

C1 27676

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 13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 8-9-2017

Depth of Well 520'

OK 9/8/17 sc

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-17-0151

OWNER Highland Development Corporation
WELL SITE ADDRESS last name Curtis Vista way first name
TOWN clarksville md
SUBDIVISION Brighton Mill II SECTION LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand, Mica Rock, Water 330, Dry well back-filled, 520-35 drilling materials, 35-0 cement.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 14, NO. OF POUNDS 1316, GALLONS OF WATER 84, DEPTH OF GROUT SEAL 52 ft.

CASING RECORD form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing 6, Total depth of main casing 53.

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

SCREEN RECORD form: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 1
WELL HYDROFRACTURED: YES (Y), NO (N)

DEPTH (nearest ft.) table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 28, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes handwritten entries: Ho, 52, 520.

- 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...

DRILLERS LIC. NO.: MSD 021
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO.: D

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

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

PUMPING TEST form: HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 1.5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft, WHEN PUMPING 342 ft.

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) (+) above, LAND SURFACE (nearest foot) 1.

LATITUDE 39.21590
LONGITUDE 76.98217
(DEFAULT COORD. WGS 84)

NOTES: Dry well 520' 39.21596 76.98214

B 1
42877

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type
500628-1

STATE PERMIT NUMBER
40-17-0151
fill in this form completely

Date Received (APA)
05/21/17
OWNER INFORMATION
8 MM DD YY 13
15 Last Name Owner First Name
P.O. Box 228
36 Street or RFD 55
Clarksville rd 21029
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Brighton Mill II 42
SECTION 44 46 LOT 5 48 50
52 NEAREST TOWN Elbert City 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 21771
Signature Larry Mayne Date 4-25-2019

B 4 SOURCES OF DRILLING WATER
11 Well
1. Well
2. 8/9 - 14 bags cement, 53' casing
- 1.5 gpm, 40' static
- meas pt 330-339'
- dry hole sealed @ 10-30' 40 sec/gal
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH [] [] [] []
WEST [] [] [] []
EAST [] [] [] []
SOUTH [] [] [] []
34 45 37 DISTANCE FROM ROAD 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.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
500

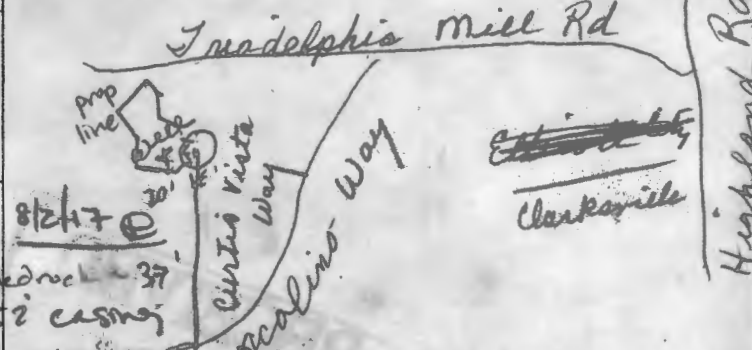
USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 6/8/17 6/8/18
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 24 320 28 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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

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 DEEPEINED 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
39 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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.

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER - - - - - G - - - - -
PERMIT No. 40-17-0151
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- 50' steel casing req'd. or 10' into competent bedrock, whichever is deeper
2 COUNTY

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 17-0151
 Location of property (road) Curtis Vista Way
 Subdivision Brighton Mill II Lot 5 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Zmayne Jr Owner Highland Development

Depth of well 480
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 40'

I. High rate pumping -- reservoir drawdown

Time pump started 5:30 Pumping rate 20 gpm
 Total time 30 min to reach pumping water level 342 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
5:45	198'	3		20
6:00	342	3		20
6:15	342	40		1.5
6:30	342	40		1.5
6:45	342	40		1.5
7:00	342	40		1.5
7:15	342	40		1.5
7:30	341	40		1.5
7:45	341	40		1.5
8:00	341	40		1.5
8:15	341	40		1.5
8:30	341	40		1.5
8:45	340	40		1.5
9:00	340	40		1.5
9:15	340	40		1.5
9:30	340	40		1.5
9:45	339	40		1.5
10:00	339	40		1.5
10:15	339	40		1.5
10:30	339	40		1.5
10:45	339	40		1.5
11:00	339	40		1.5
11:15	339	40		1.5
11:30	339	40		1.5
HD-21445	339	40		1.5
12:00	339	40		1.5
12:15	339	40		1.5

