

C1 0167

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER

A517904 (13)

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

ST/CO USE ONLY

DATE Received

MM DO YY

6 13

DATE WELL COMPLETED

MM DO YY  
01 20 06

15 20

Depth of Well

22 140 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0 - 95 - 0196

28 29 30 31 32 33 34 35 36 37

OWNER

Selfridge Builders

STREET OR RFD

last name first name  
Roxbury Meadow Drive

TOWN

Glenelg

SUBDIVISION

Clarks Meadow

SECTION

LOT 15

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)FEET  
FROM TOcheck  
if water  
bearing

Top Soil

0 2

Sandy

2 60

Sand Stone

60 65

MICKA

65 85

Sand Stone

85 90

MICKA

90 140

## GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 20 NO. OF POUNDS 3000

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30+ ft.  
48 TOP 52 54 BOTTOM 58  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

PL

6 63 64

20 66 70

## OTHER CASING (if used)

diameter depth (feet)  
inch from toE  
A  
C  
H  
C  
A  
S  
I  
N  
Gscreen type  
or open hole  
(insert  
appropriate  
code  
below)

## SCREEN RECORD

ST  
STEELBR  
BRASSHO  
OPENPL  
BRONZEOT  
HOLEPL  
PLASTICOT  
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

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  
WELLI 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 1121

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 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 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

C 3

1 2

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

10

METHOD USED TO  
MEASURE PUMPING RATE

11

15

WATER LEVEL (distance from land surface)

BEFORE PUMPING

44

17

20

WHEN PUMPING

48

22

25

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other  
(describe  
below)

J jet

S submersible

## PUMP INSTALLED

DRILLER INSTALLED PUMP  
(CIRCLE) (YES or NO)

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

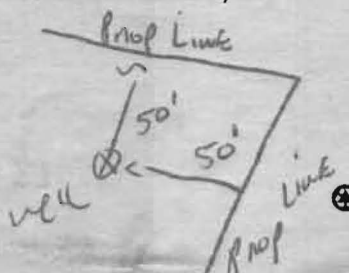
LAND SURFACE

- below

2

(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)

COUNTY

B 1	0911	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523626 please type	STATE PERMIT NUMBER HO-95-0196 fill in this form completely
Date Received (APA) 11/9/05 8 MM DD YY 13		OWNER INFORMATION		
Selfridge Builders 15 Last Name Owner First Name 34		14045 GARED DRIVE 36 Street or RFD 55		
GLENWOOD MD 21738 57 Town 70 State 72 Zip 76				
DRILLER INFORMATION		LOCATION OF WELL		
Ralph E. Mayne M S D 117 Driller's Name 76 License No. 81		Howard 8 COUNTY 21		
Ralph E. Mayne INC. Firm Name		clarks meadow 23 SUBDIVISION 42		
17024 Hardy Rd. Mt Airy, MD 21771 Address		SECTION 44 46 LOT 15 48 50		
Signature Date 11-7-05		Glenelg 52 NEAREST TOWN 71		
WELL INFORMATION		MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78		
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12		B 4		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		1 2		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		11 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST 32 EAST SOUTH 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 17 PARCEL 227		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		HOWARD 13 A517904 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 12/15/05 CO SIGNATURE EXP. DATE 12/16/06 NORTH GRID 520 000 55 EAST GRID 795 000 63		
APPROXIMATE DEPTH OF WELL 150' FEET 24 28		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		SOURCES OF DRILLING WATER		
METHOD OF DRILLING (circle one)		1. Well		
BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other		2.		
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)		3.		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL		WRITE THE BOX NUMBER FROM THE MAP HERE		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52		E 520 795 000 000		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		N 795 520		
APPROP. PERMIT NUMBER HO2003G016600		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
PERMIT No. HO-95-0196		meadow mill way Clark's meadow way Roxbury meadow way well		
SPECIAL CONDITIONS		70 71 72 73 74 75 76 77 78 79		

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

Page \_\_\_\_\_ of \_\_\_\_\_  
Date JAN 20 2006

Review KN

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0196  
Location of property (road) Roxbury Meadow Drive (Off Dorsey Mill)  
Subdivision Clarks Meadow Lot 15 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller RALPH MAYNE Owner Selfridge

