

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER PERMIT NO. FROM "PERMIT TO DRILL WELL" **OK 6/11/55C** **HO-14-0163**

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well
 MM DD YY MM DD YY 22 500 26
 8 13 15 20 (TO NEAREST FOOT)

OWNER Mildenberg Boender & Associates
 WELL SITE ADDRESS Greenberry Lane TOWN Clarksville
 SUBDIVISION Greenberry SECTION _____ LOT 17

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Light Brown to Dark Brown Loamy	0	49	
Grey Schist	49	90	
Brown	90	91	✓
Grey Schist	91	436	
White	436	437	✓
Grey Schist	437	500	

GRROUTING RECORD yes no
 WELL HAS BEEN GRROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GRROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 25 NO. OF POUNDS 2350
 GALLONS OF WATER 150
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 58 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
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 08 61
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 A C H I N G

SCREEN RECORD screen type or open hole insert appropriate code below
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C 2 DEPTH (nearest ft.)
 1 HO 61 500
 2
 3
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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 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min.) 3
 METHOD USED TO MEASURE PUMPING RATE 1902
 WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 235 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)

LATITUDE 39.2321243
 LONGITUDE 76.9690247
 (DEFAULT COORD. WGS 84)

NOTES:
25 bags = 4.3 bags/10 ft. ✓
5.8
 Storage:
490' - 35' = 455' x 2.6 gal/ft. = 1183 gal ✓

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED yes **Y** no **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. MS D 009
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1	25474	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 555320-P please type	STATE PERMIT NUMBER HO - 14 - 0163 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) 11/10/14

8 MM DD YY 13

15 Last Name Mildenberg Owner Breder First Name Assac 34

36 Street or RFD 1350-B Grace Dr. 55

57 Town Columbia 70 State MD 72 Zip 21044 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Greenberry 42

SECTION 44 46 LOT 17 48 50

52 NEAREST TOWN Clarksville 71

DRILLER INFORMATION

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

Firm Name Fogles Well Drilling, LLC

Address P.O. Box 202 Woodbine, Md 21797

Signature Allen Compton Date 11-18-14

SOURCES OF DRILLING WATER

1. Greenberry Lane 11 STREET ADDRESS 30

2. _____

3. _____

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
N
WEST W (2) EAST E
SOUTH S

34 900 37 DISTANCE FROM ROAD 41

ENTER FT OR MI 38 39

TAX MAP: 0028 BLK: _____ PARCEL _____

WELL INFORMATION

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

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A537374
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 12/10/14 Sal Gill 12/10/15
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 400 24 28 FEET

APPROXIMATE DIAMETER OF WELL 8 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

39 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REverse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEMED 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

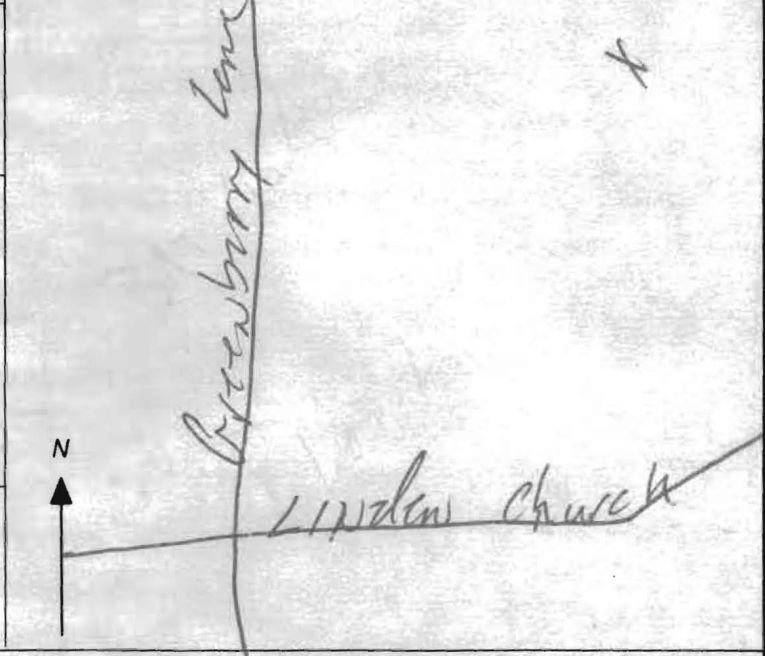
THIS WELL WILL DEEPEM AN EXISTING WELL

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)

