

5042

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Lee Development Group Inc. STREET OR RFD: Woodbine Crossing Road TOWN: Lisbon SUBDIVISION: Woodbine Crossing SECTION: LOT: 14

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like Top soil, Brown rocky clay, Tan rocky clay, Brown mica, blue slate, Green slate, Gray mica.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (41), NO. OF POUNDS (47.5), GALLONS OF WATER (346), DEPTH OF GROUT SEAL (90 ft).

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6 inch), Total depth of main casing (109 ft).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form including: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT).

PUMPING TEST form including: PUMPING TEST (C 3), HOURS PUMPED (3), PUMPING RATE (7.5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (31 ft), WHEN PUMPING (220 ft), TYPE OF PUMP USED (S) submersible.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: (Y) YES.

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

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...

DRILLERS LIC. NO. 1 M D 040. DRILLERS SIGNATURE: George F. Eubank. LIC. NO. J W D 229.

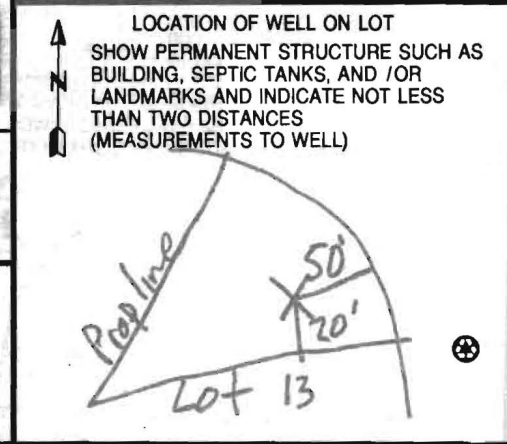
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN (56, 60).

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.

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (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. PUMP HORSE POWER 37. PUMP COLUMN LENGTH (nearest ft.) 43. CASING HEIGHT (circle appropriate box and enter casing height) above 49. LAND SURFACE 2 (nearest foot).



B 1 3229
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526270 please type

STATE PERMIT NUMBER

40-95-1077
70 fill in this form completely 79

Date Received (APA)
3/2/07
8 MM DD YY 13

OWNER INFORMATION 10526

Lee Development Group Inc
15 Last Name Owner First Name 34
8601 Georgia Ave, Suite 200
36 Street or RFD 55
Silver Spring, Md 20910
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

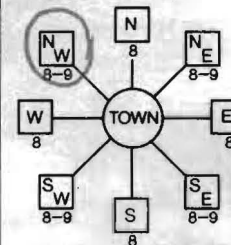
Howard
8 COUNTY 21 DC#
Woodbine Crossing
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Lisbon
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI
73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 2/28/2007
Signature Date

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Woodbine Crossing Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 100 37
DISTANCE FROM ROAD Ft
ENTER FT OR MI 38 39
TAX MAP: 2 BLK: 24 PARCEL 32

B 2 WELL INFORMATION
APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

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
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 13 A 520078
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 4/23/07
43 MM DD YY 48 CO SIGNATURE EXP. DATE 4/23/08
NORTH GRID 552 0 0 0 EAST GRID 0779 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 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
 - 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)

APPROP. PERMIT NUMBER H02006G014
PERMIT No. H0-95-1077
70 71 72 73 74 75 76 77 78 79

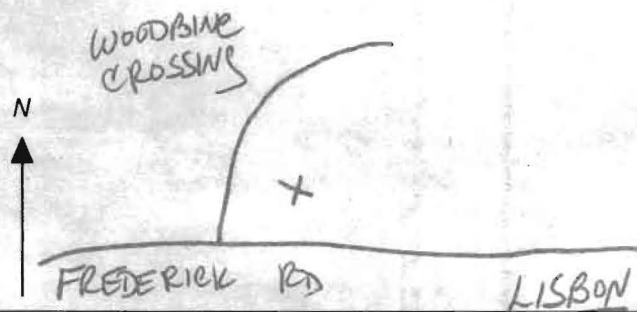
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 776 9
N 550 2
000
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEETS IF NEEDED

DRILL WELL LOC # 3

not 1066

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648
313-1771

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: ATLANTIC BLUE LLC Telephone #: (410) 840-8112
Address: 25 BUCKINGHAM CT, STE 7
WATMINSKY, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MARK MATHEW License# 63797

