

C1 9019

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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 6 16 09

Depth of Well 22 550 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1737

OWNER Ziegler last name NATALIE first name STREET OR RFD Manor Lane TOWN ELLICOTT CITY SUBDIVISION Carroll - Ziegler SECTION LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Red/Brown Soil, Brown Shale, Gray Limestone, Dryholes, and Cement Cuttings.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (10), NO. OF POUNDS (240), GALLONS OF WATER (60), DEPTH OF GROUT SEAL (0 to 27 ft).

CASING RECORD form including: MAIN CASING TYPE (ST), Nominal diameter (06 inch), Total depth of main casing (31 ft).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD form including: screen type (ST, BR, HO), insert code (PL, OT), and DEPTH (nearest ft.) (31).

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

DRILLERS LIC. NO. 1 M SD 009 1

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 1 D 1

Table with columns: A, C, H, S, R, E, N and rows for casing and screen data.

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

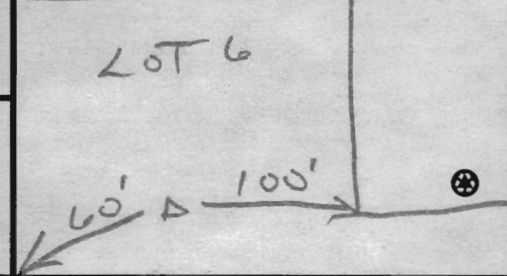
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

PUMPING TEST form including: HOURS PUMPED (06), PUMPING RATE (1.5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (1906), WATER LEVEL (59 ft. before, 251 ft. when pumping), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (02).

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 5691

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-95-1737

530290

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Ziegler Natalie
4288 Manor Lane
Ellicott City, Md 21042

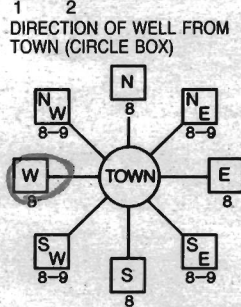
LOCATION OF WELL

Howard
Carroll-Ziegler Property
Ellicott City
7 M.I.

DRILLER INFORMATION

Allen Compton MSD 009
Fogle's Well Drilling
6003 Woodbine Rd
Allen Compton 1-26-09

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



3841 Manor Lane
100 FT
23 BLK: 10 PARCEL 130

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A523238
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 1/24/09
CO SIGNATURE EXP. DATE
NORTH GRID 516 000 EAST GRID 830 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary Drive-POINT

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
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

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

APPROP. PERMIT NUMBER 54 GAP 63
PERMIT No. HO-95-1737

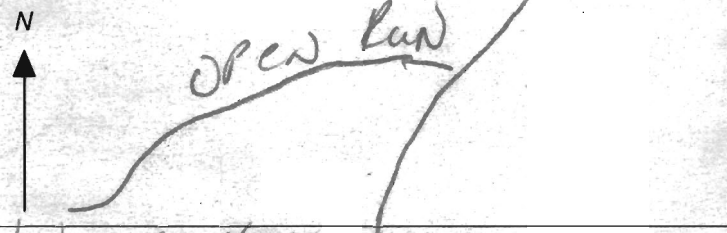
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 30
N 570 16

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Reduce Sample needed at field Test

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

SM MARTIN @ HOWARD COUNTY MD. GOV

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 RUCKE License# PI 0145

\*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: AJAY KUMAR Telephone #: 443-204-9794  
Subdivision: GATHER HUNT Lot #: 6 Well Tag #: HO-95-173  
Site Address: 11116 Dorsch Farm  
ELLICOTT CITY, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>Y2HP</u>	Model #: <u>PA800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>4'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>21.5</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <input checked="" 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

<u>Piping to house</u>	<u>House Connection</u>	<u>UNDER SLABS</u>
Type: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>	
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>	
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES N/A</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 \_\_\_\_\_ date 6/7/2013

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 \_\_\_\_\_

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Riverwood Lot #: 6 Well Tag #: HO - \_\_\_\_\_  
Site Address: 4822 Castleberry Dr  
1116 Dorset Farms

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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**

