

C1 05859

SEQUENCE NO. (MDE 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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

OK 4/10/15 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Toll Brothers, WELL SITE ADDRESS: 17540 Meriwether Dr., TOWN: Glenelg, SUBDIVISION: Cattail Overlook, SECTION: , LOT: 40

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: BROWN mica, Gray white, 0-74, 74-225.

GRROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 32, NO. OF POUNDS: 208, GALLONS OF WATER: 192, DEPTH OF GROUT SEAL: 0 to 82 ft.

CASING RECORD: MAIN CASING TYPE: ST (STEEL), Nominal diameter: 06, Total depth: 84.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from to.

SCREEN RECORD: screen type or open hole: HO (OPEN HOLE), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), 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...

DRILLERS LIC. NO.: M SD 009, DRILLERS SIGNATURE: Allen Smith

LIC. NO.: D

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

DEPTH (nearest ft.) table with columns: T, A, C, R, E, N and rows for different casing types.

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

PUMPING TEST: HOURS PUMPED: 01, PUMPING RATE: 10 gal. per min., METHOD USED TO MEASURE PUMPING RATE: 19 gal, WATER LEVEL: 57 ft. before, 220 ft. when pumping.

PUMP INSTALLED: DRILLER INSTALLED PUMP: YES, TYPE OF PUMP INSTALLED: A (air), CAPACITY: 31-35 GALLONS PER MINUTE, PUMP HORSE POWER: 37-41, PUMP COLUMN LENGTH: 43-47, CASING HEIGHT: 49, LAND SURFACE: 01 (nearest foot)

LATITUDE 39.2575264, LONGITUDE 77.0274429 (DEFAULT COORD. WGS 84)

NOTES:

B 1	25444	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-14-0053 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13
Toll Brothers

15 Last Name Owner First Name 34
14880 Meriwether Dr.

36 Street or RFD 55
Glenelg Md. 21737

57 Town 70 State 72 Zip 76

LOCATION OF WELL

8 COUNTY 21
Howard

23 SUBDIVISION 42
Meriwether Farms

SECTION **2** LOT **40**

44 46 48 50

52 NEAREST TOWN 71
Glenelg

DRILLER INFORMATION

Driller's Name **Allen Compton** License No. **M S D 009**

Firm Name **Fogles Well Drilling, LLC**

Address **P.O. Box 202 Woodbine, Md 21797**

Signature **Allen Compton** Date **8-18-14**

SOURCES OF DRILLING WATER

1. **14840 Meriwether Dr.**

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **50** 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: **0021** BLK: **0016** PARCEL **0028**

WELL INFORMATION

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)

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

Howard **(13)**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → _____

DATE ISSUED **7/2/14** **7/2/15**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL **300** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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

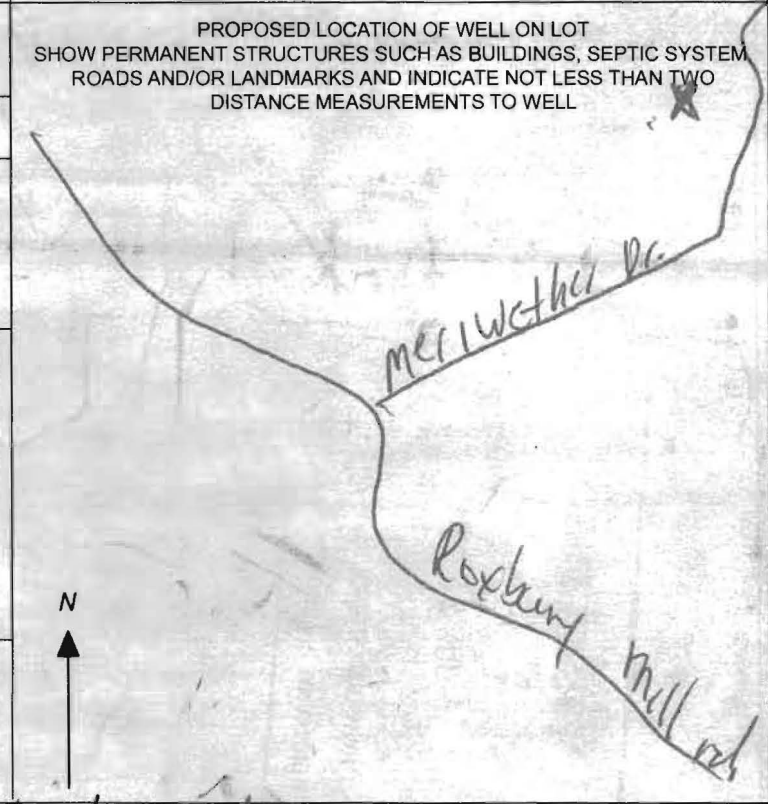
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO-14-0053**

