

C1 **56572** 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.

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

DATE RECEIVED
 MM 12 DD 18 YY 18

COUNTY NUMBER 564053
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
HA 17 0367

DATE WELL COMPLETED
 MM 12 DD 13 YY 18

Depth of Well
 22 400 26
 (TO NEAREST FOOT)

OWNER Clopin Charles
 WELL SITE ADDRESS Howard Lodge Lane TOWN Sykesville
 SUBDIVISION Clopin Property SECTION _____ LOT 7C

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	
Red clay	0	12	
Soft brown	12	80	
Blue slate	80	107	
Broken	107	108	✓
Blue slate	108	180	
Flintstone	180	182	✓
Blue slate	183	380	
Broken	380	381	✓
Blue slate	381	400	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)
 YES NO

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

CEMENT CM

NO. OF BAGS 35 NO. OF POUNDS 3270
 GALLONS OF WATER 210

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 93 ft.
 (enter 0 if from surface)

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) 06 Total depth of main casing (nearest foot) 95

OTHER CASING (if used)

EACH CASING diameter (inch) depth (feet) from to

ST 10 0 42'

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

1 HO 95 400

A 8 9 11 15 17 21
 E 23 24 26 30 32 36
 S 38 39 41 47 51
 R
 E
 N

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3.3

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15 ft.
 WHEN PUMPING 228 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 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) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
 - below } (nearest foot)

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. M 5 D 2 2 4

DRILLERS SIGNATURE [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

70 _____ 72 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.339516
 LONGITUDE 78.941245
 (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.

B 1
59775

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
501053 please type

STATE PERMIT NUMBER
40-17-0367
70 fill in this form completely 79

Date Received (MPA) 10/30/18
8 MM DD YY 13
OWNER INFORMATION
15 Last Name Charles Owner First Name Charles 34
36 12354 Howard Lodge Dr Street or RFD 55
57 Sykesville Md 21784 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Clopein Property
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Sykesville
52 NEAREST TOWN 71

DRILLER INFORMATION
Andrew R. Houser M S D 224
Driller's Name 76 License No. 81
Fogles Well Drilling, LLC
Firm Name
P.O. Box 202 Woodbine Md 21797
Address
Signature Andrew R. Houser Date 10-24-18

B 4 SOURCES OF DRILLING WATER
1. well water
2.
3.

Howard Lodge Dr
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 700 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39 FT
TAX MAP: 9 BLK: 12 PARCEL 306

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 6
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)
22 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 A562320 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 11/16/18 R-RH 11/16/19
43 MM DD YY 48 CO SIGNATURE EXP. DATE
DON: 11/30/2018 DOG: 12/7/18 (SC) DOY: 12/7/18 (SC)

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
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
12/7
-3.3 gpm
-10" casing to 42'
-95' 6" casing
-35 baggy Howard Lodge Rd
-40' well
-pump @ 380'
-pump ran wide open, started @ 10 gpm then dropped to 4.2 gpm due to normal pump curve
-15' static
11/30/2018
42' of 10" casing
bedrock ~ 75-78'

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jettied & 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
39 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)
APPROX. PERMIT NUMBER G
PERMIT No. 40-17-0367
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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FOGLE'S WELL DRILLING, LLC
P.O. Box 202 Woodbine, Md 21797
443-609-4195
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-17-0367

Location of Property: Howard Lodge Lane

Subdivision: Clopein Property Lot: 7C

Well Driller: Fogles Andrew Houseman MSD224 Owner: Charles Clopein

Depth of Well: 400'

Distance of measuring point (M.P.) above ground: 2'

Static water level (S.W.L.) below M.P.: 15'

High rate pumping –reservoir Drawdown

Time pump started: 8:00 Pumping rate: 10

Total time 120 mins to reach pumping water level 228 ft. below M.P.

