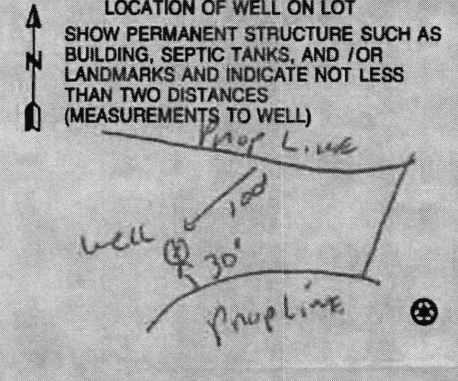


C1	0155	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER 13 A517904		
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 15 06 06		Depth of Well 22 160 28 (TO NEAREST FOOT)
OWNER <u>Selfridge Builders</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>NO - 95 - 0181</u>		
STREET OR RFD <u>Clarks Meadow Dr</u>		TOWN <u>Glenelg</u>		
SUBDIVISION <u>Clarks Meadow</u>		SECTION <u>8</u>		

WELL LOG Not required for driven wells	GROUTING RECORD yes no <input checked="" type="checkbox"/> <input type="checkbox"/> WELL HAS BEEN GROUTED (Circle Appropriate Box) 44 44	C 3 1 2 PUMPING TEST
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>15</u> NO. OF POUNDS <u>9600</u> GALLONS OF WATER _____ DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>30+</u> ft. 48 TOP 52 ft. to 54 BOTTOM 56 ft. (enter 0 if from surface)	HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>10</u> METHOD USED TO MEASURE PUMPING RATE <u>bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>43</u> ft. WHEN PUMPING <u>55</u> ft. TYPE OF PUMP USED (for test) <input type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine <input type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below) <input type="checkbox"/> jet <input checked="" type="checkbox"/> submersible
DESCRIPTION (Use additional sheets if needed)	CASING RECORD casing types insert appropriate code below STEEL <input type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/> MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>58</u> 60 61 63 64 66 70	PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 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) <input checked="" type="checkbox"/> above } LAND SURFACE <input type="checkbox"/> below } <u>2</u> (nearest foot)
FEET FROM TO check if water bearing	OTHER CASING (if used) diameter depth (feet) inch from to	SCREEN RECORD screen type or open hole insert appropriate code below STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>
Top Soil 0 2		
Sandy 2 40		
Sand Stone 40 45 ✓		
MICKA 45 75		
Sand Stone 75 80 ✓		
MICKA 80 160		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>	C 2 DEPTH (nearest ft.) <u>HO</u> <u>56</u> <u>160</u> 8 9 11 15 17 21	
WELL HYDROFRACTURED <input checked="" type="checkbox"/> <input type="checkbox"/>	SCREEN RECORD slot size 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u> from to	
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	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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.	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	
DRILLERS LIC. NO. 1 <u>MSD117</u> <u>John E. Selfridge</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	70 _____ 72 _____ 74 75 76	
LIC. NO. 1 <u>D</u>	TELESCOPE CASING LOG INDICATOR OTHER DATA	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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) 

B 1	8974	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523626 please type	STATE PERMIT NUMBER HO-95-0181 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 11/9/05

8 MM DD YY 13

15 Last Name Selfridge Builders Owner First Name 34

36 Street or RFD 14045 GARED DRIVE 55

57 Town Glenwood MD 70 State 21738 72 Zip 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Clarks Meadow 42

SECTION 44 46 LOT 8 50

52 NEAREST TOWN GLENELG 71

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

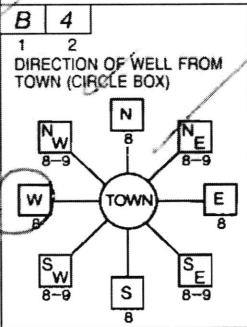
DRILLER INFORMATION

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

Firm Name Ralph E. Mayne INC

Address 17024 Hardy Rd MT. Airy MD 21371

Signature [Signature] Date 11-7-05



Clarks meadow RD. 30

11 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 17 PARCEL: 227

B 2 WELL INFORMATION

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

HOWARD (13) A517904

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 12/6/05 Salim A. Coughton 12/7/06

43 MM DD YY 48 CO SIGNATURE EXP. DATE

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

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 DEEPEMED 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 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 HO2003-6016-601

