

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.

TAG: 9/16/2019

B 1	34465	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-18-0110 <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13 SKRbin Aaron 15 Last Name Owner First Name 34 7139 Fox Harbor Way 36 Street or RFD 55 Elkridge Md. 21075 57 Town 70 State 72 Zip 76		OWNER INFORMATION		
DRILLER INFORMATION Andrew Houseman M 5 D 224 76 Driller's Name License No. 81 fooks Well Drilling Firm Name P.O. Box 202 Woodbine md 21797 Address Andrew Houseman 9-4-19 Signature Date		LOCATION OF WELL B 3 Howard 8 COUNTY 21 Rivercrest 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Brookville 52 NEAREST TOWN 71		
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		B 4 SOURCES OF DRILLING WATER 1. well water 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 38' 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 0021 BLK: 0020 PARCEL 0290		
USE FOR WATER (CIRCLE APPROPRIATE BOX) 22 <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 09/09/2019 43 MM DD YY 48 CO SIGNATURE EXP. DATE 09/09/2020 DON: 9/13/19 Doc: 9/16/2019 Day: 9/16/2019		
APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		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		
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		<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>9/13/2019</p> <p>6' casings</p> <p>6.625" x 1.88" ASTM A53 GR BE L-21</p> <p>41' 1" drack</p> <p>9/16/2019</p> <p>swl 60'</p> <p>Test pump</p> <p>WIDE OPEN</p> <p>~20 gpm</p> <p>21 BACS</p> <p>Pump @ 190'</p> <p>200' Deep</p> <p>10 @ 95'</p> <p>@ 120'</p> </div> <div style="flex: 1; border: 1px solid black; padding: 5px;"> <p>Septic</p> </div> <div style="flex: 1; border: 1px solid black; padding: 5px;"> <p>House</p> </div> <div style="flex: 1; border: 1px solid black; padding: 5px;"> <p>Proposed Propane Tank</p> </div> <div style="flex: 1; border: 1px solid black; padding: 5px;"> <p>RiverCrest Ct</p> </div> </div>		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) 39 <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER PERMIT No. HO-18-0110 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- NONE				

[illegible]



ABANDONED HO-94-3835

Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

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: Fogles Well Pump & Water Treatment LLC Telephone #: 410 795 5670
Address: 580 Obrecht Rd
21764

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): DAVID C FOGLE License #: MSD226

*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: Aaron Skrbini Telephone #: _____
Subdivision: Rivercrest Lot #: 1 Well Tag #: HO-94-3835
Site Address: 15415 Rivercrest Ct
Brookville, MD 20833

Submersible Pump Data

Make: Grundfos
Model #: 1550P07180
Pump Capacity: 18
Well Yield: 14.3

Depth of well encountered at time of pump installation: 200 (feet) YES

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Pitless Adapter

Make: Camplite
Model #: NA
GPM Depth: 36 (36" min)
GPM 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

Piping to house

Type: 1" PEX PIPE
PSI: 200 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 6
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.

Signature of company representative responsible for installation: [Signature]

date: 8/23/19

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

Date Insp. Requested: 08/23/2019 Date Insp. Approved: 08/23/2019 Inspector: [Signature]
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

40" 08/23/2019 [Signature]
31" 08/23/2019 [Signature]
27" 08/23/2019 [Signature]
✓
✓

(Revised form 10/24/2018)

EX HOUSE
08/23/2019

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

*SLEEVED FROM HOUSE,
THROUGH ROCK, CLOSE TO
WELL CASING.

