

C1 6593

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.

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

COUNTY NUMBER 13

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

DATE WELL COMPLETED  
MM DD YY  
05 19 06

Depth of Well  
22 140 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HP-95-0028

OWNER JTS Corp.  
STREET OR RFD Masqueville Farm Ct TOWN Charmely  
SUBDIVISION " " SECTION 21/12/12 LOT 12

**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	50	✓
Sand Stone	50	55	
MICKA	55	99	
Sand Stone	90	95	✓
MICKA	95	140	

**GROUTING RECORD** yes no  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 19 NO. OF POUNDS 1900  
GALLONS OF WATER 114  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 30+ ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below  
STEEL  ST CONCRETE  CO  
PLASTIC  PL OTHER  OT  
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 68  
60 61 63 64 66 70

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

**SCREEN RECORD**  
screen type or open hole insert appropriate code below  
STEEL  ST BRASS  BR OPEN HOLE  HO  
BRONZE  PL PLASTIC  PL OTHER  OT

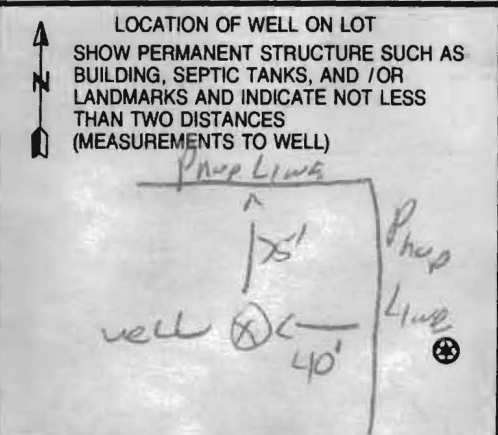
**DEPTH (nearest ft.)**  
1 2  
HO 66 140  
E 1 8 9 11 15 17 21  
A 2 23 24 26 30 32 36  
C 3 38 39 41 45 47 51  
H 3  
S  
R  
E  
E  
N  
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
56 \_\_\_\_\_ 60 \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_

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

**C 3**  
**PUMPING TEST**  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 15  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 37 ft.  
WHEN PUMPING 67 ft.  
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 INSTALLED PUMP (CIRCLE) (YES or NO) YES  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 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)  
49 \_\_\_\_\_ 50 51 \_\_\_\_\_



NUMBER OF UNSUCCESSFUL WELLS: 0

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 LIC. NO. M S D 112  
DRILLERS SIGNATURE [Signature]  
LIC. NO. D

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

B 1 8914

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 522472

STATE PERMIT NUMBER

HD-95-0028 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

J.T.S. Corp. Owner Last Name First Name 34 8800 Centre Park M. Suite 209 Street or RFD 55 Columbia MD. 21045 Town State Zip 76

B 3

LOCATION OF WELL

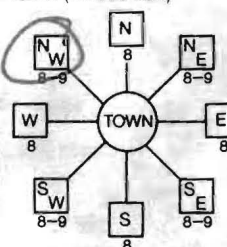
Howard COUNTY 21 Musgrove Farm SUBDIVISION 42 SECTION 44 46 LOT 12 48 50 GLENELG NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

DRILLER INFORMATION

Ralph E. Mayae MS D 17 Driller's Name License No. 81 Ralph E. Mayae Inc Firm Name 17024 Handy Rd Mt Airy MD. 21771 Address 2/16/05 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Musgrove Farm Ct. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 360 37 WEST SOUTH 38 39 EAST DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 21 BLK: 12 PARCEL 12

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (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 COUNTY NAME 13 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 6/2/05 CO SIGNATURE 6/2/06 EXP. DATE 43 MM DD YY 48 NORTH GRID 524 000 EAST GRID 799 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 64 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 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 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 DEEPEMED 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 HD 2005 G 002 PERMIT No. HD-95-0028 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

