

<b>C 1</b> 3874 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
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)		COUNTY NUMBER 59935  PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 3844	
OWNER last name first name STREET OR RFD TOWN SUBDIVISION SECTION LOT		OWNER last name first name STREET OR RFD TOWN SUBDIVISION SECTION LOT		OWNER last name first name STREET OR RFD TOWN SUBDIVISION SECTION LOT		OWNER last name first name STREET OR RFD TOWN SUBDIVISION SECTION LOT	
<b>WELL LOG</b> Not required for driven wells  STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GROUTING RECORD</b> 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 NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from TOP ft. to BOTTOM ft. (enter 0 if from surface)		<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING ft. WHEN PUMPING 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			
DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing Overburden 0 45 Gray Rock 45 300 x water at 61'		<b>CASING RECORD</b> casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G		<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)			
NUMBER OF UNSUCCESSFUL WELLS: 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 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.		<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE 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		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)			
DRILLERS LIC. NO. 1 M W D L 2 0 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 A W D 7 6 6		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		PROPERTY LINE			

B 1	5665	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	STATE PERMIT NUMBER <u>HO - 94 - 3844</u>
1 2 3 6			519644 please type	70 fill in this form completely 79
Date Received (APA) <u>10/29/03</u>		OWNER INFORMATION		
8 MM DD YY 13				
15 Buice Robert		Owner First Name 34		
36 7979 Muncaster Mill Road		Street or RFD 55		
57 Gaithersburg MD 20877		Town State Zip 76		
DRILLER INFORMATION				
60 Sandy B. Cochran		M W D 120		
61 Driller's Name		76 License No. 81		
62 G. Edgar Harr Sons' Corp.		Firm Name		
63 12047 Falls Road, Cockeysville 21030		Address		
64 <i>[Signature]</i>		10/22/03		
65 Signature		Date		
WELL INFORMATION				
B 2		APPROX. PUMPING RATE		
1 2		8 5 12		
		(GAL. PER MIN.)		
66 AVERAGE DAILY QUANTITY NEEDED		14 750 20		
		(GAL. PER DAY)		
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				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
67 HOWARD		59935		
COUNTY NAME		COUNTY NO.		
68 STATE SIGNATURE		INSERT S → 41		
69 DATE ISSUED		11/5/03		
43 MM DD YY 48		CO SIGNATURE <i>[Signature]</i> EXP. DATE 11/5/04		
NORTH GRID 510 000 55		EAST GRID 780 000 63		
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				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
<div style="text-align: center;"> </div>				
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)				
APPROX. PERMIT NUMBER _____ G _____				
PERMIT No. <u>HO - 94 - 3844</u>				
70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

Page 1 of 1  
Date 2-5-64

Review \_\_\_\_\_

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3844  
Location of property (road) RIVERCREST COURT  
Subdivision RIVERCREST Lot 1710 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller G EDGAR HARR Owner ROBERT BAICE

Depth of well 300'  
Distance of measuring point (M.P.) above ground 1'  
Static water level (S.W.L.) below M.P. 57'

I. High rate pumping -- reservoir drawdown

Time pump started 6715 Pumping rate 14.67  
Total time 45 min to reach pumping water level 17' 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0715	57	18 sec		10.66
0730	93	27		11.11
0745	136	35		8.57
0800	171	40		7.50
0815	190	46		6.52
0830	213	50		6.00
0845	220	54		5.55
0900	221	55		5.45
0915	221	55		5.45
0930	222	56		5.35
0945	223	56		5.35
1000	223	56		5.35
1015	223	56		5.35
1030	223	56		5.35
1045	223	56		5.35
1100	223	56		5.35



## Well Permit No. HO - 94-3844

Location of property (road) RIVERCREST COURT

Subdivision RIVERCREST Lot 1740 Block        Plat        Sec.

