

C1 0125 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

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

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

DATE WELL COMPLETED
MM DD YY
01 03 06

Depth of Well
160
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-95-0194
3/13/06

OWNER Selfridge Builders
STREET OR RFD Clarks Meadow Drive TOWN Glenelg
SUBDIVISION Clarks Meadow SECTION _____ LOT 13

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	60	✓
Sand Stone	60	65	
MICKA	65	95	
Sand Stone	95	100	
MICKA	100	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 18 NO. OF POUNDS 1800
GALLONS OF WATER 108
DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP ft. to 30 BOTTOM ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
PL 6 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 168 160
EACH CASING
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

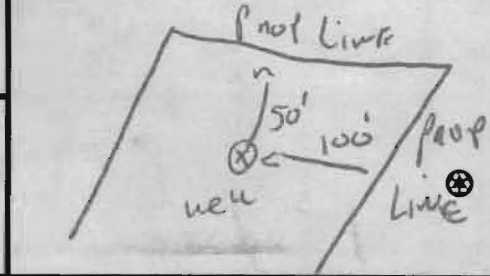
PUMPING TEST

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 35 ft.
WHEN PUMPING 40 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)

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)



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. MSD 112
DRILLERS SIGNATURE Rh E. Whynne

LIC. NO. D

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

Date Received (APA) 11/9/05

OWNER INFORMATION

8 MM DD YY 13

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 LOT 13 46 48 50

52 Glennetg NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Ralph E. Mayne M SD License No. 117 76 81

Firm Name Ralph E. Mayne INC.

Address 17024 Hardy Rd. Mt. Airy, MD 21771

Signature Ralph E. Mayne Date 11-7-05

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 Clarks meadow DR. NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 40 37 DISTANCE FROM ROAD 38 39

ENTER FT OR MI FT

TAX MAP: 21 BLK: 17 PARCEL 207

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO. 4517904

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 12/15/05 43 MM DD YY 48

CO SIGNATURE Robert A. Ciegler 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 520 795

N 795 520

000 000

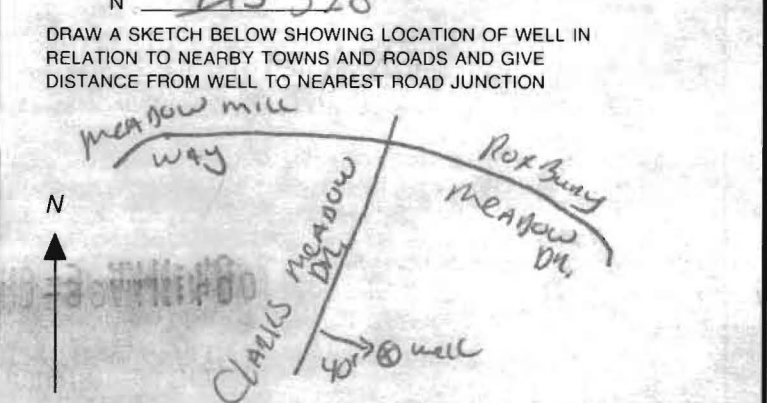
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTary DRIVE-POINT

other _____



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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

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 2003G016

PERMIT No. HO-95-0194

70 71 72 73 74 75 76 77 78 79



Howard County Health Department



User: Mary Lou Bri
Settings | Logout

From: XXXXXXX

Date: 27.05.2010 09:11 Pages: 1 FaxID: 9843



MAY 27 2010 9:21AM AM BURGEMEISTER-BELL INC.

No. 2371 P. 1/1 P. 1

DH 2218

**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 #: 410-861-4090
Address: 10327 South Deltfield Road
Orange Mills Maryland 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): Kelard 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 Telephone #: 410-740-0522
Subdivision: Clarks Meadow Lot #: 13 Well Tag #: HO-95-094
Site Address: 3919 Clarks Meadow Drive
Glenwood MD 21738

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Franklin</u>	Make: <u>Cummins</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>56507422C</u>	Model #: <u>PA-3636X</u>	Screened, vented well cap: <input type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>36</u> " (36" min)	Cap secured to casing: <input type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" E.G.: <input type="checkbox"/>
Depth of well encountered at time of pump installation: <u>160</u> (feet)		Conduit secured to well cap: <input type="checkbox"/>

