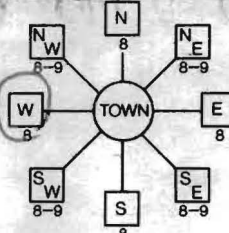
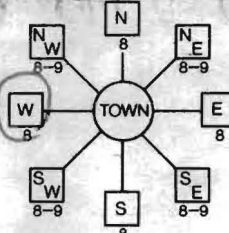
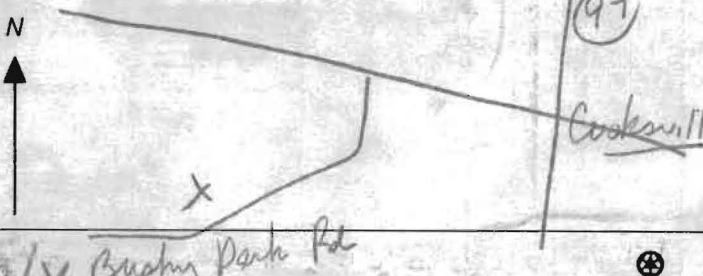


C 1 0310		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS						COUNTY NUMBER (13) A521625-A	
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 2/15/06		Depth of Well 22 260 26 O.K. for Irrigation (26) (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0235	
OWNER Rosenbaum Erik STREET OR RFD 14806 Bushy Park Road SUBDIVISION		TOWN Woodbine		SECTION		LOT	
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 17 NO. OF POUNDS 100 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		<b>C 3</b> <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 63 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 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			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing			
Top Soil		0 2					
Clay		2 5					
Brown Shale		5 25					
Brown slate		25 38					
Gray slate		38 50					
Brown slate		50 51					
Gray slate		51 110					
Brown slate		110 111					
Gray slate		111 260					
<b>C 2</b> NUMBER OF UNSUCCESSFUL WELLS: 0		<b>DEPTH (nearest ft.)</b> 1 2 HO 48 260 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		<b>SCREEN RECORD</b> screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER		<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or 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 LAND SURFACE (nearest foot) - below 49 51	
WELL HYDROFRACTURED yes Y no 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. 1 M W D 040 DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 J S D 038 Bruce Thompson		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		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) House 250' to well Road	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

B 1 <b>0703</b> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY) 523926	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>H0 - 95 - 0235</b> 70 <u>fill in this form completely</u> 79
Date Received (APA) 8 MM DD YY 13 <b>ROSENBAUM ERIK</b> 15 Last Name Owner First Name 34 <b>14790 BUSHY PARK RD</b> 36 Street or RFD 55 <b>WOODBINE, MD 21797</b> 57 Town 70 State 72 Zip 76		B 3 <b>10134</b> <b>Howard</b> 8 COUNTY 21 CC# 23 SUBDIVISION 42 SECTION 44 46 LOT <b>well 2</b> 48 50 <b>Cooksville</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M 73 76 77 78	
<b>OWNER INFORMATION</b> <b>George F. Easterday</b> M W W 040 Driller's Name 76 License No. 81 <b>L. Franklin Easterday, Inc.</b> Firm Name <b>9265 Brown Church Rd., MT. Airy, Md. 21771</b> Address <i>George F. Easterday</i> 1/13/2006 Signature Date 5		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 <b>14806 Bushy Park Rd</b> 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 25 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>8</u> BLK: <u>22</u> PARCEL <u>72</u>	
B 2 <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 <b>500</b> 20		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 <b>14806 Bushy Park Rd</b> 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 25 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>8</u> BLK: <u>22</u> PARCEL <u>72</u>	
120-06 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input checked="" type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <i>Irrigation Only</i> 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard (13) A521625-A</b> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <b>2/7/06</b> <i>Brian Baker</i> 2/7/2007 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <b>541</b> 0 0 0 EAST GRID <b>792</b> 0 0 0 50 55 57 63	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>wells</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>792</b> N <b>541</b> 000 000	
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <b>AIR-ROTary</b> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <b>CABLE</b> Reverse-ROTary Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <b>4 B 13</b> 	
<b>REPLACEMENT OR DEEPEINED WELLS</b> (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <b>G</b> PERMIT No. <b>H0-95-0235</b> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <b>For Irrigation Only Bushy Park Rd</b>			

