

C1 3840

(MDE USE ONLY)

WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER (13) A515958

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

ST/CO USE ONLY

DATE Received
MM DD YY
10 11 03

DATE WELL COMPLETED

MM DD YY
10 11 03

Depth of Well

22 325 26
(TO NEAREST FOOT)

OK 10/24/03
Kor

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-3800

28 29 30 31 32 33 34 35 36 37

OWNER Foxtail Run LLC
last name first name
STREET OR RFD Foxtail Run
SUBDIVISION Foxtail Run SECTION LOT 4
TOWN Glenwood

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 | |
| Red Clay | 0 | 30 | |
| Sand | 30 | 103 | ✓ |
| Gray Mica Rock | 103 | 325 | ✓ |

GROUTING RECORD (yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY
NO. OF BAGS 25 NO. OF POUNDS 2350
GALLONS OF WATER 150
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 96 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
MAIN CASING TYPE St
Nominal diameter top (main) casing (nearest inch)! 6
Total depth of main casing (nearest foot) 108

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

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

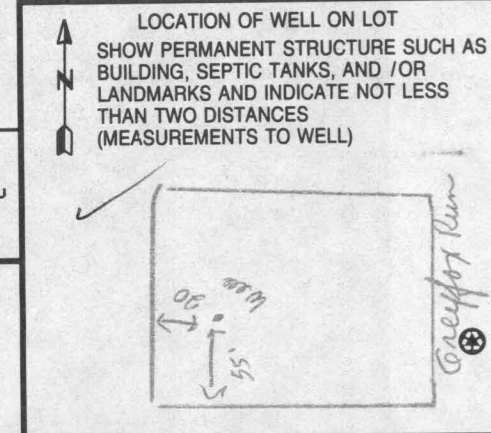
DEPTH (nearest ft.)
1 2 3
8 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

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 43 ft.
WHEN PUMPING 69 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 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)
+ above } LAND SURFACE
- below } (nearest foot) 2



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

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. 1 M SD 024
DRILLERS SIGNATURE
LIC. NO. 1 D

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

Date Received (APA) **09/16/03**

OWNER INFORMATION

8 MM DD YY 13
 15 Last Name **Foxtail Run LLC** Owner First Name 34
 36 Street or RFD **P.O. Box 417** 55
 57 Town **Ellicott City Md** 70 State 72 Zip 76 **21041**

B 3 **LOCATION OF WELL**

8 COUNTY **Howard** 21
 23 SUBDIVISION **Foxtail Run** 42
 SECTION **4** LOT **4**
 44 46 48 50
 52 NEAREST TOWN **Shenwood** 71
 MILES FROM TOWN (enter 0 if in town) **2 1/4 M**
 73 76 77 78

DRILLER INFORMATION

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

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

1 2
 11 NEAR WHAT ROAD **Greyfox Run** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 **280** 37 DISTANCE FROM ROAD **FT**
 ENTER FT OR MI 38 39
 TAX MAP: **22** BLK: _____ PARCEL **2**

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **4**
 8 12
 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. **A 515958**
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **10/02/03** CO SIGNATURE **Kacie Noonan** EXP. DATE **10/02/04**
 43 MM DD YY 48
 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** NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → **10/17/03 - 7:30am**
 SOURCES OF DRILLING WATER **Well / 3200 (not)**
 1. **well**
 2. **Casing 108 (50)**
 3. **Box ?**
Open ?

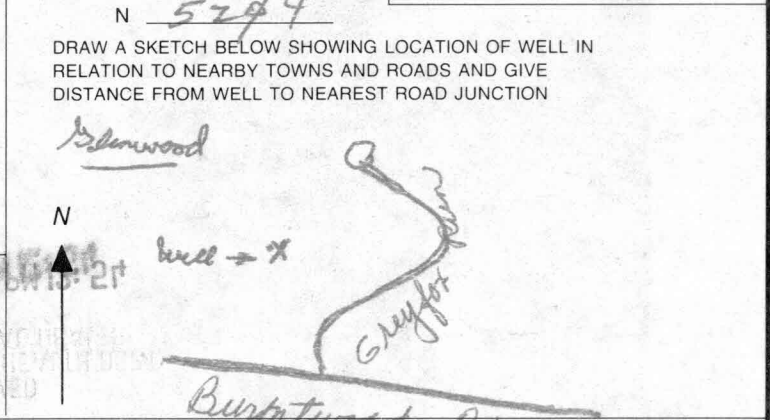
WRITE THE BOX NUMBER FROM THE MAP HERE
 E **802**
 N **524**

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 DEEPEM 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. **HO-94-3806**
 70 71 72 73 74 75 76 77 78 79

