

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 DD YY
01 12 06

Depth of Well

22 **160** 26 **3/13/06**
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-95-0208

OWNER **Selfridge Builders**
last name first name
STREET OR RFD **Roxbury Meadow Dr.** TOWN **Glenelg**
SUBDIVISION **Clarks Meadow** SECTION LOT **25**

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	45	✓
Sand Stone	45	50	
MICKA	50	90	
Sand Stone	90	95	✓
MICKA	95	160	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **16** NO. OF POUNDS **1600**
GALLONS OF WATER **96**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **30+** ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below
ST **CO**
STEEL CONCRETE
PL **OT**
PLASTIC OTHER
MAIN CASING TYPE
PL Nominal diameter
top (main) casing
(nearest inch)! **6** Total depth
of main casing
(nearest foot) **55**
60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING
diameter depth (feet)
inch from to

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)
ST **BR** **HO**
STEEL BRASS OPEN
PL **OT**
PLASTIC OTHER

C 2 DEPTH (nearest ft.)

1 **HO** **53** **160**
EACH CASING
2
3
SLOT SIZE 1 2 3

DIAMETER
OF SCREEN (NEAREST
INCH)
56 60
from to

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.) W Q

70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

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 **36** ft.
WHEN PUMPING **41** ft.
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other
J jet **S** submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES **NO**
(CIRCLE) (YES or 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) **29**
IN BOX 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)
+ above } LAND SURFACE
- below } **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)

DRILLERS LIC. NO. **M S D 117**

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 0901
1 2 3 6SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 95 - 0208
70 fill in this form completely 79

523626 please type

Date Received (APA)

11/9/05
8 MM DD YY 13

OWNER INFORMATION

Selfridge Builders
15 Last Name Owner First Name 3414045 Gared Drive
36 Street or RFD 55Glenwood MD 21738
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Ralph E. Mayne MSD 117
Driller's Name 76 License No. 81Ralph E. Mayne INC.
Firm Name17024 Hardy Rd Mt. Airy, MD. 21791
AddressRalph E. Mayne 11-7-05
Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.) 5
8 12AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ INDUSTRIAL, COMMERCIAL, DEWATERING
- ☐ PUBLIC WATER SUPPLY WELL
- ☐ TEST, OBSERVATION, MONITORING
- ☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

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 DEEPEENED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- ☐ THIS WELL WILL DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED
(IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER 402003G016 (01)

PERMIT No. HO - 95 - 0208
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

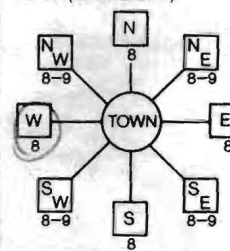
B 3

LOCATION OF WELL

Howard
8 COUNTY 21clarks meadow
23 SUBDIVISION 42SECTION 44 46 LOT 25
48 50Glenela
52 NEAREST TOWN 71MILES FROM TOWN (enter 0 if in town) I
73 M I 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Roxbury meadow Dr.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
WEST 32 EAST
SOUTH34 30 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 17 PARCEL 227

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVALHoward 13 A517904
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 1/5/06 Richard L. Gagliardi 1/6/07
43 MM DD YY 48 CO SIGNATURE EXP. DATENORTH GRID 50 55 57 63
EAST GRID 796 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

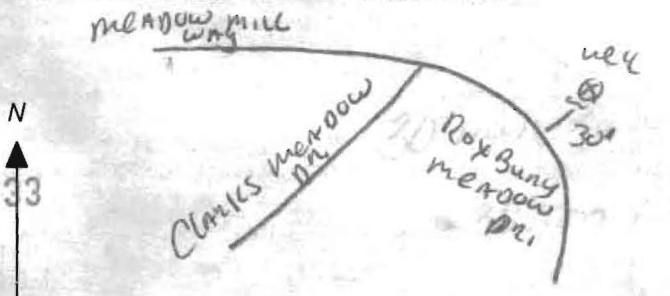
SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 796
520 796
N 796

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



Well Permit No. HO - 95-0208
 Location of property (road) Roxbury Meadow Drive (Off Dorsey Mill)
 Subdivision Clarks Meadow Lot 25 Block Plat Sec.
 Well Driller Ralph Mayne Owner Selfridge Builders

Depth of well 160
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 36

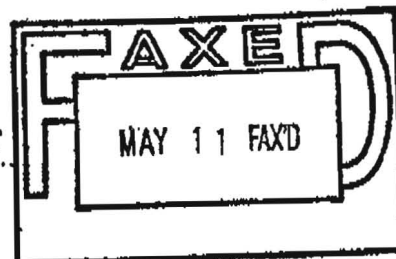
Time pump started 8:45 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 41 ft. below M.P.

[illegible]



DH2380.54

**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
Douglas 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 #: 25 Well Tag #: HO-95-0208
Site Address: 14309 Rosbury Meadow Drive
Glenwood MD 21738

Submersible Pump Data

Make: Goulds
Model #: 5L-805422C
Pump Capacity: 5 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell
Model #: PA18006X1
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: 100 (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.

