

C1 22331

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A530374

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 5/19/15

DEPTH OF WELL 400 PERMIT NO. HO-14-01168

OWNER Mildred Baender + Assoc. WELL SITE ADDRESS Greenberry Lane TOWN Clarksville SUBDIVISION Greenberry SECTION LOT 22

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries like 'Light Brown to Dark Loamy Sand', 'Brown Schist', 'White Sandstone'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 37 NO. OF POUNDS 3778

CASING RECORD

MAIN CASING TYPE (P) (L) (S) (T) (C) (O) (J) (S) Nominal diameter 08 Total depth 103

Table for OTHER CASING (if used) with columns for diameter and depth.

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) screen type or open hole

C 2 DEPTH (nearest ft.)

Table for DEPTH (nearest ft.) with columns 1-27 and handwritten values 103, 400.

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.6 METHOD USED TO MEASURE PUMPING RATE 1 gal

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (C) TYPE OF PUMP INSTALLED (S) CAPACITY: GALLONS PER MINUTE 31

LATITUDE 39.2310791 LONGITUDE 76.9696426

NOTES: 37 bags = 3.7 bags/10 ft. 9.9

B 1	33818	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>555320 U</i> please type	STATE PERMIT NUMBER <i>HO-14-0168</i> <small>fill in this form completely</small>
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Date Received (APA) *11/18/14*

**OWNER INFORMATION**

8 MM DD YY 13

15 Last Name *Milten Bocer* Owner *Assoc.* First Name *Grace* 34

36 Street or RFD *7350 - B Grace Dr* 55

57 Town *Columbia* MD 70 State 72 Zip *21044* 76

**LOCATION OF WELL**

8 COUNTY *Howard* 21

23 SUBDIVISION *Breenberry* 42

SECTION *44* 46 LOT *22* 48 50

52 NEAREST TOWN *Clarksville Way* 71

**DRILLER INFORMATION**

Driller's Name *Allen Compton Associates* M D License No. 81

Firm Name *Fogles Well Drilling LLC*

Address *P.O. Box 202 Woodbine MD*

Signature *Allen Compton* Date *11-18-14*

**SOURCES OF DRILLING WATER**

1. *Greenberry Lane* 11 STREET ADDRESS 30

2. *Greenberry Lane*

3. *Greenberry Lane*

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 *900* 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**WELL INFORMATION**

APPROX. PUMPING RATE *5* GAL. PER MIN. 8 12

AVERAGE DAILY QUANTITY NEEDED *500* 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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

*Howard* COUNTY NAME *13* COUNTY NO. *A537374*

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED *12/10/14* CO SIGNATURE *John G. ...* EXP. DATE *12/10/15*

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL *400* FEET 24 28

APPROXIMATE DIAMETER OF WELL *8* INCH 30 32

**PROPOSED LOCATION OF WELL ON LOT**

SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

**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)**

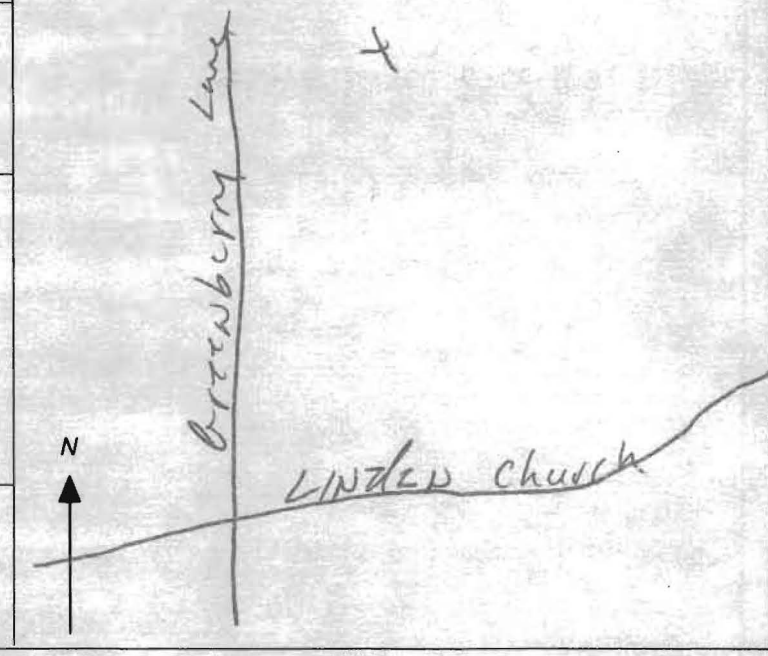
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 *H02014G003*