Depth of well 140  
Distance of measuring point (M.P.) above ground 2 ft  
Static water level (S.W.L.) below M.P. 44 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 Gpm  
Total time 15 min to reach pumping water level 48 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>6</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	44 ft.	6 Sec		10 GPM
			Test Started	
8:15	48 ft	6 Sec		10 GPM
8:30	48 ft	6 Sec		10 GPM
8:45	48 ft	6 Sec		10 GPM
9:00	48 "	6 "		10 "
9:15	48 "	6 "		10 "
9:30	48 "	6 "		10 "
9:45	48 ft	6 Sec		10 GPM
10:00	48 ft	6 Sec		10 GPM
10:15	48 ft	6 Sec		10 GPM
10:30	48 "	6 "		10 "
10:45	48 "	6 "		10 "
11:00	48 ft	6 Sec		10 GPM
11:15	48 ft.	6 Sec		10 GPM



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: CLARKE P+H INC Telephone #: 410-429-4029  
Address: 3510 Ridge Rd  
Westminster, MD 21157 410-375-4261

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Ken Clarke License# 3808

\*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: Douglas Homes Inc Telephone #: 410-750-0522  
Subdivision: CLARK'S MEADOW Lot #: 15 Well Tag #: HO-95-0196  
Site Address: 14302 Barkbury Meadow Dr.

Submersible Pump Data

Make: Myers  
Model #: 25T52-8  
Pump Capacity 8 GPM  
Well Yield: 10 GPM

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 or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Pitless Adapter

Make: Harvard  
Model #: P-7-800  
Depth: 42 (36" min)  
NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: ☒  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: ☒  
Conduit secured to well cap: ☒

Piping to house

Type: Plastic  
PSI: ✓ (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒  
Approximate length of sleeve: 15'  
Sleeve caulked and sealed properly: ☒

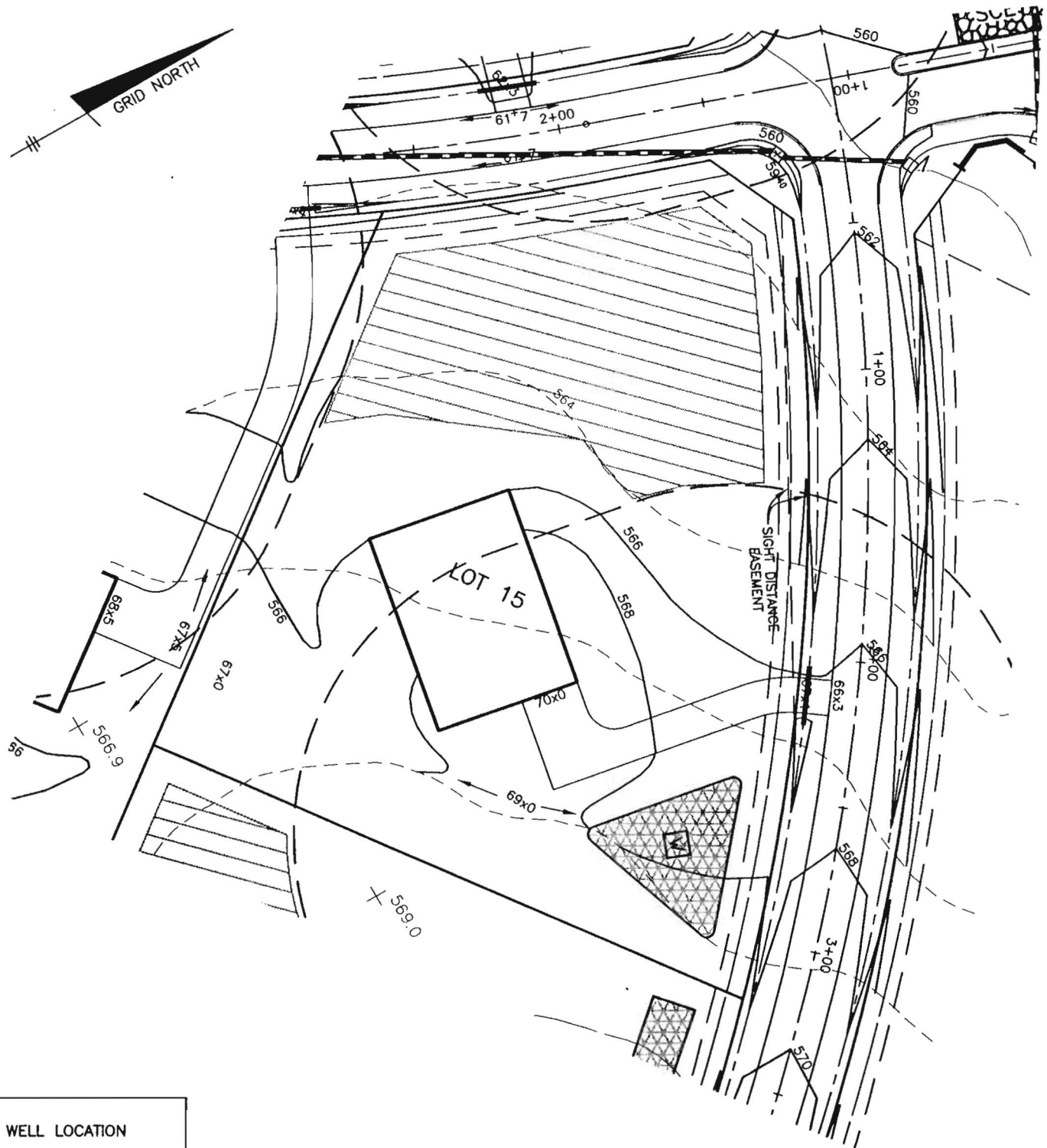
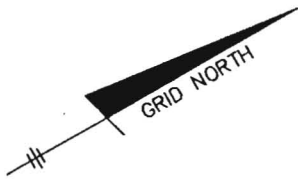
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Ken Clarke

