

C1 0150 (MDE USE ONLY)

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

COUNTY NUMBER A517904

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

ST/CO USE ONLY
DATE Received
DATE WELL COMPLETED
MM 02 DD 07 YY 06
15 20

Depth of Well
180
(TO NEAREST FOOT)
3/13/04
PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO - 95 - 0176

OWNER Selfridge, Builders first name
last name Meadow Mill Dr. TOWN Glenc
STREET OR RFD
SUBDIVISION Clarks Meadow SECTION _____ LOT 5

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	20	✓
Sand Stone	20	25	
MICKA	25	110	✓
Sand Stone	110	115	
MICKA	115	180	

GROUTING RECORD
WELL HAS BEEN GROUTED Y N
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 20 NO. OF POUNDS 3000
GALLONS OF WATER 120
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

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) 78
60 61 63 64 66 70

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

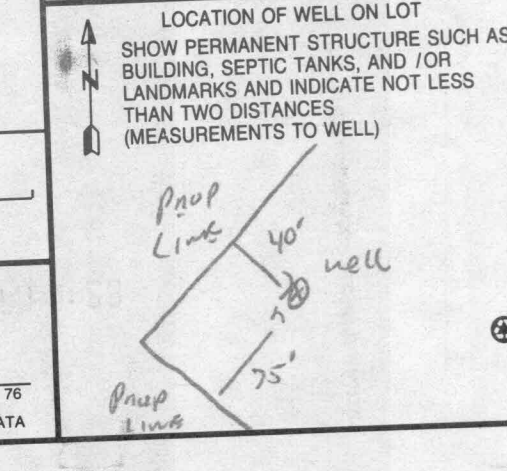
SCREEN RECORD
screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C2 DEPTH (nearest ft.)
1 HO 76 180
E A C H S C R E E N
8 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)
56 60
from _____ to _____

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

C3 PUMPING TEST
HOURS PUMPED (nearest hour) 3
8 9
PUMPING RATE (gal. per min.) 15
11 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 40 ft.
17 20
WHEN PUMPING 25 ft.
22 25
TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

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. _____ 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 _____ (nearest foot)
 - below } _____ 49 51



NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED 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 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 5 D 112
DRILLERS SIGNATURE [Signature]
LIC. NO. D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **8976** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523626 please type STATE PERMIT NUMBER **HO - 95 - 0176** fill in this form completely

Date Received (APA) **11/9/05** OWNER INFORMATION
 8 MM DD YY 13
Selfridge Builders Owner First Name 34
14045 Gared Drive Street or RFD 55
Glenwood MD 21738 Town State Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Clarks Meadow** 42
 SECTION **5** LOT **5**
 44 46 48 50
Glenela 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** M I 73 76 77 78

DRILLER INFORMATION
Ralph E. Mayne MS D 117 Driller's Name 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 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 1 2
 NORTH SOUTH WEST EAST
 W 8 E 8
 N 8 S 8
 NW 8-9 NE 8-9 SW 8-9 SE 8-9
 TOWN
 MEADOW MILL WAY NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH WEST EAST
 34 25 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **21** BLK: _____ PARCEL: **227**

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)
 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

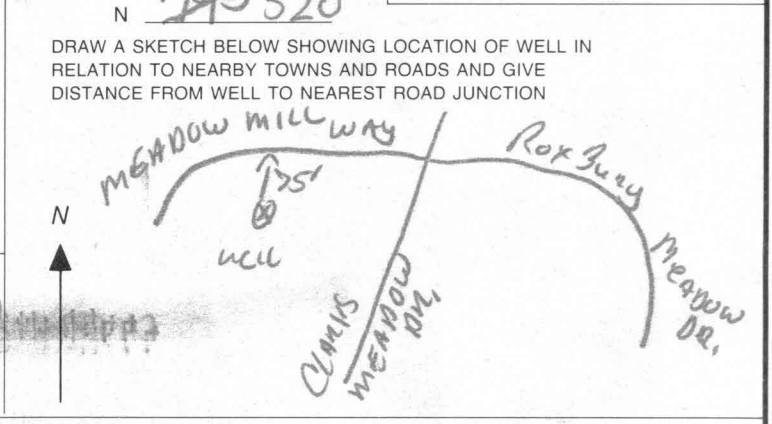
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD (13) A 517904 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **11/30/05** **Daniel A. Cuyton 12/1/06** CO SIGNATURE EXP. DATE
 43 MM DD YY 48
 NORTH GRID **520 000** EAST GRID **795 000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150'** FEET 24 28
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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**
 000 000

