

C1 27679

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.

COUNTY NUMBER 13

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM 08 DD 25 YY 17

MM 8 DD 18 YY 2017

22 360' 26 (TO NEAREST FOOT)

OK 8/29/17 sc

28 29 30 31 32 33 34 35 36 37 Ho- 17-0148

OWNER Highland Development Corporation
WELL SITE ADDRESS last name Curtis Vista Way first name TOWN Clarksville
SUBDIVISION Brighton Mill II SECTION LOT 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 1122
GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 43 ft.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 6 45

OTHER CASING (if used)

Table with columns for diameter inch and depth (feet) from to

SCREEN RECORD

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Sand, Mica Rock, Water 110, Drywell 520 back filled, 520-30 Drill materials, 30-0 cement.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 42 ft.

WHEN PUMPING 245 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

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)

LAND SURFACE 2 (nearest foot)

LATITUDE 39.21485

LONGITUDE 76.98296

(DEFAULT COORD. WGS 84)

NOTES:

Drywell 520

39.21498

76.98282

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES Y NO 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. 1 MS D 027

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.)

Table with columns for casing depth (feet) from to. Includes entries for HO 43, 360.

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

**B 1** SEQUENCE NO. (MDE USE ONLY) **42874** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **50X28-A** STATE PERMIT NUMBER **HO-17-0148**  
 1 2 3 6 70 fill in this form completely 79

**OWNER INFORMATION**  
 Date Received (APA) **05/02/17**  
 8 MM DD YY 13  
 15 Last Name **Highland Development Corp** Owner First Name **34**  
 36 Street or RFD **P.O. Box 228** 55  
 57 Town **Clarksville** Md **21029** 72 State 76 Zip

**B 3** LOCATION OF WELL  
 8 COUNTY **Howard** 21  
 23 SUBDIVISION **Brighton Mill II** 42  
 SECTION **44 46** LOT **2** 48 50  
 52 NEAREST TOWN **Clarksville** 71

**DRILLER INFORMATION**  
 Driller's Name **Larry Mayne** M **SD 027** 76 License No. 81  
 Firm Name **Joseph L. Mayne Well Drilling**  
 Address **5512 Ridge Rd Mt Airy Md 2127**  
 Signature **Larry Mayne** Date **4-25-2017**

**B 4** SOURCES OF DRILLING WATER  
 1. **Well**  
 2. **HCHD =**  
 3. **8/10/17 no one on-site**  
 11 STREET ADDRESS **Curtis Vista Way** 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 34 30 37 DISTANCE FROM ROAD **FT**  
 ENTER FT OR MI 38 39  
 TAX MAP: **34** BLK: **2** PARCEL **16**

**B 2** WELL INFORMATION  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 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

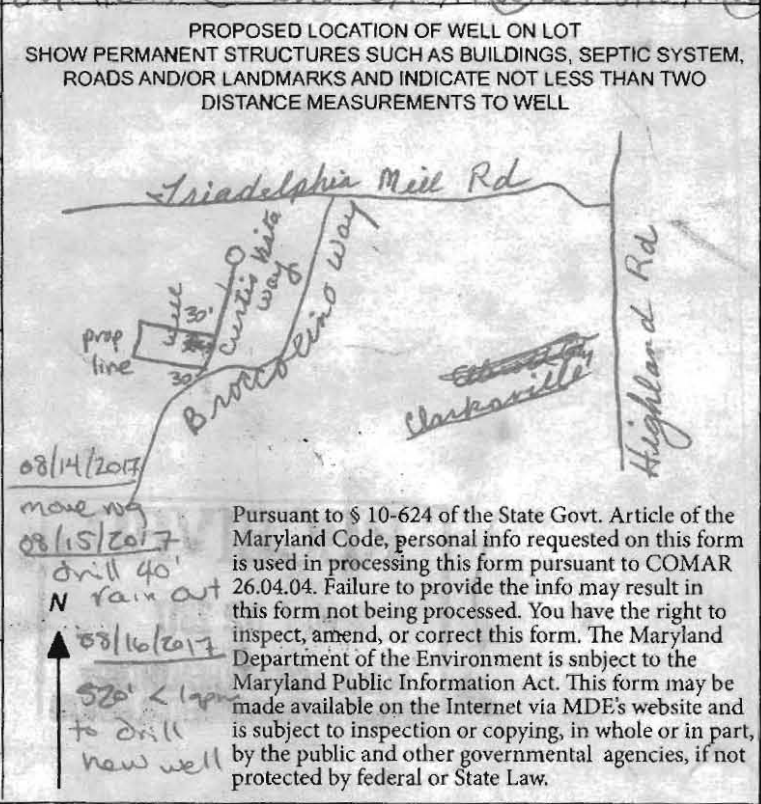
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME **Howard** COUNTY NO. **(13)**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED **6/8/17**  
 43 MM DD YY 48 CO SIGNATURE **SLC** EXP. DATE **6/8/18**  
 DNI **08/14/2017** DNI **08/18/17** DNI **9/18/17**

