

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 400 26 (TO NEAREST FOOT) COUNTY NUMBER A537374 PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 6/11/15SC HD-14-0160 28 29 30 31 32 33 34 35 36 37

OWNER Mildenburg Broender + Associates
WELL SITE ADDRESS Greenberry Lane TOWN Clarksville
SUBDIVISION Greenberry SECTION _____ LOT 21

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	
Light Brown to Dark Brown loamy	0	69	
Grey Schist	69	240	
Brown	240	241	
Grey Schist	241	400	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 29 NO. OF POUNDS 119
GALLONS OF WATER _____
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 74 ft.
48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
PL 08 80
60 61 63 64 66 70

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

SCREEN RECORD
screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M 5 D 009
DRILLERS SIGNATURE Allen [Signature]
LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.)
1 2 3 40 80 400
EACH CASING diameter inch depth (feet) from to
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH) _____
56 60
from to

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 _____
70 _____ 72 _____ 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST
HOURS PUMPED (nearest hour) 3
8 9
PUMPING RATE (gal. per min.) 5.4
11 15
METHOD USED TO MEASURE PUMPING RATE 1 gal
WATER LEVEL (distance from land surface)
BEFORE PUMPING 21 ft.
17 20
WHEN PUMPING 104 ft.
22 25
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 (CIRCLE) (YES or NO) 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 } LAND SURFACE
 - below } 01 (nearest foot)
49 50 51

LATITUDE 39.2313271
LONGITUDE 76.9694519
(DEFAULT COORD. WGS 84)

NOTES:
29 bags = 3.9 bags/10 ft.
7.4

B 1	33817	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 5553201 please type	STATE PERMIT NUMBER HO-14-0167 fill in this form completely
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Date Received (APA) 11-18-14

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Mildenberg Owner Boender & Assoc First Name Boender 34

36 Street or RFD 7350-B Grace Dr. 55

57 Town Columbia 70 State MD 72 Zip 21044 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Greenberry 42

SECTION 44 46 LOT 21 48 50

52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION

Driller's Name Allen Compton MS D 009 76 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.

3.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 900 37 DISTANCE FROM ROAD 44

ENTER FT OR MI 38 39

TAX MAP: 0028 BLK: _____ PARCEL _____

WELL INFORMATION

APPROX. PUMPING RATE 5 8 12 (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED 500 14 20 (GAL. PER DAY)

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 A531314

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 12/10/14 CO SIGNATURE S.L. L... EXP. DATE 12/10/15

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 400 FEET 24 28

APPROXIMATE DIAMETER OF WELL 8 INCH 24 28

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary JETTED ROTARY (Hydraulic Rotary) Jetted & DRIVEN

30 CABLE AIR-PERCussion REVerse-ROTary DRive-POINT

31 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

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 DEEPEM AN EXISTING WELL

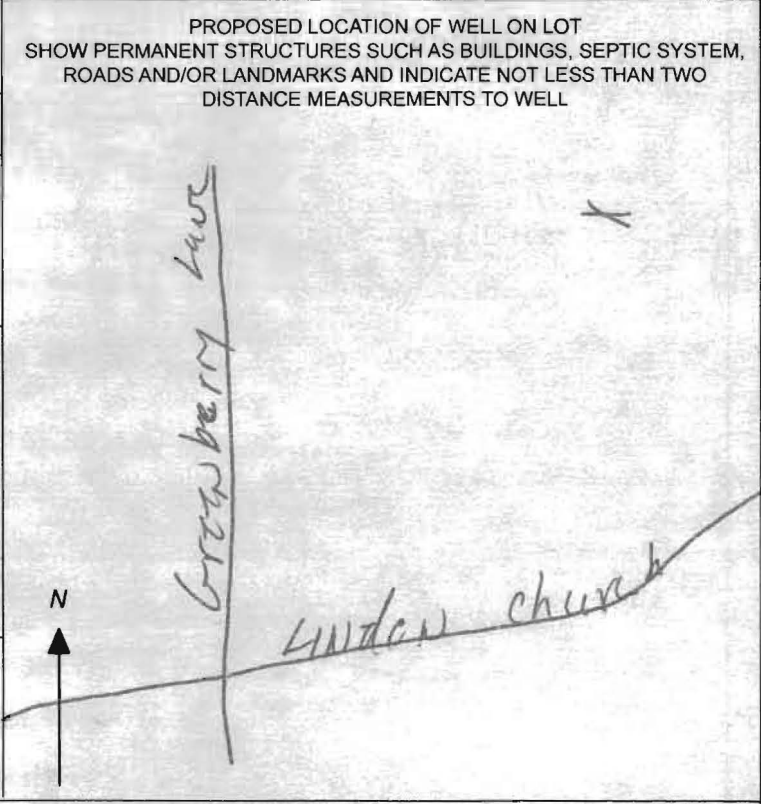
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER HO 2014 G003

PERMIT No. HO-14-0167

70 71 72 73 74 75 76 77 78 79



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

Company Name: Fezer's Telephone #: _____
Address: _____

(**Must circle one**) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: 21 Well Tag #: HO - ____ - ____
Site Address: 5007 Altogether Ct.

