

C1 0705

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 Jessup Creek SECTION LOT pres A

WELL LOG

GROUTING RECORD

C 3

Not required for driven wells

WELL HAS BEEN GROUTED (Circle Appropriate Box)

PUMPING TEST

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

TYPE OF GROUTING MATERIAL (Circle one)

HOURS PUMPED (nearest hour)

DESCRIPTION (Use additional sheets if needed)

CEMENT BENTONITE CLAY

PUMPING RATE (gal. per min.)

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top soil, Brown mica, Grey mica, Brown mica, Grey mica, Brown slate, Grey slate.

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

METHOD USED TO MEASURE PUMPING RATE

CASING RECORD

WATER LEVEL (distance from land surface)

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

BEFORE PUMPING

OTHER CASING (if used) diameter depth (feet)

WHEN PUMPING

SCREEN RECORD screen type or open hole

TYPE OF PUMP USED (for test)

NUMBER OF UNSUCCESSFUL WELLS:

DEPTH (nearest ft.)

TYPE OF PUMP INSTALLED

WELL HYDROFRACTURED

Table with columns: E A C H S R E N, rows for casing and screen data.

DRILLER INSTALLED PUMP

CIRCLE APPROPRIATE LETTER

DIAMETER OF SCREEN (NEAREST INCH)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

E ELECTRIC LOG OBTAINED

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

P TEST WELL CONVERTED TO PRODUCTION WELL

T (E.R.O.S.) W Q

PUMP HORSE POWER

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.

70 72 74 75 76

PUMP COLUMN LENGTH (nearest ft.)

DRILLERS LIC. NO. 1 MWD 040

TELESCOPE CASING LOG INDICATOR OTHER DATA

CASING HEIGHT (circle appropriate box and enter casing height)

DRILLERS SIGNATURE

LAND SURFACE

LIC. NO. 1 AWD 288

LOCATION OF WELL ON LOT

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

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

Property Line

B 1 3232
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526268 please type

STATE PERMIT NUMBER

HO - 95 - 1123
70 fill in this form completely 79

Date Received (APA)

3/6/07
8 MM DD YY 13

OWNER INFORMATION 10529

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

DRILLER INFORMATION

George F. Easterday M WD 040
76 Driller's Name 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 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

B 3

LOCATION OF WELL

Howard
8 COUNTY 21

Terrapin Creek
23 SUBDIVISION 42

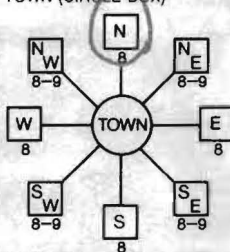
SECTION 44 46 LOT Pres A 48 50

West Friendship
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Milo Court
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 350 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 5 PARCEL 12

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A520108
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 4/30/07
43 MM DD YY 48 CO SIGNATURE EXP. DATE 4/30/08

NORTH GRID 539 000 EAST GRID 0813 000
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
- 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

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

APPROX. PERMIT NUMBER HO 2006 G 011

PERMIT No. HO-95-1123
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

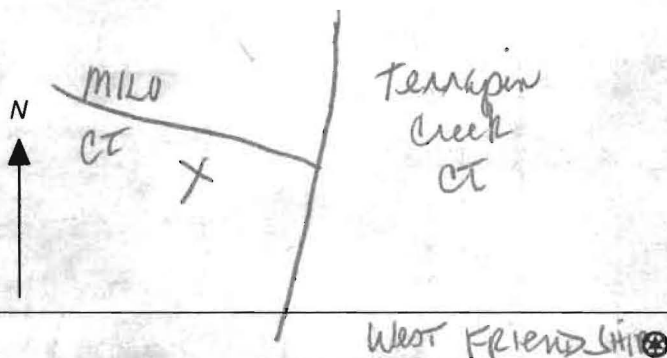
1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 3
N 530 9

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 10 C 1



Page _____ of _____

Date 8-28-07 8.00

Review _____

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. 740-95-1123 Election District _____

Location of Property (road) MILK COURT

Subdivision TERRAPIN CREEK Lot Pres Block _____ Plat _____ Sec. _____

Well Driller EASTERDAY Owner LEE DEVELOPMENT

Depth of Well 600 19 gpm

Distance of Measuring Point (M.P.) above ground 2'

Static Water Level (S.W.L.) below M.P. 38.5 pump set 480'

