C 1 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	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)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
ST/CO USE ONLY DATE Received MM 9 - 96 - 115		PERMIT NO. FROM "PERMIT TO DRILL WELL"  28 29 30 31 32 33 34 35 36 37
OWNER SKYDIN Oaro	DECCEST CA first name TOWN	Brookeville
SUBDIVISION KIVECCEST	SECTION	LOT
WELL LOG  Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)  CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)  FROM TO  Check if water bearing	NO. OF BAGS 46 21 NO. OF POUNDS 45 96 4	PUMPING RATE (gal. per min.) 8.5
Clay 0 14	GALLONS OF WATER 126 DEPTH OF GROUT SEAL (to nearest foot) from 6 ft. to 6/ ft.	METHOD USED TO MEASURE PUMPING RATE
Sandy Brown 14 50	48 TOP 52 54 BOTTOM 58  (enter 0 if from surface)  Casing CASING RECORD	BEFORE PUMPING 17 tt.
Gray Lineston 50 95	types insert appropriate code ST CO	WHEN PUMPING 22 ft.
Exercise 95 97 V	MAIN Nominal diameter Total depth top (main) casing of main casing	TYPE OF PUMP USED (for test)  A air  P piston  T turbine  other
( my 1 months 97 122	TYPE (nearest inch)! (nearest foot)  60 61 63 64 66 70	C centrifugal R rotary O (describe below)  J jet S submersible
GPY	E OTHER CASING (if used) A diameter depth (feet)	27
Fractive 122 123	inch from to	PUMP INSTALLED  DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)
Greylinestone 123 200	Screen type SCREEN RECORD	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
	appropriate code below BRONZE HOLE DIT OTHER	CAPACITY: GALLONS PER MINUTE (to nearest gallon)  31  36
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER PUMP COLUMN LENGTH
WELL HYDROFRACTURED YES Y	HO 63 200	(nearest ft.)  CABING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER	C H 23 24 25 30 32 36	above LAND SURFACE
WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  E ELECTRIC LOG OBTAINED  TEST WELL CONVERTED TO PRODUCTION	S C 3 R 38 39 41 45 47 51 E	- below (nearest)  49
HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND	E SLOT SIZE 1 2 3 (NEAREST	LATITUDE 3 9. 252696 LONGITUDE 7 9. 050742
IN CONFORMANCE WITH ALL CONDITIONS STATEO IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	OF SCREEN INCH)  from to	(DEFAULT COORD. WGS 84) Pursuant to \$10-624 of the State Govt. Article of
DRILLERS LIC. NO. 1 M 5D 2241	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL	the Maryand 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
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68  MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	have the right to inspect, amend, or correct this form. The Maryland Department of the
LIC. NO.1 D	T (E.R.O.S.) , W Q	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
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	70 72 72 74 75 76 TELESCOPE LOG INDICATOR OTHER DATA	pert, by the pulic and other governmental agencies, if not protected by federal or state law.
MDEAMAGER 071	COUNTY	

Date: September 16, 2019

10/18/2019 (D)

# FOGLE'S WELL DRILLING, LLC P.O. Box 202 Woodbine, Md 21797 443-609-4195 FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-18-0110

Location of Property: <u>15415 Rivercrest Ct Brookeville, Md</u>

Well Driller: Fogles ~~ Andrew Houseman MSD224 Owner: Aaron Skrbin

Depth of Well: 200' Casing: 63' of 6" Steel

Distance of measuring point (M.P.) above ground: 2'
Static water level (S.W.L.) below M.P.:\_\_\_60'\_\_

High rate pumping –reservoir Drawdown

Time pump started: \_9:15 Pumping rate: \_8.5

Total time <u>15 mins</u> to reach pumping water level <u>62 f</u>t. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

ecovery pump test TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	60'	7 Seconds		8.5 gpm
9:30	62'	7 Seconds		8.5 gpm
9:45	62'	7 Seconds		8.5 gpm
10:00	62'	7 Seconds		8.5 gpm
10:15	62'	7 Seconds		8.5 gpm
10:30	62'	7 Seconds		8.5 gpm
10:45	62'	7 Seconds		8.5 gpm
11:00	62'	7 Seconds		8.5 gpm
11:15	62'	7 Seconds		8.5 gpm
11:30	62'	7 Seconds		8.5 gpm
11:45	62'	7 Seconds		8.5 gpm
12:00	62'	7 Seconds		8.5 gpm
12:15	62'	7 Seconds		8.5 gpm
12:30	62'	7 Seconds		8.5 gpm



