C 1 | 0702 | SEQUENCE NO. (MDE USE ONLY)

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MM DD YY (8–13)

DATE WELL COMPLETED: MM 8 DD 31 YY 07 (15–20)

Depth of Well: 22 600 26 (TO NEAREST FOOT)

10/17/07 OK KP

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO - 95 - 1102 (28–37)

OWNER Lee Development Group Inc (last name, first name)

STREET OR RFD Terrapin Creek DRIVE TOWN West Friendship

SUBDIVISION Terrapin Creek SECTION LOT 2

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 FROM	FEET TO	check if water bearing
Top Soil	0	2	
Brown Mica	2	130	
Grey mica	130	165	
Brown mica	165	168	
Grey mica w/Quartz	168	600	//

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.: M W D 040

George F. Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M W D 288

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes [Y] no [N] (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] (45 46) BENTONITE CLAY [BC] (45 46)

NO. OF BAGS 30 NO. OF POUNDS 3008

GALLONS OF WATER 180

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 76 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE (60 61)	Nominal diameter top (main) casing (nearest inch)! (63 64)	Total depth of main casing (nearest foot) (66 70)
ST	6	120'

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2 (1 2)

DEPTH (nearest ft.)

EACH SCREEN			
1	HO (8 9)	118 (11 15)	600 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

from ____ to ____

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

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

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 3 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31 (17 20) ft.

WHEN PUMPING 167 (22 25) ft.

TYPE OF PUMP USED (for test)

[A] air (27) [P] piston (27) [T] turbine (27)

[C] centrifugal (27) [R] rotary (27) [O] other (describe below) (27)

[J] jet (27) [S] submersible (27)

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO): 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. (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 35)

PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (nearest ft.) (43 47)

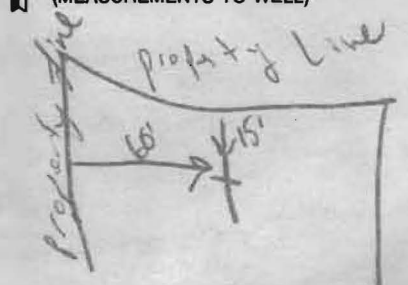
CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [–] below (49) LAND SURFACE

2 (nearest foot) (50 51)

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)



DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 0341 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

526268 please type

STATE PERMIT NUMBER: HO-95-1102

fill in this form completely

Date Received (APA): 3/6/07

OWNER INFORMATION 10492

Lee Development Group Inc
Last Name | Owner | First Name

8601 Georgia Ave, Suite 200
Street or RFD

Silver Spring, Md 20910
Town | State | Zip

B 3 LOCATION OF WELL

Howard | CO#
COUNTY

Terrapin Creek
SUBDIVISION

SECTION | LOT 2

West Friendship
NEAREST TOWN

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

DRILLER INFORMATION

George F. Easterday | M W D | 040
Driller's Name | License No.

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NW, NE, W, TOWN, E, SW, S, SE

Terrapin Creek Drive
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 50 Ft (ENTER FT OR MI)

TAX MAP: 15 BLK: 5 PARCEL 12

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] 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 | Ken Wall | CO SIGNATURE | EXP. DATE: 4/30/08

NORTH GRID: 539 000 | EAST GRID: 0813 000

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2. wells
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8 3

N 9

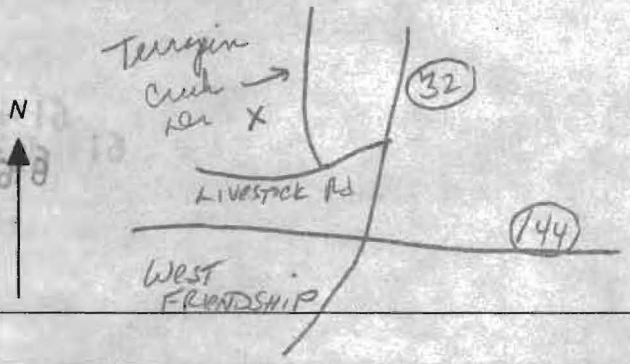
000 000

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) ____-____-____

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-95-1102

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Page _____ of _____ Review _____
Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1102
Location of property (road) Terrapin Creek Dr.
Subdivision Terrapin Creek Lot 2 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. _____

