

**DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.**

<b>C1</b> 3838	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <b>13A 515958</b>
ST/CO USE ONLY DATE Received MM DD YY 10 21 03	DATE WELL COMPLETED MM DD YY 10 16 03	Depth of Well 22 325' 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3804
OWNER Foxtail Run LLC	STREET OR RFD Foxtail Run	TOWN Glenwood	
SUBDIVISION Foxtail Run	SECTION	LOT 2	
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>	
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b>	
Red clay	0 19	NO. OF BAGS 20 NO. OF POUNDS 1800	
Sand	19 76	GALLONS OF WATER 120	
Gray Mica Rock	76 325	DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft.	
		CASING RECORD	
		casing types insert appropriate code below	
		<b>ST</b> <b>CO</b> STEEL CONCRETE	
		<b>PL</b> <b>OT</b> PLASTIC OTHER	
		MAIN CASING TYPE	
		Nominal diameter top (main) casing (nearest inch): 6	
		Total depth of main casing (nearest foot): 80	
		OTHER CASING (if used) diameter depth (feet)	
		inch from to	
		SCREEN RECORD	
		screen type or open hole insert appropriate code below	
		<b>ST</b> <b>BR</b> <b>HO</b> STEEL BRASS OPEN HOLE	
		<b>PL</b> <b>OT</b> PLASTIC OTHER	
NUMBER OF UNSUCCESSFUL WELLS: 0		<b>C2</b> DEPTH (nearest ft.)	
WELL HYDROFRACTURED <b>Y</b> <b>N</b>		1 2 HO 79 325	
CIRCLE APPROPRIATE LETTER		E 8 9 11 15 17 21	
<b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		A 23 24 26 30 32 36	
<b>E</b> ELECTRIC LOG OBTAINED		S 38 39 41 45 47 51	
<b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL		E 1 2 3	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN 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.		N DIAMETER OF SCREEN (NEAREST INCH) 56 60	
DRILLERS LIC. NO. 1 M SD 024		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	
LIC. NO. 1 D		70 72 74 75 76	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING LOG INDICATOR OTHER DATA	
		<b>C3</b> PUMPING TEST	
		HOURS PUMPED (nearest hour) 3	
		PUMPING RATE (gal. per min.) 8.5	
		METHOD USED TO MEASURE PUMPING RATE Bucket	
		WATER LEVEL (distance from land surface)	
		BEFORE PUMPING 12 ft.	
		WHEN PUMPING 133 ft.	
		TYPE OF PUMP USED (for test)	
		<b>A</b> air <b>P</b> piston <b>T</b> turbine	
		<b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below)	
		<b>J</b> jet <b>S</b> submersible	
		PUMP INSTALLED	
		DRILLER INSTALLED PUMP YES NO	
		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
		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)	
		<b>+</b> above LAND SURFACE	
		<b>-</b> below (nearest foot) 1	
		LOCATION OF WELL ON LOT	
		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	

B 1 2218  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
519576 please type

STATE PERMIT NUMBER  
HD-94-3804  
70 fill in this form completely 79

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

B 3 LOCATION OF WELL  
8 COUNTY Howard  
23 SUBDIVISION Foxtail Run  
SECTION 44 46 LOT 48 50 2  
52 NEAREST TOWN Glenwood  
MILES FROM TOWN (enter 0 if in town) 2 1/2 M I 73 76 77 78

DRILLER INFORMATION  
Driller's Name Joseph L. Mayne M S D 024 License No. 81  
Firm Name Joseph L. Mayne Well Drilling  
Address 5512 Ridge Rd Mt. Airy Md 21771  
Signature Date 9-12-03

B 4  
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NEAR WHAT ROAD Grayfox Run  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 65 FT  
ENTER FT OR MI 38 39  
TAX MAP: 22 BLK: PARCEL 2

