

Date Received (APA) 11/9/05
 8 MM DD YY 13
OWNER INFORMATION
 15 Last Name Selkridge Builders Owner First Name 34
 36 Street or RFD 14045 Gared Drive 55
 57 Town Glenwood MD 70 State 21738 72 Zip 76

B 3 **LOCATION OF WELL**
 8 COUNTY Howard 21
 23 SUBDIVISION Clarks Meadow 42
 SECTION 44 46 LOT 11 48 50
 52 NEAREST TOWN Glenelg 71
 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name Ralph E. MAYNE M S D 117 81 License No.
 Firm Name Ralph E. MAYNE INC
 Address 17024 Hardy Rd. Mt. Airy MD 21771
 Signature [Signature] Date 11-7-05

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

 11 NEAR WHAT ROAD CLARKS meadow DR. 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 30 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 (GAL. PER MIN.) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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

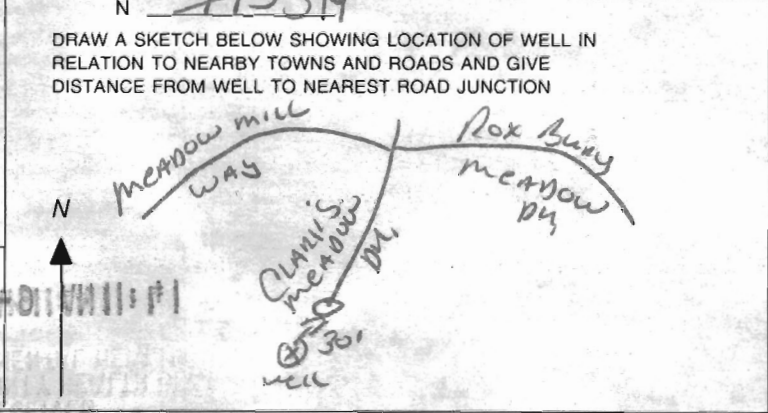
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME HOWARD COUNTY NO. 13 A517904
 STATE SIGNATURE _____ INSERT S → _____
 DATE ISSUED 12/15/05 CO SIGNATURE [Signature] EXP. DATE 12/16/06
 43 MM DD YY 48 NORTH GRID 519 0 0 0 EAST GRID 795 0 0 0
 50 55 57 63

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

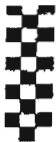
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 520 795 000
 N 795 519 000

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 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
 39 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)
 APPROP. PERMIT NUMBER H02003601828A011111:11
 PERMIT No. HO-95-0192
 70 71 72 73 74 75 76 77 78 79



DH2406

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 #: 410-363-0080
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 #: 11 Well Tag #: HO-95-0192
Site Address: 3927 Clarks Meadow Drive
Glenwood MD 21736

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: [checked]
Model #: 5G505422C Model #: PA 1806KI Screened, vented well cap:
Pump Capacity: 5 GPM Depth: (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: [checked] Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 160 (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 General Manager
date: 8/24/12

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

Date Insp. Requested: Date Insp. Approved:
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

Completed
2/22/13
by
Ben Fankha
Pumping

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Ben Franklin Plumbing Telephone #: _____
Address: _____

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

License # and name of individual responsible for the field installation:
Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95 - 0192
Site Address: _____

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve 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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 2/22/13 Inspector: (SW)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

141 E. Old Lanesville Rd. Westminster, MD 21157 (410) 848-1014 (410) 848-4534 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	91439	Account #:	3123
Reference:	Clarks Meadow Lot 11	Company:	National Water Servicing
Location:	3927 Clarks Meadow Drive Glenwood, MD 21738	Requested By:	Dave Rycke
Date/ Time Collected:	10/9/2013 1135	Source:	Well Water
Date/Time Rec'd:	10/9/2013 1435	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	5.1
		Well #:	HO-95-0192

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/10/2013 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/10/2013 / 1030 / LLO
Nitrate	9.69	mg/L	10 ²	601	10/9/2013 / 1600 / CRS
Turbidity	1.33	NTU	<10	SM18 2130B	10/9/2013 / 1650 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	10/9/2013 / 1650 / BCD

