

B 1	3213	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526268 please type	STATE PERMIT NUMBER <u>40-95-1120</u> fill in this form completely
Date Received (APA) <u>3/6/07</u> 8 MM / 00 YY 13		OWNER INFORMATION <u>10510</u>		
15 Last Name <u>Lee Development Group Inc</u>		34 First Name		
36 Street or RFD <u>8601 Georgia Ave, Suite 200</u>		55		
57 Town <u>Silver Spring, Md</u>		76 State <u>20910</u>		
DRILLER INFORMATION				
Driller's Name <u>George F. Easterday</u>		M WD 040		
Firm Name <u>L. Franklin Easterday, Inc.</u>		76 License No. 81		
Address <u>9265 Brown Church Rd., MT. Airy, Md. 21771</u>		Date <u>2/28/2007</u>		
Signature <u>George F. Easterday</u>		Date		
B 2 WELL INFORMATION		APPROX. PUMPING RATE (GAL. PER MIN.)		
1 2		5 8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 500 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				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <u>4/30/07</u> CO SIGNATURE <u>Kim Wall</u> EXP. DATE <u>4/30/08</u> NORTH GRID <u>539</u> 000 EAST GRID <u>0813</u> 000 50 55 57 63				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET		NEAREST TOWN		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		MILES FROM TOWN (enter 0 if in town) <u>1</u> M I		
METHOD OF DRILLING (circle one)				
BORED (or Augered) <u>30</u> JETTED Jettied & DRIVEN AIR-ROTARY <u>31</u> AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other _____				
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 <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				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER <u>40-2006G-011</u>				
PERMIT No. <u>40-95-1120</u>				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

B 3

LOCATION OF WELL

8 COUNTY Howard

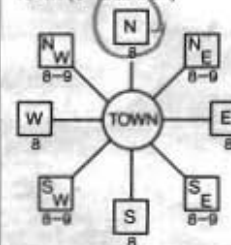
23 SUBDIVISION Terrapin Creek

SECTION 44 46 LOT 20 48 50

52 NEAREST TOWN West Friendship

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

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD Terrapin Creek Drive 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37

DISTANCE FROM ROAD ENTER FT OR MI FL 38 39

TAX MAP: 15 BLK: 5 PARCEL 12

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

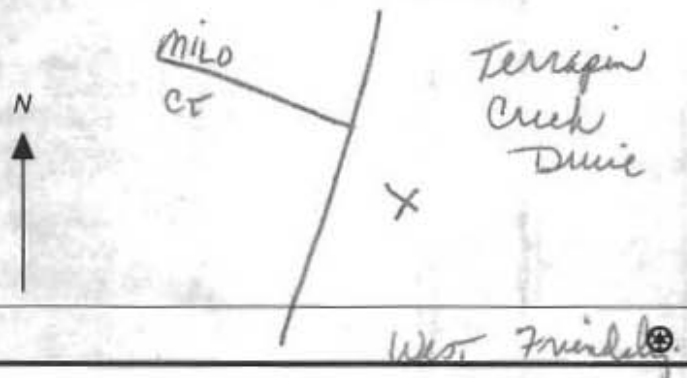
E 810 3

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



Well Permit No. HO - 95-1120
Location of property (road) Terrapin Creek Dr.
Subdivision Terrapin Creek Lot 20 Block Plat Sec.
Well Driller Easterday Owner

I. High rate pumping -- reservoir drawdown

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

[illegible]

1101 106 00

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

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 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): MARK MATHUR 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: CATONSVILLE HOMES Telephone #: 410-442-2211
Subdivision: TERRAPIN CREEK Lot #: 20 Well Tag #: HO-45-1120
Site Address: 2014 TERRAPIN CREEK RD
CYRUSVILLE, MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5050</u>	Model #: <u></u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</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></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

Piping to house
Type: PVC
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: YPS
Approximate length of sleeve: 2
Sleeve caulked and sealed properly: YPS

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.

Allison Cassin
Signature of company representative responsible for installation

10/3/17
date

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

Date Insp. Requested: <u>10/02/2017</u>	Date Insp. Approved: <u>10/03/2017</u>
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/> 45" 10/02/2017
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/> 44" 10/02/2017
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/> 18" 10/02/2017
Safety rope installed inside of well casing	<input checked="" type="checkbox"/> 19.25" 10/02/2017
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	

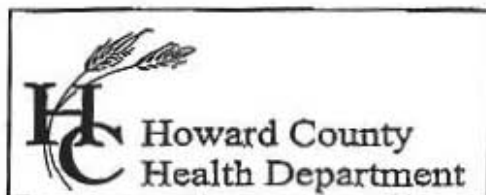
HD-215 (Rev. 8/00)

10/02/2017

Pitless Adapter loose.

