

C 1 0720

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6
(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
8/15/07

Depth of Well

22 200 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO - 95 - 1117

OWNER Lee Development Group Inc
STREET OR RFD
SUBDIVISION Terrapin Creek SECTION LOT 17

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
topsoil	0	2	
Brown rocky clay	2	18	
Brown Mica	18	57	
Tan Mica	57	67	
Brown Mica w/ quartz	67	89	43
Tannish/Gray Mica	89	95	
Brown Mica	95	112	
Tan Mica	112	130	
Gray Mica	130	175	175
Brown Mica	175	179	
Gray Mica	179	200	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 23 NO. OF POUNDS 2300

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING TYPE
Nominal diameter
top (main) casing
(nearest inch)
Total depth
of main casing
(nearest foot)OTHER CASING (if used)
diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST BR HO
STEEL BRASS OPEN
HOLE
PL OT
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO
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
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 28.04.04 "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 MND 040

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

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

70 72 74 75 76

TELESCOPE LOG OTHER DATA
CASING INDICATOR

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 31 ft.

WHEN PUMPING 62 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other
(describe below)
J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

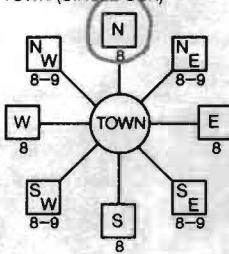

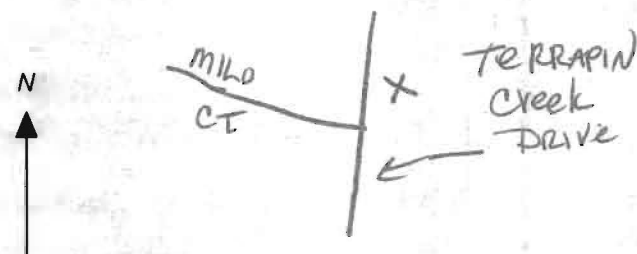
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)
+ above } LAND SURFACE
- 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)

B 1 1 2 3 6 3210	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 526268	STATE PERMIT NUMBER 140-95-1117 <small>70 fill in this form completely 79</small>
Date Received (APA) 3/6/07 <small>8 MM DD YY 13</small> 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 8 COUNTY Howard 23 SUBDIVISION Terrapin Creek SECTION 44 46 LOT 17 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 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)  Terrapin Creek Drive 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 25 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 15 BLK: 5 PARCEL 12	
B 2 1 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) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 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		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 NORTH GRID 539 000 EAST GRID 0813 000 50 55 57 63	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		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 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 140 2006 G 011 PERMIT No. 140-95-1117 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - <div style="text-align: right;">West Friendship</div>			

[illegible]

Well Permit No. HO - 95-1107
Location of property (road) Terrapin Creek Dr.
Subdivision Terrapin Creek Lot 17 Block Plat Sec.
Well Driller Easterday Owner

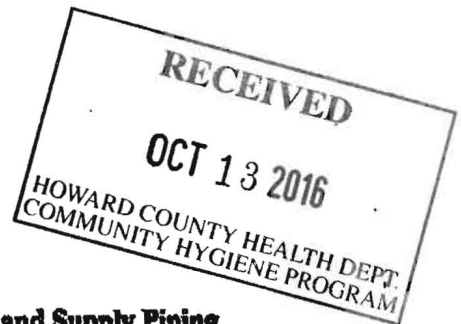
Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

104-1066

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: ATLANTIC BLUE, LLC Telephone #: 410 840 8112
Address: 1807 ROUTEMORE BLVD
WILMINGTON, 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): MOYI MOHLY 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: LYNDSEAN HORNE Telephone #: 410 402-1211
Subdivision: OLD TOWN CREEK Lot #: 17 Well Tag #: HO-95-1117
Site Address: 2026 TOWN CREEK RD.
SYLVESVILLE, MD 21154

