EMERGENCY/TEMP NO. IF ANY

B 1 | 0904 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

523626 please type

STATE PERMIT NUMBER HO-95-0205

fill in this form completely

OWNER INFORMATION

Date Received (APA) 11/9/05

Selfridge Builders
Last Name Owner First Name

14045 GARED DRIVE
Street or RFD

GLENWOOD MD 21738
Town State Zip

DRILLER INFORMATION

Ralph E. Mayne MSD 117
Driller's Name License No.

Ralph E. Mayne INC.
Firm Name

17024 Hardy Rd. MT. AIRY, MD. 21771
Address

Signature 11-7-05
Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO 2003 G 01 6 (01)

PERMIT No. HO-95-0205

B 3 LOCATION OF WELL

COUNTY Howard

SUBDIVISION Clarks Meadow

SECTION LOT 22

NEAREST TOWN Glenelg

MILES FROM TOWN (enter 0 if in town) 1 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW 8-9 | N 8 | NE 8-9
W 8 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9

NEAR WHAT ROAD Rox Bury Meadow Dr.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N | WEST W 32 E EAST | S SOUTH

DISTANCE FROM ROAD 30 ENTER FT OR MI FT

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

DATE ISSUED 1/5/06 Gabriel A. Crayton 1/6/07
CO SIGNATURE EXP. DATE

NORTH GRID 519 000 EAST GRID 796 000

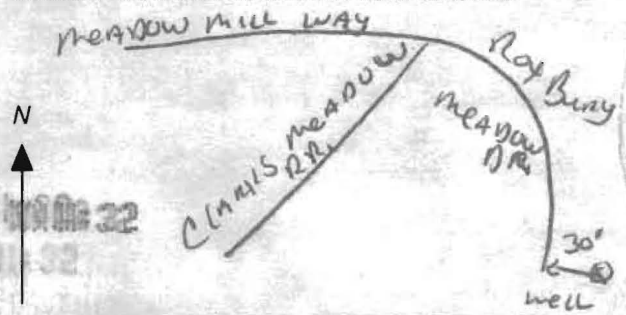
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 796 000
N 519 000

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



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97 ② COUNTY

C 1 | 0174 | SEQUENCE NO. (MDE USE ONLY)

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

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 NUMBER (13) A517904

ST/CO USE ONLY DATE Received MM DD YY (8–13)

DATE WELL COMPLETED: MM 02 DD 02 YY 06 (15–20)

Depth of Well: 160 (TO NEAREST FOOT) (22–26) 3/13/06

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO - 95 - 0205 (28–37)

OWNER Selfridge Builders (last name / first name)

STREET OR RFD Roxbury Meadow Dr. TOWN Glenelg

SUBDIVISION Clarks Meadow SECTION LOT 22

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOH, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Top Soil	0	2	
Sandy	2	45	✓
Sand Stone	45	50	
MICKA	50	75	
Sand Stone	75	80	✓
MICKA	80	160	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes [Y] no (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 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 S D 11 [illegible]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. [illegible] D

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] (44) no [N] (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [C M] (45 46) BENTONITE CLAY [B C]

NO. OF BAGS 17 ✓ NO. OF POUNDS 1700 ✓

GALLONS OF WATER 10 ✓

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48) TOP (52) ft. to 30+ ✓ (54) BOTTOM (58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL (60 61)	6 (63 64)	58 (66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to

SCREEN RECORD
screen type or open hole insert appropriate code below

[S T] STEEL [B R] BRASS BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2 — DEPTH (nearest ft.)

EACH SCREEN			
1	40 (8 9)	56 (11 15)	160 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH) (56 60)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 — from ____ to ____ (68)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 10 ✓ (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15 (17 20) ft.

WHEN PUMPING 25 (22 25) ft.

TYPE OF PUMP USED (for test)

[A] air (27) [P] piston (27) [T] turbine (27)

[C] centrifugal (27) [R] rotary (27) [O] other (describe below) (27)

[J] jet (27) [S] submersible (27)

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. (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 35)

PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (nearest ft.) (43 47)

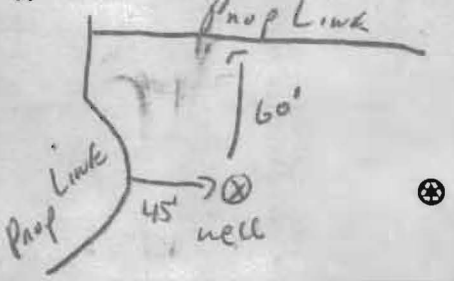
CASING HEIGHT (circle appropriate box and enter casing height)

[+] (49) above LAND SURFACE

[–] (49) below

2 (nearest foot) (50 51)

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)



DENV-CR00

COUNTY

Page ____ of ____
Date Feb 2 2006

Review 3/13/06 KN

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0205
Location of property (road) Sarbury Meadow Drive (Off Dorsey Mill)
Subdivision Clarks Meadow Lot 22 Block ____ Plat ____ Sec. ____
Well Driller Ralph Mayle Owner Selfridge Builders

Depth of well 160
Distance of measuring point (M.P.) above ground 2ft
Static water level (S.W.L.) below M.P. 15 ft.

