

C1 31544 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A537374

ST/CO USE ONLY DATE Received MM 04 DD 07 YY 15

DATE WELL COMPLETED MM 31 DD 15 YY 15

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK #19/15 SC HO-14-0157

OWNER: H. K. Jacob last name first name WELL SITE ADDRESS: Linden Church Rd Greenberry TOWN: Clarksville SUBDIVISION: Greenberry SECTION: LOT: 5

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. Rows include: Red clay (0-5), Red (5-29), Brown (29-63), Gray schist (63-100), Gray & white (100-275), White (275-276), Gray schist (276-400).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 27 NO. OF POUNDS 2538 GALLONS OF WATER 162 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 71 ft.

CASING RECORD

MAIN CASING TYPE: PL (60-61) Nominal diameter top (main) casing (nearest inch): 08 (63-64) Total depth of main casing (nearest foot): 73 (66-70)

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

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

DEPTH (nearest ft.)

Table for depth with columns: 1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E: ELECTRIC LOG OBTAINED P: TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. M S D 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE 1000 WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft. WHEN PUMPING 162 ft. TYPE OF PUMP USED (for test) C centrifugal, 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. 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, (-) below LAND SURFACE 02 (nearest foot)

LATITUDE 39.231224 LONGITUDE 76.970347 (DEFAULT COORD. WGS 84)

NOTES: 27 bags = 3.8 bags/10' 7.1

B 1 33893

SEQUENCE NO: (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

11/18/14 11/19/14 H0-14-0151

please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Mildenberg, Brender, & Assoc.

15 Last Name Owner First Name 34

1350-B Grace Drive

36 Street or RFD 55

Columbia, Md 21044

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY

23 SUBDIVISION

SECTION 44 46

LOT 5 48 50

52 NEAREST TOWN

DRILLER INFORMATION

Allen Compton MS D009

Driller's Name 76 License No. 81

Fogles Well Drilling, LLC

Firm Name

P.O. Box 202 Woodbine, Md 21797

Address

Allen Compton 11-18-14

Signature Date

B 4

SOURCES OF DRILLING WATER

1 Well

2.

3.

Greenberry Lane

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 900 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 0028 BLK: PARCEL

B 2

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)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A537374

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 12/10/14

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 8 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 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

39 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 DEEPEMED AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER H02014G003

PERMIT No. H0-14-0151

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SEE ATTACHED MEMO

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

N



Greenberry Lane

Linden Church



**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 #: 5 Well Tag #: HO - 14 - 0157  
Site Address: 5020 Bee Francis Way 0151  
Clarksville, MD 21029

**Submersible Pump Data**

Make: Berkeley  
Model #: B7P4MS07221  
Pump Capacity 7 GPM  
Well Yield: 6.0 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

Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap: Yes

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**

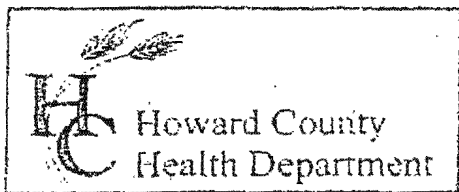
PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve sealed properly: Yes

**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 Signature of company representative responsible for installation      March 22, 2016 date

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

Date Insp. Requested: 3/21/16 Date Insp. Approved: 7/21/16 Inspector: SC  
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 ✓



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:

