

C1 6411

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 4517937

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 4108

OWNER Thompson Builders STREET OR RFD Patterson Park Cr TOWN Glenely SUBDIVISION Hopkins Choice SECTION 1 LOT 24

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 15, NO. OF POUNDS 1500, GALLONS OF WATER 90, DEPTH OF GROUT SEAL 0 to 30 ft.

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 6, Total depth of main casing 65.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: SCREEN TYPE or open hole (HO), insert appropriate code below.

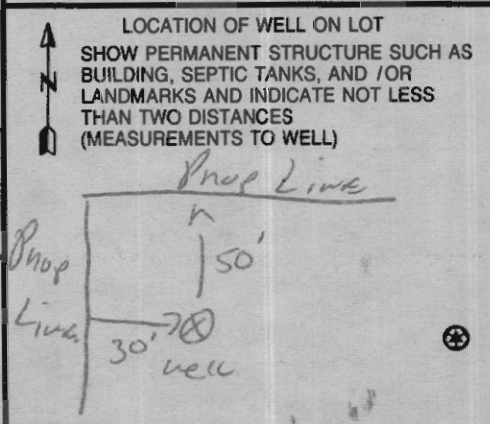
DEPTH (nearest ft.) table with rows for casing sections and slot size information.

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 10 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 40 ft. before, 75 ft. when pumping.

PUMP INSTALLED: DRILLER INSTALLED PUMP 180 YES NO, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47.



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. 1 M SD 117, DRILLERS SIGNATURE, LIC. NO. 1 D

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

B 1 5793

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-94-4108

Please print or type

Date Received (APA)

11/04/04

OWNER INFORMATION

Thompson Builders Inc, 6300 Woodside Ct, Suite A, Columbia MD, 2046

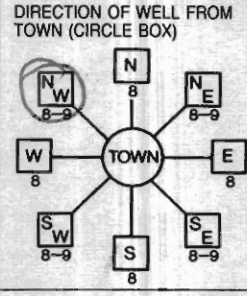
LOCATION OF WELL

Hopkins Choice, HOPKINS CHOICE, SECTION 44 46, LOT 24, GLEWELG, MILES FROM TOWN 1 MI

DRILLER INFORMATION

Ralph E Mayne, M S D 112, Ralph E. Mayne Inc, 17024 Handy rd, 21771

DIRECTION OF WELL FROM TOWN



Patterson Farm Ct, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD 400 FT, 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, Industrial, Public Water Supply Well, Test, Observation, Monitoring, Geo-thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, AS17937, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 2/10/05, CO SIGNATURE, EXP. DATE 2/10/06, NORTH GRID 523 000, EAST GRID 798, 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

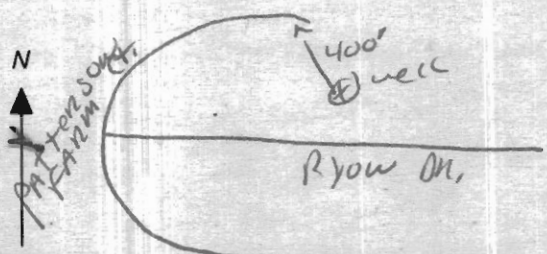
- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEAN AN EXISTING WELL

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 800798, N 523

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 HD2004 GAP 011(01), PERMIT No. HD-94-4108

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: _____ 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 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: _____ Telephone #: _____
Subdivision: Hopkins Choice Lot #: 24 Well Tag #: HO-94-4108
Site Address: 1427 Patterson Farm Ct.

| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
|--|-------------------------|--------------------------------------|
| Make: _____ | Make: _____ | Two piece watertight cap: _____ |
| Model #: _____ | Model#: _____ | Screened, vented well cap: _____ |
| Pump Capacity _____ GPM | Depth: _____ (36" min) | Cap secured to casing: _____ |
| Well Yield: _____ GPM | NSF/WSC approved: _____ | Conduit min 18" B.G.: _____ |
| Depth of well encountered at time of pump installation: _____ (feet) | | Conduit secured to well cap: _____ |
| 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>Piping to house</u> | <u>House Connection</u> |
|---------------------------------------|---|
| Type: _____ | PVC sleeve to undisturbed soil at wall penetration: _____ |
| PSI: _____ (160 psi min) | Length of sleeve(5' minimum from foundation): _____ |
| Depth of supply line: _____ (36" min) | Sleeve 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: 7/26/2012 Inspector: BB
 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
WELL & SEPTIC PROGRAM
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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 203
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: Tall Brothers Telephone #: 410-489-7407
Subdivision: Hopkins Choice Lot #: 24 Well Tag #: HO-94-4108
Site Address: 14129 Patterson Farm Ct
Glenelg, Md

| | | |
|--|-------------------------------|---|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Grundfos</u> | Make: <u>Campbell</u> | Two piece watertight cap: <u>yes</u> |
| Model #: <u>1550E07-180</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>10gpm</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>180</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 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: 9/26/12

