1 2 3 (THIS NUMBER IS TO BE F	(MDE USE (STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY
N COLS. 3-6 ON ALL CAR ST/CO USE ONLY DATE Received MM DD YY	DATE WELL	90 03	22 /60 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 407
OWNERSTREET OR RFD	hom os lest name	on D	GUILDERS FOOT) Builders first name TOWN	28 29 30 31 32 33 34 35 36 37 Glenele
SUBDIVISION	opkins	Ch	SECTION	YOT 52
	LÓG or driven wells		MELL HAS BEEN GROUTED Circle Appropriate Box)	C 3
STATE THE KIND OF FORMA COLOR, DEPTH, THICKNES	TIONS PENETRATED,		TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water	DEMENT CM BENTONITE CLAY BC NO. OF BAGS 46 NO. OF POUNDS 45 46	PUMPING RATE (gal. per min.)
Top Soil	0 2		GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
Top Soil Standy	2 00	~	from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
SAN Stowe	20 25		casing types insert appropriate CASING RECORD CONCRETE	BEFORE PUMPING 17 20 ft. WHEN PUMPING 65 ft.
MICKA	25 85	,	appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test)
SANd Stone			MAIN Nominal diameter Total depth top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	A air P piston T turbine 27 C centrifugal R rotary O (describe
MICKA	90 105	1	PL 6 80 70	J jet S submersible
Flint Rock MICKA	110 160		OTHER CASING (if used) A diameter depth (feet) C inch from to	27 27
POLICKA	110 160	7		DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)
			screen type SCREEN RECORD	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED
		-	or open hole IST BRASS BRONZE BRONZE HOLE	PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY:
	1		code below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER
NUMBER OF UNSUCCESS	FUL WELLS:	0	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	yes Y	no N	E 1	CASING HEIGHT (circle appropriate boy
A WELL WAS ABANDO WHEN THIS WELL WA E ELECTRIC LOG OBTAI	S COMPLETED NED		H ² 23 24 26 30 32 36 S C 3 8 39 41 45 47 51	below (nearest foot)
P TEST WELL CONVERT WELL I HEREBY CERTIFY THAT THIS WACCORDANCE WITH COMAR 26.0 IN CONFORMANCE WITH ALL CO	/ELL HAS BEEN CONSTI	RUCTED IN	SLOT SIZE 1 2 3 N DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS
CAPTIONED PERMIT, AND THAT HEREIN IS ACCURATE AND CO KNOWLEDGE.	THE INFORMATION P	RESENTED	OF SCREEN INCH) 56	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1	MSD	2	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	well by
(MUST MATCH SIGNATURE	ON APPLICATION)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	0 < 25 /ing
SITE SUPERVISOR (sign.	of driller or journey	man	70 72 74 75 76	25
responsible for sitework if			TELESCOPE LOG CASING INDICATOR OTHER DATA	Prop Cind

