

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 **(13) A517904**

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

DATE RECEIVED  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
01 25 06

Depth of Well

22 300 26  
(TO NEAREST FOOT)

3/11/09  
KW

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

40-95-0182

OWNER Selfridge Builders  
STREET OR RFD Clarks Meadow Drive TOWN Glennelg  
SUBDIVISION Clarks Meadow SECTION \_\_\_\_\_ LOT 9

### 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	50	✓
Sand Stone	50	55	
MICKA	55	90	
Sand Stone	90	95	✓
MICKA	95	150	
Sand Stone	150	155	✓
MICKA	155	300	

### GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**  
TYPE OF GROUTING MATERIAL (Circle one) **(CM)** BENTONITE CLAY **(BC)**  
CEMENT **(CM)** BENTONITE CLAY **(BC)**  
NO. OF BAGS 19 NO. OF POUNDS 1300  
GALLONS OF WATER 114  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 30+ ft.  
48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

### CASING RECORD

case types insert appropriate code below  
**(ST)** STEEL **(CO)** CONCRETE  
**(PL)** PLASTIC **(OT)** OTHER  
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 63  
60 61 63 64 66 70

### OTHER CASING (if used)

depth (feet) diameter inch from to  
E A C H I N G

### SCREEN RECORD

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

### DEPTH (nearest ft.)

**(C 2)**  
1 2  
E 1 HO 61 300  
A 8 9 11 15 17 21  
C 2 23 24 26 30 32 36  
S 3  
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 \_\_\_\_\_ 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

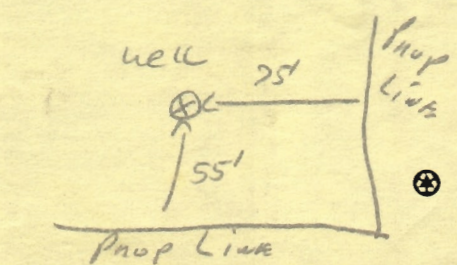
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 5  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 20 ft.  
WHEN PUMPING 55 ft.  
TYPE OF PUMP USED (for test)  
**(A)** air **(P)** piston **(T)** turbine  
**(C)** centrifugal **(R)** rotary **(O)** other (describe below)  
**(J)** jet **(S)** submersible

### PUMP INSTALLED

DRILLER INSTALLED PUMP 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 \_\_\_\_\_  
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)  
49 50 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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **(Y)** **(N)**

- 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. 1 MSDL12  
John E. Whynne  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 8973

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 95 - 0182

523626

please type

fill in this form completely

Date Received (APA) 11/9/05

OWNER INFORMATION

SEIFRIDGE Builders
14045 GARED DRIVE
Glenwood MD 21738

B 3 LOCATION OF WELL

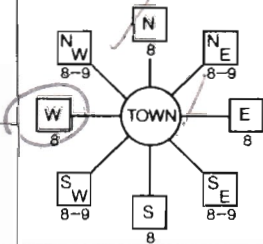
Howard
Clarks Meadow
Glenelg
MILES FROM TOWN (enter 0 if in town) 1

DRILLER INFORMATION

Ralph E. Mayne M S D 117
Ralph E. Mayne INC.
17024 Hardy Rd. Mt Airy MD. 21771
11-7-05

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CLARKS MEADOW DR.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 200
ENTER FT OR MI
TAX MAP 21 BLK: 17 PARCEL 227

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
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) A517904
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 12/6/05 Gabriel A. Gignot 12/7/06
NORTH GRID 520 0 0 0 EAST GRID 795 0 0 0

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1 Well
2
3

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

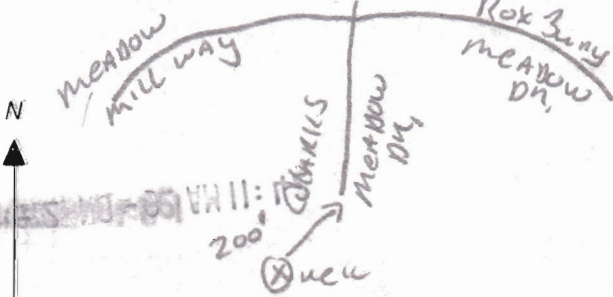
WRITE THE BOX NUMBER FROM THE MAP HERE

520 795
795 520

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
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

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)

APPROP. PERMIT NUMBER HO 20036016 (old)
PERMIT No. HO - 95 - 0182

SPECIAL CONDITIONS



DA 2123

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: 900A Wakefield Valley Rd 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): ATRICH J. HEBBURN License# 4409

\*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 #: 9 Well Tag #: HO-95-0182  
Site Address: 3922 Clarks Meadow Drive  
Glenwood MD 21738