Pump set @ 380

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)
8:00	15'	6 Seconds		10 gpm
8:15	71'	6 Seconds		10 gpm
8:30	109'	7 Seconds		8.5 gpm
8:45	157'	8 Seconds		7.5 gpm
9:00	188'	11 Seconds		5.5 gpm
9:15	202'	12 Seconds		5 gpm
9:30	210'	14 Seconds		4.2 gpm
9:45	222'	14 Seconds		4.2 gpm
10:00	228'	17 Seconds		3.3 gpm
10:15	226'	17 Seconds		3.3 gpm
10:30	225'	17 Seconds		3.3 gpm
10:45	224'	17 Seconds		3.3 gpm
11:00	224'	17 Seconds		3.3 gpm
11:15	223'	17 Seconds		3.3 gpm
11:30	223'	17 Seconds		3.3 gpm
11:45	222'	17 Seconds		3.3 gpm
12:00	221'	17 Seconds		3.3 gpm
12:15	221'	17 Seconds		3.3 gpm
12:30	221'	17 Seconds		3.3 gpm
12:45	220'	17 Seconds		3.3 gpm
1:00	220'	17 Seconds		3.3 gpm
1:15	219'	17 Seconds		3.3 gpm
1:30	219'	17 Seconds		3.3 gpm
1:45	218'	17 Seconds		3.3 gpm
2:00	218'	17 Seconds		3.3 gpm
2:15	217'	17 Seconds		3.3 gpm
2:30	217'	17 Seconds		3.3 gpm
2:45	216'	17 Seconds		3.3 gpm
3:00	216'	17 Seconds		3.3 gpm
3:15	215'	17 Seconds		3.3 gpm
3:30	215'	17 Seconds		3.3 gpm
3:45	214'	17 Seconds		3.3 gpm
4:00	214'	17 Seconds		3.3 gpm

OK

**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: FOGLES Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 17 - 0367 ✓
Site Address: _____ 04/17/2019

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
If pump capacity exceeds well yield, a low water cut off 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 <u>inside of well casing</u> _____		

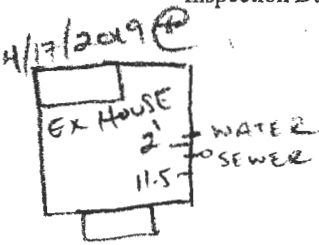
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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.

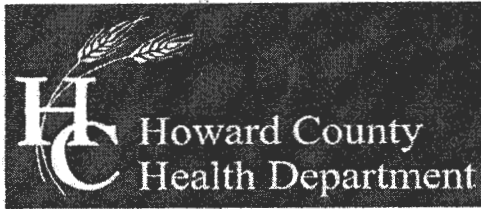
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 04/17/2019 Date Insp. Approved: 04/17/2019 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 54" 4/17/2019 [Signature]
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 44" 4/17/2019 [Signature]
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 10" 4/17/2019 [Signature]
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



4/17/2019 [Signature]
SLEEVED PAST DISTAL CORNER OF SDA (30') TO HOUSE CONNECTION w/ 2" PVC.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

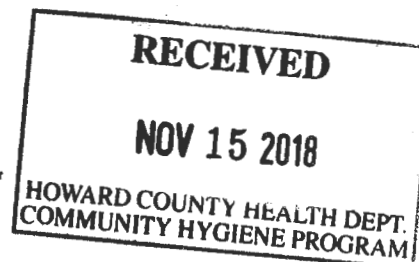
Clopern Property 7C Howard Lodge Dr
Subdivision/Property Name Lot # Road Name

The well site has been staked by F.C.C.
(professional land surveyor or company employing professional land surveyors)
on 10/30/18 (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 4/22/14



PROPOSED 30' RW FOR INGRESS, EGRESS & PUBLIC UTILITIES

N/F CHARLES K. CLOPEIN
ELLEN V. CLOPEIN
1174-604
JULY 6, 1983
ZONING: RURAL RESIDENTIAL

2 STY. BR. & WOOD #12354

PROP. DRWY.
PROP. HSE.
4 BR.