B 1 5772 SEQUENCE NO. (MDE USE ONLY)		MARYLAND	STATE PERMIT NUMBER
1 2 3 6	PERMIT TO	DRILL WELL	Un - 94 - 4071
1	K)/O please pr	int or type	70 79
Date Received (APA)	COK POC	144,911	fill in this form completely
11/64/64 OWNER INFORM	ATION	B 3	LOCATION OF WELL
8 MM DD YY 13	ATION	8 COUNTY	21
Thomason Buildens 7		1 Hopkins	Sparks
	irst Name 34	23 SUBDIVISION	42
, 6300 woodside (4 Su	44		20
36 Street or RFD	55	SECTION 44 46	LOT 48 50
(Olumbia Mn. 2104	16	GIENTLE	
57 Town 70 State 72	Zip 76	52 NEAREST TOWN	71
DRILLER INFORMATION		MILES FROM TOWN (ent	
KAYN E. MAYNE MS	SDUD	INICES FROM TOVVIA (em	er 0 if in town) M 1 73 76 77 78
Driller's Name 76	License No. 81	B 4	
KAGhk, MAYNE INC		1 2 DIRECTION OF WELL FROM	Ryow DR
Firm Name		TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
17024 HARDY Rel. WIT AMY.	Mrs. 21771	N	ON WHICH SIDE OF ROAD
Address		NW P NE	(CIRCLE APPROPRIATE BOX)
Jah & Meyon	10-10-04		SO WEST STEAST
Signature	Date	W (TOWN) E	34 / 37 SOUTH
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE ——	5	· / 1	DISTANCE FROM ROAD
(GAL. PER MIN.) 8	12	SW S 8-9	ENTER FT OR MI 38 39
AVENAGE DAILT QUANTITY NEEDED	00	8-9 S 8-9	TAX MAP: 21 BLK: 12 PARCEL 111
(GAL. PER DAY) 14	20	8 NOT T	O BE FILLED IN BY DRILLER
USE FOR WATER (CIRCLE APPRO	DPHIATE BOX)		H DEPARTMENT APPROVAL
DOMESTIC POTABLE SUPPLY & RESIDENTIA	L	11	(12) A = 1-02=
IRRIGATION SACRICIUM	LTUDAL	COUNTY NAME	(3) A 5 17 93 COUNTY NO.
F FARMING (LIVESTOCK WATERING & AGRICUITED IN IRRIGATION	LIUHAL	STATE	COUNTY NO.
22 INDUSTRIAL, COMMERICIAL, DEWATERING		SIGNATURE	INSERT S ———————————————————————————————————
P PUBLIC WATER SUPPLY WELL		DATE ISSUED	n. 12.1. 1/12/2006
		43 MM DD YY 48	CO SIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITORING		NORTH 522	000 GRID 800 000
G GEO-THERMAL		GRID 50	0 0 0 GRID 63 0 0 0 0 63
		SHOW MAJOR FEATURE	SOF grout - 11:30 - growt
APPROXIMATE DEPTH OF WELL 150	FEET	BOX & LOCATE WELL .	11/7/05
24	28	WITH AN X	
APPROXIMATE DIAMETER OF WELL6**	NEAREST INCH	1. WELL	WATER
		2.	
METHOD OF DRILLING (cir.	cle one)	3.	교육자 발표하는 사람들은 모든
BORED (or Augered) JETTED	Jetted & DRIVEN		S. 전체 및 경영 및 10 Hone House
	TARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	R ()
37 CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	@
other			
REPLACEMENT OR DEEPENE	D WELLS	E 800	000
(CIRCLE APPROPRIATE BO		522	000
THIS WELL WILL NOT REPLACE AN EXISTING		N S	
THIS WELL WILL REPLACE A WELL THAT WILL ABANDONED AND SEALED	L BE		V SHOWING LOCATION OF WELL IN FOWNS AND ROADS AND GIVE
THE WELL WILL BEDLAGE A WELL THAT WILL	I RE LISED		TO NEAREST ROAD JUNCTION
39 S AS A STANDBY-CONTACT LOCAL APPROVING			O
FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WELL		33	
PERMIT NUMBER OF WELL TO BE REPLACED OR DI	and the same of th	N Service	pyon on.
(IF AVAILABLE) 41 — —	52	N	T-w'
	NEW LIGE ONLY	A Like	7 50'
Not to be filled in by driller (MDE OR COU	NIT USE UNLY)	34	& veil
APPROP. PERMIT NUMBER HO2004 G	AP 0/1(01)		
54	63		b
PERMIT No. 40 -9	14-4071		
	3 74 75 76 77 78 79		
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			●

DENV-Permit 97

Page		of	THE STATE OF
	APRIL	22	005

Review			

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

-	17	16	5	
91	1	1	S	1
	1	-	1	1

Well Permit No. Ho - 94-407/ Location of property (road) Ryon Drill Subdivision Hopkins Choice Well Driller Ralph Mayne	Lot 32 Block Plat Sec. Owner Thompson Builders
Depth of well Distance of measuring point (M.P.) about the static water level (S.W.L.) below M.P.	ve ground 2"
I. High rate pumping reservoir drawdown Time pump started 12:15 Total time 15 min to reach pumping	Pumping rate 15 GPm water level 65 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute in- tervals	WATER below		PUMPING time to gallon h	fill 5	FLOW METER READING (if used)	(gallons per minute)
12:15	25	Fo.	4	Sec		15 GP4
				NE CENTER	TEST STANTED	
12:30	65	4	.6	Sec		10 Spy
12:45	65	4	6	Sec		10 GPM
1:00	65	4	6	Sec		10 B/m
1:15	65	11	6	"		10 11
1130	65	4	6	1		10 1,
1145	65	11	6	11		10 "
2:00	65	H	6	Sec		10 6PM
2:15	65	H	6	Sec		10 Gpm
2:30	65	H	6	Sec		10 BM
2145	65	11	6	4		10 4
3:00	65	- 11	6	4		10 4
315	65	H	6	Sec		10 GPm
3:30	65	#	6	Sec		10 GPM
REPORT OF THE						
	1 8 8 1 B	ST Val		1775 A 157		
		180779			Philipping and the second	
	3 5 E				THE STATE OF THE S	
				CT THE		
605000000						A STREET, SOLE
			THE SERVICE			
	-					

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH WELL & SEPTIC PROGRAM TEL: (410)313-1771 FAX: (410)313-2648