I. High rate pumping -- reservoir drawdown

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

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)

HD-224

Page ____ of ____ 8:30

Date 8/31/07 Review ____

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. 40-95-1102 Election District ____

Location of Property (road) Terrapin Creek Drive

Subdivision Terrapin Creek Lot 2 Block ____ Plat ____ Sec. ____

Well Driller Easterday Owner Lee Development Group

Depth of Well 600 2gpm

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

Static Water Level (S.W.L.) below M.P. 30.9 pump set 480'

Hook

I. High Rate Pumping -- reservoir drawdown

Time pump started 900 Pumping rate 15 6pm

Total time 30mn to reach pumping water level 167 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 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
930	167'	20 sec	1gal bucket	3 gpm
945	167'	20 "	"	3 "
1000	167'	20 "	"	3 "
1015	167'	20 "	"	3 "
1030	167'	20"	"	3"
1045	167'	20"	"	3"
1100	167'	20"	"	3"
1115	167'	20"	"	3"
1130	167'	20"	"	3"
1145	167'	20"	"	3"
1200	167'	20"	"	3"
1215	167'	20'	"	3"
1230	167'	20'	"	3"
1245	167'	20'	"	3"
100	167'	20"	"	3"
115	167'	20"	"	3"
130	167'	20"	"	3"
145	167'	20"	"	3"
200	167'	20"	"	3"
215	167'	20"	"	3"
230	167'	20"	"	3"
245	167'	20"	"	3"
300	167'	20"	"	3"
315	167'	20"	"	3"
330	167'	20"	"	3"

not rec'd.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM

TEL: (410)~~313-2640~~ 313-1771 FAX: (410)313-2648

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 Bille Telephone #: 410 840 8712
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): Matt Mathey License# 103797

***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 #: 410 442-2211
Subdivision: Terrapin Creek Lot #: 2 Well Tag #: HO - 95 - 1102✓
Site Address: 2007 Terrapin Creek, Sykesville, MD 21784

Submersible Pump Data
Make: Goulds
Model #: 7 JS [illegible] -2W
Pump Capacity 7 GPM
Well Yield: 3 GPM

Pitless Adapter
Make: Campbell
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: 280 (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: Poly
PSI: 160 (150 psi min)
Depth of supply line: 42 (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] 11/15/16

Signature of company representative responsible for installation date

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

Date Insp. Requested: 11/22/16 Date Insp. Approved: 11/22/16 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	✓

HD-215(Rev. 8/00)

Howard County Health Department

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:

