

B 1 SEQUENCE NO. (MDE USE ONLY) 00920 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER HO - 25 - 0010
fill in this form completely

OWNER INFORMATION 14147
Date Received (APA) 7/10/15
8 MM DD YY 13
BROSCHART Leisha
15 Last Name Owner First Name 34
7405 OAKCREST LANE
36 Street or RFD 55
CLARKSVILLE MD 21029
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
8 COUNTY 21
HOPKINS MEAD
23 SUBDIVISION 42
SECTION 2 LOT 16
44 46 48 50
FULTON
52 NEAREST TOWN 71

DRILLER INFORMATION
DARREN WILSON MWD603
76 Driller's Name License No. 81
EASTERDAY Well DRILLING
Firm Name
9265 BR CH RD ATAIRY MD 21711
Address
Darren E. Wilson 5-21-25
Signature Date

B 4 SOURCES OF DRILLING WATER
1. WELLS
2. 711015...
3. 711815...
7405 OAKCREST LANE
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W
EAST E
SOUTH S
34 100 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

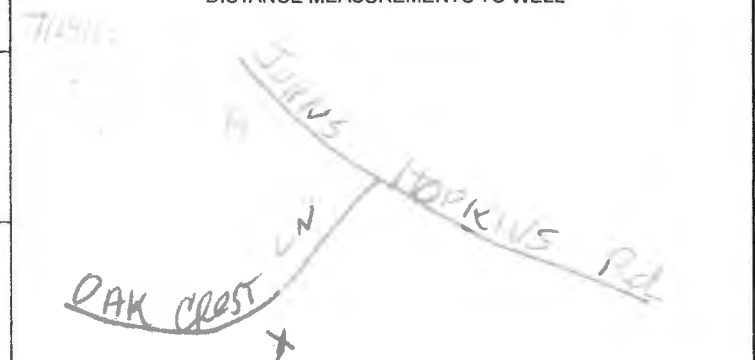
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME Howard COUNTY NO. 13
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 07 03 15 CO SIGNATURE _____ EXP. DATE 7-3-26
43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 400 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

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)
 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER _____ G _____
PERMIT No. HO - 25 - 0010
70 71 72 73 74 75 76 77 78 79

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

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: Eastday-Wilson Water Service Telephone #: 301 831 5170
 Address: 945 Brown Church Rd
MT Airy Md 21771

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
 Name (Print): Darren Wilson License# mwd603

*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: Leisha Braschert Telephone #: 301-821-7902
 Subdivision: _____ Lot #: _____ Well Tag #: HO-25-0010
 Site Address: 7405 Oak Crest Ln Clarksville Md

Submersible Pump Data

Make: Schaefer
 Model #: 10CS15477
 Pump Capacity: 10
 Well Yield: 1.5 gpm

Pitless Adapter

Make: Boschart
 Model#: P100-55
 GPM Depth: 3 1/2 (36" min)
 GPM NSF/WSC 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: _____ (feet)
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: PE
 PSI: 250 (160 psi min)
 Depth of supply line: 3 1/2' (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
 Length of sleeve (5' minimum from foundation): 5ft
 Sleeve 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.

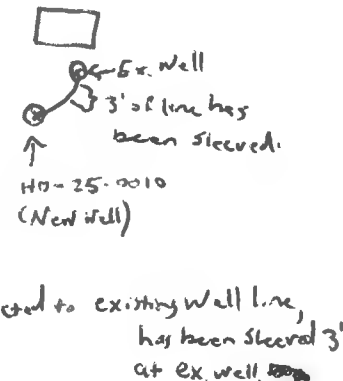
Darren Wilson
 Signature of company representative responsible for installation

8-27-2025
 date

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

Date Insp. Requested: 8/26/25 Date Insp. Approved: 8/27/25 Inspector: MJB
 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
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter

36"
33"
N/A



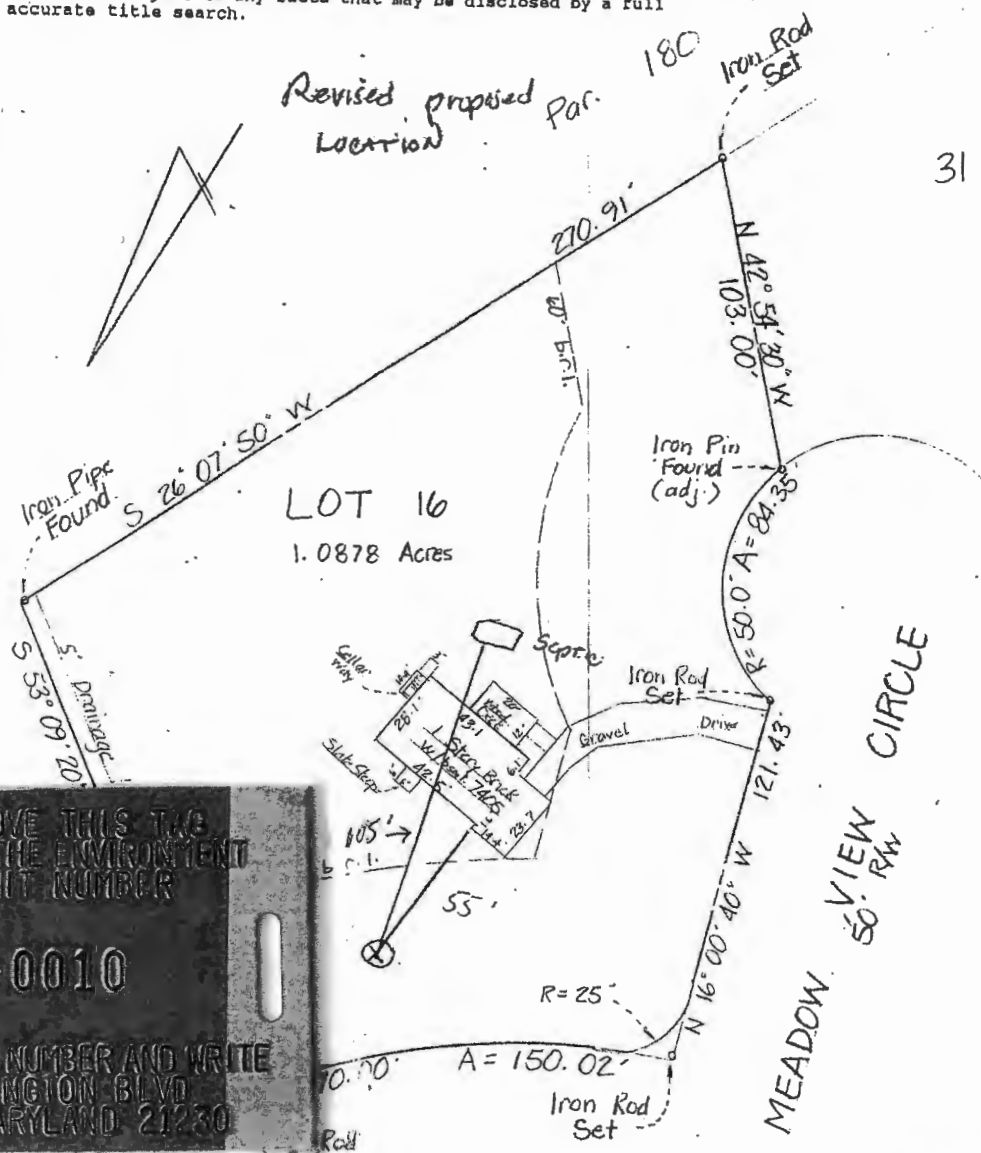
(Revised form 10/24/2018)

1:60"

Note:

1. This survey has been prepared without the benefit of a title report and is subject to any facts that may be disclosed by a full and accurate title search.

Well Site Approval
MB7/3/25



OAKCREST LANE
60' RW

PROPOSED WELL 55' FROM
FRONT OF HOUSE
105' FROM
SEPTIC

SURVEYOR'S CERTIFICATE

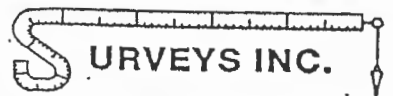
I hereby certify that this lot survey is based on a field survey performed by myself or directly under my supervision. Information hereon was obtained from County Land Records and to the best of my knowledge and belief is correct, that property corners have been found and/or set as indicated.



Gregory C. Benefiel
Gregory C. Benefiel
Registered Professional
Land Surveyor, No # 10994

Drawn By: TO
Checked By: _____
Date: 2-24-06
Scale: 1" = 50'
Job No.: 06-10
Case No.: _____

2-28-06
Date



SURVEYS INC.
LAND DEVELOPMENT - SURVEYING - PLANNING
ENGINEERING - PERMITS
350 MAIN STREET...
LAUREL, MARYLAND 20707
301-776-0561

LOT STAKEOUT
7405 Oakcrest Lane
Lot 16, Block __, Sec. 2
HOPKINS MEAD
5 TH Election District
Howard County, Maryland
Plat Book 7, Plat 85 Drawing #
Liber __, Follo __ 4091



State of Maryland
 Department of Health
 LABORATORIES ADMINISTRATION
 1770 Ashland Avenue
 Baltimore, MD 21205
 Robert Myers, Ph.D., Director



Division of Environmental Sciences
 TRACE METALS LABORATORY

Collection Report

Folder No:	E26000198	Date/Time Logged:	07/24/2025 14:35
Sample ID:	E2600019801	Temperature Control:	NA
Date Received in Lab:	07/24/2025	Sample Condition:	Acceptable
Sample Received By:		Received Under Chain of Custody (COC)?	No

