

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL" MM DD YY MM DD YY 22 225 612 (Y) 19/20/2022 Ho-20-0229

OWNER Zurschky John + Dittala WELL SITE ADDRESS 3501 Whitebrook Lane TOWN Ellicott City SUBDIVISION Zuercher Property SECTION LOT

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		check if water bearing
	FROM	TO	
Clay	0	15	
Sandstone	15	42	
Brown	42	60	
Grey limestone	60	95	
Quartz	95	96	✓
Grey limestone	96	204	
Broken white limestone	204	210	✓
Grey limestone	210	225	

226' ÷ 7' = 32.3
2.9' ÷ 3' = 0.97

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
CEMENT BENTONITE CLAY
NO. OF BAGS 22 NO. OF POUNDS 1100
GALLONS OF WATER 550
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 77 ft.

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) 0.6 Total depth of main casing (nearest foot) 79

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

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL BRASS OPEN HOLE
BRONZE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED YES NO
CIRCLE APPROPRIATE LETTER
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

DEPTH (nearest ft.)
EACH CASING DEPTH (nearest ft.)
9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 15.4
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)
BEFORE PUMPING 32 ft.
WHEN PUMPING 59 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 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. 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 2 (nearest foot)

LATITUDE 39.245415
LONGITUDE 76.883857
(DEFAULT COORD. WGS 84)

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.

DRILLERS LIC. NO. 1 M 5D 224
DRILLERS SIGNATURE
LIC. NO. 1 D 1
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 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

TAG: 9/15/22

B 1	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	STATE PERMIT NUMBER
		APPLICATION FOR PERMIT TO DRILL WELL	110 - 20 - 0229
1 2 3 6		5/24/20 please type	70 fill in this form completely 79

OWNER INFORMATION

Date Received (APA) 9/15/22

8 MM DD YY 13

15 Last Name Zirschky, John & Natalie Owner First Name 34

36 Street or RFD 4044 Manor Lane 55

57 Town Ellicott City Md 21042 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Ziegler Property 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Ellicott City 71

DRILLER INFORMATION

Driller's Name Andrew Hausenrin M S D 224 76 License No. 81

Firm Name Leaks Well Drilling, LLC

Address P.O. Box 202 Whitebine, Md 21777

Signature Andrew Hausenrin Date 8-17-22

B 4 SOURCES OF DRILLING WATER

1 Well water 3881 Whitebrook Lane 11 STREET ADDRESS 30

2 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 400 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 23 BLK: 23 PARCEL 148

B 2 WELL INFORMATION

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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 9/15/22 CO SIGNATURE [Signature] EXP. DATE 9/15/23

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

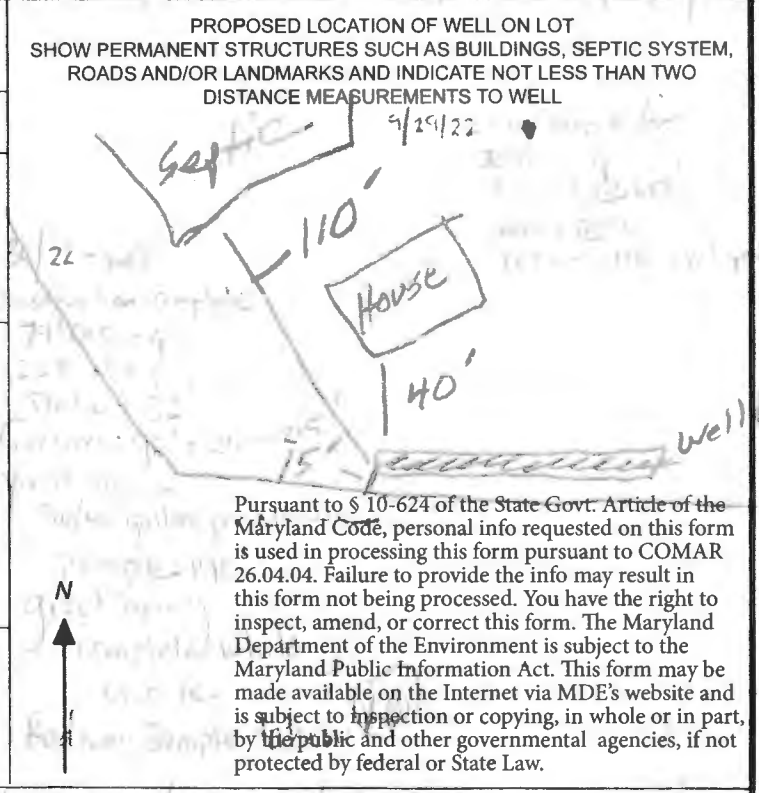
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. 110 - 20 - 0229

