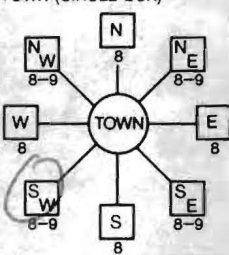
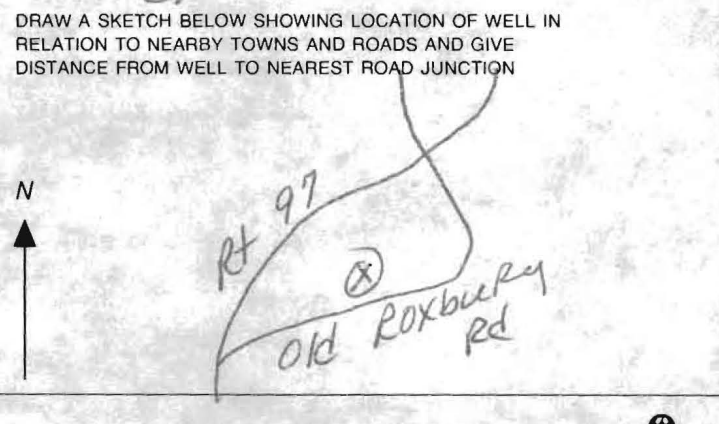


DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3870		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																			
1 2 3 6 (THIS NUMBER IS TO BE RUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER 59935																			
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 02 27 2004		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 411/04 O.K. (BA) 28 29 30 31 32 33 34 35 36 37																			
OWNER BUICE		STREET OR RFD RIVERCREST COURT		TOWN GLENWOOD		LOT 27																			
SUBDIVISION RIVERCREST		SECTION		LOT																					
WELL LOG Not required for driven wells		GROUTING RECORD																							
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use additional sheets if needed) Overburden Gray Rock water at 68' & 103'		WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N																							
		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC																							
		NO. OF BAGS 45 46 14 NO. OF POUNDS 45 46 84																							
		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)																							
FEET FROM TO 0 50 50 300 x		CASING RECORD																							
		casing types insert appropriate code below <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px; text-align: center;">ST STEEL</div><div style="border: 1px solid black; padding: 2px; text-align: center;">CO CONCRETE</div></div> <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px; text-align: center;">PL PLASTIC</div><div style="border: 1px solid black; padding: 2px; text-align: center;">OT OTHER</div></div>																							
		MAIN CASING TYPE PL																							
		Nominal diameter top (main) casing (nearest inch) 6																							
		Total depth of main casing (nearest foot) 58																							
EACH CASING		OTHER CASING (if used)																							
		diameter depth (feet) inch from to																							
NUMBER OF UNSUCCESSFUL WELLS: 0		SCREEN RECORD																							
		screen type or open hole (insert appropriate code below) <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px; text-align: center;">ST STEEL</div><div style="border: 1px solid black; padding: 2px; text-align: center;">BR BRASS</div><div style="border: 1px solid black; padding: 2px; text-align: center;">HO OPEN HOLE</div></div> <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px; text-align: center;">PL PLASTIC</div><div style="border: 1px solid black; padding: 2px; text-align: center;">OT OTHER</div></div>																							
		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																							
		Diameter of Screen (NEAREST INCH) from to																							
		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68																							
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		C 2																							
								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.																	
														DRILLERS LIC. NO. 1 M WD 120 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 AW D 766 1 SITE SUPERVISOR (sign. of driller or journeyman)											
																				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76					
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) 29 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 (nearest foot) 50 51 - below 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)																									
						Property Line 100' 30'																			
												Property Line 100' 30'													
																		Property Line 100' 30'							
Property Line 100' 30'																									

