

1980
 (THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)

**STATE OF MARYLAND
 WELL COMPLETION REPORT**
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A-35465**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **01/19/88** Depth of Well **165** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **AO-81-2374**

OWNER **WABENCK RICHARD** last name first name
 STREET OR RFD **Brighton DAM Rd.** TOWN **CLARKSVILLE**
 SUBDIVISION **WATERFORD** SECTION **2** LOT **8**

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	
SAND	0	41	
GRAY PINK Rock	41	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **15** NO. OF POUNDS **1410**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **30** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** STEEL CONCRETE
PL **OT** PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **47**

OTHER CASING (if used)
 diameter inch depth (feet) from to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 46	165
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **15**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **30**
 WHEN PUMPING **80**
 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 WILL INSTALL PUMP YES **(NO)**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
(+) above } LAND SURFACE
(-) below } **1** (nearest foot)

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

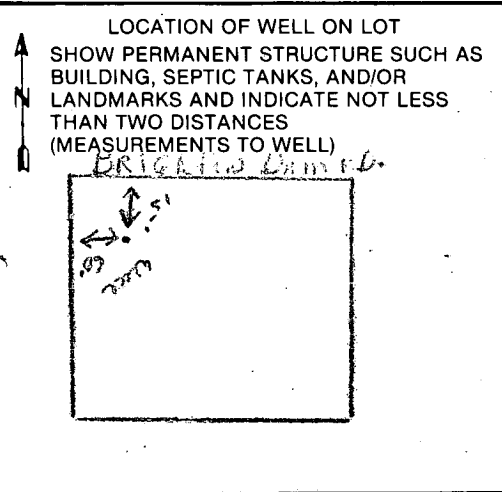
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **438**
 DRILLERS SIGNATURE *Richard H. Wagner*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK _____ from _____ to _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX **68**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 **9335** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

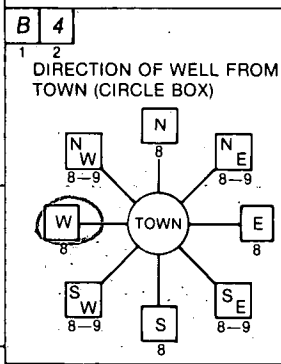
STATE OF MARYLAND
 PERMIT-TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-2374
 fill in this form completely

Date Received **092988**
 OWNER INFORMATION
WAGNER H. RICHARD
 Last Name Owner First Name
4835 WHIRFF LANE
 Street or RFD
ELICOTA CITY MD 21043
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
WATERFORD SUBDIVISION
 SECTION **002** LOT **008**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1/8** MI

DRILLER INFORMATION
Joseph L. Mayne License No. **2785**
Joseph L. Mayne Well Drilling
 Firm Name
5512 River Rd. Mt. Airy 21771
 Address
Joseph L. Mayne 9/25/87
 Signature Date



BRIGHTON DAM RD. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **35** FT OR MI **FT**

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)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A-35965 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S
 DATE ISSUED **102787** CO SIGNATURE **Sidney Abel** EXP. DATE **8042689**
 NORTH GRID **497000** EAST GRID **0808000**

APPROXIMATE DEPTH OF WELL **060** FEET

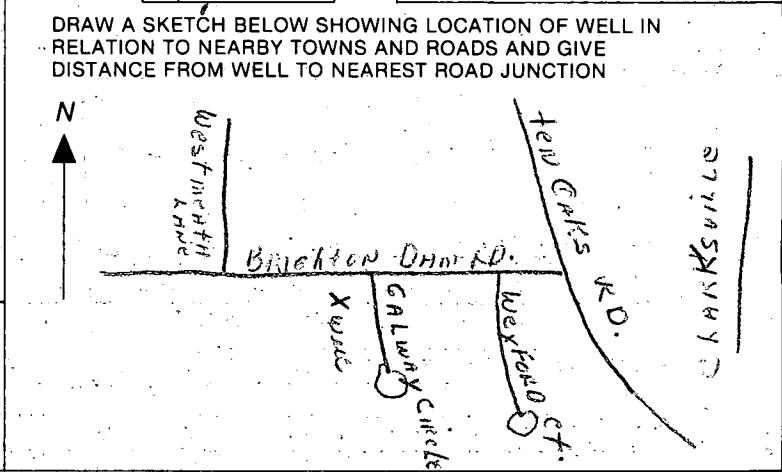
APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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

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

REPLACEMENT OR DEEPEINED 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
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **SA** INITIALS IN BOX PERMIT NO. **40-81-2374**

SPECIAL CONDITIONS

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner RICHARD WIGANDER

Telephone _____

Subdivision WATERFORD Lot # 8

Well Tag # HO - 81 - 2374

Site Address BRIGHTON DAM RD.