Signature of company representative responsible for installation

Roland H. Mann Jr. General Manager

date 5/11/12

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

Date Insp. Requested: _____

Date Insp. Approved: 8/22/12

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 3" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓

(KW)

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 #: _____ Well Tag #: HO-95-0208
Site Address: 14309 Robing Meadow Dr.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC 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: _____ (feet)

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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

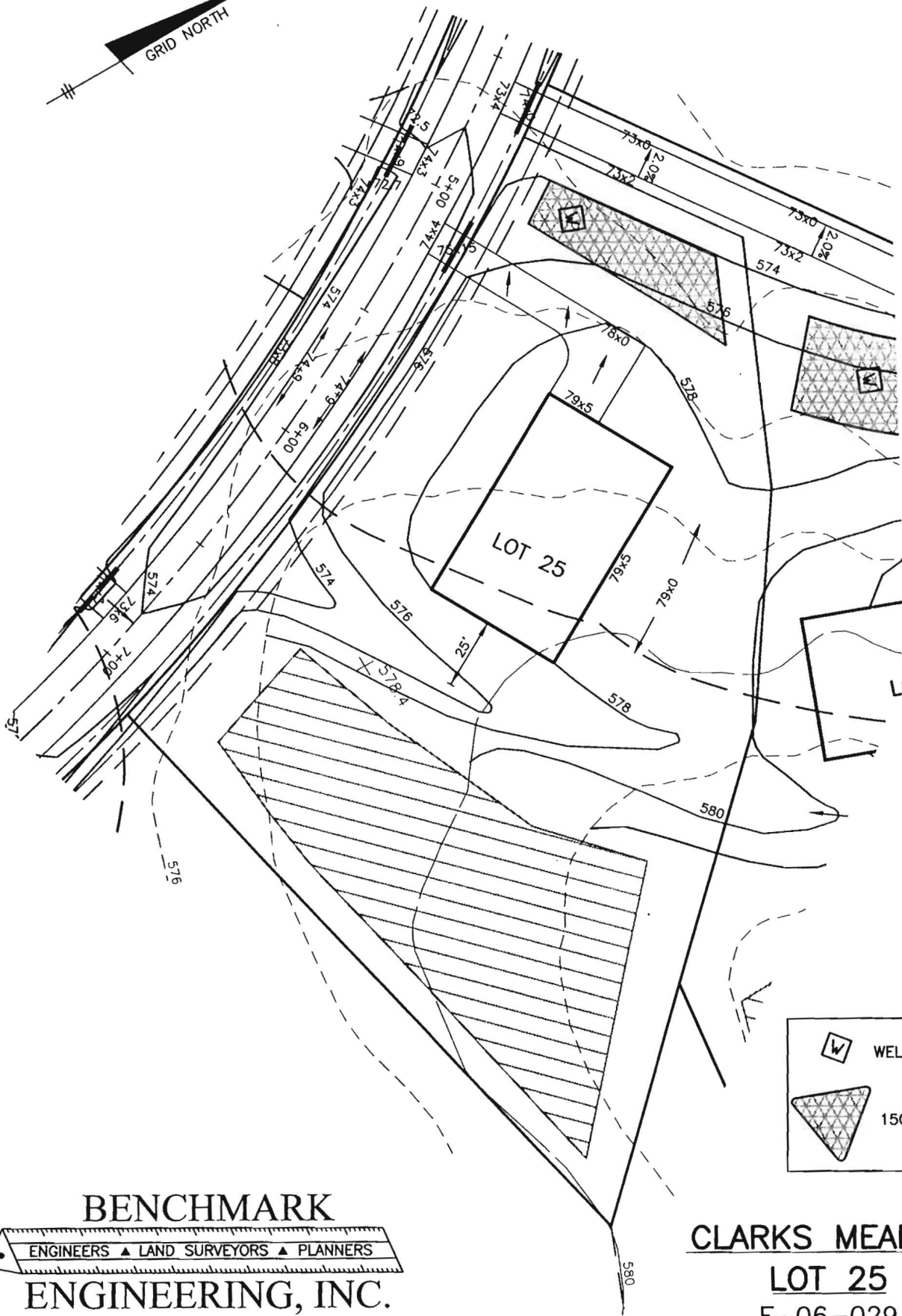
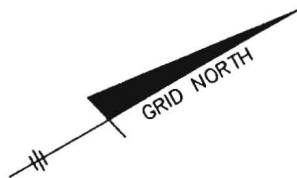
PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
Sleeve sealed properly: _____

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: _____ Date Insp. Approved: 8/22/12 Inspector: (KW)
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 ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



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 6:23:48 PM

CLARKS MEADOW
LOT 25

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

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 #: 88468 Account #: 3123
Reference: Clarks Meadow Lot 25 Company: National Water Servicing
Location: 14309 Roxbury Meadow Drive Requested By: Dave Rycke
Glenwood, MD 21738 Source: Well Water
Date/ Time Collected: 3/19/2013 0930 Site: Pressure Tank
Date/Time Rec'd: 3/19/2013 1100 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Yeager 6176JY Well #: HO-95-0208

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	3/20/2013 / 0900 / CCH
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	3/20/2013 / 0900 / CCH
Nitrate	✓ 8.91	mg/L	10	601	3/19/2013 / 1515 / BCD
Turbidity	✓ 1.83	NTU	<1.0	SM18 2130B	3/19/2013 / 1345 / LLO
Sand	✓ NS	mg/L	5	Visual/Gravimetric	3/19/2013 / 1345 / LLO

OK
3/22/13 Hg

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 # : 11000102

Date Reported: 3/20/2013