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

☒ 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

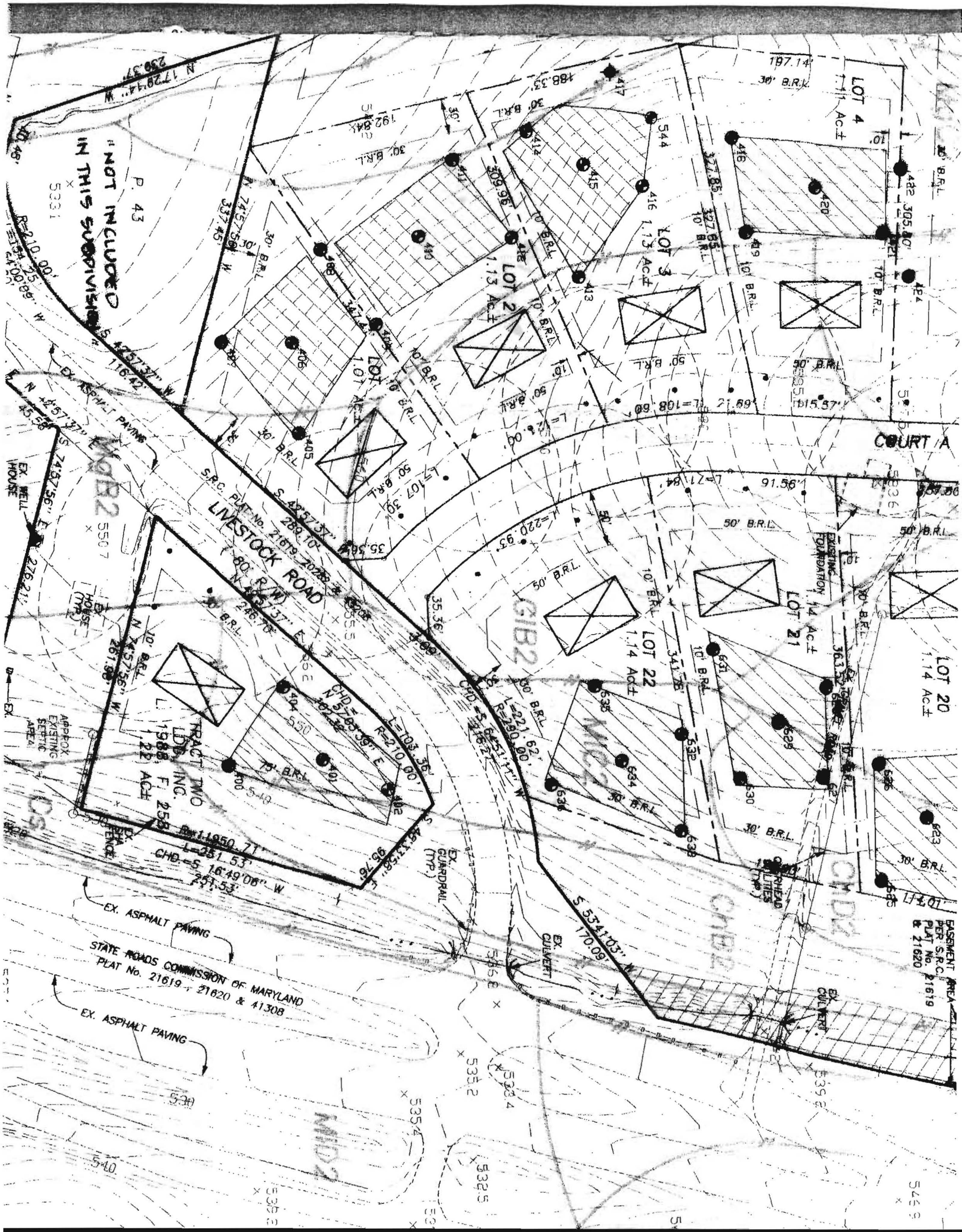
☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

