C 1 0175 SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 (THIS NUMBER IS TO BE IN COLS. 3-6 ON ALL CAR		FILL'ÎN THIS FORM COMPLETELY PLEASE TYPE	COUNTY A-517 304	
ST/CO USE ONLY DATE Received	DATE WELL COMPL	ETED Depth of Well	FROM "PERMIT NO. FROM "PERMIT TO DRILL WELL"	
MM DD YY	02 02	06 22 160 26 B	1 NY XHO- 95-0206	
8 13	15 < 1	20 (TO NEAREST FOOT)	O 28 29 30 31 32 33 34 35 36 37	
OWNER	lest name 1 1 U	Meadow Dr. first name TOWN	Glavela	
STREET OR RFDSUBDIVISIONS	larks Meado	TOWN	LOT 23	
	L LOG	GROUTING RECORD Yes no		
	for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2	
STATE THE KIND OF FORM. COLOR, DEPTH, THICKNES	S AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)	
DESCRIPTION (Use	FEET check if water	CEMENT CM BENTONITE CLAY BC	8 9	
additional sheets if needed)	FROM TO bearing	NO. OF BAGS 46 NO. OF POUNDS 25 46 O	PUMPING RATE (gal. per min.)	
TACI	0 2	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE Buch	
10h 2016	0 2	from 48 TOP 52 ft. to 54 BOTTOM 58 ft.		
Sin la	2 50 4	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface)	
SHARY	0	casing CASING RECORD	BEFORE PUMPING 17 20 ft.	
SAND STONE MICKA CAND Stone	50 55	types insert ST CO	WHEN PUMPING 30 ft.	
14.0160	55 90	(appropriate code below PL OT	TYPE OF PUMP USED (for test)	
MICKA	50 /5	below PLASHE OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine	
SANd Stone	90 95	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	27 27 other	
MICKA	55 160	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)	
MICKA		60 61 63 64 66 70	J jet S submersible	
		E OTHER CASING (if used)	J jet S submersible	
		A diameter depth (feet) H inch from to		
		C	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO	
		N .	(CIRCLE) (YES or NO)	
			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
		screen type or open hole SCREEN RECORD	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29	
A CENTER		insert STEEL BRASS OPEN	IN BOX 29.	
		appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE	
		below PLASTIC OTHER	(to nearest gallon) 31 35	
		C 2 DEPTH (nearest ft.)	PUMP HORSE POWER 37 41	
NUMBER OF UNSUCCESS	SFUL WELLS:	1 2	PUMP COLUMN LENGTH (nearest ft.)	
WELL HYDROFRACTURED	yes ne	E 1 #0 61 15 17 21	CASING HEIGHT (circle appropriate box	
		Ĉ,	and enter casing height)	
A WELL WAS ABANDO		H 23 24 26 30 32 36 S	49 LAND SURFACE (nearest)	
E ELECTRIC LOG OBTAIL		C 3 R 38 39 41 45 47 51	below below (nearest)	
P TEST WELL CONVERT		E E SLOT SIZE 1 2 3	A LOCATION OF WELL ON LOT	
I HEREBY CERTIFY THAT THIS WACCORDANCE WITH COMAR 26.0	WELL HAS BEEN CONSTRUCTED IN 04.04 "WELL CONSTRUCTION" AND	DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR	
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		OF SCREEN (NEARES) 10 (NEARES) 10 (NEARES) 10 (NEARES)	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES	
KNOWLEDGE.	0 110	from to	(MEASUREMENTS TO WELL)	
DRILLERS LIC NO. M D D		GRAVEL PACK	I hopling	
DRILLERS SIGNATURE		WAS FLOWING WELL INSERT F IN BOX 68 68	2 cint	
(MUST MATCH SIGNATURE ON APPLICATION)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	[] / / / / / / / / / / / / / / / / / /	
LIC. NO.1 D 1		T (E.R.O.S.) W Q	N. / 100	
one		70 72	Onot/25' >8 ●	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE LOG 74 75 76	1 woll	
		CASING INDICATOR OTHER DATA		
DENV-CR00		COUNTY	N	

