

13841

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 A515958

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 325 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-24-03 OK (LN) 110-94-3807

OWNER Foxtal, Run last name first name TOWN Glenwood STREET OR RFD SUBDIVISION SECTION LOT 5

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. Includes handwritten entries: Sand + Clay mixed, Gray Micaceous Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 35 NO. OF POUNDS 3290 GALLONS OF WATER 210 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 93 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 100

OTHER CASING (if used)

diagram for other casing with diameter and depth fields.

SCREEN RECORD

screen type or open hole ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)

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

C 3

PUMPING TEST

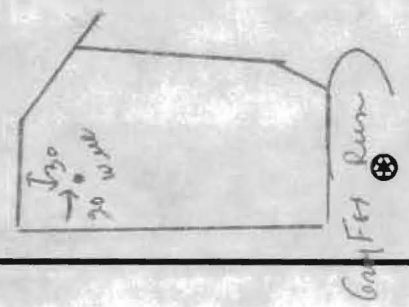
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 36 WHEN PUMPING 122 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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 LAND SURFACE - below (nearest foot) 2

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)



DRILLERS LIC. NO. 1 M SD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 1

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 2221
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
519576 please type

STATE PERMIT NUMBER
HO-94-3807
70 fill in this form completely 79

Date Received (APA) 09/16/03
OWNER INFORMATION
8 MM DD YY 13
15 Last Name First Name
Foxtail Run LLC
36 Street or RFD 55
Ellicott City Md 21041
57 Town 70 State 72 Zip 76

DRILLER INFORMATION
Driller's Name Joseph L Mayne M SD 024
76 License No. 81
Firm Name Joseph L Mayne Well Drilling
Address 5512 Ridge Rd Mt Airy 21771
Signature Joseph L Mayne Date 9-12-03

WELL INFORMATION
APPROX. PUMPING RATE 4
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 280 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

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

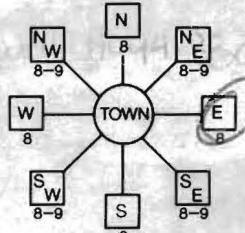
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEIN 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-94-3807
70 71 72 73 74 75 76 77 78 79

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

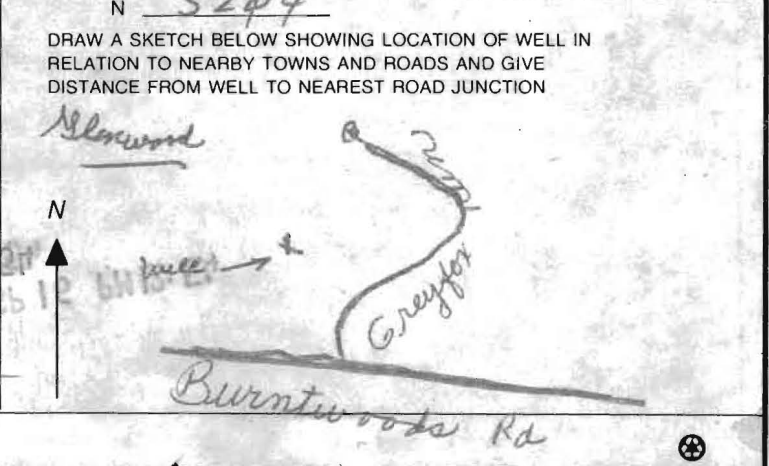
LOCATION OF WELL
B 3
8 COUNTY Howard 21
23 SUBDIVISION Foxtail Run 42
SECTION 44 46 LOT 5 48 50
52 NEAREST TOWN Glenwood 71
MILES FROM TOWN (enter 0 if in town) 2 1/2 M 73 76 77 78

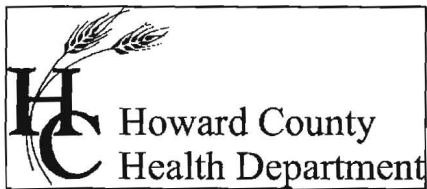
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NEAR WHAT ROAD Greyfox Run 30
DISTANCE FROM ROAD 275 FT
ENTER FT OR MI 38 39
TAX MAP: 22 BLK: PARCEL 2



NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME Howard COUNTY NO. A515958
STATE SIGNATURE INSERT S 41
DATE ISSUED 10/02/03
43 MM DD YY 48 CO SIGNATURE Kae Norman 10/02/04
NORTH GRID 50 524 000 EAST GRID 57 802 000

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 8002
N 5204
000 000





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

November 8, 2006

Rylea Homes, Inc.
P.O. Box 68
Glenwood, MD 21738

SENT VIA FACSIMILE 410-489-6030²

RE: Foxtail Run, Lot 5
13716 Greyfox Run
West Friendship, MD 21794
BP #: B00158063
Well Permit # HO-94-3807

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 6/13/2006. Final approval of the well line connection to the dwelling was approved on 06/08/2006.**

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-94-3807. 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: 10/30/2006 & 11/06/2006
Date of Well Completion: 10/16/2003

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

Fax (301) 695-9114

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Classic Plumbing

Telephone 301 695 7934

License Number 366
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner Rylea Homes

Telephone _____

Subdivision Forestal Green Run Lot # 5

Well Tag # _____

Site Address 13216 Great Fox Run

Pump
1. Type
a. Deep well jet
b. Shallow well jet _____
c. Submersible _____
2. Make Goulds
3. Model # 79B10
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor
1. Horsepower 1
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth 30"

Tank
1. Capacity 32
2. Pressure relief valve? yes

Piping
1. Type Poly
2. Size 1 1/2"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 30'

Well data
1. Depth 325 ft.
2. Yield 6 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Robert V. Kelly

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: Foxtail Run Lot #: 5 Well Tag #: HO-94-3807
Site Address: 13716 Grey Fox Run

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve (5 foot minimum): _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: _____

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 _____

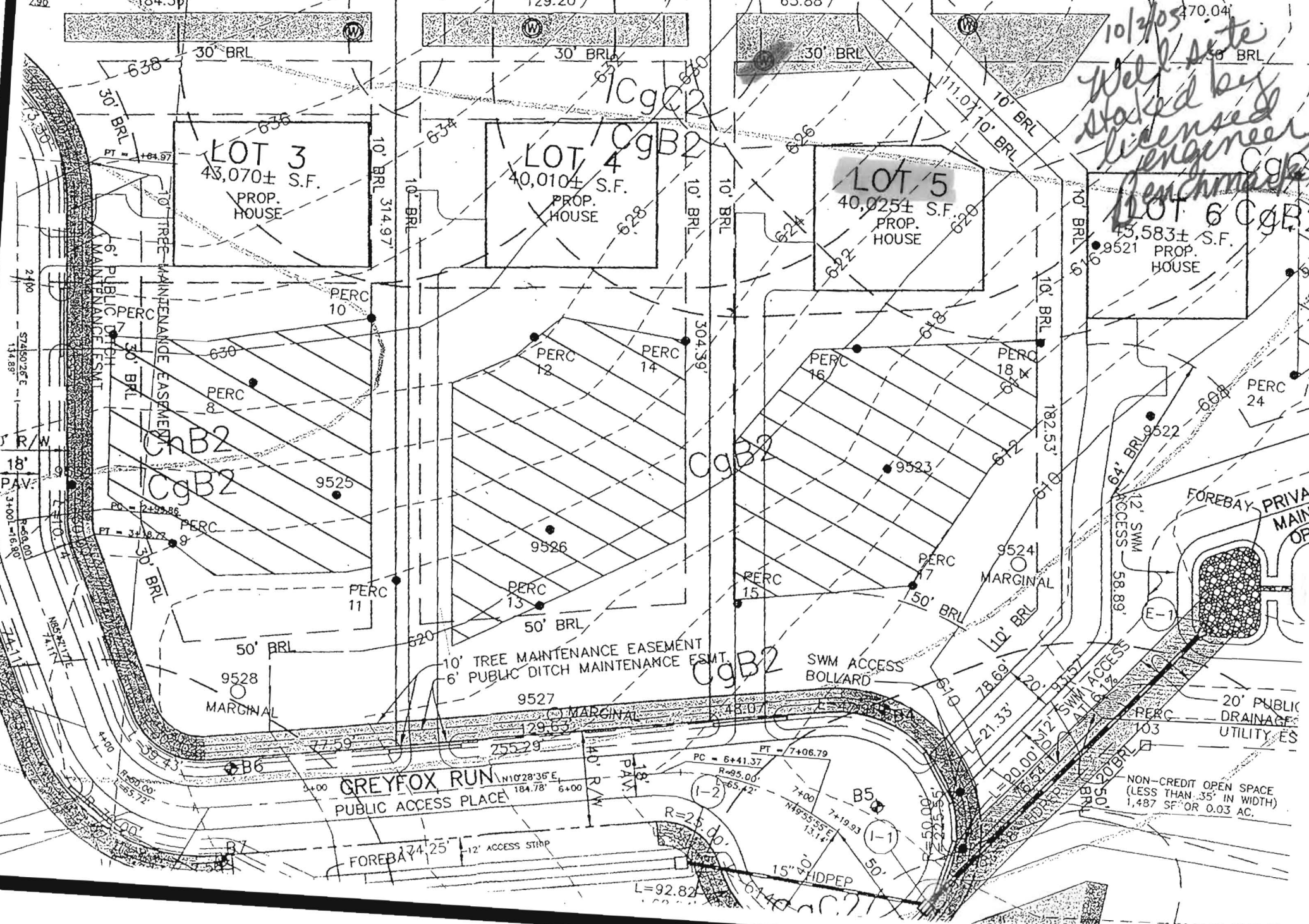
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 6/8/06 **(BB)**

