

C1 31549

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER WELL SITE ADDRESS

OWNER: HIK MAT, LINDEN Church

TOWN: CLARKSVILLE

SUBDIVISION: Greenbriar SECTION: LOT 15

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries like 'Light Brown to Dark Brown Loamy', 'Green Schluff', 'Brown', 'Grey Schluff', 'White Green Schluff'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (57), NO. OF POUNDS (3778), GALLONS OF WATER (222), DEPTH OF GROUT SEAL (0 to 88 ft).

CASING RECORD

MAIN CASING TYPE (ST), Nominal diameter (08 inch), Total depth (90 feet).

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST, BR, HO), insert appropriate code below.

DEPTH (nearest ft.)

Table showing depth intervals from 1 to 76 feet.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (03), PUMPING RATE (4 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (1906), WATER LEVEL (42 ft. before, 141 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (01 foot).

LATITUDE 3, LONGITUDE 7 (DEFAULT COORD. WGS 84) NOTES: 37 bags = 4.2 bags/10 ft.

B 1	25465	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER HO-14-0161
		555320-N please type		
<small>70 fill in this form completely 79</small>				

Date Received (APA) **11/18/14**

OWNER INFORMATION

8 MM DD YY 13-
Mildenberg, Brandon + Assoc.

15 Last Name Owner First Name 34

36 **7350-B Grace Dr.**
Street or RFD 55

57 **Columbia, md 21044**
Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

Greenberry
23 SUBDIVISION 42

SECTION **44 46** LOT **15** 48 50

Clarksville
52 NEAREST TOWN 71

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name 76 License No. 81

Fogles Well Drilling, LLC
Firm Name

P.O. Box 202 Woodbine, Md 21797
Address

Allen Compton 11-18-14
Signature Date

B 4 SOURCES OF DRILLING WATER

1. **Greenberry Lane**
11 STREET ADDRESS 30

2. _____

3. _____

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

34 **900** 37
DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: **0328** BLK: _____ PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE **5**
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED **500**
(GAL. PER DAY) 14 20

**NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL**

Howard **(13)** **A537374**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **12/10/14** **Sgt. G.M.** **12/10/15**
43 MM DD YY 48 CO SIGNATURE EXP. DATE

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

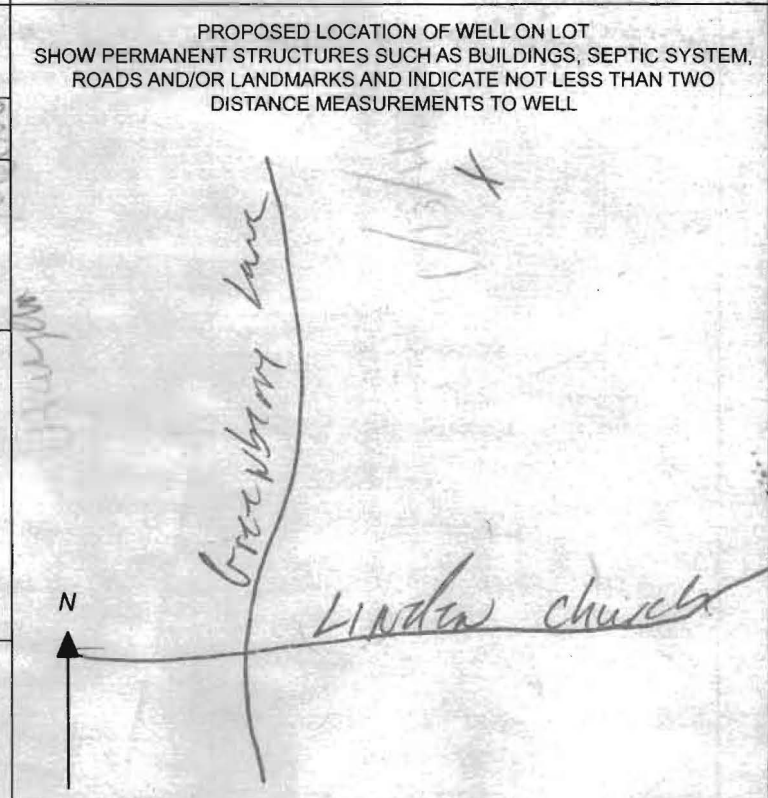
TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL **400** FEET
24 28

