

C 1 6590

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER JTS Corp STREET OR RFD Mangrove Farm TOWN District SUBDIVISION SECTION 21/12/02 LOT 9

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 2400

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 82

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (HO) DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

DRILLERS LIC. NO. 1 M SD 112 DRILLERS SIGNATURE

LIC. NO. 1 D

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

Table for screen depth and diameter with columns for depth and diameter.

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

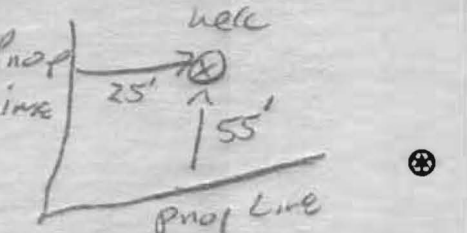
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 7.3 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) TYPE OF PUMP INSTALLED (C) centrifugal

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



B 1 8911

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-0025

522472 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

J.T.S. Corp Owner First Name 34

8800 Centre Park Dr Suite 205 Street or RFD 55

Columbia MD 21045 Town 70 State 72 Zip 76

DRILLER INFORMATION

Ralph E. Mayne MS D 112 Driller's Name 76 License No. 81

Ralph E. Mayne Inc Firm Name

17024 Handy Rd Mt Airy MD, 21771 Address

Ralph E. Mayne 5-14-05 Signature Date

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

LOCATION OF WELL

Howard 8 COUNTY 21

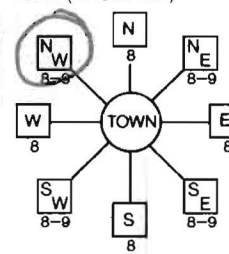
Mus Grove Farm 23 SUBDIVISION 42

SECTION 44 46 LOT 9 48 50

CLEWELG 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M 1 73 76 77 78

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Farm Mus Grove Ct 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 200 37 DISTANCE FROM ROAD 38 39

ENTER FT OR MI

TAX MAP: 21 BLK: 12 PARCEL 12

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
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

Howard 13 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 6/2/05 6/2/06

43 MM DD YY 48 CO SIGNATURE EAST GRID 524 000 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
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
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)

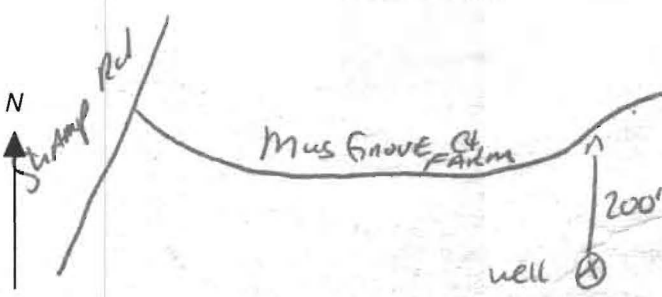
APPROP. PERMIT NUMBER HD 2005 G 002
PERMIT No. HD-95-0025

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE E 525798 N 800524

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



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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# MSD0009

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Kevin Homes Telephone #: \_\_\_\_\_  
Subdivision: Musgrave Farm Lot #: 9 Well Tag #: HO-95-0025  
Site Address: 14334 Musgrave Farm  
Glenn, Md 21738

<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>1550E 07-150</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>7</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.C.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>200</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 or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

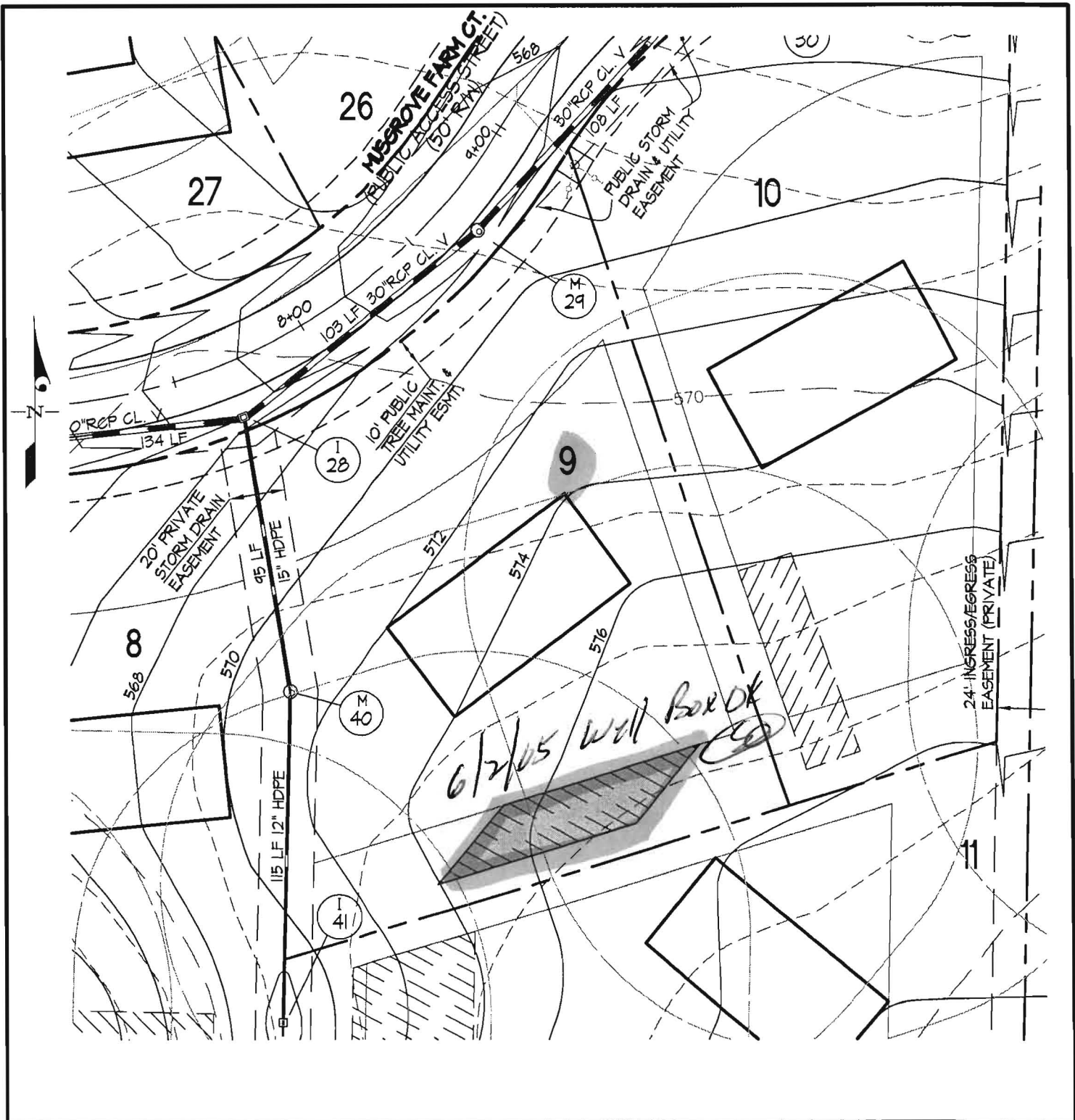
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Grey Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve (5 foot minimum): <u>5'</u>
Depth of supply line: <u>42</u> " (36" min)	Sleeve caulked and sealed properly: <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:

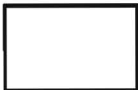
Signature of company representative responsible for installation: Allen Compton date: 7/7/10

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

Date Insp. Requested: _____	Date Insp. Approved: <u>7/6/2010</u> <u>KN</u>
Inspection Data: Pitless adapter and 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 installed inside of well 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"/>



**LEGEND**



CONCEPTUAL HOUSE BOX

4022  
N-09



WELL SURVEY POINT

WELL BOX

**WELL LOCATION EXHIBIT - LOT 9**

**MUSGROVE FARM**

Lots 1 thru 30, Buildable Preservation Parcels 'A',  
and Non-Buildable Preservation Parcels 'C' and 'D'

**GLW GUTSCHICK LITTLE & WEBER, P.A.**

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS

3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK

BURTONSVILLE, MARYLAND 20866

TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'

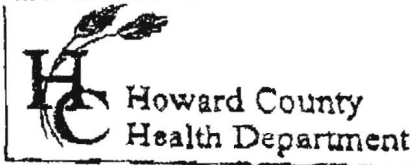
ZONING: RC/RR-DEO

TAX MAP/GRID: 22-12,22-1&7

GLW JOB NO: 01171

APR., 2005

1 OF 1



3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2923 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

Musgrove Farm

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Gutachnick Little & Weber PA on 05/05/05 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



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](http://www.hchealth.org)

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

August 13, 2010

Homeowner  
14334 Musgrove Farm Ct.  
Glenelg, MD 21738

RE: Musgrove Farm - Lot 9  
14334 Musgrove Farm Court  
BP #: B10001116  
Well Permit # HO-95-0025

Dear Homeowner:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 08/04/2010.**  
**Final approval of the well line connection to the dwelling was approved on 07/06/2010.**

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 water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, are copies of the septic permit and the as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

### INTERIM CERTIFICATE OF POTABILITY

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-95-0025. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 08/04/2010  
Date of Well Completion: 05/11/2006

Approving Authority,  
*Brian Baker*  
Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

142 Old Toneytown Rd. Westminster, MD (410) 848-1814 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	76317	Account #:	1930
Reference:	Ryan Homes Lot #9	Company:	Fogle's Well Drilling
Location:	14334 Musgrove Farm Court Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	8/4/2010 1220	Source:	Well Water
Date/Time Rec'd:	8/4/2010 2200	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis**
Collected By:	J.Yeager 6176JY	pH:	6.3
		Well #:	HO-95-0025

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/5/2010 / 1600 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/5/2010 / 1600 / KME
Nitrate	5.52	mg/L	10	601	8/6/2010 / 0900 / BCD
Turbidity	0.71	NTU	<10	SM18 2130B	8/6/2010 / 0840 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	8/6/2010 / 0830 / KME

**NOTES**

- 1 \*\*Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B-10001116

Date Reported: 8/6/2010

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1415 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	76318	Account #:	1930
Reference:	Ryan Homes Lot #9	Company:	Fogle's Well Drilling
Location:	14334 Musgrove Farm Court Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	8/4/2010 1220	Source:	Well Water
Date/Time Rec'd:	8/4/2010 2200	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	J.Yeager 6176JY	pH:	6.3
		Well #:	HO-95-0025

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYZED
Nitrate	<1.0	mg/L	10	601	8/6/2010 / 0900 / 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 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested on site

Reason for Test : Use &amp; Occupancy

Building Permit # : B-10001116

Date Reported: 8/6/2010