



<b>B 1</b> <span style="font-size: 24pt; font-weight: bold;">33891</span> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 555320-B please type	STATE PERMIT NUMBER <span style="font-size: 24pt; font-weight: bold;">H0 - 14 - 0149</span> <small>70 79</small> fill in this form completely
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Date Received (APA) <span style="font-size: 24pt; font-weight: bold;">11-18-14</span> <small>8 MM DD YY 13</small> <b>OWNER INFORMATION</b> 15 Last Name <u>Mildenberg, Boender &amp; Assoc. Inc.</u> Owner First Name <u>34</u> 36 <u>2350-B Grace Drive</u> Street or RFD <u>55</u> 57 <u>Columbia Md. 21044</u> Town <u>70</u> State <u>72</u> Zip <u>76</u>	<b>B 3</b> <span style="font-size: 24pt; font-weight: bold;">3</span> <b>LOCATION OF WELL</b> 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Greenberry</u> 42 SECTION <u>44</u> <u>46</u> LOT <u>3</u> <u>48</u> <u>50</u> 52 NEAREST TOWN <u>Clarksville</u> 71
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<b>DRILLER INFORMATION</b> Driller's Name <u>Allen Compton</u> License No. <u>M S D 009</u> Firm Name <u>Fogles Well Drilling, LLC</u> Address <u>P.O. Box 202, Woodbine, Md 21797</u> Signature <u>Allen Compton</u> Date <u>11-18-14</u>	<b>B 4</b> <span style="font-size: 24pt; font-weight: bold;">4</span> <b>SOURCES OF DRILLING WATER</b> 1. <u>Greenberry Lane</u> 2. <u>11</u> STREET ADDRESS <u>30</u> 3. <u>900</u> 34 37 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD <u>FT</u> ENTER FT OR MI <u>38</u> <u>39</u> TAX MAP: _____ BLK: _____ PARCEL _____
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<b>B 2</b> <span style="font-size: 24pt; font-weight: bold;">2</span> <b>WELL INFORMATION</b> APPROX. PUMPING RATE <u>5</u> <small>1 2 8 12</small> (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED <u>500</u> <small>14 20</small> (GAL. PER DAY)	<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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
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APPROXIMATE DEPTH OF WELL <u>500</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>8</u> INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30</small> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> <small>37</small> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____	<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED <u>12/10/14</u> CO SIGNATURE <u>Sarah Allen</u> EXP. DATE <u>12/10/15</u> <small>43 MM DD YY 48 41</small>
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<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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) <u>41</u> _____ <u>52</u> <b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER <u>H02014G003</u> PERMIT No. <u>H0 - 14 - 0149</u> <small>70 71 72 73 74 75 76 77 78 79</small>	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 
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SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>	<b>SEE ATTACHED MEMO</b>
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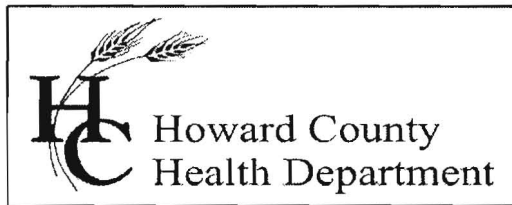


Well Permit No. HQ - 14-0149  
Location of property (road) Greenberry Lane  
Subdivision Greenberry Lot 3 Block Plat Sec.  
Well Driller Eagles Owner Jacob H. Hamat

Depth of well 400'  
Distance of measuring point (M.P.) above ground 2  
Static water level (S.W.L.) below M.P. 22

Time pump started 8:00 Pumping rate 12  
Total time 1 hr to reach pumping water level 172 ft. below M.P.

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)
8:00	22.2	5 seconds		12 gpm
8:15	76'	5		12
8:30	117	5		12
8:45	142'	6		10
9:00	172'	20 seconds		3
9:15	172'	20		3
9:30	172'	20		3
9:45	170'	19		3.1
10:00	170'	19		3.1
10:15	170'	19 seconds		3.1
10:30	170'	19		3.1
10:45	170'	19		3.1
11:00	170'	19		3.1
11:15	170'	19		3.1
11:30	170'	19		3.1
11:45	170'	19		3.1
12:00	170'	19		3.1
12:15	168'	19		3.1
12:30	169'	19		3.1
12:45	169'	19		3.1
1:00	169'	19		3.1
1:15	169'	19		3.1
1:30	169'	19		3.1
1:45	169'	19		3.1



## 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 – DECEMBER 20, 2016

June 20, 2016

Homeowner  
5012 Bee Frances Way  
Clarksville, MD 21029

**RE: Greenberry, Lot 3**  
**5012 Bee Frances Way**  
**Building Permit: B16000078**  
**Well Permit: HO-14-0149**

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 **6/20/2016**. Final approval of the well line connection to the dwelling was granted on **4/12/2016**. The well construction was completed on **3/10/2015**. Water samples were collected on **5/25/2016**.