ABANDONE

**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

	the state of the s
NOTE: The installer is respo	onsible for requesting an inspection prior to 9 am on the day of the desired inspection. No approved by the Health Department. All installations must comply with the National Standard approved by the Health Department. All installations must comply with the National Standard approved by the Health Department. All installations must comply with the National Standard approved by the Health Department.
work is to be covered until a	pproved by the Health Department. A not have been proved by the Health Department. (NAT) Well Construction Regulations). Submission of a
Plumbing Code (NSPC, as a	pproved by the Health Department, All installations must comply with the member of a mended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a
Easlant a	11 Pump & wall Neutrant LLC Telephone #: 410 795 5676
Company Name: 100165 U.C.	11 Pumps wath tree Telephone State 1
Address. ( KN 1317)	1111+ 12/1
- Sukto	1 Ne MO 2176 VI iganged Well Pump Installer
Must circle one: Licensed Pl	lumber / Licensed Well Driller / Licensed Well Pump Installer
License # and name of indivi	dual responsible for the field histariation.
Name (Print):	A licensed
*A licensed individual must	t perform the actual installation. Apprentices may be subjected to field verification. Unlicensed
invenoumen or master plut	nber, nump installer or well urifiel. Dicoises may available
individuals may be reporte	d to the appropriate licensing agency.
Name of Property Owner:	Agron Skrb, M Telephone #:  Lot #: Well Tag #: HO - 94 - 3835 Jos W 250
AUDULA POLOTIC	
Site Address: 15415	RNEVCLESTCT
Broovewile, W	no 20933
	Pitless Adapter Well Cap and Electric Conduit
Submersible Pump Data	Tilless Adapter
Make: (-1 M) (-0)	Make
Model #: 1550P07	
Pump Capacity	GPM Deniii. Ala (30 mm)
171 11 11 11 11 Z	
	at time of pump installation: 200 (feet)  Conduit secured to well cap: Visit I have not off switch is required by NSPC 1990 Section 17.8.4
Must circle one: Torque ar	rrestors / Cable guards / Other acceptable method used
Safety rone if used, attac	restors / Cable guards / Other acceptable method used hed to brass rope adapter or other acceptable method inside of well casing MA
Salety Tope, it dots,	
Piping to house	House Connection
Type: Type: PON PIG	PVC sleeve to undisturbed soil at wall penetration:
PSI: 7()(160 psi min)	Length of Siceve(3 minimum nom formation)
Depth of supply line: 31	(36" min) Sleeve sealed properly:
Depth of supply fine	
The motor supply line is	required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution
hav drainfields and sew	required to be at least ten feet from the septic tains, pump chambody or the prior to rage reserve area. If this <u>cannot</u> be accomplished, contact this office for approval prior to
installation.	
mistanation.	
	000
1 1 col.	0123119
G' A company ren	resentative responsible for installation date
Signature of company rep	
	For Health Department Use Only - Not to be completed by Installer
D. J. Bannatadi C	2/12/2019 Date Inen Annroyed: UDICS IIIspecius.
Date Insp. Requested: O	is adapter watertight & water supply line at least 36" below grade
* The same of	rises can installed and attached to casing securely
Iwo	piece cap installed and attached to casing securely conduit extends at least 18" below grade/attached to cap properly
0.01	Conduit extentials at testing of fivell can/paging
Safet	y rope not outside of well cap/casing ect well tag attached properly and casing 8" above finished grade ect well tag attached properly and casing 8" above finished grade
Corre	ecr well lag anacied property and change connection
Wate	or supply like siceved adequates) at the
Adec	quate grout observed below pitless adapter
	THROUGH POCK, CLOSE TO WELL CASING.
(Revised form 10/24/2018)	* SLEEVED PREMITED TO
11 0	THROUGH ROCK, CLOSE
HOUSE	WASING.
3/23/2019	
1/00/-	whehealth org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