04 0000 8	SEQUENCE NO. >	STATE OF	MARYLAND	STATE	PERMIT NUMBER
B 1 0903 (A	MDE USE ONLY)		ERMIT TO DRILL WELL	HO	95 - 0206
1 2 3 6			se type	70	nis form completely 79
Data Danet and (4D4)			B 3 /	LOCATION OF W	The second secon
Date Received (APA)	OWNER INFOR	RMATION	HALLAN	1	
8 MM DD YY 13	OWNER INFOR	1	8 COUNTY	No.	21
Solfpina	E Buil	ders	Marks 1	neadow	
15 Last Name	Owner	First Name 34	23 SUBDIVISION	强重的原则	42
14045	Gared	DRIVE	SECTION L	LOT 23	
36	Street or RFD	0 10 20 55	44 46	48 50	
LITENWOOD	MD	21138	GIENEIA	BURNEY SE	
57 Town		72 Z ip 76	52 NEAREST TOWN		T 71
DRILLER INFORMAT	ION	0 11-	MILES FROM TOWN (ent	er 0 if in town)	M I)
KalphEMay	ne	MSD 117	RIA	73	76 77 78
Driller's Name	T 0	76 License No. 81	B 4 1 2	Parca	Man A Anual Aug
Malph E. Mayn	e LIVE.		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	LOX Buny	MEADOW DRI
Firm Name	RI MT A.	1110 0.771			NORTH
Address Hardy	Ma tui · ius	4 MD 21111	NW B NE	ON WHICH SIL	
Audiess // C	Mes	- 11-705	8-9 8-9	(CIHCLE APPE	ROPRIATE BOX)
Signature 2	- Jane	Date	W TOWN E	3/	SO 37 SOUTH
B 2 WELL INFORM	MATION	- 5		DIST	ANCE FROM ROAD
1 2 APPROX	. PUMPING RATE -				ENTER FT OR MI 38 39
(GAL. PE		8 500 ¹²	S _W S S 8-9	7/	17 000
AVERAGE DAILY QUANTITY (GAL. PER DAY)	Y NEEDED 14	20	8 8-9	TAX MAP:	BLK: PARCEL
	WATER ICIRCLE AP	PROPRIATE BOX)		O BE FILLED IN I	
	LE SUPPLY & RESIDEN		HEALT	H DEPARTMENT	APPROVAL
IRRIGATION	LL OUTELT & MESIDEI	A CIPE	HOWARD	(3)	A517904
FARMING (LIVESTO	OCK WATERING & AGR	NCULTURAL	COUNTY NAME		COUNTY NO.
IRRIGATION			STATE SIGNATURE		INSERT S →
22 I INDUSTRIAL, COM	MERICIAL, DEWATERIN	NG	DATE ISSUED	91 . 11 1	41
P PUBLIC WATER SU	IPPLY WELL		1/5/06	Larrel A. L.	sighter 1/6/07
T TEST, OBSERVATION	ON, MONITORING		43 MM DD YY 48	CO SIGNATURE	
G GEO-THERMAL				O 0 GRID	000
GEO-INERMAL			50	55 57	63
阿 福		-^	SHOW MAJOR FEATURE		(X)
APPROXIMATE DEPTH OF	WELL L 15	PEET 28	BOX & LOCATE WELL		
13	24	/ I' NEAREST	SOURCES OF DRILLING	WATER	
APPROXIMATE DIAMETER	OF WELL	INCH	1.Well		
METL	HOD OF DRILLING	(circle one)	2.	3 - 1 - 3 z - a	
BORED (or Augered)	JETTED	Jetted & DRIVEN	3.		The same of the same
30		ROTARY (Hydraulic Rotary)	WOTE	:D	tel
ATH-ROTary A			WRITE THE BOX NUMBE	-n	LIDI
	/erse-ROTary	DRive-POINT	FROM THE MAP HERE		
other	FACE	THEO WELL	E WALLA	796	
	EMENT OR DEEPE CIRCLE APPROPRIATE		- WWW	000	
([]	T REPLACE AN EXIST	*	- N MANS	519	
THE WELL WILL BE	PLACE A WELL THAT		DRAW A SKETCH BELOV	W SHOWING LOCATIO	ON OF WELL IN
ABANDONED AND SE			RELATION TO NEARBY 1	TOWNS AND ROADS	AND GIVE
	PLACE A WELL THAT		DISTANCE FROM WELL		
39 AS A STANDBY-CON'	TACT LOCAL APPROV ANDBY WELLS	ING AUTHORITY	meadow mill w	77	
	EPEN AN EXISTING W	'ELL		1000	
PERMIT NUMBER OF WELL		OR DEEPENED	AI .	W Cox 3	way
(IF AVAILABLE) 41	<u> </u>	52	N	6/ W	PAR. 1
Not to be filled in h	y driller (MDF OR C	COUNTY USE ONLY)	F 44	2/	eason Dr.
			2	3/	501
APPROP. PERMIT NUMBER	4070	03016(01)	200	9	1700
	N/V		C/21		1 were
	PERMIT No. 70 71 7	- 95 - <u>0206</u>	O V		
SPECIAL CONDITIONS			- T - 1235	TO THE	•
NOTE - APPROVING AUTHORITIES SHOULD I	ISE SEPARATE SHEET IS NEEDED -		The state of the s		