-SLEEVED FROM HOUSE, CLOSE TO WELL

**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 Line

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: Eagles Well Pump & Water Treatment, LLC Telephone #: 410 795 8670
Address: 3830 Obrecht Rd.
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): David C. Eagles License #: MSD226
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: Aaron Skvbin Telephone #: _____
Subdivision: RIVERCREST Lot #: 1 Well Tag #: HO-18-0110
Site Address: 15415 RIVERCREST CT
BROOKVILLE, MD 20833

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155QE01-180</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>4.5</u> GPM	NSPC/WSC approved: <u>YES</u>	Conduit min 1" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>200</u> (feet); Conduit secured to well cap: <u>YES</u>		
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4		
Temperature sensors, cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to cross rope adapter or other acceptable method inside of well casing: <u>NA</u>		

<u>Fixture to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration
PSI: <u>200</u> (150 psi min)	Length of sleeve (5' minimum from foundation)
Depth of supply line: <u>36"</u> (36" min)	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: David C. Eagles Date: 9/17/19

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

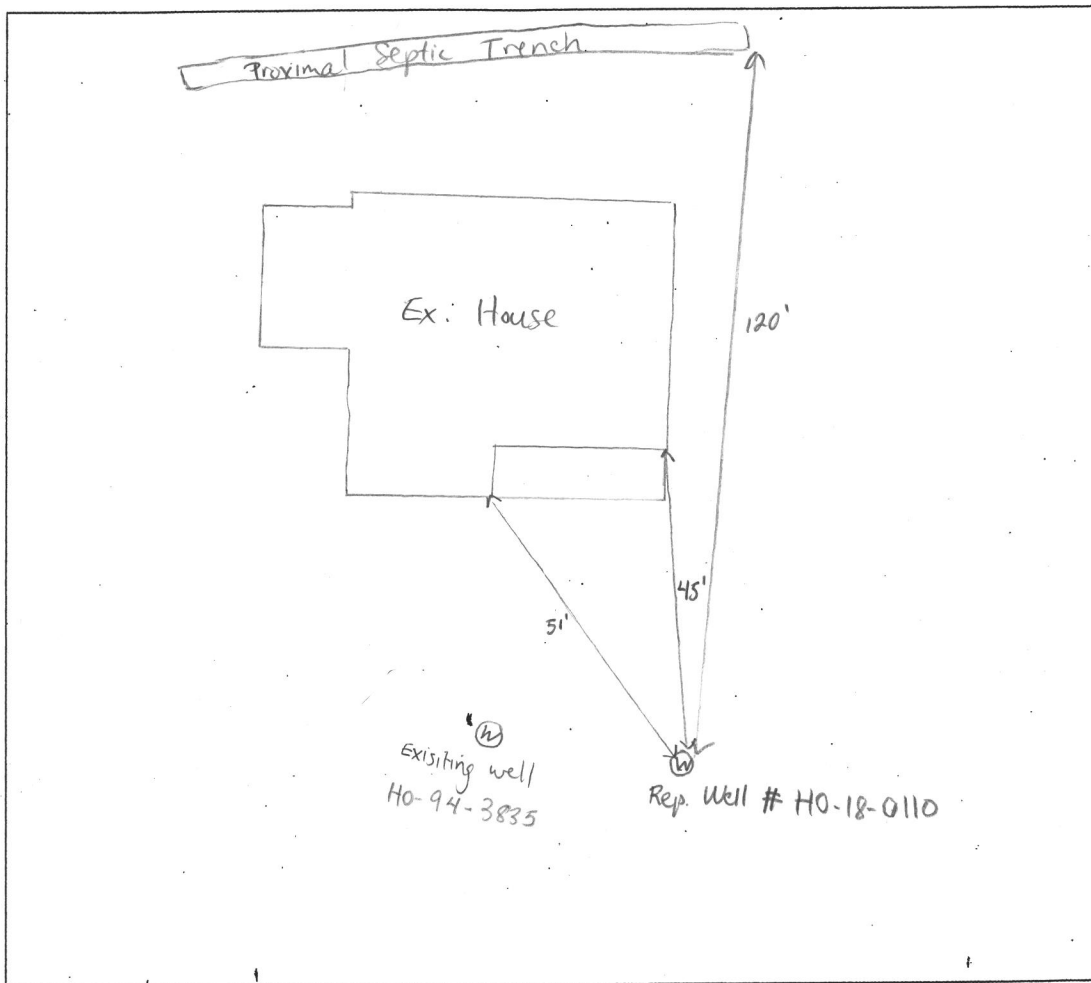
Date Insp. Requested: 9/18/19 Date Insp. Approved: 9/18/19 Inspector: ST
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 41"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 1' below grade/attached to cap properly ✓ 39"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 14"
Water supply line sleeved adequately at house connection ✓
Adequate ground observed below pitless adapter ✓

