

C1 31561

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 A 537374

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

DATE WELL COMPLETED MM 03 DD 17 YY 15

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 14 - 0147

OWNER: H. K. Mat Jacob; WELL SITE ADDRESS: Linden Church RD; TOWN: Clarksville; SUBDIVISION: Greenberry; SECTION: ; LOT: 1

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, red shale, Brown mica, Gray schist, Brown, Gray schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC; NO. OF BAGS: 30; NO. OF POUNDS: 2800

CASING RECORD

MAIN CASING TYPE: PL (PLASTIC); Nominal diameter: 08; Total depth: 69

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD

screen type or open hole: HO (OPEN HOLE); DEPTH (nearest ft.): 400

C3

PUMPING TEST

HOURS PUMPED: 3; PUMPING RATE: 4; METHOD USED TO MEASURE PUMPING RATE: 1992; TYPE OF PUMP USED: S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP: YES (NO); TYPE OF PUMP INSTALLED: S; CAPACITY: 02 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (A WELL WAS ABANDONED AND SEALED)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 MSD 009; DRILLERS SIGNATURE

LIC. NO. 1 D

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

C2

Table with columns: A C H S R E E N; rows for depth measurements: 69, 400

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR

LATITUDE 39.229724; LONGITUDE 76.971206

NOTES: 30 bags = 4.5 bags/10'; 6.7

B 1 **33889** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER  
 1 2 3 6 555320 please type HO - 14 - 0147  
 70 fill in this form completely 79

Date Received (APA) 11/18/14  
 8 MM DD YY 13  
 OWNER INFORMATION  
 15 Last Name Mildenberg, Brander + Assoc, Inc Owner First Name 34  
 36 7350-B Grace Dr. Street or RFD 55  
 57 Columbia, Md. 21044 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
 8 COUNTY Howard 21  
 23 SUBDIVISION Greenberry 42  
 SECTION 44 46 LOT 1 48 50  
 52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION  
 76 Driller's Name Allen Compton License No. 81 MSD 009  
 Firm Name Fogles Well Drilling, LLC  
 Address P.O. Box 202 Woodbine, Md 21797  
 Signature Allen Compton Date 11-17-14

B 4 SOURCES OF DRILLING WATER  
 1. 13B  
 2. 13B  
 3. 13B  
 11 STREET ADDRESS London Church Rd 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  N  S  E  W  
 WEST SOUTH EAST  
 34 300 37 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION  
 1 2 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

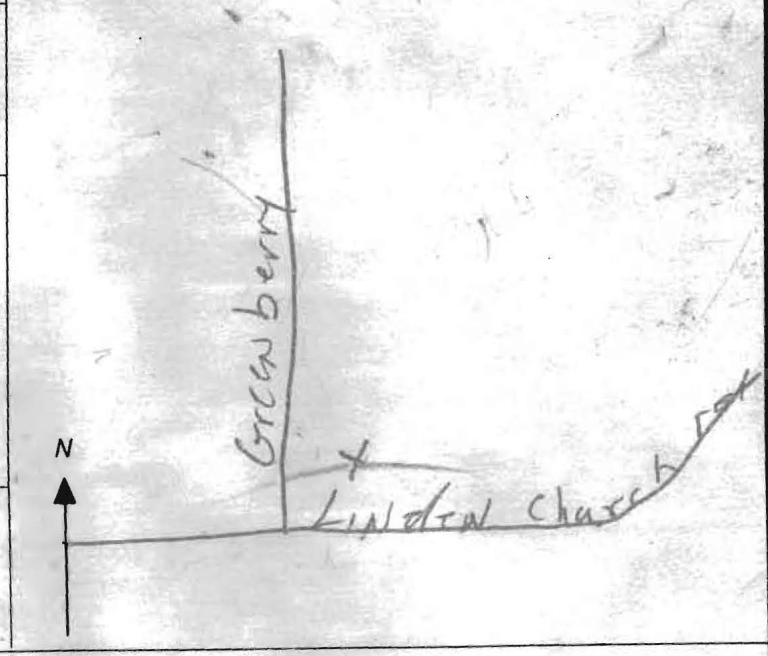
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME Howard (13) COUNTY NO. A537374  
 STATE SIGNATURE [Signature] INSERT S → 41  
 DATE ISSUED 12/10/14 [Signature] 12/10/15  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 400 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 8 NEAREST INCH

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 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 DEEPEM 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)  
 APPROP. PERMIT NUMBER HO 2014G003  
 PERMIT No. HO - 14 - 0147  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS SEE ATTACHED MEMO  
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





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

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 6-29-15 (month/day/year)

