

C1 6405

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 757937

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 140

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-4000

OWNER Thompson Builders STREET OR RFD Patterson Farm Ct TOWN Clarksburg SUBDIVISION Hopkins Chance SECTION 1 LOT 18

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 14 NO. OF POUNDS 1400

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 38

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

SCREEN RECORD

screen type or open hole (insert appropriate code below) (HO) DEPTH (nearest ft.) 36 140

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

- 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. MSD 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 (SERV 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

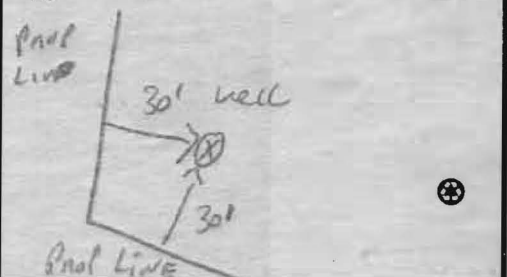
PUMPING TEST

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 7 WHEN PUMPING 20 TYPE OF PUMP USED (for test) S 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 (-) below LAND SURFACE 2 (nearest) foot

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



C1 6405

(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 A 517937

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

ST/CO USE ONLY DATE RECEIVED JUN 06 2005

DATE WELL COMPLETED 05 35 05

Depth of Well 140

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-4102

OWNER Thompson Bu. Ideas PATTERSON Farm Ct TOWN Glenady SUBDIVISION Hopking Choice SECTION 1 LOT 18

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, and Sand Stone MICKA.

GROUTING RECORD section including GROUTING MATERIAL (CM, BC), NO. OF BAGS (14), NO. OF POUNDS (1400), and DEPTH OF GROUT SEAL.

CASING RECORD section including MAIN CASING TYPE (PL), Nominal diameter (6), and Total depth (38).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD section including screen type (HO) and slot size (1, 2, 3).

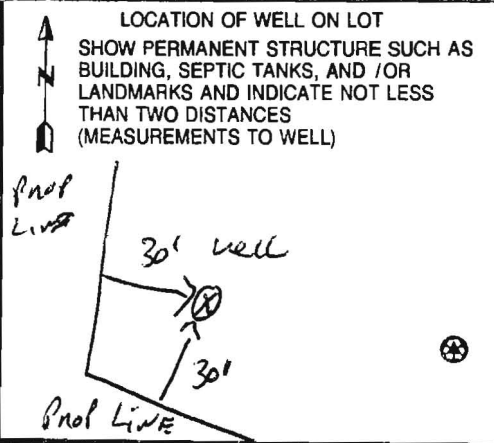
DEPTH (nearest ft.) section with a grid for recording depth measurements.

GRAVEL PACK section with fields for gravel pack and flowing well.

MDE USE ONLY section with fields for T, W, Q, and other data.

PUMPING TEST section including HOURS PUMPED (3), PUMPING RATE (15), and TYPE OF PUMP USED (S).

PUMP INSTALLED section including DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), and CAPACITY (GALLONS PER MINUTE).



NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED: YES (Y), NO (N)

CIRCLE APPROPRIATE LETTER: A, E, P

DRILLERS LIC. NO. MSD112, DRILLERS SIGNATURE, LIC. NO. SD

SITE SUPERVISOR (sign. of driller or journeyman)

B 1 5787

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-4102

OWNER INFORMATION: Date Received (APA) 11/04/04, Thompson Builders Inc, 6300 Woodside Ct. Suite A, Columbia MD 21046

LOCATION OF WELL: Howard County, Hopkins Choice, Section 44-46, Lot 18, Glenweld, 0.1 miles from town

DRILLER INFORMATION: Raghoe Mayne, MS D 117, Raghoe Mayne Inc, 17024 Handy Rd Mt Airy MD 21221

NEAR WHAT ROAD: Pattenson Farm Ct, 225 ft from road, Tax Map 21, Blk 12, Parcel 111

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER: DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (D)

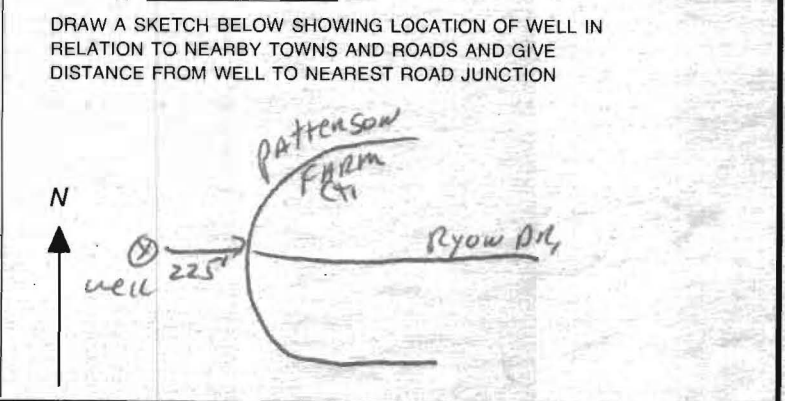
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard County, State Signature, Date Issued 2/10/05, Exp. Date 2/10/06

