c 1 6604	SEQUENCE NO: (DENV USE ONLY)	STATE OF MARYDAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE F IN COLS. 3-6 ON ALL CAR		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 522 987
ST/CO USE ONLY DATE Received	DATE WELL COMPLETE	22 / 9 5 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37
	tage Realty	E (And Development	1
STREET OR RED	last name po B	FARM SECTION 2 TE	CDOW MP
SUBDIVISIONWELL I		OLUTION.	LOT_F
Not required for STATE THE KIND OF	driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2
PENETRATED, THEIF	R COLOR, DEPTH,	TYPE OF GROUTING MATERIAL 44 44	PUMPING TEST
THICKNESS AND IF DESCRIPTION (Use		CEMENT C M BENTONITE CLAY B C	HOURS PUMPED (nearest hour)
additional sheets if needed)	FEET Check if water bearing	NO. OF BAGS NO. OF POUNDS	PUMPING RATE (gal. per min. 11/2 15
Top Soil	0 2	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
Sandy	2 6	from ft. to ft.	WATER LEVEL (distance from land surface)
MICKA	6 22	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 29
SANd Stone	22 250	casing CASING RECORD types	WHEN PUMPING 24
Sacra	25 90	insert appropriate SIEFI CONCRETE	TYPE OF PUMP USED (for test)
111001		code below PL OT	A air P piston T turbine
SAND STONE MICKA	90 95	PLASTIC OTHER	27 27 27 other
MICKA	55 145	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O (describe below)
		TYPE (nearest inch) (nearest foot)	J jet Ssubmersible
		60 61 63 64 66 70	27
		OTHER CASING (if used) diameter depth (feet)	DIA
		inch from to	PUMP INSTALLED
		s	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)
		Ř G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
		screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
		insert STEEL BRASS OFF	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
		code BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
		below PLASTIC OTHER	(to nearest gallon) 31 35
IN HARD ROCK AREAS, IDE	NTIEV SPECIFICALLY	C 2	PUMP HORSE POWER PUMP COLUMN LENGTH
WHERE SATURATED FRACT		DEPTH (nearest ft.)	(nearest ft.)
	ves de	F 1H 0 20 11 145	CASING HEIGHT (circle appropriate box and enter casing height)
WELL HYDROFRACTU	JRED YES N	C 8 9 11 15 17 21	LAND SURFACE
		S 23 24 26 30 32 36	below (nearest foot)
A WELL WAS ABAND	ONED AND SEALED	R 3	LOCATION OF WELL ON LOT
F ELECTRIC LOG OBTA		N 30 39 41 45 47 51	A SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
TEST WELL CONVER	RTED TO PRODUCTION	SLOT SIZE 123 (NEAREST	N LANDMARKS AND INDICATE NOT LESS
P WELL THEREBY CERTIFY THAT THIS WELL	L HAS BEEN CONSTRUCTED IN	OF SCREEN 1 INCH) 1NCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 26.0 AND IN CONFORMANCE WITH ALL	24.04 "WELL CONSTRUCTION" CONDITIONS STATED IN THE	GRAVEL PACK	ell ell
ABOVE CAPTIONED PERMIT, AND SENTED HEREIN IS ACCURATE AND MY KNOWLEDGE.	THAT THE INFORMATION PRE-	IF WELL DRILLED WAS FLOWING WELL INSERT	Bhop 40' 0)
W/ C/ 112		F IN BOX 68 68	list -
DRILLERS IDENT, NO.	Manne	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	35
DRILLERS SIGNATURE (MUST MATCH SIGNATURE	COMARDI ICATIONI	T (E.R.O.S.) W Q	
(MUST MAICH SIGNATURE	APPLICATION)	70 72 74 75 76	D OLIVE
SITE SUPERVISOR (sign. o	f driller or journeyman	TELESCOPE LOG OTHER DATA	Brog Link
responsible for sitework if o	imerent from permittee)	CASING INDICATOR	