PROPOSED 10,000 sq ft SEPTIC AREA

LOT-7C AREA
1.373 AC. ±

3 SYSTEMS SHOWN (4 BEDROOM)
EACH (2) 3' WIDE x 63" TRENCH WITH
3' STONE BETWEEN 5' & 8' DEEP.

15' x 100' WELL AREA

SANDMOUND AREA

PROP. WELL

EX. WELL 94-3251

Due to proximity of neighboring well - drill 1st attempt in northern section of the well box

Well box ok - (RR) 11/16/18
well box staked as of 11/16/18

EXISTING Perc Cont - PREL

CLOPEIN

E HOWA
3RD ELECTION D
TAX MAP: 9



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 31, 2019

May 31, 2019

Brent Hanguer
12344 Howard Lodge Drive
Sykesville, MD 21784

**RE: Clopein Property, Lot 7-C
12344 Howard Lodge Drive
Building Permit: B19000189
Well Permit: HO-17-0367**

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 **4/12/2019**. Final approval of the well line connection to the dwelling was granted on **4/17/2019**. The well construction was completed on **12/7/2018**. Water samples were collected on **5/14/2019, 5/22/2019, 5/28/2019**.

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-17-0367. 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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue 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 #: 130249 Account #: 1933
Reference: Brent Hanauer Company: Fogles Well Pump & Treatment
Location: 12344 Howard Lodge Drive Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 5/22/2019 1100 Site: Bathroom Sink
Date/Time Rec'd: 5/22/2019 1530 Treatment: Neutralizer/Iron Handler Softener
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: D. Fogle 8914DF Well #: HO-17-0367

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.87	NTU	<10	SM20 2130B	5/23/2019 / 0940 / 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 # : 19000189

Date Reported: 5/23/2019

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 #: 130095 Account #: 1933
Reference: Brent Hanguer Company: Fogles Well Pump & Treatment
Location: 12344 Howard Lodge Drive Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 5/14/2019 1245 Site: Pressure Tank
Date/Time Rec'd: 5/14/2019 1615 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: B. Wilkerson 9315BW Well #: HO-17-0367

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/15/2019 / 1030 / RER
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/15/2019 / 1030 / RER
Nitrate	✓ 1.71	mg/L	10	601	5/14/2019 / 1640 / RER
Turbidity	24.1	NTU	<10	SM20 2130B	5/14/2019 / 1645 / RER
Sand	✓ NS	mg/L	5	Visual/Gravimetric	5/14/2019 / 1645 / 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 # : 19000189

Date Reported: 5/15/2019

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 #: 130317 Account #: 1933
Reference: Brent Hanauer Company: Fogles Well Pump & Treatment
Location: 12344 Howard Lodge Drive Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 5/28/2019 0715 Site: Kitchen Sink Tap
Date/Time Rec'd: 5/28/2019 1150 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: B. Wilkerson 9315BW Well #: HO-17-0367

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	<0.01	mg/L	0.3*	FR, 45 (126)	5/29/2019 / 1000 / RER
Turbidity	0.78	NTU	<10	SM20 2130B	5/29/2019 / 0920 / RER

OK
/

NOTES

- 1 **Sediment Filter/Neutralizer/Iron Handler Softener
- 2 *SMCL = Secondary Maximum Contaminant Level
- 3 mg/L = milligrams per liter (also, parts per million)
- 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 # : 19000189

Date Reported: 5/29/2019

LIMITS OF DISTURBANCE	
SUPER SILT FENCE	5'-0"
SILT FENCE	3'-0"
PROPERTY LINE	0'-0"
INTERMITTENT STREAM	5'-0"
STREAM BUFFER	5'-0"
CLEAN OUT	0'-0"
SMALL WELL	0'-0"
FAILED PERC TEST	0'-0"
PASSED PERC TEST	0'-0"
OBSERVATION HOLE TREATMENT ZONE	0'-0"
EXISTING WELL	0'-0"
PROPOSED WELL	0'-0"
>12% SLOPES	0'-0"

