

C1 31565

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 A587374

ST/CO USE ONLY DATE RECEIVED MM DD YY 04 24 15

DATE WELL COMPLETED MM DD YY 3/20/15

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-14-0155

OWNER Hilmet Jacob WELL SITE ADDRESS Greenberry Lane TOWN Clarksville SUBDIVISION Greenberry SECTION LOT 9

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Drawn (0-49), Gray Schist (49-147), White (147-148), Gray Schist (148-230), White (230-231), Gray Schist (231-400).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 20 NO. OF POUNDS 1880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 ft.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch)! 08 Total depth of main casing (nearest foot) 58

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

SCREEN RECORD

DEPTH (nearest ft.) 1 2 HO 58 400 3 4 5 6 7 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 13 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 127 ft. TYPE OF PUMP USED (for test) [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 22 (nearest foot)

LATITUDE 39.232547 LONGITUDE 76.921847 (DEFAULT COORD. WGS 84)

NOTES: 360 gal / 2hr 370' - 58' = 332' x 2.62 gal / ft = 867 gal for B-in casing

B 1 33897
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
55532011 please type

STATE PERMIT NUMBER

HO - 14 - 0155
70 fill in this form completely 79

Date Received (APA)
11/18/14
8 MM DD YY 13

OWNER INFORMATION

Mildenberg, Boender, & Assoc, Inc.
15 Last Name Owner First Name 34
7350-B Grace Dr
36 Street or RFD 55
Columbia, Md 21044
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21
Greenberry
23 SUBDIVISION 42
SECTION 44 46 LOT 9 48 50
Clarksville
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton MS D 009
76 Driller's Name 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

Greenberry Lane
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
N
WEST 32 EAST
SOUTH
S
34 900 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 0028 BLK: _____ PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
1 2 (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 (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
24 28

APPROXIMATE DIAMETER OF WELL 8 INCH
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)

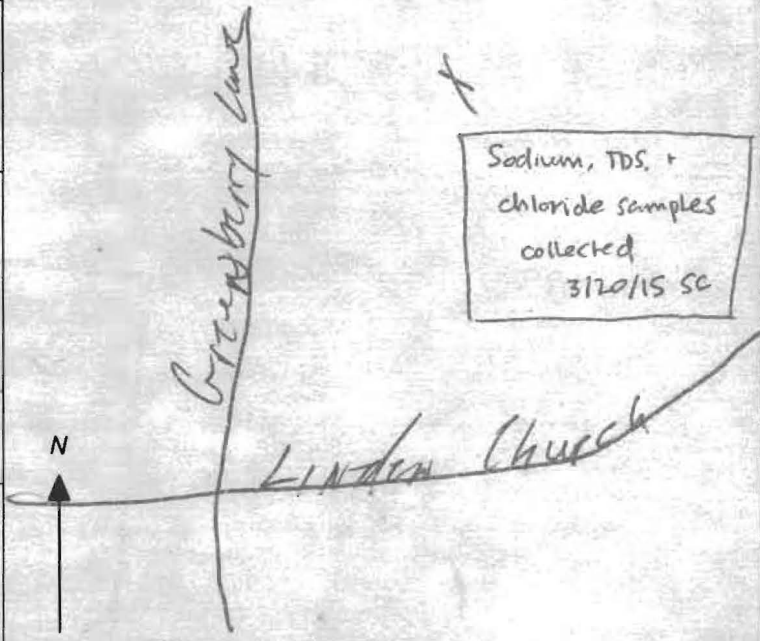
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEM AN EXISTING WELL

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)

APPROP. PERMIT NUMBER HO 2014G003
PERMIT No. HO - 14 - 0155
70 71 72 73 74 75 76 77 78 79

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

SEE ATTACHED MEMO

**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 #: 9 Well Tag #: HO - 14 - 0155
Site Address: 12011 Catherine Close Road
Clarksville, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Berkeley</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>B5P4MS10221</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>3.0</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u>Yes</u>
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 <u>inside of well casing</u> N/A		

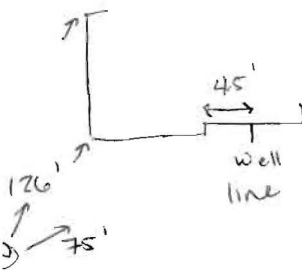
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

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 August 8, 2016
Signature of company representative responsible for installation date

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

Date Insp. Requested: 01/10/2017 Date Insp. Approved: 01/10/2017 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 ✓



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 14-0155
 Location of property (road) Greenberry Rd
 Subdivision Greenberry Lot 9 Block _____ Plat _____ Sec. _____
 Well Driller Ingles Owner Jacob Hikmat

Depth of well 400'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 29'

I. High rate pumping -- reservoir drawdown

Time pump started 11:15 Pumping rate 12
 Total time 1 hr 15 min to reach pumping water level 120' ft. below M.P.