B 1 DQQ / SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
1 2 3 (MDE USE ONLY)	APPLICATION FOR PL	ERMIT TO DRILL WELL	40-95-2085
Charles Land State State	57/67/ pleas	e type	70 fill in this form completely 79
Date Received (APA)	254550	B 3 1/	LOCATION OF WELL
OWNER INFO	RMATION	Howston	LOGATION OF WELL
8 MM DD YY 13	100 1	8 COUNTY	21
HERITAGE MEALTY & LI	and Develop	Meniwa	eTher FARM
15 Last Name Owner	First Name 34	23 SUBDIVISION	42
PO BOX 482		SECTION OF	LOT Z
36 Street or RFD	55	44 46	48 50
LISOON MD.	21765	DLENE	CG
A STATE OF THE STA	72 Zip 76	52 NEAREST TOWN	71
DRILLER INFORMATION	111	MILES FROM TOWN (enter	r 0 if in town) M 1
Driller's Name	M D // S 6 License No. 81	B 4	73 76 77 78
Uniter's Name	6 License No. 61	1 2	Mr Low . (such
Firm Name	~	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
12024 HAWL Al MA	A . MA 2001	N N	Norma
Address	77 lig " 1. 2171	NW 8 NE	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
MIS The	3/28/11	8-9 1 8-9	
Signature	Date	W TOWN E	WEST S EAST 37 SOUTH
B 2 WELL INFORMATION	5	8	DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE — (GAL. PER MIN.)	8 12	I S I S	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED	500	S _W S _E S _E	TAX MAP: 21 BLK: 16 PARCEL 28
(GAL PER DAY) 14	20	8	TAX IMAT BEX FARGEL
USE FOR WATER (CIRCLE AF	PPROPRIATE BOX)		BE FILLED IN BY DRILLER
DOMESTIC POTABLE SUPPLY & RESIDEN	NTIAL	HEALIF	I DEPARTMENT APPROVAL
IRRIGATION		Howard	(3) A522987
F FARMING (LIVESTOCK WATERING & AGR	ICULTURAL	COUNTY NAME	COUNTY NO.
- IARIGATION	100	STATE SIGNATURE	INSERT S →
II WOOSTIMAE, GOMINETIIGIAE, BEWATETIII	VG :	DATE ISSUED	- 92 1 11/L
P PUBLIC WATER SUPPLY WELL		43 MM DD YY 48	CO SIGNATURE DAP. DATE
T TEST, OBSERVATION, MONITORING		NORTH EIG	FAST 73 A
G GEO-THERMAL		GRID 50	0 0 GRID 90 0 0 55 63
		SHOW MAJOR FEATURES	OF OF
APPROXIMATE DEPTH OF WELL	O FEET	BOX & LOCATE WELL '_	(X')
24	28	WITH AN X	
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	SOURCES OF DRILLING V	VATER
	INCH	2.	
METHOD OF DRILLING	(circle one)	3.	
BORED (or Augered) JETTED	Jetted & DRIVEN		
	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	(An
37 CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	
other		200	791
REPLACEMENT OR DEEPE		E SUM	000
(CIRCLE APPROPRIATE		080 4	5/9
THIS WELL WILL BERLACE A WELL THAT		DRAW A SYSTOM BELOW	SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED	WILL DE	The state of the s	DWNS AND ROADS AND GIVE
S THIS WELL WILL REPLACE A WELL THAT		DISTANCE FROM WELL TO	O NEAREST ROAD JUNCTION
39 AS A STANDBY-CONTACT LOCAL APPROV	ING AUTHORITY		1 saull
D THIS WELL WILL DEEPEN AN EXISTING W	ELL	Victo	my 300 well
PERMIT NUMBER OF WELL TO BE REPLACED O	R DEEPENED	N LAN	IE I
(IF AVAILABLE) 41	52		
Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)		
APPROP. PERMIT NUMBER H D 20	08G010		
HA	95-2085		
PERMIT No. 70 71 7	- 95 - 2085 2 73 74 75 76 77 78 79		Rox Buny not
SPECIAL CONDITIONS	1. MOM LD	·C 11-	11/11/11/10
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEED IF MEEDED	IMIOU MUST D	esimultanoni	usly Yield Tested &

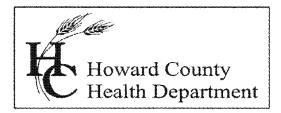
Page		of	
Date	July	X	204

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95- 2085 Location of property (road) Uictory	igne	
Subdivision Meziwethen FARM	Lot 7 Block	Plat Sec. 2 PHT
Well Driller RAGH MAYNE		Kealty a land Develop
Depth of well Distance of measuring point (M.P.) all Static water level (S.W.L.) below M.I	bove ground 2 fr	
I. High rate pumping reservoir drawdown		
Time pump started 9:00	Pumping rate _	10 61m
Total time 15 m in to reach pumping	water level 26	ft. below M.P.

