

C1 3879

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.

COUNTY NUMBER 13 A517937

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

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 3 30 05

Depth of Well 22 160 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-4085

OWNER Thompson Builders last name first name STREET OR RFD Patterson Farm Court TOWN Glencig SUBDIVISION Hopkins Choice SECTION LOT 16

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 30+ BOTTOM 58 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL 6 15 70

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

SCREEN RECORD screen type or open hole insert appropriate code below DEPTH (nearest ft.) 1 2 3 40 53 160

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER 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. MS D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

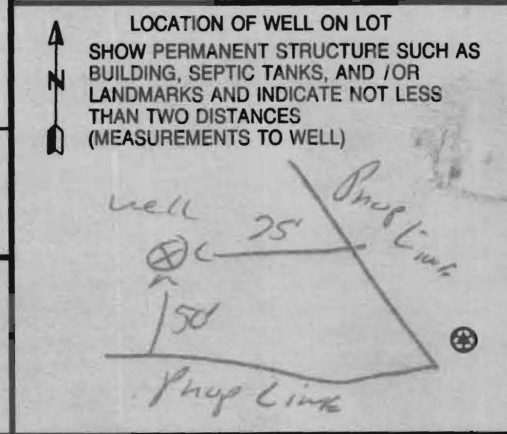
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 11 20 WHEN PUMPING 20 25 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)



B 1 5785

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-4085 fill in this form completely

OWNER INFORMATION Date Received (APA) 1/16/04 8 MM DD YY 13 Trompsov Builders Inc 15 Last Name Owner First Name 34 6300 Woodside Ct. Suite A 36 Street or RFD 55 Columbia MD 21046 57 Town 70 State 72 Zip 76

DRILLER INFORMATION DRILLER'S NAME M S D 117 76 License No. 81 FIRM NAME RAYH E. WAYNE INC 17024 Handy Rd. Mt Airy MD 21721 Address Signature Date 10-10-04

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) [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 [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

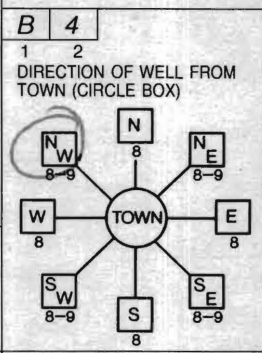
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROtary DRive-POINT other

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 DEEPEN 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 HO2004 GAP 011(01) 54 63 PERMIT No. HO-94-4085 70 71 72 73 74 75 76 77 78 79

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

LOCATION OF WELL B 3 HOWARD 8 COUNTY 21 HOPKINS CHOICE 23 SUBDIVISION 42 SECTION 44 46 LOT 16 48 50 GLENELG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78

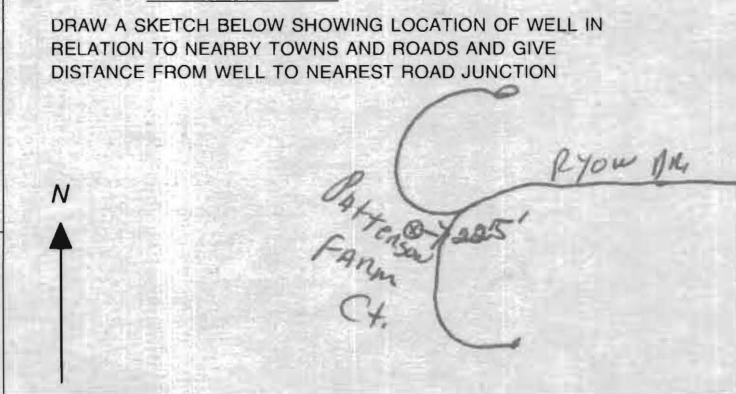


DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 1 2 PATTERSON FARM CT 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 225 37 DISTANCE FROM ROAD 41 ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 12 PARCEL 111

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD (13) A517937 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 1/13/2005 Brian Baber 1/13/2006 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 522 0 0 0 EAST GRID 800 0 0 0 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 800 N 522

