

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 28, 2012

October 28, 2011

Homeowner  
13925 Ryon Drive  
Glenelg, MD 21237

RE: **Hopkins Choice, Lot 7**  
**13925 Ryon Drive**  
**Building Permit: B11000232**  
**Well Permit: HO-94-4076**

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 09/29/2011. Final approval of the well line connection to the dwelling was granted on 09/29/2011. The well construction was completed on 03/08/2005. Water samples were collected on 10/25/2011, and 10/27/2011.

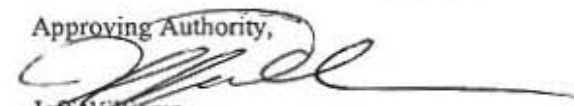
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-94-4076. 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,

  
Jeff Williams  
Sanitarian Supervisor  
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 #:	81940	Account #:	1930
Reference:	Toll Brothers Lot 7	Company:	Fogle's Well Drilling
Location:	13925 Ryon Drive	Requested By:	Dave Fogle
	Glenelg, MD 21737	Source:	Well Water
Date/ Time Collected:	10/27/2011 1400	Site:	Laundry Tub
Date/Time Rec'd:	10/27/2011 1600	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.3
Collected By:	J. Fogle 1974JF	Well #:	HO-94-4076

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/28/2011 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/28/2011 / 1030 / CCH

**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; N/A: Not Available
- 4 Sample collected by client, analyzed as received
- 5 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : B11000252

Date Reported: 10/28/2011

MD State Certification # 133

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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**REPORT OF ANALYSIS**

Laboratory ID #: 81876 Account #: 1931  
Reference: Toll Brothers Lot 7 Company: Fogles Septic  
Location: 13925 Ryon Drive Requested By: Kim Fogle  
Glenelg, MD 21737 Source: Well Water  
Date/ Time Collected: 10/25/2011 1122 Site: Laundry  
Date/Time Rec'd: 10/25/2011 1312 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: K.Cassell 7238KC Well #: HO-94-4076

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	10/26/2011 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/26/2011 / 0815 / CCH
Nitrate	7.29	mg/L	10	601	10/26/2011 / 1315 / CCH
Turbidity	0.84	NTU	<10	SM18 2130B	10/26/2011 / 0815 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	10/26/2011 / 0815 / 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 # : B11000252

