

C1 1612

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Schwarz, STREET OR RFD Woodbine Road, TOWN Woodbine, SUBDIVISION Schwarz Property, SECTION, LOT 2

WELL LOG

GROUTING RECORD

C3

Not required for driven wells

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes no Y N

PUMPING TEST

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL (Circle one)

HOURS PUMPED (nearest hour) 7

DESCRIPTION (Use additional sheets if needed)

FEET FROM TO

CEMENT C M BENTONITE CLAY B C

PUMPING RATE (gal. per min.) 1.0

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soft Brown, Hard gray, Hard Tan, Hard gray, Hard Green, Hard Gray, Hard Green, Hard gray, Hard green, Hard gray.

NO. OF BAGS 6 NO. OF POUNDS 564

METHOD USED TO MEASURE PUMPING RATE Timer

GALLONS OF WATER 30

WATER LEVEL (distance from land surface)

DEPTH OF GROUT SEAL (to nearest foot) from 0 to 21 ft.

BEFORE PUMPING 21 ft.

(enter 0 if from surface)

WHEN PUMPING 570 ft.

CASING RECORD

Case types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

TYPE OF PUMP USED (for test)

Pump selection options: A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

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

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) YES NO

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

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, below, LAND SURFACE

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no 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...

DRILLERS LIC. NO. MW D 304, David Kelly

LIC. NO. AW D 897, Josh Holmes

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

C2 DEPTH (nearest ft.)

DEPTH (nearest ft.) 70 21 700, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

Approved Well Area

350' from RPL, 121' from Right PL

B 1 6047
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
530291 please type

STATE PERMIT NUMBER
HO-95-1739
fill in this form completely

Date Received (APA)
OWNER INFORMATION
8 MM DD YY 13
Schwarz Joseph
15 Last Name Owner First Name 34
2355 Woodbine Rd.
36 Street or RFD 55
Woodbine MD 21797
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Schwarz Prop
23 SUBDIVISION 42
SECTION 44 46 LOT 2 48 50
Lisbon
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 MI 73 76 77 78

DRILLER INFORMATION
David Kelly MW D 304
Driller's Name 76 License No. 81
Jones Well Drilling Inc
Firm Name
3700 Rush Rd. Jarrettsville, MD 21084
Address
David Kelly 1/26/09
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NEAR WHAT ROAD Woodbine Rd.
11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 13 BLK: 3 PARCEL 261

B 2 WELL INFORMATION
1 2
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
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard AS28539
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 1/30/09 EXP. DATE 1/30/10
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 539 000 EAST GRID 772 000
GRID 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1.
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 770
N 540 39
000
000X

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 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
39 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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
MAP 3
A 13
Woodbine Rd.
Frederick Rd.
A.E. Mullin Rd.
N

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER
PERMIT No. HO-95-1739
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

301-829-5272 (W)
410-442-5610 (H)

JONES WELL DRILLING, INC.
3700 RUSH ROAD
JARRETTSVILLE, MD 21084
(410) 692-6981

Yield Test Completed: March 26, 2009
Permit Number: HO-95-1739
Subdivision: Schwarz Property
Section: Lot: 2
Location: Woodbine Road

Initials: JM
Well Depth: 700'

County: Howard
State: Maryland

	Time	Water Level	Time to Fill 5 Gallon Bucket/ Seconds	Gallons/Minute
1	9:00	21	19	15.79
2	9:15	118	19	15.79
3	9:30	250	20	15.00
4	9:45	370	21	14.29
5	10:00	480	22	13.64
6	10:15	570	250	1.20
7	10:30	570	257	1.17
8	10:45	570	260	1.15
9	11:00	570	263	1.14
10	11:15	570	267	1.12
11	11:30	570	270	1.11
12	11:45	570	274	1.09
13	12:00	570	274	1.09
14	12:15	570	276	1.09
15	12:30	570	278	1.08
16	12:45	570	278	1.08
17	1:00	570	280	1.07
18	1:15	570	280	1.07
19	1:30	570	281	1.07
20	1:45	570	281	1.07
21	2:00	570	282	1.06
22	2:15	570	282	1.06
23	2:30	570	282	1.06
24	2:45	570	283	1.06
25	3:00	570	283	1.06
26	3:15	570	283	1.06
27	3:30	570	283	1.06
28	3:45	570	283	1.06
29	4:00	570	283	1.06
30	4:15	570	283	1.06

