

C 1 6594 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 13

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED DATE MM DD YY

DATE WELL COMPLETED MM DD YY 05 12 06 Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-0029

OWNER JTS Corp last name first name STREET OR RFD Maggoke Park TOWN Glenolfe SUBDIVISION SECTION 2/12/12 LOT 13

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, Sand, Sand Stone, MICKA, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 18 NO. OF POUNDS 1800 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 48 TOP 52 ft. to 30+ 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

caseing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 58

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

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no Y N

CIRCLE APPROPRIATE LETTER 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 LIC. NO. 1 M S D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

DEPTH (nearest ft.)

Table with columns: E A C H S R E E N, 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100. Values: 40, 56, 240.

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

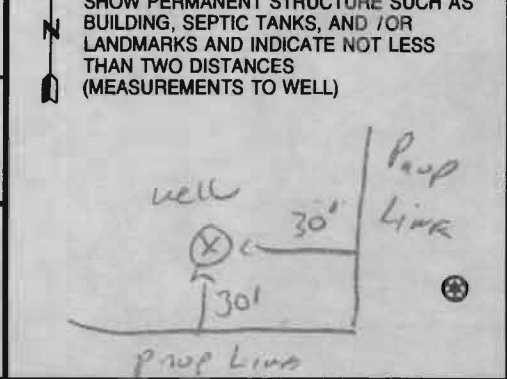
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15.1 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 25 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

LOCATION OF WELL ON LOT



B 1 8915

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

522472 please type

STATE PERMIT NUMBER

HO-95-0029

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

J.T.S. Corp. Last Name Owner First Name

8800 Centray Park Dr. Suite 209 Street or RFD

Columbia MO. 21045 Town State Zip

B 3

LOCATION OF WELL

Howard COUNTY

Musgrove Farm SUBDIVISION

SECTION 13 LOT 13

GLENELG NEAREST TOWN

2 MILES FROM TOWN

DRILLER INFORMATION

Ralph E. Mayne M S D 17 Driller's Name License No.

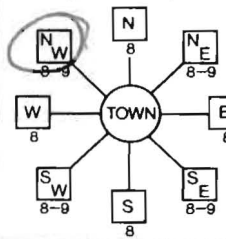
Ralph E. Mayne Inc Firm Name

17024 Handy Rd Mt Airy MD 21771 Address

Ralph E. Mayne 5-1405 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Musgrove Farm Ct. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

250 DISTANCE FROM ROAD

21-12 TAX MAP; 12 PARCEL

WELL INFORMATION

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

500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
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 COUNTY NAME; 13 COUNTY NO.

STATE SIGNATURE; DATE ISSUED 6/2/05

CO SIGNATURE; EXP. DATE 6/2/06

NORTH GRID 524 000; EAST GRID 799 000

150 APPROXIMATE DEPTH OF WELL FEET

61 APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered)
Jetted
Jetted & Driven (circled)
AIR-ROTary
AIR-PERcussion
ROTARY (Hydraulic Rotary)
CABLE
REVerse-ROTary
DRive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
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 DEEPEIN AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

HO 2005 G 002 APPROP. PERMIT NUMBER; HO-95-0029 PERMIT No.

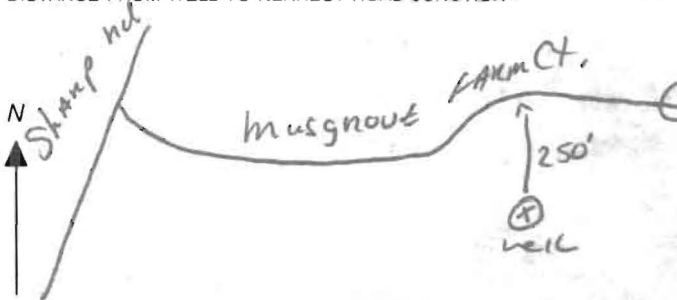
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

538 799; 800 529

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, LLC 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# MSD009

\*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: Ryan Hornes Telephone #: 410-796-0980  
Subdivision: Musgrave Farms Lot #: 13 Well Tag #: HO-95-0029  
Site Address: 14350 Musgrave Farms Rd  
Geneva, Md

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Cornelias</u>	Make: <u>Candell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>155210-250</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>25</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>140</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 N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic Pipe</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>

