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NUMBER OF UNSUCCESSFUL WELLS: NUMBER OF UNSUCCESSFUL WELLS: DEPTH (nearest ft.)	35
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WELL HYDROFRACTURED Y N A 8 9 11 15 17 21 + and enter casing the second and sealed and sealed second and secon	te boy
A A WELL WAS ABANDONED AND SEALED S	
	(nearest
WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED R 38 39 41 45 47 51 49 50 5	_ foot)
F SLOT SIZE 1 2 3 LOCATION OF WELL ON LOT IN SHOW PERMANENT STRUCTURE	SUCH AS
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) FOR SCREEN INCH) DIAMETER (NEAREST INCH) FOR SCREEN INCH) THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
DRILLERS LIC. NO: 1 M SD H GRAVEL PACK IF WELL DRILLED)
DRILLERS SIGNATURE : WAS FLOWING WELL INSERT F IN BOX 68 68	100
(MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.1	* Cinc
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE TELESCOPE NUMBER DATA	
DENV-CR00 COUNTY COUNTY	

B 1 8989 SEQUENCE NO.	STATE OF	MARYLAND		STATE PERMIT NUMBER
MDE USE ONLY)	PERMIT TO	DRILL WELL	- h	0-94-4112
a la	Kal Kup ase pr	int or type	70	fill in this form completely 79
Date Received (APA)	00,00	B 3		V OF WELL
11/09/09 OWNER INFORM	ATION	1000000	wand	
8 MM DD YY / 13		8 COUNTY	110	21
15 Last Name Owner F	First Name 34	23 SUBDIVISION	ins (Thoi	42
1 6300 Woodsine C+	Suite A.	SECTION L	1 101/2	8
36 Street or RFD	55	44 4	6 48	50
01417011	21046	GLEN		
57 Town 70 State 72 DRILLER INFORMATION	Zip 76	52 NEAREST TOV	VN	71
Aut a dealer	CD 1/2	MILES FROM TOWN	(enter 0 if in town	73 76 77 78
Driller's Name 76	License No. 81	B 4		
KAUL E. MAVAE FU	e ,	1 2 DIRECTION OF WELL FROM	1 /	you on.
Firm Name	The BANK WAY	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11	NEAR WHAT ROAD 30
10024 HARDY Rd. MY Arry.	MO SIDDI	N N N N N N N N N N N N N N N N N N N		IICH SIDE OF ROAD
Address	10-10-04	1 8-9	(CIRCL	E APPROPRIATE BOX)
Signature	Date	TOWN TOWN		34 325 37 SOUTH
B 2 WELL INFORMATION	5	1 X .	8	DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8	12	SW L SE		ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED	500	8-9 8-9	TAX MAP:	21 BLK: 12 PARCEL)//
(GAL. PER DAY) 14 USE FOR WATER (CIRCLE APPR	OPRIATE BOX)	NO.	T TO BE FILL	ED IN BY DRILLER
				MENT APPROVAL
D POMESTIC POTABLE SUPPLY & RESIDENTIAL	4L	Howard	ļ	A517937
FARMING (LIVESTOCK WATERING & AGRICU	ILTURAL	COUNTY NAME		COUNTY NO.
IRRIGATION 22 I INDUSTRIAL, COMMERICIAL, DEWATERING		STATE SIGNATURE		NSERT S
THOOGHTIME, COMMENTONE, BEATTER INTO		DATE ISSUED	- 14	the sholar
P PUBLIC WATER SUPPLY WELL		43 MM DD YY	48 CO SIG	NATURE EXP. DATE
T TEST, OBSERVATION, MONITORING		NORTH 523	000 E	AST 799 000
G GEO-THERMAL		50	55	57 63
/55		SHOW MAJOR FEAT		
APPROXIMATE DEPTH OF WELL	FEET	BOX & LOCATE WEI WITH AN X		
APPROXIMATE DIAMETER OF WELL	NEAREST	SOURCES OF DRILL	ING WATER	
APPROXIMATE DIAMETER OF WELL	INCH	1. Well		
METHOD OF DRILLING (cir	rcle one)	3.		
BORED (or Augered) JETTED	Jetted & DRIVEN			
3	TARY (Hydraulic Rotary)	WRITE THE BOX NU		(A)
REVerse-ROTary	DRive-POINT	FROM THE MAP HE	RE DOG	3
otherOCCUPANT OO DEEDENI	TO WELLO	E 8	00197	
REPLACEMENT OR DEEPENE (CIRCLE APPROPRIATE BO				000 000
THIS WELL WILL NOT REPLACE AN EXISTING	WELL	N	5373	
THIS WELL WILL REPLACE A WELL THAT WIL ABANDONED AND SEALED	L BE	DRAW A SKETCH B		OCATION OF WELL IN
THE WELL WILL BERLAGE A WELL THAT WIL	L BE USED	DISTANCE FROM W		
39 S AS STANDBY-CONTACT LOCAL APPROVING FOR POLICY ON STANDBY WELLS	AUTHORITY			
THIS WELL WILL DEEPEN AN EXISTING WELL		50 ^w	cti	well
PERMIT NUMBER OF WELL TO BE REPLACED OR D		N oftenson		8
(IF AVAILABLE) 41	52	UK, to		1325
Not to be filled in by driller (MDE OR COU	INTY USE ONLY)	1 /_		
APPROP. PERMIT NUMBER #2222	49011/011	# 3 Max (Ryon	- on.
1/0	CH HAZ			
PERMIT No. 70 71 72 7	94-4112			
SPECIAL CONDITIONS	0 14 10 10 11 10 19		TO A	
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =				₩ **