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-14-0149. 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>

# 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: 5/27/2016  
Report #: M4094

Submitted Sample Address: 5012 Bee Frances Way  
Clarksville, MD  
Submitted Sample Source: Holding tank-well cap intact & no  
devices used  
Date / Time Collected: 5/25/2016 11:00 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-14-0149

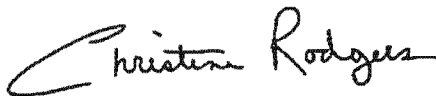
## Analytical Results

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	3.2	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	0.6	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: 

# Letter of Satisfaction

## Hoot System Installation

Address of Property: 5012 Bee Frances Dr.  
Clarksville, MD. 21029

Date of Final Inspection: 6/16/15

Installer: South Carroll Backhoe Service

Hoot Technician/Inspector: Mike Sample

I hereby certify that the Hoot system installed at the property listed above has been installed according to proper Hoot installation practices. I have also verified the startup of the system and it is in proper working order.

Sincerely,

W. Michel Dangel  
Name of Inspector  
Mayer Bros., Inc.

PH: 410-796-1434

FX: 410-796-1438

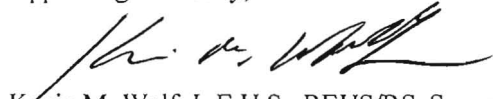
**WBE**  
**NPCA Certified Plant**

mayerbro@connect.net  
www.mayerbrosprecast.com

Grease Interceptors, Grease Solutions, Aerobic Treatment Units, Septic Tanks, Holding Tanks, Storm Water Structures, Hydroceptors,  
Bench Barrier, Water Meter Vanits, Sectional Valve Vaults, Top Slabs, Curb Heads, Curb Bumpers, PermEntry Basement Entries,  
Scapewel Window Wells, Custom Precast Products

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", is written over the printed name.

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

**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 #: 3 Well Tag #: HO - 14 - 0149  
Site Address: 5012 Bee Francis Way  
Clarksville, MD 21029

**Submersible Pump Data**

Make: Berkeley  
Model #: B7P4MS07221  
Pump Capacity 7 GPM  
Well Yield: 3.1 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  
Signature of company representative responsible for installation

March 23, 2016  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/12/2016 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 ☒



Well Permit No. HQ - 14-0149  
Location of property (road) Greenberry Lane  
Subdivision Greenberry Lot 3 Block      Plat      Sec.       
Well Driller Eagles Owner Jacob H. Hymat

Depth of well 400'  
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]

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

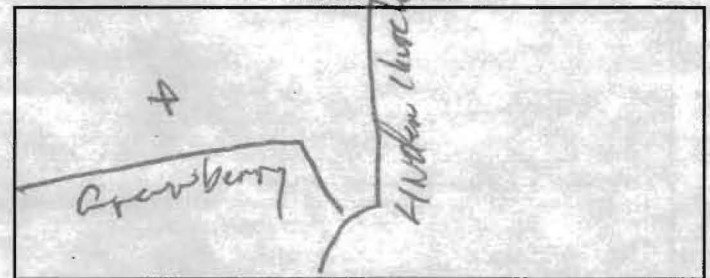
WELL DRILLER'S LICENSE NUMBER: 009

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Jacob Hikmat

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Clarksville  
TAX MAP      BLOCK      PARCEL       
SUBDIVISION: Greenberry  
SECTION:      LOT: 3  
STREET ADDRESS: Greenberry Lane



LATITUDE 3 9 . 23 0 55 5

LONGITUDE 7 6 . 9 7 0 86 33

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>90</u>
<u>Stone</u>	<u>90</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:     

WAS CASING RIPPED OR PERFORATED? ☒ YES ☐ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

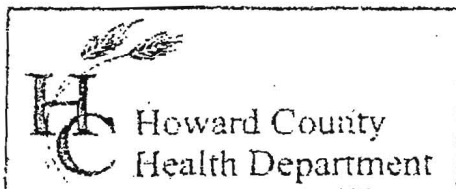
009 MWD / MSD / MGS

CIRCLE ONE

DATE 6-29-15

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.



