

C1 27678 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.

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

COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED MM DD YY 08 21 17

DATE WELL COMPLETED MM DD YY 08 11 2017 Depth of Well 600' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 17-0150

OWNER Highland Development Corporation WELL SITE ADDRESS last name first name CURTIS VISTA WAY TOWN Clarksville SUBDIVISION Brighton Mill II SECTION LOT 4

WELL LOG Not required for driven wells

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 (0-49), Mica Rock (49-600), and Water 260'.

GROUTING RECORD yes no Y N WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 14 NO. OF POUNDS 1316 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 51 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE St Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 53

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no Y 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 MSD027 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

DEPTH (nearest ft.)

Table with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51. Includes handwritten values: Ho 52, 600.

SLOT 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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.1 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 354 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 LAND SURFACE - below (nearest foot)

LATITUDE 39.21553 LONGITUDE 76.98231 (DEFAULT COORD. WGS 84)

NOTES:

B 1 SEQUENCE NO. (MDE USE ONLY) **42876** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-17-0150**

5e0028C please type **70** fill in this form completely **79**

1 2 3 6 Date Received (APA) **050217**

8 MM **DD** **YY** **13**

15 Last Name **Highland Development Corp** Owner First Name **84**

36 Street or RFD **P.O. Box 228** **55**

57 Town **Clarksville** State **md** Zip **21029** **76**

B 3 LOCATION OF WELL

8 COUNTY **Howard** **21**

23 SUBDIVISION **Brighton Mill II** **42**

SECTION **44** **48** LOT **4** **50**

52 NEAREST TOWN **Elkton City Clarksville** **71**

DRILLER INFORMATION

Driller's Name **Larry Mayne** License No. **M SD 027** **76** **81**

Firm Name **Joseph & Mayne Well Drilling**

Address **5512 Ridge Rd Mt Airy Md 21221**

Signature **Larry Mayne** Date **4-25-2019**

B 4 SOURCES OF DRILLING WATER

1. **well**

11 STREET ADDRESS **Curtis Vista Way** **80**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 **35** 37 DISTANCE FROM ROAD ENTER FT OR MI **FT** **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)

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

COUNTY NAME **Howard** COUNTY NO. **13**

STATE SIGNATURE _____ INSERT S → **41**

DATE ISSUED **6/8/17** CO SIGNATURE **Sch LM** EXP. DATE **6/8/18**

43 MM **DD** **YY** **48**

APPROXIMATE DEPTH OF WELL **320** FEET **24** **28**

APPROXIMATE DIAMETER OF WELL **6** 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)

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

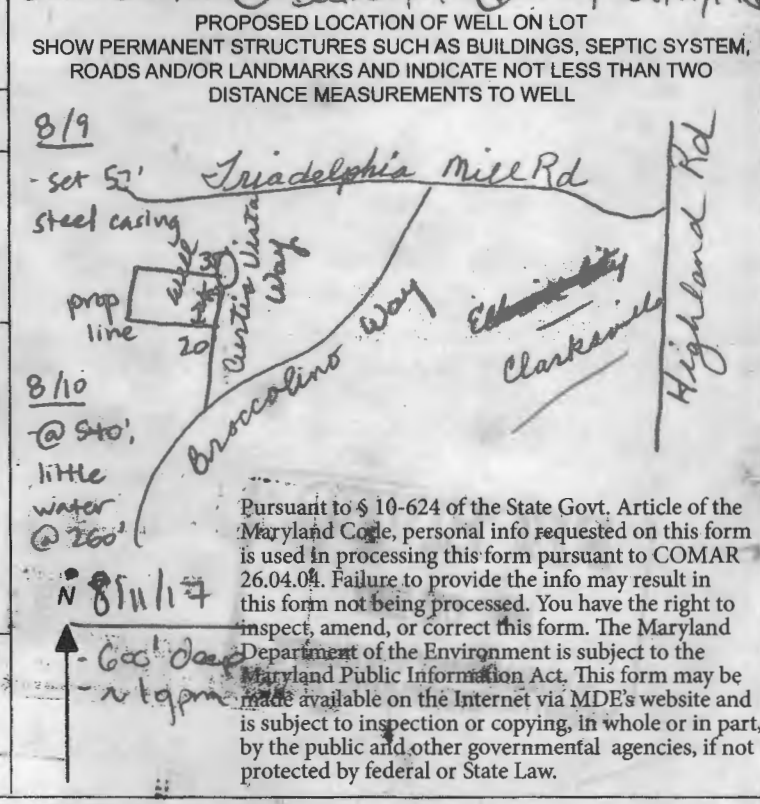
D THIS WELL WILL DEEPEM AN EXISTING WELL

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-17-0150** **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.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 17-0150
 Location of property (road) Curtis Vista Way
 Subdivision Brighton Mill II Lot 4 Block _____ Plat _____ Sec. _____
 Well Driller Joseph & Mary 5- Owner Highland Development Corp.

