

7179

SEQUENCE NO. (MDE 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 AS 22 520

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 12 14 08

Depth of Well 200 6/19/2013

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD - 95 - 1697

OWNER Heritax Double Bridges TOWN Clarys

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, Sandy, Sandstone MICKA, Sandstone MICKA, Sandstone MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 7 NO. OF POUNDS 300

CASING RECORD (circle appropriate code below) 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 (circle appropriate code below) screen type or open hole (S) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.) table with rows for casing and screen depths.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M SD 112 DRILLERS SIGNATURE

LIC. NO. D

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12

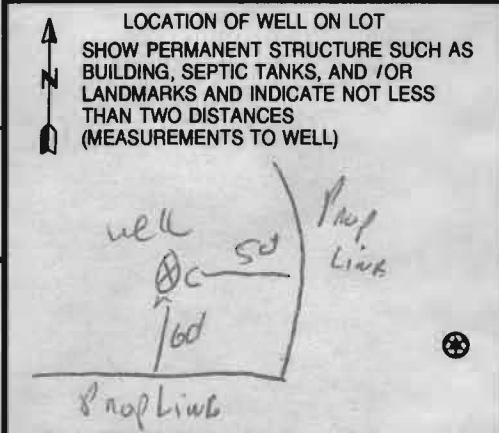
WATER LEVEL (distance from land surface) BEFORE PUMPING 31 WHEN PUMPING 33 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO)

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 LAND SURFACE - below 2 (nearest foot)



B 1 0838
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
529593 please type

STATE PERMIT NUMBER
HO-95-1697
fill in this form completely

Date Received (APA)
OWNER INFORMATION
8 MM DD YY 13
15 Last Name Owner First Name 34
1550 N. AVE.
36 LISBOW MD 21765
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Merithen Farms 42
SECTION 1 LOT 9
44 46 48 50
52 NEAREST TOWN Glenely 71
MILES FROM TOWN (enter 0 if in town) 4 M I
73 76 77 78

DRILLER INFORMATION
76 Driller's Name M S D 117
Ralph E. Mayne Inc
81 License No.
17024 Handy Rd. Mt Airy MD 21271
Address
Signature Date 9/30/08

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH NE
NW 8-9 NE 8-9
W 8 E 8
TOWN
SW 8-9 S SE 8-9
NORTH NE
WEST 32 EAST
SOUTH
34 50 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 21 BLK: 15 PARCEL 24

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 500 12
AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 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

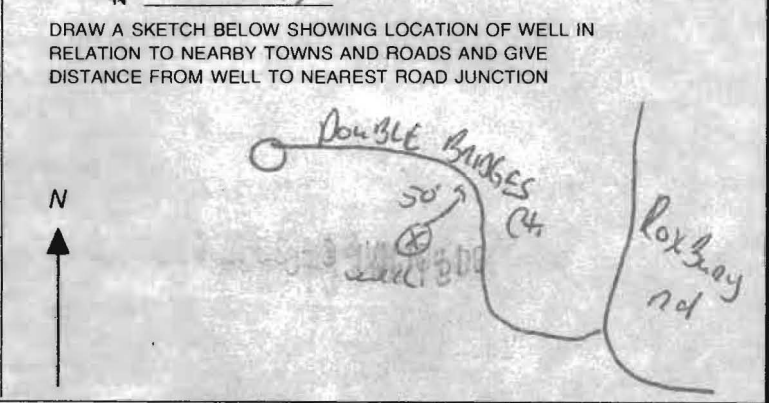
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard 9522520
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/30/06 10/30/09
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 519 000 EAST GRID 787 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
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 790 87
N 520 15
000
000

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER Ex-Ho G
PERMIT No. HO-95-1697
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

**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# MSD 009

*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: Stewart Kret Homes Telephone #: 410 312 5160
Subdivision: Merrinether Farm Lot #: 9 Well Tag #: HO-95-1697
Site Address: 15035 Double Bridges Ct
Greenig, MD 21731

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ISSQEDT-160</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>12</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>200'</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 adaptor or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

Piping to house	House Connection
Type: <u>1" POU 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: 12/16/13

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

Date Insp. Requested: 12/18/13 Date Insp. Approved: 12/19/13 Inspector: RA

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"/>

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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: Stevon Kret Homes Telephone #: 410 312 5160
Subdivision: Meriwether Farm Lot #: 9 Well Tag #: HO-95-1697
Site Address: 15035 Double Bridges Ct
Greenlg, MD 21731

<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>155GE07-180</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>12</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>200'</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" POU 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: 12/16/13

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 _____

Two piece cap installed and attached to casing securely _____

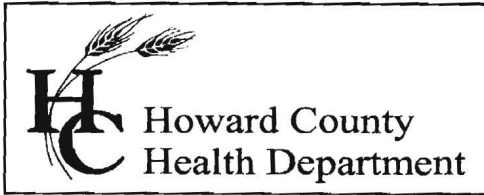
Elec. conduit extends at least 18" below grade/attached to cap properly _____

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 _____



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
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 – October 2, 2014

May 2, 2014

Homeowner
15035 Double Bridges Court
Glenwood, Maryland 21738

RE: Meriwether, Lot #9
15035 Double Bridges Court
Building Permit: B13002076
Well Permit: HO-95-1697

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 **4/28/2014**. Final approval of the well line connection to the dwelling was granted on **12/18/2013**. The well construction was completed on **12/14/2008**. Water samples were collected on **4/21/2014**.