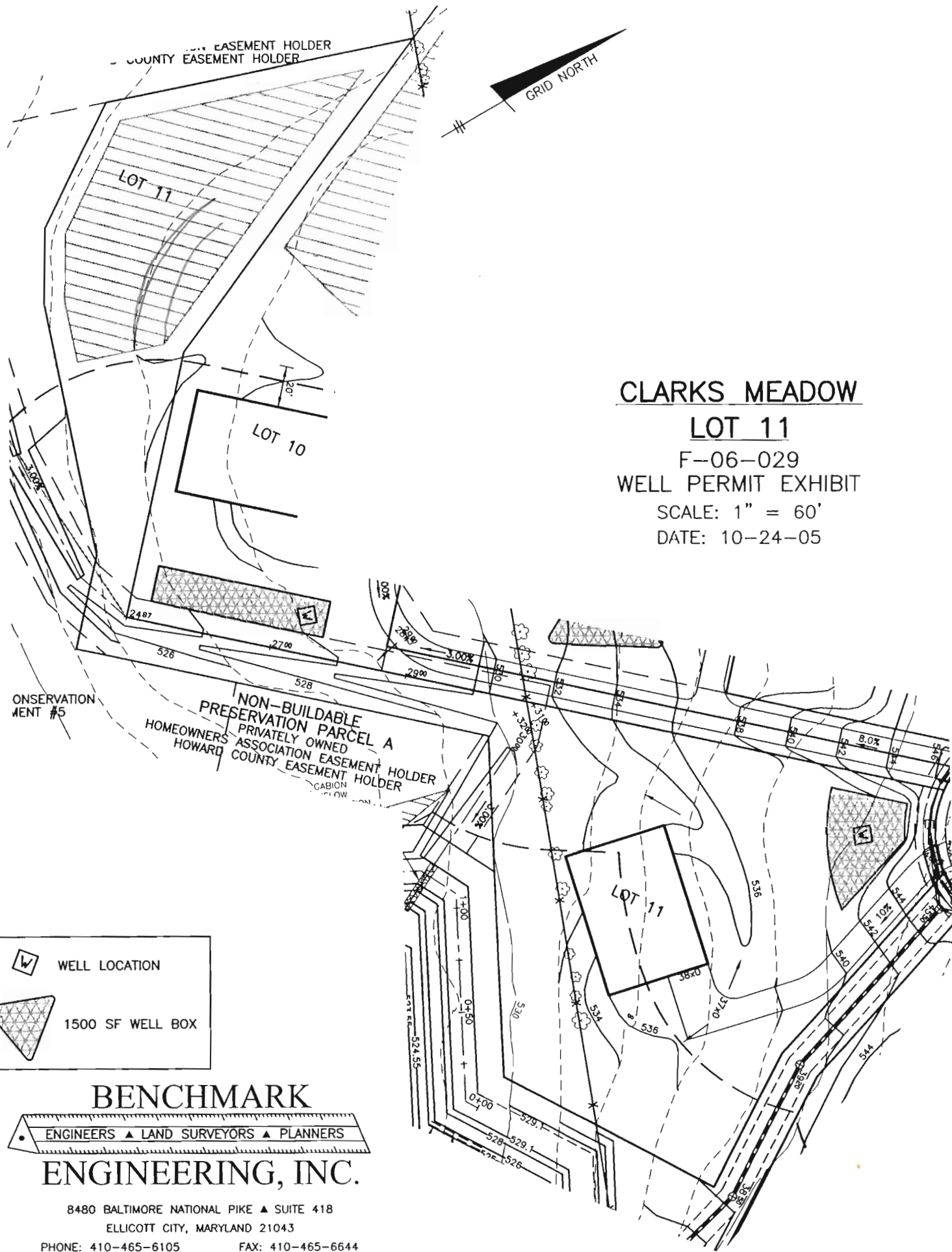
OK
DB
11-14-13

NOTES



- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
 Building Permit # : B10003995

