

C1 6416 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.

1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

COUNTY  
NUMBER

ST/CO USE ONLY  
DATE Received  
MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

8 13

MM DD YY  
4 20 05

22 160 26  
(TO NEAREST FOOT)

10-94-413  
28 29 30 31 32 33 34 35 36 37

OWNER Thompson Builders  
STREET OR RFD Ryan Dr  
SUBDIVISION Hopkins Choice SECTION 1 TOWN Glenview LOT 29

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	50	✓
Sandstone	50	55	
MICKA	55	80	
Sandstone	80	85	✓
MICKA	85	160	

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 16 NO. OF POUNDS 1600

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30+ ft.  
(enter 0 if from surface)

CASING RECORD  
casing types insert appropriate code below  
ST STEEL CO CONCRETE  
PL PLASTIC OT OTHER

MAIN CASING TYPE  
PL 6 65  
60 61 63 64 66 70

OTHER CASING (if used)  
EACH CASING diameter inch depth (feet) from to

SCREEN RECORD  
screen type or open hole insert appropriate code below  
ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.)

C2 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

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
58 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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 20 ft.

WHEN PUMPING 55 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine  
C centrifugal R rotary O (describe below)  
J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES 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: 4-15-05  
GALLONS PER MINUTE (to nearest gallon) 31 35

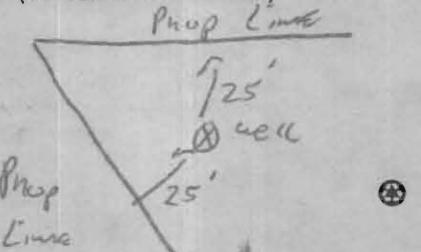
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)  
+ above LAND SURFACE  
- below 2 (nearest foot)

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)



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 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.

DRILLERS LIC. NO. 1 M SD 117

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

B 1	8990	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type <u>W521563</u>	STATE PERMIT NUMBER <u>HD - 94 - 4113</u> <small>fill in this form completely</small>
Date Received (APA) <u>11/04/04</u> <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name <u>Tompson</u>		34 First Name <u>Buildens Inc</u>		
36 Street or RFD <u>6300 WOODSIDE CT. Suite A</u>		55		
57 Town <u>Columbia MD</u>		76 Zip <u>21046</u>		
DRILLER INFORMATION				
Driller's Name <u>Ralph E. Mayne</u>		81 License No. <u>M SD 112</u>		
Firm Name <u>Ralph E. Mayne Inc</u>				
Address <u>17024 Hanly Rd. Mt Airy MD 21021</u>				
Signature <u>Ralph E. Mayne</u>		Date <u>10-10-04</u>		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <u>Howard</u> COUNTY NO. <u>4517937</u> STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>2/10/05</u> CO SIGNATURE <u>Stuart Lth</u> EXP. DATE <u>2/10/06</u> <small>43 MM DD YY 48</small> NORTH GRID <u>523</u> 0 0 0 EAST GRID <u>799</u> 0 0 0 <small>50 55 57 63</small>				
APPROXIMATE DEPTH OF WELL <u>150</u> FEET <small>24 28</small>		APPROXIMATE DIAMETER OF WELL <u>64</u> INCH		
METHOD OF DRILLING (circle one)				
BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> <small>30</small> AIR-ROTARY <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> <small>37</small> CABLE <input type="radio"/> REVerse-ROTary <input type="radio"/> DRive-POINT <input type="radio"/> other _____				
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)				
<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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) <u>41</u> _____ <u>52</u>				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER <u>HD 2004-G-011/01</u>				
PERMIT No. <u>HD-94-4113</u> <small>70 71 72 73 74 75 76 77 78 79</small>				
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION HOPKINS CHOICE 42

SECTION 29 LOT 29  
44 46 48 50

52 NEAREST TOWN STENELS 71

MILES FROM TOWN (enter 0 if in town) 1 M I  
73 76 77 78

11 NEAR WHAT ROAD Ryow Dr. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

☒ NORTH ☐ WEST ☐ EAST ☐ SOUTH

34 200 37 14  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 12 PARCEL 111

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

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 299

N 523

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

9/22/05  
KN

Depth of well 160  
Distance of measuring point (M.P.) above ground 2<sup>nd</sup>  
Static water level (S.W.L.) below M.P. 20 ft

Time pump started 8:00 Pumping rate 10 GPM  
Total time 15 min to reach pumping-water level 55 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: Eagles 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# MSD0009

\*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: Tall Brothers Telephone #: 410-489-2275  
Subdivision: Hopkins Choice Lot #: 29 Well Tag #: HO-94-4113  
Site Address: 13916 Ryan Dr.  
Greenely Md 21737

Submersible Pump Data

Make: Crawford  
Model #: 1550AF07180  
Pump Capacity 15 GPM  
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell  
Model#: N/A  
Depth: 36" (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

Depth of well encountered at time of pump installation: 160 (feet) Conduit secured to well cap: yes

