c 1 15993 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY A522 987		
ST/CO USE ONLY DATE Received MM O T DD 3 YY B 13 15	ETED Depth of Well 22 205 26 7/1.	PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37		
OWNER Henstage Rea	Lty & Land Development,			
STREET OR RFD Lest name PO B SUBDIVISION MENT WETKER F	SOX 482 fret name TOWN SECTION 2	LOT 10		
WELL LOG	GROUTING RECORD yes no	CISI		
Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST		
COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY B C	HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	NO. OF BAGS 46, 4 NO. OF POUNDS 15, 050	PUMPING RATE (gal. per min.)		
Top Soil 0 2	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE		
Sandy 20	from 48 TOP 52 ft. to 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)		
0 151 20 25	(enter 0 if from surface) Casing CASING RECORD	BEFORE PUMPING 99 ft.		
Micke 25 40	types insert appropriate ST CO CONCRETE	WHEN PUMPING 55 ft.		
G. 19 45	code below PL OT OTHER	TYPE OF PUMP USED (for test)		
Stand Home	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine		
WICKE 13 12	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe below)		
Sand Store	60 61 63 64 66 70	J jet S jubmersible		
MICK4 75 205	E OTHER CASING (if used) A diameter depth (feet)	27 27		
	inch from to	DRILLER INSTALLED PUMP YES NO		
	CS - N	(CIRCLE) (YES or NO)		
	6	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
	screen type or open hole STBRHOD	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.		
	appropriate code BRASS BRONZE HOLE	CAPACITY: GALLONS PER MINUTE (to nearest callon) 31 35		
	below PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER		
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)		
WELL HYDROFRACTURED Yes	E A 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)		
CIRCLE APPROPRIATE LETTER	C 2 9 24 26 30 32 36	LAND SURFACE		
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	S C 3 R 38 39 41 45 47 51	below (nearest)		
P TEST WELL CONVERTED TO PRODUCTION WELL	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT		
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	N DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR		
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	OF SCREEN INCH) from to	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
DRILLERS LIC NO.1 M D D	GRAVEL PACK IF WELL DRILLED	Paral		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68	Link 30 well		
LIC. NO.1 — D — _ I	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	70		
Stine	70 72	36'		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG CASING INDICATOR OTHER DATA	Presp Line		
DEANY CORR	COUNTY			

SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
B 1 0845 (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL		11- OF 2000
1 2 3	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	e type	HO-75-2000
	534530	e type	fill in this form completely
Date Received (APA)			LOCATION OF WELL
8 MM DD YY 13	MATION	8 COUNTY	21
8 MM DD YY 13	10010	10	
THERITAGE KENCTY E CAN	venerol		rether farm
15 Last Name Owner	First Name 34	23 SUBDIVISION	10
		SECTION CONTRACTOR	LOT LOT
36 Street or RFD	55	44 46	_48 50 = C
212000	21765	CCENI	rco
	2 Zip 76	52 NEAREST TOWN	71
DRILLER INFORMATION	C 110	MILES FROM TOWN (enter	r 0 if in town) M 1
IsAlgh E MAYNE N	13D 1/7	B 4	73 76 77 78
Driller's Name 76	License No. 81	1 2	Michael (Auch
MAGNE. THAYER.	cre .	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
Firm Name	di unam		
17024 MARING KEN WIT	- HI W WIT (17)	NW B NE	ON WHICH SIDE OF ROAD
Address	5 2/20/	8-9	(CIRCLE APPROPRIATE BOX)
Signature	Date	TOWN E	WEST S EAST
Signature B 2 WELL INFORMATION	Date	TOWN E	DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE			ENTER FT OR MI 38 39
(GAL. PER MIN.)	CGN 12	S _W S S 8-9	0.
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20	8-9 S 8-9	TAX MAP: 21 BLK: PARCEL 28
USE FOR WATER (CIRCLE API		NOT TO	BE FILLED IN BY DRILLER
OSE FOR WATER TOROLEAR	HOI HIATEDOX)		DEPARTMENT APPROVAL
D DOMESTIC POTABLE SUPPLY & RESIDEN	TIAL	Hounned	(13) A500997
- FARMING II IVESTOCK WATERING & ACRI	CHITHRAI	COUNTY NAME	COUNTY NO.
IRRIGATION	BOLTOTIAL	STATE	
22 INDUSTRIAL, COMMERICIAL, DEWATERIN	G	SIGNATURE	INSERT S 41
P PUBLIC WATER SUPPLY WELL		DATE ISSUED	710- (Sahon 4/6/2012
		43/ MM/ DD YY 48	CO SIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITORING		NORTH 578	EAST 70
G GEO-THERMAL		GRID 50	0 0 GRID 70 0 0 0 0 63
		SHOW MAJOR FEATURES	OF
ADDROVIMATE DEDTH OF WELL 1 /5	FEET	BOX & LOCATE WELL	
APPROXIMATE DEPTH OF WELL 24	28	WITH AN X	(X)
APPROXIMATE DIAMETER OF WELL 6	NEAREST	SOURCES OF DRILLING V	VATER
AFFROMINATE DIAMETER OF WELL	INCH	2.	
METHOD OF DRILLING	(circle one)	3.	
BORED (or Augered) JETTED	Jetted & DRIVEN	Audio	
30 AIR-ROTary AIR-PERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	
37 CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	A
other		1000	(20)
	NED WELLO	E SAP	790
REPLACEMENT OR DEEPE. (CIRCLE APPROPRIATE		DnGn	000
N THIS WELL WILL NOT REPLACE AN EXISTIF	ACCOUNT OF THE PARTY OF THE PAR	N 400	518
THIS WELL WILL REPLACE A WELL THAT V	/ILL BE	DRAW A SKETCH BELOW	SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED			OWNS AND ROADS AND GIVE
THIS WELL WILL REPLACE A WELL THAT V		DISTANCE FROM WELL TO	O NEAREST ROAD JUNCTION
AS A STANDBY-CONTACT LOCAL APPROVI	NG AUTHORITY		
D THIS WELL WILL DEEPEN AN EXISTING WE	u	DICTOR	9
PERMIT NUMBER OF WELL TO BE REPLACED OF	DEEPENED	N LAWE	
(IF AVAILABLE) 41	52		301
Not to be filled in by driller (MDE OR CO	DUNTY USE ONLY)	A	Duck
			10 rece
APPROP. PERMIT NUMBER # 020	08G 010		
LI.	95 2000		
70 71 72	75 - 2088	į į	loxBuny po
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SED THAT E STEEL ALEEUED	in 100 Must	3= Simultane	ously Yield Tested®

Page		of	
Date	Junt	24	204

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Permit No. HO - 95-2088 Ion of property (road) UIC+ORY	140		
vision Meriwether FARM	Tot 10 Block	Plat Sec	1 PHI
priller NAIgh MAXWE	Owner Heritage	Reptty E CAN	Develop
Depth of well 2057 Distance of measuring point (M.P.) ab Static water level (S.W.L.) below M.F.			
High rate pumping reservoir drawdown Time pump started 5:30	Pumping rate	in Com	

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

TIME (in 15 WATER LEVEL minute in- below M.P.			PUMPING RATE time to fill 5		FLOW METER READING (if used)	CALCULATED FLOW (gallons per		
tervals			gallon i	bucket		minut		
9130	44	for	6	See		10	Come	
					Test Stantal			
9:45	59	FF	8	Sec		2.2	6m	
10100	55	ff	8	Sa		>5	GPm	
10:15	59	4	8	Sec		2.2	6Pm	
10130	59	t_1	8	11		7.5	11	
10:45	59	1,	8	11		2.2	4	
11:00	55	U	8	11		>5	1)	
11:15	59	A	8	Sec		>.5	6Pm	
11:30	59	H	8	Sec		75	GPM	
11:45	58	A	8	Sec		7.5	6 pm	
12:00	59	1/	8	11 .		715	U	
12115	59	r(8	4		715	l)	
12:30	55	A	8	Sec		>15	GPM	
12:45	55	A	8	Sec		2,5	apm	
			4					
150								