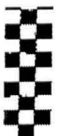
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER **HO 2003016 (01)**
 PERMIT No. **HO - 95 - 0176**
 70 71 72 73 74 75 76 77 78 79

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: BURGEMEISTER-BELL INC Telephone #: 410-363-0880
Address: 10331 South Del Field Road
Dulles Mills, MD 21117

(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 Homes Inc Telephone #: 410-740-0522
Subdivision: Clarks Meadow Lot #: 5 Well Tag #: HO-95-0176
Site Address: 14405 Meadow Mill Way
Glenwood Maryland 21738

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: [checked]
Model #: 5L805422C Model #: PA 1806KI Screened, vented well cap:
Pump Capacity 5 GPM Depth: (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF approved: [checked] Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 180 (feet) Conduit secured to well cap:
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

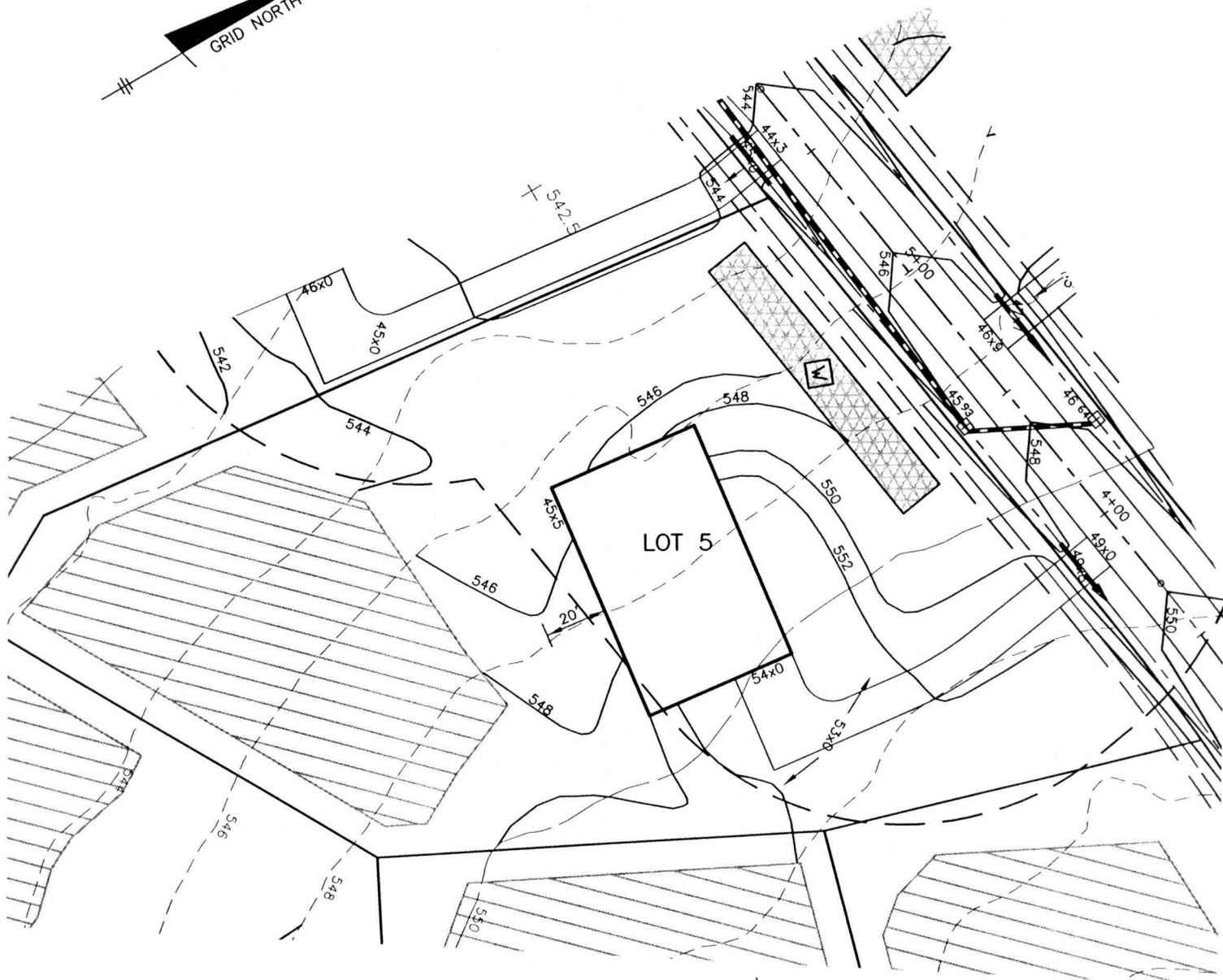
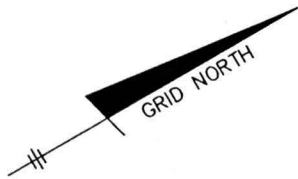
Piping to house House Connection
Type: 1" Poly PVC sleeved to undisturbed soil at wall penetration: [checked]
PSI: 200 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: (36" min) Sleeve caulked and sealed properly: [checked]


