

C1 0173

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY 13 A 517904
NUMBER1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
01 30 06

Depth of Well

22 160 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO - 95 - 0204
28 29 30 31 32 33 34 35 36 37OWNER Selfridge Builders
STREET OR RFD last name Roxbury Meadow Dr. first name TOWN Glenelg
SUBDIVISION Clarks Meadow SECTION LOT 21

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	50	✓
Sand Stone	50	55	
MICKA	55	90	
Sand Stone	90	95	✓
MICKA	95	160	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 20 NO. OF POUNDS 2000

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)PL 6 62
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)

inch from to

E
A
C
H
C
A
S
I
N
Gscreen type
or open hole

SCREEN RECORD

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

C 2

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN(NEAREST
INCH)56 60
from toGRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

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 18 ft.

WHEN PUMPING 23 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

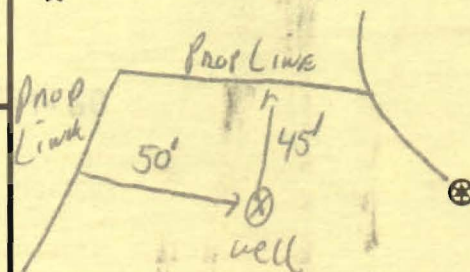
DRILLER INSTALLED PUMP YES NO

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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)+ above } LAND SURFACE
- below } (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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y 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
WELLI 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 SD 112

DRILLER'S 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	0905	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER <u>HO - 95 - 0204</u>
1 2 3 6			523626 please type	70 fill in this form completely 79

<p>Date Received (APA)</p> <p style="text-align: center;">OWNER INFORMATION</p> <p>8 MM DD YY 13 <u>Selfridge Builder's</u> 15 Last Name Owner First Name 34 <u>14045 Gared Drive</u> 36 Street or RFD 55 <u>Glenwood MD 21738</u> 57 Town 70 State 72 Zip 76</p> <p style="text-align: center;">DRILLER INFORMATION</p> <p><u>Ralph E. Mayne</u> M S D <u>117</u> Driller's Name 76 License No. 81 <u>Ralph E. Mayne INC.</u> Firm Name <u>17024 Hardy Rd. Mt Airy, MD, 21771</u> Address <u>RLE Mayne 11-7-05</u> Signature Date</p>	<p style="text-align: center;">B 3 LOCATION OF WELL</p> <p>8 COUNTY <u>Howard</u> 21 <u>Clarks Meadow</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>21</u> 48 50 <u>Clonely</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78</p> <p style="text-align: center;">B 4</p> <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> </div> <div style="width:45%;"> <p><u>Roxbury Meadow Dr</u> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>21</u> BLK: <u>17</u> PARCEL <u>227</u></p> </div> </div>
---	---

<p style="text-align: center;">B 2 WELL INFORMATION</p> <p>1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20</p> <p style="text-align: center;">USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL</p>	<p style="text-align: center;">NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p><u>HOWARD</u> (13) <u>A517904</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>1/5/06</u> <u>Richard Lightow</u> 1/6/07 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>519</u> 0 0 0 EAST GRID <u>796</u> 0 0 0 50 55 57 63</p>
---	---

<p>APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6"</u> INCH NEAREST INCH</p> <p style="text-align: center;">METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTary DRIVE-POINT other _____</p> <p style="text-align: center;">REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><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 39 <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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52</p> <p style="text-align: center;">Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER <u>HO 2003 G01 0 (or)</u> PERMIT No. <u>HO - 95 - 0204</u> 70 71 72 73 74 75 76 77 78 79</p>	<p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3.</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>796</u> N <u>519</u></p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p>
--	---

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

(Well site must be staked exactly and drilled)
 Per ~~CLARK COUNTY~~ plan location to maintain
 GAC setback from SWM pond

