

C 1 6606

SEQUENCE NO.
(DENV USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A 522 987ST/CO USE ONLY
DATE Received

07/13/11

DATE WELL COMPLETED

0705/11

Depth of Well

22 205 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

10-95-2083

OWNER Heritage Realty & Land Development
STREET OR RFD last name PO BOX 482 first name TOWN 21500 MD
SUBDIVISION Meriwether Farm SECTION 2 PHE LOT 5

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

Check
if water
bearing

Top Soil 0 2
Sandy 2 11
Micka 11 30
Sand Stone 30 35
Micka 35 110
Sand Stone 110 115
Micka 115 205

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 27 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL 6 23

EACH
CASING

OTHER CASING (if used)

diameter
inch from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHERIN HARD ROCK AREAS, IDENTIFY SPECIFICALLY
WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED

yes
Yno
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
WELLI 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)

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

C 2

EACH
SCREEN

DEPTH (nearest ft.)

1 40 21 205 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)

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
CASINGLOG
INDICATOR

OTHER DATA

C 3

1 2

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 39

WHEN PUMPING 35

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 YES NO

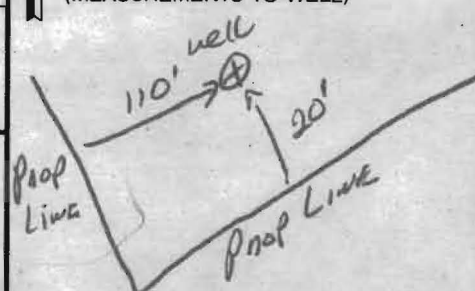
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:CAPACITY:
GALLONS PER MINUTE 31 35

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 }

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)

COUNTY

Date Received (APA)
03.30.11

OWNER INFORMATION

8 MM DD YY 13

15 Last Name First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name M SD 117

Firm Name

Address

Signature Date

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

☐ INDUSTRIAL, COMMERCIAL, DEWATERING

☐ PUBLIC WATER SUPPLY WELL

☐ TEST, OBSERVATION, MONITORING

☐ GEO-THERMAL

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL

☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

☐ 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 WELL

PERMIT 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 H02008G010

PERMIT No. H0-95-2083

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Well Within 100' Must Be Simultaneously Yield Tested

B 3

LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

SECTION 2 44 46 LOT 5 48 50

52 NEAREST TOWN GLENELG 71

MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 330 34 37

ENTER FT OR MI 4

TAX MAP: 21 BLK: 16 PARCEL 28

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A522987

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

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

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 519 000 EAST GRID 790 000

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 519 790

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

300 ft

Victory Land

Roxbury Rd

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2083
 Location of property (road) VICTORY LANE
 Subdivision MERIWETHER FARM Lot 5 Block Plat Sec. 1 ^{4th}
 Well Driller RALPH MAYNE Owner HERITAGE REALTY & LAND SERVICE

Depth of well 205 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 34 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 10 Gpm
Total time 15 min to reach pumping water level 35 ft. below M.P.

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

[illegible]

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: J RD Box 202J
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: TOIL Brothers Telephone #: 410-489-7407
Subdivision: MITTAN OVERLOOK Lot #: 5 Well Tag #: HO-95-2083
Site Address: 14939 Victory Lane
Glebeig, MD 21737

| <u>Submersible Pump Data</u> | | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
|---|------------------------------|---|--------------------------------------|
| Make: <u>Grundfos</u> | Make: <u>Complete II</u> | Two piece watertight cap: <u>YES</u> | |
| Model #: <u>155GE07-186</u> | Model #: <u>N/A</u> | Screened, vented well cap: <u>YES</u> | |
| Pump Capacity <u>7</u> GPM | Depth: <u>36"</u> (36" min) | Cap secured to casing: <u>YES</u> | |
| Well Yield: <u>10</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>205</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> <u>N/A</u> | | | |

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): 6'

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: 9-2-14

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

Date Insp. Requested: 9/3/14 Date Insp. Approved: 9/4/14 Inspector: RR

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

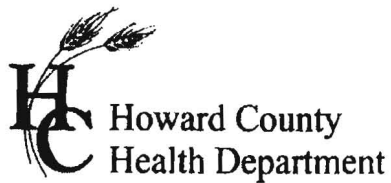
Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

✓ (well cap loose; all 4 nuts/bolts loose)
✓
✓
✓
✓
✓
RR 9/3/14

→ corrected on 9/4/14



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:

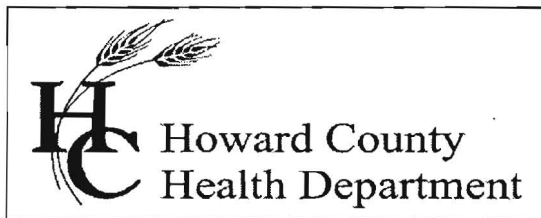
| | | |
|----------------------------------|--------------|------------------|
| Meriwether Farm, Sec. II, Ph. 1 | 5 | Victory Lane |
| <u>Subdivision/Property Name</u> | <u>Lot #</u> | <u>Road Name</u> |

☒ 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



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-2640 | 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 – JULY 26, 2015

January 26, 2015

Homeowner
14939 Victory Lane
Glenelg, MD 21737

RE: Meriwether Farm, Lot 5
14939 Victory Lane
Building Permit: B14000881
Well Permit: HO-95-2083

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 **1/22/2015**. Final approval of the well line connection to the dwelling was granted on **9/4/2014**. The well construction was completed on **7/05/2011**. Water samples were collected on **1/22/2015**.

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-95-2083. 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 black ink, appearing to read "Robert Bricker". The signature is fluid and cursive, with the first name "Robert" being more prominent than the last name "Bricker".

Robert Bricker, REHS/R.S., 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 #: 98685 Account #: 1930
Reference: Cattail Overlook Lot 5 Company: Fogle's Well Drilling
Location: 14939 Victory Lane Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 1/22/2015 1512 Site: Kitchen Sink Tap
Date/Time Rec'd: 1/22/2015 1609 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.3
Collected By: J. Fogle 1974JF Well #: HO-95-2083

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 1/23/2015 / 1030 / LLO |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 1/23/2015 / 1030 / LLO |
| Nitrate | 6.93 | mg/L | 10 | 601 | 1/23/2015 / 1000 / CRS |
| Turbidity | 0.74 | NTU | <10 | SM18 2130B | 1/23/2015 / 1100 / CRS |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 1/23/2015 / 1100 / CRS |

OK
JEB
1/26/2015

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 Visual well check: Sealed, vented cap

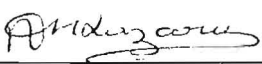
Reason for Test : Use & Occupancy
Building Permit # : B14000881

Date Reported: 1/26/2015

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