

Date Received (APA) 06 15 11

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Heritage Realty & Land Develop Owner First Name 34

36 PO BOX 482 Street or RFD 55

57 Lisbon MD 21765 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Meriwether Farm 42

SECTION 2 LOT 28

44 46 48 50

GLENELG

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I

73 76 77 78

DRILLER INFORMATION

76 Driller's Name Ralph E. Mayne License No. 81 MSD 117

Firm Name Ralph Mayne Well Drilling

Address 7024 Handy Rd. Mt Airy MD 21771

Signature [Signature] Date 6/12/11

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD Meriwether Dr. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH NORTH WEST EAST SOUTH

34 400 37 DISTANCE FROM ROAD 38 39 44

ENTER FT OR MI

TAX MAP: 21 BLK: 16 PARCEL 28

B 2 **WELL INFORMATION**

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

8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 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 7/13/2012 41

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 520 0 0 0 EAST GRID 790 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 7720

N 51920

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 DEEPEIN AN EXISTING WELL

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

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

well

1400

Meriwether Dr

Roxbury Rd

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

APPROP. PERMIT NUMBER HO 2008G 010

PERMIT No. HO-95-2166

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Wells within 100' Must Be Simultaneously Yield Tested

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C 1 6633
 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 **A522 987**

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
07/19/11

Depth of Well **9/5/2011**
205
 (TO NEAREST FOOT) **O.K. BB**

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-95-2166

OWNER **Heritage Realty & Land Development**
 last name **PO Box 482** first name **Lisbon MD**
 STREET OR RFD
 SUBDIVISION **Menweher Farm** SECTION **2** LOT **28**

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	
Top Soil	0	2	
Sandy	2	40	
Sandstone	40	45	✓
MICKA	45	80	
Sandstone	80	85	✓
MICKA	85	180	
Sandstone	180	185	✓
MICKA	185	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **19** NO. OF POUNDS **1700**
 GALLONS OF WATER **114**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **40** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PD PLASTIC OT OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL 6 52

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

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

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

WELL HYDROFRACTURED YES NO

C 2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **140 50 205**
 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.

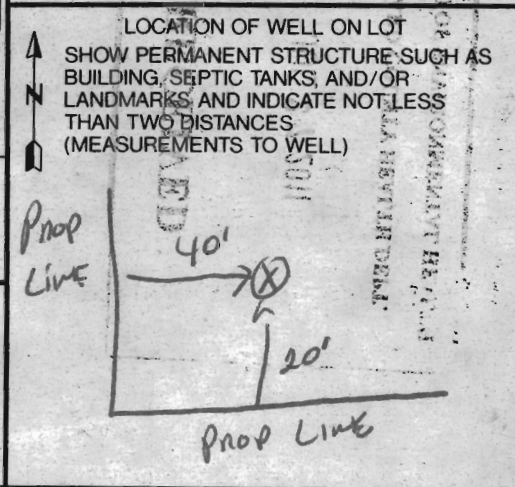
DRILLERS IDENT NO. **MSD 117**
MSD
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Saul
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **42**
 WHEN PUMPING **59**
 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: **405-336**
 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 (nearest foot) **2**
 (-) below



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 #: 91616 Account #: 1930
Reference: Toll Brothers Lot 28 Company: Fogle's Well Drilling
Location: 14908 Meriwether Drive Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 10/22/2013 1136 Site: Kitchen Sink Tap
Date/Time Rec'd: 10/22/2013 1446 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.4
Collected By: J. Fogle 1974JF Well #: HO-95-2166 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	17.8	MPN/ 100 ml	<1.0	SM18 9223	10/23/2013 / 1000 / LLO
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	10/23/2013 / 1000 / LLO
Nitrate	✓ 7.60	mg/L	10	601	10/22/2013 / 1545 / BCD
Turbidity	✓ 0.53	NTU	<10	SM18 2130B	10/22/2013 / 1540 / BCD
Sand	✓ NS	mg/L	5	Visual/Gravimetric	10/22/2013 / 1540 / BCD

*Need bacteria
retest*

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 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B13001259