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

Name of Property Owner: MATONSVILLE HOMES Telephone #: 410-442-2211
Subdivision: WOODBINE CROSSING Lot #: 14 Well Tag #: HO-94-1077
Site Address: 716 WOODBINE CROSSING
MT AIRY, MD 21770 95

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: J CLASS Make: CAMBERT Two piece watertight cap:
Model #: 1035154-2W Model#: _____ Screened, vented well cap:
Pump Capacity: 10 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 5 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 700 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

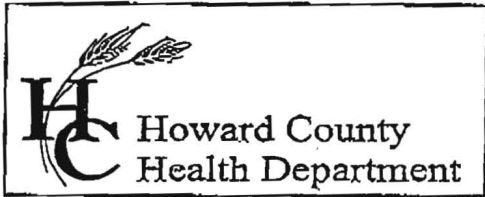
Piping to house House Connection
Type: PENETRATION PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 110 (160 psi min) Approximate length of sleeve: 2 FT
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: YES

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.

[Signature] 1/7/16
Signature of company representative responsible for installation date

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

Date Insp. Requested: 1/8/16 Date Insp. Approved: 1/8/16 SC
Inspection Data: Pitless adapter and 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 installed inside of well 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



7178 Columbia Gateway Drive, Columbia, MD 21046
 (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:

Well Site Location: Parcel A
Woodbine Crossing 1-15 Woodbine Crossing Road
 Subdivision/Property Name Lot# Road Name

The well site has been staked by VAN MAR,
 (professional land surveyor or company employing professional land surveyors)
 on Week of 3-5-07 (date) and does not require a site inspection.

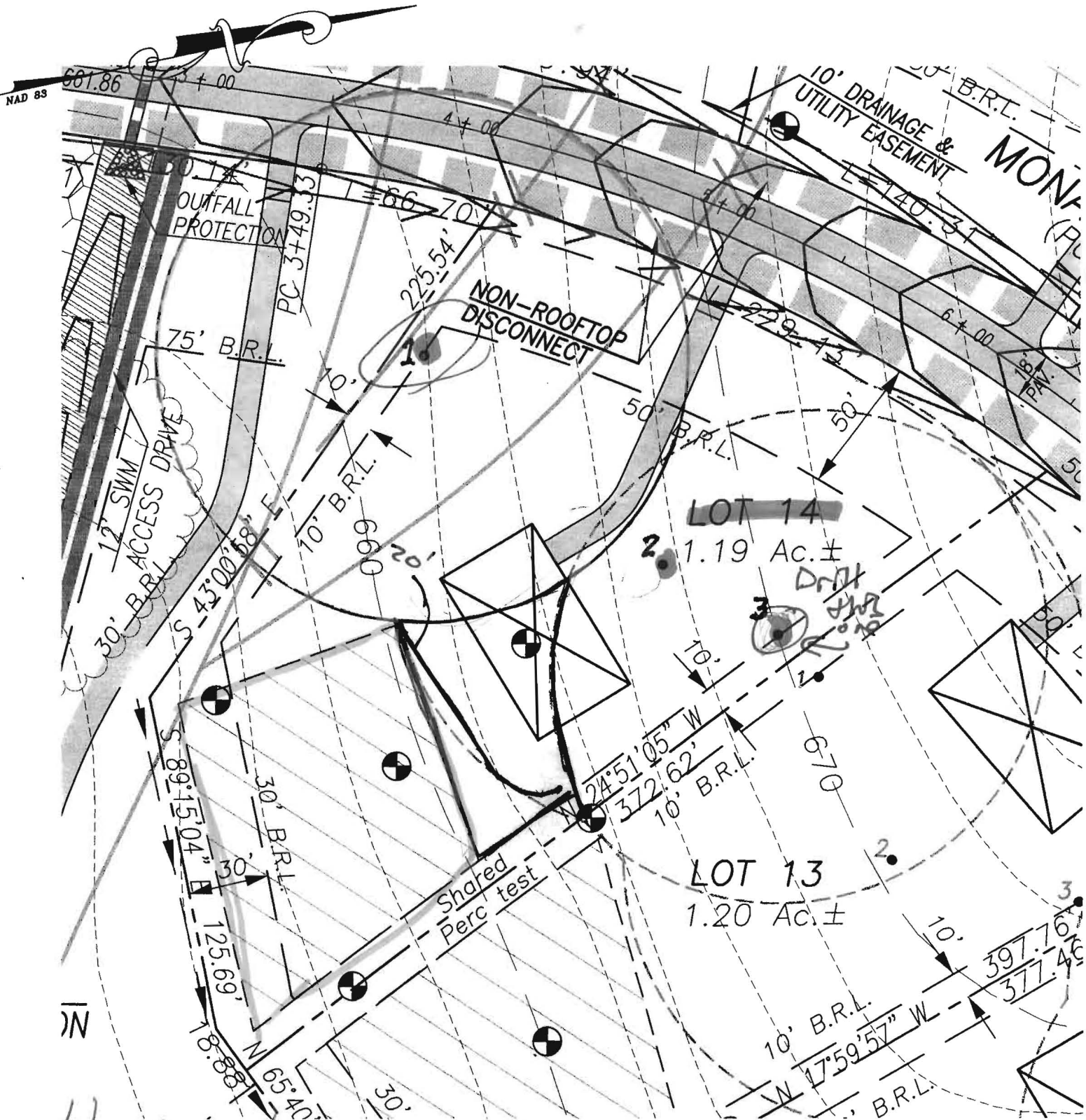
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Revised 3/11/05

