C 1 3868 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY (3) A5/7937	
ST/CO USE ONLY DATE Received  MM DD  MM DD	ETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"	
8 13 15	22 26 20 (TO NEAREST FOOT)	8/18/18/28 29 30 31 32 33 34 35 36 37	
OWNER Thomaso	n Builders	7( 20 20 20 20 20 20 20 20 20 20 20 20 20	
STREET OR RFD last name RYDA	Drive first name TOWN_	Glenela	
SUBDIVISION HORKINS C	SECTION	Lot	
WELL LOG Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	(Circle Appropriate Box)  TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST	
DESCRIPTION (Use FEET check if water	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)	
additional sheets if needed) FROM TO bearing	NO. OF BAGS 45 46 NO. OF POUNDS 45 46	PUMPING RATE (gal. per min.)	
Top Soil 0 2	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO Buchot 15 MEASURE PUMPING RATE	
Top Soil 0 2 Smuly 2 40 L	from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING 15 ft.	
Sand Stave 40 45	casing types insert appropriate CASING RECORD  ST CO CONCRETE	BEFORE PUMPING  17  20 ft.  WHEN PUMPING  ft.	
Micro 45 85	code below PL OT	TYPE OF PUMP USED (for test)	
Spud Stone 85 90 U	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine	
SHUM STORE 80	CASING top (main) casing of main casing (nearest inch)! (nearest foot)	C centrifugal R rotary Other (describe below)	
MICKA SO 180	60 61 63 64 66 70	jet S submersible	
	E OTHER CASING (if used) A diameter depth (feet) H inch from to	21 21	
*	CA	PUMP INSTALLED  DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	
	N G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
	screen type or open hole insert STEEL BRASS	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.	
	appropriate code below PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
	PLASTIC OTHER	PUMP HORSE POWER	
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)	
WELL HYDROFRACTURED Yes Y	E 1 7 9 11 15 17 21 C	CASING HEIGHT (circle appropriate box and enter casing height)	
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED	H <sup>2</sup> 23 24 26 30 32 36 S	LAND SURFACE	
WHEN THIS WELL WAS COMPLETED  E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	below (nearest) foot)	
P TEST WELL CONVERTED TO PRODUCTION WELL	E E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT	
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.	DIAMETER (NEAREST INCH)  from to	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 S D 112	GRAVEL PACK	Eno Phop	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68  MDE USE ONLY	1 7 mm	
LIC. NO D 1	(NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) W Q	1828 rea	
SITE SUPERVISOR (sign. of driller or journeyman	70	•	
responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA		

B 1 SEQUENCE NO.	STATE OF	MARYIAND		STATE PERMIT NUMBER	3
1 2 3 (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL		HA-94-HA74		
2 3	/ Dease print or type		70 fill in this form completely. 79		
Date Received (APA)	0-)01-07	B 3	LOCATION	ill in this form complet	ery
11/04/04 * OWNER INFOR	RMATION	Howas			
Thomason Bulldens		8 COUNTY	111	21	
15 Last Name Owner	First Name 34	23 SUBDIVISION	(HOIC	<	42
, 6300 woodsine Ct.	Suite A				42
36 Street or RFD	55	SECTION L 44 46	LOT LOT 48	50	
(olumbia mil 210)	16	GLEWELL	5		
57 Town 70 State  DRILLER INFORMATION	72 Zip 76	52 NEAREST TOWN		T	71
0.11 1111	15 D 112	MILES FROM TOWN (ent	er 0 if in town)	M 1 73 76 77 78	
Driller's Name 7	6 License No. 81	B 4			
Playh E. MAYNE IN	2	1 2 DIRECTION OF WELL FROM	R	you Dr.	CARLOTT N
Firm Name	2' 449 221	TOWN (CIRCLE BOX)	11	NEAR WHAT ROAD	30
Address	Hing 140, 21721	NW B NE		CH SIDE OF ROAD	NORTH N
16 8 Min	10-10-04		(CIRCLE	APPROPRIATE BOX)	WESTER
Signature	Date	W TOWN E		34 35 37	SOUTH
B 2 WELL INFORMATION APPROX. PUMPING RATE —	5			DISTANCE FROM ROAD	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	500 12			ENTER FT OR I	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20	8-9 S 8-9	TAX MAP: _	21 BLK: 12 PAF	ICEL ///
USE FOR WATER (CIRCLE AP	PROPRIATE BOX)			D IN BY DRILLER	TENT !
DOMESTIC POTABLE SUPPLY & RESIDEN	NTIAL	HEALT	H DEPART	MENT APPROVAL	
IRRIGATION		COUNTY NAME	(3)	A51793	NO
F FARMING (LIVESTOCK WATERING & AGR IRRIGATION	ICULTURAL	STATE			INO.
22 I INDUSTRIAL, COMMERICIAL, DEWATERIN	IG CONTRACTOR	SIGNATURE	n ·	INSERT S —	41
P PUBLIC WATER SUPPLY WELL		1/13/2005/	Brian	Baker 1/131	2006
T TEST, OBSERVATION, MONITORING		43 MM DD YY 48 NORTH	CO SIGN		P. DATE
G GEO-THERMAL		GRID 50	0 0 0 GF 55	77 0 ( 57	0 <u>0</u> 63
		SHOW MAJOR FEATURE	S OF		
APPROXIMATE DEPTH OF WELL	FEET	BOX & LOCATE WELL . WITH AN X		<b>W</b>	
24	28	SOURCES OF DRILLING	WATER	<b>一等点是</b>	
APPROXIMATE DIAMETER OF WELL6/	NEAREST INCH	1. well			
METHOD OF DRILLING	(circle one)	2. 3.			
BORED (or Augered) JETTED	Jetted & DRIVEN	3.			
	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	R	4	(X)
37 CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE			0
other		800	799		
REPLACEMENT OR DEEPE (CIRCLE APPROPRIATE				000	
N THIS WELL WILL NOT REPLACE AN EXIST		N 5273	3		
THIS WELL WILL REPLACE A WELL THAT	WILL BE	DRAW A SKETCH BELOW			
ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT	WILL BE USED	DISTANCE FROM WELL			
39 S AS A STANDBY-CONTACT LOCAL APPROV					
THIS WELL WILL DEEPEN AN EXISTING W	ELL			RYOW DA,	
PERMIT NUMBER OF WELL TO BE REPLACED O		NO			
(IF AVAILABLE) 41	52	1	(1)	nell	
Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)	Pa	78		
APPROP. PERMIT NUMBER H02004	GAPO (1 (01)	Tex	Son Emn		
110	94 4074	CX	KAN	~ 0	170-21
PERMIT No. 70 71 7	2 73 74 75 76 77 78 79				
SPECIAL CONDITIONS  NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =	La sette lane				⊕

