

B 1	5774	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>WS21563</i> please print or type	STATE PERMIT NUMBER <i>HO - 94 - 4073</i> <small>fill in this form completely</small>
Date Received (APA) <i>11/04/04</i>		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name Owner First Name 34		
36 Street or RFD 55		6300 Woodside Ct. Suite 4		
57 Town 70 State 72 Zip 76		Columbia MD. 21046		
DRILLER INFORMATION				
Driller's Name		MS D11D		
Firm Name		Ralph E. Wayne Inc		
Address		17024 Hardy Rd. Not Aing MD 21001		
Signature		Date 10-10-04		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500		
		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				
APPROXIMATE DEPTH OF WELL		150 FEET		
APPROXIMATE DIAMETER OF WELL		64 INCH		
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEENED 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 DEEPEENED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER <i>HO 2004 GAP 011(01)</i>				
PERMIT No. <i>HO - 94 - 4073</i>				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	LOCATION OF WELL
8 COUNTY 21	
Hopkins Choke	
23 SUBDIVISION 42	
SECTION 44 46 LOT 48 50	
52 NEAREST TOWN 71	
MILES FROM TOWN (enter 0 if in town) <i>I</i> M I 73 76 77 78	
B 4	
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
11 NEAR WHAT ROAD 30	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
34 37	
DISTANCE FROM ROAD ENTER FT OR MI 38 39	
TAX MAP: 21 BLK: 12 PARCEL 111	

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
<i>Howard</i> (13) <i>A517937</i>	
COUNTY NAME	COUNTY NO.
STATE SIGNATURE	INSERT S → 41
DATE ISSUED <i>1/13/2005</i> <i>Brian Bader</i> <i>1/13/2006</i>	
43 MM DD YY 48	CO SIGNATURE EXP. DATE
NORTH GRID <i>522</i> 000 55	EAST GRID <i>799</i> 000 63
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X	
SOURCES OF DRILLING WATER	
1. well	
2.	
3.	
WRITE THE BOX NUMBER FROM THE MAP HERE	
E <i>800799</i>	N <i>522</i>
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	

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, LLC 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# MSD009

*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: Hookins Chase (Genelg Estates) Lot #: 4 Well Tag #: HO-99-4093
Site Address: 13913 Rynn Dr
Genelg, md

Submersible Pump Data

Make: Grundfos
Model #: 1550807-180
Pump Capacity: 7 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Campbell
Model#: NA
Depth: 3.0 (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
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 180 (feet)

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" 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

date

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

Date Insp. Requested: _____ Date Insp. Approved: 4/10/2012 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 ✓





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 – 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 #: 85125
Reference: Toll Brothers Lot 4
Location: 13913 Ryon Drive
Dayton, MD 21036
Date/ Time Collected: 6/28/2012 1406
Date/Time Rec'd: 6/29/2012 1400
Chlorine ppm: Free: ND Total: ND
Collected By: J. Fogle 1974JF
Account #: 1930
Company: Fogle's Well Drilling
Requested By: Dave Fogle
Source: Well Water
Site: Kitchen Sink Tap
Treatment: None
pH: 6.4
Well #: 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

OK (KW)
7/19/12

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

Date Reported: 7/2/2012

MD State Certification # 133