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: F(X) Address: (Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump installer License # and name of individual responsible for the field installation: 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. Telephonie #: Name of Property Subdivision: Lot#: 10 Well Tag#: BO Site Address: Well Cap and Electric Conduit Submersible Pump Data Make: Mimobell Two piece watertight cap: Makes GMM()fo Model#: N/P Model # Screened, vented well cap: Depth: 316 h (36" min)
NSF/WSC approved: VIS Can secured to casing: Pump Capacity Well Yield: **GPM** Conduit min 18" B.G.: Depth of well encountered at time of pump installation: 2(6' (feet) 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, 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// House Connection Piping to house VION " PVC sleeve to undisturbed soil at wall penetration: V65 Length of sleevers' minimum from foundation): (36° min) Sleeve sealed properly: Depth of supply line: 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. e responsible for installation Signature of company representa For Health Department Use Only - Not to be completed by Installe Date Insp. Approved: Date Irisp. Requested: Inspection Data: Pitless adapter waterfight & water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

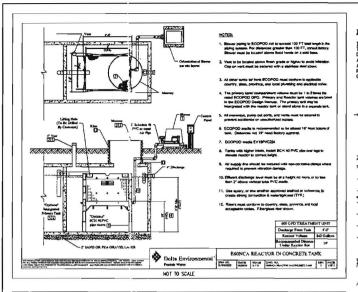
Water supply line sleeved adequately at house connection

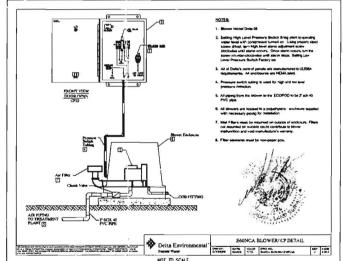
Safety rope not outside of well cap/casing

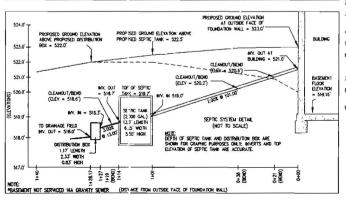
'Adequate grout observed below pitless adapter

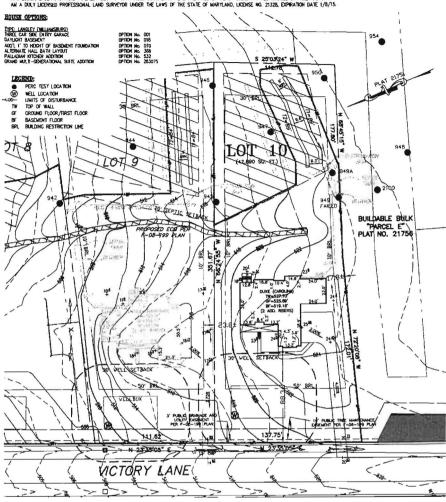
Elec. conduit extends at least 18" below grade/attached to cap properly

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









PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT

SEPTIC SYSTEM/BEST AVAILABLE TECHNOLOGY (BAT) NOTES:

- ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENCINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION, A REVISED SITE
- 2. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 3 FEET COVER.
- I. THE BLOWER MAY NOT BE LOCATED WORE THAN 100 FEET FROM THE TANK BASED ON THE
- . THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM
- 5. THE RAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER
- 6. WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND CEPARTMENT OF THE ENVIRONMENT (MOE), IN A MANNER ACCEPTABLE TO LIDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
- ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN
- B. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY.
- THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE WANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.

APPROVED: FOR HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING

CHIEF, DEVELOPMENT ENGINEERING DIVISION DATE DIRECTOR DATE DATE PROFESSIONAL ENGINEER

SKWAGE DISPOSAL SYSTEM DATA (4 BDRW)

PROPOSED INVERT AT FOUNDATION WALL: 521.0" EX. GRADE OVER TANK: 522.0 PROPOSED CRADE OVER TANK: 522.5" INVERT IN: 519.0' INVERT OUT: 518.7"

2 DISTRIBUTION BOX EXISTING CRADE OVER YANK: 522.0' PROPOSED GRADE OVER TANK: 522.0" INVERT IN: 518.3" INVERT OUT: 518.0"

