

C1 7182 SEQUENCE NO. (MDE 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 1522570

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 01 30 09

Depth of Well 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-95-1700

OWNER Heritage Double Bridges Ct TOWN Clarksburg

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED

PUMPING TEST

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandly MICKA, Flint Rock MICKA, Flint Rock MICKA.

TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC]

HOURS PUMPED (nearest hour) 3

CASING RECORD MAIN CASING TYPE PL

BEFORE PUMPING 40 ft. WHEN PUMPING 50 ft.

OTHER CASING (if used) PL 4 5 80

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO

SCREEN RECORD screen type or open hole [ST] [BR] [HO]

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.) 170 20 160

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

WELL HYDROFRACTURED [Y] [N]

SLOT SIZE 1 1/10 2 3

PUMP COLUMN LENGTH (nearest ft.) 43 47

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED

DIAMETER OF SCREEN 4 (NEAREST INCH)

CASING HEIGHT (circle appropriate box and enter casing height)

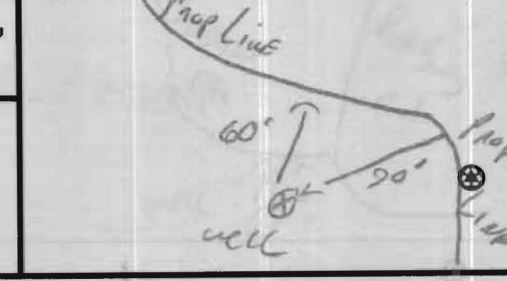
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS

DRILLERS LIC. NO. M SD 412

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)



DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

TELESCOPE CASING LOG INDICATOR OTHER DATA

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

B 1 0841

SEQUENCE NO. (MDE USE ONLY)

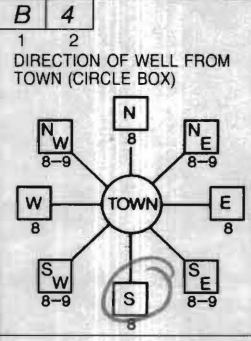
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 529593 please type

STATE PERMIT NUMBER HD-95-1700 fill in this form completely

Date Received (APA) 8 MM DD YY 13 OWNER INFORMATION Heritages Realty 15 Last Name Owner First Name 34 36 1550 W. AVE Street or RFD 55 57 Town 70 State 72 Zip 76 LISBOW MD. 21265

B 3 LOCATION OF WELL 8 COUNTY Howard 21 MEAD WETHER FARM 23 SUBDIVISION SECTION 1 LOT 12 44 46 48 50 52 NEAREST TOWN GLEADOWOOD 71 MILES FROM TOWN (enter 0 if in town) 4 M 1 73 76 77 78

DRILLER INFORMATION DRILLER'S NAME RALPH E MAYNE MS D 117 76 License No. 81 FIRM NAME RALPH E MAYNE INC Address 17024 Handy Rd Mt Airy MD. 21771 Address 726 S Myrtle 9/30/08 Signature Date



B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 11 NEAR WHAT ROAD Double Bridges Ct 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N 32 E WEST S EAST SOUTH 34 45 37 DISTANCE FROM ROAD 44 ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 21 PARCEL 24

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. 8 500 12 AVERAGE DAILY QUANTITY NEEDED 14 GAL. PER DAY 20

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

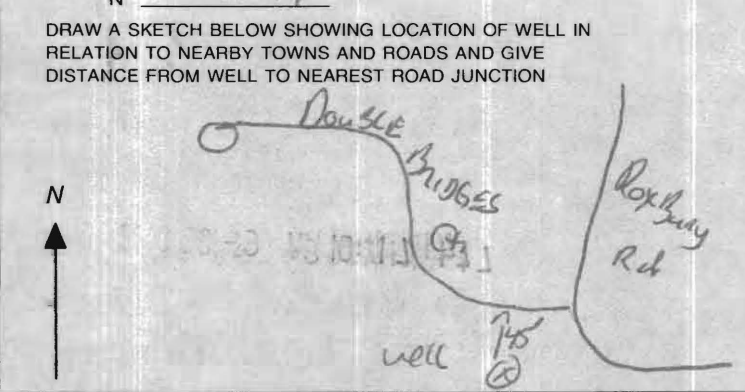
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A522-520 STATE SIGNATURE DATE ISSUED 10/30/08 CO SIGNATURE EXP. DATE 10/30/09 43 MM DD YY 48 NORTH GRID 519 000 EAST GRID 787 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 24 28 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 787 87 N 520 19 000 000