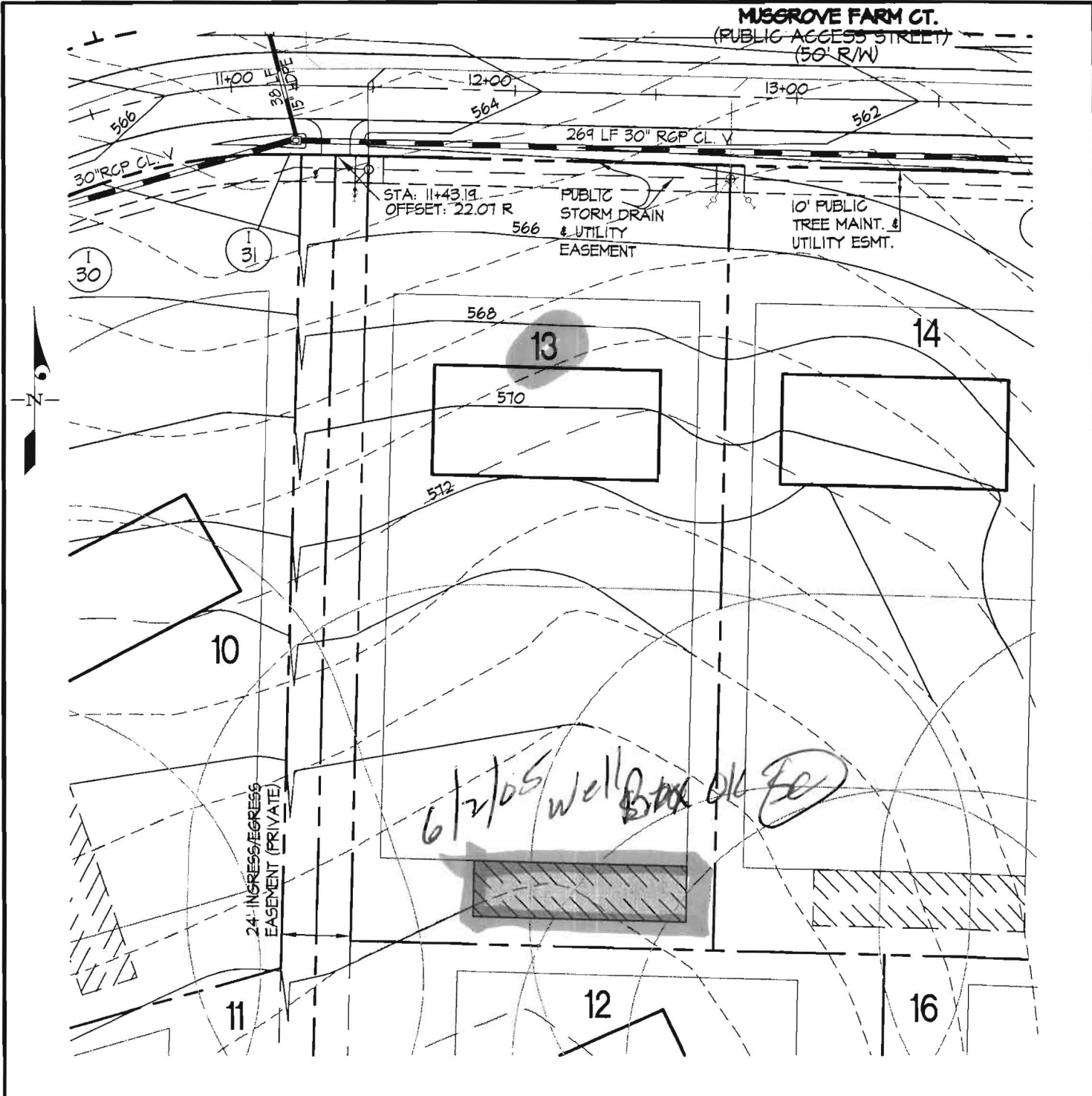
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 3/10/10



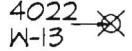
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/11/10 KW  
Inspection Data: Pitless adapter and 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 installed inside of well 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

**MUSGROVE FARM CT.**  
(PUBLIC ACCESS STREET)  
(50' R/W)



**LEGEND**

-  CONCEPTUAL HOUSE BOX
-  WELL BOX
-  4022 W-13 WELL SURVEY POINT

**WELL LOCATION EXHIBIT - LOT 13**

**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'

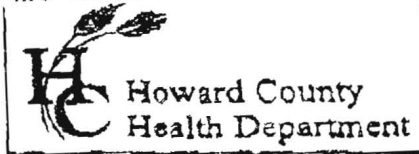
ZONING: RC/RR-DE0

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!!!

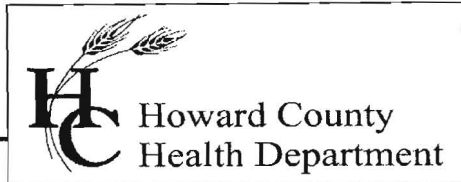
Musgrove Pam

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*

April 23, 2010

Homeowner  
14350 Musgrove Farm Court  
Glenwood, MD 21738

RE: Musgrove Farm, Lot 13  
14350 Musgrove Farm Court  
BP #: B09003336  
Well Tag: HO-95-0029

Dear Sir:

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 04/16/2010. Final approval of the well line connection to the dwelling was approved on 03/11/2010.**

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, is a copy 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.

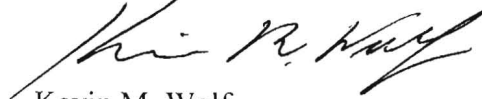
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-0029. 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: 04/19/2010  
Date of Well Completion: 05/12/2006

Approving Authority,



Kevin M. Wolf,  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene Program  
File

## REPORT OF ANALYSIS

Laboratory ID #:	74958	Account #:	1930
Reference:	Ryan Homes Lot 13	Company:	Fogle's Well Drilling
Location:	14350 Musgrove Farm Court Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	4/19/2010 0900	Source:	Well Water
Date/Time Rec'd:	4/19/2010 1040	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	*Reverse Osmosis
Collected By:	J. Fogle 1974JF	pH:	6.5
		Well #:	HO-95-0029

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/20/2010 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/20/2010 / 0830 / CCH
Nitrate	7.15	mg/L	10	601	4/19/2010 / 1545 / CCH
Turbidity	0.64	NTU	<10	SM18 2130B	4/19/2010 / 1130 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	4/19/2010 / 1130 / 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 Sample collected by client, analyzed as received
- 9 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B09-003336

Date Reported: 4/20/2010