Date Reported: 10/23/2013

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 #: 91814 Account #: 1930
Reference: Toll Brothers Lot 28 Company: Fogle's Well Drilling
Location: 14908 Meriwether Drive Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 11/4/2013 1140 Site: Kitchen Sink Tap
Date/Time Rec'd: 11/4/2013 1305 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: J. Fogle 1974JF Well #: HO-95-2166 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	11/5/2013 / 0800 / BCD
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	11/5/2013 / 0800 / BCD

11/6/13 OK
HS

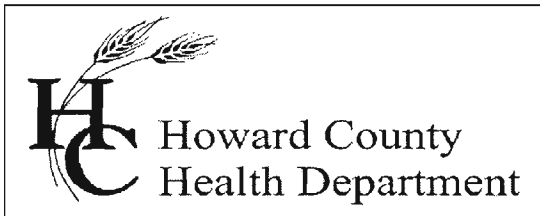
NOTES

- 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 # : B13001259

Date Reported: 11/5/2013



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 – May 6, 2014

November 6, 2013

Homeowner
14908 Meriwether Dr.
Glenelg, MD 21737

**RE: Cattail Overlook, Lot 28
14908 Meriwether Dr.
Building Permit: B13001259
Well Permit: HO-95-2166**

Dear Homeowner:

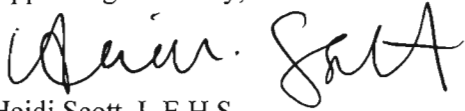
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/22/2013**. Final approval of the well line connection to the dwelling was granted on **8/22/2013**. The well construction was completed on **7/19/2011**. Water samples were collected on **10/22/2013 and 11/4/2013**.

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-95-2166. 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.**

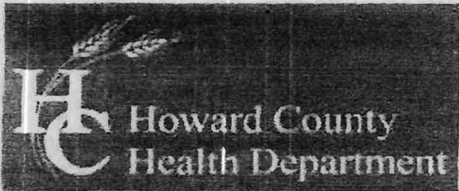
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive style with a large initial 'H' and 'S'.

Heidi Scott, L.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:
 Merewether Farms 28
 Subdivision/Property Name Lot# Road Name

The well site has been staked by ESE
 (professional land surveyor or company employing professional land surveyors)
 on 3/1/13 (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 3/11/05

GRADE

EACH BORE HOLE (TYP.)

MINIMUM
HORIZONTAL BURY
DEPTH 4 FT

FOR CONT.
SEE PLANS

HORIZONTAL
PIPING

BORE DEPTH
400'

GROUT ENTIRE ANNULAR
SPACE AND VERTICAL
U-TUBE WITH (BENTANITE)
GROUT.