B 1 1 2 3 6 <div style="font-size: 2em; font-weight: bold;">5662</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <div style="font-size: 1.2em;">519644</div>	STATE PERMIT NUMBER <div style="font-size: 1.2em;">H0 -94 -3841</div> fill in this form completely
Date Received (APA) <div style="font-size: 1.2em;">10/29/03</div> 8 MM DD YY 13 OWNER INFORMATION <div style="font-size: 1.2em;">Buice Robert</div> 15 Last Name Owner First Name 34 <div style="font-size: 1.2em;">7979 Muncester Mill Road</div> 36 Street or RFD 55 <div style="font-size: 1.2em;">Gaithersburg MD 20877</div> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL <div style="font-size: 1.2em;">Howard</div> 8 COUNTY 21 <div style="font-size: 1.2em;">Buice Property / Rivercrest</div> 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 <div style="font-size: 1.2em;">Glenwood</div> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <div style="font-size: 1.2em;">3</div> M I 73 76 77 78	
DRILLER INFORMATION <div style="font-size: 1.2em;">Sandy B. Cochran</div> Driller's Name 76 License No. 81 <div style="font-size: 1.2em;">G. Edgar Harr Sons' Corp.</div> Firm Name <div style="font-size: 1.2em;">12047 Falls Road, Cockeysville 21030</div> Address <div style="font-size: 1.2em;">10/22/03</div> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE <div style="font-size: 1.2em;">5</div> GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED <div style="font-size: 1.2em;">750</div> GAL. PER DAY 14 20		RIVERCREST COURT Old Roxbury Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 100 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 21 BLK: 20 PARCEL 34	
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 <div style="font-size: 1.2em;">Howard</div> COUNTY NAME <div style="font-size: 1.2em;">59935</div> COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <div style="font-size: 1.2em;">11/5/03</div> <div style="font-size: 1.2em;">Steven R. King</div> <div style="font-size: 1.2em;">11/5/04</div> 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE NORTH GRID <div style="font-size: 1.2em;">510</div> 0 0 0 EAST GRID <div style="font-size: 1.2em;">780</div> 0 0 0 50 55 57 63	
APPROXIMATE DEPTH OF WELL <div style="font-size: 1.2em;">250</div> FEET 24 28 APPROXIMATE DIAMETER OF WELL <div style="font-size: 1.2em;">6</div> INCH NEAREST INCH		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 <div style="font-size: 1.2em;">780</div> N <div style="font-size: 1.2em;">510</div> 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEENED 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 39 <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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No <div style="font-size: 1.2em;">H0 -94 -3841</div> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

Well Permit No. HO - 94-3841
Location of property (road) RIVERCREST COURT
Subdivision RIVERCREST Lot 97 Block Plat Sec.
Well Driller G EDGAR HARR Owner ROBERT BUICE

Depth of well 300 Ft
Distance of measuring point (M.P.) above ground 1 Ft
Static water level (S.W.L.) below M.P. 51 Ft

Time pump started 0800 Pumping rate 16.66
Total time 30 min to reach pumping water level 161 ft. below M.P.

[illegible]

Well Permit No. HO - 94-3841
Location of property (road) RIVERCREST COURT
Subdivision RIVERCREST Lot 87 Block Plat Sec.
Well Driller GEDGAR HARR Owner ROBERT BUICE

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.

[illegible]

B-16001752

Rivercrest Lot-7

**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: Joel Isaacs Pbg Svc Telephone #: 410 365-1279
Address: 643 E. Watersville Rd
Mt. Airy, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Joel Isaacs License# 4524

***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: Columbia Builders, Inc. Telephone #: 410-730-3939
Subdivision: Rivercrest Lot #: 7 Well Tag #: HO-94-3841
Site Address: 15428 Rivercrest Ct.
Brookeville MD 20833

Submersible Pump Data

Make: Grundfos

Model #: 3/4 hp

Pump Capacity 10 GPM

Well Yield: 8.5 GPM

Depth of well encountered at time of pump installation: 300 (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 ✓

Pitless Adapter

Make: Campbell

Model#: 1"

Depth: 42" (36" min)

NSF/WSC approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓

Screened, vented well cap: ✓

Cap secured to casing: ✓

Conduit min 18" B.G.: ✓

Conduit secured to well cap: ✓

Piping to house

Type: Poly

PSI: 160 (160 psi min)

Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓

Length of sleeve (5' minimum from foundation): 13'

Sleeve sealed properly: ✓

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.

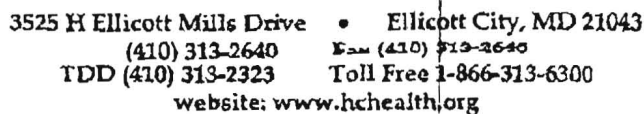
Signature of company representative responsible for installation

date

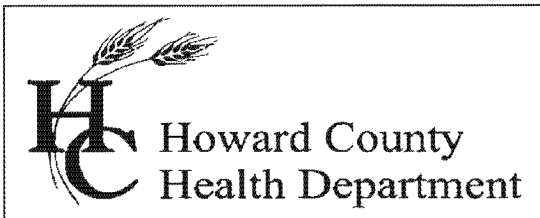
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 6/15/2016 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 ✓



KN



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 – April 18, 2017

October 18, 2016

Homeowner
15428 Rivercrest
Brookeville, MD 20833

RE: RiverCrest, Lot # 7
15428 Rivercrest
Building Permit: B16001752
Well Permit: HO-94-3841

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 **9/15/16**. Final approval of the well line connection to the dwelling was granted on **6/15/16**. The well construction was completed on **2/27/2004**. Water samples were collected on **10/11/16**.