9/18/19 Electric line crosses water line 23' from well

SITE INSPECTION SHEET

OWNER: Aaron Skrbini PHONE #: 240-793-6446
ADDRESS: 15415 Rivercrest Ct CONTRACTOR: Fogles Well Drilling
Brookeville, MD 20833 WELL TAG #: HO-18-0110
SUBDIVISION: Rivercrest LOT: 1 COUNTY #: Howard
PROPOSAL: Replacement well

LOCATION DIAGRAM



COMMENTS: 9/5/19 Confirmed location of replacement well. OK to release well permit. (ST)

PERMIT APPROVED 9/9/2019 (201997)
STAKED BY DRILLER

DATE: 9/5/19

INSPECTOR: Susan Thomas

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – APRIL 8, 2020

October 8, 2019

Homeowner
15415 Rivercrest Court
Brookeville, MD 20833

**RE: Rivercrest, Lot 1
15415 Rivercrest Ct.
Building Permit: B19001591
Well Permit: HO-18-0110**

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 **8/28/2019**. Final approval of the well line connection to the dwelling was granted on **9/18/2019**. The well construction was completed on **9/16/2019**. Water samples were collected on **9/23/2019**.

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-18-0110. 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>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

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 #: 133015 Account #: 1933
Reference: Aaron Skrbini Company: Fogles Well Pump & Treatment
Location: 15415 Rivercrest Court Requested By: Dave Fogle
Brookeville, MD 20833 Source: Well Water
Date/ Time Collected: 9/23/2019 1230 Site: Pressure Tank
Date/Time Rec'd: 9/23/2019 1325 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: B. Wilkerson 9315BW Well #: HO-18-0110

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/24/2019 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/24/2019 / 0900 / CRS
Nitrate	1.31	mg/L	10	601	9/24/2019 / 0850 / RER
Turbidity	1.48	NTU	<10	SM20 2130B	9/24/2019 / 0910 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	9/24/2019 / 0910 / RER

