

4-13-98 (MDE USE ONLY)

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

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

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

COUNTY
NUMBER A513237-K

ST/CO USE ONLY
DATE Received
MM DD YY

DATE WELL COMPLETED

Depth of Well

OK (SRV)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

MM DD YY
10 20 2003

22 300 26
(TO NEAREST FOOT)

11/12/03

28 29 30 31 32 33 34 35 36 37

OWNER LAND DESIGN + DEVELOPMENT
STREET OR RFD WESTCOTT PLACE TOWN CLARKSVILLE
SUBDIVISION HALL SHOP MANOR SECTION LOT 23 P.P.A

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

FROM

TO

check
if water
bearing

Overburden
Gray Rock

0 65
65 300

x

water at 110'

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y **N**
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT **CM**

BENTONITE CLAY **BC**

NO. OF BAGS 17 NO. OF POUNDS 4500

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 68 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST
STEEL

CO
CONCRETE

PL
PLASTIC

OT
OTHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

PL

6

70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inch

depth (feet)
from to

screen type
or open hole

(insert
appropriate
code
below)

SCREEN RECORD

ST
STEEL

BR
BRASS

HO
OPEN
HOLE

PL
PLASTIC

OT
OTHER

C

2

DEPTH (nearest ft.)

1 40 70 300
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 38 39 41 45 47 51
S
R
E
E
N
SLOT SIZE 1 2 3

DIAMETER
OF SCREEN

(NEAREST
INCH)

56 60
from to

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

74 75 76

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

C **3**

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 4.28

METHOD USED TO
MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 22 ft.

WHEN PUMPING 260 ft.

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 INSTALLED PUMP YES **N**

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

LAND SURFACE

- below

(nearest
foot)

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)

Property Line

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.

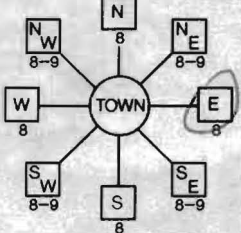
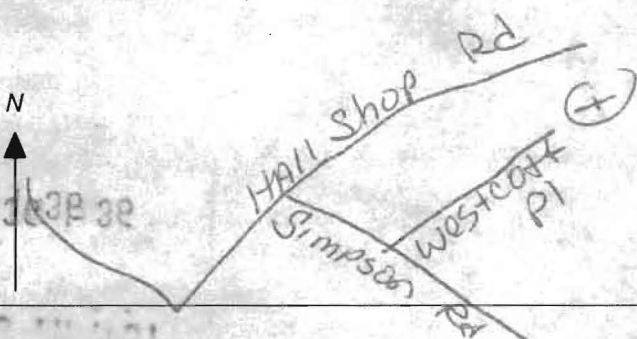
DRILLERS LIC. NO. MWD 120

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JS D 049

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

B 1 1 2 3 6 <u>6760</u>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519055 please type	STATE PERMIT NUMBER <u>Ho-94-3777</u> fill in this form completely
Date Received (APA) <u>07-10-03</u> 8 MM DD YY 13 OWNER INFORMATION <u>Land Design & Development</u> 15 Last Name Owner First Name 34 <u>8000 Main Street</u> 36 Street or RFD 55 <u>Ellicott City MD 21043</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL <u>Howard</u> 8 COUNTY 21 <u>Hall Shop Manor</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 <u>P.P.A</u> <u>Highland</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M 73 76 77 78	
DRILLER INFORMATION <u>Sandy Bl Cochran</u> M W D <u>120</u> Driller's Name 76 License No. 81 <u>G. Edgar Harr Sonn' Corp.</u> Firm Name <u>12047 Falls Road, Cockeysville 21030</u> Address <u>[Signature]</u> <u>7/10/03</u> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  <u>Westcott Place</u> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="radio"/> EAST SOUTH 34 <u>300</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>41</u> BLK: <u>1</u> PARCEL <u>138</u>	
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>750</u> (GAL. PER DAY) 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL <u>250</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> COUNTY NAME <u>AS13237-K</u> COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>07-30-03</u> <u>Howard R. Krieg</u> <u>7/31/04</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>491</u> 0 0 0 EAST GRID <u>819</u> 0 0 0 50 55 57 63	
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 _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8109</u> N <u>4901</u> 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> 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 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER <u>402002G</u> PERMIT No. <u>Ho-94-3777</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

Date 10-8-03Review OK (SRK) 11/12/03FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TESTWell Permit No. HO - 94-3777
Location of property (road) WESCOTT PLACE
Subdivision HALL SHOP MANOR Lot 13 Block 1 Plat 1 Sec. 1
Well Driller G. EDGAR HALL SONS, C/LP Owner LAND DESIGN + DEVELOPMENTDepth of well 300 Ft
Distance of measuring point (M.P.) above ground = 1'
Static water level (S.W.L.) below M.P. 22'

