

C1 0798

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 13 A513567-F

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 08 26 03

Depth of Well 180

11/7/03 OK SRK

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3719

OWNER DR. NORTH RIDGE Dev. STREET OR RFD FOX STREAM WAY TOWN Glenelg SUBDIVISION Fox Creek Meadow SECTION LOT 48

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 20, NO. OF POUNDS 2000, GALLONS OF WATER 120, DEPTH OF GROUT SEAL 0 to 304 ft.

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6 inches), Total depth of main casing (60 feet).

OTHER CASING (if used) section with diameter and depth fields.

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

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

DEPTH (nearest ft.) table with columns for casing and screen diameters and depths.

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. 1 M S D 117, DRILLERS SIGNATURE, LIC. NO. 1 M D

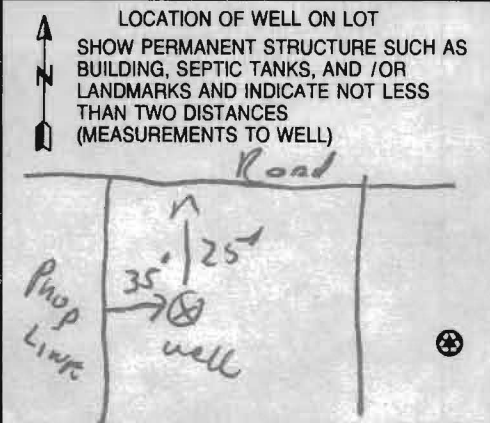
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 8.5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft., WHEN PUMPING 54 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 49, LAND SURFACE below 2 (nearest foot).



B 1 9152

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

518603 please print or type

HO-94-3719 fill in this form completely

Date Received (APA) 04/02/03

OWNER INFORMATION

WORTH RIDGE Development LLC
14045 GAREO DR.
GLENWOOD MD 21238

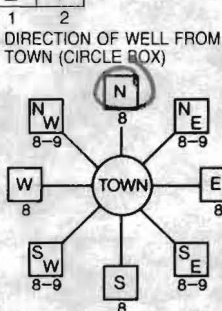
LOCATION OF WELL

Howard
Fox meadow
GLENELG

DRILLER INFORMATION

Ralph E. Mayne M S D 117
Ralph E. Mayne Well Drilling
17024 HARVARD Rd Mt Airy MD 21771

DIRECTION OF WELL FROM TOWN



Fox Stream way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 25

TAX MAP: 15 BLK: 19 PARCEL 107

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 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-F
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 07/10/03 Lewis R. King 7/10/04
NORTH GRID 530 0 0 0 EAST GRID 803 0 0 0

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

Bored (or Augered) JETTED Jetted & Driven
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT

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 deepen an existing well

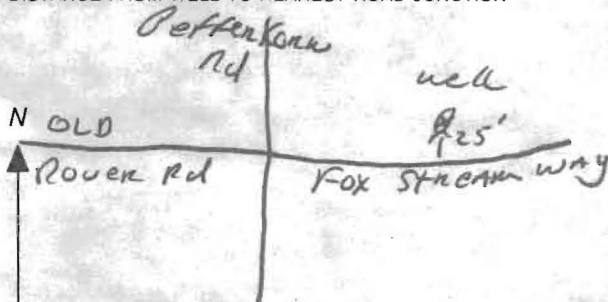
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

803
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



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

APPROX. PERMIT NUMBER G
PERMIT No. HO-94-3719

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





Feb 27 04 11:03a

HO CO FNY HEALTH

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**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 SERVICING 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): \_\_\_\_\_ License# \_\_\_\_\_

\*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 #: 410-537-8950  
 Subdivision: FOX MEADOWS Lot #: 8 Well Tag #: HO-94-3719  
 Site Address: 13615 FOX STREAM WAY  
W. FRIENDSHIP MD 21794

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>GRUNDFOS</u>	Make: <u>SIE</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>IS SQE 07-180</u>	Model #: <u>PA-100</u>	Screened, vented well cap: _____
Pump Capacity: <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>8.5</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>180</u> (feet)		Conduit secured to well cap: <u>YES</u>
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 <u>Built in to Pump</u>		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

