C 1 31550 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	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)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY		
ST/CO USE ONLY DATE WELL COMPL	THE REAL PROPERTY AND PARTY.	PERMIT NO.		
DATE Received	22 400 26	FROM "PERMIT TO DRILL WELL"		
8 13 15	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37		
OWNER HAMAT	Jac 853			
WELL SITE ADDRESS	bury line first name TOWN	Clarksville		
SUBDIVISION 6/2005-W	SECTION	LOT		
WELL LOG	GROUTING RECORD WELL HAS BEEN GROUTED	C 3		
Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR	(Circle Appropriate Box)	PUMPING TEST		
COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	NO. OF BAGS 45 46 NO. OF POUNDS 45 46 NO.	BUINDING DATE (cel per min.)		
LIGHT DING	GALLONS OF WATER	PUMPING RATE (gal. per min.) 11 15 METHOD USED TO		
40	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE		
Dark	from 48 TOP 52 ft. to 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)		
Boun	(enter 0 if from surface) CASING RECORD	BEFORE PUMPING 32 tt.		
Loung	types insert ST CO	WHEN PUMPING \$7 ft.		
4 4 4 60	appropriate STEEL CONCRETE CONCRETE	22 25		
cry 49 90	PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine		
50 417	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	27 27 27 other		
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)		
Barry 90 91	60 61 63 64 66 70	J jet S submersible		
	E OTHER CASING (if used) A diameter depth (feet)	27 (21		
Com la	inch from to	PUMP INSTALLED		
200 21 91 290	A S	DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)		
3000	G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
White 230231 V	screen type SCREEN RECORD or open hole	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29		
70.00	insert STEEL BRASS OPEN	IN BOX 29.		
on 23/ 400	(appropriate code BRONZE HOLE	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35		
Schis (below PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER		
ATTENDED TO	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH		
NUMBER OF UNSUCCESSFUL WELLS:	1240 GO 400	(nearest ft.)		
WELL HYDROFRACTURED Yes Y	E 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)		
CIRCLE APPROPRIATE LETTER	C 2 H 23 24 26 30 32 36	LAND SURFACE		
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	S C 3	below (nearest)		
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION	R 38 39 41 45 47 51	49 50 51		
WELL	E SLOT SIZE 1 2 3	LATITUDE 3		
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	DIAMETER (NEAREST	LONGITUDE 7		
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	OF SCREEN INCH) 56 60	(DEFAULT COORD. WGS 84)		
	from to	NOTES:		
DRILLERS LIC. NO. 1 MS D 001	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL	25 bags = 4.4 bags/10'V		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68 MDE USE ONLY	5.7		
LIC. NO. 1 D 1	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q			
		€		
SITE SUPERVISOR (sign. of driller or journeyman	70 72 74 75 76			
responsible for sitework if different from permittee)	TELESCOPE LOG CASING INDICATOR OTHER DATA			
MDE/WMA/PER.071	COUNTY	· · · · · · · · · · · · · · · · · · ·		

B 1 20797 SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
(MDE USE CINLY)	APPLICATION FOR PE		110 - 111 - 1150
1 2 3	EEEIOA) pleas		70 70
	22226		fill in this form completely
Date Received (APA) OWNER INFOR	DAMATION	B 3	LOCATION OF WELL
8 MM DD YY 13	INIATION	1 tair	ard
Mildenhora Pron	Hera Acaro	8 COUNTY	21
15 Last Name Dwner	First Name 34	I Green	porry
17350-B Corne a DR		23 SUBDIVISION	12
36 Street or RFD	55	SECTION L	LOT LOT
Molembia Md.	21044	Markey)	110
	72 Zip 76	52 NEAREST TOWN	115
DRILLER INFORMATION			
Driller's Name	M SD 009 6 License No. 81	B 4	
Galas Livell Dall	b License No. 61	SOURCES OF DRILLING WATER	Carponhomileno
Firm Name	mq	1.	11 STREET ADDRESS 30
PA BON DOD LOOM	alhina and so	2)	
Address	cibine indian	3/	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
1111 1.4	11-18-14		(OILIOZE XI THOLINIX E BOX) WEST
Signature	Date		34 9 0 0 37 SOUTH
B 2 WELL INFORMATION	5		DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE — (GAL. PER MIN.) 8	3 12		ENTER FT OR MI 38 3
AVERAGE DAILY QUANTITY NEEDED	500		TAX MAP: OOO BLK: PARCEL
(GAL. PER DAY) 14	20		
USE FOR WATER (CIRCLE AP			D BE FILLED IN BY DRILLER H DEPARTMENT APPROVAL
D DOMESTIC POTABLE SUPPLY & RESIDE IRRIGATION	NTIAL	TICALI	H DEFARTMENT AFFROVAL
F FARMING (LIVESTOCK WATERING & AGE	RICULTURAL	Howard	(3) A537374
, IRRIGATION)		COUNTY NAME	COUNTY NO.
22 I INDUSTRIAL, COMMERCIAL, DEWATERIN	NG	STATE SIGNATURE	INSERT S
P PUBLIC WATER SUPPLY WELL	TANKS OF THE STATE	DATE ISSUED	41
T TEST, OBSERVATION, MONITORING		12/10/14	Sel- ali 12/10/15)
O OPEN LOOP GEOTHERMAL		43 MM DD YY 48	CO SIGNATURE EXP. DATE
C CLOSED LOOP GEOTHERMAL			and the same of the same of the same of
是秦朝的母亲无识处而位置所		PROPOS	SED LOCATION OF WELL ON LOT
APPROXIMATE DEPTH OF WELL	D FEET	SHOW PERMANENT STRU	JCTURES SUCH AS BUILDINGS, SEPTIC SYST
24	28		MARKS AND INDICATE NOT LESS THAN TWO ICE MEASUREMENTS TO WELL
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	DISTAN	ICE MEASUREMENTS TO WELL
METHOD OF DRILLING			
BORED (or Augered) JETTED	Jetted & DRIVEN	3	+
77	ROTARY (Hydraulic Rotary)	14	
CABLE REVerse-ROTary	DRive-POINT	N.	
other		NL Talker	
REPLACEMENT OR DEEPE		N	
(CIRCLE APPROPRIATE N THIS WELL WILL NOT REPLACE AN EXISTI			
THIS WELL WILL NOT THE EASE AN EXIST		d'	
ABANDONED AND SEALED	WILL DE		
S THIS WELL WILL REPLACE A WELL THAT V	WILL BE USED	3	
39 AS A STANDBY-CONTACT LOCAL APPROVI	ING AUTHORITY	7	
THIS WELL WILL DEEPEN AN EXISTING WI	ELL STATE OF THE S	4	
PERMIT NUMBER OF WELL TO BE REPLACED OF		" CV	
(IF AVAILABLE) 41	52	N A	1 1/
Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)		Lively Church
			- IN A SAL - V
APPROP. PERMIT NUMBER H 0 2 0	14G003		
11.0	114 0160	TOP	
PERMIT No. 170 71 7	2 73 74 75 76 77 78 79		
SPECIAL CONDITIONS		0 4001-1	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED=	SEE ATTACHE	D MEMO	

Review		
IVC AIC AA		

FIELD DATE SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO- 14 - 0	159
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Location of Property: <u>Greenberry Lane</u> Clarksville, Md

Subdivision: Greenberry Lot 13 Block Plot Sec.

Well Driller: <u>Fogles Allen Compton</u> Owner: <u>Jacob Hikmat</u>

Depth of Well: 400'

Distance of measuring point (M.P.) above ground: 2'

Static water level (S.W.L.) below M.P.: 32'

High rate pumping -reservoir Drawdown

Time pump started: 2:00 Pumping rate: 15 gpm

Total time 45 Min to reach pumping water level 87ft. below 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)	(gallons per minute)
12:00	32'	4 Seconds	N/A	15gpm
12:15	56'	4		15gpm
12:30	63'	4		15gpm
12:45	87'	5		12gpm
1:00	87'	5		12gpm
1:15	87'	5		12gpm
1:30	87'	5		12 gpm
1:45	87'	5		12 gpm
2:00	86'	5		12 gpm
2:15	86'	5		12 gpm
2:30	86'	5		12 gpm
2:45	86'	5		12 gpm
3:00	86'	5		12 gpm
3:15	86'	5		12 gpm
3:30	86'	5		12 gpm
3:45	86'	5		12 gpm
· · · · · · · · · · · · · · · · · · ·				
				-

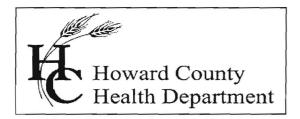
HOWARD COUNTY HEALTH DEPARTMENT

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			
License # and nan Name (Print): Jos *A licensed indiv licensed journey	thua Henricks vidual must perform th man or master plumbe		Licensed Well Pump Installer License#P10173 rentices must be under the superiller. Licenses may be subjected priate licensing agency.	
Name of Property	Owner: NV Homes	Talanh	one #: 410-379-5956	
Subdivision: Gre		Lot #: 13		
Site Address:		ine Close Rd,	Well Tag #. HO	
Submersible Pur		Pitless Adapter	Well Cap and Electric Condui	t
Make: Berkeley		Make: Boshart	Two piece watertight cap: Yes	-
Model #: B7P4MS0	7221	Model#: P-100-SS	Screened, vented well cap: Ye	s
Pump Capacity 7	GPM	Depth: 42" (36" min)	Cap secured to casing: Yes	
Well Yield: 12.0		NSF/WSC approved: Yes	Conduit min 18" B.G.: Yes	
Depth of well end	countered at time of pum	p installation: 400 (feet)	Conduit secured to well cap: Ye	s
If pump capacity	exceeds well yield, a lov	water cut off switch is requi	ired by NSPC 1990 Section 17.8.	4
Torque arrestors,	Cable guards, or other a	cceptable method used- Mus	t circle one	
Safety rope, if us	sed, attached to brass r	ope adapter or other accept	able method <u>inside of well casi</u> r	ıg N/A
		** **		
Piping to house		House Connection	I - 9 11	
Type: Poly	····		d soil at wall penetration: Yes	
	osi min)	Length of sleeve(5' minimur		v
Depth of supply l	ine:(36" min)	Sleeve sealed properly: Y	75	
	, drainfields, and sewag o installation.	e reserve area. If this can	ptic tank, pump chamber, sewa not be accomplished, contact thi November 17, 2015	
	pany representative response		date	
o Branchi, or com	,,			
	For Health Depart	ment Use Only - Not to be	completed by Installer	
	Pitless adapter watertight Two piece cap installed Elec. conduit extends at Safety rope not outside Correct well tag attache	d properly and casing 8" aboved adequately at house conne	t 36" below grade ely ed to cap properly ve finished grade	Extended _ Conduit 4 Below Cap
	*		1706	



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 - AUGUST 8, 2016

February 8, 2016

Homeowner 12002 Catherine Close Road Clarksville, MD 21029

RE:

Greenberry, Lot 13

12002 Catherine Close Road Building Permit: B15003436 Well Permit: HO-14-0159

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 2/4/2015. Final approval of the well line connection to the dwelling was granted on 2/8/2016. The well construction was completed on 4/13/2015. Water samples were collected on 1/13/2016.

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-14-0159. 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 "<u>Homeowner Fact Sheet</u>" 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,

Sarah Collins, L.E.H.S. 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

Reporting Date: 1/15/2016

C/O Robert Feezer Co. 6321 Barnett Avenue

Report #: M3709

Sykesville, Md 21784

Submitted Sample Address:

12002 Catherine Close Road

Clarksville, MD

Submitted Sample Source:

Holding tank

Date / Time Collected:

1/13/2016

09:15 AM

Sample Type:

Drinking Water

Sampler/Company:

K. Lee 4827KL, WTL of MD

Chlorine residual: Absent

Clear when drawn pH: 6.9

Field Record: Well Tag #:

HO-14-0159

Analytical Results

The state of the s		оппериодинации			
Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
E. Coli Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	ND	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	0.7	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.
- * Sand and turbidity standard for new wells See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is 6. 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.

C. Rodgers, Assistant Lab Manager, Microbiology

hristin Rodges

Reviewed by: 845



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:

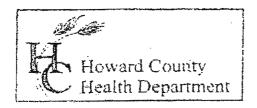
Well Site Location:

GREENBERRY	13	CATHBRIN	CLOSB	ROAD
Subdivision/Property Name	Lot#	Road Name		

The well site, as shown on the attached well site plan, has been staked by MILDENISERG, BEENDER & ASSEC, 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.



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:

ď	The well site has been staked by Mildenbern 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