

C 1 08191

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A 536689

ST/CO USE ONLY DATE RECEIVED MM DD YY 04 01 13

DATE WELL COMPLETED MM DD YY 03 04 13

Depth of Well 22 180 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2480

OWNER RENA FRO H.E. JR. WELL SITE ADDRESS OFF MD 144 TOWN WEST FRIENDSHIP SUBDIVISION RENA FRO PROP SECTION LOT I

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Clay, Brown Slate, Blue Slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 13 NO. OF POUNDS 1350

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 47

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

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

DEPTH (nearest ft.) 45 180

Table with columns: E A C H S R E E N, diameter of screen, slot size

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 19 ft. WHEN PUMPING 25 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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. 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 () below LAND SURFACE 2 (nearest foot)

LATITUDE 3 9.31213 LONGITUDE 7 6.99323 (DEFAULT COORD. WGS 84) NOTES:

B 1 14973

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 95 - 2480 fill in this form completely

544526 please type

Date Received (APA) 020513

OWNER INFORMATION

8 MM DD YY 13 RENEWRO H.E. JR. 15 Last Name Owner First Name 34 13765 Rt. 144 36 Street or RFD 55 West FRIENDSHIP MD. 21794 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21 RENEWRO Property 23 SUBDIVISION 42 SECTION 44 46 LOT I 48 50 West FRIENDSHIP 52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name RALPH E. MAYNE M SD 117 76 License No. 81 Firm Name RALPH MAYNE WELL DRILLING Address 7024 HARDY RD. Mt. Airy MD, 21771 Address 214113 Date

B 4

SOURCES OF DRILLING WATER

11 OFF MD RT. 144 STREET ADDRESS 30 1. well 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W SOUTH S EAST E 34 350 37 DISTANCE FROM ROAD 14 ENTER FT OR MI 38 39 TAX MAP: 15 BLK: PARCEL 178

B 2 WELL INFORMATION

1 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 [O] OPEN LOOP GEOTHERMAL [C] CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A536089 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 02/20/2013 CO SIGNATURE EXP. DATE 2/20/14

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST INCH

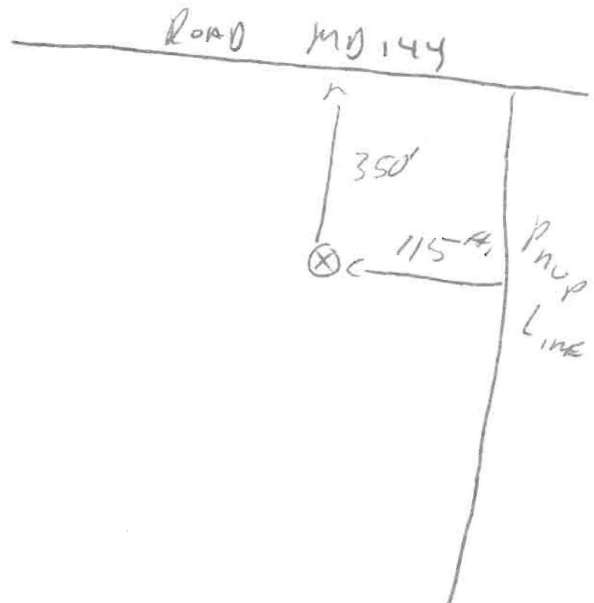
METHOD OF DRILLING (circle one)

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

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



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

APPROX. PERMIT NUMBER G PERMIT No. HO - 95 - 2480

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 Fitting

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: Fogies Well Pump & Water Treatment, LLC Telephone #: 410-795-5670
 Address: 580 Obrecht Rd
Sykesville, MD 21784

(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 Fogie License # MSP226

*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: Tony Faris Telephone #: 240-444-7543
 Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2480
 Site Address: 13787 Frederick Rd
West Friendship, MD 21794

| <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>15S8E07-180</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>9 gpm</u> GPM | NSF/WSC approved: <u>YES</u> | Conduit min 1 1/2" E.G.: <u>YES</u> |
| Depth of well encountered at time of pump installation: <u>180</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 17.2.4
 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>Fitting 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> (60 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 C Fogie date: 5-9-18

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

Date Insp. Requested: 5/9/18 Date Insp. Approved: 7/5/18 Inspector: SC

| | |
|--|-------------------------------------|
| 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 1 1/2" 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 8" 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"/> |

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 12, 2019

July 12, 2018

Taylor Faris
13787 Frederick Road
West Friendship, MD 21794

RE: Renfro Property, Lot 1
13787 Frederick Road
Building Permit: B18000299
Well Permit: HO-95-2480

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 **7/10/2018**. Final approval of the well line connection to the dwelling was granted on **7/5/2018**. The well construction was completed on **3/4/2013**. Water samples were collected on **6/19/2018**.

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-95-2480. 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>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

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,

Keyin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

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

ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by Fisher-Collins-Carter on JAN 28 2013 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 OWNER NAME - H.E. RENFROW
Sub-NAME - RENFRO Prop. OFF MA 144
Lot # I

FREDERICK ROAD - MARYLAND ROUTE 144

SIXTY-SIX FOOT TURNPIKE ROAD
 THIRTY-THREE FEET EACH SIDE OF THE ORIGINAL
 CENTERLINE OF SURFACING
 (MD GENERAL ASSEMBLY ACTS OF 1787, CHAPTER 23)
 CONVEYED TO STATE ROADS COMMISSION BY DEED
 DATED DEC. 21, 1910
 LIBER W.W.L.E. 90, FOLIO 224