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

SOURCES OF DRILLING WATER: 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE: E 800799, N 522

METHOD OF DRILLING: BORED (or Augered) AIR-ROtary, JETTED, ROTARY (Hydraulic Rotary)

REPLACEMENT OR DEEPEMED WELLS: THIS WELL WILL NOT REPLACE AN EXISTING WELL (N)



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER HO2004 GAP 011(01), PERMIT No. HO-94-4102

**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: Fooks Well Drilling LLC Telephone #: 443-609-4195
Address: P.O. Box 302
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# MSD009

*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: Tell Brothers Telephone #: 410-320-0223
Subdivision: Hopkins Chase (Genelg Eskels) Lot #: 18 Well Tag #: HO-94-4102 ✓
Site Address: 14095 Patterson Farm Ct
Genelg md 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Comptek</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>ISSGE07-180</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>15</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>140'</u> (feet)	Conduit secured to well cap: <u>N/A</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 <u>inside of well casing</u>		

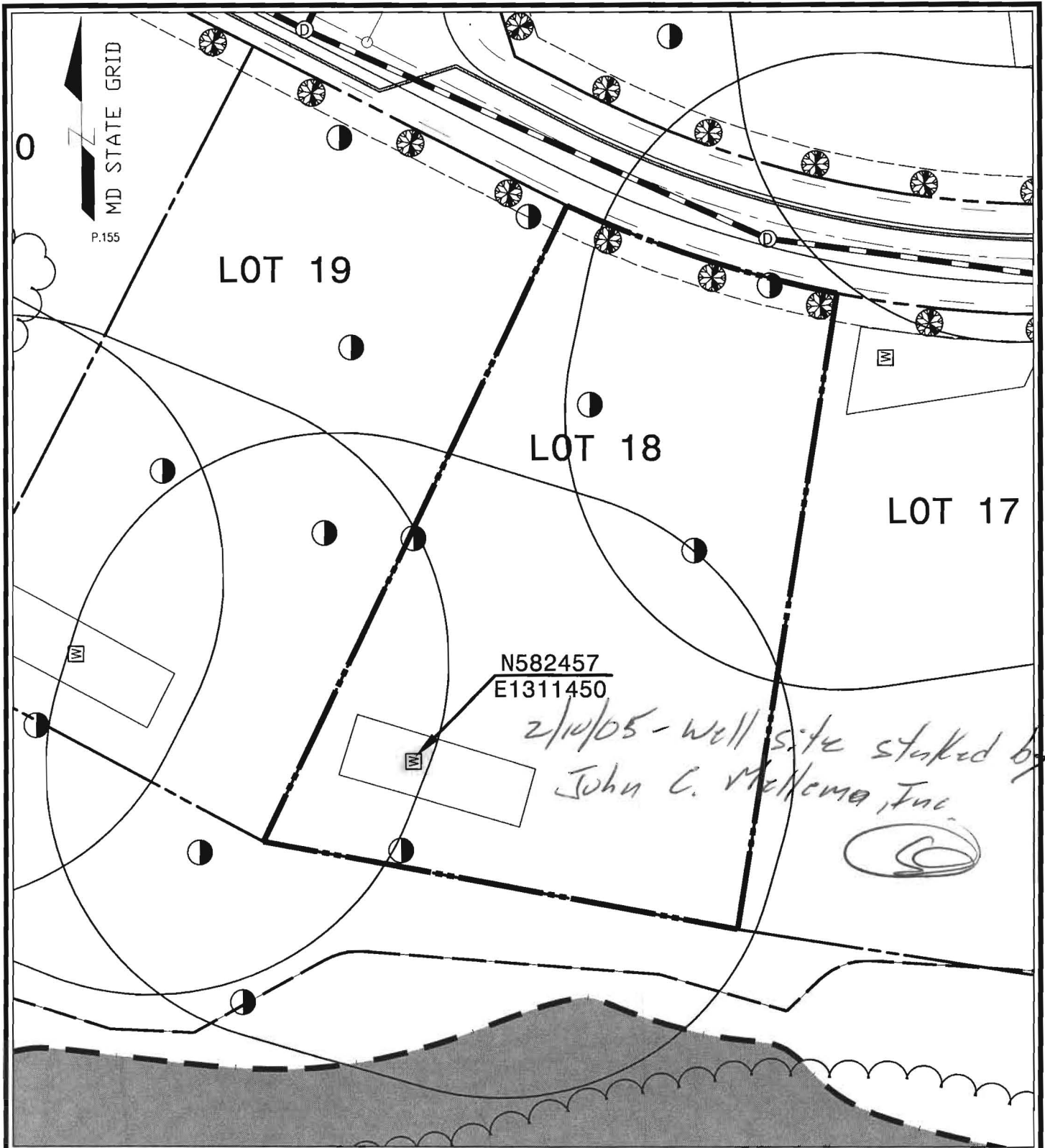
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5" minimum from foundation): <u>5'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>yes</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: Allen Compton date: 4/15/11