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

- SIZEVED FROM HOUSE, CLOSE TO WELL

#### HOW LED COURTY HEAT TH DEPARTMENT SUREAU OF ENVIRONMENTAL HEALTH WELL & SEPTIC PROCERAM TEL: (410)313-1711 FAY: (410)313-2648

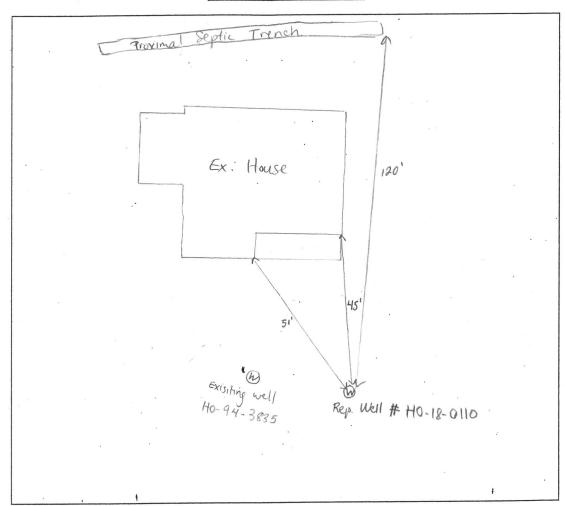
Futurnation Room fine the Installation of the Well Purus, Pilless Adapter, and Supply Fining.

Information Roun for the Installation of the West Fitted Fitted Fitted
A STAND ROOM OF THE ENGINE PLANT AND
NOTE: The installer is responsible in requesting as inspection paint to 9 am another bay of the flected
NOTE: The book lies is responsible in requesting an inspection paintment. All installations must comply inspection. No work is to be covered until approach by the Health Department. All installations must comply in inspection. No work is to be covered until approach by the Health Department. All installations must consult on the covered until approach by the Health Department.
Company Name FOOKS ULI PAMO + W. Telephone = 410 795 8070
Coales 11011 Dann + WALV [170] VIO 795 8070
Crosspany Name: MINICO (CC 1) POTITY (CC) Line printing =
J380 Obvecht Rd
51 KPBINILO, MO 21 7.84
(Ministerie Due) Liversed Plumber (Licensed Well Doiller Licensed Well Pump, installer
Transfer and the first of the f
The state of the s
*A licensed individual must per norm vacarross manifestrus. Apprentue of licenses may be subjected in field licenses disputed on master plumber, presup installer or well in the licenses may be subjected in field
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permission. Unbreused individuals may be reported in the appropriate incensing agency.
Name of Property Owner AUTON SKYDIN Telephonis = 100-19-110
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Site Address 15415 RINEVEWSA C.F
BY OOVE VILLE, WWW 70853 Well Cap and Kie-thir Constant
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Third I Court of 180 Mindel N/4
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Temperatus, Cable grants, or other acceptable method used. Most carde one
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approve prior to installation / 1 . 0 9117/19
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Agree Agreement Testion Agree
Strengton or company representative resignistiale for installation . date.
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For Health Department UseOnly—Not to be completed by Installer
Date Insp. Requested 9/18/19. Date Insp. Approved: 9/8/19 Inspection ST
Date loss Requester May water supply fine at least 36" below grade Inspection Data: Effest adapted water supply fine at least 36" below grade
Inspection Date: Effess adapted wateringto in waits supply that at a same
The river of the fall and an arrangement of the second of
Elec. combinit extends at least 11" below gradulattached to cap properly
Contraction and contains of well contains
Connect well tag attacked properly and pasting 87 above fourshed grade
Chiect West late Allectica property can be supported
Water supply line sleeved adequately at house connection
A demais grout observed below piles adapted
eeu.
1 9/18/19 Electric line crosses water line 23' from well.
- 1/18/19 Electric ind crosse

#### SITE INSPECTION SHEET

OWNER: Aaron Strbin	PHONE #: 240-793-6446
ADDRESS: 15415 Rivererest Ct	CONTRACTOR: Fogles Well Dalling
Brookeville, MD 20833	WELL TAG#: H6-18-0110
SUBDIVISION: Rivercrest LOT:	COUNTY #: Laward
D	

