

C1 6551

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 522 414

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

DEPTH OF WELL TO NEAREST FOOT

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Schwamp, Robert; STREET OR RFD: Hilland Mill Rd; TOWN: Clarksville; SUBDIVISION: Schwamp Prop; SECTION: 40/117; LOT: 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Dirt, Soft Br. Schist, Hard Blue Schist, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 13, NO. OF POUNDS: 1222

CASING RECORD: MAIN CASING TYPE: ST (STEEL), Nominal diameter: 6, Total depth: 41

OTHER CASING (if used) table with columns: diameter, depth (feet)

SCREEN RECORD: screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE)

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED: Y

- CIRCLE APPROPRIATE LETTER: A (ABANDONED AND SEALED), 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 W D 256

DRILLERS SIGNATURE: Dana Kiker, Jr. II

LIC. NO. 1: M W D 256

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

C 2 DEPTH (nearest ft.)

DEPTH table with columns: depth (feet)

SLOT SIZE 1: .010, 2: .010, 3: .010

DIAMETER OF SCREEN: 4 (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

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.): 4

METHOD USED TO MEASURE PUMPING RATE: submersible

WATER LEVEL (distance from land surface) BEFORE PUMPING: 117 ft.

WHEN PUMPING: 390 ft.

TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO): YES

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: 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon): 31

PUMP HORSE POWER: 37

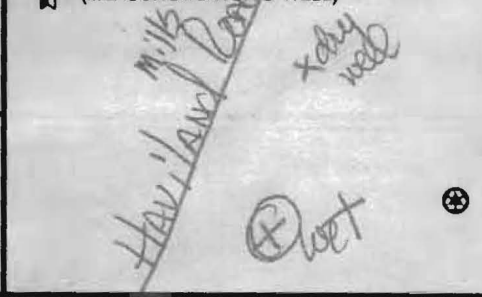
PUMP COLUMN LENGTH (nearest ft.): 43

CASING HEIGHT (circle appropriate box and enter casing height): + above

LAND SURFACE (nearest foot): 49

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 8168

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD - 94 - 4195 fill in this form completely

522407

Date Received (APA)

04/19/05

OWNER INFORMATION

Sc Hemp Robert 6891 Haviland Mill Rd Clarksville Md 21029

B 3

LOCATION OF WELL

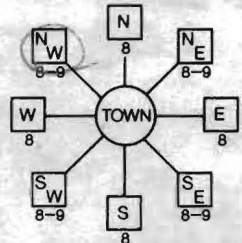
Howard 8 COUNTY 21 Schrup Prop 23 SUBDIVISION SECTION 44 46 LOT 48 50 CLARKSVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78

DRILLER INFORMATION

DANA DILLON M D 256 Driller's Name 76 License No. 81 Westminster Rotary Well Drillers Firm Name P.O. Box 861 Westminster, Md 21157 Address J Dan Dillon 4-5-05 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



HAVILAND MILL RD 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 407 BLK: 1 PARCEL 7

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 6 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 405 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 19522414 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/20/05 CO SIGNATURE EXP. DATE 5/20/05 NORTH GRID 491 000 EAST GRID 001 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 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 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. CITY 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE E 8081 N 491

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. HD - 94 - 4195 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-4195
 Location of property (road) Howland M.H. Rd
 Subdivision Schram Prop Lot 5 Block 1 Plat 40 Sec. 7
 Well Driller Westminster Rotary Owner Robert Schram

Depth of well 505 feet
 Distance of measuring point (M.P.) above ground 2 feet
 Static water level (S.W.L.) below M.P. .117 feet

I. High rate pumping -- reservoir drawdown

Time pump started 6:00am Pumping rate 12GPM
 Total time 2 1/4 hr to reach pumping water level 383 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:00	117'	5 sec.		12
6:15	195'	6 sec.		10
6:30	259'	6 sec.		10
6:45	301'	6 sec.		10
7:00	335'	7 sec.		8.5
7:15	346'	8 sec.		7.5
7:30	359'	10 sec.		6
7:45	370'	12 sec.		5
8:00	378'	12 sec.		5
8:15	383'	15 sec.		4
8:30	383'	15 sec.		4
8:45	383'	15 sec.		4
9:00	382'	15 sec.		4
9:15	382'	15 sec.		4
9:30	382'	15 sec.		4
9:45	381'	15 sec.		4
10:00	381'	15 sec.		4
10:15	381'	15 sec.		4
10:30	380'	15 sec.		4
10:45	380'	15 sec.		4
11:00	380'	15 sec.		4
11:15	380'	15 sec.		4
11:30	380'	15 sec.		4
11:45	380'	15 sec.		4