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 25 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	15 ft	6 Sec		10 GPM
			Test Started	
8:30	25 "	6 Sec		10 GPM
8:45	25 "	6 Sec		10 GPM
9:00	25 "	6 Sec		10 GPM
9:15	25 "	6 "		10 "
9:30	25 "	6 "		10 "
9:45	25 "	6 "		10 "
10:00	25 "	6 Sec		10 GPM
10:15	25 "	6 Sec		10 GPM
10:30	25 "	6 Sec		10 GPM
10:45	25 "	6 "		10 "
11:00	25 "	6 "		10 "
11:15	25 "	6 Sec		10 GPM
11:30	25 "	6 Sec		10 GPM

HD-224

Page _____ of _____ Review _____

Date _____

FIELD DATA SHEET

HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0205

Location of property (road) Roxbury Meadow Drive (Off Dorsey Mill)

Subdivision Clarks Meadow Lot ____ Block ____ Plat ____ Sec. ____

Well Driller Ralph Mayer Owner Selfridge Builders

Depth of well _____

Distance of measuring point (M.P.) above ground _____

Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____

Total time _____ to reach pumping water level _____ 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)

HD-224

Shannon Lee

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: All Around Plumbing Inc Telephone #: 301-698-1028
Address: 530 E. Church St.
Frederick, MD 21701

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): J. Brendan Madden License# 18121
***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: _____ Telephone #: _____
Subdivision: Clark Meadows Lot #: 22 Well Tag # : HO-95-0205
Site Address: 14323 Roxbury Meadow Dr
Glenwood, MD

Submersible Pump Data	**Pitless Adapter**	**Well Cap and Electric Conduit**
Make: Goulds	Make: BII	Two piece watertight cap: YES
Model #: 7GS07422C	Model#: P100-SS	Screened, vented well cap: yes
Pump Capacity 7 GPM	Depth: 36 (36" min)	Cap secured to casing: yes
Well Yield: 10 GPM	NSF approved: yes	Conduit min 18" B.G.: yes
		Conduit secured to well cap: YES

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: ~~Pkg~~ poly
PSI: 200 (160 psi min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve (5 foot minimum): YES

Depth of supply line: 36 (36" min)
Sleeve caulked and sealed properly: YES

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.

Cathryn Little 5-14-14
Signature of company representative responsible for installation 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 _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: _____ Telephone #: _____
Address: _____
_____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License#_____
***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: 22 Well Tag #: **HO** -____-_____
Site Address: 14323 Roxbury Meadow Dr.
_____

Submersible Pump Data	**Pitless Adapter**	**Well Cap and Electric Conduit**
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth:_____(36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC 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, Cable guards, or other acceptable method used– Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ____

Piping to house	**House Connection**
Type: _____	PVC sleeve to undisturbed soil at wall penetration:_____
PSI: _____(160 psi min)	Length of sleeve(5' minimum from foundation):_____
Depth of supply line: _____ (36" min)	Sleeve 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 date

F/U to Insp. By Kevin on 5/14/14

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

Date Insp. Requested: _____ Date Insp. Approved:_____ Inspector:_____
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade Tag Gone
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

5/15/2014 BB

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: _____ Telephone #: _____
Address: _____
_____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License#_____
***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: 22 Well Tag #: HO -____-_____
Site Address: 14323 Rudbury meadow (missing)
_____

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth:_____(36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC 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, Cable guards, or other acceptable method used– Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ____

Piping to house	House Connection
Type: _____	PVC sleeve to undisturbed soil at wall penetration:_____
PSI: _____(160 psi min)	Length of sleeve(5' minimum from foundation):_____
Depth of supply line: _____ (36" min)	Sleeve 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 date

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

Date Insp. Requested: 5/14/14 Date Insp. Approved:_____ Inspector: KWW

Inspection Data:
- Pitless adapter watertight & 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 _____ - sleeve only 3'
- Safety rope not outside of well cap/casing _____
- Correct well tag attached properly and casing 8" above finished grade _____ - cap not glued
- Water supply line sleeved adequately at house connection _____ - conduit not glued
- Adequate grout observed below pitless adapter _____

call in for re-insp (KW)

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	95399	Account #:	3123
Reference:	Douglas Homes Lot 22	Company:	National Water Servicing
Location:	14323 Roxbury Meadow Drive	Requested By:	Dave Rycke
	Glenwood, MD 21738	Source:	Well Water
Date/ Time Collected:	7/29/2014 1230	Site:	Pressure Tank –
Date/Time Rec'd:	7/29/2014 1555	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.4
Collected By:	C. Mooshian 7268CM	Well #:	HO-95-0205

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/30/2014 / 1100 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/30/2014 / 1100 / CCH
Nitrate	7.21	mg/L	10	601	7/30/2014 / 1510 / CH/CS
Turbidity	0.92	NTU	<10	SM18 2130B	7/30/2014 / 1610 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	7/30/2014 / 1600 / CRS

