

C16625

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 Received071311

DATE WELL COMPLETED062411

Depth of Well
2216526
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-95-2079

OWNERHeritage Realty & Land Development

STREET OR RFDlast namePO Box 482first nameTOWNLisbon MD

SUBDIVISIONMeriwether FarmSECTION2142LOTI

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 Soil02

Sandy225

Sand Stone2530

MICKA3040

Sand Stone4045

MICKA45165

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. to33ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEELSTCONCRETECO
PLASTICPLOTHERO
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)
Total depth of main casing (nearest foot)
YL635

OTHER CASING (if used)
diameter inchdepth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
STEELSTBRONZEBRPLASTICPLOTHERO
DEPTH (nearest ft.)
14033165

C3

PUMPING TEST
HOURS PUMPED (nearest hour)3
PUMPING RATE (gal. per min. to nearest gal.)8
METHOD USED TO MEASURE PUMPING RATEBucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING43
WHEN PUMPING53
TYPE OF PUMP USED (for test)
AairPpistonTturbine
CcentrifugalRrotaryOother (describe below)
JjetSsubmersible

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)
+ above
- below
LAND SURFACE (nearest foot)2

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)
well 20' Prop Line

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 117

DRILLERS SIGNATURE

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

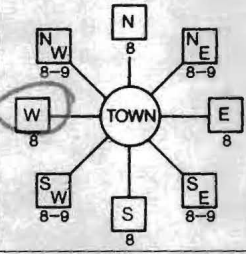
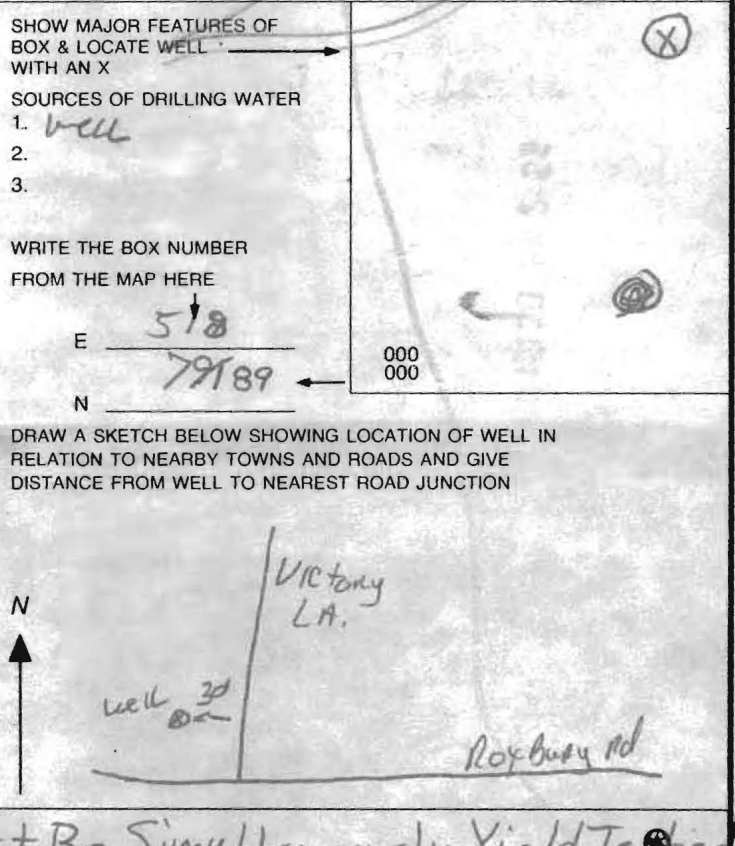
C2

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
TELESCOPE CASING
LOG INDICATOR
OTHER DATA

DRILLER'S SIGNATURE

SITE SUPERVISOR SIGNATURE

B 1 1 2 3 6 0900	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 534536 please type	STATE PERMIT NUMBER HO-95-2079 70 fill in this form completely 79
Date Received (APA) 03 30 11 8 MM DD YY 13 Heritage Realty and Develop 15 Last Name Owner First Name 34 P.O. Box 482 36 Street or RFD 55 Lisbon MD. 21765 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 Marlweather Farm 23 SUBDIVISION 42 SECTION 2nd LOT I 44 46 48 50 GLENELE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78	
DRILLER INFORMATION Ralph E. Mayne M S D 112 Driller's Name 76 License No. 81 Ralph E. Mayne Inc Firm Name 17024 Hardy Rd. Mt Airy MD 21771 Address RLE Mayne 3/28/11 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Victory Lane 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 16 PARCEL: 28	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A522987 COUNTY NAME COUNTY NO STATE SIGNATURE INSERT S 41 DATE ISSUED 4/6/2010 Brian Baker 4/6/2011 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 518 000 EAST GRID 789 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		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 518 N 789 000 000	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H02008G010 PERMIT No. HO-95-2079 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Wells Within 100' Must Be Simultaneously Yield Tested			

