

C1 0166 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.
COUNTY NUMBER A 517904 (13)

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
12 30 05

Depth of Well
22 160 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO - 95 - 0195

OWNER Salfridge Builders
STREET OR RFD Clarks Meadow Dr. TOWN Glenelg
SUBDIVISION Clarks Meadow SECTION 14 LOT 14

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	
Brown Shale	2	40	
Brown Slate	40	45	✓
Blue Slate	45	80	✓
Brown Slate	80	85	
Blue Slate	85	160	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 17 NO. OF POUNDS 300

GALLONS OF WATER 10 20

DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP 52 ft. to 30 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

STEEL ST CONCRETE CO
PLASTIC PL OTHER OT

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 55

60 61 63 64 66 70

OTHER CASING (if used)
A C H S I R C 3 E N
diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole (insert appropriate code below)

STEEL ST BRASS BR BRONZE PL PLASTIC PL OPEN HOLE HO OTHER OT

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 SD 113
DRILLERS SIGNATURE [Signature]
LIC. NO. D

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

C 2 DEPTH (nearest ft.)

1 2
HO 54 160

A 8 9 11 15 17 21
C 23 24 26 30 32 36
R 38 39 41 45 47 51
E
N

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

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 40 ft.
WHEN PUMPING 50 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

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

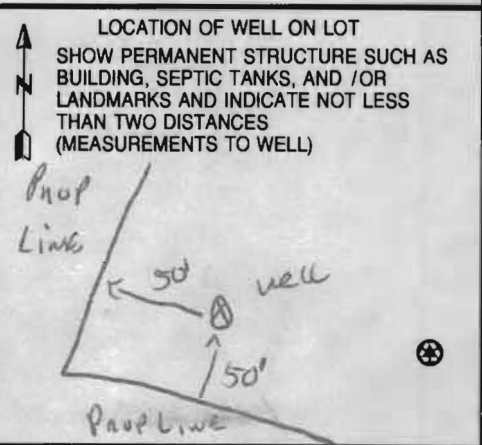
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29

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
 - below } 2 (nearest foot)



B 1 0912

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

523626 please type

HO-95-0195 fill in this form completely

Date Received (APA)

11/9/05

OWNER INFORMATION

Selfridge Builders, 14045 GARED DRIVE, Glenwood MD. 21738

B 3

LOCATION OF WELL

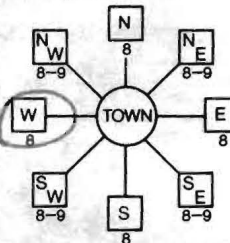
Howard County, Clarks Meadow, Glenelg, 1 mile from town

DRILLER INFORMATION

Ralph E. Mayne, MSD 117, Ralph E. Mayne INC., 17024 Hardy Rd. Mt. Airy, MD. 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CLARKS MEADOW DR., ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 50 FT, TAX MAP: 21 BLK: 17 PARCEL 227

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD (13) COUNTY NAME, A517904 COUNTY NO., DATE ISSUED 12/15/05, CO SIGNATURE, EXP. DATE 12/16/06, NORTH GRID 520 000, EAST GRID 795 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY (circled), JETTED, ROTARY (Hydraulic Rotary), DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL. (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEM AN EXISTING WELL

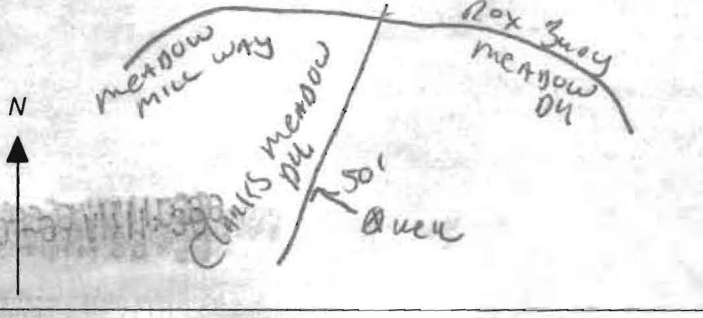
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE: E 520 795, N 795 520

