

C1 16662

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, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing

GROUTING RECORD form: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD form: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) table with columns: diameter, depth

SCREEN RECORD form: screen type or open hole, insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED

- 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., DRILLERS SIGNATURE, LIC. NO.

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

DEPTH (nearest ft.) table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST form: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

PUMP INSTALLED form: DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

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

NOTES:

B 1 09390 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6 53027-J please type APPLICATION FOR PERMIT TO DRILL WELL HO -95 -2394
 70 fill in this form completely 79

Date Received (APA) 08 06 12
 8 MM DD YY 13 OWNER INFORMATION
 15 Last Name D.B. Horton INC Owner First Name 34
 36 Street or RFD 1356 Beverly RD suite 300 55
 57 Town melecin, VA 22101 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Vista Ridge 42
 SECTION 19 LOT 19
 44 46 48 50
 52 NEAREST TOWN Cooksville 71

DRILLER INFORMATION
 76 Driller's Name Allen Compton M 5 D 009 License No. 81
 Firm Name Eagles Well Drilling, LLC
 Address P.O. Box 202 Woodbine MD, 21797
 Signature Allen Compton Date 7-11-12

B 4 SOURCES OF DRILLING WATER
 1. Drovers
 11 STREET ADDRESS Boyers Lane 30
 2. Boyers Lane
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 37 DISTANCE FROM ROAD 35/50 FT
 ENTER FT OR MI 38 39
 TAX MAP: 8 BLK: 23 PARCEL 176

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)
 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

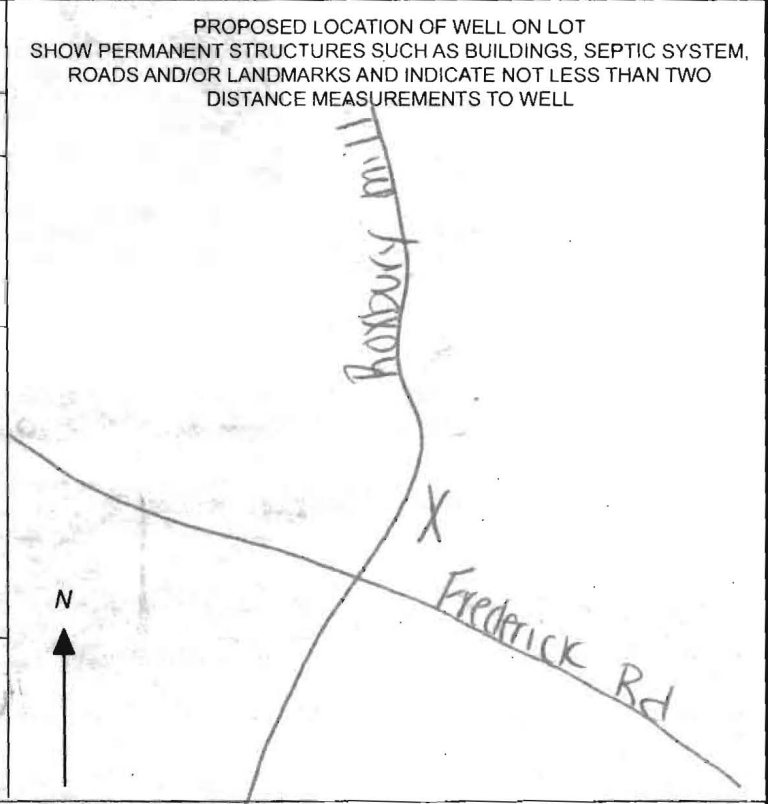
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. A516045 13
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 09/26/2012 R. R. J. 9/26/13
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 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
 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)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO -95 -2394
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Yield Test Data Sheet

County File # _____

MD Well Permit #: OL-40-95-2394

Subdivision Name: Vista Ridge

Section: _____ Lot #: 19

Street Address: Drovers Lane

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface: 1 ft.

Well Depth: 175 ft.

Well Driller: Fogles

Must be submitted with the State of Maryland Well Completion Report

Submit to: Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385

NOTES:

Pump Start Time:	Static Water level:	PUMPING RATE () Time to fill	Calculated Flow (gallons per minute)
<u>7:30</u>	<u>51</u> ft.	<u>1</u> gal. bucket	
Time	Water Level Below M.P.	() Flow meter reading (if used)	
Water level and pumping rate must be recorded every 15 minutes			
1	<u>7:30</u>	<u>51</u> ft.	<u>7</u>
2	<u>7:45</u>	<u>80</u> ft.	<u>7</u>
3	<u>8:00</u>	<u>122</u> ft.	<u>7</u>
4		ft.	GPM
5	<u>8:15</u>	<u>122</u> ft.	<u>12</u>
6	<u>8:30</u>	<u>122</u> ft.	<u>12</u>
7	<u>8:45</u>	<u>122</u> ft.	<u>12</u>
8	<u>9:00</u>	<u>122</u> ft.	<u>12</u>
9	<u>9:15</u>	<u>122</u> ft.	<u>12</u>
10	<u>9:30</u>	<u>122</u> ft.	<u>12</u>
11	<u>9:45</u>	<u>122</u> ft.	<u>12</u>
12	<u>10:00</u>	<u>122</u> ft.	<u>12</u>
13	<u>10:15</u>	<u>122</u> ft.	<u>12</u>
14	<u>10:30</u>	<u>122</u> ft.	<u>12</u>
15	<u>10:45</u>	<u>122</u> ft.	<u>12</u>
16	<u>11:00</u>	<u>122</u> ft.	<u>12</u>
17	<u>11:15</u>	<u>122</u> ft.	<u>12</u>
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

