

C1 0717

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 MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1114

OWNER Lee Development Group Inc last name Milo Ct first name TOWN West Friendship SUBDIVISION Fernspin Creek SECTION LOT 14

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Topsoil, brown rocky clay, Brown Mica, Green 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), Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

SCREEN RECORD

Table with columns: A, B, C, H, S, R, E, N and rows for DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN

PUMPING TEST

HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 2.0, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 56 ft, WHEN PUMPING 220 ft

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED YES NO, CIRCLE APPROPRIATE LETTER

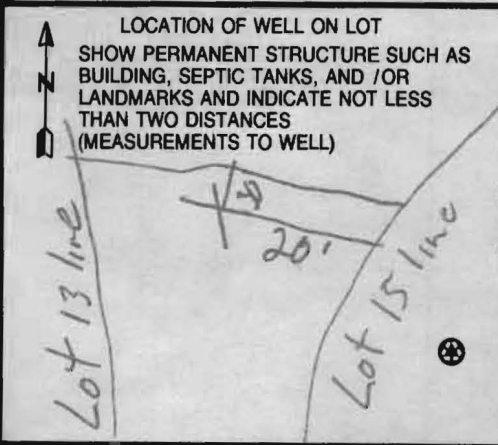
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MWD 040, DRILLERS SIGNATURE George F. Eassey, LIC. NO. 1 JWD 727

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) TELESCOPE CASING, LOG INDICATOR, OTHER DATA



B 1 3207
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

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

STATE PERMIT NUMBER

40-95-1114
70 fill in this form completely 79

Date Received (APA)
3/6/07
8 MM 00 YY 13

OWNER INFORMATION 10504

Lee Development Group Inc
15 Last Name Owner First Name 34
3601 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

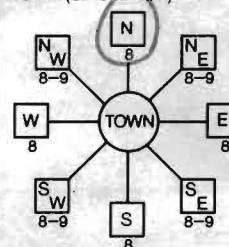
Howard
8 COUNTY DC# 21
Terrapin Creek
23 SUBDIVISION 42
SECTION 44 46 LOT 14 48 50
West Friendship
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

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 2/28/2007
Signature Date

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Milo Court
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 200 37
DISTANCE FROM ROAD Ft
ENTER FT OR MI 38 39
TAX MAP: 15 BLK: 5 PARCEL 12

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 520108
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 4/30/07
43 MM 00 YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 540 000 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)

APPROP. PERMIT NUMBER H02006G011
PERMIT No. H0-95-1114
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

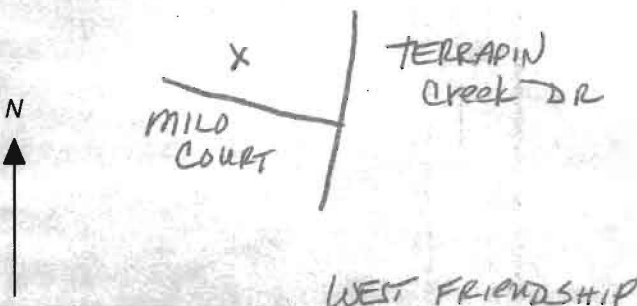
SOURCES OF DRILLING WATER

- 1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 3
N 530 40
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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

8:00

FIELD DATA SHEET
 HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-95-1114 Election District
 Location of Property (road) MILO COURT
 Subdivision TERRAPIN CREEK Lot 14 Block Plat Sec.
 Well Driller EASTERDAY Owner LEE DEVELOPMENT
 Depth of Well 600 13/4
 Distance of Measuring Point (M.P.) above ground 2
 Static Water Level (S.W.L.) below M.P. 56 FT

I. High Rate Pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 20 GPM
 Total time 30 min to reach pumping water level 219 ft. below M.P.

