

C 1 . 0788 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 513567-1

DATE RECEIVED MM DD YY 09 12 03

DATE WELL COMPLETED

DEPTH OF WELL 117 180 03 OKSRK

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3723

OWNER North ridge STREET OR RFD FOX STREAM WAY TOWN Glenelg SUBDIVISION FOX MEADOWS SECTION LOT 10 12

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 12, NO. OF POUNDS 1200, GALLONS OF WATER 72, DEPTH OF GROUT SEAL 28.

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter 6, Total depth of main casing 30.

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

SCREEN RECORD: screen type or open hole (HO), DEPTH (nearest ft.) 117, 28, 180.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED (Y). CIRCLE APPROPRIATE LETTER: A, E, P.

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 772. DRILLERS SIGNATURE. LIC. NO. M D.

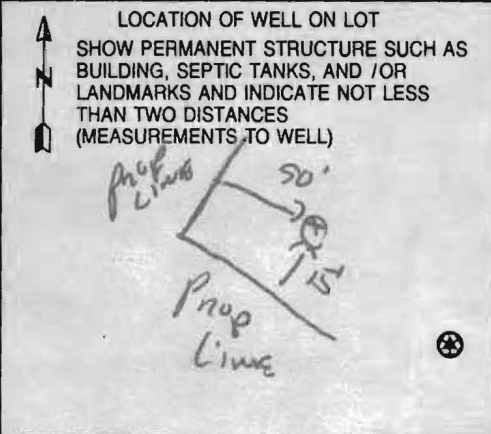
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.

TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 12 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 15 ft. BEFORE PUMPING, 25 ft. WHEN PUMPING. TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES (NO). 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).

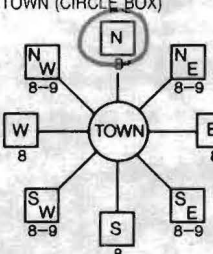



B 1 9156 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-94-3723
 1 2 3 6 70 71 72 73 74 75 76 77 78 79
 518603 Please print or type fill in this form completely

Date Received (APA) 04/02/03 OWNER INFORMATION
 8 MM DD YY 13
NORTH RIDGE Development LLC
 15 Last Name Owner First Name 34
14045 GARED DR.
 36 Street or RFD 55
GLENWOOD MD. 21738
 57 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL
 8 COUNTY 21
Fox Meadow
 23 SUBDIVISION 42
 SECTION 10/12 LOT 10/12
 44 46 48 50
GLENWOOD
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) I M I
 73 76 77 78

DRILLER INFORMATION
RALPH E. MAYNE MS D 117
 76 Driller's Name License No. 81
RALPH E. MAYNE Well Drilling
 Firm Name
17024 Hardy Rd Mt Airy, MD. 21771
 Address
Ralph E. Mayne 3-24-03
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Fox Stream way
 11 NEAR WHAT ROAD 30
 34 75 37
 DISTANCE FROM ROAD 75
 ENTER FT OR MI 38 39
 TAX MAP: 15 BLK: 19 PARCEL 167

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

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

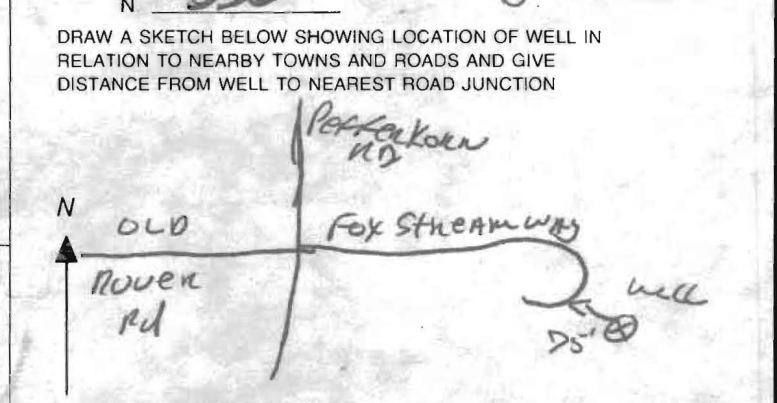
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 513567-J
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 07/01/03 Steven R. Krieg 7/01/04
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 530 000 EAST GRID 803 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 9/12 p.e.g @ 7:30A
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 803
 N 530
 000 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 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-94-3723
 70 71 72 73 74 75 76 77 78 79