## Review

[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: Gartland Plumbing Inc Telephone #: 410-825-5303  
Address: 1620 W. Old Liberty Rd  
Sykesville MD 21781

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

Name (Print): Joseph Gartland License# 6352

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Rosenbaum Erik Telephone #: 410-442-2736  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-0235  
Site Address: 14806 Bushy Park Rd  
Woodbine MD 21797

**Submersible Pump Data**

Make: Grundfos

Model #: 26507

Pump Capacity: 7 GPM

Well Yield: \_\_\_\_\_ GPM

Depth of well encountered at time of pump installation: 280 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4.

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt Yes

**Pitless Adapter**

Make: Campbell

Model#: AT 800

Depth: 42" (36" min)

NSF approved: Yes

**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: ✓

**Piping to house**

Type: Poly

PSI: 160 (160 psi min)

Depth of supply line: 92" (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: Yes

Approximate length of sleeve: 8'

Sleeve caulked and 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

6-16-06  
date

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

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 6/16/05 (BB)

Inspection Data: Pitless adapter and 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 ✓

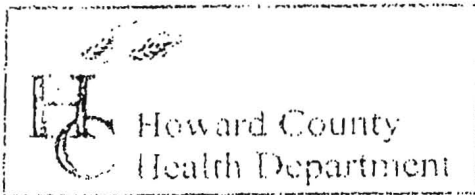
Safety rope installed inside of well casing ✓

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 ✓





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](http://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:

- ☒ The well site has been staked by Eric Rosenbaum,  
(professional land surveyor or company employing professional land surveyors)  
on 1-10-04 (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

<b>9693</b> <small>1 2 3 6</small>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 521776 please type		STATE PERMIT NUMBER 10-95-0049 fill in this form completely	
Date Received (APA) <b>9931</b> <small>8 MM DD YY 13</small>				<b>OWNER INFORMATION</b>			
15 Last Name <b>ROSENBAUM</b> Owner First Name <b>ERIK</b> 34 36 Street or RFD <b>14790 BUSHY PARK RD</b> 55 57 Town <b>WOODBINE, MD</b> 70 State <b>21797</b> 76 Zip 76				<b>LOCATION OF WELL</b> 8 COUNTY <b>Howard</b> 21 GC# 23 SUBDIVISION SECTION <b>44</b> 46 LOT <b>48</b> 50 <b>Cookeville</b> <b>Woodbine</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>1</b> M I 73 76 77 78			
<b>DRILLER INFORMATION</b> Driller's Name <b>George F. Easterday</b> M <b>WD</b> 040 81 Firm Name <b>L. Franklin Easterday, Inc.</b> Address <b>9265 Brown Church Rd., MT. Airy, Md. 21771</b> Signature <i>George F. Easterday</i> Date <b>2/2/05</b>				<b>14806 Bushy Park Rd</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W 34 <b>25</b> 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: <b>8</b> BLK. <b>22</b> PARCEL <b>72</b>			
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20				<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL			
APPROXIMATE DEPTH OF WELL <b>300</b> FEET <small>24 28</small>				APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST INCH			
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 37 CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____				SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>wells</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>790 2</b> N <b>540 2</b> 000 000			
<b>REPLACEMENT OR DEEPEENED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (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 <b>4 B 13</b> 			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <b>10-95-0049</b> <small>70 71 72 73 74 75 76 77 78 79</small>				<b>SPECIAL CONDITIONS</b> <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small>			

6424

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS 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/CD USE ONLY

DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
7/28/05 15 20

Depth of Well

22 400 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"MD - 95 - 0049  
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearing

Top Soil 0 2  
 Shaley 2 74  
 mica 74 105  
 Green slate 105 165  
 Green slate/y 165 215  
 Green slate 215 245  
 Green slate/y 245 400  
 Quartz

## GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)☒ Y ☐ N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 23 NO. OF POUNDS 2300

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below☒ ST

STEEL

☐ CO

CONCRETE

☐ PL

PLASTIC

☐ OT

OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)ST 6 102  
60 61 63 64 66 70E  
A  
C  
H  
C  
A  
S  
I  
N  
G

OTHER CASING (if used)

diameter  
inchdepth (feet)  
from toscreen type  
or open hole(insert  
appropriate  
code  
below)

## SCREEN RECORD

☒ ST

STEEL

☐ BR

BRASS

☐ PL

PLASTIC

☐ HOOPEN  
HOLE☐ OT

OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DIAMETER  
OF SCREEN(NEAREST  
INCH)

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  
CASINGLOG  
INDICATOR

OTHER DATA

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

2

METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

50 ft.

