

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 3866		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 7/23/04		DATE WELL COMPLETED 03 24 2004		Depth of Well 22 300 26 (TO NEAREST FOOT)	
				PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 3837	
OWNER Robert Buse		last name		first name ROBERT	
STREET OR RFD RIVERCREST COURT		TOWN GLENWOOD			
SUBDIVISION RIVERCREST		SECTION		LOT 3	
WELL LOG Not required for driven wells		GROUTING RECORD		C 3	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		PUMPING TEST	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one)		HOURS PUMPED (nearest hour) 3	
FEET FROM TO		CEMENT CM BENTONITE CLAY BC		PUMPING RATE (gal. per min.) 9.37	
check if water bearing		NO. OF BAGS 45 NO. OF POUNDS 45		METHOD USED TO MEASURE PUMPING RATE Submersible	
OVERBURDEN 0 25		GALLONS OF WATER 48		WATER LEVEL (distance from land surface)	
GRAY ROCK 25 300 X		DEPTH OF GROUT SEAL (to nearest foot)		BEFORE PUMPING 54 ft.	
Water at 110'		from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		WHEN PUMPING 171 ft.	
#1 well 380' (backfilled)		CASING RECORD		TYPE OF PUMP USED (for test)	
		casing types insert appropriate code below		A air P piston T turbine	
		ST STEEL CO CONCRETE		C centrifugal R rotary O other (describe below)	
		PL PLASTIC OT OTHER		J jet S submersible	
		MAIN CASING TYPE			
		Nominal diameter top (main) casing (nearest inch) 6			
		Total depth of main casing (nearest foot) 30			
		OTHER CASING (if used)			
		EACH CASING diameter inch depth (feet) from to			
		SCREEN RECORD			
		screen type or open hole			
		ST STEEL BR BRASS HO OPEN HOLE			
		PL PLASTIC OT OTHER			
NUMBER OF UNSUCCESSFUL WELLS:		C 2		PUMP INSTALLED	
WELL HYDROFRACTURED		DEPTH (nearest ft.)		DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO	
CIRCLE APPROPRIATE LETTER		1 140 30 300		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		E 1 8 9 11 15 17 21		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	
E ELECTRIC LOG OBTAINED		A 23 24 26 30 32 36		CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 36	
P TEST WELL CONVERTED TO PRODUCTION WELL		S 38 39 41 45 47 51		PUMP HORSE POWER 37 41	
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.		SLOT SIZE 1 2 3		PUMP COLUMN LENGTH (nearest ft.) 43 47	
DRILLERS LIC. NO. 1 MSD162		DIAMETER OF SCREEN (NEAREST INCH) 56 60		CASING HEIGHT (circle appropriate box and enter casing height)	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		+ above - below LAND SURFACE (nearest foot) 50 51	
LIC. NO. 1 AWD766		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		LOCATION OF WELL ON LOT	
Paul Hale		T (E.R.O.S.) W Q		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		70 72 74 75 76		To be provided by Surveyor	
		TELESCOPE CASING LOG INDICATOR OTHER DATA			

B 1 1 2 3 6 <u>5658</u> <u>10/29/03</u>	SEQUENCE NO. (MDE USE ONLY) _____	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <u>519644</u> please type	STATE PERMIT NUMBER <u>H0 - 94 - 3837</u> <small>70 fill in this form completely 79</small>
Date Received (APA) 8 MM DD YY 13 <u>Buice Robert</u> 15 Last Name Owner First Name 34 <u>7979 Muncaster Mill Road</u> 36 Street or RFD 55 <u>Gaithersburg MD 20877</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 <u>Buice Property / Rivercrest</u> 23 SUBDIVISION 42 SECTION <u>44</u> <u>46</u> LOT <u>5</u> <u>48</u> <u>50</u> <u>Glenwood</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>3</u> M I 73 76 77 78	
OWNER INFORMATION Driller's Name <u>Sandy B. Cochran</u> M W D 120 76 License No. 81 Firm Name <u>G. Edgar Harr Sons' Corp.</u> Address <u>12047 Falls Road, Cockeysville 21030</u> <u>[Signature]</u> <u>10/22/03</u> Signature Date		B 4 RIVERCREST COURT 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>100</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>21</u> BLK: <u>20</u> PARCEL <u>84</u>	
DRILLER INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> 14 20		TOWN 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> <u>59935</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>11/05/03</u> <u>Steven R. King</u> <u>11/5/04</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>510</u> <u>000</u> EAST GRID <u>780</u> <u>000</u> 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>780</u> N <u>510</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>250</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		3/23/04 - No Temp	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTary <u>AIR-PERCussion</u> ROTARY (Hydraulic Rotary) 37 CABLE <u>REverse-ROTary</u> 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>H0 - 94 - 3837</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

