

C1 42327

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.

COUNTY NUMBER

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

ST/CO USE ONLY DATE RECEIVED MM 10 DD 01 YY 16

DATE WELL COMPLETED MM 08 DD 22 YY 16

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 15-0221

OWNER: Mildred Brender + Associates; WELL SITE ADDRESS: Greenberry Lane; TOWN: Clarksville; SUBDIVISION: Greenberry; SECTION: ; LOT: 26

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Brown mica (0-40), Gray Schist (40-190), SOFT White (190-191), Gray Schist (191-400).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N); TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC); NO. OF BAGS 22; NO. OF POUNDS 2068; GALLONS OF WATER 132; DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 61 ft.

CASING RECORD

MAIN CASING TYPE: ST (STEEL); Nominal diameter top (main) casing (nearest inch): 08; Total depth of main casing (nearest foot): 63.

OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD

screen type or open hole: HO (HOLE); insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 2

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.: M 8D 909; DRILLERS SIGNATURE: Allen; LIC. NO.: D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)

Table with columns: T, E, A, C, H, S, R, E, E, N. Rows: 1 HO 63 400; 2 ; 3 ; 4 ; 5 ; 6 ; 7 ; 8 ; 9 ; 10 ; 11 ; 12 ; 13 ; 14 ; 15 ; 16 ; 17 ; 18 ; 19 ; 20 ; 21 ; 22 ; 23 ; 24 ; 25 ; 26 ; 27 ; 28 ; 29 ; 30 ; 31 ; 32 ; 33 ; 34 ; 35 ; 36 ; 37 ; 38 ; 39 ; 40 ; 41 ; 42 ; 43 ; 44 ; 45 ; 46 ; 47 ; 48 ; 49 ; 50 ; 51 ; 52 ; 53 ; 54 ; 55 ; 56 ; 57 ; 58 ; 59 ; 60 ; 61 ; 62 ; 63 ; 64 ; 65 ; 66 ; 67 ; 68 ; 69 ; 70 ; 71 ; 72 ; 73 ; 74 ; 75 ; 76 ; 77 ; 78 ; 79 ; 80 ; 81 ; 82 ; 83 ; 84 ; 85 ; 86 ; 87 ; 88 ; 89 ; 90 ; 91 ; 92 ; 93 ; 94 ; 95 ; 96 ; 97 ; 98 ; 99 ; 100

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min.) 8.5; METHOD USED TO MEASURE PUMPING RATE 1 gal; WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 50 ft. TYPE OF PUMP USED (for test) 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 44. PUMP COLUMN LENGTH (nearest ft.) 43 47. CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 02 (nearest foot)

LATITUDE 39.2330055; LONGITUDE 76.9228928 (DEFAULT COORD. WGS 84)

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.

B 1 39416

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO -15 -0221 fill in this form completely

Date Received (APA) 03/16

OWNER INFORMATION

Mildenberg, Boender & Associates 7350-B Grace Drive Columbia, Md. 21044

B 3

LOCATION OF WELL

Howard Greenberry Clarksville

DRILLER INFORMATION

Allen Compton M SD 009 Fegles Well Drilling, LLC P.O. Box 202 Woodbine, Md. 21797

B 4

SOURCES OF DRILLING WATER

Well Water

Greenberry Lane ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 A555327 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/9/16 OO SIGNATURE EXP. DATE 3/9/17

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

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 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