Well Driller G EDGAR HARR Owner ROBERT PRICE

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.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

**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

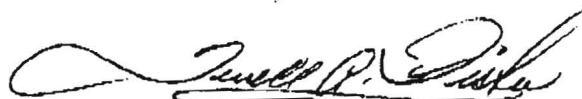
Mr. Steve Kreig  
Howard County Health Department  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

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 30<sup>th</sup> and November 2, 2003 and is ready for site inspection.

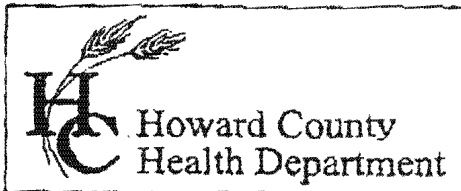
Very truly yours,  
Fisher, Collins & Carter, Inc.



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!!!

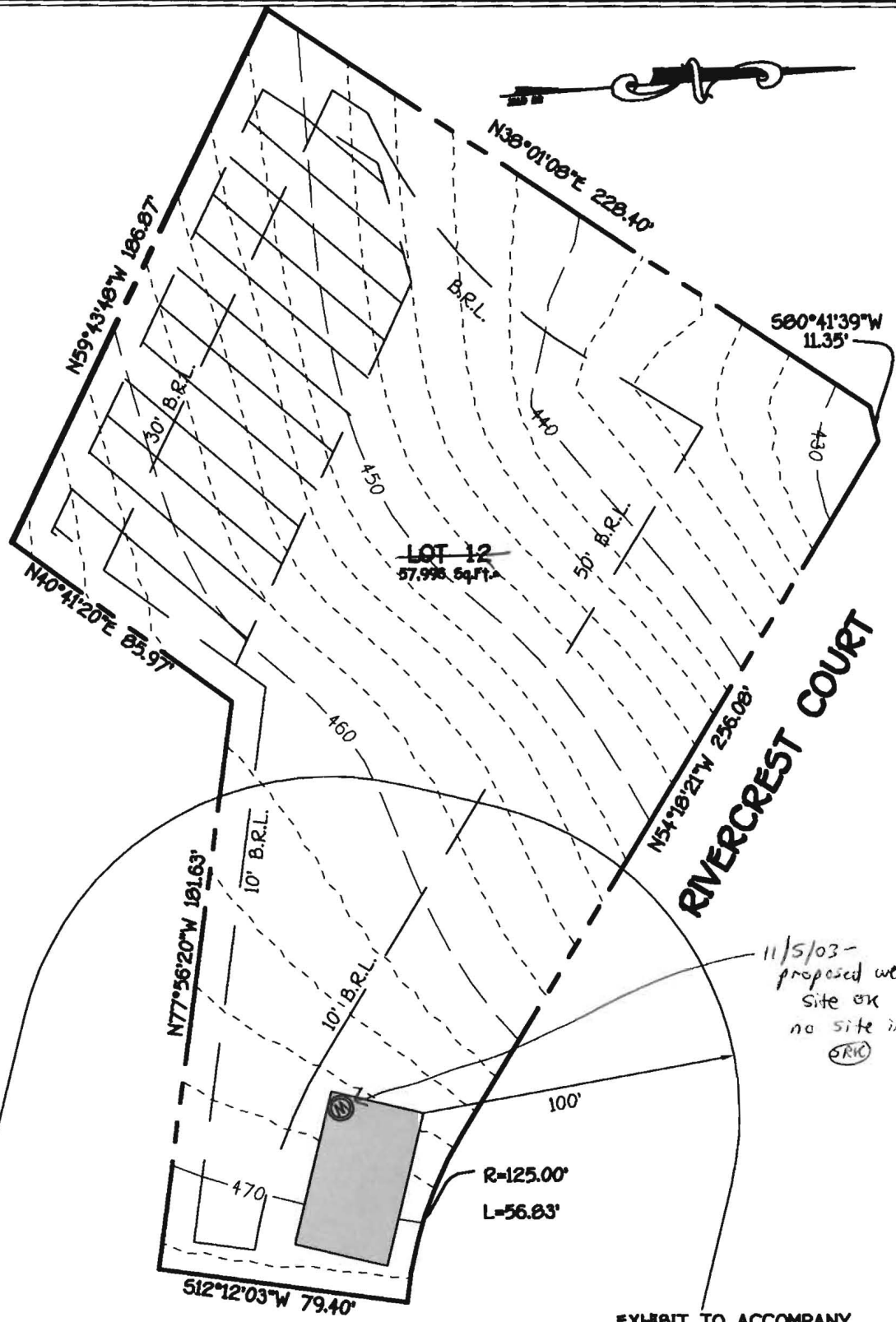
When submitting a well application for a new or replacement well, please indicate one of the following: Rivercrest Subdivision, All lots

