

C116605

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER

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

ST/CO USE ONLY

DATE RECEIVED MM 12 DO 21 YY 12

DATE WELL COMPLETED

MM 11 DO 21 YY 12

DEPTH OF WELL

22 175 26 2/1/2013

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95-2383

OWNER D. R. HORTON, WELL SITE ADDRESS Vista Ridge, TOWN COOKSVILLE, SUBDIVISION, SECTION, LOT 8

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Orange Loamy, Light Brown Loamy, Dark Brown Loamy, Gray Limestone, and Quartz.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF BOUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

Casing types insert appropriate code below (Steel, Concrete, Plastic, Other), MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns for diameter (inch) and depth (feet)

SCREEN RECORD

screen type or open hole (Steel, Brass, Bronze, Plastic, Open Hole, Other)

DEPTH (nearest ft.)

Table for depth with columns for slot size (1, 2, 3) and diameter of screen (56, 60 inch)

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03, PUMPING RATE (gal. per min.) 6, METHOD USED TO MEASURE PUMPING RATE 19 gal, WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft, WHEN PUMPING 99 ft, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) YES, 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) 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 02 (nearest foot)

LATITUDE 3 9.3217087, LONGITUDE 7 7.0155640 (DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

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 SD 009, Driller's Signature: Allen Compton

LIC. NO. 1 D

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

B 1	09382	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 538027-M please type	STATE PERMIT NUMBER HO -95 -2383 fill in this form completely
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Date Received (APA) 05/16/12

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34
D.R. Horton Inc

36 Street or RFD 55
1356 Beverly Rd Suite 300

57 Town 70 State 72 Zip 76
McLean, Va 22101

B 3 LOCATION OF WELL

8 COUNTY 21
Howard

23 SUBDIVISION 42
Vista Ridge

SECTION 44 46 LOT 48 50
8

52 NEAREST TOWN 71
Cookeville

DRILLER INFORMATION

Driller's Name 76 License No. 81
Allen Compton MS D009

Firm Name
Fokes Well Drilling, LLC

Address
PO Box 202 Woodbine, Md 20971

Signature Date
Allen Compton 7-1-12

B 4 SOURCES OF DRILLING WATER

1. 11 STREET ADDRESS 30
Drovers Lane

2. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

3. NORTH N
WEST W SOUTH S EAST E

34 50 37
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 23 PARCEL 176

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
500

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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME 13
Howard A516045

STATE SIGNATURE INSERT S 41

DATE ISSUED 43 MM DD YY 48
9/24/12 KAT 9/24/13

CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 24 28 FEET
300

APPROXIMATE DIAMETER OF WELL INCH
6

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

38 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

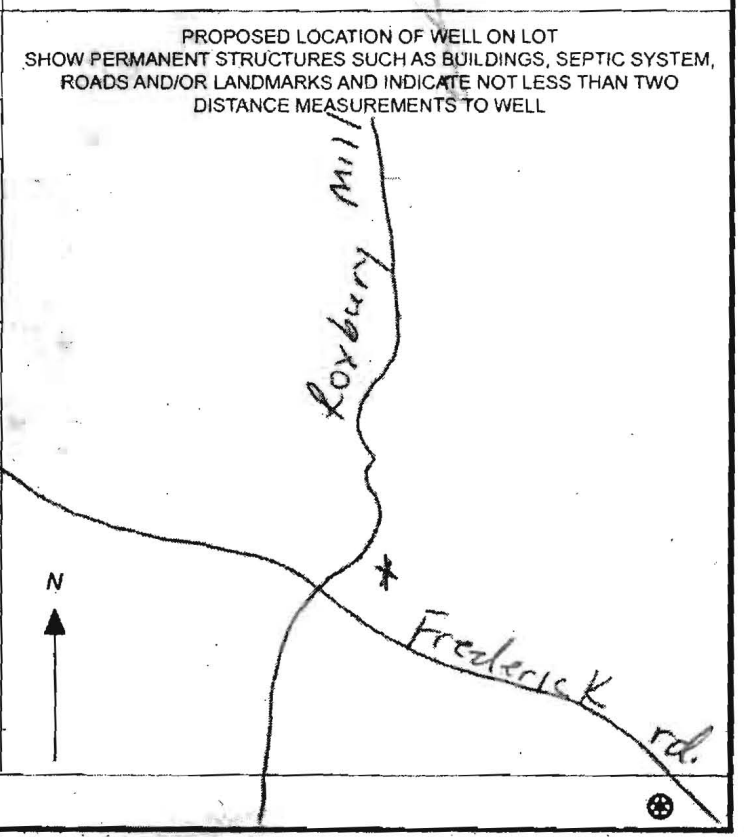
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G