Date Reported: 10/10/2013



CLARKS MEADOW
LOT 11
 F-06-029
 WELL PERMIT EXHIBIT
 SCALE: 1" = 60'
 DATE: 10-24-05

 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 5:57:57 PM



USE 25' PRIVATE
ACCESS-IN-COMMON
EASEMENT FOR
LOTS 9 AND 10

N 42° 07' 16" E
24.2'

N 42° 07' 10" BRL
24.2' 16" E

SEE
DETAIL

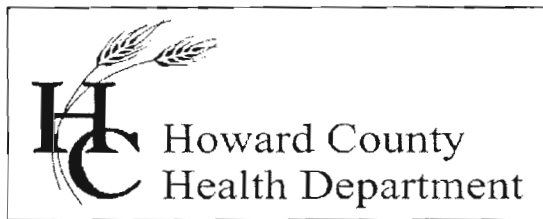
LOT 11

PRIVATE 25'
DRAINAGE &
UTILITY EASEMENT

NON-BUILDABLE
PRESERVATION
PARCEL "F"

LOT 11
MARKS MEADOW
LOTS 1-26
DRAINAGE PRESERVATION
PARCELS 'A'-'G'
MITIGATION BANK





Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – May14, 2014

November 14, 2013

Homeowner
3927 Clarks Meadow Drive
Glenwood, Maryland, 21738

**RE: Clarks Meadow, Lot #11
3927 Clarks Meadow Drive
Building Permit: B10003995
Well Permit: HO-95-0192**

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 **11/12/2013**. Final approval of the well line connection to the dwelling was granted on **2/22/2013**. The well construction was completed on **01/10/2006**. Water samples were collected on **10/9/2013**.

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-95-0192. 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.**

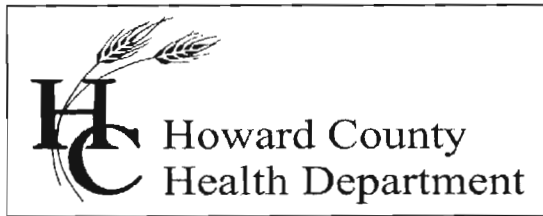
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Dana Bernard

Dana Bernard, REHS/RS
Environmental Sanitarian
Well & Septic Program

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



Office of the Health Officer
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
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

August 26, 2012

To: Carl Cunzeman, Douglas Homes, Inc.

RE: Unsatisfactory well condition at 3927 Clark's Meadow Drive (Clark's Meadow subdivision, Lot 11)

Dear Mr. Cunzement,

The Health Department has found the well at 3927 Clark's Meadow Drive to be in unsatisfactory condition. The well is located in a low area on the lot with soil to the top of the casing. The well is being overwashed by runoff and sediment contained in the runoff. This condition is unacceptable, and the Health Department requires immediate action to remedy the condition of the well. To assure a permanent solution, the casing will need to be extended so that the top of the casing is at least 8 inches above the existing grade.

The Health Department requires that you submit a timeline for extending the well casing. You may submit that timeline directly to me, by facsimile transmission or by email. You may contact me at the Bureau of Environmental Health, 410-313-1771 if you have questions about these contents.

Respectfully,

Robert Bricker, CPSS, REHS/R.S.
Environmental Sanitarian
Well and Septic Program

Enclosure (1)

Copy: file

Gudmar CM, LLC (owner)



well cap



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(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

1/21/2011

TO: Joey Ecker
Fisher, Collins & Carter, Inc.

FROM: Robert Bricker, R.S.
Environmental Sanitarian Supervisor
Well and Septic Program

RE: REVISED Plot Plan for 3927 Clarks Meadow Drive (Lot 11); Building Permit
Application B10003995

The revised Plot Plan submitted for *3927 Clarks Meadow Drive* (Clarks Meadow, Lot 11) still cannot be approved.