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 9670
 Address: 3580 Obrecht Rd
Sylmar, MD 21154

(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# MSD2214

*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: PR Morton Telephone #: _____
 Subdivision: Wister Ridge Lot #: 19 Well Tag #: HO-95-2394 ✓
 Site Address: 2029 Drovers Lane
Coarsville, MD

<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>1580E01-180</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>5</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 1 1/2" B.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 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" poly pipe
 PSI: 200 (50 psi/min)
 Depth of supply line: 36 (36" min)

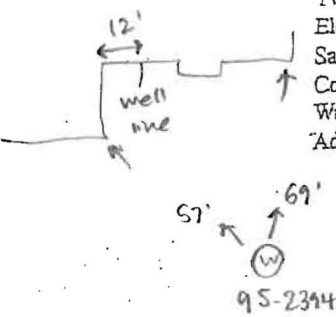
House Connection
 PVC sleeve to undisturbed soil at wall penetration: yes
 Length of sleeve (5" minimum from foundation): 6'
 Sleeve sealed properly: yes

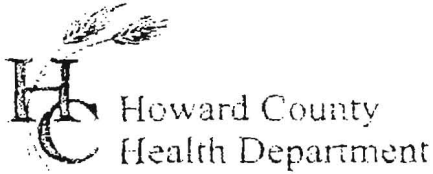
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 7/19/17

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

Date Insp. Requested: 7/19/17 Date Insp. Approved: 7/19/17 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 ✓