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-95-1697. 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.**

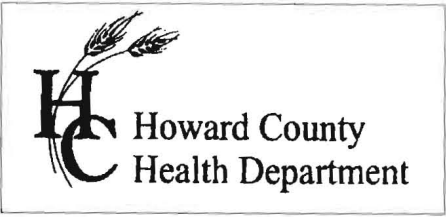
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in cursive script that reads "Dana Bernard". The signature is written in black ink and is positioned above the printed name.

Dana Bernard, REHS,RS
Environmental Sanitarian
Well & Septic Program

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



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. 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:

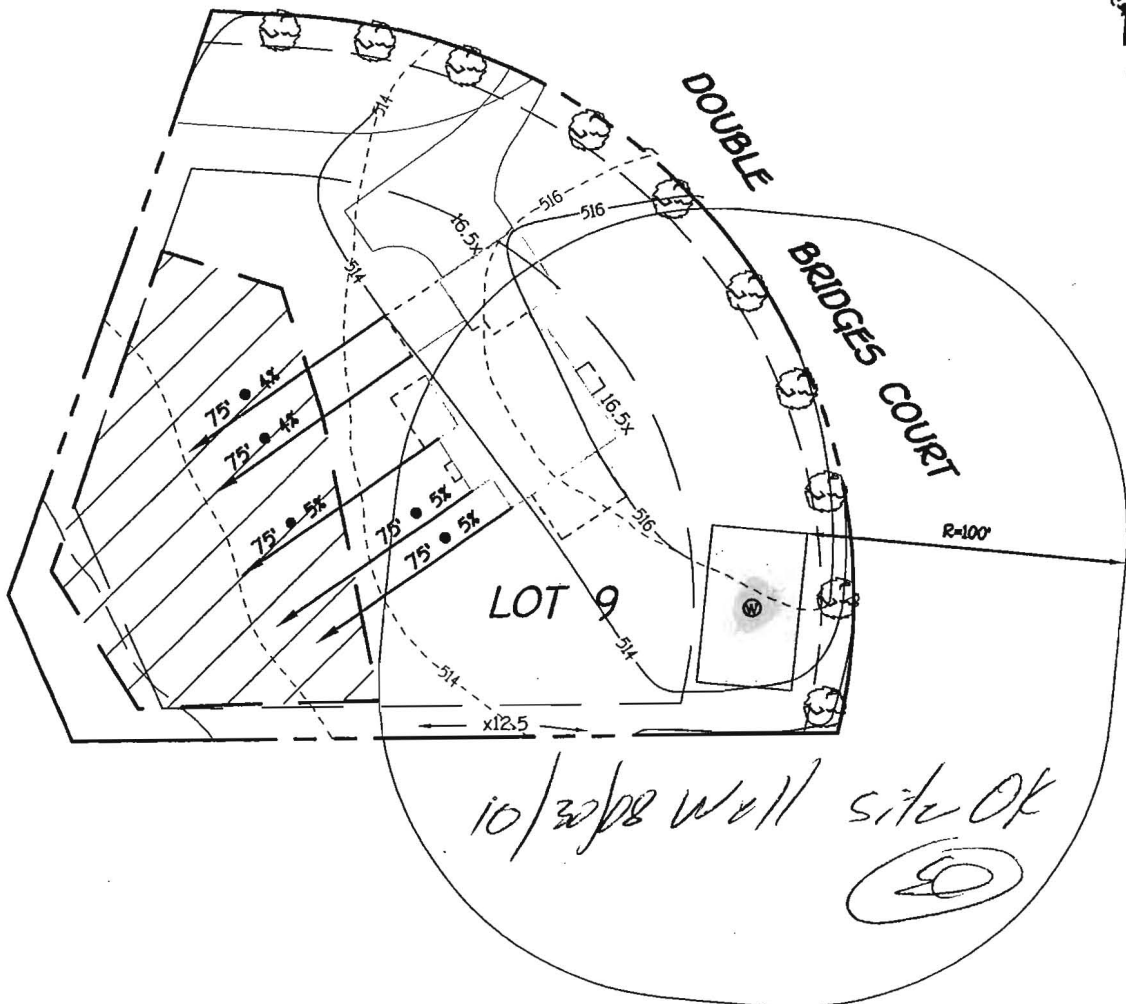
Meriwether, Section 1	9	Double Bridges Court
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by Fisher, Collins & Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on Oct. 7 & 8, 2008 (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



**MERIWETHER FARM
SECTION ONE**

WELL LOCATION PLAN
LOT 9
ZONED RC-DEO
TAX MAP No. 21 GRID No.14, 15, 20 & 21
PARCEL No. 24
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=60' DATE: OCT. 6, 2008

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2255

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 #: 93885 Account #: 1930
Reference: Stuart Kret Homes Lot 9 Company: Fogle's Well Drilling
Location: 15035 Double Bridges Court Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 4/21/2014 1405 Site: Kitchen Sink Tap
Date/Time Rec'd: 4/21/2014 1610 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: J. Fogle 1974JF Well #: HO-95-1697

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	4/22/2014 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0 /	MPN/ 100 ml	<1.0	SM18 9223	4/22/2014 / 1030 / LLO
Nitrate	1.20 /	mg/L	10	601	4/22/2014 / 1500 / BCD
Turbidity	1.74 /	NTU	<10	SM18 2130B	4/22/2014 / 0840 / JKW
Sand	NS /	mg/L	5	Visual/Gravimetric	4/22/2014 / 0840 / JKW

OK
DB
5-2-14

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

Reason for Test : Use & Occupancy

Building Permit # : B13002076

Date Reported: 4/22/2014