LEGEND	
	SUPER SILT FENCE
	SILT FENCE
	PROPERTY LINE
	INTERMITTENT STREAM
	STREAM BUFFER
	CLEAN OUT
	SMALL WELL
	FAILED PERC TEST
	PASSED PERC TEST
	OBSERVATION HOLE TREATMENT ZONE
	EXISTING WELL
	PROPOSED WELL
	>12% SLOPES

GENERAL NOTES

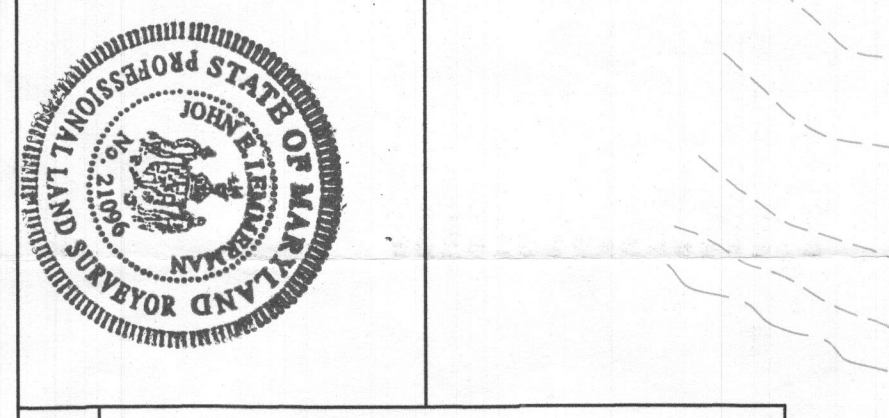
1. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
2. THE TOPOGRAPHY OF THIS PLAT IS TAKEN FROM HOWARD COUNTY GIS AND IS REFERRED TO ACCIDENTALLY REPRESENT THE RELATIVE CHANGES ON THE SUBJECT PROPERTY.
3. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS SHALL BE IDENTIFIED ON THIS PLAN.
4. THE PURPOSE OF THIS PLAN IS TO OBTAIN AN APPROVED PERCOLATION CERTIFICATION PLAN REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL LOTS.
5. THE LOT SHOWN HEREIN COMPLES WITH THE MINIMUM WIDTH AND LOT AREAS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL LOTS.
6. SOILS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL ARE NOT THE BASIS OF ANY CLAIM IN THIS AREA. RESPECT TO THIS SEWAGE DISPOSAL AREA SHALL BE DETERMINED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT REDUCTION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
7. SOILS SHOWN HEREIN ARE TAKEN FROM NRCS GIS DATA.
8. EXISTING ZONING = RRD60

TITLE REFERENCE		OWNER/DEVELOPER	
CHARLES K. CLOPEIN JR	FEBRUARY 15, 1989	CHARLES K. CLOPEIN JR	ELLEN V. CLOPEIN
12354 HOWARD LODGE DRIVE	SYKESVILLE, MD 21784	443-745-3452	

REVISIONS	
DATE	REASON
12-1-17	COUNTY COMMENTS (PERC LOC.)

