

C10178

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.

1236  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY  
DATE Received  
MMDDYY  
813

DATE WELL COMPLETED  
MMDDYY  
81306

Depth of Well  
2216026  
(TO NEAREST FOOT)

COUNTY  
NUMBER131517904

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0950209

OWNER  
STREET OR RFD  
SUBDIVISION

last namefirst name  
Selfridge Builders  
Rabery Meadow Dr  
Clarks Meadow

TOWN  
Glenelig

SECTION  
LOT26

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	40	✓
Sand Stone	40	45	
MICKA	45	80	
Sand Stone	80	85	✓
MICKA	85	160	

GROUTING RECORD

yesno  
YNY

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS14NO. OF POUNDS1400

GALLONS OF WATER84

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to30ft.

(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

STEELSTCONCRETECO  
PLASTICPLOTHERO

MAIN  
CASING  
TYPEPL

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

Total depth  
of main casing  
(nearest foot)50

OTHER CASING (if used)

diameterdepth (feet)  
inchfromto

SCREEN RECORD

screen type  
or open hole

insert  
appropriate  
code  
below

STEELSTBRASSBR  
BRONZEPL  
PLASTICPL  
OPEN  
HOLE  
OTHEROT

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTUREDyesno  
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.1MSD1121

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.1D

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

C2

DEPTH (nearest ft.)

12

16048

151721

232426303236

383941454751

SLOT SIZE 123

DIAMETER  
OF SCREEN(NEAREST  
INCH)

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  
CASINGLOG  
INDICATOROTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min.)10

METHOD USED TO  
MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING37ft.

WHEN PUMPING40ft.

TYPE OF PUMP USED (for test)

AairPpistonTturbine  
CcentrifugalRrotaryOother  
(describe below)  
JjetSsubmersible

PUMP INSTALLED

DRILLER INSTALLED PUMPYESNO

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

CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)3135

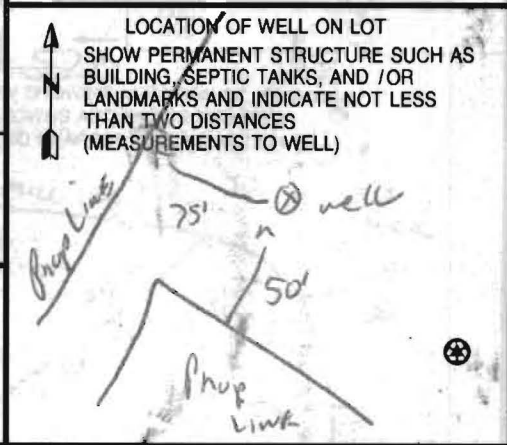
PUMP HORSE POWER3741

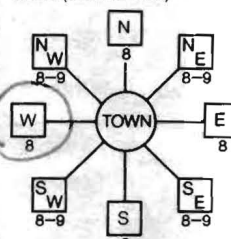

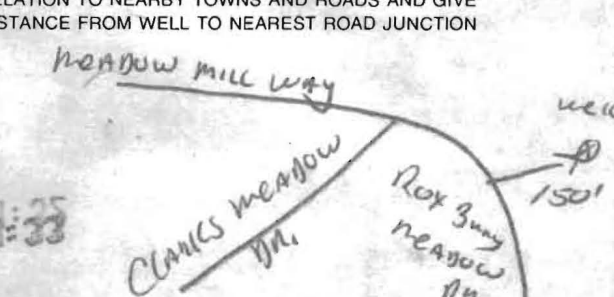
PUMP COLUMN LENGTH  
(nearest ft.)4347

CASING HEIGHT (circle appropriate box  
and enter casing height)

abovebelow

LAND SURFACE2(nearest  
foot)



B 1 1 2 3 6		SEQUENCE NO. (MDE USE ONLY) <b>0900</b>		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <b>523626</b> please type		STATE PERMIT NUMBER <b>HO-95-0209</b> fill in this form completely	
Date Received (APA) <b>11/9/05</b> 8 MM DD YY 13				B 3 LOCATION OF WELL <b>Howard</b> 8 COUNTY 21 <b>Clarks meadow</b> 23 SUBDIVISION 42 SECTION <b>44</b> 46 LOT <b>26</b> 48 50 <b>Glenela</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>I</b> 73 76 77 78			
OWNER INFORMATION <b>Selfridge Builders</b> 15 Last Name Owner First Name 34 <b>1405 Gared Drive</b> 36 Street or RFD 55 <b>Glenwood MD 21738</b> 57 Town 70 State 72 Zip 76				B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 			
DRILLER INFORMATION <b>Ralph E. Mayne</b> 76 Driller's Name M S D 117 81 License No. <b>Ralph E. Mayne Inc</b> Firm Name <b>17024 Hardy Rd Mt. Airy MD 21771</b> Address <b>R E Mayne</b> 11-7-05 Signature Date				ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <b>Roxbury meadow Dr.</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 <b>150</b> 37 DISTANCE FROM ROAD ENTER FT OR MI <b>ft</b> 38 39 TAX MAP: <b>21</b> BLK: <b>17</b> PARCEL <b>227</b>			
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20				USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL			
APPROXIMATE DEPTH OF WELL <b>150</b> 24 28 FEET APPROXIMATE DIAMETER OF WELL <b>6"</b> NEAREST INCH				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>HOWARD</b> 13 <b>AS17904</b> COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED <b>11/5/06</b> 43 MM DD YY 48 CO SIGNATURE <b>Robert A. Coughlin</b> 1/6/07 41 EXP. DATE NORTH GRID <b>520</b> 50 000 55 EAST GRID <b>796</b> 57 000 63			
METHOD OF DRILLING (circle one) <input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTary <input type="radio"/> DRIVE-POINT other				SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <b>E 796</b> <b>N 520</b> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 <input type="radio"/> THIS WELL WILL DEEPEMED 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) APPROP. PERMIT NUMBER <b>HO2003G016783</b> PERMIT No. <b>HO-95-0209</b> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED							