- ☒ 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

Lot 10



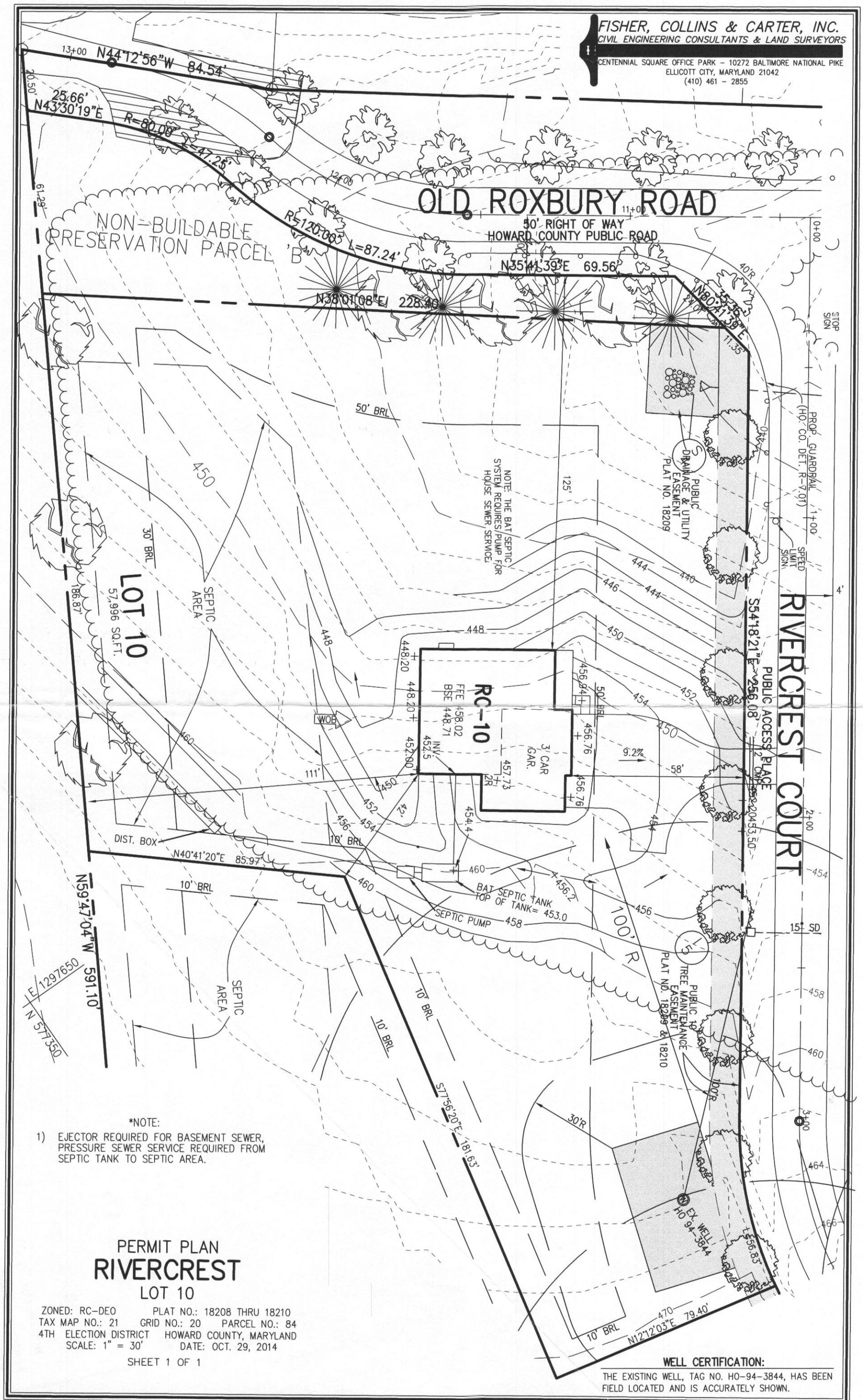
**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2955