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

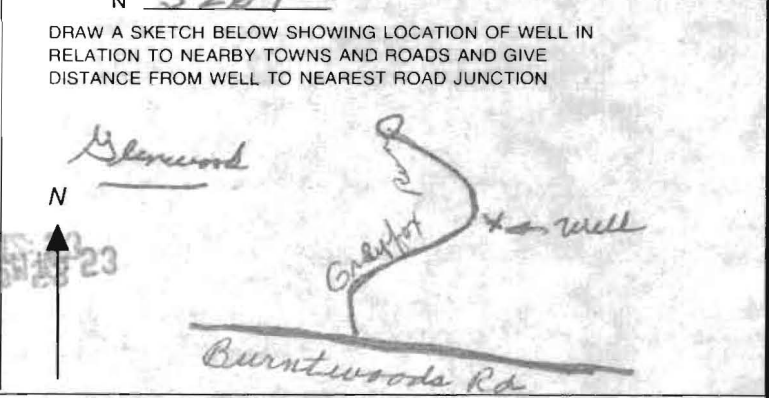
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
COUNTY NAME Howard COUNTY NO. A515958  
STATE SIGNATURE INSERT S  
DATE ISSUED 10/2/03 Kaci Noonan 10/2/04  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 524 000 EAST GRID 802 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET  
24 28  
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.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 8002  
N 5204  
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  
39 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 DEEPEN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER G  
PERMIT No. HD-94-3804  
70 71 72 73 74 75 76 77 78 79

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



**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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 2 Well Tag #: HO - 94-3804  
Site Address: 13707 Grey Fox Run

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF 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 or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

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

**House Connection**

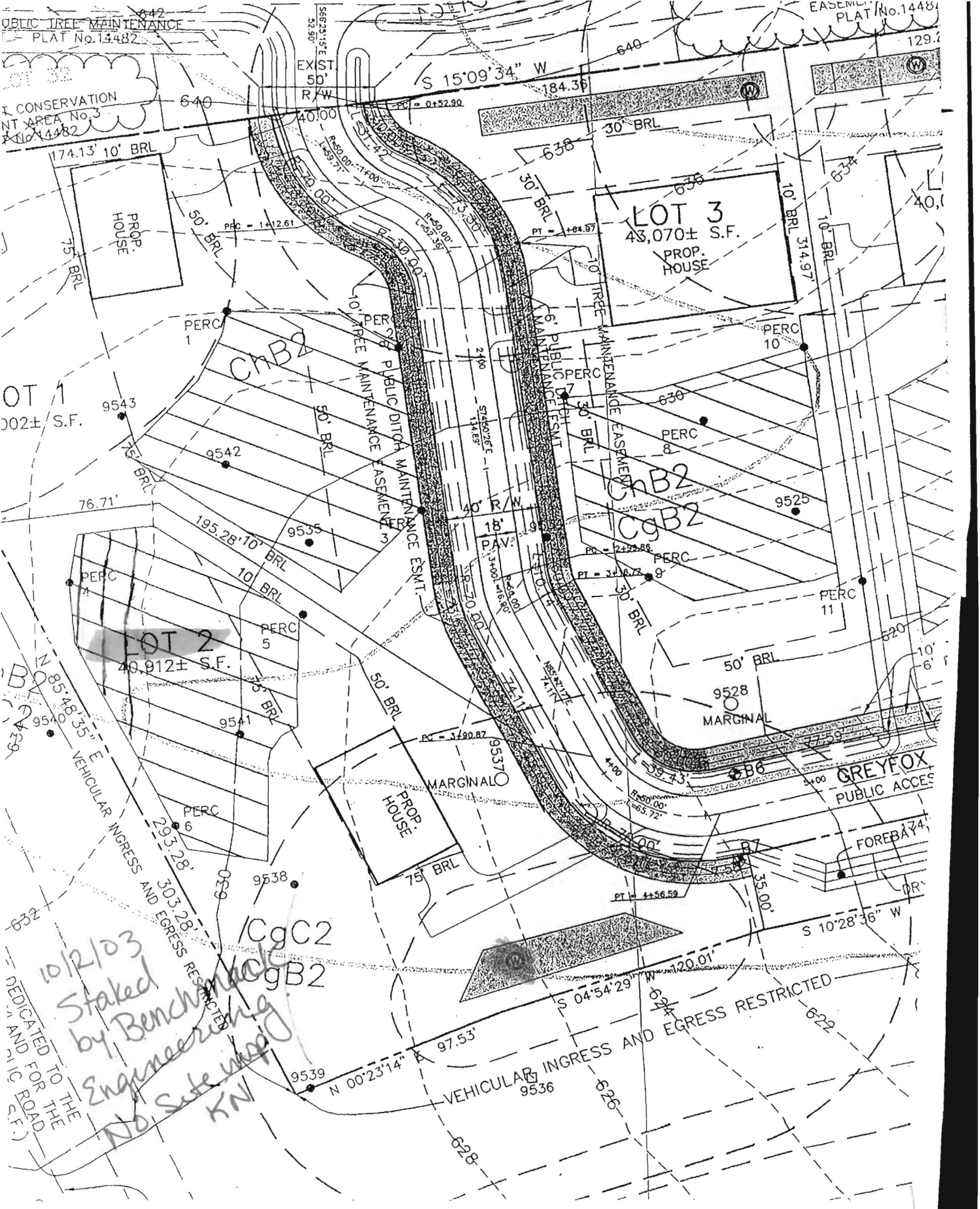
PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**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: 10/11/11 (KW)  
Inspection Data: Pitless adapter and 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 installed inside of well 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