APPROXIMATE DIAMETER OF WELL **8** INCH
NEAREST INCH



METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

39 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

**REPLACEMENT OR DEEPEINED WELLS
(CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

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 **H02014G003**

PERMIT No. **HO-14-0161**
70 71 72 73 74 75 76 77 78 79

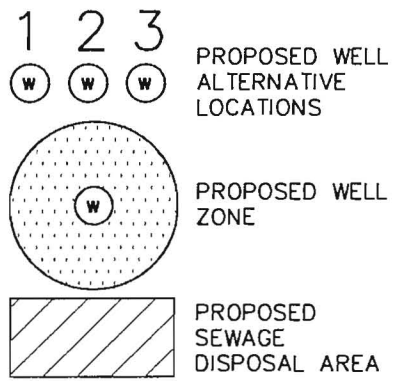
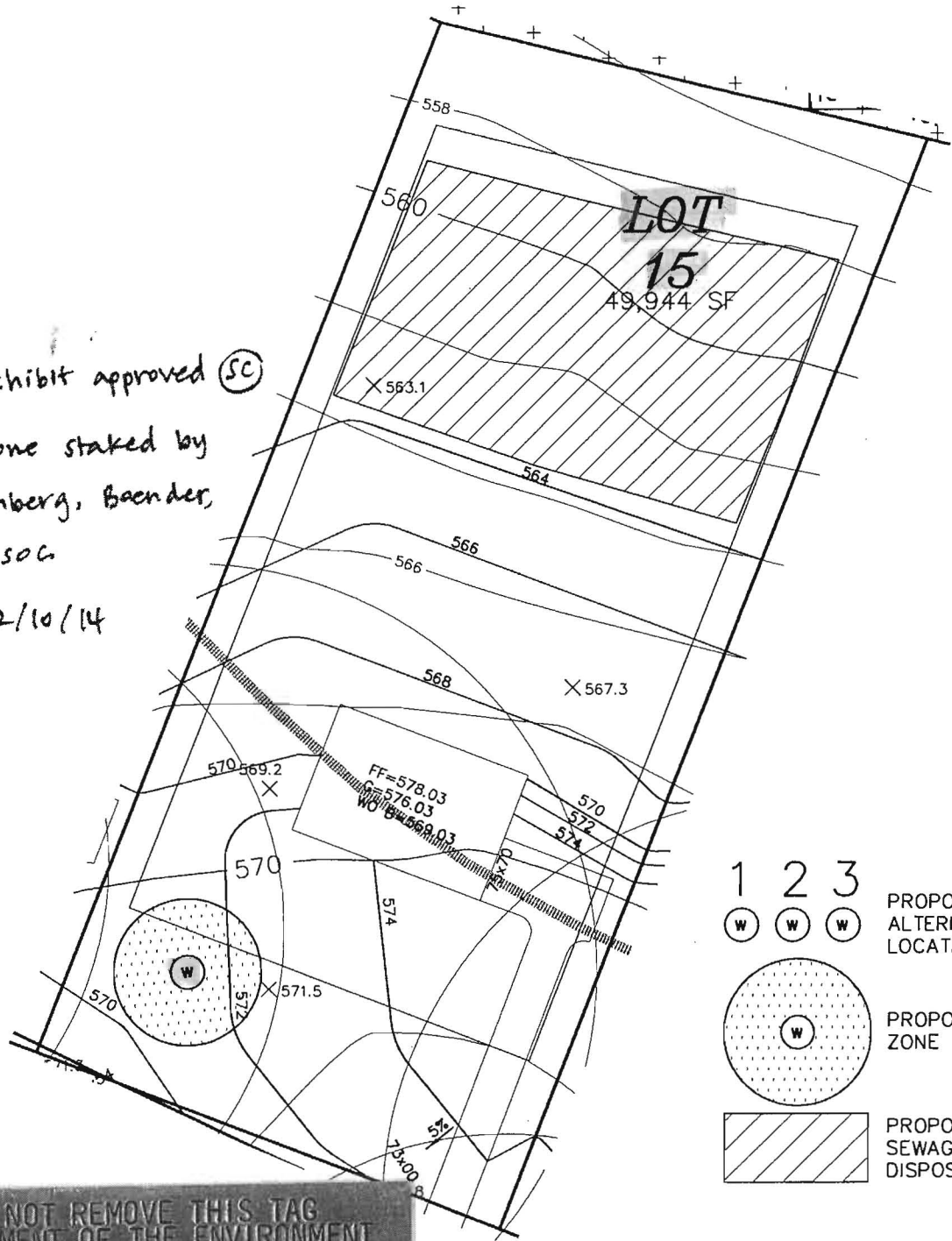
SPECIAL CONDITIONS **SEE ATTACHED MEMO**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