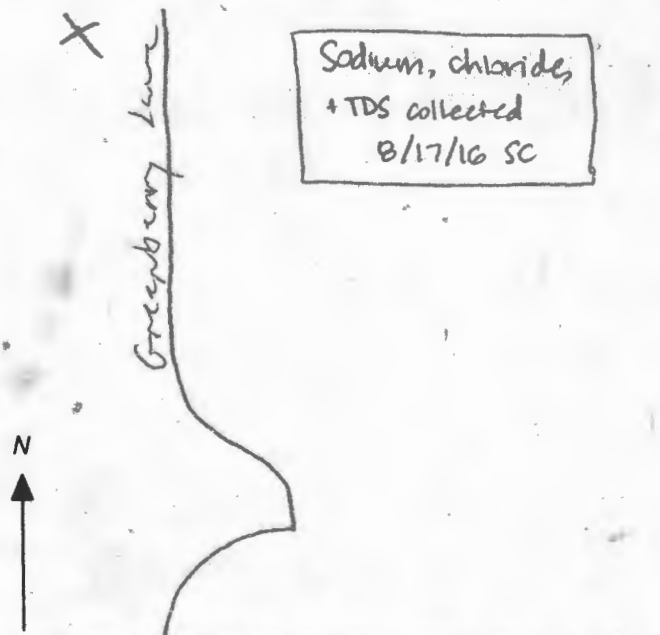
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERM. NUMBER G

PERMIT No. HO -15 -0221

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



SPECIAL CONDITIONS Sample writer for Sodium, chloride & total dissolved solids at yield test and steel casing is required to a minimum depth of 50ft. or 10 ft into competent bedrock, whichever is deeper

**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): Russell George License# PI0148

***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: Keystone Homes Telephone #: 717-464-9060
Subdivision: _____ Lot #: _____ Well Tag #: HO -15 -0221 ✓
Site Address: 13025 Greenberry Lane
Clarksville, Maryland 21029

Submersible Pump Data

Make: Goulds
Model #: 5CS10422C
Pump Capacity 5 GPM
Well Yield: 8.5 GPM

Pitless Adapter

Make: Campbell
Model#: PT800
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: _____ (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
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 6/2/21 Date Insp. Approved: 7/8/21 Inspector: RKZ JLC
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 ✓

~ 30' of water line sleeved under driveway (R)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 25, 2022

August 25, 2021

Homeowner
13025 Greenberry Lane
Clarksville, MD 21029

RE: Greenberry, Lot 26
13025 Greenberry Lane
Building Permit: B20004252
Well Permit: HO-15-0221

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 **7/08/2021**. Final approval of the well line connection to the dwelling was granted on **7/8/2021**. The well construction was completed on **8/22/2016**. Water samples were collected on **8/23/2021**.

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-15-0221. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

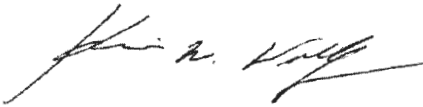
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

