

0501

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.

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

COUNTY NUMBER

13

ST/CO USE ONLY DATE Received

MM 06 DD 13 YY 02

DATE WELL COMPLETED

MM 12 DD 3 YY 01

Depth of Well

22 150 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-94-3235

OWNER IKO Tennant Development

STREET OR RFD Fox Meadow Lane

first name

TOWN West Friendship MD

SUBDIVISION Fox Creek

SECTION

LOT 5

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)

FEET

FROM

TO

check if water bearing

BROWN SHALE 0 31

BLUE MICA 31 150

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes (Y) no (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 12 NO. OF POUNDS 1128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 39 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

ST 6 40

OTHER CASING (if used)

diameter inch depth (feet) from to

screen type or open hole insert appropriate code below

SCREEN RECORD

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

WATER AT 46'

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes (Y) no (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...

DRILLERS LIC. NO. 1 MWD 139

Robert Clome DRILLERS SIGNATURE

LIC. NO. 1 MWD 536

Robert Clome Jr SITE SUPERVISOR

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 ft.

WHEN PUMPING 37 ft.

TYPE OF PUMP USED (for test)

- A air P piston T turbine
C centrifugal R rotary O other
J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR 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

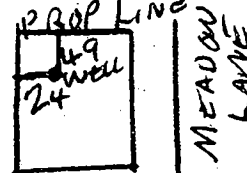
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

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)



MD RT 144

B 1	0658	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER
1 2 3 6			W514998 please print or type	40-94-3235
				fill in this form completely

OWNER INFORMATION

Date Received (APA) 03 21 01
8 MM DD YY 13

IKO-Tennant Dev
15 Last Name Owner First Name 34

3403 Olandwood Ct. Suite 101
36 Street or RFD 55

Olney, MD 20832
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Fox Creek
23 SUBDIVISION 42

SECTION LOT 5
44 46 48 50

West Friendship
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DRILLER INFORMATION

Robert L. Cline M W D 139
Driller's Name 76 License No. 81

Cline & Duvall, Inc.
Firm Name

8093 Hillmark Ct. Frederick, MD 21704
Address

Robert L Cline 3/15/01
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 Fox Meadow 30
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 175 37
DISTANCE FROM ROAD ft.
ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 12 PARCEL 18.3

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 :12

AVERAGE DAILY QUANTITY NEEDED 300
(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 (13)
COUNTY NAME COUNTY NO

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 9/26/2001 Brian Baker 9/26/2002
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 535 000 EAST GRID 817 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8107

N 5305

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PE Percussion ROTARY (Hydraulic Rotary)

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)

APPROX. PERMIT NUMBER H02001G001

PERMIT No. H0-94-3235
70 71 72 73 74 75 76 77 78 79

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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: Vansant Plog & Hg Telephone #: 301-29-0444
Address: 201 Main St
Metzger MD 21071

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Loey Vansant License# 16936
*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: NY Homes Telephone #: 410-379-5956
Subdivision: fox creek Lot #: 5 Well Tag #: HO-94-3235
Site Address: 12325 Fox Meadow Lane
Ellicott City MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: 1000200 Two piece watertight cap:
Model #: 1G20542 Model#: 1510X Screened, vented well cap:
Pump Capacity _____ GPM Depth: 42 (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: 130 (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 restrictors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house House Connection
Type: Polyethylene PVC sleeved to undisturbed soil at wall penetration: 15
PSI: 500 (160 psi min) Approximate length of sleeve: 15
Depth of supply line: 36" min) Sleeve caulked and sealed properly: Yes