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

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

HO-14-0147

\* PERSON ABANDONING WELL: Allen Compton

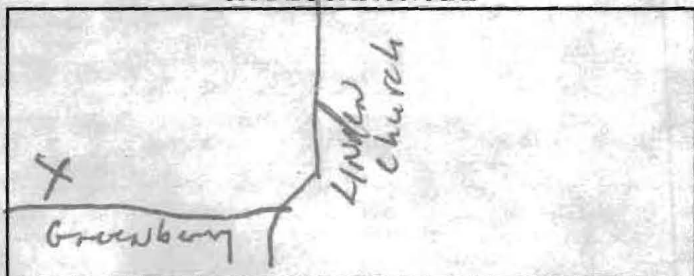
WELL DRILLER'S LICENSE NUMBER: 009

\* OWNER'S NAME: Jacob McKnight

CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Clarksville  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Greenberry  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: Linden Church Rd

SITE LOCATION MAP



LATITUDE 3 9.2298813

LONGITUDE 7 6.9711761

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>100</u>
<u>stone</u>	<u>100</u>	<u>400</u>
VOLUME OF MATERIAL USED		
<u>2 yards</u>		

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED \_\_\_\_\_  
 BORED \_\_\_\_\_ HAND DUG \_\_\_\_\_  
 OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC \_\_\_\_\_  
 IRRIGATION \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_  
 TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL \_\_\_\_\_

\* TYPE OF CASING:  
 STEEL \_\_\_\_\_  
 CONCRETE \_\_\_\_\_  
 PLASTIC \_\_\_\_\_  
 OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 8 INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED? YES NO  
 If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 009

CIRCLE ONE MWD / MSD / MGS DATE 6-29-15

COUNTY

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.

**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 #: 1 Well Tag #: HO - 14 - 0147  
Site Address: 5004 Bee Frances Way  
Clarksville, MD 21029

**Submersible Pump Data**

Make: Berkeley  
Model #: B5P4MS10221  
Pump Capacity 5 GPM  
Well Yield: 4.0 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  
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**

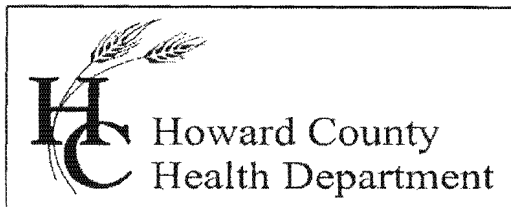
PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve sealed properly: Yes

**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      November 28, 2016  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: 12/1/16 Date Insp. Approved: 12/1/16 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 ✓



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

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**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – JUNE 29, 2017

December 29, 2016

Homeowner  
5004 Bee Frances Way  
Clarksville, MD 21029

**RE: Greenberry, Lot 1  
5004 Bee Frances Way  
Building Permit: B16002265  
Well Permit: HO-14-0147**

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 **12/22/2016**. Final approval of the well line connection to the dwelling was granted on **12/1/2016**. The well construction was completed on **3/17/2016**. Water samples were collected on **12/19/2016**.

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-14-0147. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

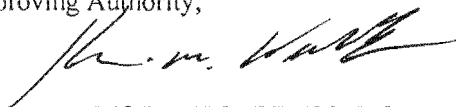
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 "K.M. Wolf", written over a horizontal line.

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 Robert Feezer Co.  
6321 Barnett Avenue  
Sykesville, Md 21784

Reporting Date: 12/20/2016  
Report #: M4710

Submitted Sample Address: 5004 Bee Frances Way  
Clarksville, MD 21029  
Submitted Sample Source: Holding tank  
Date / Time Collected: 12/19/2016 01:40 PM  
Sample Type: Drinking Water  
Sampler/Company: K. Lee 4827KL, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.5  
Well Tag #: Too Muddy

## 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	2.65	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	0.6	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: 

# Water Testing Laboratories

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410-643-7711

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### Notes:

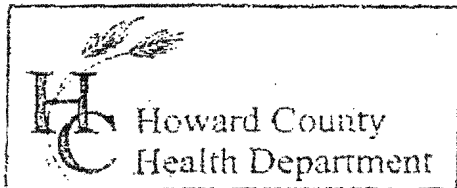
1. Bacteriological analysis of this sample indicates this water is  safe  for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. \* 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.
7. MCL Type -  
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8. 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: SNB



