

C1 3875

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A517937

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

DATE RECEIVED MM DD YY

4 6 05

22 140 26 (TO NEAREST FOOT)

FROM "PERMIT TO DRILL WELL" HO-94-4081

OWNER Thompson Builders Patterson Farm Court TOWN Glenelg SUBDIVISION Hopkins Choice SECTION LOT 12

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 22 NO. OF POUNDS 2200

GALLONS OF WATER 132

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft.

casings types insert appropriate code below

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 100

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

SCREEN RECORD

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

DEPTH (nearest ft.) HO 98 140

SLOT SIZE 1 2 3 1/8" 2 3

DIAMETER OF SCREEN 4" (NEAREST INCH) 56 60 from to

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

70 72 74 75 76 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 22 ft.

WHEN PUMPING 35 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other J jet 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

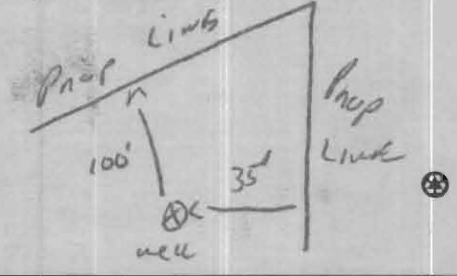
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE + above - 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)



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. 1 MSD112

DRILLERS SIGNATURE

LIC. NO. 1 D

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

B 1 5767

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4081

fill in this form completely

W521563

Date Received (APA)

11/04/09

OWNER INFORMATION

Thompson Buildens Inc
6300 Woodside Ct Suite A
Columbin MD 21046

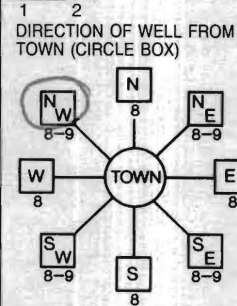
LOCATION OF WELL

Howard
HOPKINS CHOICE
GLENELG
MILES FROM TOWN (enter 0 if in town) I MI

DRILLER INFORMATION

Ralph E. Mayne MSD 117
Ralph E. Mayne Inc
17024 Handy Rd Mt Airy MD 21771
10-10-04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Patterson Farm Ct.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 300 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 12 PARCEL 111

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
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 13 A517937
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 1/13/2005 Brian Baber 1/13/2006
NORTH GRID 522 000 EAST GRID 800 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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 DEEPEM AN EXISTING WELL

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

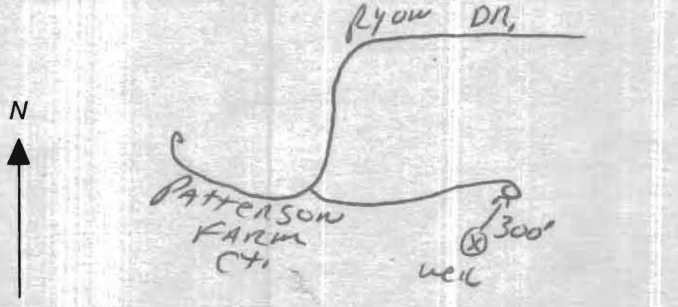
APPROX. PERMIT NUMBER HO2004 GAP 011(01)
PERMIT No. HO-94-4081

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 800
N 522

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
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# 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 #: 410-489-7407
Subdivision: Hopkins Choice Lot #: 12 Well Tag #: HO-94-4081
Site Address: 14871 Patterson Farmct
Glenn md

Submersible Pump Data

Make: Grundfos
Model #: 15S0207-180
Pump Capacity 15 GPM
Well Yield: 15 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: 140 (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 NA

Piping to house

Type: 1" Polypropylene
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: 3/5/12 Date Insp. Approved: 3/6/12 Inspector: [Signature]