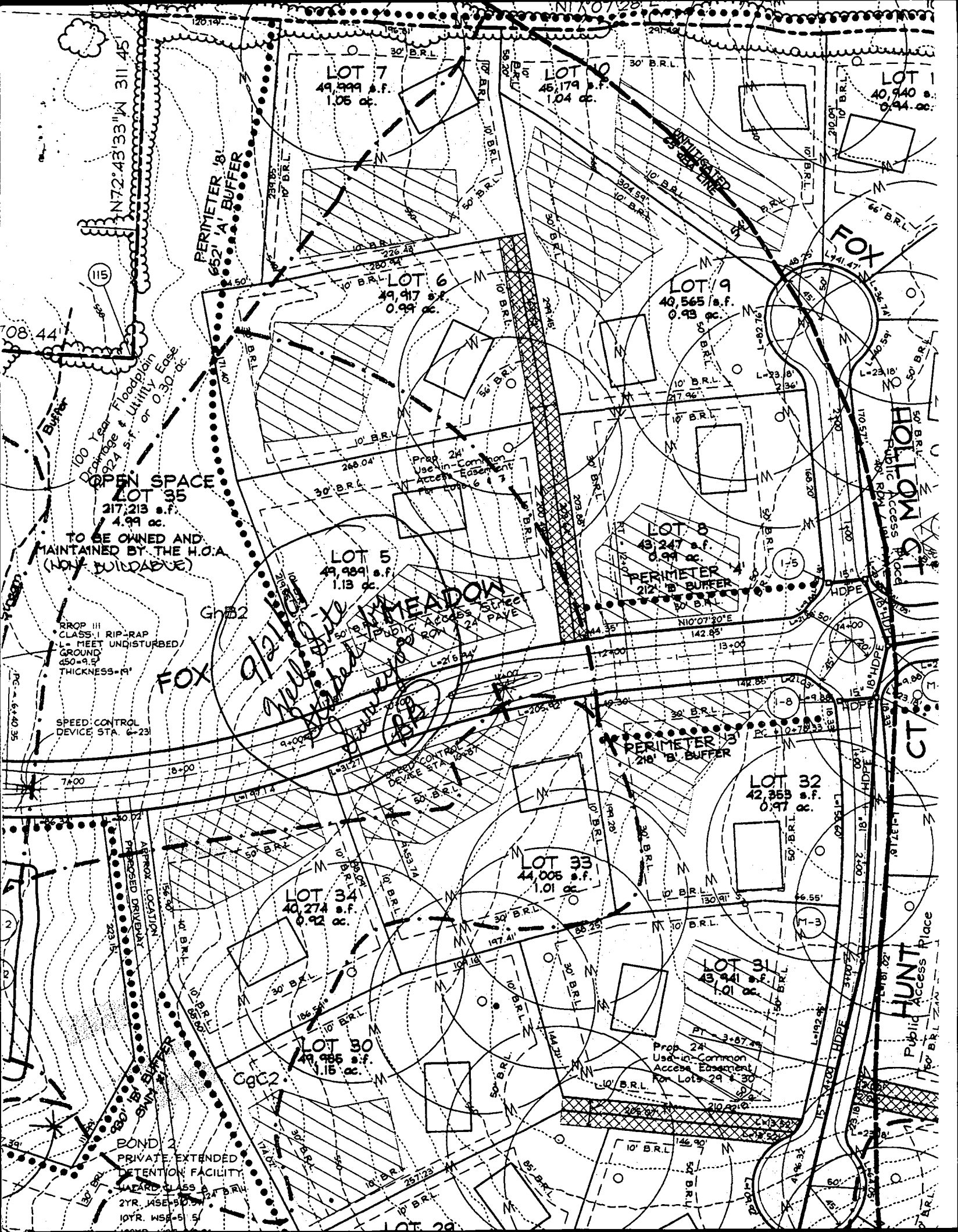
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 9.12.03

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

Date Insp. Requested: 9/10/03 Date Insp. Approved: 9/10/03 (50) SRK

- Inspection Data: Pitless adapter and 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 installed inside of well 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



N72°43'33"W 311.45'

LOT 7
49,999 s.f.
1.05 ac.

LOT 10
45,179 s.f.
1.04 ac.

LOT 1
40,940 s.f.
0.94 ac.

LOT 6
49,917 s.f.
0.99 ac.

LOT 9
40,565 s.f.
0.93 ac.

LOT 35
217,213 s.f.
4.99 ac.

LOT 5
49,989 s.f.
1.13 ac.

LOT 8
43,247 s.f.
0.99 ac.

FOX 9210
FOX MEADOW

PERIMETER '3'
210' 'B' BUFFER

LOT 32
42,353 s.f.
0.97 ac.

LOT 34
40,274 s.f.
0.92 ac.

LOT 33
44,005 s.f.
1.01 ac.

LOT 31
43,841 s.f.
1.01 ac.

LOT 30
49,986 s.f.
1.15 ac.

Prop. 24
Use-in-Common
Access Easement
for Lots 29 & 30

POND 2
PRIVATE EXTENDED
DETENTION FACILITY

HUNT CT
Public Access Place

N72°43'33"W 311.45'

LOT 7
49,999 s.f.
1.06 ac.

LOT 10
46,179 s.f.
1.04 ac.

LOT
40,940
0.94 ac.

PERIMETER 'B'
652' 'A' BUFFER

LOT 6
49,917 s.f.
0.93 ac.

LOT 9
40,565 s.f.
0.93 ac.

OPEN SPACE
LOT 35
217,213 s.f.
4.98 ac.

TO BE OWNED AND
MAINTAINED BY THE H.O.A.
(NOT BUILDABLE)

LOT 5
49,989 s.f.
1.13 ac.

LOT 8
43,247 s.f.
0.99 ac.