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ GPM

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank

1. Capacity _____
2. Pressure relief valve? _____

Piping

1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data

1. Depth 165 ft.
2. Yield 15 GPM
3. Static water level 30 ft.
4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

- ① 47 ft casing
- ② 20 ft open hole with weight & string
- ③ Had to leave to look at septic system
- ④ Johnny jetted pipe down well 30 ft
- ⑤ 15 bags
- ⑥ well OK

1/12/88
BJ Rodger



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 7, 1990

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Richard Wagener
13155 Brighton Dam Road
Clarksville, Maryland 21029

Re: Waterford - Lot 8
13155 Brighton Dam Road
Well Permit No. HO-81-2374

Dear Mr. Wagener:

This is to advise you that the septic system was installed, inspected and approved on September 19, 1989.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-2374.

May 29, 1990
Date of Final Sampling

June 7, 1990
Date of Acceptance

Charles Streaker

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
October 18, 1988
May 29, 1990

CS:cm

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehseu Joseph, Ph.D., Director

Lab. No. 019791

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:	Source: <u>RICHARD WAGENER</u>		
Community <input type="checkbox"/>	Location: <u>13155 BRIGHTON DAM</u>		
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	BR.	
Private <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Time Collected: <u>830</u>	<input type="checkbox"/> am. <input type="checkbox"/> pm.
Check Sample <input type="checkbox"/>	Collector #: <u>89452</u>	Bottle No. <u>AL377</u>	
Special <input type="checkbox"/>	Collector Name: <u>Nucklany</u>	County: <u>Howard</u>	

13			52990
County	Plant No.	Sampling Station	Date Collected

pH 66 Res. Cl: Free 0 Total 0 Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

ml. of Sample	10ml.				
Gas, 24 hours	-	-	-	-	-
Gas, 48 hours	-	-	-	-	-

CONFIRMED TEST

ml. of Sample	10ml.				
Coliforms †	-	-	-	-	-
Fecal Coliforms ‡	-	-	-	-	-

No. of Pos.
0

Presumptive Coliforms/100 ml. (Membrane Filter) = _____

**

Verified Coliforms/100ml. (Membrane Filter) =

SPC Dil. 1:..... Col. Counted: _____

Standard Plate Count $\$/$ ml.

- ** using m Endo-Agar LES at 35°C incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C incubation
- † using Brilliant Green Lactose Bile Broth at 35°C incubation
- ‡ using EC Broth at 44.5°C incubation
- § using Plate Count Agar at 35°C incubation

Date & Hour:

29 MAY 90 14 37 Recd.
29 MAY 90 14 37MB
Exam
31 MAY 90 14 30
Rept.

Laboratory

- | | |
|---|-------------------------------------|
| Annapolis <input type="checkbox"/> | Cumberland <input type="checkbox"/> |
| Cambridge <input type="checkbox"/> | Frederick <input type="checkbox"/> |
| Central <input checked="" type="checkbox"/> | Salisbury <input type="checkbox"/> |
| Cheverly <input type="checkbox"/> | |

Remarks _____

Bacteriologist Coor

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H 1339 Name: WAGENEK, RICHARD County: HOWARD

Source of Sample: WATERFORD LOT 8 SECT 2 Collector: HODGES
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine
Remarks: BRIGHTON DAM RD H0812374

County: 13 Plant No.: Sampling Station: Date Collected: 011988 Time: 01P M Acid: Iced:
Field Data: pH*: Chlorine Residual: Free: Total: Specific Conductance:

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	117		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

Water Sample Request

10-18-'89

Letter sent

PROPERTY OWNER RICHARD WAGENER

DATE OF REQUEST 10 / 25 / 89

TELEPHONE _____

NEW WELL NUMBER HO-81-2374

DIRECTIONS OR INSTRUCTIONS _____

NAME RICHARD WAGENER
ADDRESS 13155 BRITATON DR. RD. CLARKSVILLE MD

SAMPLE TYPE

REASON FOR REQUEST

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE / /

SEPTIC SYSTEM: Approved Disapproved DATE 9 / 19 / 89

CONDITION: A #35465

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR ENV. REF. LAB TIME _____ DATE 10 / 18 / 89

