

C 1 0176		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.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER (13) A517904	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 02 06 06		Depth of Well 22 180 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 0207	
OWNER STREET OR RFD SUBDIVISION		DATE Received MM DD YY 8 13		TOWN Glenelg		LOT 24	
WELL LOG Not required for driven wells		GRROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 21 NO. OF POUNDS 2100 GALLONS OF WATER 126 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft. (enter 0 if from surface)		PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 7.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 ft. WHEN PUMPING 42 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible		C 3 1 2	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below (ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 70 OTHER CASING (if used) diameter inch depth (feet) from to		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 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 (-) below LAND SURFACE 2 (nearest foot)		C 2 1 2 DEPTH (nearest ft.) 1 180 2 2 68 3 3 180 4 4 68 5 5 180 6 6 68 7 7 180 8 8 68 9 9 180 10 10 68 11 11 180 12 12 68 13 13 180 14 14 68 15 15 180 16 16 68 17 17 180 18 18 68 19 19 180 20 20 68 21 21 180 22 22 68 23 23 180 24 24 68 25 25 180 26 26 68 27 27 180 28 28 68 29 29 180 30 30 68 31 31 180 32 32 68 33 33 180 34 34 68 35 35 180 36 36 68 37 37 180 38 38 68 39 39 180 40 40 68 41 41 180 42 42 68 43 43 180 44 44 68 45 45 180 46 46 68 47 47 180 48 48 68 49 49 180 50 50 68 51 51 180 52 52 68 53 53 180 54 54 68 55 55 180 56 56 68 57 57 180 58 58 68 59 59 180 60 60 68 61 61 180 62 62 68 63 63 180 64 64 68 65 65 180 66 66 68 67 67 180 68 68 68 69 69 180 70 70 68 71 71 180 72 72 68 73 73 180 74 74 68 75 75 180 76 76 68 77 77 180 78 78 68 79 79 180 80 80 68 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B 1 1 2 3 6 0902	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523626 please type	STATE PERMIT NUMBER HO - 95 - 0207 fill in this form completely
Date Received (APA) 11/9/05 8 MM DD YY 13 Selfridge Builders 15 Last Name Owner First Name 34 14045 Garded DRIVE 36 Street or RFD 55 Glenwood MD 21738 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Clarks Meadow 42 SECTION 44 46 LOT 24 48 50 Glenelg 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M 73 76 77 78	
DRILLER INFORMATION Ralph E. Mayne MSD 117 Driller's Name 76 License No. 81 Ralph E. Mayne Inc Firm Name 17024 Hardy Rd. MT. AIRY, MD. 21771 Address Ralph E. Mayne 11-7-05 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Rox Bunny Meadow Dr. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W WEST SOUTH EAST 34 30 37 DISTANCE FROM ROAD A ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 17 PARCEL 227	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD (13) 4517904 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 1/5/06 Shirley A. Crighton 1/8/07 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 000 EAST GRID 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL		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 519 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="radio"/> S 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"/> D THIS WELL WILL DEEPEN 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 HO 2003G016011:31 PERMIT No. HO-95-0207 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

KN

Depth of well 180
Distance of measuring point (M.P.) above ground 2nd
Static water level (S.W.L.) below M.P. 17 ft

Time pump started 8:30 Pumping rate 10 Gpm
Total time 15 min to reach pumping water level 42 ft. below M.P.

[illegible]

**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 #: 410-489-4029
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): BEN 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 Homes Telephone #: 410-740-0522
Subdivision: CLARKS MEADOW Lot #: 24 Well Tag #: HO-95-0207
Site Address: 14315 Roxbury Meadow Dr

Submersible Pump Data

Make: Goulds
Model #: _____
Pump Capacity 7 GPM
Well Yield: 7 1/2 GPM

Pitless Adapter

Make: Howard
Model#: P-7-800
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.

Signature of company representative responsible for installation: Ben Clarke

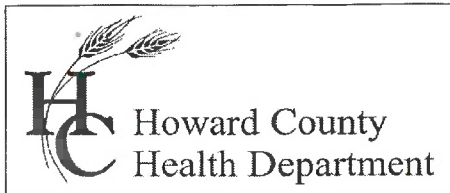
6-28-07
date

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

Date Insp. Requested: _____

Date Insp. Approved: 11/29/07 RB

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, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter Beilenson, M.D., M.P.H., Health Officer

November 29, 2007

Douglas Homes
5084 Dorsey Hall Drive
Ellicott City, MD

RE: Clarks Meadow, Lot 24
14315 Roxbury Meadow Drive
Glenwood, MD 21738
BP # B07001178
Well Permit # HO-95-0207

Dear Sir/Madam:

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 11/20/2007. Final approval of the well line connection to the dwelling was approved on 11/29/2007.**

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-95-0207. 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: 11/19/2007
Date of Well Completion: 02/06/2006

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connect.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
Douglas Homes
5034 Dorsey Hall Drive Suite 102
Ellicott City, Maryland 21041