PERIMETER 'A'
212' 'B' BUFFER

MEADOW
9/26/01

Well Site Staked
By Surveyor

BB

FOX

SPEED CONTROL
DEVICE STA 6-234

PERIMETER 'B'
210' 'B' BUFFER

LOT 32
42,353 s.f.
0.97 ac.

LOT 33
44,005 s.f.
1.01 ac.

LOT 34
40,274 s.f.
0.92 ac.

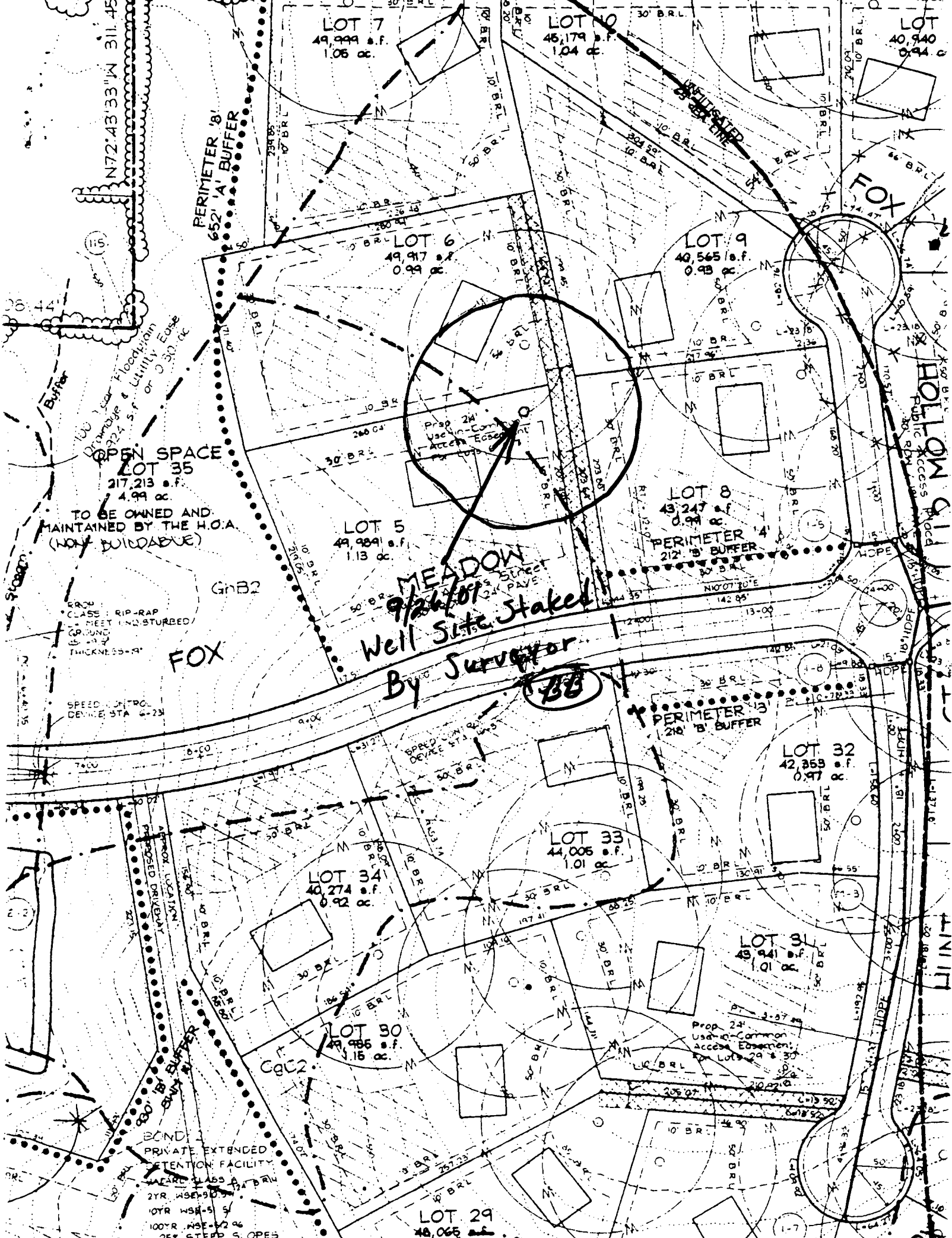
LOT 30
43,985 s.f.
1.01 ac.

LOT 31
40,941 s.f.
0.94 ac.

BOND
PRIVATE EXTENDED
DETENTION FACILITY
WARRANT CLASS A DRAW
2YR WSP-90.5
10YR WSP-5.5
100YR WSP-2.0
25% STEEP SLOPES

LOT 29
40,065 s.f.

