

C1 3817

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.

1 2 3 8 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 513567P 40-94-3291

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 07 26 03

Depth of Well 22 140 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3291

OWNER NORTHBRIDGE DEVELOPMENT LLC STREET OR RFD PEEFERKORN RD TOWN QUEENELG SUBDIVISION FOX MEADOW SECTION LOT 4

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (17), NO. OF POUNDS (1500), GALLONS OF WATER (102), DEPTH OF GROUT SEAL (30+).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (58).

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

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (12 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (28 ft. before, 29 ft. when pumping), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (49).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED, 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...

DRILLERS LIC. NO. M SD 112, DRILLERS SIGNATURE (Must match signature on application)

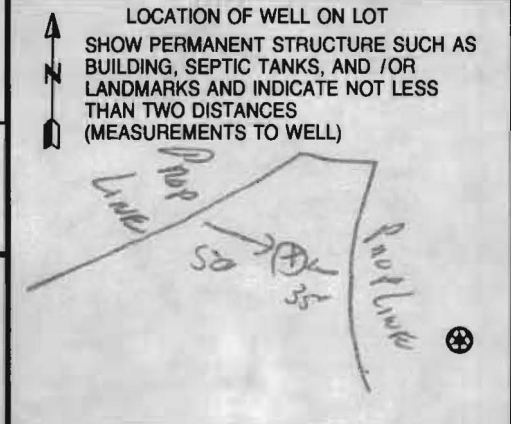
LIC. NO. D

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

DEPTH (nearest ft.) 140, E A C H S R E E N SLOT SIZE 1 2 3, DIAMETER OF SCREEN (56-60)

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 • 8984

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3791

fill in this form completely

519094 please print or type

Date Received (APA) 8 27 03

OWNER INFORMATION

North Ridge Development LLC, 14045 SAKED DR., GLENWOOD MD 21738

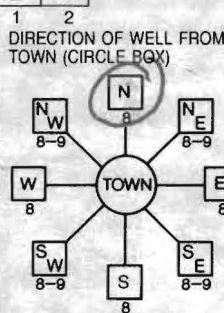
LOCATION OF WELL

Howard County, Fox meadow subdivision, Section 44, Lot 16, GLENALG, NEAREST TOWN

DRILLER INFORMATION

Ralph E. MAYNE, M S D 112, RALPH E MAYNE WELL DRILLING, 17024 Handy Rd. Mt Airy MD 21771, Signature: R E Mayne, Date: 8-22-03

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Betterknow rd, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 25, 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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, DATE ISSUED 09 04 03, CO SIGNATURE Steven R. King, EXP. DATE 09 04 04, NORTH GRID 530, EAST GRID 803

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 61 INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY (circled), JETTED, ROTARY (Hydraulic Rotary), CABLE, REVerse-ROTary, DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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 DEEPEMED AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER G, PERMIT No. HO-94-3791

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

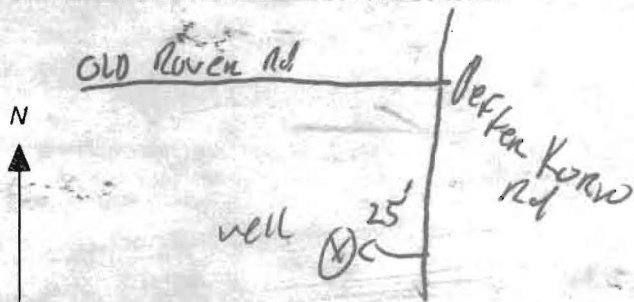
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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







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 045

\*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: SEHRIDGE BUILDERS Telephone #: 410-531-8930  
Subdivision: FOX MEADOWS Lot #: 4 Well Tag #: HO 94-3791  
Site Address: 2860 PFEFFERKORN RD  
W. FRIENDSHIP, MD

**Submersible Pump Data**  
Make: 15 JAG 07-180  
Model #: GRUNDFOS  
Pump Capacity 15 GPM  
Well Yield: 10 GPM

**Pitless Adapter**  
Make: BTI  
Model #: DA100  
Depth: 36 (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 1 1/2" E.G.: YES  
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 100 (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: PVC 3/4" COLL  
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: 5 + FT.  
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.