WHEN PUMPING

400 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  
(CIRCLE) (YES or NO)YES ☒ NOIF 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

☐ - below2 (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)

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  
WELLI 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. 1 MWD 040

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 AWD 788

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





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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: ERIK ROSENBAUM Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-0049  
Site Address: 17806 BUSHY PARK ROAD

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

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

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

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (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: \_\_\_\_\_

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

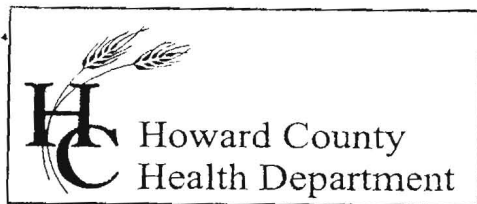
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 8/9/05 PM Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

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 adapter \_\_\_\_\_



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](http://www.hchealth.org)

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

August 23, 2005

**MEMORANDUM**

TO: Erik Rosenbaum  
C/O Sun Nurseries  
14790 Bushy Park Road  
Woodbine, Maryland 21797

FROM: Stuart F. Oster, R.S.  
Bureau of Environmental Health  
Well and Septic Program

RE: 14806 Bushy Park Road  
Woodbine  
1.25 Ac.  
Map 8, Grid 22, Parcel 72  
(Demolition of Existing House)

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. From the signed Perc. Cert. Plan, Mr. Rosenbaum has to agreed to the following conditions set forth by the Health Department:

The well, which previously served the existing dwelling, has been properly disconnected and abandoned/sealed and documentation provided. A new well was drilled on 7/28/05.

The existing septic tank will need to be properly abandoned; i.e. pumped, collapsed and filled in with clean fill. This tank will be replaced with a suitable size septic tank located outside the 100' well radius. This is to be completed during the demolition/construction phase and documentation submitted to this office.

A new septic permit will need to be obtained for installation of a new septic system. A well and house connection inspection will be required for final approval. Additionally, applicable water tests for issuance of an ICOP will be needed.

Cc: File





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NURSERY STOCK AND LANDSCAPING SERVICE  
14790 Bushy Park Road, Woodbine, MD 21797

August 22, 2005

Howard County Health Department  
Water and Sewage Program  
7178 Columbia, Maryland 21046-2132

Attn: Stuart Oster:

This is to request in writing from your department, a clearance for a demolition permit. The property to be demolished is 14806 Bushy Park Road, Woodbine, MD 21797 (Tax Map 8, Parcels 72).

We will be rebuilding on this property.

We would appreciate you faxing (410-489-9578) your clearance to us as soon as possible.

Thank you for your time,

*Erik Rosenbaum*  
Erik Rosenbaum

**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 #:	59708	Account #:	8164
Reference:	Erik Rosenbaum	Company:	CASH ACCOUNT
Location:	14806 Bushey Park Road	Requested By:	Billie Caputo/ Erik Rosenbaum
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	7/10/2006 1130	Site:	Kitchen Sink Tap
Date/Time Rec'd:	7/10/2006 1404	Treatment	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.2
Collected By:	J. Yeager 6176JY	Well #:	HO-95-0235

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/11/2006 / 0900 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/11/2006 / 0900 / AMD/BCD
Nitrate	1.18	mg/L	10	601	7/11/2006 / 0850 / BCD
Turbidity	0.70	NTU	<10	SM18 2130B	7/11/2006 / 0840 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	7/11/2006 / 0840 / BCD

