

C1 6412

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 9517937

1 2 3 6 (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 22 140 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37

OWNER Thompson Patterson first name last name STREET OR RFD SUBDIVISION SECTION LOT

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) FEET FROM TO check if water bearing

Table with 3 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 (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 18 NO. OF POUNDS 1800 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 30+ BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 25

OTHER CASING (if used)

Table for OTHER CASING with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT]

DEPTH (nearest ft.)

Table for DEPTH with columns for casing types and slot size.

DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60

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

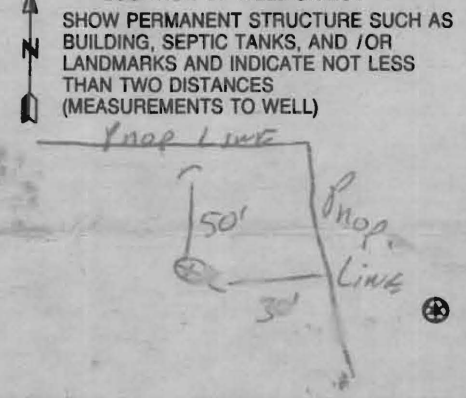
PUMPING TEST

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 16 ft. WHEN PUMPING 40 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 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [49] above LAND SURFACE [49] below (nearest foot) 2

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED [Y] [N]

CIRCLE APPROPRIATE LETTER 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. 1 M SD 112 DRILLERS SIGNATURE

LIC. NO. 1 D

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

B 1 5794

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4109

fill in this form completely

W521562

Date Received (APA) 11/04/04

OWNER INFORMATION

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

B 3

LOCATION OF WELL

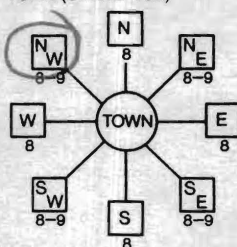
Howard, HOPKINS CHOICE, GLENELG, NEAREST TOWN

DRILLER INFORMATION

Ralph E. Mayne, MSD 117, Thompson Builders Inc, 17024 Handy Rd Mt Airy MD 21221

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



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

B 2

WELL INFORMATION

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

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, AS17937, COUNTY NAME, 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 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), AIR-ROTary, CABLE, JETTED, AIR-PERcussion, REVerse-ROTary, Jetted & DRIVEN, 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 DEEPEMED 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)

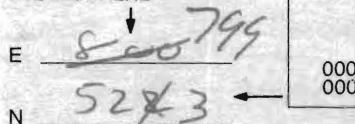
APPROP. PERMIT NUMBER HO2004 GAP 01/01

PERMIT No. HO-94-4109

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

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

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: Eagles Well Drilling Telephone #: 443-609-4195
Address: P.O. Box 200
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 journeymen 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 - Glenelg Est. Lot #: 25 Well Tag #: HO-94-4109
Site Address: 14126 Patterson Farm Ct
Glenelg, Md 21737

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>ISS0010-80</u>	Model#: <u>W/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: 140 (feet) Conduit secured to well cap: yes

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 W/A

Piping to house	House Connection
Type: <u>1" 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: 2/14/11

