

C1 0713

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 Lee Development Group Inc STREET OR RFD TOWN West Friendship SUBDIVISION Terrapin Creek SECTION LOT 10

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 entries for lopsail, Brown mica, Gray mica, brown mica, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT) Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

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

C 2

DEPTH (nearest ft.)

Table for depth measurements with columns for slot size and diameter of screen.

C 3

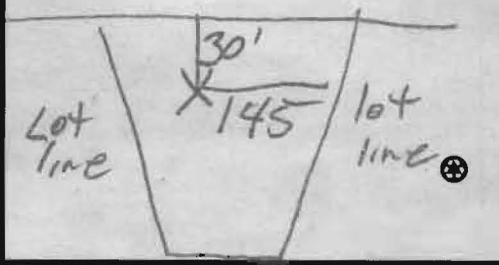
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 104 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 40 - below 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/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. 1 MWD 049 George F. Casanova DRILLERS SIGNATURE

LIC. NO. 1 JWD 27 Paul White

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

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

<b>B 1</b>	<b>3203</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 526268 please type	STATE PERMIT NUMBER <b>HO-95-1110</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION 10500**

Date Received (APA) 3/6/07

8 MM DD YY 13

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 COUNTY EC# 21

Terrapin Creek SUBDIVISION 42

SECTION 10 LOT 10

44 46 48 50

West Friendship NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I

73 76 77 78

**DRILLER INFORMATION**

George F. Easterday M WD 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 Signature 2/28/2007 Date

**B 4**

1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

2

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Milo Court NEAR WHAT ROAD 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 200 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 5 PARCEL 12

**B 2 WELL INFORMATION**

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

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 COUNTY NAME (13) COUNTY NO. A 520108

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 4/30/07 CO SIGNATURE Kim Wolf EXP. DATE 4/30/07

43 MM DD YY 48

NORTH GRID 540 000 EAST GRID 0812 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST

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 810 2

N 580 40

000 000

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 10 C 1

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

APPROP. PERMIT NUMBER HO 2006 G 011

PERMIT No. HO-95-1110

70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

WEST FRIENDSHIP





not 100%

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648  
213-1771

**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: AMANTIC BLUE, LLC Telephone #: 410-940-8112  
Address: 12726 MILO CT  
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): MALK MOTHER License# 603797

\*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: LOE, IV Telephone #: 301-585-7000  
Subdivision: TERMAN CREEK Lot #: 10 Well Tag #: HO-95-110  
Site Address: 12726 MILO CT  
SYKESVILLE, MD 21784

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: S-CLASS      Make: Rumpe II      Two piece watertight cap:   
Model #: ZT5154-2W      Model#:      Screened, vented well cap:   
Pump Capacity 7 GPM      Depth: 26" (36" min)      Cap secured to casing:   
Well Yield: 20 GPM      NSF approved:       Conduit min 18" E.G.:   
Depth of well encountered at time of pump installation: 260 (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 N/A

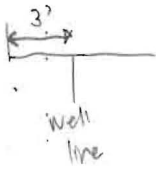
**Piping to house**      **House Connection**  
Type: polyethylene      PVC sleeved to undisturbed soil at wall penetration: YES  
PSI: 160 (160 psi min),      Approximate length of sleeve: 2'  
Depth of supply line: 42 (36" min)      Sleeve caulked and sealed properly: YES

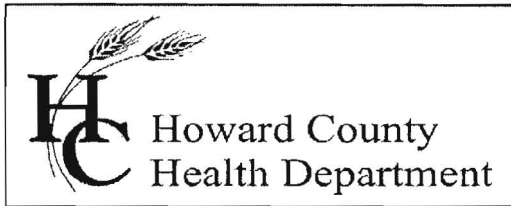
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature]      8/23/16  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: 8/29/16      Date Insp. Approved: 8/29/16 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





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

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**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – JUNE 2, 2017

December 2, 2016

Homeowner  
12726 Milo Court  
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 10  
12726 Milo Court  
Building Permit: B16001641  
Well Permit: HO-95-1110**

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 **9/6/2016**. Final approval of the well line connection to the dwelling was granted on **8/26/2016**. The well construction was completed on **8/2/2007**. Water samples were collected on **11/21/2016 & 11/28/2016**.