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:

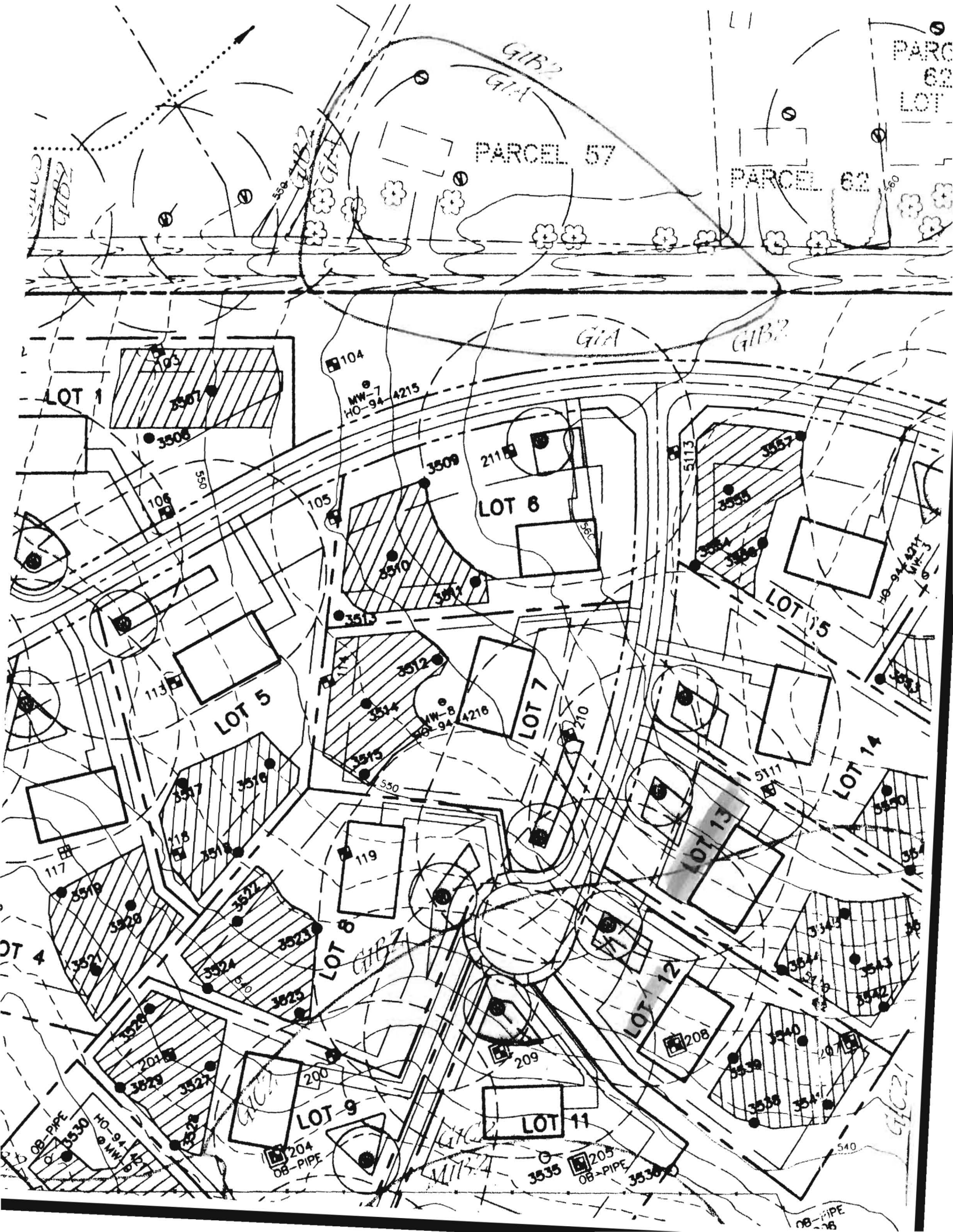
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

