

C1 0795 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER 13 A513567-C

ST/CO USE ONLY DATE Received MM DD YY 05 22 03 DATE WELL COMPLETED MM DD YY 15 20 DEPTH OF WELL 22 180 26 (TO NEAREST FOOT) OK SRK 11/6/03 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3716

OWNER Northridge Development last name first name STREET OR RFD FOX STREAM WAY TOWN Glenelg SUBDIVISION FOX MEADOW SECTION LOT 5

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	
Top Soil	0	2	
Sandy	2	30	
Sand Stone	30	40	✓
MICKA 3	40	80	
Sand Stone	80	85	✓
MICKA 3	85	100	
Sand Stone	100	105	✓
MICKA 5	105	180	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 16 NO. OF POUNDS 1600
GALLONS OF WATER 96
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE
PL PLASTIC OT OTHER
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL 6 45
60 61 63 64 66 70

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL BR BRASS PL PLASTIC
HO OPEN HOLE OT OTHER
DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 11 15 17 21

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER
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 28.04.04 "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 MS D17
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

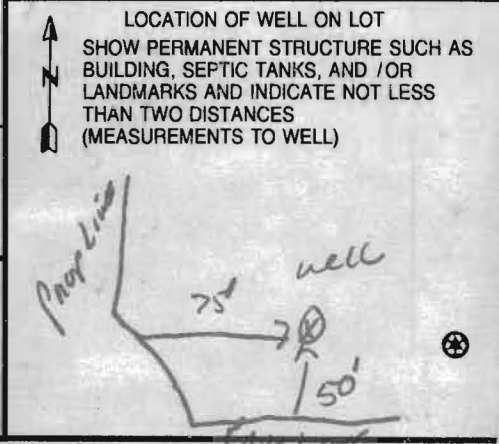
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 18
METHOD USED TO MEASURE PUMPING RATE Beaufort
WATER LEVEL (distance from land surface)
BEFORE PUMPING 17 38 20 ft.
WHEN PUMPING 22 45 25 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 49
below 49 (nearest foot)



B 1 9150

SEQUENCE NO. (MDE USE ONLY)

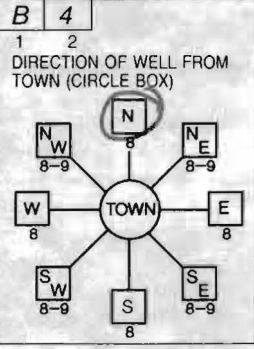
STATE OF MARYLAND PERMIT TO DRILL WELL 518603 please print or type

STATE PERMIT NUMBER HO-94-3716 fill in this form completely

DATE RECEIVED (APA) 04/02/03 OWNER INFORMATION North Ridge Development LLC 14045 Gated Dr. GLENWOOD MD 21738

LOCATION OF WELL Howard Fox Meadow GLENWELG MILES FROM TOWN 1

DRILLER INFORMATION RALPH E. MAYNE MS D 117 RALPH E. MAYNE WELL DRILLING 17024 Handy Rd. Mt Airy MD 21771



FOX Stream way NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 50 ENTER FT OR MI TAX MAP: 15 BLK: 19 PARCEL 167

WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A513567-C COUNTY NAME Howard COUNTY NO. STATE SIGNATURE DATE ISSUED 07/01/03 CO SIGNATURE Steve R. Kneeg 07/01/04 NORTH GRID 530 000 EAST GRID 803 000

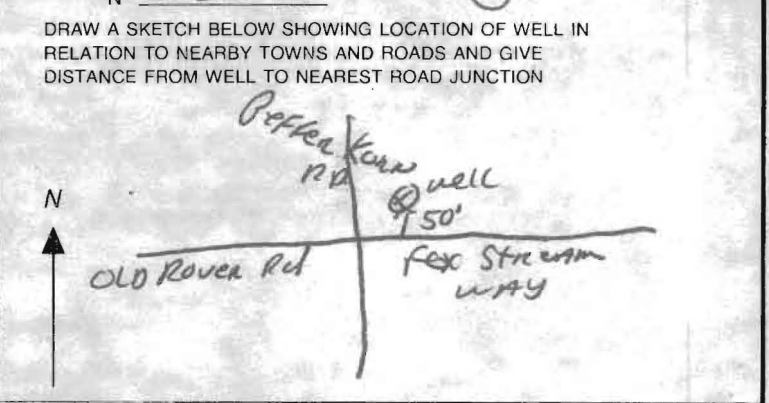
USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X NO INSP SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE E 803 N 530

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion Jetted & DRIVEN 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G Ho-94-3716 PERMIT No. 70 71 72 73 74 75 76 77 78 79

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3716
 Location of property (road) FOX STREAM WAY
 Subdivision FOX MEADOW Lot 85 Block _____ Plat _____ Sec. _____
 Well Driller R Mayne Owner Northridge Devel.

