

C10171

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.

COUNTY  
NUMBER13A57904

ST/CO USE ONLY  
DATE Received  
MM DD YY  
813

DATE WELL COMPLETED  
MM DD YY  
013006

Depth of Well  
2216026  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
28293031323334353637  
H0950200

OWNER  
last namefirst name  
Selfridge Builders

STREET OR RFD  
Roxbury Meadow Drive

TOWN  
Glenelg

SUBDIVISION  
Clarks Meadow

SECTION

LOT  
19

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	60	✓
Sand Stone	60	65	
MICKA	65	80	
Sand Stone	80	85	
MICKA	85	160	

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)  
yesno  
YNY  
4444

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENTCMBENTONITE CLAYBC

NO. OF BAGS454619NO. OF POUNDS45461500

GALLONS OF WATER114

DEPTH OF GROUT SEAL (to nearest foot)  
from0ft. to30ft.  
48TOP5254BOTTOM58  
(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

STSTEEL

COCONCRETE

PLPLASTIC

OTOHER

MAIN  
CASING  
TYPE  
P6

Nominal diameter  
top (main) casing  
(nearest inch)!  
6

Total depth  
of main casing  
(nearest foot)  
20

606163646670

OTHER CASING (if used)  
diameterdepth (feet)  
inchfromto  
EACH CASING

SCREEN RECORD

screen type  
or open hole  
(insert  
appropriate  
code  
below)

STSTEEL

BRBRASS

PLPLASTIC

HOOPEN  
HOLE

OTOHER

C2DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
H	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

SLOT SIZE 123

DIAMETER  
OF SCREEN  
5660  
fromto

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.)WQ

7072747576

TELESCOPE  
CASING  
LOG  
INDICATOR  
OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)  
3

PUMPING RATE (gal. per min.)  
10

METHOD USED TO  
MEASURE PUMPING RATE  
Bucket

WATER LEVEL (distance from land surface)  
BEFORE PUMPING  
25ft.  
WHEN PUMPING  
45ft.

TYPE OF PUMP USED (for test)  
AairPpistonTturbine  
CcentrifugalRrotaryOother  
JjetSsubmersible

PUMP INSTALLED

DRILLER INSTALLED PUMP  
(CIRCLE) (YES or NO)  
YESNO

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.  
29

CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)  
3135

PUMP HORSE POWER  
3741

PUMP COLUMN LENGTH  
(nearest ft.)  
4347

CASING HEIGHT (circle appropriate box  
and enter casing height)  
+above  
-below  
LAND SURFACE  
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)

well  
75'  
Prop. Line  
Prop. Line

NUMBER OF UNSUCCESSFUL WELLS:  
0

WELL HYDROFRACTURED  
yesno  
YNY

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, AND THAT THE INFORMATION PRESENTED  
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE.

DRILLERS LIC. NO. M SD 112  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. D

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

B 1	0916	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	STATE PERMIT NUMBER <b>H0 - 95 - 0200</b>
1 2 3 6			523626 please type	70 fill in this form completely 79