#### LOCATION DIAGRAM



•	
COMMENTS: 9/5/19 Confirmed location of replacement well. Ok to release well	L
permit. (ST)	
PERMIT APPROVED 9/9/2019 (NOO1997	_
STAKED BY DRILLER	
DATE: 9/5/19 INSPECTOR: Jusque /honas	



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

#### **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: <a href="http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf">http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf</a>

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



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 "<u>Homeowner Fact Sheet</u>" 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

hin h. Half

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

Aaron Skrbin

Account #:

1933

Reference:

Company: Requested By: Dave Fogle

Fogles Well Pump & Treatment

Location:

15415 Rivercrest Court 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 REFE	RENCE M	ETHOD D	ATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml <	1.0 SN	M20 9223B	9/24/2019 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml <	1.0 SM	M20 9223B	9/24/2019 / 0900 / CRS
Nitrate	1.31	mg/L 1	0 60	01	9/24/2019 / 0850 / RER
Turbidity	1.48	NTU <	10 SI	M20 2130B	9/24/2019 / 0910 / RER
Sand	NS	mg/L 5	V	isual/Gravimetric	9/24/2019 / 0910 / RER

#### **NOTES**

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

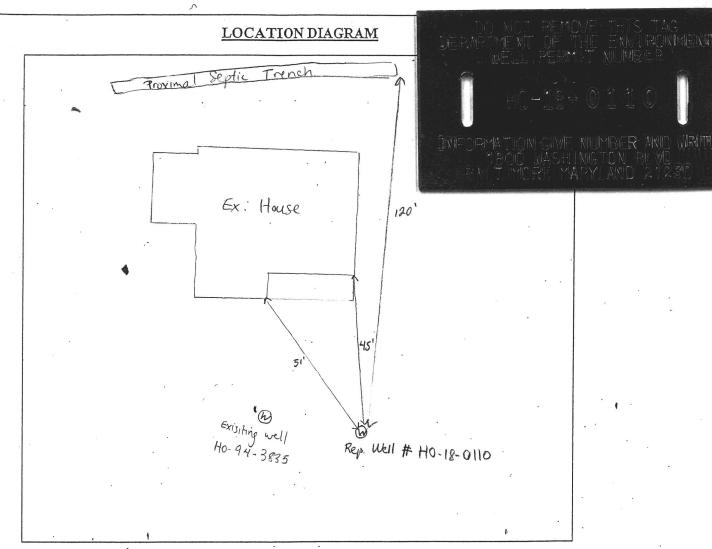
#### SITE INSPECTION SHEET

OWNER: <u>Agron</u> Skrbin PHONE #: <u>240-793-6446</u> ADDRESS: 15415 Rivererest Ct CONTRACTOR: Fogles Well Drilling

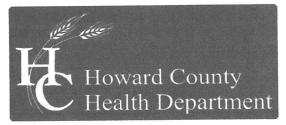
Brookeville, MD 20833 WELL TAG#: 16-18-0110

SUBDIVISION: Rivercrest LOT: | COUNTY #: Howard

PROPOSAL: Replacement well



COMMENTS: 9/5/19 Confirmed location of replacement well. Ok to release well PERMIT APPROVED 9/9/2019 (DODING 7 STAKED BY DRILLER DATE: 9/5/19 INSPECTOR: Jugar 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