PERMIT No. HO -95 -2383
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 #: 410 795-9070
Address: PO Box 2023
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): David C Fogle License# MSD2226

*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: D.R. Horton Telephone #: 240-863-8154
Subdivision: Vista Ridge Lot #: 8 Well Tag #: HO-95-2383
Site Address: 2026 Drovers Lane
Rockville, MD 21723

<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>155GEC7-186</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>6</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>175</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 wrenches, 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" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>1/2" (160 psi min)</u>	Length of sleeves (minimum from foundation): <u>5'</u>
Depth of supply line: <u>36"</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: David Fogle date: 7-15-14

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

Date Insp. Requested: 7/15/14 Date Insp. Approved: 7/17/14 Inspector: RR

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

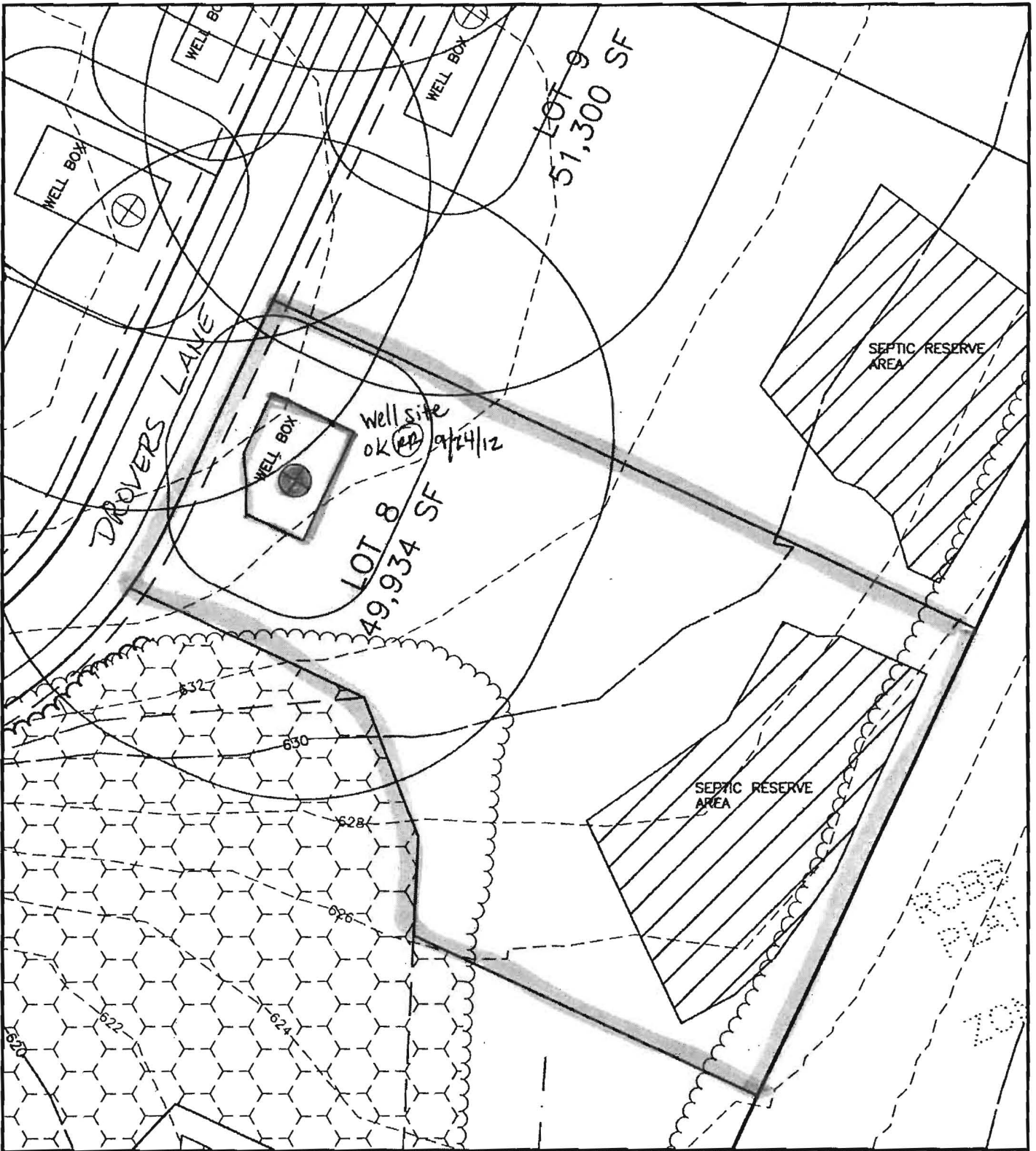
Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

