

C1 22328

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A537374

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 5/18/15

Depth of Well 22 500' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-14-0164

OWNER Mildenberg, Brender & Assoc. WELL SITE ADDRESS Greenbarry Lane TOWN Chicksville SUBDIVISION Greenbarry SECTION LOT 18

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Light brown to dark loamy gray schist, Brown, Gray schist, White, Gray schist.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) CEMENT (C) BENTONITE CLAY (B) NO. OF BAGS 28 NO. OF POUNDS 2200 GALLONS OF WATER 168 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 76 ft.

CASING RECORD casing types insert appropriate code below (S) (C) (P) (O) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) PL 08 80

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

SCREEN RECORD screen type or open hole (S) (B) (H) (P) (O) STEEL BRASS BRONZE PLASTIC OPEN HOLE 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...

DRILLERS LIC. NO. 1 MSD 007 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

DEPTH (nearest ft.) H0 80 500

E 8 9 11 15 17 21 A 23 24 26 30 32 36 S 38 39 41 45 47 51 R E N 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 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

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.11 15 METHOD USED TO MEASURE PUMPING RATE 1 cpl WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 227 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. 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 (nearest foot) (-) below } 01

LATITUDE 39.2320559 LONGITUDE 76.9683380 (DEFAULT COORD. WGS 84)

NOTES: 28 bags = 3.7 bags/10 ft. Storage: 490' - 33' = 457' x 2.6 gal/ft. = 1188 gal

B 1	33814	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 555320-9 please type	STATE PERMIT NUMBER H0-14-0164 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 Owner First Name 34
Mildenberg, Brandon + Assoc

36 Street or RFD 55
7350-B Grace Dr.

57 Town 70 State 72 Zip 76
Columbia, Md. 21044

B 3

LOCATION OF WELL

8 COUNTY 21
Howard

23 SUBDIVISION 42
Greenberry

SECTION 44 46 LOT 48 50
18

52 NEAREST TOWN 71
Clarksville

DRILLER INFORMATION

Driller's Name 76 License No. 81
Allen Compton MS D 009

Firm Name
Fogles Well Drilling

Address
P.O. Box 202 Woodbine, Md 21797

Signature Date
Allen Compton 11-18-14

B 4

SOURCES OF DRILLING WATER

11 STREET ADDRESS 30
Greenberry Lane

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
WEST EAST
SOUTH

34 900 37
DISTANCE FROM ROAD

ENTER FT OR MI 38 39
99

TAX MAP 0008 BLK: _____ PARCEL _____

B 2

WELL INFORMATION

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

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

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) A531374
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 12/10/14
43 MM DD YY 48

CO SIGNATURE EXP. DATE
12/10/15

APPROXIMATE DEPTH OF WELL 24 28 FEET
400

APPROXIMATE DIAMETER OF WELL NEAREST INCH
8

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

39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

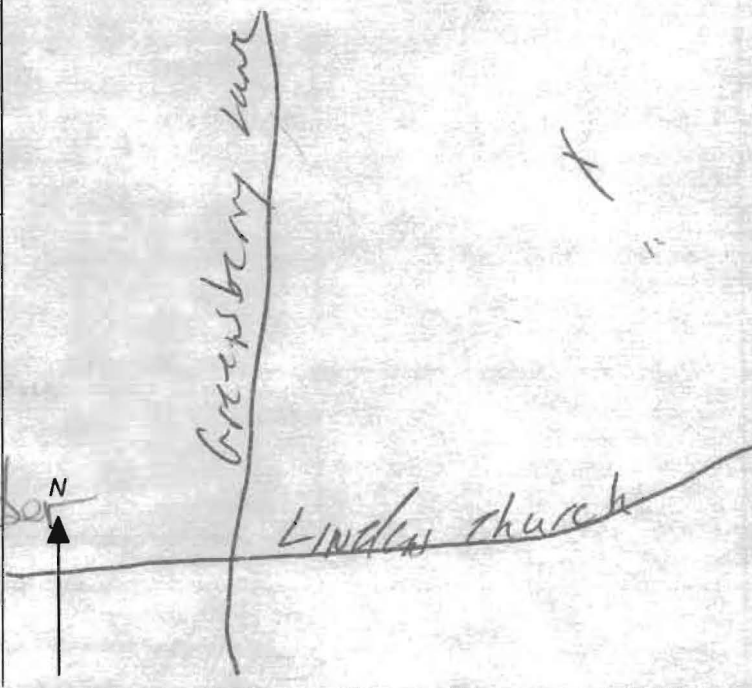
D THIS WELL WILL DEEPEM AN EXISTING WELL