Hook

I. High Rate Pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 206 gpm

Total time 30 min to reach pumping water level 191 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill <u>1</u> gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
900	191'	55 sec	1 gal bucket	1.09 Gpm
915	191'	55 "	"	1.09 "
930	191'	55 "	"	1.09 "
945	191'	55 "	"	1.09 "
1000	191'	55 "	"	1.09 "
1015	191'	55 "	"	1.09 "
1030	191'	55 "	"	1.09 "
1045	191'	55 "	"	1.09 "
1100	191'	55 "	"	1.09 "
1115	191'	55 "	"	1.09 "
1130	191'	55 "	"	1.09 "
1145	191'	55 "	"	1.09 "
1200	191'	55 "	"	1.09 "
1215	191'	55 "	"	1.09 "
1230	191'	55 "	"	1.09 "
1245	191'	55 "	"	1.09 "
100	191'	55 "	"	1.09 "
115	191'	55 "	"	1.09 "
130	191'	55 "	"	1.09 "
145	191'	55 "	"	1.09 "
200	191'	55 "	"	1.09 "
215	191'	55 "	"	1.09 "
230	191'	55 "	"	1.09 "
245	191'	55 "	"	1.09 "
200	191'	55 "	"	1.09 "

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

Final
Scheduled:
9/7/16
AM

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 RIVER, LLC Telephone #: 410-840-8112
Address: 102 Baltimore Blvd.
Westminster, 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 Mohr 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: LDG INC. Telephone #: 301-585-7000
Subdivision: TENNARD CREEK Lot #: A Well Tag #: HO-95-1123V
Site Address: 12707 MILA CT.
SYDNEY, MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>2-CROSS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7JS154-2W</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>1.7</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" E.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>280</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

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

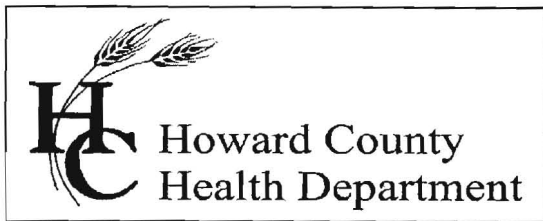
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 9/7/16

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

Date Insp. Requested: 9/7/16 Date Insp. Approved: 9/7/16 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

7'
sleeve starting ~6'
from well to protect
from rock
old well line hit?



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 30th, 2017

January 30, 2017

Homeowner
12707 Milo Court
Sykesville, MD 21784

RE: Terrapin Creek, Lot P. A
12707 Milo Court
Building Permit: B16000971
Well Permit: HO-95-1123

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 **9/7/2016**. The well construction was completed on **8/28/2007**. Water samples were collected on **1/17/2017, 1/20/2017, & 1/24/2017**.

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-95-1123. 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 #: 112563 Account #: 1045
Reference: Catonsville Homes Lot A Company: Atlantic Blue Water Services
Location: 12707 Milo Court Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 1/24/2017 1000 Site: 1st Floor Bath Faucet
Date/Time Rec'd: 1/24/2017 1438 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: M. Mather 3480MM Well #: HO-95-1123

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/25/2017 / 0945 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/25/2017 / 0945 / CCH

NOTES

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

Reason for Test : Use & Occupancy

Building Permit # : B16000971

Date Reported: 1/25/2017

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 #: 112510 Account #: 1045
Reference: Catonsville Homes Lot A Company: Atlantic Blue Water Services
Location: 12707 Milo Court Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 1/20/2017 0900 Site: Well Tank
Date/Time Rec'd: 1/20/2017 1300 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: M. Mather 3480MM Well #: HO-95-1123

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	1/21/2017 / 1540 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/21/2017 / 1540 / BCD

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 pH and chlorine level tested in lab
- 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 Sample collected by client, analyzed as received
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B16000971

Date Reported: 1/23/2017

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 #: 112434 Account #: 1045
Reference: Catonsville Homes Lot A Company: Atlantic Blue Water Services
Location: 12707 Milo Court Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 1/17/2017 1000 Site: Well Tank
Date/Time Rec'd: 1/17/2017 1135 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: M. Mather 3480MM Well #: HO-95-1123

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	1/18/2017 / 1015 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/18/2017 / 1015 / BCD
Nitrate	4.53	mg/L	10	601	1/17/2016 / 1615 / CRS
Turbidity	7.16	NTU	<10	SM18 2130B	1/17/2017 / 1630 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/18/2017 / 1050 / CRS