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

NORTH

Well exhibit approved (SC)
Well zone staked by
Mildenberg, Boender,
& Assoc.
12/10/14



DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-14-0161
INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

GREENBERRY
WELL EXHIBIT - LOT 15

5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

**MILDENBERG
BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors
7350-B Grace Drive, Columbia, Maryland 21044
(410) 997-0296 Balt. (410) 997-0298 Fax.

SCALE: 1" = 50' DRAWN BY: JLS DATE: NOV 2014 PN: 12-022

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert L. Feezer Co. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

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

Name (Print): Joshua Henricks License# PI0173

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: NV Homes Telephone #: 410-379-5956
Subdivision: Greenberry Lot #: 15 Well Tag #: HO - 14 - 0161
Site Address: _____
Clarksville, MD 21029

Submersible Pump Data

Make: Berkeley
Model #: B7P4MS07221
Pump Capacity 7 GPM
Well Yield: 4.0 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

Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap: Yes

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

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

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

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

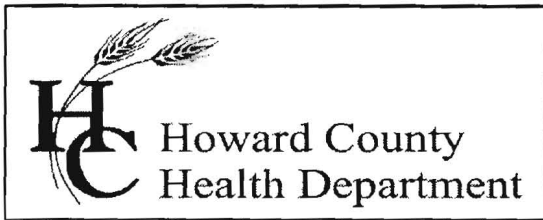
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
Sleeve sealed properly: Yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Joshua Henricks November 17, 2015
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: 12/16/15 Inspector: BIB
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



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 29, 2016

January 29, 2016

Homeowner
11905 Northern Bell Way
Clarksville, MD 21029

**RE: Greenberry, Lot 15
11905 Northern Bell Way
Building Permit: B15003438
Well Permit: HO-14-0161**

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 **1/27/2016**. Final approval of the well line connection to the dwelling was granted on **12/16/2015**. The well construction was completed on **4/16/2015**. Water samples were collected on **1/11/2016**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0161. 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>

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,



Kevin M. Wolf, L.E.H.S., Supervisor
Groundwater Management Section
Well & Septic Program

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

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

N V Homes
C/O Robert Feezer Co.
6321 Barnett Avenue
Sykesville, Md 21784

Reporting Date: 1/13/2016
Report #: M3692

Submitted Sample Address: 11905 Northern Bell Way
Clarksville, MD
Submitted Sample Source: Holding tank-well cap intact & no devices on system
Date / Time Collected: 1/11/2016 09:10 AM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.7
Well Tag #: HO-14-0161


Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	ND	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	1.0	NTU	0.5	< 10 NTU*	MD Well Reg.


Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 



Bureau of Environmental Health

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

GREENBERRY 15 NORTHERN BELL WAY
Subdivision/Property Name Lot # Road Name

The well site, as shown on the attached well site plan, has been staked by MILDENBERG, BREYER & ASSOC. INC.
(professional land surveyor or company employing professional land surveyors)
on MARCH 21, 2015 (date).

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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



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

December 9, 2014

MEMORANDUM

TO: Fogle's Well Drilling, LLC
PO Box 202
Woodbine, MD 21797

Mildenberg, Bender, and Associates, Inc.
7350-B Grace Drive
Columbia, MD 21044

FROM: Sarah Collins SEC
Environmental Health Specialist
Howard County Health Department

RE: Greenberry Well Permits

Please note the following special conditions for the Greenberry subdivision well permits:

The Percolation Certification for the Greenberry subdivision shows circular well boxes for lots 7, 10, 12, 13, 15, 16, 18, and 19. The center of the well box has been staked and the driller is to drill at the outer perimeter of the well box, **22 feet from the center stake**.

All monitoring and test wells shown on the Percolation Certification are to be sealed. Abandonment reports must be submitted with well completion reports.

At the time of the yield test, a water sample needs to be collected for pesticides testing for lots 2, 3, 4, 5, 10, and 12.

At the time of the yield test, a water sample needs to be collected for TDS, sodium, and chloride testing for lots 4, 9, 11, 14, and 20.

Cc: File