3/30/05 pig 8am 3hr No Time For Inspection (X) (BB)





**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 Well Drilling, LLC Telephone #: 443-609-4195  
Address: P.O. Box 202  
Woodbine md 21797

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

Name (Print): Allen Compton License# MS0009

\*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: Toll Brothers Telephone #: 410-320-0223  
Subdivision: Hopkins Choice (Genely Estates) Lot #: 16 Well Tag #: HO-95-4085  
Site Address: 14037 Patterson Farm Ct  
Genely md 21737

<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>ISS6E09-180</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>30</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>160</u> (feet)	Conduit secured to well cap: <u>yes</u>	

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 N/A

Piping to house

Type: 1" BKX Poly Pipe

PSI: 160 (160 psi min)

Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes

Length of sleeve (5' minimum from foundation): 5' ✓

Sleeve sealed properly: yes

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: Allen Compton date: 4/15/11

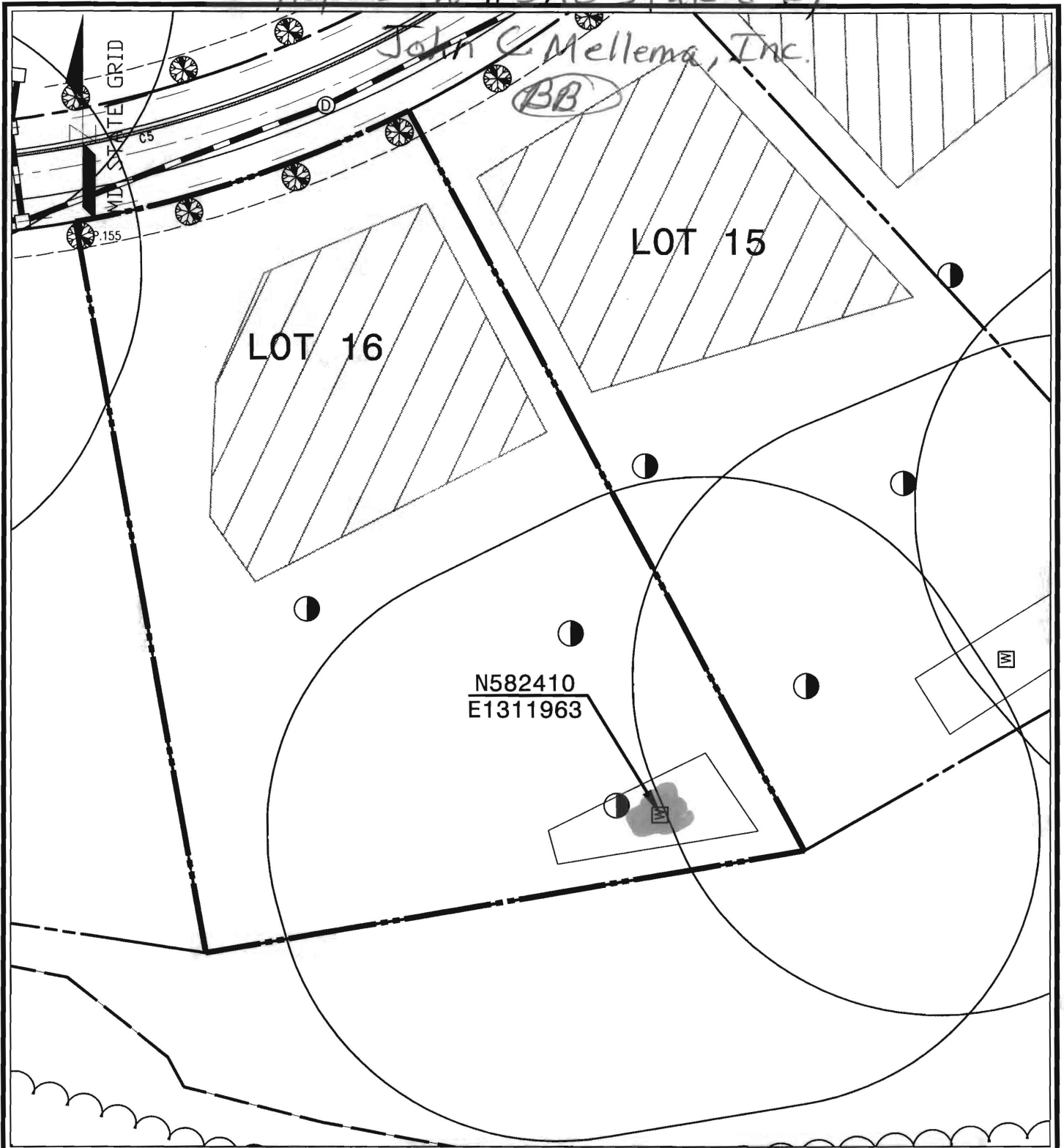
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: _____	Date Insp. Approved: <u>4/15/11</u>	Inspector: <u>KW</u>
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 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>