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

### TO ALL INTERESTED PARTIES

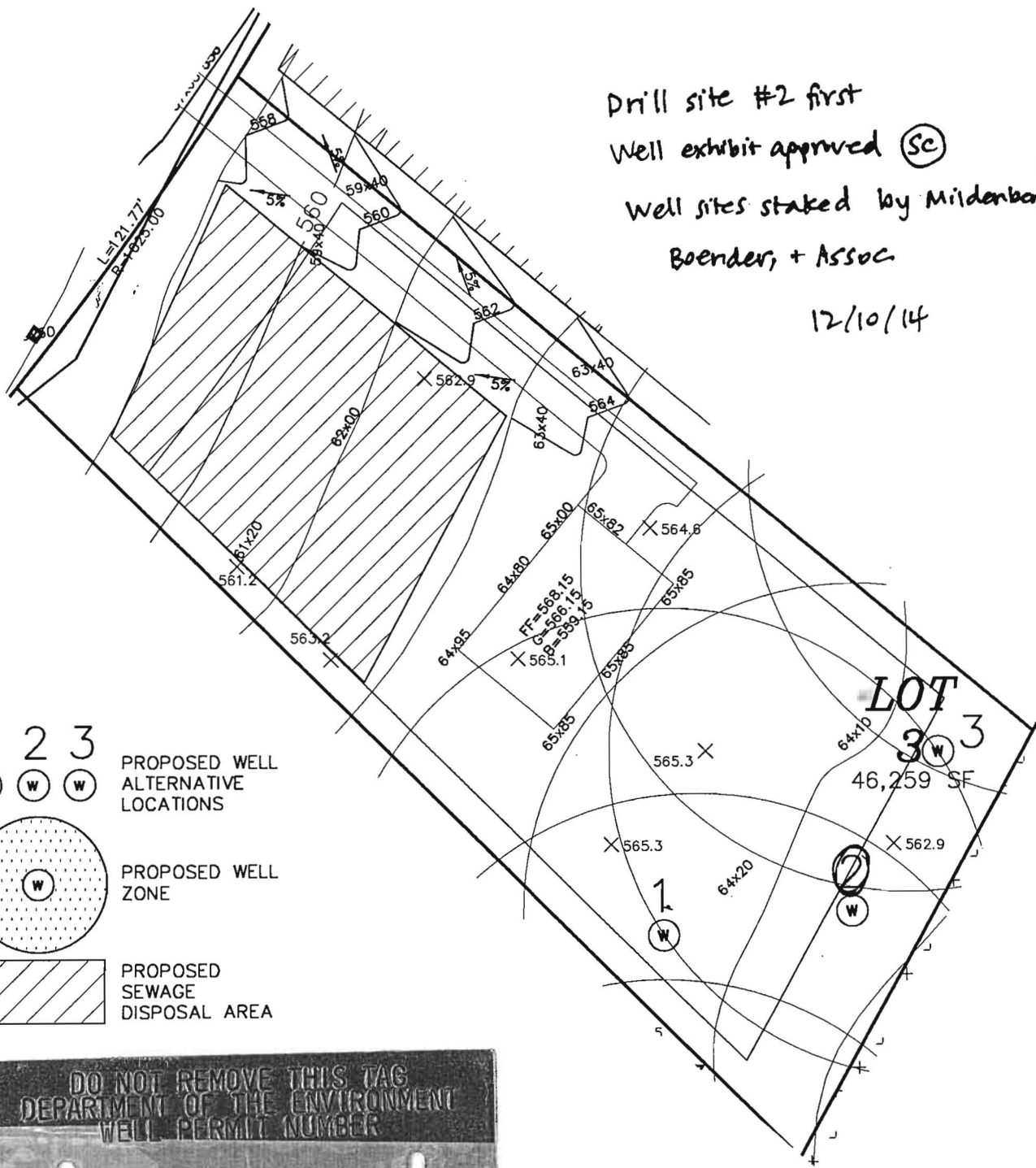
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ 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.

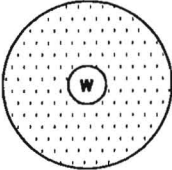

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

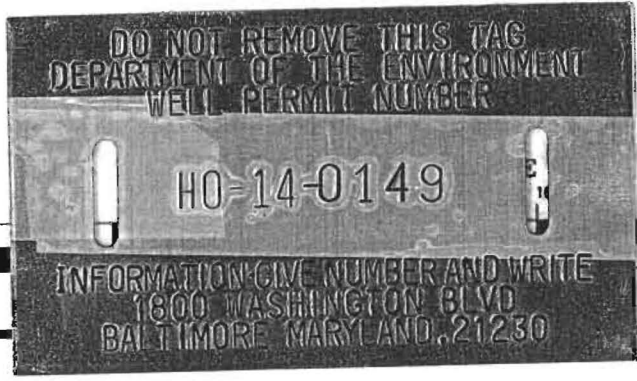
Revised 6/10/03

P:\2004\12-022 Greenberry\DWG\FINAL\F-14-095\_Well Exhibits



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
-   
PROPOSED SEWAGE DISPOSAL AREA



**GREENBERRY**  
**WELL EXHIBIT - LOT 3**

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.

## FILE INQUIRY NOTES

[illegible]





## 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

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

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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