

C 1 34891

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER

PERMIT NO. FROM "PERMIT TO DRILL WELL"

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

OWNER

WELL SITE ADDRESS

SUBDIVISION

SECTION

LOT

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

check if water bearing

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL

PUMPING TEST

HOURS PUMPED

PUMPING RATE

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED

PLACE

CAPACITY

GALLONS PER MINUTE

PUMP HORSE POWER

PUMP COLUMN LENGTH

CASING HEIGHT

LAND SURFACE

LATITUDE

LONGITUDE

(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1 38226

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-15-0162
fill in this form completely

please type

Date Received (APA)

09 28 15
8 MM DD YY 13

OWNER INFORMATION

Williamsburg Homes
15 Last Name Owner First Name 34
5485 Harpers Farm
36 Street or RFD 55
Columbia, Md 21044
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Allen Compton M S D 009
76 Driller's Name License No. 81
Fogles Well Drilling, LLC
Firm Name
P.O. Box 202 Woodbine Md 20797
Address
Allen Compton 9-23-15
Signature Date

B 3

LOCATION OF WELL

Howard
8 COUNTY 21
Westwood Farm Estates
23 SUBDIVISION 42
SECTION 44 46 LOT 7 48 50
Frederick
52 NEAREST TOWN 71

B 4

SOURCES OF DRILLING WATER

- 1.
- 2.
- 3.

Lime Kiln Rd
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
375
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 45 BLK: 5 PARCEL 28



B 2

WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.) 5 8 12AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 14 500 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
☐ OPEN LOOP GEOTHERMAL
☐ CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13)
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 12/30/15
43 MM DD YY 48 CO SIGNATURE EXP. DATE 12/30/16

APPROXIMATE DEPTH OF WELL 300 FEET
24 28APPROXIMATE DIAMETER OF WELL 6 INCH
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 DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 ☐ 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 DEEPMEN 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

G
PERMIT No. 40-15-0162
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

Must use steel casing, Minimum Depth 50' or 10' into B.rock.

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

© COUNTY

[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, Finess Adapter, and Safety Fencing

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 Pump & Water Treatment, LLC
Address: 580 Obrecht Rd.
Sykesville, MD 21784
Telephone #: 410 795 5670

(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: Williamsburg Homes Telephone #: _____
Subdivision: Westland Farms Lot #: 7 Well Tag #: HO-15-01162
Site Address: 12538 Westland Ct
Fulton, MD 20759

<u>Submersible Pump Data</u>	<u>Finess Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Camphill</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1556E07-180</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>20' (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>9.5</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 1" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>200' (60')</u>		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4		
Torque wrenches, Cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to mess rope adapter or other acceptable method inside of well casing: <u>N/A</u>		

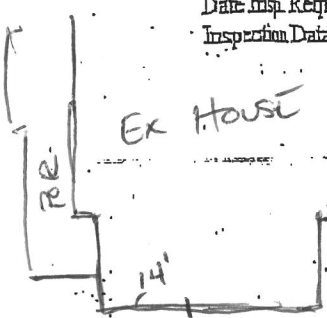
<u>Finess to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200 (150 psi min)</u>	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>YES</u>

The water supply line is required to be at least 12 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 C Fogle Date: 9/16/19

