

SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER AST 937

ST/CO USE ONLY  
 DATE Received  
 MM DD YY  
 8 13

DATE WELL COMPLETED  
 MM DD YY  
 05 27 05

Depth of Well  
 22 140 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 HD - 94 - 4104  
 28 29 30 31 32 33 34 35 36 37

OWNER Thompson Builders  
 STREET OR RFD Putnam Farm Ct TOWN Chesley  
 SUBDIVISION Hopkins Choice SECTION 1 LOT 20

**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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	20	✓
Sand Stone	20	30	
MICKA	30	60	
Sand Stone	60	65	✓
MICKA	65	140	

**GROUTING RECORD** yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS 15 NO. OF POUNDS 1500  
 GALLONS OF WATER 90  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 TOP 30 ft. to 30 BOTTOM 58 ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 38  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H C A S I N G

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

**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 12 ft.  
 WHEN PUMPING 17 ft.  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

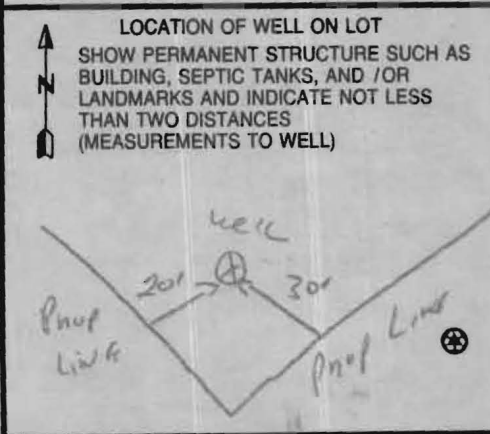
**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 30+ 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE  
**-** below } 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED yes  no   
 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

**C 2**  
 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
E	8	9	11																		
A																					
C																					
H	23	24	26																		
S																					
C																					
R	38	39	41																		
E																					
N																					

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60  
 from to



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 S D 112  
 DRILLERS SIGNATURE [Signature]  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. D

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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

B 1 5789

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

918105 HO-94-4104 fill in this form completely

W521502 please print or type

Date Received (APA)

11/04/04

OWNER INFORMATION

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

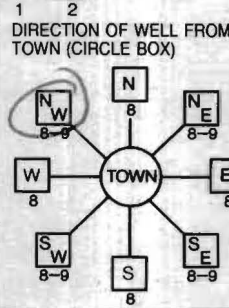
LOCATION OF WELL

Howard COUNTY HOPKINS CHOICE SECTION 44 46 LOT 20 GLENELG NEAREST TOWN

DRILLER INFORMATION

RAUL E. MAYNE MS D112 Raul E. Mayne Inc 17024 Handy Rd Mt Airy MD 21021

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Patterson Farm Ct NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 250 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 12 PARCEL 111

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 (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 COUNTY NAME AS17593 COUNTY NO. STATE SIGNATURE DATE ISSUED 2/10/05 CO SIGNATURE EXP. DATE 2/10/06 NORTH GRID 522 000 EAST GRID 799 000

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

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled) 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

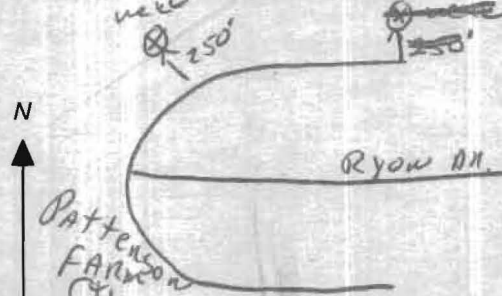
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 799 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



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

APPROP. PERMIT NUMBER HO 2004 GAP D11(01) PERMIT No. HO-94-4104

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: Foales Well Drilling, LLC Telephone #: 443-609-4195  
Address: PO 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 #: 410-992-5978  
Subdivision: Hookins Choice / Glenelg Est. Lot #: 20 Well Tag #: HO-74-4104  
Site Address: 14103 Patterson Farm Ct  
Glenelg, Md

<u><b>Submersible Pump Data</b></u>	<u><b>Pitless Adapter</b></u>	<u><b>Well Cap and Electric Conduit</b></u>
Make: <u>Crawford</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>1530207-180</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</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: <u>140</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</u> <u>N/A</u>		

<u><b>Piping to house</b></u>	<u><b>House Connection</b></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.