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

50' RIGHT-OF-WAY ACCESS STREET (00-71)
EX. FOREST CONSERVATION EASEMENT AREA No. 21
PLAT No. 14482

15°09'34" W



10/2/05 well site staked by licensed engineer Penchmark

NON-CREDIT OPEN SPACE (LESS THAN .35' IN WIDTH) 1,487 SF OR 0.03 AC.

GREYFOX RUN PUBLIC ACCESS PLACE

18' PAV.

J R/W

2400

2410

2420

2430

2440

2450

2460

2470

2480

2490

2500

2510

2520

2530

2540

2550

2560

2570

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3000

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3070

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3090

3100

3110

3120

3130

3140

3150

3160

3170

3180

3190

3200

3210

3220

3230

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3250

3260

3270

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3490

3500

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	61245	Account #:	3690
Reference:	Rylea Homes Lot 5	Company:	Rylca Homes
Location:	13716 Grey Fox Run Gleneig, MD 21737	Requested By:	Jim Ryan
Date/ Time Collected:	11/6/2006 1230	Source:	Well Water
Date/Time Rec'd:	11/6/2006 1600	Site:	Powder Room
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	6.3
		Well #:	HO-94-3807

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/7/2006 / 1010 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/7/2006 / 1010 / AD/BD

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 61150

Building Permit # : B00158063

Date Reported: 11/7/2006

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Laneytown Rd. Westminster, MD (410) 348-1014 (410) 376-4554 FAX (410) 348-0298

REPORT OF ANALYSIS

Laboratory ID #:	61150	Account #:	3690
Reference:	Rylea Homes	Company:	Rylea Homes
Location:	13716 Grey Fox Run Glenelg, MD 21737	Requested By:	Jim Ryan
Date/ Time Collected:	10/30/2006 1150	Source:	Well Water
Date/Time Rec'd:	10/30/2006 1345	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.3
		Well #:	HO-94-3807

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM18 9223 B.	10/31/2006 / 0800 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/31/2006 / 0800 / AD/BD
Nitrate	1.81	mg/L	10	601	10/31/2006 / 1200 / BCD
Turbidity	8.58	NTU	<10	SM18 2130B	10/31/2006 / 0835 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimetric	10/31/2006 / 0835 / AD/BD

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00158063

Date Reported: 10/31/2006