



NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
SPECIAL CONDITIONS

PERMIT NO. HO-94-411  
APPROP. PERMIT NUMBER HO 2004G (11/6)  
Not to be filled in by driller (MADE OR COUNTY USE ONLY)

39  D THIS WELL WILL DEEPEN AN EXISTING WELL  
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL (CIRCLE APPROPRIATE BOX)  
REPLACEMENT OR DEEPEW WELLS

37  CABLE  
 AIR-ROTARY  
30 BORED (or Augered)  
 JETTED  
Jelled & DRIVEN  
AIR-PERCUSION  
ROTARY (Hydraulic Rotary)  
REVERSE-ROTARY  
Drive-POINT

METHOD OF DRILLING (circle one)  
APPROXIMATE DIAMETER OF WELL NEAREST INCH 6 1/2  
APPROXIMATE DEPTH OF WELL FEET 150

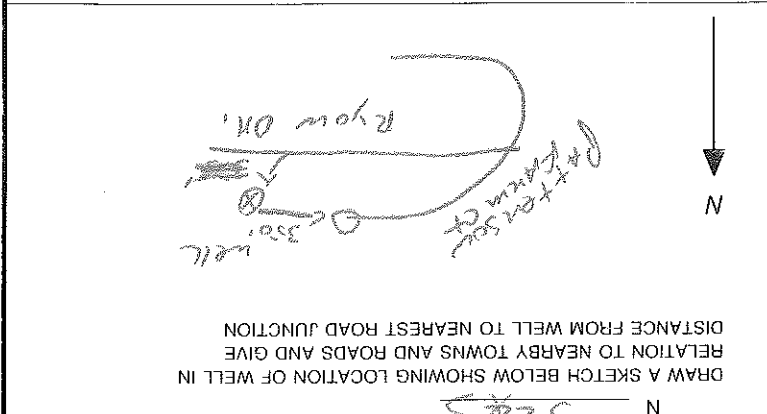
22  G GEO-THERMAL  
 T TEST, OBSERVATION, MONITORING  
 P PUBLIC WATER SUPPLY WELL  
 I INDUSTRIAL, COMMERCIAL, DEWATERING  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
USE FOR WATER (CIRCLE APPROPRIATE BOX)

1 2  
B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

DRILLER INFORMATION  
Date Received (APA) 11/15/04  
Owner Thompson Gardens Inc  
Last Name Thompson  
First Name Gardens Inc  
Address 17024 Handy Rd Mt Airy MD 21201  
Signature Mark E. Mayhew  
Date 10-10-04

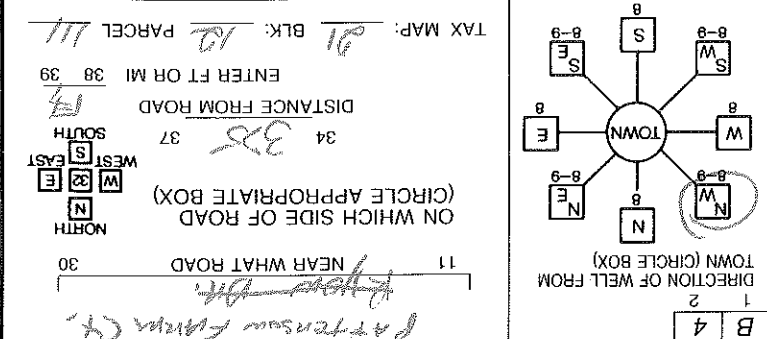
DRILLER INFORMATION  
Driller's Name Mark E. Mayhew  
License No. MS D 112  
Firm Name Mark E. Mayhew Inc  
Address 17024 Handy Rd Mt Airy MD 21201  
Signature Mark E. Mayhew  
Date 10-10-04

OWNER INFORMATION  
Date Received (APA) 11/15/04  
Owner Thompson Gardens Inc  
Last Name Thompson  
First Name Gardens Inc  
Address 17024 Handy Rd Mt Airy MD 21201  
Street or RFD 6300 Woodscrest S.W.R.  
Town Columbia  
State MD  
Zip 21046



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  
N 5223  
E 500 000

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL  
COUNTY NAME Howard  
COUNTY NO. 8517933  
STATE MD  
SIGNATURE [Signature]  
DATE ISSUED 11/05  
CO SIGNATURE [Signature]  
EXP. DATE 2/1/05  
NORTH GRID 50  
EAST GRID 57  
GRID 50 0 0



LOCATION OF WELL  
MILES FROM TOWN (enter 0 if in town) 0  
NEAREST TOWN GLENEGG  
SECTION 44  
LOT 48  
SUBDIVISION 23  
COUNTY 8  
NEAR WHAT ROAD Patterson Farm Ct  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N  
DISTANCE FROM ROAD 37  
ENTER FT OR MI 38  
TAX MAP: 21 BLK: 12 PARCEL 111

STATE PERMIT NUMBER HO-94-411  
PERMIT TO DRILL WELL  
please print or type  
EMERGENCY/TEMP NO. IF ANY 4521563

SEQUENCE NO. (MADE USE ONLY) 8988



**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 #: 27 Well Tag #: HO-94-411  
Site Address: 14118 Patterson Farm Ct  
Glenns Md. 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Cortinas</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>1550607-180</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>160</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>NA</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: 1/10/12

**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 \_\_\_\_\_

**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 #: \_\_\_\_\_ Well Tag #: HO - 94-4111  
Site Address: 14068 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 \_\_\_\_\_

