

C1 14310 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 P40818

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

DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 12/09/02 15 20

DEPTH OF WELL 400 (TO NEAREST FOOT) 22 26 12/26/02 OK BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3559 28 29 30 31 32 33 34 35 36 37

OWNER Remmel Joshua STREET OR RFD 900 Henryton Road TOWN Marriottsville SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Topsoil, Brownslate, Gray slate, Tan slate, Gray slate, Gray mica.

GRROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD (Steel, Concrete, Plastic, Other) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD (Steel, Brass, Plastic, Open hole) screen type or open hole

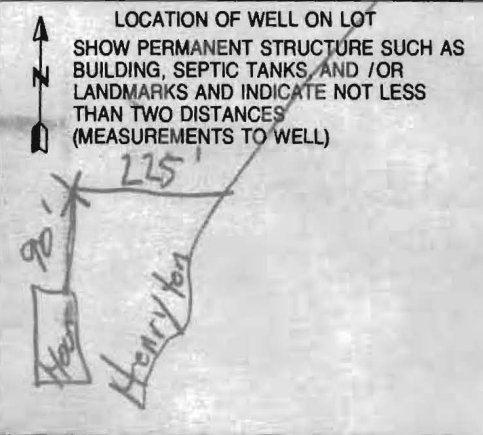
DEPTH (nearest ft.) 38 400

PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (50 ft. before, 400 ft. when), TYPE OF PUMP USED (air)

PUMP INSTALLED

DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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. 1 MWD 040 DRILLERS SIGNATURE George F. Eastenbury

LIC. NO. 1 JUD 727

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

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

B 1 1303

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 3559 fill in this form completely

Date Received (APA)

OWNER INFORMATION

9192

8 MM DD YY 13

REMMEL JOSH

15 Last Name Owner First Name 34

900 HENRYTON RD

36 Street or RFD 55

MARRIOTTVILLE, MD 21104

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday

M W D 040

76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature George F. Easterday Date 8/28/2002

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5 8 500 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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

B 3

Howard

LOCATION OF WELL

8 COUNTY

CC# 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

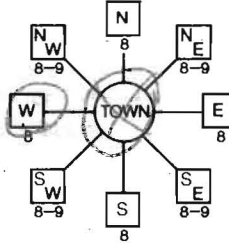
Marriottsville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 78 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



900 Henryton Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37 DISTANCE FROM ROAD FL ENTER FT OR MI 38 39

TAX MAP: 10 BLK: 2 PARCEL 98

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

(13)

P40818

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

INSERT S

DATE ISSUED

11/6/2002 Brian Baber 11/6/2003

43 MM DD YY 48

CO SIGNATURE

EXP. DATE

NORTH GRID 551 0 0 0

EAST GRID 823 0 0 0

50 55

57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

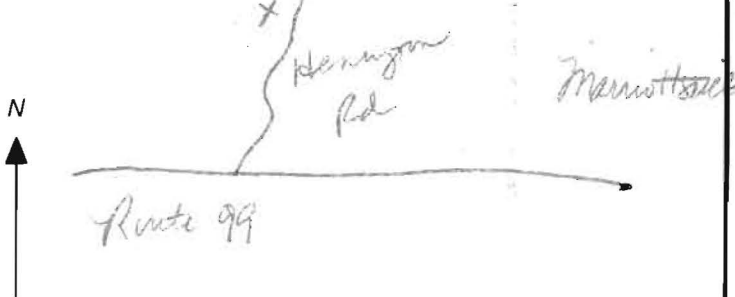
- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

823 5501

000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



N

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G

PERMIT No. HO - 94 - 3559

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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 (CEC-14-10-0001 Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Apple Plumbing & Heating Telephone #: 410 840 8118
Address: 920 Hileron Ct. Ste 9
Westminster, MD 21157

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

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

Name (Print): Patrick F. Scheper License# 3232

\*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: Josh Rimmel Telephone #: 410 402 3257
Subdivision: Lot #: Well Tag #: HO-94-3539
Site Address: 900 Henryton Rd
Marriottsville, MD 21104

Submersible Pump Data

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

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.C.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: (feet)
If pump capacity exceeds well yield, a low water out 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: Polyethylene
PSI: 160 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): 10'
Sleeve sealed properly: Yes

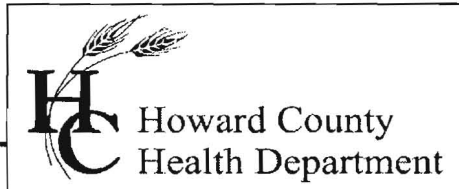
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Paul J. Scheper, Vice President date: 6-8-2011

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

Date Insp. Requested: 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 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

Note: we installed new piping & wire from the well casing to the house. well pump & well cap were existing.