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

Date Insp. Requested: _____ Date Insp. Approved: 4/15/11 Inspector: (K)
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓
 Safety rope not outside of well cap/casing ✓
 Correct well tag attached properly and casing 8" above finished grade ✓
 Water supply line sleeved adequately at house connection ✓
 Adequate grout observed below pitless adapter ✓



WELL LOCATION PLAN

LOT 18

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 :

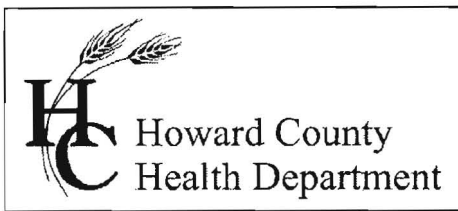
PREPARED BY :

American Land Development
and Engineering, Inc.

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

CONTRACT No.

FILE No.



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

June 28, 2011

Homeowner
14095 Patterson Farm Court
Glenelg, MD 21737

RE: Hopkins Choice, Lot 18
14095 Patterson Farm Court
Glenelg, MD 21737
BP #: B10000472
Well Permit # HO-94-4102

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 06/24/2011. 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.

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-94-4102. 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
Date of Well Completion: 05/25/2005

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.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 80115 Account #: 1930
Reference: Toll Brothers Lot 18 Company: Fogle's Well Drilling
Location: 14095 Patterson Farm Court Requested By: Dave Fogle
Glencg, MD 21737 Source: Well Water
Date/Time Collected: 6/24/2011 1530 Site: Laundry Tub Sink
Date/Time Rec'd: 6/24/2011 1650 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: J. Fogle 1974JF Well #: HO-94-4102

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/25/2011 / 1100 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/25/2011 / 1100 / KME
Nitrate	5.07	mg/l.	10	601	6/24/2011 / 1710 / BCID
Turbidity	0.87	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 & Occupancy
Building Permit # : B-10000472

Date Reported: 6/27/2011

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore MD 21230
410-537-3000 • 1-800-633-6101 • <http://www.mde.state.md.us>

INCOMPLETE CHECKLIST: COMPLETION REPORT

To: *Environment Health*

WASTEWATER PERMITS PROGRAM

Phone: (410) 537-3784 Fax: (410) 537-3163

DRILLER: *Ralph E. Mayne*

DATE: *7-1-05 7/26/05*

Your Completion Report for *HO-94-4102 - Thompson Builders - Lot 18*
Was found to be incomplete. Please complete as indicated below & return to Groundwater Permits Program

<input checked="" type="checkbox"/>	Date Well Completed - <i>for your copy</i>	___	Number of Pounds	___	Method Used to Measure Pump
___	Depth of Well	___	Gallons of Water	___	Water Level Before Pumping
___	Permit Number - incorrect	___	Depth of Grout Seal	___	Water Level When Pumping
___	Owner	___	Casing Record	___	Type of Pump Used
___	Street	___	Main Casing Type-Insert Code	___	Pump Installed
___	Town	___	Casing Diameter	___	Gallons Per Minute
___	Sub-Division	___	Casing Depth	___	Pump Horse Power
___	Section	___	Screen Record Or Open Hole	___	Pump Column Length
___	Lot	___	Screen Type-Insert Code	___	Casing Height
___	Well Log (when given on separate sheet <u>send for state, survey & WRA</u>)	___	Screen Depth	___	Height Above Land Surface
___	Driller's Signature - (must agree with permit unless transferred)	___	Slot Size	___	Location of Well On Lot
___	Driller's Number	___	Diameter of Screen (<u>Given in No.</u>)	___	Sketch
___	Type of Driller (MWD, MSD, MGD)	___	Gravel Pack	___	All Numbers Start At Far Left Box
___	Has Well Been Grouted (<u>Circle Only One</u>)	___	Pumping Test	___	Don't Staple report (s) Together (<u>As We Have To Unstaple Taking Up Valuable Time</u>)
___	Type of grout	___	Hours Pumped	___	
___	Number of Bags	___	Pumping Rate	___	

2005 JUL 27 PM 7:07
MDE
ENVIRONMENTAL
PERMITS
SECTION