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.

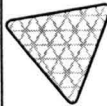
Signature of company representative responsible for installation: Roland H. Mann Jr date: 3/21/12

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

Date Insp. Requested: Date Insp. Approved: 5/9/2012 (BB)
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]



 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 5:50:24 PM

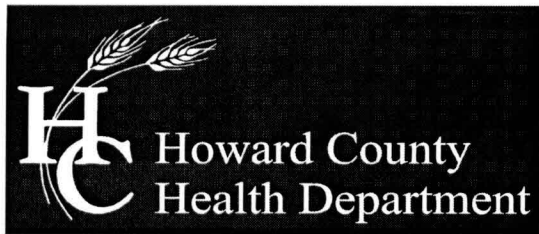
CLARKS MEADOW

LOT 5

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
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 11th, 2013

September 11th, 2012

Homeowner
14405 Meadow Mill Way
Glenwood, MD 21738

**RE: Clarks Meadow, Lot 5
14405 Meadow Mill Way
Building Permit: B12002783
Well Permit: HO-95-0176**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/9/2012**. Final approval of the well line connection to the dwelling was granted on **5/9/2012**. The well construction was completed on **2/7/2006**. Water samples were collected on **9/6/2012**.

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. 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-95-0176. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in cursive script, appearing to read "Heidi Scott", written in black ink.

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



TRACE LABORATORIES, INC
 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 21042

S/O Number: 86523

Report Date: September 7, 2012

Property Sampled: 14405 Meadow Mill Way, 21738
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10001192
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 21

Subdivision: Clarks Meadow RSB Lot 4
Parcel: 271
Lot #: 5

Date/Time Collected in Field: September 6, 2012 @ 1:56 pm
Date/Time Received in Lab: September 6, 2012 @ 3:21 pm

Well Tag #: HO-95-0176
Well Condition: 2-Piece Cap, 1 Bolt Missing, Cap Secure

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	3.6 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	2.5 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.5 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.


 Amber Maxwell
 Drinking Water Specialist

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.