1/13/2005 Well Site Staked By

John C. Mellema, Inc.

BB



WELL LOCATION PLAN  
LOT 16

HOPKINS CHOICE SUBDIVISION

4th ELECTION DISTRICT, TAX MAP # 21, GRID 12, ZONE : RR-DEO PARCEL 111  
HOWARD COUNTY, MARYLAND

1" = 50'  
SCALE :

10-21-04  
DATE :

PREPARED BY :

American Land Development  
and Engineering, Inc.

10749 BIRMINGHAM WAY  
WOODSTOCK, MD. 21163  
TEL. (410) 465-7903  
FAX. (410) 465-3845

CONTRACT No.

FILE No.



Howard County  
Health Department

7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

July 7, 2011

Homeowner  
14087 Patterson Farm Court  
Glenelg, MD 21737

RE: Hopkins Choice, Lot 16  
14087 Patterson Farm Court  
BP #: B10003464  
Well Permit # HO-94-4085

Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 05/04/2011. Final approval of the well line connection to the dwelling was approved on 04/15/2011.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, are copies of the septic permit and the as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

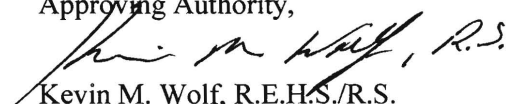
#### INTERIM CERTIFICATE OF POTABILITY

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-94-4085. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 06/24/2011, 07/05/2011  
Date of Well Completion: 03/30/2005

Approving Authority,

  
Kevin M. Wolf, R.E.H.S./R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1813 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 80116 Account #: 1930  
 Reference: Toll Brothers Lot 16 Company: Fogle's Well Drilling  
 Location: 14087 Patterson Farm Court Requested By: Dave Fogle  
 Glenelg, MD 21737 Source: Well Water  
 Date/ Time Collected: 6/24/2011 1545 Site: Laundry Tub Sink  
 Date/Time Rec'd: 6/24/2011 1650 Treatment: None  
 Chlorine ppm: Free: ND Total: ND pH: 5.6  
 Collected By: J. Fogle 1974JF Well #: HO-94-4085

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	6/23/2011 / 0930 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/23/2011 / 0930 / KME
Nitrate	5.50	mg/L	10	601	6/24/2011 / 1710 / BCD
Turbidity	2.26	NTU	<10	SM18 2130B	6/24/2011 / 1655 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	6/24/2011 / 1655 / KME

**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 & Chlorine level tested in lab

Reason for Test : Use &amp; Occupancy

Building Permit # : B-10003464

Date Reported: 6/27/2011

**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 #:	80235	Account #:	1930
Reference:	Toll Brothers Lot 16	Company:	Fogle's Well Drilling
Location:	14087 Patterson Farm Court Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	7/5/2011 1520	Source:	Well Water
Date/Time Rec'd:	7/5/2011 1615	Site:	Laundry Tub Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	K.Cassell 7238KC	pH:	5.6
		Well #:	HO-94-4085

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/6/2011 / 1025 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/6/2011 / 1025 / CCH

**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 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy  
 Building Permit # : B-10003464

Date Reported: 7/6/2011