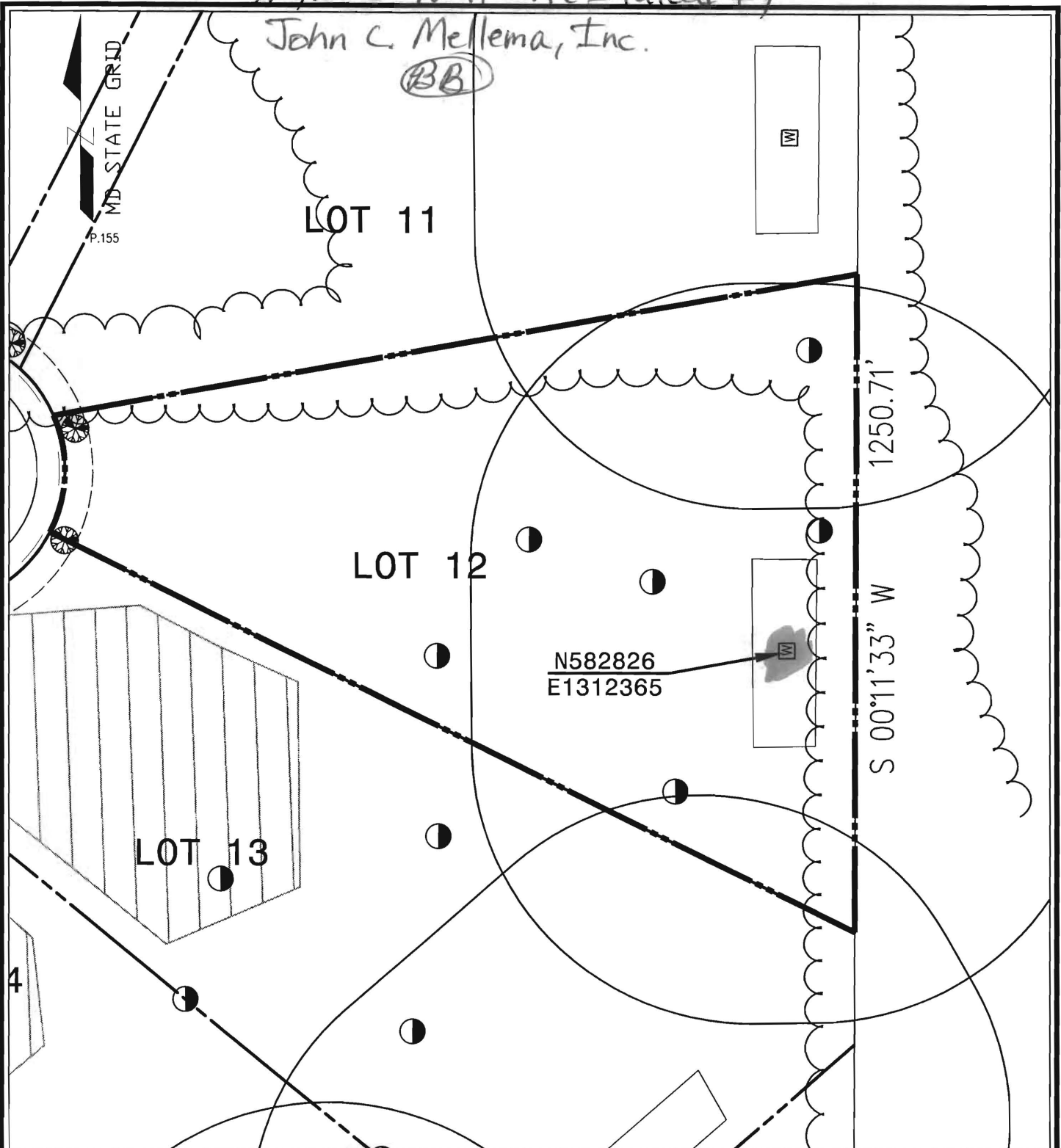
- Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope not outside of well cap/casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

Handwritten notes:
3/5/12
Completed with all required permits
could not observe for leakage
OK
Supply line to house installed properly
Conduit not observed for leakage
Supply line observed for leakage
2/28/12
[Signature]

1/13/2005 Well Site Staked By

John C. Mellema, Inc.

(BB)



WELL LOCATION PLAN

LOT 12

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – November 1, 2012

May 1, 2012

Homeowner
14071 Patterson Farm Court
Glaenelg, MD 21737

**RE: Hopkins Choice (Glenelg Estates)
14071 Patterson Farm Court
Building Permit: B11000243
Well Permit: HO-94-4081**

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 **4/30/2012**. Final approval of the well line connection to the dwelling was granted on **3/6/2012**. The well construction was completed on **4/6/2005**. Water samples were collected on **4/17/2012 and 4/25/2012**.

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-94-4081. 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,


Robert Bricker, REHS/R.S.
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 #: 84134 Account #: 1931
Reference: Toll Brothers Company: Fogles Septic
Location: 14071 Patterson Farm Court Requested By: Kim Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 4/25/2012 1140 Site: Kitchen ✓
Date/Time Rec'd: 4/25/2012 1245 Treatment: None
Chlorine ppm: Free: NT ✓ Total: NT pH: NT
Collected By: K.Cassell 7398KC Well #: HO-95-4081

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/26/2012 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/26/2012 / 1030 / CCH

'OK'
reb 5/1/12

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 Thio Check Negative
- 4 NT = Not Tested
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy
Building Permit # : B11000243

Date Reported: 4/26/2012

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 #:	84029	Account #:	1930
Reference:	Toll Brothers Lot 12	Company:	Fogle's Well Drilling
Location:	14071 Patterson Farm Court Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	4/17/2012 1330	Source:	Well Water
Date/Time Rec'd:	4/17/2012 1535	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	5.9
		Well #:	HO-95-4081

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	200.5	MPN/ 100 ml	<1.0	SM18 9223	4/18/2012 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/18/2012 / 1000 / CCH
Nitrate	3.60	mg/l.	10	601	4/18/2012 / 0930 / CCH
Turbidity	0.51	NTU	<10	SM18 2130B	4/18/2012 / 1410 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	4/18/2012 / 1410 / CCH

Bacteria HIGH 4-20-12 -HS
Need Retest

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 # : B11000243

Date Reported: 4/18/2012