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

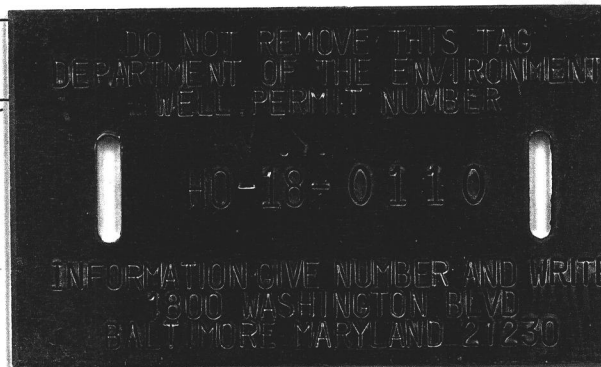
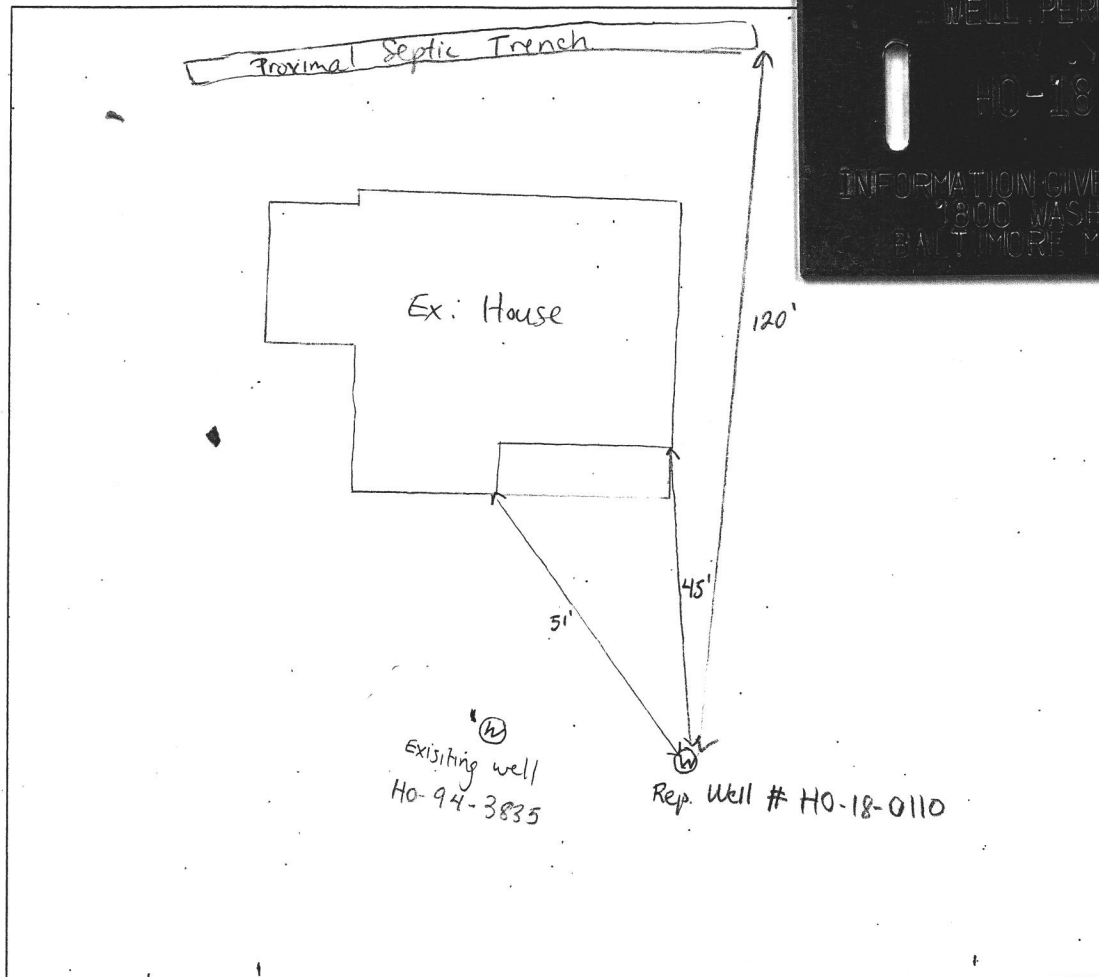
Reason for Test : Use & Occupancy
Building Permit # : B19001591

Date Reported: 9/24/2019

SITE INSPECTION SHEET

OWNER: Aaron Skrbini PHONE #: 240-793-6446
ADDRESS: 15415 Rivercrest Ct CONTRACTOR: Fogles Well Drilling
Brookeville, MD 20833 WELL TAG #: HO-18-0110
SUBDIVISION: Rivercrest LOT: 1 COUNTY #: Howard
PROPOSAL: Replacement well

LOCATION DIAGRAM

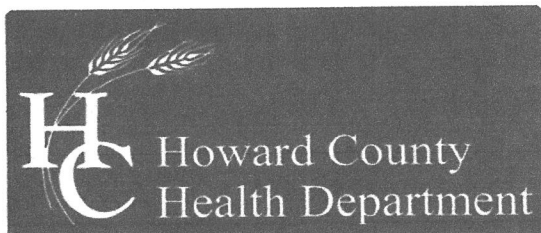


COMMENTS: 9/5/19 Confirmed location of replacement well. OK to release well permit. (ST)

PERMIT APPROVED 9/9/2019 (J. Thomas)
STAKED BY DRILLER

DATE: 9/5/19

INSPECTOR: J. Thomas



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 for new construction, please indicate one of the following:

Well Site Location:

Rivercrest 1 15415 Rivercrest Ct
Subdivision/Property Name Lot # Road Name

☐ The well site has been staked by _____
(professional land surveyor or company employing professional land surveyors)
on _____ (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.

