

C16626

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.

COUNTY
NUMBERA522987

ST/CO USE ONLY
DATE Received
071311

DATE WELL COMPLETED
062411

Depth of Well
2218526
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
A0-95-2080

OWNER
Heritage Realty & Land Development

last namefirst nameTOWNLisbon MD

STREET OR RFD
PO Box 482

SUBDIVISIONMeniweather FarmSECTION2PHELOT2

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
FROMTO

Check
if water
bearing

Top Soil

02

Sandy

210

Sand Stone

1014

MICKA

1430

Sand Stone

3035

✓

MICKA

35110

✓

Sand Stone

110115

✓

MICKA

115185

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS8NO. OF POUNDS800

GALLONS OF WATER48

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to20ft.

CASING RECORD

STCO
STEELCONCRETE
PLOTP
PLASTICOTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

PL622

OTHER CASING (if used)

depth (feet) from to

SCREEN RECORD

STBRHO
STEELBRASSOPEN
BRONZEHOLE
PLASTICOTHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min. to nearest gal.)10

METHOD USED TO MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING39

WHEN PUMPING36

TYPE OF PUMP USED (for test)

AairPpistonTturbine

CcentrifugalRrotaryOother (describe below)

JjetSsubmersible

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

WELL HYDROFRACTUREDyesno

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. MSO 112

DRILLERS SIGNATURE

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

C2

DEPTH (nearest ft.)

EACH SCREEN

SLOT SIZE 123

DIAMETER OF SCREEN

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.)WQ

TELESCOPE CASINGLOG INDICATOROTHER DATA

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YESNO

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE

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)

B 1		0901		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <u>534536</u> please type		STATE PERMIT NUMBER <u>HO-95-2080</u> fill in this form completely	
Date Received (APA) <u>03 30 11</u>		OWNER INFORMATION		B 3		LOCATION OF WELL			
8 MM DD YY 13		15 Last Name First Name		8 COUNTY		21			
36 Street or RFD		55		23 SUBDIVISION		42			
57 Town		70 State 72 Zip 76		SECTION <u>2 PH</u>		LOT <u>2</u>			
				52 NEAREST TOWN		71			
DRILLER INFORMATION		M S D 117		B 4		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
Driller's Name		76 License No. 81		1 2		TOWN			
Firm Name				NORTH		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
Address				W 8-9		NORTH			
Signature		Date		E 8-9		WEST			
B 2		WELL INFORMATION		8		SOUTH			
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		12		DISTANCE FROM ROAD			
		500				ENTER FT OR MI			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20		TAX MAP: 21		BLK: 16 PARCEL 28			
USE FOR WATER (CIRCLE APPROPRIATE BOX)		22		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		Howard (13) A522987			
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				COUNTY NAME		COUNTY NO.			
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				STATE SIGNATURE		INSERT S →			
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				DATE ISSUED		4/6/2011 Brian Baker 4/6/2012			
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				43 MM DD YY 45		CO SIGNATURE			
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				NORTH GRID		EAST GRID			
<input type="checkbox"/> GEO-THERMAL				50 000 55		57 000 63			
APPROXIMATE DEPTH OF WELL		24 28 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X					
APPROXIMATE DIAMETER OF WELL		6" NEAREST INCH		SOURCES OF DRILLING WATER		1. well			
METHOD OF DRILLING (circle one)		30		WRITE THE BOX NUMBER FROM THE MAP HERE		E 789			
BORED (or Augered) JETTED Jetted & DRIVEN		37		N 518		000 000			
AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)		other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION					
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		39		N		Victory LA.			
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				well 50		Roxburg rd			
<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 DEEPEN AN EXISTING WELL									
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)		41							
Not to be filled in by driller (MDE OR COUNTY USE ONLY)									
APPROP. PERMIT NUMBER		H02008G010							
PERMIT No.		HO-95-2080							
SPECIAL CONDITIONS		NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED							
		Wells within 100' Must Be Simultaneously Yield Tested							

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
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: Cottrell Overlook Lot #: 2 Well Tag #: HO-95-2080
Site Address: 14911 Victory Lane
Glenelg, MD 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1550E07-180</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>145</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 anastors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adaptor or other acceptable method <u>inside of well casing</u> <u>YES</u> <u>N/A</u>		

Piping to house
Type: 1" poly pipe

PSI: 16.6 (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 7-17-14

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

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 _____

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	2	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.

