

C1 36467

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

ST/CO USE ONLY DATE RECEIVED

DEPTH OF WELL (TO NEAREST FOOT)

COUNTY NUMBER PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Highland Development Corporation

TOWN Clarksville

LOT 7

WELL LOG Not required for driven wells

SECTION

SECTION

Table with 2 columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing

WELL HAS BEEN GROUDED (Circle Appropriate Box) TYPE OF GROUING MATERIAL (Circle one)

HOURS PUMPED (nearest hour) PUMPING TEST

CASING RECORD Nominal diameter top (main) casing (nearest inch)

OTHER CASING (if used) diameter inch from to

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.)

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

WELL HYDROFRACTURED YES Y NO N

LAND SURFACE (nearest foot)

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.

WELL HYDROFRACTURED YES Y NO N

LAND SURFACE (nearest foot)

DRILLERS LIC. NO. 1 M 50027

DRILLERS SIGNATURE

DRILLERS SIGNATURE

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

LIC. NO. 1 D

LIC. NO. 1 D

LATITUDE 39.21579 LONGITUDE 76.98072 (DEFAULT COORD. WGS 84)

SEQUENCE NO.  
(MDE USE ONLY)

42879

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

HO - 17 - 0153  
fill in this form completely

OWNER INFORMATION

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USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

METHOD OF DRILLING (circle one)

30 BORED (or Augered) JETTED  
31 AIR-ROTARY AIR-percussion ROTARY (Hydraulic Rotary)  
32 CABLE REVERSE-ROTARY Drive-POINT  
33 other

REPLACEMENT OR DEEPEMED WELLS  
(CIRCLE APPROPRIATE BOX)

34 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
35 THIS WELL WILL REPLACE A WELL THAT WILL BE  
36 ABANDONED AND SEALED  
37 THIS WELL WILL REPLACE A WELL THAT WILL BE USED  
38 AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY  
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED  
40 FOR POLICY ON STANDBY WELLS  
41 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED  
42 (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER - - - - - G - - - - -  
PERMIT No. HO - 17 - 0153  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

LOCATION OF WELL

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SOURCES OF DRILLING WATER

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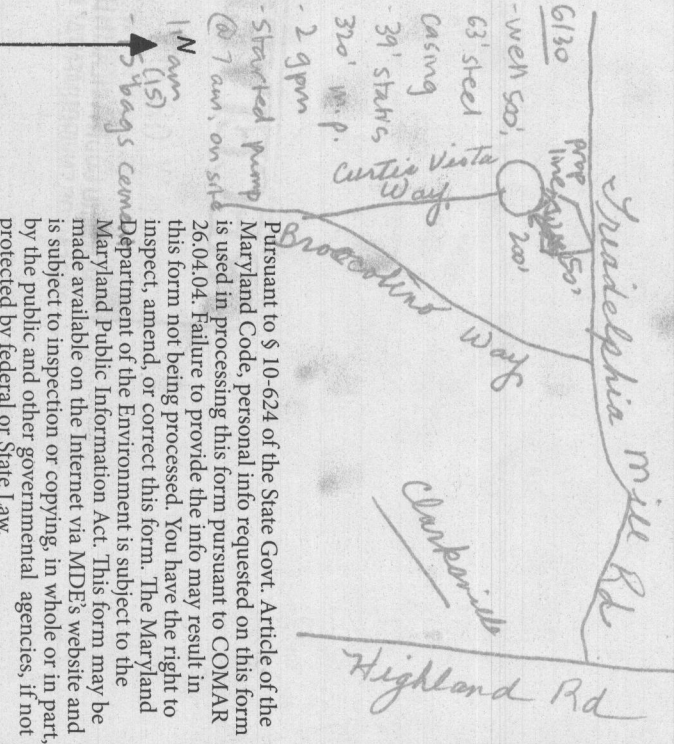
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TAX MAP: 34 BLK: 2 PARCEL 16

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard  
STATE  
DATE ISSUED 6/8/17  
43 MM DD YY 48 CO SIGNATURE  
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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



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 17-0153  
 Location of property (road) Curtis Vista Way  
 Subdivision Brighton Mdd. 11 Lot 7 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Larry Mayne Owner Highland Development  
 Depth of well 500'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 39'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 20 gpm  
 Total time 30 to reach pumping water level 320 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)
7:00	168'	3 sec		20 gpm
7:15	280'	3		20
7:30	320'	3		20
7:45	320'	30 sec		2 gpm
8:00	320	30		2
8:15	320	30		2
8:30	320	30		2
8:45	320	30		2
9:00	320	30		2
9:15	320	30		2
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12:00	320	30		2
12:15	320	30		2
12:30	320	30		2
12:45	320	30		2
1:00	320	30		2
1:15	320	30		2
1:30	320	30		2