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 _____

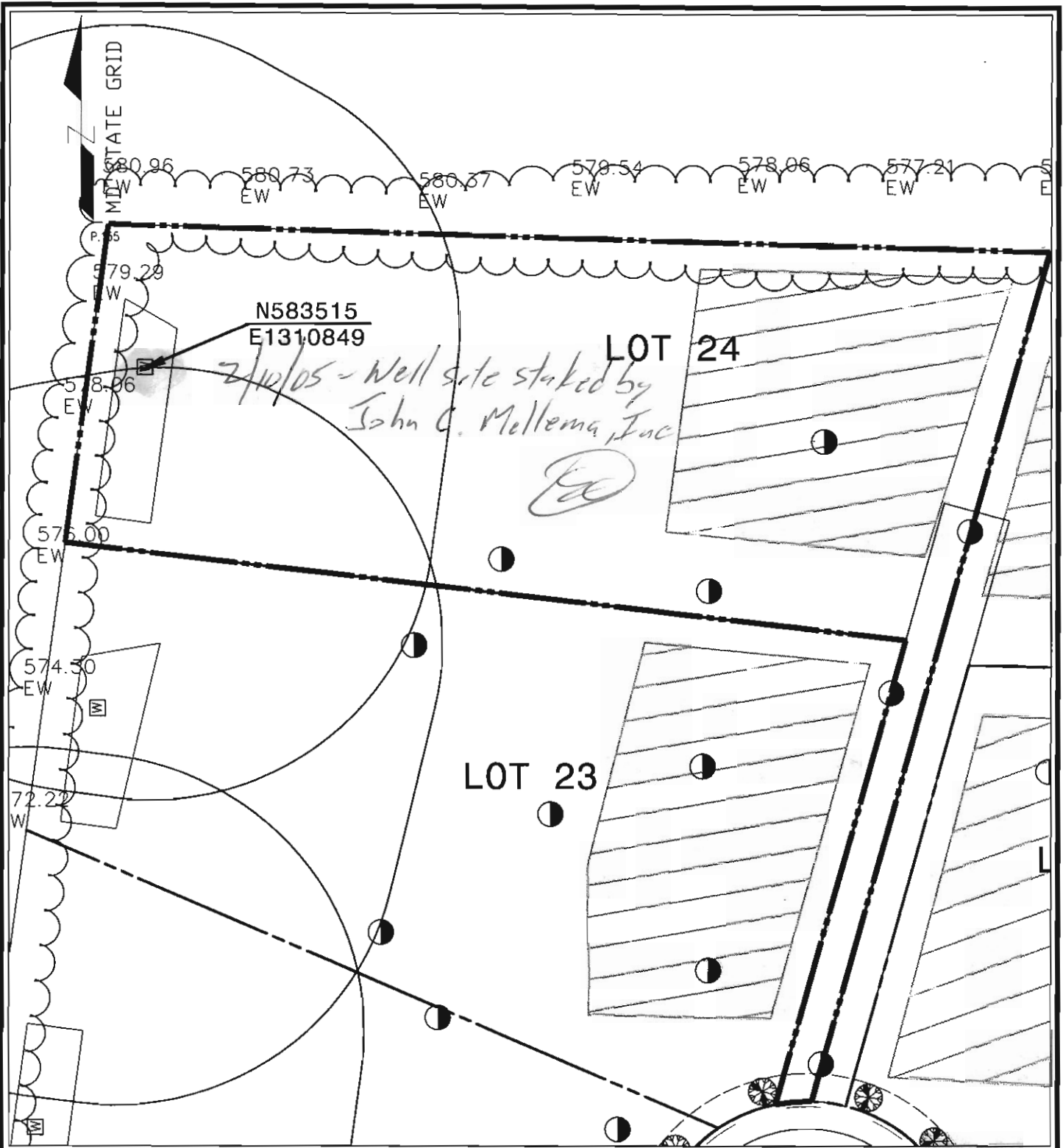
Elec. conduit extends at least 18" below grade/attached to cap properly _____

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 _____



WELL LOCATION PLAN

LOT 24

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
Facebook: 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

October 11, 2012

Homeowner
14127 Patterson Farm Court
Glenelg, Maryland 21737

**RE: Hopkins Choice, Lot #24
14127 Patterson Farm Court
Building Permit: B11000248
Well Permit: HO-94-4108**

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 **9/25/2012**. Final approval of the well line connection to the dwelling was granted on **9/26/2012**. The well construction was completed on **04/21/2005**. Water samples were collected on **10/03/2012**.

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-94-4108. 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,

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

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 #: 86565 Account #: 1930
Reference: Toll Brothers Lot 24 Company: Fogle's Well Drilling
Location: 14127 Patterson Farm Court Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 10/3/2012 1408 Site: Kitchen Sink Tap
Date/Time Rec'd: 10/3/2012 1518 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Fogle 1974JF Well #: HO-94-4018

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|-----------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 10/4/2012 / 0800 / CCH |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 10/4/2012 / 0800 / CCH |

OK
DB
10-10-12

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

Date Reported: 10/4/2012

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 #: 86495 Account #: 1930
Reference: Toll Brothers Lot 24 Company: Fogle's Well Drilling
Location: 14127 Patterson Farm Court Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 9/28/2012 1321 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/28/2012 1425 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Fogle 1974JF Well #: HO-94-4018

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | 19.2 | MPN/ 100 ml | <1.0 | SM18 9223 | 9/29/2012 / 0900 / SNZ |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 9/29/2012 / 0900 / SNZ |
| Nitrate | ✓1.61 | mg/L | 10 | 601 | 9/28/2012 / 1615 / CCH |
| Turbidity | ✓2.78 | NTU | <10 | SM18 2130B | 9/28/2012 / 1435 / SNZ |
| Sand | ✓NS | mg/L | 5 | Visual/Gravimetric | 9/28/2012 / 1430 / SNZ |

*Bacteria
needs
Retesting
10-11-12*

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; N/A: Not Available
- 7 pH & Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Date Reported: 10/1/2012

MD State Certification # 133