<p>Date Received (APA) <u>11/4/05</u></p> <p style="text-align: center;"><b>OWNER INFORMATION</b></p> <p>8 MM DD YY 13</p> <p>15 Last Name <u>Selfridge Builders</u> Owner First Name <u>34</u></p> <p>36 Street or RFD <u>14045 GARED Drive</u> 55</p> <p>57 Town <u>Glenwood MD</u> 70 State <u>21</u> Zip <u>76</u></p> <p><b>DRILLER INFORMATION</b></p> <p>Driller's Name <u>Ralph E. MAYNE</u> M SD 117 76 License No. 81</p> <p>Firm Name <u>Ralph E. Mayne INC.</u></p> <p>Address <u>17024 Hardy Rd. MT. Airy MD. 21771</u></p> <p>Signature <u>[Signature]</u> 11-705 Date</p>	<p style="text-align: center;">B 3 <b>LOCATION OF WELL</b></p> <p>8 COUNTY <u>Howard</u> 21</p> <p>23 SUBDIVISION <u>Clarks Meadow</u> 42</p> <p>SECTION <u>44</u> 46 LOT <u>19</u> 48 50</p> <p>52 NEAREST TOWN <u>Glenela</u> 71</p> <p>MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78</p>
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<p style="text-align: center;">B 2 <b>WELL INFORMATION</b></p> <p>1 2</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20</p>	<p style="text-align: center;">B 4 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b></p> <p style="text-align: center;"><b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b></p> <p style="text-align: center;">NORTH WEST SOUTH EAST</p> <p>11 NEAR WHAT ROAD <u>Roxbury meadow Dr</u> 30</p> <p>34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39</p> <p>TAX MAP: <u>21</u> BLK: <u>17</u> PARCEL <u>227</u></p>
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<p style="text-align: center;"><b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b></p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION</p> <p><input type="radio"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="radio"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="radio"/> TEST, OBSERVATION, MONITORING</p> <p><input type="radio"/> GEO-THERMAL</p>	<p style="text-align: center;"><b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b></p> <p>COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>(13) A517904</u></p> <p>STATE SIGNATURE _____ INSERT S → 41</p> <p>DATE ISSUED <u>11/4/06</u> CO SIGNATURE <u>Daniel A. Crighton</u> 1/5/07</p> <p>43 MM DD YY 48 NORTH GRID <u>519</u> 0 0 0 EAST GRID <u>795</u> 0 0 0</p> <p>50 55 57 63</p>
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<p>APPROXIMATE DEPTH OF WELL <u>150'</u> FEET 24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH</p> <p style="text-align: center;"><b>METHOD OF DRILLING (circle one)</b></p> <p>BORED (or Augered) JETTED Jetted &amp; DRIVEN</p> <p>30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>37 CABLE REVERSE-ROTARY DRIVE-POINT</p> <p>other _____</p> <p style="text-align: center;"><b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b></p> <p><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52</p>	<p>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. <u>well</u></p> <p>2. _____</p> <p>3. _____</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>795</u></p> <p>N <u>519</u></p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p>
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<p><b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b></p> <p>APPROX. PERMIT NUMBER <u>H02003G016(01)</u></p> <p>PERMIT No. <u>H0 - 95 - 0200</u></p> <p style="text-align: center;">70 71 72 73 74 75 76 77 78 79</p>
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SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



**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 #: 410-363-0080  
Address: 10331 South Delbold Road  
Dulles 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 #: 19 Well Tag #: HO-95-0200  
Site Address: 14318 Roxbury Meadow Drive  
Glenwood MD 21738

**Submersible Pump Data**

Make: Goulds  
Model #: 5GB05422C  
Pump Capacity: 5 GPM  
Well Yield: 10 GPM

**Pitless Adapter**

Make: Campbell  
Model #: PA18006X1  
Depth: 36" (36" min)  
NSF approved: ✓

**Well Cap and Electric Conduit**

Two piece watertight cap: ✓  
Screened, vented well cap: ✓  
Cap secured to casing: ✓  
Conduit min 18" R.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" (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.