**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 - 0153  
Site Address: \_\_\_\_\_

<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 inside of well casing

<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: _____

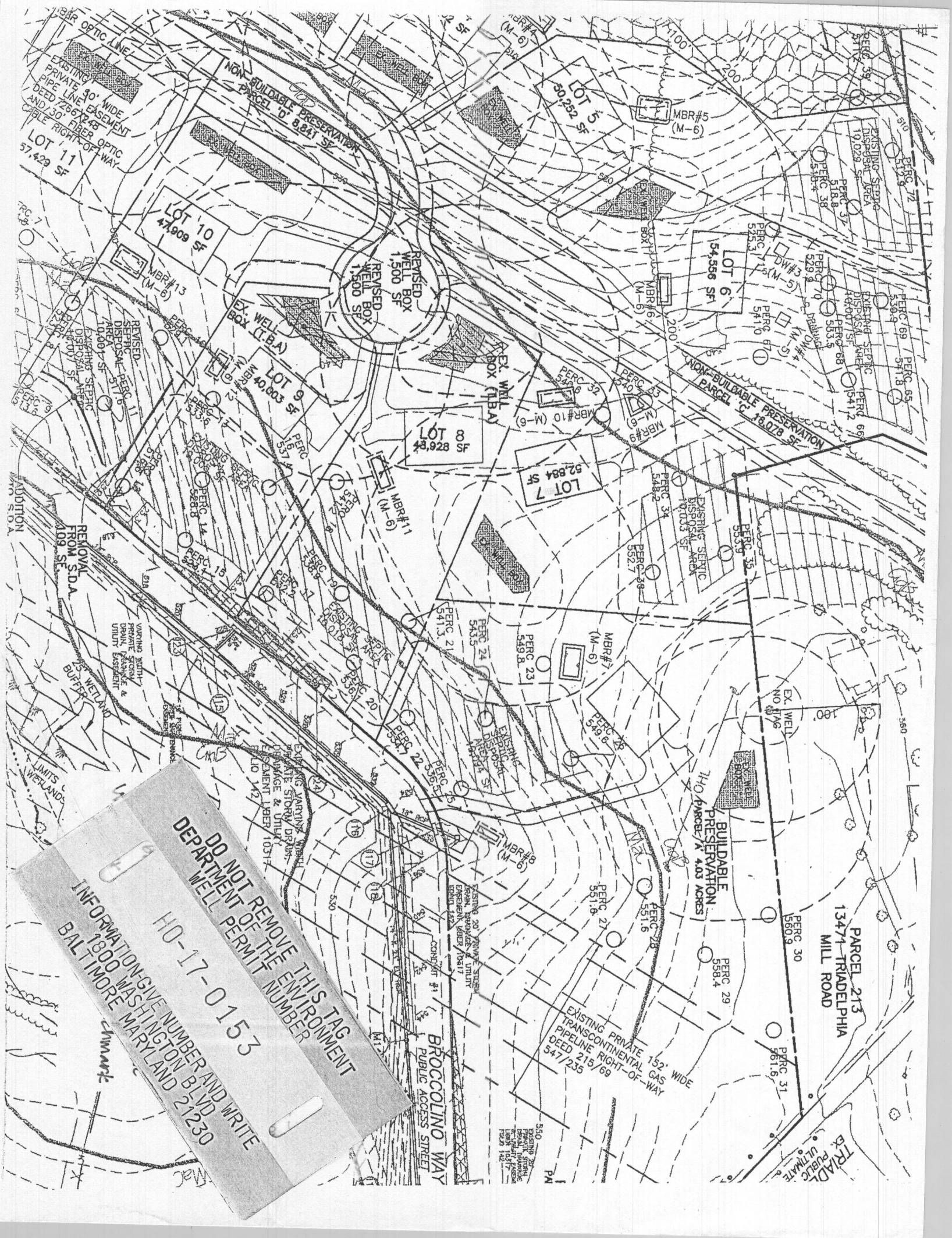
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 4/24/2019 Date Insp. Approved: 4/24/2019 Inspector: [Signature]  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 58" 4/24/2019 [Signature]  
 Two piece cap installed and attached to casing securely ✓  
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 51" 4/24/2019 [Signature]  
 Safety rope not outside of well cap/casing ✓  
 Correct well tag attached properly and casing 8" above finished grade ✓ 48" 4/24/2019 [Signature]  
 Water supply line sleeved adequately at house connection ✓  
 Adequate grout observed below pitless adapter ✓





DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER  
 HO-17-0153  
 INFORMATION-GIVE NUMBER AND WRITE  
 1800 WASHINGTON BLVD 21230  
 BALTIMORE MARYLAND