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION

1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 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
 1/22/19SC

DATE WELL ABANDONED: 8-9-2019 (month/day/year)

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

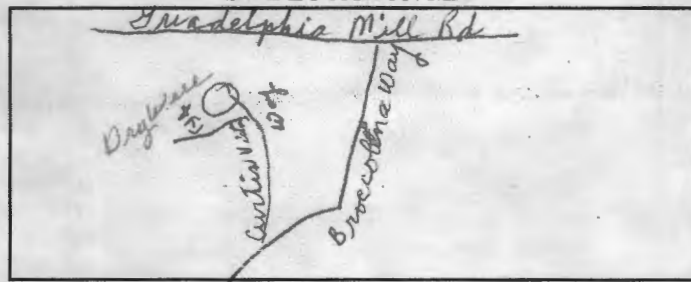
* PERMIT NUMBER OF REPLACEMENT WELL: HO-17-0151

* PERSON ABANDONING WELL: Larry Mayne WELL DRILLER'S LICENSE NUMBER: MSD027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Highland Development Corporation

SITE LOCATION MAP



* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 34 BLOCK 2 PARCEL 1C
 SUBDIVISION: Brighton Mill 2
 SECTION: _____ LOT: 5
 STREET ADDRESS: Curtis Vista Way

LATITUDE 3 9 . 2 1 5 7 6

LONGITUDE 7 6 . 9 8 2 1 4

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>6</u>	<u>30</u>
<u>Drilling Materials</u>	<u>30</u>	<u>580</u>
VOLUME OF MATERIAL USED		
	<u>8 bags cement</u>	<u>48 gal. water</u>

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

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

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) None - dry hole

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: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Larry Mayne LICENSE# MSD027

MWD / MSD / MGS 1-15-2019

CIRCLE ONE DATE

COUNTY

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**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 Line

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: FOOLE'S Well Pump + Water Treatment, LLC Telephone #: 410 795 5670
Address: 5580 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 Foole 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: NVR INC Telephone #: _____
Subdivision: Brighton mill Lot #: 5 Well Tag #: HO-17-0151
Site Address: 13619 Artis Vista Way
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>THS10422</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>1.5</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 1.8" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>430</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 17.2.4		
Torque armrests, Cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to Ingress rope adapter or other acceptable method inside of well casing: <u>NA</u>		

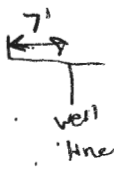
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" PEX pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200 (60 psi min)</u>	Length of sleeve (minimum from foundation): <u>6'</u>
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>YES</u>

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 Foole date: 1/16/2019

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

Date Insp. Requested: 1/17/19 Date Insp. Approved: 3/5/19 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



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 13, 2019

March 13, 2019

Homeowner
13619 Curtis Vista Way
Clarksville, MD 21029

RE: Brighton Mill II, Lot 5
13619 Curtis Vista Way
Building Permit: B18003405
Well Permit: HO-17-0151

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 **3/5/2019**. Final approval of the well line connection to the dwelling was granted on **3/5/2019**. The well construction was completed on **8/9/2017**. Water samples were collected on **2/25/2019, 2/28/2019, 3/11/2019**.

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-17-0151. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

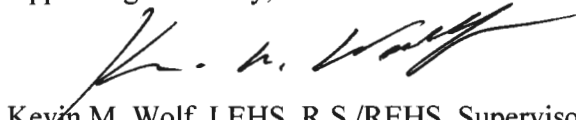
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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.

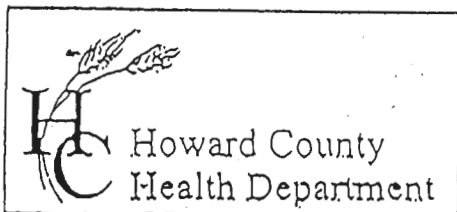
Approving Authority,



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

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 II 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.