E. Steuland

301-829-1640



6/6/07 Sara w/ Easterdays called to inform us they drilled site #1 by mistake. Should be OK (S)

Staked by VanMar 2/20/04 (KW)



THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL.

IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

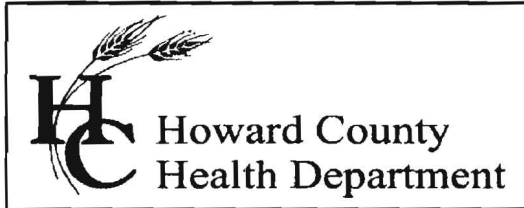
- (PASSED) PERCOLATION TEST SITE:
- (FAILED) PERCOLATION TEST SITE:
- EXISTING WELL:
- PROPOSED HOUSE SITE:
- PROPOSED WELL SITE:

WELL SITE PLAN
LOT 14
WOODBINE CROSSING
 (FORMERLY PATAPSCO OVERLOOK
 -SECTION FOUR)

PART OF LANDS CONVEYED TO LDG INC. BY DEED
 RECORDED IN LIBER 1988 FOLIO 258
 TAX MAP 2, GRID 24, PARCEL 32
 SITUATED ON WOODBINE ROAD & OLD FREDERICK ROAD
 ELECTION DISTRICT No. 4
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' APRIL, 2007



VANMAR ASSOCIATES, INC.
 Engineers Surveyors Planners
 310 South Main Street P.O. Box 328 Mount Airy, Maryland 21771
 (301) 829 2890 (301) 831 5015 (410) 549 2731



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 - **SEPTEMBER 28, 2016**

March 29, 2016

Homeowner
716 Woodbine Crossing Road
Woodbine, MD 21797

RE: Woodbine Crossing, Lot 14
716 Woodbine Crossing Road
Building Permit: B15003684
Well Permit: HO-95-1077

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 **1/11/2016**. Final approval of the well line connection to the dwelling was granted on **1/8/2016**. The well construction was completed on **6/7/2007**. Water samples were collected on **3/14/2016**.

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-95-1077**. 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, LEHS, 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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 106118 Account #: 1045
Reference: Catonsville Homes Company: Atlantic Blue Water Services
Location: 716 Woodbine Crossing Lot #14 Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 3/14/2016 1230 Site: Boiler Drain on Well Tank
Date/Time Rec'd: 3/14/2016 1513 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: T. Aronhalt 2662TA Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/15/2016 / 1100 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/15/2016 / 1100 / CCH
Nitrate	2.45	mg/L	10	601	3/15/2016 / 1230 / CCH
Turbidity	3.66	NTU	<10	SM18 2130B	3/15/2016 / 1330 / CCH
Iron	0.27	mg/L	0.3*	FR, 45 (126)	3/15/2016 / 1215 / CCH

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected; N/A: Not Available
- 7 pH & Chlorine level tested on site
- 8 Sample collected by client, analyzed as received

Reason for Test : Real Estate

Date Reported: 3/15/2016