DEPTH MARKINGS IN FEET TO
INDICATE DEPTH OF INSERTION

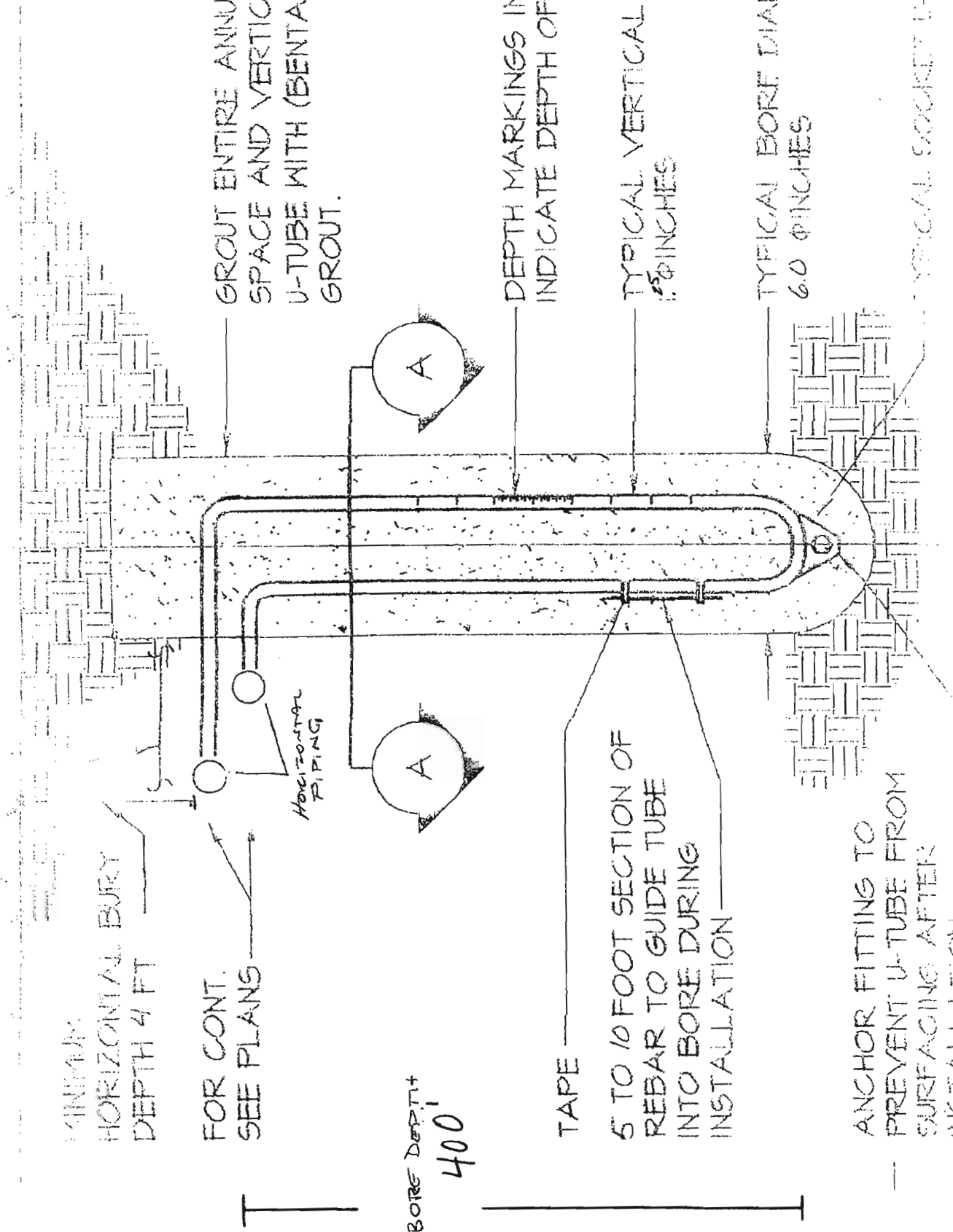
TYPICAL VERTICAL U TUBE
1.5" ϕ PINCHES

TYPICAL BORE DIAMETER
6.0 ϕ PINCHES

TYPICAL SOCKET U-BEND

TAPE
5 TO 10 FOOT SECTION OF
REBAR TO GUIDE TUBE
INTO BORE DURING
INSTALLATION

ANCHOR FITTING TO
PREVENT U-TUBE FROM
SURFACING AFTER
INSTALLATION



**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: Toll Brothers Telephone #: 410-489-7407
Subdivision: Cattail Overlook Lot #: 28 Well Tag #: HO-95-2166
Site Address: 14908 Meriwether Dr
Greenbelt, MD 21737

Submersible Pump Data

Make: Grundfos
Model #: ISSQE07180
Pump Capacity: 7 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: 205 (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" poly pipe
PSI: 110 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve(5' 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: 8-21-13

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

Date Insp. Requested: _____ Date Insp. Approved: 8/22/2013 Inspector: BA
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

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.

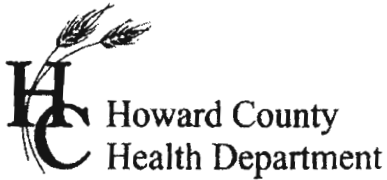
12. *****
* INITIATION OF WITHDRAWAL - THE PERMITTEE SHALL NOTIFY THE*
* ADMINISTRATION BY CERTIFIED MAIL WHEN WITHDRAWALS FOR THE*
* USES SPECIFIED IN THIS PERMIT HAVE BEEN INITIATED. THIS *
* PERMIT SHALL EXPIRE IF WATER WITHDRAWAL IS NOT COMMENCED *
* WITHIN TWO YEARS AFTER THE EFFECTIVE DATE OF THIS 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



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>28</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

