

C1 3842

(MDE USE ONLY)

WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

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 21 03

DATE WELL COMPLETED  
MM DD YY  
10 20 03

Depth of Well  
22 245 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
10-94-3808

OWNER: Foxtail Run LLC  
STREET OR RFD: Foxtail Run  
SUBDIVISION: Foxtail Run SECTION: TOWN: Glenwood LOT: 6

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)

Table with columns: FEET (FROM, TO), check if water bearing. Rows: Sand (0-94), Gray Mica Rock (94-245).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N)  
TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay)  
CEMENT (CM) BENTONITE CLAY (BC)  
NO. OF BAGS 25 NO. OF POUNDS 2350  
GALLONS OF WATER 150  
DEPTH OF GROUT SEAL (to nearest foot) 93

CASING RECORD

Case types insert appropriate code below (ST, CO, PL, OT)  
MAIN CASING TYPE: ST  
Nominal diameter top (main) casing (nearest inch): 6  
Total depth of main casing (nearest foot): 98

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT)  
DEPTH (nearest ft.): 96

DEPTH (nearest ft.)

Table for depth with columns: 1-24, 26-32, 34-40, 42-48, 50-56, 58-64, 66-72, 74-80, 82-88, 90-96.

DRILLERS LIC. NO. 1 M SD024

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 1 D

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

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 33 ft.  
WHEN PUMPING 60 ft.  
TYPE OF PUMP USED (for test): 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

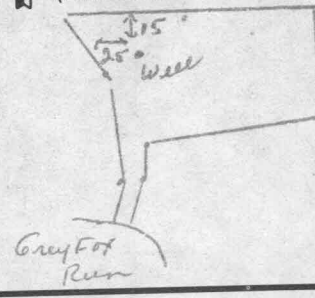
PUMP COLUMN LENGTH (nearest ft.) 43-47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot) 2

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)



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  
Howard  
 8 COUNTY 21  
Foxtail Run  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 6 50  
Glenwood  
 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  
 76 Driller's Name 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 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 1 2  
  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 11 Greyfox Run 30  
 34 275 37  
 DISTANCE FROM ROAD ENTER FT OR MI FT 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

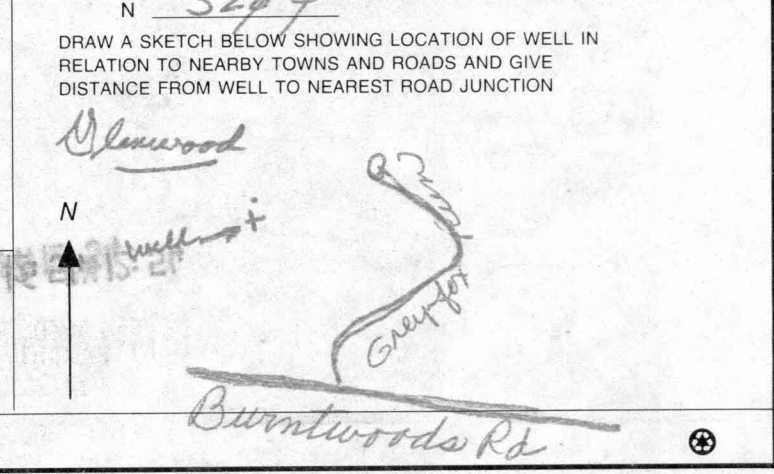
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard A515958  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 10/2/03 Kacie Norman 10/3/03  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 524 000 EAST GRID 802 000  
 50 55 57 63

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

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  
 10/20/03 grant 7am  
 bags 20  
 casing 98  
 x  
 iron pipe  
 depth of annular  
 space

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 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)  
 APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HO-94-3808  
 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 & HEATING, INC. Telephone #: 301 695 7934  
Address: P. O. BOX 1143  
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 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: Rylea Homes Telephone #: 410 489 3060  
Subdivision: Foxtail Lot #: 6 Well Tag #: HO-94-3808  
Site Address: 13720 Greyfox Run  
Glenn, Md

Submersible Pump Data  
Make: Goulds  
Model #: 75B07425  
Pump Capacity: 10 GPM  
Well Yield: 90 GPM

Pitless Adapter  
Make: Camadel  
Model #: PA 600  
Depth: 30 (36" min)  
NSF approved: Y

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

Depth of well encountered at time of pump installation: 24.5 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4 N/A  
Torque arrestors of Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