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

*Peter Beilenson, M.D., M.P.H., Health Officer*

June 15, 2011

Homeowner  
900 Henryton Road  
Marriottsville, MD 21104

RE: Remmel Property, Lot 4  
900 Henryton Road  
BP #: B10001281  
Well Tag: HO-94-3559

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 06/10/2011. Final approval of the well line connection to the dwelling was approved on 01/03/2011.**

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-94-3559. 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.

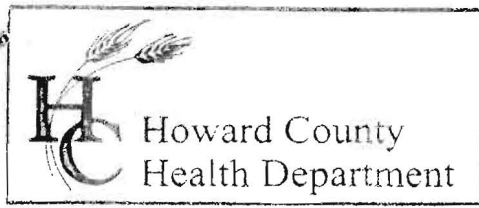
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 06/02/2011  
Date of Well Completion: 12/04/2002

Approving Authority,

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

cc: Building Inspector's Office  
Community Hygiene Program  
File



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

December 26, 2002

Josh Rimmel  
900 Henryton Road  
Marriottsville, MD 21104

RE: **Replacement Well Issues**  
Well Permit #: HO-94-3559

Dear Mr. Rimmel:

This office is requesting that you or a licensed installer should neatly complete the enclosed form and submit it to this office via fax or mail. This should be done after the pump has been placed in the well and the well line has been connected to the house. **Submission of this form by you or the contractor is required for final approval of a field inspection which is conducted by an inspector from this office when the work is completed. The pump installer is responsible for scheduling the inspection by 9:00 AM on the day in which the inspection is requested. Please leave all work uncovered.**

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it 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.

**Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.**

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

Respectfully,

Brian Baker, R.S.  
Well and Septic Program

Enclosure

cc: Community Environmental Health Program  
File

Howard County Health Department

7/29/03

To: Visited site with Barry  
and Dug Two Test Holes Near  
the Left Rear Lot Corner,  
The area near hole ① appears  
suitable for two 40' trenches  
or as much trench as will fit  
in area (per Barry's <sup>one system</sup> calculations)  
2' wide, stone from 2' to 6'.  
Area ② may be suitable for an  
at grade system - 1400 sq. ft. or  
a 1' deep peat system that has  
From: 320 sq. ft. of absorption

Date: area. 88

HD-170 Is addition allowable with  
an alternative repair area?

KEEP WITH FILE.

Howard County Health Department

To: \_\_\_\_\_

10/22/03

House not on holding tank anymore. One system installed and may have room for an I and A repair. Any attempts to add additions (especially bedrooms) should be highly scrutinized. MDE should be consulted, i.e. Barry.

From: \_\_\_\_\_

BB

Date: \_\_\_\_\_

HD-170

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Ferry Road, Westminster, MD 21157-1019    (410) 876-3551    FAX (410) 876-3552

## REPORT OF ANALYSIS

Laboratory ID #:	79750	Account #:	14025
Reference:	Megan & Josh Rimmel	Company:	CASH ACCOUNT
Location:	900 Henryton Road Marriottsville, MD 21104	Requested By:	Megan & Josh Rimmel
Date/ Time Collected:	6/2/2011      1015	Source:	Well Water
Date/Time Rec'd:	6/2/2011      1252	Site:	Mud Room Tap
Chlorine ppm:	Free: ND      Total: ND	Treatment:	None
Collected By:	J.Yeager      6176JY	pH:	7.2
		Well #:	HO-94-3559

Parameter	Result	Units	Standard	Well #	Date/Time
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/3/2011 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/3/2011 / 0900 / CCH
Nitrate	<1.0	mg/L	10	601	6/3/2011 / 1000 / CCH
Turbidity	1.97	NTU	<10	SM18 2130B	6/3/2011 / 0905 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	6/3/2011 / 0830 / CCH

### 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 and Chlorine level tested on site

Reason for Test :      Use & Occupancy  
 Building Permit # :      B10001281

Date Reported:      6/3/2011