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.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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (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 _____ date _____

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

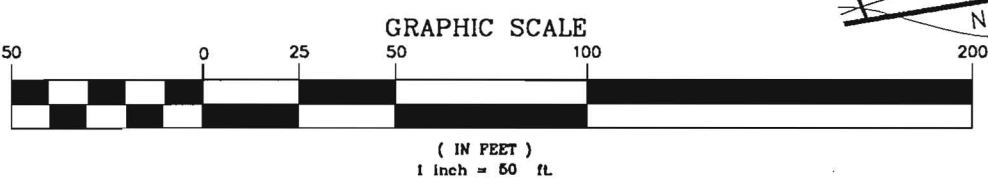
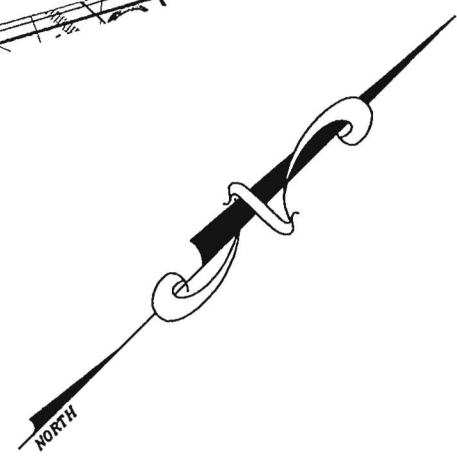
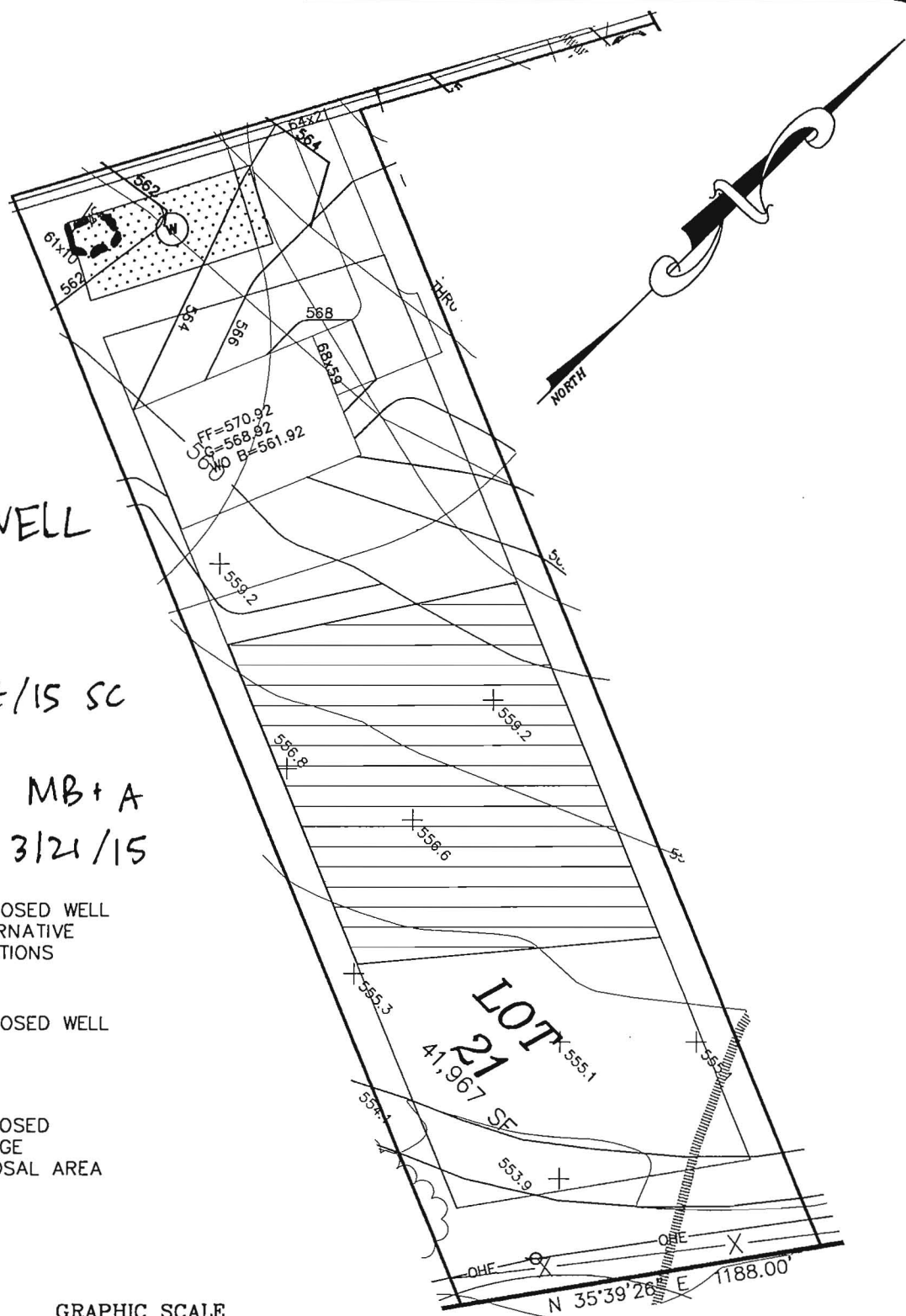
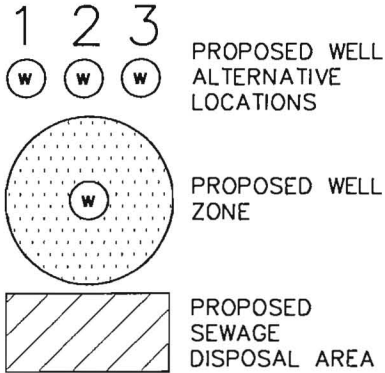
Date Insp. Requested: 6/7/16 Date Insp. Approved: 6/7/16 Inspector: SC
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety 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 ✓