PERMIT No. *H0-14-0168*

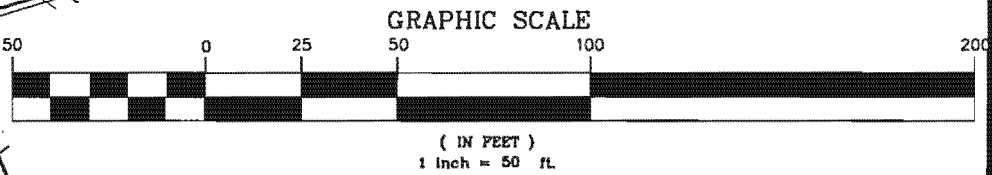
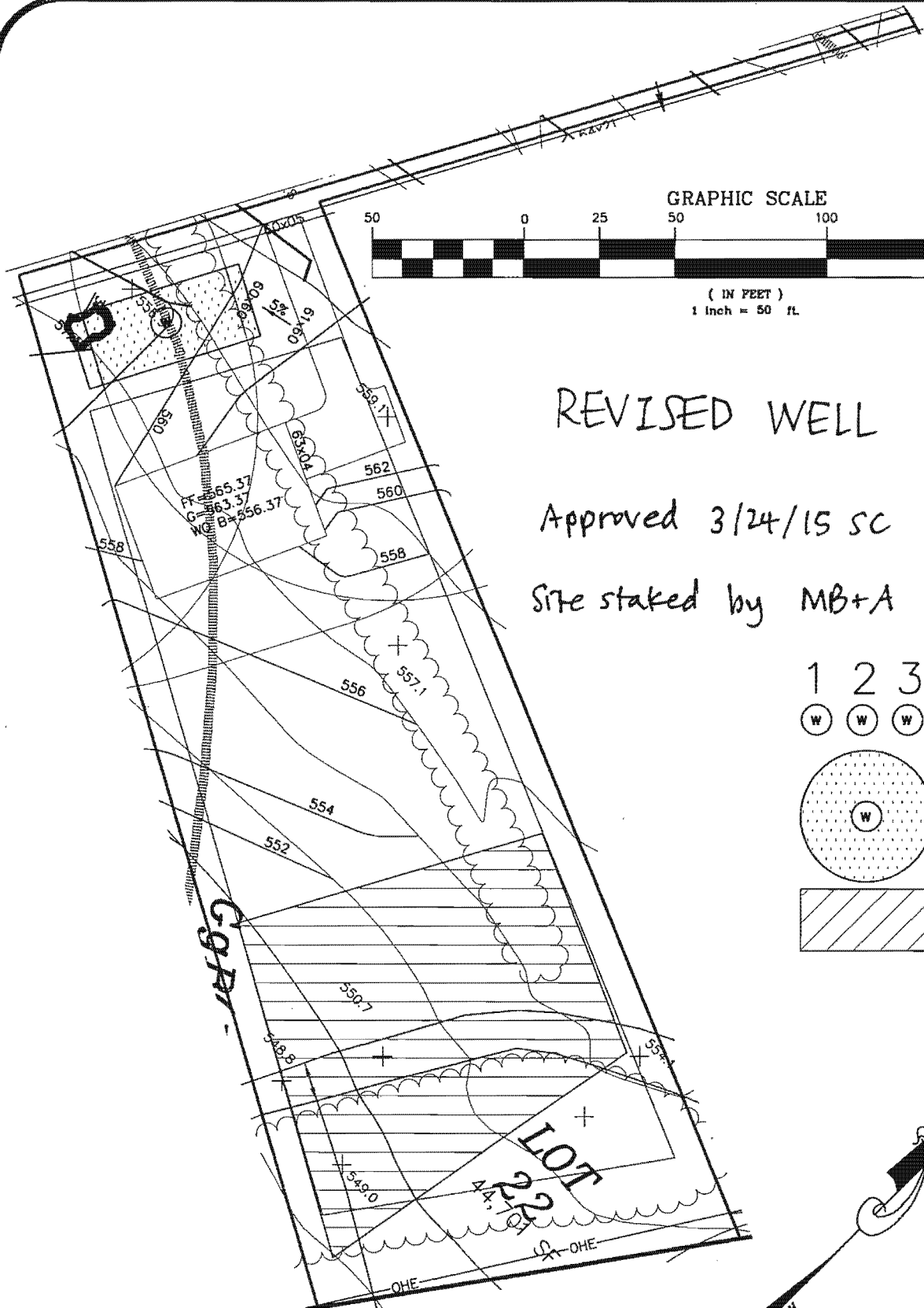
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED




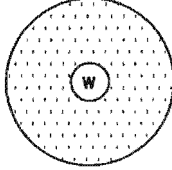

P:\2004\12-022 Greenberry\DWG\FINAL\14-095\_Well Exhibits



# REVISED WELL EXHIBIT

Approved 3/24/15 SC

Site staked by MB+A 3/21/15

- 1 2 3  

 PROPOSED WELL ALTERNATIVE LOCATIONS
- 
 PROPOSED WELL ZONE
- 
 PROPOSED SEWAGE DISPOSAL AREA

## GREENBERRY WELL EXHIBIT - LOT 22

5TH ELECTION DISTRICT      HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'    DRAWN BY: JLS    DATE: NOV 2014    PN: 12-022

## MILDENBERG BOENDER, & ASSOC., INC.

Engineers    Planners    Surveyors  
7350-B Grace Drive, Columbia, Maryland 21044  
(410) 997-0296 Balt.      (410) 997-0298 Fax.

**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: Robert L. Feezer Co. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
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): Joshua Henricks License# PI0173

**\*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: NV Homes Telephone #: 410-379-5956  
Subdivision: Greenberry Lot #: 22 Well Tag #: HO - 14 - 0168 ✓  
Site Address: 5011 Altogether Way  
Clarksville, MD 21029

**Submersible Pump Data**

Make: Berkeley  
Model #: B7P4MS10221  
Pump Capacity 7 GPM  
Well Yield: 4.6 GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
NSF/WSC approved: Yes

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 400 (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 N/A**

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (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.**

Joshua Henricks June 7, 2016  
Signature of company representative responsible for installation date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/10/16 Inspector: KW  
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 ✓



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, please indicate one of the following:

Well Site Location:

GREENBERY      22      ALTOGETHER WAY  
Subdivision/Property Name      Lot #      Road Name

The well site, as shown on the attached well site plan, has been staked by  
MILDENBERG, BOENDER & ASSOC. INC.  
(professional land surveyor or company employing professional land surveyors)  
on MARCH 21, 2015 (date).

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.



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045  
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[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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December 9, 2014

MEMORANDUM

TO: Fogle's Well Drilling, LLC  
PO Box 202  
Woodbine, MD 21797

Mildenberg, Bender, and Associates, Inc.  
7350-B Grace Drive  
Columbia, MD 21044

FROM: Sarah Collins SEC  
Environmental Health Specialist  
Howard County Health Department

RE: Greenberry Well Permits

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Please note the following special conditions for the Greenberry subdivision well permits:

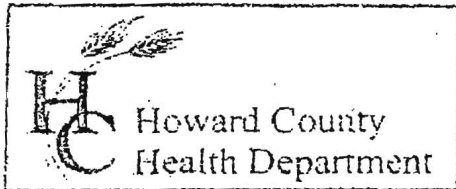
The Percolation Certification for the Greenberry subdivision shows circular well boxes for lots 7, 10, 12, 13, 15, 16, 18, and 19. The center of the well box has been staked and the driller is to drill at the outer perimeter of the well box, **22 feet from the center stake.**

All monitoring and test wells shown on the Percolation Certification are to be sealed. Abandonment reports must be submitted with well completion reports.

