

C 1 6605
SEQUENCE NO. (DENV USE ONLY)
1 2 3 6
(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 PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.
COUNTY **A-522 987**
NUMBER

ST/CO USE ONLY
DATE Received
07/13/11
8 13

DATE WELL COMPLETED
070111
15 20
Depth of Well
405
22 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
1A-95-2087
28 29 30 31 32 33 34 35 36 37

OWNER **Heritage Realty & Land Development**
last name **PO Box 482** first name **Lisa Bon MD**
STREET OR RFD
SUBDIVISION **Meriwether Farm** SECTION **2** LOT

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	
Top Soil	0	2	
Sand Stone	2	11	
MICA	11	55	
Sand Stone	55	60	✓
MICA	60	240	
Sand Stone	240	245	✓
MICA	245	340	
Sand Stone	340	345	✓
MICA	345	405	

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box) **Y** **N**
44 44
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
45 46 45 46
NO. OF BAGS **72** NO. OF POUNDS **700**
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **20** ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below
ST **CO**
STEEL CONCRETE
PL **OT**
PLASTIC OTHER
MAIN CASING TYPE
Nominal diameter
top (main) casing
(nearest inch) **6**
Total depth
of main casing
(nearest foot) **22**
PL **6** **22**
60 61 63 64 66 70

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

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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY
WHERE SATURATED FRACTURES WERE OBSERVED.

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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT NO. **MSD 117**

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
Shue

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

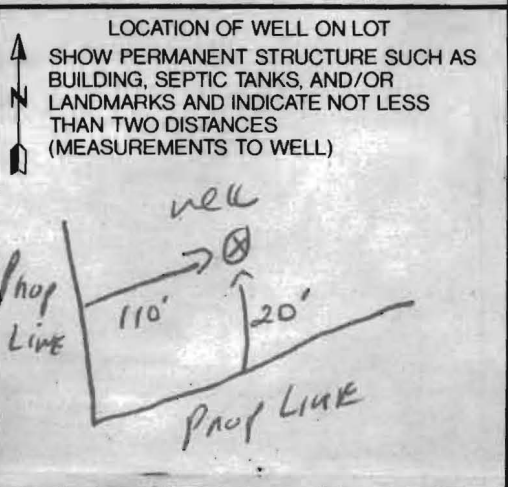
C 2
DEPTH (nearest ft.)
1 2
1 **40** **20** **405**
8 9 11 15 17 21
2
23 24 26 30 32 36
3
38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER
OF SCREEN (NEAREST
INCH) **56** **60**
from to

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
74 75 76
70 72
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
1 2
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
8 9
PUMPING RATE (gal. per min. to nearest gal.) **70**
11 15
METHOD USED TO MEASURE PUMPING RATE **Buck**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **56**
17 20
WHEN PUMPING **110**
22 25
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
27 27 27
C centrifugal **R** rotary **O** other (describe below)
27 27 27
J jet **S** submersible
27 27

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES **NO**
(CIRCLE) (YES or 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)
+ above } LAND SURFACE **2** (nearest foot)
- below } 49 50 51



B 1 0893

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-95-2084

fill in this form completely

534536 please type

Date Received (APA)

03 30 11

OWNER INFORMATION

8 MM DD YY 13

Heritage Realty & Land Develop

15 Last Name Owner First Name 34

PO Box 482

36 Street or RFD 55

Lisbon MD 21765

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Ralph E. Mayne M S D 117

Driller's Name 76 License No. 81

Ralph E. Mayne Inc

Firm Name

17024 Handy Rd Mt. Airy MD 21771

Address

Ralph E. Mayne 3/28/11

Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.)AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY)

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL
IRRIGATION☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL
IRRIGATION)22 ☐ INDUSTRIAL, COMMERCIAL, DEWATERING☐ PUBLIC WATER SUPPLY WELL☐ TEST, OBSERVATION, MONITORING☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 IN NEAREST INCH