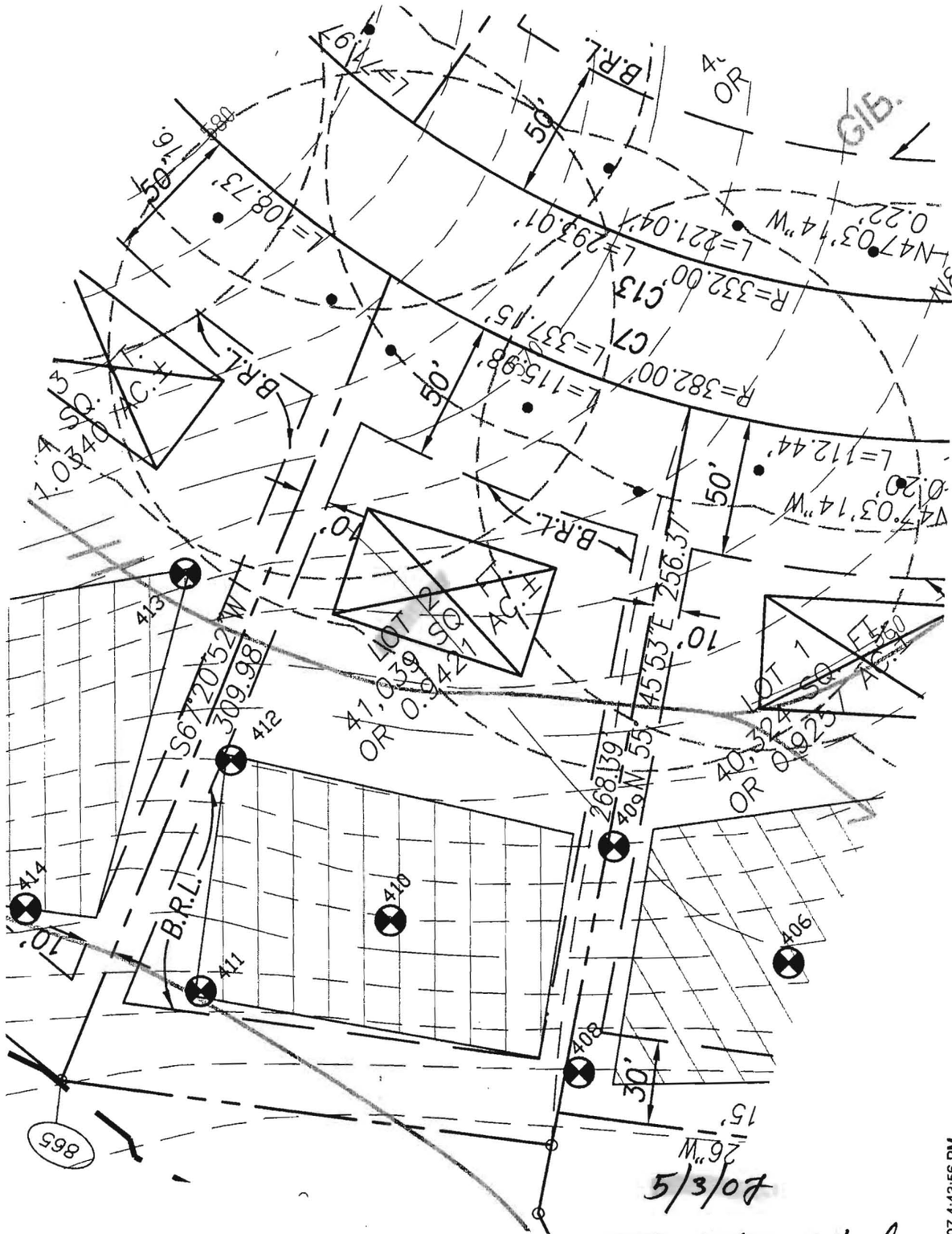
Revised 3/11/05

LEE DEVELOPMENT GROUP

Hake
Schwabe Farm



LOT 4
LOT 3
1.13 Ac.±
LOT 2
1.13 Ac.±
LOT 1
1.07 Ac.±
LOT 20
1.14 Ac.±
LOT 21
1.14 Ac.±
LOT 22
1.14 Ac.±
COURT A
LIVESTOCK ROAD
60' R/W
"NOT INCLUDED IN THIS SUBDIVISION"
TRACT TWO
1.22 AC±
EX. ASPHALT PAVING
STATE ROADS COMMISSION OF MARYLAND PLAT No. 21619 - 21620 & 41308
S.R.C. PLAT No. 21619-20
EASEMENT AREA PER S.R.C. PLAT No. 21619 & 21620
EX. CULVERT
EX. GUARDRAIL (TYP.)
EX. HOUSE
EX. WELL
EXISTING FOUNDATION
50' B.R.L.
30' B.R.L.
10' B.R.L.



5/3/07

well site's staked by VanMar

(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 2
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

Q:\AutoDesk\Jobs\97-4203 Schwabe Farm\dwg\Revised Perc Cert.dwg, 4/30/2007 4:43:56 PM

Howard County Health Department

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 – NOVEMBER 16, 2017

May 16, 2017

Homeowner
2007 Terrapin Creek Road
Sykesville, MD 21784

RE: Terrapin Creek, Lot 2
2007 Terrapin Creek Road
Building Permit: B16002795
Well Permit: HO-95-1102

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 **12/9/2016.** Final approval of the well line connection to the dwelling was granted on **11/22/2016.** The well construction was completed on **8/31/2007.** Water samples were collected on **4/5/2017, 4/26/2017, 5/1/2017, 5/5/2017, & 5/9/2017.**