At the time of the yield test, a water sample needs to be collected for pesticides testing for lots 2, 3, 4, 5, 10, and 12.

At the time of the yield test, a water sample needs to be collected for TDS, sodium, and chloride testing for lots 4, 9, 11, 14, and 20.

Cc: 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

TO ALL INTERESTED PARTIES

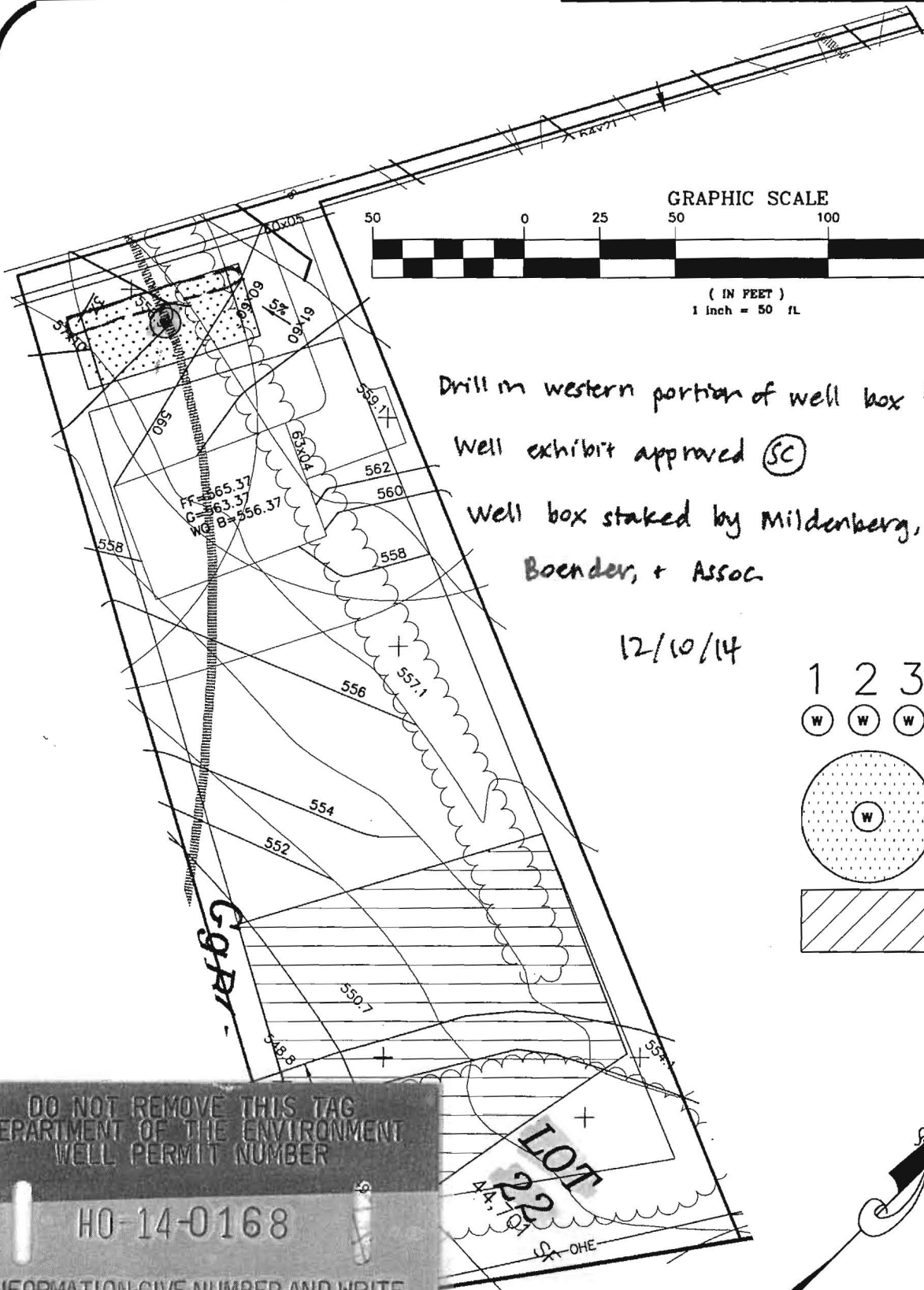
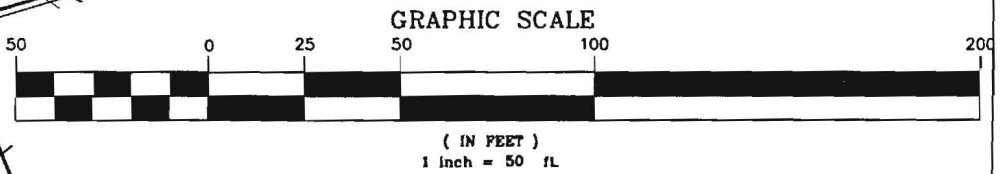
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Mildenberg Brender & Assoc.  
(professional land surveyor or company employing professional land surveyors)  
on 12-6-14 (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