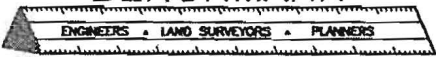
Adequate grout observed below pitless adapter

Pitless under water - not inspected/corrected 7/17/14 RR

Connection at house buried pitless under water - corrected 7/17/14 RR



BENCHMARK



ENGINEERING, INC.

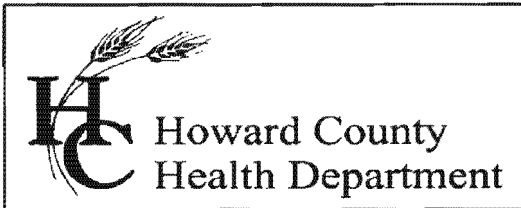
8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644

**WELL EXHIBIT
 VISTA RIDGE**

LOT 8

FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 5/16/12



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 20, 2015

March 20, 2015

Homeowner
2026 Drovers Lane
Cooksville, MD 21723

RE: Vista Ridge, Lot 8
2026 Drovers Lane
Building Permit: B13004107
Well Permit: HO-95-2383

Dear Homeowner:

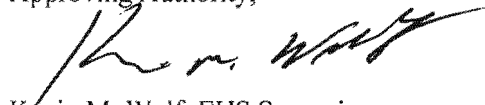
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on 7/7/2014. Final approval of the well line connection to the dwelling was granted on 7/17/2014. The well construction was completed on 11/21/2012. Water samples were collected on 3/11/2015.

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-95-2383. 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.**

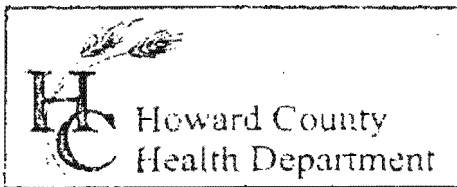
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Kevin M. Wolf, EHS Supervisor
Environmental Health Specialist
Well & Septic Program

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

Let #8-21

TO ALL INTERESTED PARTIES

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

- The well site has been staked by Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 7/13/12 (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 6/10/03


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 #: 99351 Account #: 1930
Reference: D.R. Horton Lot 8 Company: Fogle's Well Drilling
Location: 2026 Drovers Lane Requested By: Dave Fogle
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 3/11/2015 1351 Site: Kitchen Sink Tap
Date/Time Rec'd: 3/11/2015 1515 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Fogle 1974JF Well #: HO-95-2383

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/12/2015 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/12/2015 / 1015 / LLO
Nitrate	4.03	mg/L	10	601	3/11/2015 / 1625 / CRS
Turbidity	1.14	NTU	<10	SM18 2130B	3/11/2015 / 1640 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/11/2015 / 1640 / CRS

OK 

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 # : B13004107

Date Reported: 3/12/2015