

C1- 6621

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

06 13 06

22 140 26 (TO NEAREST FOOT)

9/12/06 O.K. BB

28 29 30 31 32 33 34 35 36 37

OWNER TTS Corp last name first name STREET OR RFD TOWN Glenside SUBDIVISION SECTION 2112/12 LOT 23

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, Sands, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below (Steel, Concrete, Plastic, Other) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used)

diameter inch, depth (feet) from to

SCREEN RECORD

screen type or open hole (Steel, Brass, Bronze, Plastic, Open Hole, Other)

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

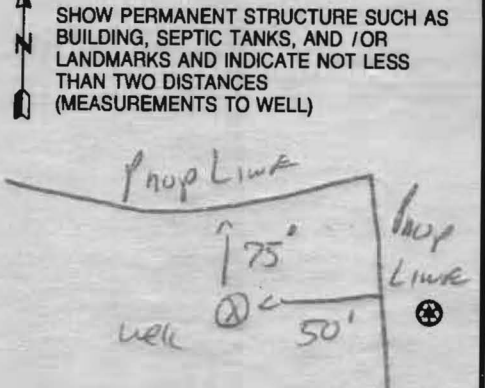
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 7 ft. WHEN PUMPING 31 ft. TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (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) LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (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 SD 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)

B 1	8925	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 522472 please type	STATE PERMIT NUMBER HD-95-0057 fill in this form completely
-----	------	--------------------------------	--	--

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13

15 Last Name J. T. S. Corp Owner First Name _____ 34

36 Street or RFD 8800 Centre Park Rd. Suite 205 55

57 Town Columbia 70 State MD 72 Zip 21045 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION Musgrove Farm 42

SECTION 44 46 LOT 23 48 50

52 NEAREST TOWN GLENELG 71

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

DRILLER INFORMATION

Driller's Name KARLE MAYNE 76 License No. MSD 112 81

Firm Name KARLE E. MAYNE INC

Address 17024 Handy rd Mt Airy MD. 21771

Signature [Signature] Date 5-14-05

WELL INFORMATION

B 2

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

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

LOCATION OF WELL

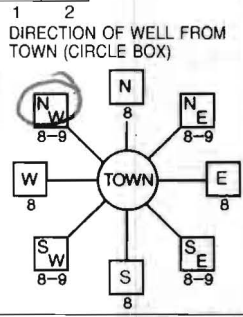
11 NEAR WHAT ROAD Musgrove Farm Ct. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 175 37 DISTANCE FROM ROAD 175 38 39

ENTER FT OR MI FT

TAX MAP: 21 BLK: 12 PARCEL 12



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 COUNTY NAME COUNTY NO. 13

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 6/20/05 43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 6/20/06 41

NORTH GRID 524 0 0 0 EAST GRID 799 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

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 525 799 000 000

N 800 527

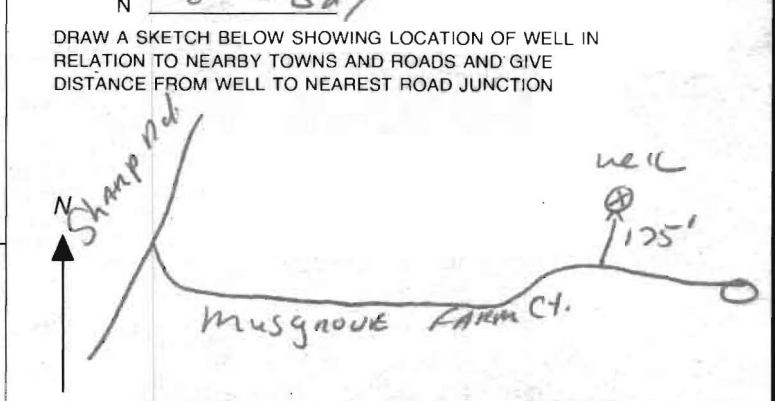
METHOD OF DRILLING (circle one)

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)