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: P.C. Godaire, Inc. Telephone #: 301 428 7959
Address: P.O. Box 68
Damascus, MD 20872

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Philip Godaire License# 8913

*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: Robert Schremp Telephone #: _____
Subdivision: Schremp Property Lot #: 5 Well Tag #: HO-94-9195
Site Address: 6887 Howard Mill Rd.

Submersible Pump Data

Make: JACUZZI
Model #: 9248-1084
Pump Capacity: 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Campbell
Model#: B3BOX
Depth: 42 (36" min)
NSF approved:

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: 420 (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

Flying to house

Type: PE
PSI: 20 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve (5 foot minimum): 6'

Depth of supply line: 42 (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: 8-28-06

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

Date Insp. Requested: _____ Date Insp. Approved: 9/30/06 (RB)
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 3" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate ground observed below _____

 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

*****TRY WELL*****

DATE WELL ABANDONED: June 9, 2005 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) HD 94 4195

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Dana Kyker Jr. II

WELL DRILLERS LICENSE NUMBER: MWD256

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Robert Schrup

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 40 BLOCK 1 PARCEL 7
 SUBDIVISION: Schrup Property
 SECTION: _____ LOT: 5
 NEAREST ROAD: Haviland Mill Road



*****TRY WELL*****

* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED
- _____ BORED/AUGERED _____ HAND DUG
- _____ OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (1692 lbs)	0	30
Well Cuttings	30	505
VOLUME OF MATERIAL USED		

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC
- _____ IRRIGATION _____ INDUSTRIAL
- _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