Date Reported: 10/26/2011

MD State Certification # 133

LICENSED - BONDED - INSURED



MHIC # 129910

# ***BENT PALM***

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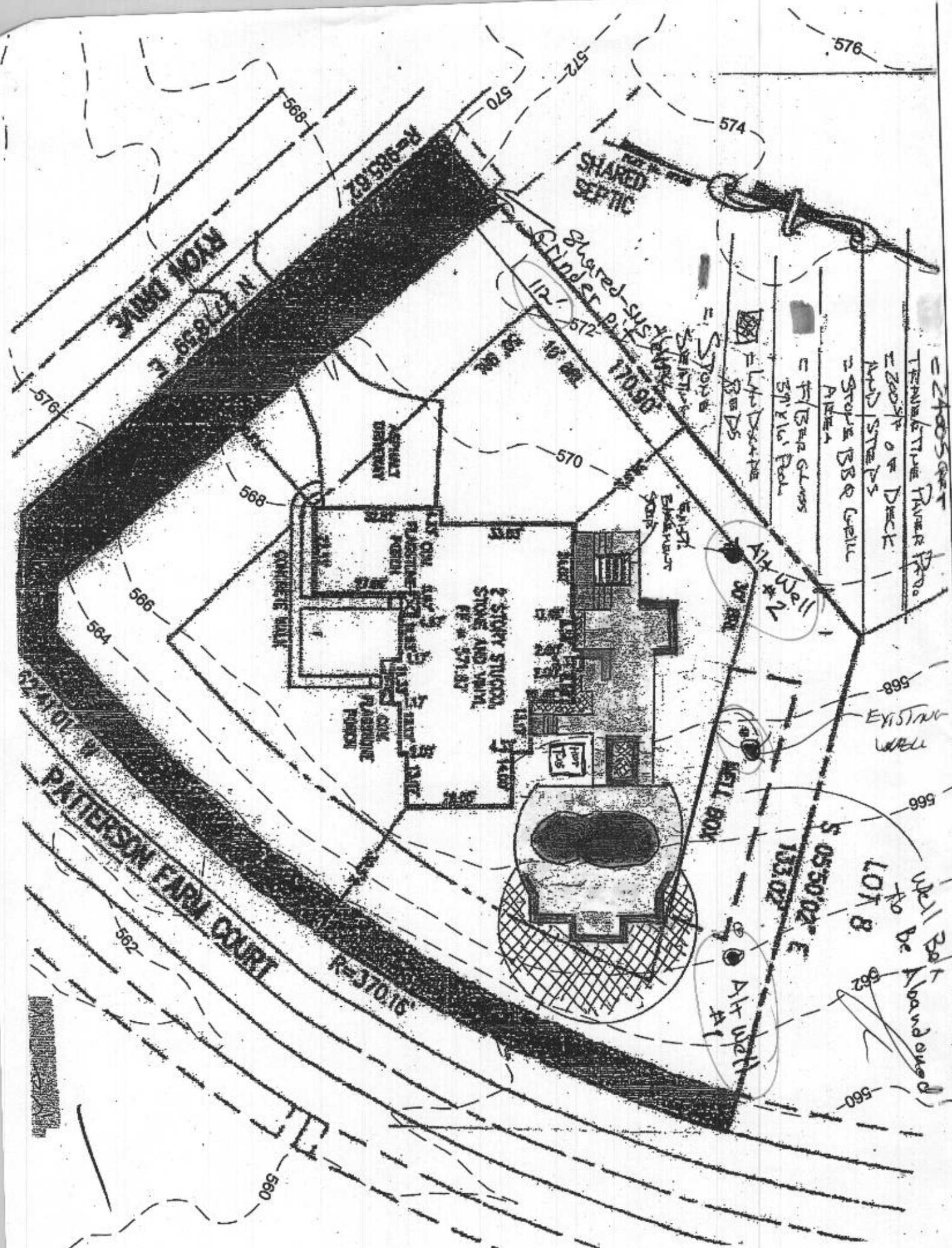
ELDORADO



STONE



**ARMADILLO**



# **NOTES**

1. ALL EXISTING WELLS ON THE SUBJECT PROPERTY AND WITHIN 100 FEET OF SUBJECT PROPERTY BOUNDARIES ARE REPRESENTED TO THE BEST OF MY KNOWLEDGE AND BELIEF.
2. THE EXISTING WELL ON THE SUBJECT PROPERTY (HO-94-4076) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.
3. TOPOGRAPHY ON THIS PLAT IS FROM THE APPROVED PERCOLATION CERTIFICATION PLAN FOR HOPKINS CHOICE SUBDIVISION AND IS VERIFIED TO ACCURATELY REPRESENT THE RELATIVE ELEVATION CHANGES ON AND NEAR THE SUBJECT PROPERTY.
4. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT.
5. THE PURPOSE FOR THIS PERCOLATION CERTIFICATION PLAN IS TO ABANDON THE EXISTING WELLBOX AND CONFIGURE TWO ALTERNATE WELL LOCATIONS TO ACCOMMODATE A PROPOSED INGROUND POOL.

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON WORK PERFORMED IN MY PRESENCE OR BY MY DIRECTION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Mr. Deese 6/16/15  
(SIGNATURE) OWNER (DATE)

