

**C1** **6614** SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

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

COUNTY NUMBER **A522987**

ST/CO USE ONLY DATE Received **07/14/11** DATE WELL COMPLETED **07/21/11** Depth of Well **260** (TO NEAREST FOOT) **2/10/2011** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-95-2120**

OWNER **Heritage Land Development** STREET OR RFD **Meriwether Dr** TOWN **Stevens** SUBDIVISION **Meriwether Farm** SECTION **2** LOT **43**

**WELL LOG**  
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Sand	0	56	
Mica Rock	56	260	Water 230'

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **18** NO. OF POUNDS **1692**  
 GALLONS OF WATER **108**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **58** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** STEEL CONCRETE  
**PL** **OT** PLASTIC OTHER

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **06** Total depth of main casing (nearest foot) **60**

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** **BR** **HO** STEEL BRASS OPEN HOLE  
**PL** **OT** PLASTIC OTHER

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

WELL HYDROFRACTURED **Y** **N**

**C2**

EACH SCREEN	DEPTH (nearest ft.)				
	1	2	3	4	5
1	<b>HO</b>	<b>58</b>		<b>260</b>	
2					
3					

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

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 IDENT. NO. **MSD 117**  
**Ralph Mayne**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Ralph Mayne MSD 117**

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

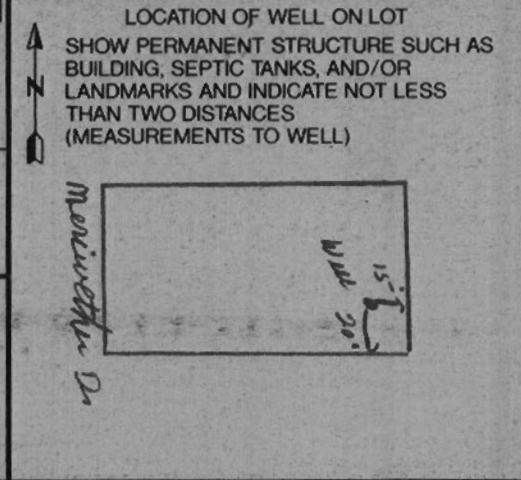
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) **70** W Q **74 75 76**  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **03**  
 PUMPING RATE (gal. per min. to nearest gal.) **15**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **25**  
 WHEN PUMPING **36**  
 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 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: **29**  
 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 **02** (nearest foot)  
**-** below }



B 1 0952

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-95-2120 fill in this form completely

535167 please type

Date Received (APA) 04 20 11

OWNER INFORMATION

Heritage Land Development P.O. Box 482 Lisbon MD 21765

B 3 HOWARD LOCATION OF WELL

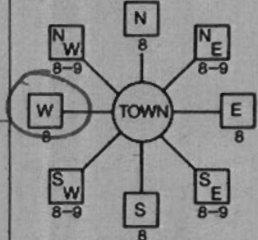
Meriwether Farm Glenelg

MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

Ralph E Mayne M 5D 117 Ralph Mayne Well Drilling 1702+ Hardy Rd., Mt. Airy, MD 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Meriwether DR NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 380 37 DISTANCE FROM ROAD ENTER FT OR MI FT

TAX MAP: 21 BLK: 16 PARCEL 28

B 2 WELL INFORMATION

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

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 A522987 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S Brian Baker DATE ISSUED 5/2/2011 EXP. DATE 5/2/2012 NORTH GRID 518 000 EAST GRID 792 000

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 DEEPEMED AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER H02008G010

PERMIT No. HO-95-2120

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

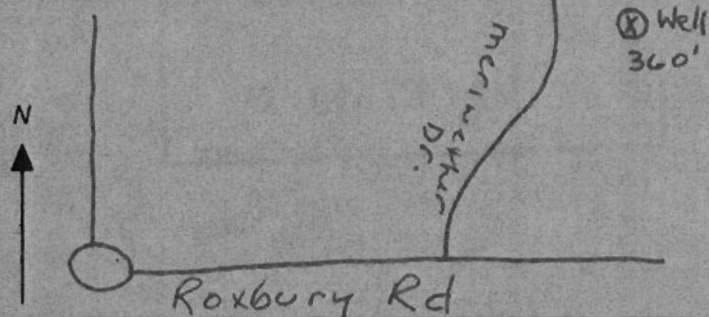
SOURCES OF DRILLING WATER

- 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 792 N 518

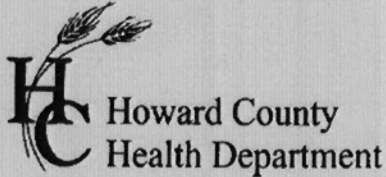
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

Wells Within 100' Must Be Simultaneously Yield Tested





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:

Meriwether Farm, Sec. II, Ph. 2	43	Meriwether Drive
<u>Subdivision/Property Name</u>	<u>Lot #</u>	<u>Road Name</u>

- The well site has been staked by Fisher, Collins & Carter, Inc.,  
(professional land surveyor or company employing professional land surveyors)  
on 03/21/11 (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

*John W. Grace*

2/6/2009

for John W. Grace, Chief  
SOURCE PROTECTION AND APPROPRIATION DIV

MSM

**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  
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 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: CATHALOVERLOOK Lot #: 43 Well Tag #: HO-95-2126  
Site Address: 14926 Meriwether Dr  
Greenbelt, MD 21737 2119

<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>ISSA E07-180</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>7</u> GPM	Depth: <u>8 1/2"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>15</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>210</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 inside of well casing N/A

<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>6'</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: 8-21-13

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

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"/>

8/22/13

