

**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> 3839	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <b>(13) A 515958</b>

ST/CO USE ONLY DATE Received MM DD YY <b>10 21 03</b>	DATE WELL COMPLETED MM DD YY <b>10 15 03</b>	Depth of Well 22 <u>240</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>10-94 - 3805</b>
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OWNER Foxtail Run LLC STREET OR RFD Maple Run TOWN Helenwood  
 SUBDIVISION Foxtail Run SECTION \_\_\_\_\_ LOT 3

**WELL LOG**  
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sand	0	84	
Gray Mica Rock	84	240	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 34 NO. OF POUNDS 3196  
 GALLONS OF WATER 204  
 DEPTH OF GROUT SEAL (to nearest foot) 83  
 from 0 ft. to 83 ft.  
 (enter 0 if from surface)

**CASING RECORD**

caseing types insert appropriate code below

**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 88

**OTHER CASING (if used)**

E A C H C A S I N G	diameter inch		depth (feet) from to	
	_____	_____	_____	_____

**SCREEN RECORD**

screen type or open hole (insert appropriate code below)

**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

**C 2** DEPTH (nearest ft.)

1	2	3	4	5	6
8	9	11	15	17	21
23	24	26	30	32	36
38	39	41	45	47	51

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH)  
 from 56 to 60

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **Y** **N**

CIRCLE APPROPRIATE LETTER  
**A** 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 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.

DRILLERS LIC. NO. MSD024  
 DRILLERS SIGNATURE Joseph L. Maynor  
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 20

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 44 ft.  
 WHEN PUMPING 48 ft.

TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES **N**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

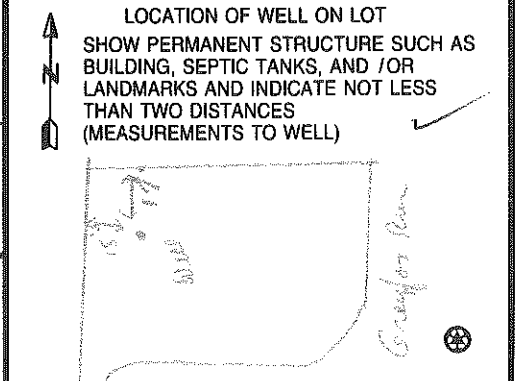
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29

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)



SITE SUPERVISOR (sign. of driller or journeyman)

1 <b>2219</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>519576</b>	STATE PERMIT NUMBER <b>HO-94-3805</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) 09/16/03  
8 MM DD YY 13

Foxtail Run LLC  
15 Last Name Owner First Name 34

P.O. Box 417  
36 Street or RFD 55

Edlicott City Md 21041  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3 Howard  
8 COUNTY 21

Foxtail Run  
23 SUBDIVISION 42

SECTION 44 LOT 3  
44 46 48 50

Helenwood  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 1/2 M I  
73 76 77 78

**DRILLER INFORMATION**

Joseph L. Mayne M S D 024  
Driller's Name 76 License No. 81

Joseph L. Mayne Well Drilling  
Firm Name

5512 Ridge Rd Mt Airy 21771  
Address

Joseph L. Mayne 9-12-03  
Signature Date

B 4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Shaydon Run  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 300 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39

TAX MAP: 22 BLK:      PARCEL 2

**WELL INFORMATION**

B 2  
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)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard A515958  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 10/2/03 Kacie Mooren 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 280 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

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8002  
N 524

10/16/03 grout  
33bags  
98' casing

**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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-94-3805  
70 71 72 73 74 75 76 77 78 79





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: CLASSIC PLUMBING & HEATING, INC. Telephone #: 3016957934  
Address: P.O. BOX 4148  
FREDERICK, MD 21702

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Robert L. Halley License# 7788

\*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: Wilka Thomas Telephone #: 4107896030  
Subdivision: Box Hill Lot #: 3 Well Tag #: HO 94-3805  
Site Address: 15702 Grey Fox Run

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Kellogg Make: Campbell Two piece watertight cap: \_\_\_\_\_  
Model #: 51001 Model: \_\_\_\_\_ Screened, vented well cap: \_\_\_\_\_  
Pump Capacity: 375 GPM Depth: 36" (36" min) Cap secured to casing: \_\_\_\_\_  
Well Yield: 20 GPM NSF approved:  Conduit min 18" B.G.: \_\_\_\_\_  
Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet) Conduit secured to well cap: \_\_\_\_\_  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Faucet arresters or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house House Connection  
Type: DCV PVC sleeved to undisturbed soil at wall penetration:   
PSI: 160 (160 psi min) Approximate length of sleeve: 46"  
Depth of supply line: 36" (36" min) 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.

Robert L. Halley  
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: 1/10/06 BB  
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

(EX. PUBLIC ACCESS STREET  
50' RIGHT-OF-WAY F-00-71)

