C 1 3867 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY	
ST/CO USE ONLY DATE Received MM DO YY  NM DO YY  NM DO YY	22 /80 26 (	PERMIT NO. FROM "PERMIT TO DRILL WELL"	
OWNER STREET OR RFD SUBDIVISION HOD KINS	Builders  first name  TOWN  Choice SECTION	Glene 19 LOT	
WELL LOG  Not required for driven wells  STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	WELL HAS BEEN GROUTED (Circle Appropriate Box)  TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)	
DESCRIPTION (Use additional sheets if needed)  FROM TO check if water bearing	NO. OF BAGS NO. OF POUNDS AS	PUMPING RATE (gal. per min.)  METHOD USED TO  MEACURE DIMERNING PATE	
SANdy 2 40 L	fromft. toft. toft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)  BEFORE PUMPING ft.	
MICKA 45 25	casing types insert appropriate code below	WHEN PUMPING 20 ft.	
MICKA 80 180	MAIN Nominal diameter CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	TYPE OF PUMP USED (for test)  A air P piston T turbine other (describe	
	60 61 63 64 66 70  E OTHER CASING (if used) diameter depth (feet)	J jet S submersible	
	C inch from to	PUMP INSTALLED  DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION	
	screen type or open hole insert STEEL BR	MUST BE COMPLETED FOR ALL WELLS.  TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.	
	appropriate code below BRONZE HOLE OTHER	CAPACITY: GALLONS PER MINUTE (to nearest gallon)  31  35  PUMP HORSE POWER  37  41	
NUMBER OF UNSUCCESSFUL WELLS:  yes  yes	DEPTH (nearest ft.)  52  E 18 9 11 15 17 21	PUMP COLUMN LENGTH (nearest ft.)  43  43  47  CASING HEIGHT (circle appropriate box	
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  E ELECTRIC LOG OBTAINED	A C C C C C C C C C C C C C C C C C C C	and enter casing height)  LAND SURFACE  LAND SURFACE  (nearest)  50 51	
P TEST WELL CONVERTED TO PRODUCTION WELL  I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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.	E	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)	
DRILLERS LIC. NO.1 M D D D I DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	GRAVEL PACK LIF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68 68	vell by vol	
LIC. NO.1 D 1	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Prop Link &	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	~ \ \	

B 1 5774 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER  HO - 94 - 4073  70 fill in this form completely 79		
Date Received (APA)  8 MM DD YY 13  15 Last Name Owner First Nam  16 Street or RFD  57 Town 70 State 72	8 COUNTY  HOPKINS 23 SUBDIVISION  SECTION L  44 46			
DRILLER INFORMATION  Driller's Name  Firm Name  Address  Signature  B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.)  AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)  DAIL MAY	MILES FROM TOWN (A B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  N N N N N N N N N N N N N N N N N N N			
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  22 I INDUSTRIAL, COMMERICIAL, DEWATERING  P PUBLIC WATER SUPPLY WELL  T TEST, OBSERVATION, MONITORING  G GEO-THERMAL	Howard	TO BE FILLED IN BY DRILLER LTH DEPARTMENT APPROVAL     3		
30	NEAREST INCH  stred & DRIVEN lydraulic Rotary)  DRive-POINT  NEAREST SOURCES OF DRILLIN 1. 2. 3.  WRITE THE BOX NUM FROM THE MAP HERE	al 10/05  No Inspection  BB  BER		
REPLACEMENT OR DEEPENED WELL (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 US AS A STANDBY-CONTACT LOCAL APPROVING AUTHO FOR POLICY ON STANDBY WELLS  THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENE (IF AVAILABLE) 41  Not to be filled in by driller (MDE OR COUNTY US)  APPROP. PERMIT NUMBER	DRAW A SKETCH BEL RELATION TO NEARBY DISTANCE FROM WELL SED SED SE ONLY)	OW SHOWING LOCATION OF WELL IN Y TOWNS AND ROADS AND GIVE L TO NEAREST ROAD JUNCTION  Ayow Drivers  Tenson Figure		
PERMIT No. 70 71 72 73 74 75  SPECIAL CONDITIONS  NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -	- <del>40 73</del> 5 76 77 78 79	Ch Fignum ⊕		

