

C10172SEQUENCE NO. (MDE USE ONLY)STATE OF MARYLANDWELL COMPLETION REPORTFILL IN THIS FORM COMPLETELYPLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.COUNTY NUMBER13A517904

ST/CO USE ONLYDATE ReceivedMMDDYY013006DATE WELL COMPLETEDMMDDYY013006Depth of Well221402631306KNFROM "PERMIT TO DRILL WELL"HD-95-0203

OWNERlast namefirst nameTOWNLOT013006Roxbury Meadow DriveGlenelg20SUBDIVISIONClarks MeadowSECTIONLOT20

WELL LOGNot required for driven wellsSTATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)FEETFROMTOcheck if water bearing

Top Soil02Sandy240Sand Stone4045MICKA4575Sand Stone7580MICKA80140

GROUTING RECORDyesnoWELL HAS BEEN GROUTED(Y)N(4444)TYPE OF GROUTING MATERIAL (Circle one)CEMENT(CM)BENTONITE CLAY(BC)NO. OF BAGS16NO. OF POUNDS1600GALLONS OF WATER26DEPTH OF GROUT SEAL (to nearest foot)from0ft. to30ft.(enter 0 if from surface)

CASING RECORDcasing types insert appropriate code belowMAIN CASING TYPENominal diameter top (main) casing (nearest inch)Total depth of main casing (nearest foot)655

OTHER CASING (if used)diameter inchdepth (feet)fromto

screen type or open holeinsert appropriate code belowSCREEN RECORD(ST)BR(HO)STEELBRASSOPENHOLEPLASTICOTHER

C2DEPTH (nearest ft.)14053140

EACH CASING

SLOT SIZE 123DIAMETER OF SCREEN5660(NEAREST INCH)fromto

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 4868

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)T(E.R.O.S.)WQ7072747576TELESCOPE CASINGLOG INDICATOROTHER DATA

PUMPING TESTHOURS PUMPED (nearest hour)3PUMPING RATE (gal. per min.)20METHOD USED TO MEASURE PUMPING RATEBucketWATER LEVEL (distance from land surface)BEFORE PUMPING20ft.WHEN PUMPING25ft.TYPE OF PUMP USED (for test)AairPpistonTturbineCcentrifugalRrotaryOother (describe below)JjetSsubmersible

PUMP INSTALLEDDRILLER INSTALLED PUMP (CIRCLE) (YES or NO)YESNOIF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLEDPLACE (A,C,J,P,R,S,T,O) IN BOX 29CAPACITY: GALLONS PER MINUTE (to nearest gallon)3135PUMP HORSE POWER3741PUMP COLUMN LENGTH (nearest ft.)4347CASING HEIGHT (circle appropriate box and enter casing height)abovebelowLAND SURFACE2(nearest foot)

LOCATION OF WELL ON LOTSHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)60'40'

NUMBER OF UNSUCCESSFUL WELLS:0WELL HYDROFRACTUREDyesno(Y)N(CIRCLE APPROPRIATE LETTER)A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETEDE ELECTRIC LOG OBTAINEDP 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. 1IMD112DRILLERS 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 0906

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-95-0203

fill in this form completely

Date Received (APA)

11/9/05
8 MM DD YY 13

OWNER INFORMATION

Selfridge Builders
15 Last Name Owner First Name 34
14045 Gared Drive
36 Street or RFD 55
Glenwood MD 21738
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Ralph E. Mayne MS D 117
Driller's Name 76 License No. 81
Ralph E. Mayne INC
Firm Name
17024 Hardy Rd Mt. Airy, MD. 21771
Address
Signature Date

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 ☐ INDUSTRIAL, COMMERCIAL, DEWATERING
☐ PUBLIC WATER SUPPLY WELL
☐ TEST, OBSERVATION, MONITORING
☐ 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
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTARY Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 ☐ 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 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)

APPROX. PERMIT NUMBER

H02003G016(01)

PERMIT No.