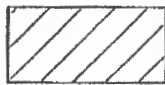


Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

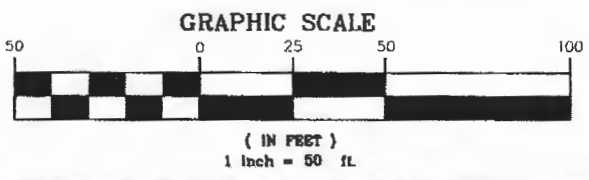
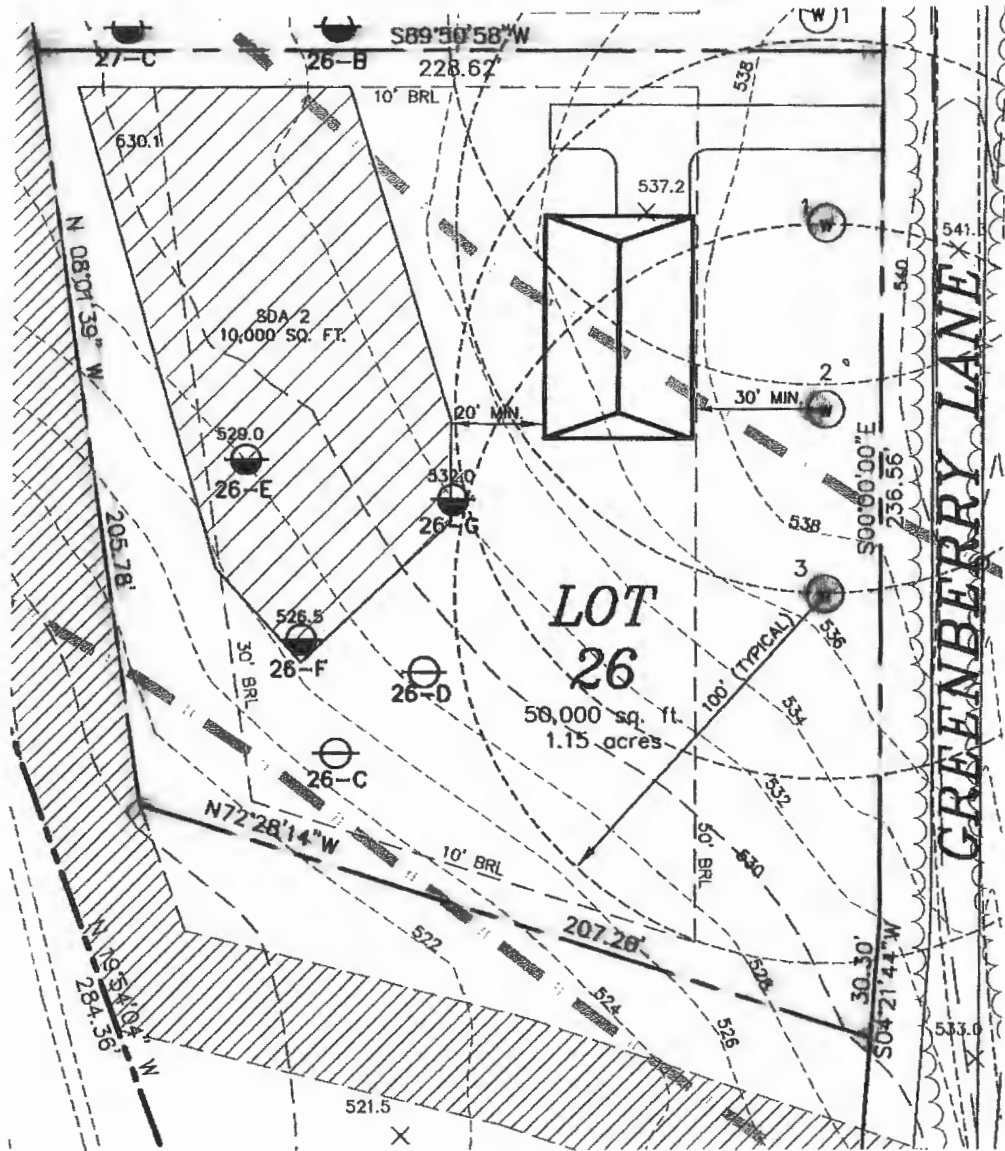
1 2 3
 (W) (W) (W)

PROPOSED WELL
 ALTERNATIVE
 LOCATIONS



PROPOSED
 SEWAGE
 DISPOSAL AREA

Well sites OK
 (PA) 3/9/16



GREENBERRY
 WELL EXHIBIT - LOT 26

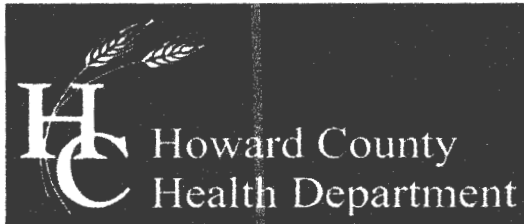
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DRAWN BY: MMM DATE: FEB. 2016 PN: 15-008

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

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

P: \2004\15-008\DWG\perc plat



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:

Greenberry 26 Greenberry Lane
Subdivision/Property Name Lot # Road Name

The well site has been staked by M. Idenberg, Boender & Associates
(professional land surveyor or company employing professional land surveyors)
on 2-29-16 (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.