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

Driller Stalled site - ready to meet - No water

#### WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

* WELL OWNER  * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROG	10/18/201	
DATE WELL ABANDONED: 9-16-19 (n	nonth/day/year)	
* PERMIT NUMBER OF ABANDONED WELL (if any)	+10 - 94 - 3	835
* PERMIT NUMBER OF REPLACEMENT WELL:	H0 - 18 - C	
* PERSON ABANDONING WELL: Andrew House more	WELL DRILLER'S LICENSE NUMBER:	A4 MGD
* OWNER'S NAME: UOVOO SKIDIO	SITE LOCATION MAP	
* WELL LOCATION: COUNTY: NEAREST TOWN: TAX MAP 0021 BLOCK 0020 PARCEL 0270 SUBDIVISION: SECTION: STREET ADDRESS: 15415 Rivercest C+  LATITUDE 3 9 . 2 5 2 6 6 0	Rivercrest 18 Pet 97	,
	LOG OF SEALING MATERI	AL
LONGITUDE 7 1 . 0 5 0 8 0 0	MATÉRIAL FROM	FEET
* TYPE OF WELL BEING ABANDONED:  DRILLEDJETTED  BOREDHAND DUG  OTHER (specify)	Bentonite 53 collapse	40
* USE CODE: DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMAL	TOTAL DE MATERIAL LIS	ED
	VOLUME OF MATERIAL US	en //
* TYPE OF CASING:PLASTIC	Bentante 8501	45
CONCRETEOTHER (specify)	Pursuant to § 10-624 of the State Govt. A Maryland Code, personal info requested is used in processing this form pursuant 26.04.04. Failure to provide the info may	on this form to COMAR
SIZE OF CASING: LO INCHES IN DIAMETER	this form not being processed. You have inspect, amend, or correct this form. The	the right to Maryland
DEPTH OF WELL: 200 FEET DEEP	Department of the Environment is subject Maryland Public Information Act. This femade available on the Internet via MDE	orm may be
WAS ANY CASING REMOVED? YES NO If yes, length removed, in feet:	is subject to inspection or copying, in who by the public and other governmental a protected by federal or State Law.	nole or in part,
WAS CASING RIPPED OR PERFORATED?YESNO	224 MWD/MSD/ MGS 9-	23-180
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#		DATE