3. TRENCH DESIGN (4 BDRM x 150 GPD/BDRM = 600 GPD) 600 GPD + D.8 APP. RATE = 750 SF USE 3' WIDE TRENCH WITH 24' CRAVEL BELOW PIPE 9' MIN. SPACING BETWEEN TRENCH EDGES 750 SF + 3' WOTH = 250 LF x 0.71 = 177.50 LF MIN. TRENCH USE 2 89' LONG TRENCHES = 178 LF

BASEMENT NOT SERVICED WA GRAVITY SEWER

VICINITY MAP

GENERAL NOTES:

- 1 THE SUBJECT PROPERTY IS ZONED RC-DEO PER THE 2/2/04 COMPREHENSIVE ZONING PLAN AND PER COMP-LITE ZONING RECULATIONS DATED 7/28/06.
- 2. PLAT REFERENCE: PLAT No. 21751.
- 3. The existing topography within the area of proposed work is taken from field run survey with maximum two foot contour intervals prepared by ESE DATED 4/20/11.
- 4. SEE ARCHTECTURAL PLANS FOR BUILDING DIMENSIONS AND DESIGN DETAILS. PROR TO STAMEDUT FOR CONSTRUCTION, IT SHALL BE THE OWNER/BUILDERS RESPONSIBILITY TO PROVINCE ESE CONSULTANTS INC. WITH THE MOST RECENT SET OF
- 5. THE CONTRACTOR OR DEVELOPER SHALL MOTIFY THE DEPARTMENT OF PUBLIC WORKS / BUREAU OF ENGINEERING / CONSTRUCTION INSPECTION DIMISON AT (410-313-1881) AT LEAST FIVE (5) WORKING DAYS PRIOR TO THE START OF WORK.
- 6. THE CONTRACTOR SHALL MOTEY "MISS UTILITY" AT 1-800-257-7777 AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO ANY EXCAVATION WORK BEING DONE.
- 7. TOYAL UNIT OF DISTURBANCE: 33,040 SO. FT. / 0.76 AC.±
- 8. STORMMATER MANAGEMENT FOR THIS LOT IS PROVIDED BY PREVIOUSLY APPROVED
- ANY OMMAGE TO PUBLIC "RIGHT-OF-WAYS" OR PAYED PUBLIC ROADS SHALL BE REPARED INJUDICATELY AT THE CONTRACTORS EXPENSE IN ACCORDANCE WITH THE HOWARD COUNTY STANDARDS AND SPECIFICATIONS.
- 10. DEVAITORS FROM THESE PLANS AND SPECIFICATIONS WITHOUT PRIOR WRITTEN CONSONT OF THE CIVIL ENGINEER (ESE) MAY CAUSE THE WORK TO BE UNACCEPTABLE.
- 1) THE DIMENSIONED DISTANCES SHALL COVERN IF SCALED AND DIMENSIONED DISTANCES ON THIS PLAN ARE FOUND TO BE IN DISAGREEMENT.
- THE LOTS SHOWN HEREON COMPLY WITH THE MINIBRUM LOT AREA AND OWNERSHIP WOTH AS REDURED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
- 13. ZCZI THESE REASE COSSIMITY OF PRIVILE STATUS CASCIDENT OF AT LEAST INDIRECT STATE OF THE METAL OF PRIVILE STATE OF PRIVILE STATE OF THE COMPONIENT FOR MOTIONILL STATE OF POSSIL AMPROVISIONS OF ANY MATURE AN INSIGNATION OF THE STATE OF THE STATE OF THE STATE OF THE MATURE STATE OF THE FOR FUCENACIONEDITS UNTO THE PRIVATE SEWACE FASSMENT RECORDATION OF A
- 14 EXISTING WELLS, SEPTIC SYSTEMS, AND SEWARE DISPOSAL AREAS WITHIN 100° OF THE PROPERTY AND THOSE WELLS WITHIN 200° DOWN GRADIENT OF EDISTING OR PROPOSED SEPTIC SYSTEMS OR SEWARE DISPOSAL AREAS HAVE BEEN SHOWN.
- 15, ANY CHANGES TO A PRIVATE SEWAGE AREA SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAIL
- 16 LIPON RULEDING PERMET REWEN THE SEPTIC SYSTEMS FOR ALL PROPOSED STRUCTURES AND/OR EXISTING STRUCTURE EXPANSIONS SHALL BE RE-EVALUATED TO DETERMINE SUFFICIENT SYSTEM CAPACITY.
- THE DEVELOPMENT OF THIS LOT DOES NOT REQUIRE AN ENVIRONMENTAL CONCEPT PLAN SINCE STORMMATER MANAGEMENT WAS PREVIOUSLY APPROVED UNDER F-08-198.
- A STANDARD SEDIMENT CONTROL PLAN MAY BE USED FOR DEVELOPMENT OF THIS LOT, REFERENCE GRADING PLAN DATED 12/18/13.
- 19. THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-2088 HAS BEEN FIELD LOCATED BY ESE CONSULTANTS -PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.
- 20. Building setbacks (b.r.l.'s) shown hereon per site development plan setback distances shown hereon as " \pm " have an accuracy of \pm 0.1' foot.
- 21.CULVERT FOR DRIVEWAY PER F-08-199.