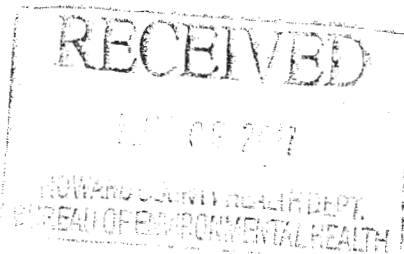
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

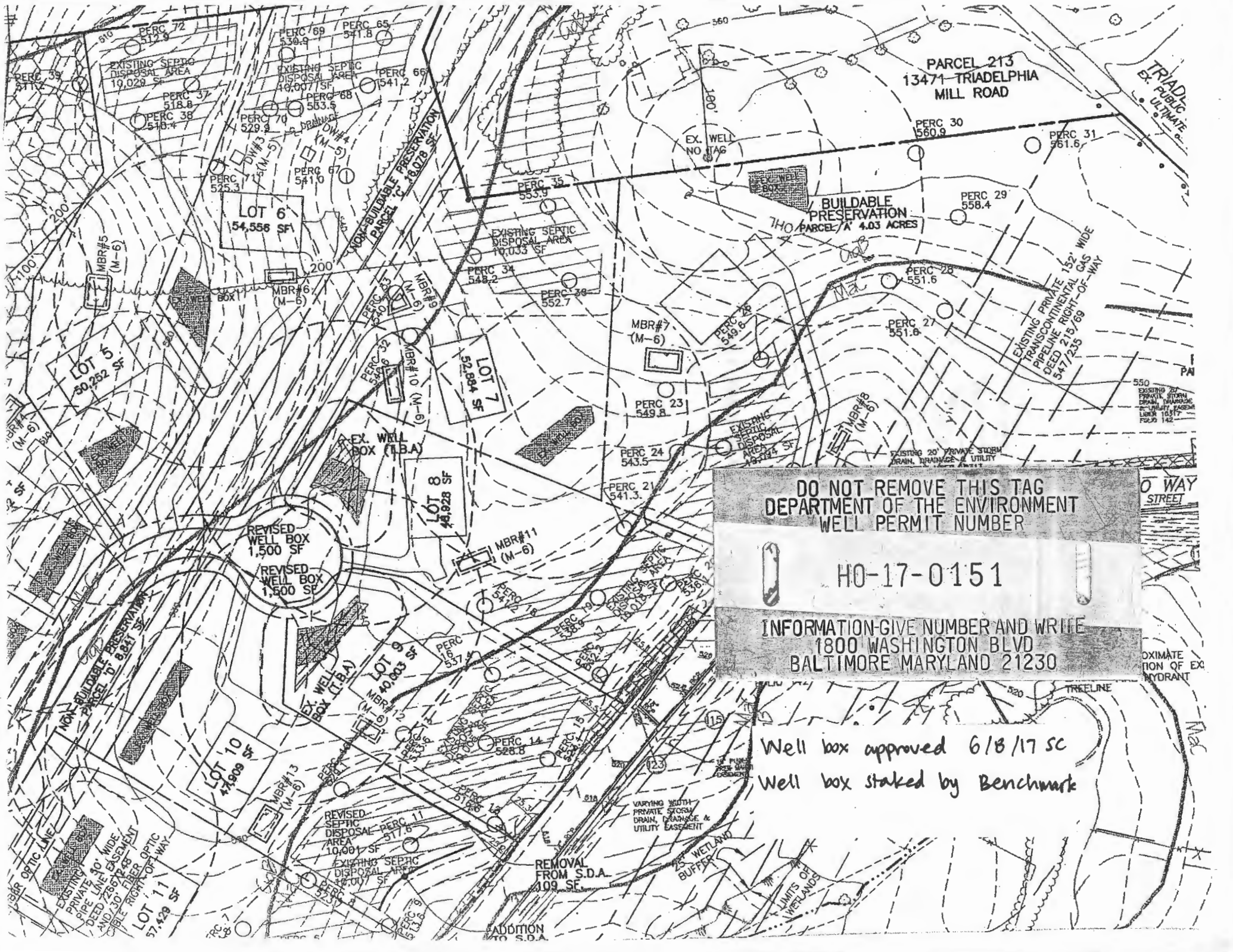
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Richard Demmitt

410-365-0414





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

HO-17-0151

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

Well box approved 6/8/17 SC
 Well box staked by Benchmark

0 WAY STREET

APPROXIMATE LOCATION OF EX HYDRANT

LIMITS OF WETLANDS

ADDITION TO S.D.A.