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

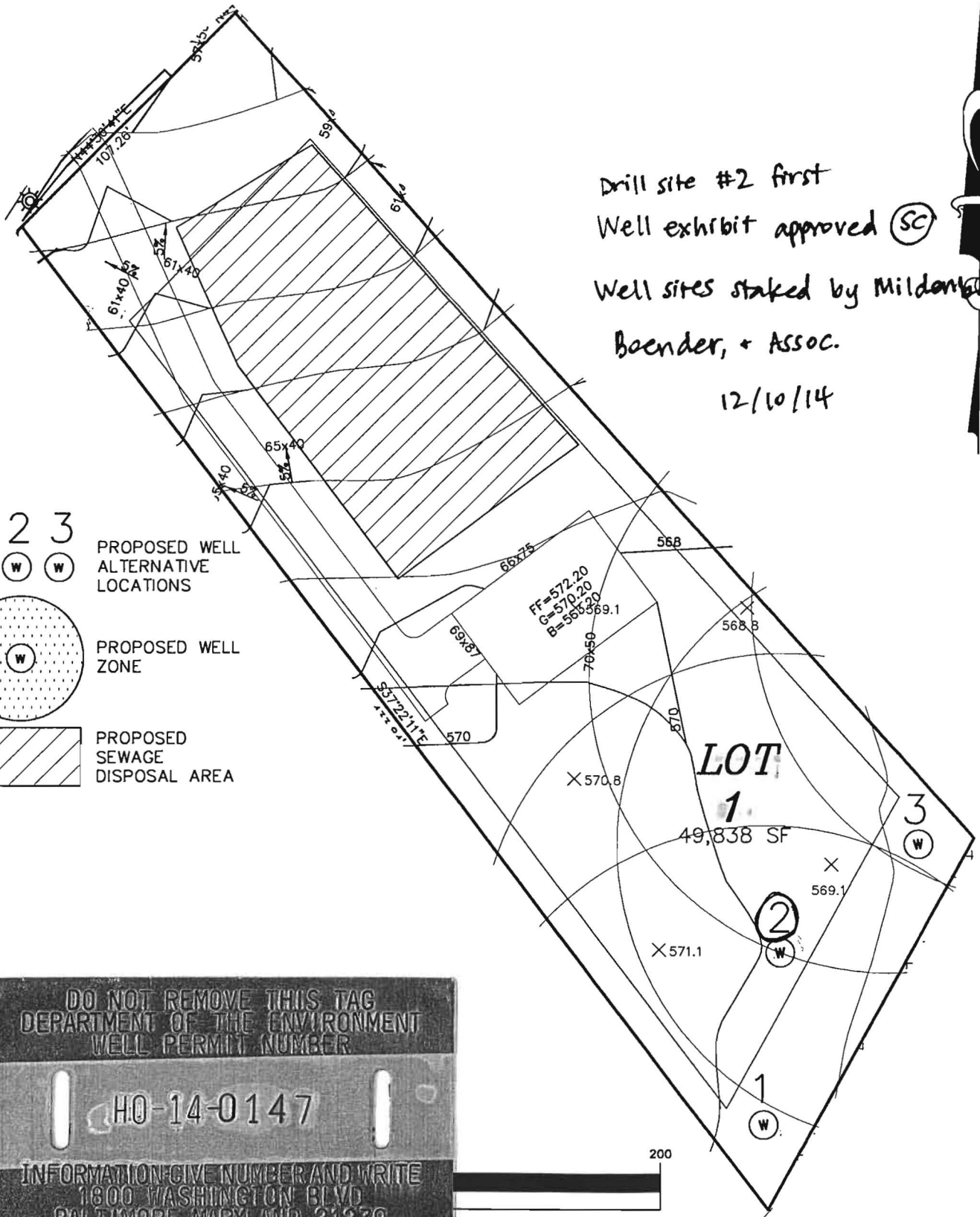
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- 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.


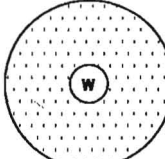

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

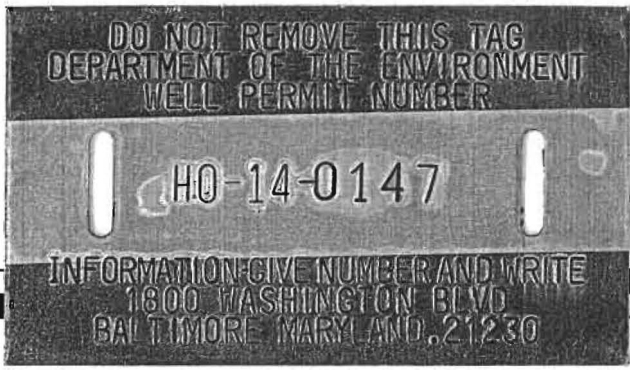
Revised 6/10/03

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



Drill site #2 first  
 Well exhibit approved (SC)  
 Well sites staked by Mildenberg  
 Boender, + Assoc.  
 12/10/14

- 1 2 3  
 PROPOSED WELL ALTERNATIVE LOCATIONS
-  PROPOSED WELL ZONE
-  PROPOSED SEWAGE DISPOSAL AREA



**GREENBERRY**  
 WELL EXHIBIT - LOT 1

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.