

(MDE USE ONLY)

STATE OF COLORADO WELL COMPLETION REPORT

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

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A517904

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received
MM DD YY
8 13

MM DD YY
01 24 06

22 160 26
(TO NEAREST FOOT)

3/13/06 40-95-0180

OWNER Selfridge Builders
STREET OR RFD Clarks Meadow Drive TOWN Glenelg
SUBDIVISION Clarks Meadow SECTION _____ LOT 7

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	85	
Sand Stone	85	90	✓
MICKA	90	160	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
 CEMENT BENTONITE CLAY
 NO. OF BAGS 18 NO. OF POUNDS 1800
 GALLONS OF WATER 108
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30 ft.
 (enter 0 if from surface)

C 3

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 27 ft.
 WHEN PUMPING 45 ft.
 TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

CASING RECORD

casing types insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 63
 60 61 63 64 66 70

OTHER CASING (if used)

E A C H C A S I N G	diameter		depth (feet)	
	inch	from	to	

SCREEN RECORD

screen type or open hole insert appropriate code below
 STEEL BRASS OPEN HOLE
 PLASTIC OTHER

DEPTH (nearest ft.)

	1	2	3	4	5	6	7	8	9	10
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NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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. M 50112

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
[Signature]
LIC. NO. D

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

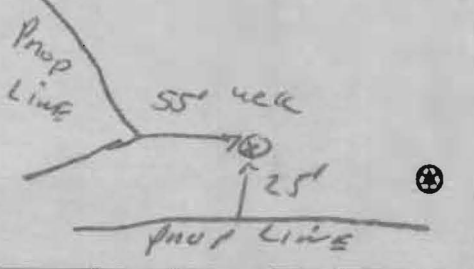
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 } LAND SURFACE
 - below } 2 (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)



B 1 0918
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0180
70 79
fill in this form completely

523626 please type

Date Received (APA)
11/9/05
8 MM DD YY 13

OWNER INFORMATION

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

B 3

LOCATION OF WELL

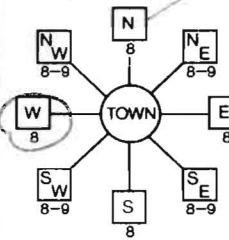
8 HOWARD COUNTY 21
23 Clarks Meadow SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 Glenweld NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78

DRILLER INFORMATION

76 Ralph E. MAYNE M SD 117 Driller's Name 81
76 Ralph E. MAYNE INC Firm Name
17024 Lady Rd, Mt. Airy MD, 21771 Address
Signature Date 11-7-05

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 Clarks Meadow Dr. NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 25 37 DISTANCE FROM ROAD 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

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 (13) A517904 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 12/6/05 EXP. DATE 41
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 520 0 0 0 EAST GRID 795 0 0 0
50 55 57 63

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)

- 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 52

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

APPROP. PERMIT NUMBER HO-20-036016701

PERMIT No. HO-95-0180
70 71 72 73 74 75 76 77 78 79

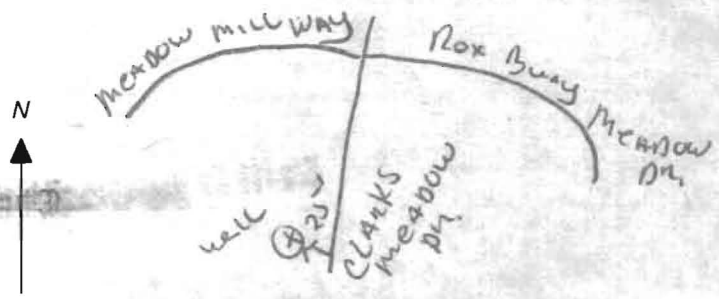
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 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

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

3/13/08
 KN

Well Permit No. HO - 95-0180 Clarks Meadow
 Location of property (road) Meadow Hill Drive (OFF Dorsey Mill)
 Subdivision Clarks Meadow Lot 7 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Payne Owner Selfridge Bldgs

