

C1 0791 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 513567M

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 09 09 03 Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 11/7/03 OK SRK H0-94-3726

OWNER Northridge STREET OR RFD FOX STREAM WAY TOWN Glenelg SUBDIVISION FOX MEADOW SECTION LOT 15 16

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 19 NO. OF POUNDS 1900

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE PL Nominal diameter 6 Total depth 78

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

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) screen type or open hole (H) (O)

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

DIAMETER OF SCREEN 56 (NEAREST INCH) 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

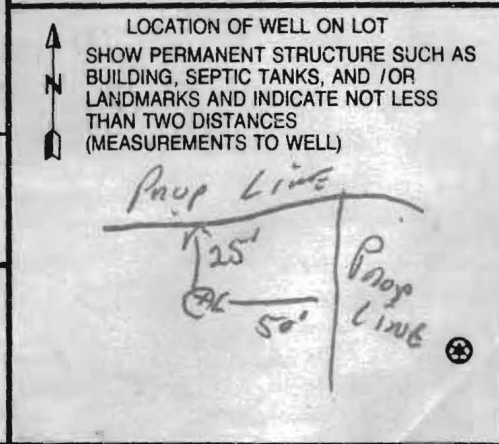
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 28 ft. WHEN PUMPING 25 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: 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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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. M SD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. M D

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

B 1 9159 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL 518603 please print or type

STATE PERMIT NUMBER Ho-94-3726 fill in this form completely

Date Received (APA) 04/22/03 OWNER INFORMATION nonM RIDGE Development LLC 14045 GARDEN DR. GLENWOOD MD. 21738

B 3 HOWARD LOCATION OF WELL COUNTY Fox MEADOW SUBDIVISION SECTION 44 LOT 1376 GLENELG NEAREST TOWN MILES FROM TOWN I MI

DRILLER INFORMATION RALPH E MAYNE MS D 117 RALPH E. MAYNE WELL DRILLING 17024 HARRY RD. MT AIRY MD. 21777

B 4 11 Fox Stream way NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 30 ENTER FT OR MI TAX MAP: 15 BLK: 19 PARCEL 167

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 1500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 513507M COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 07/10/03 Steven R. Kuey 7/10/04

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. Casing 78 3. Aquifer 307 WRITE THE BOX NUMBER FROM THE MAP HERE E 803 N 530

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRIVE-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OLD Roven Rd Fox Stream way 130' well

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER PERMIT No. Ho-94-3726

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3726
 Location of property (road) FOX STREAM WAY
 Subdivision Fox Meadow Lot 13 Block Plat Sec.
 Well Driller R. Mayne Owner NORTH RIDGE

Depth of well 240
 Distance of measuring point (M.P.) above ground 116 2 ft
 Static water level (S.W.L.) below M.P. 28 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 85 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>I</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	28 <u>A</u>	5 Sec		12 GPM
			TEST STARTED	
8:45	85 <u>A</u>	15 Sec		4 GPM
9:00	85 <u>A</u>	15 Sec		4 GPM
9:15	85 <u>A</u>	15 Sec		4 GPM
9:30	85 <u>"</u>	15 <u>"</u>		4 <u>"</u>
9:45	85 <u>"</u>	15 <u>"</u>		4 <u>"</u>
10:00	85 <u>"</u>	15 <u>"</u>		4 <u>"</u>
10:15	85 <u>A</u>	15 Sec		4 GPM
10:30	85 <u>A</u>	15 Sec		4 GPM
10:45	85 <u>A</u>	15 Sec		4 GPM
11:00	85 <u>"</u>	15 <u>"</u>		4 <u>"</u>
11:15	85 <u>"</u>	15 <u>"</u>		4 <u>"</u>
11:30	85 <u>A</u>	15 Sec		4 GPM
11:45	85 <u>A</u>	15 Sec		4 GPM

Feb 27 04 11:03a

HO CO ENV HEALTH

14103132648

Faxed

8/14/06
P.1

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: NATIONAL WATER Servicing Corp Telephone #: 301-854-1333
Address: PO BOX 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI 0145

*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: Selledge Builders Telephone #: 410-531-8958
Subdivision: FOX MEADOW Lot #: 16 Well Tag #: HO-94-3726
Site Address: 13606 Fox Stream Way
W. FRIENDSHIP

Submersible Pump Data

Make: Grundfos
Model #: 22 SQE15-220
Pump Capacity: 22 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: BJI
Model #: PA-100
Depth: 36 (36" min)
NSP/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 1 1/2" E.G.:
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 240 (feet)

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 Built-in Pump

Piping to house

Type: 1" PVC
PSI: 160 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 6
Sleeve caulked and 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