APPROVED FOR PRIVATE WATER AND PRIVATE (SHARED) SEWERAGE SYSTEMS  
HOWARD COUNTY HEALTH DEPARTMENT

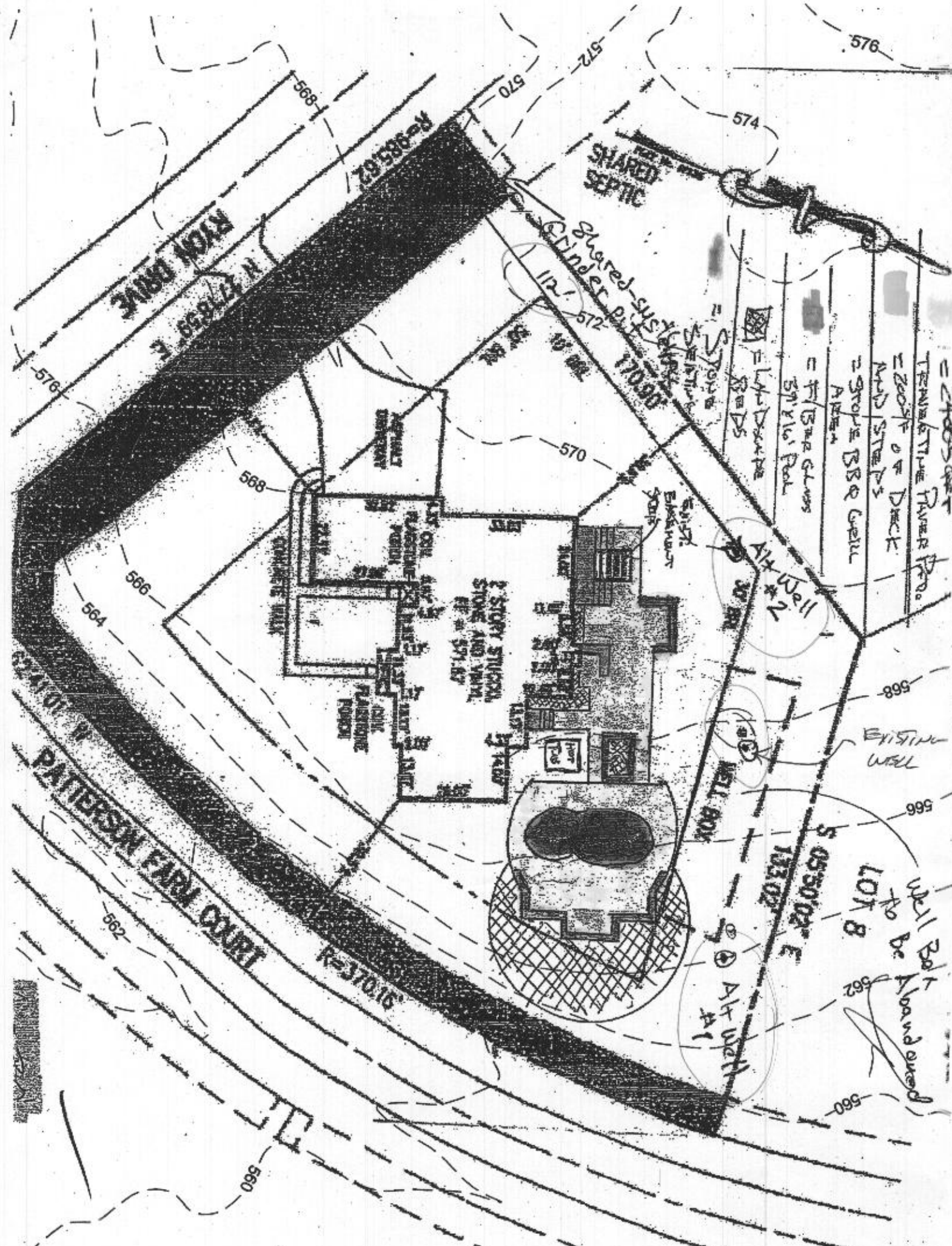
B. Wilson for Maureen Rossman 6/24/2015  
(SIGNATURE) (DATE)

TITLE: (FOR EXAMPLE): PERCOLATION CERTIFICATION PLAN, "13925 RYON DRIVE"

OWNER: FREDERICK DEESE

## **LEGEND**

- TRAVERTINE PAVER PATIO
- DECK AND STEPS
- BBQ GRILL AREA
- LANDSCAPE BEDS
- STONE SEATING WALL
- 39' X 16' INGROUND POOL



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Mr Deen 6/16/15  
(SIGNATURE) OWNER (DATE)

APPROVED FOR PRIVATE WATER AND PRIVATE (SHARED) SEWERAGE SYSTEMS  
HOWARD COUNTY HEALTH DEPARTMENT

B. Wilson for Maura Rossman 6/24/2015  
(SIGNATURE) SW RB (DATE)

TITLE: (FOR EXAMPLE): PERCOLATION CERTIFICATION PLAN, "13925 RYON DRIVE"

OWNER: FREDERICK DEESE

**LEGEND**

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