

C1 6637

SEQUENCE NO. (DENV 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 A 522 987

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

8 13

0726117

Depth of Well 2205 (TO NEAREST FOOT)

9/16/2011 O.K. BB

PERMIT NO FROM "PERMIT TO DRILL WELL" #0-95-2170

OWNER Heritage Realty & Land Development last name PO 30X 480 first name TOWN LISBON MO SUBDIVISION MARIWATER FARM SECTION 2 LOT 32

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Includes entries for Top Soil, Sandy Sandstone, MICKA, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT C1M, BENTONITE CLAY BC, NO. OF BAGS 8, NO. OF POUNDS 800.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE PL, Nominal diameter top (main) casing 6, Total depth of main casing 27.

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

SCREEN RECORD: screen type or open hole insert appropriate code below, HO OPEN HOLE, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN 56, 60 INCH.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. 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...

DRILLERS IDENT. NO. MSD 117, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) June

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

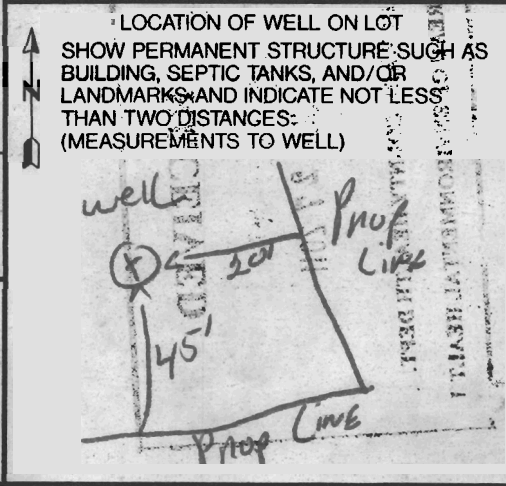
DEPTH (nearest ft.) table with columns 1-21 and 23-36, values 105, 2.

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. to nearest gal.) 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 50, WHEN PUMPING 55, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE 2 (nearest foot).



B 1 0967  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2170  
fill in this form completely

please type 535263

Date Received (APA) 06 15 11

OWNER INFORMATION

Heritage Realty Land Develop.  
PO BOX 482  
Lis Bon MD. 21265

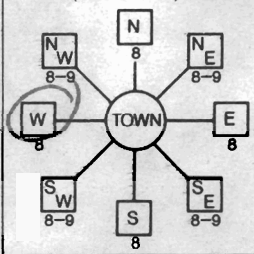
B 3 LOCATION OF WELL  
Howard

8 COUNTY 21  
MERIWETHER FARM  
23 SUBDIVISION 42  
SECTION 2 LOT 32  
SLENEEG  
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph F. MAYNE M 5 D 117  
Ralph Mayne Well Drilling  
17024 Handy Rd. Mt. Airy, MD. 21721  
Ralph F. Mayne 6/12/11

B 4  
1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Meriwether M.  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
WEST EAST  
SOUTH NORTH  
DISTANCE FROM ROAD 30  
ENTER FT OR MI  
TAX MAP: 21 BLK: 16 PARCEL 28

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 13 A522987  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 7/13/2011 Brian Baker 7/13/20  
NORTH GRID 520 000 EAST GRID 791 000

APPROXIMATE DEPTH OF WELL 150 FEET  
APPROXIMATE DIAMETER OF WELL 6" INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. well  
2.  
3.

METHOD OF DRILLING (circle one)

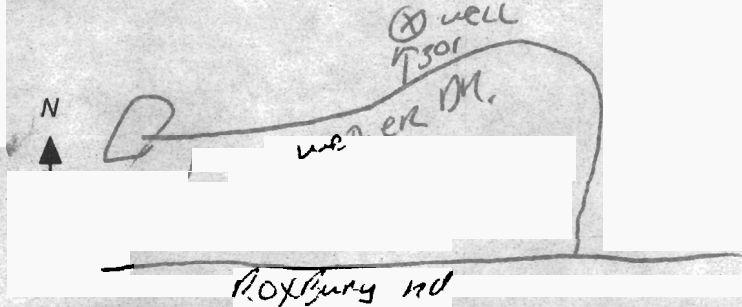
- BORED (or Augered) AIR-ROTary
- JETTED AIR-PERCussion
- Jetted & DRIVEN ROTARY (Hydraulic Rotary)
- CABLE REVERSE-ROTary
- DRIVE-POINT