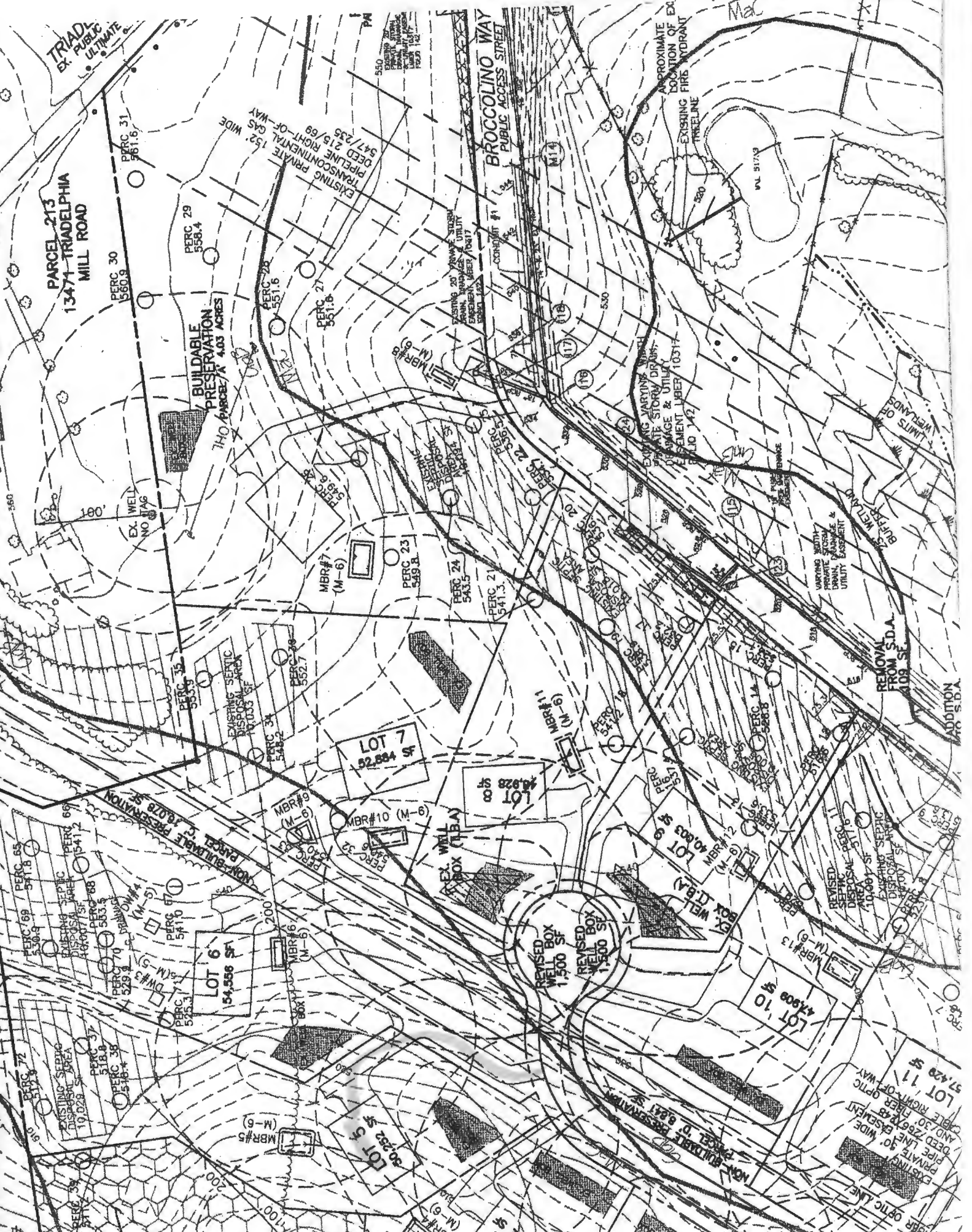
TRIAD
EX. PUBLIC
ULTIMATE

PARCEL 213
13471 TRIAD
MILL ROAD

BUILDABLE
PRESERVATION
710 PARCEL A
4.03 ACRES

BROCCOLINO WAY
PUBLIC ACCESS STREET

APPROXIMATE
LOCATION OF EX-
ISTING FIRE HYDRANT



LOT 7
52,684 SF

LOT 8
48,928 SF

LOT 9
40,000 SF

LOT 10
44,800 SF

LOT 11
57,420 SF

LOT 6
54,566 SF

LOT 5
20,232 SF

REVISED
WELL BOX
1,500 SF

REVISED
WELL BOX
1,500 SF

EX. WELL
BOX (1B.A)

EX. WELL
BOX (1B.A)

