

C1 15982 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 A 522 98D

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

ST/CO USE ONLY DATE RECEIVED MM 05 DD 05 YY 11

DATE WELL COMPLETED MM 04 DD 14 YY 11

Depth of Well 22 165 26 (TO NEAREST FOOT) 9/15/11 OK (KW)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-2071

OWNER Heritage Realty & Land Development STREET OR RFD PO Box 482 TOWN Lisbon MD 21765 SUBDIVISION Meriwether Farm SECTION 2 LOT 19

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 8 NO. OF POUNDS 800 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 8 TOP 52 ft. to 20 BOTTOM 58 ft.

CASING RECORD MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 22

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

SCREEN RECORD screen type or open hole (H) (O) (S) (T) (B) (R) (P) (L) (O) (T) (O) (T) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A 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. M S D 219 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. SMD

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

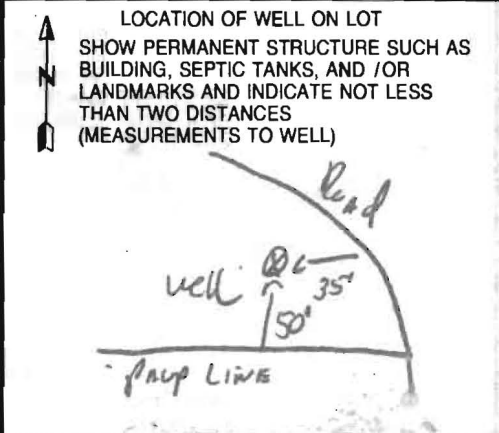
DEPTH (nearest ft.) 1 20 165 2 8 9 11 15 17 21 3 23 24 26 30 32 36 4 38 39 41 45 47 51

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 10 11 15 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 49 17 20 ft. WHEN PUMPING 51 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet 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 () below LAND SURFACE 2 (nearest foot) 49 50 51



B 1 8496

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

534488 please type

HO-95-2071 fill in this form completely

Date Received (APA) 03 07 11 OWNER INFORMATION HeritAGE Realty & Land Develop P.O. Box 482 LISBON MD. 21765

LOCATION OF WELL HOWARD COUNTY Meriwether FARM SECTION 2 LOT 19 GLEN EGG NEAREST TOWN 2 MILES FROM TOWN

DRILLER INFORMATION RALPH E. MAYNE M S D 119 RALPH E. MAYNE Well Drilling 17024 Handy Rd Mt Airy MD 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 35 ENTER FT OR MI TAX MAP: 21 BLK: 16 PARCEL 28

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

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY A522987

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE 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 H02008G010 PERMIT No. HO-95-2071

SPECIAL CONDITIONS Wells Within 100' Must Be Yield Tested Simultaneously

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2071
 Location of property (road) MERIWETHER DR.
 Subdivision MERIWETHER FARM Lot 19 Block _____ Plat _____ Sec. 2
 Well Driller RALPH MAYNE Owner HERITAGE REALTY & LAND DEVELOP

Depth of well 165
 Distance of measuring point (M.P.) above ground 2^{ft}
 Static water level (S.W.L.) below M.P. 49^{ft}

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 51^{ft} below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
<u>7:00</u>	<u>49 ft</u>	<u>6 Sec</u>		<u>10 GPM</u>
			<u>Test started</u>	
<u>7:15</u>	<u>51 ft</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>7:30</u>	<u>51 ft</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>7:45</u>	<u>51 ft</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>8:00</u>	<u>51 "</u>	<u>6 "</u>		<u>10 "</u>
<u>8:15</u>	<u>51 "</u>	<u>6 "</u>		<u>10 "</u>
<u>8:30</u>	<u>51 "</u>	<u>6 "</u>		<u>10 "</u>
<u>8:45</u>	<u>51 ft</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>9:00</u>	<u>51 ft</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>9:15</u>	<u>51 ft</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>9:30</u>	<u>51 "</u>	<u>6 "</u>		<u>10 "</u>
<u>9:45</u>	<u>51 "</u>	<u>6 "</u>		<u>10 "</u>
<u>10:00</u>	<u>51 ft</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>10:15</u>	<u>51 ft</u>	<u>6 Sec</u>		<u>10 GPM</u>

**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# MSD0009

*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 #: 410-992-5978
Subdivision: Cattail Overlook Lot #: 19 Well Tag #: HO-95-2011
Site Address: _____

Submersible Pump Data

Make: Grundfos
Model #: 1550E07-180
Pump Capacity 15 GPM
Well Yield: 10 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
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 165 (feet)

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(s) minimum from foundation: 5'
Sleeve sealed properly: YES

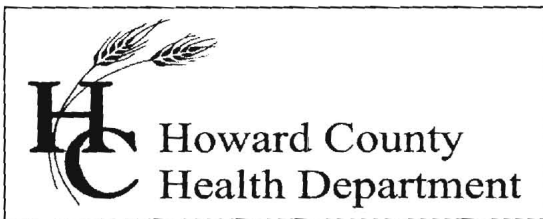
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 12/20/12

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

Date Insp. Requested: _____ Date Insp. Approved: 10/25/12 Inspector: (KWW)

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"/>



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
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 21, 2013

February 21, 2013

Homeowner
14865 Meriwether Drive
Glenelg, MD 21737

**RE: Cattail Overlook, Lot 19
148 65 Meriwether Drive
Building Permit: B12001465
Well Permit: HO-95-2071**

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 **10/26/2012**. Final approval of the well line connection to the dwelling was granted on **10/25/2012**. The well construction was completed on **4/14/2011**. Water samples were collected on **1/21/2013**.