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 08/25/2021
Report Number: 210825123309
Use and Occupancy
PERMIT #:

LAB#- E067972-01 SAMPLE ID- 13025 Greenberry Ln WELL # HO 15-0221
LOCATION- Pressure Tank SAMPLER- 3073SD
DATE SAMPLED- 08/23/2021 TIME SAMPLED- 14:00 CHLORINE- Non detect
DATE RECEIVED- 08/23/2021 TIME RECEIVED- 16:50
DELIVERED BY- Steve Duklewski RECEIVED BY- Stephen Shelley
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Microbiology by Enviro-Chem					
Total Coliform	SM 9223B	08/23/21 17:30	VPS	Absent	PASS
E. Coli	SM 9223B	08/23/21 17:30	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Wet Chemistry by Enviro-Chem

Nitrate (as N)	EPA 300.0	08/23/21 19:49	FRD	9.46	mg/L	PASS
pH	SM4500-H+B	08/24/21 17:00	FRD	5.5	SU	
Sand	EPA 160.5	08/24/21 09:00	VPS	< 0.5	ml/L/Hr	
Turbidity	EPA 180.1	08/24/21 17:00	FRD	2.9	NTU	

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192

Send Report To: Bert Nixon,
Howard Co Health Dept.
Bureau of Environmental Health

ENVIRONMENTAL METALS SECTION


E17000690001
Received: 08/18/2016
Metals HO-15-0221

930 Stanford Blvd
Columbia, MD 21046

201 W. Preston Street, Baltimore, Maryland 21201
Robert A. Myers Ph.D. Director

Do not write above this line

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-15-0221 Site Name: Greenberry Lot 26 County: Howard

Sample Source: Greenberry Lane Dayton Collector: S. Collins
Street Town or City Name

Date Collected: 8/17/2016 Time Collected: 3:15 p.m. Phone #: 410-313-6287

Sample Preserved By: Field ESRL ^{PSM 08-18-16} WMRL Central Lab

Preservative Used: HNO₃ pH < 2

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code: Non-Community Sediment Other _____
 Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample collected at yield test

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>MH</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	

Lab Supervisor: _____

Date Reported: ___/___/___

•Phone: (410) 767 - 6186

•Fax: (410) 333 - 5122

MH 4432 (4/13)

SUBMITTER'S COPY



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E17000690 Date Coll.: 08/17/2016 Date Received 08/18/2016 Submitted By: Collins

Field ID: HO-15-0221
Lab No.: E17000690001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	5.81	ppm	08/24/2016

Comments:

Approved by: Yungso Choi

Approval date: 08/25/2016

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.


Send Report To: Bert Nixon
Howard Co. Health Dept

Bureau of Environmental Health

8930 Stamford Blvd

Columbia, MD 21045

State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Ave
Baltimore, Maryland 21205
WATER ANALYSIS



E17000680001
Received: 08/18/2016
Inorganic HO-15-0221

Do not write above this line.

SAMPLED

Bottle Number HO-15-0221 Name Greenberry Lot 26 County Howard Code 13

Location Greenberry Lane Dayton Data Category Code 4F

Collected: Date 8/17/16 Time 3:15 pm Collector & Phone S. Collins 410-313-6287 Submitter Code

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Federal Project S

FIELD

Plant No. Sampling Station Preservation: Iced Acid Type of Acid

pH Chlorine: Free Total Specific Conductance

Notes to Lab/Remarks: Sample collected at yield test.

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
✓	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief

Date Reported



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE17000680 Date Coll. 08/17/2016 Date Received 08/18/2016 Submitted By:Collins

Field ID: HO-15-0221
Lab No.: E17000680001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	08/19/2016
Total Dissolved Solids	SM 2540C	96	mg/L	08/18/2016

Comments:

Approved by: _____

Shabba Aneli

Approval date: 08/22/2016

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

 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: 7-6-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

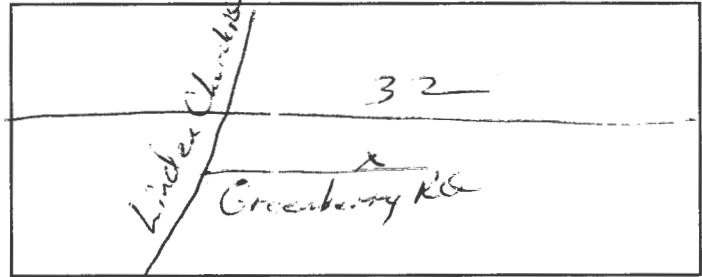
* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Andrew Hausman WELL DRILLER'S LICENSE NUMBER: 224
 CIRCLE: MWD MSD MGD