PUBLIC TREE MAINTENANCE PLAT No. 14482

EASEMENT PLAT No. 14482

CONSERVATION AREA No. 3 PLAT No. 14482

640

129.2

EXIST 50' R/W S 15°09'34" W 184.36'

174.13' 10' BRL

PROP. HOUSE

LOT 3 43,070± S.F. PROP. HOUSE

LOT 1 1002± S.F.

PERC 1

PERC 10

9543

9542

PERC 8

9525

76.71'

195.28' 10' BRL

PERC 5

PERC 9

PERC 11

LOT 2 40,912± S.F.

50' BRL

VEHICULAR INGRESS AND EGRESS RESTRICTED

9541

MARGINAL

9528 MARGINAL

GREYFOX PUBLIC ACCESS

PROP. HOUSE

FOREBAY

DEDICATED TO THE PUBLIC ROAD (S.F.)

10/2/03 Staked by Benchmark Engineering No. Site map KN

CgC2 CgB2

S 04°54'29" W 120.01'

VEHICULAR INGRESS AND EGRESS RESTRICTED

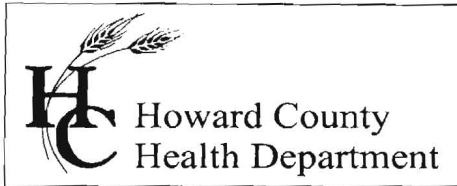
9539

9536

628

626

622



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

*Peter Beilenson, M.D., M.P.H., Health Officer*

**INTERIM CERTIFICATE OF POTABILITY**

October 13<sup>th</sup>, 2011

Homeowner  
13707 Greyfox Run  
Glenelg, MD 21737

RE: Foxtail Run, Lot 2  
BP #: B10002252  
Well Tag: HO-94-3804

Dear 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 10/12/2011. Final approval of the well line connection to the dwelling was approved on 10/11/2011.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-94-3804. 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. In addition to this, a second nitrate sample should be tested at the time of second bacteriological test. **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: 09/15/2011, 09/29/2011  
Date of Well Completion: 10/16/2003

Approving Authority,

Kevin M. Wolf, R.S., R.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1413 Old Faneystown Rd. Westminster, MD (410) 848-1014 (410) 875-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	81521	Account #:	3690
Reference:	Lot 2	Company:	Rylea Homes
Location:	13707 Grey Fox Run Glenelg, MD 21737	Requested By:	Jim Ryan
Date/ Time Collected:	9/29/2011 1152	Source:	Well Water
Date/Time Rec'd:	9/29/2011 1552	Site:	Powder Room Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	6.5
		Well #:	HO-94-3804

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/30/2011 / 1015 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/30/2011 / 1015 / CCH
Nitrate	<1.0	mg/L	10	601	9/30/2011 / 1045 / CCH
Turbidity	3.60	NTU	<10	SM18 2130B	9/30/2011 / 1230 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	9/30/2011 / 1230 / KME

*OK*

**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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B10002252

Post-It® Fax Note	7671	Date	10/13/11	# of pages	1
To	KEVIN	From	Kathleen		
Co./Dept.	HCHD	Co.	FVAL		
Phone #		Phone #	410 848-1014		
Fax #	410-313-2648	Fax #	410		

Date Reported: 9/30/2011

**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 #:	81275	Account #:	3690
Reference:	Lot 2	Company:	Rylea Homes
Location:	13707 Grey Fox Run Glenelg, MD 21737	Requested By:	Jim Ryan
Date/Time Collected:	9/15/2011 0942	Source:	Well Water
Date/Time Rec'd:	9/15/2011 1144	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.7
		Well #:	HO-94-3802

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	9/16/2011 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/16/2011 / 0830 / CCH
Nitrate	<1.0	mg/L	10	601	9/16/2011 / 0830 / CCH
Turbidity	49.0	NTU	<10	SM18 2130B	9/16/2011 / 0845 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	9/16/2011 / 0845 / KME

*Retest for Bacteria  
Turbidity w/ FROA*

**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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B10002252

Date Reported: 9/16/2011