F:\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



GREENBERRY
 WELL EXHIBIT - LOT 21

5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

MILDENBERG BOENDER, & ASSOC., INC.

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

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



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:

GREENBERRY 21 ALLTOGETHER 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.

Water Testing Laboratories

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

of Maryland, Inc.

Nv Homes
C/O Robert Feezer Co.
6321 Barnett Avenue
Sykesville, Md 21784

Reporting Date: 7/19/2016
Report #: M4251

Submitted Sample Address: Lot 21, 5007 Altogether Way
Clarksville, MD 21029
Submitted Sample Source: Holding tank ✓
Date / Time Collected: 7/13/2016 9:20 AM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.0
Well Tag #: HO-14-0167

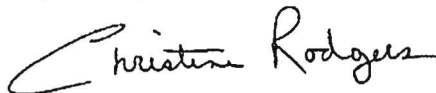
Analytical Results

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	1.4	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	2.7	NTU	0.5	< 10 NTU*	MD Well Reg.


Notes:

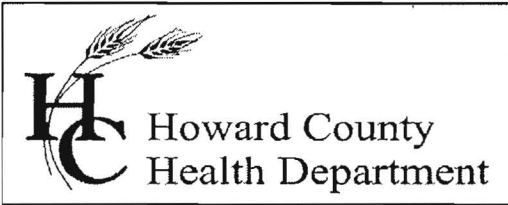
- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- * Sand 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

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 – FEBRUARY 1, 2017

August 1, 2016

Homeowner
5007 Altogether Way
Clarksville, MD 21029

RE: Greenberry, Lot 21
5007 Altogether Way
Building Permit: B16000669
Well Permit: HO-14-0167

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 **8/1/2016**. Final approval of the well line connection to the dwelling was granted on **6/7/2016**. The well construction was completed on **5/22/2015**. Water samples were collected on **7/13/2016**.

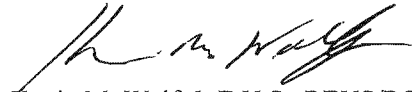
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0167. 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>

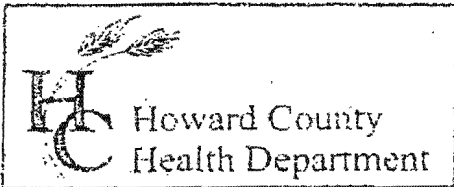
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", 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



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



Bureau of Environmental Health

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

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

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

