

C1 6413

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

AD 17 932

(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 01 05

22 300 26

9/22/05 94-4110

OWNER: Thompson Builders, STREET OR RFD: Patterson Farm Ct, TOWN: Clonally, SUBDIVISION: Hopkins Choice, SECTION: 1, LOT: 26

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)

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sands, Sand Stone MICKA, Sand Stone MICKA, Flint Rock MICKA.

GROUTING RECORD

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

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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"

DRILLERS LIC. NO.: M SD 117, DRILLERS SIGNATURE

LIC. NO.: D

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

C 2 DEPTH (nearest ft.)

Table for C 2 DEPTH with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

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

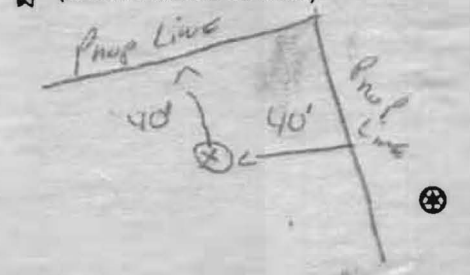
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 22 ft, WHEN PUMPING 55 ft, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES, 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, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE, - below 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)



B 1 5795

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4110

fill in this form completely

Date Received (APA)

11/04/04

OWNER INFORMATION

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

B 3

LOCATION OF WELL

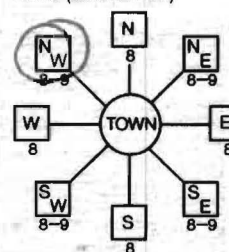
Howard County, Hopkins Chase, GLENELG, NEAREST TOWN

DRILLER INFORMATION

Ralph E. Mayne, MSD 112, Ralph E Mayne Inc, 17024 Handy Rd, Mt Airy, MD 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Patterson Farm Rd, NEAR WHAT ROAD, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD, TAX MAP: 21, BLK: 12, PARCEL 111

WELL INFORMATION, APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Geo-thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, AS17937, STATE SIGNATURE, DATE ISSUED 2/10/05, CO SIGNATURE, EXP. DATE 2/10/06

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

METHOD OF DRILLING (circle one)

AIR-ROTAry, JETted, ROTARY (Hydraulic 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 DEEPEM 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)

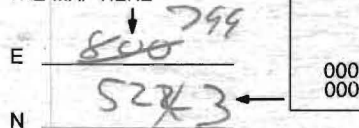
APPROX. PERMIT NUMBER, PERMIT No. HO-94-4110

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

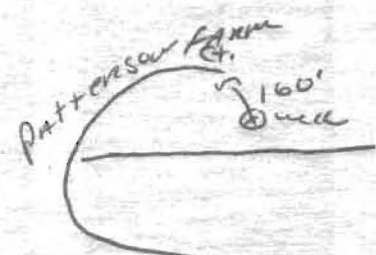
- 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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

N



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, 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# 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: Toll Brothers Telephone #: 410-992-5978  
Subdivision: Glenelg Estates - Hopkins Charles Lot #: 26 Well Tag #: HO-94-4110  
Site Address: 14122 Peterson Farm Ct  
Glenelg, Md 2137

<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>10SQE10-220</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>10</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>300</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 <u>inside of well casing N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</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: 7/7/11

**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 3" 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: \_\_\_\_\_ Lot #: 26 Well Tag #: HO -94-4110  
Site Address: 14122 Patterson Farm Ct

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
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 \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
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.**