DENV-Permit 97

Review 3/13/04

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. Ho - 95 - 0206 Location of property (road) Roxbury Subdivision Clarks Medical	Mesdow Drive (Off Dorsey Mill) Lot 23 Block Plat Sed.
Well Driller Palon May 18	Owner Selfrice Deildars
Depth of well Distance of measuring point (M.P.) above Static water level (S.W.L.) below M.P.	
I. High rate pumping reservoir drawdown Time pump started	Pumping rate 10 GPm water level 30 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 ## gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:45	15 /4	6 Sec		10 GAn
			Test Struted	
12:00	30 Re	6 Sec		10 GM
12:15	30 h	6 Sec		10 GHM
12:30	30 h	6 Sec		10 GPM
12:45	30 4	6 4		10 4
1:00	30 4	6 1,		10 4
1115	30 "	6 11		10 4
1:30	30 8	6 · Sec		10 GPM
1:45	30 4	6 Sec		10 6PM
1:45	30 he	6 Sec		10 8 pm
2:15	30 11	6 11		10 11
2:30	30 11	6 4		10 11
2:45	30 P	6 Sec		10 6Au
3:00	30 #	6 Sec		10 684

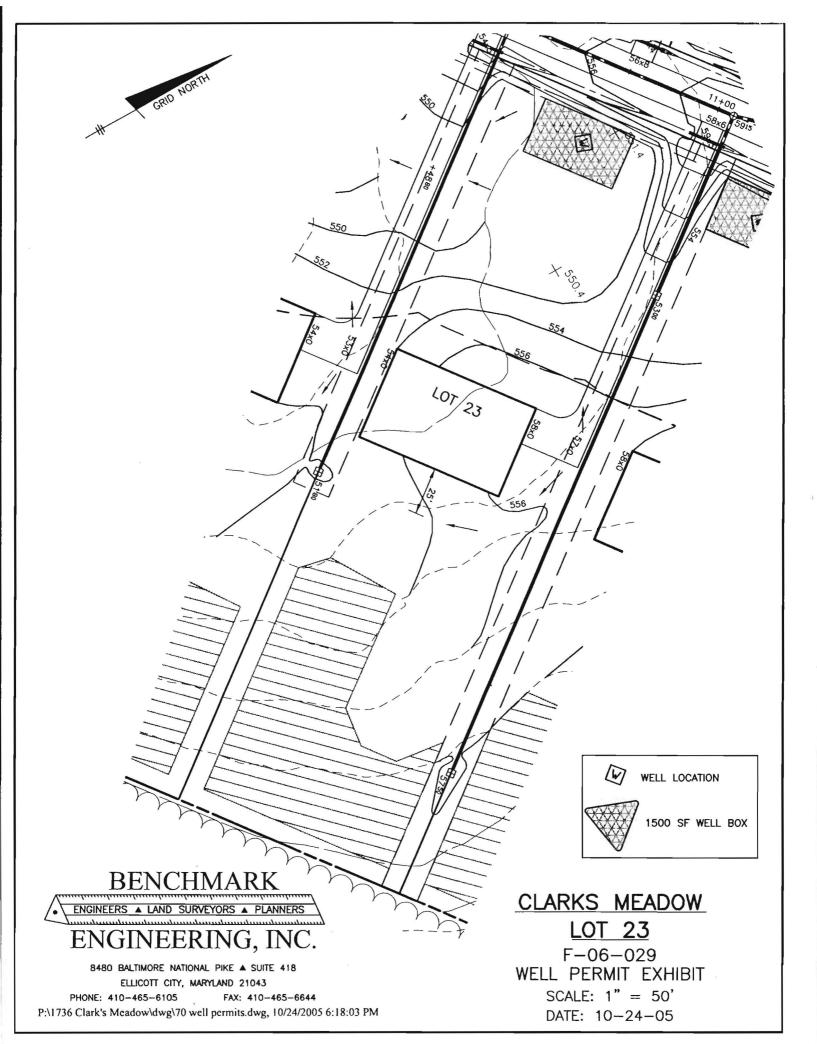


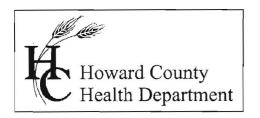
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

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: Burge meister - Bell Inc. Telephone #: 410-363-0080 Address: 10331 304 Del field Road Durings Mills MD 21117
(Must circle one) Aconsed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): Roland H. Mann Jr. *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 Hemes Inc. Telephone #: 410-740-0522 Subdivision: Clark's Meadow Lot #: 23 Well Tag #: HO-95-9206 Site Address: 14319 Rosbury Meadow Drive Site Many Many Meadow Drive
Submersible Pump Data Make: Gould Make: Compbal Two piece watertight cap: Model #: 5 (3805432)
Piging to house Type: Poly PVC sleeved to undisturbed soil at wall penetration: PSI: 200 (160 psi min) Depth of supply line: (36" min) 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 hox, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.
For Health Department Use Only - Not to be completed by Installer
Date Insp. Requested: 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

HD-215(Rev. 8/00)





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

February 28, 2011