F-14-095\_Well Exhibits



P: \2004\

**GREENBERRY**  
WELL EXHIBIT - LOT 22

5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1"=50' DRAWN BY: JLS DATE: NOV 2014 PN: 12-022

**MILDENBERG  
BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors  
7350-B Grace Drive, Columbia, Maryland 21044  
(410) 997-0298 Balt. (410) 997-0298 Fax.

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

N V Homes  
C/O Robert Feezer Company  
6321 Barnett Avenue  
Sykesville, Md 21784

Reporting Date: 9/14/2016  
Report #: M4432

Submitted Sample Address: 5011 Altogether Way  
Clarksville, MD 21029  
Submitted Sample Source: Holding tank  
Date / Time Collected: 9/12/2016 09:40 AM  
Sample Type: Drinking Water  
Sampler/Company: K. Lee 4827KL, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.7  
Well Tag #: HO-14-0168

## Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	ND	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	0.8	NTU	0.5	< 10 NTU*	MD Well Reg.

### Notes:

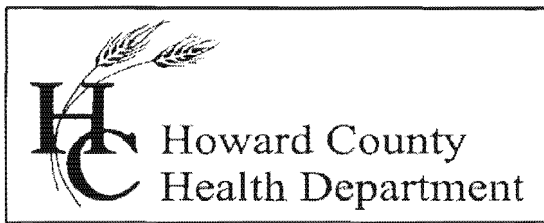
- Bacteriological analysis of this sample indicates this water is  safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- \* Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type -  
**EPA Primary:** The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.  
**EPA Secondary:** Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.  
**Action Level:** Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: \_\_\_\_\_



## Bureau of Environmental Health

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Twitter: HowardCoHealthDep

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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 22, 2017

September 22, 2016

Homeowner  
5011 Altogether Way  
Clarksville, MD 21029

**RE: Greenberry, Lot 22  
5011 Altogether Way  
Building Permit: B16001421  
Well Permit: HO-14-0168**

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 **9/13/2016**. Final approval of the well line connection to the dwelling was granted on **8/10/2016**. The well construction was completed on **5/19/2015**. Water samples were collected on **9/12/2016**.

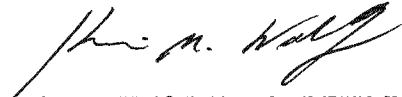
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0168. 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 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 Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,



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

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