EXHIBIT TO ACCOMPANY  
WELL PERMIT  
LOT 12  
RIVERCREST  
TAX MAP 21 GRID 20 PARCEL 84  
HOWARD COUNTY, MARYLAND  
SCALE 1"=50'  
DATE OCTOBER 22, 2003



CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461 - 2855





# 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 #: 102502 Account #: 1550  
Reference: Rivercrest Lot 10 Company: Columbia Builders  
Location: 15410 Rivercrest Court Requested By: Terry Brownley  
Brookeville, MD 20833 Source: Well Water  
Date/ Time Collected: 8/14/2014 1112 Site: Pressure Tank - <sup>OK</sup>  
Date/Time Rec'd: 8/14/2014 1203 Treatment: Prior to Spin Down Separator  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J. Yeager 6176JY Well #: HO-94-3844

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	8/15/2015 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	8/15/2015 / 0900 / BCD
Nitrate	<1.0 ✓	mg/L	10	601	8/14/2015 / 1530 / CRS
Turbidity	1.19 ✓	NTU	<10	SM18 2130B	8/14/2015 / 1610 / CRS
Sand	Present ✓	mg/L	5	Visual/Gravimetric	8/14/2015 / 1610 / 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B14004213

Date Reported: 8/17/2015

# 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 #: 102570 Account #: 1550  
Reference: Rivercrest Lot 10 Company: Columbia Builders  
Location: 15410 Rivercrest Court Requested By: Terry Brownley  
Brookeville, MD 20833 Source: Well Water  
Date/ Time Collected: 8/18/2015 1140 Site: Pressure Tank  
Date/Time Rec'd: 8/18/2015 1312 Treatment: Prior to Spin Down Separator  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: J. Yeager 6176JY Well #: HO-94-3844

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	NS	mg/L	5	Visual/Gravimetric	8/18/2015 / 1640 / CRS

OK

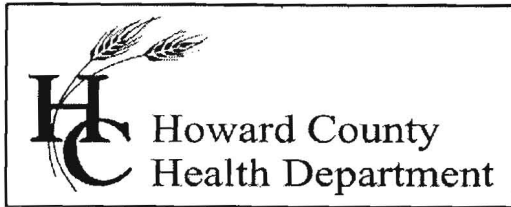
### NOTES

- 1 NS = None Seen (NS indicates less than 5 mg/L)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B14004213

Date Reported: 8/19/2015



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – FEBRUARY 21, 2015**

August 21, 2015

Homeowner  
15410 Rivercrest Court  
Brookeville, MD 20833

**RE: Rivercrest, Lot 10  
15410 Rivercrest Ct.  
Building Permit: B14004213  
Well Permit: HO-94-3844**

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 **8/13/2015**. Final approval of the well line connection to the dwelling was granted on **6/29/2015**. The well construction was completed on **3/23/2004**. Water samples were collected on **8/14/2015 & 8/18/2015**.

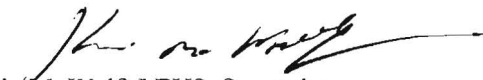
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-94-3844. 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.mdc.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Kevin M. Wolf, LEHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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