② COUNTY

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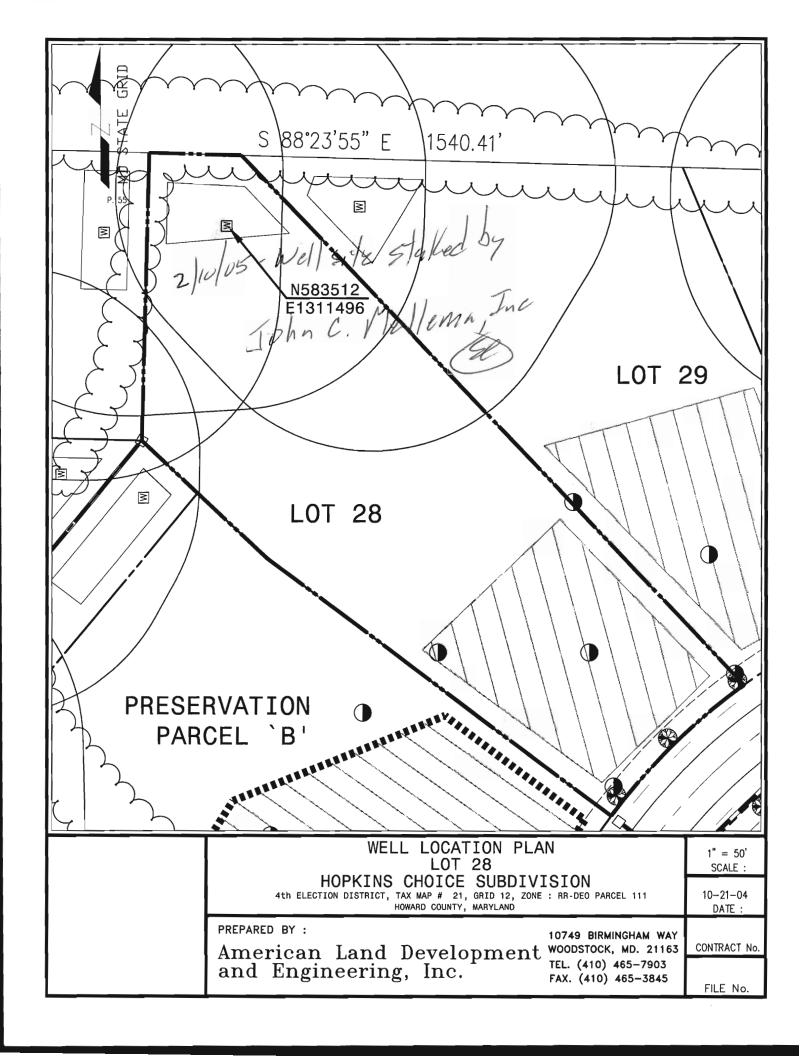
FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

9/22/05 KN

Well Permit No. HO - 94-4112	K	4
Location of property (road) Ryo	5 Prive	
Subdivision Hopkins Choice	Lot 28 Block Pla	sec.
Well Driller Kulph Mayne	Owner Thompson U.	Sn. Idas
Depth of well Distance of measuring point (M.P. Static water level (S.W.L.) below) above ground 2 PL M.P. /2	
I. High rate pumping reservoir draw	down	
Time pump started1/.30	Pumping rate 15	6Pm
Total time 15 min to reach pum	ping water level 15 ft.	below M.P.