Page 1 of 1
Date Jan 30 2006

Review 3/13/06 KN

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

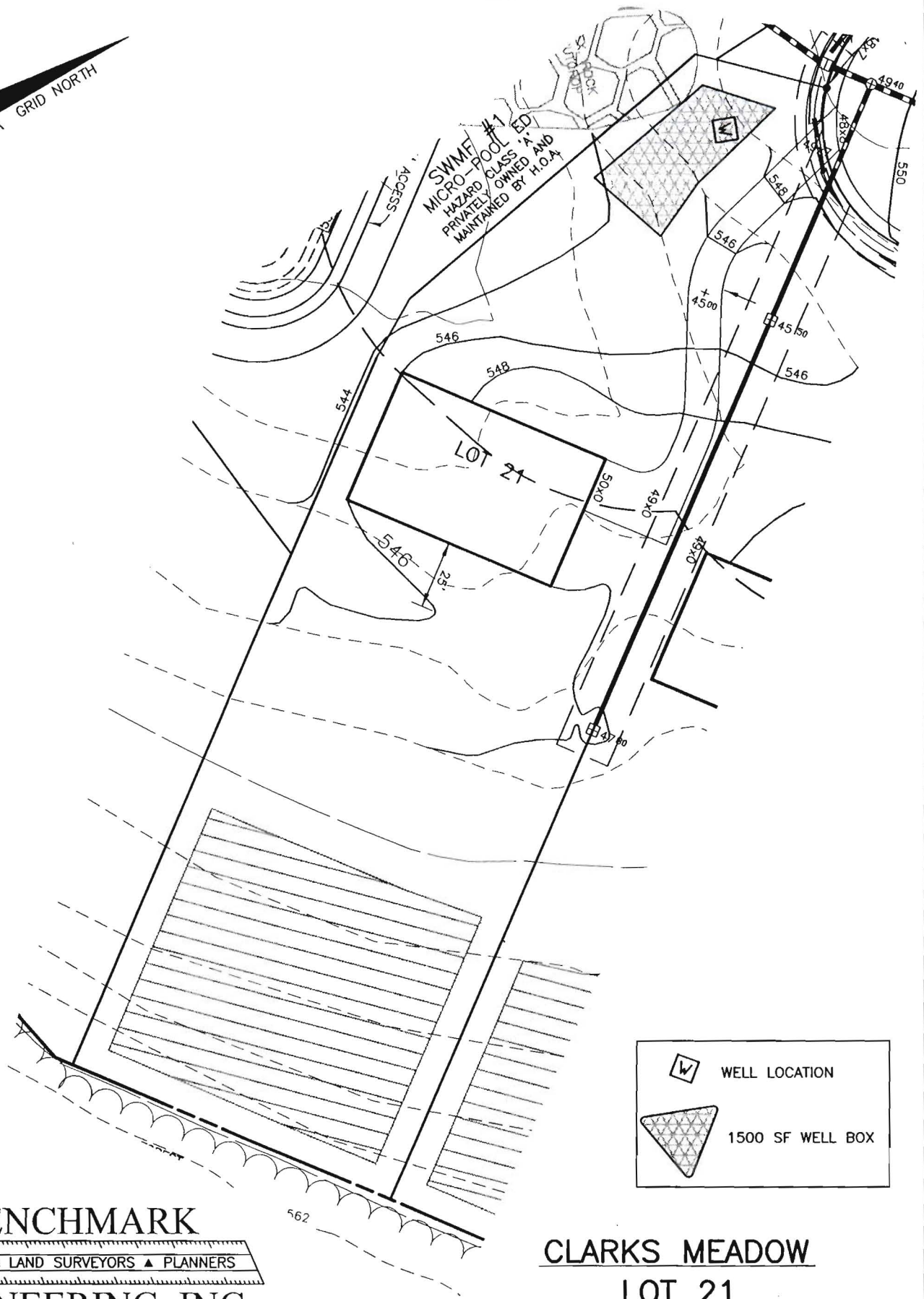
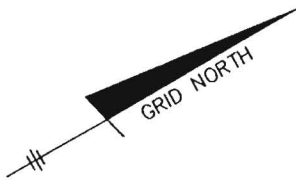
Well Permit No. HO - 95-0204
Location of property (road) Roxbury Meadow Drive (Off Dorsey Mill)
Subdivision Clarks Meadow Lot 21 Block Plat Sec.
Well Driller Ralph Mayne Owner Selfridge Builders
Depth of well 160
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 18 ft

