

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

WELL COMPLETION PERMIT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

COUNTY NUMBER  
A 517904

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

DATE WELL COMPLETED  
MM DD YY  
02 19 06  
15 20

Depth of Well  
22 180 26  
(TO NEAREST FOOT)  
3/13/06  
KW

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40-95-0173  
28 29 30 31 32 33 34 35 36 37

OWNER Selfridge Builders  
last name first name  
STREET OR RFD Meadow Mill Dr. TOWN Glencg  
SUBDIVISION Clarks Meadow SECTION LOT 2

WELL LOG  
Not required for driven wells

GROUTING RECORD  
WELL HAS BEEN GROUTED  
(Circle Appropriate Box)  Y  N  
44 44

PUMPING TEST  
C 3  
1 2

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 44 NO. OF POUNDS 45 48  
GALLONS OF WATER 84  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 30 ft.  
(enter 0 if from surface)

HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 15  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 43 ft.  
WHEN PUMPING 45 ft.

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	25	
Sand Stone	25	30	
MICKA	30	40	
Sand Stone	40	45	✓
MICKA	45	50	
Sand Stone	50	95	✓
MICKA	95	180	

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

TYPE OF PUMP USED (for test)  
A air P piston T turbine  
C centrifugal R rotary O other (describe below)  
J jet S submersible

MAIN CASING TYPE  
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
PL 6 35

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

PUMP INSTALLED  
DRILLER INSTALLED PUMP (YES or NO) YES NO  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

NUMBER OF UNSUCCESSFUL WELLS: 0

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

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

WELL HYDROFRACTURED  Y  N

DEPTH (nearest ft.)  
1 2 33 180

CASING HEIGHT (circle appropriate box and enter casing height)  
+ above } LAND SURFACE  
- below } 2 (nearest foot)

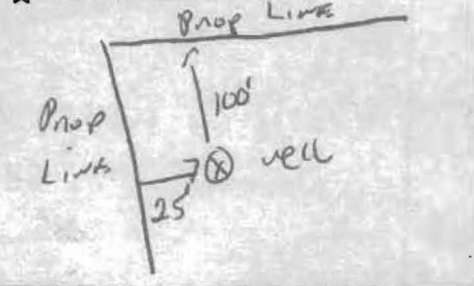
CIRCLE APPROPRIATE LETTER  
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
E ELECTRIC LOG OBTAINED  
P TEST WELL CONVERTED TO PRODUCTION WELL

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

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)

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.

DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to



DRILLERS LIC. NO. M SD 112  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

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

LIC. NO. SD 112

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 0919

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523626 please type

STATE PERMIT NUMBER HO-95-0173 fill in this form completely

Date Received (APA) 11/9/05

OWNER INFORMATION

Selfridge Builders 14045 Gared drive Glenwood MD 21738

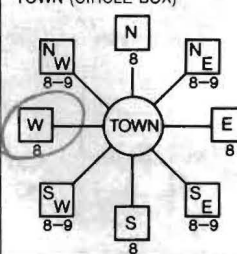
LOCATION OF WELL

Howard County Clarks Meadow Glenelg

DRILLER INFORMATION

Ralph E. MAYNE M S D 117 Ralph E. Mayne INC 17024 Hardy Rd. Mt. Airy MD 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MEADOW MILL WAY NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 225 FT

TAX MAP: 21 BLK: 17 PARCEL 227

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

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 County 13 AS17904 STATE SIGNATURE DATE ISSUED 11/29/05

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

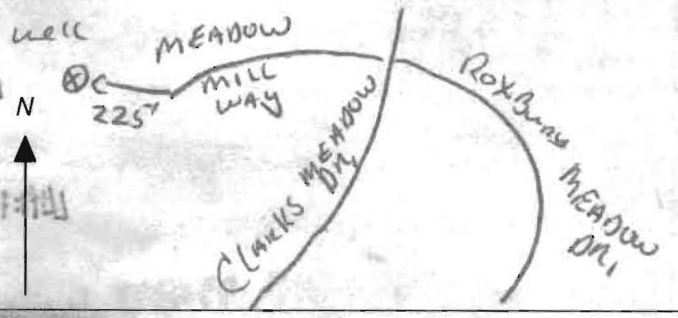
- SOURCES OF DRILLING WATER 1. well

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary

WRITE THE BOX NUMBER FROM THE MAP HERE

E 528 794 N 285 520

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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER H020036016 PERMIT No. HO-95-0173