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-95-1102. 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 #:	114283	Account #:	1045
Reference:	Catonsville Homes Lot 2	Company:	Atlantic Blue Water Services
Location:	2007 Terrapin Creek Road Sykesville, MD 21784	Requested By:	Mark Mather
		Source:	Well Water
Date/ Time Collected:	5/5/2017 1330	Site:	Well Tank
Date/Time Rec'd:	5/5/2017 1547	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.3
Collected By:	B. Hungerford 5429BH	Well #:	HO-95-1102

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/6/2017 / 1100 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/6/2017 / 1100 / BCD
Iron	0.88	mg/L	0.3*	FR, 45 (126)	5/5/2017 / 1615 / CRS

NOTES

1. *SMCL = Secondary Maximum Contaminant Level
2. MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
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: Cap Appeared Satisfactory
6. pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B16002795

Date Reported: 5/8/2017

MD State Certification # 133

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 #:	114336	Account #:	1045
Reference:	Catonsville Homes Lot 2	Company:	Atlantic Blue Water Services
Location:	2007 Terrapin Creek Road Sykesville, MD 21784	Requested By:	Mark Mather
		Source:	Well Water
Date/ Time Collected:	5/9/2017 1300	Site:	Bath Faucet
Date/Time Rec'd:	5/9/2017 1435	Treatment:	Iron System/ UV Light
Chlorine ppm:	Free: ND Total: ND	pH:	7.9
Collected By:	M. Mather 3480MM	Well #:	HO-95-1102

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/10/2017 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/10/2017 / 1030 / CCH
Iron	0.32	mg/L	0.3*	FR, 45 (126)	5/9/2017 / 1520 / CRS

NOTES

1. *SMCL = Secondary Maximum Contaminant Level
2. MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
3. Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
4. Sample collected by client, analyzed as received
5. ND:None Detected
6. Visual well check: Sealed, vented cap
7. pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B16002795

Date Reported: 5/10/2017

MD State Certification # 133

Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, May 04, 2017 9:21 AM
To: 'Rick Scranton'
Cc: 'kavich9@gmail.com'
Subject: RE: Water Test Reports - 2007 Terrapin Creek Lot 2

To include and clarify, the agreement the owners need to sign is for the permanent deviation to the ICOP for bacteria. Yes, a UV disinfectant treatment device or comparable should be installed.

Kevin

From: Wolf, Kevin
Sent: Wednesday, May 03, 2017 4:52 PM
To: 'Rick Scranton'
Cc: 'kavich9@gmail.com'
Subject: RE: Water Test Reports - 2007 Terrapin Creek Lot 2

Rick,
I spoke with the owner and explained the nature of the issue at hand. We believe that the elevated iron (.46mg/L) from the initial water tests may be contributing to the persistent bacteria in the well water system. The fact that you have "shocked" the well enough times to bring this total coliform level down to below 6 MPN/100ml is showing great improvement.

By placing an iron removal treatment system (i.e. water softener, etc...) to take out the excessive levels of dissolved iron, this should help bring down the total coliform level for future potablility. Perform a pre and post treatment for **turbidity**, **Iron**, and **bacteria** submit those test results to us for review and we will issue a permanent deviation to the Interim Certificate of Potablility (ICOP) under COMAR section 26.04.04.30. J. Granting of Permanent Deviation.

Moreover, please have the owners fill out the agreement form attached, bring to our office to review and sign, then take that to land records to record with the deed of the property. You will receive a copy of the recorded agreement in the mail at some point but you should receive a receipt upon submission. I need a copy of that receipt for confirmation that the agreement was recorded. Let me know if you have any questions.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648

Howard County Health Department

kwolf@howardcountymd.gov

From: Rick Scranton [mailto:tricky1209@comcast.net]
Sent: Wednesday, May 03, 2017 2:43 PM
To: Wolf, Kevin
Subject: Fwd: Water Test Reports - 2007 Terrapin Creek Lot 2

Kevin
Here is the 4 well reports you had requested.
With each time shocking the well I used 1 gallon of bleach and chlorinating tablets. The 1st time I added 40-45 tablets with the gallon of bleach and when we got the results back I called Atlantic Blue and they recommended that I put 60 tablets in with the bleach. After that the numbers came down to 39 and the 3rd and 4th time I put 1 gallon of bleach and 65 tablets.
If you need anymore info feel free to give me a call.