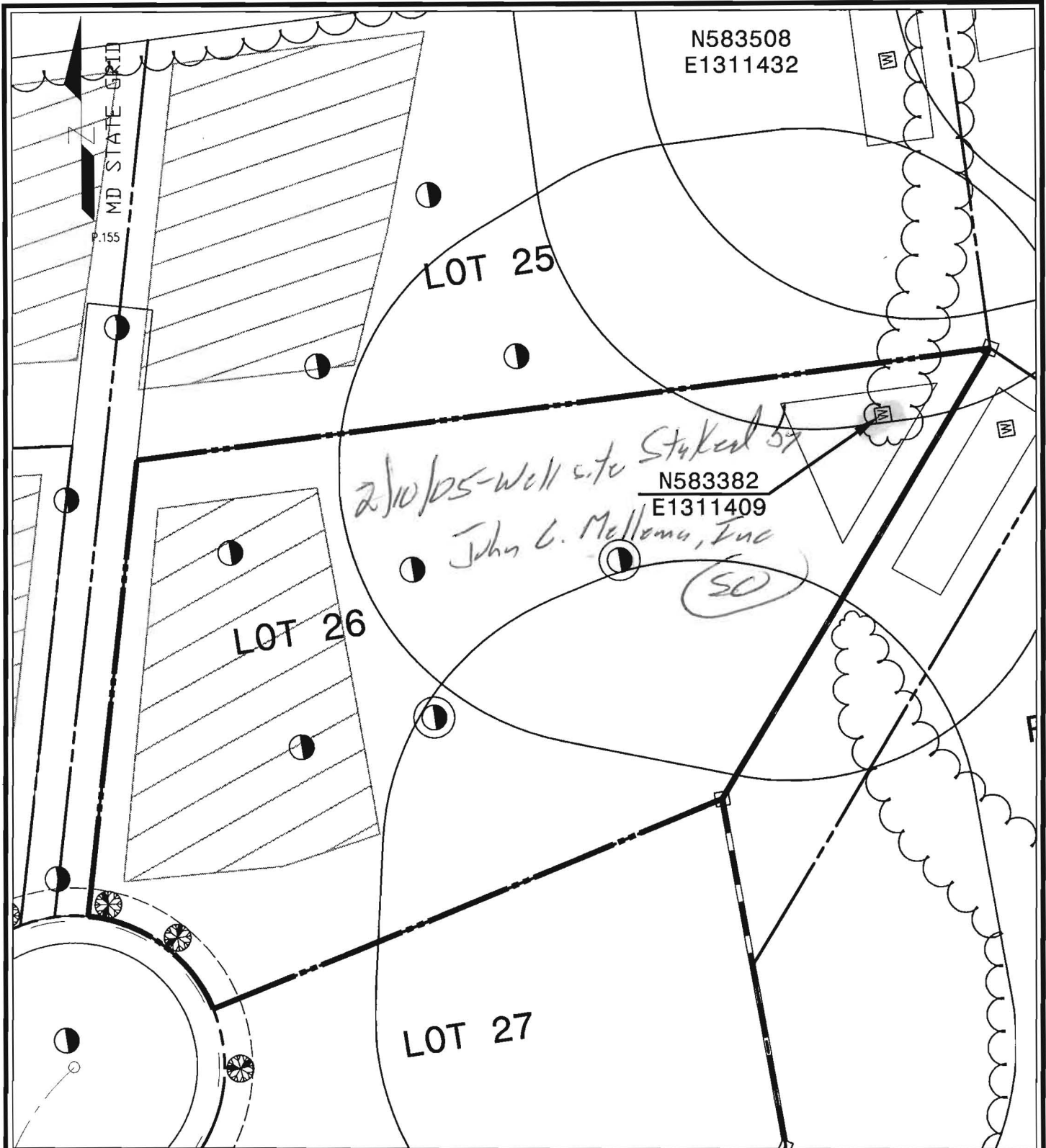
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/12/2011 **(BB)**

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

Glued  
 Not Glued  
  
  
  
**Had Well Regrouted -  
Grout at 65' Below  
Grade**



WELL LOCATION PLAN  
LOT 26

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 :

