

C 1 31551 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received
MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"OWNER
WELL SITE ADDRESS
SUBDIVISIONHikmat Jacob
Greenberry Lane
Greenberry TOWN Clarksuite
SECTION LOT 11

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOcheck
if water
bearing

Light Brown 0 54
Dark Brown Long
Gray Schist 54 163
White 163 164
Gray Schist 164 223
White 223 224
Gray Schist 224 400

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 25 NO. OF POUNDS 2350

GALLONS OF WATER 150

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
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)PL 08 65
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type
or open hole
(insert
appropriate
code
below)

SCREEN RECORD

ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
OTHERPL
PLASTICOT
OTHER

C 2 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

A 8 9 11 15 17 21
C 23 24 26 30 32 36
H 38 39 41 45 47 51
S
C 3
R
E
E
N

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 CASSING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6.3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE 150L

WATER LEVEL (distance from land surface)

BEFORE PUMPING 18 ft.

WHEN PUMPING 75 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 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 01 (nearest foot)

- below 49 50 51

LATITUDE 39.2328224

LONGITUDE 76.9212845

(DEFAULT COORD. WGS 84)

NOTES:

25 bags = 4 bags/10 ft.

6.3

| | | | |
|--|---|---|---|
| B 1 1 2 3 6 | SEQUENCE NO. (MDE USE ONLY) 555320J | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type | STATE PERMIT NUMBER 40-14-0157 fill in this form completely |
| Date Received (APA) 11/18/14 8 MM DD YY 13 OWNER INFORMATION 15 Last Name <u>Mildenberg, Brender & Assoc. Inc.</u> 34 36 Street or RFD <u>7350-B Grace Dr</u> 55 57 Town <u>Columbia, md</u> 70 State <u>21044</u> 72 Zip <u>76</u> | | B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Greenberry</u> 42 SECTION <u>44</u> 46 LOT <u>11</u> 48 50 52 NEAREST TOWN <u>Clarksville</u> 71 | |
| DRILLER INFORMATION 76 Driller's Name <u>Allen Compton</u> M S D 009 81 License No. Firm Name <u>Eagles Well Drilling, LLC</u> Address <u>P.O. Box 202 Woodlane, md</u> Signature <u>Allen Compton</u> Date <u>11/18/14</u> | | B 4 SOURCES OF DRILLING WATER 1. <u>Greenberry Lane</u> 11 STREET ADDRESS 30 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 900 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP <u>0028</u> BLK: _____ PARCEL _____ | |
| B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20 | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> <u>A537374</u> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>12/10/14</u> <u>Sal. Call</u> <u>12/10/15</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) 22 <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"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL | | 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 | |
| APPROXIMATE DEPTH OF WELL <u>400</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>8</u> INCH METHOD OF DRILLING (circle one) 30 <input checked="" type="radio"/> BORED (or Augered) 37 <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN 30 <input checked="" type="radio"/> AIR-ROTARY 37 <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) 37 <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT other _____ | | REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) 39 <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> 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 <u>H02014G003</u> PERMIT No. <u>H0-14-0157</u> 70 71 72 73 74 75 76 77 78 79 | | | |
| SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. SEE ATTACHED MEMO | | | |

[illegible]

**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 #: 11 Well Tag #: HO - 14 - 0157
Site Address: 12010 Cathenne Close Road
Clarksville, MD 21029

Submersible Pump Data

Make: Berkeley
Model #: B7P4MS10221
Pump Capacity 7 GPM
Well Yield: 12.0 GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: 42" (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 400 (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 N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): 10'
Sleeve sealed properly: Yes

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
Signature of company representative responsible for installation

January 5, 2016

date

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

Date Insp. Requested: _____ Date Insp. Approved: 1/6/2016 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

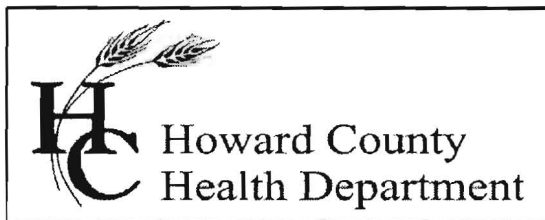
Elec. conduit extends at least 18" below grade/attached to cap properly

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



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 17, 2016

February 17, 2016

Homeowner
12010 Catherine Close Road
Clarksville, MD 21029

**RE: Greenberry, Lot 11
12010 Catherine Close Road
Building Permit: B15003721
Well Permit: HO-14-0157**

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 **2/12/2016**. Final approval of the well line connection to the dwelling was granted on **1/6/2016**. The well construction was completed on **4/13/2015**. Water samples were collected on **2/8/2016**.

