

C1 16656

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown mica, Brown sandstone, Gray Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD: screen type or open hole, insert appropriate code below.

DEPTH (nearest ft.) table with columns for depth intervals and corresponding casing diameters.

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, ELECTRIC LOG OBTAINED, 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...

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED: DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

LATITUDE 3, LONGITUDE 7, (DEFAULT COORD. WGS 84), NOTES:

B 1 09347  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
538004-A please type

STATE PERMIT NUMBER

40-95-2347  
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
15 Last Name Owner First Name 34  
14118 Patterson Farm Ct  
36 Street or RFD 55  
70 State 72 Zip 76  
57 Town 70 State 72 Zip 76  
Glenelg md. 21737

B 3

LOCATION OF WELL

8 COUNTY 21  
Garrett Howard  
23 SUBDIVISION 42  
Hookins Choice  
SECTION 44 46 LOT 48 50  
22  
52 NEAREST TOWN 71  
Glenelg

DRILLER INFORMATION

Driller's Name MS D 009  
Firm Name Eagles Well Drilling, LLC  
Address P.O. Box 202 Woodbine md  
Signature Allen Compton Date 7-13-12

B 4

SOURCES OF DRILLING WATER

- 1.  
2.  
3.

14119 Patterson Farm Ct  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
250  
34 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 21 BLK: 1a PARCEL 111

B 2  
1 2

WELL INFORMATION

APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 500  
(GAL. PER DAY) 14 20

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
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard A517937 (13)  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 8/10/12  
43 MM DD YY 48 CO SIGNATURE K. M. Vall EXP. DATE 3/10/18

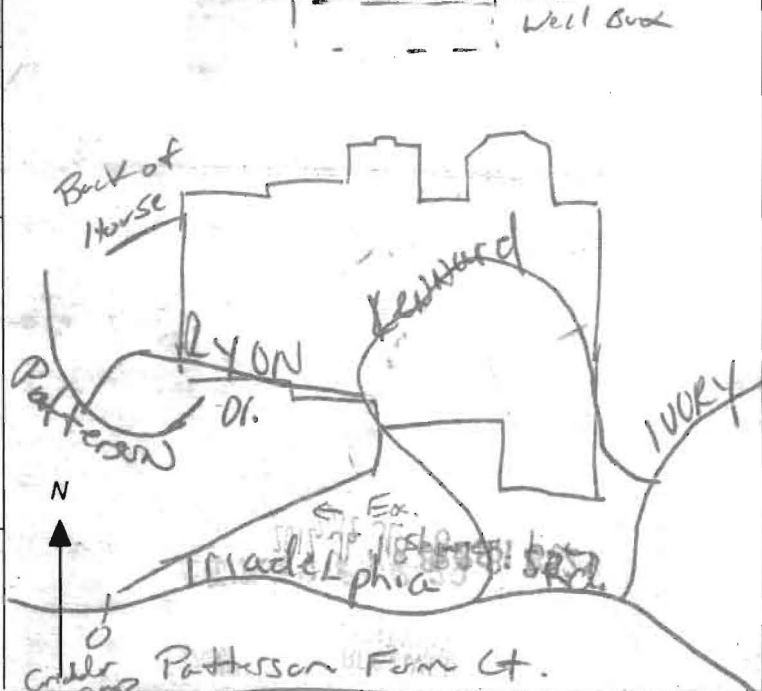
APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
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
- other

PROPOSED LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,  
ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO  
DISTANCE MEASUREMENTS TO WELL



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 No-94-4106
- THIS WELL WILL DEEPEMED 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 G

PERMIT No. 40-95-2347  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

Approved well Box must be staked by surveyor.

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 #: 02 Well Tag #: HO - 95 - 2347  
Site Address: 14118 Patton 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: 7/16/12 **(KW)**  
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



Bureau of Environmental Health  
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6360  
 website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Hopkins Chase      22      Patterson Farm Ct  
 Subdivision/Property Name      Lot#      Road Name

- The well site has been staked by \_\_\_\_\_  
 (professional land surveyor or company employing professional land surveyors)  
 on \_\_\_\_\_ (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

**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 #:	86734	Account #:	1930
Reference:	Toll Brothers Lot 22 ✓	Company:	Fogle's Well Drilling
Location:	14119 Patterson Farm Court Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	10/17/2012 0810	Source:	Well Water (New Well)
Date/Time Received:	10/17/2012 1438	Site:	Pressure Tank ✓
Chlorine ppm:	Free: ND ✓ Total: ND ✓	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	5.8
		Well #:	HQ-95-2347

