

<b>C 1</b> 6417		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE				THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER		517937			
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 04 15 05		Depth of Well 22 200 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-4114		28 29 30 31 32 33 34 35 36 37			
OWNER last name first name Thompson Builders Ryan Dr		TOWN Calverly		SECTION 1		LOT 30					
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS 45 46 12 NO. OF POUNDS 45 46 120 GALLONS OF WATER 10 2 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft. (enter 0 if from surface)				<b>C 3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 25 ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible			
DESCRIPTION (Use additional sheets if needed)				FEET FROM TO Top Soil 0 2 Sandy 2 40 Sand Stone 40 45 MICKA 45 100 Sand Stone 100 105 MICKA 105 200				<b>CASING RECORD</b> casing types insert appropriate code below <b>ST</b> STEEL <b>CO</b> CONCRETE <b>PL</b> PLASTIC <b>OT</b> OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 58 OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING			
NUMBER OF UNSUCCESSFUL WELLS: 0				<b>C 2</b> 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				<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <b>ST</b> STEEL <b>BR</b> BRASS <b>HO</b> OPEN HOLE <b>PL</b> PLASTIC <b>OT</b> OTHER			
WELL HYDROFRACTURED <b>Y</b> <b>N</b>				CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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.				PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) <b>+</b> above LAND SURFACE <b>-</b> below 2 (nearest foot)			
DRILLERS LIC. NO. 1 M SD 112 DRILLERS SIGNATURE LIC. NO. 1 D				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 CASING LOG INDICATOR OTHER DATA				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) Prop Line 125' 75' well			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				COUNTY							

B 1	8991	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type <div style="font-size: 24pt; margin-top: 10px;">W521503</div>	STATE PERMIT NUMBER <div style="font-size: 24pt; margin-top: 10px;">H0-94-4114</div> fill in this form completely
1 2 3 6				
Date Received (APA) <div style="font-size: 24pt; margin-top: 10px;">11/04/04</div> 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name <div style="font-size: 24pt; margin-top: 10px;">Thompson Builders Inc</div>		34 First Name 		
36 Street or RFD <div style="font-size: 24pt; margin-top: 10px;">6300 Woodside Ct Suite A</div>		55		
57 Town <div style="font-size: 24pt; margin-top: 10px;">Columbia</div>		70 State <div style="font-size: 24pt; margin-top: 10px;">MD</div>		
		72 Zip <div style="font-size: 24pt; margin-top: 10px;">21046</div>		
DRILLER INFORMATION				
Driller's Name <div style="font-size: 24pt; margin-top: 10px;">RALPH E. MAYNE</div>		M SD 112 License No. 81		
Firm Name <div style="font-size: 24pt; margin-top: 10px;">RALPH E. MAYNE INC</div>				
Address <div style="font-size: 24pt; margin-top: 10px;">12024 Handy Rd Mt Airy MD 21071</div>				
Signature <div style="font-size: 24pt; margin-top: 10px;">[Signature]</div>				
Date <div style="font-size: 24pt; margin-top: 10px;">10-10-04</div>				
B 2	WELL INFORMATION			
1 2	APPROX. PUMPING RATE (GAL. PER MIN.) <div style="font-size: 24pt; margin-top: 10px;">5</div>			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="font-size: 24pt; margin-top: 10px;">500</div>		14 20		
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				
NOT TO BE FILLED IN BY DRILLER — HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <div style="font-size: 24pt; margin-top: 10px;">Howard</div>				
COUNTY NO. <div style="font-size: 24pt; margin-top: 10px;">A517937</div>				
STATE SIGNATURE <div style="font-size: 24pt; margin-top: 10px;">[Signature]</div>				
DATE ISSUED <div style="font-size: 24pt; margin-top: 10px;">2/10/05</div>				
CO SIGNATURE <div style="font-size: 24pt; margin-top: 10px;">[Signature]</div>				
EXP. DATE <div style="font-size: 24pt; margin-top: 10px;">2/10/06</div>				
NORTH GRID <div style="font-size: 24pt; margin-top: 10px;">523 000</div>				
EAST GRID <div style="font-size: 24pt; margin-top: 10px;">799 000</div>				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X <div style="font-size: 24pt; margin-top: 10px;">4/15/05 8:15AM GROUT</div>				
SOURCES OF DRILLING WATER 1. well 2. 3.				
WRITE THE BOX NUMBER FROM THE MAP HERE <div style="font-size: 24pt; margin-top: 10px;">E 800 799</div>				
<div style="font-size: 24pt; margin-top: 10px;">N 523 3</div>				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="font-size: 24pt; margin-top: 10px;">Patterson Farm CT, Ryon Dr., 1150'</div>				
APPROXIMATE DEPTH OF WELL <div style="font-size: 24pt; margin-top: 10px;">150</div> FEET				
APPROXIMATE DIAMETER OF WELL <div style="font-size: 24pt; margin-top: 10px;">64</div> INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/>				
30 AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/>				
37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/>				
other				
REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER <div style="font-size: 24pt; margin-top: 10px;">H0 2004 G 011/01</div>				
PERMIT No. <div style="font-size: 24pt; margin-top: 10px;">H0-94-4114</div>				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITY 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: Glenelg Estates Lot #: 30 Well Tag #: HO 94-4114  
Site Address: 13912 Ryan Dr.  
Glenelg, MD. 21737

**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: 8/21/12 Date Insp. Approved: 8/21/12 RR  
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 ✓

MD STATE GRID  
P.155

2/10/05 - well site staked by  
John C. Meltema, Inc.

N583522  
E1311861

LOT 29

LOT 30

WELL LOCATION PLAN  
LOT 30

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 :

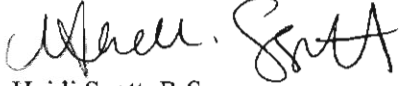
American Land Development  
and Engineering, Inc.

10749 BIRMINGHAM WAY  
WOODSTOCK, MD. 21163  
TEL. (410) 465-7903  
FAX. (410) 465-3845

CONTRACT No.

FILE No.

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is fluid and cursive, with the first name "Heidi" and last name "Scott" clearly distinguishable.

Heidi Scott, R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



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](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – April 18<sup>th</sup>, 2013**

October 18<sup>th</sup>, 2012

Homeowner  
13912 Ryon Dr.  
Glenelg, MD 21737

**RE: Hopkins Choice, Lot 30  
13912 Ryon Dr.  
Building Permit: B11000216  
Well Permit: HO-94-4114**

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 **10/18/2012**. Final approval of the well line connection to the dwelling was granted on **8/21/2012**. The well construction was completed on **6/14/2005**. Water samples were collected on **10/17/2012**.

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-94-4114. 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>



**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 #: 86736 Account #: 1930  
Reference: Toll Brothers Lot 30 Company: Fogle's Well Drilling  
Location: 13912 Ryon Drive Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 10/17/2012 0942 Site: Kitchen Sink Tap  
Date/Time Rec'd: 10/17/2012 1438 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: J. Fogle 1974JF Well #: HO-94-4114

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/18/2012 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/18/2012 / 0900 / BCD
Nitrate	3.27	mg/L	10	601	10/18/2012 / 0850 / BCD
Turbidity	1.29	NTU	<10	SM18 2130B	10/18/2012 / 0846 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	10/18/2012 / 0731 / JKW

Results OK  
10-18-12 HJG

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

Reason for Test : Use & Occupancy

Building Permit # : B11000216

Date Reported: 10/18/2012