*823.50
641*

FUTURE PERFORMANCE MAY VARY FROM TESTED PERFORMANCE

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: Dr. Bruce Vandercook Telephone #: 301 748 3291
 Address: PO 132
BRADDOCK HILLS MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation: MA
 Name (Print): BRUCE D VANDERCOOK License# ST 393

*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: ³⁰⁸ Paul Schwarz Telephone #: 301 829 5272 / 410-442-560
 Subdivision: _____ Lot #: 2 Well Tag #: HO-95-1739
 Site Address: 2357 Woodbine Road

Submersible Pump Data

Make: Staite
 Model #: 1
 Pump Capacity 7 GPM
 Well Yield: 10 GPM

Pitless Adapter

Make: Cambell
 Model#: TGT
 Depth: 40 (36" min)
 NSF/WSC approved: _____

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 700 (feet)
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors, Cable guards, or other acceptable method used- Must circle one
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Poly Eth
 PSI: 160 (160 psi min)
 Depth of supply line: 40 (36" min)

House Connection

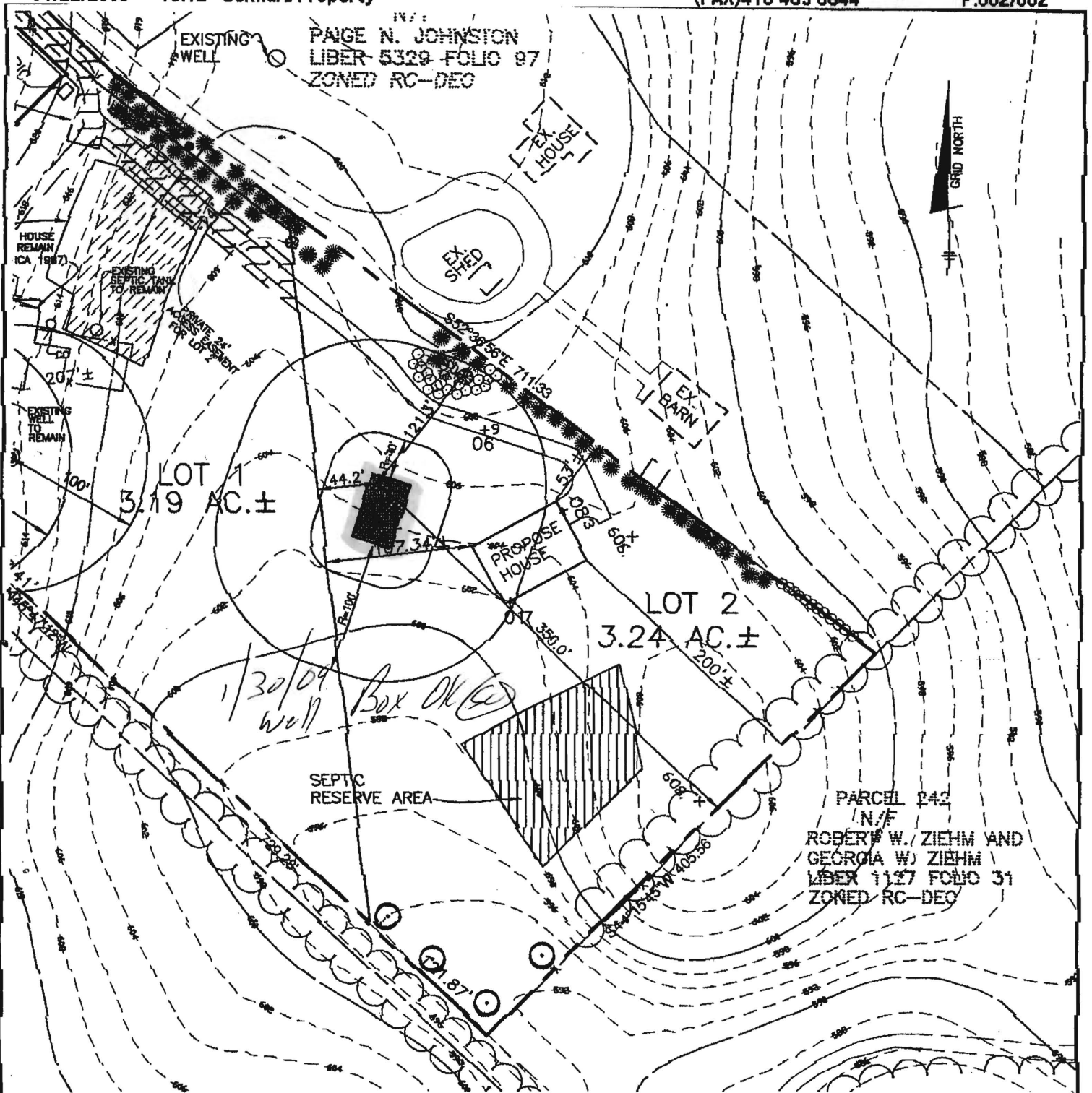
PVC sleeve to undisturbed soil at wall penetration: yes
 Length of sleeve (5' minimum from foundation): 5'
 Sleeve sealed properly: yes