I CERTIFY THAT THE INFORMATION SHOWN HEREIN IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

JOHN E. LEMMERMAN
REGISTERED PROFESSIONAL LAND SURVEYOR NO. 21098
EXP. 3-3-19



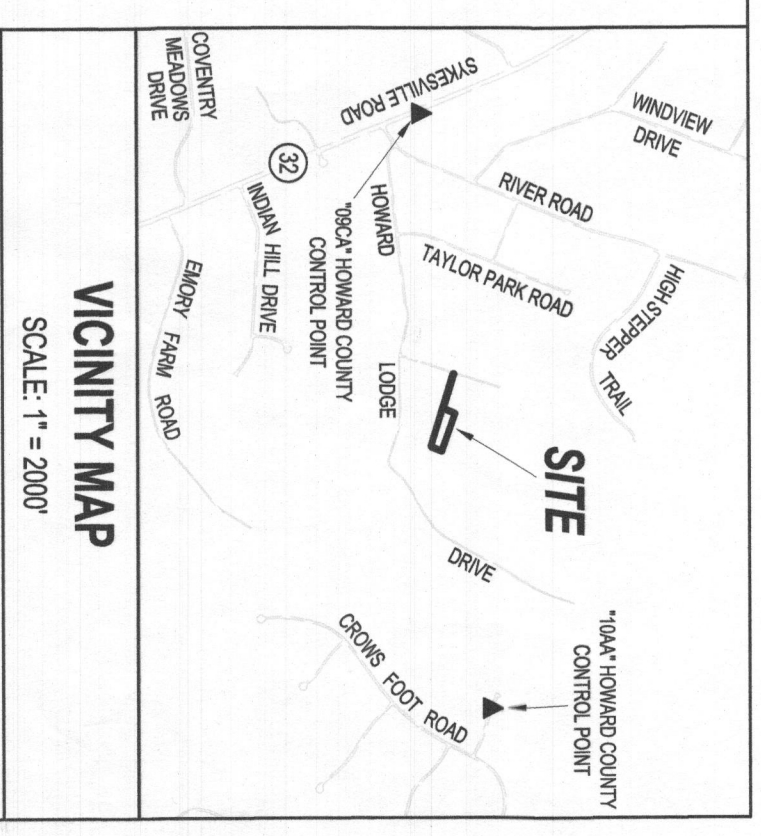
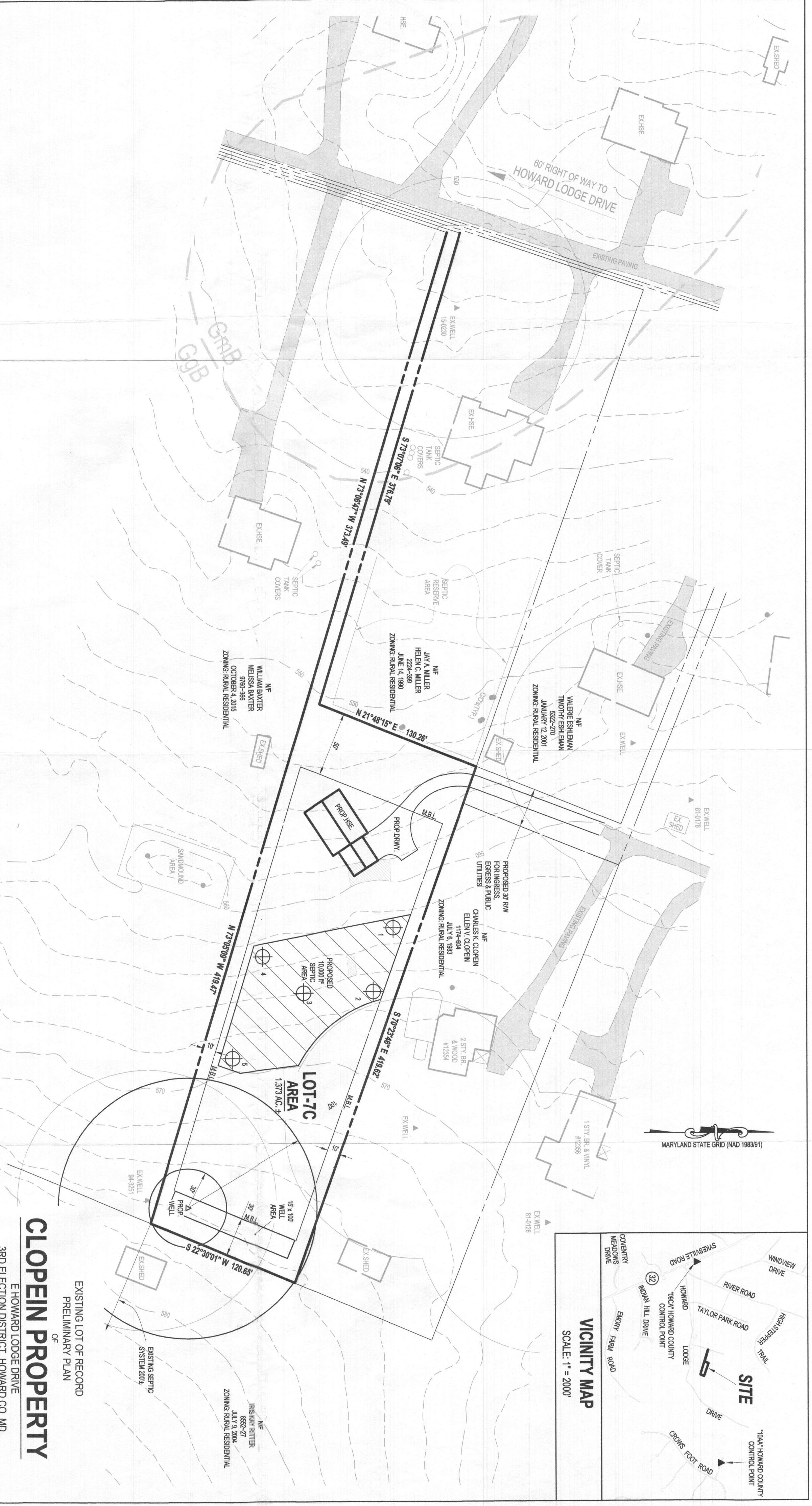
CLOPEIN PROPERTY
E HOWARD LODGE DRIVE
3RD ELECTION DISTRICT, HOWARD CO. MD
TAX MAP: 9, GRND: 12, PARCEL: 306

