

C 1 3866 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

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

COUNTY NUMBER 13 A517937

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
02 10 05

Depth of Well

22 180 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO-94-4072

OWNER Thompson Builders  
STREET OR RFD Ryan Drive  
SUBDIVISION Hopkins Choice SECTION TOWN Glenelg LOT 3

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

FROM TO

check  
if water  
bearing

Top Soil 0 2  
Sandy 2 50  
Sand Stone 50 55  
Micka 55 80  
Sand Stone 80 85  
Micka 85 180

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHER

MAIN  
CASING  
TYPE

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

PL 6 60  
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)  
inch from to

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

screen type  
or open hole  
(insert  
appropriate  
code  
below)

SCREEN RECORD

ST BR HO  
STEEL BRASS OPEN  
PL BRONZE HOLE  
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no  
Y N

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 SD 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)

DEPTH (nearest ft.)

1 2 110 58 180

E 1 8 9 11 15 17 21  
A C  
H 2 23 24 26 30 32 36  
S  
C 3  
R 38 39 41 45 47 51  
E  
N

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

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 LOG OTHER DATA  
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3  
8 9

PUMPING RATE (gal. per min.) 15  
11 15

METHOD USED TO  
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15 ft.  
17 20

WHEN PUMPING 25 ft.  
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine  
27 27 27  
C centrifugal R rotary O other  
27 27 27  
J jet S submersible  
27 27

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO  
(CIRCLE) (YES OR 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

CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

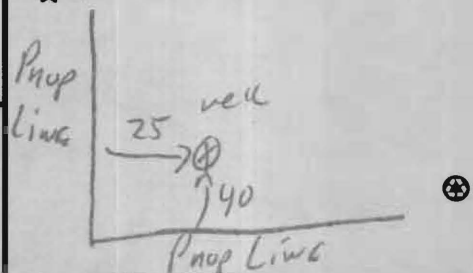
PUMP COLUMN LENGTH  
(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above LAND SURFACE  
- below 2 (nearest foot)  
49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND /OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)



B 1	5773	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type <i>W521583</i>	STATE PERMIT NUMBER <i>HO - 94 - 4072</i> <small>fill in this form completely</small>
Date Received (APA) <i>1/16/04</i>		OWNER INFORMATION		
8 MM DD YY 13 <i>Thompson Builders Inc</i>		15 Last Name Owner First Name 34 <i>6300 Woodside Ct. Suite A</i>		
36 <i>Columbia</i>		55 Street or RFD <i>MD. 21046</i>		
57 Town 70 State 72 Zip 76				
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name <i>Ralph E. Wayne</i>		B 3 <i>Howard</i>		
Firm Name <i>Ralph E. Wayne Inc</i>		8 COUNTY 21 <i>HOPKINS CHOICE</i>		
Address <i>17024 Handy Rd. Mt Airy MD. 21221</i>		23 SUBDIVISION 42 <i>GLENELO</i>		
Signature <i>Ralph E. Wayne</i>		SECTION 44 46 LOT 3 48 50 <i>GLENELO</i>		
Date <i>10-10-04</i>		52 NEAREST TOWN 71 <i>GLENELO</i>		
B 2 WELL INFORMATION		MILES FROM TOWN (enter 0 if in town) <i>I</i> M <i>I</i> 73 76 77 78		
APPROX. PUMPING RATE (GAL. PER MIN.) <i>5</i>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <i>500</i>		1 2 11 30 NEAR WHAT ROAD <i>Ryow Dr.</i>		
		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
		34 37 DISTANCE FROM ROAD <i>100</i>		
		ENTER FT OR MI 38 39 <i>FT</i>		
		TAX MAP: <i>21</i> BLK: <i>12</i> PARCEL <i>111</i>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		<i>Howard</i> <i>(13)</i> <i>A517937</i>		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		COUNTY NAME COUNTY NO.		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		STATE SIGNATURE INSERT S → 41		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		DATE ISSUED <i>1/13/2005</i> <i>Brian Baker</i> <i>1/13/2006</i>		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		43 MM DD YY 48 CO SIGNATURE EXP. DATE		
<input type="checkbox"/> GEO-THERMAL		NORTH GRID <i>522</i> 0 0 0 EAST GRID <i>800</i> 0 0 0		
		50 55 57 63		
APPROXIMATE DEPTH OF WELL <i>150</i> FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X <i>2/10/05</i>		
APPROXIMATE DIAMETER OF WELL <i>6"</i> NEAREST INCH		SOURCES OF DRILLING WATER <i>1 well</i>		
METHOD OF DRILLING (circle one)		2. <i>No Inspection</i>		
<input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN		3. <i>BB</i>		
<input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary)		WRITE THE BOX NUMBER FROM THE MAP HERE		
<input type="radio"/> CABLE <input type="radio"/> REVerse-ROTary <input type="radio"/> Drive-POINT		E <i>800</i>		
other _____		N <i>522</i>		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="radio"/> THIS WELL WILL DEEPEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER <i>H02004</i> G A P 011(01)				
PERMIT No. <i>H0 - 94 - 4072</i>				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

