

B 1 0830
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER
HD-95-1689
70 fill in this form completely 79

Date Received (APA)
OWNER INFORMATION
8 MM DD YY 13
Heritage Realty
15 Last Name Owner First Name 34
1550 W. AVE
36 Street or RFD 55
Lisbon MD. 21765
57 Town 70 State 72 Zip 76

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

DRILLER INFORMATION
Ralph E. MAYNE M S D 119
76 Driller's Name License No. 81
Ralph E. MAYNE INC.
Firm Name
17024 Handy Rd. Mt. Airy MD. 21771
Address
Signature Date 9/30/08

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH
N
W 8-9 E 8-9
W 8 E 8
S 8-9 S 8-9
TOWN
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
11 NEAR WHAT ROAD Double Bridges Ct. 30
34 50 37 DISTANCE FROM ROAD ft.
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 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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 A522520
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/30/08 State 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" NEAREST INCH

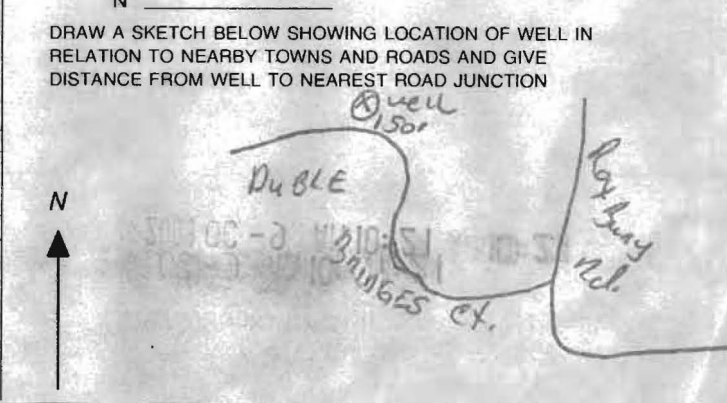
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 292 87
N 520 15
000
000

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 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
39 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER EX-40 G
PERMIT No. HD-95-1689
70 71 72 73 74 75 76 77 78 79

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



C1 7171 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 4522520

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

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED 11 13 08 Depth of Well 300 6/18/2013 (TO NEAREST FOOT) O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-95-1684

OWNER last name first name TOWN SUBDIVISION SECTION LOT

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, Sandstone, MICKA.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES NO

- CIRCLE APPROPRIATE LETTER 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. 1 M D

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD

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

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

SCREEN RECORD

screen type or open hole (insert appropriate code below) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes slot size and diameter of screen.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other jet submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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

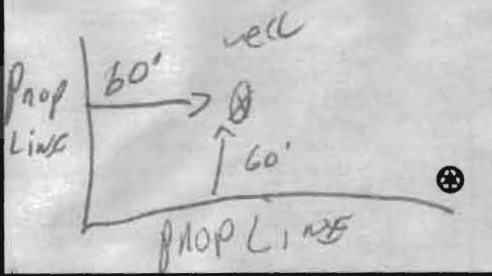
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

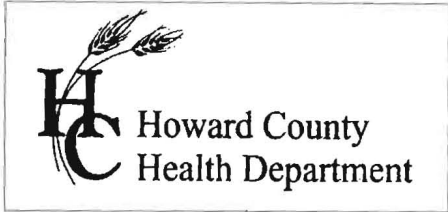
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE below (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)





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:

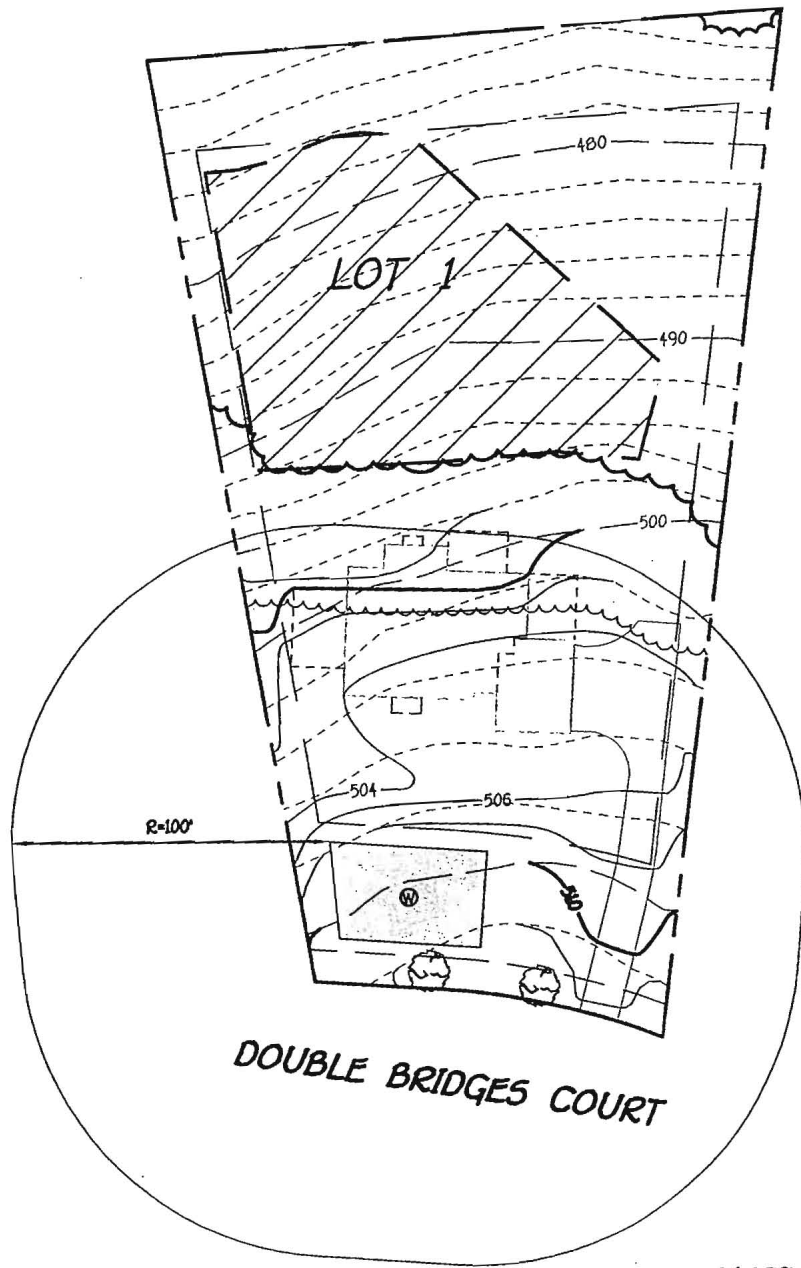
Meriwether, Section 1	1	Double Bridges Court
Subdivision/Property Name	Lot #	Road Name

