

B 1	0909	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523626 please type	STATE PERMIT NUMBER HO-95-0198 fill in this form completely
Date Received (APA) 11/9/05 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Selfridge Builders		Owner First Name GARED		34
36 Street or RFD 14045 GARED DRIVE		55		
57 Town Glenwood MD		70 State MD		76 Zip 21738
DRILLER INFORMATION				
Driller's Name Ralph E. Mayne		M S D 117		76 License No. 81
Firm Name Ralph E. Mayne Inc.				
Address 17024 Hardy RD. MT. Airy, MD. 21781				
Signature [Signature]		Date 11-7-05		
B 2	WELL INFORMATION			
1	2	APPROX. PUMPING RATE (GAL. PER MIN.)		5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500		14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> P PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> T TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> G GEO-THERMAL				
APPROXIMATE DEPTH OF WELL 150' FEET				
APPROXIMATE DIAMETER OF WELL 6" INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT				
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> S 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"/> D THIS WELL WILL DEEPMEN 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 H02003G016 (01)				
PERMIT No. HO-95-0198				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				

B 3	LOCATION OF WELL			
8 COUNTY Howard		21		
23 SUBDIVISION Clarks Meadow		42		
SECTION 44 46		LOT 17 48 50		
52 NEAREST TOWN Glenelg		71		
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78				

B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
NEAR WHAT ROAD Roxbury meadow rd.				
DISTANCE FROM ROAD 34 30 37 ENTER FT OR MI 38 39				
TAX MAP: 21 BLK: 17 PARCEL 222				

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard				
COUNTY NO. 13				
STATE SIGNATURE [Signature]				
DATE ISSUED 11/3/06				
CO SIGNATURE [Signature]				
EXP. DATE 1/4/07				
NORTH GRID 50 519 000 55				
EAST GRID 57 796 000 63				

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 796	
N 519	
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	

HD-224

**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: Burgemeister-Bell Inc. Telephone #: 410-363-0880
 Address: 10331 South Delfield Road
Dwight Mills MD 21117

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

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

Name (Print): Roland H. Mann, Jr.

License# 6592

*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 #: 410-740-0522
 Subdivision: Clarks Meadow Lot #: 17 Well Tag #: HO-95-0198
 Site Address: 14310 Roxbury Meadow Drive
Glenwood, Md 21738

Submersible Pump Data

Make: Goulds
 Model #: 5G805422C
 Pump Capacity 5 GPM
 Well Yield: 10 GPM

Pitless Adapter

Make: Campbell
 Model#: PA 1806X1
 Depth: ✓ (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: ✓

Depth of well encountered at time of pump installation: 160 (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 ✓

Piping to house

Type: 1" Poly
 PSI: 200 (160 psi min)
 Depth of supply line: ✓ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
 Approximate length of sleeve: 5
 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.