APPROXIMATE DEPTH OF WELL **320** 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-17-0148**  
 70 71 72 73 74 75 76 77 78 79



Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

**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 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: FOOLIES 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 Foote License #: MSD220

\*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: NVR INC Telephone #: \_\_\_\_\_  
Subdivision: Brighton mill Lot #: 2 Well Tag #: HO-17-0148 ✓ 11/13/2008 Ⓞ  
Site Address: 13607 Curtis Vista Way  
Clarksville, MD 21029

<u>Seismosible 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>7450742 Z</u>	Model #: <u>NA</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>4</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1 1/2" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>360</u> (feet)		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cutoff 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: NA

<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: <u>6'</u> (minimum from foundation)
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 Foote date: 11/12/18

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

Date Insp Requested: 11/13/2008 Date Insp Approved: 11/13/2008 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>40"</u>	<u>11/13/2008</u> Ⓞ
Two piece cap installed and attached to casing securely		
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>40"</u>	<u>11/13/2008</u> Ⓞ
Safety rope not outside of well casing		
Correct well tag attached properly and casing 8" above finished grade	<u>21"</u>	<u>11/13/2008</u> Ⓞ
Water supply line sleeved adequately at house connection	<u>5'</u>	<u>11/13/2008</u> Ⓞ
Adequate grout observed below pitless adapter		

Ec House  
11/13/2008

Rec'd



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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 17, 2019

December 17, 2018

Homeowner  
13607 Curtis Vista Way  
Clarksville, MD 21029

**RE: Brighton Mill II, Lot 2  
13607 Curtis Vista Way  
Building Permit: B18002760  
Well Permit: HO-17-0148**

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 **11/7/2018**. Final approval of the well line connection to the dwelling was granted on **11/13/2018**. The well construction was completed on **8/18/2017**. Water samples were collected on **12/14/2018**.

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-17-0148. 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>



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8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
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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 Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'K. M. Wolf', is written over a horizontal line.

Kevin 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

# 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 #: 127368 Account #: 1933  
Reference: Brighton Mill Lot 2 Company: Fogles Well Pump & Treatment  
Location: 13607 Curtis Vista Way Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 12/14/2018 0935 Site: Kitchen Sink  
Date/Time Rec'd: 12/14/2018 1330 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: A. Berchok 1233AB Well #: HO-17-0148

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/15/2018 / 1130 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/15/2018 / 1130 / BCD
Nitrate	5.54	mg/L	10	601	12/14/2018 / 1710 / RER
Turbidity	2.72	NTU	<10	SM20 2130B	12/14/2018 / 1655 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	12/14/2018 / 1655 / RER

### NOTES

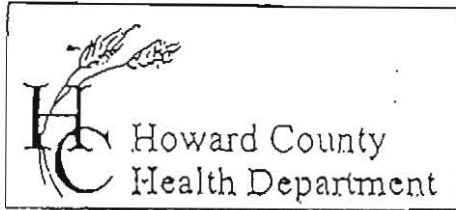
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 18002760

Date Reported: 12/17/2018

W560628



7178 Columbia Gateway Drive, Columbia, MD, 21046  
 (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:

Well Site Location:

Brighton Mill 11 Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, Parcel A  
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Benchmark  
 (professional land surveyor or company employing professional land surveyors)  
 on 4-28-2017 (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.

