

C1 6409

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

257937

(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

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM DD YY

05 25 05

22 160 26

10-94-4106

OWNER Thompson Builders last name Patterson Farm Ct first name TOWN Gilchrist SUBDIVISION Hopkins Choice SECTION 1 LOT 22

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, and MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (Steel, Concrete, Plastic, Other) Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns for diameter and depth

SCREEN RECORD

screen type or open hole (Steel, Brass, Bronze, Plastic, Open Hole, Other)

DEPTH (nearest ft.)

Table for depth measurements in feet, including slot size and diameter of screen.

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

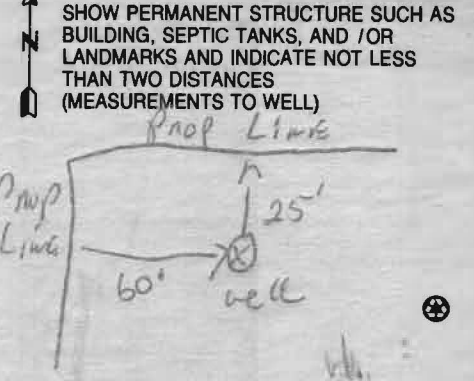
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft. WHEN PUMPING 36 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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 } 2 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/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. M SD 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)

B 1 5791

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-4106 fill in this form completely

Date Received (APA)

1/16/04

OWNER INFORMATION

Thompson Builders Inc 6300 Woodside Ct, Suite A Columbia MD 21046

B 3

LOCATION OF WELL

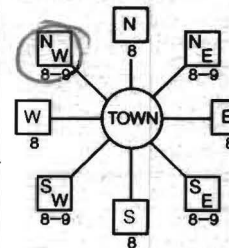
Howard County Hopkins Choice GLENELG

DRILLER INFORMATION

Ralph E. Mayne MS D112 17024 Haroy Rd. Mt Airy MD 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Patterson Farm Ct. NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 21 BLK: 12 PARCEL 111

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled) Farming (Livestock Watering & Agricultural Irrigation) Industrial, Commercial, Dewatering Public Water Supply Well Test, Observation, Monitoring Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS17937 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 2/10/05 CO SIGNATURE EXP. DATE 2/10/06 NORTH GRID 523 000 EAST GRID 798 000

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

METHOD OF DRILLING (circle one)

- Bored (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT

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 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 DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

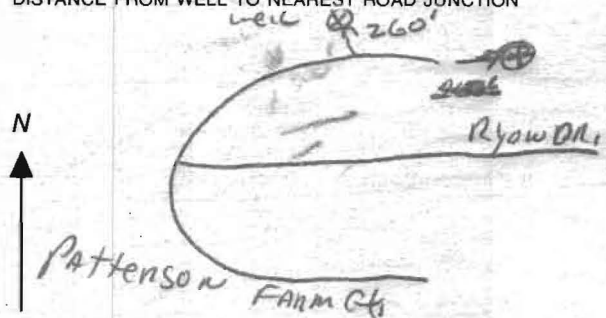
APPROX. PERMIT NUMBER HO2004 GAP 011/01 PERMIT No HO-94-4106

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 800798 N 52X3

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 Telephone #: 443-609-4195
Address: P.O. Box 202
Wicabine 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# MSD 009

*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 #: _____
Subdivision: Heckins Choice Lot #: 22 Well Tag #: HO-94-4106
Site Address: 14119 Patterson Farm Ct

| | | |
|--|------------------------------|---|
| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
| Make: <u>Crawfish</u> | Make: <u>Campbell</u> | Two piece watertight cap: <u>yes</u> |
| Model #: <u>1550P17-180</u> | Model#: <u>NA</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: _____ GPM | NSF/WSC approved: <u>yes</u> | Conduit min 1 1/2" B.G.: <u>yes</u> |
| Depth of well encountered at time of pump installation: <u>120 (25) feet</u> | | 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" PVC PLASTIC
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: 7-19-11

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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 _____

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: _____ 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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: 1400 Key Choice Lot #: 22 Well Tag #: HO-94-4106 ✓
Site Address: 14119 Pitless Pump Lt

| <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 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 or Cable guards are required - Must circle one | | |
| Safety rope, if used, attached to inside of well casing with eye bolt _____ | | |