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

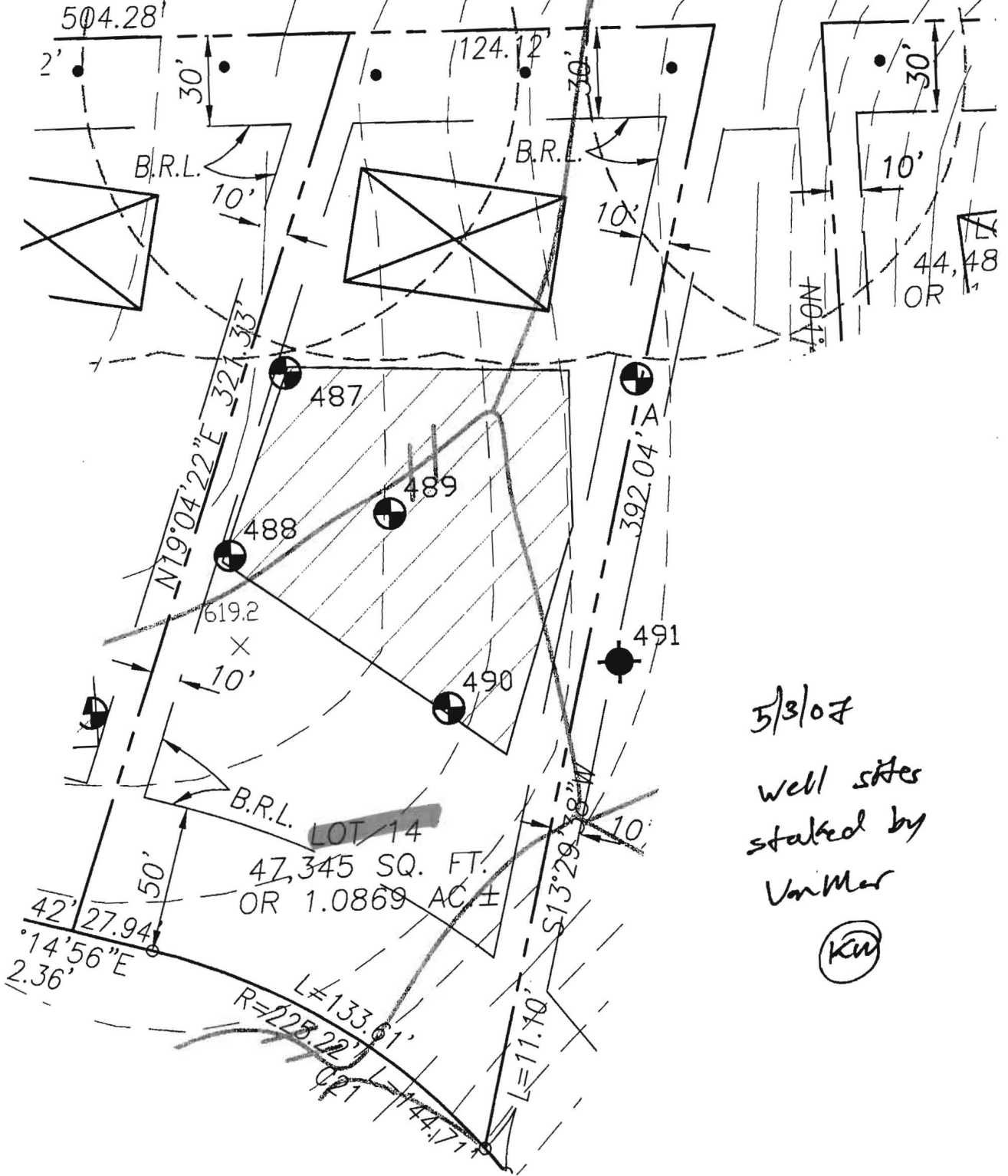
TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill <u>one</u> gal. bucket	FLOW METER READING <u>Pump SET</u> (if used)	CALCULATED FLOW (gallons per min.)
9:00		30 sec	480 FT	
9:15		30 sec		
9:30	240 FT	30 sec		2
9:45	240 FT	30 sec		2
10:00	240 FT	30 sec		2
10:15	240 FT	30 sec		2
10:30	219 FT	30 sec		2
10:45	219 FT	30 sec		2
11:00	220 FT	30 sec		2
11:15	220 FT	30 sec		2
11:30	220 FT	30 sec		2
11:45	220 FT	30 sec		2
12:00	220 FT	30 sec		2
12:15	220 FT	30 sec		2
12:30	220 FT	30 sec		2
12:45	220 FT	30 sec		2
1:00	220 FT	30 sec		2
1:15	220 FT	30 sec		2
1:30	220 FT	30 sec		2
1:45	220 FT	30 sec		2
2:00	220 FT	30 sec		2
2:15	220 FT	30 sec		2
2:30	220 FT	30 sec		2
2:45	220 FT	30 sec		2
3:00	220 FT	30 sec		2
3:15	220 FT	30 sec		2
3:30	220 FT	30 sec		2
3:45	220 FT	30 sec		2
4:00	220 FT	30 sec		2