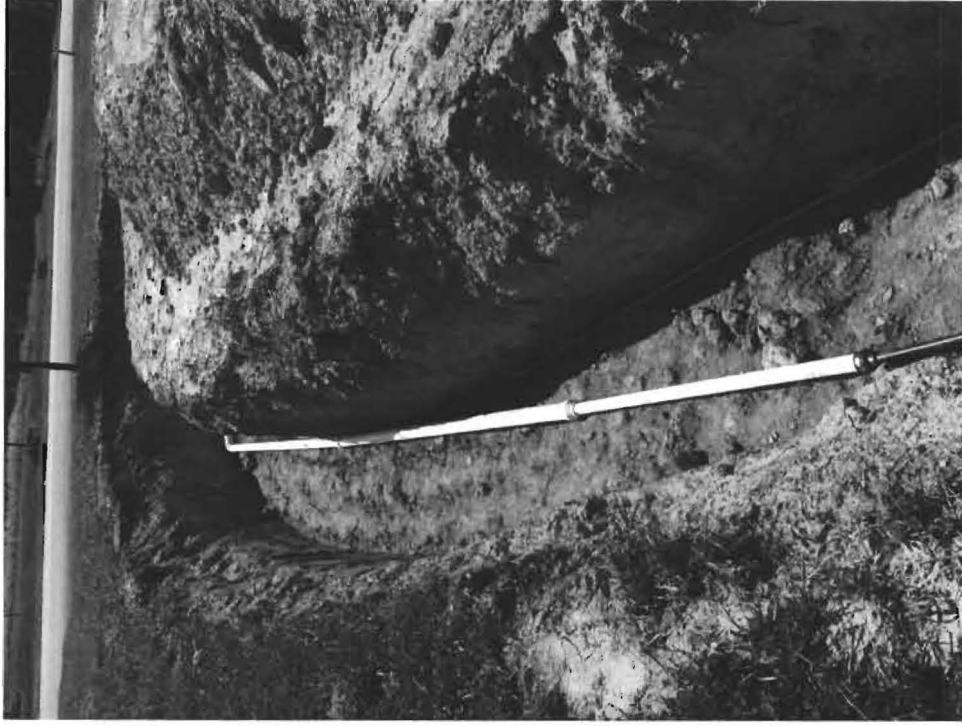
NOTES

- 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 pH and chlorine level tested in lab
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B16000971

Date Reported: 1/18/2017

9/7/16 12707 Milo Court
Sleeve of well line around corner of SDA



9/7/16 12707 Milo Court

Old well line hit while digging

Sleeve near rock



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 9/14/07 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

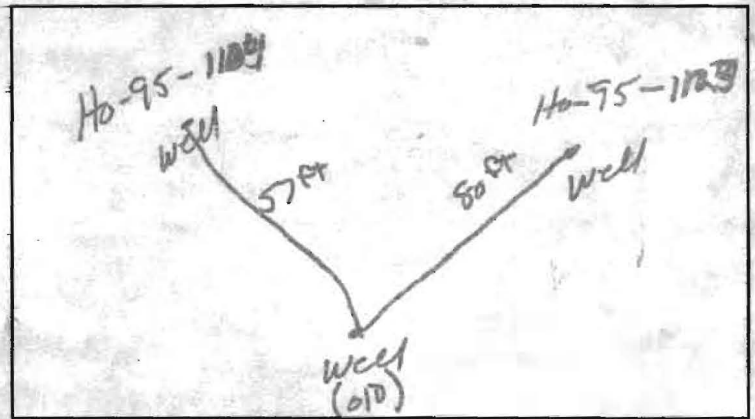
* PERSON ABANDONING WELL: Richard A. Crommitt

WELL DRILLERS LICENSE NUMBER: WRO 014

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Lee Development

SITE LOCATION MAP



* WELL LOCATION:
 COUNTY: HOWARD
 NEAREST TOWN: WEST FRIENDSHIP
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: TERRAPIN CREEK DRIVE

* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED
- BORED/AUGERED _____ 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: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 103 FEET DEEP

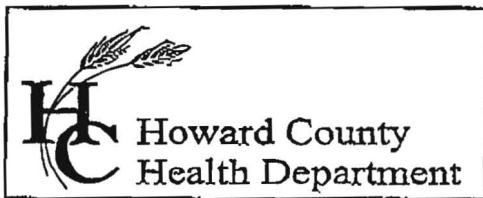
* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 4