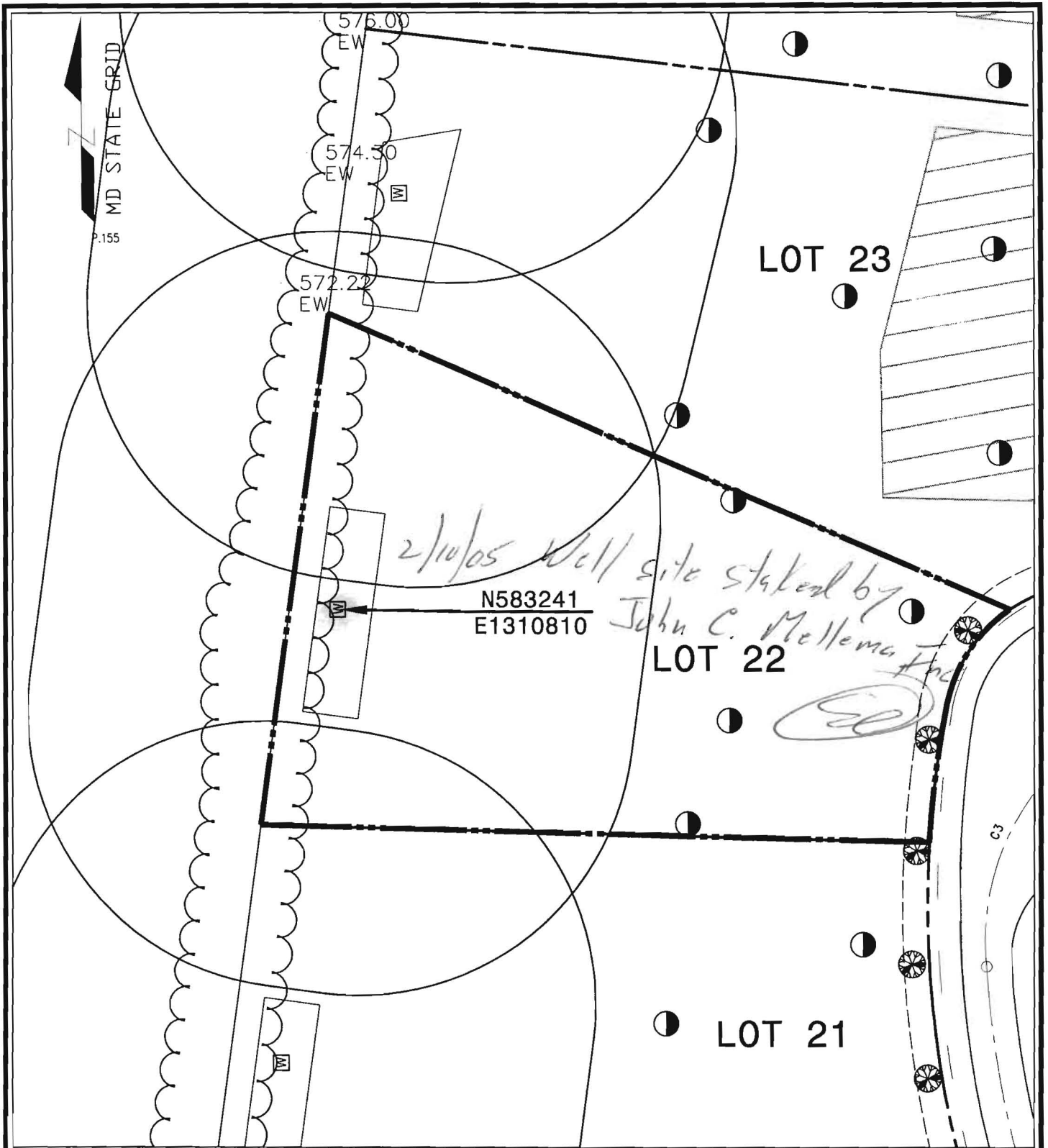
| <u>Piping to house</u> | <u>House Connection</u> |
|---------------------------------------|--|
| Type: _____ | PVC sleeved to undisturbed soil at wall penetration: _____ |
| PSI: _____ (160 psi min) | Approximate length of sleeve: _____ |
| Depth of supply line: _____ (36" min) | Sleeve caulked and 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: 6/27/11 Date Insp. Approved: 6/27/11 KW
 Inspection Data: Pitless adapter and 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 installed inside of well 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 22

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

July 27, 2011

Homeowner
14119 Patterson Farm Court
Glenelg, MD 21737

RE: Hopkins Choice, Lot 22
14119 Patterson Farm Court
Glenelg, MD 21737
BP #: B10003233
Well Permit # HO-94-4106

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 07/26/2011. Final approval of the well line connection to the dwelling was approved on 06/27/2011.**

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-94-4103. 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: 07/25/2011
Date of Well Completion: 05/05/2005

Approving Authority,

Robert Bricker, R.E.H.S./R.S.
Environmental Sanitarian Supervisor
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 #: 80570 Account #: 1930
Reference: Toll Brothers Lot 22 Company: Fogle's Well Drilling
Location: 14119 Patterson Farms Court Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 7/25/2011 1250 Site: Laundry Tub
Date/Time Rec'd: 7/25/2011 1605 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: J. Fogle 1974JF Well #: HO-94-4106

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 7/26/2011 / 1015 / KME |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 7/26/2011 / 1015 / KME |
| Nitrate | 2.73 | mg/L | 10 | 601 | 7/25/2011 / 1610 / CCH |
| Turbidity | 1.01 | NTU | <10 | SM18 2130B | 7/25/2011 / 1615 / KME |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 7/25/2011 / 1615 / 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 # :** B10003233Date Reported: 7/26/2011