C 1 .0167 (MDE USE ONLY) 1 2 3 6 (THIS NUMBER IS TO BE PUNCHED				WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY		
IN COLS. 3-6 ON ALL CAP	RDS)	EME	COMPL	PLEASE TYPE	NUMBER A5 1 1909 PERMIT NO.		
DATE Received		MY/	00	ETED Depth of Well 22 140 26	FROM "PERMIT TO DRILL WELL"		
6 13	18		- C	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 3		
OWNER	Self last name	ridge		Suilder's first name			
STREET OR RFD	Clark	s W	Rox b	LITY MEDICAL DEIVE TOWN_	Glenely LOT 15		
	L LOG			GROUTING RECORD YES NO	[C]3		
Not required t				WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST		
STATE THE KIND OF FORM/ COLOR, DEPTH, THICKNES				TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed)	FROM	TO TO	check if water bearing	CEMENT C M BENTONITE CLAY B C	BUILDING DATE (and now min)		
				NO. OF BAGS NO. OF POUNDS GALLONS OF WATER	PUMPING RATE (gal. per min.)		
Top Soil	0	2		DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE		
Su 1.	2	60	1	from 48 TOP 52 ft. to 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)		
Sking	0			(enter 0 if from surface) casing CASING RECORD	BEFORE PUMPING 44 ft.		
SAND Stone	60	65	174	types insert ST CO	WHEN PUMPING 48 ft.		
Micke	15	85	1	appropriate code pelow	22 25		
PHICKH	60		, ,	below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine		
SAVEL Stone	85	50	0	MÅIN Nominal diameter Total depth CASING top (main) casing of main casing	27 27 other		
MICKA	90	140		TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describ		
				60 61 63 64 66 70	J jet S submersible		
Marie Carl	100			E OTHER CASING (if used) A diameter depth (feet)	27 27		
				H inch from to	PUMP INSTALLED		
				Å S	DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)		
	1			Ř	IF DRILLER INSTALLS PUMP, THIS SECTION		
				screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED		
				or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.		
				insert appropriate code BRONZE BRONZE HOLE	CAPACITY: GALLONS PER MINUTE		
				below PLASTIC OTHER	(to nearest gallon) 31 36		
				C 2 DEPTH (nearest ft.)	PUMP HORSE POWER 37 41		
NUMBER OF UNSUCCESS	FUL WELLS	s:(7)	1 2	PUMP COLUMN LENGTH (nearest ft.)		
WELL HYDROFRACTURED		yes Y	N	E 1 40 68 19 11 15 17 21	CASING HEIGHT (circle appropriate box		
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P TEST WELL CONVERTE WELL		El Title II		E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS		
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			ION" AND	DIAMETER (NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS		
HEREIN IS ACCURATE AND CO KNOWLEDGE.	MPLETE TO	THE BES	T OF MY	56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
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OCL 5. May			-	IF WELL DRILLED WAS FLOWING WELL	Triop Link		
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one				70 72	well y limb		
SITE SUPERVISOR (sign. or responsible for sitework if di				TELESCOPE LOG 74 75 76	10101		
	miestic .			CASING INDICATOR OTHER DATA	/)		

PPLICATION FOR PERMIT TO DRILL WELL 523 Z	B 1 0911 SEQUENCE, NO. (MDE USE ONLY)		OF MARYLAND	STATE PERMIT NUMBER
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	SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -	rt e		₩

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. Ho - 95 - 0196 Location of property (road) Rexbury Mesdow Drive Off Do Subdivision Clarks Mesdow Lot 15 Block Plat Swell Driller Roll H MayNE Owner Sufridge	rsey Mill)
Depth of well 140 Distance of measuring point (M.P.) above ground Static water level (S.W.L.) below M.P. 44	
I. High rate pumping reservoir drawdown Time pump started 8:00 Pumping rate 10 Gem Total time 15 mm to reach pumping water level 48 ft. below M.	.P.

