

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE TYPE** COUNTY NUMBER **13** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-17-0156**

ST/CO USE ONLY DATE Received **MM 07 DD 27 YY 17** DATE WELL COMPLETED **7 18 2009** Depth of Well **300'** (TO NEAREST FOOT) **OK 7/28/17 SC**

OWNER **Highland Development Corporation** WELL SITE ADDRESS **Vieta Way** TOWN **Clarksville 21029** SUBDIVISION **Brighton Mill II** SECTION _____ LOT **10**

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sand	0	58	
Mica Rock	58	300	✓
Water	160	224	

GROUTING RECORD YES NO
WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY
NO. OF BAGS **15** NO. OF POUNDS **1710**
GALLONS OF WATER **90**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **60** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **63**

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

SCREEN RECORD
screen type or open hole (insert appropriate code below)
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C2 DEPTH (nearest ft.)
61 300'

SCREEN SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
from _____ to _____

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 _____

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 **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 **38** ft.
WHEN PUMPING **226** ft.
TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet 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)
 above } LAND SURFACE
 below } **2** (nearest foot)

LATITUDE **39.21511**
LONGITUDE **76.98210**
(DEFAULT COORD. WGS 84)

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.

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED yes no

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. **MS0027**
DRILLERS SIGNATURE
LIC. NO. **D**

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

HO-17-0156

B 1 **42814** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HO-17-0156**
APPLICATION FOR PERMIT TO DRILL WELL please type **5101028-1** **fill in this form completely**

OWNER INFORMATION
 Date Received (APA) **050217**
 8 MM DD YY 13
Highland Development Corp
 15 Last Name Owner First Name 34
P.O. Box 228
 36 Street or RFD 55
Clarksville Md 21029
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
Howard COUNTY 21
Brighton Mill II 23 SUBDIVISION 42
 SECTION **10** LOT **10**
Clarksville 52 NEAREST TOWN 71

DRILLER INFORMATION
Larry Mayne M S D **027**
 Driller's Name 76 License No. 81
Joseph L Mayne Well Drilling
 Firm Name
5512 Ridge Rd Mt Airy 21771
 Address
Larry Mayne **4-25-17**
 Signature Date

B 4 **SOURCES OF DRILLING WATER**
 1. **Well**
 2.
 3.
Crista Vista Way 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 70 37 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: **34** BLK: **2** PARCEL **16**

B 2 **WELL INFORMATION**
 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
Howard COUNTY NAME 13 COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED **6/8/17** **Sgt. C.K. 6/8/18**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON: 7/17/17 @ DOB: 07/19/17 @ DAY: 07/19/17 @

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

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 _____



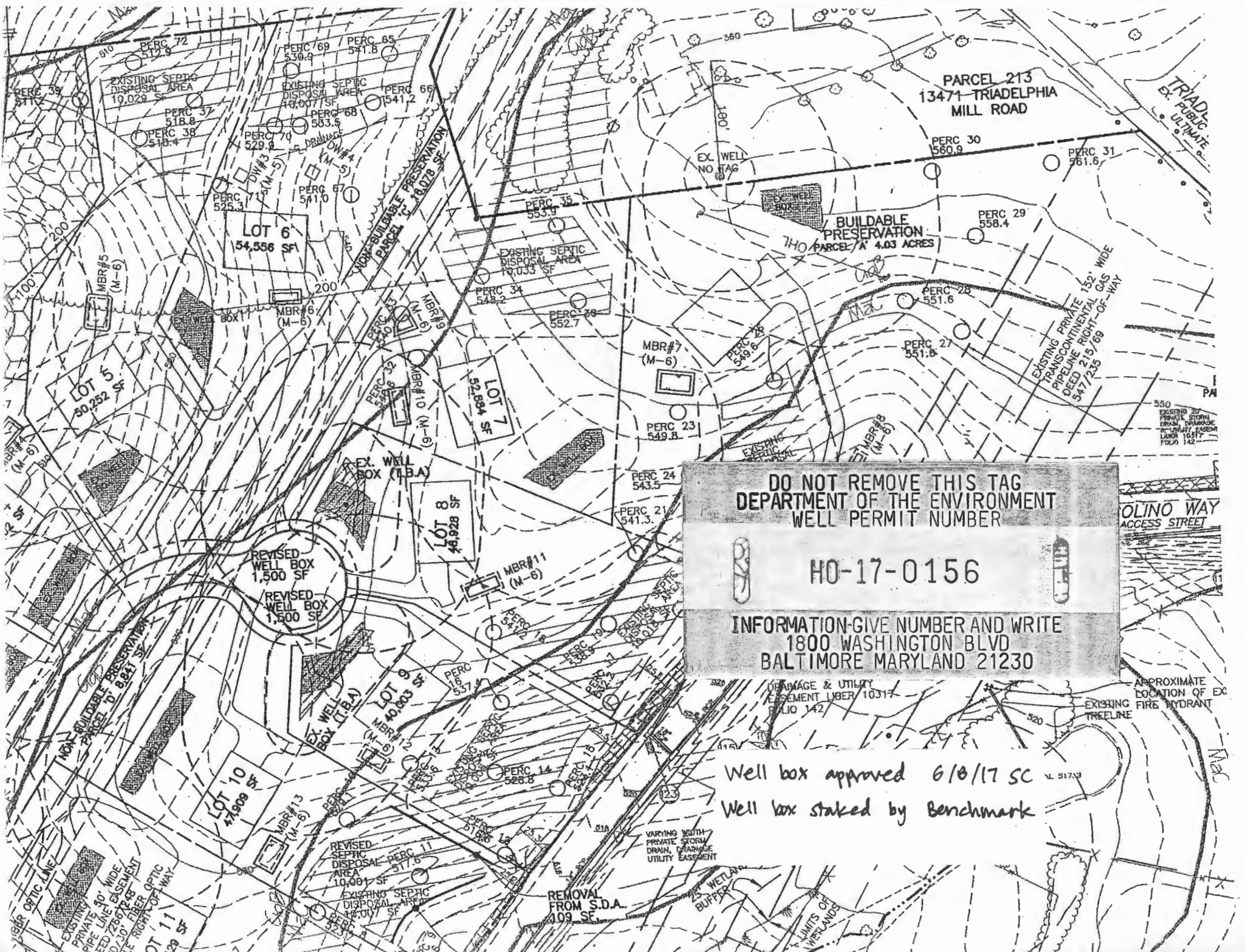
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ **G** _____
 PERMIT No. **HO-17-0156**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Under bridge USA Local 8-00031



