



Date Received (APA) **11/04/04**  
 8 MM DD YY 13  
**Thompson Builders Inc**  
 15 Last Name Owner First Name 34  
**6300 Woodstock Ct. Suite A**  
 36 Street or RFD 55  
**Columbia MD 21046**  
 57 Town 70 State 72 Zip 76

**DRILLER INFORMATION**  
**Ralph E Mayne** M S D 117  
 Driller's Name 76 License No. 81  
**Ralph E. Mayne Inc**  
 Firm Name  
**17024 Handy Rd Mt. Airy MD 21771**  
 Address  
**Ralph E Mayne** 10-10-04  
 Signature Date

B 2 **WELL INFORMATION**  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**  
 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"** 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  
 39  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 DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

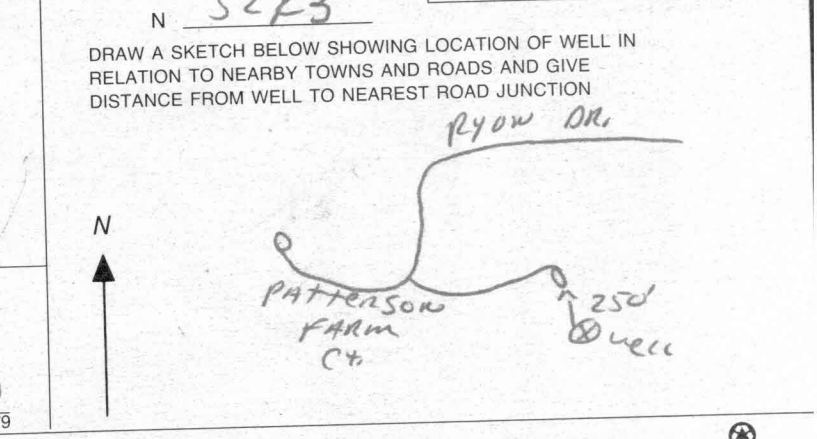
**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER **HO2004** GAP **011(01)** 54 63  
 PERMIT No. **HO-94-4080**  
 70 71 72 73 74 75 76 77 78 79

B 3 **LOCATION OF WELL**  
 8 COUNTY **Howard** 21  
**HOPKINS CHOICE**  
 23 SUBDIVISION 42  
 SECTION \_\_\_\_\_ LOT **11**  
 44 46 48 50  
**GLEWELS**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **1** M I I  
 73 76 77 78

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
  
**Patterson Farm Ct.**  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 **250** 37 DISTANCE FROM ROAD FT  
 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 **523 000** EAST GRID **800 000**  
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → **75' casing**  
**- 18 bags**  
**grout**  
**- 7.5 gal**  
**1601**  
 SOURCES OF DRILLING WATER  
 1. **well**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **800**  
 N **5273**  
 000 000  
**grout looks good.**  
**1/14/05 AM**



**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 #: 410-489-7407  
Subdivision: Hopkins Choice Lot #: 11 Well Tag #: HO-94-4080  
Site Address: 14067 Patterson Farm Ct  
Glennlg md

**Submersible Pump Data**

Make: Grundfos  
Model #: 1550GE09-180  
Pump Capacity: 15 GPM  
Well Yield: 7.5 GPM

**Pitless Adapter**

Make: Campbell  
Model#: N/A  
Depth: 36" (36" min)  
NSF/WSC approved: yes

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 160 (feet)  
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" Black 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: 2/28/12

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

Date Insp. Requested: 2/29/12 Date Insp. Approved: 2/29/12 Inspector: NA  
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

3

MD STATE GRID  
P.155

John C. Mellema, Inc.

LOT 2~~BB~~

N583013  
E1312365

LOT 11

LOT 12

1250.71'

00°11'33" W

WELL LOCATION PLAN

LOT 11

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 :

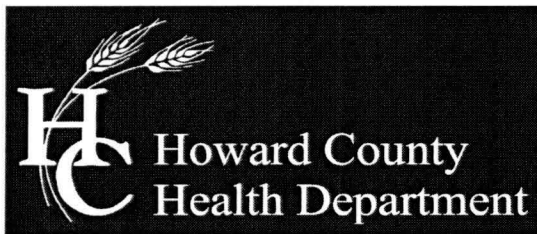
PREPARED BY :

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 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

---

## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – 6 months from letter date**

August 30, 2012

Homeowner  
14067 Patterson Farm Court  
Glenelg, MD 21737

**RE: Hopkins Choice, Lot #11  
14067 Patterson Farm Court  
Building Permit: B11000238  
Well Permit: HO-94-4080**

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 **5/14/12**. Final approval of the well line connection to the dwelling was granted on **2/29/12**. The well construction was completed on **04/14/05**. Water samples were collected on **8/25/12**.

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-94-4080. 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,

*Dana Bernard*

Dana Bernard, REHS/RS  
Environmental Sanitarian  
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 #	85778	Account #:	1930
Reference:	Toll Brothers Lot 11	Company:	Fogle's Well Drilling
Location:	14067 Patterson Farm Court Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	8/14/2012 1230	Source:	Well Water
Date/Time Rec'd:	8/14/2012 1540	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.1
		Well #:	HO-94-1080

PARAMETER	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform Total, MPN	56.0	MPN/ 100 ml	<1.0	SM18 9223	8/15/2012 / 1030 / SNZ
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/15/2012 / 1030 / SNZ
Nitrate	5.55	mg/L	10	601	8/14/2012 / 1600 / BCD
Turbidity	0.63	NTU	<10	SM18 2130B	8/14/2012 / 1615 / SNZ
Sand	NS	mg/L	5	Visual/Gravimetric	8/14/2012 / 1615 / SNZ

*Bad Bacteria!*  
*Rest OK 8-21-12 HS*

**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 # : B11000238

Date Reported: 8/20/2012

# 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 #: 85938 Account #: 1930  
Reference: Toll Brothers Lot 11 Company: Fogle's Well Drilling  
Location: 14067 Patterson Farm Court Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 8/24/2012 1238 Site: Kitchen Sink Tap  
Date/Time Rec'd: 8/24/2012 1340 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: J. Fogle 1974JF Well #: HO-94-4080

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/25/2012 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/25/2012 / 0800 / CCH

*Just OK  
DF  
8-20-12*

### 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 # :** B11000238

Date Reported: 8/27/2012