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B00156019

Date Reported: 7/11/2006



## HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

August 16, 2006

Erik Rosenbaum  
14790 Bushy Park Road  
Woodbine, MD 21797

**SENT VIA FACSIMILE 410-489-9578**

RE: 14806 Bushy Park Road  
Woodbine, MD 21797  
BP #: B00156019  
Well Permit # HO-95-0235

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 08/08/2006. Final approval of the well line connection to the dwelling was approved on 06/16/2005.**

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-95-0235. 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: 07/10/2006  
Date of Well Completion: 02/15/2006

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



N42°42'21"W 297.00'

DRAIN FIELD

100'

PROPOSED  
BACKUP FIELD

50' SETBACK LINE

105'

90'

120'

40'

40'

15'

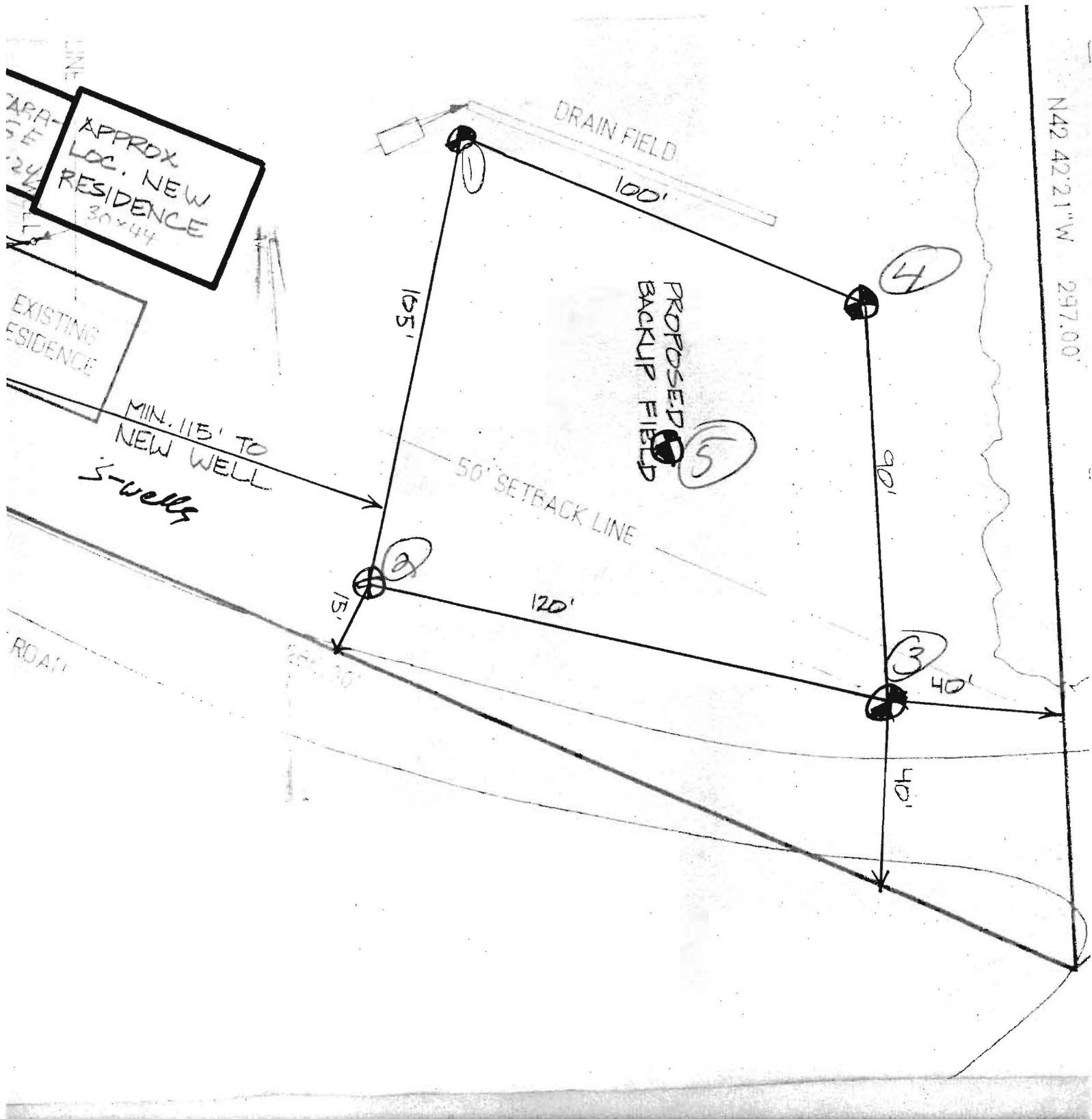
APPROX  
LOC. NEW  
RESIDENCE  
30x44

EXISTING  
RESIDENCE

MIN. 115' TO  
NEW WELL

3-wells

ROAD



ERIK ROSENBAUM  
L. 3880 F. 26

4806  
Bushy

L. 3880 F. 26  
64.835 Sq. Ft. or  
1.48 Ac.±

PROPOSED  
RELOCATED  
SEPTIC TANK

EX.  
CLEANOUT

EX. HOUSE  
(TO BE REMOVED)

CHARLES A. DORSEY  
L. 490 F. 620

BEVERLY L. DORSEY  
L. 4152 F. 57

EX.  
SEPTIC  
AREA  
(APPROX.)

EX. CLEANOUT

EX. WELL  
HO-88-1035

BUSHEY PARK ROAD  
(50' R/W)

6/16/05 Well Site/CL



---

NURSERY STOCK AND LANDSCAPING SERVICE  
14790 Bushy Park Road, Woodbine, MD 21797

May 26, 2006

Mike Davis  
Howard County Health Department  
7178 Columbia Gateway Dr.  
Columbia, MD 21046

Re: 14806 Bushy Park Rd.  
Woodbine, MD 21797

Dear Mr. Davis;


Thank you for your assistance Wednesday. Upon examination of the Agricultural well, the number is indeed transposed on the site plan. The number should be HO-95-0235. We are having VanMar and Associates make the correction to the plan. They will forward the correction to you.

My plans for the existing wells are as follows: I am requesting to change the agricultural well [HO-95-0235] to become the well for the house at 14806 Bushy Park. I would like to keep the existing well [HO-95-0049] as a back up well in the event that the primary well fails. Further, the area labeled as proposed well is marked for a long term back up site in the event that both existing wells failed. Otherwise, I have no intention of drilling a new well.

Thank you for the listing of certified water testing laboratories. I am currently obtaining the services of a plumber and testing company for the required testing for changing the Ag well [HO-95-0235] to become the house well.