- 1. The wellbox on the subject property is still not 15 feet from the front boundary. The labeled distance is not correct.**
The well box must be the same dimensions and in the same location as presented on the signed Percolation Certification Plan. (See attached graphic)
- 2. The three discrete well locations shown on Lot 10 are inappropriate. By appearance of their configuration and the well tag number, they are the well locations for Lot 9.**
- 3. On Lot 9, there is no wellbox. As a result of a Perc Cert revision (4/1/2008), there are three discrete well locations on Lot 9. These three locations must be shown with the respective 100-foot radii.**
- 4. The representation of the wellbox on Lot 10 is accurate; the well box is ~17.6' X 85', and is 10' from the side line, 10' from the front line and 30' from the lot boundary with Lot 9. Show the 'certified' location of the existing well on Lot 10 as it was depicted on the Plot Plan for that property.**

You may contact me at the Bureau of Environmental Health, 410-313-2691 if you have questions about these contents.

RB
Copy: Carl Cunzeman, Douglas Homes, Inc.
file

Bricker, Robert

From: Carl Cunzeman [ccunzeman@douglashomesinc.com]
Sent: Wednesday, August 29, 2012 1:48 PM
To: Bricker, Robert
Cc: Mary Long; DHI4LIFE@aol.com
Subject: Re: unsatisfactory well condition

Hi Robert,

The well casing on lot #11 at Clark's Meadow (3927 Clark's Meadow Drive) was extended this morning. We should be grading the lot next week and I will make sure that no swales or flow channels run across the well location. Let me know if there is anything else you need of me.

Thanks,

Carl Cunzeman
Production Manager
Douglas Homes Inc.
(410) 984 - 2488

*Confirmed
8/30/12
'OK'
EB*

----- Original Message -----

From: Bricker, Robert
To: Carl Cunzeman
Sent: Monday, August 27, 2012 4:31 PM
Subject: RE: unsatisfactory well condition

Yes Carl, contact me when it is completed. At some time too ,the flow of water should be diverted so that a concentrated stream of water does not flow over the well location.
Robert Bricker, REHS/R.S.

From: Carl Cunzeman [mailto:ccunzeman@douglashomesinc.com]
Sent: Monday, August 27, 2012 3:56 PM
To: Bricker, Robert
Cc: Mary Long
Subject: Re: unsatisfactory well condition

Hi Robert,

I spoke with Jeff from Hatfield's today and he is going to call his well guy to take care of this asap. He said it might take him a day or two to get the materials together. He said it should be done by Wednesday or Thursday of this week. Do you want me to contact you when it is complete (or take a picture and send it to you)?

Thanks,

Carl Cunzeman
Production Manager
Douglas Homes Inc.
(410) 984 - 2488

----- Original Message -----

From: Bricker, Robert
To: ccunzeman@douglashomesinc.com
Sent: Monday, August 27, 2012 11:11 AM
Subject: unsatisfactory well condition

See attached PDF (copy sent to 'owner').

ROBERT BRICKER, CPSS, REHS/RS
ENVIRONMENTAL SANITARIAN
DEVELOPMENT COORDINATION SECTION, WELL AND SEPTIC PROGRAM
HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

410-313-2691; fax, 410-313-2648
rbricker@howardcountymd.gov

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MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4/1/11 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Robert P Copsy

WELL DRILLERS LICENSE NUMBER: 1161

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Dorsey Mine LLC

* WELL LOCATION: 3927 Clarks Meadow Dr

COUNTY: Harford

NEAREST TOWN: Glenwood

TAX MAP 21 BLOCK 17 PARCEL 0271

SUBDIVISION: _____

SECTION: _____ LOT: 11

NEAREST ROAD: _____

0 0 0
0 0 0

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E _____
N _____

* TYPE OF WELL BEING ABANDONED:

- _____ DRILLED _____ JETTED
- _____ BORED/AUGURED _____ HAND DUG
- _____ OTHER (specify) _____

* USE CODE:

- _____ DOMESTIC _____ MUNICIPAL/PUBLIC
- _____ IRRIGATION _____ INDUSTRIAL
- X TEST/OBSERVATION

* TYPE OF CASING:

- _____ STEEL X PLASTIC
- _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 10 INCHES IN DIAMETER

* DEPTH OF WELL: 17 FEET DEEP

* WAS ANY CASING REMOVED? X YES _____ NO
 if yes, length removed, in feet: 17

* WAS CASING RIPPED OR PERFORATED? X YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite Clay	17	0

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD

CIRCLE ONE

DATE