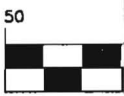
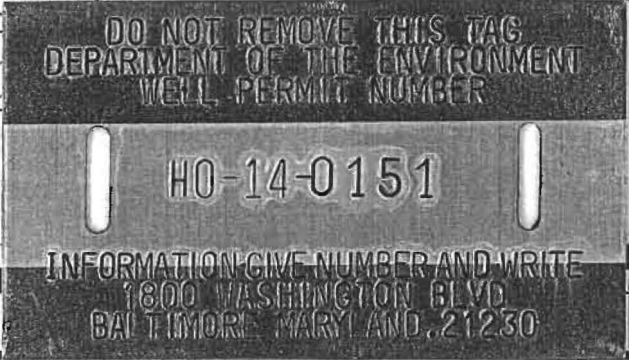
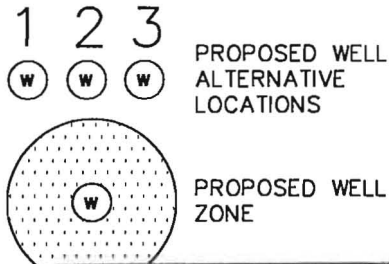
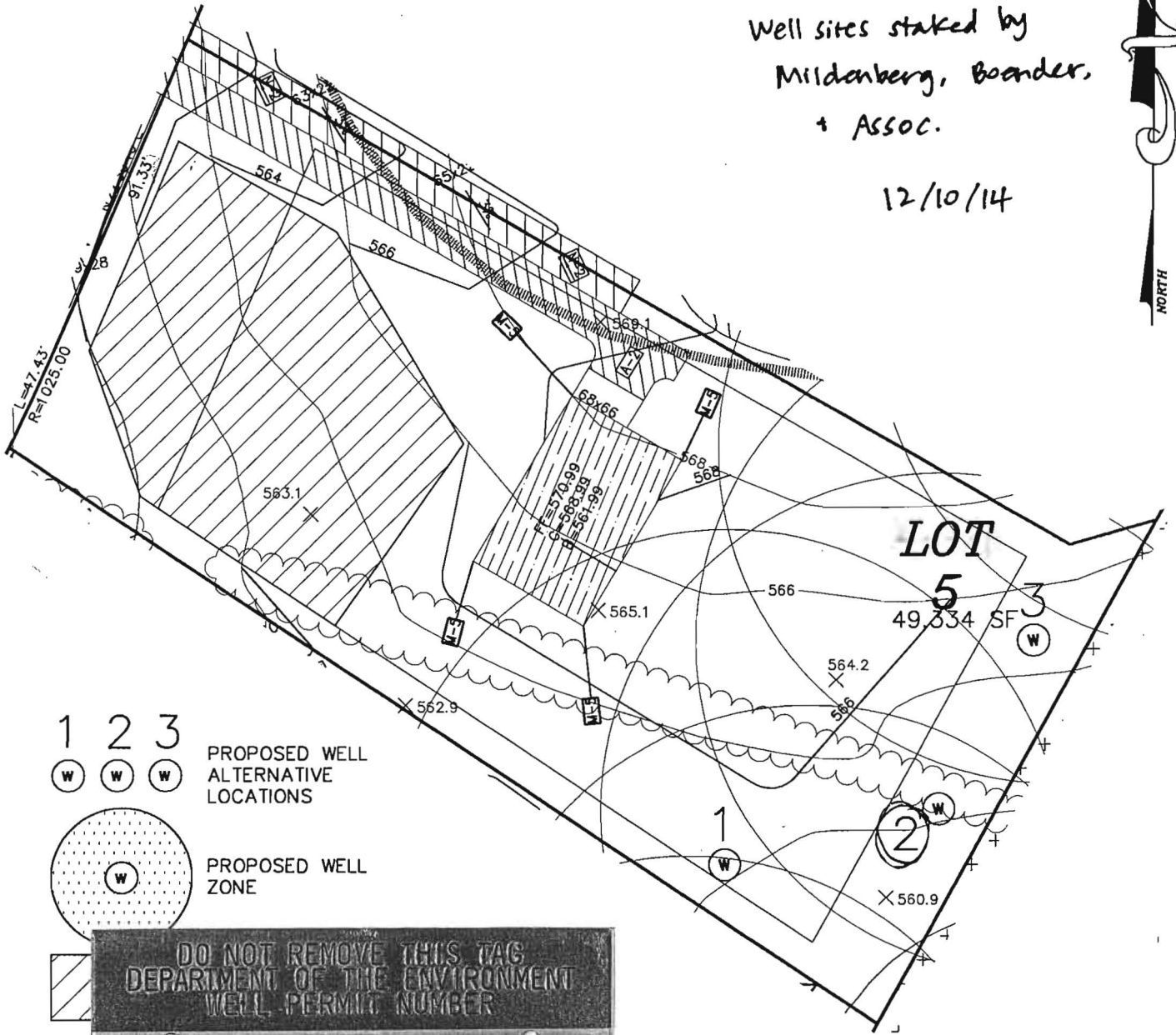
- The well site has been staked by Mildenberg Brender & Assoc.  
(professional land surveyor or company employing professional land surveyors)  
on 12-6-14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to 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

Drill site #2 first  
 Well exhibit approved (SC)  
 Well sites staked by  
 Mildenberg, Boender,  
 + Assoc.

12/10/14



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

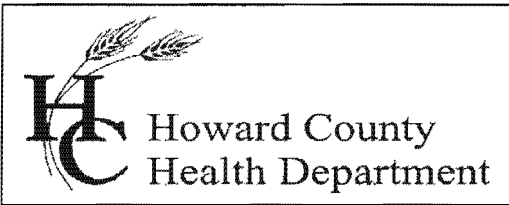
**GREENBERRY**  
 WELL EXHIBIT - LOT 5

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.



Bureau of Environmental Health

8930 Stanford Blvd., 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

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – MARCH 15, 2017**

September 15, 2016

Homeowner  
5020 Bee Frances Way  
Clarksville, MD 21029

**RE: Greenberry, Lot 5  
5020 Bee Frances Way  
Building Permit: B15005326  
Well Permit: HO-14-0151**

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 **9/9/2016**. Final approval of the well line connection to the dwelling was granted on **7/21/2016**. The well construction was completed on **3/4/2015**. Water samples were collected on **9/7/2016**.

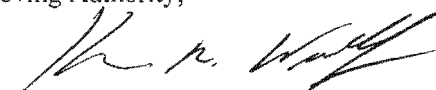
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0151. 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,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is fluid and cursive, with a prominent initial "K" and a long, sweeping underline.

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

# Water Testing Laboratories

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

of Maryland, Inc.

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

Reporting Date: 9/12/2016  
Report #: M4415

Submitted Sample Address: 5020 Bee Frances Road  
Clarksville, MD  
Submitted Sample Source: Holding Tank-well cap intact &  
no devices used  
Date / Time Collected: 9/7/2016 09:36 AM  
Sample Type: Drinking Water  
Sampler/Company: K. Lee 4827KL, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.0  
Well Tag #: HO-14-0151

## 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            | 0.9    | 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               | 1.1    | 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: 