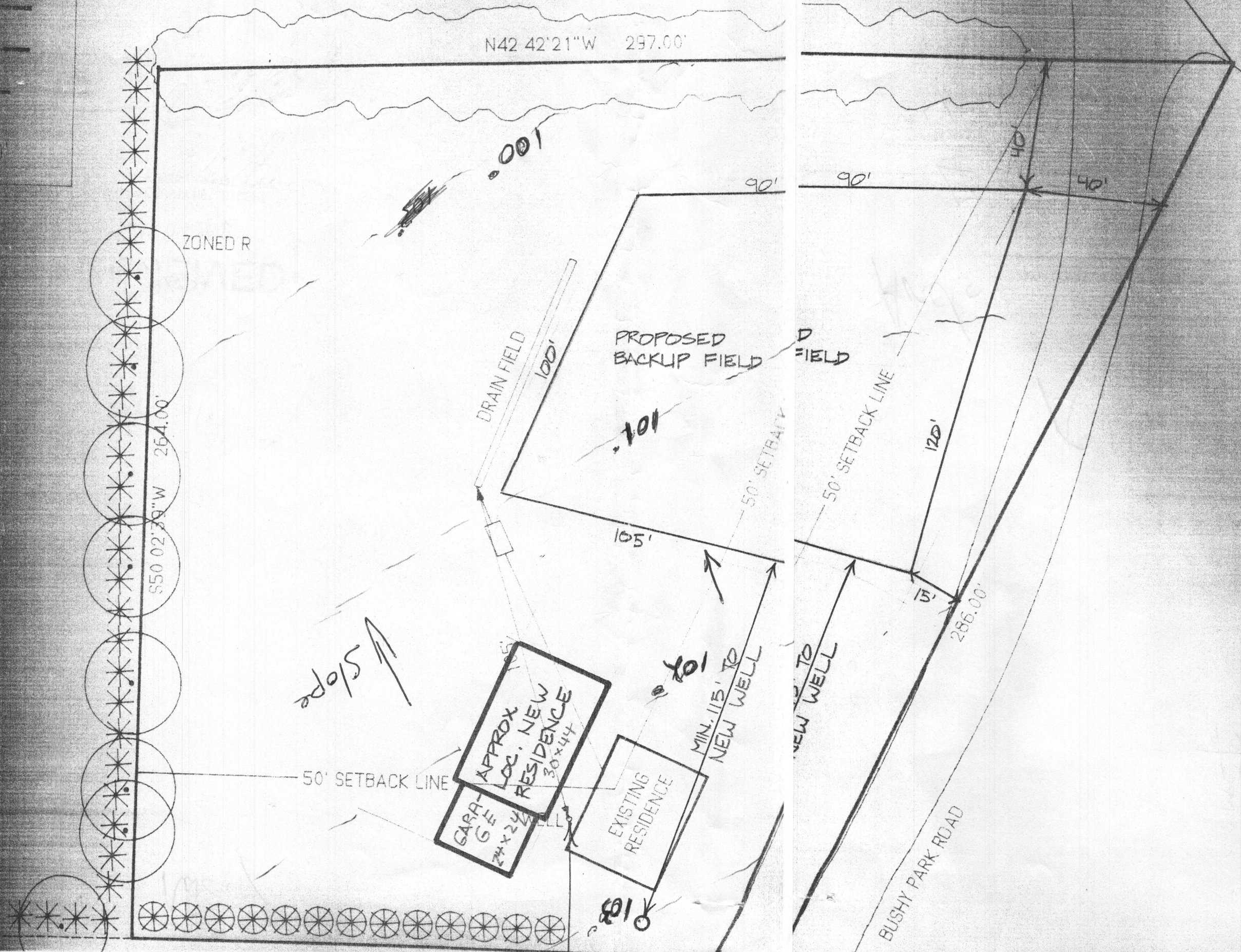
Again, thank you for your continued help.

Regards,



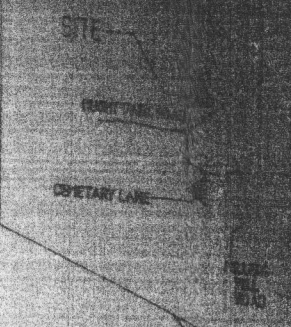
Erik Rosenbaum



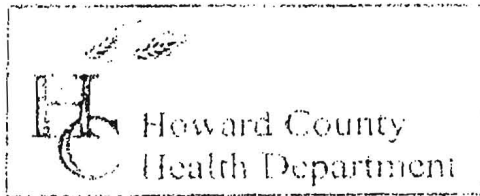


MILLERS MILL ROAD

BUSHY PARK ROAD







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:

- ☐ The well site has been staked by owner,  
(professional land surveyor or company employing professional land surveyors)  
on 1-26-05 (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

The well site has been staked  
by owner & is ready for site inspection  
Call owner 410-442-2690 with anything  
else you may need.



NURSERY STOCK AND LANDSCAPING SERVICE  
14790 Bushy Park Road, Woodbine, MD 21797

May 26, 2006

Mike Davis  
Howard County Health Department  
7178 Columbia Gateway Dr.  
Columbia, MD 21046

Re: 14806 Bushy Park Rd.  
Woodbine, MD 21797

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Thank you for the listing of certified water testing laboratories. I am currently obtaining the services of a plumber and testing company for the required testing for changing the Ag well [HO-95-0235] to become the house well.

Again, thank you for your continued help.