Call for reinspection
10/03/2017
Pitless tightened

Terrapin Creek Pr



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

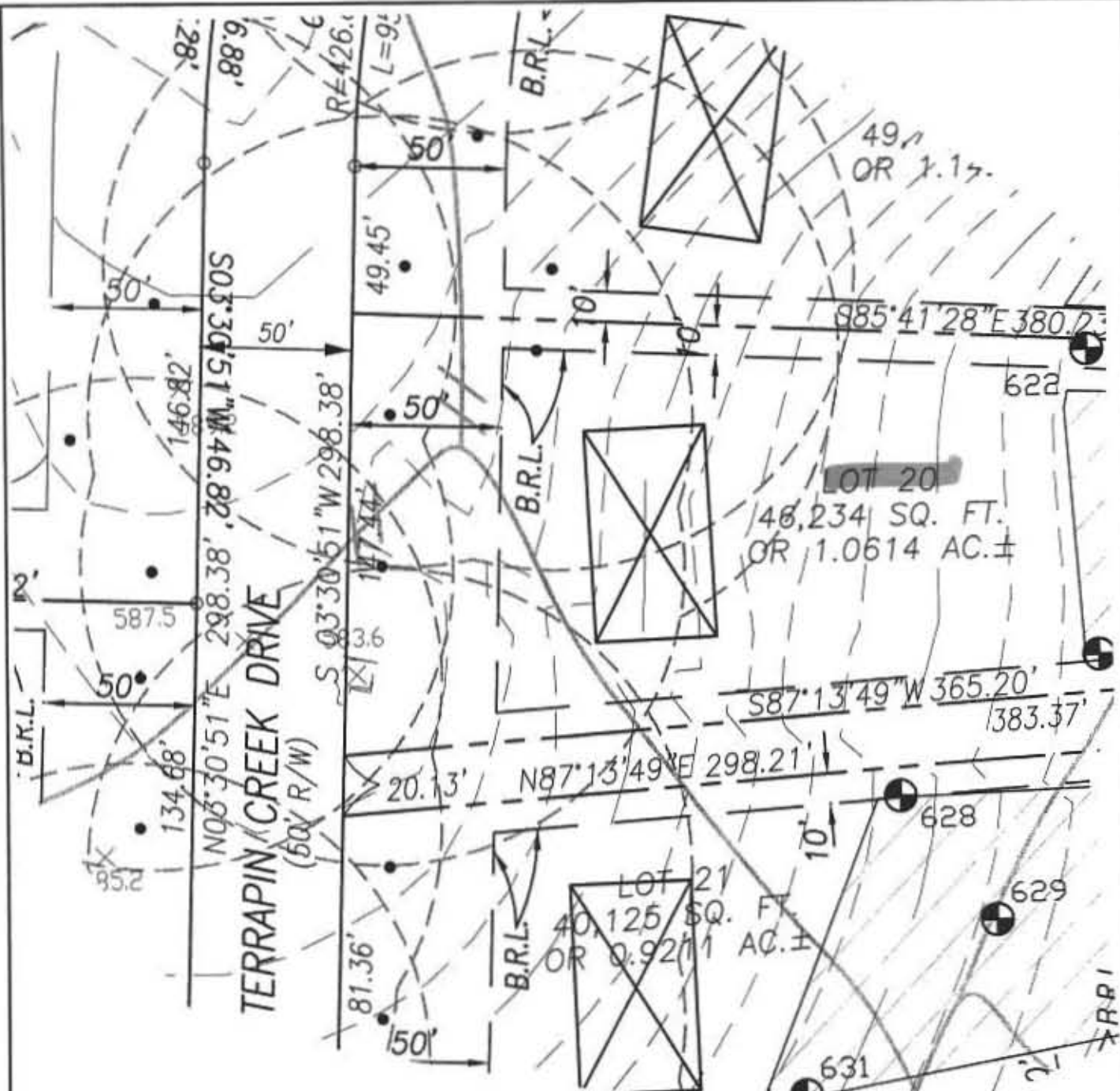
☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Yale
Schroeder F. 2000



5/3/07
 Wells Staked
 by Vander
 (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 20 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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 22, 2018

January 22, 2018

Homeowner
2014 Terrapin Creek Drive
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 20
2014 Terrapin Creek Dr.
Building Permit: B17002498
Well Permit: HO-95-1120**

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 9/27/2017. Final approval of the well line connection to the dwelling was granted on 10/3/2017. The well construction was completed on 8/23/2007. Water samples were collected on 12/13/2017, & 1/16/2018.

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-95-1120. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

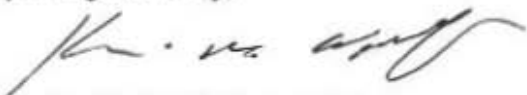
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **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>

Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, 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 #: 118865 Account #: 1045
Reference: Catonsville Homes Lot 20 Company: Atlantic Blue Water Services
Location: 2014 Terrapin Creek Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 12/13/2017 1230 Site: Well Tank
Date/Time Rec'd: 12/14/2017 0945 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: K. Sweeney 6526KS Well #: HO-95-1120

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	8.7	MPN/ 100 ml	<1.0	SM20 9223	12/15/2017 / 0800 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	12/15/2017 / 0800 / LLO
Nitrate	3.90	mg/L	10	601	12/14/2017 / 1530 / CRS
Turbidity	7.05	NTU	<10	SM20 2130B	12/14/2017 / 1625 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	12/14/2017 / 1625 / CRS

Fail
- KSW

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

Reason for Test : Use & Occupancy
Building Permit # : B17002498

Date Reported: 12/15/2017

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 #:	119429	Account #:	1045
Reference:	Catonsville Homes Lot 20	Company:	Atlantic Blue Water Services
Location:	2014 Terrapin Creek	Requested By:	Mark Mather
	Sykesville, MD 21784	Source:	Well Water
Date/ Time Collected:	1/16/2018 1300	Site:	Laundry Tub Faucet
Date/Time Rec'd:	1/17/2018 1215	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	M. Mather 3480MM	Well #:	HO-95-1120

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	1/18/2018 / 0915 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	1/18/2018 / 0915 / CRS

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 pH and Chlorine level tested in lab
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B17002498

Date Reported: 1/18/2018