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Covis</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>    </u>
Model #: <u>5650742C</u>	Model #: <u>FA800 GX</u>	Screened, vented well cap: <u>    </u>
Pump Capacity: <u>5</u> GPM	Depth: <u>    </u> (36" min)	Cap secured to casing: <u>    </u>
Well Yield: <u>6</u> GPM	NSF approved: <u>    </u>	Conduit min 18" B.G.: <u>    </u>
Depth of well encountered at time of pump installation: <u>250</u> (feet)		Conduit secured to well cap: <u>    </u>

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     

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

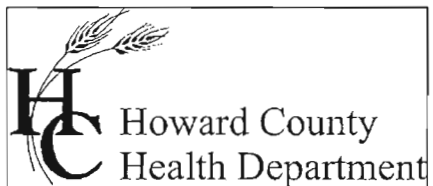
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 8/11/08

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

Date Insp. Requested:      Date Insp. Approved: (KW) 8/14/08

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



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

January 22, 2009

Homeowner  
3922 Clarks Meadow Drive  
Glenwood, MD 21738

SENT VIA FACSIMILE 410-489-9661

RE: Clarks Meadow, Lot 9  
BP# B08000091  
Well Tag #: HO-95-0182

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 07/29/08. Final approval of the well line connection to the dwelling was approved on 8/14/08.**

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, is a copy 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-95-0182. 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: 01/07/2009 & 01/19/2009  
Date of Well Completion: 01/25/06

Approving Authority

*Brian Baker*  
Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



MARY LOU

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.trace-labs.com / Email: info@trace-labs.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:** 71160  
**Report Date:** January 20, 2009

**Property Sampled:** 3922 Clarks Meadow Drive, 21737

**County:** Howard  
**Subdivision:** Clarks Meadow **Tax Map #:** 21  
**Lot #:** 9 **Parcel #:** 271  
**Building Permit #:** B08000091

**Date/Time Collected:** January 19, 2009 at 11:53 am  
**Date/Time Received:** January 19, 2009 at 2:30 pm

**Sample Location:** Powder Room Tap **Samples Iced:** Yes  
**Sampler ID:** 5745KC **Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0182  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Allison Milburn*

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.



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:** 71044  
**Report Date:** January 8, 2009

**Property Sampled:** 3922 Clarks Meadow Drive, 21737

**County:** Howard  
**Subdivision:** Clarks Meadow **Tax Map #:** 21  
**Lot #:** 9 **Parcel #:** 271  
**Building Permit #:** B08000091

**Date/Time Collected:** January 7, 2009 at 11:03 am  
**Date/Time Received:** January 7, 2009 at 2:50 pm

**Sample Location:** Laundry Tub Tap **Samples Iced:** Yes  
**Sampler ID:** 5745KC **Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0182  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	6.9 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.7 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	Absent	SM 9223B	Absent	

*Allison R. Milburn*  
 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.

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
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: March 6 2008 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) W/A — —

\* PERMIT NUMBER OF REPLACEMENT WELL W/A — —

\* PERSON ABANDONING WELL: Ralph E Mayne

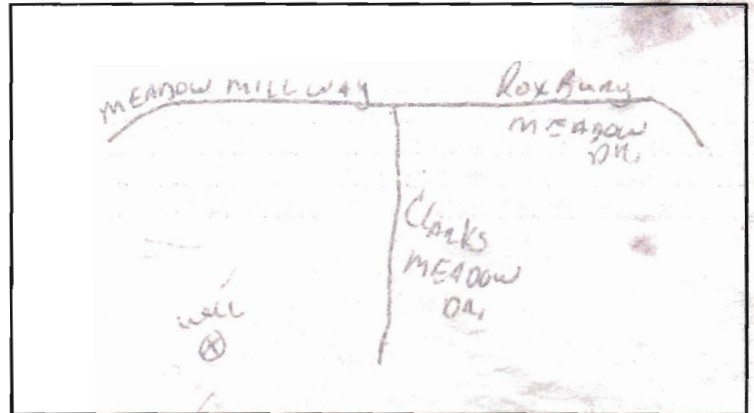
WELL DRILLERS LICENSE NUMBER: 117

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Douglas Home's

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: GLEN EGG  
TAX MAP 21 BLOCK 17 PARCEL 227  
SUBDIVISION: CLARKS MEADOW  
SECTION: \_\_\_\_\_ LOT: 9  
NEAREST ROAD: CLARKS MEADOW DR.



\* TYPE OF WELL BEING ABANDONED:

\_\_\_\_\_ DRILLED \_\_\_\_\_ JETTED  
\_\_\_\_\_ BORED/AUGERED \_\_\_\_\_ HAND DUG  
 OTHER (specify) 10" MONITORING

\* USE CODE:

\_\_\_\_\_ DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC  
\_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL  
 TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL

\* TYPE OF CASING:

\_\_\_\_\_ STEEL  PLASTIC  
\_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 10" INCHES IN DIAMETER

\* DEPTH OF WELL: 17 FEET DEEP

\* WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
if yes, length removed, in feet: 2

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>17</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>22 BAGS</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature]

LICENSE # 117

CIRCLE ONE 3/6/08 DATE