Regards,

Erik Rosenbaum

*Converted to Pot. Well  
8/16/06 (SC)*

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
\*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 08/08/05 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: Richard A. Baumgart

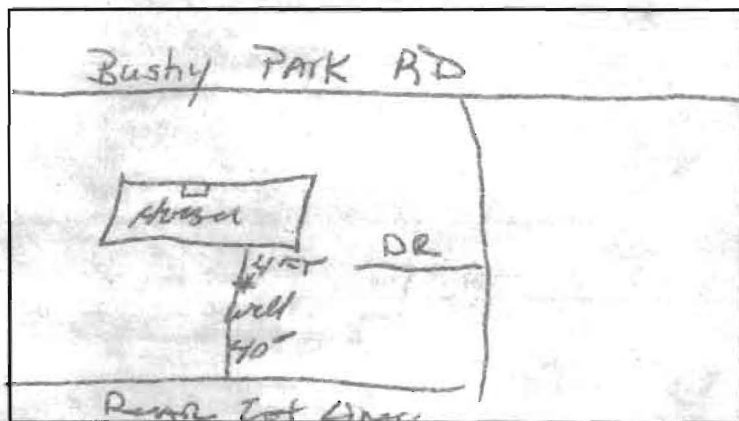
WELL DRILLERS LICENSE NUMBER W20 014

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: ERIC ROSENBAUM

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: MONTGOMERY  
NEAREST TOWN: WOODBRINE  
TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
NEAREST ROAD: 14806 BUSHY PARK RD



\* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED/AUGERED ☐ HAND DUG  
☐ OTHER (specify) \_\_\_\_\_

\* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION ☐ GEOTHERMAL

\* TYPE OF CASING:

☒ STEEL ☐ PLASTIC  
☐ CONCRETE ☐ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 73 FEET DEEP

\* WAS ANY CASING REMOVED? ☐ YES ☒ NO  
if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentley Well pit	73 5	5 0
VOLUME OF MATERIAL USED		
8 BAGS Bentley		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD 040  
CIRCLE ONE

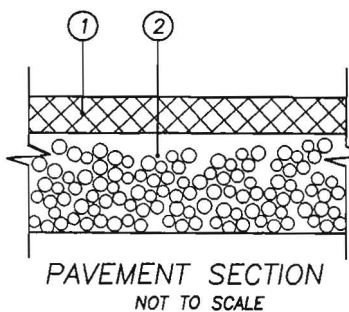
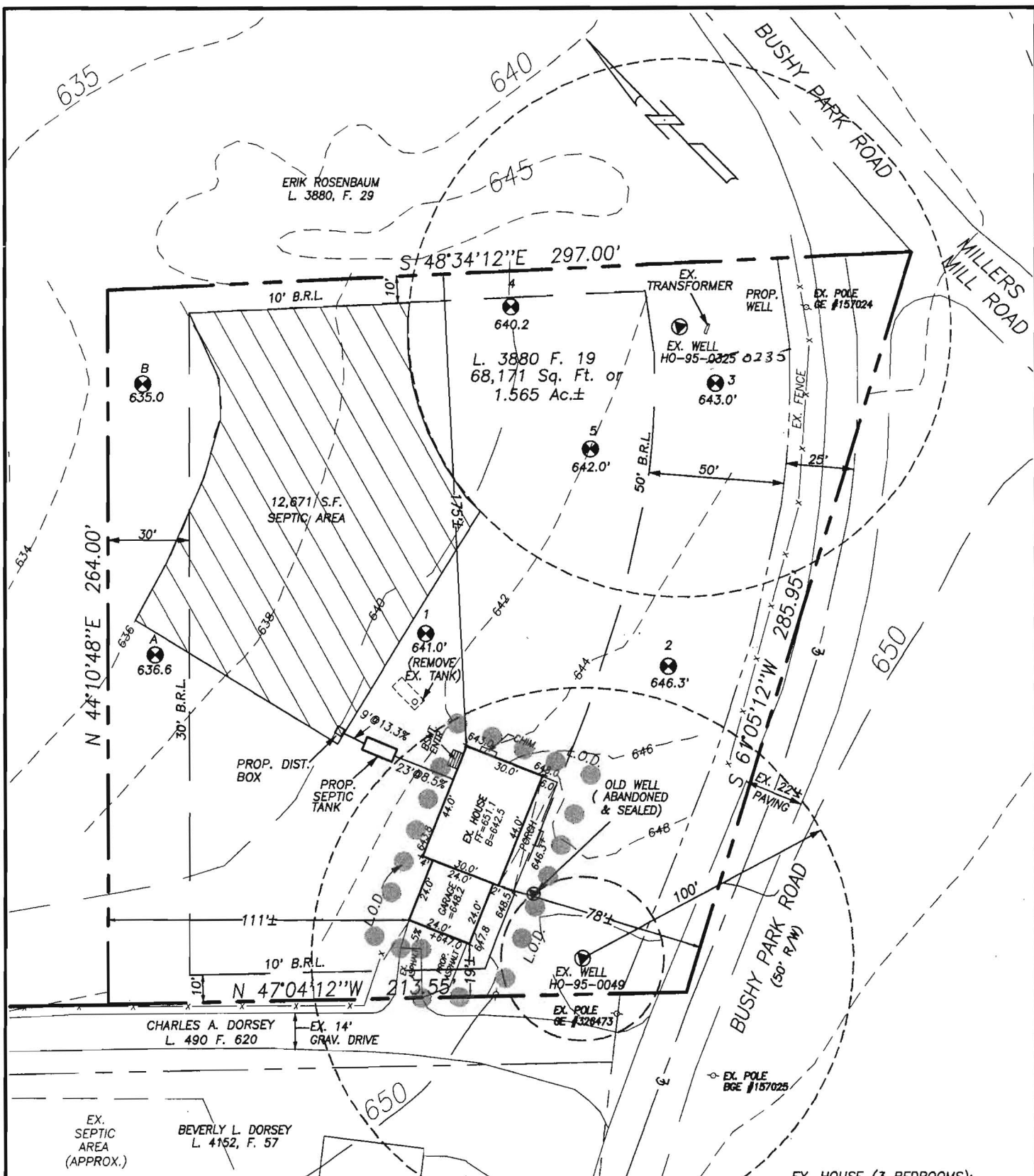
DATE

