

C1 0796

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13 513567-D

ST & CO USE ONLY DATE Received MM DO YY 8 13

DATE WELL COMPLETED MM DO YY 08 22 03

Depth of Well 22 180 26 (TO NEAREST FOOT)

11/6/03- OK (SRX)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3717

OWNER Northridge Development STREET OR RFD FOX STREAM WAY TOWN Glenelia SUBDIVISION FOX MEADOW SECTION LOT #86

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone MICKA, Sand Stone MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 22 NO. OF POUNDS 2200 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 25

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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 LOG INDICATOR OTHER DATA

C 3

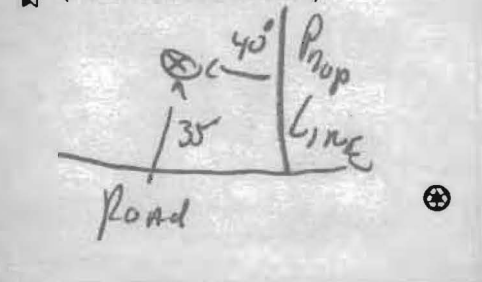
PUMPING TEST

HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 12 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 17 20 ft. WHEN PUMPING 83 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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 - below LAND SURFACE 2 (nearest foot)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

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. M D 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D

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

B 1 9151

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

518603 please print or type

Ho-94-3717

fill in this form completely

Date Received (APA)

04/02/03

OWNER INFORMATION

Northridge Development LLC
14045 GARDEN DR.
GLEWOOD MD 21738

B 3 HOWARD LOCATION OF WELL

8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN 71

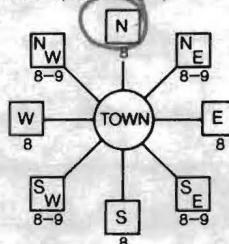
MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION

Ralph K. MAYNE M S D 117
Ralph E. MAYNE Well Drilling
17024 Handy Rd. Mt Airy MD 21771
3-24-03

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Fox Stream Way NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 35 37 DISTANCE FROM ROAD 4

ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 19 PARCEL 1167

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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-D
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 01/10/03 Steve R. King 7/10/04
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 530 000 EAST GRID 503 000

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
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. Ho-94-3717

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

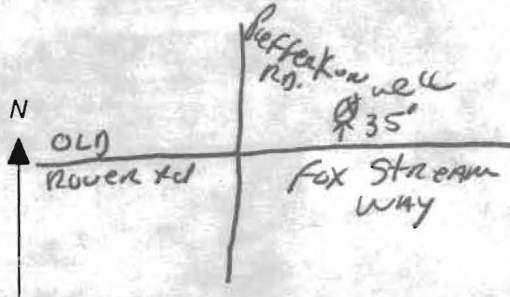
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 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

Page _____ of _____
 Date 8/22/03 3hr yield 8:30 am

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3717
 Location of property (road) FOX STREAMWAY
 Subdivision FOX MEADOW Lot # _____ Block _____ Plat _____ Sec. _____
 Well Driller R. MAYNE Owner 6 Northridge Development

Depth of well 183
 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

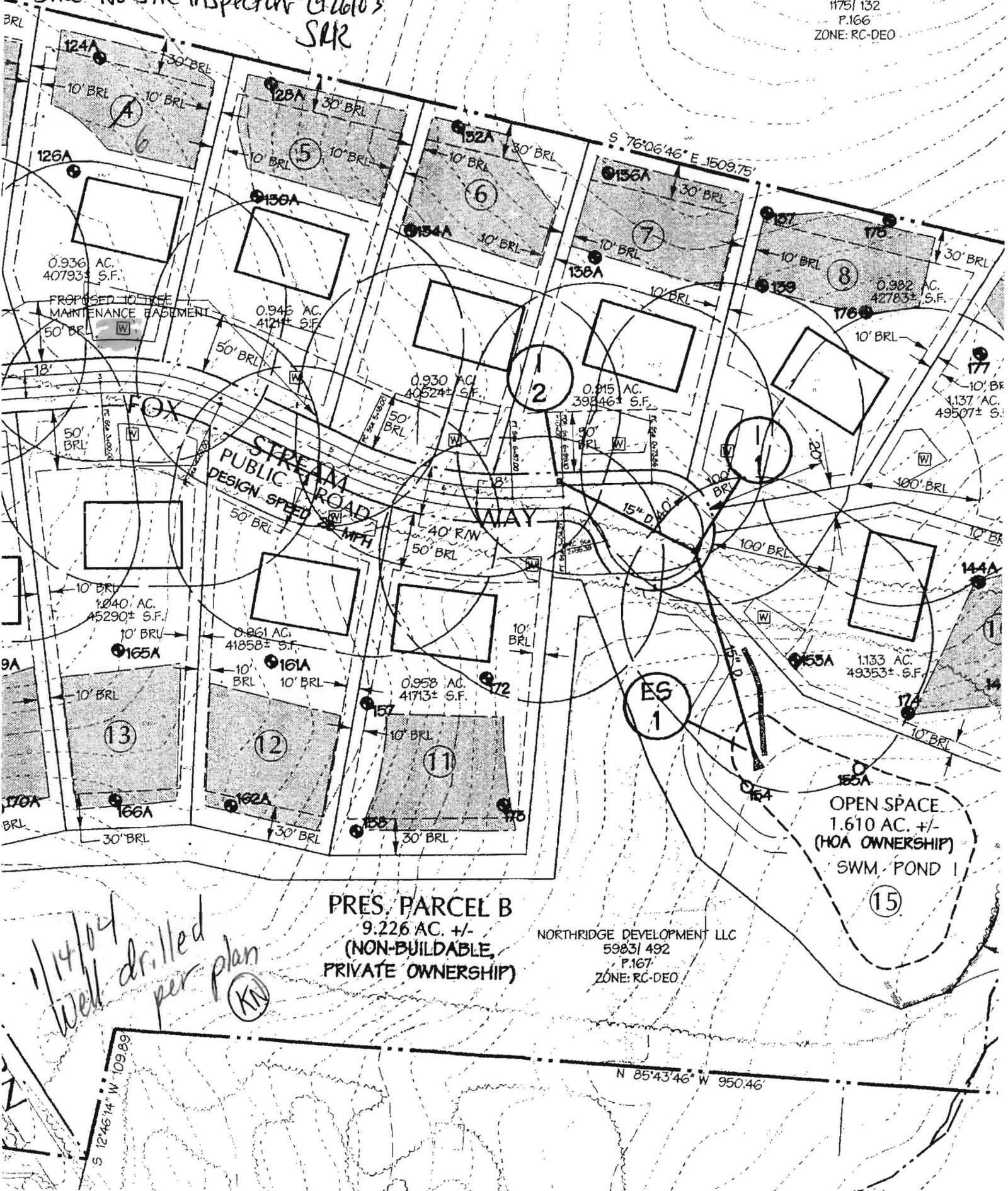
Time pump started 12:15 Pumping rate 129/min
 Total time 15 MIN to reach pumping water level 45 ft. below M.P.