Dato Received (APA)    Dato Received (APA)   O A O A O A O A O A O A O A O A O A O	B 1 5656 SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
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Bulce Robert Omor Fiss Name 34  Typy Muncaster Mill End Name 34  T	Date Received (APA)	0.101	B 3	
Builde Robert  15 Jash Name  1 7979 Kinncabert Mill Road  36 Getheraburg 70 State 2 20 7 75    Gatheraburg 70 State 2 20 7 75   Gatheraburg 70 State 2 20 7 75   DRILLER INFORMATION   Sandy 8 Cochran	OVVIVEIT IIVI C	RMATION	Howard	LOGATION OF WELL
15 Las Name Owner First Name 34  1 7979 Killingarier HILL Road  36 Gat thersburg MD 20877 76  ORILLER INFORMATION  Sandy B, Cochran M V D 120  Dillier's Name  70 Leaenso No 81  G, Edgar Harr Sons Corp.  First Name  10 1/23 / 03  Dillier's Name  11 1/23 / 03  Dillier's Name  1			8 COUNTY	/ ^
7979 MINICABEET MILL ROAD  Service of MPD  Galiber Share  OFFILLER INFORMATION  Sandy B. Cochran  M. D. 120  Galiber Share  To Judger Share  T		First Name 34	Buice Prop	
Send of PFD  Gal Ehersburg  MD  20877  John Chiller Information  Sandy B. Cochran  M V D 120  Subjects Name  70 Loane No 8 to  10 / 23 03  Loane No 10 to	7979 Muncaster Mill Pos			11
DRILLER INFORMATION SANDY B. COCHEAN 76 LICENSEND. 81  G. BERGAY B. COCHEAN 76 LICENSEND. 81  G. BERGAY HAFT SORE COTP.  I OLIVER NO. 81  I OL THE NUMBER ROAD COCKESSYIII 20030 J.  AND JOHN STATE OF THE MARK WALL FROM JOHN SORE OF THE MARK WALL FROM JOHN SOLET FOR MARK WALL FROM JOHN SOLET FROM JOHN SOLET FOR MARK WALL FROM JOHN SOLET FOR MARK WALL FROM JOHN SOLET FROM WELL TO NEAREST FORM JOHN SOLET FROM WELL TO NEAREST FORM	36 Street or RFD			LOT 48 50
DRILLER INFORMATION  Sandy B, Cochran  M W D 120  Driver's Name  76 Lecros No. 81  First Name  76 Lecros No. 81  LOGAT Felba Road, Cockeysville 21030  Dive  MILLE FROM TOWN (Gincle Box)  First Name  (Gal per Min)  APPROX PAPROX DAILY OWNER FROM TOWN  COCKET FROM TOWN  COLOR FROM  TAX MAP:  Buk D  APPROX PAPROX DAILY  SOUNTY NO  STANDARD  TOWN  COLOR FROM  TOWN  COLOR FROM  TOWN  COCKET FROM TOWN  COLOR FROM  TOWN  COCKET FROM TOWN  COLOR FROM  TOWN  TOWN  TOWN  COLOR FROM  TOWN  TOWN  TOWN  TOWN  COLOR FROM  TOWN  TOWN  TOWN  TOWN  TOWN			Glenwood	
MILES FROM TOWN (enter 0 if in now)  Sandy B, Cochran  M W D 20  Delice's Name  G. Bidgar Harr Sons' Corp.  10/23/03  Joseph M. Bidgar Harr Sons' Corp.  11/23/03  Joseph M. Bidgar Harr M. Bidgar Harr Harr Harr Harr Harr Harr Harr H	. o diato	72 Zip 76	52 NEAREST TOWN	71
DOILES Name  G. GEGRAT HART SOND COPP. FIRE NAME  JOHN CONTROL SOND  AND CONTROL SOND  AND CONTROL SOND  ON WHICH SIDE OF SOND  ON WHICH SIDE ON WHICH SOND  ON WHICH SIDE OF SOND  ON		M II D 100	MILES FROM TOWN (enter	0 if in town) 3 M 1
G. Edgar Hart Sons Corp.    Corp.   Co			B 4	
TOWN, CIRCLE BOX.  10/23/03  Address   10/23/03  Address   10/23/03  Address   10/23/03  AND AVERAGE DAILY OUANTITY NEEDED   14 20  USE FOR WATER (CIRCLE APPROPRIATE BOX)  DOMESTIC POTABLE SUPPLY & RESIDENTIAL RIGHTS AND ARRING A MARRING ALMERTOCK WATERING A AGRICULTURAL RIGHTS AND ARRING AND ARRING A MARRING A MARRING AND ARRING AND	G. Edgar Harr Sons' Corn		DIRECTION OF WELL FROM	1-Old Roshur v Road
Segnature    Segnature   Double   Segnature   Double   Segnature	Firm Name		TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
Sygnature  Date  D	Address Address	sville 21030	N. B N.	ON WHICH SIDE OF ROAD
Segentian Segent	1361	10/00/00	8-9   8-9	(CIRCLE APPROPRIATE BOX)
B 2 WELL INFORMATION APPROX WELL WILL DEPENDED WATER  1 2 APPROX WELL WILL DEPENDED WATER  WEST OF THIS WELL WILL DEPENDED WATER  BORED (or Augered)  BORED (or Augere	Signature		W TOWN E	
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Not to be filled in by driller (MDE OR COUNTY USE ONLY)  APPROP. PERMIT NUMBER  PERMIT No. HO - 9 4 - 3 8 3 5  ORD ROX DURY  SPECIAL CONDITIONS	PERMIT NUMBER OF WELL TO BE REPLACED O			02/
APPROP. PERMIT NUMBER  PERMIT No. 40 - 9 4 - 3 8 35  Old Roxburg  Red  SPECIAL CONDITIONS	(IF AVAILABLE) 41	52	/V	at 9
PERMIT No. 70 71 72 73 74 75 76 77 78 79  SPECIAL CONDITIONS	Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)	<b>1</b>	( )
PERMIT No. 70 71 72 73 74 75 76 77 78 79  SPECIAL CONDITIONS	APPROP. PERMIT NUMBER	G		1 (4)
70 71 72 73 74 75 76 77 78 79 CONDITIONS	111	94 2025		KON ROXHERY
SPECIAL CONDITIONS		$\frac{-11-5555}{273747576777879}$		Rd
	SPECIAL CONDITIONS			⊕