Submersible Pump Data

Make: 1-11085
Model #: 21050-20
Pump Capacity: 7 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Lumpac 11
Model #:
Depth: 42" (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 20 (feet)

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

Type: polyethylene
PSI: 160 (160 psi min)
Depth of supply line: 12 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 2
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

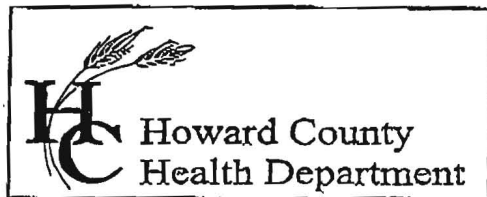
date

10/13/16

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

Date Insp. Requested: 10/14/16 Date Insp. Approved: 10/17/16 SC

Inspection Data:	Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
	Two piece cap installed and attached to casing securely	<u>✓</u>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
	Safety rope installed inside of well casing	<u>✓</u>
	Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
	Water supply line sleeved adequately at house connection	<u>✓</u>
	Adequate grout observed below pitless adapter	<u>✓</u>



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.

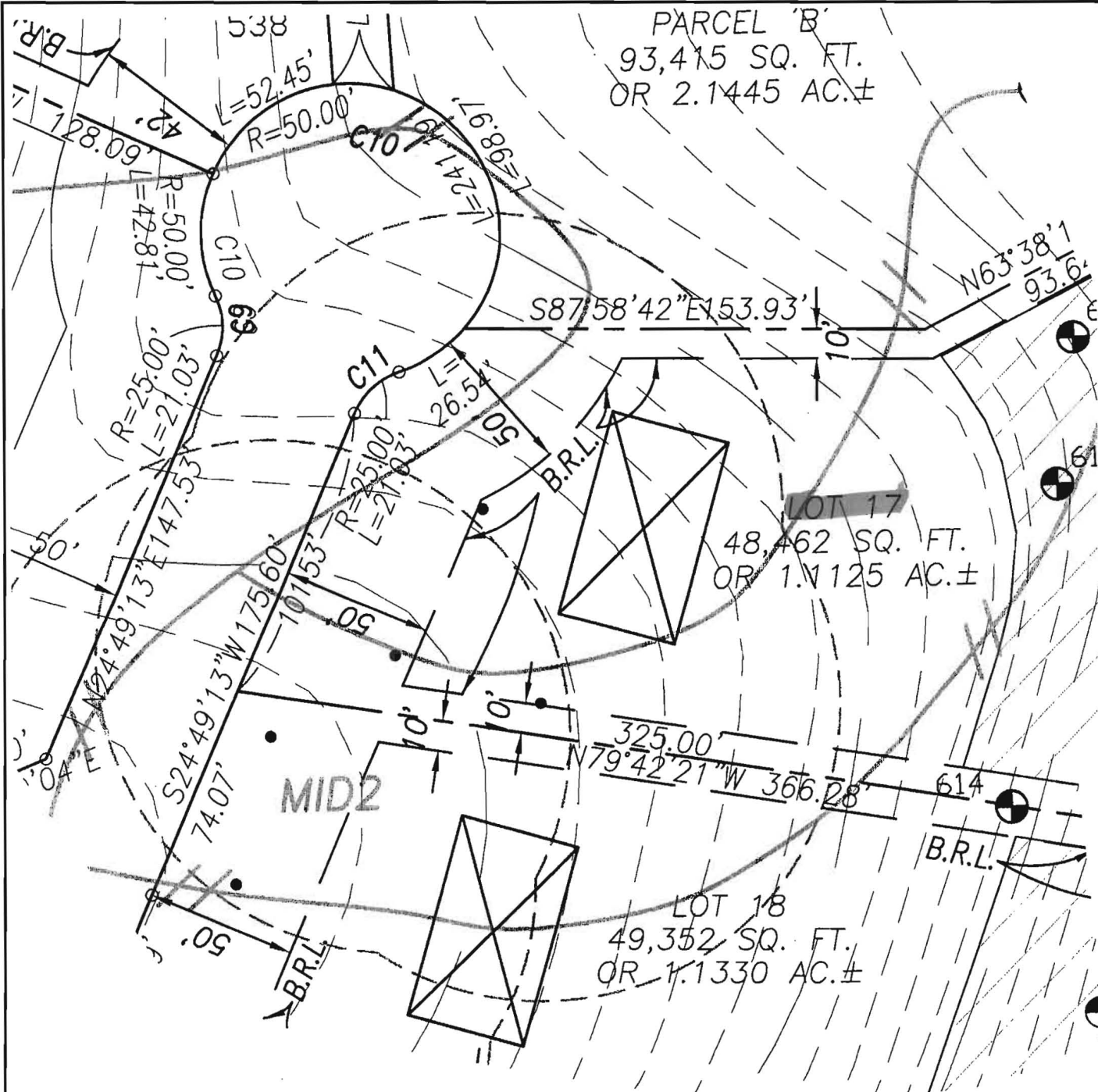
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Lee DEVELOPMENT GROUP