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) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM 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 EX-HO G PERMIT No. HD-95-1700 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

**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 #: 443-609-4195
Address: P.O. 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): Allen Compton License# MSD 009

***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: Stewart Kret Telephone #: 410-312-5160
Subdivision: Meriwether Farm Lot #: 12 Well Tag #: HO-95-1700 ✓
Site Address: 15005 Double Bridges
Glenn, Md. 21737

Submersible Pump Data

Make: Grundfos
Model #: 1550907-18
Pump Capacity 15 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 36" (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes

Depth of well encountered at time of pump installation: 160 (feet) Conduit secured to well cap: yes

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 inside of well casing N/A

Piping to house

Type: 1" Black plastic
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

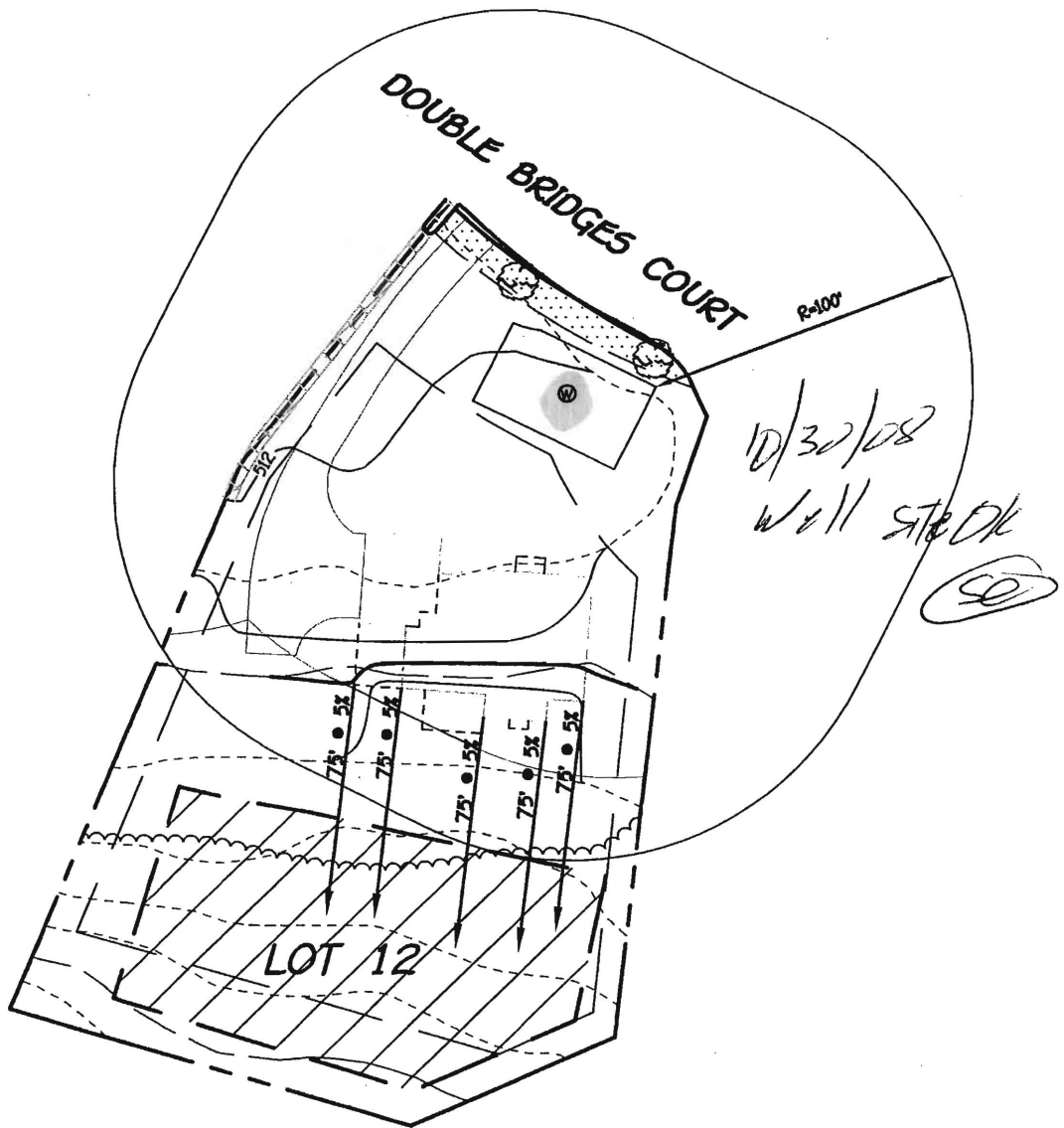
PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 5'
Sleeve sealed properly: yes