PERMIT No HO-95-0181 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

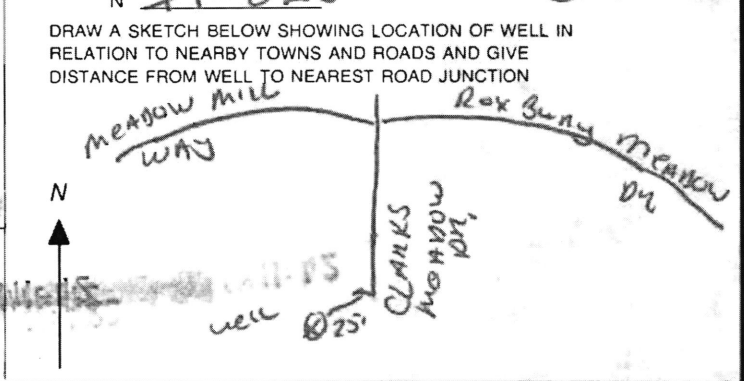
2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 520 795 000

N 795 520 000



SPECIAL CONDITIONS

NO. 1. APPROVING AUTHORITY IS REQUIRED IN SEPARATE SHEET IF NEEDED.

DH2163

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: PHS Division of Burgemeister Telephone #: 410-861-4090
Address: 900 A Wakefield Valley Road Bell, Inc.
New Windsor, MD 21776

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print) Patrick E. Heplourn License# 4409

*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: Douglas Himes Telephone #: 410-740-0523
Subdivision: Clarks Meadow Lot #: B Well Tag #: HO-95-0180
Site Address: 3918 Clarks Meadow Lane
Glenwood MD 21738

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GOULD'S Make: Campbell Two piece watertight cap:
Model #: 76505422c Model #: PA8006A7 Screened, vented well cap:
Pump Capacity: 10 GPM Depth: 160 (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF/WSC approved: 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, 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

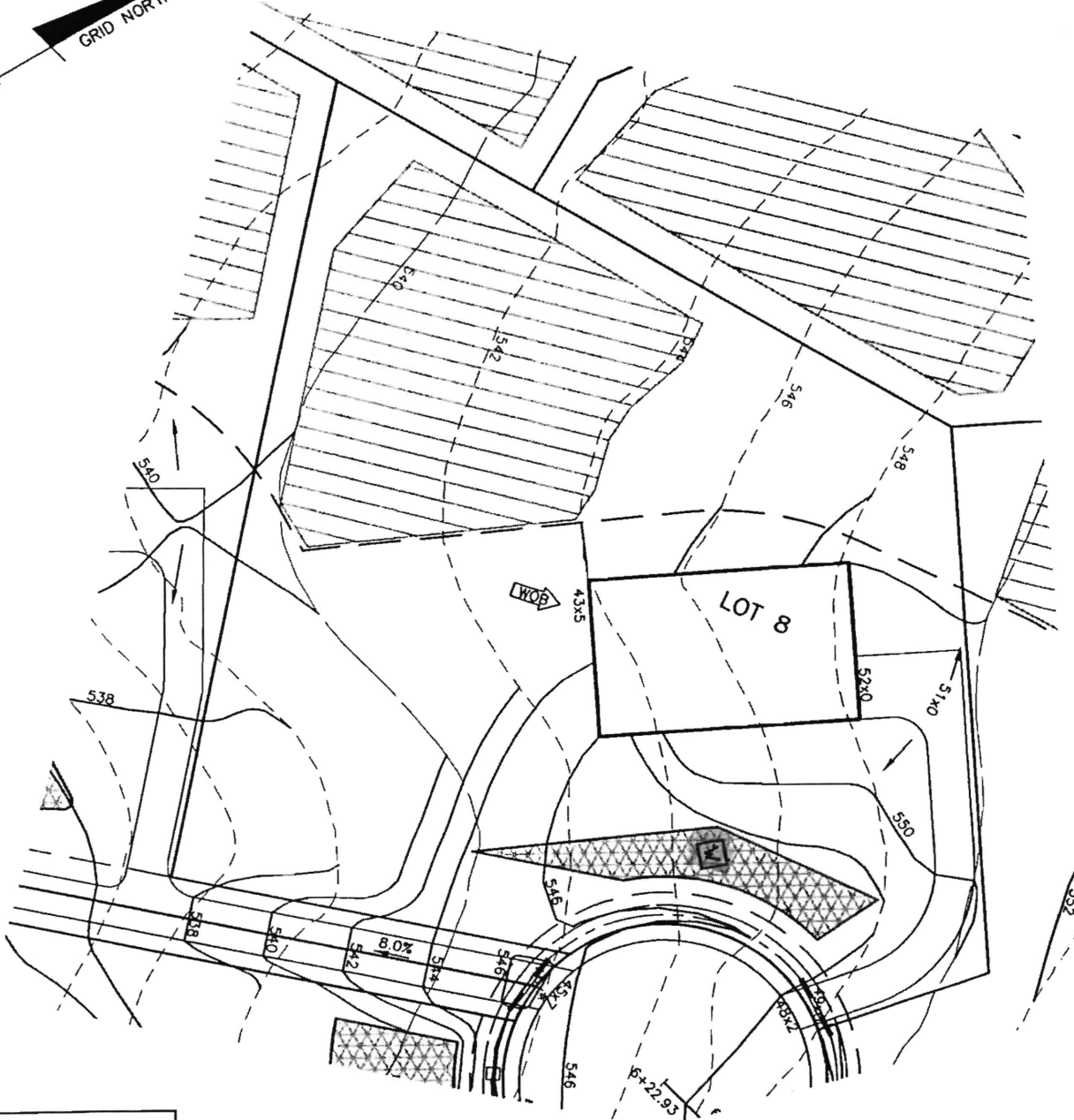
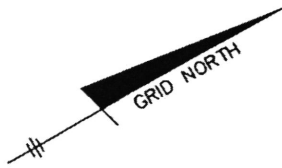
Piping to house House Connection
Type: 1" Poly PVC sleeve to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 36" min) Sleeve caulked and sealed properly:


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.


Signature of company representative responsible for installation: [Signature] date: 6/9/09

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

Date Insp. Requested: _____ Date Insp. Approved: 5/28/09 Inspector: [Signature]
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 _____



 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 5:52:33 PM

CLARKS MEADOW

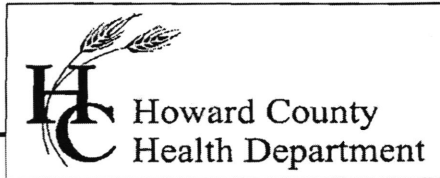
LOT 8

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

August 10, 2009

Homeowner
3918 Clarks Meadow Drive
Glenwood, MD 21738

SENT VIA FACSIMILE 410-897-7847
RE: Clarks Meadow, Lot 8
BP #: B08003218
Well Permit # HO-95-0181

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 05/28/2009.**
Final approval of the well line connection to the dwelling was approved on 05/28/2009.

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.

Enclosed with this certificate, are copies of the septic permit and the as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

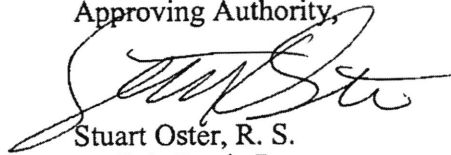
INTERIM CERTIFICATE OF POTABILITY

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-95-0181. 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: 08/06/2009
Date of Well Completion: 01/06/2006

Approving Authority,

A handwritten signature in black ink, appearing to read "Stuart Oster", is written over the printed name.

Stuart Oster, 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

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 Douglas Homes
 5034 Dorsey Hall Drive Suite 102
 Ellicott City, Maryland 21041

S/O Number: 73566
Report Date: August 7, 2009

Property Sampled: 3918 Clarks Meadow Drive

County: Howard
Subdivision: Clarks Meadow **Tax Map #:** 21
Lot #: 8 **Parcel #:** 271
Building Permit #: B08003218

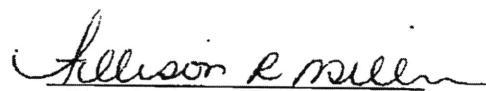
Date/Time Collected: August 6, 2009 at 10:39 am
Date/Time Received: August 6, 2009 at 3:30 pm

Sample Location: Laundry Tub Tap **Samples Iced:** Yes
Sampler ID: 5745KC **Residual Cl₂ <0.1 mg/L:** Yes

Well Tag Number: HO-95-0181
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	9.2 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.9 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


 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.