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

Radium sample required @ yield to 5'

**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 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: RIG Water Systems Telephone #: 410 239 0700
Address: 1009 South Main
Hampstead MD 21074

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

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

Name (Print): Rickey Ross, Sr License# WCI133

***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: bc maha Telephone #: 410 977 1342
Subdivision: _____ Lot #: _____ Well Tag #: HO - 88-0082
Site Address: 1734 Willow Springs Dr
Sykesville 21784

Submersible Pump Data

Make: GRUNDFOS
Model #: SQE07-180
Pump Capacity 10 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: BOSSMAN
Model#: 7-100-35
Depth: 40" (36" min)
NSF/WSC 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:

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

Piping to house

Type: 1"
PSI: 200 (160 psi min)
Depth of supply line: 40" (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.

Signature of company representative responsible for installation: [Signature] date: 6/20/24

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

Date Insp. Requested: 6/21/2024 Date Insp. Approved: 12/26/2024 Inspector: SP

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	36"
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	32"
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	2"
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

6/21/2024 - OK to backfill well line. No grout seen around casing & below pitless, well tag not attached to casing. Do not backfill casing. SPMB



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

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

INTERIM CERTIFICATE OF POTABILITY
[PERMANENT DEVIATION FOR NITRATES]

Expiration Date – July 2, 2025

January 2, 2025

Homeowner
1734 Willow Springs Drive
Sykesville, MD 21784

RE: Vyas Property, Lot 13
17434 Willow Springs Dr.
Building Permit: B23004615
Well Permit: HO-20-0229

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/5/2024**. Final approval of the well line connection to the dwelling was granted on **12/26/2024**. The well construction was completed on **9/30/2022**. Water samples were collected on **12/6/2024, 12/26/2024**.

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 untreated water sample collected on **12/6/2024** indicated a nitrate level of **11.4 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **12/26/2024** and indicated a nitrate level of **1.52 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04. Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**



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

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-20-0229. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

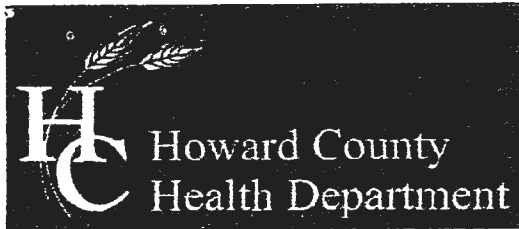
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M Wolf, L.E.H.S., R.E.H.S./RS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

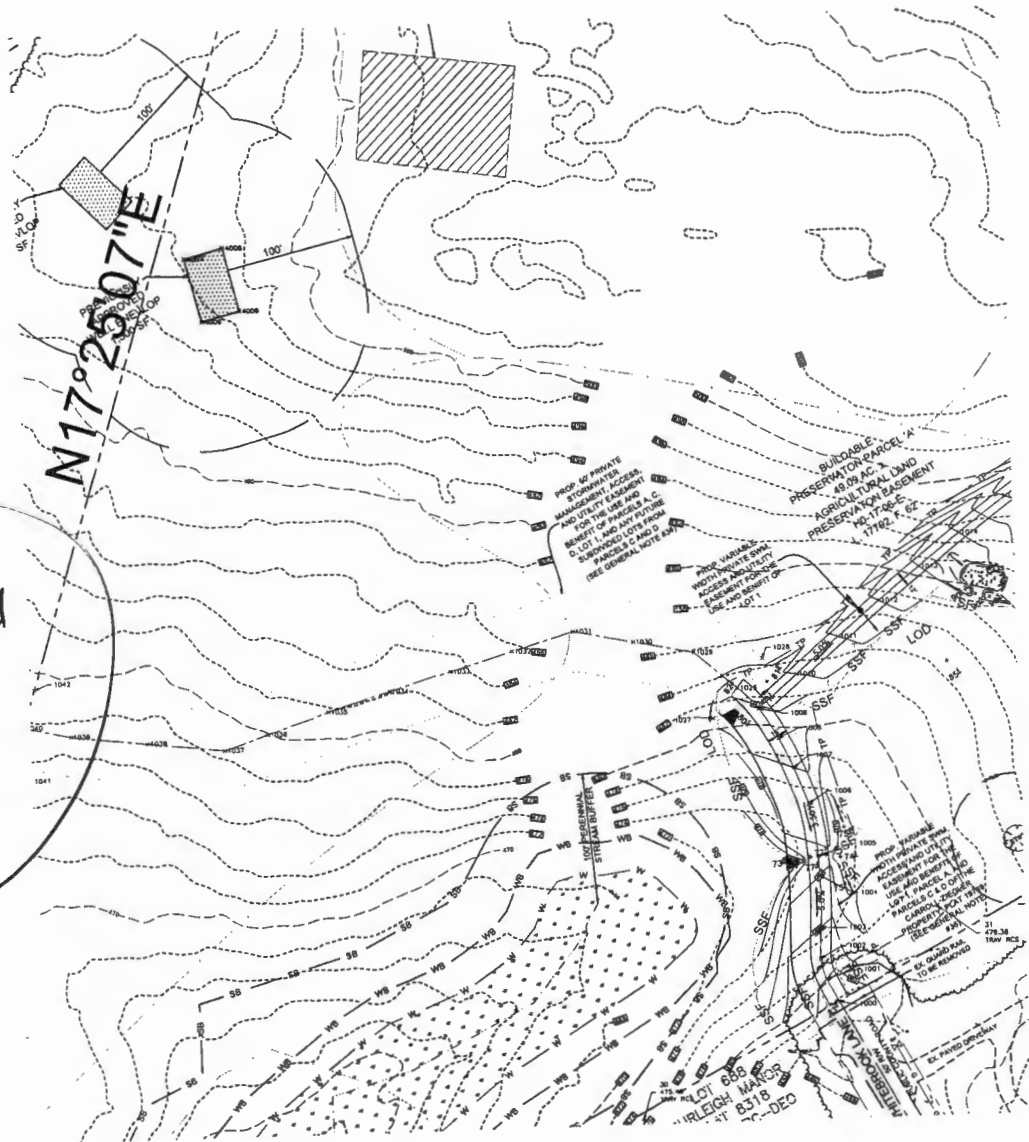
Ziegler Property 3881 Whitebrook Lane
Subdivision/Property Name Lot # Road Name