Well Permit No. HO - 94-4072  
Location of property (road) Ryon Drive  
Subdivision Hopkins Choice Lot 3 Block      Plat      Sec.       
Well Driller Ralph Mayne Owner Thompson Builders

Depth of well 180  
Distance of measuring point (M.P.) above ground 2  
Static water level (S.W.L.) below M.P. 15

Time pump started 8:15 Pumping rate 15 Gpm  
Total time 15 min to reach pumping water level 25 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# MSD0069

\*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 #: 410-320-0223  
Subdivision: Glenelg Estates Lot #: 3 Well Tag #: HO-94-4092 ✓  
Site Address: 13909 Raven Dr  
Glenelg md

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Cornwall</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>1550800-180</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>15</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: _____ 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>N/A</u>		

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(s) 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

date

8/25/11

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8-25-11 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

MD STATE GRID

P.155

1/13/05

Well Site Staked By  
John C. Mellema, Inc.

LOT 3

N583179  
E1311987

LOT 10

WELL LOCATION PLAN

LOT 3

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](http://www.hchealth.org)

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

September 28, 2011

Homeowner  
13909 Ryon Drive  
Glenelg, MD 21737

RE: Hopkins Choice, Lot 3  
13909 Ryon Drive  
BP #: B11000230  
Well Tag: HO-94-4072

Dear Sir:

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 09/27/2011. Final approval of the well line connection to the dwelling was approved on 08/25/2011.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

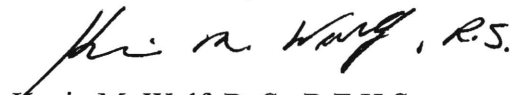
#### **INTERIM CERTIFICATE OF POTABILITY**

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-94-4072. 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: 09/26/2011  
Date of Well Completion: 02/10/2005

Approving Authority,

  
Kevin M. Wolf, R. S., R.E.H.S  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
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 #:	81436	Account #:	1930
Reference:	Toll Brothers Lot 3	Company:	Fogle's Well Drilling
Location:	13909 Ryon Drive	Requested By:	Dave Fogle
	Glenelg, MD 21737	Source:	Well Water
Date/ Time Collected:	9/26/2011 1030	Site:	Kitchen Sink
Date/Time Rec'd:	9/26/2011 1150	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	J. Fogle 1974JF	Well #:	HO-94-4072

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/27/2011 / 0900 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/27/2011 / 0900 / KME
Nitrate	5.31	mg/L	10	601	9/26/2011 / 1600 / CCH
Turbidity	3.78	NTU	<10	SM18 2130B	9/26/2011 / 1345 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	9/26/2011 / 1345 / KME

OK

**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 # : B-1100030

Date Reported: 9/27/2011

MD State Certification # 133