II. 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)
11:15	29'	5 Seconds		12 gpm
11:30	80'	5		12
11:45	109'	5		12
12:00	125'	17 Seconds		3.5 gpm
12:15	126'	20 Seconds		3 gpm
12:30	127'	20		3
12:45	127'	20		3
1:00	127'	20		3
1:15	127'	20		3
1:30	127'	20		3
1:45	127'	20		3
2:00	127'	20		3
2:15	127'	20		3
2:30	127'	20		3
2:45	126'	20		3
3:00	126'	20		3
3:15	126'	20		3
3:30	126'	20		3
3:45	126'	20		3
4:00	126'	20		3
4:15	125'	20		3
4:30	125'	20		3
4:45	125'	20		3
5:00	125'	20 Seconds		3 gpm

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

Drill in northern portion of well box first

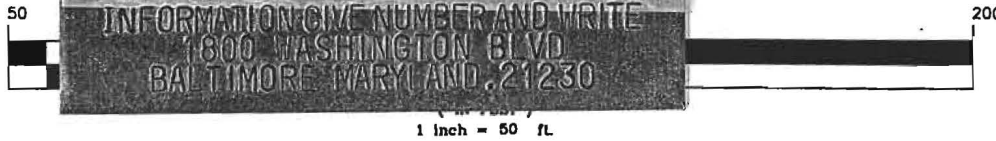
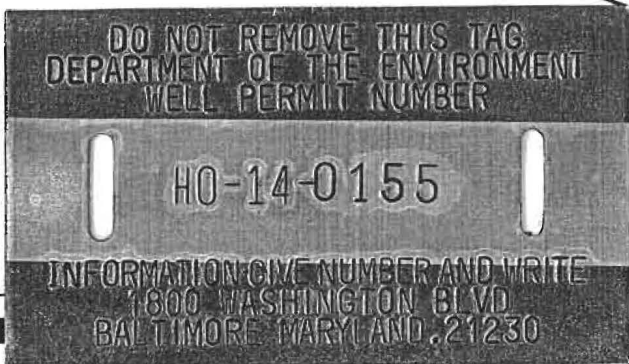
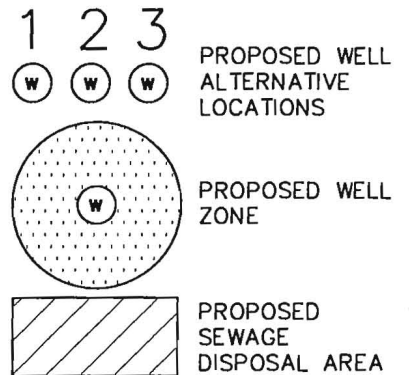
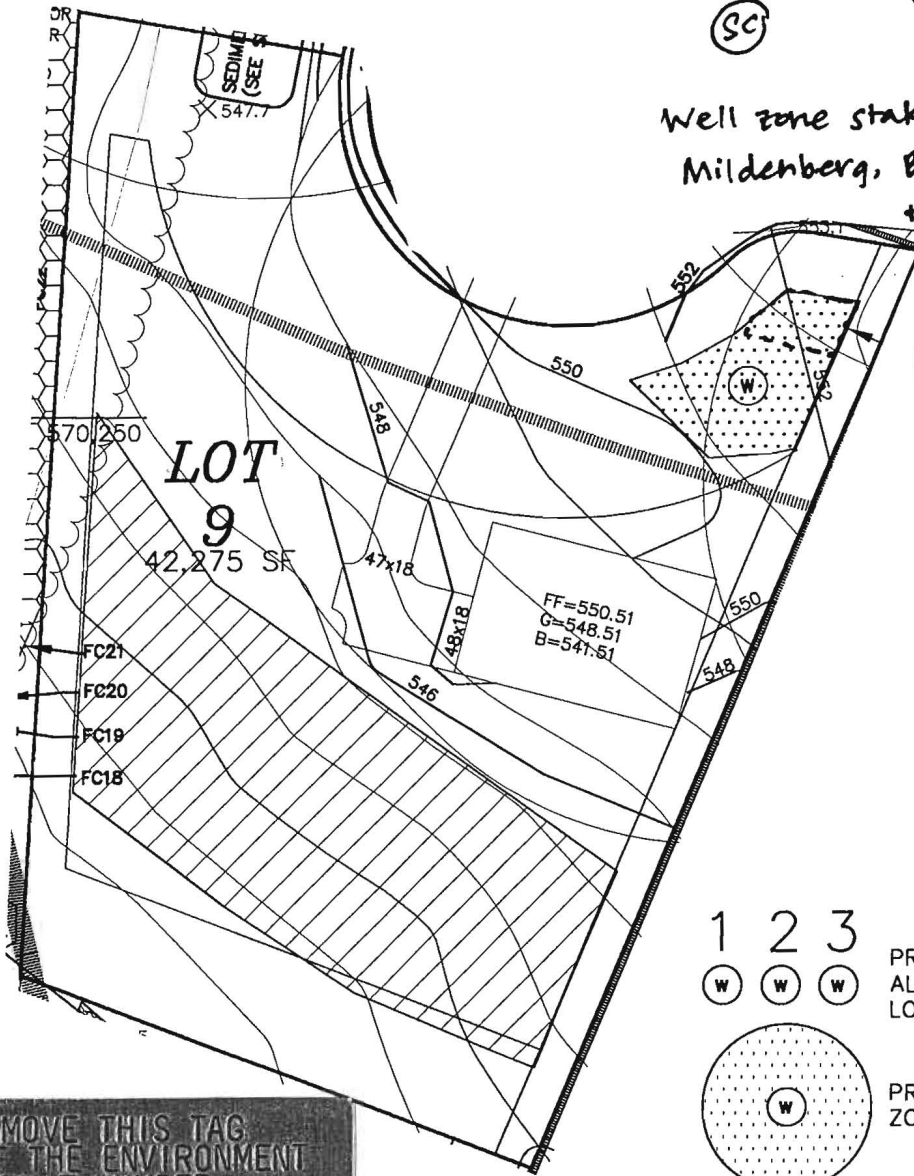
Well exhibit approved

