

<b>C 1</b> <span style="font-size: 24pt; font-weight: bold;">66865</span>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	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 <span style="font-size: 24pt;">574921</span>	
ST/CO USE ONLY DATE Received MM <span style="font-size: 24pt;">08</span> DD <span style="font-size: 24pt;">15</span> YR <span style="font-size: 24pt;">23</span>	DATE WELL COMPLETED MM <span style="font-size: 24pt;">8</span> DD <span style="font-size: 24pt;">4</span> YR <span style="font-size: 24pt;">23</span>	Depth of Well 22 <span style="font-size: 24pt;">200</span> ✓ 26 (TO NEAREST FOOT)	
OWNER <span style="font-size: 24pt;">Brainerd B Robert</span>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <span style="font-size: 24pt;">40-20-0291</span>	
WELL SITE ADDRESS <span style="font-size: 24pt;">5810 Ten Oaks Rd</span>		TOWN <span style="font-size: 24pt;">Clarksville Md 23029</span>	
SUBDIVISION _____		SECTION _____ LOT _____	

<b>WELL LOG</b> Not required for driven wells			<b>GROUTING RECORD</b>			<b>C 3</b>																																				
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)			<b>PUMPING TEST</b>																																				
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one)			HOURS PUMPED (nearest hour) <span style="font-size: 24pt;">3</span> ✓																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Topsoil</td> <td>0</td> <td>3</td> <td></td> </tr> <tr> <td>gley</td> <td>3</td> <td>7</td> <td></td> </tr> <tr> <td>Brown Shale</td> <td>7</td> <td>92</td> <td></td> </tr> <tr> <td>gray Mica Rock</td> <td>92</td> <td>200</td> <td></td> </tr> <tr> <td>water</td> <td></td> <td></td> <td></td> </tr> <tr> <td>82 ft</td> <td></td> <td></td> <td></td> </tr> <tr> <td>150 ft</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				FEET		check if water bearing	FROM	TO	Topsoil	0	3		gley	3	7		Brown Shale	7	92		gray Mica Rock	92	200		water				82 ft				150 ft				CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC			PUMPING RATE (gal. per min.) <span style="font-size: 24pt;">15</span> ✓		
	FEET			check if water bearing																																						
	FROM	TO																																								
Topsoil	0	3																																								
gley	3	7																																								
Brown Shale	7	92																																								
gray Mica Rock	92	200																																								
water																																										
82 ft																																										
150 ft																																										
NO. OF BAGS <span style="font-size: 24pt;">29</span> NO. OF POUNDS <span style="font-size: 24pt;">2,126</span>			GALLONS OF WATER <span style="font-size: 24pt;">174</span>			METHOD USED TO MEASURE PUMPING RATE <span style="font-size: 24pt;">Bucket</span> ✓																																				
DEPTH OF GROUT SEAL (to nearest foot) from <span style="font-size: 24pt;">0</span> ft. to <span style="font-size: 24pt;">104</span> ft. (enter 0 if from surface)			CASING RECORD			WATER LEVEL (distance from land surface)																																				
casing types insert appropriate code below			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>ST</b> STEEL</td> <td style="text-align: center;"><b>CO</b> CONCRETE</td> </tr> <tr> <td style="text-align: center;"><b>PL</b> PLASTIC</td> <td style="text-align: center;"><b>OT</b> OTHER</td> </tr> </table>			<b>ST</b> STEEL	<b>CO</b> CONCRETE	<b>PL</b> PLASTIC	<b>OT</b> OTHER	BEFORE PUMPING <span style="font-size: 24pt;">38</span> ft.																																
<b>ST</b> STEEL	<b>CO</b> CONCRETE																																									
<b>PL</b> PLASTIC	<b>OT</b> OTHER																																									
MAIN CASING TYPE <span style="font-size: 24pt;">ST</span>			Nominal diameter top (main) casing (nearest inch) <span style="font-size: 24pt;">6</span>			WHEN PUMPING <span style="font-size: 24pt;">80</span> ft.																																				
Total depth of main casing (nearest foot) <span style="font-size: 24pt;">105</span> ✓			OTHER CASING (if used)			TYPE OF PUMP USED (for test)																																				
E A C H C A S I N G			diameter inch			depth (feet) from to																																				
NUMBER OF UNSUCCESSFUL WELLS: <span style="font-size: 24pt;">0</span>			screen type or open hole			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.																																				
WELL HYDROFRACTURED <span style="font-size: 24pt;">Y</span> <span style="font-size: 24pt;">N</span>			(insert appropriate code below)			TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.																																				
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>ST</b> STEEL</td> <td style="text-align: center;"><b>BR</b> BRASS</td> <td style="text-align: center;"><b>HO</b> OPEN HOLE</td> </tr> <tr> <td style="text-align: center;"><b>PL</b> PLASTIC</td> <td style="text-align: center;"><b>OT</b> OTHER</td> <td></td> </tr> </table>			<b>ST</b> STEEL	<b>BR</b> BRASS	<b>HO</b> OPEN HOLE	<b>PL</b> PLASTIC	<b>OT</b> OTHER		CAPACITY: GALLONS PER MINUTE (to nearest gallon)																														
<b>ST</b> STEEL	<b>BR</b> BRASS	<b>HO</b> OPEN HOLE																																								
<b>PL</b> PLASTIC	<b>OT</b> OTHER																																									
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.			DEPTH (nearest ft.)			PUMP HORSE POWER																																				
DRILLERS LIC. NO. <span style="font-size: 24pt;">MS D 027</span>			1 <span style="font-size: 24pt;">100</span> 2 <span style="font-size: 24pt;">104</span> 3 <span style="font-size: 24pt;">200</span>			PUMP COLUMN LENGTH (nearest ft.)																																				
DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)			E A C H S C R E E N			CASING HEIGHT (circle appropriate box and enter casing height)																																				
LIC. NO. <span style="font-size: 24pt;">D</span>			SLOT SIZE 1 _____ 2 _____ 3 _____			LAND SURFACE																																				
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			DIAMETER OF SCREEN (NEAREST INCH)			below																																				
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			(nearest foot)																																				
T (E.R.O.S.) W Q			70 _____ 72 _____			LATITUDE <span style="font-size: 24pt;">39.21015</span>																																				
TELESCOPE CASING			LOG INDICATOR			LONGITUDE <span style="font-size: 24pt;">76.96235</span>																																				
OTHER DATA			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.			(DEFAULT COORD. WGS 84)																																				