Depth of well 600
 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 354 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
5:45	193'	3 sec		20 gpm
6:00	354'	3 sec		20 gpm
6:15	354	60 sec		1 gpm
6:30	354	60 sec		1 gpm
6:45	354	60 sec		1 gpm
7:00	354	60 sec		1 gpm
7:15	354	60 sec		1 gpm
7:30	354	60 sec		1 gpm
7:45	354	60 sec		1 gpm
8:00	354	60 sec		1 gpm
8:15	354	60 sec		1 gpm
8:30	354	60 sec		1 gpm
8:45	354	60 sec		1 gpm
9:00	354	60 sec		1 gpm
9:15	354	60 sec		1 gpm
9:30	354	60 sec		1 gpm
9:45	354	60 sec		1 gpm
10:00	354	60 sec		1 gpm
10:15	354	60 sec		1 gpm
10:30	354	60 sec		1 gpm
10:45	354	60 sec		1 gpm
11:00	354	60 sec		1 gpm
11:15	354	60 sec		1 gpm
11:30	354	60 sec		1 gpm
HD-224:45	354	60 sec		1 gpm
12:00	354	60 sec		1 gpm
12:15	354	60 sec		1 gpm
12:30	354	60 sec		1 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 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: FORES Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 550 Obericht 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): Daniel C. Foyle 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 #: _____
Subdivisor: Brighton Mill M/M Lot #: 4 Well Tag #: HO - -
Site Address: 13615 Curtis Vista Way
Clarks Summit, 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>74510422</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</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>600</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 wrench, cable guards, or other acceptable method used - Must circle one
Safety rope, if used, attached to hoist rope adapter or other acceptable method inside of well casing: NA

<u>Pipes to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PST: <u>2060 (60 psi min)</u>	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>36 (36" min)</u>	Sleeve sealed properly: <u>YES</u>

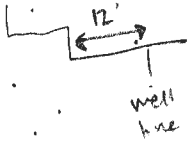
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 2/15/19

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

Date Insp Requested: 2/5/19 Date Insp Approved: 4/1/19 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 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not outside of well 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>



must be checked @ final grade can't see tag # by verified builder

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 2, 2019

April 2, 2019

Homeowner
13615 Curtis Vista Way
Clarksville, MD 21029

RE: Brighton Mill II, Lot 4
13615 Curtis Vista Way
Building Permit: B18003492
Well Permit: HO-17-0150

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 **2/1/2019**. Final approval of the well line connection to the dwelling was granted on **4/1/2019**. The well construction was completed on **8/11/2017**. Water samples were collected on **3/26/2019, 4/1/2019**.

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-17-0150. 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,

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

9106 Philadelphia Road
 Suite 106
 Rosedale, MD 21237



HOME LAND ENVIRONMENTAL HEALTH LABS

"Healthy Homes Start Here"

State Certified
 Water Quality
 Laboratory #353

Certificate of Analysis

Property Address: Brighton Mill Lot 4 13615 Curtis Vista Way Clarksville, MD 21029 Well Tag Number: HO-17-0150 BP#: 18003492	Name: Fogle's Well Pump & Water Treatment, LLC Phone Number: (410) 795-5670 Email: carrie@foglesinc.com
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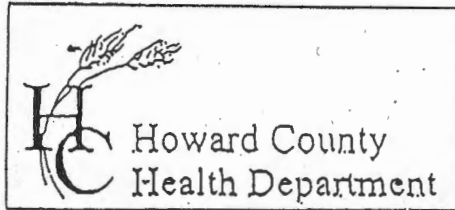
Date & Time Sampled: 3/26/2019 11:20 AM Date & Time Received: 3/27/2019 10:05 AM Sampled By: David Fogle Sampler ID: 8914DF Sample Location: Kitchen sink tap	pH: 6.94 (Lab) Chlorine Residual: 0.0 Clarity: Clear Sand: None Preservation: Cool, 4°C	Well Type: Not noted Well Height: Not noted Cap Type: Not noted Casing: Not noted Conduit: Not noted
Water Conditioning Appears to Be: Not noted		

Parameter	Method	Result	Pass/Fail	Units	Limit	Scale	Method	Date
Total Coliform	Colitag	Present	Fail	Per/100mL	Present	1.0	KMB	3/28/2019
<i>E. Coli</i>	Colitag	Absent	Pass	Per/100mL	Present	1.0	KMB	3/28/2019
Nitrate-Nitrite	EPA 353.2	3.3	Pass	mg/L	10.0	0.5	KMB	3/27/2019
Turbidity	EPA 180.1	2.17	Pass	NTU	10.0	0.5	KMB	3/27/2019

Fail

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director Report Date: 3/28/2019

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.

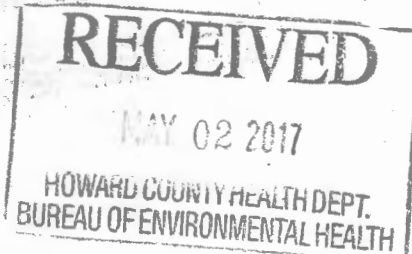
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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



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 #: 129329 Account #: 1933
Reference: Brighton Mill Lot #4 Company: Fogles Well Pump & Treatment
Location: 13615 Curtis Vista Way Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 4/1/2019 1315 Site: 1st Floor Bath
Date/Time Rec'd: 4/1/2019 1545 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: B. Wilkerson 9315BW Well #: HO-17-0150

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/2/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/2/2019 / 1000 / RER

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 18003492

Date Reported: 4/2/2019