(SC)

Well zone staked by Mildenberg, Boender, + Assoc.

12/10/14

NORTH



GREENBERRY WELL EXHIBIT - LOT 9

5TH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

MILDENBERG BOENDER, & ASSOC., INC.

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

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



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E15002940 Date Coll.: 03/20/2015 Date Received: 03/23/2015 Submitted By: COLLINS

Field ID: HO-14-0155
Lab No.: E15002940001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	7.00	ppm	03/31/2015

Comments:

Approved by: Sadia Muneer

Approval date: 04/06/2015

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Send Report To: Bert Nixon
 Howard County Health Department
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Chemistry
ENVIRONMENTAL METALS SECTION
 201 W. Preston Street, Baltimore, Maryland 21201

Lab No. Date Received



E1500294001

Received: 03/23/2015

Metals

HO-14-0155

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-14-0155 Site Name: Greenberry County: Howard

Sample Source: "Greenberry Lane" Collector: S. Collins 410-313-6287
Street Town or City Name

Date Collected: 3 / 20 / 2015 Time Collected: a.m. 1 p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL Central Lab

Preservative Used: HNO₃ pH 2.0 32315 SAH

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
 Community Stream Distribution (Treated) Solid
 Non-Community Sediment Other _____
 Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample collected during yield test

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na)	<u>7.0</u>		Potassium (K)	
	Thallium (Tl)			Uranium (U)	

Lab Supervisor: Sadia Nunez

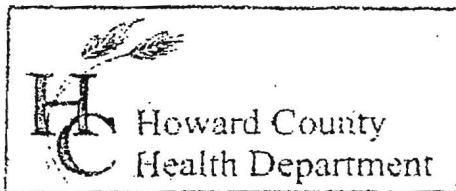
Date Reported: / /

•Phone: (410) 767 - 6186

•Fax: (410) 333 - 5122

DHMH 4432 (7/10)

SUBMITTER'S COPY



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

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

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



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE15002941 Date Coll. 03/20/2015 Date Received 03/23/2015 Submitted By:Collins

Field ID: HO-14-0155
Lab No.: E15002941001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	03/27/2015
Total Dissolved Solids	SM 2540C	102	mg/L	03/25/2015

Comments:

Approved by: *Shahin Amini* Approval date: 03/30/2015

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

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: 2/17/2017
Report #: M4857

Submitted Sample Address: 12011 Catherine Close Road
Clarksville, MD 21029
Submitted Sample Source: Holding tank
Date / Time Collected: 2/13/2017 10:00 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 #: Too muddy

OK
3/8/17 SQ

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	1.87	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	5.0	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: 

**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

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Clarksville, MD 21029

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Make: <u>Berkeley</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>B5P4MS10221</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>3.0</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u>Yes</u>
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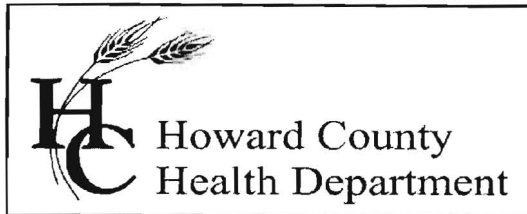
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The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Joshua Henricks August 8, 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: _____ Inspector: _____
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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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – September 9, 2017

March 9, 2017

Homeowner
12011 Catherine Close Road
Clarksville, MD 21029

RE: Greenberry, Lot 9
12011 Catherine Close Road
Building Permit: B16004219
Well Permit: HO-14-0155

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 **3/8/2017**. Final approval of the well line connection to the dwelling was granted on **1/10/2017**. The well construction was completed on **3/20/2015**. Water samples were collected on **2/13/2017**.

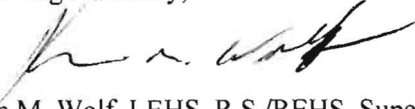
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0155. 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", is written over a faint, illegible typed name.

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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