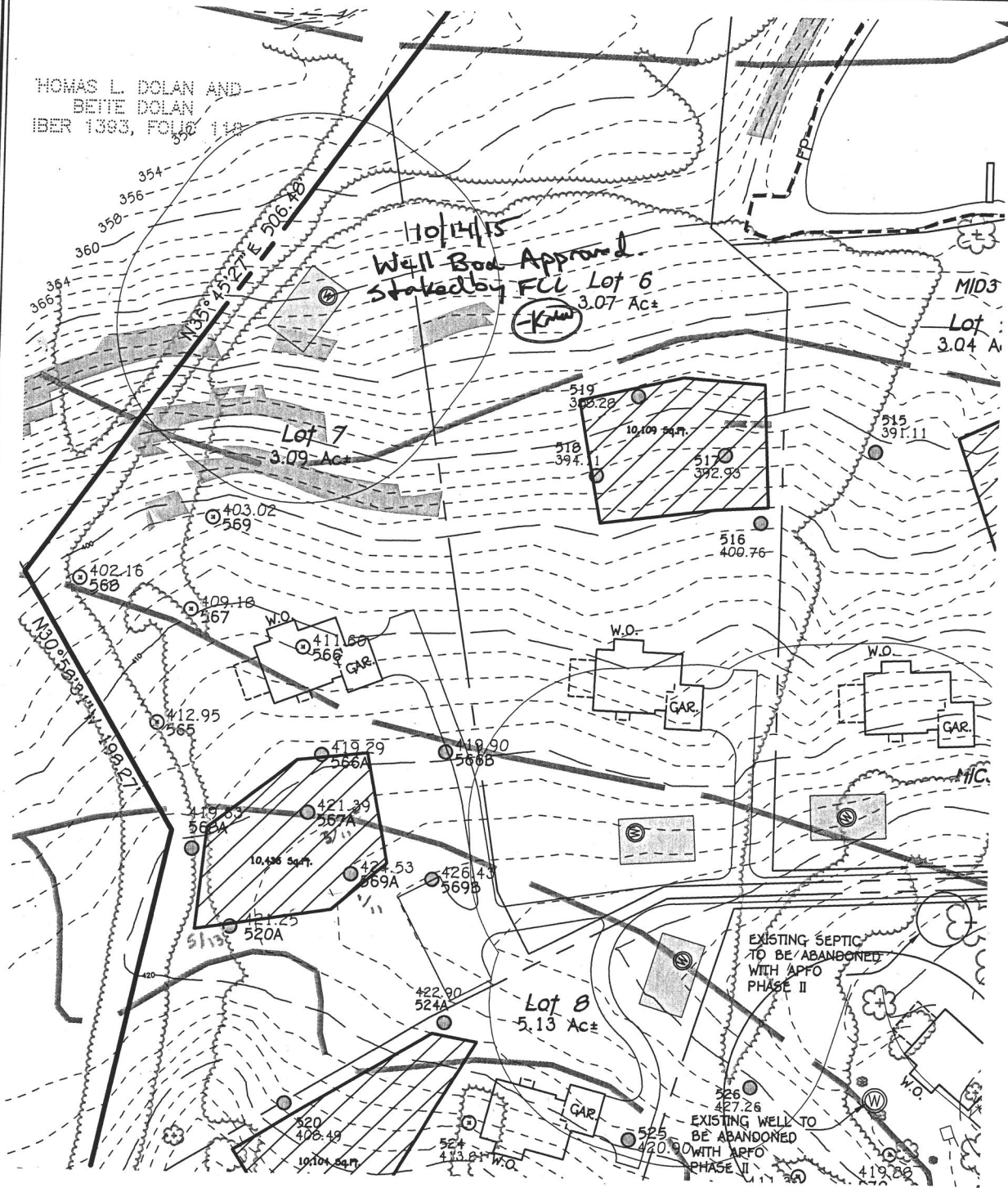
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 09/16/2019 Date Insp. Approved: 09/16/2019 Inspector: [Signature]
Inspection Data: Finess adapter watertight & water supply line at least 36" below grade 36" 09/16/2019 [Signature]
Two piece cap installed and attached to casing securely 32" 09/16/2019 [Signature]
Elec. conduit extends at least 18" below grade/attached to cap properly 29" 09/16/2019 [Signature]
Safety rope not outside of well cap/casing 9" 09/16/2019 [Signature]
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below finess adapter



I:\2005\05062\dwg\05062-3001 Revised Perc Cert 12-15-14.dwg, 10/8/2015 1:46:26 PM, 1:1

TOMAS L. DOLAN AND
BETIE DOLAN
BER 1393, FOLIO 114



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS
CENTENNIAL SQUARE OFFICE PARK
ELLICOTT CITY
(410)

LOT 7
WESTLAND FARM ESTATES
APFO DEVELOPMENT PHASE 2
THRU 14

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-15-0162

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND. 21230

DEO PARCEL: 28
HOWARD COUNTY, MARYLAND
DATE: OCTOBER 8, 2015

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 4, 2020

February 4, 2020

Homeowner
12538 Westland Court
Fulton, MD 20759

**RE: Westland Farm Est., Lot 7
12538 Westland Court
Building Permit: B18003546
Well Permit: HO-15-0162**

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 **1/29/2020**. Final approval of the well line connection to the dwelling was granted on **9/16/2019**. The well construction was completed on **4/22/2016**. Water samples were collected on **1/13/2020**.

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-15-0162. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

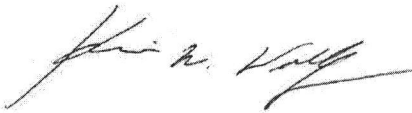
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
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 #: 135082 Account #: 4470
Reference: Westland Farm Estates Lot 7 Company: Williamsburg Homes LLC
Location: 12538 Westland Court Requested By: Bill McBride
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 1/13/2020 1200 Site: Tap after Constant Pressure Tank
Date/Time Rec'd: 1/13/2020 1443 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: J. Yeager 0819JY Well #: HO-15-0162

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/14/2020 / 0930 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/14/2020 / 0930 / RER
Nitrate	1.72	mg/L	10	601	1/14/2020 / 0845 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	1/14/2020 / 0930 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/14/2020 / 0930 / 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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 18003546

Date Reported: 1/14/2020

4/25/16
5' of casing added to well
at lot 7
-SC