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 51 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:15	83'	5sec	NA	129/min
12:30	↓	5sec	↓	129/min
12:45		5sec		129/min
1:00				
1:15				
1:30				
1:45				
2:00				
2:15				
2:30				
2:45				
3:00				
3:15		5sec		129/min

Well Site Staked by
 Licensed Surveyor from
 Dmw - No site inspection (226103)
 SAR

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



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

NORTHDRIDGE 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

S 76°06'46" E 1509.75'

Feb 27 04 11:03a

HO GO FNY HFB TH

14103137648

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 #: 301-834-1333
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: SEHRIDGLE BUILDERS Telephone #: 410-531-8930
Subdivision: FOX MEADOWS Lot #: 6 Well Tag #: HO-99-3717
Site Address: 13607 FOX STREAM WAY
WEST FRIENDSHIP, MD

Submersible Pump Data
Make: 15 SOL 078-180
Model #: GRUNDFOS
Pump Capacity: 15 GPM
Well Yield: 12 GPM → 12

Pitless Adapter
Make: BTI
Model #: PA100
Depth: 26" (36" min)
NSF/WSC approved: YES

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

Depth of well encountered at time of pump installation: 180 (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 CU 301 - BUILT IN LOW WATER CUTOFF
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house
Type: AQUA JET
PSI: 160 (160 psi min)
Depth of supply line: 30" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5' + 8"
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: _____ date: 1/18/06

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

Date Insp. Requested: 11/14/05 Date Insp. Approved: 11/14/05 Inspector: GAE
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 ✓



Howard County
Health Department

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:

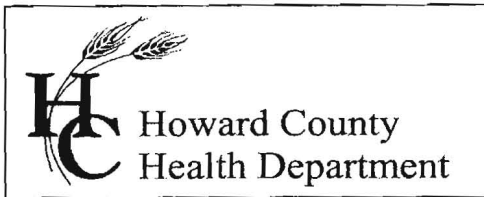
- The well site has been staked by DAFT-McCUNE-WALKER
on 8/27/03 and is ready for site inspection.
- _____ will call the Health Department
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

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

LOFTG

KN

~~301-62-1111~~



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

March 2, 2006

Northridge Development, LLC
14045 Gared Drive
Glenwood, MD 21738

SENT VIA FACSIMILE 410-531-8939

RE: Fox Meadow, Lot 6
13607 Fox Stream Way
West Friendship, MD 21794
BP #: B00154725
Well Permit # HO-94-3717

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 09/23/2005. Final approval of the well line connection to the dwelling was approved on 11/14/2005.**

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-94-3717. 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: 03/01/2006
Date of Well Completion: 08/22/2003

Approving Authority,

Gabriel A. Creighton, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASSELL TESTING, INC.

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

REPORT DATE: Mar 2, 2006

County: Howard

Lab Number: 06-2533

Sample iced: Yes
Residual Cl₂ <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&O: 13607 Fox Stream Way

Station Sampled: Pressure Tank Tap

Tax Map #: 15

Date/Time Sampled: Mar 1, 2006 11:00 am

Parcel #: 167

Owner, Telephone No.: Sweeney

Sampler: 6724GP

Subdivision Name: Fox Meadow

Lot Number: 6

Building Permit No.: B00154725

Well Number: HO-94-3717

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	8.2 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.5 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