The well site has been staked by Sill Engineering
(professional land surveyor or company employing professional land surveyors)
on 8-24-22 (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.

3881 Whitebrook Ln.



Well box ok
field verified
Stakes on
9/14/22
AR

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-20-0229

INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

Parcel A Well Box
Point Plot

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 170711 Account #: 7975
Reference: Joe Matta Client: MCS Homes
Location: 1734 Willow Springs Drive Requested By: Joe Matta
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 12/6/2024 1128 Site: Pressure Tank
Date/Time Rec'd: 12/6/2024 1430 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.4
Collected By: R. Ott 0266RO Well #: HO-88-0692

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/7/2024 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/7/2024 / 1000 / BCD
Nitrate.	11.4	mg/L (as N)	10	EPA 300.0	12/6/2024 / 2301 / KDR
Turbidity	1.33	NTU	<10	SM2130B	12/6/2024 / 1610 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	12/6/2024 / 1620 / KDR

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B23004615

Date Reported: 12/9/2024

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:	171061	Account #:	7975
Reference:	Joe Matta	Client:	MCS Homes
Location:	1734 Willow Springs Drive Sykesville, MD 21784	Requested By:	Joe Matta
Date/ Time Collected:	12/26/2024 0940	Source:	Well Water
Date/Time Rec'd:	12/26/2024 1420	Site:	Reverse Osmosis Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	J. Yeager 0819JY	pH:	6.9
		Well #:	HO-88-0692

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate.	1.52	mg/L (as N)	10	EPA 300.0	12/26/2024 / 1528 / CRS

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B23004615

Date Reported: 12/27/2024

Wolf, Kevin

From: Wolf, Kevin
Sent: Tuesday, December 10, 2024 2:58 PM
To: 'jmatta@mcs homes.net'
Cc: Wolf, Kevin
Subject: Nitrates agreement | 1734 Willow Springs Drive
Attachments: Nitrate Agreement 2.11.19.pdf

Joe,

See attached agreement that must be filled out by the owner and brought back in its original form to us to sign. You will then take this form to the Office of Land Records to record. Retain a copy of the receipt and send me a copy of records.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2645 (Office)
410-313-2648 (Fax)
www.hchealth.org



kwolf@howardcountymd.gov

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No grout seen around casing and
below pitless. Well tag not attached
to casing. 6/21/2024 (MB/S)



CDR-727-6 WELL

PVC-112

10. Schenck-2000



Site Visit – 12.5.23

1734 Willow Springs Way

Sykesville, MD 21784

Rip Rap @ top of SDA



Rip Rap

Site Visit – 12.5.23
1734 Willow Springs Way
Sykesville, MD 21784
Rip Rap @ top of SDA



Rip Rap

Evidence of water channeling down through the sewage disposal area (SDA) from the Rip Rap above.

