

C1 0797 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A513567E

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

DATE RECEIVED MM DD YY 05 25 03 DATE WELL COMPLETED 05 25 03 DEPTH OF WELL 180 PERMIT NO. FROM 'PERMIT TO DRILL WELL' 117703 16-94-3718

OWNER NORTHRIDGE DEVELOPMENT STREET OR RFD FOX STREAM WAY TOWN GLENELL SUBDIVISION FOX MEADOW SECTION LOT 87

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy Sandstone, MICKA 3, Sandstone, and MICKA 3.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 19, NO. OF POUNDS 1500, DEPTH OF GROUT SEAL 307.

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter top (main) casing 6, Total depth of main casing 60.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole (HO), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN 56, 60.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 32, WHEN PUMPING 52.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED (S) submersible, CAPACITY: GALLONS PER MINUTE 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH 43, CASING HEIGHT 2.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y).

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

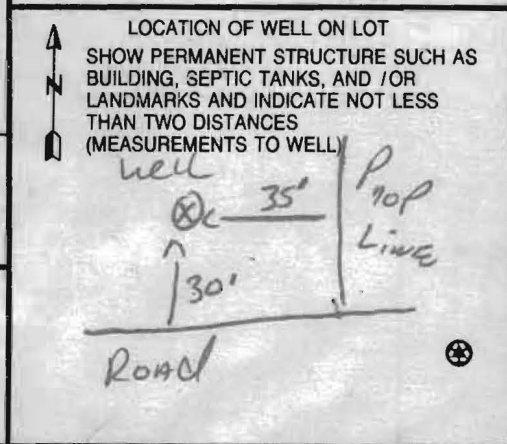
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 'WELL CONSTRUCTION'...

DRILLERS LIC. NO. 1 M SD 117, 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)

DEPTH (nearest ft.) 180, 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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 9151

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

518603 please print or type

HO-94-3718 fill in this form completely

Date Received (APA)

04/02/03

OWNER INFORMATION

NORTH RIDGE Development LLC
14045 GARDEN DR.
GLENWOOD MD 21738

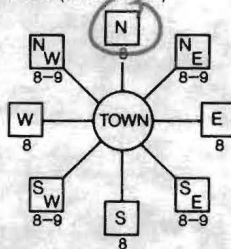
LOCATION OF WELL

Howard
Fox meadow
GLENECK

DRILLER INFORMATION

Ralph E. Mayme MS D 117
Ralph E. Mayme well Drilling
17024 Hardy Rd Mt Airy MD 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Fox Stream way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 30
ENTER FT OR MI
TAX MAP: 15 BLK: 19 PARCEL 167

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

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 A513567-E
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 07/10/03 Steve R. Kueg 07/01/04
NORTH GRID 530 000 EAST GRID 803 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

Bored (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT

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
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 deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER G
PERMIT No. HO-94-3718

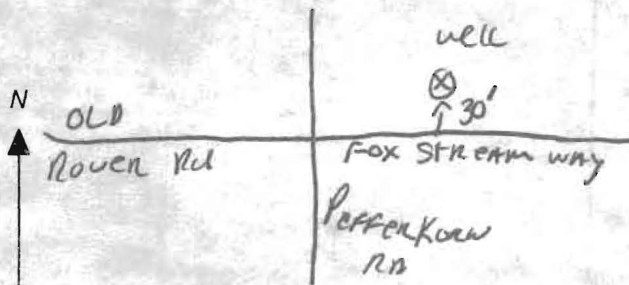
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 803
N 530

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Feb 27 04 11:03a

HO CO FNY HEALTH

14103132648

P.1

**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 SVC Telephone #: 301-854-1333  
Address: P.O. BOX 138  
ASHTON, 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: SETRIDGE BUILDERS Telephone #: 410-531-8930  
Subdivision: FOX MEADOWS Lot #: 7 Well Tag #: HO - -  
Site Address: 13611 FOX STREAM WAY