Well Permit No. HO - 95-2079
Location of property (road) VICTORY CANE
Subdivision Menwehner Farm Lot I Block Plat Sec. 2 P111
Well Driller Ralph MAYNE Owner Heritage Realty & Land Develop

Distance of measuring point (M.P.) above ground 20

Static water level (S.W.L.) below M.P. 43 ft

Time pump started 6:00 Pumping rate 10 Gpm
Total time 15 min to reach pumping water level 58 ft. below M.P.

[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: P.O. 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: Tall Brothers Telephone #: _____
Subdivision: Catonsville Lot #: 1 Well Tag #: HO-95-2079
Site Address: 14909 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>155GE07-180</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>8</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>16.5</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>		

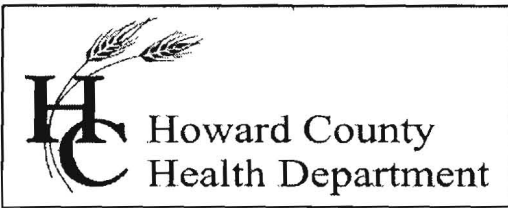
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200 (160 psi min)</u>	Length of sleeve (5" minimum from foundation): <u>6</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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: 4-29-15

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

Date Insp. Requested: _____	Date Insp. Approved: <u>4/29/15</u>	Inspector: <u>BB</u>
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade <u>✓</u>		
Two piece cap installed and attached to casing securely <u>✓</u>		
Elec. conduit extends at least 18" below grade/attached to cap properly <u>✓</u>		
Safety rope not outside of well cap/casing <u>✓</u>		
Correct well tag attached properly and casing 8" above finished grade <u>✓</u>		
Water supply line sleeved adequately at house connection <u>✓</u>		
Adequate grout observed below pitless adapter <u>✓</u>		



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 9, 2016

July 9, 2015

Homeowner
14905 Victory Lane
Glenelg, MD 21737

RE: Meriwether Farm, Lot 1
14905 Victory Lane
Building Permit: B14004395
Well Permit: HO-95-2079

Dear Homeowner:

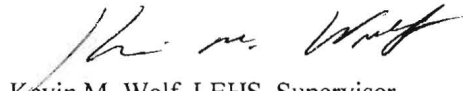
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/9/2015**. Final approval of the well line connection to the dwelling was granted on **4/29/2015**. The well construction was completed on **6/24/2011**. Water samples were collected on **6/16/2015 & 6/25/2015**.

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-95-2079. 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.**

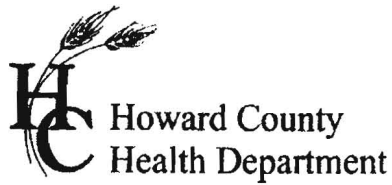
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over the printed name.

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

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



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:

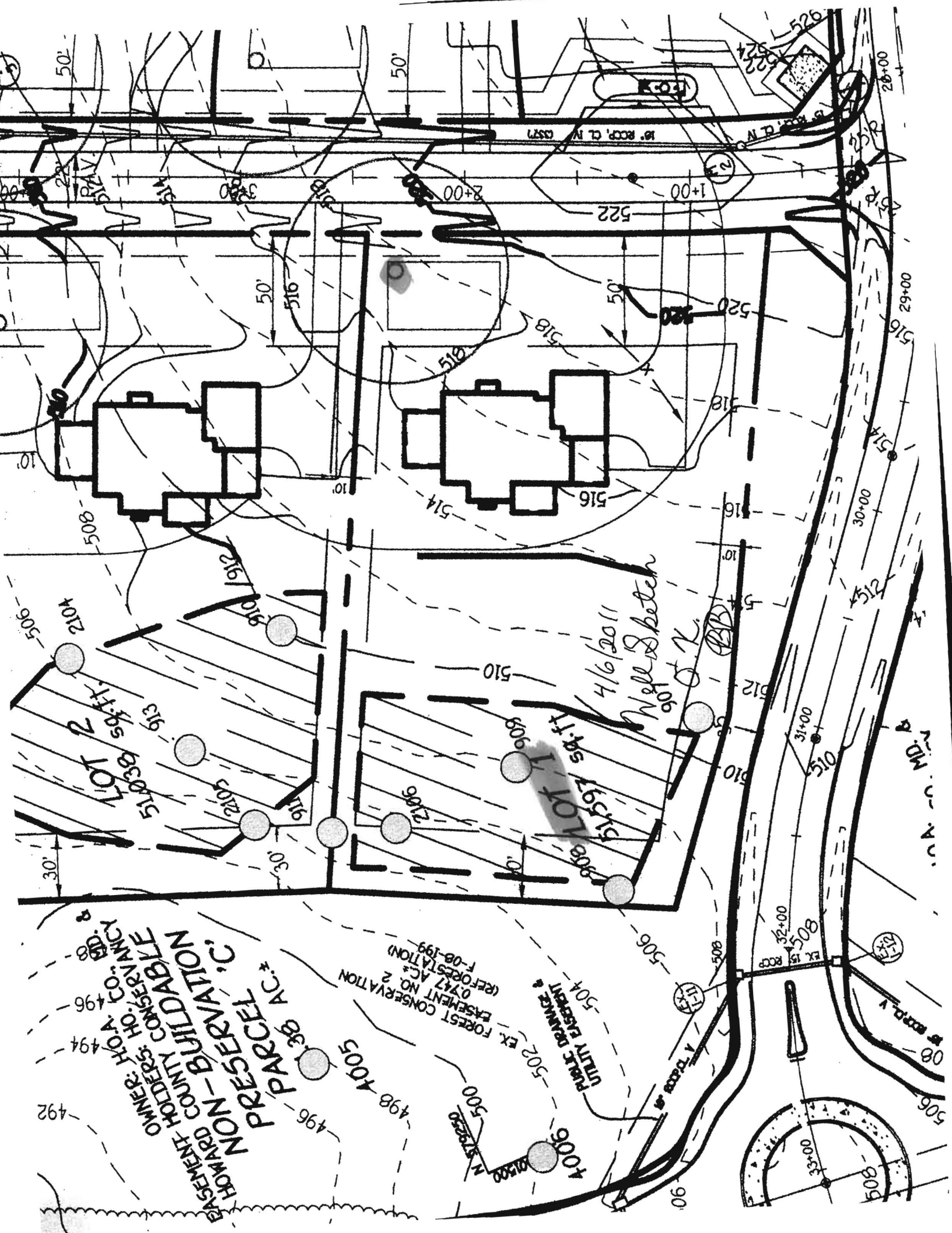
Meriwether Farm, Sec. II, Ph. 1	1	Victory Lane
Subdivision/Property Name	Lot #	Road Name

☒ 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



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 #: 101321 Account #: 1930
Reference: Toll Brothers Lot 1 Company: Fogle's Well Drilling
Location: 14905 Victory Lane Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 6/16/2015 1248 Site: Pressure Tank
Date/Time Rec'd: 6/16/2015 1552 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Fogle 1974JF Well #: HO-95-2079

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	6/17/2015 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/17/2015 / 1030 / LLO
Nitrate	8.55	mg/L	10	601	6/16/2015 / 1630 / CRS
Turbidity	0.75	NTU	<10	SM18 2130B	6/16/2015 / 1645 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	6/16/2015 / 1645 / 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 # :** B14004395Date Reported: 6/17/2015

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 #: 101588 Account #: 1930
Reference: Toll Brothers Lot 1 Company: Fogle's Well Drilling
Location: 14905 Victory Lane Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 6/25/2015 1355 Site: Laundry Room Sink
Date/Time Rec'd: 6/25/2015 1555 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: J. Fogle 1974JF Well #: HO-95-2079

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/26/2015 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/26/2015 / 1030 / CCH

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested in lab, chlorine level tested on site

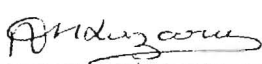
Reason for Test : Use & Occupancy**Building Permit # :** B14004395Date Reported: 6/26/2015

PERMIT NUMBER: HO2008G010 (01)
PAGE NUMBER THREE

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