

1 2 3 6
6415
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.
COUNTY NUMBER
DATE RECEIVED
DATE WELL COMPLETED
Depth of Well
OWNER
STREET OR RFD
SUBDIVISION
SECTION
LOT
WELL LOG
GROUTING RECORD
PUMPING TEST
PUMP INSTALLED
LOCATION OF WELL ON LOT

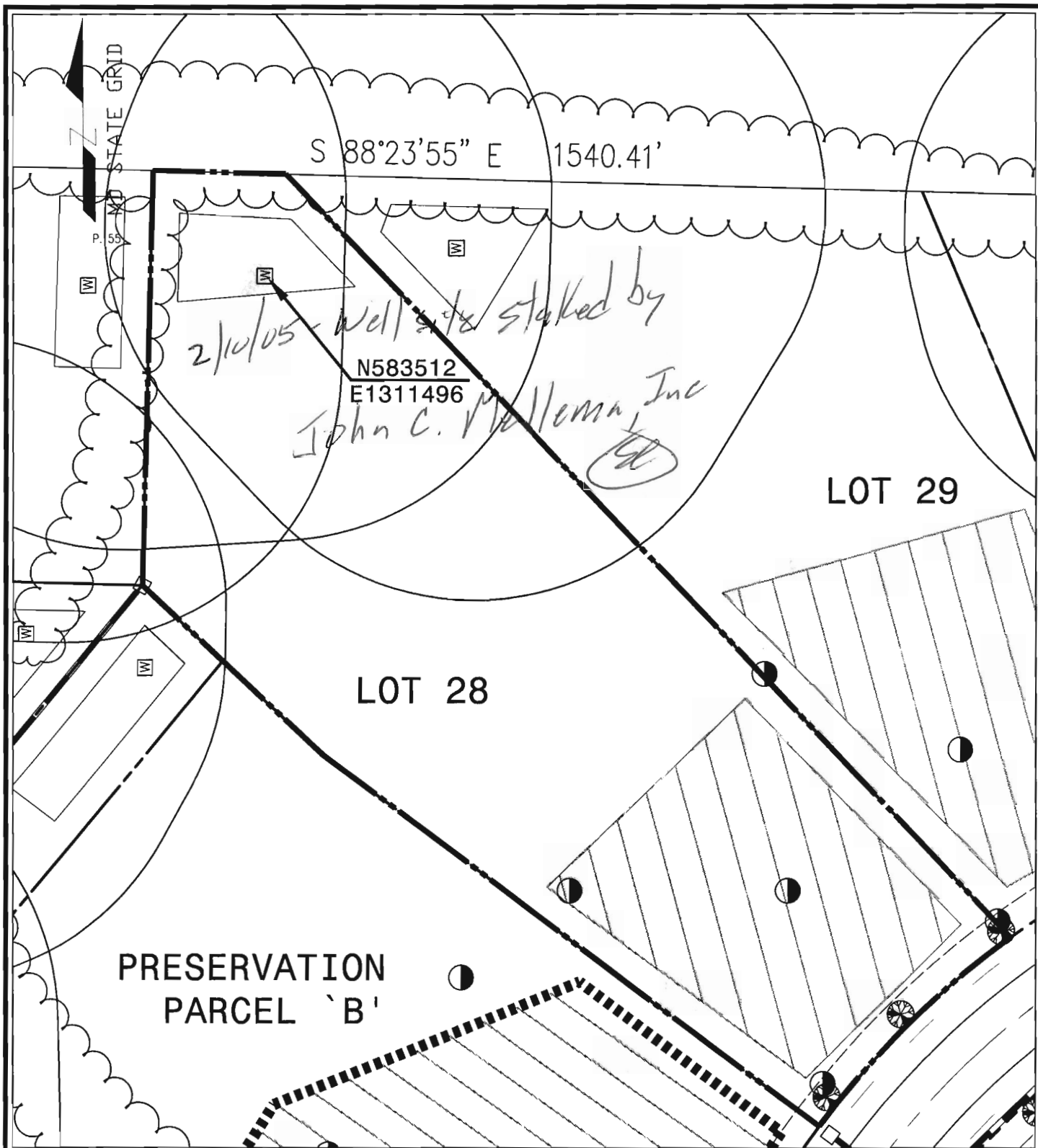
B 1	8989	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>WS21562</i> please print or type	STATE PERMIT NUMBER <i>HO-94-4112</i> fill in this form completely
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>Date Received (APA) <i>11/04/04</i></p> <p>8 MM DD YY 13</p> <p>15 <u>Thompson Builders Inc</u> Owner First Name 34</p> <p>36 <u>6300 Woodside Ct Suite A</u> Street or RFD 55</p> <p>57 <u>Columbia MD 21046</u> Town 70 State 72 Zip 76</p> <p>OWNER INFORMATION</p> <p>Driller's Name <u>Ralph E Mayne</u> M S D 117 License No. 81</p> <p>Firm Name <u>Ralph E. Mayne Inc</u></p> <p>Address <u>1024 Handy Rd. Mt Airy MD 21221</u></p> <p>Signature <u>Ralph E Mayne</u> Date <u>10-10-04</u></p> </div> <div style="width:50%;"> <p>B 3 LOCATION OF WELL</p> <p>8 COUNTY <u>Howard</u> 21</p> <p>23 SUBDIVISION <u>HOPKINS CHOICE</u> 42</p> <p>SECTION <u>44</u> LOT <u>28</u> 46 48 50</p> <p>52 NEAREST TOWN <u>GLENELG</u> 71</p> <p>MILES FROM TOWN (enter 0 if in town) <u>I</u> M 1 73 76 77 78</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>DRILLER INFORMATION</p> <p>Driller's Name <u>Ralph E Mayne</u> M S D 117 License No. 81</p> <p>Firm Name <u>Ralph E. Mayne Inc</u></p> <p>Address <u>1024 Handy Rd. Mt Airy MD 21221</u></p> <p>Signature <u>Ralph E Mayne</u> Date <u>10-10-04</u></p> </div> <div style="width:50%;"> <p>B 4</p> <p>1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>11 <u>Ryon Dr.</u> 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>34 <u>305</u> 37</p> <p>DISTANCE FROM ROAD ENTER FT OR MI <u>38</u> 39</p> <p>TAX MAP: <u>21</u> BLK: <u>12</u> PARCEL <u>111</u></p> </div> </div>				
<p>WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20</p>				
<p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="radio"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="radio"/> TEST, OBSERVATION, MONITORING</p> <p><input type="radio"/> GEO-THERMAL</p>				
<p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>COUNTY NAME <u>Howard</u> COUNTY NO. <u>A517937</u></p> <p>STATE SIGNATURE <u>[Signature]</u> INSERT S →</p> <p>DATE ISSUED <u>2/10/05</u> CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>2/10/06</u></p> <p>43 MM DD YY 48 NORTH GRID <u>523 000</u> EAST GRID <u>799 000</u> 50 55 57 63</p>				
<p>APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH</p>				
<p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u>ROTARY (Hydraulic Rotary)</u> Jetted & DRIVEN</p> <p>AIR-PERCussion <u>REVERSE-ROTARY</u> DRIVE-POINT</p> <p>CABLE other</p>				
<p>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><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</p> <p><input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52</p>				
<p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROX. PERMIT NUMBER <u>HO 2004 G011(01)</u></p> <p>PERMIT No. <u>HO-94-4112</u> 70 71 72 73 74 75 76 77 78 79</p>				
<p>SPECIAL CONDITIONS</p> <p>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</p> <div style="text-align: center;"> <p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. <u>well</u></p> <p>2.</p> <p>3.</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>800799</u></p> <p>N <u>5233</u></p> <p>000 000</p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> </div>				