Homeowner 14319 Roxbury Meadow Drive Glenwood, MD 21738

> RE: 14319 Roxbury Meadow Drive Glenwood, MD 21738 BP #; B10001286 Well Permit # HO-95-0206

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 02/25/2011. Final approval of the well line connection to the dwelling was approved on 11/12/2010.

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-95-0206. 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: Date of Well Completion: 02/21/2011

02/02/2006

Approving Authority,

Kevin M. Wolf, R.S./R.E.H.S.

hi m, Walf R.S.

Well & Septic Program
Environmental Sanitarian

cc:

Building Inspector's Office Community Health Services

File

Water Testing Laboratories

P.O. Box 712 Stevensville, MD 21666 410-643-7711

of Maryland, Inc.

Douglas Homes Inc. 5034 Dorsey Hall Drive

Suite 102

Ellicott City, Md 21042

Reporting Date: 2/23/2011

Report #: K7019

Submitted Sample Address:

14319 Roxbury Meadow Drive

Glenwood, MD 21738

Submitted Sample Source:

Holding tank

Date / Time Collected:

2/21/2011

8:25 AM

Sample Type: Sampler/Company: **Drinking Water**

D. Pitts 4322DP, WTL of MD

Field Record:

Chlorine residual: Absent

Clear when drawn

Well #:

HO-95-0206 ~

Trustmet?

Analytical Results

			Report		Analytical	
Parameter	Result	Units	Limit	MCL	Method	
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B	
E. Coli	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B	
Nitrates + Nitrites	8.4	mg/L	1.0	10	EPA 353.2	
Sand	Absent	P/A	Present/Absent	Present	Visual	
Turbidity	0.8	NTU	0.5	10	SM 2130B	
pН	6.9	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B	

Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.

- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum
 contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a
 water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND Not Detected.
- 4. Sample received and examined within EPA's recommended holding time

5. Analyzed by Lab 214.

SM – Greenberg, Clesceri and Eaton, Standard Methods for the Examination of Water and Wastewater, 21st Ed.

Reported by,

I hust Kodge

C. Rodgers, Customer Service Representative

Reviewed by: 553