

SEQUENCE NO. (MDE USE ONLY)

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

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.

COUNTY NUMBER 59935

ST/CO USE ONLY

DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
03 23 2004

Depth of Well

22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

7/26/04
01 (50)
28 29 30 31 32 33 34 35 36 37
H0-94-3842

OWNER BUKE ROBERT
STREET OR RFD RIVERCREST COURT TOWN GLENWOOD
SUBDIVISION RIVERCREST SECTION LOT 128

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)

Overburden
Gray Rock
water at 63'

FEET
FROM TO
0 30
30 300 x

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 46 NO. OF POUNDS 45 46

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE
PL 6 35
60 61 63 64 66 70

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

SCREEN RECORD

screen type
or open hole
insert
appropriate
code
below

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

PUMPING RATE (gal. per min.) 9.30

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 49 ft.

WHEN PUMPING 142 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 (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 } (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no
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.

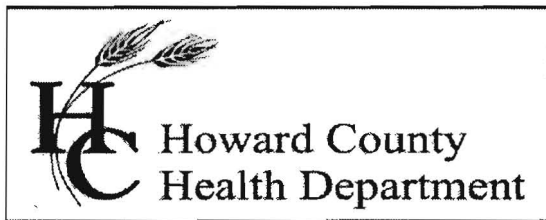
DRILLERS LIC. NO. M W D 120

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. A W D 766

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

B 1	5663	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 94 - 3842 fill in this form completely
1 2 3 4 5 6	10/29/03		519644	70 79
Date Received (APA)		OWNER INFORMATION		
8 MM DD YY 13				
15 Last Name Buice		Owner First Name Robert		34
36 7979 Muncaster Mill Road		55 Street or RFD		
57 Gaithersburg		70 State MD	72 Zip 20877	76
DRILLER INFORMATION				
Driller's Name Sandy B. Cochran		M W D 120		
Firm Name G. Edgar Harr Sons' Corp.		76 License No. 81		
Address 12047 Falls Road, Cockeysville 21030				
Signature <i>[Signature]</i>		Date 10/22/03		
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		8 750 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 250 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
LOCATION OF WELL				
8 COUNTY Howard		21		
23 SUBDIVISION Buice Property / Rivercrest		42		
SECTION 44 46		LOT 108 50		
52 NEAREST TOWN Glenwood		71		
MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78				
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
TAX MAP: 21 BLK: 30 PARCEL 84				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME HOWARD		COUNTY NO. 59935		
STATE SIGNATURE <i>[Signature]</i>		INSERT S → 41		
DATE ISSUED 11/5/03		EXP. DATE 11/5/04		
43 MM DD YY 48		CO SIGNATURE <i>[Signature]</i>		
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 INCH NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/>				
30 AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/>				
37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/>				
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED 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 _____ G _____				
PERMIT No. HO - 94 - 3842 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

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 – October 18, 2014

April 18, 2014

Homeowner
15422 Rivercrest Ct
Brookeville, MD 20833

**RE: Rivercrest lot 8
15422 Rivercrest Ct
Building Permit: B13002836
Well Permit: HO-94-3842**

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 **2/5/2014**. Final approval of the well line connection to the dwelling was granted on **2/5/2014**. The well construction was completed on **3/23/2004**. Water samples were collected on **4/14/2014**.

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-94-3842. 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>

Well Permit No. HO - 94-3842
Location of property (road) Rivercrest Ct
Subdivision Rivercrest Ct Lot 108 Block Plat Sec.
Well Driller G. Edgar Harr Owner Robert Byrle

Depth of well 300'
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. 49'

Time pump started 1215 Pumping rate 16.67
Total time 15 Min to reach pumping water level 72 ft. below M.P.

[illegible]

Well Permit No. HO - 94 - 3842
Location of property (road) RIVERCREST COURT
Subdivision RIVERCREST Lot 108 Block Plat Sec.
Well Driller G EDGAR HARR Owner ROBERT BUICE

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

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

Approving Authority,

A handwritten signature in black ink, appearing to read 'Jeff Williams', with a long horizontal flourish extending to the right.

Jeff Williams
Program Manager
Well & Septic Program

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

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 #: 93786 Account #: 1550
Reference: Rivercrest Lot 8 Company: Columbia Builders
Location: 15422 Rivercrest Court Requested By: Terry Brownley
Brookeville, MD 20833 Source: Well Water
Date/ Time Collected: 4/14/2014 1114 Site: Pressure Tank
Date/Time Rec'd: 4/14/2014 1248 Treatment: Sediment Filter (cartridge removed)
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Yeager 6176JY Well #: HO-94-3842

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/15/2014 / 0915 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/15/2014 / 0915 / LLO
Nitrate	<1.0	mg/L	10	601	4/15/2014 / 1530 / BCD
Turbidity	0.57	NTU	<10	SM18 2130B	4/15/2014 / 1530 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	4/15/2014 / 1530 / BCD

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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B13002836

Date Reported: 4/15/2014

MD State Certification # 133

410-430-3940
Tracey Davis
Columbia Builders
15422 Rivercrest Ct.