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

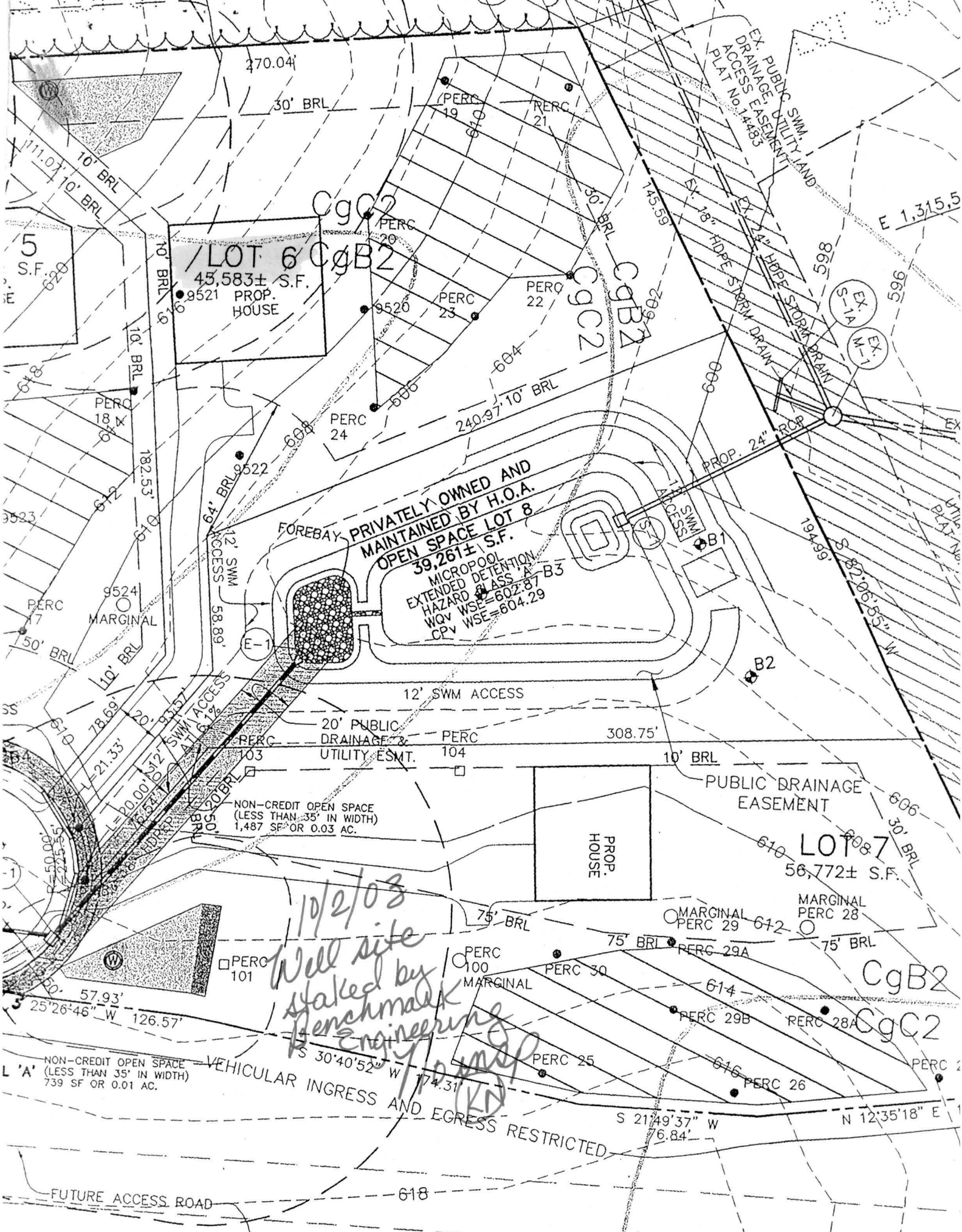
House Connection  
PVC sleeved to undisturbed soil at wall penetration: Y  
Approximate length of sleeve: 20  
Sleeve caulked and sealed properly: Y

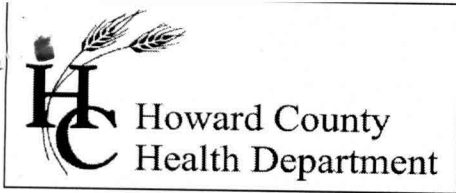
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert Halley date: 4/1/07

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/3/2007 (BB) (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 ✓





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 3, 2007

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

SENT VIA FACSIMILE 410-489-6032

RE: Foxtail Run, Lot 6  
13720 Greyfox Run  
Glenelg, MD 21737 West Friendship MD 21794  
BP #: B06006690  
Well Permit # HO-94-3808

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 03/23/2007. Final approval of the well line connection to the dwelling was approved on 05/03/2007.**

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 # 94-3808. 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): 04/30/2007  
Date of Well Completion: 10/20/2003

Approving Authority,

Brian Baker, 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 #:	62933	Account #:	3690
Reference:	Foxtail Lot 6	Company:	Rylea Homes
Location:	13720 Greyfox Run Glenelg, MD 21737	Requested By:	Jim Ryan
Date/ Time Collected:	4/30/2007 1248	Source:	Well Water
Date/Time Rec'd:	4/30/2007 1350	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Filter**
Collected By:	J. Yeager 6176JY	pH:	6.1
		Well #:	HO-94-3808

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
Nitrate	3.26	mg/L	10	601	5/1/2007 / 1245 / AD/BD
Turbidity	1.40	NTU	<10	SM18 2130B	4/30/2007 / 1435 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	4/30/2007 / 1435 / AD/BD

OK

**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 &amp; Occupancy

Building Permit # : B06006690

Date Reported: 5/1/2007