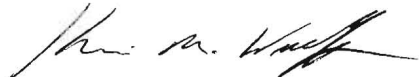
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0157. 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", written over a horizontal line.

Kevin M. Wolf, LEHS, Supervisor
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
C/O Robert Feezer Co.
6321 Barnett Avenue
Sykesville, Md 21784

Reporting Date: 2/11/2016
Report #: M3750

Submitted Sample Address: 12010 Catherine Close Road
Clarksville, MD
Submitted Sample Source: Holding tank
Date / Time Collected: 2/8/2016 09:06 AM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.1
Well Tag #: HO-14-0157

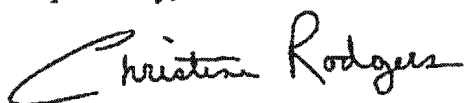
Analytical Results

| 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 | 0.5 | 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.
6. * 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.
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.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 



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:

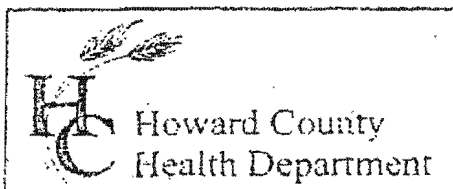
Well Site Location:

GREENBERRY 11 CATHERINE CLOSE ROAD
Subdivision/Property Name Lot # Road Name

☒ The well site, as shown on the attached well site plan, has been staked by
MILDENBERG, BREYER & ASSOC. 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:

- ☒ 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

REVISED WELL EXHIBIT

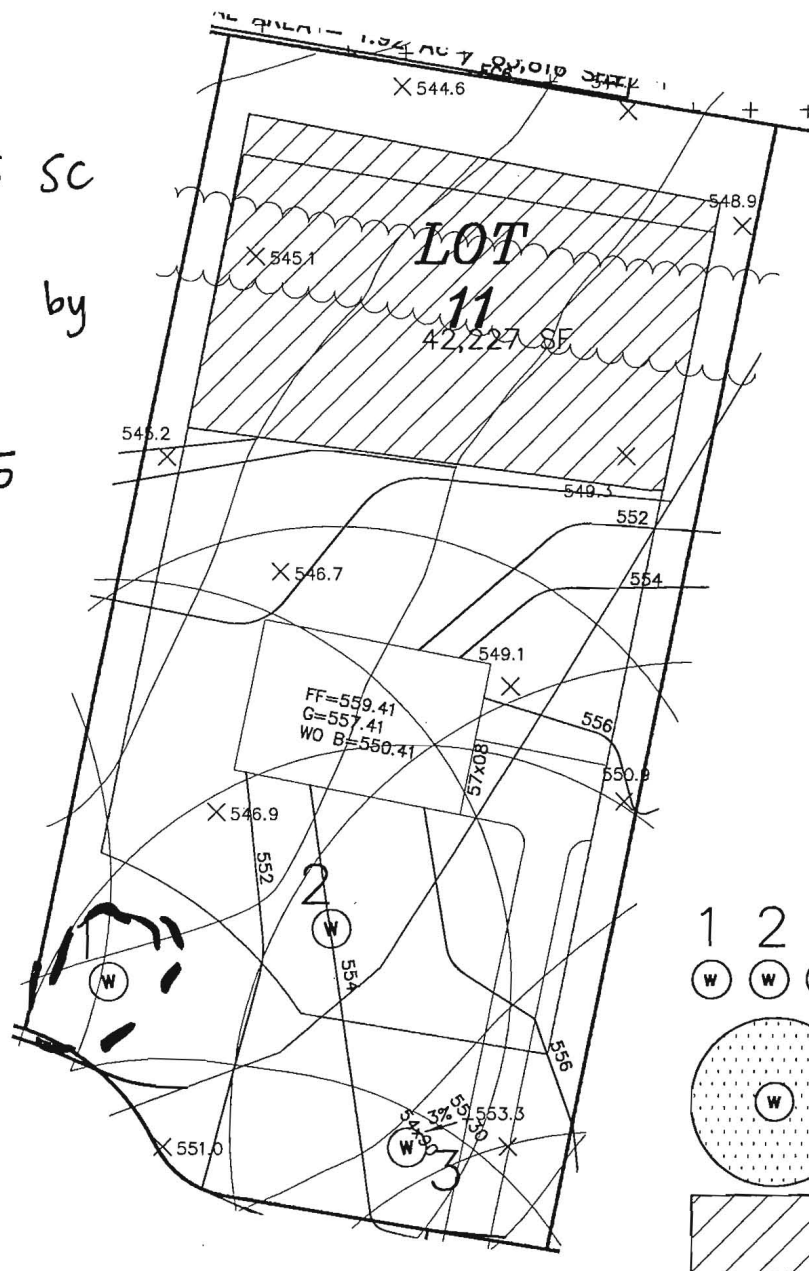
Approved




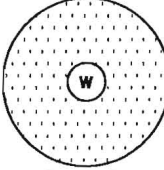

3/24/15 SC

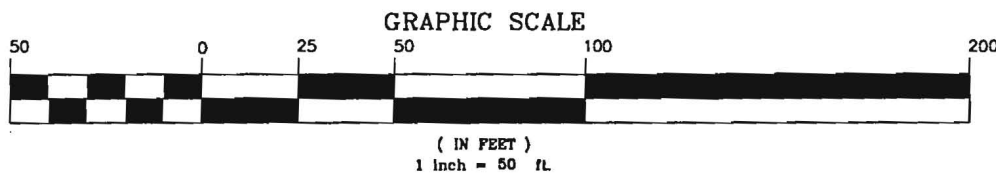
Site staked by

MB + A

3/21/15



- 1 2 3
   PROPOSED WELL ALTERNATIVE LOCATIONS
-  PROPOSED WELL ZONE
-  PROPOSED SEWAGE DISPOSAL AREA



GREENBERRY
 WELL EXHIBIT - LOT 11

5TH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

DRAWN BY: JLS

DATE: NOV 2014

PN: 12-022

**MILDENBERG
 BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors

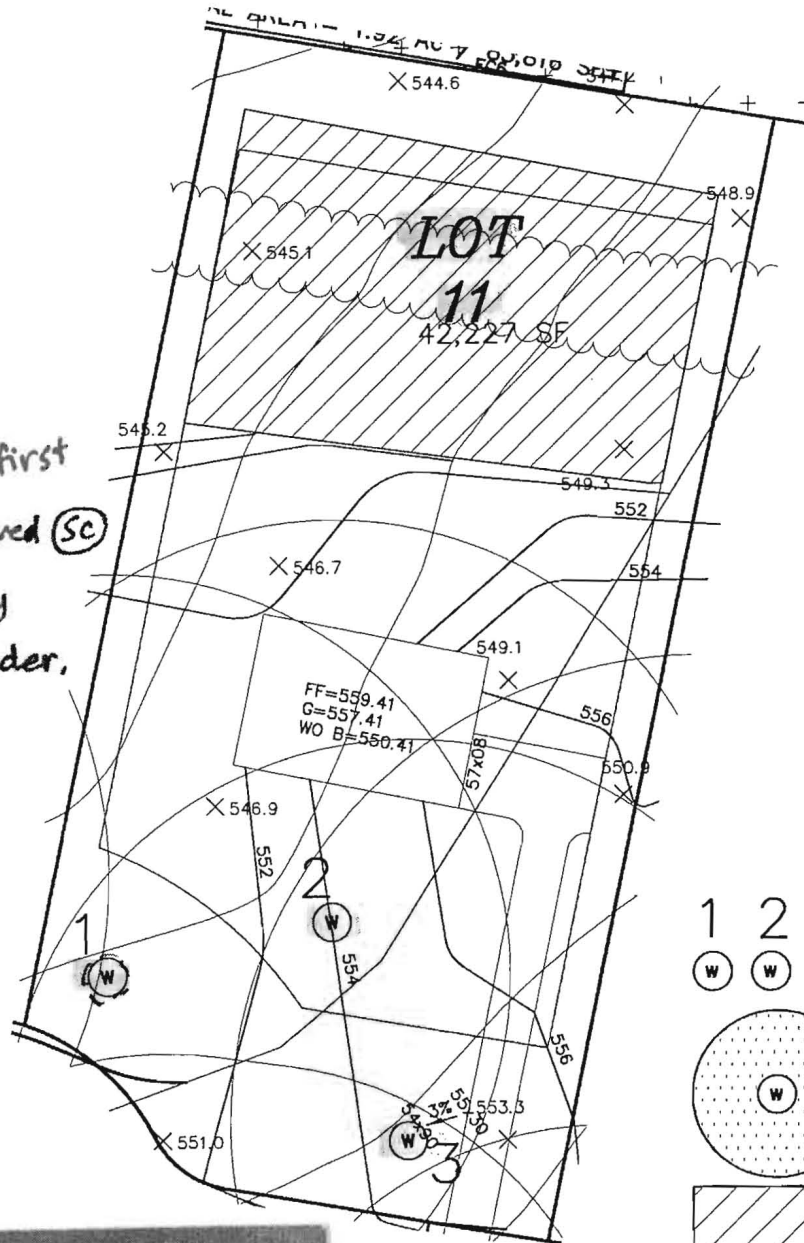
7350-B Grace Drive, Columbia, Maryland 21044