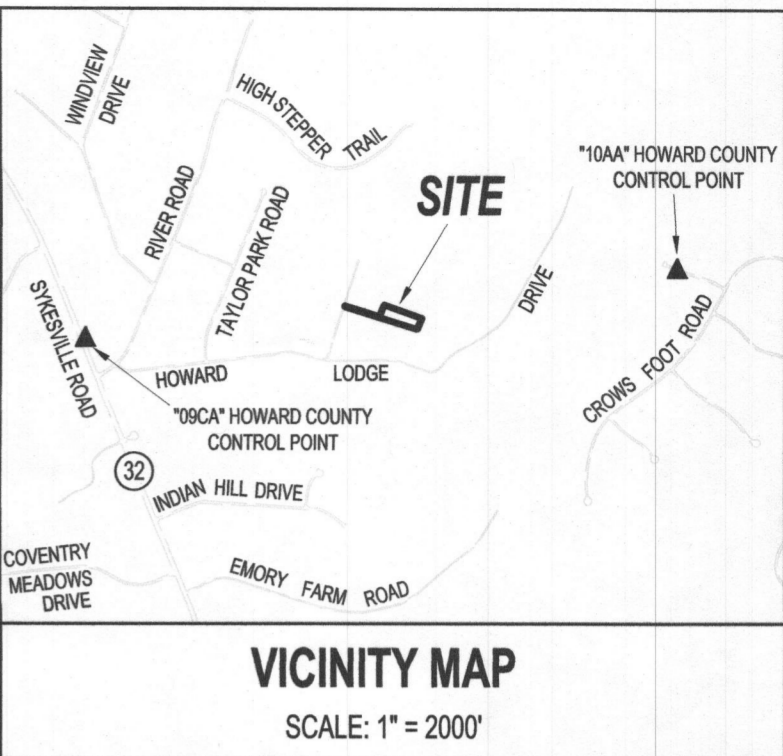
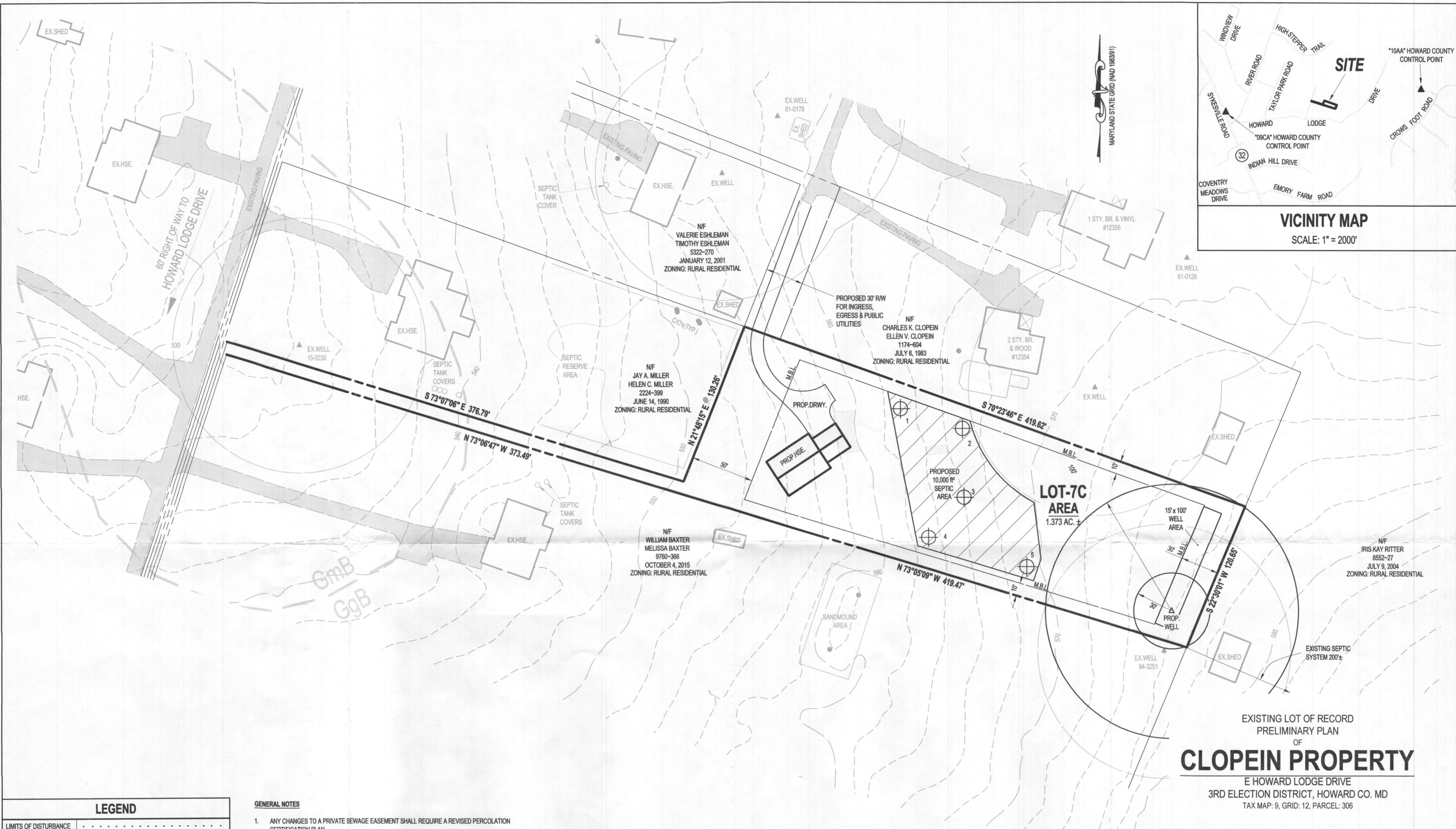
EXISTING LOT OF RECORD
PRELIMINARY PLAN
OF