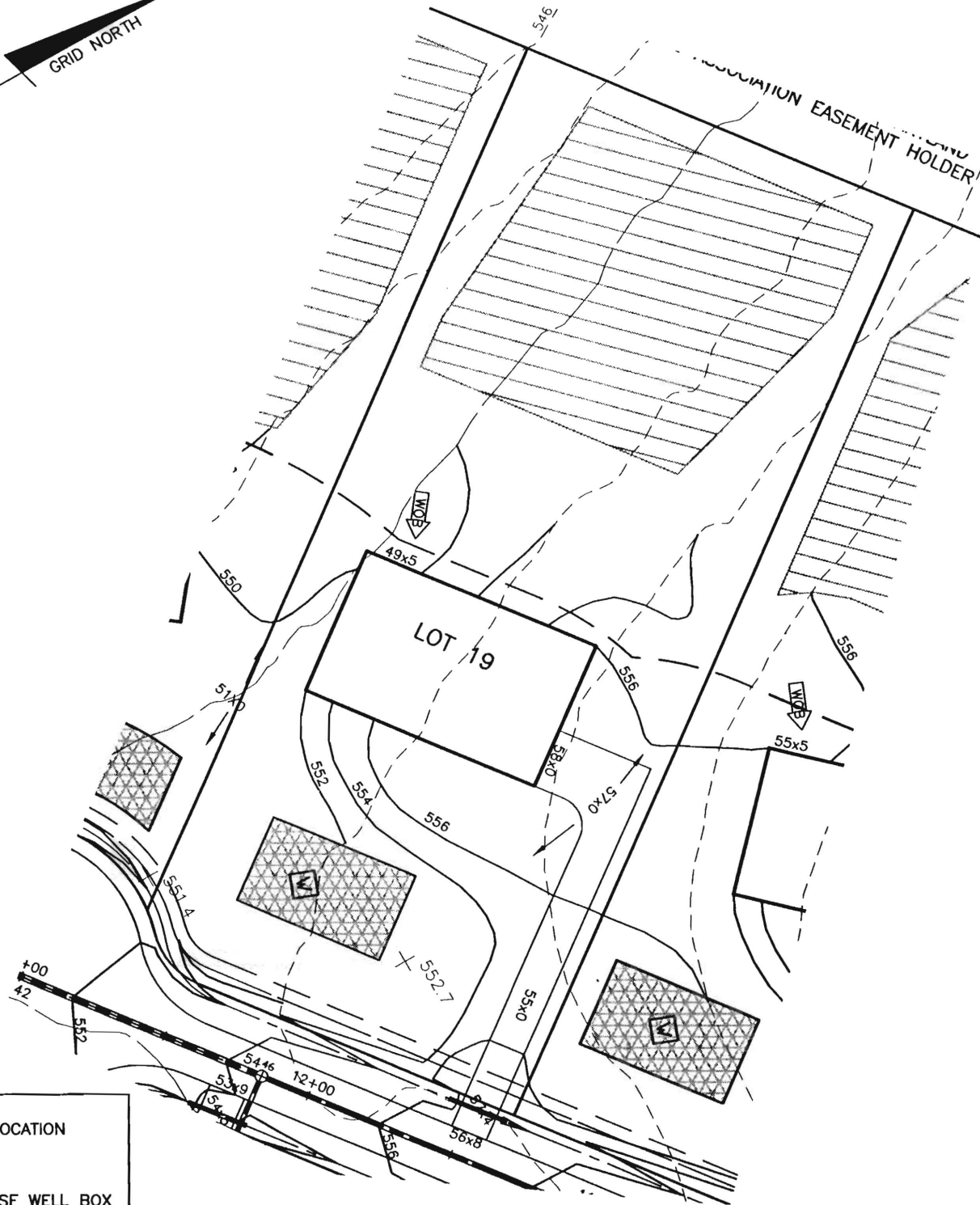
Signature of company representative responsible for installation: Roland H. Mann, Jr.  
Roland H. Mann, Jr.