TESTED BY DICKERSON

219

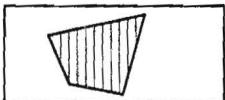
PROGRAM

ChD2



5/3/07
 Well sites
 staked by
 VanMar

(KM)



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:

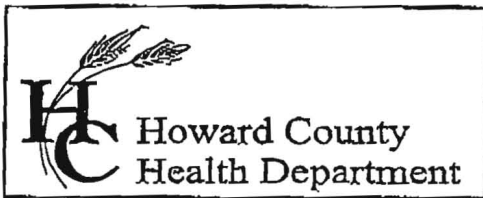
PROPOSED HOUSE SITE:

PROPOSED WELL SITE:

WELL SITE PLAN LOT 14 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 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

Hale
Schwartz Farm

101 102 ✓

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
 TEL: (410)343-2640 FAX: (410)313-2648
 313-1771

* Scheduled for
 Final 11/11/17
 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 BLUE Telephone #: 410-840-8112
 Address: 1802 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): MIKE 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: LDG LLC Telephone #: 301-285-7000
 Subdivision: TERRACE BLVD Lot #: 14 Well Tag #: HO-95-11147
 Site Address: 12710 MID CT
SYLVESVILLE, MD 21154

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>SPRUIS</u>	Make: <u>EMMERT II</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>255254-20W</u>	Model#: <u></u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.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>DRILL</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>100</u> (160 psi min)	Approximate length of sleeve: <u>2'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

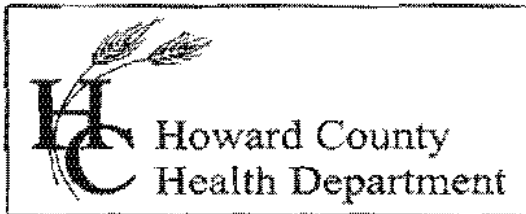
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] Signature of company representative responsible for installation date 1/9/17

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

Date Insp. Requested: 1/11/17 Date Insp. Approved: 1/11/17 (RA)

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 3" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2548
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 – December 13, 2017

June 13, 2017

Homeowner
12710 Milo Court
Sykesville, MD 21784

RE: Terrapin Creek, Lot 14
12710 Milo Court
Building Permit: B16003009
Well Permit: HO-95-1114

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 5/8/2017. Final approval of the well line connection to the dwelling was granted on 1/11/2017. The well construction was completed on 8/7/2007. Water samples were collected on 5/4/2017 & 6/8/2017.

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-95-1114. 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 #: 114251 Account #: 1045
Reference: Catonsville Homes Lot 14 Company: Atlantic Blue Water Services
Location: 12710 Milo Court Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 5/4/2017 0930 Site: Well Tank
Date/Time Rec'd: 5/4/2017 1500 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: M. Mather 3480MM Well #: HO-95-1114

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	5/5/2017 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/5/2017 / 1030 / LLO
Nitrate	<1.0	mg/L	10	601	5/4/2017 / 1600 / CRS
Turbidity	9.95	NTU	<10	SM18 2130B	5/4/2017 / 1545 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/4/2017 / 1545 / CRS
Iron	0.52	mg/L	0.3*	FR, 45 (126)	5/4/2017 / 1525 / CRS

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 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 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 pH and Chlorine level tested in lab
- 9 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : 16003009

Date Reported: 5/5/2017

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 #: 114987 Account #: 1045
Reference: Catonsville Homes Lot 14 Company: Atlantic Blue Water Services
Location: 12710 Milo Court Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 6/8/2017 0845 Site: Laundry Tub
Date/Time Rec'd: 6/8/2017 1415 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: M. Mather 3480MM Well #: HO-95-1114

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/9/2017 / 0945 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/9/2017 / 0945 / BCD

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 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 pH and Chlorine level tested in lab
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 16003009

Date Reported: 6/9/2017