Driller staked site - ready to meet - No water

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

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: 9-16-19 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Andrew Houseman

WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Aaron Skrbn

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Brookville

TAX MAP 0021 BLOCK 0020 PARCEL 0270

SUBDIVISION: Rivercrest

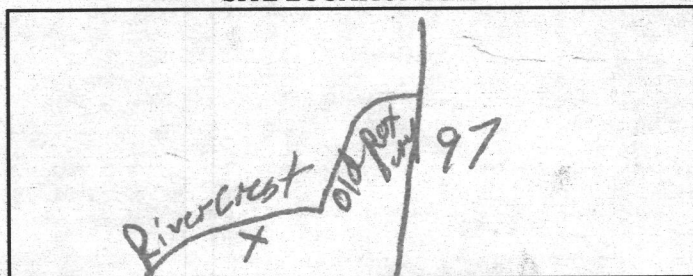
SECTION: _____ LOT: 1

STREET ADDRESS: 15415 Rivercrest Ct

LATITUDE 39.252660

LONGITUDE 77.050800

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	53 collapsed	0

VOLUME OF MATERIAL USED

Bentonite 850 lbs

* 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: 6 INCHES IN DIAMETER

DEPTH OF WELL: 200 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 3

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Andrew R. [Signature] LICENSE#

COUNTY

224 MWD / MSD / MGS

CIRCLE ONE

9-23-19 DATE

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B 1 5656

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
519644 please type

STATE PERMIT NUMBER

H0-94-3835

70 fill in this form completely 79

Date Received (APA)

10 29 03

8 MM DD YY 13

OWNER INFORMATION

Buice Robert
15 Last Name Owner First Name 347979 Muncaster Mill Road
36 Street or RFD 55Gaithersburg MD 20877
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Sandy B. Cochran M W D 120
Driller's Name 76 License No. 81G. Edgar Harr Sons' Corp.
Firm Name12047 Falls Road, Cockeysville 21030
AddressSignature 10/23/03
Date

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12AVERAGE DAILY QUANTITY NEEDED 750
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- ☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ I INDUSTRIAL, COMMERCIAL, DEWATERING
- ☐ P PUBLIC WATER SUPPLY WELL
- ☐ T TEST, OBSERVATION, MONITORING
- ☐ G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 250 FEET
24 28APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

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

REPLACEMENT OR DEEPEENED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- ☐ S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- ☐ D 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. H0-94-3835
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

Howard

LOCATION OF WELL

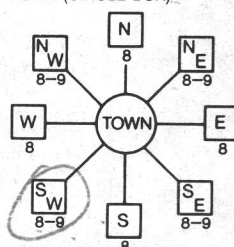
8 COUNTY 21

Buice Property / Rivercrest
23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Glenwood
52 NEAREST TOWN 71MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)Rivercrest Ct
Old Roxbury Road
11 NEAR WHAT ROAD 30ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)34 100 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 20 PARCEL 84

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVALHoward 59935
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

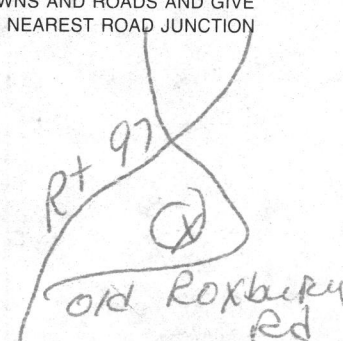
DATE ISSUED 10 29 03 Steven R. King 11 5 04
43 MM DD YY 48 CO SIGNATURE EXP. DATENORTH GRID 510 0 0 0 EAST GRID 780 0 0 0
50 55 57 63SHOW MAJOR FEATURES OF
BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well
- 2.
- 3.