(410) 997-0296 Cell.

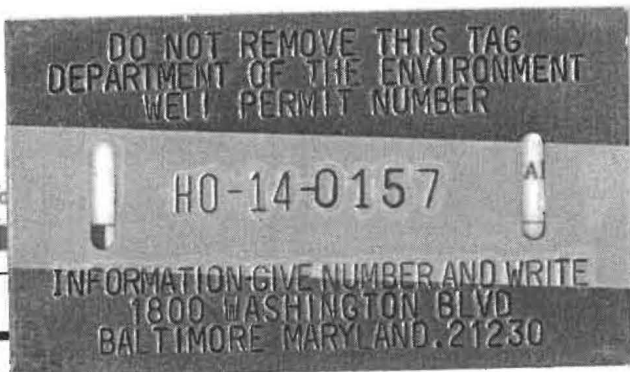
(410) 997-0298 Fax.

Drill well site #1 first
Well exhibit approved (Sc)
Well sites staked by
Mildenberg, Boender,
+ Assoc.

12/10/14



- 1 2 3
W W W
PROPOSED WELL ALTERNATIVE LOCATIONS
- PROPOSED WELL ZONE
- PROPOSED SEWAGE DISPOSAL AREA



GREENBERRY
WELL EXHIBIT - LOT 11

5TH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

DRAWN BY: JLS

DATE: NOV 2014

PN: 12-022

**MILDENBERG
BOENDER, & ASSOC., INC.**

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6-29-15 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Allen Compton

WELL DRILLER'S LICENSE NUMBER: 009

* OWNER'S NAME: Jacob Hikmat

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Clarksville

TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: Greenberry

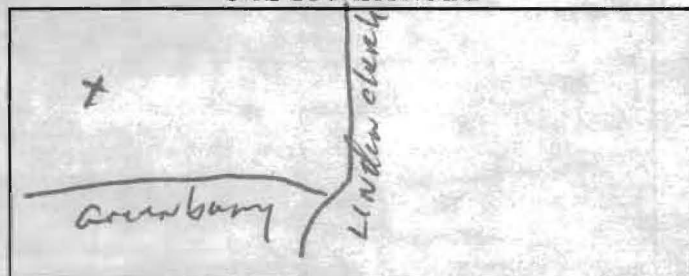
SECTION: _____ LOT: 11

STREET ADDRESS: _____

LATITUDE 3 9.2328796

LONGITUDE 7 6.9719142

SITE LOCATION MAP



LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|-------------------------|-----------|------------|
| | FROM | TO |
| <u>Cement</u> | <u>0</u> | <u>85</u> |
| <u>stone</u> | <u>85</u> | <u>400</u> |
| VOLUME OF MATERIAL USED | | |
| <u>1.5 yards</u> | | |

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☐ STEEL ☒ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

SIZE OF CASING: 8 INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? ☒ YES ☐ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

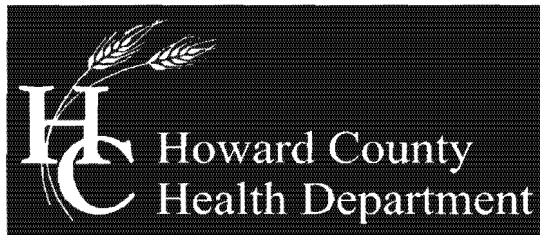
009 MWD / MSD / MGS

CIRCLE ONE

DATE

COUNTY

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.



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