9/22/05
KN

Depth of well 160
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 12

Time pump started 11:30 Pumping rate 15 Gpm
Total time 15 min to reach pumping water level 15 ft. below M.P.

[illegible]



WELL LOCATION PLAN
 LOT 28

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.

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 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: Toll Brothers Telephone #: 410-320-0223
Subdivision: Glenela Estates Lot #: 28 Well Tag #: HO-94-4112
Site Address: 13920 Ryan Dr.
Glenela, md 21737

Submersible Pump Data

Make: Grundfos
Model #: 1550E-180
Pump Capacity: 15 GPM
Well Yield: 40 GPM

Pitless Adapter

Make: Camco
Model#: NA
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 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: Allen Compton

12-15-10
date

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

Date Insp. Requested: _____ Date Insp. Approved: 12/14/10 Inspector: RR

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

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, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneystown Rd. Westminster, MD 21157 (410) 848-1013 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	78268	Account #:	1930
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:	1/21/2011 1250	Site:	Pressure Tank
Date/Time Rec'd:	1/21/2011 1410	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.9
Collected By:	J. Fogle 1974JF	Well #:	HO-94-4112

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYZED
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/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 = 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 # : 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 #:	1930
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

PARAMETERS	RESULTS	UNITS	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

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- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
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- 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 Account #: 1930
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: 1/21/2011 1250 Site: Pressure Tank
Date/Time Rec'd: 1/21/2011 1410 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Fogle 1974JF Well #: HO-94-4112

PARAMETERS	RESULTS	UNITS	REFERENCE	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/Gravimetric	1/21/2011 / 1430 / KME

NOTES

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- 7 Sample collected by client, analyzed as received
- 8 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy**Building Permit # :** B10001482Date Reported: 1/24/2011