DENV-Permit 97

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Rei	riew			7
		al	75	91/2
	8	10	1	

Well Permit No. HO - 94-4074 Location of property (road) Ryon Dri	ve	
Subdivision Hopkins Choice	Lot 5 Block	Plat Sec.
Well Driller Ralph Mayne	Owner Thompson	Builders
Depth of well  Distance of measuring point (M.P.) about Static water level (S.W.L.) below M.P.		
I. High rate pumping reservoir drawdown  Time pump started 10:00  Total time 15 min to reach pumping	Pumping rate 15 water level 40	ft. below M.P.

## II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill <b>T</b> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	15 1	4 See		15 6PM
			Test Stanted	
10:15	40 H @	6 Sec		10 6PM
10:30	40 A	6 Sec		10 Gm
10:45	40 A	6 Sa		10 6Pm
11:00	40 11	6 81		10 11
11:15	40 "	6 11		10 "
11:30	40 "	6 11		10 11
11:45	40 FF	6 Sec		10 6Pm
12:00	+0 # CO	b Sec		10 GPM
12:15	40 4	6 Sec		10 GPM
12:30	40 11	6 //	•	10 11
12:45	40 11	6 1		16 4
1:00	-10H	b Sec		10 GPM
1:15	40 H	6 Sec		10 GPM
				<b>国际影響等</b> 表现
THE RESERVE				
	THE PERSON			
27	Basile 12 Fi			H TO THE WAR THE
				1 66 80 70 08

#### 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: Togles Will Tilling IIC Telephone #: 443-609-4195  Address: P.C. 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): Aller Complete 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: TON BOTHERS Telephone #: 410.320 -0223 Subdivision: Hopkins Chare Lot #: 5 Well Tag #: HO-94-4014 Site Address: 13910 Ryon DR
Submersible Pump Data  Make: Submersible Pump
Piping to house Type: ["Brick foldings   House Connection   PVC sleeve to undisturbed soil at wall penetration: 455   PVC sleeve to undisturbed soil at wall penetration: 455   Length of sleeve(5' minimum from foundation): 5   Sleeve sealed properly: 455
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:  Date Insp. Requested:  Date Insp. Approved:  Date Insp. Approved:

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH WELL & SEPTIC PROGRAM

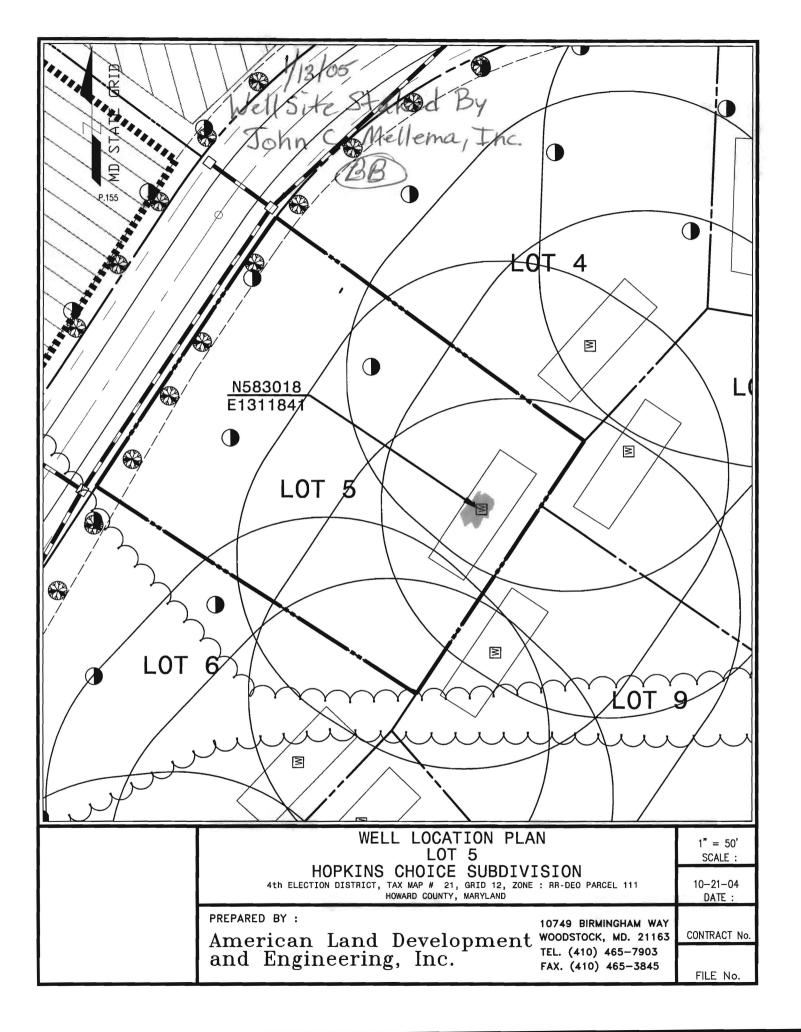
TEL: (410)313-1771 FAX: (410)313-2648

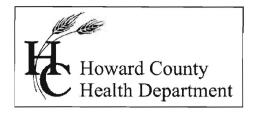
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inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval. gles Well Trilling IIC. Telephone #: 443-609-4195 2. 30x 303 2000 Dec. 100d 20197 Company Name: Address: Licensed Well Driller (Must circle one) Licensed Plumber Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): Allen Complen License# MSDCC 7 \*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: TON Stothers Telephone #: 410.320 Subdivision: HOOKINS CONTE Lot#: 5 Well Tag #: HO - 94 - 4074 Site Address: 13910 EYON DR 21737 CHEMELO Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make: Crurd fos Make: Comoto Two piece watertight cap: 475 Model #: 15SGE.10 -180 Screened, vented well cap: 105 Model#: -Depth: 36 (36" min) Pump Capacity 15 **GPM** Cap secured to casing: 475 **GPM** NSF/WSC approved: VES Conduit min 18" B.G.: 405 LD. Well Yield: Depth of well encountered at time of pump installation: 150 (feet) Conduit secured to well cap: 465 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 1/2 **House Connection** Piping to house Type: ("BKK Polifipe PVC sleeve to undisturbed soil at wall penetration: 485 PSI: <u>it-1 (160 psi min)</u>
Depth of supply line: <u>42"</u> (36" min) Length of sleeve(5' minimum from foundation): 5 Sleeve sealed properly: UCS 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. Milla Conso Signature of company representative responsible for installation For Health Department Use Only - Not to be completed by Installer Date Insp. Requested: Date Insp. Approved: Inspector: 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





7178 Columbia Gateway Drive, Columbia Maryland 21046 (410) 313-1771 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

May 20, 2011

Homeowner 13917Ryon Drive Glenelg, MD 21737

RE: 13917Ryon Drive

Glenelg, MD 21737 BP #: B10002532

Well Permit # HO-94-4074

Dear Sir/Madam:

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 05/20/2011. Final approval of the well line connection to the dwelling was approved on 02/16/2011.

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.

#### 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-94-4074 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:

05/12/2011

Date of Well Completion:

02/24/2005

Approving Authority,

Brian Baker, R.S.

Environmental Sanitarian Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File

## BOUNDAUN VALBUBY ANALYM CAUT PABORATIORY INC

1413 Old Teneytown Rd. Westmisser Will (410) 848-1014 (410) 876-4554. TAX (410) 848-0298

### REPORT OF ANALYSIS

Laboratory ID #:

79459

Toll Brothers Lot 5

Reference: Location:

13917 Ryon Drive

Glenelg, MD 21737

Date/ Time Collected: 5/12/2011

Date/Time Rec'd: Chlorine ppm:

Collected By:

5/12/2011 Free: ND J. Fogle 1140 Total: ND

1974JF

0850

Account #:

Company:

Fogle's Well Drilling

Requested By: Dave Fogle

1930

Well Water

Site: Treatment:

Source:

Laundry Room Sink

Treatment: None pH: 5.7

. Well #:

HO-94-4074

Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<b>*************************************</b>	SM18 9223	5/13/2011 / 0945 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/13/2011 / 0945 / CCH
Nitrato	7.15	mg/L	10	601	5/13/2011 / 0930 / BCD
Turbidity	2.05	NTU	<10	\$M18 2130B	5/12/2011 / 1530 / KME
Sand	NS	mg/L	5	Visual/Gravimetrio	5/12/2011 / 1530 / 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
- 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 #:

B10002532

Date Reported:

5/13/2011