DENV 828 JULY 1997

2) COUNTY ENVIRONMENTAL AGENCY

8-17-05





- ① 1.5" BIT. CONC. SURFACE COURSE
- ② 6" GRADED CRUSHER RUN BASE (CRG)



EX. HOUSE (3 BEDROOMS):  
 FF ELEV. = 651.1  
 BSMT. ELEV. = 642.5  
 GAR. ELEV. = 648.2  
 INV. OUT = 641.0

PROPOSED SEPTIC TANK:  
 EX. ELEV. = 641.0  
 PROP. ELEV. = 641.0  
 INV. IN = 639.0  
 INV. OUT = 638.7

PROPOSED DISTRIBUTION BOX:  
 EX. ELEV. = 640.0  
 INV. IN = 637.5  
 INV. OUT = 637.2

NOTES:

1. TOPOGRAPHY (ON SITE): FIELD RUN BY VANMAR ASSOC., INC. MARCH, 2006 CONTOUR INTERVAL IS TWO (2) FEET.
2. TOPOGRAPHY (OFF SITE) HOWARD COUNTY DATUM.
3. THE EXISTING WELL ON SITE (NO TAG), HO-95-3025, HO-95-0325, HO-95-0049 HAS BEEN FIELD LOCATED BY VANMAR ASSOCIATES, INC., PROFESSIONAL LAND SURVEYORS AND ACCURATELY SHOWN.
4. BUILDING RESTRICTION LINES:  
 FRONT: 50' SIDE: 10' REAR: 30'
5. DISTURBED AREA (L.O.D.) = 4,600 SQ. FT.

REVISED PLOT PLAN  
**ERIK ROSENBAUM**  
 LIBER 3880 AT FOLIO 19  
 14806 BUSHY PARK ROAD  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' MARCH, 2006

THE PURPOSE OF THIS PLAN IS TO SHOW PROPOSED SEPTIC DESIGN.

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



**VANMAR ASSOCIATES, INC.**  
 Engineers Surveyors Planners  
 310 South Main Street P.O. box 328  
 Mount Airy, Maryland 21771  
 (301) 829 2890 (301) 831 5015 (410) 549 2751

REFERENCE	JOB NO.
LIBER 3880, FOLIO 19	A5-4890

1/6/06

- add general note stating  
ex. well must be abandoned prior  
to use + occ.

- Proposed well on same elev. as

Easement + is unacceptable.

- further perc test will be required  
with the new configuration of the SAA.

(K. Bell)