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-94-3841. 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:

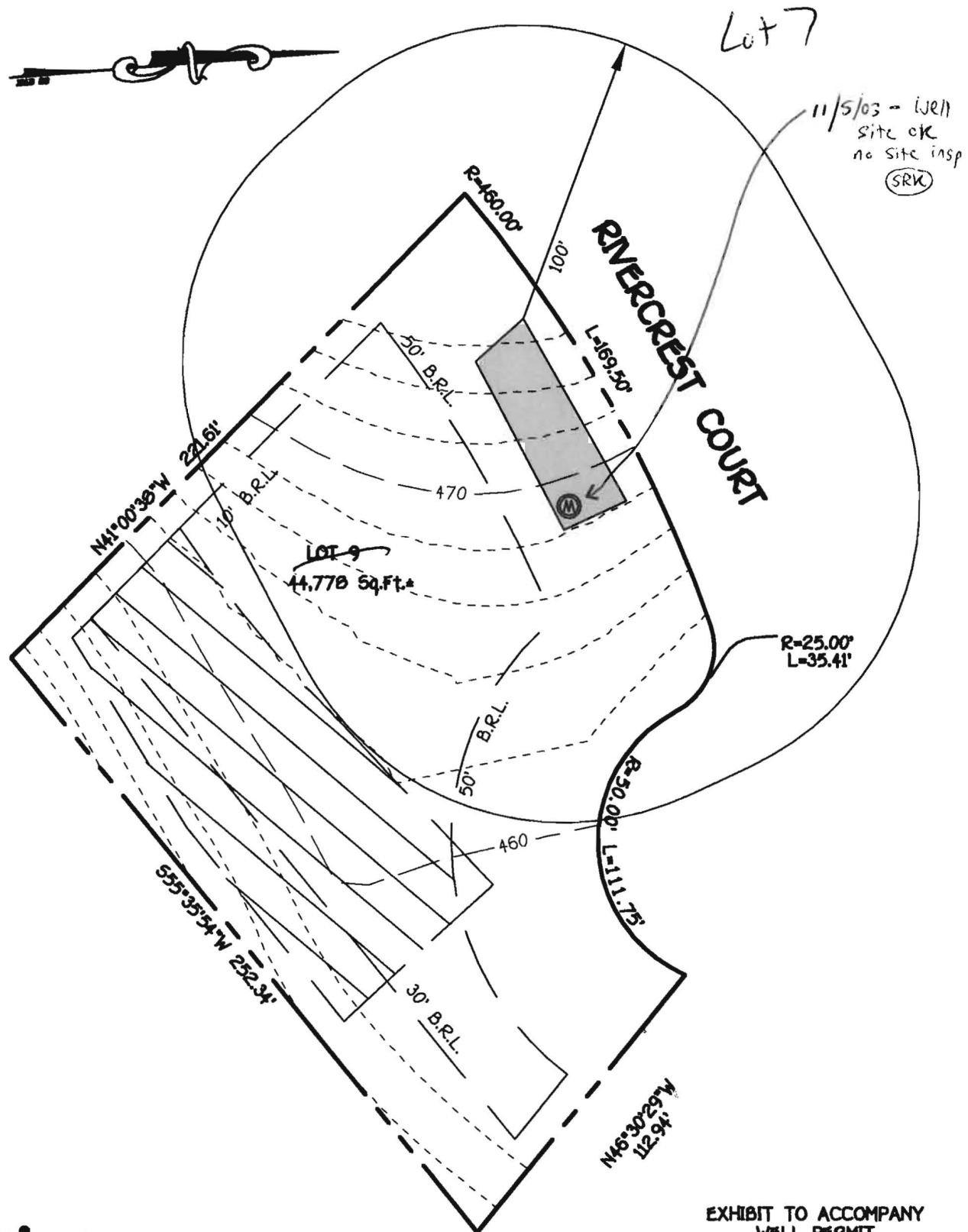
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink that reads "Dana Bernard". The script is cursive and fluid.

Dana Bernard, REHS, L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 9
 RIVERCREST
 TAX MAP 21 GRID 20 PARCEL 84
 HOWARD COUNTY, MARYLAND
 SCALE 1"=50'
 DATE OCTOBER 22, 2003

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 #: 110611 Account #: 1550
Reference: Rivercrest Lot 7 Company: Columbia Builders
Location: 15428 Rivercrest Court Requested By: Terry Brownley
Brookeville, MD 20833 Source: Well Water
Date/ Time Collected: 10/11/2016 0850 Site: Pressure Tank
Date/Time Rec'd: 10/11/2016 1111 Treatment: Spin Down Separator**
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Yeager 6176JY Well #: HO-94-3841

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/12/2016 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/12/2016 / 0800 / CCH
Nitrate	<1.0	mg/L	10	601	10/11/2016 / 1445 / CCH
Turbidity	1.53	NTU	<10	SM18 2130B	10/11/2016 / 1300 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	10/11/2016 / 1300 / CCH

NOTES

- 1 **Sample collected prior to Spin Down Separator
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
- 9 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B16001752

Date Reported: 10/12/2016

**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 30th 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