

C1 0707

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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7/25/07

Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1106

OWNER Lee DEVELOPMENT GROUP LTD last name first name STREET OR RFD MILO CT TOWN WEST FRIENDSHIP SUBDIVISION TERRAPIN CREEK SECTION LOT 6

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. Includes handwritten entries: Top Soil (0-2), Brown mica (2-70), Gray mica (70-150), TAN mica (150-160), Gray mica w/ Quartz (160-600). Includes note: 'Installed casing and keep hole open - liner screen to bottom of field'.

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 18 NO. OF POUNDS 1800 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 67 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80 OTHER CASING (if used) diameter depth (feet) PL 4 600 420 PL 4 410 10

SCREEN RECORD

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

DEPTH (nearest ft.)

Table with columns: A, C, H, S, R, E, N and rows for casing and screen depths. Includes handwritten entries: 420, 410, 600, 4.

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

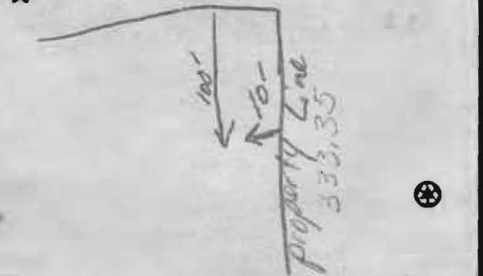
HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 31 ft. WHEN PUMPING 358 ft. TYPE OF PUMP USED (for test) S submersible

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 LAND SURFACE [-] below (nearest foot) 2

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 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. 1 M W D 040 GEORGE F. EASTERDAY DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 AW D 298

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

B 1 0345
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

526268 please type

HO-95-1106
fill in this form completely

Date Received (APA)
3/6/07
8 MM DO YY 13

OWNER INFORMATION 10496

Lee Development Group Inc
8601 Georgia Ave, Suite 200
Silver Spring, Md 20910

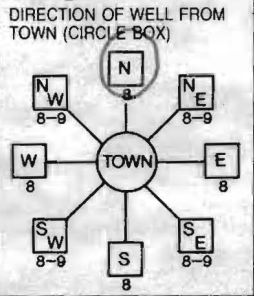
LOCATION OF WELL

Howard
Terrapin Creek
West Friendship
Miles from town: 1 MI

DRILLER INFORMATION

George F. Easterday
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771

DIRECTION OF WELL FROM TOWN



Milo Court
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
105'
DISTANCE FROM ROAD
TAX MAP: 15 BLK: 5 PARCEL 12

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
- 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) A520108
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 4/30/07
CO SIGNATURE Kim Wall 4/30/08
NORTH GRID 539 000 EAST GRID 0812 000

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

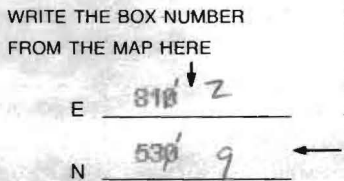
- BORED (or Augered) AIR-ROTary (circled)
- JETTED AIR-PERCussion
- Jetted & DRIVEN ROTARY (Hydraulic Rotary)
- CABLE REVerse-ROTary
- DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

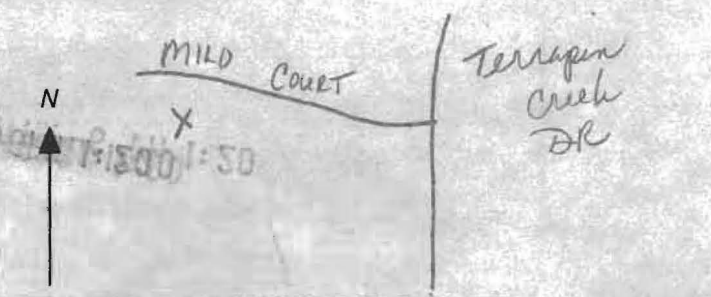
- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEM AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. wells