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve 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 \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: 11/19/12 Date Insp. Approved: 11/19/12 Inspector: WVW  
 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 outside of well cap/casing ✓  
 Correct well tag attached properly and casing 8" above finished grade No Tag  
 Water supply line sleeved adequately at house connection ✓  
 Adequate grout observed below pitless adapter ✓



Bureau of Environmental Health  
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
 (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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

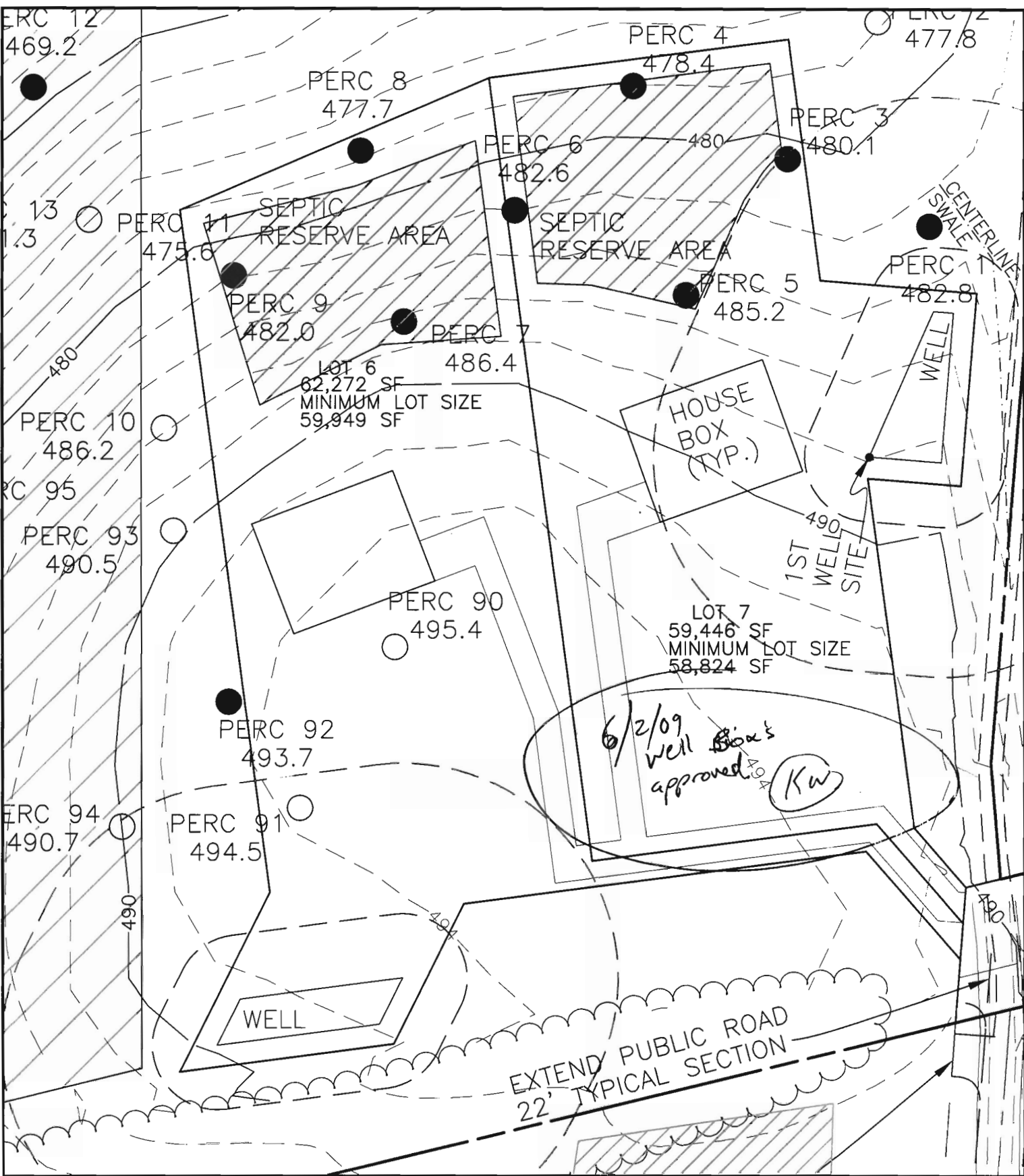
Carroll-Ziegler Prop. 2 thru 7 + PP "L" 3841 Manor Lane  
 Subdivision/Property Name Lot# Road Name