* OWNER'S NAME: Mildenberg, Boender & Associates

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Hagerston
 NEAREST TOWN: Clarksville
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Greenberry
 SECTION: _____ LOT: 26
 STREET ADDRESS: Greenberry Lane



LATITUDE 39.2338415

LONGITUDE 76.9729843

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cottings</u>	<u>200</u>	<u>80</u>
<u>Cement</u>	<u>80</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>2.5 yds Cement</u>		

* 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: 8 INCHES IN DIAMETER

DEPTH OF WELL: 200 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
 If yes, length removed, in feet: 63

WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature] LICENSE# 224

MWD MSD / MGS
 CIRCLE ONE

7-7-16 DATE

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.

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: 7-6-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Andrew Hausman WELL DRILLER'S LICENSE NUMBER: 224
CIRCLE: MWD/MSD/MGD

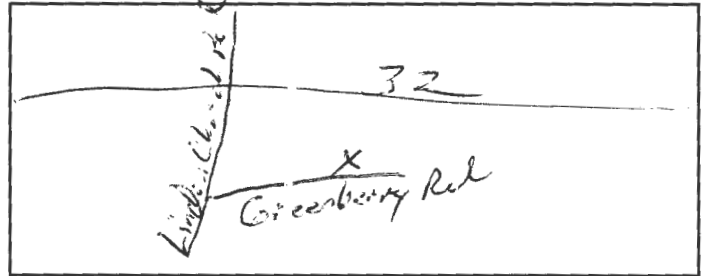
* OWNER'S NAME: Mildenburg, Brender + Associates

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Cherryville
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: Greenberry
SECTION: _____ LOT: 26
STREET ADDRESS: Greenberry Lane

LATITUDE 39.2326927

LONGITUDE 76.9729691

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Drill Cuttings</u>	<u>500</u>	<u>125</u>
<u>Cement</u>	<u>125</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>275 yds Cement</u>		

* 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: 8 INCHES IN DIAMETER

DEPTH OF WELL: 500 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO _____
If yes, length removed, in feet: 105

WAS CASING RIPPED OR PERFORATED? _____ YES NO

SIGNATURE: [Signature] MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 224

CIRCLE ONE: MWD/MSD/MGS DATE: 7-7-16 *

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.

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DATE WELL ABANDONED: 5-6-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

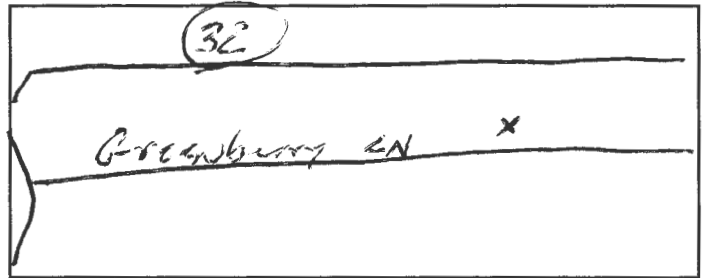
* PERSON ABANDONING WELL: Allen Longford WELL DRILLER'S LICENSE NUMBER: 009

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Mildenberg, Brender + Associates

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 28 BLOCK 9 PARCEL 48
 SUBDIVISION: Greenberry
 SECTION: _____ LOT: 26
 STREET ADDRESS: Greenberry Lane



LATITUDE 39.2329559

LONGITUDE 76.9229762

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>100</u>
VOLUME OF MATERIAL USED		
<u>2.5 yards</u>		

* 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) Dryhole

SIZE OF CASING: 8" INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO _____
 If yes, length removed, in feet: 80'

WAS CASING RIPPED OR PERFORATED? _____ YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Longford LICENSE# 009

MWD / MSD / MGS
 CIRCLE ONE

5-10-16
 DATE