*New Well*

PARAMETER	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	10/18/2012 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	10/18/2012 / 0900 / CCH
Nitrate	<1.0 ✓	mg/L	10	601	10/18/2012 / 0850 / CCH
Turbidity	3.78 ✓	NTU	<10	SM18 2130	10/18/2012 / 0846 / JKW
Sand	NS ✓	mg/L	5	Visual/Gravimetric	10/18/2012 / 0731 / JKW

*OK JB 11/27/12*

**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
- 7 Sample collected by client, analyzed as received
- 8 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy  
 Building Permit # : B10003233

Date Reported: 10/18/2012

## FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
8/10/12	<p>Met w/ Driller and homeowner. Homeowner complaining that sediment continues to come in the well clogging up sediment filter. <del>The</del> Homeowner explains that they change the filter every 2-4 days. Replacement well permit issued. Told Driller have builder survey the proposed well box area before picking location inside well box to drill. (KW)</p>
10/2/12	<p>Phone call from homeowner. Wants to keep ex. well as irrigation only. Told him that would be fine if following conditions are met: ① New well and old well do not influence each other at all ② Physical disconnect inside house from new potable well. ③ must have water tests done on both wells. ④ Water lines inside house labeled/piped as such as to indicate non-potable. ⑤ letter from homeowner stating the above for <sup>understanding</sup> understanding.</p> <p>→ <sup>New</sup> Well drilled according to driller (Allen Corp). spoke w/ Allen on phone (10/7/12) explained the above as mentioned to homeowner. Well line not connected yet. (KW)</p>
	<p>→ Initial H<sub>2</sub>O samples taken (potability) for both wells. 'A/R' switch inside house. Need FOP for new well. (KW)</p>

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER 247937

ST/CO USE ONLY DATE Received DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM DO YY MM DO YY 22 160 26 a122/05 110-94-4106

8 13 15 20 (TO NEAREST FOOT) 28 29 30 31 32-33 34 35 36 37

OWNER Thompson Builders STREET OR RFD Harrison Farm Ct TOWN Chesole SUBDIVISION Hickory Choice SECTION 1 LOT 22

**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	65	✓
Sand Stone	65	70	
Micka	70	85	
Sand Stone	85	90	✓
MICKA	90	160	

**GROUTING RECORD** yes no  
 Y  N

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 21 NO. OF POUNDS 130

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 30+ 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) 76

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

**C2** DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

110 74 160

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

**C3** **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 32 ft.  
WHEN PUMPING 36 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. 29

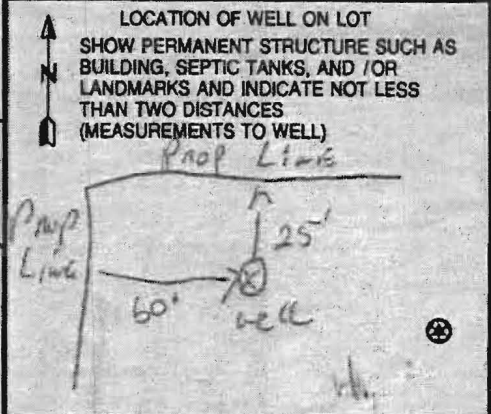
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 to 36

PUMP HORSE POWER 37 to 41

PUMP COLUMN LENGTH (nearest ft.) 43 to 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

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 5 D 112

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1	<b>5791</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>WS21503</i>	STATE PERMIT NUMBER <b>HO-94-4106</b>
fill in this form completely				

Date Received (APA) 1/16/04

**OWNER INFORMATION**

8 MM DD YY A3

15 Last Name Thompson Owner Bullens Inc First Name IR 34

36 6300 Woodside Ct. Suite A 55  
Street or RFD

57 Columbia 70 MD 72 21046 76  
Town State Zip

**LOCATION OF WELL**

B 3

8 COUNTY HOWARD 21

23 SUBDIVISION HOPKINS CHOICE 42

SECTION 44 LOT 22 50  
44 46 48

52 GLEWELL 71  
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) I M 11  
73 76 77 78

**DRILLER INFORMATION**

Driller's Name RAYNE WAYNE MS D112 81 License No.