Well Permit No. HO - 94 - 3837
Location of property (road) RIVERCREST COURT
Subdivision RIVERCREST Lot 5 Block Plat Sec.
Well Driller GEDGAR HARR SONS CORP Owner ROBERT BUICE

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

Well Permit No. HO - 94-3837
Location of property (road) RIVERCREST COURT
Subdivision RIVERCREST Lot 5 Block Plat Sec.
Well Driller G EDGAR HARR SONS CORP Owner ROBERT BUICE

I. High rate pumping -- reservoir drawdown

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

[illegible]

**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., Inc. 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): Russell George License# P10148

***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 Telephone #: _____
Subdivision: _____ Lot #: 3 Well Tag #: HO 94 3837 ✓
Site Address: 15427 River Crest Court
Brookville, Maryland 20833

Submersible Pump Data

Make: Goulds
Model #: 5g 3/4 2 wire
Pump Capacity 5 GPM
Well Yield: 4 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: 250 (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.

Robert L. Feezer

Digitally signed by Robert L. Feezer
DN: cn=Robert L. Feezer, o=Howard County Health Department, ou=Health Department, email=rlf@hcd.net, c=US

February 26, 2021

Signature of company representative responsible for installation
Russell George

date

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

Date Insp. Requested: 5/19/2023 Date Insp. Approved: 10/10/2023 Inspector: SP

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

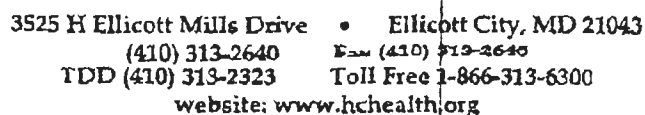
Adequate grout observed below pitless adapter

✓
✓
✓
✓
✓
✓

5/22/2023 -

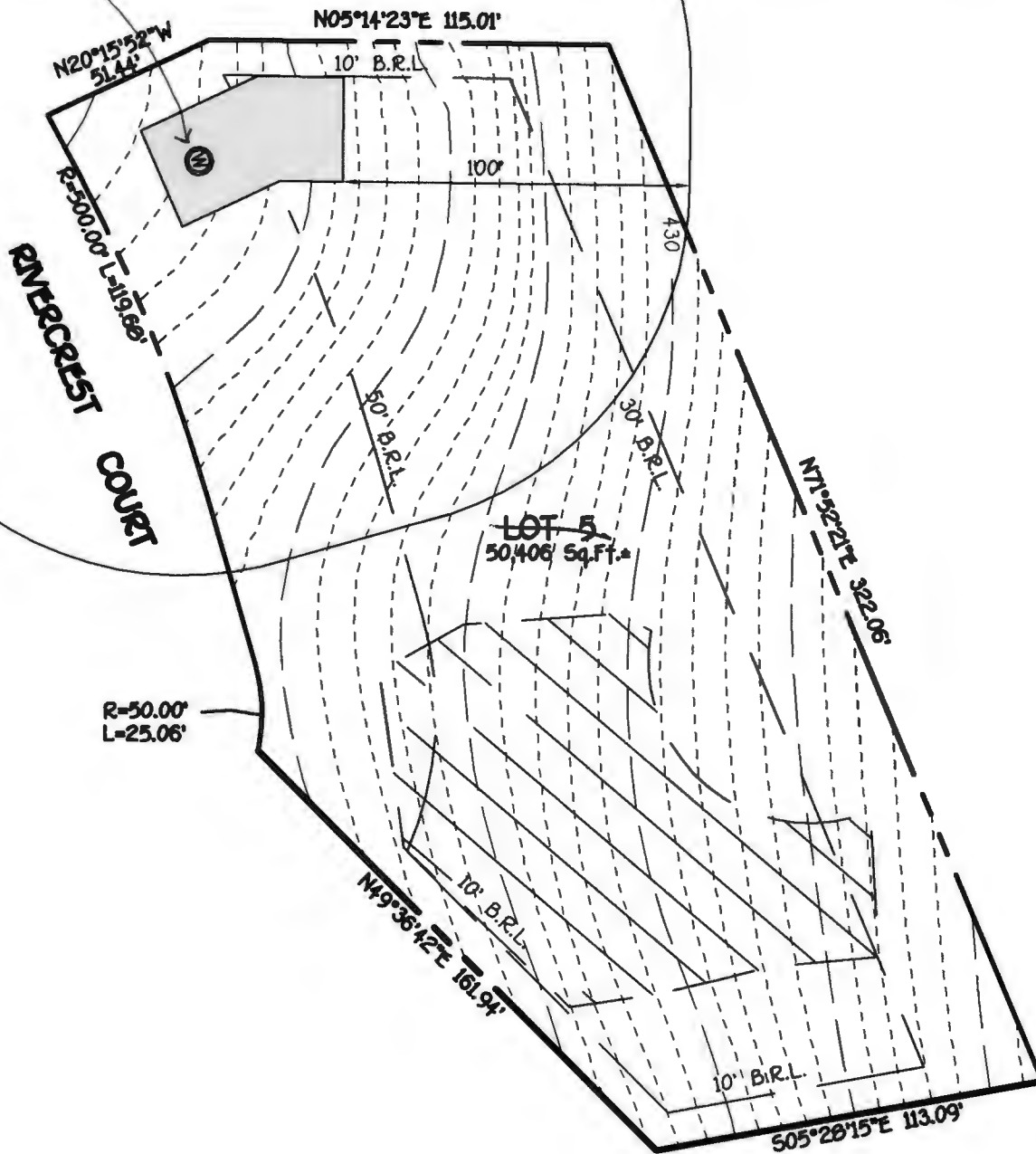
Call to cc 5/22/2023, may
have to do it, but not
yet. 5/22/2023
10/10/2023 -

