

C1 0794

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)

COUNTY NUMBER 513567-B

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 09 24 03

Depth of Well 180 (TO NEAREST FOOT)

11/6/03 OK SRK

PERMIT NO. FROM "PERMIT TO DRILL WELL" AD-94-3715

OWNER Northridge Development STREET OR RFD FOX MEADOW ROAD TOWN Glenelg SUBDIVISION FOX MEADOW SECTION LOT 2

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, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA B, and Sand Stone MICKA B.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 20 NO. OF POUNDS 2000 GALLONS OF WATER 120 DEPTH OF GROUT SEAL 30+

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 65

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

SCREEN RECORD

screen type or open hole insert appropriate code below (HO) DEPTH (nearest ft.) HO 63 180

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (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 S D 117 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)

C 2 DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E, N and rows for casing depths.

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

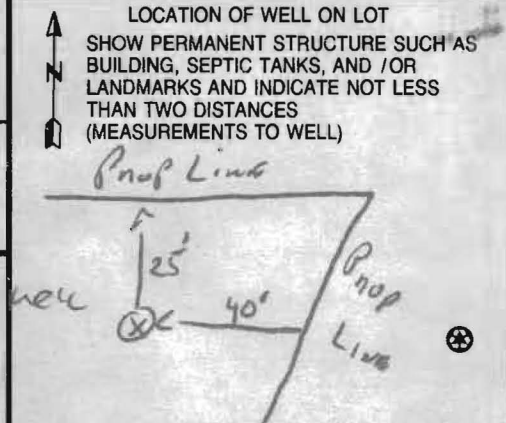
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 35 ft. TYPE OF PUMP USED (for test) 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 (2) (nearest foot) (-) below



B 1 9149 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER 43715
 1 2 3 6 70 fill in this form completely 79
 518603 please print or type

Date Received (APA) 04/02/03 OWNER INFORMATION
 8 MM DD YY 13
 15 NorthRidge Development LLC Last Name Owner First Name 34
 36 14045 GAREO DR. Street or RFD 55
 57 Glenwood MD. 21038 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL
 8 COUNTY 21
Fox meadow
 23 SUBDIVISION 42
 SECTION 44 46 LOT 2 48 50
GLENELS
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION
 76 Ralph E. MAYNE M S D 117 Driller's Name License No. 81
Ralph E. MAYNE well drilling Firm Name
17024 HARDY RD. MEADLEY MD. 21221 Address
Ralph E. Mayne 3-2403 Signature Date

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 OLD COVER RD NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH NORTH
 WEST EAST
 SOUTH
 34 50 37 DISTANCE FROM ROAD 38 39
 ENTER FT OR MI
 TAX MAP: 15 BLK: 19 PARCEL 167

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 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 A513567-B
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 07/01/03 Steve R. King 7/01/04 41
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 530 0 0 0 EAST GRID 503 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)
 30 BORED (or Augered) JETTED Jetted & DRIVEN
 37 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REverse-ROTary DRive-POINT
 other _____

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) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. Ho-94-3715
 70 71 72 73 74 75 76 77 78 79

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 530 803
 N 503 803 000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
Old Cover Rd
50 ↑
 well ⊗
Potterknow Rd

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3715
 Location of property (road) OLD ROVER ROAD
 Subdivision FOX MEADOW Lot 2 Block Plat Sec.
 Well Driller R Mayne Owner North ridge Dev.

Depth of well 180
 Distance of measuring point (M.P.) above ground 2^{ft}
 Static water level (S.W.L.) below M.P. 33

I. High rate pumping -- reservoir drawdown

Time pump started 12:00 Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 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 <u>I</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:00	33 <u>ft</u>	5 Sec		12 GPM
			TEST Started	
12:15	35 <u>ft</u>	5 Sec		12 GPM
12:30	35 <u>ft</u>	5 Sec		12 GPM
12:45	35 <u>ft</u>	5 Sec		12 GPM
1:00	35 <u>"</u>	5 <u>"</u>		12 <u>"</u>
1:15	35 <u>"</u>	5 <u>"</u>		12 <u>"</u>
1:30	35 <u>"</u>	5 <u>"</u>		12 <u>"</u>
1:45	35 <u>ft</u>	5 Sec		12 GPM
2:00	35 <u>ft</u>	5 Sec		12 GPM
2:15	35 <u>ft</u>	5 Sec		12 GPM
2:30	35 <u>"</u>	5 <u>"</u>		12 <u>"</u>
2:45	35 <u>"</u>	5 <u>"</u>		12 <u>"</u>
3:00	35 <u>ft</u>	5 Sec		12 GPM
3:15	35 <u>ft</u>	5 Sec		12 GPM