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045		Field ID:	HC0014
		Submitted By:	M. Burns
		Date Collected:	07/23/2025
Field ID:	HC0014	Collected By:	M. Burns
County:	Howard	County Code:	13
Plant:		Submitter Code:	
Sample Station:		Reason For Testing:	
Site Name:	Leisha Broschart	Data Category Code:	
Sample Source:	7405 Oakcrest Lance Clarksville	Regulation Supported:	SDWA
Location:		Federal Project:	Safe Drinking Water Act (SDWA) (S)
Sample Preserved By:	HNO3 1mL	Sample Type:	
Sample pH:	< 2	System Type:	Private
Free Chlorine:	NA	Source Descriptor:	Source (Raw Water)
Total Chlorine:	NA		
Water System ID:		Facility ID:	
Sample Point ID:		Program Other:	
CROMERR Sample Type:			
Comment:	Na	Collector Phone:	(410) 960-8238
		Collection Date/Time:	07/23/2025 13:00
<u>Analysis Requested</u> EPA 200.7 Multi-Elements		Information in this section was not generated by the laboratory	

Approved by: <u>Syed A. Haq</u>	Approval date: 08/01/2025
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Samples are tested as received. Results relate only to the items tested.
 Methods marked with an asterisk (*) are included in our A2LA scope of accreditation.
 This document may contain information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (443) 681-3851 and arrange for return or destruction.



State of Maryland
 Department of Health
 LABORATORIES ADMINISTRATION

1770 Ashland Avenue
 Baltimore, MD 21205
 Robert Myers, Ph.D., Director



Division of Environmental Sciences
 INORGANIC CHEMISTRY LABORATORY

Certificate of Analysis

FINAL REPORT

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Field ID: HC0014
 Submitted By: Burns
 Date Collected: 07/23/2025

Information in this section was not generated by the laboratory

Lab No: E2600020001
 Date Received: 07/24/2025

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Uncertainty</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl ⁻ E rev 21*	10		19	± 4.099%	mg/L	07/28/2025
Total Dissolved Solids	SM 2540C	2		140		mg/L	07/25/2025

Approved by:

Sam Phillips

Approval date: 07/29/2025

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Contact information for Questions: Telephone: 443-681-3855 Fax: (443) 681-4507



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HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Field ID: HC0014
 Submitted By: Burns
 Date Collected: 07/23/2025

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Lab No: E2600020001
 Date Received: 07/24/2025

<u>Analyte</u>	<u>Method</u>	<u>RL</u>	<u>MCL</u>	<u>Result</u>	<u>Uncertainty</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl ⁻ E rev 21*	10		19	± 4.099%	mg/L	07/28/2025
Total Dissolved Solids	SM 2540C	2		140		mg/L	07/25/2025

Approved by: *Lane Phillips*

Approval date: 07/29/2025

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Collection Report

Folder No:	E26000198	Date/Time Logged:	07/24/2025 14:35
Sample ID:	E2600019801	Temperature Control:	NA
Date Received in Lab:	07/24/2025	Sample Condition:	Acceptable
Sample Received By:		Received Under Chain of Custody (COC)?	No

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Field ID: HC0014
 Submitted By: M. Burns
 Date Collected: 07/23/2025

Field ID: HC0014
 County: Howard
 Plant:
 Sample Station:
 Site Name: Leisha Broschart
 Sample Source: 7405 Oakcrest Lance Clarksville
 Location:
 Sample Preserved By: HNO3 1mL
 Sample pH: < 2
 Free Chlorine: NA
 Total Chlorine: NA

Collected By: M. Burns
 County Code: 13
 Submitter Code:
 Reason For Testing:
 Data Category Code:
 Regulation Supported: SDWA
 Federal Project: Safe Drinking Water Act (SDWA) (S)
 Sample Type:
 System Type: Private
 Source Descriptor: Source (Raw Water)

Water System ID:
 Sample Point ID:
 CROMERR Sample Type:
 Comment: Na

Facility ID:
 Program Other:
 Collector Phone: (410) 960-8238
 Collection Date/Time: 07/23/2025 13:00

Analysis Requested
 EPA 200.7 Multi-Elements

Information in this section was not generated by the laboratory

Approved by: Syed A. Haq Approval date: 08/01/2025

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 1770 Ashland Avenue
 Baltimore, MD 21205
 Robert Myers, Ph.D., Director



Division of Environmental Sciences
 TRACE METALS LABORATORY
Certificate of Analysis
 FINAL REPORT

HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Field ID: HC0014
 Submitted By: M. Burns
 Date Collected: 07/23/2025

Information in this section was not generated by the laboratory

Lab No: E2600019801
 Date Received: 07/24/2025

Analyte	Method	RL	MCL	Result	Uncertainty	Units	Date Analyzed
Sodium (Na)	EPA 200.7*	1.0	20.0	11.1	±1.12 %	ppm	08/01/2025

08/01/2025

Approved by: Syed A Habib Approval date: 08/01/2025

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Maura J. Rossman, M.D., Health Officer

MEMORANDUM

August 27, 2025

Leisha Broschart
7405 Oakcrest Ln
Clarksville, MD 21029

RE: **Well Sampling**
7405 Oakcrest Ln
Clarksville, MD 21029
Well Permit # HO-25-0010

Dear Leisha Broschart:

According to our records, your replacement well has been connected to your house through your existing well's well line. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. Otherwise, call Community Hygiene at (410) 313-1773 to schedule or arrange for them to collect the subsequent water samples.

If you have any questions or would like to discuss these matters further, please call me at (410) 313-2643. Thank you for your attention to these important matters.

Sincerely,



Matthew Burns
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program
File