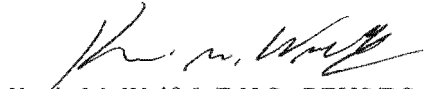
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1110. 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. Along with submission of a second bacteriological test, turbidity and Iron must also be tested pre and post treatment. 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., REHS/RS, 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 #: 111431 Account #: 1045  
Reference: Catonsville Homes TC Lot 10 Company: Atlantic Blue Water Services  
Location: 12726 Milo Court Requested By: Mark Mather  
Sykesville, MD 21784 Source: Well Water  
Date/ Time Collected: 11/21/2016 1430 Site: 1st Floor Bathroom  
Date/Time Rec'd: 11/21/2016 1510 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.6  
Collected By: R. Bailey 0631RB Well #: HO-95-1110

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	11/22/2016 / 1045 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/22/2016 / 1045 / CCH
Nitrate	9.52	mg/L	10	601	11/21/2016 / 1600 / CCH
Turbidity	7.97	NTU	<10	SM18 2130B	11/21/2016 / 1530 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	11/22/2016 / 1530 / CCH

### 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 NS = None Seen (NS indicates less than 5 mg/L)
- 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
- 7 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B16001641

Date Reported: 11/23/2016

# 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 #: 111523 Account #: 1045  
Reference: Catonsville Homes Lot 10 Company: Atlantic Blue Water Services  
Location: 12726 Milo Court Requested By: Mark Mather  
Sykesville, MD 21784 Source: Well Water  
Date/ Time Collected: 11/28/2016 1000 Site: 1st Floor Powder Room Sink  
Date/Time Rec'd: 11/28/2016 1044 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.5  
Collected By: M. Mather 3480MM Well #: HO-95-1110

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/29/2016 / 0930 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/29/2016 / 0930 / BCD

