

C1 6618

SEQUENCE NO. (DENY 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 A52298D

ST/GO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

9/16/2011 O.K. PB

PERMIT NO. FROM "PERMIT TO DRILL WELL"

062011

060111

22 140 26 (TO NEAREST FOOT)

AR-95-2116

OWNER: Heritage Realty & Land Development, last name first name TOWN: LISBON MD, SUBDIVISION: Meriwether Farm, SECTION: 2, LOT: 39

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, Sand Stone, MICKA, Sand Stone, MICKA, Sand Stone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 18, NO. OF POUNDS: 1800

C3

PUMPING TEST

HOURS PUMPED: 3, PUMPING RATE: 10 gal. per min., METHOD USED TO MEASURE PUMPING RATE: bucket, WATER LEVEL: 99, BEFORE PUMPING: 98, WHEN PUMPING: 98, TYPE OF PUMP USED: submersible

CASING RECORD

MAIN CASING TYPE: PL, Nominal diameter: 6, Total depth of main casing: 140

OTHER CASING (if used)

Empty casing record table.

SCREEN RECORD

screen type or open hole: HO (OPEN HOLE), SLOT SIZE: 1, 2, 3

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

C2

DEPTH (nearest ft.)

Table for screen depth with columns for depth (8-51) and slot size (1-3).

PUMP INSTALLED

DRILLER WILL INSTALL PUMP: YES, TYPE OF PUMP INSTALLED: submersible, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT: 24

WELL HYDROFRACTURED: Y

- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

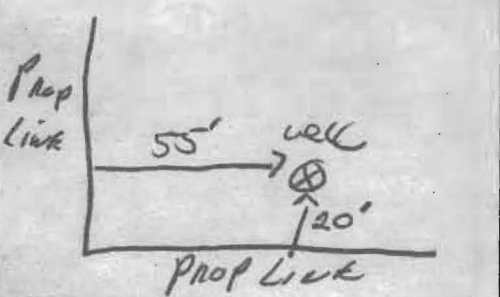
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. MSD 119, DRILLERS SIGNATURE: [Signature]

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.), WQ (74, 75, 76)

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)



B 1 0948  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

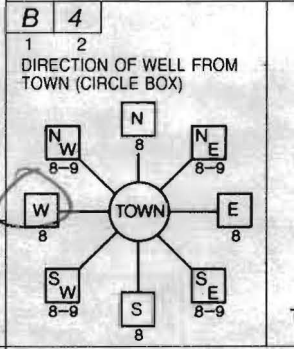
STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
535167 please type

STATE PERMIT NUMBER  
HO-95-2116  
70 fill in this form completely 79

Date Received (APA) 04 20 11  
OWNER INFORMATION  
8 MM DD YY 13  
Heritage Land Development  
15 Last Name Owner First Name 34  
P.O. Box 482  
36 Street or RFD 55  
Lisbon MD 21765  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
Howard  
8 COUNTY 21  
Meriwether Farm  
23 SUBDIVISION 42  
SECTION 2 44 46 LOT 39 48 50  
Glendy  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 2 M I  
73 76 77 78

DRILLER INFORMATION  
Ralph E Mayne M SD 117  
Driller's Name 76 License No. 81  
Ralph Mayne Well Drilling  
Firm Name  
17024 Hardy Rd., Mt. Airy, MD 21771  
Address  
Signature Date 4/19/11



B 4  
1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
Meriwether DR  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W 32 EAST E  
SOUTH S  
34 330 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 21 BLK: 16 PARCEL 28

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)
  - I INDUSTRIAL, COMMERCIAL, DEWATERING
  - P PUBLIC WATER SUPPLY WELL
  - T TEST, OBSERVATION, MONITORING
  - G GEO-THERMAL

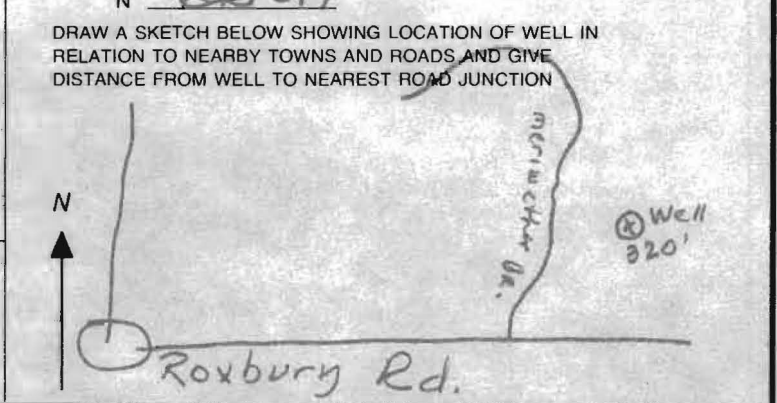
NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL  
Howard (13) A522987  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S → 41  
DATE ISSUED 5/2/2011 Brian Baber 5/2/2012  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 519 0 0 0 EAST GRID 792 0 0 0  
50 55 57 63

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 500 792  
N 000 519  
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 DEEPEAN 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 HO 2008G 010  
PERMIT No. HO-95-2116  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS 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 Telephone #: 443-609-4195  
Address: P.O. Box 202  
Woodlawn 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: Toll Brothers Telephone #: 410-489-7407  
Subdivision: Cattail Overlook Lot #: 39 Well Tag #: HO-95-2116  
Site Address: 19844 Meriwether Dr

**Submersible Pump Data**

Make: Cerundfos  
Model #: 1550607-180  
Pump Capacity: 7 GPM  
Well Yield: 10 GPM

**Pitless Adapter**

Make: Cambell  
Model#: NA  
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

Depth of well encountered at time of pump installation: 140' (feet) Conduit secured to well cap: yes  
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" Black Poly Pipe  
PSI: 160 (160 psi min)  
Depth of supply line: 43" (36" min)

**House Connection**

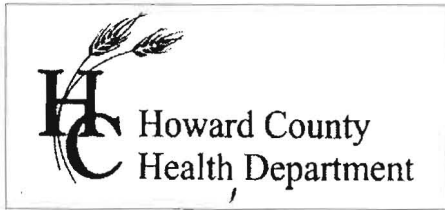
PVC sleeve to undisturbed soil at wall penetration: yes  
Length of sleeve (5' minimum from foundation): 5'  
Sleeve sealed properly: yes

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: 9/14/12

**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 \_\_\_\_\_



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:

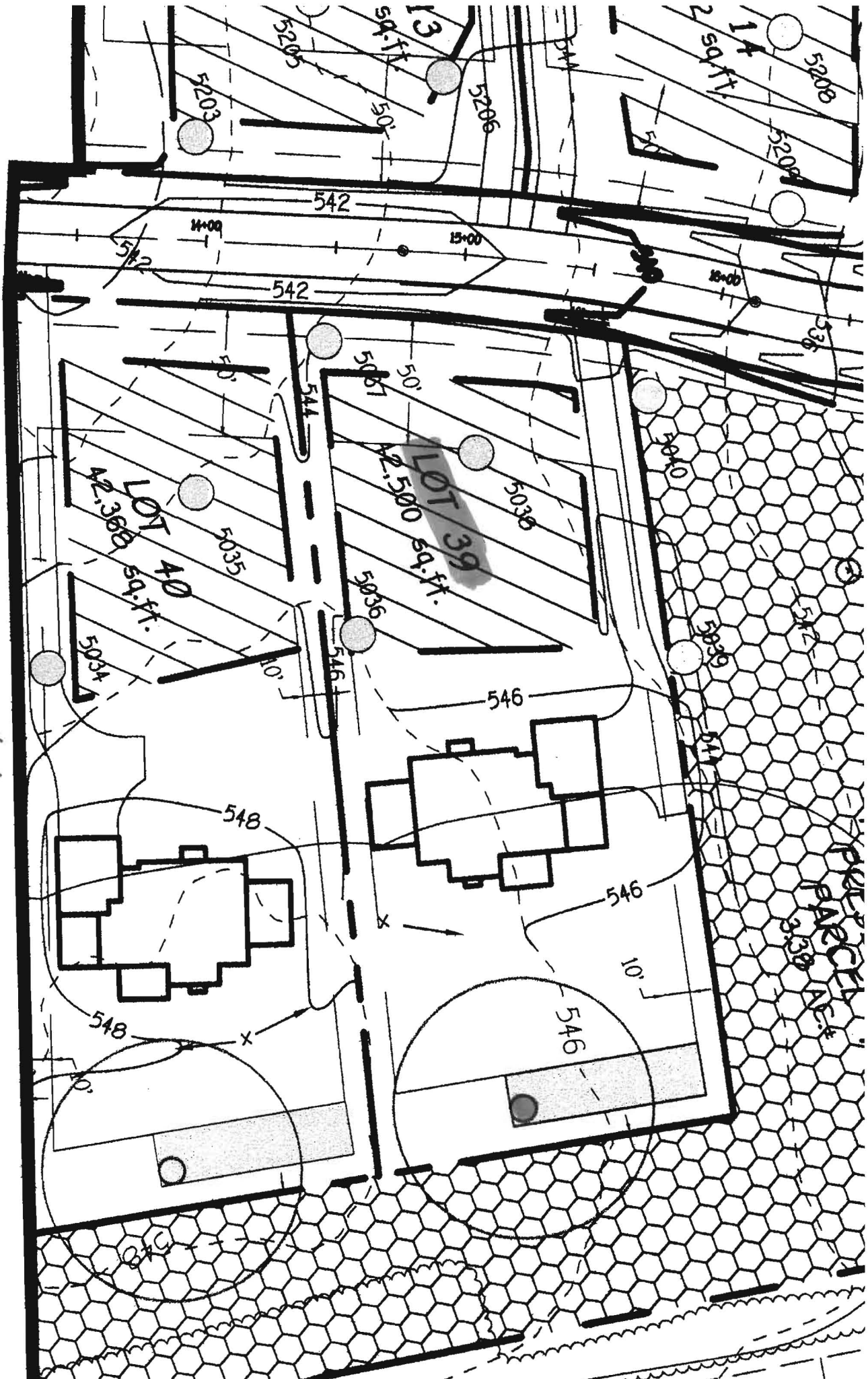
Well Site Location:

Meriwether Farm, Sec. II, Ph. 2	39	Meriwether Drive
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

- The well site has been staked by Fisher, Collins & Carter, Inc.,  
 (professional land surveyor or company employing professional land surveyors)  
 on 03/21/11 (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.

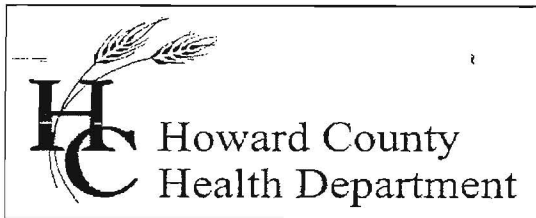
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07



5/2/2011  
 Mill Site Plan  
 (BB)

PURPOSE  
 PARTIAL  
 3.30



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 – July 23, 2013

January 23, 2013

Homeowner  
14844 Meriwether Drive  
Glenelg, Maryland, 21737

**RE: Meriwether Drive, Lot #39**  
**14844 Meriwether Drive**  
**Building Permit: B12001467**  
**Well Permit: HO-95-2116**

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 **1/22/2013**. Final approval of the well line connection to the dwelling was granted on **1/22/2013**. The well construction was completed on **06/01/2013**. Water samples were collected on **1/11/2013**.

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-95-2116. 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,

*Dana Bernard*

DanaBernard, REHS,RS  
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 #:	87728	Account #:	1930
Reference:	Toll Brothers Lot 39	Company:	Fogle's Well Drilling
Location:	14844 Meriwether Drive Glennelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	1/11/2013 0908	Source:	Well Water
Date/Time Rec'd:	1/11/2013 1050	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	5.8
		Well #:	HO-95-2116

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/12/2013 / 0900 / JKW
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/12/2013 / 0900 / JKW
Nitrate	4.11	mg/L	10	601	1/11/2013 / 1530 / BCD
Turbidity	8.37	NTU	<10	SM18 2130B	1/11/2013 / 1516 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	1/11/2013 / 1517 / JKW

OK  
DB  
2-23-2013

**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 & Chlorine level tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : B12001467

Date Reported: 1/14/2013

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

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