8/4/14 OK

NOTES

1. mg/L = milligrams per liter (also, parts per million)
2. MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
3. NS = None Seen (NS indicates less than 5 mg/L)
4. NTU = Nephelometric Turbidity Units
5. Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
6. ND:None Detected
7. Visual well check: Sealed, vented cap
8. pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B10003537

Date Reported: 7/31/2014

MD State Certification # 133

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 5, 2015

August 5, 2014

Homeowner
14323Roxbury Meadow Drive
Glenwood, Maryland 21738

RE: Clarks Meadow, Lot #22
14323 Roxbury Meadow Drive
Building Permit: B10003537
Well Permit: HO-95-0205

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 **7/28/2014.** Final approval of the well line connection to the dwelling was granted on **5/15/2014.** The well construction was completed on **02/02/2006.** Water samples were collected on **7/29/2014.**

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-95-3537. 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.**

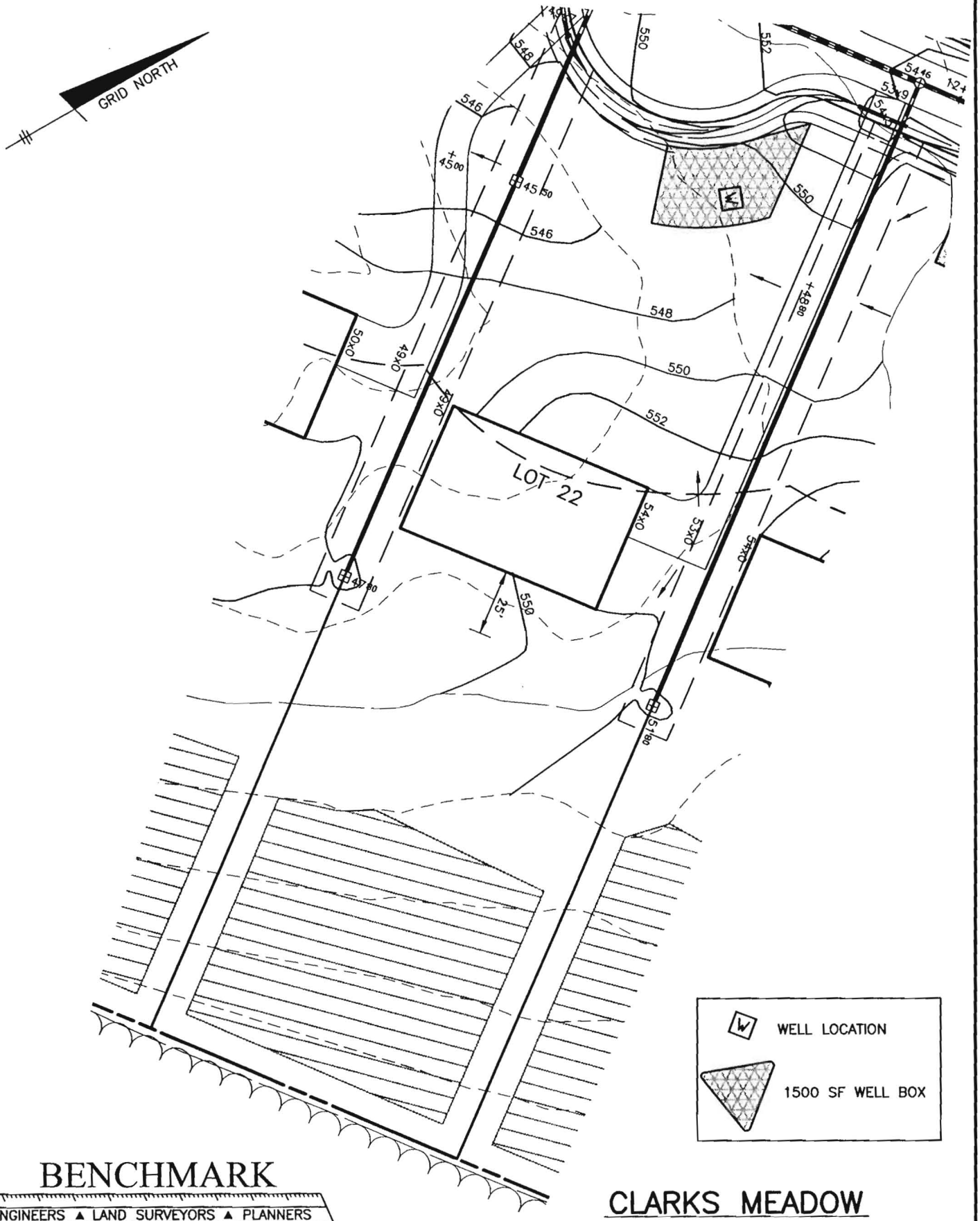
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf

Approving Authority,

Dana Bernard

Dana Bernard,R.E.H.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



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 6:17:09 PM

CLARKS MEADOW
LOT 22
F-06-029
WELL PERMIT EXHIBIT
SCALE: 1" = 50'
DATE: 10-24-05