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	103	0
VOLUME OF MATERIAL USED		
9 bags of Bentonite		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: George F. Easterday LICENSE #: MWD 040 CIRCLE: MWD/MSD/MGD DATE: 9/25/07



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 YAN 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

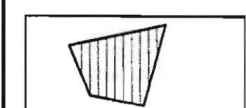
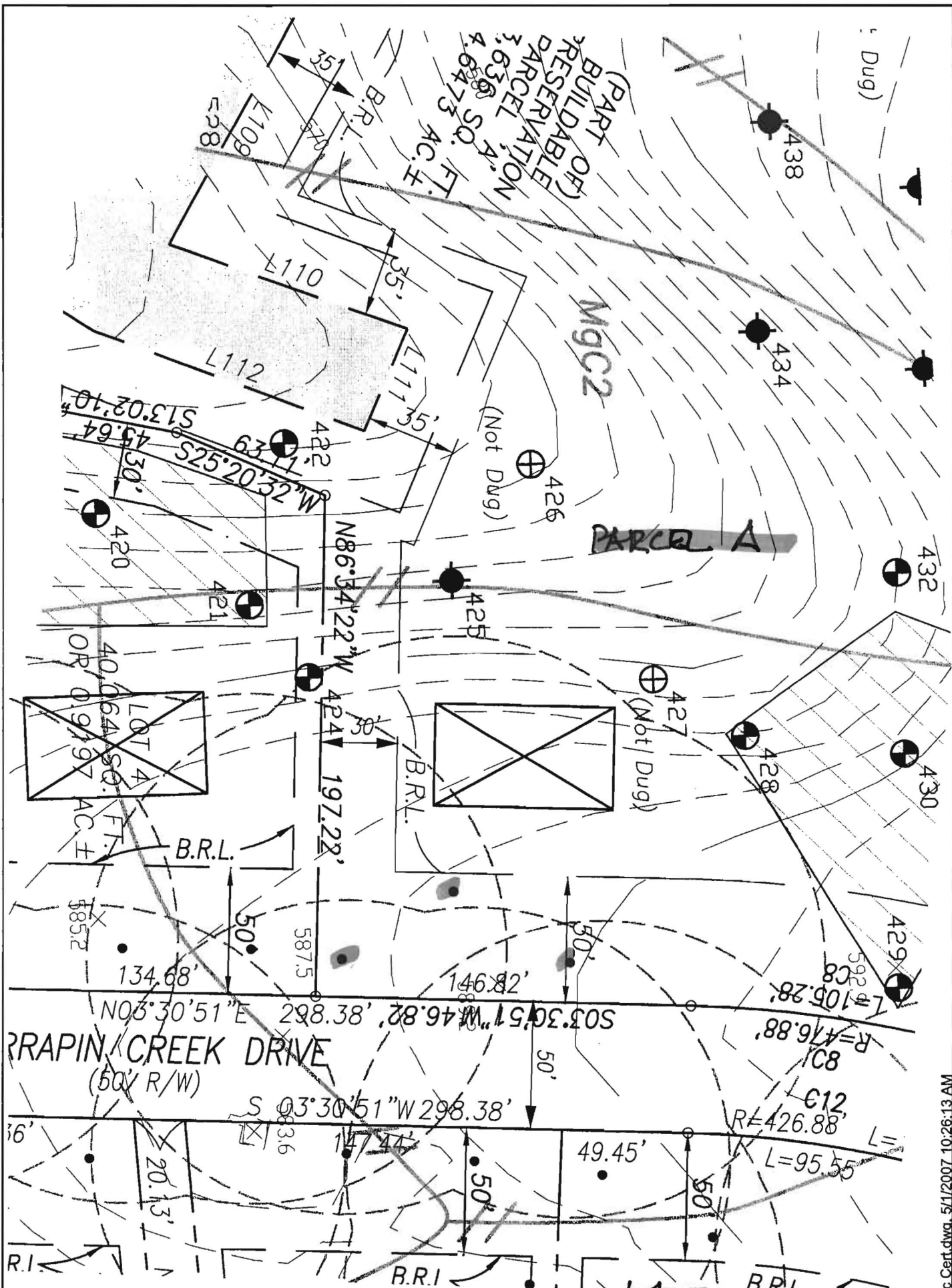
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Yake
Schwabe Farm



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
PARCEL A
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

*5/3/07 wells staked
 by VanDer
 (M)*