Depth of well 180
 Distance of measuring point (M.P.) above ground 25
 Static water level (S.W.L.) below M.P. 38

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 45 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 3 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	38	6 Sec		12 GPM
			TEST Started	
8:45	45	6 Sec		12 GPM
9:00	45	6 Sec		12 GPM
9:15	45	6 Sec		12 GPM
9:30	45	6 "		12 "
9:45	45	6 "		12 "
10:00	45	6 "		12 "
10:15	45	6 Sec		12 GPM
10:30	45	6 Sec		12 GPM
10:45	45	6 Sec		12 GPM
11:00	45	6 "		12 "
11:15	45	6 "		12 "
11:30	45	6 Sec		12 GPM
11:45	45	6 Sec		12 GPM

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3716
 Location of property (road) FOX STREAM WAY
 Subdivision FOX MEADOW Lot 35 Block _____ Plat _____ Sec. _____
 Well Driller R. MAYNE Owner Northridge Devel.

Depth of well 180
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 83 ft

I. High rate pumping -- reservoir drawdown
 Time pump started 8:30 am Pumping rate 10 g/min
 Total time 15 min to reach pumping water level 45 ft below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 1/2 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:15	83'	25 sec	NA	12.92 gpm
10:30	↓	25 sec	↓	12.92 gpm
10:45		25 sec		12.92 gpm
11:00		25 sec		12.92 gpm
11:15		25 sec		12.92 gpm
11:30		25 sec		12.92 gpm
11:45		25 sec		12.92 gpm

FA

**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: NATIONAL WATER SV Telephone #: 301-854-1333
 Address: PO Box 138
ASATON MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): DAVID RYCKE License# PI 0145

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: SEIFRIDGE BUILDERS Telephone #: 410-531-8930
 Subdivision: FOX MEADOWS Lot #: 5 Well Tag #: HO-94-3714
 Site Address: 13603 FOX STEAM WAY
W. FRIENDSHIP

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>BTL</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155QE10-220</u>	Model #: <u>PA100</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors, Cable guards, or other acceptable method used- Must circle one
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>AQUA JET</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>1/2</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>3'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</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.

David Rycke
 Signature of company representative responsible for installation 6-01-07
 date

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

Date Insp. Requested: 7/12/04 Date Insp. Approved: 6/1/07 Inspector: BB
 Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 ✓

Signed Pse-lim

Well Staked by Licensed Surveyor from DMW - no site inspection 6/26/03 SRK

1/14/04 Well appears drilled per plan.