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

Feb 27 04 11:03a

HO GO FNV HFRI TH

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: Selfridge Builders Telephone #: 410-531-8930
 Subdivision: FOX MEADOWS Lot #: 12 Well Tag #: HO -
 Site Address: 13626 FOX STREAM WAY
W. FRIENDSHIP

Submersible Pump Data

Make: GRUNDFOSS
 Model #: 15 SQE 078-180
 Pump Capacity: 15 GPM
 Well Yield: 12 GPM

Pitless Adapter

Make: 51
 Model #: PA100
 Depth: 36 (36" min)
 NSF/WSC approved: Y

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
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: AQUA-DUCT call
 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

11/14/05
 date

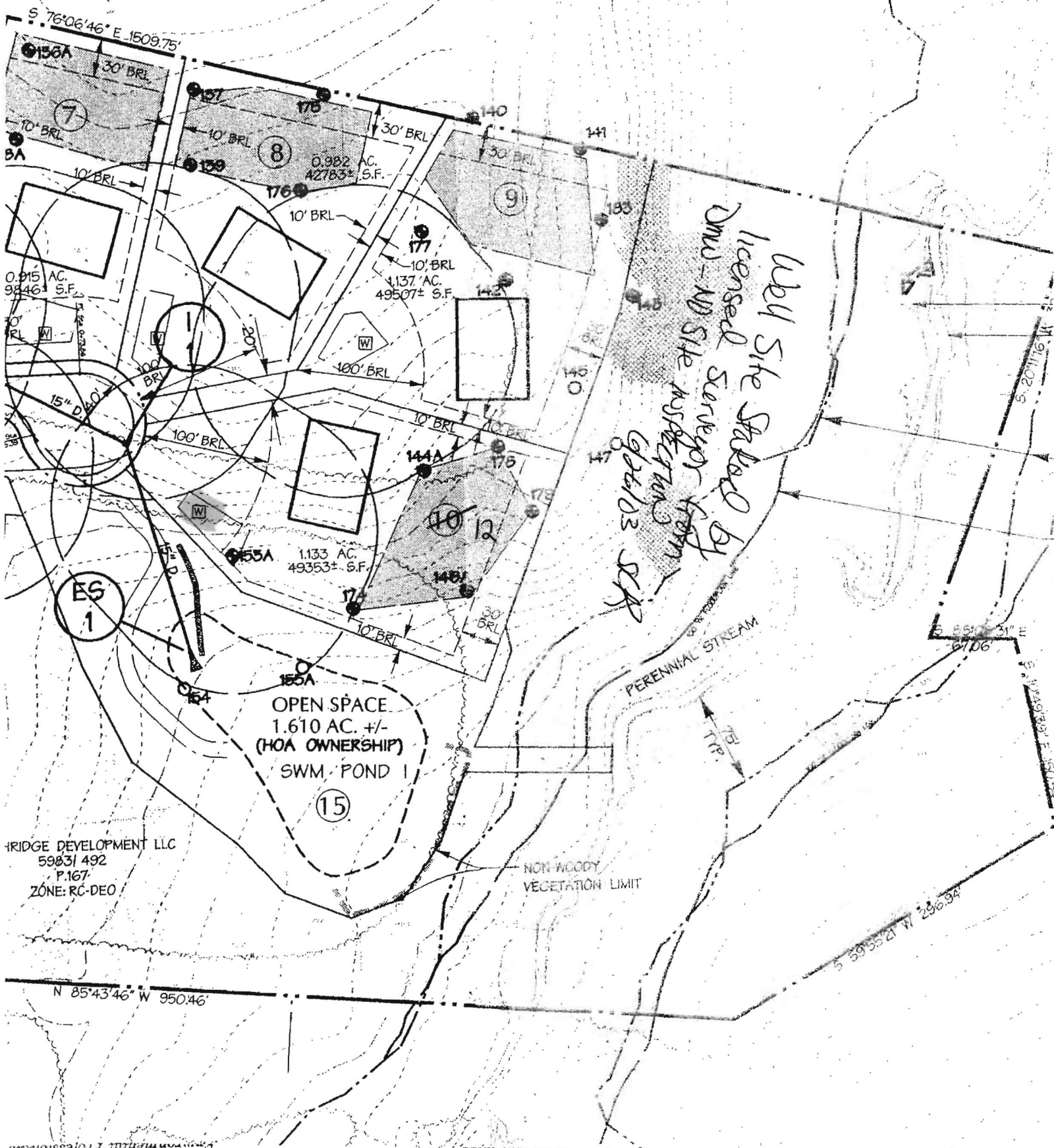
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 11/14/05 Date Insp. Approved: 11/15/05 Inspector: GAL
 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