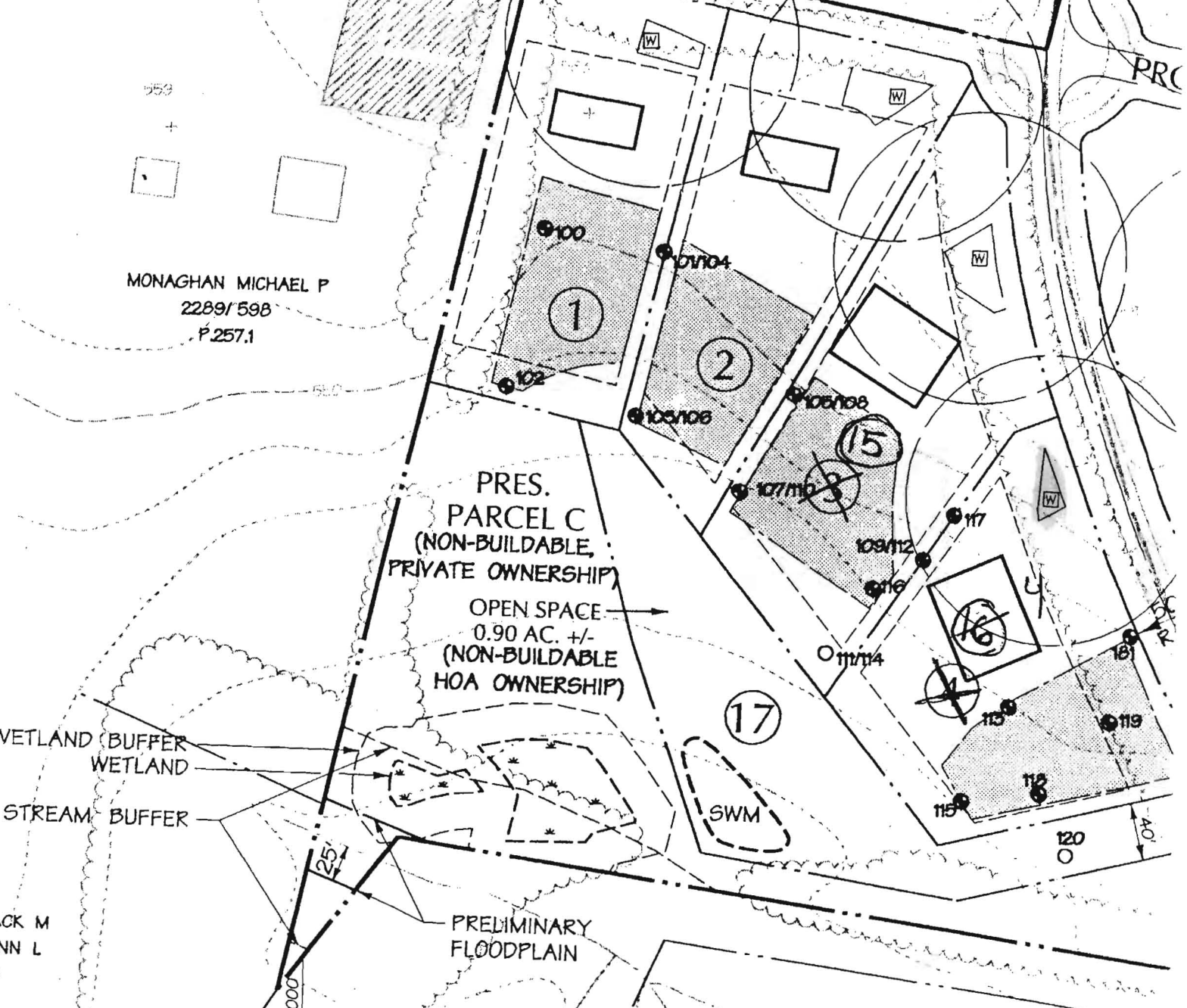
Signature of company representative responsible for installation \_\_\_\_\_ date 11/14/05

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/15/05 Inspector: GAC **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 1 1/2" 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

FILED  
PROPOSED

AL ROAD OLD ROVER RD. PARCEL A (NON-BUILDABLE)



MONAGHAN MICHAEL P  
2289/598  
P.257.1

PRES. PARCEL C  
(NON-BUILDABLE,  
PRIVATE OWNERSHIP)  
OPEN SPACE  
0.90 AC. +/-  
(NON-BUILDABLE  
HOA OWNERSHIP)

WETLAND BUFFER  
WETLAND  
STREAM BUFFER

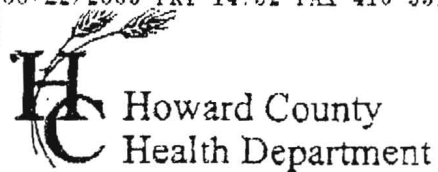
PREDIMINARY  
FLOODPLAIN

E 1314000  
N 1590750  
SMITH CALVIN I  
SMITH JUNE A T/E  
3308/453  
P.236.2

GRAY EARL  
342/  
P.22

DRILLER'S COPY

1/14/04  
Well drilled  
per plan KN



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

~~301 620~~  
~~1111~~

# CERTIFICATE OF ANALYSIS



TRACE LABORATORIES-EAST

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

Maryland State Certified  
 Water Quality Laboratory  
 No. 318

**Requester:**  
 Selfridge Builders  
 14045 Gared Drive  
 Glenwood, Maryland 21738

**S/O Number:** 07-0439  
**Report Date:** June 1, 2006

**Property Sampled:** 2860 Pfefferkorn Road

**County:** Howard  
**Subdivision:** Fox Meadow  
**Lot #:** 4  
**Building Permit #:** B00155090  
**Tax Map #:** 15  
**Parcel #:** 167

**Date/Time Collected:** May 31, 2006 at 12:35 pm  
**Date/Time Received:** May 31, 2006 at 1:25 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** Tag not visible  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** NONE

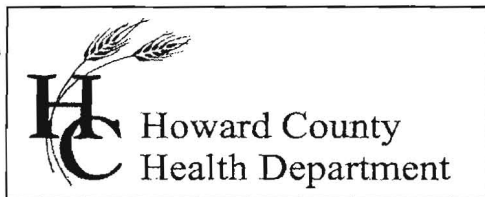
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	6.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.5 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Heather R. Beam*  
 Heather R. Beam  
 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.



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

Penn F. Borenstein. M.D.. M.P.H.. Health Officer

June 9, 2006

Northridge Development, LLC  
14045 Gared Drive  
Glenwood, MD 21738

**FAXED VIA FACSIMILE 410-531-8939**

RE: Fox Meadow, Lot 4  
2860 Pfefferkorn Road  
West Friendship, MD 21794  
BP #: B00155090  
Well Permit # HO-94-3791

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 11/8/2005. Final approval of the well line connection to the dwelling was approved on 11/15/2005.**

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.

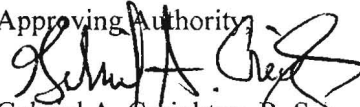
**INTERIM CERTIFICATE OF POTABILITY**

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-94-3791. 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.

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~~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: 05/31/2006  
Date of Well Completion: 09/26/2003

Approving Authority  
  
Gabriel A. Creighton, R.S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File