Submersible Pump Data

Make: GRUNDOS  
Model #: ZZ SQE 10C-190  
Pump Capacity: 22 GPM  
Well Yield: 10 GPM

Pitless Adapter

Make: BIL  
Model#: PA-108  
Depth: 36 (36" min)  
NSP/WSC approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
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

Piping to house

Type: 1" PVC  
PSI: 160 (160 psi min)  
Depth of supply line: 36 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 6'  
Sleeve caulked and sealed properly: YES

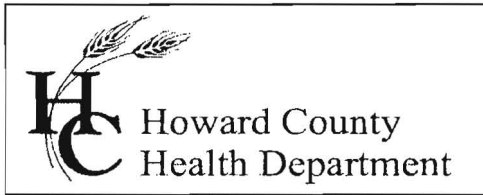
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

10-31-05  
date

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

Date Insp. Requested: 7/6/05 Date Insp. Approved: 7/7/05 Inspector: GAC for 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



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**

January 6, 2006

Northridge Development, LLC  
14045 Gared Drive  
Glenwood, MD 21738

**SENT VIA FACSIMILE 410-531-8939**

RE: Fox Meadow, Lot 7  
13611 Fox Stream Way  
West Friendship, MD 21794  
BP #: B00152078  
Well Permit # HO-94-3718

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 06/28/2005. Final approval of the well line connection to the dwelling was approved on 07/07/2005.**

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-94-3718. 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: 01/03/2006  
Date of Well Completion: 08/25/2003

