

C1 **6635**  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED  
 IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.  
 (DENV USE ONLY)

**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 **A522 987**  
 NUMBER

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
**0721111**

Depth of Well  
**205**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**40-95-2168**

OWNER **Heritage Realty & Land Development**  
 STREET OR RFD last name **Po Box 482** first name  
 TOWN **LISBON MD**  
 SUBDIVISION **Meriwether Farm** SECTION **2** LOT **30**

**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	45	✓
Sand Stone	45	55	
MICKA	55	90	
Sand Stone	90	95	✓
MICKA	95	160	
Sand Stone	160	165	✓
MICKA	165	205	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **20** NO. OF POUNDS **200**  
 GALLONS OF WATER **120**  
 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**PL** **6** **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**

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 119**  
 DRILLERS SIGNATURE **[Signature]**  
 (MUST MATCH SIGNATURE ON APPLICATION)

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

**C2**

EACH CASING SCREEN	DEPTH (nearest ft.)	
	1	2
1	<b>HO 58</b>	<b>205</b>
2		
3		

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

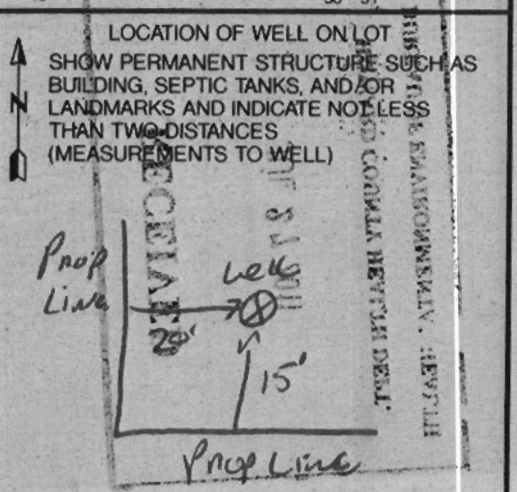
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

**C3**

**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 **72**  
 WHEN PUMPING **58**  
 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:  
 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)  
**-** below } **2**



B 1	<b>0970</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 535255 please type	STATE PERMIT NUMBER <b>Ho-95-2168</b> <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) 06-15-11

8 MM DD YY 13

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

36 Street or RFD PO BOX 482 55

57 Town Lisbon MD. 21765 State 72 Zip 76

**LOCATION OF WELL**

B 3 Howard

8 COUNTY Meriweather Farm 21

23 SUBDIVISION 42

SECTION 2 LOT 30

44 46 48 50

52 NEAREST TOWN GLENELA 71

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

73 76 77 78

**DRILLER INFORMATION**

Driller's Name Ralph E. Mayne M S D 117 License No. 81

Firm Name Ralph E. Mayne Well Drilling

Address 17024 Handy Rd Mt Airy MD 21771

Signature [Signature] Date 6/10/11

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD Meriweather Rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 40 DISTANCE FROM ROAD 38 39

ENTER FT OR MI

TAX MAP: 21 BLK: 16 PARCEL 28

**WELL INFORMATION**

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)

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 [Signature] INSERT S → 41

DATE ISSUED 7/13/2011 CO SIGNATURE Brian Baber EXP. DATE 7/13/2012

43 MM DD YY 48

NORTH GRID 520 0 0 0 EAST GRID 791 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 7901

N 51920

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 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

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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 130'

Meriweather Rd.

Roxbury Rd.

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

APPROX. PERMIT NUMBER HO2008G010

PERMIT No. HO-95-2168

70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE PERMIT SPECIALS IF NEEDED

Wells within 100' must be simultaneously yield tested



**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 #: 30 Well Tag #: HO-95-2168  
Site Address: 14900 Meriwether Dr  
Greenlg, 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>155QE07-180</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>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>		

Piping to house  
Type: 1" poly pipe  
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 (5' minimum from foundation): 6'  
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.

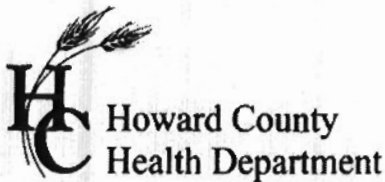
Signature of company representative responsible for installation: Allen Compton date: 8-19-13

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/20/13 Inspector: BB

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"/>



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      30      Meriwether Drive  
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

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



**B.M.P. No. 10**  
BIO-RETENTION &  
PRIVATELY OWNED &  
MAINTAINED BY HOMEOWNER

**MERIMETHER DRIVE**

**PUBLIC ACCESS STREET**

**LOT 30**  
46,236 sq. ft.

**LOT 29**  
49,973 sq. ft.

PRIVATE 20' DRAINAGE &  
UTILITY EASEMENT

ENVIRONMENTAL  
SETBACK (TIP)

14700

14700

488

486

10'

30'

10'

B-23

B-24

488  
N. PER. END

5137

6008

494

498

5134

5132

502-110'

30'

5131

30'

506

508

510

75'

512

516

75'

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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 3 + 29 - use back end of  
well box

Lots 42 + 45 may need special  
conditions