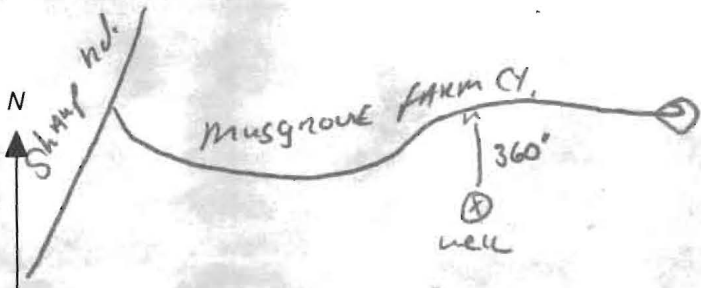
SOURCES OF DRILLING WATER

- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

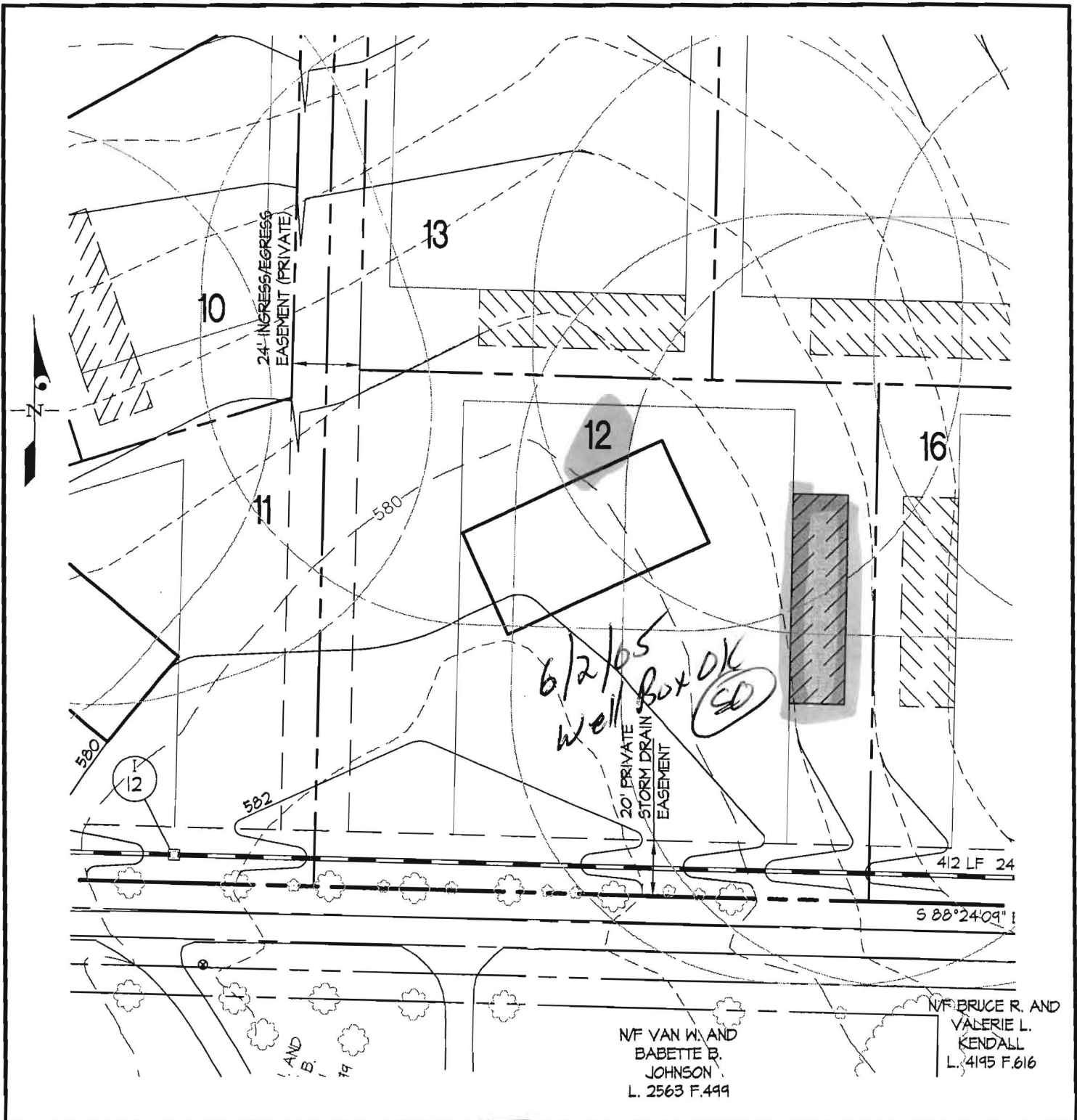
E 525 799 000 N 800 524 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS





**LEGEND**



CONCEPTUAL HOUSE BOX

4022  
W-12

WELL SURVEY POINT



WELL BOX

**WELL LOCATION EXHIBIT - LOT 12**

**MUSGROVE FARM**

Lots 1 thru 30, Buildable Preservation Parcels 'A'  
and Non-Buildable Preservation Parcels 'C' and 'D'

**GLWGUTSCHICK LITTLE & WEBER, PA.**

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS

3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK

BURTONSVILLE, MARYLAND 20866

TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'

ZONING: RC/RR-DEO

TAX MAP/GRID: 22-12,22-1&7

GLW JOB NO: 01171

APR., 2005

1 OF 1

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: 6003 Woodbine Rd 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# MS0009

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Ryan Homes Telephone #: 410-796-0980
Subdivision: Musgrove Farm Lot #: 12 Well Tag #: HO-95-0028
Site Address: 14346 Musgrove Farm Ct

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Campbell Two piece watertight cap: YES
Model #: 1550007-180 Model #: N/A Screened, vented well cap: YES
Pump Capacity 15 GPM Depth: 36 (36" min) Cap secured to casing: YES
Well Yield: 30+ GPM NSF approved: 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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve (5 foot minimum): 5

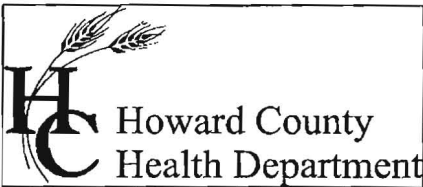
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: YES

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 7/21/09
Signature of company representative responsible for installation date

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

Date Insp. Requested: Date Insp. Approved: 7/23/09 (80)
Inspection Data: Pitless adapter and 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 installed inside of well 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  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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Peter L. Beilenson, M.D., M.P.H., Health Officer

September 9, 2009

Homeowner  
14346 Musgrove Farm Court  
Glenwood, MD 21738

RE: Musgrove Farm, Lot 12  
14346 Musgrove Farm Court  
BP# B09001183  
Well Tag #: HO-95-0028

Dear Homeowner:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 09/08/2009. Final approval of the well line connection to the dwelling was approved on 07/23/2009.**

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 water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

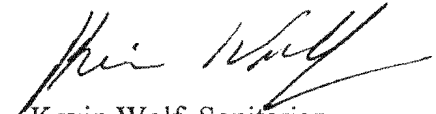
#### INTERIM CERTIFICATE OF POTABILITY

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-95-0028. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Samples: 09/01/2009  
Date of Well Completion: 05/19/2006

Approving Authority,

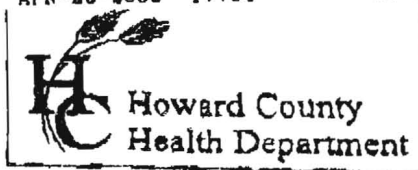


Kevin Wolf, Sanitarian  
Well & Septic Program

Cc: Building Inspector's Office  
Community Health Services  
File

APR-26-2005 17:04

J. THOMAS SCRIVENER



3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2923 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

ATTENTION WELL DRILLERS!!!

Musgrove Farm

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Gutachick Little & Weber PA on 05/05/05 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

Apr. 26 2005 04:55PM P2

FAX NO. : 4104899734

FROM : RALPH WAYNE WELL DRILLING

TOTAL P.02

TOTAL P.02

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1435 Old Taneytown Rd., Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 72528 Account #: 1930  
 Reference: Ryan Homes Lot 12 Company: Fogle's Well Drilling  
 Location: 14346 Musgrove Farm Court Requested By: Dave Fogle  
 Glenwood, MD 21738 Source: Well Water  
 Date/ Time Collected: 9/1/2009 1400 Site: Kitchen Sink Tap  
 Date/Time Rec'd: 9/1/2009 1557 Treatment: Prior to Rev. Osmosis  
 Chlorine ppm: Free: ND Total: ND pH: 6.2  
 Collected By: V.M. Fadoul 6804VF-FS Well #: HO-95-0028

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/2/2009 / 1015 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/2/2009 / 1015 / BCD
Nitrate	9.10	mg/L	10	601	9/1/2009 / 1645 / CCH
Turbidity	0.46	NTU	<10	SM18 2130B	9/1/2009 / 1630 / CCH
Sand	NS	mg/L	5	Visual/Gravimetr	9/1/2009 / 1630 / CCH

**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 on site

Reason for Test : Use & Occupancy  
 Building Permit # : B09001183

Date Reported: 9/2/2009