date: 3-26-07

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

Date Insp. Requested: 1/4/07 Date Insp. Approved: 1/4/07  
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 ☒



WELL LOCATION



1500 SF WELL BOX

**BENCHMARK**

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418

ELLICOTT CITY, MARYLAND 21043

PHONE: 410-465-6105

FAX: 410-465-6644

P:\1736 Clark's Meadow\dwg\70 well permits.dwg, 10/24/2005 6:07:24 PM

**CLARKS MEADOW**

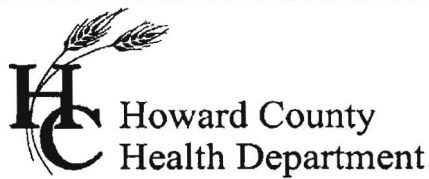
**LOT 15**

F-06-029

**WELL PERMIT EXHIBIT**

SCALE: 1" = 50'

DATE: 10-24-05



Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

*Peter Beilenson, M.D., M.P.H., Health Officer*

03/27/2007

Homeowner  
14302 Roxbury Meadow Dr.  
Glenwood, MD 21738

**SENT VIA FACSIMILE 410-489-9661**

RE: Clarks Meadow, Lot 15  
14302 Roxbury Meadow Drive  
Glenwood, MD 21738  
BP # B06003777  
Well Permit # HO-95-0196

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 1/5/2007. Final approval of the well line connection to the dwelling was approved on 1/4/2007.**

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.

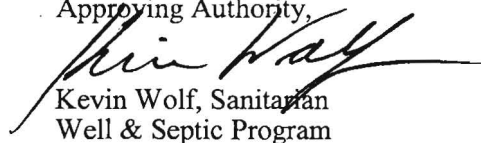
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-0196. 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: 3/13/2006  
Date of Well Completion: 1/20/2006

Approving Authority,



Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# CERTIFICATE OF ANALYSIS



**Requester:**  
Douglas Homes  
5034 Dorsey Hall Drive Suite 102  
Ellicott City, Maryland 21041

**S/O Number:** 62442  
**Report Date:** March 14, 2007

**Trace Laboratories, Inc.**  
**Maryland**

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

**ISO 9001:2000**



Cert No. C2005-01504

**Property Sampled:** 14302 Roxbury Meadow Drive

**County:** Howard  
**Subdivision:** Clarks Meadow  
**Lot #:** 15  
**Building Permit #:** B006003777

**Tax Map #:** 21  
**Parcel #:** 271

**Date/Time Collected:** March 13, 2007 at 9:43 am  
**Date/Time Received:** March 13, 2007 at 1:28 pm

**Sample Location:** Powder Room Tap  
**Sampler ID:** 6308KW  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0196  
**Well Condition:** 2-Piece Cap  
Cap Tight  
1 Bolt Loose

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.4 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.8 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.