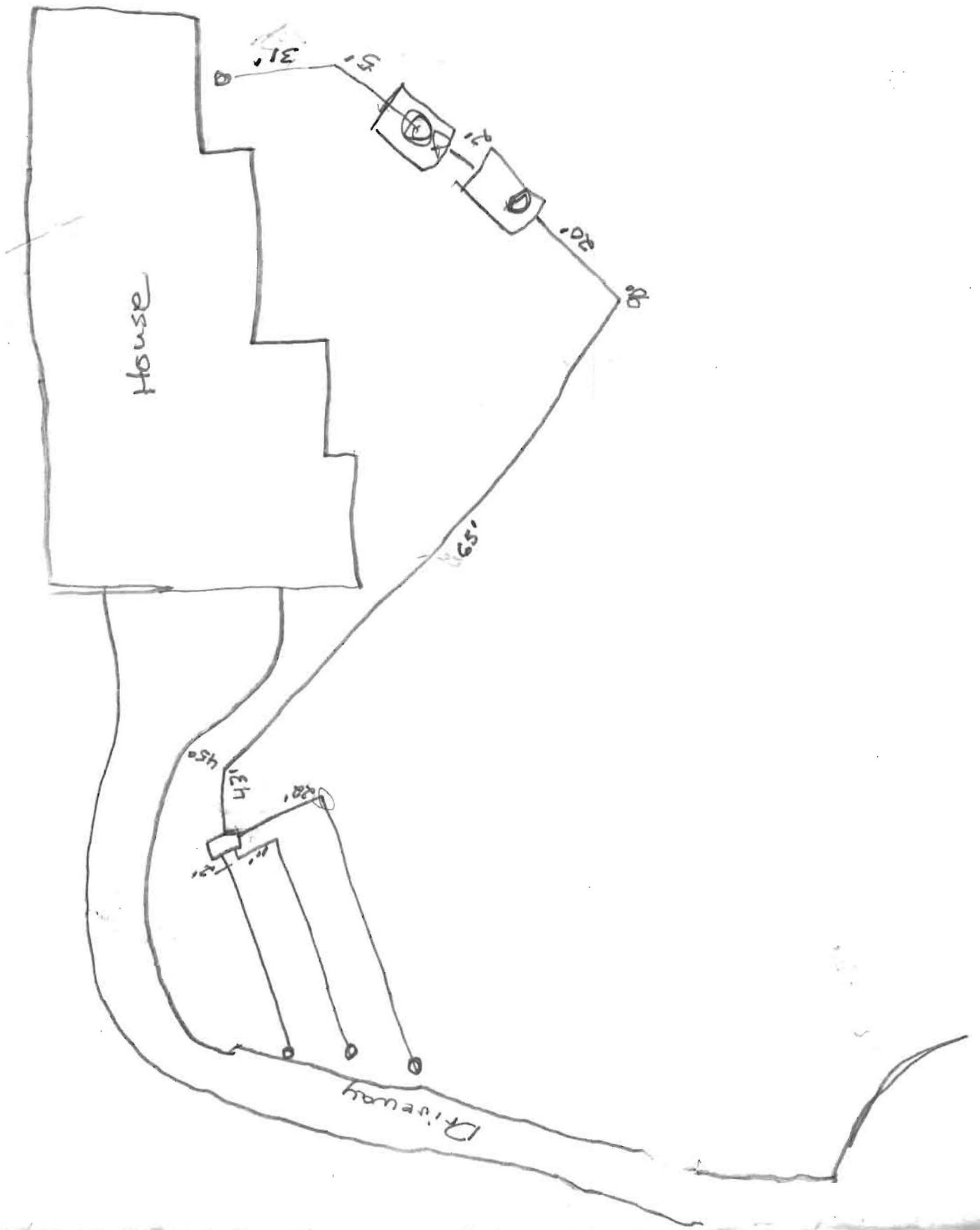
PREPARED BY :

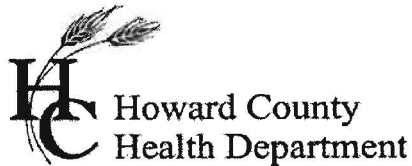
American Land Development  
and Engineering, Inc.

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

CONTRACT No.

FILE No.





Bureau of Environmental Health  
7178 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](http://www.hchealth.org)

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – April 27, 2012**

October 27, 2011

Homeowner  
14122 Patterson Farm Court  
Glenelg, MD 21737

**RE: Hopkins Choice, Lot 26  
14122 Patterson Farm Court  
Building Permit: B10003361  
Well Permit: HO-94-4110**

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 **10/12/2011**. Final approval of the well line connection to the dwelling was granted on **10/27/2011**. The well construction was completed on **05/01/2005**. Water samples were collected on **10/11/2011 and 10/25/2011**.

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. 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-94-4110. 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>

Approving Authority,

Jeff Williams  
Program Supervisor  
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 #: 81877 Account #: 1931  
Reference: Toll Brothers Lot 26 Company: Fogles Septic  
Location: 14122 Patterson Farm Ct. Requested By: Kim Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 10/25/2011 1134 Site: Laundry  
Date/Time Rec'd: 10/25/2011 1312 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.9  
Collected By: K.Cassell 7238KC Well #: HO-94-4110

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/26/2011 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/26/2011 / 0815 / CCH
Turbidity	1.00	NTU	<10	SM18 2130B	10/26/2011 / 0815 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	10/26/2011 / 0815 / KME

### NOTES

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

Reason for Test : Use & Occupancy

Building Permit # : B10003361

Date Reported: 10/26/2011

MD State Certification # 133

# 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 #: 81706 Account #: 1930  
Reference: Toll Brothers Lot 26 Company: Fogle's Well Drilling  
Location: 14122 Patterson Farm Court Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 10/11/2011 1155 Site: Laundry Tub  
Date/Time Rec'd: 10/11/2011 1556 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J. Fogle 1974JF Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	30.6	MPN/ 100 ml	<1.0	SM18 9223	10/12/2011 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/12/2011 / 1000 / CCH
Nitrate	1.87	mg/L	10	601	10/12/2011 / 0900 / CCH
Turbidity	0.80	NTU	<10	SM18 2130B	10/12/2011 / 1130 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	10/12/2011 / 1130 / CCH

### 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; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy

Date Reported: 10/12/2011