FIELD DATA SHEET  
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0209  
 Location of property (road) Roxbury Meadow Drive (Off Dorsey Mill)  
 Subdivision Clarks Meadow Lot 26 Block      Plat      Sec.       
 Well Driller Ralph May Jr Owner Selfridge Builders

Depth of well 160  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 37 ft

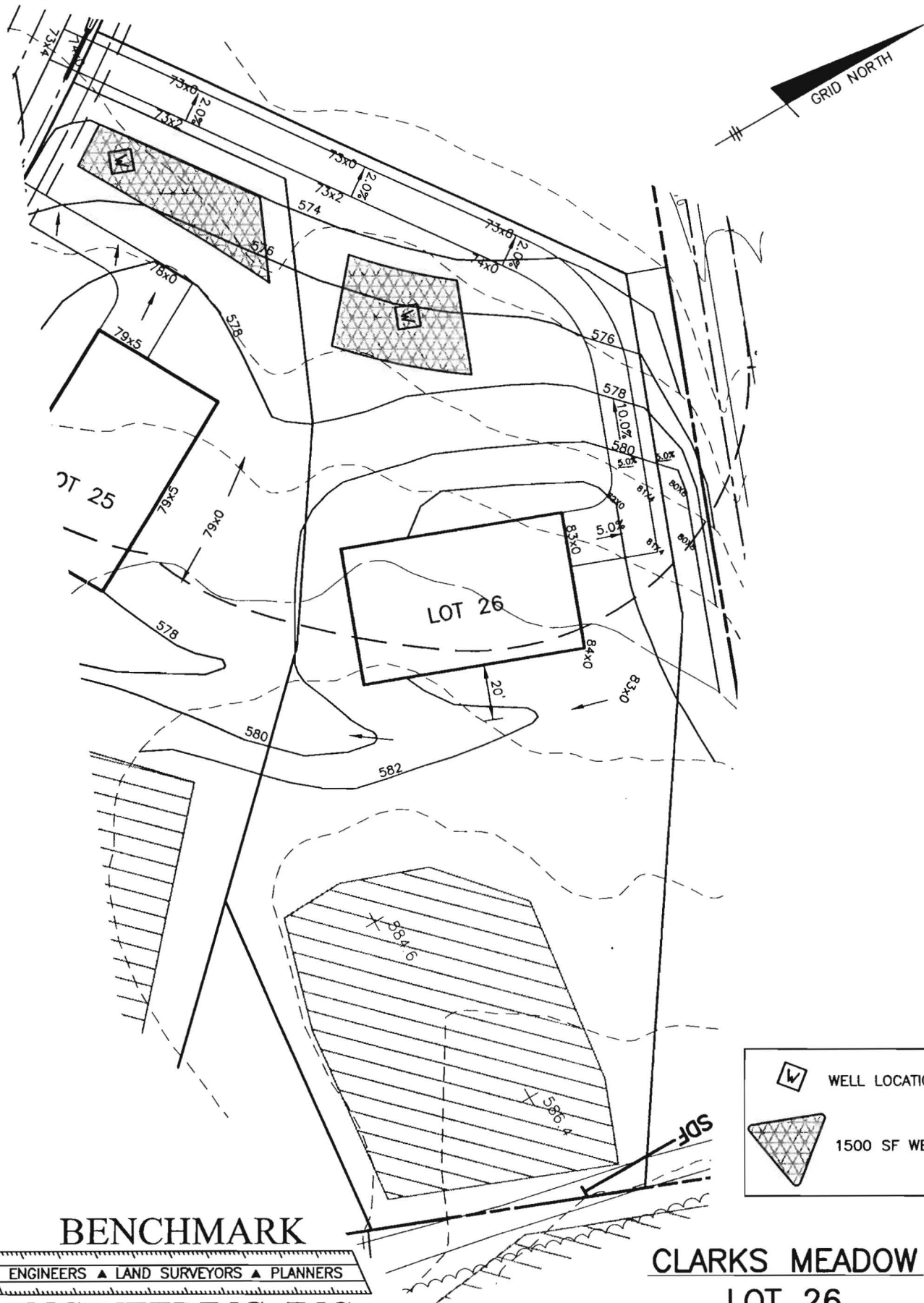
I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 Gpm  
 Total time 15 min to reach pumping water level 40 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)
8:30	37 ft	6 Sec		10 Gpm
			Test Started	
8:45	40 ft	6 Sec		10 Gpm
9:00	40 ft	6 Sec		10 Gpm
9:15	40 ft	6 Sec		10 Gpm
9:30	40 "	6 "		10 "
9:45	40 "	6 "		10 "
10:00	40 "	6 "		10 "
10:15	40 ft	6 Sec		10 Gpm
10:30	40 ft	6 Sec		10 Gpm
10:45	40 ft	6 Sec		10 Gpm
11:00	40 "	6 "		10 "
11:15	40 "	6 "		10 "
11:30	40 ft	6 Sec		10 Gpm
11:45	40 ft	6 Sec		10 Gpm





