

B 1 2217 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
 APPLICATION FOR PERMIT TO DRILL WELL please type 519576 HO - 94 - 3803
 fill in this form completely

Date Received (APA) 09 16 03
 8 MM DD YY 13
 OWNER INFORMATION
 Foxtail Run LLC
 15 Last Name Owner First Name 34
 P.O. Box 417
 36 Street or RFD 55
 Ellicott City Md 21041
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Foxtail Run 42
 SECTION 44 46 LOT 1 50
 Glenwood
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 1/2 M 73 76 77 78

DRILLER INFORMATION
 Joseph L. Mayne M SD 024
 Driller's Name 76 License No. 81
 Joseph L. Mayne Well Drilling
 Firm Name
 5512 Ridge Rd Mt. Airy Md 21911
 Address
 Joseph L. Mayne 9-12-03
 Signature Date

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 Grayfox Run 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH NORTH
 WEST WEST EAST EAST
 SOUTH SOUTH
 34 130 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 22 BLK: _____ PARCEL 2

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE 4
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD A515958
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE [Signature] INSERT S → 41
 DATE ISSUED 10/10/03 Kacie Noonan 10/2/04
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 524 0 0 0 EAST GRID 802 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 280 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 802
 N 524
 000
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 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 DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 Glenwood
 Grayfox Run
 well
 Burntwoods Rd
 N
 10/15/03 25
 10/15/03 25

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO - 94 - 3803
 70 71 72 73 74 75 76 77 78 79

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

HN BB

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3803
 Location of property (road) Near Burntwood & Ivory Road
 Subdivision Foxtail Run Lot 1 Block Plat Sec.
 Well Driller J. Maigne Owner Foxtail Run LLC

Depth of well 500
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 34'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm.
 Total time 45 min. to reach pumping water level 368 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	195	3 sec.	N/A	20 gpm.
7:30	299	4		15
7:45	368	5		12
8:00	360	40		1.5
8:15	358	32		1.8
8:30	355	32		1.8
8:45	355	27		2.2
9:00	354	27		2.2
9:15	354	27		2.2
9:30	353	27		2.2
9:45	353	27		2.2
10:00	352	27		2.2
10:15	352	27		2.2
10:30	351	27		2.2
10:45	351	27		2.2
11:00	351	27		2.2
11:15	350	27		2.2
11:30	350	27		2.2
11:45	350	27		2.2
12:00	350	27		2.2
12:15	350	27		2.2
12:30	350	27		2.2
12:45	350	27		2.2
1:00	350	27		2.2
HD-224 1:15	350	27		2.2
1:30	350	27		2.2
1:45	350	27		2.2

**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: _____ Telephone #: _____
Address: _____

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

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: Foxtail Run Lot #: 1 Well Tag #: HO-94-3803
Site Address: 13703 Grey Fox Run

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (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

Piping to house

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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: 11/8/05 Inspector: BB

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 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 _____

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-M Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Name of Installer CASSIC PLUMBING & HEATING, INC. Telephone 301 695 2924
PO BOX 1140
FREDERICK, MD 21702

License Number 7788 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Foxtail Run LLC Telephone 410 489 6030
Subdivision Foxtail Run Lot # 1 Well Tag # HO 97-3803
Site Address 13702 ~~6025~~ Foxtail Run

Pump

1. Type
 a. Deep well jet
 b. Shallow well jet
 c. Submersible

2. Make Goulds

3. Model # Gas 1022

4. Capacity 5.6 GPM

5. Pump exceeds well capacity Yes No

6. If Yes, is low pressure cutoff switch installed? Yes No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

1. Horsepower 1

2. RPM

3. Voltage
 a. 110
 b. 220

Pitless Adapter

1. Make Campbell

2. Model #

3. Depth 2'

Tank

1. Capacity Goulds 1100 72

2. Pressure relief valve? yes

Piping

1. Type PD 1/2" 160 psi

2. Size 1"

3. NSF and/or BOCA Code approved

4. Depth of supply line 30'

Well data

1. Depth 500 ft.

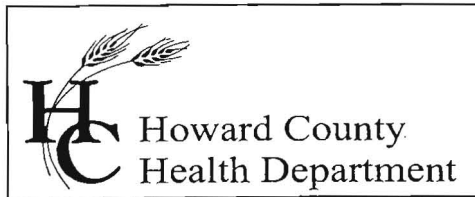
2. Yield 20 GPM

3. Static water level 34 ft.

4. Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
Signature of Applicant: Robert T. Kelley



Bureau of Environmental Health
7178 Columbia 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

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

December 7, 2006

James Ryan
Rylea Homes
P.O. Box 68
Glenwood, MD 21738

RE: Foxtail Run – Lot 1
13703 Greyfox Run
BP #: B00154964
Well Permit #: HO-94-3803

Dear Mr. Ryan and Homeowner:

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 January 10, 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-94-3803. 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 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.**

Date of Water Sample(s): December 4, 2006
Date of Well Completion: October 14, 2003

Approving Authority

Brian Baker
Brian Baker, R. S.
Well and Septic Program

cc: Building Inspector's Office
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 #:	61467	Account #:	3690
Reference:	Foxtail Lot 1	Company:	Rylca Homes
Location:	13703 Grey Fox Run Glenelg, MD 21737	Requested By:	Jim Ryan
Date/ Time Collected:	12/4/2006 1100	Source:	Well Water
Date/Time Rec'd:	12/4/2006 1326	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	J.Yeager 6176JY	pH:	6.4
		Well #:	HO-94-3803

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/5/2006 / 0825 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/5/2006 / 0825 / AD/BD
Nitrate	1.18	mg/L	10	601	12/5/2006 / 1100 / BCD
Turbidity	1.12	NTU	<10	SM18 2130B	12/5/2006 / 0815 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimetric	12/5/2006 / 0815 / AD/BD

NOTES

- 1 **Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00154964

Date Reported: 12/5/2006

change

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
1413 Old Pinesyawn Rd. Westminster, MD 21157-1014 Phone: 410-341-1555 Fax: 410-341-0028

REPORT OF ANALYSIS

Laboratory ID #: 61467 Account #: 3690
Reference: Foxtail Lot 1 Company: Rylea Homes
Location: 13703 Grey Fox Run Requested By: Jim Ryan
Glensig, MD 21737 Source: Well Water
Date/ Time Collected: 12/4/2006 1100 Site: Pressure Tank
Date/Time Rec'd: 12/4/2006 1326 Treatment: Sediment Filter**
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J.Yeager 6176JY Well #: HO-94-3803

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Sand	NS	mg/L	5	Visual/Gravimetric	12/5/2006 / 0815 / AD/BD

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- 9 pH tested on-site

Reason for Test : Use & Occupancy
Building Permit #: B00154964

Date Reported: 12/5/2006