S/O Number: 66168
Report Date: November 20, 2007

Property Sampled: 14315 Roxbury Meadow, 21738

County: Howard
Subdivision: Clarks Meadow
Lot #: 24
Building Permit #: B07001178
Tax Map #: 21
Parcel #: 271

Date/Time Collected: November 19, 2007 at 12:10 pm
Date/Time Received: November 19, 2007 at 1:35 pm

Sample Location: Laundry Tub Tap
Sampler ID: 5745KC
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: Tag Buried
Well Condition: 2-Piece Cap
~~Cap Removable~~
~~4 Bolts Missing~~ OK

Water Conditioning/Treatment: None

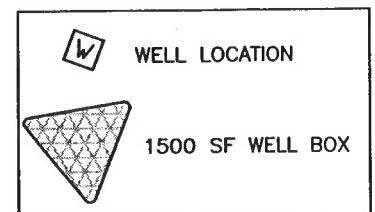
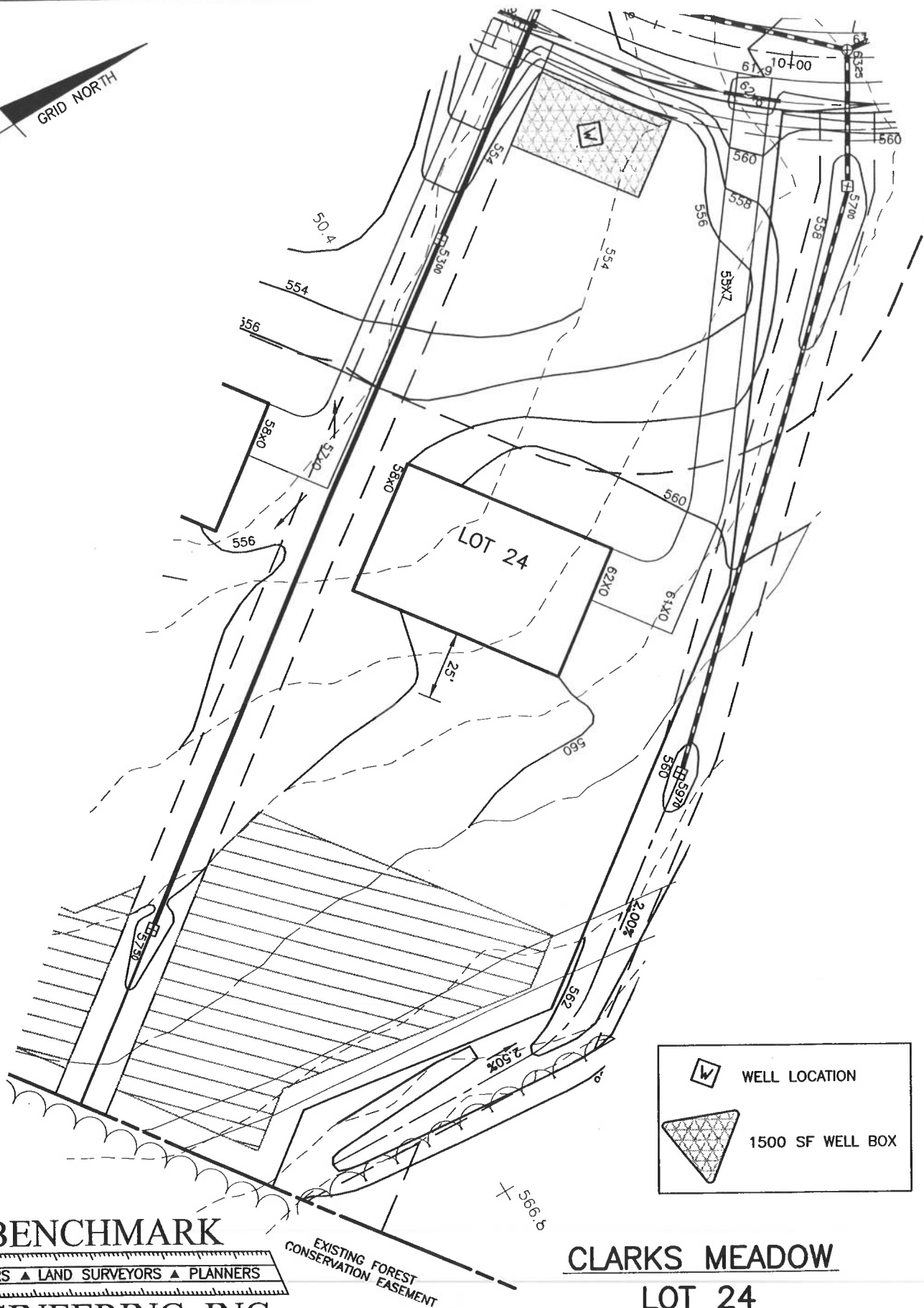
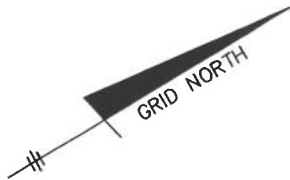
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.3 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

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.



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 6:19:12 PM

CLARKS MEADOW

LOT 24

F-06-029

WELL PERMIT EXHIBIT

SCALE: 1" = 50'

DATE: 10-24-05