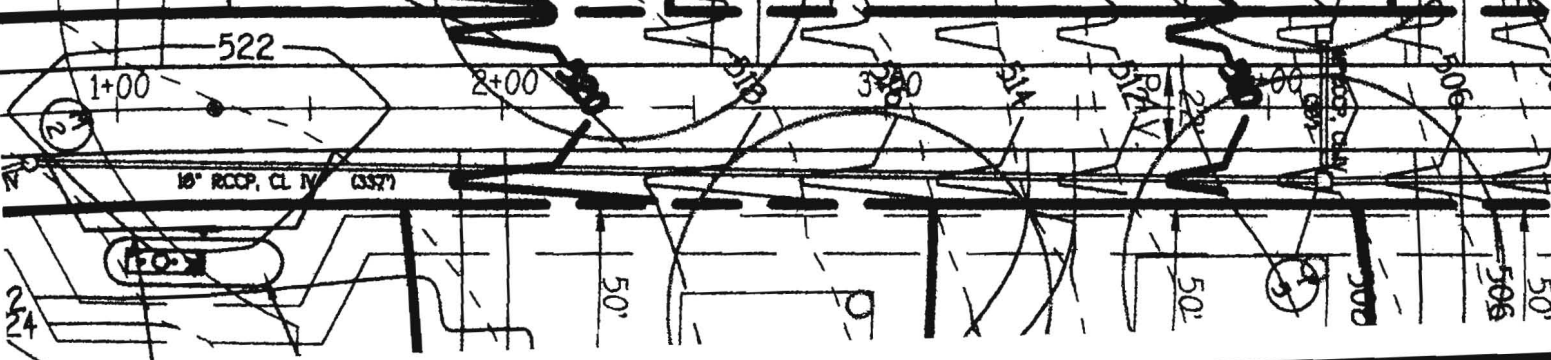
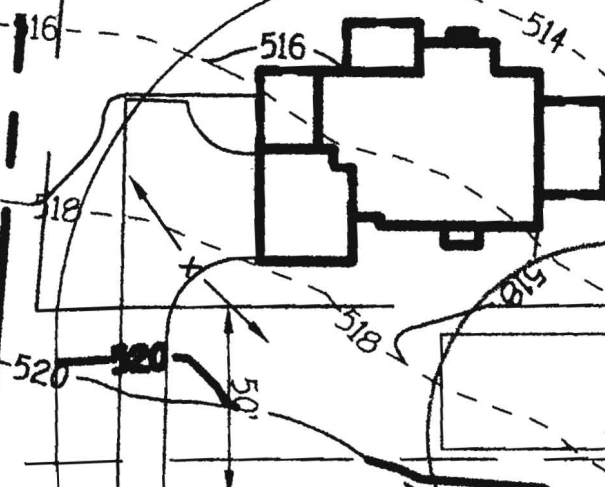
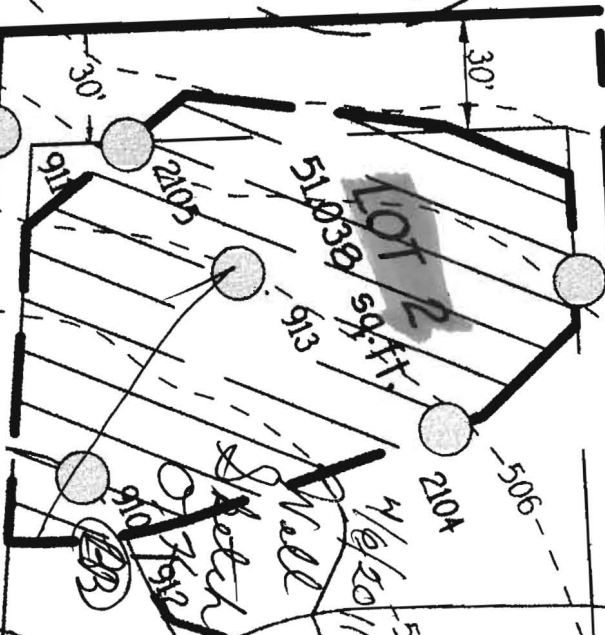
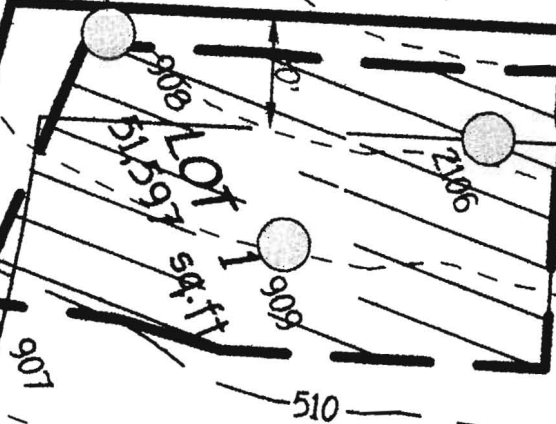
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

OWNER: HOA
EASEMENT HOLDERS: HOA, CO-OP
HOWARD COUNTY CONSERVANCY
**NON-BUILDABLE
PRESERVE
PARCEL C**
1.38 AC.*

EX. FOREST CONSERVATION
EASEMENT NO. 2
0.747 AC.*
(REFORESTATION)
F-08-199

PUBLIC DRAINAGE &
UTILITY EASEMENT





Bureau of Environmental Health

8930 Stanford Boulevard, 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 – February 21, 2015

August 21, 2014

Homeowner
14911 Victory Lane
Glenelg, MD 21737

RE: **Meriwether Farm, Lot 2**
14911 Victory Lane
Building Permit: B13004259
Well Permit: HO-95-2080

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 **8/21/2014**. Final approval of the well line connection to the dwelling was granted on **7/17/2014**. The well construction was completed on **6/24/2011**. Water samples were collected on **8/18/2014**.

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-95-2080. 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,

Jeff Williams
Program Supervisor
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 #: 95689 Account #: 1930
Reference: Toll Brothers Lot 2 Company: Fogle's Well Drilling
Location: 14911 Victory Lane Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 8/18/2014 1336 Site: Kitchen Sink
Date/Time Rec'd: 8/18/2014 1557 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.3
Collected By: J. Fogle 1974JF Well #: HO-95-2080

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/19/2014 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/19/2014 / 1030 / LLO
Turbidity	1.98	NTU	<10	SM18 2130B	8/19/2014 / 1145 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/19/2014 / 1145 / CRS
Nitrate	7.55	mg/L	10	601	8/19/2014 / 1045 / CRS

NOTES

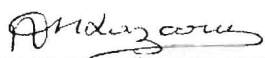
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested in lab, chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** B13004259Date Reported: 8/19/2014

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