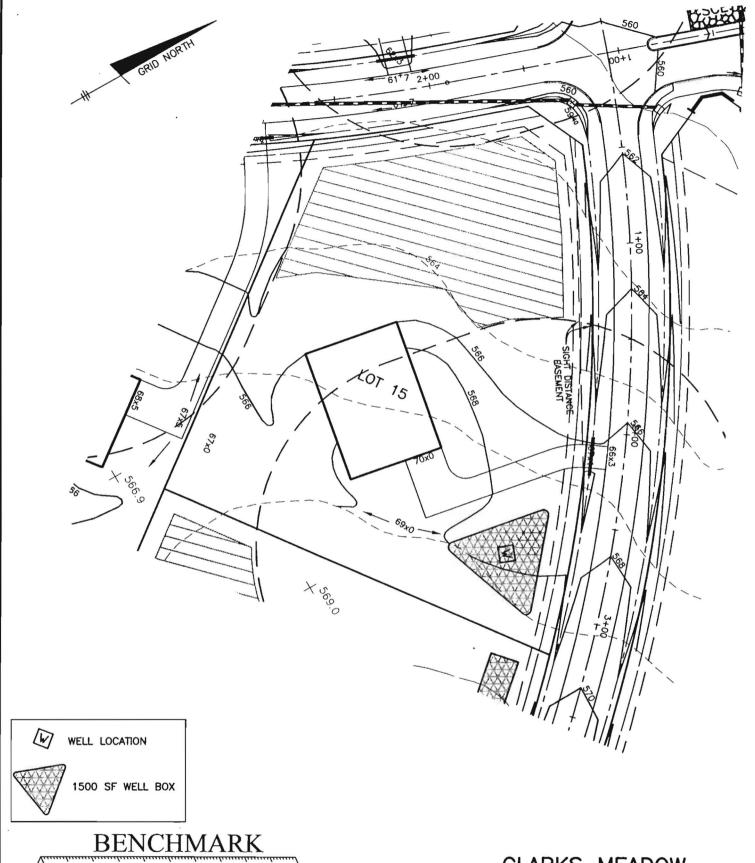
II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.		PUMPING RATE time to fill B gallon bucket		FLOW METER READING (if used)		CALCULATED FLOW (gallons per minute)	
8:00	44	4.	6	Sa			10	GPM
					Test	Started		
8:15	48	de 1	6	Sec			10	6PK
8:30	48	A	6	Sec			10	Em
8:45	48	A	6	Sec			40	6 mm
9,00	48	4	6	"			10	4
5:15	48	и	6	и		Mealth Reli	10	1
5:30	48	"	6	4			10	4
9:45	48	R	6	Sec			10	6PM
10:00	48	fe	6	See			10	GPM
10:15	48	R	6	Sec			10	GPM
10:30	48	"	6	4			10	4
10:45	48	"	6	4			10	4
11:00	48	4	6	Sec			10	Epu
11115	48	14.	6	Sec			10	EPM

Heven H

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM

WATER AND SEWERAGE PROGRAM						
TEL; (410)313-2640 FAX: (410)313-2648						
1						
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: CLARICE P+H CM Telephone #: ## ## ## ## ## ## ## ## ## ## ## ##						
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print):						
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 one Telephone #: 410-750-0522						
Subdivision: CLARK's Meadow Lot #: 15 Well Tag #: HO-95-0196						
Site Address: 14302 Roxbary Mendow Dr.						
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit						
Make: Muer's Make: Harvard Two piece watertight cap:						
Model #: 25752-8 Model #: P-7-800 Screened, vented well cap:						
Pump Capacity 8 GPM Depth: 42 (36" min) Cap secured to casing:						
Well Yield: 10 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						
Walter to be a series of the s						
Piping to house House Connection PVC sleeved to undisturbed soil at wall ponetration:						
Type: P/Astec PVC sleeved to undisturbed soil at wall ponetration: PSI: (160 psi min), Approximate length of sleeve: 15'						
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:						
Deput of supply line. 432 (30 min)						
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.						
16on Clarke 3-26-07						
Signature of company representative responsible for installation date						
For Health Department Use Only - Not to be completed by Installer						
1.1.						
Date his Potter Pitters growter 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						
Elec. conduit extends at least to below graduation to opposite						
Safety rope installed inside of well casing Correct well tag attached properly and casing 8" above finished grade						
Water supply line alcoved adequately at house connection						
Adequate grout observed below pitless adapter						
Adequate grout observed below piliess adapted						



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE A 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

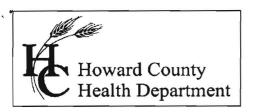
CLARKS MEADOW

LOT 15

F-06-029 WELL PERMIT EXHIBIT

SCALE: 1" = 50'

DATE: 10-24-05



Bureau of Environmental Health

7178 Gateway Drive (410) 313-2640 TDD (410) 313-2323 Columbia, MD 21046 Fax (410) 313-2648 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 FACISIMILE 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

Kevin Wolf, Sanitarian

ing Authorit

Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File



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





CERTIFICATE OF ANALYSIS

Requester:

Douglas Homes

5034 Dorsey Hall Drive Suite 102

Ellicott City, Maryland 21041

Property Sampled:

14302 Roxbury Meadow Drive

County:

Howard

Subdivision:

Clarks Meadow

Tax Map #:

Parcel #:

21 271

S/O Number: 62442

Report Date: March 14, 2007

Lot#: **Building Permit #:**

15 B006003777

Date/Time Collected: Date/Time Received:

March 13, 2007 at 9:43 am March 13, 2007 at 1:28 pm

Sample Location:

Powder Room Tap

Sampler ID:

6308KW

Samples Iced:

Yes

Residual Cl₂ < 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
pН	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

Yearler B. Beam 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.