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

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 9/7/06

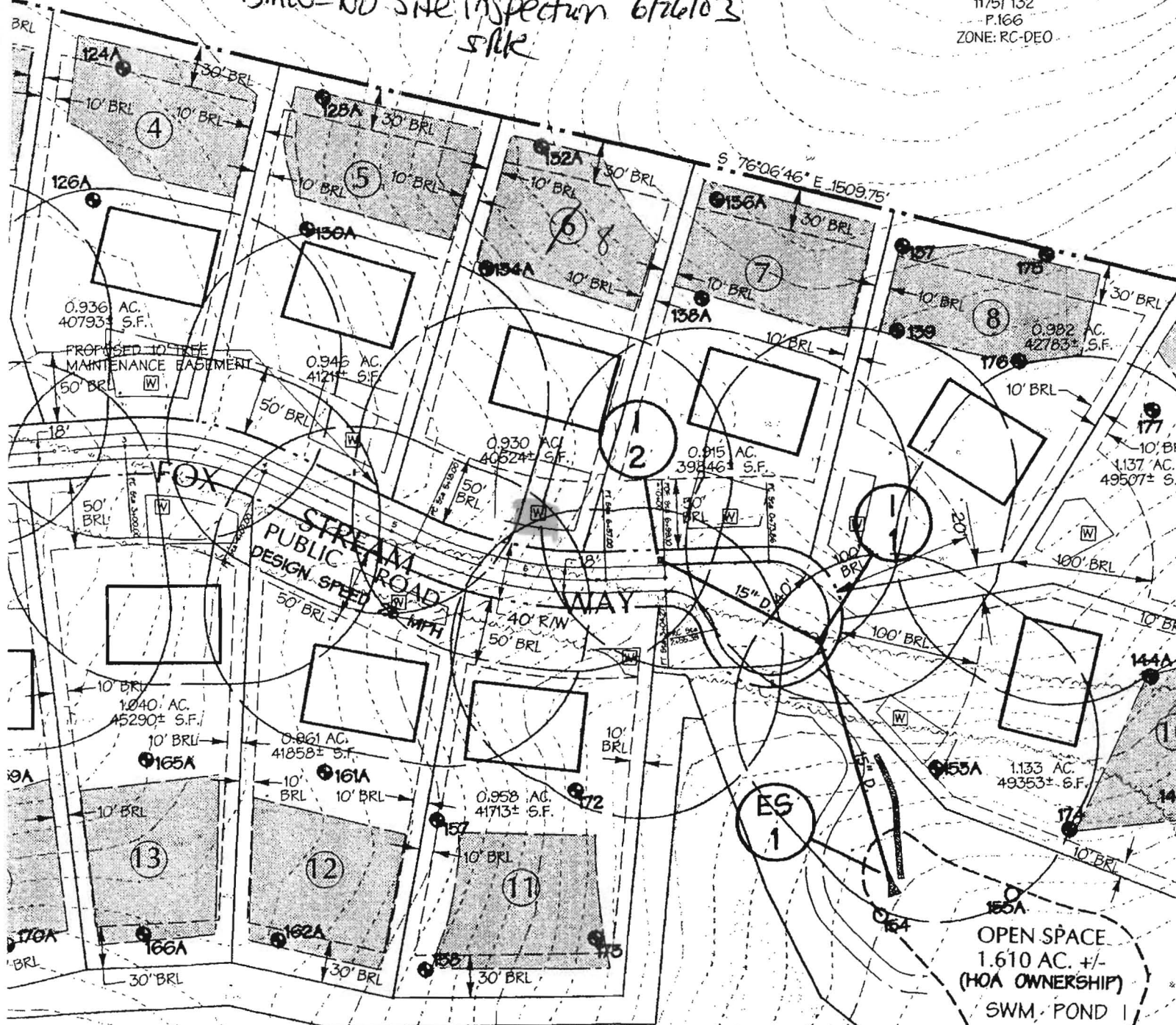
**For Health Department Use Only – Not to be completed by installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/26/06 Inspector: BB

Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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"/>

Well site Staked by  
 licensed surveyor from  
 DMW-NO site inspection 6/26/03  
 slrk

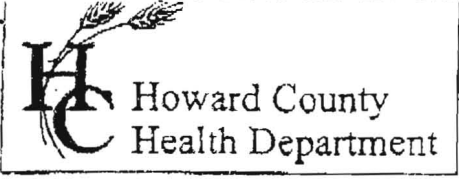
PFEFFERKORN WILLIAM ROBERTS  
 5371 221  
 11751 132  
 P.166  
 ZONE: RC-DEO



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

NORTH RIDGE DEVELOPMENT LLC  
 59831 492  
 P.167  
 ZONE: RC-DEO





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!!!**

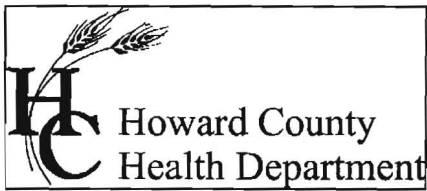
When submitting a well application for a new or replacement well, please indicate one of the following:

- 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.

*LAFT 16*  
KN

*31-62*  
*1111*



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 8  
13615 Fox Stream Way  
West Friendship, MD 21794  
BP #: B00158069  
Well Permit # HO-94-3719

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 6/29/2006. Final approval of the well line connection to the dwelling was approved on 7/26/2006.**

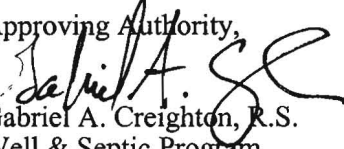
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### 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-94-3719. 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: 11/30/2006  
Date of Well Completion: 8/26/2003

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

cc: Building Inspector's Office  
Community Health Services  
File

# CERTIFICATE OF ANALYSIS



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

**S/O Number:** 60999  
**Report Date:** December 1, 2006

**Property Sampled:** 13615 Fox Stream Way

**County:** Howard  
**Subdivision:** Fox Meadow  
**Lot #:** 8  
**Building Permit #:** B00158069  
**Tax Map #:** 15  
**Parcel #:** 167

**Date/Time Collected:** November 30, 2006 at 11:10 am  
**Date/Time Received:** November 30, 2006 at 2:25 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 6551DB  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3719  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	2.4 NTU	EPA 180.1	10 NTU	Pass
pH	5.0 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.

**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

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ENVIRONMENTAL  
LABORATORY