

B 1	5772	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-4071</u> <small>fill in this form completely</small>
1 2 3 6				
Date Received (APA) <u>11/04/04</u> 8 MM DD YY 13			B 3 LOCATION OF WELL <u>Howard</u> COUNTY 21	
OWNER INFORMATION			23 SUBDIVISION <u>HOPKINS CHOICE</u> 42 SECTION <u>32</u> LOT <u>32</u> 44 46 48 50 52 NEAREST TOWN <u>GLENELG</u> 71	
15 Last Name <u>Thompson</u> Owner <u>Builders Inc</u> First Name 34 36 Street or RFD <u>6300 Woodside Ct. Suite A</u> 55 57 Town <u>Columbia</u> 70 State <u>MD</u> 72 Zip <u>21046</u> 76			MILES FROM TOWN (enter 0 if in town) <u>7</u> 73 76 77 78	
DRILLER INFORMATION			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
Driller's Name <u>Ralph E. Mayne</u> 76 License No. <u>MSD 117</u> 81 Firm Name <u>Ralph E. Mayne Inc</u> Address <u>17024 Hardy Rd Mt Airy MD 21771</u> Signature <u>Ralph E. Mayne</u> Date <u>10-10-04</u>			11 NEAR WHAT ROAD <u>Ryow Dr.</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>50</u> 37 DISTANCE FROM ROAD <u>50</u> FT. ENTER FT OR MI 38 39 TAX MAP: <u>21</u> BLK: <u>12</u> PARCEL <u>111</u>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME COUNTY NO. <u>(13) A517937</u> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>1/13/2005</u> <u>Brian Baker</u> 1/13/2006 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE NORTH GRID <u>522</u> 000 55 EAST GRID <u>800</u> 000 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3.	
METHOD OF DRILLING (circle one)			WRITE THE BOX NUMBER FROM THE MAP HERE E <u>800</u> N <u>522</u>	
30 BORED (or Augered) JETTED Jetted & DRIVEN 37 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other _____			DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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 <u>HO2004</u> GAP <u>011(CO1)</u> 54 63 PERMIT No. <u>HO-94-4071</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED *				

9/22/05
KN

Depth of well 160
Distance of measuring point (M.P.) above ground 24
Static water level (S.W.L.) below M.P. 25

Time pump started 12:15 Pumping rate 15 GPM
Total time 15 min to reach pumping water level 6.5 ft. below M.P.

[illegible]

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 #: 410-992-5978
Subdivision: Hearings Choice Lot #: 32 Well Tag #: HO-94-4071
Site Address: 13904 Ryan Dr
Glenelg Md. 21737

Submersible Pump Data

Make: Corundum
Model #: 155AE01-180
Pump Capacity 15 GPM
Well Yield: 3.1 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

Depth of well encountered at time of pump installation: 100 (feet) Conduit secured to well cap: YES

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 N/A

Piping to house

Type: 1" Black Plastic
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: 11/9/11

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

Date Insp. Requested: _____ Date Insp. Approved: 11/9/2011 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 ✓