Depth of well 160
 Distance of measuring point (M.P.) above ground 2m
 Static water level (S.W.L.) below M.P. 27 1/2

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 45 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	27 ft.	6 Sec		10 GPM
			TEST Started	
8:30	45 ft.	8 Sec		7.5 GPM
8:45	45 ft.	8 Sec		7.5 GPM
9:00	45 ft.	8 Sec		7.5 GPM
9:15	45 "	8 "		7.5 "
9:30	45 "	8 "		7.5 "
9:45	45 "	8 "		7.5 "
10:00	45 ft.	8 Sec		7.5 GPM
10:15	45 ft.	8 Sec		7.5 GPM
10:30	45 ft.	8 Sec		7.5 GPM
10:45	45 "	8 "		7.5 "
11:00	45 "	8 "		7.5 "
11:15	45 ft.	8 Sec		7.5 GPM
11:30	45 ft.	8 Sec		7.5 GPM



Well five Sch 40 / 8" - Willy
Brian 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: Burgemeister-Bell Inc Telephone #: 410-363-0880
Address: 10331 South Del Field Road
Overlaps Mills MD 21117

*7/30/10
Left VM again*

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

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

Name (Print): Roland H. Mann Jr License# 6592

*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 Hemas Inc Telephone #: 410-740-0522
Subdivision: Clarks Meadow Lot #: 7 Well Tag #: HO-95-0180
Site Address: 3914 Clarks Meadow Drive
Glenwood MD 21738

Submersible Pump Data

Make: Grundfos
Model #: 5 GB05422C
Pump Capacity: 5 GPM
Well Yield: 2.5 GPM

Pitless Adapter

Make: Campbell
Model #: PA 18006K1
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" B.G.: _____
Conduit secured to well cap: _____

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: 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: ✓