Fph 27 04 11:03a

HO GO FNY HEALTH

1410312648

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: PO 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# TI-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: Selfridges Builders Telephone #: 410-531-8930
Subdivision: Fox Meadows Lot #: 2 Well Tag #: HO-94-8715
Site Address: 13691 Old Raven Rd
W. FRIENDSHIP

Submersible Pump Data
Make: GRUNDFOS
Model #: SCB07-180
Pump Capacity: 15 GPM
Well Yield: 12 GPM

Pitless Adapter
Make: PIT
Model #: PA-100
Depth: 42" (36" min)
NSP/WSC approved: Yes

Well Cap and Electric Conduit
Two piece watertight cap: Yes
Screened, vented well cap: _____
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
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 No

Piping to house
Type: Aqua Jet
PSI: 100 (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: 10'
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: 10/17/06

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

Date Insp. Requested: 9/27/06 Date Insp. Approved: 9/27/06 Inspector: GAC for KW
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 ✓

CERTIFICATE OF ANALYSIS



TRACE LABORATORIES
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: 60747
Report Date: November 16, 2006

Property Sampled: 13691 Old Rover Road

County: Howard
Subdivision: Fox Meadow
Lot #: 2
Building Permit #: B00159889
Tax Map #: 15
Parcel #: 167

Date/Time Collected: November 15, 2006 at 10:55 am
Date/Time Received: November 15, 2006 at 1:30 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3715
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: UV Light, Sediment Filter, Neutralizer
(None installed)

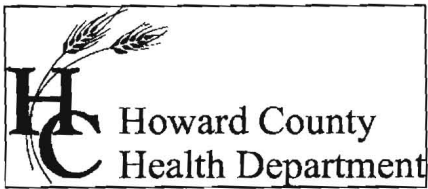
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.2 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.5 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

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.



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

December 8, 2006

Northridge Development, LLC.
4781 Ten Oaks Rd.
Dayton, MD 21036

SENT VIA FACSIMILE 410-489-2452

RE: Fox Meadow, Lot 2
13691 Old Rover Rd.
West Friendship, MD 21794
BP #: B00159889
Well Permit # HO-94-3715

Dear Sir/Madam:

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 9/28/2006. Final approval of the well line connection to the dwelling was approved on 9/27/2006.**


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






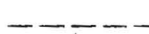


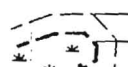





This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3715. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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: 11/15/2006
Date of Well Completion: 9/24/2003

Approving Authority

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

cc: Building Inspector's Office
Community Health Services
File

-  PROP. WELL
-  PROP. BUILDING RESTRICTION LINE
-  PROP. BUILDING
-  PROP. SRA
-  LOT NUMBER
-  APPROX. STREAM BUFFER
-  STEEP SLOPE (25% +)
-  STEEP SLOPE (15% - 25%)
-  25' WETLAND BUFFER
-  WETLAND
-  100-YEAR FLOODPLAIN
-  PASSED PERC TEST
-  FAILED PERC TEST
-  NATURAL AREA CREDIT EASEMENT

E 1314000

MONTGOMERY CATHLEEN A JIT
33321 406
P.168.5
ZONE: RR-DEQ

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

OLD ROVER LOCAL ROAD RD.
FUTURE PAYEMENT

MONAGHAN MICHAEL P
22891 598
P.257.1
ZONE: RR-DEQ.

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

1/14/04 Well dug
per plan

Well Staked by KN
licensed surveyor
from DMW - no site
inspection (42103
SLR

25' WETLAND BUFFER
WETLAND

75' STREAM BUFFER

N 12°47'59" E 738.60'

57°19'33.15" E 387.40'

50' BRL

50' BRL

10' BRL

10' BRL

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

109/112

116

111/114

117

113

115

100

1104

0.921 AC
401074 S.F.

0.964 AC
420031 S.F.

1

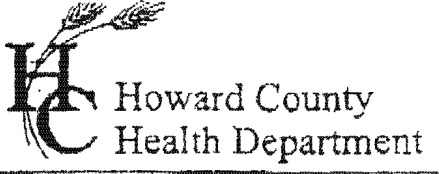
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102

105/106

105/108

107/110



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.

Loft

KN

8/27/03