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.

Signature of company representative responsible for installation: Bruce Vandercook date: 9-10-10'

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

Date Insp. Requested: _____ Date Insp. Approved: 6/8/2010 Inspector: BA
 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



BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418

ELLICOTT CITY, MARYLAND 21043

phone: 410-465-6105 ▲ fax: 410-465-6644

www.bei-civilengineering.com

SCHWARZ PROPERTY

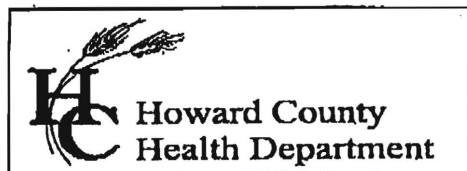
WELL LOCATION PLAN

LOT 2

F-09-025

SCALE: 1" = 100'

DATE: 11-18-08



7178 Columbia 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

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:

Schwarz 2 Woodbine Road
 Subdivision/Property Name Lot# Road Name

- The well site has been staked by Benchmark Engineering
 (professional land surveyor or company employing professional land surveyors)
 on 1-22-09 (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



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

October 12, 2010

Homeowner
2351 Woodbine Road
Woodbine, MD 21797

RE: Schwarz Property, Lot 2
2351 Woodbine Road
BP #: B10001016
Well Tag: HO-95-1739

Dear Sir:

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 09/13/2010. Final approval of the well line connection to the dwelling was approved on 06/08/10.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-95-1739. 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: 10/04/2010
Date of Well Completion: 03/26/2009

Approving Authority,



Brian Baker, R. S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File



CATOCTIN LABS, INC.

8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-5323
FAX (301) 271-9060

FIELD RECORD

Customer: Gail Schwarz
2355 Woodbine Rd. Lot 2
Woodbine, MD 21797

Date: October 04, 2010
Time: 14:22
Type:4

County: Howard
Source: Master Bath Tub
Well No: HO 95-1739
Bottle No: 1MPN

Residual Cl: 0.00
Iced: Yes
pH: 8.0
EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: U&O - Use & Occupancy
Treatment: Raw
Collector: Allen Haines

State Certification No: 9078AH

Sample Collected on 9/8/10 by Robin Haines Certification # 9639RH @ 1400 hrs; Sample Location Pressure Tank in Basement; Turbidity Analysis completed on 9/9/10 @ 1050 hrs.; Sand Analysis completed on 9/15/10 @ 1630; Nitrate Analysis 9/10/10 @ 1000 hrs.

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 15:55 10/4/2010 Examined: 15:55 10/04, 10/05

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
MPN Total Coliform	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml
MPN E. coli	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml
Nitrate	EPA 353.2	10.0 mg/L Maximum	4.0 mg/L
Sand	SM 2540 F	No Trace	No Trace
Turbidity	SM 2130 B	5.0 NTU Max (10.0 C.O.M.A	4.38 NTU

Bacteriological analysis of this sample, on this specified date, indicates the water is SAFE for human consumption, according to APHA/EPA Standards.

Analyst Robin Haines Date: October 05, 2010

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T

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