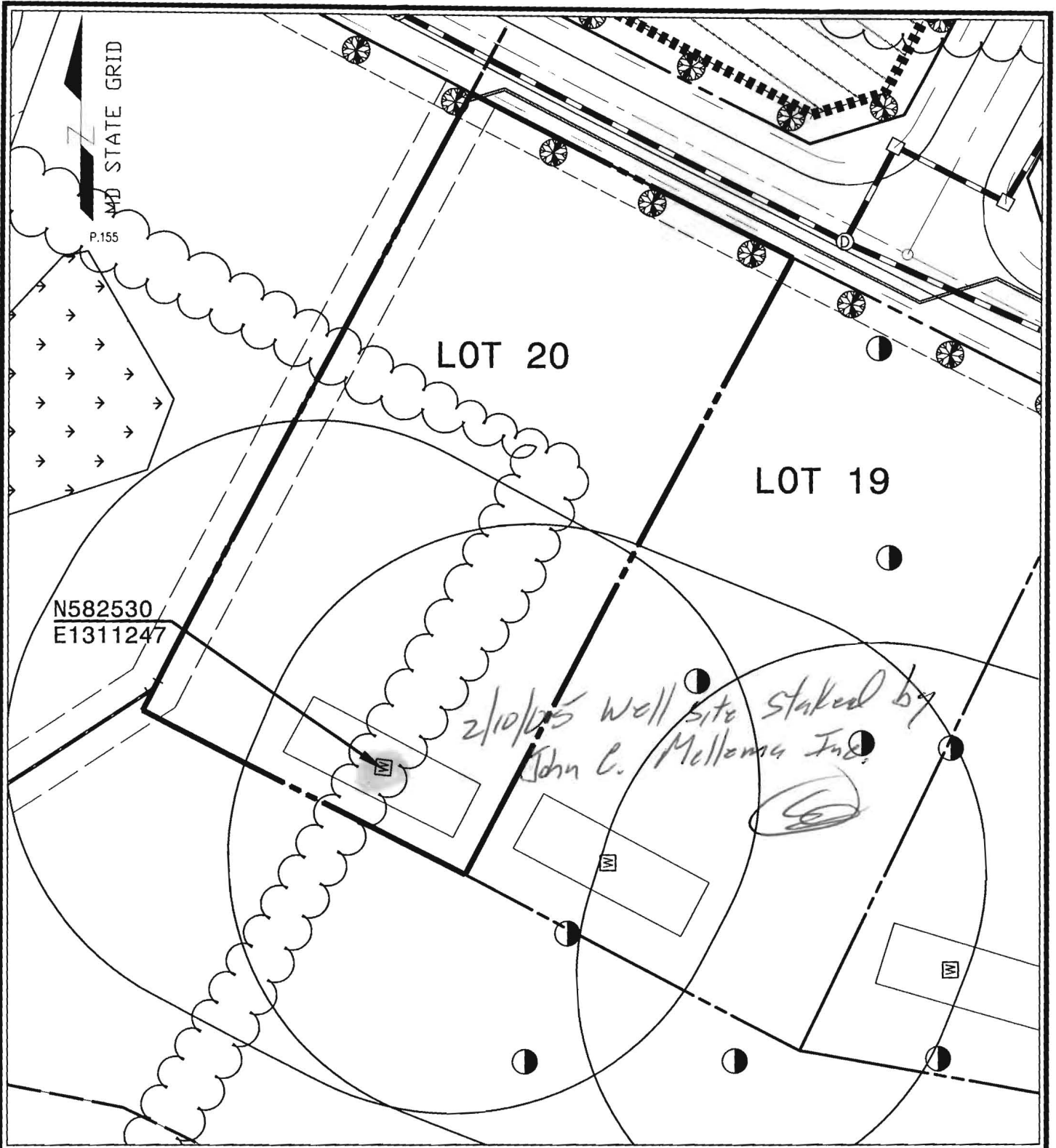
Signature of company representative responsible for installation: Allen Compton date: 12-19-11

