

C 1 6608

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 522 987

ST/CO USE ONLY DATE Received

071311

DATE WELL COMPLETED

062811

Depth of Well

22 185 26 (TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

140-95-2081

OWNER Heritage Realty & Land Develop last name first name TOWN Lis Bow MD SUBDIVISION Meriwether Farm SECTION 2 P I LOT 3

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy Sand Stone, MICKA, Sand Stone MICKA, Sand Stone MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 1500

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 36

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO PL OT

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

WELL HYDROFRACTURED

yes Y no N

- 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"

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)

DEPTH (nearest ft.) table with columns 1-21 and rows 1-3. Values include 140, 34, 185.

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

C 3

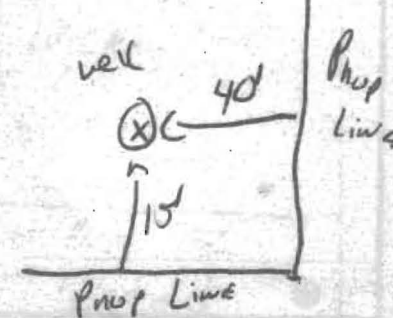
PUMPING TEST

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 25 WHEN PUMPING 34 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or 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 (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

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 0902
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2081
70 fill in this form completely 79

534536 please type

Date Received (APA)

03 31 11
8 MM DD YY 13

OWNER INFORMATION

Heritage Realty & Land Develop
15 Last Name Owner First Name 34

PO Box 482
36 Street or RFD 55

Lisbon MD 21765
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

Meriwether Farm
23 SUBDIVISION 42

SECTION 25 LOT 3
44 46 48 50

GLENELA
52 NEAREST TOWN 71

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

DRILLER INFORMATION

Ralph E. Mayne M S D 117
76 Driller's Name License No. 81

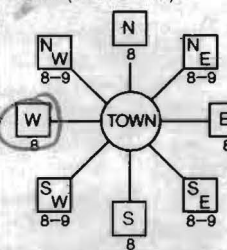
Ralph E. Mayne Inc
Firm Name

17024 Hardy Rd. Mt. Airy MD 21771
Address

Ralph E. 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)

3440 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 16 PARCEL 28

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

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

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
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 519 0 0 0 EAST GRID 790 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 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)

APPROX. PERMIT NUMBER H02008G010

PERMIT No. HO-95-2081
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well

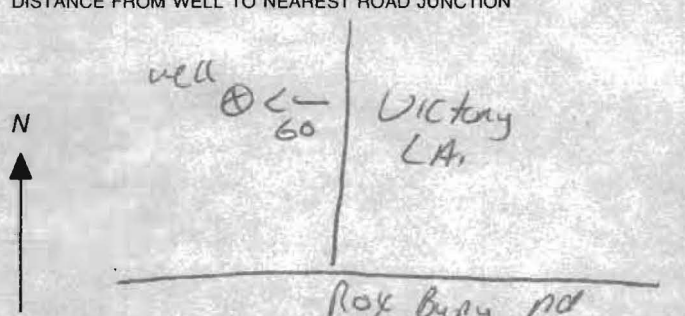
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790

N 519

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
Well Within 100' Must Be Simultaneously Yield Tested

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2081
 Location of property (road) Victory Lane
 Subdivision Meriwether Farm Lot 3 Block _____ Plat _____ Sec. 2nd I
 Well Driller Ralph Mayne Owner Heritage Realty Land Develop

Depth of well 185
 Distance of measuring point (M.P.) above ground 2nd
 Static water level (S.W.L.) below M.P. 25th

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 34 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	25 ft	6 Sec		10 GPM
			Test Started	
7:15	34 ft	6 Sec		10 GPM
7:30	34 ft	6 Sec		10 GPM
7:45	34 ft	6 Sec		10 GPM
8:00	34 "	6 "	OK	10 "
8:15	34 "	6 "		10 "
8:30	34 "	6 "		10 "
8:45	34 ft	6 Sec		10 GPM
9:00	34 ft	6 Sec		10 GPM
9:15	34 ft	6 Sec		10 GPM
9:30	34 "	6 "		10 "
9:45	34 "	6 "		10 "
10:00	34 ft	6 Sec		10 GPM
10:15	34 ft	6 Sec		10 GPM
10:30				