Firm Name RAYNE WAYNE INC

Address 17024 HARROY RD. MT AIRY MD 21071

Signature Rayne Wayne Date 10-10-04

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

B 4

11 Patterson Farm Ct. 30  
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 260 37 FT  
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 12 PARCEL 111

**WELL INFORMATION**

B 2

APPROX. PUMPING RATE (GAL. PER MIN.) 5 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  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 COUNTY NO. AS17937

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_

DATE ISSUED 2/10/05 41

43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 2/10/06

NORTH GRID 523 000 EAST GRID 798 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 64 INCH  
NEAREST INCH

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 200798 000  
N 52X3 000

**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)**

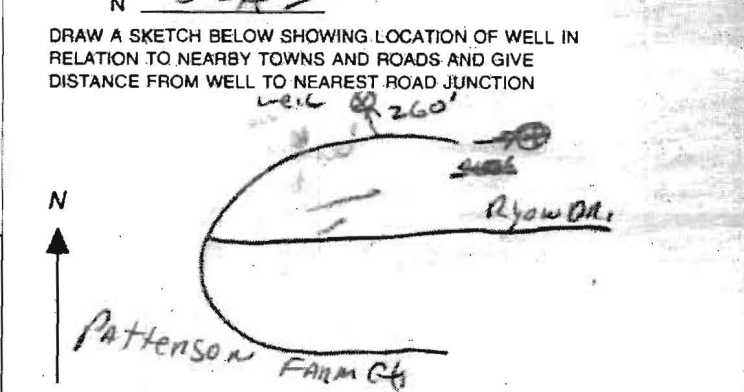
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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) 41 \_\_\_\_\_ 52



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

APPROX. PERMIT NUMBER HO2004 GAP 01/10/01 83

PERMIT No. HO-94-4106 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: Hopkins Cove Lot #: 22 Well Tag #: HO-94-4106 ✓  
Site Address: 14119 Parkerson 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 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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	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: 6/27/11 Date Insp. Approved: 6/27/11 KW  
 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 \_\_\_\_\_ ✓



7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 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

July 27, 2011

Homeowner  
14119 Patterson Farm Court  
Glenelg, MD 21737

RE: Hopkins Choice, Lot 22  
14119 Patterson Farm Court  
Glenelg, MD 21737  
BP #: B10003233  
Well Permit # HO-94-4106

Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/26/2011. Final approval of the well line connection to the dwelling was approved on 06/27/2011.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

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-94-4103. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 07/25/2011  
Date of Well Completion: 05/05/2005

Approving Authority,

Robert Bricker, R.E.H.S./R.S.  
Environmental Sanitarian Supervisor  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
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 #:	80570	Account #:	1930
Reference:	Toll Brothers Lot 22	Company:	Fogle's Well Drilling
Location:	14119 Patterson Farms Court Glenelg, MD 21737	Requested By:	Dave Fogle
Date/ Time Collected:	7/25/2011 ✓ 1250	Source:	Well Water
Date/Time Rec'd:	7/25/2011 ✓ 1605	Site:	Laundry Tub
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	5.5
		Well #:	HO-94-4106

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	7/26/2011 / 1015 / KME
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	7/26/2011 / 1015 / KME
Nitrate	2.73 ✓	mg/L	10	601	7/25/2011 / 1610 / CCH
Turbidity	1.01 ✓	NTU	<10	SM18 2130B	7/25/2011 / 1615 / KME
Sand	NS ✓	mg/L	5	Visual/Gravimetric	7/25/2011 / 1615 / KME

'OK' JB 11/22/11

### 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 # :** B10003233

Date Reported: 7/26/2011

# 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 #: 86590  
Reference: Toll Brothers Lot 22  
Location: 14119 Patterson Farm Court  
Glenelg, MD 21737  
Date/ Time Collected: 10/5/2012 1355  
Date/Time Rec'd: 10/5/2012 1535  
Chlorine ppm: Free: ND Total: ND  
Collected By: J. Fogle 1974JF

Account #: 1930  
Company: Fogle's Well Drilling  
Requested By: Dave Fogle  
Source: Well Water  
Site: Laundry Sink  
Treatment: UV Light\*\*  
pH: 5.5  
Well #: HC-94-4106

old well

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SMT8 9223	10/6/2012 / 0945 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/6/2012 / 0945 / CCH