Attn Kevin

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 Telephone #: 301 695 7934
Address: PO BOX 1143
Fredrick

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: License# 7788
Name (Print): ROBERT HALLEY
*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: Kylea Homes Telephone #: 410 489 6030
Subdivision: Foxtail Run Lot #: 4 Well Tag #: HO-74-3806
Site Address: 13712 Foxfox Run

Submersible Pump Data
Make: Goulds
Model #: 750
Pump Capacity: 10 GPM
Well Yield: 20 GPM
Depth of well encountered at time of pump installation: 225 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 173.4NA
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Pitless Adapter
Make: Campbell
Model #: PA 800
Depth: 56 (36" min)
NSF approved: Y

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

Piping to house
Type: 1" PDLY
PSI: 160 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: Y
Approximate length of sleeve: 20'
Sleeve caulked and sealed properly: Y

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: Robert F. Halley date: 4/2/07

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

Date Insp. Requested: _____ Date Insp. Approved: 3/1/07 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

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

(00-71)

15'09"34" W

2.92

638
30' BRL

636
30' BRL

630
30' BRL

620
30' BRL

610
50' BRL

600
40' BRL

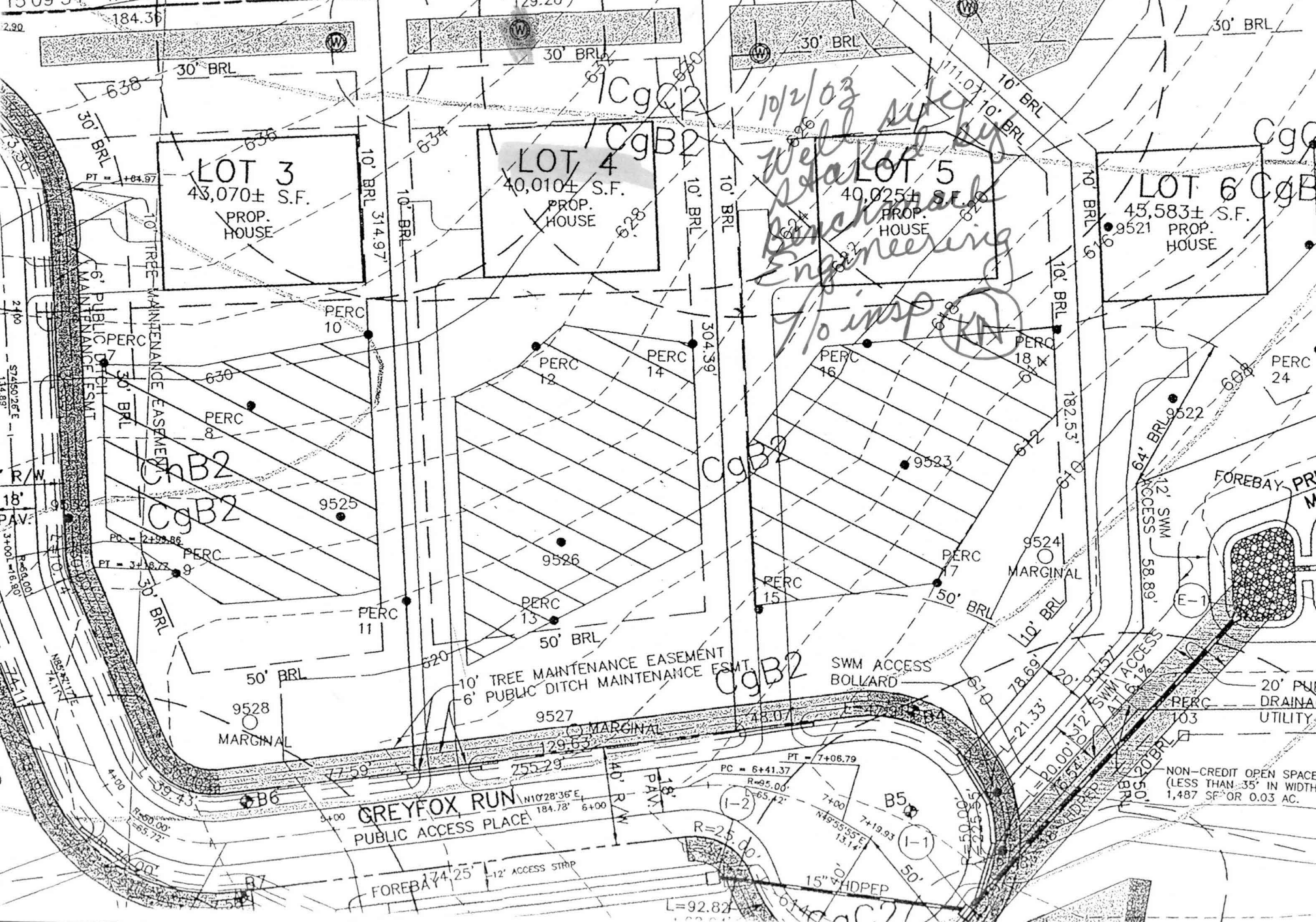
LOT 3
43,070± S.F.
PROP. HOUSE

LOT 4
40,010± S.F.
PROP. HOUSE

LOT 5
40,025± S.F.
PROP. HOUSE

LOT 6
45,583± S.F.
PROP. HOUSE

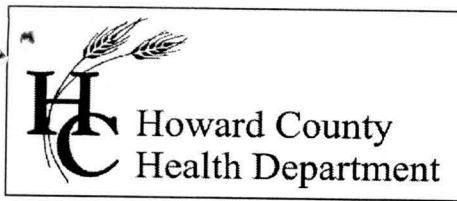
*10/2/03
Well system
started
purchased
Engineering
to insp*



GREYFOX RUN
PUBLIC ACCESS PLACE

NON-CREDIT OPEN SPACE
(LESS THAN 35' IN WIDTH)
1,487 SF OR 0.03 AC.





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

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

May 25, 2007

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

SENT VIA FACSIMILE 410-489-6032

RE: Foxtail Run, Lot 4
13712 Greyfox Run
Glenelg, MD 21737
BP #: B00159464
Well Permit # HO-94-3806

Dear Sirs:

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 03/20/2007. Final approval of the well line connection to the dwelling was approved on 03/01/2007.**

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 # 94-3806. 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(s): 04/17/2007, 04/30/2007 & 05/16/2007
Date of Well Completion: 10/17/2003

Approving Authority

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
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 #: | 63127 | Account #: | 3690 |
| Reference: | Foxtail Lot 4 | Company: | Rylea Homes |
| Location: | 13712 Greyfox Run Glenelg, MD 21737 | Requested By: | Jim Ryan |