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

04 2075	SEQUENCE N		THIS REPORT MUST BE SUBMITTED WITHIN
C 1 3875	(MDE USE ONL	WELL COMPLETION REPORT	45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY 59935
ST/CO USE ONLY DATE Received	DATE WELL CO	MPLETED Depth of Well 3/	PERMIT NO. FROM "PERMIT TO DRILL WELL"
MM DD YY 8 13	03 23 15	2004 20 (TO NEAREST FOOT) 26 0.	2 4/0 4 FROM "PERMIT TO DRILL WELL" FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37
OWNER	Buice	Robert	20 20 30 31 32 33 34 35 36 37
STREET OR RFD	last name Riverc	rest Ct first name TOWN	Glenwood,
SUBDIVISION	Rivercrest	SECTION	LOT Z
WELL Not required for	LOG or driven wells	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMA COLOR, DEPTH, THICKNES		(Olicio Appropriate Dox)	1 2 PUMPING TEST 2
	FFFT C	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	The state of the s	NO. OF BAGS NO. OF POUNDS 45 46 U	PUMPING RATE (gal. per min.) 14 • 38
Overburden	0 20	GALLONS OF WATER	METHOD LISED TO
Gray Rock	20 200 x	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE SUDMETSID
· · · · · · · · · · · · · · · · · · ·		from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
		casing CASING RECORD	BEFORE PUMPING 17 20 ft.
water at 60' &	143*	types insert ST CO	WHEN PUMPING
		appropriate code below PL OT	22 . 25
		Delow PLASTIC OTHER	TYPE OF PUMP USED (for test)  A air  P piston  T turbine
		MÅIN Nominal diameter Total depth CASING top (main) casing of main casing	27 27 27 other
		TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)
		60 61 63 64 66 70	J jet S submersible
		E OTHER CASING (if used) A diameter depth (feet)	27 27
		diameter depth (feet) inch from to	PUMP INSTALLED
		A S	DRILLER INSTALLED PUMP YES (NO (CIRCLE) (YES or NO)
		N	IF DRILLER INSTALLS PUMP, THIS SECTION
		screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS.
		or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
		insert STEEL BRASS OPEN	IN BOX 29.  CAPACITY:
		(appropriate code below PL OT	GALLONS PER MINUTE (to nearest gallon) 31 35
		PLASTIC OTHER	PUMP HORSE POWER
NUMBER OF LINGUISIES	EIII WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH 37
NUMBER OF UNSUCCESS	yes n	= 140 25 200	(nearest ft.) 43 47
WELL HYDROFRACTURED		A 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROI		H 2/3 24 26 30 32 36	LAND SURFACE
A WELL WAS ABANDON WHEN THIS WELL WAS	COMPLETED	S C3	below / (nearest) foot)
P TEST WELL CONVERTE		R 38 39 41 45 47 51	49 50 51  A LOCATION OF WELL ON LOT
I HEREBY CERTIFY THAT THIS WI			SHOW PERMANENT STRUCTURE SUCH AS
ACCORDANCE WITH COMAR 26.04 IN CONFORMANCE WITH ALL COL CAPTIONED PERMIT, AND THAT	NDITIONS STATED IN THE AR	OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS
HEREIN IS ACCURATE AND CO KNOWLEDGE.	MPLETE TO THE BEST OF	56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. I	M S D 1 2 0		
Saules B	Cali	IF WELL DRILLED WAS FLOWING WELL	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE)	ON APPLICATION)	MDE USE ONLY	
LIC. NO.1	A 40766	(NOT TO BE EILLED IN BY DOLLLED)	30 / 40'
Dange H	l		p-4 & **
SITE SUPERVISOR (sign.	of driller or journeyman	70 72 74 75 76	Trapent