EX. FOREST CONSERVATION  
EASEMENT AREA No. 21  
PLAT No. 14482

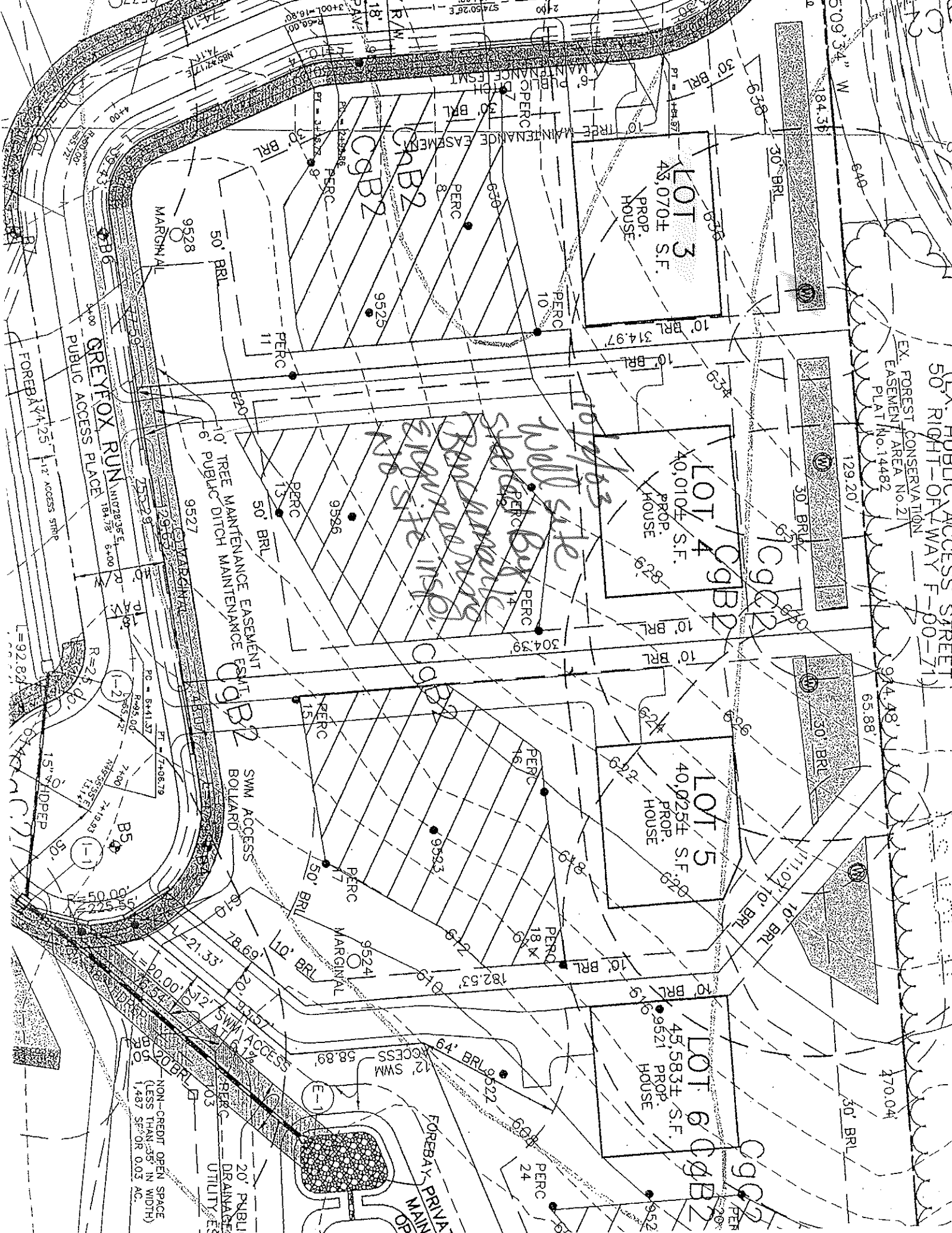
LOT 3  
45,070± S.F.  
PROP. HOUSE

LOT 4  
40,010± S.F.  
PROP. HOUSE

LOT 5  
40,025± S.F.  
PROP. HOUSE

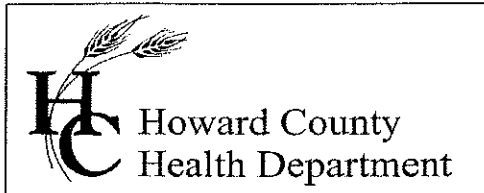
LOT 6  
45,583± S.F.  
PROP. HOUSE

*10/1/03  
well site  
Specialty  
Borehole  
200 ft. deep  
N.B. S.W. 1/4*



NON-CREDIT OPEN SPACE  
(LESS THAN .35' IN WIDTH)  
1.487 S.F. OR 0.03 AC.

FOREBAY PRIVATE  
MAIN OP



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

February 9, 2006

Rylea Home Inc.  
P. O. Box 68  
Glenwood, MD 21738

*SENT VIA FACSIMILE 410-489-6032*

RE: Foxtail Run, Lot 3  
13702 Greyfox Run  
West Friendship, MD 21794  
BP # B00152527  
Well Permit # HO-94-3805

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 11/16/2005. Final approval of the well line connection to the dwelling was approved on 1/10/2006.**

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-94-3805. 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 Sample: 2/06/2006  
Date of Well Completion: 10/15/2003

Respectfully,

Stuart Oster, R. S.  
Well and Septic Program

cc: Building Inspector's Office  
Community Services 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 #: 58036	Account #: 3690
Reference: Foxtail Lot 3	Company: Rylea Homes
Location: 13702 Gray Fox Run	Requested By: Jim Ryan
West Friendship, MD 21794	Source: Well Water
Date/ Time Collected: 2/6/2006 1150	Site: Kithchen Island Tap
Date/Time Rec'd: 2/6/2006 1325	Treatment: None
Chlorine ppm: Free: ND Total: ND	pH: 5.4
Collected By: J.Yeager 6176JY	Well #: HO-94-3805

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/7/2006 / 0810 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/7/2006 / 0810 / AMD/BCD
Nitrate	2.65	mg/L	10	601	2/7/2006 / 0820 / BCD
Turbidity	1.04	NTU	<10	SM18 2130B	2/7/2006 / 0830 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	2/7/2006 / 0835 / AMD/BCD

#### 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 tested on-site

Reason for Test : Use & Occupancy

Building Permit # : 00152527

Date Reported: 2/7/2006