H0-95-0203

SPECIAL CONDITIONS

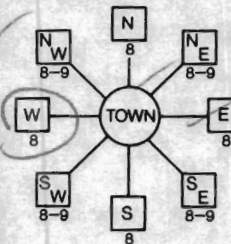
APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

LOCATION OF WELL

Howard
8 COUNTY 21
Clarks Meadow
23 SUBDIVISION 42
SECTION 44 46 LOT 20 48 50
Glenelg
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Roxbury meadow rd.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 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 APPROVAL

Howard 13 A517904
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 1/5/06 1/6/07
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 50 519 000 55 EAST GRID 57 796 000 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

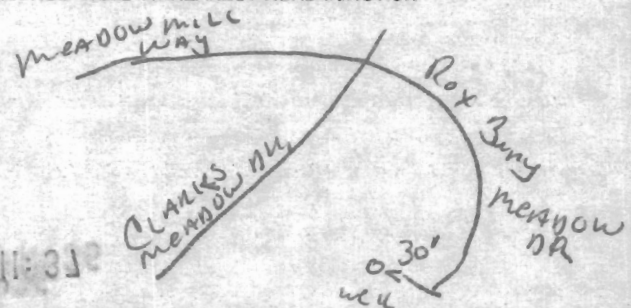
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 796
N 519

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

N



HD-224

Beggs
Baker

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: CLARKE PTH INC Telephone #: 410-875-4151
Address: 3510 Ridge Rd
Westminster, Md 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Ken CLARKE License # 3808

*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 Home's Telephone #: 410-240-0522
Subdivision: CLARK Meadows Lot #: 20 Well Tag #: HO-95-0203
Site Address: 14322 Roxbury Meadow Dr.

Submersible Pump Data

Make: Marec
Model #: Marec 2
Pump Capacity 12 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Harvard
Model #: PT-800
Depth: 42" (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: (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: Plastic
PSI: ✓ (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 15'
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.

Ken Clarke
Signature of company representative responsible for installation

May 08
date

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

Date Insp. Requested:

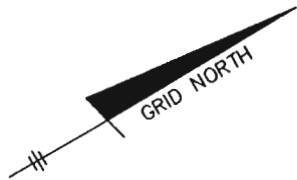
Date Insp. Approved: 9/4/08 BB

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 ✓

HD-215 (Rev. 8/00)







W1-B3

8.00%

LOT 20

44x5

53x0

13+00
13+06.42



WELL LOCATION



1500 SF WELL BOX

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 6:12:22 PM

CLARKS MEADOW

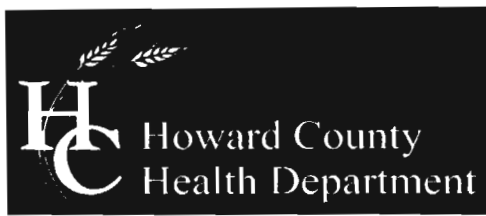
LOT 20

F-06-029

WELL PERMIT EXHIBIT

SCALE: 1" = 50'

DATE: 10-24-05



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 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

September 5, 2008

Douglas Homes
5034 Dorsey Hall Drive
Suite 102
Ellicott City, MD 21041

RE: Clarks Meadow – Lot 20
14322 Roxbury Meadow Drive
Glenelg, MD 21738
BP #: B07004905
Well Permit # HO-95-0203

Dear Homeowner:

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 5/14/2008. Final approval of the well line connection to the dwelling was approved on 9/04/2008.

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.

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-95-0203. 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: 8/28/2008
Date of Well Completion: 1/30/2006

Approving Authority,

Brian Baker, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
A Methode Electronics, Inc. Company
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 21041

S/O Number: 69575**Report Date:** August 29, 2008**Property Sampled:** 14322 Roxbury Meadow Drive, 21737**County:** Howard**Subdivision:** Clarks Meadow**Tax Map #:** 21**Lot #:** 20**Parcel #:** 271**Building Permit #:** B07004905**Date/Time Collected:** August 28, 2008 at 12:35 pm**Date/Time Received:** August 28, 2008 at 3:45 pm**Sample Location:** Laundry Tub Tap**Samples Iced:** Yes**Sampler ID:** 9406NW**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** HO-95-0203**Well Condition:** 2-Piece Cap
Satisfactory**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	9.3 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.6 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

A handwritten signature in cursive script, reading "Allison R. Milburn".
Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.