PLOT PLAN FOR BAT INSTALLATION LOT 10 MERIWETHER FARMS LIBER 13779, FOLIO 473

FOURTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

ADDRESS: 14908 VICTORY LANE GLENELG, MARYLAND

TAX No. 04-593619

TRENCH DATA

TRENCH 1 (TI):

BOTTOM MAX. DEPTH (8")

MV. IN = 517.9"

NY IN # 517 2"

GROUND AROVE - 521.9"

BOTTOM TRENCH = 515.9"

BOTTOM TRENCH . 515.2"

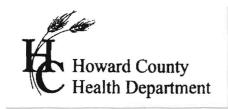
TRENCH 2 (T2): GROWNO ABOVE = 521.2"

Land Planning Engineering Land Surveying

Suite 203 Columbia, MD 21046 TEL: 410-872-9105 FAX: 410-872-4870

DRAWN: R.CK

DATE: 04/15/14 CHK'D: 44.18 JOB NO: 5184



7178 Columbia Gateway Dr., Columbia, MD 21046

(410) 313-2640 TDD (410) 313-2323 Fax (410) 313-2648 Toll Free 1-866-313-6300

website: www.hchealth.org

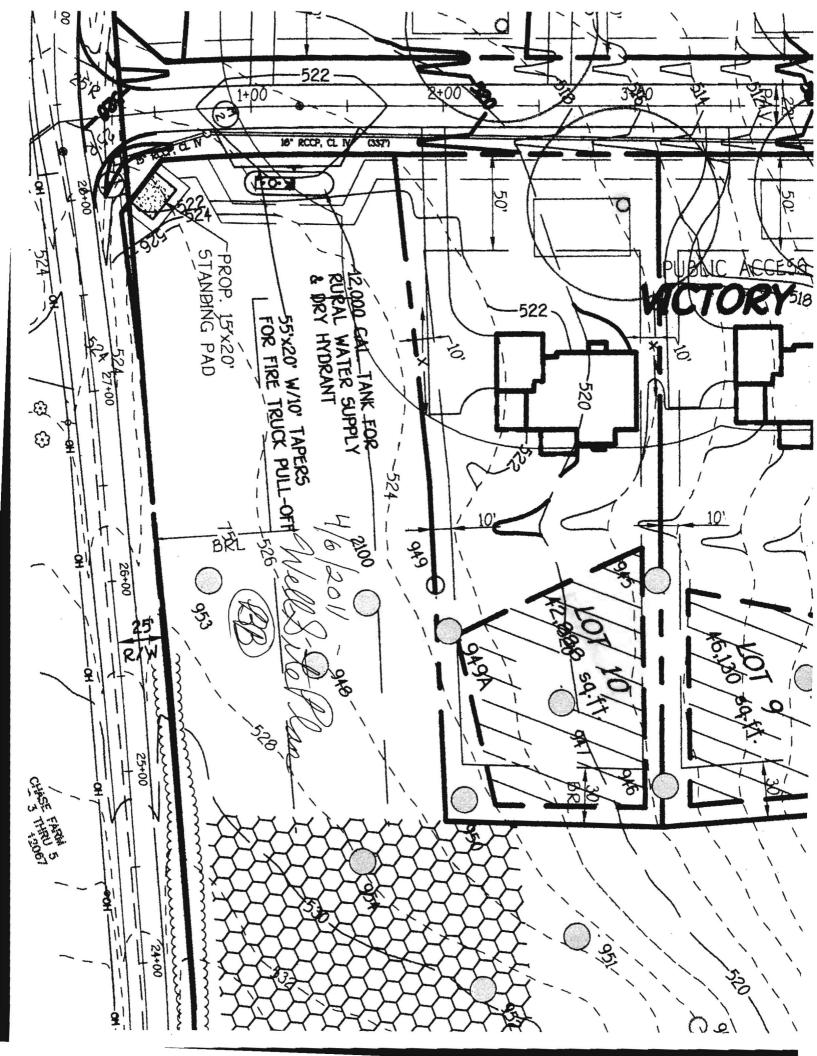
Peter L. Bielenson, M.D., M.P.H., Health Officer