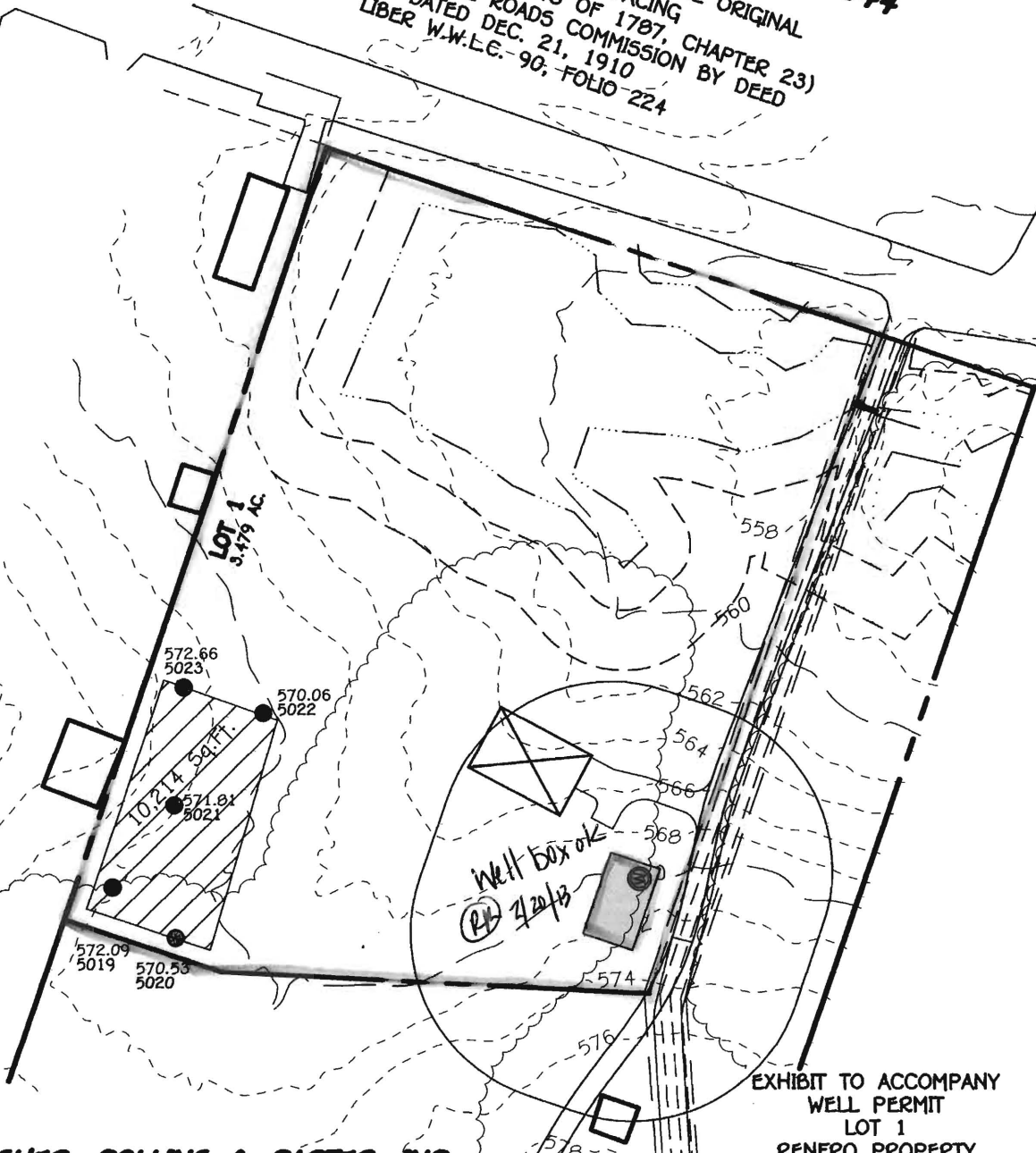


EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 1
 RENFRO PROPERTY
 BUILDABLE LOTS 1 THRU 5
 Tax Map: 15, Grid 1, Parcel: 178
 Third Election District
 Howard County, Maryland
 Date: January 28, 2013
 Scale 1"=100'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

I:\2011\11040\DWG\11040-3001WELL EXHIBIT LOT 1.dwg, Model, 1/28/2013 10:52:22 AM, 1:100

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 #: 122692 Account #: 1933
Reference: Taylor Faris Company: Fogles Well Pump & Treatment
Location: 13787 Frederick Road Requested By: Dave Fogle
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 6/19/2018 1430 Site: Pressure Tank
Date/Time Rec'd: 6/19/2018 1530 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: A. Berchok 1233AB Well #: HO-95-2480

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223 | 6/20/2018 / 1000 / CRS |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223 | 6/20/2018 / 1000 / CRS |
| Nitrate | 2.87 | mg/L | 10 | 601 | 6/20/2018 / 0900 / CRS |
| Turbidity | 2.19 | NTU | <10 | SM20 2130B | 6/20/2018 / 0920 / CRS |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 6/20/2018 / 0920 / CRS |

OK
7/10/18 SC

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 pH tested after recommended holding time
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 Sample collected by client, analyzed as received
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B18000299

Date Reported: 6/20/2018

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Location: 13787 Frederick Road Requested By: Dave Fogle
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 6/19/2018 1430 Site: Pressure Tank
Date/Time Rec'd: 6/19/2018 1530 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: A. Berchock 1233AB Well #: HO-95-2480

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223 | 6/20/2018 / 1000 / CRS |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223 | 6/20/2018 / 1000 / CRS |
| Nitrate | 2.87 | mg/L | 10 | 601 | 6/20/2018 / 0900 / CRS |
| Turbidity | 2.19 | NTU | <10 | SM20 2130B | 6/20/2018 / 0920 / CRS |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 6/20/2018 / 0920 / CRS |

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