- The well site has been staked by Benchmark Engineering, Inc.  
 (professional land surveyor or company employing professional land surveyors)  
 on 2-1-09 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

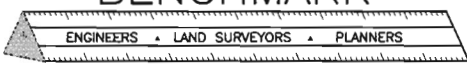
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05





**BENCHMARK**



**ENGINEERING, INC.**

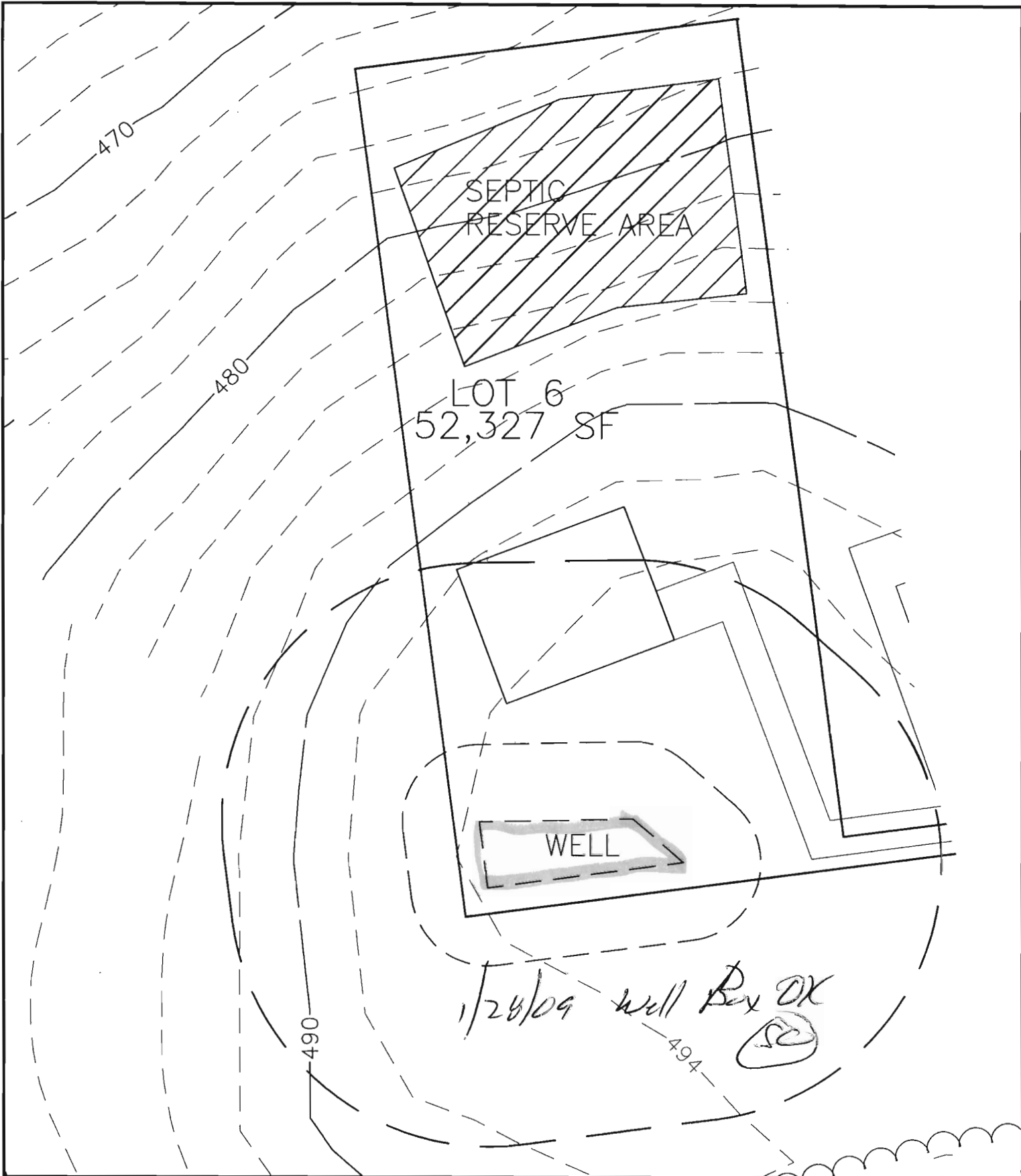
8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644