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 DEEPEINED WELLS
(CIRCLE APPROPRIATE BOX)☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL☐ THIS WELL WILL REPLACE A WELL THAT WILL BE
ABANDONED AND SEALED39 ☐ 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 DEEPEIN AN EXISTING WELLPERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED
(IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER H0 2008G 010

PERMIT No. H0 95-2084

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Walk Within 100' Must Be Simultaneously Yield Tested

B 3 LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

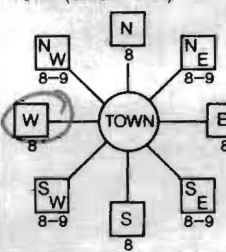
SECTION 2 E LOT 6

44 46 48 50

GLENCE

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI

B 4 DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

34 360 37

DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 16 PARCEL: 28

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (3) A522987

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 4/6/2011 Brian Baker 4/6/2012

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 519 0 0 0 EAST GRID 790 0 0 0

50 55 57 63

SHOW MAJOR FEATURES OF
BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

2.

3.

WRITE THE BOX NUMBER

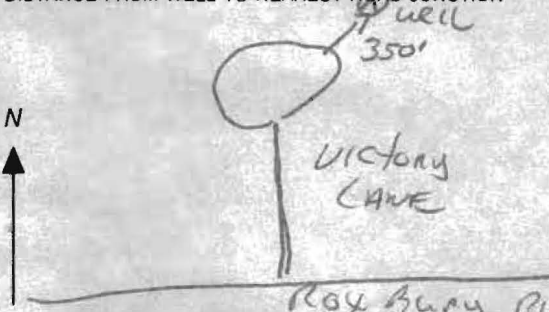
FROM THE MAP HERE

E 790

N 519

000

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

ST CONSERVATION
MENT INO.
7.116 AC.
(RETENTION)
IF-08-199

PRESERVATION EASEMENT
Easement Holders: H.O.A. &
HOWARD COUNTY, MARYLAND
(F-08-199)

4/6/2011

Well Site Plan

(BB)

CONCRETE
LEVEL
SPREADER

LOT 6
49,054 sq.ft.

4009A

4008

PRIVATE 24' USE-IN-COMMON
ACCESS EASEMENT FOR THE USE
92' WIDE BENEFIT OF LOTS 5 & 6

LOT 5
49,130 sq.ft.

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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 LLC Telephone #: 410 795-5670
Address: PO Box 202 J
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): David C fogle License# MSD 226

*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 #: 410-489-7408
Subdivision: 14940 Victory Lane Lot #: 6 Well Tag #: HO-95-2084 ✓
Site Address: Captain Overlook
Glenn, MD

Submersible Pump Data

Make: Grundfos
Model #: 153GE10-220
Pump Capacity: 10 GPM
Well Yield: 7.5 GPM

Pitless Adapter

Make: Campbell
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: 405 (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" poly pipe

PSI: 160 (160 psi min)

Depth of supply line: 36" (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 David fogle

date 7-2-14

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

Date Insp. Requested: _____ Date Insp. Approved: 7/3/14 Inspector (KW)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

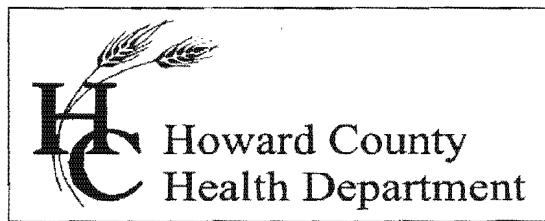
Elec. conduit extends at least 18" below grade/attached to cap properly

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

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-1771 | Fax: 410-313-2648

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 – April 14, 2015

October 14, 2014

Homeowner
14940 Victory Lane
Glenelg, MD, 21737

**RE: Meriwether, Lot # 6
14940 Victory Lane
Building Permit: B13004258
Well Permit: HO-95-2084**

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 **9/25/2014**. Final approval of the well line connection to the dwelling was granted on **7/3/2014**. The well construction was completed on **7/1/2011**. Water samples were collected on **9/26/2014**.

