

C 1 31542

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
04 07 15

DATE WELL COMPLETED

MM DD YY
3/31/15

Depth of Well

22 400 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"H0 - 14 - 0150
28 29 30 31 32 33 34 35 36 37

OWNER

WELL SITE ADDRESS

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

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
60 6108
63 6470
66 67 70

OTHER CASING (if used)

diameter
inchdepth (feet)
from toE
A
C
H
C
A
S
I
N
Gscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
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

E
A
C
H
C
A
S
I
N
G

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN(NEAREST
INCH)

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
CASINGLOG
INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)

+ above

LAND SURFACE

- below

02 (nearest
foot)LATITUDE 39.230873
LONGITUDE 76.970596
(DEFAULT COORD. WGS 84)
NOTES:

29 bags = 4.2 bags/10'

Storage:

390' - 38' = 352 x 2.6 = 915 gal

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

yes

Y

no

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
WELLI 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. MSD 009

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1	33892	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 555320-C please type	STATE PERMIT NUMBER HO -14 - 0150 fill in this form completely
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>Date Received (APA) 11-18-14</p> <p>8 MM DD YY 13</p> <p><u>Mildenberg Boendera Assoc.</u></p> <p>15 Last Name Owner First Name 34</p> <p><u>1350-B Grace Drive</u></p> <p>36 Street or RFD 55</p> <p><u>Columbia, Md. 21044</u></p> <p>57 Town 70 State 72 Zip 76</p> </div> <div style="width:48%;"> <p>B 3 LOCATION OF WELL</p> <p><u>Howard</u></p> <p>8 COUNTY 21</p> <p><u>Greenberry</u></p> <p>23 SUBDIVISION 42</p> <p>SECTION <u>4</u> LOT <u>4</u></p> <p>44 46 48 50</p> <p><u>Clarksville</u></p> <p>52 NEAREST TOWN 71</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>DRILLER INFORMATION</p> <p><u>Allen Compton</u> M S D 009</p> <p>Driller's Name 76 License No. 81</p> <p><u>Fogles Well Drilling, LLC</u></p> <p>Firm Name</p> <p><u>P.O. Box 202 Woodbine, Md 21797</u></p> <p>Address</p> <p><u>Allen Compton 11-18-14</u></p> <p>Signature Date</p> </div> <div style="width:48%;"> <p>B 4 SOURCES OF DRILLING WATER</p> <p>1. <u>Greenberry Lane</u></p> <p>11 STREET ADDRESS 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>34 <u>1400</u> 37</p> <p>DISTANCE FROM ROAD</p> <p>ENTER FT OR MI 38 39</p> <p>TAX MAP: _____ BLK: _____ PARCEL _____</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>B 2 WELL INFORMATION</p> <p>APPROX. PUMPING RATE <u>5</u></p> <p>(GAL. PER MIN.) 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED <u>500</u></p> <p>(GAL. PER DAY) 14 20</p> <p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="radio"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="radio"/> TEST, OBSERVATION, MONITORING</p> <p><input type="radio"/> OPEN LOOP GEOTHERMAL</p> <p><input type="radio"/> CLOSED LOOP GEOTHERMAL</p> </div> <div style="width:48%;"> <p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p><u>Howard</u> (13) <u>A 537374</u></p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE _____ INSERT S → 41</p> <p>DATE ISSUED <u>12/10/14</u> <u>Sah A.M.</u> <u>12/10/15</u></p> <p>43 MM DD YY 48 CO SIGNATURE EXP. DATE</p> </div> </div>				
<p>APPROXIMATE DEPTH OF WELL <u>400</u> FEET</p> <p>24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>8</u> NEAREST INCH</p> <p>METHOD OF DRILLING (circle one)</p> <p><input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN</p> <p><input checked="" type="radio"/> AIR-ROTary <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary)</p> <p><input type="radio"/> CABLE <input type="radio"/> REVerse-ROTary <input type="radio"/> Drive-POINT</p> <p>other _____</p>				
<p>REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><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</p> <p><input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52</p>				
<p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER <u>H 02014G003</u></p> <p>PERMIT No. <u>HO -14 - 0150</u></p> <p>70 71 72 73 74 75 76 77 78 79</p>				
<p>SPECIAL CONDITIONS</p> <p>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</p> <p style="text-align: center; font-size: 24pt;">SEE ATTACHED MEMO</p>				