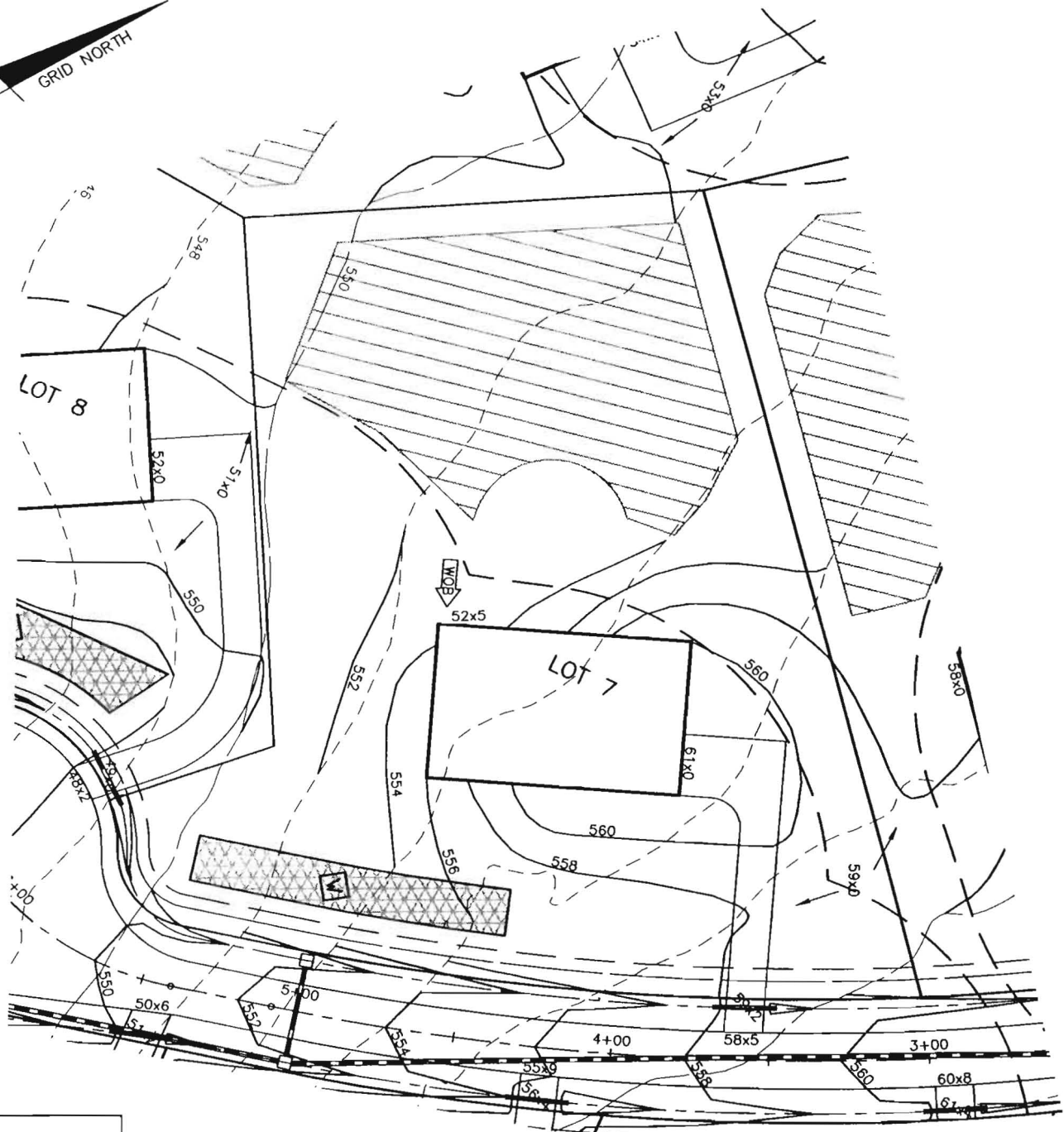
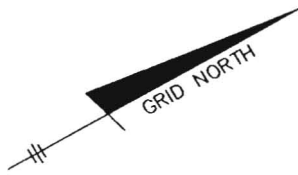
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.


RH Mann Jr
Signature of company representative responsible for installation


3-19-10
date

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

Date Insp. Requested: _____ Date Insp. Approved: O.K. 8/18/2010 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 ✓



 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 5:51:49 PM

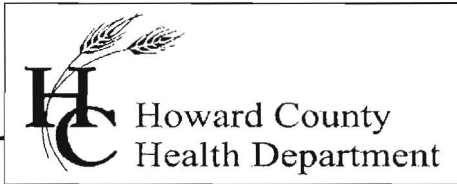
CLARKS MEADOW

LOT 7

F-06-029
WELL PERMIT EXHIBIT

SCALE: 1" = 50'

DATE: 10-24-05



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

August 18, 2010

Homeowner
3914 Clarks Meadow Drive
Glenwood, MD 21738

RE: Clarks Meadow - Lot 7
3914 Clarks Meadow Drive
BP #: B09003193
Well Tag: HO-95-0180

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 06/04/2010. Final approval of the well line connection to the dwelling was approved on 08/18/2010.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-95-0180. 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: 10/12/2009 & 10/19/2009
Date of Well Completion: 04/24/2007

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: 78506
Report Date: August 12, 2010

Property Sampled: 3914 Clarks Meadow Drive, 21737

County: Howard
Subdivision: Clarks Meadow **Tax Map #:** 21
Lot #: 7 **Parcel #:** 271
Building Permit #: Not Provided

Date/Time Collected: August 11, 2010 at 11:35 am
Date/Time Received: August 11, 2010 at 2:10 pm

Sample Location: Laundry Tub Tap **Samples Iced:** Yes
Sampler ID: 9813AM **Residual Cl₂ <0.1 mg/L:** Yes

Well Tag Number: HO-95-0180
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	9.9 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.8 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

Kara Waltmyer
 Drinking Water Testing Division

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.