DENV-Permit 97

@ COUNTY

#### HOWARD COUNTY HEALTH DEPARTMENT

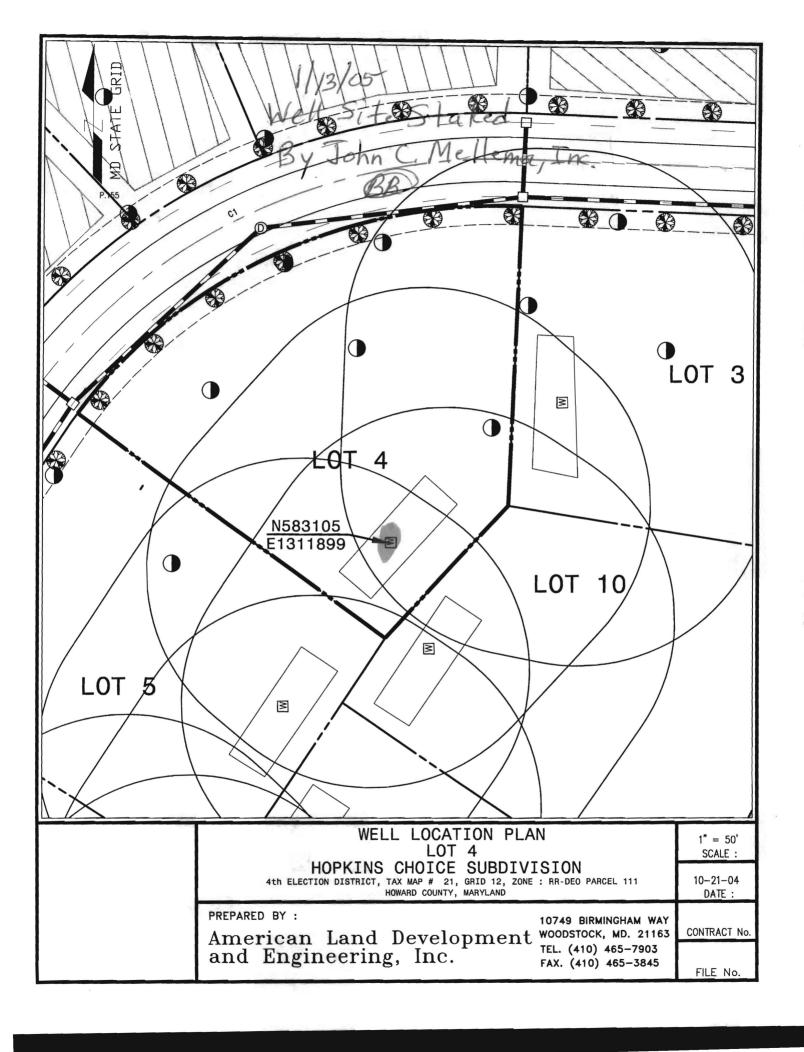
# BUREAU OF ENVIRONMENTAL HEALTH WELL & SEPTIC PROGRAM

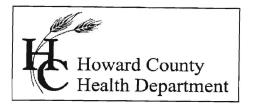
TEL: (410)313-1771 FAX: (410)313-2648

#### 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

		ired prior to Use and Occupancy approval
Company Name: Fooks Well Dr. Address: P.O. 200x 2002		# <u>443-609-4195</u>
(Must circle one) Licensed Plumber License # and name of individual responsib Name (Print): Alleas Corner *A licensed individual must perform the licensed journeyman or master plumber, verification. Unlicensed individuals may	ole for the field installation:  D	
Name of Property Owner: Toll Broth Subdivision: Hooking Chaire Collins ite Address: 13913 Rupo Dr	Y/S Teleph Kenelg (Skcks) Lot#:	one #: 410 - 320 - 0223 Well Tag #: HO - 99- 4073
Make: Grand Gos Model #: 15506.07-180 M	water cut off switch is requ ceptable method used-Mus	ired by NSPC 1990 Section 17.8.4
Piping to house  Type:   "Black Plastic  PSI: 160 (160 psi min)  Depth of supply line: 42" (36" min)	House Connection PVC sleeve to undisturbe Length of sleeve(5' minimu Sleeve sealed properly:	
The water supply line is required to be an distribution box, drainfields, and sewage approval prior to installation.  Signature of company representative response	reserve area. If this can	ptic tank, pump chamber, sewage piping, not be accomplished, contact this office for $4/4/12$ date
Date Insp. Requested:  Inspection Data:  Pitless adapter watertight Two piece cap installed a Elec. conduit extends at le Safety rope not outside of Correct well tag attached	nd attached to casing secur east 18" below grade/attach f well cap/casing properly and casing 8" about adequately at house connections.	2 0/2 Inspector. BB t 36" below grade ely ned to cap properly ve finished grade





Bureau of Environmental Health

7178 Gateway Drive (410) 313-2640 TDD (410) 313-2323 Columbia, MD 21046 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 - January 19, 2013

July 19, 2012

Homeowner 13913 Ryon Drive Dayton, Maryland 21036

RE:

Hopkins Choice, Lot #4

13913 Ryon Drive

Building Permit: B11000240 Well Permit: HO-94-4073

#### 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 07/18/2012. Final approval of the well line connection to the dwelling was granted on 04/10/2012. The well construction was completed on 02/10/2012. Water samples were collected on 06/28/2012.

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-94-4073. 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,

Dana Bernard, REHS/RS 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 #: Reference:

Location:

85125

Toll Brothers Lot 4

13913 Ryon Drive

Dayton, MD 21036

Date/ Time Collected: 6/28/2012

Date/Time Rec'd:
Chlorine ppm:
Collected By:

6/29/2012 Free: ND

J. Fogle

1406 1400

Total: ND 1974JF Account #: 1930

Company: F
Requested By: D

Fogle's Well Drilling

: Dave Fogle

Source: Site:

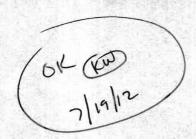
Well Water Kitchen Sink Tap

Treatment: None

pH: 6.4 Well #: HO

HO-94-4073

PARAMETERS	RESULTS	UNITS REFERENCE		METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 .	MPN/ 100 ml	<1.0	SM18 9223	6/30/2012 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/30/2012 / 0900 / CCH
Nitrate	6.53	mg/L	10	601	6/29/2012 / 1530 / CWM
Turbidity	0.48 ·	NTU	<10	SM18 2130B	6/29/2012 / 1515 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	6/29/2012 / 1515 / JKW



#### 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#:

B11000240