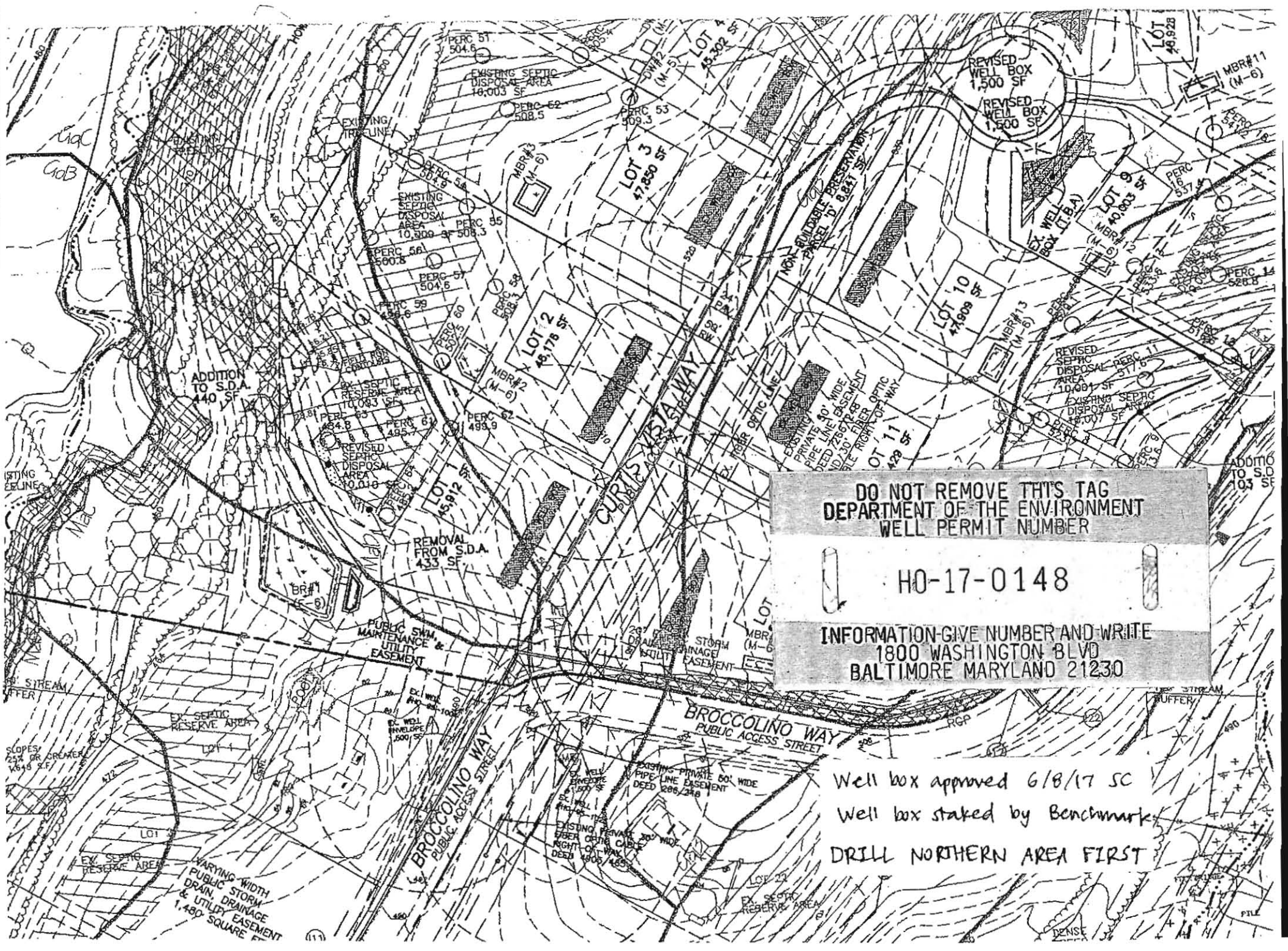
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

*Richard Demmitt*

410-365-0414





DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

H0-17-0148

INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

Well box approved 6/8/17 SC  
Well box staked by Benchmark  
DRILL NORTHERN AREA FIRST

\*\*\*\*\*  
 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  
 12/17/18sc

DATE WELL ABANDONED: 8-19-2017 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) dry hole — —

\* PERMIT NUMBER OF REPLACEMENT WELL: HO - 17 - 0148

\* PERSON ABANDONING WELL: Larry Mayne WELL DRILLER'S LICENSE NUMBER: M5D027

\* OWNER'S NAME: Highland Development Corp. CIRCLE: MWD / MSD / MGD

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Clarksville  
 TAX MAP 34 BLOCK 2 PARCEL 16  
 SUBDIVISION: Brighton Mill II  
 SECTION: \_\_\_\_\_ LOT: 2  
 STREET ADDRESS: Curtis Vista Way



LATITUDE 39.21498

LONGITUDE 76.98296

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Back Filled</u>		
<u>Drilling Materials</u>	<u>520-</u>	<u>30</u>
<u>Cement</u>	<u>30 -</u>	<u>0</u>

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC  MUNICIPAL/PUBLIC  
 IRRIGATION  INDUSTRIAL  
 TEST/OBSERVATION  GEOTHERMAL

VOLUME OF MATERIAL USED

Cement 10 Bags 940 pounds 60 gal.  
Water - drilling materials - Misc Rock

\* TYPE OF CASING:  
 STEEL  PLASTIC  
 CONCRETE  OTHER (specify) \_\_\_\_\_

SIZE OF CASING: NA INCHES IN DIAMETER

DEPTH OF WELL: 520 FEET DEEP

WAS ANY CASING REMOVED? YES  NO   
 If yes, length removed, in feet: NA

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# Larry Mayne M5D027

CIRCLE ONE MWD / MSD / MGS DATE 11-1-2018

COUNTY

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