Thanks
Rick Scranton
Catonsville Homes
410-977-1727

Sent from my iPhone

Begin forwarded message:

> **From:** "Allison" <allison@atlanticblue.net>
> **Date:** May 3, 2017 at 2:28:17 PM EDT
> **To:** <TRICKY1209@COMCAST.NET>
> **Subject: Water Test Reports - 2007 Terrapin Creek Lot 2**
>
> Hi Rick,
>
> Attached are all 4 reports.
>
> Thank you,
>
> Allison

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 #:	114151		Account #:	1045
Reference:	Catonsville Homes Lot 2		Company:	Atlantic Blue Water Services
Location:	2007 Terrapin Creek Road		Requested By:	Mark Mather
	Sykesville, MD 21784		Source:	Well Water
Date/ Time Collected:	5/1/2017	0915	Site:	1st Floor Half Bath
Date/Time Rec'd:	5/1/2017	1442	Treatment:	None
Chlorine ppm:	Free: ND	Total: ND	pH:	6.1
Collected By:	C. Mather	0421CM	Well #:	HO-95-1102

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	6.4	MPN/ 100 ml	<1.0	SM18 9223	5/2/2017 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/2/2017 / 1000 / 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. ND:None Detected
4. Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
5. pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B16002795

Date Reported: 5/2/2017

MD State Certification # 133

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 #:	114059		Account #:	1045
Reference:	Catonsville Homes Lot 2		Company:	Atlantic Blue Water Services
Location:	2007 Terrapin Creek Road		Requested By:	Mark Mather
	Sykesville, MD 21784		Source:	Well Water
Date/ Time Collected:	4/26/2017	1400	Site:	Bathroom Sink
Date/Time Rec'd:	4/26/2017	1545	Treatment:	None
Chlorine ppm:	Free: ND	Total: ND	pH:	6.2
Collected By:	K. Sweeney	6526KS	Well #:	HO-95-1102

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	4/27/2017 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/27/2017 / 1000 / LLO

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. Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
5. pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B16002795

Date Reported: 4/27/2017

MD State Certification # 133

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 #:	113680	Account #:	1045
Reference:	Catonsville Homes Lot 2	Company:	Atlantic Blue Water Services
Location:	2007 Terrapin Creek Road Sykesville, MD 21784	Requested By:	Mark Mather
		Source:	Well Water
Date/ Time Collected:	4/5/2017 1025	Site:	Well Tank
Date/Time Rec'd:	4/5/2017 1500	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.6
Collected By:	R. Bailey 0631RB	Well #:	HO-95-1102

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	4/6/2017 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/6/2017 / 1000 / LLO
Nitrate	9.24	mg/L	10	601	4/6/2017 / 1045 / CRS
Turbidity	5.90	NTU	<10	SM18 2130B	4/6/2017 / 1100 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/6/2017 / 1100 / CRS
Iron	0.46	mg/L	0.3*	FR, 45 (126)	4/6/2017 / 1220 / 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 Sample collected by client, analyzed as received
8 ND:None Detected
9 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
10 pH tested on site; Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B16002795

Date Reported: 4/6/2017

MD State Certification # 133

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 #:	113949	Account #:	1045
Reference:	Catonsville Homes Lot 2	Company:	Atlantic Blue Water Services
Location:	2007 Terrapin Creek Road Sykesville, MD 21784	Requested By:	Mark Mather
		Source:	Well Water
Date/ Time Collected:	4/20/2017 0930	Site:	Powder Room Faucet
Date/Time Rec'd:	4/20/2017 1435	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.0
Collected By:	M. Mather 3480MM	Well #:	HO-95-1102

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	34.4	MPN/ 100 ml	<1.0	SM18 9223	4/21/2017 / 1015 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/21/2017 / 1015 / 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. Sample collected by client, analyzed as received
4. ND:None Detected
5. Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
6. pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B16002795

Date Reported: 4/21/2017

MD State Certification # 133