SPECIAL CONDITIONS





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: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: P.O. Box 138
Ashton, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI-045

\*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: SELFIDGE BUILDERS Telephone #: 410-531-8930
Subdivision: CLARKS MEADOW Lot #: 2 Well Tag #: HO-95-0173
Site Address: 14412 MEADOW MILL WAY
GLENWOOD, MD 21738

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GRIND FOR Make: WATER TIGHT CONDUIT Two piece watertight cap: YES
Model #: 15 SQE07-180 Model #: PT800 Screened, vented well cap:
Pump Capacity 15 GPM Depth: 36" (36" min) Cap secured to casing: YES
Well Yield: 15 GPM NSF/WSC approved: Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 180 (feet) Conduit secured to well cap: YES
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 inside of well casing

Finish to house
Type: ABOVE GROUND
PSI: 160 (160 psi min)
Depth of supply line: 2' (36" min)

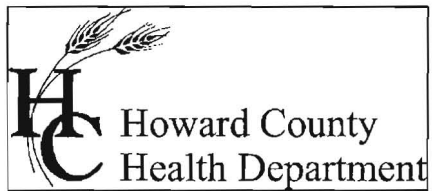
House Connection
PVC sleeve to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 6'
Sleeve caulked and sealed properly: YES

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 8/13/08

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

Date Insp. Requested: Date Insp. Approved: 7/17/08 Inspector: RB
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(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

November 24, 2008

Chip & Leanne Harrison  
6532 Ocean Shore Lane  
Columbia, MD 21044

SENT VIA FACSIMILE 410-531-8939

RE: Clarks Meadow, Lot 2  
14412 Meadow Mill Way  
Glenwood, MD 21738  
BP# B08001044  
Well Tag #: HO-95-0173

Dear Sir:

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 07/15/2008. Final approval of the well line connection to the dwelling was approved on 07/17/2008.**

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.

#### 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-95-0173. 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: 10/15/2008 & 11/19/2008  
Date of Well Completion: 02/14/2006

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](mailto:info@tracelabs.com)

Maryland State Certified Laboratory # 318

### CERTIFICATE OF ANALYSIS

**Requester:**  
 James H. Selfridge Builders, Inc  
 Attn: Bob  
 4781 Ten Oaks Road  
 Dayton, Maryland 21036

**S/O Number:** 70596  
**Report Date:** November 20, 2008

**Property Sampled:** 14412 Meadow Mill Way, 21738, Nitrate Retest

**County:** Howard  
**Subdivision:** Clark Meadow  
**Lot #:** 2  
**Building Permit #:** B08001044

**Tax Map #:** 21  
**Parcel #:** 271

**Date/Time Collected:** November 19, 2008 at 10:22 am  
**Date/Time Received:** November 19, 2008 at 2:00 pm

**Sample Location:** R/O Tap  
**Sampler ID:** 5745KC

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0175  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL	
Nitrate	1.5 mg/L as N	SM 4500D	10 mg/L as N	Pass

*Allison R. Milburn*  
 Allison R. Milburn  
 Manager-Drinking Water Testing



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:**  
 James H. Selfridge Builders, Inc  
 Attn: Bob  
 4781 Ten Oaks Road  
 Dayton, Maryland 21036

**S/O Number:** 70167  
**Report Date:** October 16, 2008

**Property Sampled:** 14412 Meadow Mill Way, 21737

**County:** Howard  
**Subdivision:** Clark Meadow **Tax Map #:** 21  
**Lot #:** 2 **Parcel #:** 271  
**Building Permit #:** B808001044

**Date/Time Collected:** October 15, 2008 at 12:10 pm  
**Date/Time Received:** October 15, 2008 at 3:35 pm

**Sample Location:** Pressure Tank **Samples Iced:** Yes  
**Sampler ID:** 9406NW **Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0175  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	10.8 mg/L as N	SM 4500D	10 mg/L as N	FAIL
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.8 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

*Katherine Cannon*  
 Allison R. Milburn  
 Manager-Drinking Water Testing

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.