

C 1 16675

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

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Orange clay, Orange Loamy, Light Brown, Gray, Brown, Gray, Brown, Gray.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

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

SCREEN RECORD

screen type or open hole, insert appropriate code below.

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A, E, P

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

DRILLERS LIC. NO. 1, DRILLERS SIGNATURE, LIC. NO. 1

C 2 DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E, N. Rows include H0 62, 125.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LATITUDE 39.3238144, LONGITUDE 77.0193890 (DEFAULT COORD. WGS 84)

NOTES:

B 1 09385

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO -95 -2389

fill in this form completely

538027-E please type

Date Received (APA)

08/06/12

OWNER INFORMATION

D.B. Horton INC 1356 Beverly Rd Suite 300 McLean, Va 22101

B 3

LOCATION OF WELL

Howard 8 COUNTY Vista Ridge 23 SUBDIVISION SECTION 44 46 LOT 48 50 COOKSVILLE 52 NEAREST TOWN

DRILLER INFORMATION

Allen Compton MS D 0009 Eagles Well Drilling, LLC Po Box 202 Woodbine, MD 21797 Allen Compton 7-11-12

B 4

SOURCES OF DRILLING WATER

1. 2. 3.

Drovers Drovers Lane 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 380' 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 8 BLK: 23 PARCEL 176

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

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 A516045 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 09/26/2012 CO SIGNATURE EXP. DATE 9/26/13

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 DEEPEMED AN EXISTING WELL

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

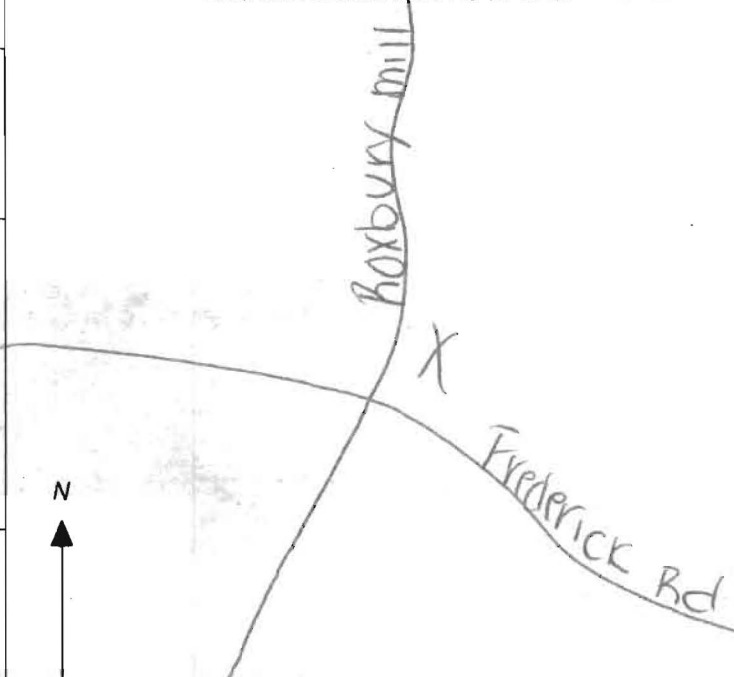
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER PERMIT No. HO -95 -2389

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



**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 #: 410-795-5670
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): David C. Fogle License # MSD226

*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 #: _____
Subdivision: Vista Ridge Lot #: 14 Well Tag #: HO-95-2389 V
Site Address: 2050 Drovers Lane
Cooksville, 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>155GE07-150</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>12</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>125</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

<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>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</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.

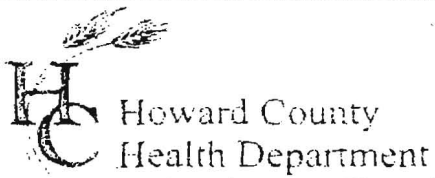
Signature of company representative responsible for installation: David Fogle date: 8-17-15

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

Date Insp. Requested: 8/18/15 Date Insp. Approved: 8/18/15 Inspector: SC
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