WRITE THE BOX NUMBER FROM THE MAP HERE  
E 2921  
N 5 @ 20

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 DEEPEMED AN EXISTING WELL

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER HO 2008G 010  
PERMIT No. HO-95-2170

SPECIAL CONDITIONS Wells with 100' Must Be Si Hourly Yield Tested





GATE 20' DRAINAGE & UTILITY EASEMENT

8-25' CO. 8-PEET. PVC CO. 492 494

8-1/2" TURP. CO. 5000

12' MAINT. ACCESS

FOREBAY 478

B.M.P. No. 9  
NO-RETENTION  
PRIVATELY OWNED &  
MAINTAINED BY H.O.A.

PRIVATE S.W.M., DRAINAGE &  
UTILITY EASEMENT

LOT 32 10'  
49,945 sq. ft.

7/13/2011

Well Site

Plan

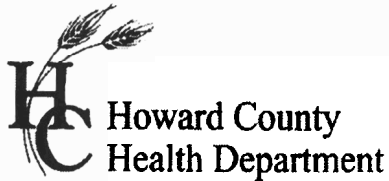
BB

24,000 GAL. TANK FOR  
BRIEF WATER SUPPLY  
& 100' TYPICAL

11' TYPICAL  
55'-20" TYPICAL  
11' TYPICAL

LOT 21  
48,958 sq. ft.





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

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Peter L. Bielson, 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 Farm, Sec. II, Ph. 2</u>	<u>32</u>	<u>Meriwether Drive</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 3/21/11 (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.

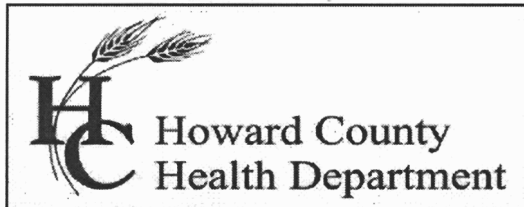
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

11. NON-TRANSFERRABLE - THIS PERMIT IS NON-TRANSFERRABLE. A NEW OWNER MAY ACQUIRE AUTHORIZATION TO CONTINUE THIS APPROPRIATION BY FILING A NEW APPLICATION WITH THE ADMINISTRATION. AUTHORIZATION WILL BE ACCOMPLISHED BY ISSUANCE OF A NEW PERMIT.
12. \*\*\*\*\*  
\* INITIATION OF WITHDRAWAL - THE PERMITTEE SHALL NOTIFY THE\*  
\* ADMINISTRATION BY CERTIFIED MAIL WHEN WITHDRAWALS FOR THE\*  
\* USES SPECIFIED IN THIS PERMIT HAVE BEEN INITIATED. THIS \*  
\* PERMIT SHALL EXPIRE IF WATER WITHDRAWAL IS NOT COMMENCED \*  
\* WITHIN TWO YEARS AFTER THE EFFECTIVE DATE OF THIS PERMIT \*  
\* EXCEPT THAT UPON WRITTEN REQUEST TO THE ADMINISTRATION \*  
\* PRIOR TO THE EXPIRATION OF THE TWO YEAR PERIOD, THE TIME \*  
\* LIMIT MAY BE EXTENDED FOR GOOD CAUSE, AT THE DISCRETION \*  
\* OF THE ADMINISTRATION. \*  
\*\*\*\*\*
13. WELL SPACING- IN ORDER TO MINIMIZE THE POTENTIAL FOR INTERFERENCE BETWEEN WELLS, ALL WELLS SHALL BE LOCATED WITHIN LOCALLY APPROVED WELL BOXES AND, WHERE FEASIBLE, BE CONSTRUCTED SO AS TO ACHIEVE A SEPARATION OF AT LEAST 100 FEET FROM EACH OTHER AND/OR FROM EXISTING WELLS ON OTHER PROPERTIES. THE PERMITTEE SHALL CONDUCT SIMULTANEOUS YIELD TESTS FOR ANY WELLS THAT ARE SEPARATED BY LESS THAN 100 FEET. IN THE EVENT THAT A WELL TESTED SIMULTANEOUSLY WITH OTHER WELLS DOES NOT MEET MINIMUM YIELD STANDARDS, THE PERMITTEE SHALL RELOCATE OR DEEPEN THE WELL OR SEEK LOCAL APPROVAL TO RELOCATE THE WELL BOXES SO AS TO ACHIEVE THE 100-FOOT SEPARATION DISTANCE. ALL WELLS SHALL COMPLY WITH WELL CONSTRUCTION REQUIREMENTS.