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



10/30/08
 Well Box
 OK (50)

**MERIWETHER FARM
 SECTION ONE**

WELL LOCATION PLAN
 LOT 1
 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



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 Main: 410-313-2640 | 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

**REQUEST FOR PERMANENT DEVIATION TO
 NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 10/23/14 WELL PERMIT #: HO - 95 - 1689
 PROPERTY OWNER: Mike Croser
 SUBDIVISION & LOT #: Meriwether lot #1
 PROPERTY ADDRESS: 15034 Double Bridges Ct.

CONDITIONS:

- 1) The well installed under permit # HO - 95 - 1689 has been documented to have a nitrate level of 0.4 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on 7/10/14 indicated that the nitrate contamination has been reduced to 21.0 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO 95 - 1689. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

[Handwritten Signature]

Prospective Owner's Day Time Phone Number(s)

443-324-4775

**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: Stewart Kret Homes Telephone #: 410-312-5160
Subdivision: Mexi Weather Farm Lot #: 1 Well Tag #: HO-95-1689
Site Address: 15034 Double Bridges Ct
Greenlg, MD

<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>ISSQE07-186</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>7</u> GPM	Depth: <u>30"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>5gpm</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>300</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): 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.

Allen Compton

Signature of company representative responsible for installation

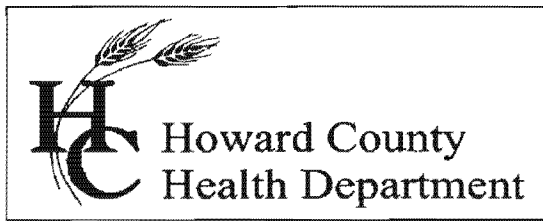
12/16/13

date

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

Date Insp. Requested: 12/18/13 Date Insp. Approved: 12/18/13 Inspector: MP

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

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

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES

Expiration Date – May 13, 2014

November 13, 2014

Homeowner
15034 Double Bridges Court
Glenelg, MD 21737

RE: Meriwether, lot#1
15034 Double Bridges Court
Building Permit: B#13002075
Well Permit: HO-95-1689

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 **7/21/2014**. Final approval of the well line connection to the dwelling was granted on **12/18/2013**. The well construction was completed on **11/17/2008**. Water samples were collected on **4/21/2014, 5/12/2014 and 7/10/2014**.

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.

The untreated water sample collected on **4/21/2014** indicated a nitrate level of **11.0 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **7/10/2014** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-1689. 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 quality 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,

Hank Oswald

Hank Oswald
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 #: 95132 Account #: 1930
Reference: Steuart Kret Homes Lot 1 Company: Fogle's Well Drilling
Location: 15034 Double Bridges Court Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 7/10/2014 1341 Site: R/O @ Kitchen Sink
Date/Time Rec'd: 7/10/2014 1520 Treatment: Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Fogle 1974JF Well #: HO-95-1689

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
✓ Nitrate	<1.0	mg/L	10	601	7/10/2014 / 1635 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 pH and Chlorine level tested in lab
- 5 Sample collected by client, analyzed as received

Reason for Test : Client's Information

Date Reported: 7/11/2014

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 #: 93884 Account #: 1930
Reference: Steuart Kret Homes Lot 1 Company: Fogle's Well Drilling
Location: 15034 Double Bridges Court Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 4/21/2014 1356 Site: Kitchen Sink Tap
Date/Time Rec'd: 4/21/2014 1610 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Fogle 1974JF Well #: HO-95-1689

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	11.6	mg/L	10	601	4/22/2014 / 1500 / BCD
✗ Turbidity	11.0	NTU	<10	SM18 2130B	4/22/2014 / 0840 / JKW
✓ Sand	NS	mg/L	5	Visual/Gravimetric	4/22/2014 / 0840 / JKW

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 # : B13002075

Date Reported: 4/22/2014

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 #:	94151	Account #:	1930
Reference:	Steuart Kret Homes Lot 1	Company:	Fogle's Well Drilling
Location:	15034 Double Bridges Court Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	5/12/2014 1127	Source:	Well Water
Date/Time Rec'd:	5/12/2014 1240	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Prior to Reverse Osmosis
Collected By:	J. Fogle 1974JF	pH:	5.9
		Well #:	HO-95-1689

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
✓ Turbidity	2.31	NTU	<10	SM18 2130B	5/13/2014 / 0830 / JKW

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 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 pH and Chlorine level tested in lab
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : B13002075

Date Reported: 5/13/2014