BACTERIA _____, pH 6.0, Free Cl⁻ 0.1, Res. Cl⁻ 0.1, VOC _____

CHEMICAL _____, LEAD & COPPER _____, NITRATES .8, TURBIDITY 8.3, PESTICIDE _____

ACTION: 10/25 Send I.C.O.P. C.M./C.B.A.

3/10/90 SEND FOLLOW UP LETTER

RESAMPLE COLLECTOR Wetzelkamp DATE 5 / 29 / 90

BACTERIA AL377, pH 6.6, Free Cl⁻ 0, Res. Cl⁻ 0, TIME 830

CHEMICAL _____, Other _____

ACTION: 6 / 7 / 90 Send F.C.O.P. C.B.A.

RESAMPLE COLLECTOR _____ DATE / /

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

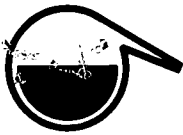
ACTION: _____

RESAMPLE COLLECTOR _____ DATE / /

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

(LOT # 8 WATERFORD)



ENVIRONMENTAL REFERENCE LABORATORY SERVICES

A DIVISION OF MARYLAND MEDICAL LABORATORY, INC.
1901 Sulphur Spring Road Baltimore, MD 21227
(301) 247-9100 (MD) (800) 638-1731 (US) (800) 368-2576

SELVIN PASSEN, MD
DIRECTOR OF LABORATORIES

CUSTOMER

WAGENER CUSTOM BUILT
9861 BROKEN LAND PKWY
SUITE 255
COLUMBIA MD 21043

SAMPLE IDENTIFICATION

WAGENER, RICHARD
% RICHARD WAGENER
13155 BRIGHTON DAM RD
CLARKSVILLE MD 21029

SAMPLE IDENTIFICATION	DATE			LAB NUMBER	LABORATORY REPORT
WAGENER, RICHARD	10/18/89	?	?	RB9210029	

ENVIRONMENTAL SCIENCES DEPARTMENT - MD CERTIFICATION #1201
 OWNER----- WAGENER, RICHARD
 LOT NUMBER----- NOT KNOWN
 SUBDIVISION NAME----- BRIGHTON FARM ESTATES (?) WATERFORD
 STREET ADDRESS----- 13155 BRIGHTON DAM ROAD
 CITY----- CLARKSVILLE
 COUNTY----- HOWARD
 STATE----- MARYLAND
 ZIP CODE----- 21029
 TAG NUMBER----- HD 81-2374
 COLLECTED BY----- HB-687-2595
 WATER - TOTAL COLIFORMS (MPN)--- <2.2 /100 ML

THE MARYLAND STATE HEALTH DEPARTMENT HAS ESTABLISHED A MAXIMUM CONTAMINANT LEVEL OF LESS THAN 2.2 COLIFORMS PER 100 ML. WATER WHICH EXCEEDS THIS LIMIT MAY BE CONSIDERED NON-POTABLE.

WATER - FECAL COLIFORMS (MPN)---
TEST NOT INDICATED. RESULTS OF THIS ANALYSIS HAVE BEEN FORWARDED TO THE HOWARD COUNTY HEALTH DEPARTMENT.

✓WATER - PH----- 6 (6.5-8.5)
 ✓WATER - TURBIDITY----- 8.3 NTU (0-10)
 ✓WATER - NITRATES----- 0.80 MG/L (0-10)
 (MARYLAND STATE MAXIMUM CONTAMINANT)
 (LEVEL (MCL))

WATER - TOTAL RESIDUAL CHLORINE-- LESS THAN .01 PPM
SOURCE WAS OUTSIDE FAUCET

THE ABOVE NORMAL VALUE RANGE(S) MAY NOT APPLY, SINCE AGE AND/OR SEX WERE NOT PROVIDED ON THE REQUISITION.

Alice J. Roe 10/23/89
Suzanne McAlpin 10/23/89
SIGNATURE

(COMPLETED)

10/23/89 3:57 PM

DATE REPORTED

FM #200254