BY AUTHORITY OF THE DIRECTOR  
WATER MANAGEMENT ADMINISTRATION

*Anderson* 2/6/2009  
for John W. Grace, Chief  
SOURCE PROTECTION AND APPROPRIATION DIV  
MSM



**Bureau of Environmental Health**  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – August 14, 2014**

February 14, 2014

Homeowner  
14886 Meriwether Drive  
Glenelg, MD 21737

**RE: Meriwether Farm, Lot 32  
14886 Meriwether Dr  
Building Permit: B13002437  
Well Permit: HO-95-2170**

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 **10/22/2013**. Final approval of the well line connection to the dwelling was granted on **11/13/2013**. The well construction was completed on **7/26/2011**. Water samples were collected on **2/6/2014 and 2/12/2014**.

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-95-2170. 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>

Approving Authority,



Jeff Williams  
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 #: 93029 Account #: 1930  
Reference: Toll Brothers Lot 32 Company: Fogle's Well Drilling  
Location: 14886 Meriwether Drive Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 2/12/2014 0900 Site: Kitchen  
Date/Time Rec'd: 2/12/2014 1355 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.1  
Collected By: K.Cassell 7398KC Well #: HO-95-2170


PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/13/2014 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/13/2014 / 1030 / CCH

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B13002437

Feb 14, 2014 (ICOP)  
Need remaining  
water sample tests.  
These are turbidity,  
~~residual~~ nitrates and  
sand. 

Date Reported: 2/13/2014

# 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 #: 92926 Account #: 1930  
Reference: Toll Brothers Lot 32 Company: Fogle's Well Drilling  
Location: 14886 Meriwether Drive Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 2/6/2014 1000 Site: Kitchen Sink Tap  
Date/Time Rec'd: 2/6/2014 1105 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.3  
Collected By: J. Fogle 1974JF Well #: HO-95-2170

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM18 9223	2/7/2014 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/7/2014 / 1015 / LLO
Nitrate	7.87	mg/L	10	601	2/7/2014 / 1130 / CCH
Turbidity	0.43	NTU	<10	SM18 2130B	2/7/2014 / 1115 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	2/7/2014 / 1100 / CCH

### 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 pH tested in lab, chlorine level tested on site
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy  
Building Permit # : B13002437

Date Reported: 2/7/2014

**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 LLC Telephone #: 443-609-4195  
Address: PO Box 202 J  
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# MB5009

\*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: Toil Brothers Telephone #: 410-489-7407  
Subdivision: PCHTall Overlook Lot #: \_\_\_\_\_ Well Tag #: HO-95-2170  
Site Address: 14956 Meriwether Dr  
Glenelg, MD 21737

<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>1550E07-190</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>205</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, Cable guards, or other acceptable method used— Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

<u>Piping 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>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve 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: 11-13

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/13/2013 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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"/>

Plans for wells

Lot 30 - use middle (w)  
as 1°

Lots 31 + 32 - use back end  
of well box

Lot 34 - may need special  
conditions

Lot 37 + 39 - use back end of  
well box

Lots 42 + 45 may need special  
conditions