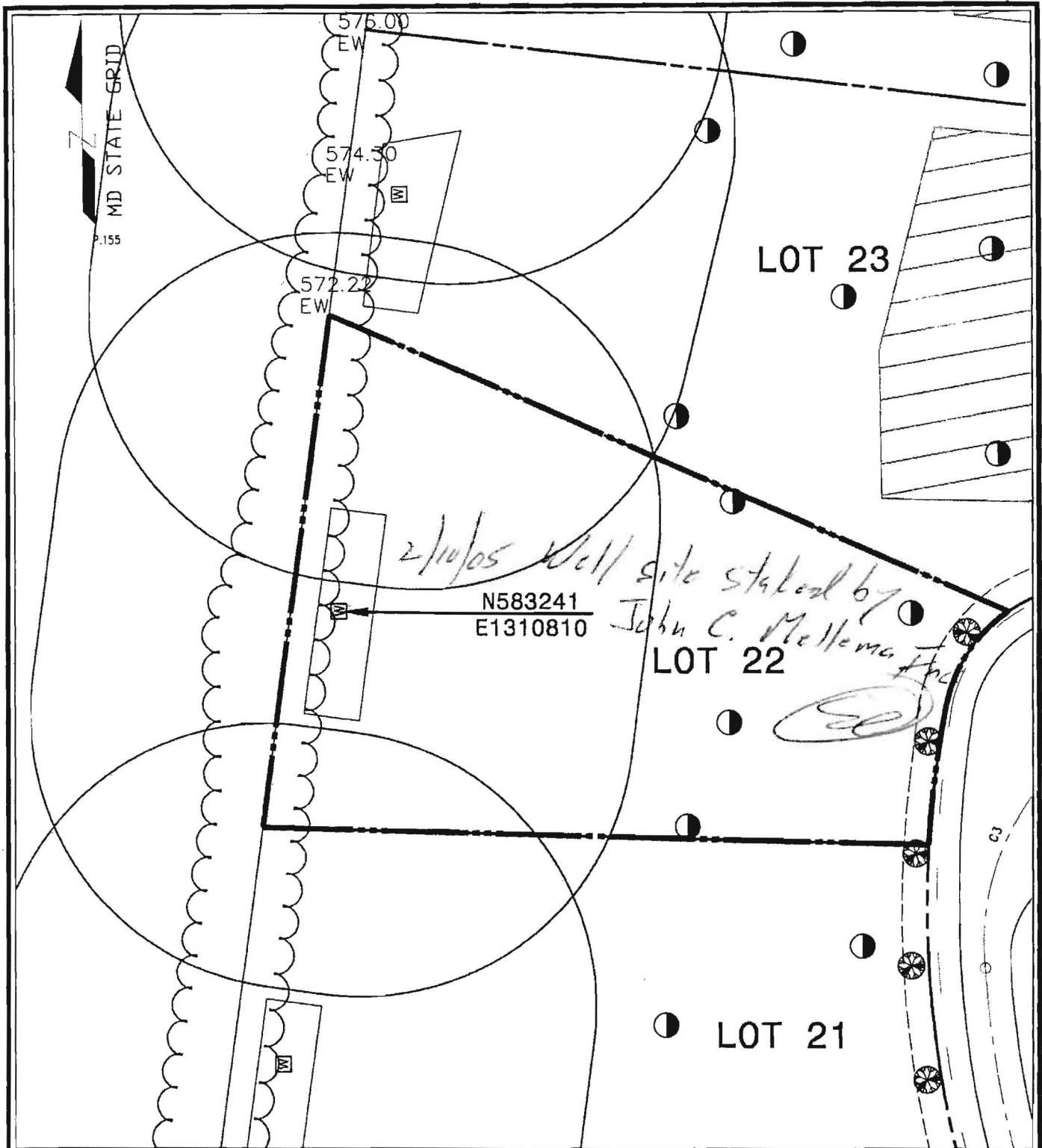
OK  
Need Turbidity and Sand ⇒ OK from 7/25/11 Potability test  
Kmw

### NOTES

- \*\*UV Light not in service at time of sampling
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND = None Detected; N/A: Not Available
- Sample collected by client, analyzed as received
- pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : B10003233