PFEFFERKORN WILLIAM ROBERTS
537/ 221
1175/ 132
P.166
ZONE: RC-DEO

N 89°17'51"

E 1316.000

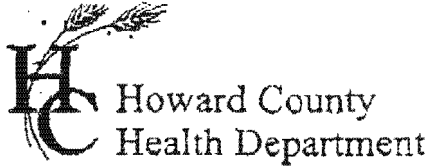


*Wet Site Shaded by
licensed Surveyor from
Dnu - no site construction
within 30' SFL*

BRIDGE DEVELOPMENT LLC
5983/ 492
P.167
ZONE: RC-DEO

N 85°43'46" W 950.46'

S 38°35'21" W 296.94'



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.

Lot 16

KN

~~31~~
~~62~~
~~11~~

CASELL TESTING, INC.

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

REPORT DATE: Feb 17, 2006

County Howard

Lab Number 06-2373

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: 13626 Fox Stream Way

Station Sampled: Pressure tank tap

Tax Map #: 15

Date/Time Sampled: Feb 16, 2006 10:00 am

Parcel #: 167

Owner, Telephone No.: Patterson

Sampler: 67246P

Subdivision Name: Fox Meadow

Lot Number: 12

Building Permit No.: B00150314

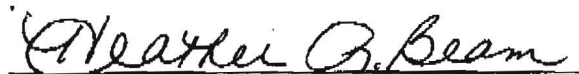
Well Number: HO-94-3723

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

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	7.6 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.2 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

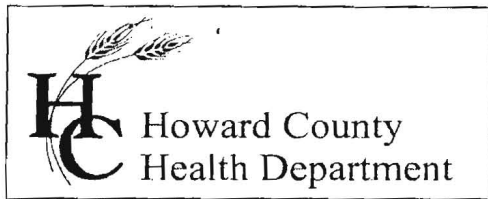
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 17, 2006

Northridge Development, LLC
14045 Gared Drive
Glenwood, MD 21738

SENT VIA FACSIMILE 410-531-8939

RE: Fox Meadow, Lot 12
13626 Fox Stream Way
West Friendship, MD 21794
BP #: B00150314
Well Permit # HO-94-3723

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 07/28/2005. Final approval of the well line connection to the dwelling was approved on 11/15/2005.**

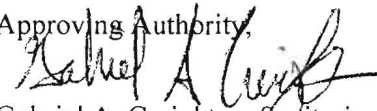
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

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-94-3723. 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: 02/16/2006
Date of Well Completion: 09/12/2003

Approving Authority,

Gabriel A. Creighton, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File