**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 Telephone #: 410-795-5670
Address: PO Box 2021
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# MSD226

*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 #: _____
Subdivision: Cattail Overlook Lot #: 3 Well Tag #: HO-95-2061
Site Address: 1917 Victory Lane
Glenely, 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>1550F07-180</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>10</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>

Depth of well encountered at time of pump installation: 145 (feet)
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 adapter or other acceptable method inside of well casing N/A

<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</u> (160 psi min)	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>

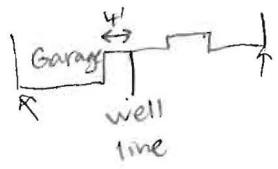
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David Fogle date: 10/21/2015

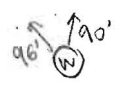
For Health Department Use Only -- Not to be completed by Installer

Date Insp. Requested: 10/22/15 Date Insp. Approved: 10/22/15 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



48" below pitless

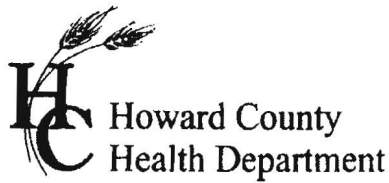


4/6/2011

Well Sketch

Seems O.K. BB





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. Bielson, 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:

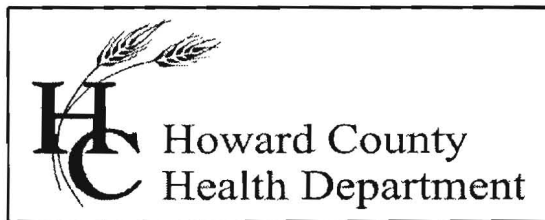
Well Site Location:

<u>Meriwether Farm, Sec. II, Ph. 1</u>	<u>3</u>	<u>Victory Lane</u>
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



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 9, 2016

February 9, 2016

Homeowner
14917 Victory Lane
Glenelg, MD 21737

**RE: Meriwether Farm, Lot 3
14917 Victory Lane
Building Permit: B15001711
Well Permit: HO-95-2081**

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 **11/18/2015**. Final approval of the well line connection to the dwelling was granted on **10/22/2015**. The well construction was completed on **6/28/2011**. Water samples were collected on **1/8/2016 & 1/20/2016**.

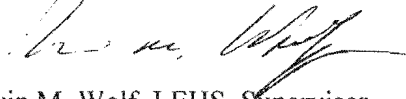
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2081. 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>

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,



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

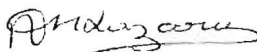
cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

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

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 #: 105082 Account #: 1930
Reference: Fogle's Well Drilling Company: Fogle's Well Drilling
Location: 14917 Victory Lane Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water ✓
Date/ Time Collected: 1/8/2016 1447 Site: Pressure Tank ✓
Date/Time Rec'd: 1/8/2016 1525 Treatment: None ✓
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: J. Fogle 1974JF Well #: HO-95-2081 -

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/9/2016 / 1030 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/9/2016 / 1030 / BCD
Nitrate	6.64	mg/L	10	601	1/8/2016 / 1615 / CRS
Turbidity	2.66	NTU	<10	SM18 2130B	1/8/2016 / 1640 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/8/2016 / 1640 / CRS

OK

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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : 15001711

Date Reported: 1/11/2016

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 #: 92783 Account #: 1930
Reference: Toll Brothers Lot 26 Company: Fogle's Well Drilling
Location: 14917 Meriwether Drive Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 1/20/2014 1202 Site: R/O Tap
Date/Time Rec'd: 1/20/2014 1545 Treatment: Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 5.3
Collected By: J. Fogle 1974JF Well #: HO-95-2164

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	1/20/2014 / 1640 / BCD

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 # : B13002341

Date Reported: 1/21/2014