

B 1 2216

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER 70 110-94-3809 79 fill in this form completely

Date Received (APA) 09/16/03

OWNER INFORMATION

8 MM DD YY T3 15 Last Name First Name 34 Owner P.O. Box 417 36 Street or RFD 55 57 Town State 70 Zip 76 Ellicott City Md 21041

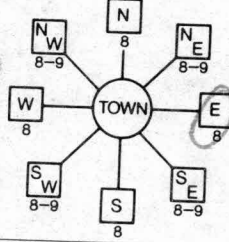
B 3 LOCATION OF WELL

8 COUNTY 21 Howard 23 SUBDIVISION 42 Foxtail Run SECTION 44 46 LOT 48 50 7 NEAREST TOWN 71 Glenwood 52 MILES FROM TOWN (enter 0 if in town) 73 2 1/2 M 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81 MS D 024 Joseph E. Mays Firm Name 81 Joseph E. Mays Well Drilling Address 5512 Ridge Rd. Mt. Airy Md 21771 Address 5512 Ridge Rd. Mt. Airy Md 21771 Signature 9/12/03 Date 9/12/03

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 Mays Run ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 FT TAX MAP: 22 BLK: PARCEL 22

B 2 WELL INFORMATION

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

COUNTY NAME Howard COUNTY NO. A515958 STATE SIGNATURE Kacie Noonan DATE ISSUED 10/2/03 CO SIGNATURE EXP. DATE 10/3/03 NORTH GRID 50 524 000 EAST GRID 55 802 000

APPROXIMATE DEPTH OF WELL 24 280 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 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. 70 71 72 73 74 75 76 77 78 79 110-94-3809

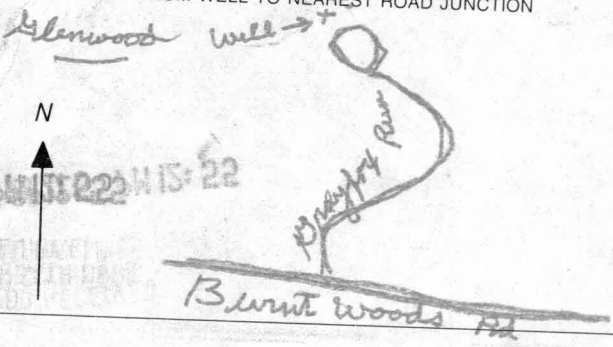
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 802 N 524

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



10/17/03 - GROUT 7:00 AM Well 200 casing 68 17 Bags grout

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: ACCIO PLUMBING & HEATING, INC. Telephone #: 3016957934
 Address: PO BOX 1149
DEKOR, 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 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: Kylea Homed Telephone #: 410 489 6030
 Subdivision: Foxtail Run Lot #: 7 Well Tag #: HO 94 - 3809
 Site Address: 13719 Grey Fox Run

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>5905422</u>	Model #: <u>PA 800</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity: <u>80</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>80</u> GPM	NSF approved: <u>Y</u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <u>Y</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 <u>N/A</u>		
Torque arrestors or <u>Cable guards are required</u> - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>20</u>
Depth of supply line: <u>3/4</u> (36" min)	Sleeve caulked and sealed properly: <u>Y</u>

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.

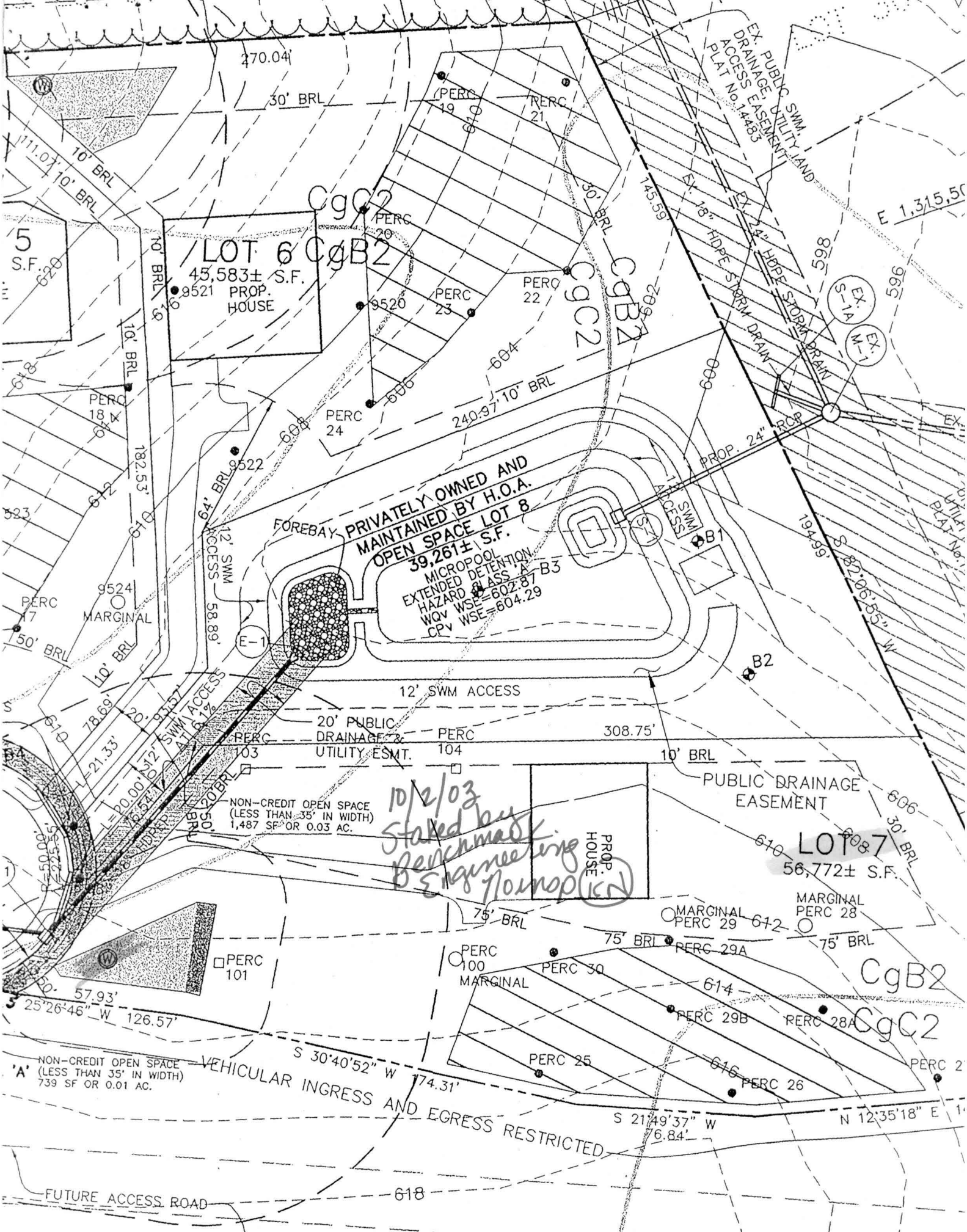
Signature of company representative responsible for installation: Robert Y Halley date: 5/2/07