| Date/ Time Collected: | 5/16/2007 1046 | Source: | Well Water |
| Date/Time Rec'd: | 5/16/2007 1220 | Site: | Tap @ Hallway Near Kitchen |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | UV Light** |
| Collected By: | J. Yeager 6176JY | pH: | 6.5 |
| | | Well #: | HO-94-3806 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------|--------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 5/17/2007 / 0830 / AD/BD |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 5/17/2007 / 0830 / AD/BD |

NOTES

- **Not in service at time of sampling
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND:None Detected
- Visual well check: Sealed, vented cap
- pH tested on-site

Reason for Test : Use & Occupancy retest 62778

Building Permit # : B00159464

Date Reported: 5/17/2007

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 #: | 62932 | Account #: | 3690 |
| Reference: | Foxtail Lot 4 | Company: | Rylea Homes |
| Location: | 13712 Greyfox Run Glenelg, MD 21737 | Requested By: | Jim Ryan |
| Date/Time Collected: | 4/30/2007 1234 | Source: | Well Water |
| Date/Time Rec'd: | 4/30/2007 1350 | Site: | Kitchen Sink Tap |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | UV Light |
| Collected By: | J. Yeager 6176JY | pH: | 5.6 |
| | | Well #: | HO-94-3806 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------|-------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 5/1/2007 / 0830 / AD/BD |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 5/1/2007 / 0830 / AD/BD |

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
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 62778
 Building Permit # : B00159464

Date Reported: 5/1/2007

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 #: 62778 | Account #: 3690 |
| Reference: Foxtail Lot 4 | Company: Rylea Homes |
| Location: 13712 Greyfox Run Glenelg, MD 21737 | Requested By: Jim Ryan |
| Date/ Time Collected: 4/17/2007 1025 | Source: Well Water |
| Date/Time Rec'd: 4/17/2007 1230 | Site: Hallway Sink |
| Chlorine ppm: Free: ND Total: ND | Treatment: None |
| Collected By: A. Digruilles 9666AD | pH: 5.6 |
| | Well #: HO-94-3806 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|-----------------|--------------------------|
| Bacteria, Coliform, Total, MPN | 2.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 4/18/2007 / 0900 / AD/BD |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 4/18/2007 / 0900 / AD/BD |
| Nitrate | 2.56 | mg/L | 10 | 601 | 4/17/2007 / 1550 / BCD |
| Turbidity | 1.52 | NTU | <10 | SM18 2130B | 4/17/2007 / 1521 / BCD |
| Sand | NS | mg/L | 5 | Visual/Gravimet | 4/17/2007 / 1521 / 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 # : B00159464

Date Reported: 4/18/2007