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

Date Insp. Requested: _____ Date Insp. Approved: 2/15/11 Inspector: MJ

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

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

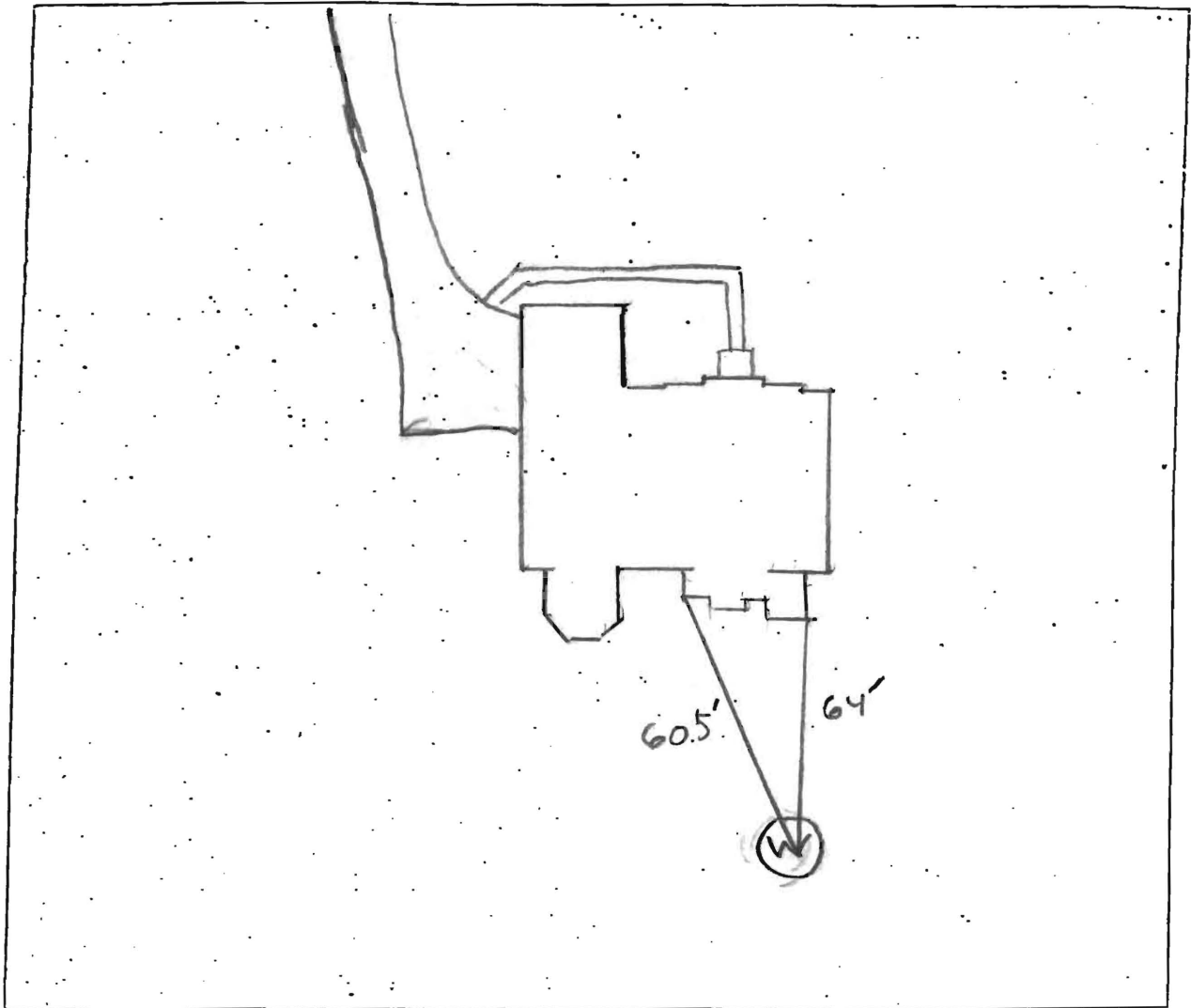
ADDRESS: 14126 Patterson Farm Ct CONTRACTOR: _____