	1	<b>\</b>
Page	of	
Date	1-23-04	

Review	

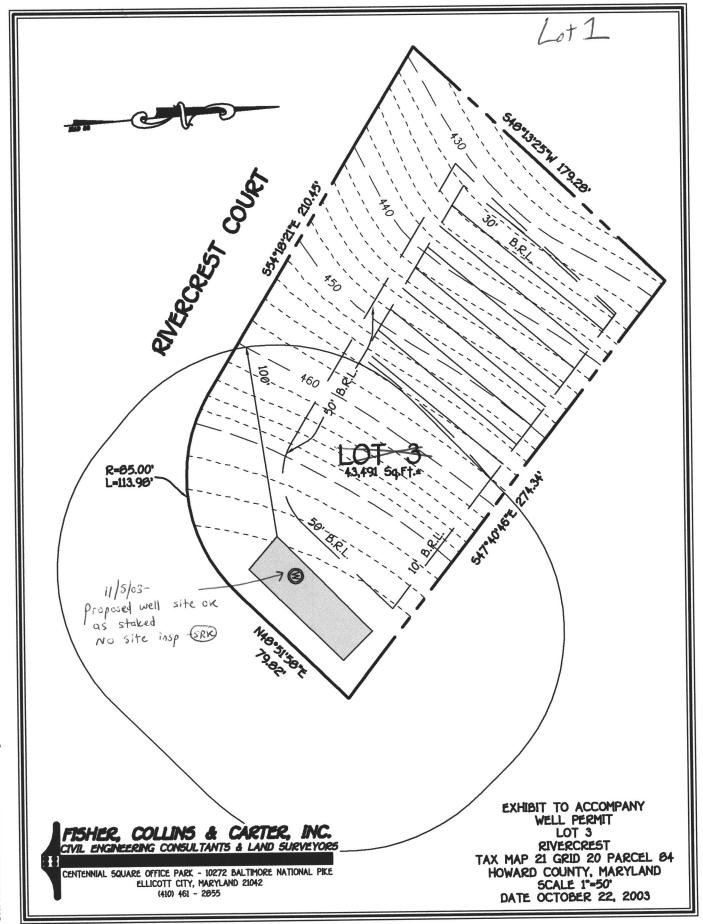
# FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

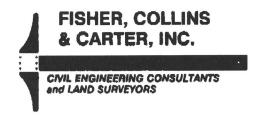
Locat.	permit No. HO - 94-3835 ion of property (road) Roxbury Mills Rd Rivercrest Ct	
	vision River Crist Lot 31 Block Plat Sec.	
Well 1	Driller G. Edgar Harr Owner Robert Buice	_
	Depth of well 200 Ft  Distance of measuring point (M.P.) above ground   Ft  Static water level (S.W.L.) below M.P. (10 Ft	
I.	High rate pumping reservoir drawdown	
	Time pump started 0830  Pumping rate 15.00  Total time 30 Min to reach pumping water level 63 ft. below M.P.	

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

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	
minute in-	below M.P.	time to fill 5	(if used)	CALCULATED FLOW (gallons per
tervals	Delow Mil.	gallon bucket	(11 asea)	minute)
0830	40	20		15.00
0845	61'	20		15 00
0900	63'	21		14.28
0915	63'	21	, 2 , 2	14.28
0930	63'	21		14.28
0945	63	21		14.28
1000	43'	21		14.28
1015	63'	21		14.28
1030	63'	21		14.28
1045	43'	21		14.28
1100	63	21		14.28
1115	63'	21		14.28
1130	43'	21		14.28
			9 4	
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				3
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rage OI			Keview _	
Date				
		FIELD DATA S	L YIELD TEST	
Well Permit No	о. но - 94-	3835	Rivercrest Ct  Block Plat  Robert Built	
Location of pr	operty (road)	Roxbary Mills R	H Kivercrest Ct	
Subdivision	Kiver crest	Lot	Block Plat	Sec.
well biliter _	G. Eggar	riarr Owne	Robert Built	
Distanc	of well ce of measuring p water level (S.W	oint (M.P.) above gr	round	
I. High rate	pumping rese	rvoir drawdown		
Time pun	np started	<u> </u>	Pumping rate ft. I	
Total ti	meto	reach pumping water	r level ft. 1	below M.P.
			recorded every 15 minus	tes
		PUMPING RATE	FLOW METER READING	CALCULATED FLOW
tervals	Delow M.P.	time to fill 5 gallon bucket	(if used)	(gallons per minute)





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 30<sup>th</sup> and November 2, 2003 and is ready for site inspection.

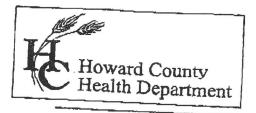
Very truly yours,

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

TDD (410) 313-2323

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 keeps well site has been staked by Fisher Collins t Cature 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.	> <del>1</del> -\$
Please attach this sheet when submitting your green application.  This should help improve communication allowing a more timely service for our citizens.	
KN	