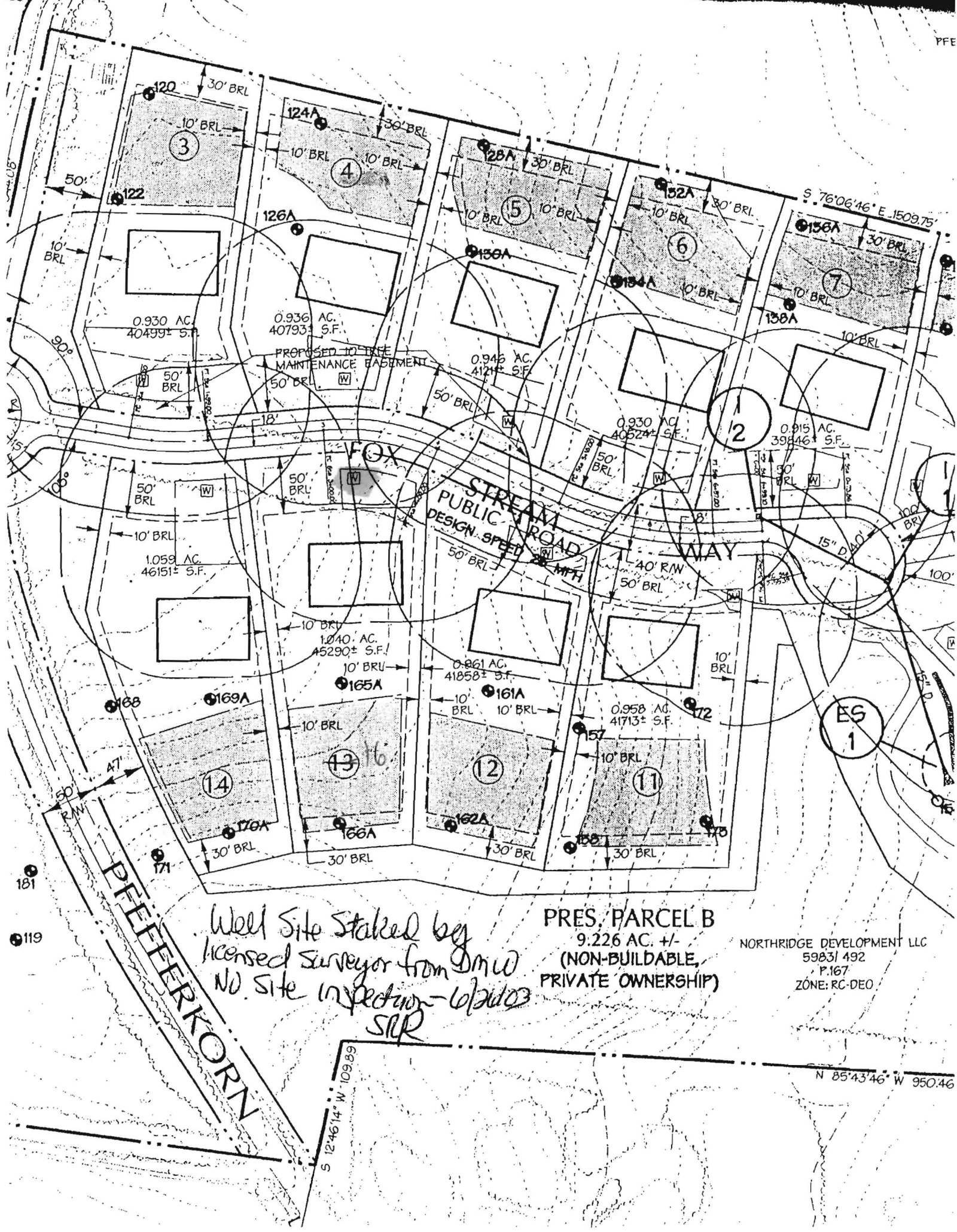
date

8/14/06

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

Date Insp. Requested: _____ Date Insp. Approved: 5/23/06 Inspector: [Signature]

- 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 property
- Safety rope not seen 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 Site Staked by
licensed surveyor from DMW
No site inspection - 6/20/03
SLR*

PRES. PARCEL B
9.226 AC. +/-
(NON-BUILDABLE,
PRIVATE OWNERSHIP)

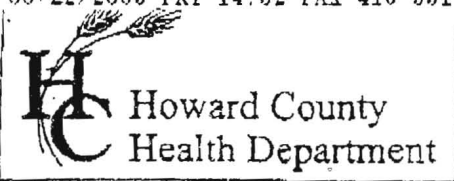
NORTHEDGE DEVELOPMENT LLC
59831 492
P.167
ZONE: RC-DEO

119

181

N 85°43'46" W 950.46

S 12°46'14" W 109.89



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

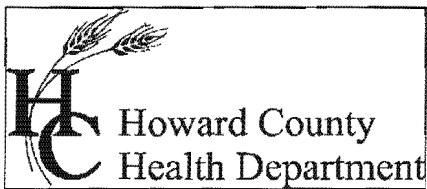
When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by DAFT-McCUNE-WALKER on 8/27/03 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

6/16
KN

~~5/1 6/2~~



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

January 25, 2007

James Selfridge Builders
14045 Gared Drive
Glenwood, MD 21738

SENT VIA FACSIMILE 410-531-8939

RE: Fox Meadow, Lot 16
13606 Fox Stream Way
West Friendship, MD 21794
BP #: B00154864
Well Permit # HO-94-3726

Dear Sir:

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 05/16/2006. Final approval of the well line connection to the dwelling was approved on 05/23/2006.**

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-94-3726. 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: 11/30/2006
Date of Well Completion: 09/09/2003

Approving Authority

Brian Baker
Brian Baker, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



Requester:
Selfridge Builders
14045 Gared Drive
Glenwood, Maryland 21738

S/O Number: 60998
Report Date: December 1, 2006

TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

Property Sampled: 13606 Fox Stream Way

County: Howard
Subdivision: Fox Meadow
Lot #: 15
Building Permit #: B00154864
Tax Map #: 15
Parcel #: 167

Date/Time Collected: November 30, 2006 at 10:45 am
Date/Time Received: November 30, 2006 at 2:25 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3726
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	8.7 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

2006 DE - 6 PM 4:41