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

Date Insp. Requested: _____ Date Insp. Approved: (Kue) 6/14/07

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>



LOT 6
45,583± S.F.
PROP. HOUSE

FOREBAY
PRIVATELY OWNED AND
MAINTAINED BY H.O.A.
OPEN SPACE LOT 8
39,261± S.F.
MICROPOOL
EXTENDED DETENTION
HAZARD CLASS A
WQV WSE=602.87
CPV WSE=604.29

LOT 7
56,772± S.F.

*10/2/03
staked by
Benchmark
Engineering
Norman*

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

NON-CREDIT OPEN SPACE
(LESS THAN 35' IN WIDTH)
739 SF OR 0.01 AC.

VEHICULAR INGRESS AND EGRESS RESTRICTED

FUTURE ACCESS ROAD

EX. PUBLIC SWM, UTILITY AND
DRAINAGE EASEMENT
PLAT No. 14483

E 1,315.50'

S-14
EX
W-1
EX

EX. UTILITY
PLAT No. 1

12' SWM ACCESS

20' PUBLIC
DRAINAGE
UTILITY ESMT.

PUBLIC DRAINAGE
EASEMENT

MARGINAL
PERC 29

MARGINAL
PERC 28

MARGINAL
PERC 100

MARGINAL
PERC 29A

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PERC 30

MARGINAL
PERC 29B

MARGINAL
PERC 28A

MARGINAL
PERC 25

MARGINAL
PERC 26

MARGINAL
PERC 2

5
S.F.

9524
MARGINAL

PERC 17

PERC 103

PERC 101

PERC 100

PERC 101

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PERC 18 X

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PERC 103

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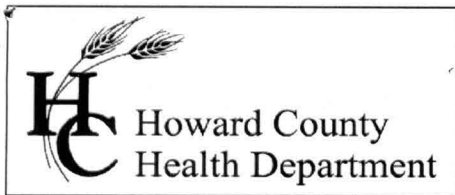
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Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

6/12/2007

Homeowner
13719 Greyfox Run
Glenelg, MD 21737

RE: Foxtail Run, Lot 7
13719 Greyfox Run
Glenelg MD 21737
BP # B06006895
Well Permit # HO-94-3809

Dear Sir/Madam:

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 6/11/2007. Final approval of the well line connection to the dwelling was approved on 6/11/2007.**

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.

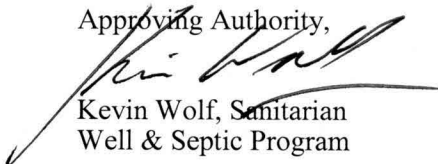
INTERIM CERTIFICATE OF POTABILITY

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 #HO-94-3809. 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: 5/25/2007
Date of Well Completion: 10/17/2003

Approving Authority,



Kevin Wolf, Sanitarian
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 #:	63226	Account #:	3690
Reference:	Rylea Homes	Company:	Rylea Homes
Location:	13719 Greyfox Run Glenelg, MD 21737	Requested By:	Jim Ryan
Date/ Time Collected:	5/25/2007 1201	Source:	Well Water
Date/Time Rec'd:	5/25/2007 1400	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.4
		Well #:	HO-94-3809

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223 B.	5/26/2007 / 1000 / AD/BD
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223 B.	5/26/2007 / 1000 / AD/BD
Nitrate	<1.0 ✓	mg/L	10	601	5/25/2007 / 1430 / AD/BD
Turbidity	0.88	NTU	<10	SM18 2130B	5/25/2007 / 1430 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimctr	5/25/2007 / 1430 / AD/BD

OK (KW)

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 # : B06006895

Date Reported: 5/29/2007