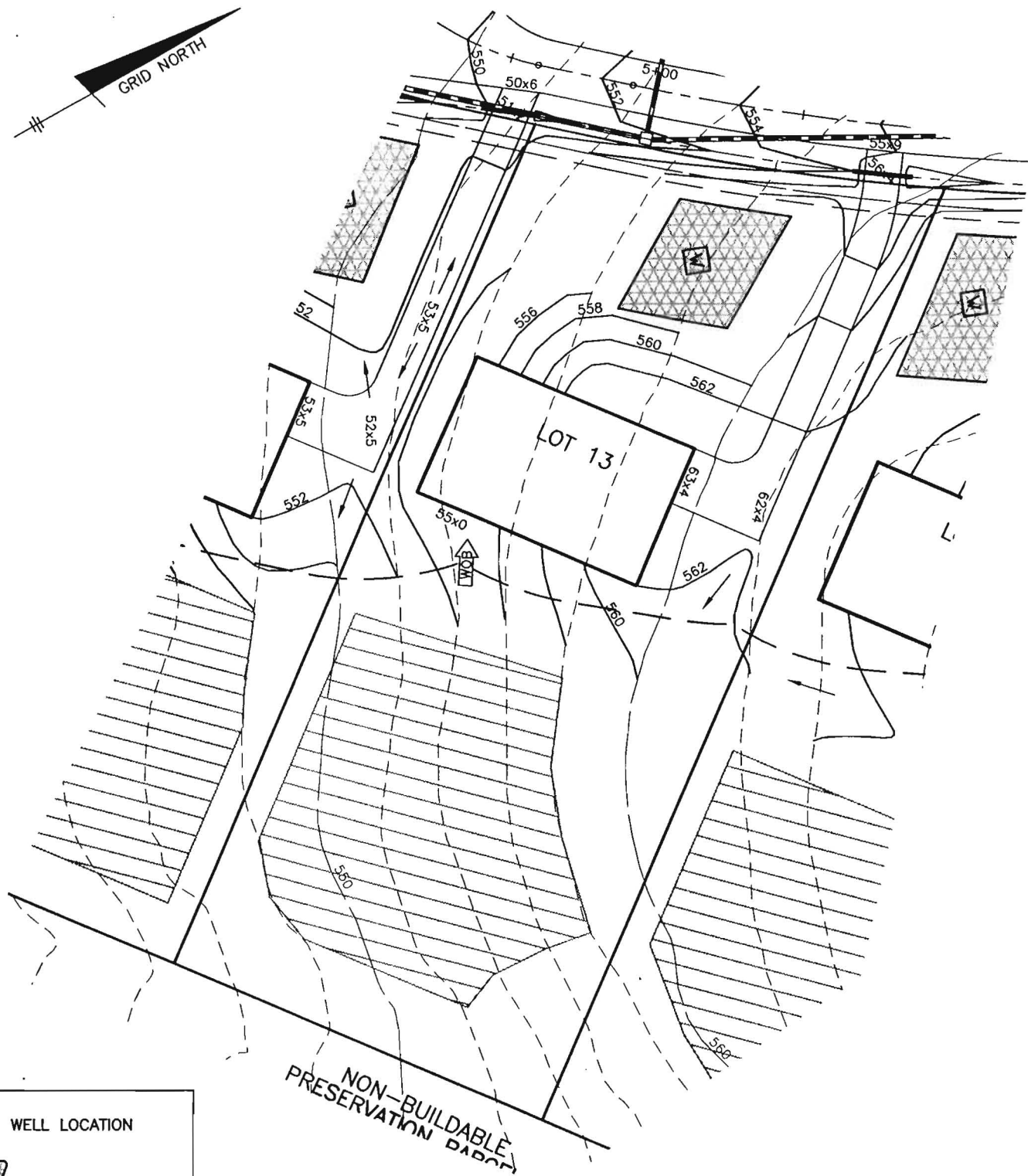
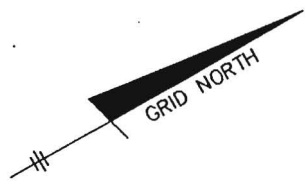
Kelard H Mann Jr.
Signature of company representative responsible for installation date 5/27/10


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 _____	

HD-215 (Rev. 8/00)