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



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

APPROP. PERMIT NUMBER H02006 G 011
PERMIT No. HO-95-1106

SPECIAL CONDITIONS Drill selected well site per Attached well site plan @ COUNTY

RECEIVED

OCT 12 2016

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

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

NOV 10 2016

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: 1800 WALK BLVD
WELLSMINSTER, 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): MONY MATHUR 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 III Telephone #: 410 301-585-1000
Subdivision: TELEADIN ERECT Lot #: 11 Well Tag #: HO-95-1106 ✓
Site Address: 1224 MILLO CT
SYLVESVILLE, MD 21784

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: 3-110SS Make: LUMINOR II Two piece watertight cap: ✓
Model #: TS 5154-ZW Model#: Screened, vented well cap: ✓
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing: ✓
Well Yield: 1.6 GPM NSF approved: ✓ Conduit min 18" R.G.: ✓
Depth of well encountered at time of pump installation: 280 (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: 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.

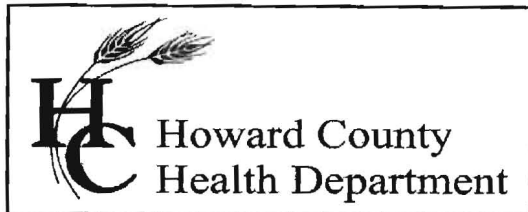
Signature of company representative responsible for installation: _____ date: 10/11/16

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

Date Insp. Requested: 10/12/16 Date Insp. Approved: 10/13/16 (P2)
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 ✓

32' of sleeve out to well

HD-215 (Rev. 8/00)



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 16th, 2017

March 16, 2017

Homeowner
12721 Milo Court
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 6
12721 Milo Court
Building Permit: B16001946
Well Permit: HO-95-1106**

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 **10/18/2016**. Final approval of the well line connection to the dwelling was granted on **10/13/2016**. The well construction was completed on **7/25/2007**. Water samples were collected on **3/6/2017**.

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-95-1106. 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 #: 113181 Account #: 1045
Reference: Terrapin Creek Lot 6 Company: Atlantic Blue Water Services
Location: 12721 Milo Court Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 3/6/2017 0900 Site: Well Tank
Date/Time Rec'd: 3/6/2017 1044 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: M. Mather 3480MM Well #: HO-95-1106

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/7/2017 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/7/2017 / 1000 / LLO
Nitrate	<1.0	mg/L	10	601	3/7/2017 / 0900 / CRS
Turbidity	0.52	NTU	<10	SM18 2130B	3/7/2017 / 0920 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/7/2017 / 0920 / CRS