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-95-2084. 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,

Hank Oswald

Hank Oswald, L.E.H.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 #: 96473 Account #: 1930
Reference: Toll Brothers Lot #6 Company: Fogle's Well Drilling
Location: 14940 Victory Lane Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 9/26/2014 1329 Site: Pressure Tank
Date/Time Rec'd: 9/26/2014 1630 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: J. Fogle 1974JF Well #: HO-95-2084

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	9/27/2014 / 1100 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	9/27/2014 / 1100 / LLO
Nitrate	6.74 ✓	mg/L	10	601	9/26/2014 / 1630 / CWM
Turbidity	2.42 ✓	NTU	<10	SM18 2130B	9/26/2014 / 1700 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	9/26/2014 / 1700 / CCH

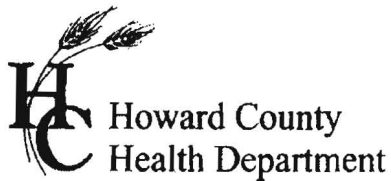
10/14/14
OK
-km

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 pH tested in lab, chlorine level tested on site
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy**Building Permit # :** B13004258

Date Reported: 9/29/2014



7178 Columbia Gateway Dr., 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. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

Meriwether Farm, Sec. II, Ph. 1	6	Victory Lane
Subdivision/Property Name	Lot #	Road Name

☒ The well site has been staked by Fisher, Collins & Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 03/21/11 (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.

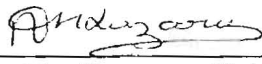
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

11. NON-TRANSFERRABLE - THIS PERMIT IS NON-TRANSFERRABLE. A NEW OWNER MAY ACQUIRE AUTHORIZATION TO CONTINUE THIS APPROPRIATION BY FILING A NEW APPLICATION WITH THE ADMINISTRATION. AUTHORIZATION WILL BE ACCOMPLISHED BY ISSUANCE OF A NEW PERMIT.
12. *****
* INITIATION OF WITHDRAWAL - THE PERMITTEE SHALL NOTIFY THE*
* ADMINISTRATION BY CERTIFIED MAIL WHEN WITHDRAWALS FOR THE*
* USES SPECIFIED IN THIS PERMIT HAVE BEEN INITIATED. THIS *
* PERMIT SHALL EXPIRE IF WATER WITHDRAWAL IS NOT COMMENCED *
* WITHIN TWO YEARS AFTER THE EFFECTIVE DATE OF THIS PERMIT *
* EXCEPT THAT UPON WRITTEN REQUEST TO THE ADMINISTRATION *
* PRIOR TO THE EXPIRATION OF THE TWO YEAR PERIOD, THE TIME *
* LIMIT MAY BE EXTENDED FOR GOOD CAUSE, AT THE DISCRETION *
* OF THE ADMINISTRATION. *

13. WELL SPACING- IN ORDER TO MINIMIZE THE POTENTIAL FOR INTERFERENCE BETWEEN WELLS, ALL WELLS SHALL BE LOCATED WITHIN LOCALLY APPROVED WELL BOXES AND, WHERE FEASIBLE, BE CONSTRUCTED SO AS TO ACHIEVE A SEPARATION OF AT LEAST 100 FEET FROM EACH OTHER AND/OR FROM EXISTING WELLS ON OTHER PROPERTIES. THE PERMITTEE SHALL CONDUCT SIMULTANEOUS YIELD TESTS FOR ANY WELLS THAT ARE SEPARATED BY LESS THAN 100 FEET. IN THE EVENT THAT A WELL TESTED SIMULTANEOUSLY WITH OTHER WELLS DOES NOT MEET MINIMUM YIELD STANDARDS, THE PERMITTEE SHALL RELOCATE OR DEEPEN THE WELL OR SEEK LOCAL APPROVAL TO RELOCATE THE WELL BOXES SO AS TO ACHIEVE THE 100-FOOT SEPARATION DISTANCE. ALL WELLS SHALL COMPLY WITH WELL CONSTRUCTION REQUIREMENTS.

BY AUTHORITY OF THE DIRECTOR
WATER MANAGEMENT ADMINISTRATION

 2/6/2009
for John W. Grace, Chief
SOURCE PROTECTION AND APPROPRIATION DIV
MSM