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 H02014G003

PERMIT No. H0-14-0164
70 71 72 73 74 75 76 77 78 79



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

FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO- 14 - 0164Subdivision: Greenberry Lot 18 block _____ Plot _____ Sec. _____Well Driller: Fogles Allen Compton Owner: Jacob HikmatDepth of Well: 500'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 33' 5"

High rate pumping –reservoir Drawdown

Time pump started: 8:45 Pumping rate: 12 gpmTotal time 1 Hour to reach pumping water level 227' M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	33'	5 Seconds	N/A	12 gpm
9:00	115	5		12 gpm
9:15	169'	6		10 gpm
9:30	206'	6		10 gpm
9:45	227'	30		2 gpm
10:00	227'	30		2 gpm
10:15	227'	30		2 gpm
10:30	227'	30		2 gpm
10:45	227'	30		2 gpm
11:00	227'	30		2 gpm
11:15	227'	30		2 gpm
11:30	227'	30		2 gpm
11:45	227'	30		2 gpm
12:00	227'	30		2 gpm
12:15	226'	30		2 gpm
12:30	226'	30		2 gpm
12:45	226'	30		2 gpm
1:00	226'	30		2 gpm
1:15	226'	30		2 gpm
1:30	226'	30		2 gpm
1:45	226'	30		2 gpm
2:00	226'	30		2 gpm
2:15	226'	30		2 gpm
2:30	226'	30		2 gpm
2:45	226'	30		2 gpm
3:00	226'	30		2 gpm
3:15	225'	30		2 gpm
3:30	225'	30		2 gpm
3:45	225'	30		2 gpm

**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 #: 18 Well Tag #: HO - 14 - 0164
Site Address: 11917 Northern Bell Way
Clarksville, MD 21029

Submersible Pump Data

Make: Berkeley
Model #: B10P4MS10221
Pump Capacity ¹⁰ _____ GPM
Well Yield: 2.0 _____ 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: 500 (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

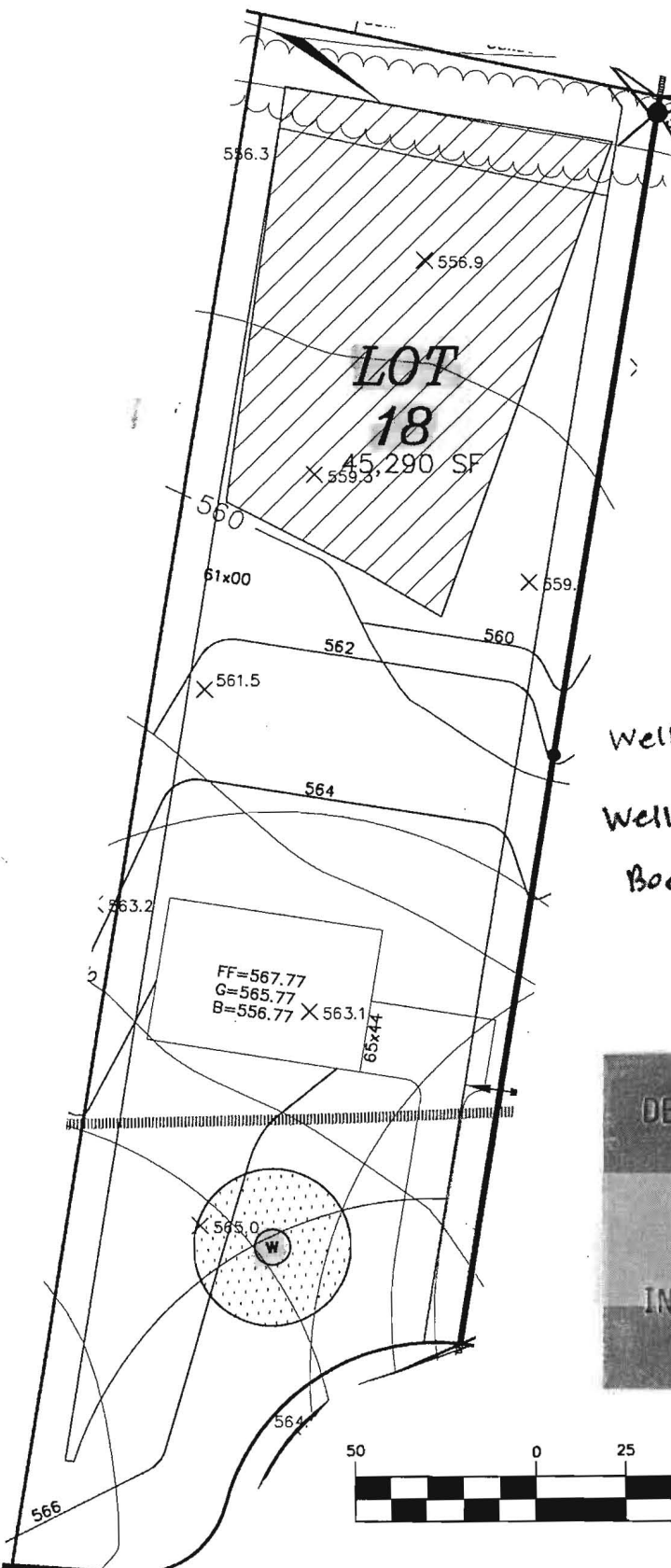
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
Sleeve sealed properly: Yes