I. High rate pumping -- reservoir drawdown

Time pump started 12:15 Pumping rate 10 Gpm
Total time 15 min to reach pumping water level 23 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)
<u>12:15</u>	<u>18 ft</u>	<u>6 Sec</u>	<u>Test Started</u>	<u>10 Gpm</u>
<u>12:30</u>	<u>23 ft</u>	<u>6 Sec</u>		<u>10 Gpm</u>
<u>12:45</u>	<u>23 ft</u>	<u>6 Sec</u>		<u>10 Gpm</u>
<u>1:00</u>	<u>23 ft</u>	<u>6 Sec</u>		<u>10 Gpm</u>
<u>1:15</u>	<u>23 "</u>	<u>6 "</u>		<u>10 "</u>
<u>1:30</u>	<u>23 "</u>	<u>6 "</u>		<u>10 "</u>
<u>1:45</u>	<u>23 "</u>	<u>6 "</u>		<u>10 "</u>
<u>2:00</u>	<u>23 ft</u>	<u>6 Sec</u>		<u>10 Gpm</u>
<u>2:15</u>	<u>23 ft</u>	<u>6 Sec</u>		<u>10 Gpm</u>
<u>2:30</u>	<u>23 ft</u>	<u>6 Sec</u>		<u>10 Gpm</u>
<u>2:45</u>	<u>23 "</u>	<u>6 "</u>		<u>10 "</u>
<u>3:00</u>	<u>23 "</u>	<u>6 "</u>		<u>10 "</u>
<u>3:15</u>	<u>23 ft</u>	<u>6 Sec</u>		<u>10 Gpm</u>
<u>3:30</u>	<u>23 ft</u>	<u>6 Sec</u>		<u>10 Gpm</u>



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 6:16:10 PM

CLARKS MEADOW

LOT 21

F-06-029

WELL PERMIT EXHIBIT

SCALE: 1" = 50'

DATE: 10-24-05



DA 2124

**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: PHS Division of Burgemeister Telephone #: 410-861-4090
Address: 900A Wakefield Valley Rd. Gaithersburg, Inc
New Windsor MD 21776

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): PATRICK J. HCPBURN License# 4409

*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 Hines Telephone #: 410-740-0522
Subdivision: Clarks Meadow Lot #: 21 Well Tag #: HO-95-0204
Site Address: 14327 Roxbury Meadow Drive
Glenwood MD 21738

Submersible Pump Data

Make: 56505422 C

Model #: 600105

Pump Capacity 5 GPM

Well Yield: 10 GPM

Depth of well encountered at time of pump installation: 130 (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

Pitless Adapter

Make: Campbell

Model #: PA800 6x1

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" R.G.:

Conduit secured to well cap:

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 Patrick J. HCPBURN

date 8/1/08

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

Date Insp. Requested:

Date Insp. Approved: 8/4/08 DB

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

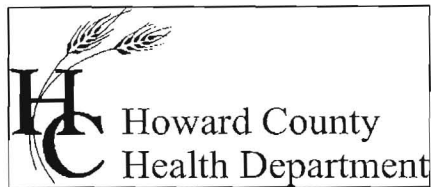
Elec. conduit extends at least 18" below grade/attached to cap properly

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



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

December 8, 2008

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

SENT VIA FACSIMILE 410-489-9661

RE: Clarks Meadow, Lot 21
14327 Roxbury Meadow Drive
Glenwood, MD. 21738
BP# B08000788
Well Tag #: HO-95-0204

Dear Sir:

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 12/5/08. Final approval of the well line connection to the dwelling was approved on 8/4/08.**

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-95-0204. 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: 12/3/08 & 12/5/08
Date of Well Completion: 01/30/06

Approving Authority,

Stuart Oster, 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: 70781**Report Date:** December 8, 2008**Property Sampled:** 14327 Roxbury Meadows Drive, 21738**County:** Howard**Subdivision:** Clarks Meadow**Tax Map #:** 21**Lot #:** 21**Parcel #:** 271**Building Permit #:** B08000788**Date/Time Collected:** December 5, 2008 at 10:03 am**Date/Time Received:** December 5, 2008 at 3:05 pm**Sample Location:** Laundry Tub Tap**Samples Iced:** Yes**Sampler ID:** 5745KC**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** HO-95-0204

Well Condition: 2-Piece Cap
1 Bolt Missing
1 Bolt Loose
Cap Tight

Water Conditioning/Treatment: Not observed

PARAMETER	RESULT	METHOD	MCL	
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



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: 70750**Report Date:** December 4, 2008**Property Sampled:** 14327 Roxbury Meadows Drive, 21737**County:** Howard**Subdivision:** Clarks Meadow**Tax Map #:** 21**Lot #:** 21**Parcel #:** 271**Building Permit #:** B08000788**Date/Time Collected:** December 3, 2008 at 12:55 pm**Date/Time Received:** December 3, 2008 at 3:15 pm**Sample Location:** Laundry Tub Tap**Sampler ID:** 9813AM**Samples Iced:** Yes**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** Tag Buried**Well Condition:** 2-Piece Cap

4 Bolts Missing

Cap Loose

Water Conditioning/Treatment: None

Fax (410) 489-9661

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.3 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.9 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	Absent	SM 9223B	Absent	

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.