**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

12/20/11 BB  
Not Glued  
Not Glued



**WELL LOCATION PLAN**  
**LOT 20**  
**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.

P.198  
ELIZABETH H. MAGAGNA  
& MARK JOHN MAGAGNA  
L.05741/F.0523  
ZONE: RRDEO USE:R  
LOT 21

JOSEPH  
& MICHAEL  
L.1  
ZONE:  
548

ChB2

GnA

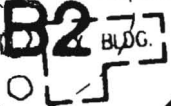
P.142  
THERESA F. BASS  
& DONALD H. PATTERSON, JR.  
L.02498/F.0160  
ZONE: RRDEO USE: R

Ba

NON-DEVELOPABLE  
PRESERVATION  
PARCEL 'E'  
18.99 AC.

M 07°30'31" E

P.136  
PATTERSON, JR.  
IE K. PATTERSON  
178/F.0280  
RRDEO USE: R  
EX. WELL  
B2 BLDG.



FORCE MAIN AND  
UTILITY EASEMENT

P.163  
PATTERSON, JR.  
K. PATTERSON  
0/F.0537  
RRDEO USE: R

GID2

Ba



12" DIA  
WELL  
RELINGS

GnB2

LOT 20  
33,080 S.F.  
SHARED

FARM

NON-  
PRE:  
P

LOT 19  
33,468 S.F.  
SHARED  
SEPTIC

PATTERSON

ChB2

GnC2

40' SHARLET OAK



WELL  
12" DIA  
RELINGS



SEPTIC



40' SHARLET OAK



50'



10'

53'

110' BRL

10' BRL

10' BRL

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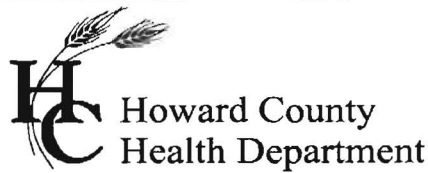
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Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – September 23<sup>rd</sup>, 2012**

March 23<sup>rd</sup>, 2012

Homeowner  
14103 Patterson Farm Court  
Glenelg, MD 21737

**RE: Hopkins Choice, Lot 20  
14103 Patterson Farm Court  
Building Permit: B12000225  
Well Permit: HO-94-4104**

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 **3/23/2012**. Final approval of the well line connection to the dwelling was granted on **12/20/2011**. The well construction was completed on **5/27/2005**. Water samples were collected on **3/19/2012**.

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-94-4104. 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,

Heidi Scott, 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 #: 83659 Account #: 1930  
Reference: Toll Brothers Lot 20 Company: Fogle's Well Drilling  
Location: 14103 Patterson Farm Court Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 3/19/2012 1200 Site: Kitchen Sink  
Date/Time Rec'd: 3/19/2012 1525 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J. Fogle 1974JF Well #: HO-94-4104

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/20/2012 / 1000 / BMC
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/20/2012 / 1000 / BMC
Nitrate	8.34	mg/L	10	601	3/19/2012 / 1600 / CCH
Turbidity	0.43	NTU	<10	SM18 2130B	3/19/2012 / 1550 / BMC
Sand	NS	mg/L	5	Visual/Gravimetric	3/19/2012 / 1550 / BMC

Results 'OK'  
3/23/12 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 # : B11000247

Date Reported: 3/20/2012

MD State Certification # 133