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

BTVD (1 15	T Manne	r munt	Drive	DAME	BLOW MEMER DESPIE	I CATOUTS	MED ELOC
TIME (in 15		LEVEL	PUMPING		FLOW METER READING		TED FLOW
minute in-	below	M.P.		fill	(if used)	(gallon	
tervals			gallon			minute	
11:30	12	FF	4	Sec		15	GM
					TOST Stanted		
11:45	15	·fe	4	Sec		15	GBM
12:00	15	pe	4	Sec		15	GAL
12:15	15	fe	4	Sec		15	6PM
12:30	15	11	4	1,		15	',
12:45	15	11	4	1,		15	1,
1100	15	11	4	"		15	"
1:15	15	p	4	Sec		15	GPM
1:30	15	pe	4	Sec		15	am
1:45	15	ple	4	Sec		15	Gen
2:00	15	11	4	"		15	4,
2:15	15	11	4	11		15	l,
2:30	15	H	4	SEC		15	6PM
2:30	15	K	4	Sec		15	GPM
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				V. Carlo			
			No. of the last of				
			.2	-			
		S. CAN					
		-				-	



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: Focies Well	1 Drillion Telephone #: 443 609-4195
Address: P.O.Box 202	
Woodbine	md ama
(Must circle one) Licensed Plumber	Licensed Well Driller Licensed Well Pump Installer
License # and name of individual respon-	
Name (Print): Allew Compt	License# MSDOO9
	he actual installation. Apprentices must be under the supervision of
	er, pump installer or well driller. Licenses may be subjected to field
	ay be reported to the appropriate licensing agency.
	Ha 201 1000
Name of Property Owner: 1011 BC	0+125 Telephone #: 410-320-0223
Subdivision: Clenela Esta	
Site Address: 13920 Ruon D	
Colenela mode	<u>17730</u>
Submersible Pump Data	Pitless Adapter Well Cap and Electric Conduit
Make: Crundles	Make: Complete Two piece watertight cap: Yes
Model #: 15508 -180	Model#: NIA Screened, vented well cap: 4e3
Pump Capacity 15 GPM	Depth: 36 (36" min) Cap secured to casing: 405
Well Yield: 40 GPM	NSF/WSC approved: VES Conduit min 18" B.G.: 425
	np installation: 160 (feet) Conduit secured to well cap: 465
	w water cut off switch is required by NSPC 1990 Section 17.8.4
	acceptable method used-Must circle one
Safety rope, if used, attached to brass i	rope adapter or other acceptable method <u>inside of well casing</u>
Piping to house	House Connection
Type: 1"BlackPlastic	PVC sleeve to undisturbed soil at wall penetration: 45
PSI: 160 (160 psi min)	Length of sleeve(5' minimum from foundation): 5'
Depth of supply line: 4/2 (36" min)	
Depth of supply line. 44 22 (50 mm)	Sieeve search property. 425
The water supply line is required to be	at least ten feet from the septic tank, pump chamber, sewage piping,
	ge reserve area. If this cannot be accomplished, contact this office fo
approval prior to installation	
aller como	12-15-10
Signature of company representative resp	consible for installation date
For Health Denay	tment Use Only - Not to be completed by Installer
XVI Medicii Depili	1 1
Date Insp. Requested:I	Date Insp. Approved: 12/14/10 Inspector
Inspection Data: Pitless adapter watertie	tht & water supply line at least 36" below grade
	d and attached to casing securely
	at least 18" below grade/attached to cap properly
Safety rope not outside	
	ed properly and casing 8" above finished grade
	ved adequately at house connection
* * *	ed helow nitless adanter



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

January 28, 2011

Homeowner 13920 Ryon Drive Glenelg, MD 21737

RE: 13920 Ryon Drive

Glenelg, MD 21737 BP#: B10001482

Well Permit # HO-94-4112

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 01/28/2011. Final approval of the well line connection to the dwelling was approved on 12/14/2010.