P:\1708\dwg\7000 lot 6 and 7.dwg, EXHIBIT LOT7, 6/1/2009 3:02:18 PM, jmc

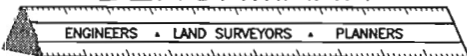
**WELL EXHIBIT  
 CARROLL-ZIEGLER PROPERTY**

LOTS 6 AND 7 REVISED  
 THIRD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' DATE: 6/01/2009



**BENCHMARK**



**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

PHONE: 410-465-6105

FAX: 410-465-6644

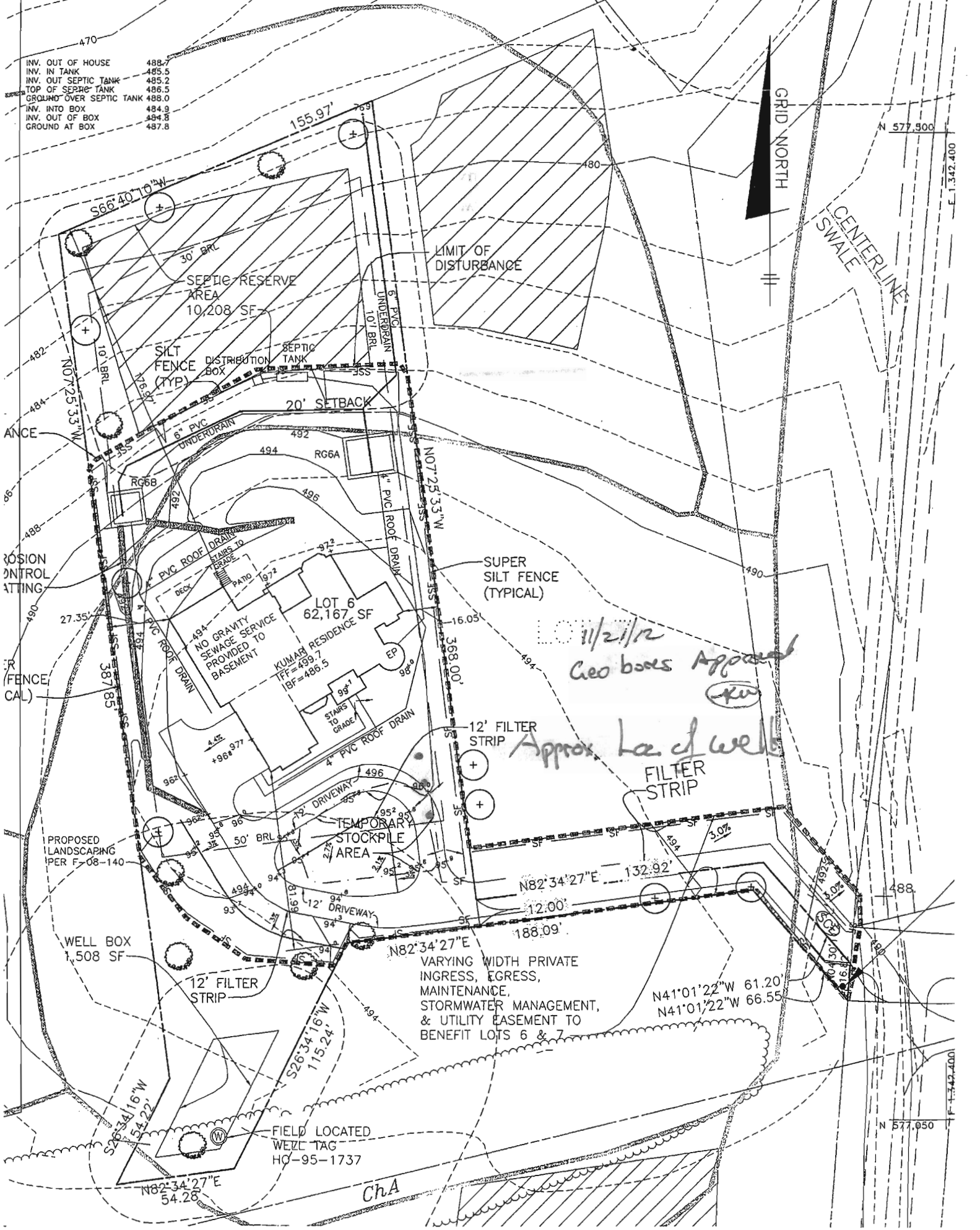
P:\1708\dwg\7000S2.dwg, EXHIBIT LOT6, 11/5/2008 9:50:18 AM,  
 W:\CENTRAL\Kyoocra C3-3636 R\K, 1.1