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

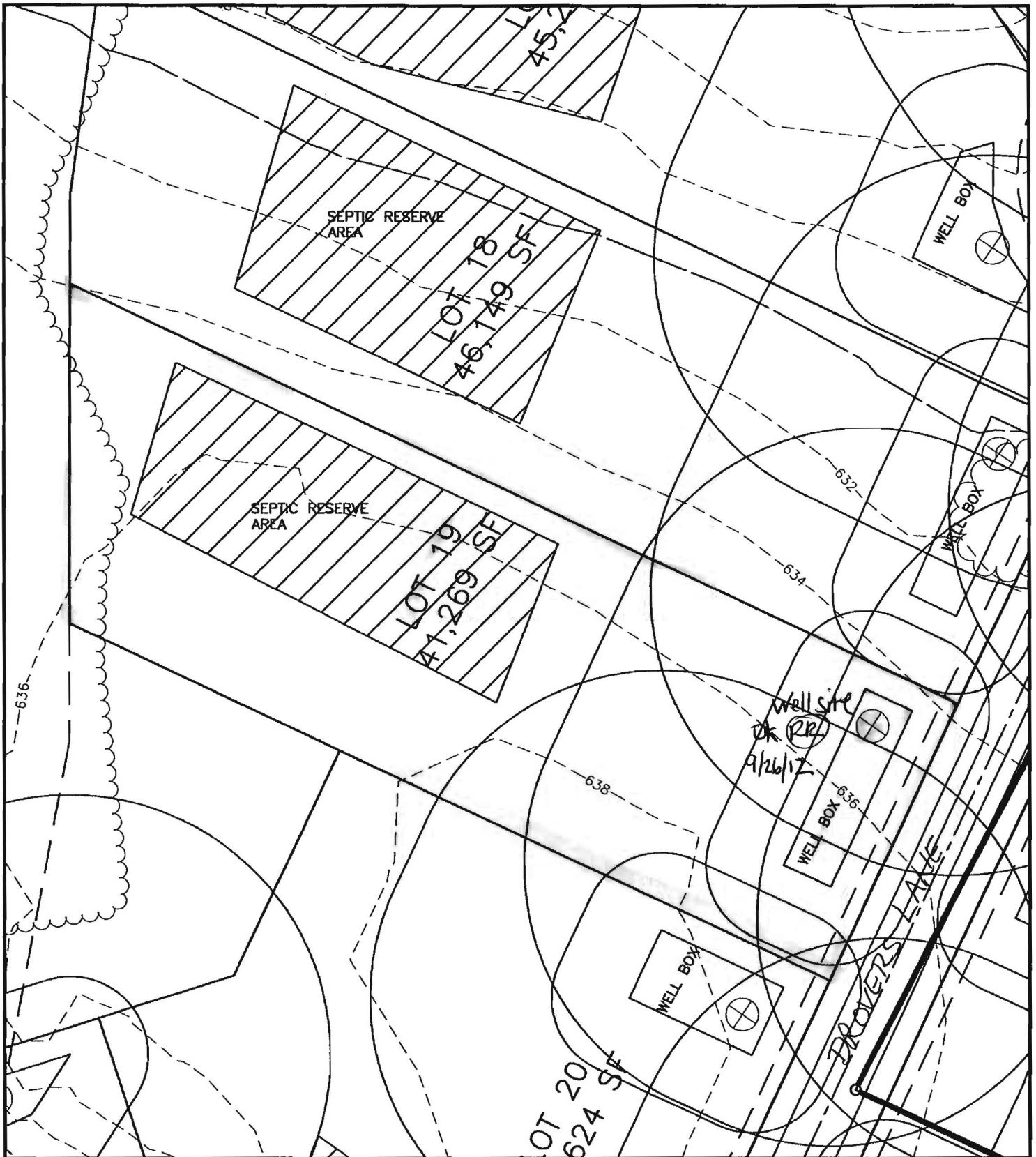
TO ALL INTERESTED PARTIES

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

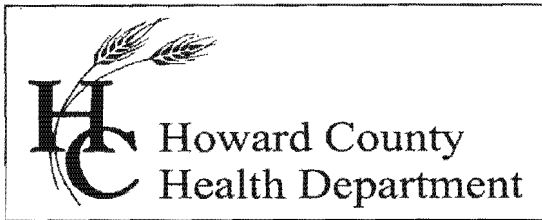


BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

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

**WELL EXHIBIT
 VISTA RIDGE**

LOT 19
 FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 5/16/12



Bureau of Environmental Health

8930 Stanford Boulevard, 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 – MARCH 15, 2018

September 15, 2017

Homeowner
2029 Drovers Lane
Cooksville, Maryland 21723

**RE: Vista Ridge, Lot 19
2029 Drovers Lane
Building Permit: B17000521
Well Permit: HO-95-2394**

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 7/26/2017. Final approval of the well line connection to the dwelling was granted on 7/19/2017. The well construction was completed on 11/2/2012. Water samples were collected on 9/13/2017.

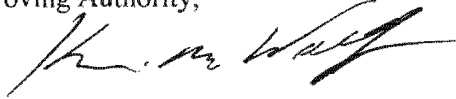
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2394. 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" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, L.E.H.S., R.E.H.S./RS, 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 #: 117008 Account #: 1933
Reference: DR Horton Vista Ridge Lot 19 Company: Fogles Well Pump/Water Treatment
Location: 2029 Drovers Lane Requested By: Dave Fogle
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 9/13/2017 1300 Site: Kitchen Faucet
Date/Time Rec'd: 9/13/2017 1355 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: R. Eyster 1061RE Well #: HO-95-2394

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	9/14/2017 / 0815 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	9/14/2017 / 0815 / LLO
Nitrate	<1.0	mg/L	10	601	9/14/2017 / 0930 / CRS
Turbidity	0.52	NTU	<10	SM20 2130B	9/14/2017 / 0945 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	9/14/2017 / 0945 / 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 Sample collected by client, analyzed as received
- 7 ND = None Detected
- 8 pH and Chlorine level tested in lab
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B17000521

Date Reported: 9/14/2017



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

Maura J. Rossman, M.D., Health Officer

October 4, 2017

Homeowner
2029 Drovers Lane
Cooksville, MD 21723

Dear Homeowner,

The Health Department received results from testing for sodium, chloride, and total dissolved solids (TDS) from your well water.

Elevated sodium levels in drinking water could affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 5.86 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from you well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 105 mg/L.**

Please contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: *Community Hygiene Program*
File

Send Report To: Bert Nixon

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205


E18001152002
Received: 09/19/2017
Metals HO-95-2394

Do not write above this line

Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-95-2394 Site Name: Vista Ridge - Lot 19 County: Howard

Sample Source: 2029 Drovers Lane Cooksville Collector: S. Collins
Street Town or City Name

Date Collected: 9 / 18 / 20 17 Time Collected: _____ a.m. 1:30 p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ _____ mL pH: < 2

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community Sediment Other _____
 Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample collected from outdoor hose bib - no treatment.

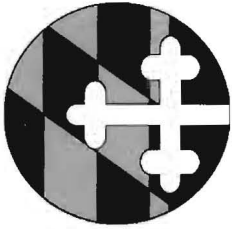
✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>SH</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: ___ / ___ / ___

•Phone: (443) 681-3857

•Fax: (443) 681-4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E18001152 Date Coll.: 09/18/2017 Date Received: 09/19/2017 Submitted By: Collins

Field ID: HO-95-2393
Lab No.: E18001152001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	5.86	ppm	09/21/2017

Comments:

Approved by: Yungso Choi

Approval date: 09/22/2017

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE18001153 Date Coll. 09/18/2017 Date Received 09/19/2017 Submitted By: S. Collins

Field ID: HO-95-2394
Lab No.: E18001153002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	09/22/2017
Total Dissolved Solids	SM 2540C	105	mg/L	09/22/2017

Comments:

Approved by: _____

Shahla Aneli

Approval date: 09/27/2017

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

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