APPROX. PERMIT NUMBER H02014G003

PERMIT No. HO - 14 - 0163
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

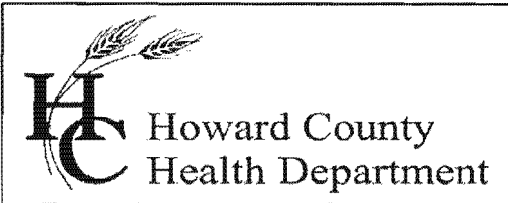
Well Permit No. HO- 14 - 0163Location of Property: Greenberry Lane Clarksville, MdSubdivision: Greenberry Lot 17 Block _____ Plot _____ Sec. _____Well Driller: Fogles Allen Compton Owner: Jacob HikmatDepth of Well: 500'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 35'

High rate pumping –reservoir Drawdown

Time pump started: 6:15 Pumping rate: 15 gpmTotal time 45 Min to reach pumping water level 235'ft. below M.P.

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

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)
6:15	35'	4 Seconds	N/A	15 gpm
6:30	110'	4		15 gpm
6:45	163'	5		12 gpm
7:00	235'	6'		10 gpm
7:15	235'	20'		3 gpm
7:30	235'	20'		3 gpm
7:45	235'	20'		3 gpm
8:00	235'	20'		3 gpm
8:15	235'	20'		3 gpm
8:30	235'	20'		3 gpm
8:45	235'	20'		3 gpm
9:00	235'	20'		3 gpm
9:15	235'	20'		3 gpm
9:30	235'	20'		3 gpm
9:45	235'	20'		3 gpm
10:00	235'	20'		3 gpm
10:15	235'	20'		3 gpm
10:30	235'	20'		3 gpm
10:45	235'	20'		3 gpm
11:00	235'	20'		3 gpm
11:15	235'	20'		3 gpm
11:30	235'	20'		3 gpm
11:45	235'	20'		3 gpm
12:00	235'	20'		3 gpm
12:15	235'	20'		3 gpm
12:30	235'	20'		3 gpm
12:45	235'	20'		3 gpm
1:00	235'	20'		3 gpm
1:15	235'	20'		3 gpm



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
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Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 23, 2016

May 23, 2016

Homeowner
11913 Northern Bell Way
Clarksville, MD 21029

**RE: Greenberry, Lot 17
11913 Northern Bell Way
Building Permit: B15005116
Well Permit: HO-14-0163**

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 **5/18/2016**. Final approval of the well line connection to the dwelling was granted on **3/21/2016**. The well construction was completed on **5/22/2015**. Water samples were collected on **4/25/2016**.

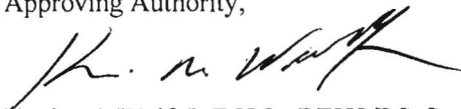
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-14-0163. 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,

A handwritten signature in black ink, appearing to read "K. M. Wolf", written over a horizontal line.

Kevin M. Wolf, L.E.H.S., REHS/RS, 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: 4/28/2016
Report #: M3966

Submitted Sample Address: 11913 Northern Bell Way ✓
Clarksville, MD
Submitted Sample Source: Holding tank-well cap intact & no
devices on system
Date / Time Collected: 4/25/2016 9:11 AM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.6
Well Tag #: HO-14-0163

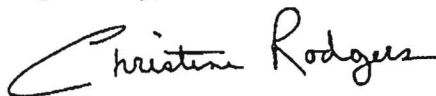
Analytical Results

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	2.5	NTU	0.5	< 10 NTU*	MD Well Reg.


Notes:

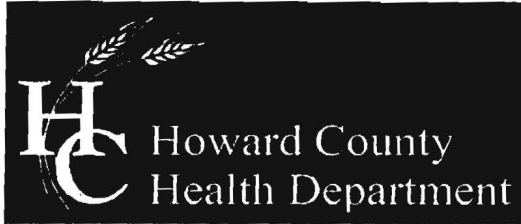
1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. * 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

8930 Stanford Boulevard, Columbia, MD 21045

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Twitter: HowardCoHealthDep

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:

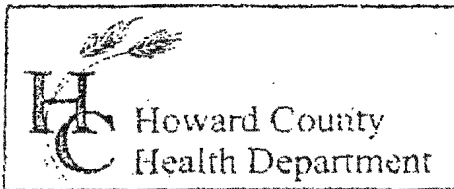
Well Site Location:

GREENBERY 17 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.



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

- The well site has been staked by Mildenberg Brender & Assoc.
(professional land surveyor or company employing professional land surveyors)
on 12-6-14 (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.

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

Revised 6/10/03



Bureau of Environmental Health

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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