Hale
Schwabe Farm

PARCEL 'B'
93,415 SQ. FT.
OR 2.1445 AC.±

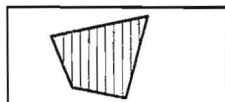


5/3/07

wells stated

by VanMar.

(Kru)



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:



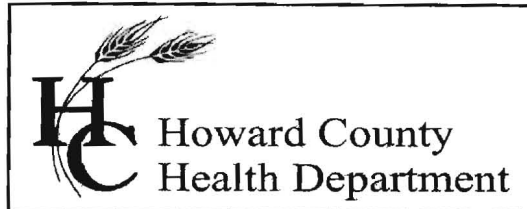
PROPOSED WELL SITE:



WELL SITE PLAN LOT 17 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

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 21, 2017

March 21, 2017

Homeowner
2026 Terrapin Creek Road
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 17
2026 Terrapin Creek Road
Building Permit: B16002635
Well Permit: HO-95-1117**

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 **10/17/2017**. The well construction was completed on **8/15/2007**. Water samples were collected on **3/16/2017**.

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-95-1117. 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,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", is written over a faint, illegible printed name.

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 #: 113291 Account #: 1045
Reference: Catonsville Homes Lot 17 Company: Atlantic Blue Water Services
Location: 2026 Terrapin Creek Road Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 3/16/2017 0930 Site: Well Tank
Date/Time Rec'd: 3/16/2017 1055 Treatment: None ✓
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: M. Mather 3480MM Well #: HO-95-1117

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/17/2017 / 0815 / EVP/LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/17/2017 / 0815 / EVP/LLO
Nitrate	5.87	mg/L	10	601	3/16/2017 / 1600 / CRS
Turbidity	3.31	NTU	<10	SM18 2130B	3/16/2017 / 1130 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/16/2017 / 1130 / CRS

OK
Kw
3/21/17

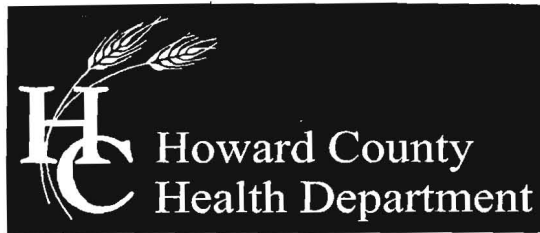
NOTES

- 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 # : B16002635

Date Reported: 3/17/2017




Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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

MEMORANDUM

TO: George Easterday, MWD 040
L. Franklin Easterday, Inc.

FROM: Ryan Rappaport, LEHS 
Well & Septic Program

RE: Reissue of well tag HO-95-1117, Terrapin Creek, Lot 17

DATE: September 18, 2015

Attached to this memo you've been provided a reissued well tag for Terrapin Creek, Lot 17. Well permit # HO-95-1117.

Cc. file