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RAT time to fil gallon buck	115	FLOW METER READING (if used)	(gallons minute)	per
9:00	24 Ft.	6	Sec		10	GAM
				Jest Stantell		
9:15	26 A	6	Sec		10	GPM
9:30	26 A	6	500		10	SPM
9145	26 A	6	Sec		10	GPM
10:00	26 U	6	и		10	16
10:15	26 11	6	(1		10	11
10:30	26 11	6	4)		10	II.
10145	26 A	6	Sec		10	GPM
11:00	26 pt	6	See		10	GPM
11:15	26 A	6	See		10	GPM
11:36	26 11	6	u		10	11
11:45	24 11	6	и		16	11
12:00	26 Ff	B	Sec		10	GM
12:15	26 A	6	Seu		10	6PM
					*	



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 - JANUARY 30, 2016

July 30, 2015

Homeowner 14926 Victory Lane Glenelg, MD 21737

RE:

Meriwether Farm, Lot 7

14926 Victory Lane

Building Permit: B14004397 Well Permit: HO-95-2085

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 7/21/2015. Final approval of the well line connection to the dwelling was granted on 4/30/2015. The well construction was completed on 7/8/2011. Water samples were collected on 7/16/2015.

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-95-2085. 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, K. m. Was

Kevin M. Wolf, LEHS, Supervisor Groundwater Management Section Well & Septic Program

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

HOWARD COUNTY BEALTH 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 requesing 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 (NPC, as amended locally) and COMAR 26.84.94 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.	
Company Name: FOLIES INCH DY HIM Lielephone # 410-795-5670 Address: PO BOX 202 Live Discourse, MD 21797	·
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pomp Installer Licenses #and name of individual responsible for the field installation:	
Name (Print): 1000 C License# W5D276 =A licensed individual must perform the actual installation. Apprentices must be under the supervision of a	" •
ficensed 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: TO Brothers Telephone # 410 - 464 - 7408 Subdivision: CONTON LOVE Lot# 7 Well Tag # BO - 75 - 2005 Site Address: 1492 to VICTON LOVE	
Submersible Pump Data Make: CoynolX Well Cap and Electric Conduit Make: CoynolX Two piece waterfulth cap: NS Pump Capacity GPM Depth: 3to "(36" min) Cap secured to casing: NS	
Well Yield: O GPM NSF/WSC approved: Conduit min 18" B.Q.: Depth of well cacountered at time of pump installation: 145 (feet) Conduit seconed to well cap: 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 brass rope adapter or other acceptable method inside of well casing ///	
Proving to house Type:	
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 of sponsible for installation date	
For Health Department Use Only—Not to be completed by Installer	
Date Irsp. Requested: 4/30/15 Date Irsp. Approved: 4/30/15 Inspector. SC Inspection Data: Filless adapter waterlight & water supply line at least 36" below grade	

Two piece cap installed and attached to casing securely

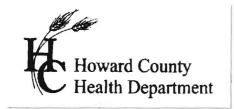
Water supply line sleeved adequately at house connection

Safety rope not outside of well capleasing

"Adequate grout observed below pitless adapter

Elec. conduit extends at least 12" below grade/attached to cap properly

Correct well tag attached properly and casing 3" above finished grade



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

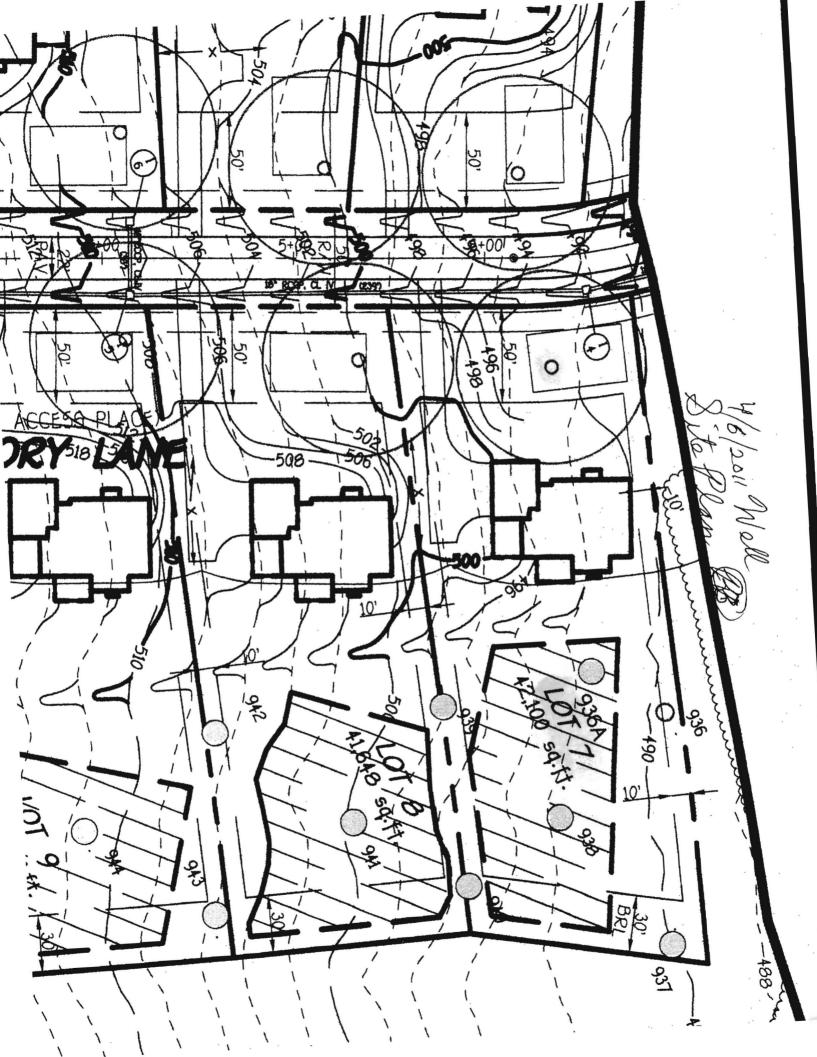
Peter L. Bielenson, M.D., M.P.H., Health Officer