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 N/A

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

10-19-11

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: 9/29/2011

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓

Two piece cap installed and attached to casing securely ✓

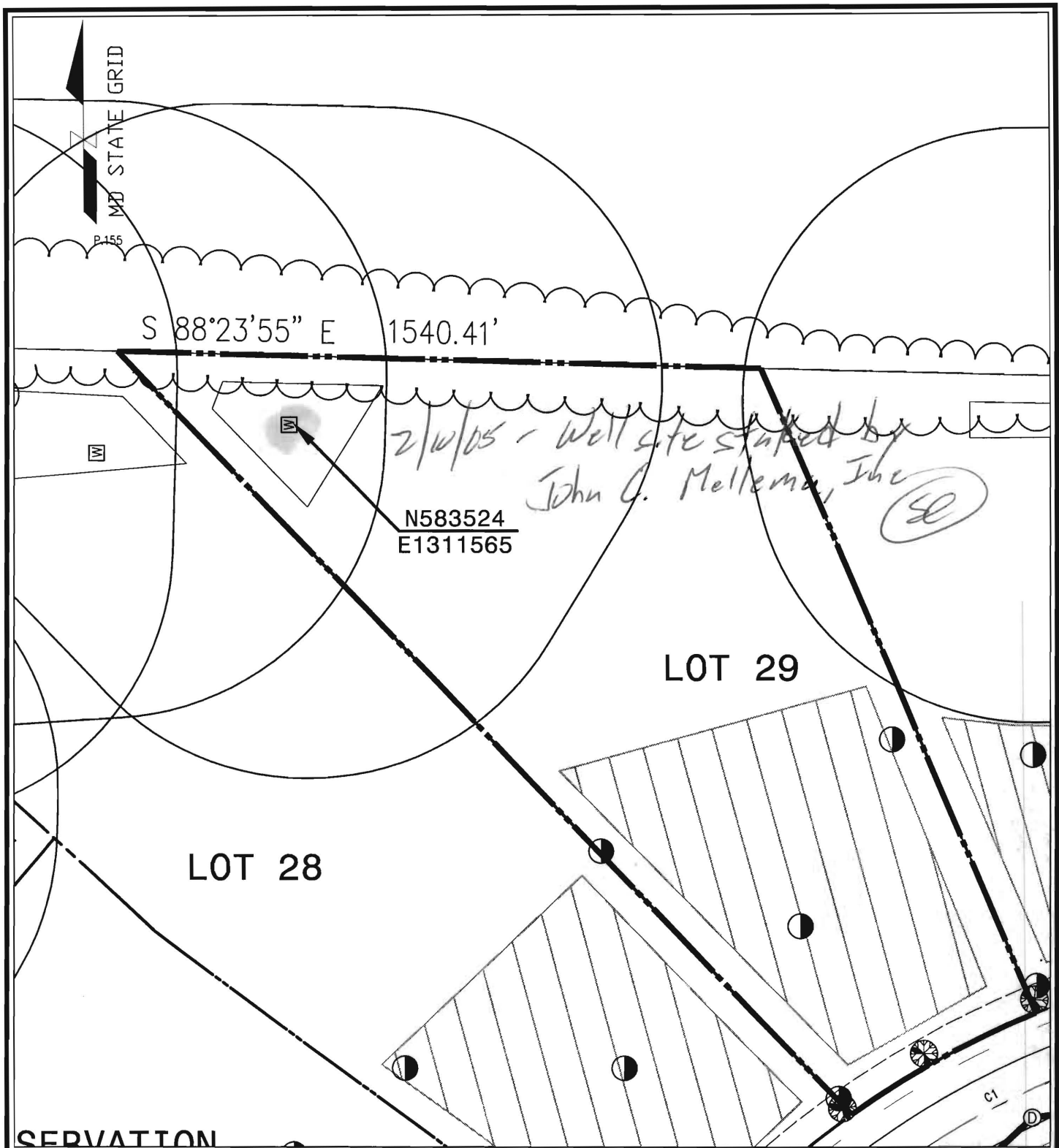
Elec. conduit extends at least 18" below grade/attached to cap properly ✓

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 ✓



WELL LOCATION PLAN  
LOT 29

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 :

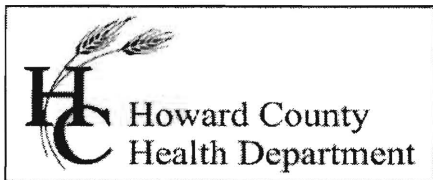
PREPARED BY :

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

**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – April 19, 2012

October 19, 2012

Homeowner  
13916 Ryon Drive  
Glenelg, MD 21737

**RE: Hopkins Choice, Lot 29  
13916 Ryon Drive  
Building Permit: B11000234  
Well Permit: HO-94-4113**

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 **08/19/2011**. Final approval of the well line connection to the dwelling was granted on **09/29/2011**. The well construction was completed on **04/20/2005**. Water samples were collected on **10/17/2011**.

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-94-4113. 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,

  
Brian Baker  
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 #: 81761 Account #: 1930  
Reference: Toll Brothers Lot 29 Company: Fogle's Well Drilling  
Location: 13916 Ryon Drive Requested By: Dave Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 10/17/2011 1155 Site: Kitchen Sink  
Date/Time Rec'd: 10/17/2011 1300 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.7  
Collected By: J. Fogle 1974JF Well #: HO-94-4113

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/18/2011 / 0800 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/18/2011 / 0800 / KME
Nitrate	3.40	mg/L	10	601	10/17/2011 / 1545 / CCH
Turbidity	1.16	NTU	<10	SM18 2130B	10/17/2011 / 1350 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	10/17/2011 / 1350 / 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
- 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 : HCHD  
Building Permit # : B-11000234

Date Reported: 10/18/2011