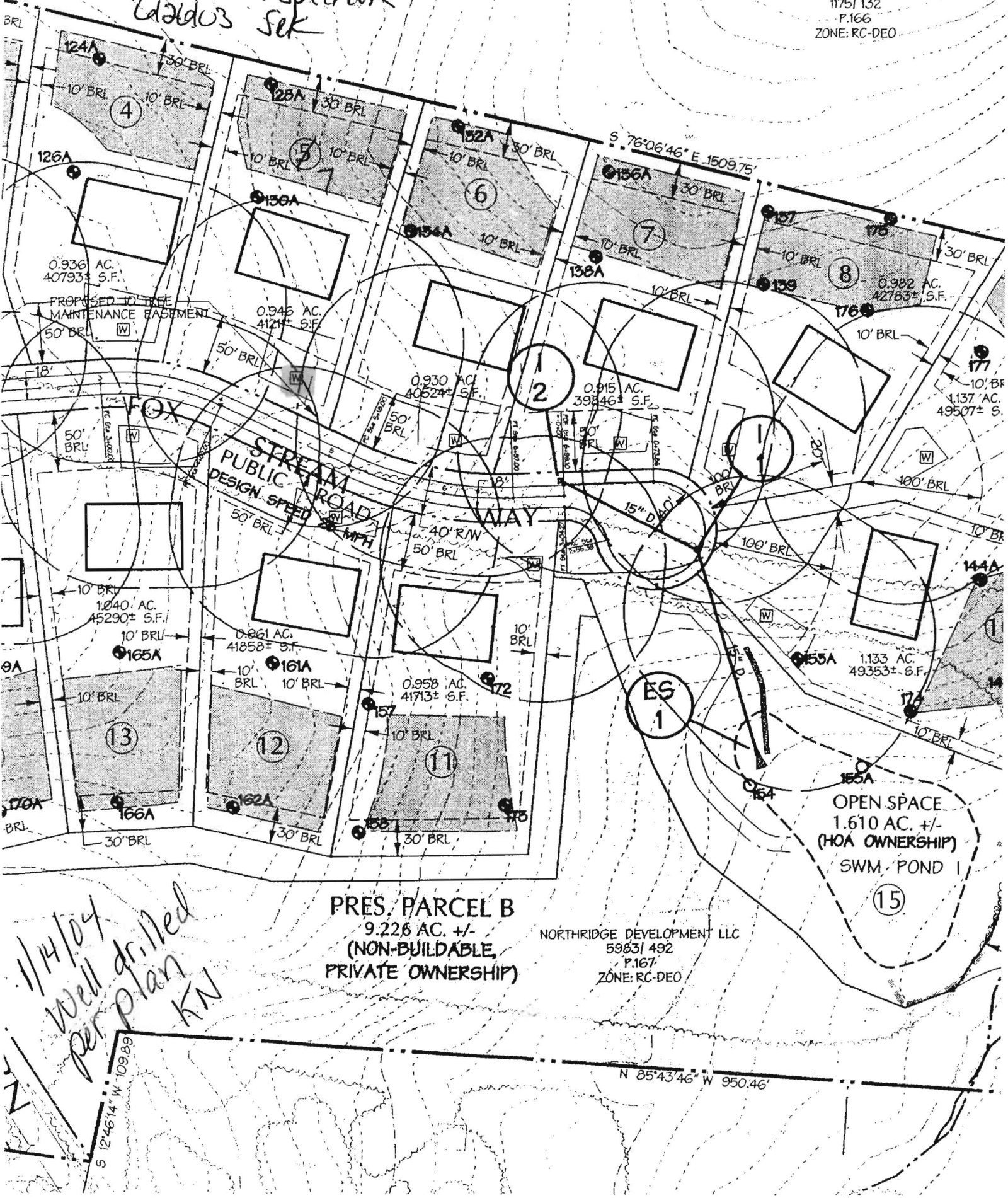
Approving Authority,

Gabriel A. Creighton, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

Well site Staked by  
 licensed surveyor from  
 DMW - no site inspection  
 L22203 SK

PFEFFERKORN WILLIAM ROBERTS  
 5371 221  
 11751 132  
 P.166  
 ZONE: RC-DEO



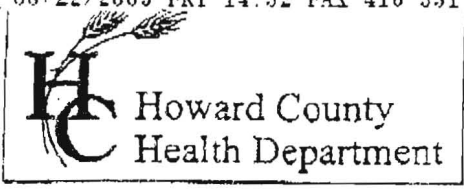
PRES. PARCEL B  
 9.226 AC. +/-  
 (NON-BUILDABLE,  
 PRIVATE OWNERSHIP)

NORTHEDGE DEVELOPMENT LLC  
 59831 492  
 P.167  
 ZONE: RC-DEO

1/14/04  
 Well drilled  
 per plan  
 KN

S 12°46'14" W 109.89

N 85°43'46" W 950.46



3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
 (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

**ATTENTION WELL DRILLERS!!!**

When submitting a well application for a new or replacement well, please indicate one of the following:

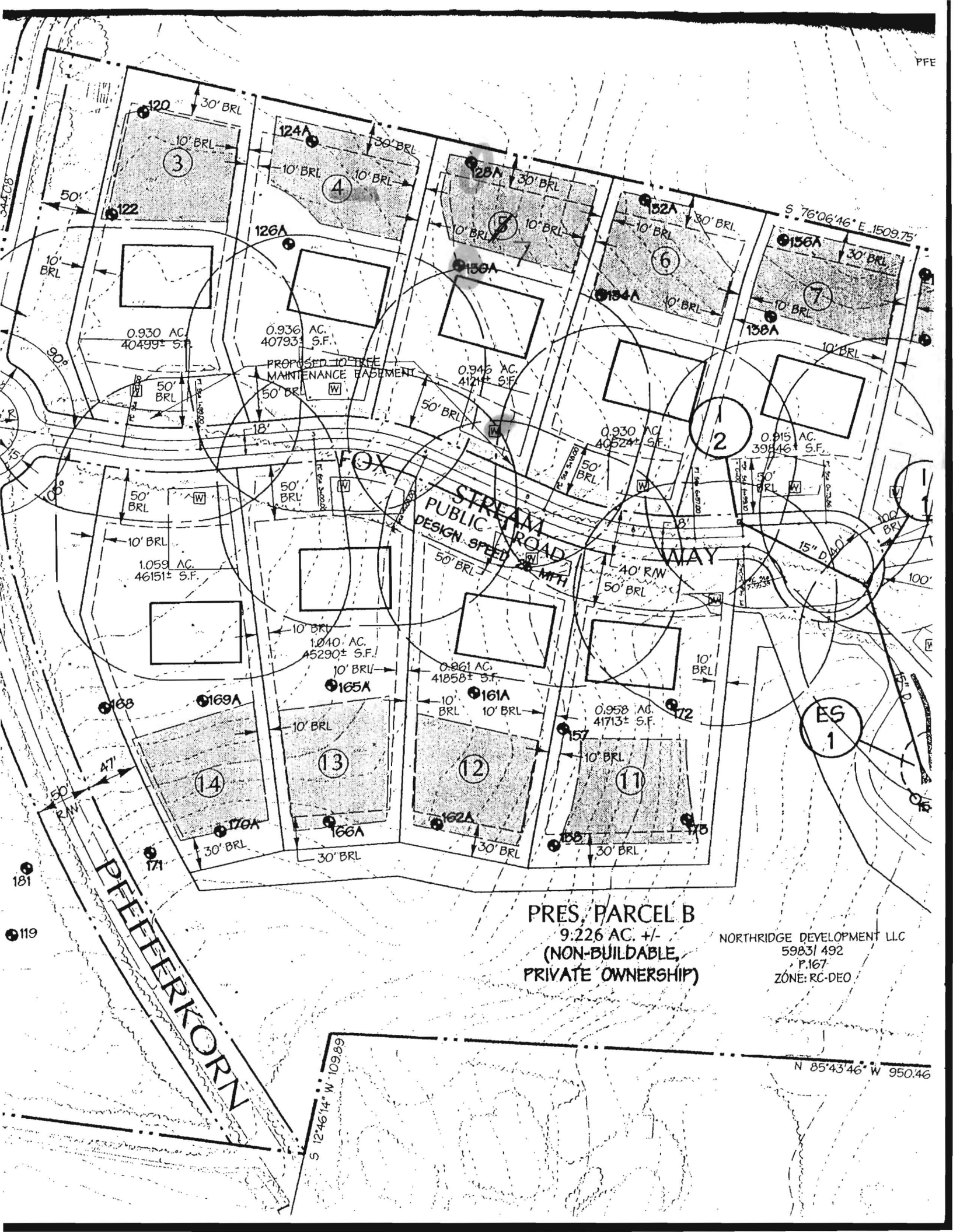
- The well site has been staked by DAFT - McCUNE - WALKER on 8/27/03 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

LOFT6

KN

~~301-621-1111~~



**PRES. PARCEL B**  
 9.226 AC. +/-  
 (NON-BUILDABLE,  
 PRIVATE OWNERSHIP)

NORTHRIDGE DEVELOPMENT LLC  
 59831 492  
 P.167  
 ZONE: RC-DEO

N 85°43'46" W 950.46'

S 12°46'14" W 109.89'

**CASELL TESTING, INC.**

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211  
(410) 252-7742

REPORT DATE: Jan 4, 2006

County Howard

Lab Number 06-1748

Sample iced Yes

Residual Cl<sub>2</sub> <0.1 mg/L Yes

cc: County Health Dept. Yes

**CERTIFICATE OF ANALYSIS**

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Selfridge Builders  
Attn: Doug  
14045 Gared Drive  
Glenwood, Maryland 21738

Property Sampled: U&amp;O: 13611 Fox Stream Way

Station Sampled: Pressure Tank Tap

Tax Map #: 15

Date/Time Sampled: Jan 3, 2006 11:45 am

Parcel #: 167

Owner, Telephone No.: Lee

Sampler: 6724GP

Subdivision Name: Fox Meadow

Lot Number: 7

Building Permit No.: B00152078

Well Number: HO-94-3718

Observation: 2-Piece Cap  
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	4.8 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	6.4 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: NONE

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



Heather R. Beam

\*MCL = Maximum Contamination Level

\*\*SMCL = Secondary Maximum Contamination Level