I. High rate pumping -- reservoir drawdown

Time pump started 1200 Pumping rate 16.66
Total time 15 min to reach pumping water level 28 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1200	22 Ft	18		16.66
1215	96	28		10.71
1230	157	37		8.10
1245	203	46		6.52
1300	241	57		5.26
1315	285	66		11.53
1330	259	69		4.34
1345	260	70		4.28
1400	260	70		4.28
1415	260	70		4.28
1430	260	70		4.28
1445	260	70		4.28
1500	260	70		4.28
1515	260	70		4.28
1530	260	70		4.28
1545	260	70		4.28

Well Permit No. HO - 94-3777
Location of property (road) WESCOTT PLACE
Subdivision HAUSHOP MANOR Lot 13 Block 1 Plat Sec.
Well Driller G. EDGAR HARR SONS, CORP Owner LAND DESIGN + DEVELOPMENT

I. High rate pumping -- reservoir drawdown

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

**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: WILLoughBY PLUMBING Telephone #: 410-781-7051
Address: 1203 PATRICK DR
SYKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): CHRIS WILLoughBY License# 6992

*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: TOM PATZ Telephone #: 410-531-1945
Subdivision: HALL SHOP MANOR Lot #: Well Tag #: HO 44-3777
Site Address: 1953 WESTCOTT PLACE
CLARKSVILLE, MD 21029

Submersible Pump Data

Make: JH JAZZ
Model #:
Pump Capacity: 10 GPM
Well Yield: 42 IPM

Pitless Adapter

Make: HALVARD
Model #:
Depth: 48" (36" min)
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: 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, 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: CRESTLINE
PSI: 1" (160 psi min)
Depth of supply line: ✓ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 6'
Sleeve caulked and 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.

Signature of company representative responsible for installation: Chris Willoughby

date: 11/3/04

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

Date Insp. Requested: 4/21/05 Date Insp. Approved: 4/21/05 Inspector: BB & GC

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 seen 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 adaptor ✓