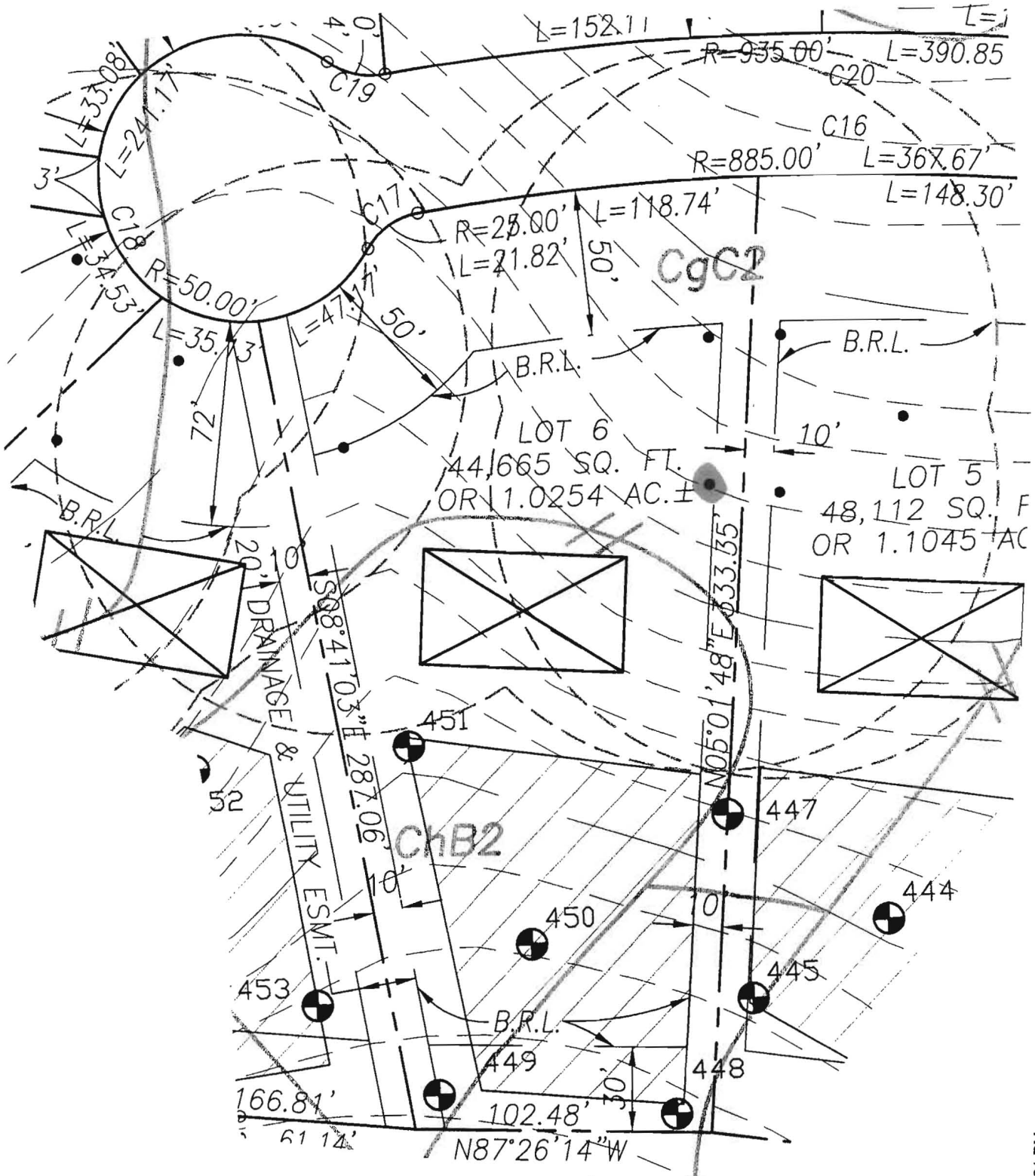
OK
RM
3/14/17

NOTES

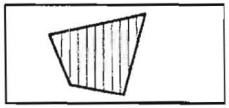
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 pH and chlorine level tested in lab
- 6 Results less than or within 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 # : B16001946

Date Reported: 3/8/2017



5/3/07
 Well sites
 staked by
 Van Meter
 (RM)



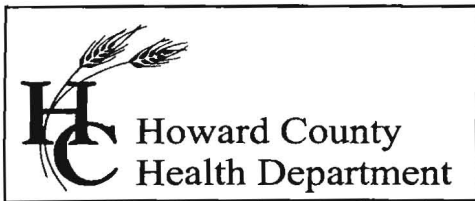
THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL.

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 6 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



Bureau of Environmental Health
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

Peter L. Beilenson, M.D., M.P.H., Health Officer

Monday, April 30th, 2007

IMPORTANT

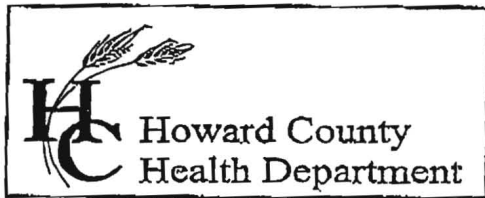
MEMORANDUM

To: WELL DRILLER,
cc: FILE

From: Kevin Wolf, Sanitarian
Well and Septic Program

Re: TERRAPIN CREEK
Lots 5, 6, 7, and 8

Well site locations for the above referenced lots are denoted on the attached Well Site Plans and are to be drilled first. Specified locations for these wells on each lot have been marked and approved by the Health Department. In the event of a dry hole, the well driller will notify the Health Department prior to drilling the next approved well site on the lot. Again, this memo is for Lots 5, 6, 7, and 8 only!



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: *Pras 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

Date
Schwab