13 1983		DATE WELL COMPLETED 040593		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-92-0320
8 13		15 20		28 29 30 31 32 33 34 35 36 37

OWNER JGM last name	Construction first name	TOWN Woodstock
STREET OR RFD PARKSIDE		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 FROM TO	Check if water bearing
Top Soil	0 2	
Sandy	2 20	
Sand Stone	20 35	✓
MICHA	35 75	
Sand Stone	75 80	✓
MICHA	80 285	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
YES Y	NO N
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 8	NO. OF POUNDS 800
GALLONS OF WATER 48	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft.	to 35 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	6	38
Nominal diameter top (main) casing (nearest inch)		
Total depth of main casing (nearest foot)		

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

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

C2		
DEPTH (nearest ft.)		
1	2	
H0	36	285
SLOT SIZE 1 2 3		
DIAMETER OF SCREEN (NEAREST INCH)		
from to		

GRAVEL PACK		
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		
OEP 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		

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 IDENT. NO. 273	
DRILLERS SIGNATURE Nath Wayne	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour) 3		
PUMPING RATE (gal. per min. to nearest gal.) 10		
METHOD USED TO MEASURE PUMPING RATE Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING 35		
WHEN PUMPING 44		
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 WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED	
PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:	
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)	
LAND SURFACE 2 (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)	
Road	
150'	
60'	
Prop line	

B 1 00213

SEQUENCE NO.
(DP USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

H0-92-0320
fill in this form completely

Date Received (APA)

02/18/93

OWNER INFORMATION

JGM CONSTRUCTION INC

15 Last Name 34 First Name

422 W MAPLE ROAD

36 Street or RFD 55

LINTHICUM MD 21090

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name

Ralph Mayne

273

77 License No. 80

Firm Name

Ralph Mayne Well Drilling

Address

9130 Knowl Church Rd. Mt Airy

Signature

Ralph Mayne 2/18/93

Date

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY)

500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- ☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- ☐ P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- ☐ T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET

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 DEEPENED 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
- ☐ D THIS WELL WILL DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED
(IF AVAILABLE)

41 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER

54 GAP 63

FORCE MDR WRITE INITIALS IN BOX

PERMIT No.

H0-92-0320

SPECIAL CONDITIONS

JGM Const 986-8108 CALL WHEN READY

B 3

LOCATION OF WELL

HOWARD

8 COUNTY 21

PARKSIDE

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

WOODSTOCK

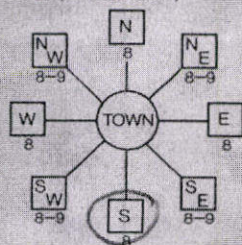
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town)

73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Zwarte Horse Dr.

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

50 DISTANCE FROM ROAD

ENTER FT or MI

ET

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard

COUNTY NAME

A44279

COUNTY NO.

STATE SIGNATURE

DATE ISSUED

INSERT S

03/10/93

Mark E. Ruffin 9/10/93

43 CO SIGNATURE

NORTH GRID 543000

EAST GRID 0833000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

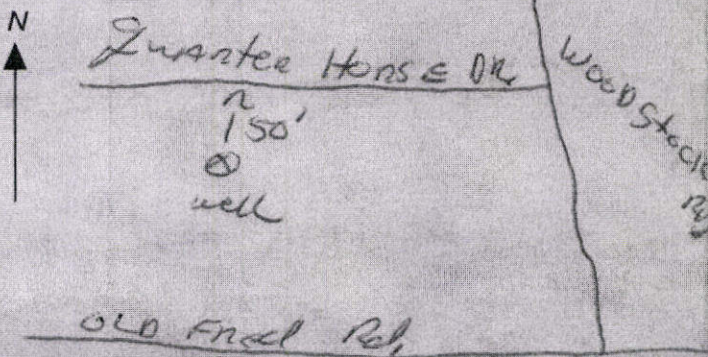
2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 83X3
N 54X3000
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



ORIGINAL

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 92-0000320
Location of property (road) Quarterhorse Ar
Subdivision PARKSIDE Lot 7 Block Plat Sec.
Well Driller R Mayne Owner Braccato, Vincent 16M Const.
Depth of well 285 ' FT
Distance of measuring point (M.P.) above ground 2 ' FT
Static water level (S.W.L.) below M.P. 35 ' FT

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 ^{am} Pumping rate 10 GPM
Total time 15 min to reach pumping water level 44 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

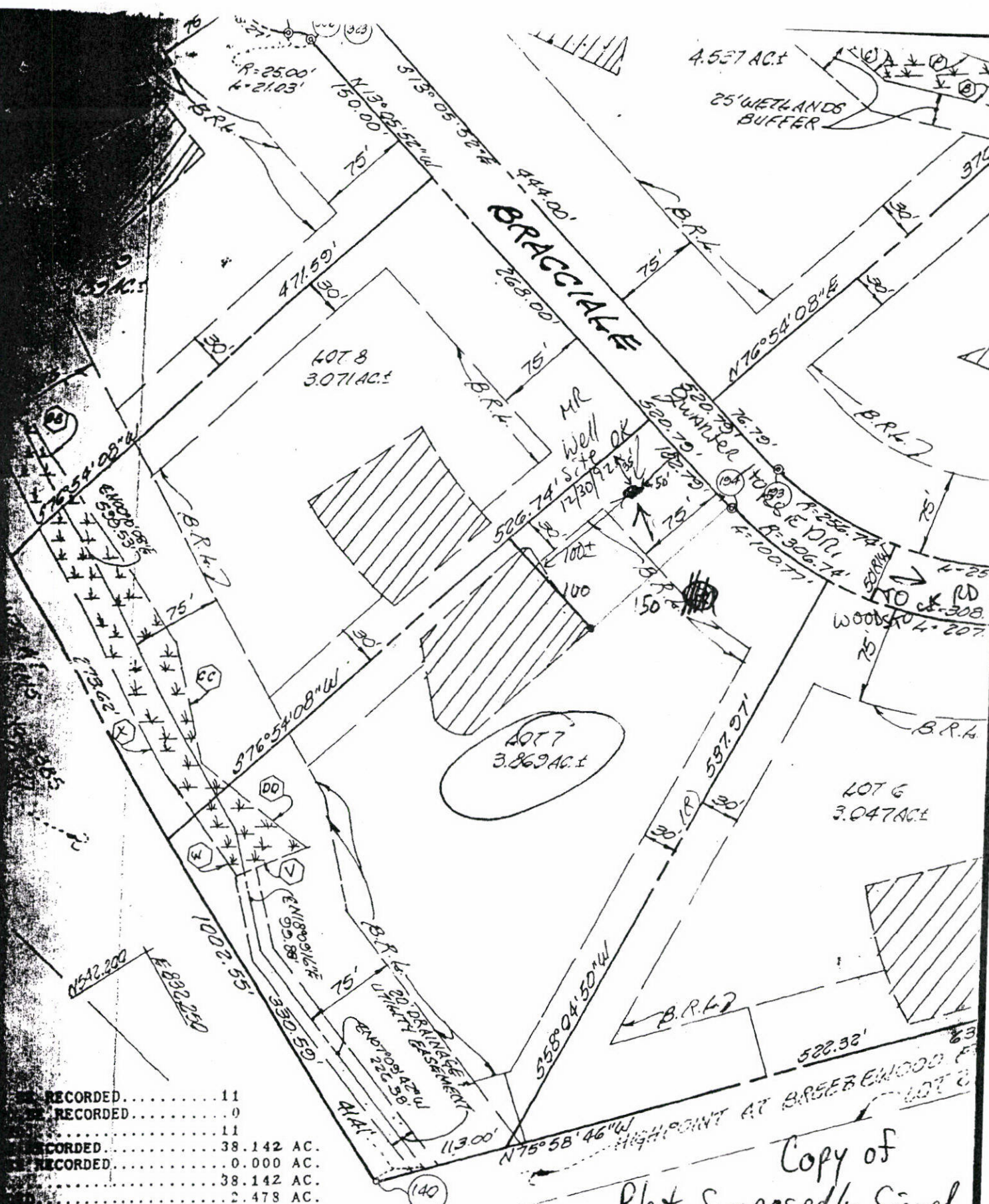
[illegible]

Well Permit No. HO - 92-0000320
Location of property (road) Quarterhorse Dr
Subdivision PARKSIDE Lot 7 Block Plat Sec.
Well Driller R Mayne Owner Braccato Vincent JGM Constr.

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

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]



RECORDED.....	11
RECORDED.....	0
RECORDED.....	11
RECORDED.....	38.142 AC.
RECORDED.....	0.000 AC.
RECORDED.....	38.142 AC.
RECORDED.....	2.478 AC.
RECORDED.....	40.620 AC.

Copy of
Plat Supposedly Signed

SEWERAGE
DEPARTMENT.

OWNER'S CERTIFICATE
WE, BRIAN KNAUFF, T.E. WISWATT CONSTRUCTION AND ASSOCIATES BY PATRICK CRE
GENERAL PARTNER, VINCENT A. BRACCIALE, JR., AND TERESA BRACCIALE, OWNERS OF
THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF
SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE
DEPARTMENT OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING
RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS
AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS
AND SERVICES, IN AND UNDER ALL

Left on west stock
1/2 mile Mark side Sub
Quanta House Dr,

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: Fisher, Collins & Carter, Inc.
10272 Baltimore National Pike
Ellicott City, MD 21042

FROM: Hank Oswald, L.E.H.S.
Well & Septic Program

RE: 1817 Quarter Horse Drive

Date: July 6, 2018

The OSDS Plan for has been reviewed with the following comments:

- 1.) Match initial system calculations for 4 bedrooms with 1st and 2nd systems calculations for 5 bedrooms.
- 2.) Maintain application rates at 0.8 for all 3 systems.
- 3.) Maintain effective sidewall at 4 feet and bottom at 8 feet for all 3 systems.
- 4.) Match invert elevations in septic profile with list of invert elevations next to calculations.
- 5.) Match legend symbol descriptions for passing perc test results with signed perc cert plan.

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 Pump & Water Treatment, LLC
Address: 580 Obrecht Rd.
Sykesville, MD 21784
Telephone #: 410 795 5670

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

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

Name (Print): DAVID C. FOGLE License #: MSD226

*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: Calvin Custom Homes
Subdivisor: _____ Lot #: _____ Well Tag #: HO-92-0320

Site Address: 1817 Quarter Horse Dr.
WOODSTOCK, MD 21783

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: _____ Make: _____ Two piece watertight cap: YES
Model #: _____ Model #: _____ Screened, vented well cap: YES
Pump Capacity _____ GPM Depth (36" min) _____ Cap secured to casing: YES
Well Yield _____ GPM NSF/WSC approved: _____ Conduit min 1 1/2" B.G.: YES
Depth of well encountered at time of pump installation (feet): _____ Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cutoff 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 Inlets rope adapter or other acceptable method inside of well casing: N/A

Piping in house House Connection
Type: 1" poly pipe PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 200 (150 psi min) Length of sleeve (5' minimum from foundation): 6'
Depth of supply line: 36" (36" min) Sleeve sealed properly: YES

The water supply line is required to be at least 12" 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: 6/14/29

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

Date Insp. Requested: 6/5/29 Date Insp. Approved: 6/6/29 Inspection: ①
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 48" 6/5/29
Two piece cap installed and attached to casing securely ✓ 32" 6/5/29
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 20" 6/5/29
Safety rope not outside of well cap/casing ✓ 5.5' 6/5/29
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 ✓

EX House
6/6/29

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 29, 2020

July 29, 2019

Homeowner
1817 Quarterhorse Drive
Woodstock, MD 21163

RE: Parkside, Lot 7
1817 Quarterhorse Drive
Building Permit: B18002742
Well Permit: HO-92-0320

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 **6/17/2019**. Final approval of the well line connection to the dwelling was granted on **6/5/2019**. The well construction was completed on **5/13/1993**. Water samples were collected on **7/8/2019, 7/15/2019, 7/22/2019**.

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-92-0320. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

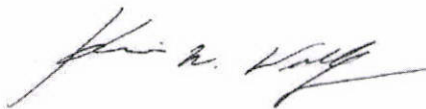
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
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 #:	131244	Account #:	1933
Reference:	Quarter Horse	Company:	Fogles Well Pump & Treatment
Location:	1817 Quarter Horse Drive	Requested By:	Dave Fogle
	Woodstock, MD 21163	Source:	Well Water
Date/ Time Collected:	7/8/2019 1145	Site:	Pressure Tank
Date/Time Rec'd:	7/8/2019 1255	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	J. Evans 7411JE	Well #:	HO-92-0320

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223B	7/9/2019 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/9/2019 / 0900 / CRS
Nitrate	5.07	mg/L	10	601	7/9/2019 / 0855 / RER
Turbidity	2.49	NTU	<10	SM20 2130B	7/9/2019 / 0905 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	7/9/2019 / 0905 / RER

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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 18002742

Date Reported: 7/9/2019

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 #:	131400	Account #:	1933
Reference:	Quarter Horse	Company:	Fogles Well Pump & Treatment
Location:	1817 Quarter Horse Drive	Requested By:	Dave Fogle
	Woodstock, MD 21163	Source:	Well Water
Date/ Time Collected:	7/15/2019 0800	Site:	Bathroom Sink
Date/Time Rec'd:	7/15/2019 1105	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.8
Collected By:	J. Evans 7411JE	Well #:	HO-92-0320

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	36.4	MPN/ 100 ml	<1.0	SM20 9223B	7/16/2019 / 0915 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/16/2019 / 0915 / RER

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 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 18002742

Date Reported: 7/16/2019

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 #:	131520	Account #:	1933
Reference:	Quarter Horse Drive	Company:	Fogles Well Pump & Treatment
Location:	1817 Quarter Horse Drive	Requested By:	Dave Fogle
	Woodstock, MD 21163	Source:	Well Water
Date/ Time Collected:	7/22/2019 1045	Site:	Bathroom Sink ✓
Date/Time Rec'd:	7/22/2019 1150	Treatment:	None ✓
Chlorine ppm:	Free: ND Total: ND	pH:	5.7
Collected By:	J. Evans 7411JE	Well #:	HO-92-0320

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM20 9223B	7/23/2019 / 1030 / RER
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM20 9223B	7/23/2019 / 1030 / RER

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 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : 18002742

Date Reported: 7/23/2019

