

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3868	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <u>59935</u>
ST/CO USE ONLY DATE Received MM DD YY	DATE WELL COMPLETED MM DD YY	Depth of Well 22 <u>300</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO - 94 - 3839</u>
8 13	15 20	<u>4/1/04</u> O.K. <u>DB</u>	28 29 30 31 32 33 34 35 36 37
OWNER <u>BUICE</u> <u>ROBERT</u>		STREET OR RFD <u>RIVERCREST COURT</u> TOWN <u>GLENWOOD</u>	
SUBDIVISION <u>RIVERCREST</u>		SECTION _____ LOT <u>75</u>	

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	
Overburden	0	25	
Gray Rock	25	300	x
water at 70' & 143'			

GROUTING RECORD (yes no)

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 31 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 DL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 31

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

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS PL PLASTIC
 HO OPEN HOLE OT OTHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 9.09

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 59 ft.

WHEN PUMPING 146 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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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

C2

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
H	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66 _____

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 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
 - below } (nearest foot)

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. M S D 162

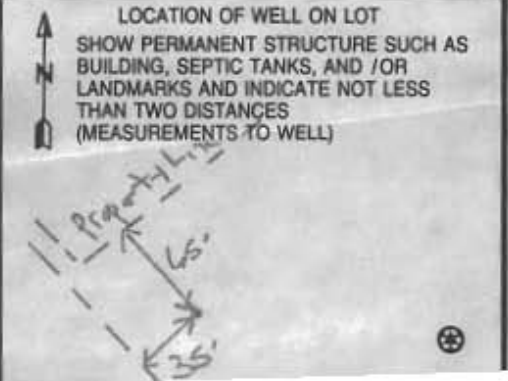
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
David Miller

LIC. NO. AWD 766

SITE SUPERVISOR (sign. of driller or journeyman)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

70 _____ 72 _____



B 1 **5660**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER

HO - 94 - 3839
fill in this form completely

519644

Date Received (APA)

10/29/03

8 MM 00 YY 13

OWNER INFORMATION

Buice Robert
15 Last Name Owner First Name 34

7979 Muncaster Mill Road
36 Street or RFD 55

Gaithersburg MD 20877
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Sandy B. Cochran M W D 120
Driller's Name 76 License No. 81

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

[Signature] 10/22/03
Signature Date

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
1 2 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 250
14 20

B 3

LOCATION OF WELL

Howard
8 COUNTY 21

Buice Property / Rivercrest
23 SUBDIVISION 42

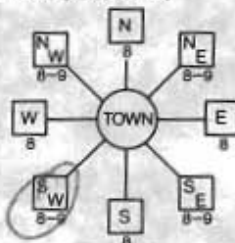
SECTION 44 46 LOT 48 50

Glenwood
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



RIVERCREST COURT
Old Roxbury Road
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 36 39

TAX MAP 21 BLK 20 PARCEL 84

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
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 59935
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 11/5/03 Steven R. Krueger 11/5/04
43 MM 00 YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 510 000 EAST GRID 780 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 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
- 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 _____ G _____

PERMIT No. HO - 94 - 3839
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

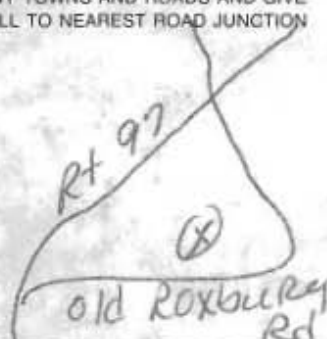
1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780
N 510

3/25/04 - 12:20
300' Deep
31' casing
31' upon
8 Bags

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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: JSI Plumbing Services, LLC Telephone #: (410) 365-1416
Address: 643 E. watersville Rd
Mt. Airy, MD 21771

(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 Isaacs License# MD - 80782

***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: Columbia Bldgs. Inc Telephone #: (410) 730-3939
Subdivision: Rivercrest Lot #: 5 Well Tag #: HO-94-3839 ✓
Site Address: 15439 Rivercrest Court
Brookville, MD 20833