Page 1 of 2
Date 3-3-15

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HQ - 14-0150
Location of property (road) Linden Church + Greenberry Rd
Subdivision Greenberry Lot 4 Block _____ Plat _____ Sec. _____
Well Driller _____ Owner Jacob Hikmat

Depth of well 400'
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 38

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 12
Total time 1 hr. to reach pumping water level 202 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 4 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	38	5		12
9:15	101	5		12
9:30	157	6		10
9:45	194	7		8.5
10:00	202	28		2.1
10:15	201	28		2.1
10:30	200	28		2.1
10:45	199	28		2.1
11:00	198	28		2.1
11:15	197	28		2.1
11:30	196	28		2.1
11:45	195	28		2.1
12:00	194	28		2.1
12:15	193	28		2.1
12:30	192	28		2.1
12:45	191	28		2.1
1:00	190	28		2.1
1:15	189	28		2.1
1:30	188	28		2.1
1:45	187	28		2.1
2:00	186	28		2.1
2:15	185	28		2.1
2:30	184	28		2.1
2:45	183	28		2.1

Well Permit No. HO - 14-0150
Location of property (road) Linden Church
Subdivision Greenberry Lot 27 Block Plat Sec.
Well Driller Foyles Owner Jacob Hikmat

Depth of well 400
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 38

Time pump started 9:00 Pumping rate 12
Total time 1 hr. to reach pumping water level 202 ft. below M.P.

[illegible]



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE15002773 Date Coll. 03/04/2015 Date Received 03/09/2015 Submitted By: B. Baker

Field ID: 14-0150

Lab No.: E15002773001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	34	mg/L	03/09/2015
Total Solids	SM 2540B	144	mg/L	03/10/2015

Comments:

Approved by:

Approval date: 03/18/2015

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Send report to:
Bert Nixon
Howard Co. Env. Health
8930 Stanford Blvd.
Columbia, MD 21045

WATER ANALYSIS



Do not write above this line.

S A M P L E I D	Bottle Number <u>14-0150</u>		Name _____		County <u>Howard</u>		County Code <u>13</u>	
	Location <u>Greenberry Lot 4, Greenberry Lane</u>				Data Category Code <u>4F</u>			
	Collected: Date <u>3/4/2015</u>		Time <u>11:30AM</u>		Collector & Phone <u>B. Baker, (410) 313-2643</u>		Submitter Code <u> </u>	
	CHECK (one per box)							
Drinking Water <input type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other <input type="checkbox"/>		Community <input type="checkbox"/> Non-community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other <input type="checkbox"/>		Source (raw water) <input type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL <input type="checkbox"/>		Emergency <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Recheck <input type="checkbox"/> Special <input type="checkbox"/>		Federal Project <input type="checkbox"/>
F I E L D	Plant No. <u> </u> <u> </u> <u> </u> <u> </u>		Sampling Station <u> </u> <u> </u> <u> </u> <u> </u>		Preservation: Iced <input checked="" type="checkbox"/> Acid <input type="checkbox"/>		Type of Acid <u> </u>	
	pH <u> </u> <u> </u> <u> </u>		Chlorine: Free <u> </u> <u> </u>		Total <u> </u> <u> </u>		Specific Conductance <u> </u> <u> </u> <u> </u> <u> </u>	
	Notes to Lab/Remarks: <u>Sample Collected During Field Test</u>							

[illegible]

0	2
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Section Chief

Reported

DHMH 90-A 01/13

SUBMITTER'S COPY

**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 #: 4 Well Tag #: HO - 14 - 0150
Site Address: 5016 Bee Francis Way
Clarksville, MD 21029

Submersible Pump Data

Make: Berkeley
Model #: B7P4MS07221
Pump Capacity 7 GPM
Well Yield: 2.1 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 March 4, 2016
Signature of company representative responsible for installation date

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

Date Insp. Requested: 3/24/16 Date Insp. Approved: 3/22/16 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 ✓

Send Report To:

Bert Nixon
Howard Co. Env. Health
8930 Stanford Blvd,
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
ENVIRONMENTAL METALS SECTION
201 W. Preston Street, Baltimore, Maryland 21201