### NOTES

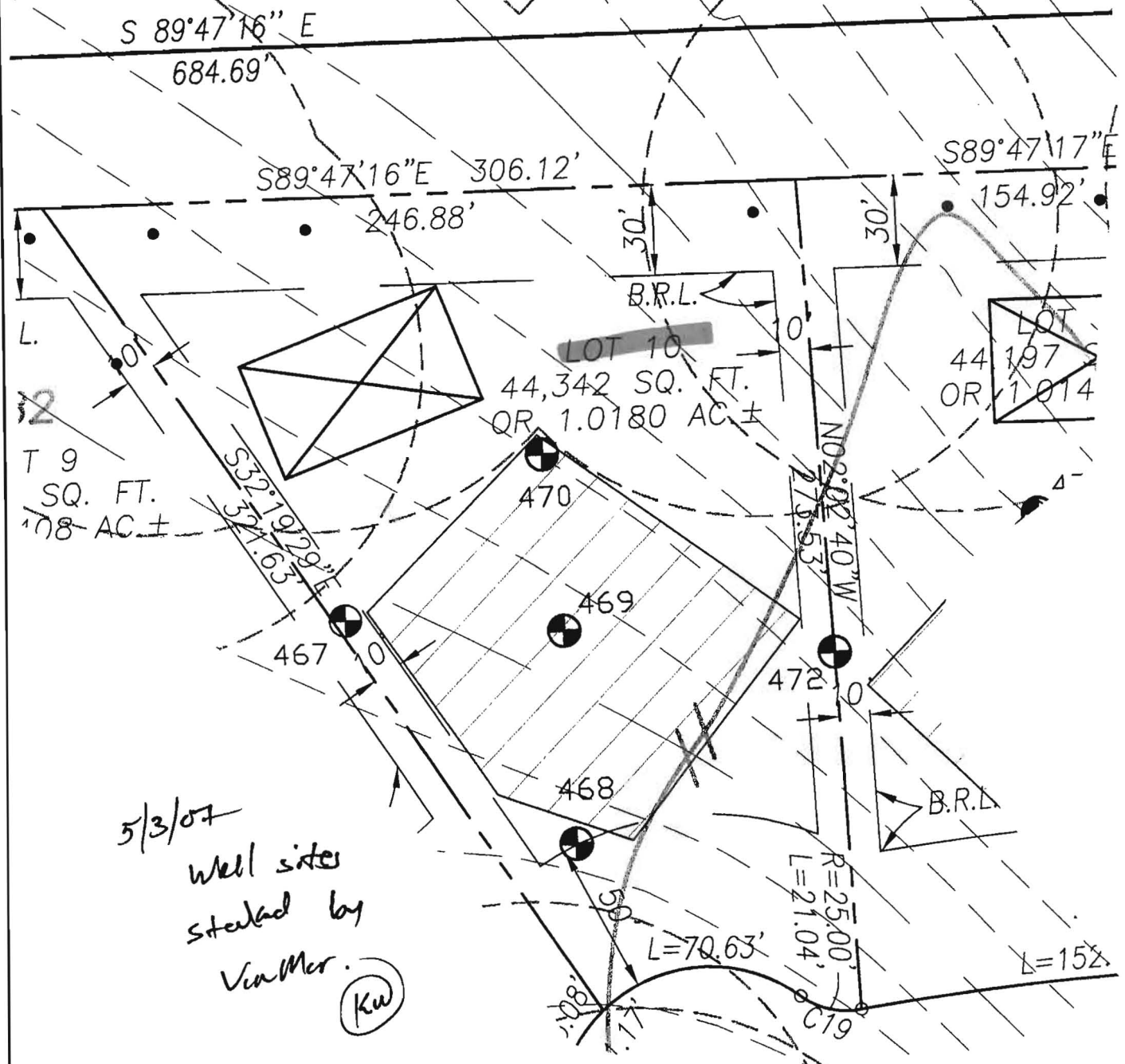
- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 pH & chlorine tested on site
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed,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

Reason for Test : Use & Occupancy

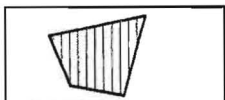
Building Permit # : B16001641

Date Reported: 11/29/2016

16  
 JRAL LAND PRESERVATION PROGRAM  
 HO-94-04-E



5/3/07  
 Well sites  
 started by  
 VanMer. (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.

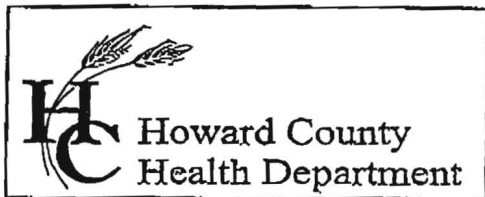
IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT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

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

**WELL SITE PLAN**  
**LOT 10**  
**TERRAPIN CREEK**  
**(FORMERLY SCHWABE FARM)**

PART OF THE LANDS CONVEYED TO LDG, INC. BY DEED RECORDED IN LIBER 1988 AT FOLIO 258

TAX MAP: 15; GRID: 4 & 5; PARCELS: 12 & 43  
 SITUATED ON SYKESVILLE AND LIVESTOCK ROAD  
 ELECTION DISTRICT No. 3, HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' APRIL, 2007



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: *Pres A*  
TERRAPIN Creek 1-22 TERRAPIN Creek Drive & MILD COURT  
 Subdivision/Property Name Lot# Road Name

The well site has been staked by VAN MAR ASSOCIATES INC  
 (professional land surveyor or company employing professional land surveyors)  
 on 3-9-07 (date) and does not require a site inspection.

*No later than*

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

*Lee DEVELOPMENT GROUP*

*Hale*  
*Schwabe Farm*