12/30/05 A.M. Yield + Grout

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



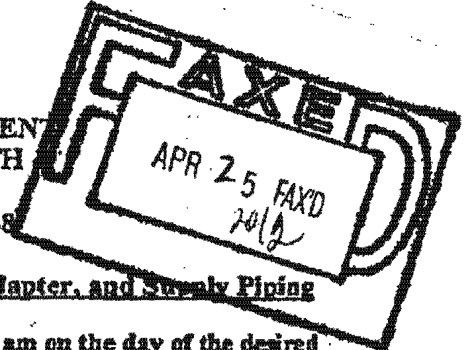
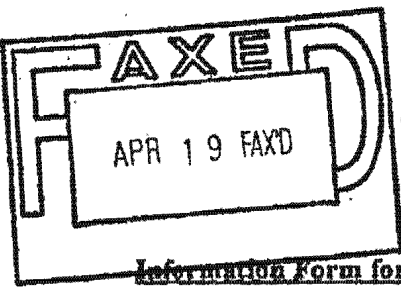
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER HO 2003G 016 (01), PERMIT No. HO-95-0195

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Attn: Jeff Williams



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 #: 410-363-0980
Address: 10331 South Delfield Road
Livingston 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 #: 14 Well Tag #: HO-95-0195
Site Address: 3915 Clarks Meadow Drive
Glenwood MD 21738

Submersible Pump Data

Make: Goulds
Model #: 5TSB05422C
Pump Capacity: 5 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell
Model #: PA1806KI
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 Connector

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: ✓

4/19/13
Jess Buckel
Buck

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

4/25/12

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

Date Insp. Requested:

Date Insp. Approved: 4/27/12 (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 ✓

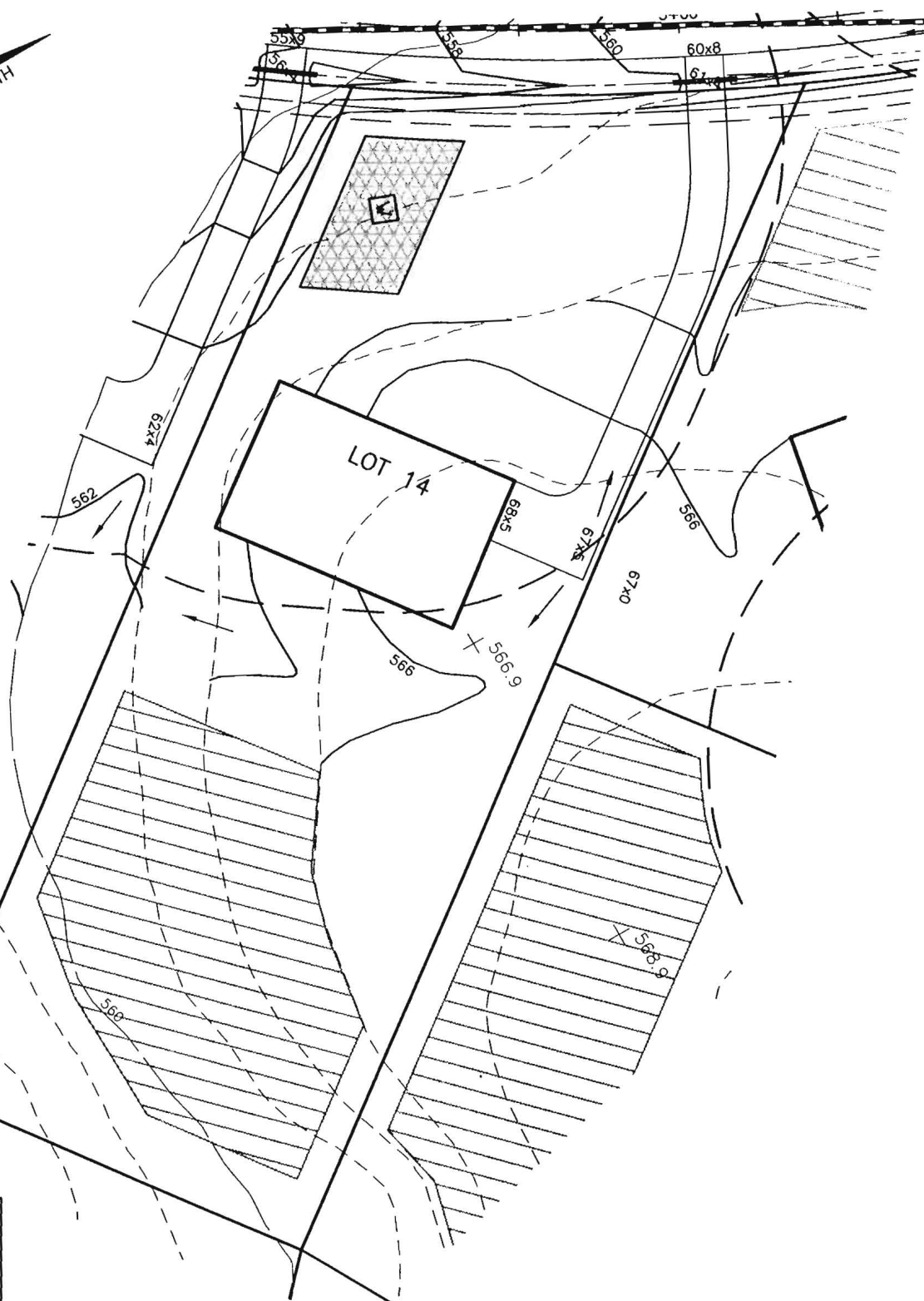
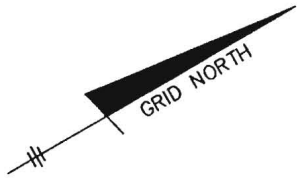
Safety rope installed inside of well casing ✓