MDE/WMA/PER.071

Well Permit No. HO - 20 - 0291  
Location of property (road) 5810 Ten Oaks Rd. Clarksville, Md  
Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller George Mason Owner Robert Brainard

Static water level (S.W.L.) below H.P.

- Time pump started 8:15 Pumping rate 15  
Total time 30 min to reach pumping water level 79 ft. below H.P.

[illegible]



RYAN

r r a p p a p o r t @ H o w a r d C o u n t y M D . g o v

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  
410.313.1771

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: Zepp Plg + Htg Inc. Telephone #: 410.531.6712  
Address: 5820 CLARKSVILLE SQ. DR. CLARKSVILLE 21029 MD. C443.864.3101

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

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

Name (Print): EDGAR W. ZEPP, IV License# MD.ST.7021

\*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: Robert Brainard Telephone #: 443.538.9064  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-20-0291  
Site Address: 5810 TEN OAKS RD.  
CLARKSVILLE, MD. 21029

**Submersible Pump Data**

Make: GOULDS  
Model #: THS05422C  
Pump Capacity: 79 gpm  
Well Yield: 159 gpm

**Pitless Adapter**

Make: BOSCHART  
Model#: P-100-S3  
GPM Depth: 38" (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: 200 (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: 1" POLY  
PSI: 160 (160 psi min)  
Depth of supply line: 30" (36" min)

**House Connection**

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

Edgar W. Zepp, IV  
Signature of company representative responsible for installation

8/22/2023  
date

Replacement Well  
letter sent  
8/24/23  
(AW)

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

Date Insp. Requested: 8/22/23 Date Insp. Approved: 8/22/23 Inspector: RR  
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

not observed - tie in to  
old well line

(Revised form 10/24/2018)

---

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

**MEMORANDUM**

August 24, 2023

RE: **Replacement Well Sampling**  
Robert & Linda Brainard  
5810 Ten Oaks Rd  
Clarksville, MD 21029  
Well Permit # HO-20-0291

Robert & Linda Brainard,

According to our records, your replacement well (HO-20-0291) has been connected to the dwelling. The final inspection was granted on 8/22/2023. We request that you contact the Health Department's Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well. These tests are required by State Regulations called the Maryland Well Construction Regulation (COMAR 26.04.04) and are free of charge when conducted by the Health Department. This sampling includes testing for bacteria, nitrate, turbidity, and sand.

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.** If you have any further questions, you can call me at 410-313-1781. Otherwise, please call the Community Hygiene Program at 410-313-1773 to schedule a day and time for the water samples.

The Health Department was informed that Mayne Well Drilling LLC would be sealing and abandoning the old well located in the backyard. The abandonment report required by the Maryland Department of the Environment has not yet been received here at the Health Department yet. Please follow up with your contractor and have them forward it to this office as soon as possible. Thank you.

Respectfully,



Ryan Rappaport, LEHS  
Groundwater Management Program

8/22/23 -

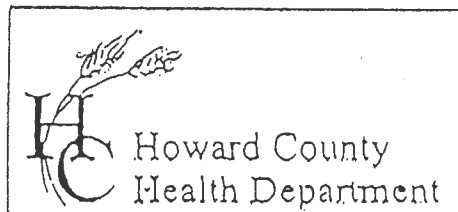
Seal @ new line

Where it connected

to the old water line







7178 Columbia Gateway Drive, Columbia, MD 210  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

### TO ALL INTERESTED PARTIES

- When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Robert P. Brainard

Subdivision/Property Name

Lot#

5810 Ten Oaks Rd

Road Name

- ☐ The well site has been staked by Marye Well Drilling Co.  
(professional land surveyor or company employing professional land surveyors)  
on 6-10-2023 (date) and does not require a site inspection.

- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Robert D. Brainard  
5810 Ten Oaks Rd.  
Clarksville Md.  
301-854-0554  
Ten Oaks Rd.

Triadelphia Mill Rd.

