

C1 0101

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A520017

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 09 30 2005

DATE WELL COMPLETED MM DD YY 09 30 2005

Depth of Well 22 300 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0117

OWNER Wagschal Ed STREET OR RFD Old Hopkins Road TOWN Clarksville SUBDIVISION George Lear Property SECTION LOT Parcel B

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, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 190'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT) Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns for diameter and depth

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table for depth with columns for casing height and slot size

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

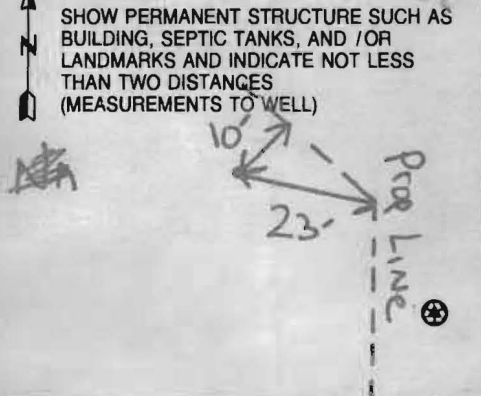
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.22 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 37 WHEN PUMPING 258 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) 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 (nearest foot) 1

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

- 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

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. MSD 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JS D 052

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

B 1 6058

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

H0-95-0117

fill in this form completely

Date Received (APA) 9/21/2005

OWNER INFORMATION

Wagschal ED 9017 Red Branch Rd, Suite 105 Columbia MD 21045

LOCATION OF WELL

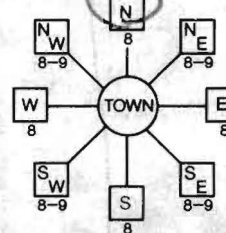
Howard George Lear Property Parcel B Fulton

DRILLER INFORMATION

Michael Isom MS D162 G Edgar Har Sons Corp 12047 Falls Rd Cockersville 21030

MILES FROM TOWN (enter 0 if in town) 1

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



N.W. Corner of Old Hopkins Road and Johns Hopkins Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 200 SOUTH 41 BLK: 15 PARCEL 111

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 750

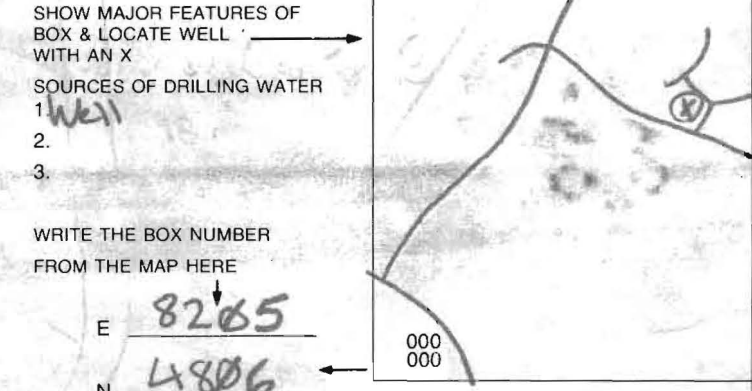
- USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A520017

APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) AIR-PERCussion

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) PERMIT No. H0-95-0117

SPECIAL CONDITIONS







Howard County  
Health Department

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*

07/6/2007

Homeowner  
11406 Old Hopkins Rd.  
Clarksville, MD 21029

**SENT VIA FACSIMILE 410-715-9184**

RE: Lear Property, Parcel B  
11406 Old Hopkins Rd.  
Clarksville, MD 21029  
BP # B00160196  
Well Permit # HO-95-0117

Dear Sir/Madam:

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 5/23/2007. Final approval of the well line connection to the dwelling was approved on 7/5/2007.**

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.

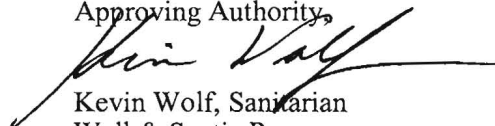
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-0117. 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: 6/22/2007, 6/29/2007, & 7/5/2007  
Date of Well Completion: 9/30/2005

Approving Authority,



Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



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: Columbia Plumbing Telephone #: 410-715-2323  
Address: 9017 Red Branch Road, Suite 201  
Columbia, MD 21045

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

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

Name (Print): Kevin C. Dimaggio License# 8594

\*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: Edward Wagschal Telephone #: 410-715-0900  
Subdivision: George Lear Property Lot #: B Well Tag #: HO-95-0117  
Site Address: 11906 Old Hopkins Road  
Clarksville, MD 21029

Submersible Pump Data

Make: Myers  
Model #: 25152-5  
Pump Capacity: 7 GPM  
Well Yield: 16 GPM

Pitless Adapter

Make: Howard  
Model#: PT-100  
Depth: 48" (36" min)  
NSF approved: yes

Well Cap and Electric Conduit

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

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 no

Piping to house

Type: Poly  
PSI: 200 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve (5 foot minimum): 7ft