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-95-2071. 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,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is written in a cursive style with a large initial "R".

Robert Bricker, REHS/R.S.
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 #: 87846 Account #: 1930
Reference: Cattail Overlook Lot 19 Company: Fogle's Well Drilling
Location: 14865 Meriwether Drive Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 1/21/2013 1222 Site: Laundry Rm. Utility Tap
Date/Time Rec'd: 1/21/2013 1356 Treatment: ~~None~~
Chlorine ppm: Free: ND Total: ND pH: 4.9
Collected By: J. Yeager 6176JY Well #: HO-95-2071

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/22/2013 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/22/2013 / 0815 / CCH
Nitrate	4.99	mg/L	10	601	1/21/2013 / 1545 / CCH
Turbidity	0.48	NTU	<10	SM18 2130B	1/21/2013 / 1500 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	1/21/2013 / 1500 / CCH

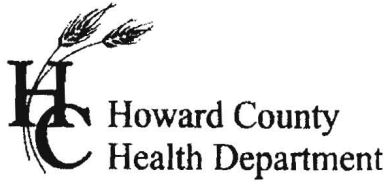
2/7/13
Results OK
HS

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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 12001465

Date Reported: 1/22/2013



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:

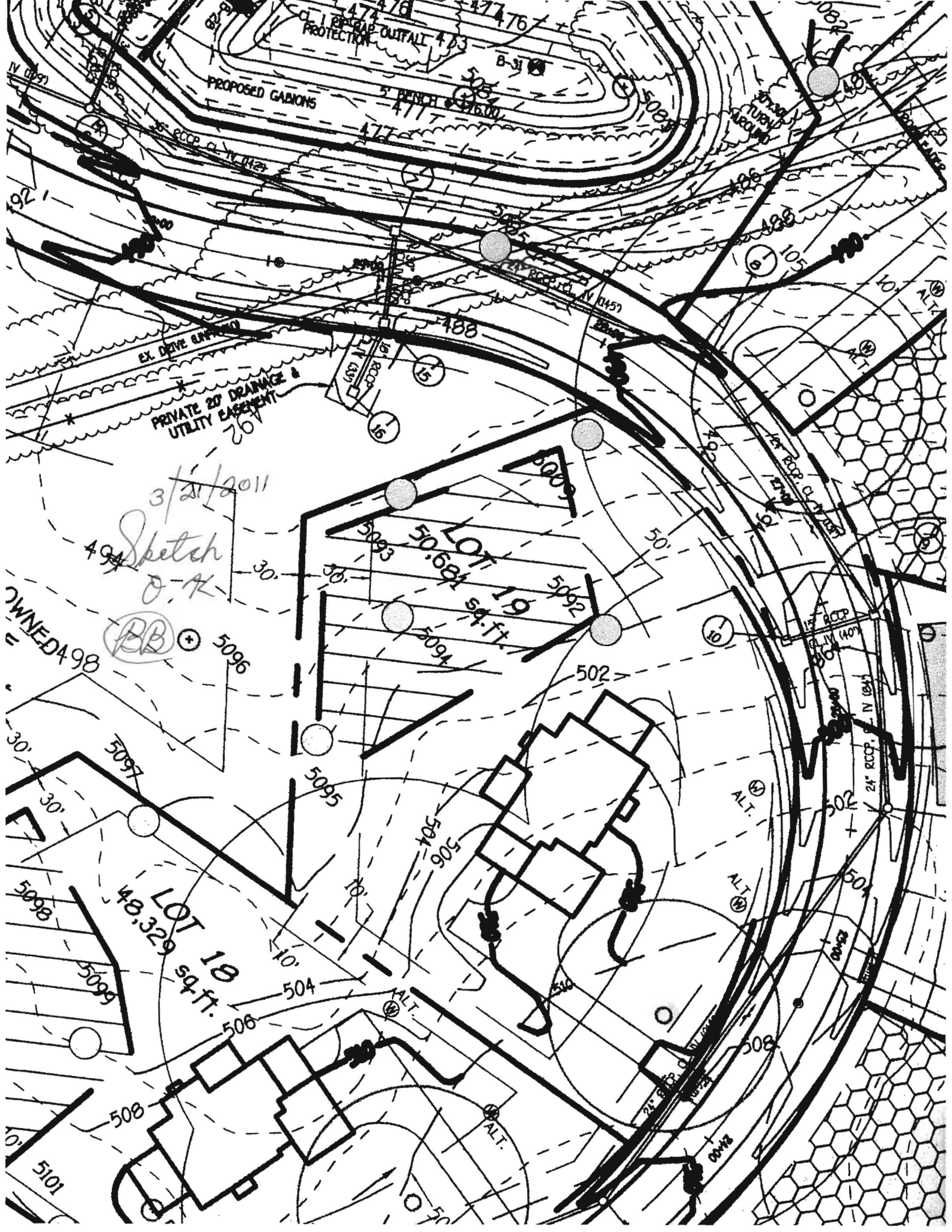
Well Site Location:

<u>Meriwether Farm, Sec. II, Ph. 2</u>	<u>19</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



3/21/2011

Sketch
D-A

BB ⊕

OWNEDA 98

LOT 19
50.681 sq-ft.

LOT 18
48.329 sq-ft.

5101

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

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