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:				
Meriwe	ther Farm, Sec. II, Ph. 1	7	Victory Lane		
Subdivision	on/Property Name	Lot #	Road Name		
X	The well site has been stake (professional land surveyor or con03/21/11	company employ	ner, Collins & Carter, Inc. ring professional land surveyors) does not require a site inspection.		
		·	er will call the Health Department verify the proposed well site		
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



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 #:

101960

Account #:

Reference:

Toll Brothers Lot 7

Company:

Fogle's Well Drilling

Location:

14926 Victory Lane

Requested By: Dave Fogle

Glenelg, MD 21737

Source:

Well Water

Date/ Time Collected: 7/16/2015

1012 Site:

Date/Time Rec'd:

7/16/2015

1337

Pressure Tank None

Total: ND

Treatment:

6.1

Chlorine ppm: Collected By:

Free: ND J. Fogle

1974JF

pH: Well #:

HO-95-2085

PARAMETERS	RE	SULTS	UNITS	REFERENC	E METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<	1.0	MPN/ 100	ml <1.0	SM18 9223	7/17/2015 / 1000 / CCH
Bacteria, E. coli, MPN	<	1.0	MPN/ 100	ml <1.0	SM18 9223	7/17/2015 / 1000 / CCH
Nitrate	/ 6	.01	mg/L	10	601	7/17/2015 / 1000 / CRS
Turbidity	; 1	.38	NTU	<10	SM18 2130B	7/17/2015 / 1050 / CRS
Sand	N	IS	mg/L	5	Visual/Gravin	metric 7/17/2015 / 1050 / CRS

NOTES

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

Reason for Test:

Use & Occupancy

Building Permit#:

B14004397

Date Reported:

7/17/2015

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/15. BUILDABLE BULK "PARCEL E" Public Forest Conservation LEGEND: W WELL LOCATION Easement No. LIMITS OF DISTURBANCE -LOD-TOP OF WALL GARAGE FLOOR GF 30°40'26" BASEMENT FLOOR 350.52 BUILDING RESTRICTION LINE BUILDABLE 329.05 W 73.40'17" W - 10. BKL E.BULK VICTOR 0 00 ANE (DEINEMAN IS CHOSS SLOPED) WELL TAG NUMBER: HO-95-2085 BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN 14926 VICTORY LANE GLENELG, MD 21737 HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.



HOUSE OPTIONS:

TYPE: CHELSEA (CAROLINA)
THREE CAR SIDE ENTRY GARAGE
WALK-OUT BASEMENT
ADD'L 1' TO HEIGHT OF BASEMENT FOUNDATION
SOLARIUM ADDITION
GRAND MULTI-GENERATIONAL SUITE ADDITION
BRICK TO GRADE SIDES AND BACK OF HOME

OPTION No. 001 OPTION No. 017 OPTION No. 070 OPTION No. 501 OPTION No. 263075

OPTION No. 90007010

PLOT PLAN LOT 7 MERIWETHER FARMS

LIBER 13779, FOLIO 473
PLAT NO. 21751
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



Land Planning Engineering Land Surveying ESE Consultants, Inc. 7164 Columbia Gateway Dr. Columbia, MD 21046 Tel: 410-872-9105 Fax: 410-872-4870

DATE: 10/14/14 CHK'D: M.J.B. SCALE: 1"=40' JOB NO: 3184 FILE: PP LOT 7_rev1 DRAWN: R.C.K