Depth of supply line: 48" (36" min)

Sleeve caulked and sealed properly yes

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.~~

Kevin C. Dimaggio  
Signature of company representative responsible for installation

6/12/07  
date

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

Date Insp. Requested: 5/23/07 Date Insp. Approved: 7/5/07

- 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

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4354 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	64261	Account #:	9403
Reference:	Ed Wagschal	Company:	CASH ACCOUNT
Location:	11406 Old Hopkins Road Clarksville, MD 21029	Requested By:	Ed Wagschal
Date/ Time Collected:	7/5/2007 1400	Source:	Well Water
Date/Time Rec'd:	7/5/2007 1510	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter/ Softener
Collected By:	C. Mooshian 7268CM	nH:	6.0
		Well #:	HO-95-0117

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	<0.01	mg/L	0.3	FR, 45 (126)	7/5/2007 / 1515 / AD/BD
Turbidity	0.95	NTU	<10	SM18 2130B	7/5/2007 / 1520 / AD/BD

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH tested on-site

Reason for Test : Use &amp; Occupancy retest 64204

Building Permit # : B00160196

Date Reported: 7/6/2007

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 113 Old Laneview Rd., Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 64260  
 Reference: Ed Wagschal  
 Location: 11406 Old Hopkins Road  
 Clarksville, MD 21029  
 Date/ Time Collected: 7/5/2007 1400  
 Date/Time Rec'd: 7/5/2007 1510  
 Chlorine ppm: Free: ND Total: ND  
 Collected By: C. Mooshian 7268CM  
 Account #: 9403  
 Combanv: CASH ACCOUNT  
 Requested By: Ed Wagschal  
 Source: Well Water  
 Site: Pressure Tank  
 Treatment: Sediment Filter/ Softener\*\*  
 pH: 6.0  
 Well #: HO-95-0117

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	2.73	mg/L	0.3	FR. 45 (126)	7/5/2007 / 1515 / AD/BD
Turbidity	39.4	NTU	<10	SM18 2130B	7/5/2007 / 1520 / AD/BD

### NOTES

- 1 **\*\*Sample collected prior to treatment**
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND = None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH tested on-site

Reason for Test : Use & Occupancy retest 64204  
 Building Permit # : B00160196

Date Reported: 7/5/2007

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 2413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

### REPORT OF ANALYSIS

Laboratory ID #:	64204	Account #:	9403
Reference:	Ed Wagschal	Company:	CASH ACCOUNT
Location:	11406 Old Hopkins Road Clarksville, MD 21029	Requested By:	Ed Wagschal
Date/ Time Collected:	6/29/2007 1015	Source:	Well Water
Date/Time Rec'd:	6/29/2007 1414	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	J.Yeager 6176JY	pH:	5.1
		Well #:	HO-95-0117

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/30/2007 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/30/2007 / 0900 / BCD
Turbidity	22.6	NTU	<10	SM18 2130B	6/29/2007 / 1455 / AD/BD
Iron	2.20	mg/L	0.3	FR. 45 (126)	7/1/2007 / 1525 / AD/BD

**NOTES**

- 1 \*\*Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 # : B00160196

Date Reported: 7/2/2007

# 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 #: 64049	Account #: 9403
Reference: Ed Wagschal	Company: CASH ACCOUNT
Location: 11406 Old Hopkins Road Clarksville, MD 21029	Requested By: Ed Wagschal
Date/ Time Collected: 6/25/2007 1305	Source: Well Water
Date/Time Rec'd: 6/25/2007 1530	Site: Pressure Tank
Chlorine ppm: Free: ND Total: ND	Treatment: Sediment Filter**
Collected By: A. Digrailles 9666AD	pH: 6.1
	Well #: HO-95-0117

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	30.6	MPN/ 100 ml	<1.0	SM18 9223 B.	6/26/2007 / 1000 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/26/2007 / 1000 / AD/BD
Nitrate	3.26	mg/L	10	601	6/26/2007 / 125 / AD/BD
Turbidity	24.8	NTU	<10	SM18 2130B	6/26/2007 / 1050 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	6/26/2007 / 1050 / AD/BD

### NOTES

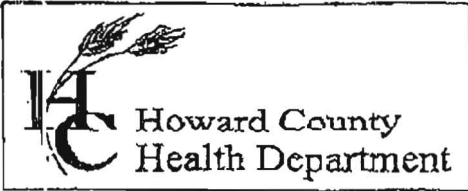
- 1 \*\*Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B00160196

Date Reported: 6/26/2007

*MD State Certification # 133*

SEP 21 05 12:20P NO 00 1174 11111111 1 110911110 12



3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-800-313-0300  
 website: www.hchealth.org

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

### ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FSH ASSOCIATES on 8/24/05 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