Lab No. Date Received



E15002782001

Received: 03/09/2015

Metals

14-0150

LABORATORY ANALYSIS REQUEST

Please Print

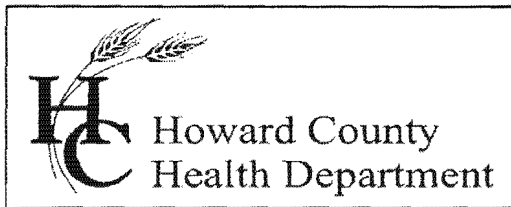
Sample ID No: 14-0150 Site Name: Greenberry-Lot4 County: HowardSample Source: Greenberry Ln. Clarksville Collector: B. Baker
Street Town or City NameDate Collected: 3 / 4 / 20 15 Time Collected: 11:30 a.m. p.m. Phone #: 410/313-2643Sample Preserved By: ☒ Field ☐ ESRL ☐ Central LabPreservative Used: ☒ HNO₃ pH 2.0 3915 SAY

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
☐ Non-Community ☐ Sediment ☐ Other _____
☐ Private

Specify Program: ☐ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☒ Other Health Dept.Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☒ Dissolved Metals
(field preparation required)Remarks: Sample Collected During Yield Test

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na)	9.0		Potassium (K)	
	Thallium (Tl)			Uranium (U)	

Lab Supervisor: Sadea MuneemDate Reported: / /



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 23, 2016

May 23, 2016

Homeowner

5016 Bee Frances Way

Clarksville, MD 21029

RE: Greenberry, Lot 4
5016 Bee Frances Way
Building Permit: B15005246
Well Permit: HO-14-0150

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 **5/18/2016**. Final approval of the well line connection to the dwelling was granted on **3/22/2016**. The well construction was completed on **3/3/2015**. Water samples were collected on **4/25/2016**.

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-14-0150. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

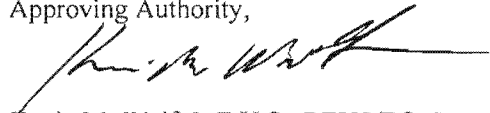
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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, L.E.H.S., REHS/RS, Supervisor
Groundwater Management Section
Well & Septic Program

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



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
Robert Myers, Ph.D., Director

Letty



Certificate of Analysis

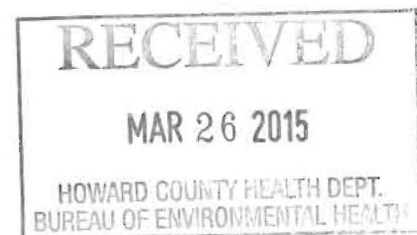
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E15002782 Date Coll.: 03/04/2015 Date Received: 03/09/2015 Submitted By: BAKER

Field ID: 14-0150
Lab No.: E15002782001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	9.04	ppm	03/13/2015

Comments:



Approved by:

Sadia Muneeb

Approval date: 03/19/2015

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

N V Homes
C/O Robert Feezer Co.
6321 Barnett Avenue
Sykesville, Md 21784

Reporting Date: 4/28/2016
Report #: M3967

Submitted Sample Address: 5016 Bee Frances Way ✓
Clarksville, MD
Submitted Sample Source: Holding tank-well cap intact & no ✓
devices on system
Date / Time Collected: 4/25/2016 09:00 AM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.8
Well Tag #: HO-14-0151

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	0.6 ✓	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	ND ✓	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,

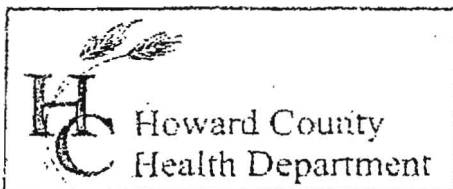


C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: SB

FILE INQUIRY NOTES

[illegible]



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 Boender & 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.