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>3/4</u>	Model#: <u>1</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>9.1</u> GPM	NSF/WSC approved: <input type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</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: <input checked="" type="checkbox"/>

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 11/17/17

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

Date Insp. Requested: 11/17/17 Date Insp. Approved: 11/17/17 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 119618 Account #: 1550
Reference: Rivercrest Lot 5 Company: Columbia Builders
Location: 15439 Rivercrest Court Requested By: Terry Brownley
Brookeville, MD 20833 Source: Well Water
Date/ Time Collected: 1/26/2018 1134 Site: Pressure Tank
Date/Time Rec'd: 1/26/2018 1244 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: G. Lana 3799GL Well #: HO-94-3839

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	1/27/2018 / 1800 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	1/27/2018 / 1800 / BCD
Nitrate	1.12	mg/L	10	601	1/26/2018 / 1315 / CRS
Turbidity	1.14	NTU	<10	SM20 2130B	1/26/2018 / 1415 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/26/2018 / 1415 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 17003215

Date Reported: 1/29/2018

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 6, 2018

February 6, 2018

Homeowner
15439 Rivercrest Court
Brookeville, MD 20833

**RE: Rivercrest, Lot 5
15439 Rivercrest Ct.
Building Permit: B17003215
Well Permit: HO-94-3839**

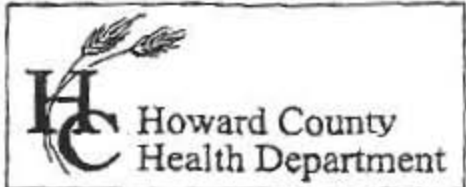
Dear Homeowner:

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 **11/17/2017**. Final approval of the well line connection to the dwelling was granted on **11/17/2017**. The well construction was completed on **3/26/2004**. Water samples were collected on **1/26/2018**.

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-94-3839. 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>



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2640
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well,
please indicate one of the following: Rivercrest Subdivision, All lots

- The well site has been staked by Fisher, Collins + Carter
on 11-2-03 and is ready for site inspection.
- _____ will call the Health Department
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

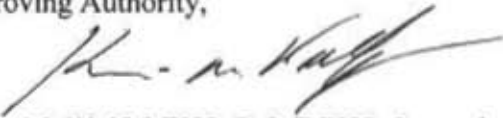
Please attach this sheet when submitting your green application.
This should help improve communication allowing a more timely
service for our citizens.

KN

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

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

Approving Authority,



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

**FISHER, COLLINS
& CARTER, INC.**

**CIVIL ENGINEERING CONSULTANTS
and LAND SURVEYORS**

Terrell A. Fisher, P.E., L.S.
Earl D. Collins, P.E.
Ronald B. Carter, L.S.
Charles J. Crovo, Sr., P.E., L.S.

November 4, 2003

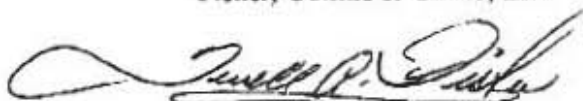
Mr. Steve Kreig
Howard County Health Department
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

RE: Rivercrest Subdivision
Well Stakeout

Dear Steve:

This is to advise you that the proposed well location for Lots 3 thru 12; 2 future lots in Bulk Parcel 'D' and Buildable Preservation Parcel A were staked by our firm on October 30th and November 2, 2003 and is ready for site inspection.

Very truly yours,
Fisher, Collins & Carter, Inc.



Terrell A. Fisher, P.E., L.S.