BROCCOLINO WAY  
 PUBLIC ACCESS STREET

PARCEL 213  
 13474-TRADEPHIA  
 MILL ROAD

EXISTING PRIVATE 152' WIDE  
 PIPELINE RIGHT-OF-WAY  
 DEED 215/69  
 547/235

BUILDABLE  
 PRESERVATION  
 710 PARCEL A 4.03 ACRES

EXISTING PRIVATE 40' WIDE  
 PIPE LINE EASEMENT  
 DEED 286/248  
 AND 30' FIBER OPTIC  
 CABLE RIGHT-OF-WAY

NON-BUILDABLE PRESERVATION  
 PARCEL D' 8,821 SF

NON-BUILDABLE PRESERVATION  
 PARCEL C' 16,078 SF

LOT 11  
 57,429 SF

LOT 10  
 47,909 SF

LOT 9  
 40,003 SF

LOT 8  
 45,822 SF

LOT 7  
 52,684 SF

LOT 6  
 54,556 SF

LOT 5  
 30,252 SF

REMOVAL  
 FROM S.D.A.  
 109 SF

725 WELAND  
 BUFFER

LIMITS  
 WETLANDS

EXISTING SEWIC  
 DISPOSAL AREA  
 10,000 SF

EXISTING SEWIC  
 DISPOSAL AREA  
 10,000 SF

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EXISTING SEWIC  
 DISPOSAL AREA  
 10,000 SF

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – DECEMBER 25, 2019**

June 25, 2019

Homeowner  
13627 Curtis Vista Way  
Clarksville, MD 21029

**RE: Brighton Mill II, Lot**  
**13627 Curtis Vista Way**  
**Building Permit: B19000230**  
**Well Permit: HO-17-0153**

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 **6/18/2019**. Final approval of the well line connection to the dwelling was granted on **4/24/2019**. The well construction was completed on **6/30/2017**. Water samples were collected on **6/7/2019, 6/18/2019**.

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-17-0153. 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.**

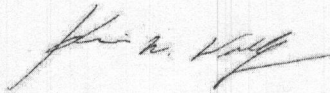
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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**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



PARCEL 213  
13471 TRIADLEPHIA  
MILL ROAD

BUILDABLE  
PRESERVATION  
710 PARCEL A 4.03 ACRES

BROCCOLINO WAY  
PUBLIC ACCESS STREET

LOT 7  
52,884 SF

LOT 8  
48,928 SF

LOT 9  
40,805 SF

LOT 10  
43,908 SF

LOT 6  
54,556 SF

LOT 5  
30,252 SF

LOT 11  
57,429 SF

PERC 30  
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PERC 38  
575.3

PERC 37  
569.8

PERC 36  
564.3

PERC 35  
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PERC 34  
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PERC 33  
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PERC 32  
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PERC 31  
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PERC 30  
531.3

PERC 29  
525.8

PERC 42  
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PERC 41  
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PERC 40  
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PERC 39  
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PERC 38  
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PERC 37  
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PERC 36  
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PERC 35  
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PERC 34  
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PERC 33  
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PERC 42  
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PERC 52  
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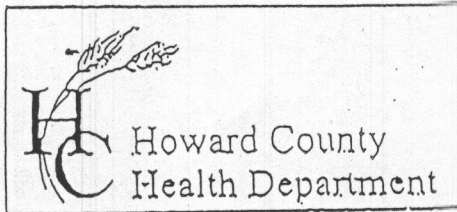
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PERC 48  
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W560628



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.

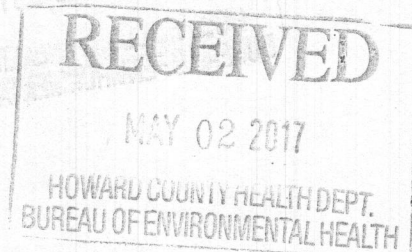
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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 #: 130593 Account #: 1933  
Reference: Brighton Mill Lot 7 Company: Fogles Well Pump & Treatment  
Location: 13627 Curtis Vista Way Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 6/7/2019 1451 Site: Kitchen Sink Tap  
Date/Time Rec'd: 6/7/2019 1555 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.9  
Collected By: J. Fogle 1974JF Well #: HO-17-0153

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/8/2019 / 1010 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/8/2019 / 1010 / RER
Nitrate	1.13	mg/L	10	601	6/7/2019 / 1625 / RER
Turbidity	15.8	NTU	<10	SM20 2130B	6/7/2019 / 1640 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	6/7/2019 / 1640 / 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 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

**Reason for Test :** Use & Occupancy

**Building Permit # :** B19000230

Date Reported: 6/11/2019

# 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 #: 130840 Account #: 1933  
Reference: Brighton Mill Lot 7 Company: Fogles Well Pump & Treatment  
Location: 13627 Curtis Vista Way Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 6/18/2019 0840 Site: Kitchen Sink Tap  
Date/Time Rec'd: 6/18/2019 1440 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: J. Evans 7411JE Well #: HO-17-0153

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/19/2019 / 1020 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/19/2019 / 1020 / CRS
Turbidity	2.99	NTU	<10	SM20 2130B	6/19/2019 / 0700 / CRS

### NOTES

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

Reason for Test : Use & Occupancy

Building Permit # : B19000230

Date Reported: 6/19/2019