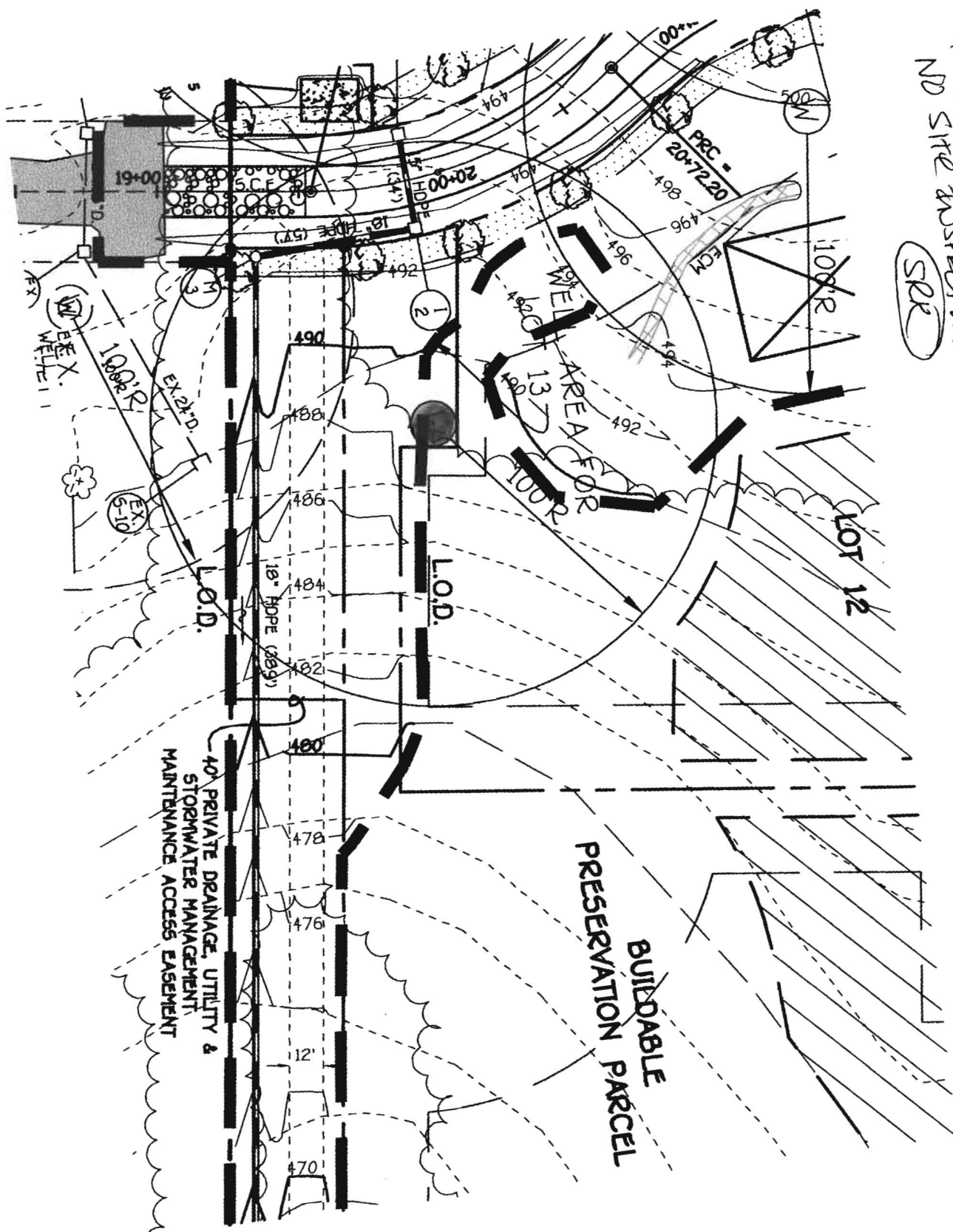
HD-215

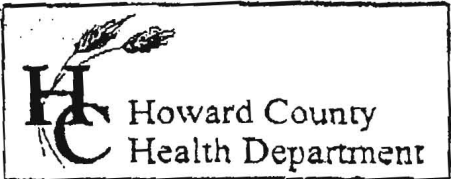
Well line is sleeved from house to way past pump line. (GC)

Rev. 12/00

Transferred
(GC) from original
WPI form
6/7/05

SPR





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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:

Hall Shop Manor

- ☒ The well site has been staked by Fisher, Collaps + Carter,
(professional land surveyor or company employing professional land surveyors)
on 7/29/03 (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 6/10/03



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 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

June 29, 2005

Tom Patz
7421 Bucks Haven Lane
Highland, MD 21777

SENT VIA FACSIMILE 443-285-~~8239~~ 0466

RE: Hall Shop Manor, Pres. Parcel A
6953 Westcott Place
Clarksville, MD 21029
BP #: B00148328
Well Permit # HO-94-3777

Dear Sirs:

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 06/07/2005. Final approval of the well line connection to the dwelling was approved on 04/21/2005.**

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.

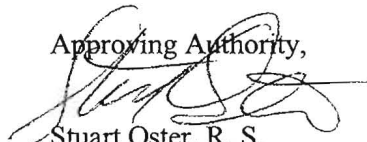
INTERIM CERTIFICATE OF POTABILITY

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-94-3777. 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 Sample(s): 06/10/2005 & 06/21/2005
Date of Well Completion: 10/20/2003

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



2.005 AC.
3012
CgB2

MgC2

MgC

FOREST CONC
EASEMENT
LOT A
PROP. 20' DR
EASEMENT

MIB2

PROP. 20' ACCE
EASEMENT FOR
CEMETERY LOT

GnB

EKB2

CgB

Ba

MgC2

SECTION 1
ASHLIGH GREENE
PLAT NO. 8727
ZONED R-1

DISTANCE
EASEMENT

15'x20' STANDING
PAD FOR SCHOOL BUS

WELL AREA FOR
LOT 13

10' DRAINAGE UTILITY &
MAINTENANCE ACCESS EASEMENT

N82°59'06"W 1879.64'

EX. WELL
EX. DWELLING

RIGHT DISTANCE
EASEMENT

24' COMMON ACCESS
EASEMENT

PROP. 10' DRIVEWAY
EASEMENT

PROP. 20' DRAINAGE AND
UTILITY EASEMENT (TYP)

WESTCOTT BLVD

PRC = 0+31.87 PC = 0+00

PT = 2+82.24

PT = 2+51.03.60

PRC = 21+91.02

PRC = 19+55.39

PRC = 24+71.61

430

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3012

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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 #:	55170	Account #:	6669
Reference:	Michelle Patz	Company:	CASH ACCOUNT
Location:	6953 Westcott Place	Requested By:	Michelle Patz
	Clarksville, MD 21029	Source:	Well Water
Date/ Time Collected:	06/10/05 0900	Site:	Holding Tank
Date/Time Rec'd:	06/10/05 1505	Treatment:	Spin Down Separator**
Chlorine ppm:	Free: ND Total: ND	pH:	7.2
Collected By:	J Yeager 61761Y	Well #:	HQ-94-3777

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria Coliform Total MPN	5.3	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria E. coli MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Nitrate	2.02	mg/L	10	601
Turbidity	0.72	NTU	<10	SM18 2130B
Sand	NS	mg/L	5	Visual/Gravimetric

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 # : 00148328

Date Reported: 06/13/05

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 #:	55289	Account #:	6669
Reference:	Michelle Patz	Company:	CASH ACCOUNT
Location:	6953 Westcott Place	Requested By:	Michelle Patz
	Clarksville, MD 21029	Source:	Well Water
Date/ Time Collected:	6/21/2005 1248	Site:	Holding Tank
Date/Time Rec'd:	6/21/2005 1535	Treatment:	Spin Down Separator**
Chlorine ppm:	Free: ND Total: ND	pH:	5.8
Collected By:	C. Mooshian 7268CM	Well #:	HO-94-3777

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 55170
Building Permit # : 00148328

Date Reported: 6/22/2005

MD State Certification # 133