date: 11/23/11

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

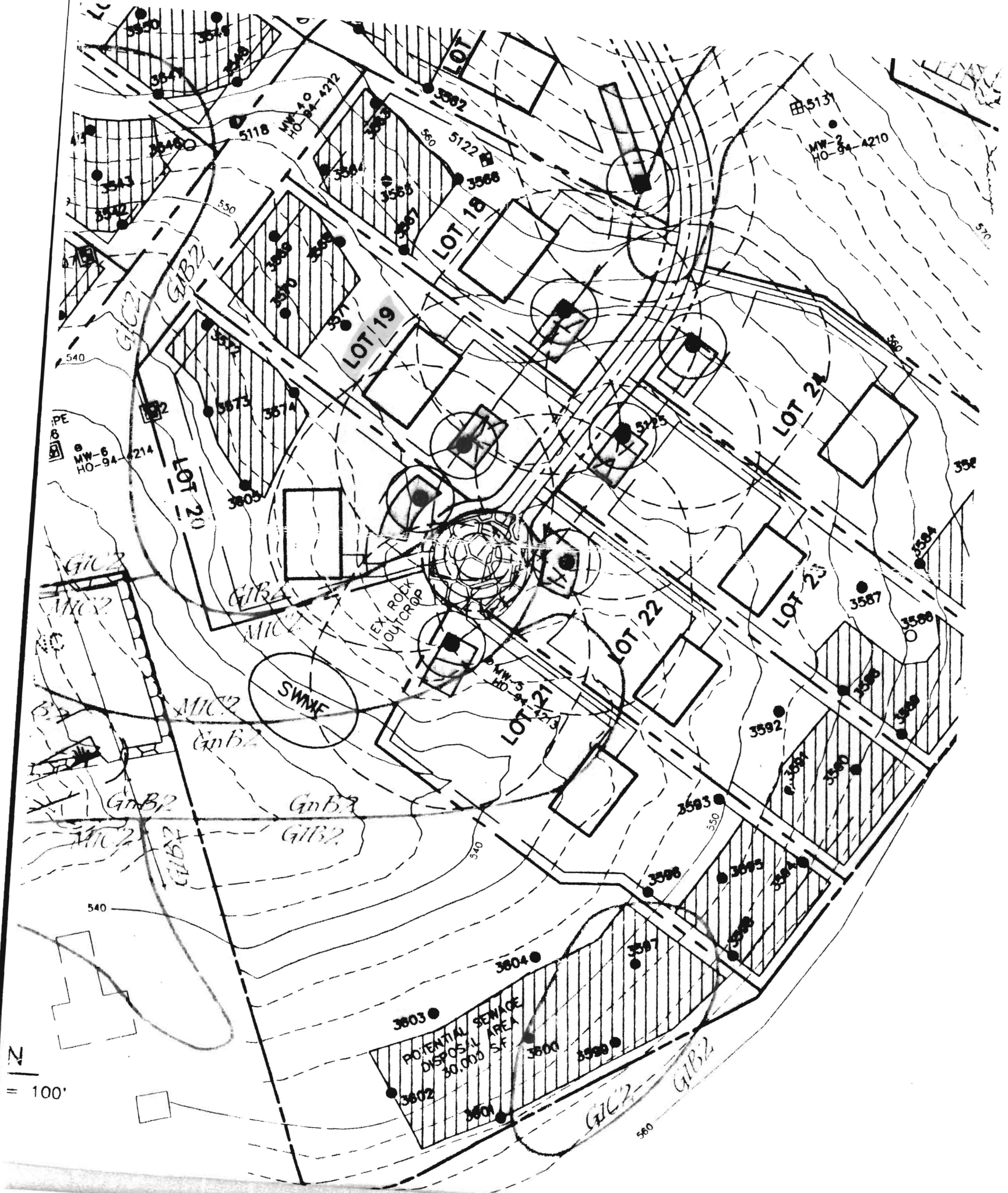
Date Insp. Requested: 2/9/2012 Date Insp. Approved: 2/9/2012 **(BB)**  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope 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 ✓

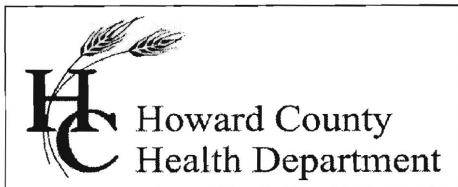




PHONE: 410-465-6105 FAX: 410-465-6644  
P:\1736 Clark's Meadow\dwg\70 well permits.dwg, 10/24/2005 6:11:40 PM

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](http://www.hchealth.org)

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – January 16<sup>th</sup>, 2013**

July 16<sup>th</sup>, 2012

Homeowner  
14318 Roxbury Meadow Dr.  
Glenwood, MD 21738

**RE: Clarks Meadow, Lot 19  
14318 Roxbury Meadow Dr.  
Building Permit: B10003698  
Well Permit: HO-95-0200**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **2/9/2012**. Final approval of the well line connection to the dwelling was granted on **2/9/2012**. The well construction was completed on **1/30/2006**. Water samples were collected on **7/13/2012**.

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. 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-95-0200. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Heidi Scott, R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
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  
5034 Dorsey Hall Drive, Suite 102  
Ellicott City, Maryland 21042

**S/O Number:** 85880**Report Date:** July 16, 2012

**Property Sampled:** 14318 Roxbury Meadow Drive, 21738  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B1003698  
**Sampler ID #:** 5745KC  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 21

**Subdivision:** Clarks Meadow  
**Parcel:** 271

**Lot#:** 19

**Date/Time Collected in Field:** July 13, 2012 @ 2:26 pm  
**Date/Time Received in Lab:** July 13, 2012 @ 3:37 pm

**Well Tag #:** HO-95-0200  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** None

Results  
OK 7-16-12  
HS

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	9.8 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.5 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs  
Katherine C. Higgs  
Manager – Drinking Water Testing

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.