 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 6:06:02 PM

CLARKS MEADOW

LOT 13

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

October 22, 2010

Homeowner
3919 Clarks Meadow Drive
Glenwood, MD 21738

RE: Clarks Meadow - Lot 13
3919 Clarks Meadow Drive
Glenwood, MD 21738
BP #B10000868
Well Permit #HO-95-0194

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 7/30/2010. Final approval of the well line connection to the dwelling was approved on 7/30/2010.**

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 raw nitrate sample results were previously documented to be 15.7 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 10/18/2010 which indicates a nitrate level of <1.0 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)

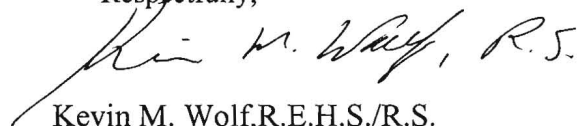
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0194. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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-95-0757 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): 10/20/2010, 10/18/2010, & 10/15/2010
Date of Well Completion: 01/03/2006

Respectfully,



Kevin M. Wolf, R.E.H.S./R.S.
Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Health Services
File

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

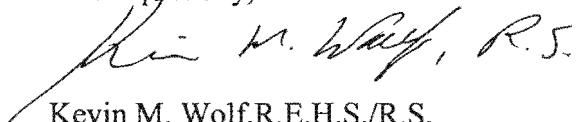
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Respectfully,



Kevin M. Wolf, R.E.H.S./R.S.
Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's office
Community Health Services
File



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:
 Douglas Homes
 Attn: Carl
 11206 McGee Way
 Ellicott City, MD 21042

S/O Number: 79199 AMENDED
 Retest
Report Date: October 22, 2010

Property Sampled: 3919 Clarks Meadow Drive, 21737
Sample Location: R/O Tap
Residual Chlorine: <0.1 mg/L
Building Permit #: B 10000868
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 21
Subdivision: Clarks Meadows
Parcel: 271
Lot #: 13

Date/Time Collected in Field: October 20, 2010 @ 12:10 pm
Date/Time Received in Lab: October 20, 2010 @ 2:00 pm

Well Tag #: HO-95-0194
Well Condition: 2 Piece Cap, Satisfactory Condition
Water Treatment: Reverse Osmosis

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass

Kara Waltmyer
 Kara Waltmyer
 Drinking Water Division

Water Testing Laboratories

P.O. Box 712
 Stevensville, MD 21666
 410-643-7711

of Maryland, Inc.

Douglas Homes
 5034 Dorsey Hall Drive
 Ellicott City, Md 21042

Reporting Date: 10/20/2010
 Report #: K6516

Treatment?

Submitted Sample Address: 3919 Clarks Meadow Drive
 Glenwood, MD 21738
 Submitted Sample Source: Bathroom sink
 Date / Time Collected: 10/18/2010 9:24 AM
 Sample Type: Drinking Water
 Sampler/Company: D. Pitts 4322DP, WTL of MD
 Field Record: Chlorine residual: Absent Clear when drawn
 Well #: HO-95-0194

Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	9.8	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	6.4	SU	0.1	6.5-8.5 (SMCL)	EPA 150.1

Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- Analyzed by Lab 214.
- SM - Groenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,


 C. Rodgers, Customer Service Representative

Reviewed by: SNB



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
 Attn: Carl
 11206 McGee Way
 Ellicott City, MD 21042

S/O Number: 79152
Report Date: October 19, 2010

Property Sampled: 3919 Clarks Meadow Drive
Sample Location: Laundry Tub Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B 10000868
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard **Subdivision:** Clarks Meadows
Map: 21 **Parcel:** 271 **Lot #:** 13

Date/Time Collected in Field: October 15, 2010 @ 10:05 am
Date/Time Received in Lab: October 15, 2010 @ 1:10 pm

Well Tag #: HO-95-0194
Well Condition: 2 Piece Cap, Satisfactory Condition
Water Treatment: 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	15.7 mg/L as N	FAIL
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.2 Units	***
Sand		Negative	Negative	

Need Re-test for nitrates w/ Treatment

Kara Waltmyer

Kara Waltmyer
 Drinking Water Division

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.