WRITE THE BOX NUMBER
FROM THE MAP HEREE 780
N 510DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
RELATION TO NEARBY TOWNS AND ROADS AND GIVE
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N



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 3875		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 PUNCHED 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 03 23 2004		Depth of Well 22 200 26 (TO NEAREST FOOT) 3/24/04 O.K. (PB)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3835 28 29 30 31 32 33 34 35 36 37																														
OWNER Buice last name Robert first name		STREET OR RFD Rivercrest Ct		TOWN Glenwood																																
SUBDIVISION Rivercrest		SECTION		LOT 1																																
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 NO. OF POUNDS 600 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 24 ft. (enter 0 if from surface)																																		
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Overburden</td><td>0</td><td>20</td><td></td></tr><tr><td>Gray Rock</td><td>20</td><td>200</td><td>x</td></tr><tr><td colspan="4">water at 60' & 143'</td></tr></tbody></table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Overburden	0	20		Gray Rock	20	200	x	water at 60' & 143'				CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"><tr><td>ST STEEL</td><td>CO CONCRETE</td></tr><tr><td>PL PLASTIC</td><td>OT OTHER</td></tr></table> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>MAIN CASING TYPE</th><th>Nominal diameter top (main) casing (nearest inch)</th><th>Total depth of main casing (nearest foot)</th></tr></thead><tbody><tr><td>PL</td><td>6</td><td>25</td></tr><tr><td>60 61</td><td>63 64</td><td>66 70</td></tr></tbody></table>				ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER	MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)	PL	6	25	60 61	63 64	66 70
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DEPTH (nearest ft.)	
1 2	3 4
HO 25	200
8 9 11	15 17 21
23 24 26	30 32 36
38 39 41	45 47 51
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) (E.R.O.S.) W Q	
70	72 74 75 76

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 14.28 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 60 ft. WHEN PUMPING 63 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 (CIRCLE) (YES or NO) 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 - below LAND SURFACE (nearest foot) 1 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) 30' 60' Proper	

NUMBER OF UNSUCCESSFUL WELLS: 0	
WELL HYDROFRACTURED Y 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 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 MS D 1 2 0 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 AD 7666 SITE SUPERVISOR (sign. of driller or journeyman)	

Depth of well 200 Ft
Distance of measuring point (M.P.) above ground 1 Ft
Static water level (S.W.L.) below M.P. 6.0 Ft

HD-224

Well Permit No. HO - 94-3835
Location of property (road) Roxbury Mills Rd Rivercrest Ct
Subdivision Rivercrest Lot 31 Block Plat Sec.
Well Driller G. Edgar Harr Owner Robert Buice