HOLLANDS MOUNTAIN
PUBLIC ACCESS ROAD



May 5, 2008

Michael and Sabina Sambat
12325 Fox Meadow Lane
West Friendship, MD 21794

Re: Radon in Water Measurement conducted at 12325 Fox Meadow Lane, West Friendship, MD 21794

Dear Michael & Sabina Sambat:


The result of the radon in water measurements that were conducted 12325 Fox Meadow Lane, West Friendship, MD 21794 are as follows:

<u>Device Type</u>	<u>Electret No.</u>	<u>Start Test</u>	<u>Finish Test</u>	<u>Results</u>
SST E-Perm	SBI068	5/1/08 11:40am	5/3/08 12:45pm	6270.95 pCi/L
SST E-Perm	SBI095	5/1/08 11:40am	5/3/08 12:45pm	5425.70 pCi/L

Average Radon in Water Calculation: 5848.3 pCi/L

There are currently no EPA standards for Radon in water.

If you should have any questions concerning you radon measurements, please contact me at the telephone number listed above.


Richard R. Mills, Laboratory Analyst



Chesapeake Environmental Lab

A Water Quality Laboratory

Inc.

P.O. Box 946 • Stevensville, MD 21666
 Water Analysis • Well & Septic Certification
 1-800-300-TEST • 410-643-0800
 Fax 410-643-0801
 SL #181

WATER ANALYSIS REPORT

CASE #: 60930
 REQUESTED BY: Building Specs Inc.
 PROPERTY LOCATION: 12325 Fox Meadow Lane
 West Friendship, MD 21794

WELL #: Not Listed
 SOURCE: 2nd floor shared bath tub
 DATE & TIME OF COLLECTION: 05-01-08 9:25 am
 COLLECTED BY: R. Mills
 COLLECTORS CERTIFICATION #: 6241RM

CHEMICAL TEST

PARAMETER	RESULTS	UNITS	EPA REFERENCE
NITRATE	14.7*	mg/L	less than (<) 10.0
TOTAL CHLORINE	0.0	mg/L	--
FREE CHLORINE	0.0	mg/L	--

COMMENTS: This report relates only to the samples as received by the laboratory, and may only be reproduced in full. This sample was obtained and transported in accordance with COMAR 26.08.05.07. (*) Falls outside EPA reference value.

UNSATISFACTORY: YES

DATE REPORTED: 05-02-08

Dominic J. DiGiovine

Dominic J. DiGiovine
 Laboratory Director



Chesapeake Environmental Lab

A Water Quality Laboratory

Inc.

P.O. Box 946 • Stevensville, MD 21666
 Water Analysis • Well & Septic Certification
 1-800-300-TEST • 410-643-0800
 Fax 410-643-0801
 St. #681

WATER ANALYSIS REPORT

CASE #: 60930
 REQUESTED BY: Building Specs
 PROPERTY LOCATION: 12325 Fox Meadows Lane
 West Friendship, MD 21794

WELL #: No # Listed
 SOURCE: 2nd floor shared bath tub
 DATE & TIME OF COLLECTION: 05-01-08 9:25 am
 DATE & TIME BACTERIA ANALYZED: 05-01-08 4:45 pm
 ANALYZED BY: D. DiGiovine
 COLLECTED BY: R. Mills
 COLLECTORS CERTIFICATION #: 6241RM

CHEMICAL TEST

PARAMETERS	RESULT	UNITS	EPA REFERENCE
pH	5.5*	S.U.	6.5 - 8.5
TURBIDITY	16.5*	NTU	less than (<) 10.0
IRON	1.00*	mg/L	less than (<) 0.3
TOTAL CHLORINE	0.0	mg/L	
FREE CHLORINE	0.0	mg/L	

BACTERIOLOGICAL TEST

PARAMETER	RESULTS	UNITS
TOTAL COLIFORM	Absence	100 ml
ESCHERICHIA COLI	Absence	100 ml

NOTE: This water sample was analyzed for bacteria using the ONPG MMO-MUG Determinations (Colilert), by either, Most Probable Number (MPN) or Presence/Absence. Total Coliform/Escherichia Coli presence at any concentration constitutes a Positive test and is therefore ruled unsatisfactory for human consumption. A rating of satisfactory indicates that the parameter(s) tested for are within the drinking water limits or recommendations at the time of sampling. This sample was obtained and transported in accordance with COMAR 26.08.05.07. This report relates only to the samples as received by the laboratory, and may only be reproduced in full. (*) Falls outside EPA reference value.

SATISFACTORY: YES

DATE REPORTED: 05-02-08

Dominic J. DiGiovine

Dominic J. DiGiovine
 Laboratory Director