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-94-4112 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:

01/21/2011, & 01/26/2011

Date of Well Completion:

04/20/2005

Approving Authority, Brian Baker

Brian Baker, R.S.

Environmental Sanitarian

Well & Septic Program

cc:

Building Inspector's Office Community Health Services File

REPORT OF ANALYSIS

Laboratory ID #:

78268

Account #:

1930

Reference:

Toll Brothers Lot 28

Company:

Fogle's Well Drilling

Location:

13920 Ryon Drive

Requested Bv: Dave Fogle

Gleneig, MD 21737

Source:

Well Water

Date/ Time Collected: 1/21/2011

1250

Site:

Pressure Tank

Date/Time Rec'd: Chlorine ppm:

1/21/2011

1410 Total: ND

Treatment: pH:

None 5.9

Collected By:

Frce: ND J. Fogle

1974JF

Well #:

HO-94-4112

Basteria, Coliform, Total, MPN	7.5	MPN/ 100 ml	<1,0	SM18 9223	1/22/2011 / 1000 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	\$M18 9223	1/22/2011 / 1000 / KME
Nitrate	3.94	mg/L	10	601	1/21/2011 / 1500 / CCH
Turbidity	3.26	NTU	<10	\$M18 2130B	1/21/2011 / 1425 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	1/21/2011 / 1430 / 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 = Nonc 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
- Sample collected by client, analyzed as received
- pH & Chlorine level tested in lab

Reason for Test:

Use & Occupancy

Building Permit #:

B10001482

Date Reported:

1/24/2011

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 #:

78300

Account #:

Reference:

Toll Brothers Lot 28

Company:

Fogle's Well Drilling

Location:

13920 Ryon Drive

Requested By: Dave Fogle

Glenelg, MD 21737

Source:

Well Water

Date/ Time Collected: 1/26/2011

1454

Site:

Laundry Tub

Date/Time Rec'd:

1/26/2011

1600

Treatment:

None

Chlorine ppm:

Free: ND

Total: ND

pH:

5.5

Collected By:

J. Fogle

1974JF

Well #:

HO-94-4112

UNITS **PARAMETERS** RESULTS REFERENCE **METHOD** DATE/TIME/ANALYST Bacteria, Coliform, Total, MPN <1.0 MPN/ 100 ml <1.0 SM18 9223 1/27/2011 / 1010 / KME Bacteria, E. coli, MPN <1.0 MPN/ 100 ml <1.0 SM18 9223 1/27/2011 / 1010 / KME

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH & Chlorine level tested in lab

Reason for Test:

Use & Occupancy

Building Permit #:

B10001482

Date Reported:

1/27/2011

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 #:

78268

Reference:

Toll Brothers Lot 28

Account #: Company:

Fogle's Well Drilling

13920 Ryon Drive

Requested By: Dave Fogle

Location:

Glenelg, MD 21737

Source:

Well Water

Date/ Time Collected: 1/21/2011

1250

Site:

Pressure Tank

Date/Time Rec'd:

1410

Treatment:

None

1/21/2011 Free: ND

Total: ND

pH:

5.9

Chlorine ppm: Collected By:

J. Fogle

1974JF

Well #:

HO-94-4112

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	7.5	MPN/ 100 ml	<1.0	SM18 9223	1/22/2011 / 1000 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/22/2011 / 1000 / KME
Nitrate	3.94	mg/L	10	601	1/21/2011 / 1500 / CCH
Turbidity	3.26	NTU	<10	SM18 2130B	1/21/2011 / 1425 / KME
Sand	NS	mg/L	5	Visual/Gravimetri	c 1/21/2011 / 1430 / KME

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample. 2
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- NTU = Nephelometric Turbidity Units 4
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND:None Detected
- Sample collected by client, analyzed as received 7
- pH & Chlorine level tested in lab

Reason for Test:

Use & Occupancy

Building Permit #:

B10001482

Date Reported:

1/24/2011