RTF
associates, Inc.
LAND SURVEYORS & PLANNERS

142 EAST MAIN STREET, WESTMINSTER, MD 21157
410-546-2300 FAX# 443-289-8942 410-676-1222
EMAIL: RTF142@SMALL.COM WWW.RTFSURVEYING.COM
CHECKED BY: JEL DATE: 12-1-17
DRAWN BY: RME DATE: 9-12-17
SCALE: 1" = 50'

RTF JOB#: 15-120 COUNTY FILE#: SHEET: 1 OF 1





EXISTING LOT OF RECORD
PRELIMINARY PLAN
OF
CLOPEIN PROPERTY
E HOWARD LODGE DRIVE
3RD ELECTION DISTRICT, HOWARD CO. MD
TAX MAP: 9, GRID: 12, PARCEL: 306

LEGEND	
LIMITS OF DISTURBANCE
SUPER SILT FENCE	—SDF
SILT FENCE	—SF
PROPERTY LINE	—————
INTERMITTENT STREAM	~~~~~
STREAM BUFFER	—SB
CLEAN OUT	●
SWM DRYWELL	■
FAILED PERC TEST	⊙
PROPOSED PERC TEST	⊕
PASSED PERC TEST	⊖
OBSERVATION HOLE/TREATMENT ZONE	⊙
EXISTING WELL	▲
PROPOSED WELL	△
>12% SLOPES	▨

- GENERAL NOTES**
- ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
 - THE TOPOGRAPHY OF THIS PLAN IS TAKEN FROM HOWARD COUNTY GIS AND IS VERIFIED TO ACCURATELY REPRESENT THE RELATIVE CHANGES ON THE SUBJECT PROPERTY.
 - ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.
 - THE PURPOSE OF THIS PLAN IS TO ACHIEVE AN APPROVED PERCOLATION CERTIFICATION PLAN.
 - THE LOT SHOWN HEREIN COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT.
 - THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 - SOILS SHOWN HEREON ARE TAKEN FROM NRCS GIS DATA.
 - EXISTING ZONING = RR-DEO

THE LOT SHOWN HERON WAS
CREATED FEBRUARY 15, 1989.

APPROVED FOR PRIVATE WATER AND PRIVATE
SEWER SEWERAGE SYSTEMS

HEALTH OFFICER, HOWARD COUNTY HEALTH DEPARTMENT DATE

TITLE REFERENCE
CHARLES K. CLOPEIN JR
ELLEN V. CLOPEIN
FEBRUARY 15, 1989

OWNER/DEVELOPER
CHARLES K. CLOPEIN JR
ELLEN V. CLOPEIN
12354 HOWARD LODGE DRIVE
SYKESVILLE, MD 21784
443-745-3452

REVISIONS	
DATE	REASON
12-1-17	COUNTY COMMENTS(PERC LOC.)

I CERTIFY THAT THE INFORMATION SHOWN HEREIN IS
BASED ON FIELD WORK PERFORMED BY ME OR
UNDER MY DIRECT SUPERVISION, AND IS CORRECT,
TO THE BEST OF MY KNOWLEDGE AND BELIEF.

John E. Lemmerman

JOHN E. LEMMERMAN
REGISTERED PROFESSIONAL LAND SURVEYOR NO. 21096
EXP. 8-3-19



RTF
ssociates, Inc.
LAND SURVEYORS
& PLANNERS

142 EAST MAIN STREET WESTMINSTER, MD 21157
410-848-2040 FAX# 443-289-8942 410-876-1222
EMAIL: RTF142@GMAIL.COM WWW.RTFSURVEYING.COM

CHECKED BY: J.E.L. DATE: 12-1-17
DRAWN BY: R.M.F. DATE: 9-12-17
SCALE: 1" = 50'

RTF JOB#: 15-120 COUNTY FILE#: SHEET: 1 OF 1