well tag 24" above
& casing 12" above
Finished grade. (SP)



11/5/03- proposed well site ok
as staked, no site
insp. - (RW)

Lot 3



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 5
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

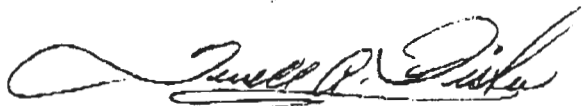
Mr. Steve Kreig
Howard County Health Department
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

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



10/10/2023 - well tag attached
to casing 12" above grade. (SP)

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – APRIL 11, 2024

October 11, 2023

Homeowner
15427 Rivercrest Court
Brookeville, MD 20833

RE: Rivercrest, Lot 3
15427 Rivercrest Court
Building Permit: B23000510
Well Permit: HO-94-3837

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 **6/5/2023**. Final approval of the well line connection to the dwelling was granted on **10/10/2023**. The well construction was completed on **3/24/2004**. Water samples were collected on **9/20/2023, 10/4/2023**.

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-94-3837. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

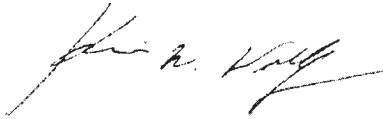
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

REPORT OF ANALYSIS

Laboratory ID #: 161571 Account #: 1920
Reference: Rivercrest Lot 3 Client: Robert L. Feezer Co
Location: 15427 Rivercrest Court Requested By: Linda Jones
Brookeville, MD 20833 Source: Well Water
Date/ Time Collected: 9/20/2023 1140 Site: Pressure Tank
Date/Time Rec'd: 9/20/2023 1345 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: J. Yeager 0819JY Well #: HO-94-3837

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	78.2	MPN/ 100 ml	<1.0	SM20 9223B	9/21/2023 / 0915 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/21/2023 / 0915 / CRS
Nitrate.	2.49	mg/L (as N)	10	EPA 300.0	9/20/2023 / 1651 / CRS
Turbidity	0.43	NTU	<10	SM2130B	9/21/2023 / 0955 / CJM
Sand	ND	mg/L	5	Visual/Gravimetric	9/21/2023 / 1010 / CJM

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 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 sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** B23000510Date Reported: 9/21/2023*MD State Certification # 133*

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 161890 Account #: 1920
Reference: Rivercrest Lot 3 Client: Robert L. Feezer Co
Location: 15427 Rivercrest Court Requested By: Linda Jones
Brookeville, MD 20833 Source: Well Water
Date/ Time Collected: 10/4/2023 1300 Site: Pressure Tank
Date/Time Rec'd: 10/4/2023 1428 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: J. Yeager 0819JY Well #: HO-94-3837

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/5/2023 / 1000 / CJM
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/5/2023 / 1000 / CJM

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B23000510

Date Reported: 10/5/2023

MD State Certification # 133