~10' sleeve under walkway



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

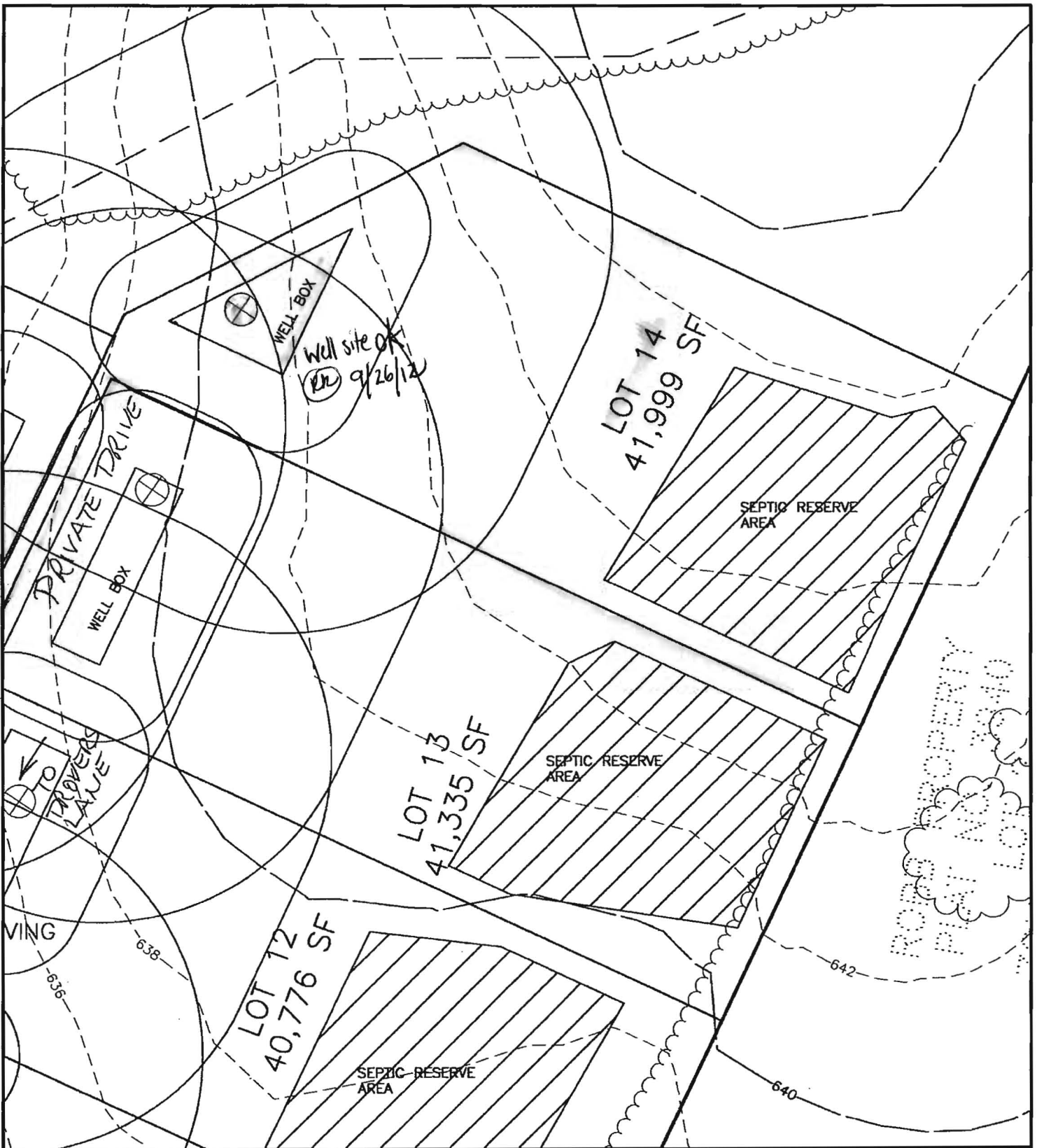
TO ALL INTERESTED PARTIES

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

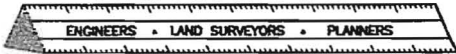
- The well site has been staked by Benchmark Engineering
(professional land surveyor or company employing professional land surveyors)
on 7/13/12 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in 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



BENCHMARK



ENGINEERING, INC.

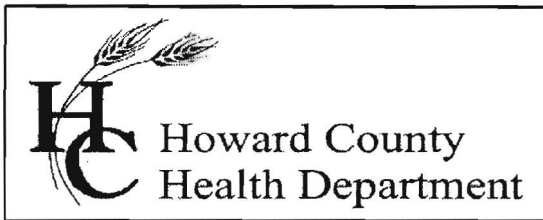
8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6644

**WELL EXHIBIT
VISTA RIDGE**

LOT 14

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 – JUNE 2, 2016

December 2, 2015

Homeowner
2050 Drovers Lane
Cooksville, MD 21723

**RE: Vista Ridge, Lot 14
2050 Drovers Lane
Building Permit: B14003022
Well Permit: HO-95-2389**

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 **9/15/2015**. Final approval of the well line connection to the dwelling was granted on **8/18/2015**. The well construction was completed on **2/19/2013**. Water samples were collected on **11/24/2015**.

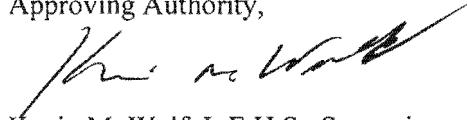
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2389. 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,



Kevin M. Wolf, L.E.H.S., Supervisor
Groundwater Management Section
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 #: 104425 Account #: 1930
Reference: Vista Ridge Lot 14 Company: Fogle's Well Drilling
Location: 2050 Drovers Lane Requested By: Dave Fogle
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 11/24/2015 1447 Site: Kitchen Sink Tap
Date/Time Rec'd: 11/24/2015 1555 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.2
Collected By: J. Fogle 1974JF Well #: HO-95-2389

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/25/2015 / 1015 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/25/2015 / 1015 / CCH
Nitrate	2.33	mg/L	10	601	11/25/2015 / 1430 / CRS
Turbidity	1.48	NTU	<10	SM18 2130B	11/25/2015 / 1505 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	11/25/2015 / 1505 / CRS

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 # : 14003022

Date Reported: 11/25/2015