

B 1 8977

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523626 please type

STATE PERMIT NUMBER

HO-95-0179 fill in this form completely

Date Received (APA) 11/9/05

OWNER INFORMATION

Selfridge Builders Owner First Name 14045 GARED DRIVE Street or RFD Glenwood MD 21738

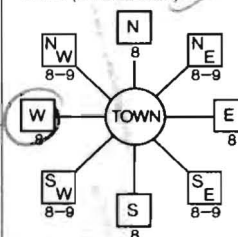
B 3 HOWARD LOCATION OF WELL

8 COUNTY 21 CLARKS MEADOW 23 SUBDIVISION SECTION 44 46 LOT 6 52 NEAREST TOWN GLENELG MILES FROM TOWN 1

DRILLER INFORMATION

Ralph E. MAYNE Driller's Name M S D 117 License No. 81 Ralph E. MAYNE INC Firm Name 17024 Hardy Rd. MT. AIRY MD. 21771 Address Signature Date 11-7-05

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MEADOW MILL WAY NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 17 PARCEL 227

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) [I] INDUSTRIAL, COMMERCIAL, DEWATERING [P] PUBLIC WATER SUPPLY WELL [T] TEST, OBSERVATION, MONITORING [G] GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD 3 A517904 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 12/6/05 CO SIGNATURE EXP. DATE 12/7/06 NORTH GRID 520 000 EAST GRID 795 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS [D] THIS WELL WILL DEEPEMED AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER HO 20030016 (01)

PERMIT No. HO-95-0179

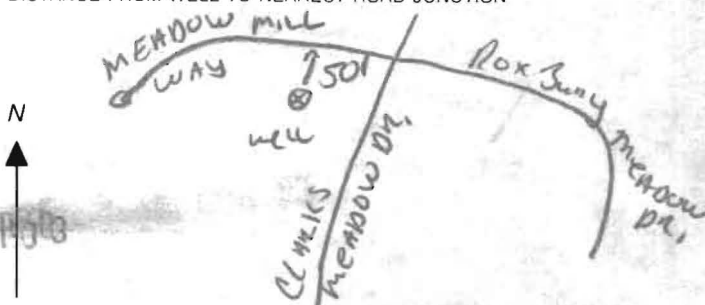
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 520 795 N 795 520

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



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 PLUMBING & HEATING Telephone #: 410 875 4451
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# 3806

*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 HAMES Telephone #: 410 740 0522
Subdivision: CLARKS MEADOW Lot #: 6 Well Tag #: HO-95-0179
Site Address: 3910 CLARKS MEADOW DR
GLENWOOD MD 21738

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: MYPERS Make: Manson Two piece watertight cap: YES
Model #: 3NPL51-18 Model#: 0X10 Screened, vented well cap: -
Pump Capacity 72 GPM Depth: 47 (36" min) Cap secured to casing: YES
Well Yield: 8.5 GPM NSF approved: YES Conduit min 18" B.G.: 26"
Depth of well encountered at time of pump installation: 165 (feet) Conduit secured to well cap: YES
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 NO

Piping to house House Connection
Type: PLASTIC PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 200 (160 psi min) Approximate length of sleeve: 15'
Depth of supply line: 42 (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.

KEN CLARKE 1/9/08
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: 9/20/07 kw
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 _____



Howard County
Health Department

Bureau of Environmental Health
7178 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 L. Beilenson, M.D., M.P.H., Health Officer

February 19th, 2009

Homeowner
3910 Clarks Meadow Drive
Glenwood, MD 21738

RE: Clarks Meadow, Lot 6
3910 Clarks Meadow Drive
Glenwood, MD 21738
BP #B06003775
Well Permit #HO-95-0179

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 9/20/2007. Final approval of the well line connection to the dwelling was approved on 9/20/2007.**

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 raw nitrate sample results were previously documented to be 10.6 ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 2/11/2009 which indicates a nitrate level of 1.1 ppm.**

Permanent Deviation for Nitrates

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence.**
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

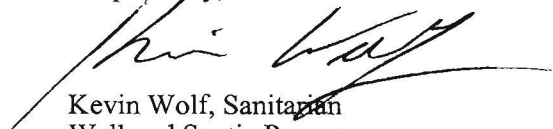
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0179. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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.

Further more, under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-0179 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F *Enforcement* and Environment Article 9-1311, Annotated Code of Maryland.

This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 2/8/2008, 6/4/2008, & 2/11/2009
Date of Well Completion: 1/20/2006

Respectfully,



Kevin Wolf, Sanitarian
Well and Septic Program
Howard County Health Dept.

cc: Building Inspector's office
Community Health Services
File

From:TRACE LABS INC

4105849117

02/17/2009 10:24

#164 P.001/001



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 # 31B

CERTIFICATE OF ANALYSIS

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

S/O Number: 71421
Report Date: February 12, 2009

Property Sampled: 3910 Clarks Meadow Drive, Retest

County: Howard
Subdivision: Clarks Meadow **Tax Map #:** 21
Lot #: 6 **Parcel #:** 271
Building Permit #: B06003775

Date/Time Collected: February 11, 2009 at 10:48 am
Date/Time Received: February 11, 2009 at 12:25 pm

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

Well Tag Number: Well Not Observed
Well Condition: Well Condition Undetermined

Water Conditioning/Treatment: Nitrate Removal System ?

PARAMETER	RESULT	METHOD	MCL
Nitrate	1.1 mg/L	SM 4500 D	10 mg/L as N Pass

 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: 68512
Report Date: June 5, 2008

Property Sampled: 3910 Clarks Meadow, 21738, Retest

County: Howard
Subdivision: Clarks Meadow **Tax Map #:** 21
Lot #: 6 **Parcel #:** 271
Building Permit #: B06003775

Date/Time Collected: June 4, 2008 at 11:15 am
Date/Time Received: June 4, 2008 at 12:30 pm

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

Well Tag Number: HO-95-0179
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL
Nitrate	10.4 mg/L as N	SM 4500D	10 mg/L as N Fail

Allison R. Milburn
 Allison R. Milburn
 Manager-Drinking Water Testing

CERTIFICATE OF ANALYSIS

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

S/O Number: 67122
Report Date: February 8, 2008

Property Sampled: 3910 Clarks Meadow, 21738

County: Howard
Subdivision: Clarks Meadow
Lot #: 6
Building Permit #: B06003775

Tax Map #: 21
Parcel #: 271

Date/Time Collected: February 8, 2008 at 10:05 am
Date/Time Received: February 8, 2008 at 2:44 pm

Sample Location: Laundry Tub Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0179
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	10.6 mg/L as N	SM 4500D	10 mg/L as N	FAIL
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.1 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.



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@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504