**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 6:25:07 PM

**CLARKS MEADOW**

**LOT 26**

F-06-029

WELL PERMIT EXHIBIT

SCALE: 1" = 50'

DATE: 10-24-05

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 #: 26 Well Tag #: HO-95-0209  
Site Address: 14305 Roxbury Meadow Dr  
Glenwood, MD

Submersible Pump Data

Make: Goulds  
Model #: 76507422C  
Pump Capacity 7 GPM  
Well Yield: 10 GPM

Pitless Adapter

Make: PIT  
Model #: P-100SS  
Depth: 36" (36" min)  
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes  
Screened, vented well cap: yes  
Cap secured to casing: 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: poly poly  
PSI: 200 (100 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve (5 foot minimum): 5'

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.

Signature of company representative responsible for installation: Cathy J. Rittle

date: 5-14-14

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 \_\_\_\_\_

emailed 5/14

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

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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 #: 26 Well Tag #: HO-95-0209  
Site Address: 14305 Roxbury 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: \_\_\_\_\_

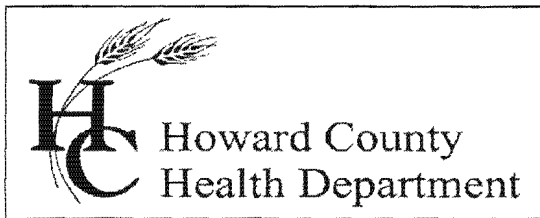
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

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: 5/15/2014 Inspector: BB

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 ☒



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-1771 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

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

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – MARCH 18, 2015**

September 18, 2014

Homeowner  
14305 Roxbury Meadow Drive  
Glenwood, MD 21738

**RE: Clark's Meadow, Lot 26  
14305 Roxbury Meadow Drive  
Building Permit: B11000101  
Well Permit: HO-95-0209**

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 **9/17/2014**. Final approval of the well line connection to the dwelling was granted on **5/15/2014**. The well construction was completed on **1/17/2006**. Water samples were collected on **8/27/2014**.

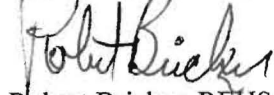
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0209. 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,

A handwritten signature in dark ink, appearing to read "Robert Bricker", is written over the printed name.

Robert Bricker, REHS/R.S., L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

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



# Water Testing Laboratories

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

of Maryland, Inc.

Douglas Homes  
5034 Dorsey Hall Drive  
Ellicott City, MD 21042

Reporting Date: 9/4/2014  
Report #: M2070

Submitted Sample Address: 14305 Roxbury Meadow Drive  
Glenwood, MD  
Submitted Sample Source: Bathroom sink  
Date / Time Collected: 8/27/2014 1:27 PM  
Sample Type: Drinking Water  
Sampler/Company: K. Lee 4827KL, WTL of MD  
Field Record: Chlorine residual: Absent ✓ Clear when drawn ✓  
Well #: IIO-95-0209 ✓

OK veb  
9/10/14

## Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent ✓	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent ✓	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	8.8 ✓	mg/L	0.5	10	SM20 4500D
Sand	Absent ✓	P/A	Present/Absent	Present	Visual
Turbidity	1.1 ✓	NTU	0.5	10	SM 2130B
pH	6.0 ✓	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H <sup>+</sup> B

### Notes:

1. Bacteriological analysis of this sample indicates this water is ☐ safe ☒ for human consumption.
2. 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.
3. ND -- Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21<sup>st</sup> Ed.

Reported by:

*Christen Rodgers*

C. Rodgers, Customer Service Representative

Reviewed by: *SNB*