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

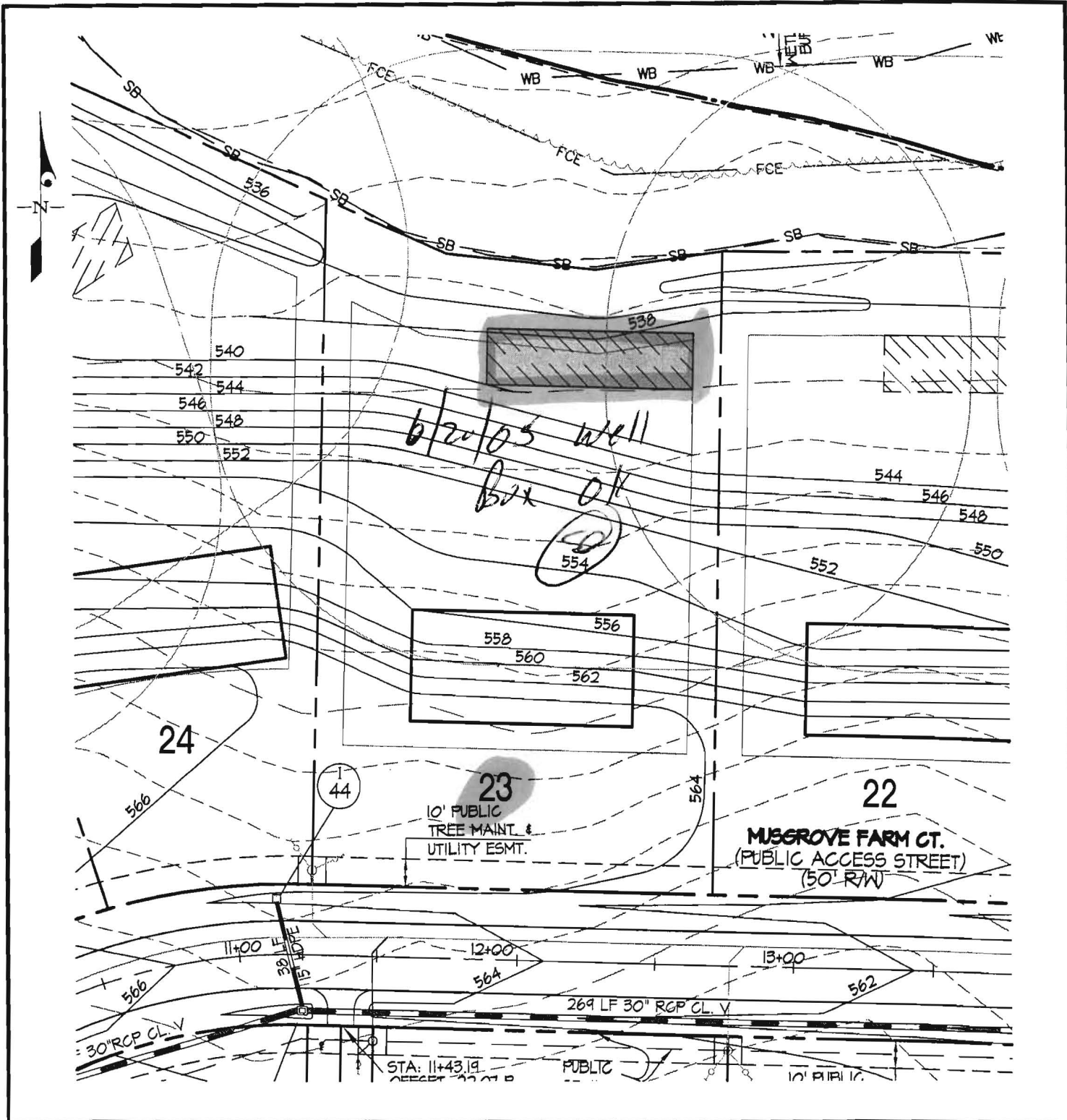
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HD 2005 G 002



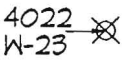
PERMIT No. HD-95-0057 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



LEGEND

-  CONCEPTUAL HOUSE BOX
-  WELL BOX
-  4022 W-23 WELL SURVEY POINT

WELL LOCATION EXHIBIT · LOT 23

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

**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# MSD 009
*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 Homes Telephone #: 410-796-0780
Subdivision: Musgrave Farms Lot #: 23 Well Tag #: HO-95-0057
Site Address: 14353 Musgrave Farms Ct
Glenn Dale, Md

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Cummins</u>	Make: <u>Camorell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>155000-150</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>20</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</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>

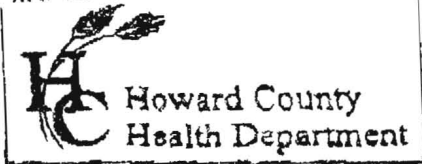
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

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: 3/10/10

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

Date Insp. Requested: _____ Date Insp. Approved: 3/10/10 (KJ)
 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



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!!!

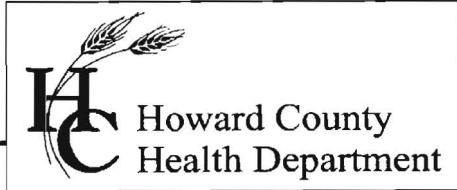
Muscrow Farm

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

- The well site has been staked by Gutschick 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

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

May 4th, 2010

Homeowner
14353 Musgrove Farm Court
Glenwood, MD 21738

RE: Musgrove Farm, Lot 23
14353 Musgrove Farm Court
BP #: B09003338
Well Tag #: HO-95-0057

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 04/26/2010. Final approval of the well line connection to the dwelling was approved on 03/24/2010.**

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.

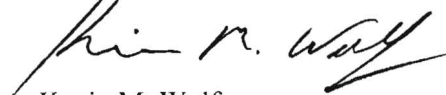
INTERIM CERTIFICATE OF POTABILITY

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-95-0057. 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, 4/30/2010
Date of Well Completion: 06/13/2006

Approving Authority,



Kevin M. Wolf,
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
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 #: 75135 Account #: 1930
Reference: Ryan Homes Lot 23 Company: Fogle's Well Drilling
Location: 14353 Musgrove Farm Court Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 4/30/2010 1300 Site: Kitchen Sink Tap
Date/Time Rec'd: 4/30/2010 1434 Treatment: Reverse Osmosis**
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Fogle 1974JF Well #: HO-95-0057

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/1/2010 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/1/2010 / 1000 / CCH
Turbidity	0.91	NTU	<10	SM18 2130B	4/30/2010 / 1440 / KME

NOTES

- 1 **Sample collected prior to reverse osmosis
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Sample collected by client, analyzed as received
- 7 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B09-003338

Date Reported: 5/3/2010


FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1433 Old Taney Road, Westminster, MD 21157-1024 (410) 876-1024 (410) 876-4334 Fax: (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	74959	Account #:	1930
Reference:	Ryan Homes Lot 23	Company:	Fogle's Well Drilling
Location:	14353 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-95-0057

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYST
Bacteria, Coliform, Total, MPN	>200.5	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	7.30	mg/L	10	601	4/19/2010 / 1545 / CCH
Turbidity	10.20	NTU	<10	SM18 2130B	4/19/2010 / 1130 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	4/19/2010 / 1130 / KME


 Need to test for dissolved iron & magnesium

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 # : B09-003338

Date Reported: 4/20/2010