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS **Driller to construct well w/ steel casing.**

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK
 4/10/15 SC

DATE WELL ABANDONED: 8/7/14 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

140-95-2117

* PERMIT NUMBER OF REPLACEMENT WELL:

140-14-0053

* PERSON ABANDONING WELL: Allen Compton

WELL DRILLER'S LICENSE NUMBER: 009

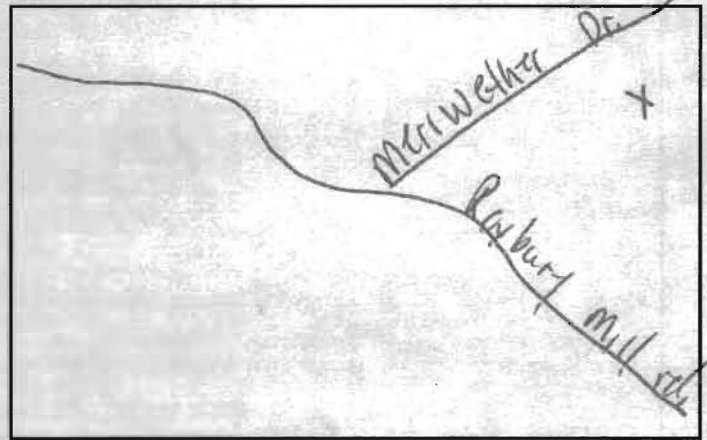
CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Toll Brothers

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Glenela
 TAX MAP 0021 BLOCK 0016 PARCEL 0028
 SUBDIVISION: Cat Hair Overlook
 SECTION: _____ LOT: 40
 STREET ADDRESS: 14840 Meriwether Dr.

SITE LOCATION MAP



LATITUDE 3 9.2574348

LONGITUDE 7 7.0274353

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED HAND DUG
- OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>90</u>
<u>Stone</u>	<u>90</u>	<u>140</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 140 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Compton LICENSE# 009

MWD / MSD / MGS

CIRCLE ONE

DATE 8-12-14

**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 5676
Address: PO Box 202J
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# MSD 226

*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 #: 410-489-7408
Subdivision: CATTAN OVERLOOK Lot #: 40 Well Tag #: BO-14-0053
Site Address: 14840 Meriwether Dr
Glebe, MD 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Lampbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155GFD7-180</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>30gpm</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>225</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 inside of well casing N/A

Piping to house

Type: 1" PEX pipe

PSI: 160 (160 psi min)

Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES

Length of sleeve (5" minimum from foundation): 5'

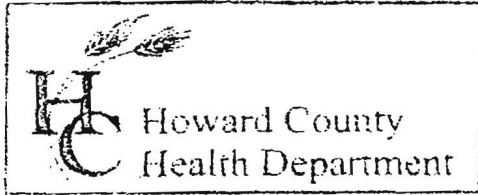
Sleeve sealed properly: YES

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: David Fogle date: 7-11-14

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

Date Insp. Requested: _____	Date Insp. Approved: <u>7/14/14</u>	Inspector: <u>(Signature)</u>
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 3" 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"/>



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

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 ESE
(professional land surveyor or company employing professional land surveyors)
on 5/28/14 (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



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

July 16, 2014

Homeowner
14840 Meriwether Drive
Glenelg, MD 21737

RE: **Replacement Well Sampling**
14840 Meriwether Drive
Well Permit # HO-14-0053

Dear Homeowner:

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested. The existing well (HO-95-2117) has been sealed by Allen Compten (MSD009) per COMAR 26.04.04.11. Documentation is to be submitted by the driller to all appointed authorities that this task has been completed.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2645. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

A handwritten signature in black ink that reads 'Kevin M. Wolf, R.E.H.S., LEHS'. The signature is written in a cursive style.

Kevin M. Wolf, R.E.H.S./R.S., LEHS
Howard County Health Dept
Groundwater Mgmt. Sec.

Cc: Community Hygiene Program
Toll Brothers, attn: Dawn 14881 Meriwether Dr., Glenelg, MD 21737
File