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

HO-17-0156

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

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

EXISTING PRIVATE PIPE LINE EASEMENT 30' WIDE AND 22,867' 43" DEEP RIGHT-OF-WAY

REMOVED FROM S.D.A. 109 SF

REVISIONS TO PERMITS

APPROXIMATE LOCATION OF EXISTING FIRE HYDRANT TREELINE

EXISTING TRANSCONTINENTAL GAS PIPELINE RIGHT-OF-WAY 152' WIDE DEED 215/89 547/235

OLINO WAY ACCESS STREET

APPROXIMATE LOCATION OF EXISTING FIRE HYDRANT TREELINE

DRAINAGE & UTILITY EASEMENT LIBER 10317 JULIO 142

REMOVAL FROM S.D.A. 109 SF

EXISTING SEPTIC DISPOSAL AREA 10,033 SF

EXISTING SEPTIC DISPOSAL AREA 10,029 SF

EXISTING SEPTIC DISPOSAL AREA 10,001 SF

EXISTING SEPTIC DISPOSAL AREA 10,001 SF

PERC 72 512.9

PERC 69 530.9

PERC 65 541.8

PERC 66 541.2

PERC 30 560.9

PERC 31 561.6

PERC 29 558.4

PERC 37 518.8

PERC 68 553.5

PERC 67 541.0

PERC 35 553.9

PERC 29 558.4

PERC 28 551.6

PERC 27 551.8

PERC 38 518.4

PERC 70 529.8

PERC 67 541.0

PERC 34 548.2

PERC 28 551.6

PERC 27 551.8

PERC 23 549.8

PERC 39 517.2

PERC 71 525.3

PERC 67 541.0

PERC 33 549.2

PERC 28 551.6

PERC 27 551.8

PERC 21 541.3

PERC 38 518.4

PERC 70 529.8

PERC 67 541.0

PERC 34 548.2

PERC 28 551.6

PERC 27 551.8

PERC 23 549.8

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PERC 27 551.8

PERC 21 541.3

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-3771 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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 590 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. 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: NVR INC Telephone #: _____
Subdivision: Brighton Hill Lot #: 10 Well Tag #: HO-17-0151a
Site Address: 13410 Curtis Vista Way
Clarksville, MD 21029

<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>74505422</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" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>200'</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 wrenches, Cable guards, or other acceptable method used—Must circle one
Safety rope, if used, attached to Incess rope adapter or other acceptable method inside of well casing NA

<u>Pipe 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> (150 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>

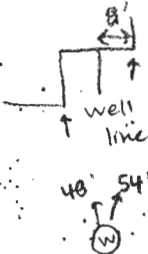
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C. Fogle date: 1-9-19

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

Date Insp. Requested: 1/9/19 Date Insp. Approved: 1/9/19 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly	<u>✓</u>
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 14, 2019

March 14, 2019

Homeowner
13610 Curtis Vista Way
Clarksville, MD 21029

**RE: Brighton Mill II, Lot 10
13610 Curtis Vista Way
Building Permit: B18003493
Well Permit: HO-17-0156**

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 **1/29/2019**. Final approval of the well line connection to the dwelling was granted on **1/9/2019**. The well construction was completed on **7/18/2017**. Water samples were collected on **3/18/2019**.

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-17-0156. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

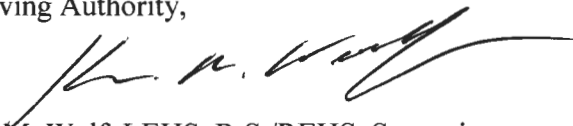
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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 #: 129087 Account #: 1933
Reference: Brighton Mills Lot 10 Company: Fogles Well Pump & Treatment
Location: 13610 Curtis Vista Way Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 3/18/2019 1153 Site: Kitchen Sink Tap
Date/Time Rec'd: 3/18/2019 1450 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: B. Wilkerson 9315BW Well #: HO-17-0156

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/19/2019 / 1000 / CRS
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/19/2019 / 1000 / CRS
Nitrate	✓ 2.98	mg/L	10	601	3/19/2019 / 0915 / CRS
Turbidity	✓ 5.42	NTU	<10	SM20 2130B	3/19/2019 / 0930 / CRS
Sand	✓ NS	mg/L	5	Visual/Gravimetric	3/19/2019 / 0930 / CRS

NOTES

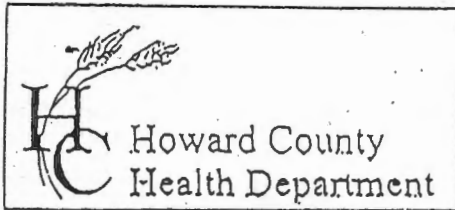
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 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 # : 18003493

Date Reported: 3/19/2019

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