EX. WELL
BOX (1B.A)

EX. WELL
BOX (1B.A)

EX. WELL
BOX (1B.A)

PERC 65
551.8

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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 #: 128717 Account #: 1933
Reference: Brighton Mill Lot 5 Company: Fogles Well Pump & Treatment
Location: 13619 Curtis Vista Way Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 2/25/2019 0730 Site: 1st Floor Bath
Date/Time Rec'd: 2/25/2019 1540 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: B. Wilkerson 9315BW Well #: HO-17-0151

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/26/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/26/2019 / 1000 / RER
Nitrate	<1.0	mg/L	10	601	2/26/2019 / 0845 / CRS
Turbidity	10.5	NTU	<10	SM20 2130B	2/26/2019 / 0910 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	2/26/2019 / 0910 / CRS

Handwritten notes:
Need Re-Test
Kaw
3/1/19

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 # : 18003405

Date Reported: 2/26/2019

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 #: 128777 Account #: 1933
Reference: Brighton Mill Lot 5 Company: Fogles Well Pump & Treatment
Location: 13619 Curtis Vista Way Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 2/28/2019 1000 Site: 1st Floor Bath
Date/Time Rec'd: 2/28/2019 1305 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: B. Wilkerson 9315BW Well #: HO-17-0151

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	45.2	NTU	<10	SM20 2130B	2/28/2019 / 1600 / RER

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 18003405

Date Reported: 3/1/2019

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 #: 128969 Account #: 1933
Reference: Brighton Mill Lot 5 Company: Fogles Well Pump & Treatment
Location: 13619 Curtis Vista Way Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 3/11/2019 1245 Site: 1st Floor Bath
Date/Time Rec'd: 3/11/2019 1540 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: B. Wilkerson 9315BW Well #: HO-17-0151

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	8.22	NTU	<10	SM20 2130B	3/12/2019 / 0945 / RER

OK. Includes explanation that the well was ran off to check up well.

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : 18003405

Date Reported: 3/12/2019

STATE OF MARYLAND WELL INSPECTION SHEET

DATE: / /

COUNTY:

WELL TAG #:

*John
Lot*

ONSITE START TIME:

END OF INSPECTION TIME:

LATITUDE/LONGITUDE:

COPY OF PERMIT ONSITE: Y N

WELL DRILLING PERSONNEL:

GOVERNMENT PERSONNEL:

OTHERS:

CONSTRUCTION

LOCATION CONSISTENT WITH PLAN: Y N

CHLORINE PRESENT IN MAKE UP WATER: Y N

BIT/STABILIZER SIZE:

PENETRATION RATE:

NOTES:

Bedrock ~ 40' - 52' per permit

~ 120' deep

CASING/SCREEN

LENGTH/SIZE/ASTM# OF CASING SET:

LENGTH/SIZE/ASTM# OF LINER:

SCREEN LENGTH/SLOT SIZE/ASTM#:

DEPTH SET:

NOTES:

53' casing

GROUTING

TREMIE LENGTH: TREMIE DIAMETER: PRODUCT USED: B C BAG WEIGHT:

MAKE UP WATER pH: THERMALLY ENHANCED: Y N TYPE/WEIGHT OF ADDITIVE:

GALLONS OF WATER USED PER BAG: MUD WEIGHT AT START:

MUD WEIGHT AT END: NUMBER OF BAGS USED:

NOTES:

WELL DEVELOPMENT/YIELD/REWORKING

METHODS USED: S SB J OP C DURATION: FINAL STATIC & YIELD:

HYDROFRACTURED: Y N SINGLE OR ZONE PACKER: S Z DEPTH OF PACKER SETS:

TOTAL GALLONS OF WATER USED: ESTIMATED YIELD OF FLOW BACK:

DEVELOPMENT NOTES:

UPPER TERMINAL/PUMP INSTALLATION

GROUT PRESENT IN ANNULAR SPACE: Y N PUMP IDENTIFICATION:

DROP PIPE DESCRIPTION: DEPTH/LOCATION OF CHECK VALVES:

PITLESS, CONDUIT PIPE & WATER SERVICE LINE DEPTH: SAFETY ROPE: Y N

ELECTRICAL CABLE DESCRIPTION: PROPER CAP & STICK UP: Y N

STATIC WATER LEVEL: PUMP SET DEPTH: TAG ON WELL: Y N

GENERAL NOTES