12/2005 Well Site
Staked By John C. Mellen

DRIVE
WHITE OAK

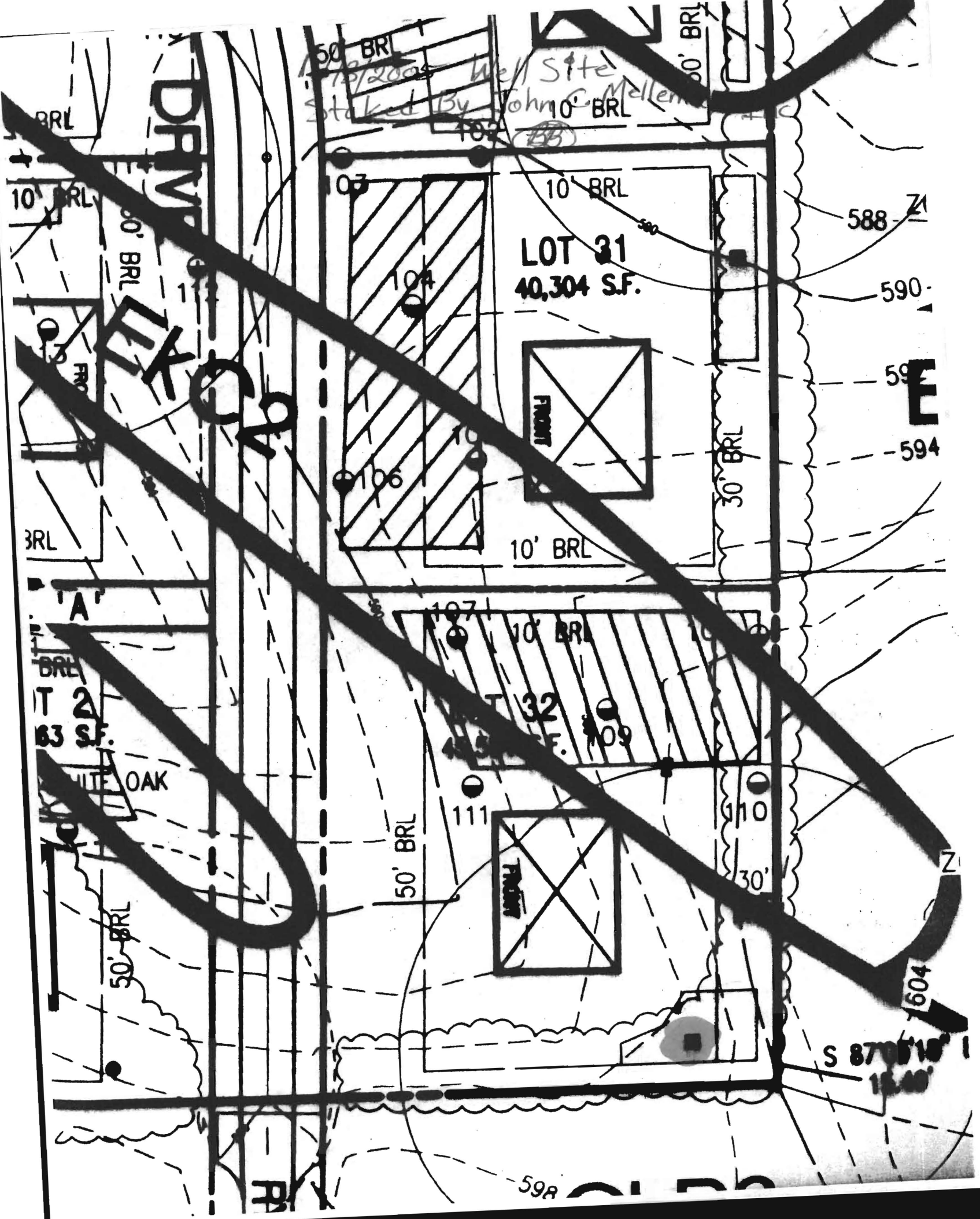
LOT 31
40,304 S.F.

LOT 32
40,304 S.F.

LOT 32
40,304 S.F.

E

S 87°05'10" E
15.00'





Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by John C. Melhema, Inc. on 10/6/04 and is ready for site inspection.
- ☐ _____ will call the Health Department for a time to meet in the field to verify a well location.
- ☐ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

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Howard County
Health Department

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 – MAY 18, 2012

11/18/2011

TOLL BROTHERS, INC.
14118 PATTERSON FARM COURT
GLENELG, MD 21737

**RE: HOKINS CHOICE, LOT 32
13904 RYON DRIVE
Building Permit: B11000233
Well Permit: HO-94-4071**

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 **11/18/2011**. Final approval of the well line connection to the dwelling was granted on **11/9/2011**. The well construction was completed on **4/7/2005**. Water samples were collected on **11/16/2011**.

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. 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-94-4071. 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 #: 82232 Account #: 1930
Reference: Toll Brothers Lot 32 Company: Fogle's Well Drilling
Location: 13904 Ryon Drive Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 11/16/2011 1450 Site: Laundry Tub
Date/Time Rec'd: 11/16/2011 1545 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Fogle 1974JF Well #: HO-94-4071

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/17/2011 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/17/2011 / 1000 / CCH
Nitrate	6.92	mg/L	10	601	11/16/2011 / 1700 / CCH
Turbidity	9.63	NTU	<10	SM18 2130B	11/16/2011 / 1600 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	11/16/2011 / 1600 / KME

Water Tests OK

(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 # : B11000233

Date Reported: 11/17/2011

MD State Certification # 133