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: Allen Compton date: 2-16-12

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

Date Insp. Requested: _____ Date Insp. Approved: 2-21-12 Inspector: [Signature]
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 ✓



**MERIWETHER FARM
SECTION ONE**

WELL LOCATION PLAN
LOT 12
ZONED RC-DEO
TAX MAP No. 21 GRID No.14, 15, 20 & 21
PARCEL No. 24
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=60' DATE: OCT. 6, 2008

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 18272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2255



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:

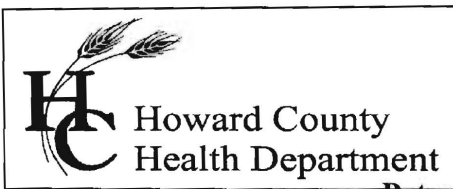
Well Site Location:

<u>Meriwether, Section 1</u>	<u>12</u>	<u>Double Bridges Court</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 Oct. 7 & 8, 2008 (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



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive 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. Beilenson, M.D., M.P.H., Health Officer

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES

Expiration Date – December 5, 2012

June 5, 2012

Homeowner
15005 Double Bridges Court
Glenelg, Maryland 21737

RE: Meriwether Section I, Lot #12
15005 Double Bridges Court
Building Permit: B11003417
Well Permit: HO-95-1700

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 **2/1/2012**. Final approval of the well line connection to the dwelling was granted on **2/21/2012**. The well construction was completed on **01/30/2009**. Water samples were collected on **05/22/2012**.

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.

The untreated water sample collected on **05/09/2012** indicated a nitrate level of **16.1 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **05/22/2012** and indicated a nitrate level of **1.47 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-1700. 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 quality 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,



Dana Bernard, REHS/RS
Environmental Sanitarian
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 #: 84317 Account #: 1930
Reference: Stewart Kret Homes Lot 12 Company: Fogle's Well Drilling
Location: 15005 Double Bridges Court Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 5/9/2012 1445 Site: Kitchen Sink Tap
Date/Time Rec'd: 5/9/2012 1545 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: J. Fogle 1974JF Well #: HO-95-1700

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/10/2012 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/10/2012 / 1030 / CCH
Nitrate	16.1	mg/L	10	601	5/9/2012 / 1600 / BCD
Turbidity	0.39	NTU	<10	SM18 2130B	5/9/2012 / 1600 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	5/9/2012 / 1600 / BCD

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 & Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B11003417

Date Reported: 5/10/2012

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 #:	84458	Account #:	1930
Reference:	Stewart Kret Homes Lot 12	Company:	Fogle's Well Drilling
Location:	15005 Double Bridges Court Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	5/22/2012 1113	Source:	Well Water
Date/Time Rec'd:	5/22/2012 1215	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	J. Fogle 1974JF	pH:	6.2
		Well #:	HO-95-1700

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	1.47	mg/L	10	601	5/22/2012 / 1700 / CWM

OK
 Burnard
 6-4-12

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 & Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B11003417

Date Reported: 5/22/2012



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website: www.hchealth.org

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

REQUEST FOR PERMANENT DEVIATION TO
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 5/31/12 WELL PERMIT #: HO - 95 - 1700
PROPERTY OWNER: Stewart Kret Homes
SUBDIVISION & LOT #: Meriwether Farm Lot #12
PROPERTY ADDRESS: 15005 Double Bridges Ct

CONDITIONS:

- 1) The well installed under permit # HO - 95 - 1700 has been documented to have a nitrate level of 16.1 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on _____ indicated that the nitrate contamination has been reduced to 1.47 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - - . I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

[Signature]

443-324-4775

Prospective Owner's Day Time Phone Number(s)

Mike Crossen