- _____ STEEL _____ PLASTIC
- _____ CONCRETE OTHER (specify) none

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 505 FEET DEEP

* WAS ANY CASING REMOVED? NO

if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

MWD256

LICENSE #

MWD/MSD/MGD

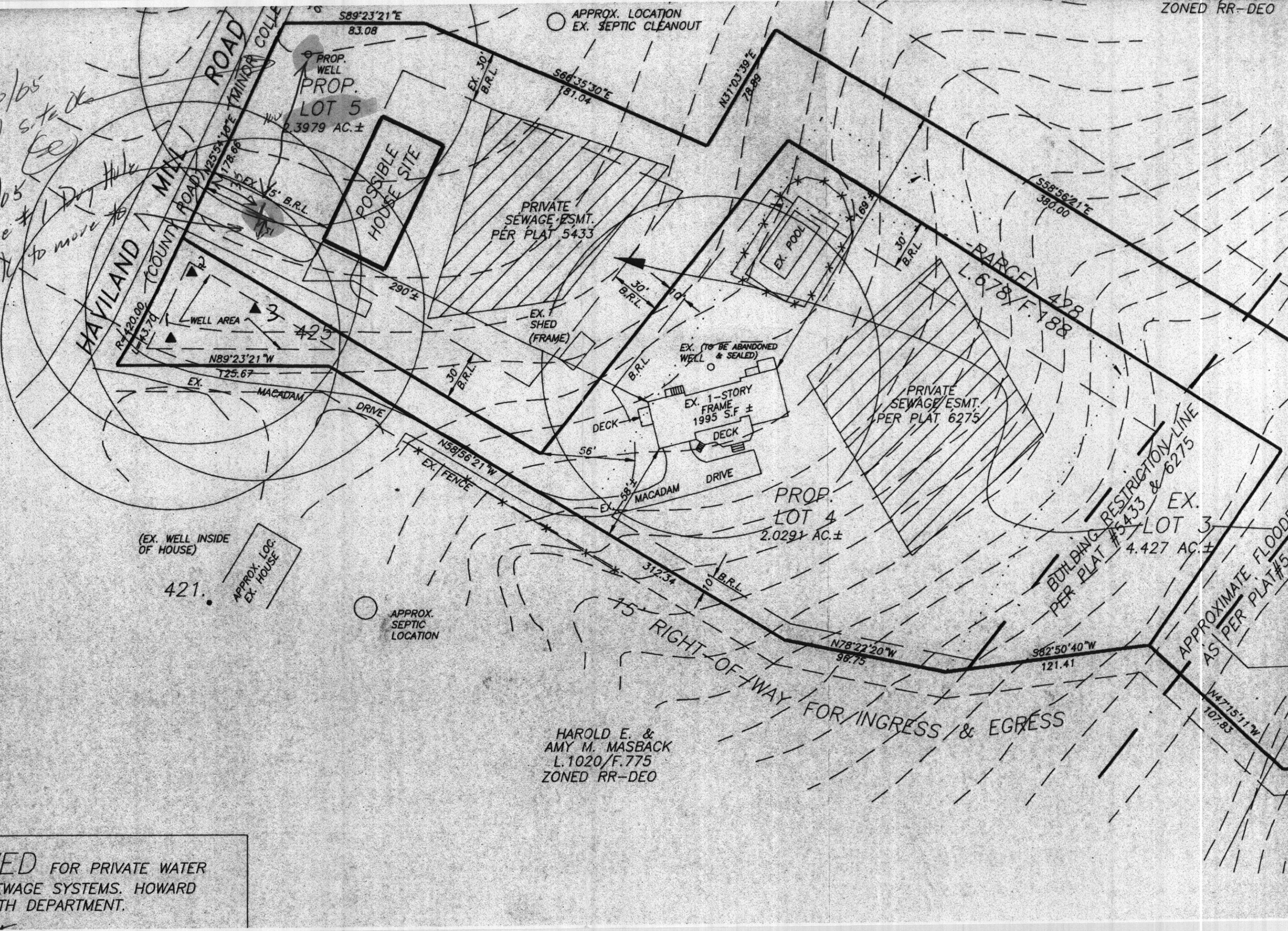
CIRCLE ONE

6-9-05

DATE



5/20/05
Well site ok
6/6/05
Site #1 DPT #114
OK to move to



APPROVED FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT.

HAROLD E. & AMY M. MASBACK
L. 1020/F. 775
ZONED RR-DEO

SHANABERGER & LANE

Surveying • Land Planning • Construction Stakeout

May 17, 2005

Howard County Department Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD. 21046
ATTN: Stewart Oyster

re: Schremp Property (F-05-48) Well Permits

Dear Mr. Oyster:

Our office was contracted by the homeowner located at 6891 Haviland Mill Rd. to stakeout Proposed Wells to Be drilled by Westminster Rotary Well. All Proposed and Alternate well sites were staked out by Shanaberger & Lane on April 14, 2005 according to the Approved Plan signed by your office on March 11, 2002.

If you need any further information to issue the well permits for the abovementioned property, please let me know. Thank you for your attention to this request.

Sincerely,



Ron Fenzel
Project Manager

Lettr671.doc



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., County Health Officer

September 5, 2006

Robert Schremp
6891 Haviland Mill Road
Clarksville, MD 21029

SENT VIA FACSIMILE 410-489-5227

RE: Schremp Property, Lot 5
6887 Haviland Mill Road
Clarksville, MD 21029
BP # B00156660
Well Tag # HO-94-4195

Dear Sirs or Madam:

This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Shared Septic System serves this dwelling. **Final approval was of the septic system was granted on 08/30/2006. Final approval of the well line connection to the dwelling was approved on 08/30/2006.**

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-94-4195. 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: 08/28/2006
Date of Well Completion: 06/09/2005

Respectfully,

Stuart F. Oster, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
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 #:	60371	Account #:	3893
Reference:	David A. Swann Contractor	Company:	David A. Swann Contractor
Location:	6887 Haviland Mill Road Clarksville, MD 21029	Requested By:	David A. Swann
Date Time Collected:	8/28/2006 1216	Source:	Well Water
Date/Time Rec'd:	8/28/2006 1419	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	9.0
		Well #:	HO-94-4195

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/100 ml	<1.0	SM18 9223 B	8/29/2006 / 0855 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/100 ml	<1.0	SM18 9223 B	8/29/2006 / 0855 / AMD/BCD
Nitrate	<1.0	mg/L	10	601	8/28/2006 / 1530 / GN
Turbidity	3.99	NTU	<10	SM18 2130B	8/28/2006 / 1525 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	8/28/2006 / 1520 / GN

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 tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00156660

Date Reported: 8/29/2006