**WELL EXHIBIT  
 CARROLL-ZIEGLER PROPERTY  
 LOT 6**

THIRD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

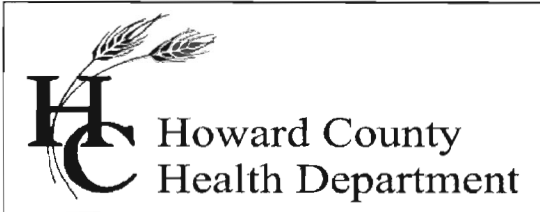
SCALE: 1" = 50' DATE: 11/03/2008

INV. OUT OF HOUSE	488.7
INV. IN TANK	485.5
INV. OUT SEPTIC TANK	485.2
TOP OF SEPTIC TANK	486.5
GROUND OVER SEPTIC TANK	488.0
INV. INTO BOX	484.9
INV. OUT OF BOX	484.8
GROUND AT BOX	487.8



PLAN

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT ( SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT (



**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 – December 17, 2013**

June 17, 2013

Homeowner  
 11116 Dorsch Farm Road  
 Ellicott City, MD 21042

**RE: Carroll-Ziegler Property, Lot 6**  
**11116 Dorsch Farm Road**  
**Building Permit: B12001672**  
**Well Permit: HO-95-1737**

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 **11/20/2012**. Final approval of the well line connection to the dwelling was granted on **11/19/2012**. The well construction was completed on **6/16/2009**. Water samples were collected on **5/28/2013 & 6/7/2013**.

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-95-1737. 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 "Heidi Scott". The signature is written in a cursive, flowing style.

Heidi Scott, 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 #:	89525	Account #:	3123
Reference:	Kumar	Company:	National Water Servicing
Location:	11116 Dorsch Farms Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	6/7/2013 1101	Source:	Well Water
Date/Time Rec'd:	6/7/2013 1232	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.8
		Well #:	HO-95-1737

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	6/8/2013 / 0930 / CCH
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	6/8/2013 / 0930 / CCH

*Bacteria OK  
6/17/13 HS*

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B12-001672

Date Reported: 6/10/2013

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1416 Old Tanbytown Rd. Westminster, MD (410) 848-1014 (410) 876-6554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 89380	Account #: 3123	Reference: Kumar	Company: National Water Servicing
Location: 1116 Dorsch Farms Road Ellicott City, MD 21042	Requested By: Dave Rycke	Source: Well Water	Site: Pressure Tank
Date/ Time Collected: 5/28/2013 1325	Treatment: <u>None</u>	pH: 5.4	Well #: HO-95-1737
Date/Time Rec'd: 5/28/2013 1645	Chlorine ppm: Free: ND Total: ND		
Collected By: C. Mooshian 7268CM			

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	5/29/2013 / 1130 / JKW
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/29/2013 / 1130 / JKW
Nitrate	6.47	mg/L	10	601	5/29/2013 / 1030 / CCH
Turbidity	1.47	NTU	<10	SM18 2130B	5/29/2013 / 0910 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	5/29/2013 / 0910 / JKW

Bad bacteria - need retest  
retest; OK 6/10/13 Hs

**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 # : B12-001672

Date Reported: 6/3/2013