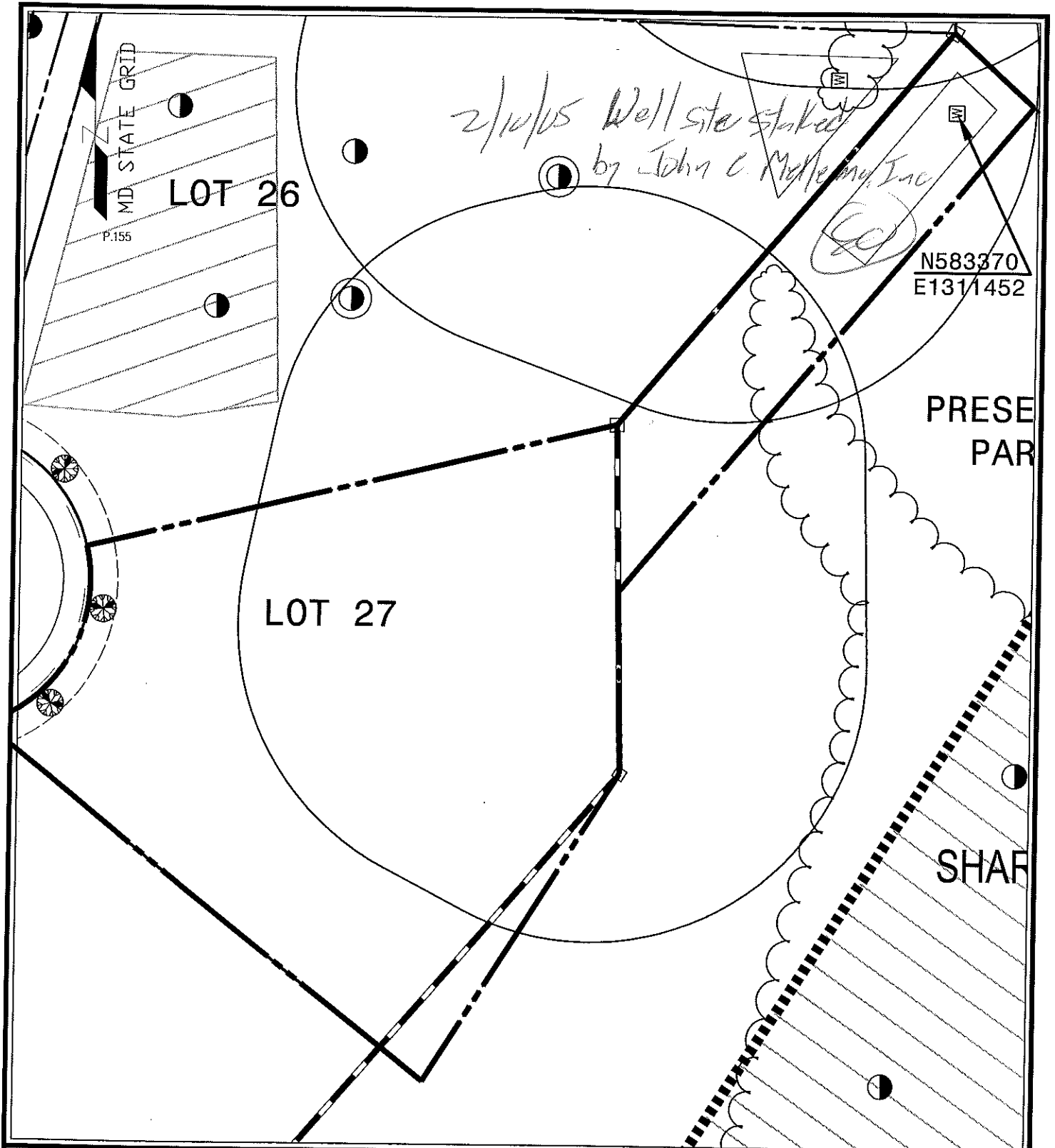
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_

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

✓  
Not Glued  
Not Glued  
✓  
✓  
No

No Grout Down  
to 10'



WELL LOCATION PLAN  
LOT 27

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 :

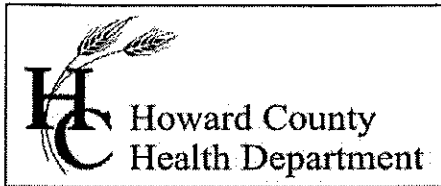
PREPARED BY :

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 – August 16, 2012**

February 16, 2012

Homeowner  
14118 Patterson Farm Court  
Glenelg, MD 21737

**RE: Hopkins Choice, Lot 27  
14118 Patterson Farm Court  
Building Permit: B11002818  
Well Permit: HO-94-4111**

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 **2/16/2012**. Final approval of the well line connection to the dwelling was granted on **2/16/2012**. The well construction was completed on **4/20/2005**. Water samples were collected on **2/2/2012**.


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-94-4111. 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) 876-4354 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	83143	Account #:	1930
Reference:	Toll Brothers Lot 27	Company:	Fogle's Well Drilling
Location:	14118 Patterson Farm Ct Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	2/2/2012 1411	Source:	Well Water
Date/Time Rec'd:	2/2/2012 1600	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.2
		Well #:	HO-94-4111

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/3/2012 / 1015 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/3/2012 / 1015 / BCD
Nitrate	5.38	mg/L	10	601	2/3/2012 / 0745 / BCD
Turbidity	1.32	NTU	<10	SM18 2130B	2/3/2012 / 0745 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	2/3/2012 / 0745 / BCD

**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 # : B11002818

Date Reported: 2/3/2012