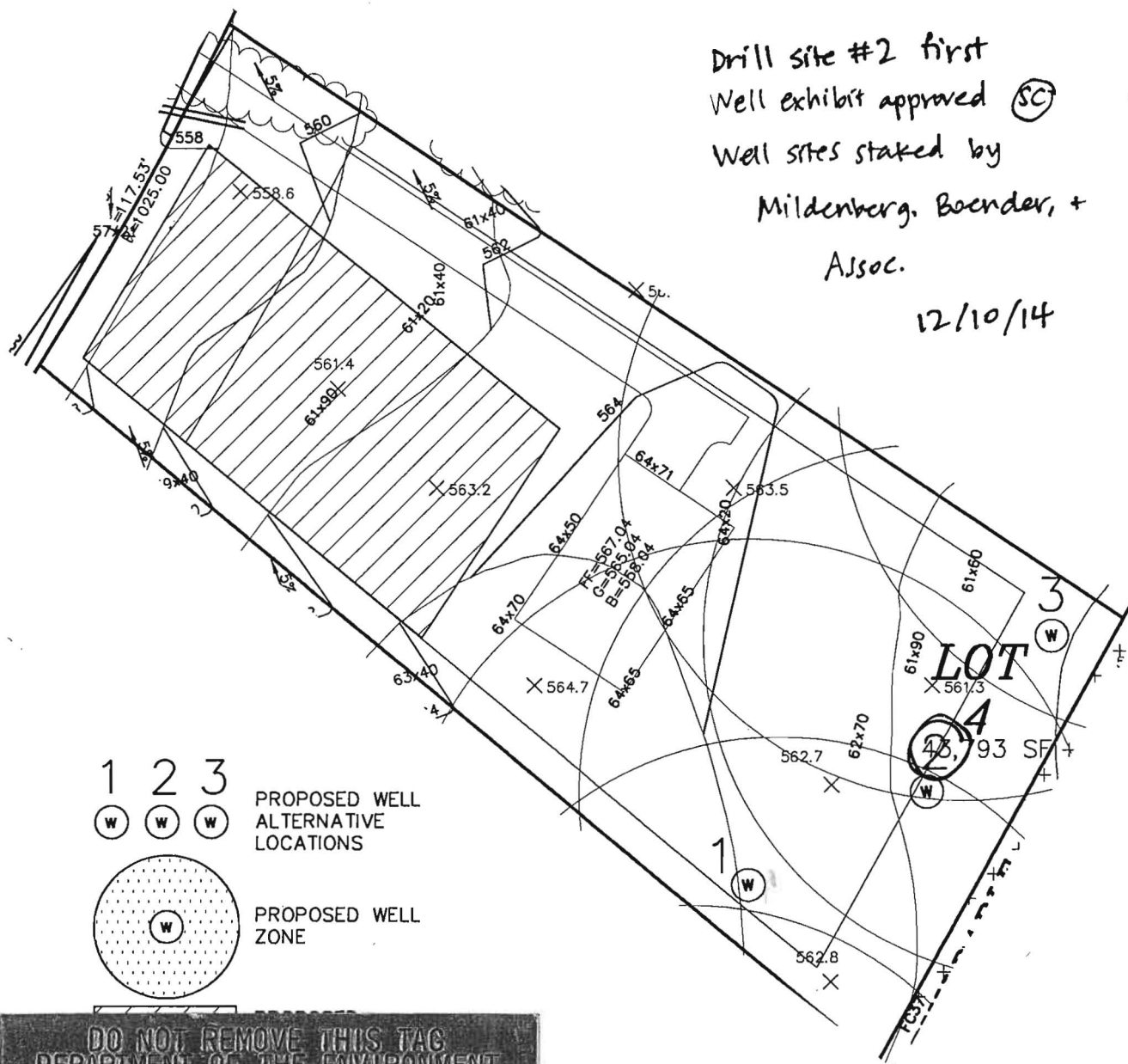
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



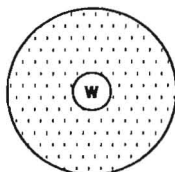
Drill site #2 first
Well exhibit approved (SC)
Well sites staked by
Mildenberg, Boender, +
Assoc.

12/10/14

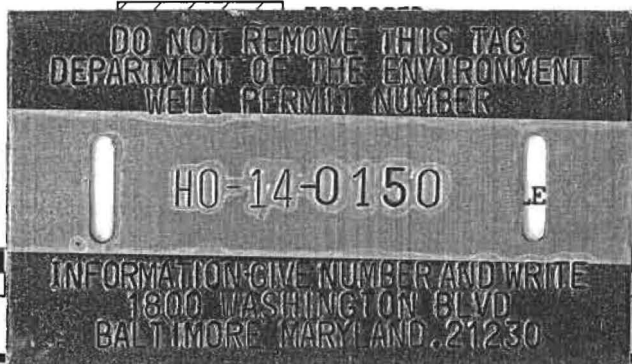


1 2 3
W W W

PROPOSED WELL
ALTERNATIVE
LOCATIONS



PROPOSED WELL
ZONE



GREENBERRY
WELL EXHIBIT - LOT 4

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.