Date Reported: 10/8/2012

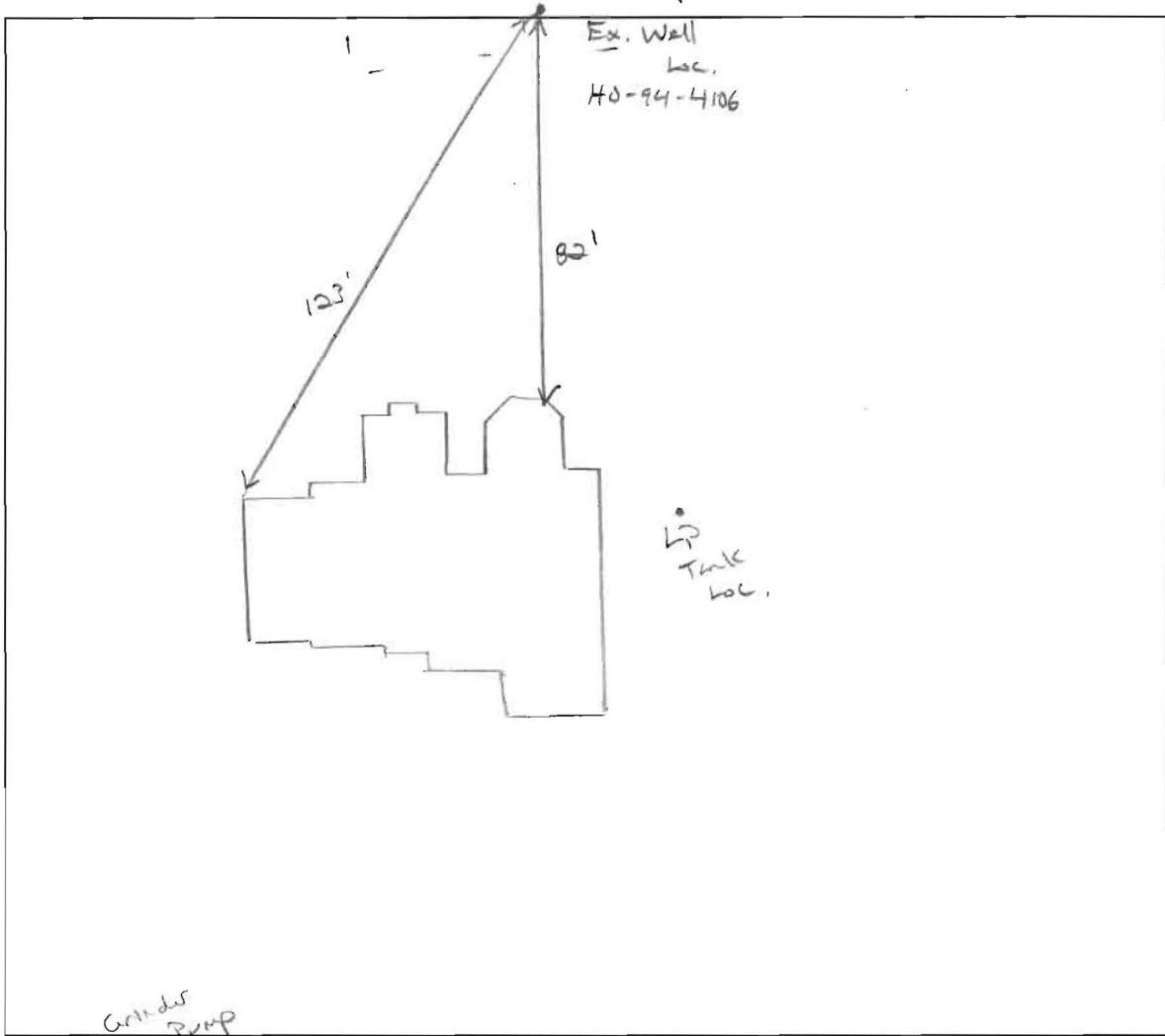


<b>WELL LOCATION PLAN</b> <b>LOT 22</b> <b>HOPKINS CHOICE SUBDIVISION</b> 4th ELECTION DISTRICT, TAX MAP # 21, GRID 12, ZONE : RR-DEO PARCEL 111 HOWARD COUNTY, MARYLAND		1" = 50' SCALE : 10-21-04 DATE :
PREPARED BY : <b>American Land Development          and Engineering, Inc.</b>	10749 BIRMINGHAM WAY WOODSTOCK, MD. 21163 TEL. (410) 465-7903 FAX. (410) 465-3845	CONTRACT No.  FILE No.

**SITE INSPECTION SHEET**

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: 14119 Patterson Farm Ct CONTRACTOR: Allen Gumpston  
WELL TAG #: \_\_\_\_\_  
SUBDIVISION: Hickory choice LOT: 22 COUNTY #: (13)  
PROPOSAL: at of water

**LOCATION DIAGRAM**



COMMENTS: Told Driller to have well box area re-staked  
contact me when staked. Keep 10' from ex. well. Drill w/in  
staked well box. No set-backs issues prominent w/ well box (13)  
9/12/12 call from Driller. Well Box staked. OK to proceed w/ well.

DATE: 8/10/12 INSPECTOR: K. Wild