DO NOT DISCARD

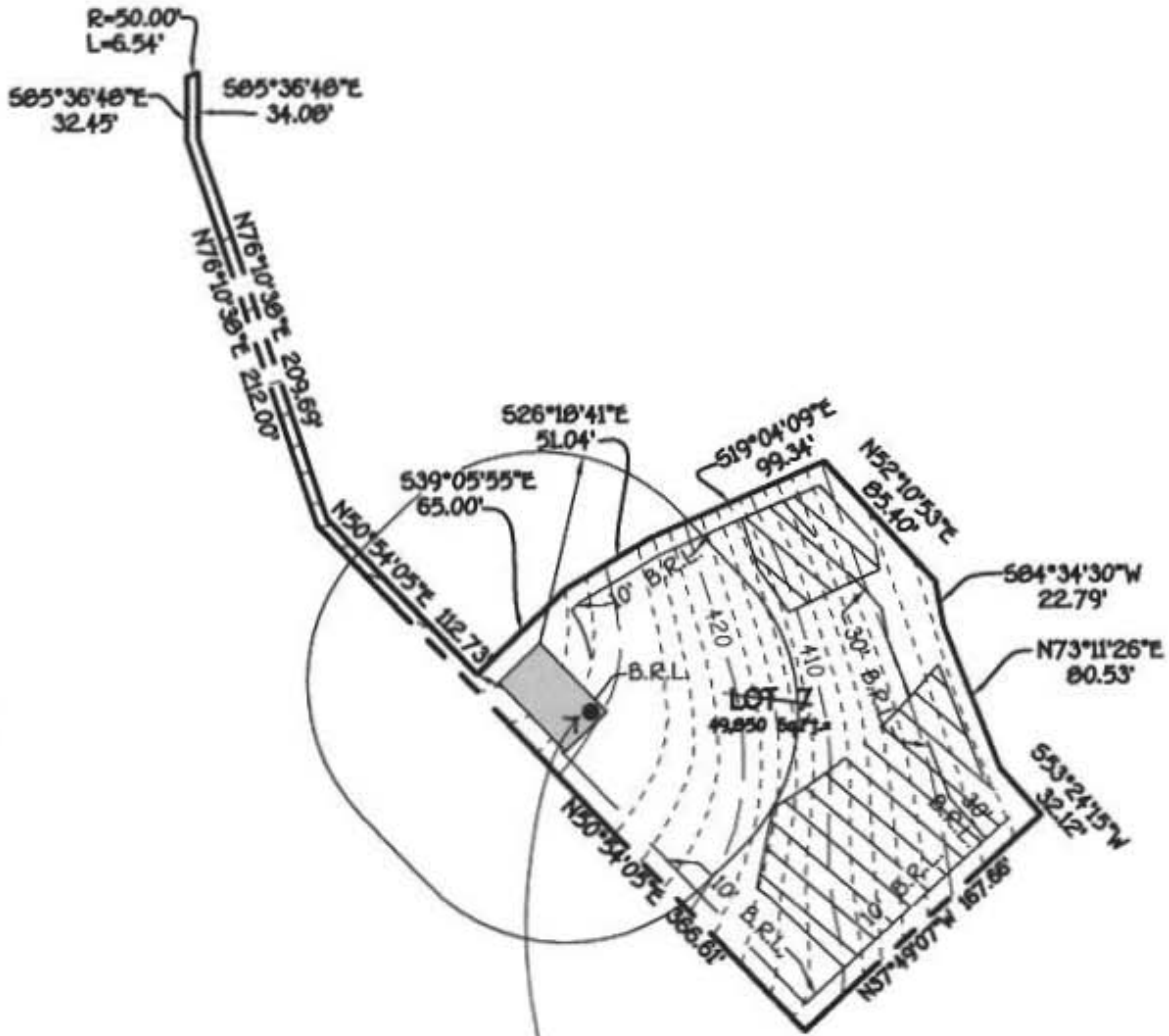
WO #30636
c.c. Mr. Mike Isom
Mr. John Komsa

K:\SDSK PROJ\30636 BUICE NAD 83\dwg\Well Exhibits\30636 Rivercrest Lot 7 Well Exhibit.dwg, 11/6/2003 7:01:15 AM

Lot 5



RIVERCREST COURT



11/5/03 - proposed well site or as staked. no site insp. -SRK

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2055

EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 7
 RIVERCREST
 TAX MAP 21 GRID 20 PARCEL 04
 HOWARD COUNTY, MARYLAND
 SCALE 1"=100'
 DATE OCTOBER 22, 2003