WELL TAG #: Ho-94-4109

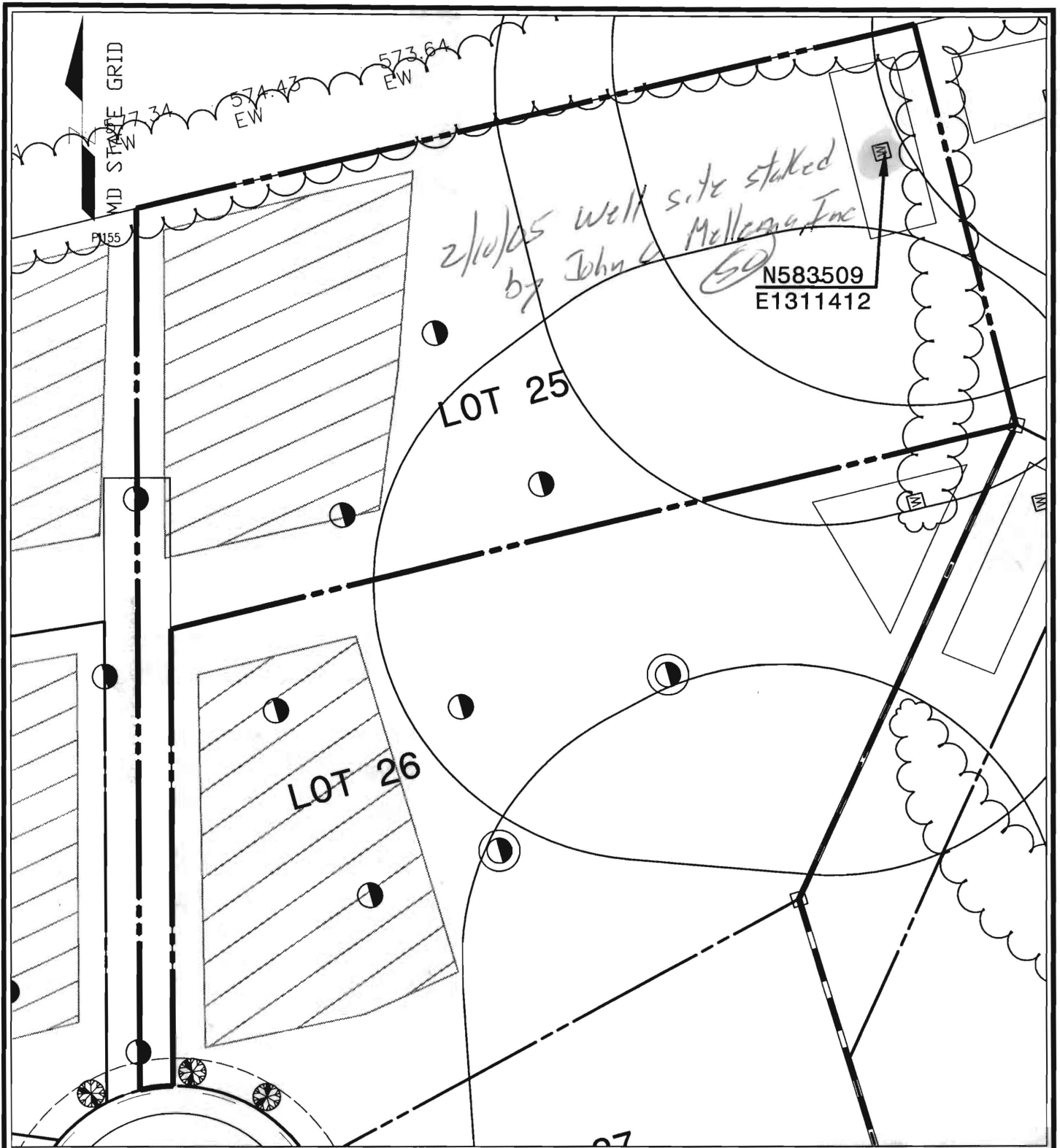
SUBDIVISION: Hopkin Choice LOT: 25 COUNTY #: Howard

PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: 2/15/11
well location (MS)



WELL LOCATION PLAN
LOT 25

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 :

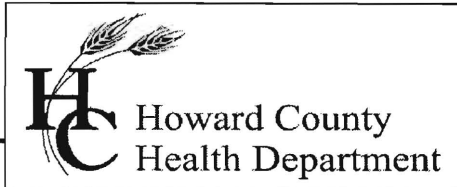
PREPARED BY :

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

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

April 25, 2011

Homeowner
14126 Patterson Farm Court
Glenelg, MD 21737

RE: Hopkins Choice, Lot 25
14126 Patterson Farm Court
BP #: B10002462
Well Tag: HO-94-4109

Dear Sir:

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 04/22/2011. Final approval of the well line connection to the dwelling was approved on 02/15/2011.**

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, is a copy 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-94-4109. 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: 04/19/2011
Date of Well Completion: 05/01/2005

Approving Authority,

A handwritten signature in black ink that reads "Brian Baker". The signature is written in a cursive, flowing style.

Brian Baker, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
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 #: 79164 Account #: 1930
 Reference: Toll Brothers Lot 25 Company: Fogle's Well Drilling
 Location: 14126 Patterson Farm Court Requested By: Dave Fogle
 Glenelg, MD 21737 Source: Well Water
 Date/ Time Collected: 4/19/2011 1210 Site: Laundry Room
 Date/Time Rec'd: 4/19/2011 1328 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 5.7
 Collected By: J. Fogle 1974JF Well #: HO-94-4109

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/20/2011 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/20/2011 / 0830 / CCH
Nitrate	3.26	mg/L	10	601	4/20/2011 / 1005 / CCH
Turbidity	1.64	NTU	<10	SM18 2130B	4/20/2011 / 0815 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	4/20/2011 / 0815 / 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 #: B10002462

Date Reported: 4/20/2011