**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: Joel Isaac's Plog Svc Telephone #: 410 442-5780
Address: 643 E. Waterville 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): Joel Isaacs License# 4524

***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 Blues, Inc. Telephone #: 410 730-3939
Subdivision: River Crest Lot #: 8 Well Tag #: HO-94-3842
Site Address: 15422 Rivercrest Ct.
Brookville, MD 20833

Submersible Pump Data

Make: Grundfos
Model #: 1/2
Pump Capacity 10 GPM
Well Yield: 9.3 GPM

Pitless Adapter

Make: Campbell
Model#: 1"
Depth: 42" (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: 300' (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: Poly
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓
Length of sleeve (5' minimum from foundation): 10'
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.

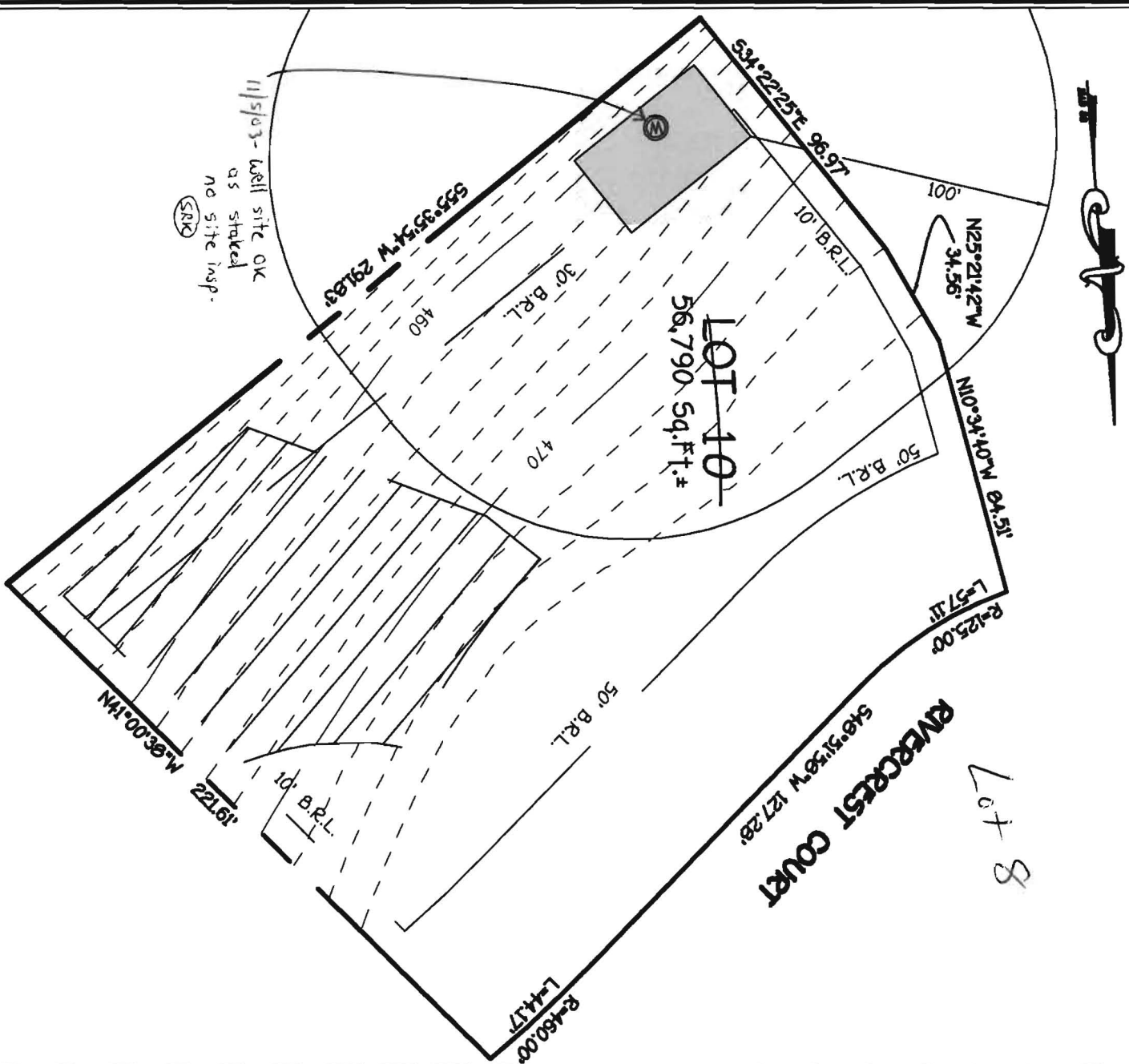
Signature of company representative responsible for installation

date

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

Date Insp. Requested: _____ Date Insp. Approved: 2/4/14 Inspector: (BB)
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 ✓

EXHIBIT TO ACCOMPANY
WELL PERMIT
LOT 10
RIVERCREST
TAX MAP 21 GRID 20 PARCEL 84
HOWARD COUNTY, MARYLAND
SCALE 1"=50'
DATE OCTOBER 22, 2003



**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:

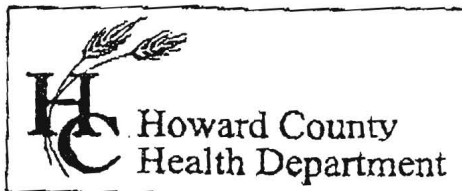
This is to advise you that the proposed well location for Lots 3 thru 12; 2 future lots in Bulk Parcel 'D' and Buildable Preservation Parcel A were staked by our firm on October 30th and November 2, 2003 and is ready for site inspection.

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



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