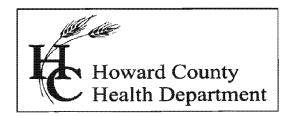
TO ALL INTERESTED PARTIES

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

Well Sit	e Location:					
Meriwether Farm, Sec. II, Ph. 1		10	Victory Lane			
Subdivision/Property Name		Lot #	Road Name			
X	The well site has been stake (professional land surveyor or con 03/21/11	ompany employ	ner, Collins & Carter, Inc. ring professional land surveyors) 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.					
	et, along with two copies of een well permit application.	an acceptable	e well site plan, must be attached			

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 - AUGUST 27, 2015

February 27, 2015

Homeowner 14908 Victory Lane Glenelg, MD 21737

RE:

Meriwether Farms, Lot 10

14908 Victory Lane

Building Permit: B14002029 Well Permit: HO-95-2088

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 2/27/2015. Final approval of the well line connection to the dwelling was granted on 9/7/2014. The well construction was completed on 6/24/2011. Water samples were collected on 2/20/2015.

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-95-2088. 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,

Kevin M. Wolf, EHS Supervisor Environmental Health Specialist

the m. My

Well & Septic Program

cc:

Howard County Dept. of Inspections, Licenses, and Permits Community Hygiene Program

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 #:

99171

Account #:

Reference:

Toll Brothers Lot 10

Company:

Fogle's Well Drilling

Location:

14908 Victory Lane Glenelg, MD 21737

Requested By:

Dave Fogle

Date/ Time Collected: 2/20/2015

1203

Source: Site:

Well Water -Laundry Sink -

Date/Time Rec'd:

2/20/2015

1527

None -Treatment:

Chlorine ppm:

Free: ND

Total: ND

pH:

5.8

Collected By:

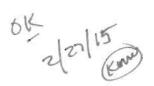
J. Fogle

1974JF

Well #:

HO-95-2088

PARAMETERS	RESULTS	UNITS RI	EFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/20/2015 / 1030 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/20/2015 / 1030 / BCD
Nitrate	8.08 —	mg/L	10	601	2/20/2015 / 1600 / BCD
Turbidity	0.90	NTU	<10	SM18 2130B	2/20/2015 / 1600 / BCD
Sand	NS 6	mg/L	5	Visual/Gravimetric	2/20/2015 / 1600 / BCD



NOTES

- mg/L = milligrams per liter (also, parts per million) 1
- 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
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 5 sampling.
- 6 ND:None Detected
- pH tested in lab, chlorine level tested on site
- Sample collected by client, analyzed as received

Reason for Test:

Use & Occupancy

Building Permit #:

B14002029

Date Reported:

2/23/2015

PERMIT NUMBER: HO2008G010(01) PAGE NUMBER THREE

11.	NON-TRANSFERRABLE - THIS PERMIT IS NON-TRANSFERRABLE.	Α	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 DERMIT		

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

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

Anduzarus 2/6/2009

John W. Grace, Chief SOURCE PROTECTION AND APPROPRIATION DIV

MSM