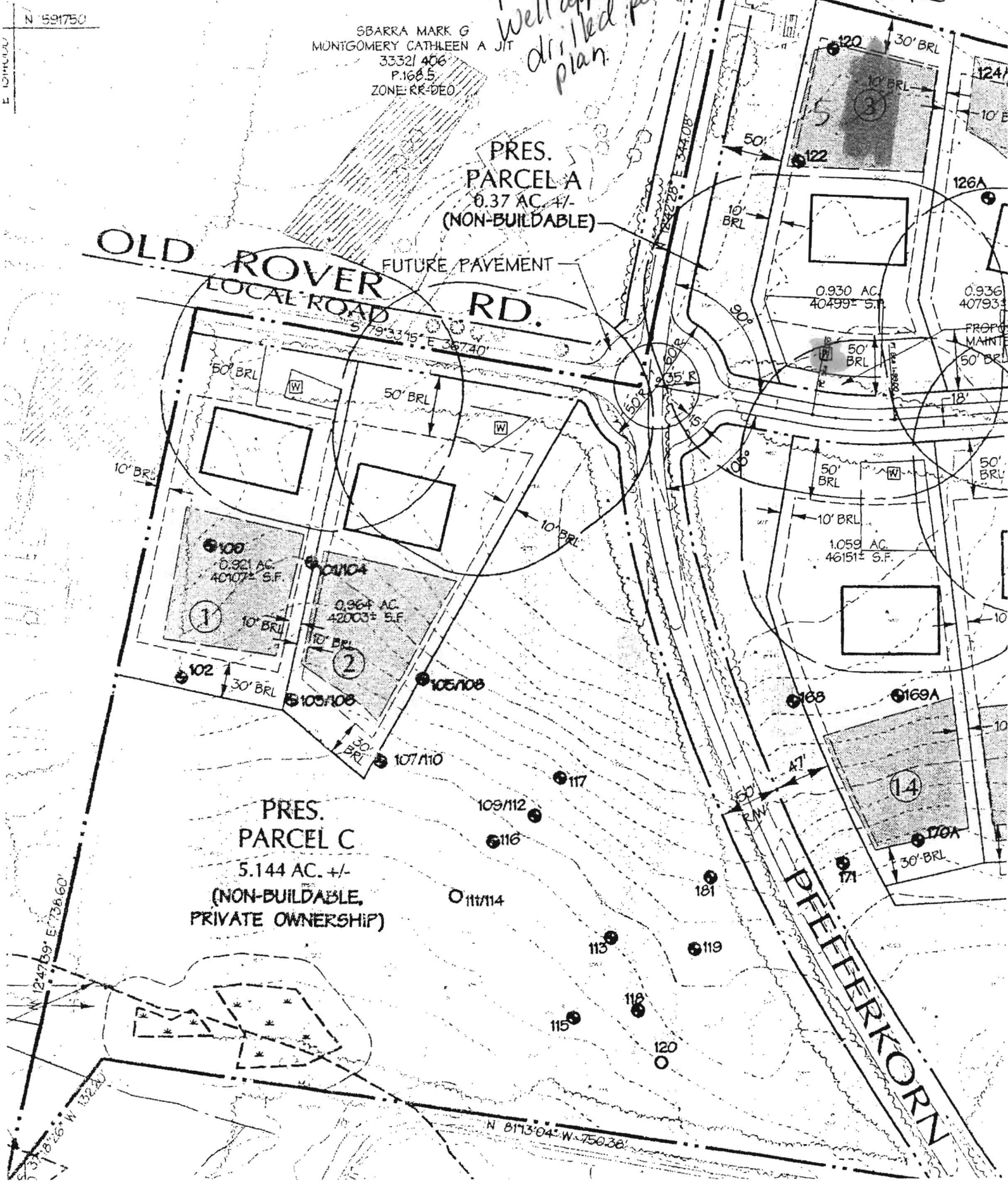
SBARRA MARK G
MONTGOMERY CATHLEEN A JT
33321 406
P.168.5
ZONE: RR-DEO

PRES. PARCEL A
0.37 AC +/-
(NON-BUILDABLE)

OLD ROVER LOCAL ROAD
RD.

FUTURE PAYEMENT

PRES. PARCEL C
5.144 AC. +/-
(NON-BUILDABLE,
PRIVATE OWNERSHIP)

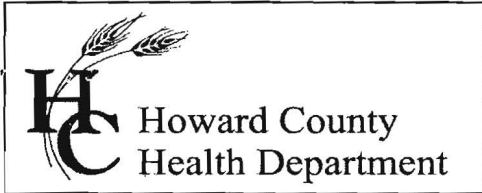


N 591750
E 1214100

N 124759 E 738.60
S 3718 W 132.20

N 817304 W 750.38

PROPOSED MAINT 50' BRL



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

July 27, 2007

James H. Selfridge Builders
4781 Ten Oaks Road
Dayton, MD 21036

SENT VIA FACSIMILE 410-531-8939

RE: Fox Meadow, Lot 5
13603 Fox Stream Way
West Friendship, MD 21794
BP #: B07000458
Well Permit # HO-94-3716

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 06/01/2007. Final approval of the well line connection to the dwelling was approved on 06/01/2007.**

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 #HO-94-3716. 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: 07/25/2007
Date of Well Completion: 08/22/2003

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS


**Trace Laboratories, Inc.
Maryland**

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connect.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000


Cert No. C2005-01504

Requester:
Selfridge Builders
14045 Gared Drive
Glenwood, Maryland 21738

S/O Number: 64528
Report Date: July 26, 2007

Property Sampled: 13603 Fox Stream Way, 21794

County: Howard
Subdivision: Fox Meadow
Lot #: 5
Building Permit #: B0700458
Tax Map #: 15
Parcel #: 167

Date/Time Collected: July 25, 2007 at 1:20 pm
Date/Time Received: July 25, 2007 at 3:15 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3716
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.4 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	5.1 NTU	EPA 180.1	10 NTU	Pass
pH	6.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.