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 June 6, 2016
Signature of company representative responsible for installation date

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

Date Insp. Requested: 6/24/16 Date Insp. Approved: 6/24/16 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 ✓



1 2 3
 (W) (W) (W)
 PROPOSED WELL ALTERNATIVE LOCATIONS

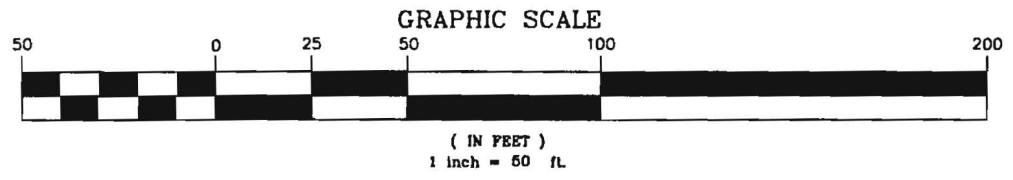
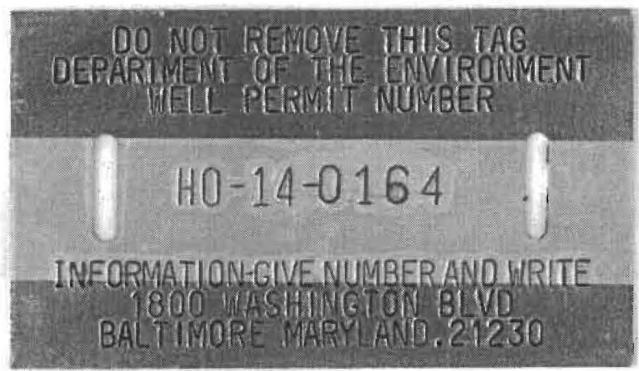
(W)
 PROPOSED WELL ZONE

(Hatched Box)
 PROPOSED SEWAGE DISPOSAL AREA

NORTH

Well exhibit approved (SC)
 Well zone staked by Mildenberg,
 Boender, + Assoc.

12/10/14



GREENBERRY
WELL EXHIBIT - LOT 18

5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

MILDENBERG
BOENDER, & ASSOC., INC.
 Engineers Planners Surveyors
 7350-B Grace Drive, Columbia, Maryland 21044
 (410) 997-0296 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:

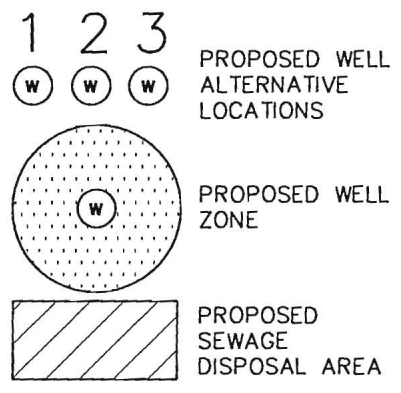
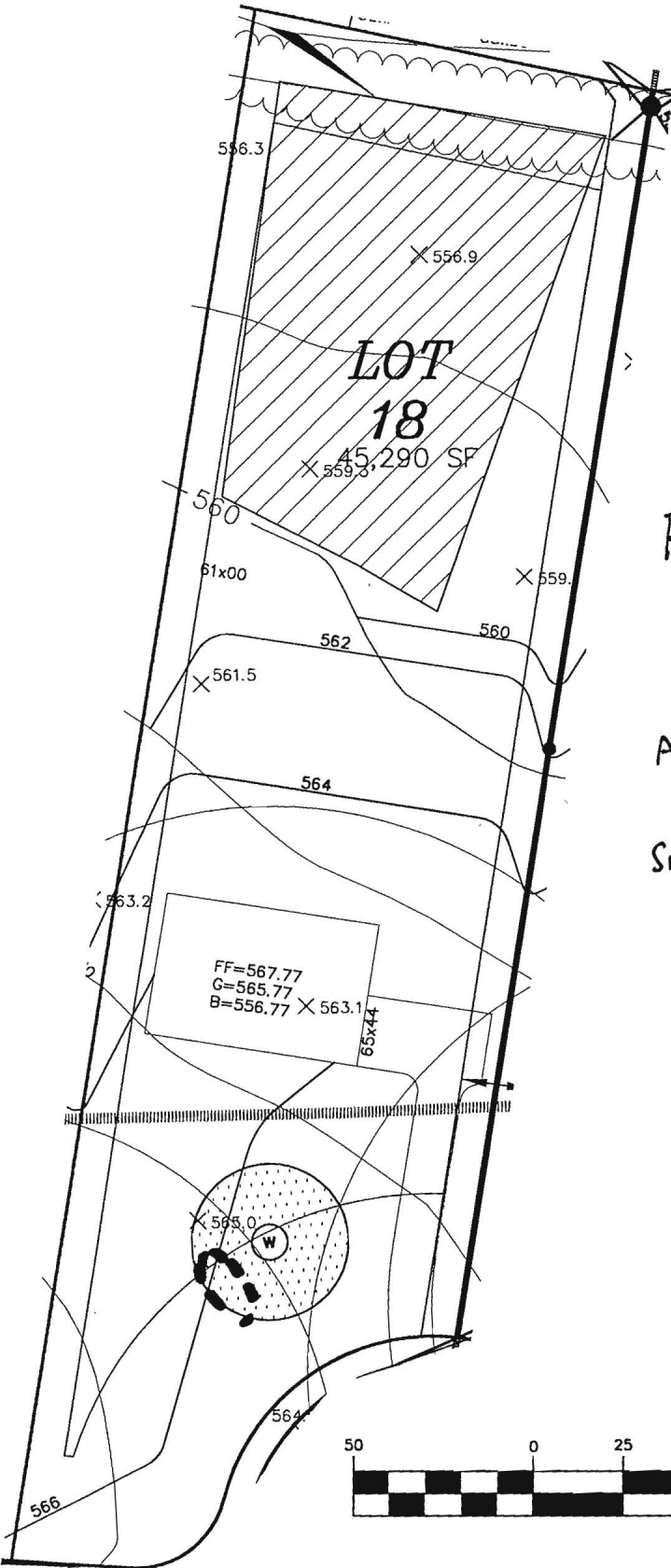
GREENBERY 18 NORTHERN BELL WAY
Subdivision/Property Name Lot # Road Name

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.

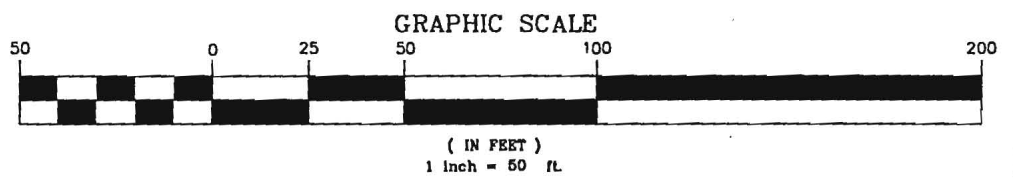
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

F:\2004\12-022 Greenberry\DWG\FINAL\14-14-U95_Well Exhibits



REVISED WELL
EXHIBIT

Approved 3/24/15 SC
Site staked by MB + A
3/21/15



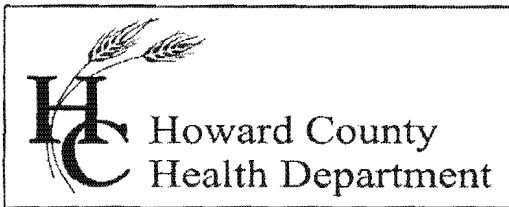
GREENBERRY
WELL EXHIBIT - LOT 18

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 Ball. (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 – FEBRUARY 5, 2017

August 5, 2016

Homeowner
11917 Northern Bell Way
Clarksville, MD 21029

**RE: Greenberry, Lot 18
11917 Northern Bell Way
Building Permit: B16000682
Well Permit: HO-14-0164**

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 **8/3/2016**. Final approval of the well line connection to the dwelling was granted on **6/24/2016**. The well construction was completed on **5/18/2015**. Water samples were collected on **7/25/2016**.

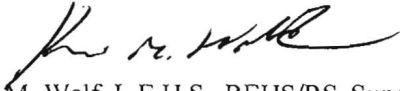
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0164. 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

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: 7/28/2016
Report #: M4277

Submitted Sample Address: 11917 Northern Bell Way
Clarkesville, MD 21029
Submitted Sample Source: Holding tank
Date / Time Collected: 7/25/2016 01:20 PM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.8
Well Tag #: HO-14-0164

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	1.1	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	2.0	NTU	0.5	< 10 NTU*	MD Well Reg.

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 -
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.
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: 