RH Mann
 Signature of company representative responsible for installation

3-19-10
 date

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

Date Insp. Requested: _____

Date Insp. Approved: _____

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

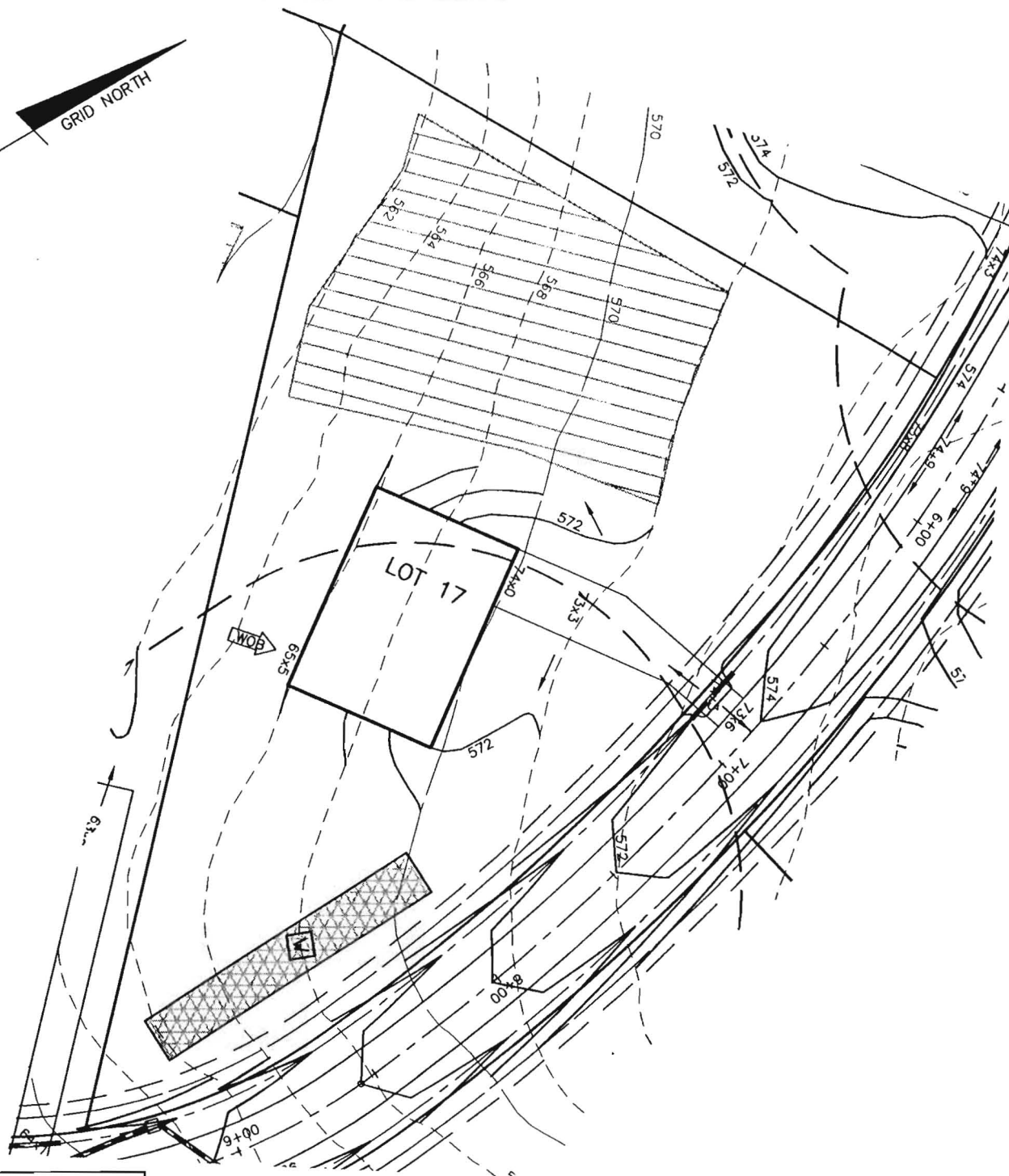
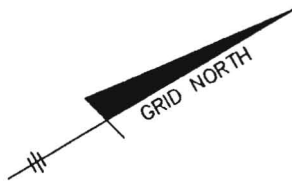
Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

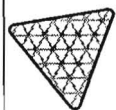
Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

6/18/2010
Cap Not Glued (RB)
✓
✓
✓
✓
✓



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 6:10:02 PM

CLARKS MEADOW

LOT 17

F-06-029

WELL PERMIT EXHIBIT

SCALE: 1" = 50'

DATE: 10-24-05



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

September 23, 2010

Homeowner
14310 Roxbury Meadow Drive
Glenwood, MD 21738

RE: 14310 Roxbury Meadow Drive
Glenwood, MD 21738
BP #: B10000320
Well Permit # HO-95-0198

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 06/18/2010. Final approval of the well line connection to the dwelling was approved on 06/18/2010.**

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. **(Note: Results from water sample indicated passing nitrates but were very closed to failing. Builder has been notified and instructed to inform homeowner.)**

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-95-0198. 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: 09/22/2010
Date of Well Completion: 01/24/2006

Approving Authority,

Dana Bernard
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Douglas Homes

Attn: Carl

11206 McGee Way

Ellicott City, MD 21042

S/O Number: 78872

Report Date: September 22, 2010

Property Sampled: 14310 Roxbury Meadow Drive, 21029

Building Permit #: B 10000320

Sample Location: Laundry Tub Tap

Sampler ID #: 9813AM

Residual Chlorine: <0.1 mg/L

Samples Iced: Yes

Water Conditioning: None

County: Howard

Subdivision: Clarks Meadows

Map: 21

Parcel: 271

Lot #: 17

Date/Time Collected in Field: September 17, 2010 @ 10:49 am

Date/Time Received in Lab: September 17, 2010 @ 1:53 pm

Well Tag #: HO-95-0198

Well Condition: 2 Piece Cap, Satisfactory Condition

Water Treatment: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	9.9 mg/L as N ?	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	5.8 Units	***
Sand		Negative	Negative	

Spoke with:
Maura D.
for Douglas
Homes.

Informed Builder that
nitrates are high.

Stated to her
that the owner
must be notified
of passed nitrates
but levels were still high DB

Kara Waltmyer
Kara Waltmyer
Drinking Water Division

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.