I. High rate pumping -- reservoir drawdown

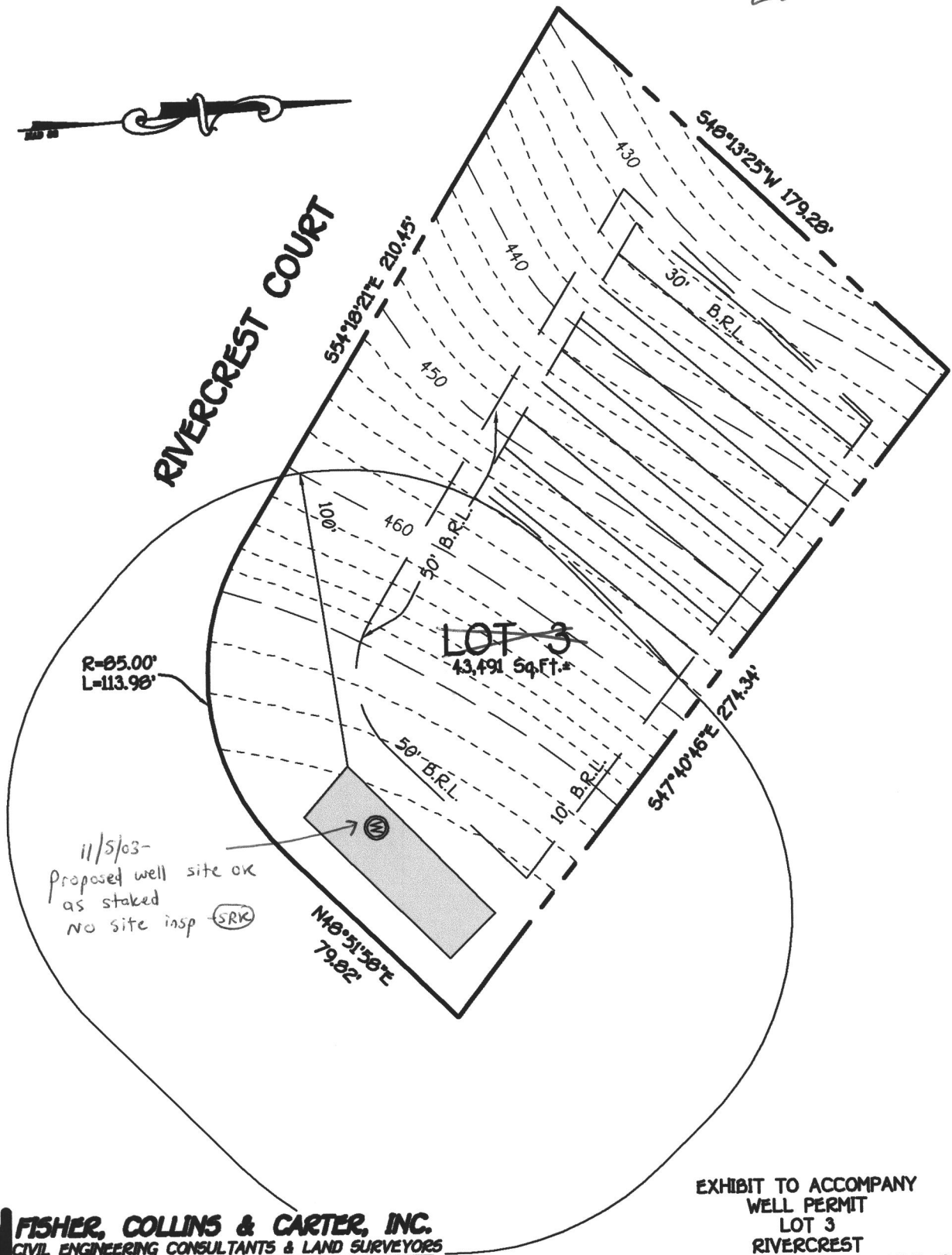
II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]



RIVERCREST COURT

Lot 1



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 3
RIVERCREST
TAX MAP 21 GRID 20 PARCEL 84
HOWARD COUNTY, MARYLAND
SCALE 1"=50'
DATE OCTOBER 22, 2003

**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

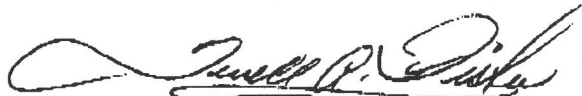
Mr. Steve Kreig
Howard County Health Department
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

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.

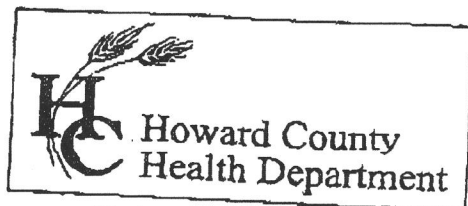
Very truly yours,
Fisher, Collins & Carter, Inc.



Terrell A. Fisher, P.E., L.S.

DO NOT DISCARD

WO #30636
c.c. Mr. Mike Isom
Mr. John Komsa



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2640
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following: Rivercrest Subdivision, All lots

- ☒ The well site has been staked by Fisher, Collins + Carter on 11-2-03 and is ready for site inspection.
- ☐ _____ will call the Health Department for a time to meet in the field to verify a well location.
- ☐ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN