

C 1 3848 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 A518645

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

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

DATE WELL COMPLETED MM DD YY 11 9 04

Depth of Well 22 300 26 (TO NEAREST FOOT) 11/17/04 O.K. BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4044 28 29 30 31 32 33 34 35 36 37

OWNER Gasch Douglas STREET OR RFD Cabin Run TOWN Woodbine SUBDIVISION Gasch Property SECTION LOT 2

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy Sand Stone, MICKA, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

CEMENT NO. OF BAGS NO. OF POUNDS GALLONS OF WATER

NO. OF BAGS 10 NO. OF POUNDS 7000 GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft. (enter 0 if from surface)

CASING RECORD

casings 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)

OTHER CASING (if used) 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

DEPTH (nearest ft.) HO 36 300

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO. 1 M SD 112 DRILLERS SIGNATURE

LIC. NO. 1 D

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

Table with columns: A, C, H, S, C, R, E, N. Rows: 1, 2, 3. Values: 8 9 11 15 17 21, 23 24 26 30 32 36, 38 39 41 45 47 51

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 120 ft.

TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, 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, - below LAND SURFACE 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)

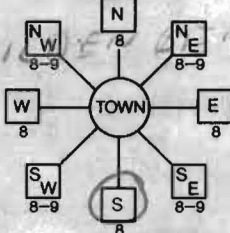



B 1 2346 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL HO-94-4044
520872 please type 70 79
520871 fill in this form completely

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
09/25/04
 15 Last Name Gasch Owner Douglas First Name 34
 36 Street or RFD 3120 Cabin Run 55
Woodbine MD 21797
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Gasch Property 42
 SECTION 44 46 LOT 2 48 50
FLORENCE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) I M I
 73 76 77 78

DRILLER INFORMATION
Ralph E. Mayne MS D 117
 Driller's Name 76 License No. 81
Ralph E. Mayne Inc.
 Firm Name
17024 Handy Rd. Mt. Airy MD 21001
 Address
Ralph E. Mayne Spt 8 2004
 Signature Date

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Cabin Run
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 100 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 13 BLK: 14 PARCEL 247

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 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

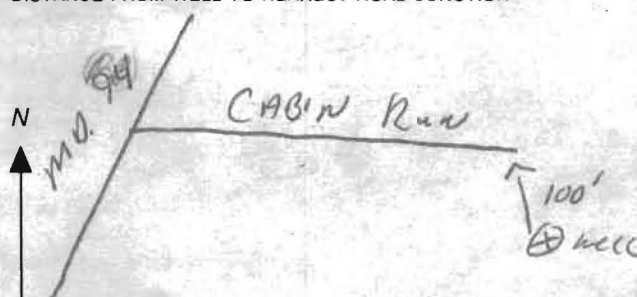
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A518645
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____ 41
10/26/04 Brian Baker 10/26/2005
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 532 0 0 0 EAST GRID 768 0 0 0
 50 55 57 63

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
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 768
 N 532
 000
 000

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 DEEPEENED 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 DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52

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)
 APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. HO-94-4044
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
301-854-6524 (Well Must Be Drilled Exactly)
at Stake

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-H044
 Location of property (road) Cabin Run
 Subdivision Gasch Property Lot 2 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayhe Owner Douglas Gasch
 Depth of well 300
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 40

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 120 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	40 ft.	6 Sec	Test started	10 GPM
9:00	120 ft.	30 Sec		2 GPM
9:15	120 ft.	30 Sec		2 GPM
9:30	120 ft.	30 Sec		2 GPM
9:45	120 "	30 "		2 "
10:00	120 "	30 "		2 "
10:15	120 "	30 "		2 "
10:30	120 ft.	30 Sec		2 GPM
10:45	120 ft.	30 Sec		2 GPM
11:00	120 ft.	30 Sec		2 GPM
11:15	120 "	30 "		2 "
11:30	120 "	30 "		2 "
11:45	120 "	30 "		2 "
12:00	120 ft.	30 Sec		2 GPM
12:15	120 ft.	30 Sec		2 GPM
12:30	120 ft.	30 Sec		2 GPM
12:45	120 "	30 "		2 "
1:00	120 "	30 "		2 "
1:15	120 "	30 "		2 "
1:30	120 ft.	30 Sec		2 GPM
1:45	120 ft.	30 Sec		2 GPM
2:00	120 ft.	30 Sec		2 GPM
2:15	120 "	30 "		2 "
2:30	120 "	30 "		2 "
HD-2242:45	120 ft.	30 Sec		2 GPM
3:00	120 ft.	30 Sa		2 GPM

**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: K.H. Plumbing, Inc. Telephone #: 410-259-5910
Address: 470 Dorsie Dr.
Westminster, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Keith Hundertmark License# 8300

*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: Doug Gasch Telephone #: 410-989-7985
Subdivision: Gasch Property Lot #: 2 Well Tag #: HO-94-4044
Site Address: 2720 Cabin Run
Woodbine 21997

Submersible Pump Data

Make: Oacuzzi
Model #: 1754518 XV-52
Pump Capacity 5 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Am. Canby
Model #: PT 800
Depth: 36" (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 300 (feet)
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: Polyethylene 1" IPS DE-3408
PSI: 60 (160 psi min)
Depth of supply line: ✓ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 6'
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.

Keith Hundertmark 5-12-05
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 8/24/05 GC/BB
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 ✓

Wimpy
Well
Barriers
Installed

548

MtC3
(A)

KLEINCLAU
FLORENCE FARMS
TAX MAP 13
PARCEL 251
PARCEL 9
L4928/F485
RC-DEC

CABIN RUN
(LOCAL ROAD)
HOWARD CO

10/26/04
Wall Site Staked
by Mildenberg
Bender and Assoc.

(BB)

N 68°20'46" W 196.90'

60' IRF L35216
HELD FOR LINE

GLB2
(B)

LOT 1
A=3.00 AC±

S 04°46'52" E 501.56'

EXIST. ASPHALT DRIVEWAY

EX. EVERGREEN SCREEN

EXIST. 2-STORY FRAME
W/ BASEMENT
FF EL. = 551.4

EX. POOL
AREA

VARIABLE WIDTH
PRIVATE INGRESS

SON
FARMS
13
246
4
370
C

0474700

Water Testing Laboratories

If responding, please contact:

P.O. Box 696, Bel Air, MD 21014

(410) 893-5257

P.O. Box 861, Finksburg, MD 21048

(410) 876-2035

406 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090

(410) 691-2223

113 High St., Salisbury, MD 21801

(410) 546-1318

P.O. Box 712, Stevensville, MD 21666

(410) 643-7711

P.O. Box 483, Timonium, MD 21093

(410) 628-2855

P.O. Box 10591, Burke, VA 22009-0591

(703) 250-7711

of Maryland, Inc.

Bernard Construction
1612 Brittle Branch Way
Woodbine, Md 21797

Reporting Date: 8/26/2005
Report #: K61238

Submitted Sample Address: 3120 Cabin Run
Woodbine, Md 21797

Submitted Sample Source: Holding tank

Date / Time Collected: 8/24/2005 12:39 PM

Sample Type: Drinking Water

Sampler/Company: J. Schwarzmann 0457JS, WTL of MD

Field Record: Chlorine residual: Absent Clear when drawn No Devices on System

Well #: HC -94-4044

Permit #: B01152397

Analytical Results

Parameter	Result	Units	Detection Level	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	4.6	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	0.5	NTU	0.5	10	SM 2130B
pH	6.7	SU	0.1	6.5-8.5 (SMCL)	SM 2130B

Notes:

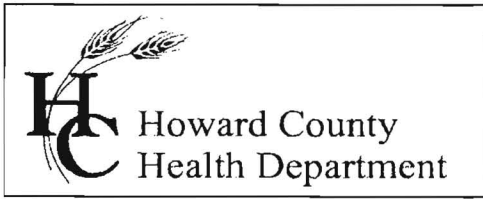
- Bacteriological analysis of this sample indicates this water is **safe** for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, 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
- SM - Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,

C. Rodgers (RB)

C. Rodgers, Customer Service Representative

Reviewed by: LB



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

August 26, 2005

Douglas & Linda Gasch
3118 Cabin Run
Woodbine, MD 21797

SENT VIA FACSIMILE 410-489-7621

RE: Gasch Property, Lot 2
3120 Cabin Run
Woodbine, MD 21797
BP #: B00152397
Well Permit # HO-94-4044

Dear Sirs:

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 08/24/2005. Final approval of the well line connection to the dwelling was approved on 08/24/2005.**

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-94-4044. 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 Sample(s): 08/24/2005
Date of Well Completion: 11/09/2004

Approving Authority,

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

cc: Building Inspector's Office
Community Health Services
File