Correct well tag attached properly and casing 8" above finished grade ✓

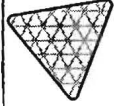
Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓

Well line
pitless adapt
Inv. 7/12



 WELL LOCATION

 1500 SF WELL BOX

BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLCOTT CITY, MARYLAND 21043

PHONE: 410-465-6105 FAX: 410-465-6644

P:\1736 Clark's Meadow\dwg\70 well permits.dwg, 10/24/2005 6:06:49 PM

CLARKS MEADOW

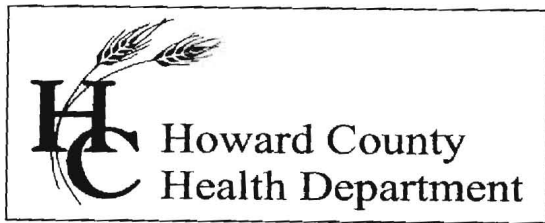
LOT 14

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: 410-313-6300 | 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 – OCTOBER 22, 2013

April 22, 2013

Homeowner
3915 Clark's Meadow Drive
Glenwood, MD 21738

**RE: Clark's Meadow, Lot 14
3915 Clark's Meadow Drive
Building Permit: B10003996
Well Permit: HO-95-0195**

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 **6/27/2012**. Final approval of the well line connection to the dwelling was granted on **6/27/2012**. The well construction was completed on **12/30/2005**. Water samples were collected on **4/11/2013**.

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-95-0195. 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 black ink, appearing to read "Robert Bricker". The signature is written in a cursive style with a large initial "R".

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

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 88787 Account #: 3123
Reference: Clarks Meadow Lot 14 Company: National Water Servicing
Location: 3915 Clarks Meadow Drive Requested By: Dave Rycke
Glenwood, MD 21738 Source: Well Water
Date/ Time Collected: 4/11/2013 1330 Site: Pressure Tank ✓
Date/Time Rec'd: 4/11/2013 1545 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: C. Mooshian 7268CM Well #: HO-95-0195 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	4/12/2013 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	4/12/2013 / 1000 / LLO
Nitrate	9.92 ✓	mg/L	10	601	4/11/2013 / 1830 / CWM
Turbidity	0.68 ✓	NTU	<10	SM18 2130B	4/11/2013 / 1555 / JKW
Sand	NS ✓	mg/L	5	Visual/Gravimetric	4/11/2013 / 1555 / JKW

OK
TCB
4/22/13

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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B10003996

Date Reported: 4/12/2013