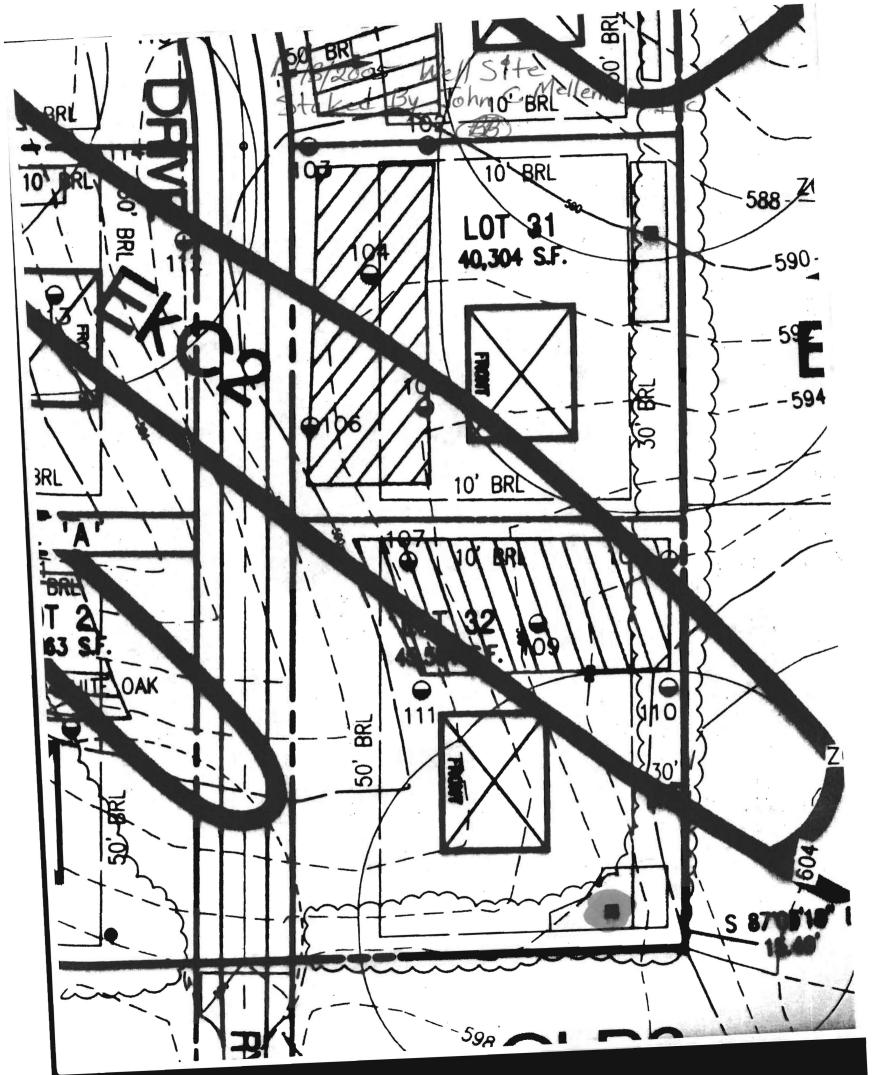
Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

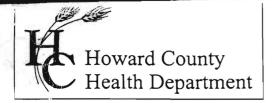
NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired

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. Telephone #: Company Name: 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): HIPN 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: 1011 500465 Telephone #: 410 - 992 - 5978 Lot#: 32 Well Tag #: HO -94 - 407 Hopkins Choice Subdivision: Site Address: 13904 Kyow DR Glenela and 21737 Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make: Comunitos Make: Comobell Two piece watertight cap: Ves Screened, vented well cap: 405 Model #: (556E0)-180 Model#: NIA Depth: 36 " (36" min) Cap secured to casing: 15 Pump Capacity 15 **GPM** NSF/WSC approved: Yes Well Yield: **GPM** Conduit min 18" B.G.: Depth of well encountered at time of pump installation: 100 (feet) Conduit secured to well cap: 165 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 NA Piping to house
Type: 1"Brick Prishe House Connection PVC sleeve to undisturbed soil at wall penetration: Ves PSI: 160 (160 psi min) Length of sleeve(5' minimum from foundation): 5' Sleeve sealed properly: ue5 Depth of supply line: 42 (36" min) 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 approyal prior to installation. Signature of company representative responsible for installation For Health Department Use Only - Not to be completed by Installer Date Insp. Requested: Date Insp. Approved: 119 2011 Inspector Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade Inspector: 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





3525 H Ellicott Mills Drive • (410) 313-2640 TDD (410) 313-2323

Ellicott City, MD 21043 Fax (410) 313-2648 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:

×		ed by John c. mellema, luc.
	on 10/6/04	and is ready for site inspection.
		_ will call the Health Department
	for a time to meet in the fi	ield to verify a well location.
	Site plan for new well is at	tached to well permit application.
This		bmitting your green application. nication allowing a more timely
KN		



Bureau of Environmental Health 7178 Gateway Drive Columbia, MD 21046 (410) 313-2640 TDD (410) 313-2323

Fax (410) 313-2648 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

Toll Brothers Lot 32

Account #:

1930

Reference:

Company:

Fogle's Well Drilling

Location:

13904 Ryon Drive Glenelg, MD 21737

Requested By: Dave Fogle

Date/ Time Collected: 11/16/2011

1450

1974JF

Source: Site:

Well Water Laundry Tub

Date/Time Rec'd:

11/16/2011

1545

Treatment:

None

Chlorine ppm:

Free: ND

Total: ND

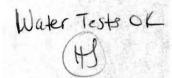
pH: Well #: 6.0

Collected By:

J. Fogle

HO-94-4071

PARAMETERS	RESULTS	UNITS RE	FERENCE	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



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
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 5 sampling.
- ND:None Detected
- 7 Sample collected by client, analyzed as received
- pH & Chlorine level tested in lab

Reason for Test:

Use & Occupancy

Building Permit#:

B11000233

Date Reported:

11/17/2011