

C1

0721

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.

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

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
8/15/07

Depth of Well

22 600 26
(TO NEAREST FOOT)

COUNTY
NUMBER

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO-95-1118

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

check
if water
bearing

FROM TO

Topsoil	0	2	
Brown rocky clay	2	19	
brown Mica	19	54	
Tan Mica	54	70	
brown Mica	70	130	155
Gray Mica	130	402	1270
brown Mica	402	406	
Gray Mica	406	600	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
☒ ☐
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 31 NO. OF POUNDS 3700

GALLONS OF WATER 186

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
below

☒ ☒
STEEL CONCRETE
☒ ☒
PLASTIC OTHER

MAIN CASING TYPE Nominal diameter
top (main) casing
(nearest inch) Total depth
of main casing
(nearest foot)

SA 6 100

60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

SCREEN RECORD

screen type
or open hole
(insert
appropriate
code
below)

☒ ☒ ☒
STEEL BRASS OPEN
BRONZE HOLE
PLASTIC OTHER

DEPTH (nearest ft.)

1 40 98 600

EACH LOG

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

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 (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.) 4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 ft.

WHEN PUMPING 180 ft.

TYPE OF PUMP USED (for test)

☒ air ☒ piston ☒ turbine
☒ centrifugal ☒ rotary ☒ other
☒ jet ☒ submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

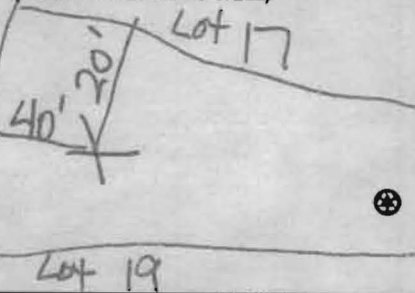
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29.CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 36

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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
☒ ☒

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

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 J W D 727

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

B 1	3211	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526268 please type	STATE PERMIT NUMBER <u>HO - 95-1118</u> fill in this form completely
1 2 3 6				
Date Received (APA) <u>3/6/08</u> 8 MM DD YY 13		OWNER INFORMATION 10508		
15 Last Name <u>Lee Development Group Inc</u>		Owner First Name 34		
36 <u>8601 Georgia Ave, Suite 200</u>		Street or RFD 55		
57 <u>Silver Spring, Md 20910</u>		Town 70 State 72 Zip 76		
DRILLER INFORMATION				
Driller's Name <u>George F. Easterday</u>		M WD 040		
Firm Name <u>L Franklin Easterday, Inc.</u>		License No. 81		
Address <u>9265 Brown Church Rd., MT. Airy, Md. 21771</u>				
Signature <u>George F. Easterday</u>		Date <u>2/28/2007</u>		
WELL INFORMATION				
APPROX. PUMPING RATE <u>5</u>		8 12		
AVERAGE DAILY QUANTITY NEEDED <u>500</u>		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				
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>4/30/08</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 24 28		NEAREST INCH		
APPROXIMATE DIAMETER OF WELL <u>6</u>				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <u>AIR-PERCussion</u> <u>ROTARY</u> (Hydraulic Rotary) <input type="checkbox"/> CABLE <u>REVERSE-ROTARY</u> <u>DRIVE-POINT</u> other _____				
REPLACEMENT OR DEEPEENED 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER <u>HO 2006G 011</u>				
PERMIT No. <u>HO 95-1118</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Terrapin Creek 42

SECTION 44 46 LOT 18 50

52 NEAREST TOWN West Friendship 71

MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

B 4

1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

2 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD Terrapin Creek Drive 30

34 25 37 DISTANCE FROM ROAD ENTER FT OR MI 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

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. 140-95-1118 Election District 1

Location of Property (road) TERRAPIN CREEK DRIVE

Subdivision TERRAPIN CREEK Lot 18 Block Plat Sec.

Well Driller EASTERDAY Owner LEE DEVELOPMENT

Depth of Well 600 3+ gpm

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

Static Water Level (S.W.L.) below M.P. 38.3

I. High Rate Pumping -- reservoir drawdown

Time pump started 900 Pumping rate 20 gpm

Total time 30 min to reach pumping water level 180' ft. below M.P.

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

[illegible]

Well Permit No. HO - 95-1118
Location of property (road) Terrapin Creek Dr.
Subdivision Terrapin Creek Lot 18 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]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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 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): Kirk Sweeney License# 70788

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Catonsville Homes Telephone #: 410-442-2211

Subdivision: Terrapin Creek Lot #: 18 Well Tag #: HO-95-1118 ✓ 5/1/2018 (4)

Site Address: 2022 Terrapin Creek Rd
Sykesville, MD 21784

Submersible Pump Data

Make: Goulds
Model #: 5CS0422C
Pump Capacity: 5 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Tampbell
Model #:
Depth: 42" (36" min)
NSF/WSC 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: 600 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used— Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: POLY
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 20ft
Sleeve caulked and sealed properly: ✓

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

5/4/18

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

Date Insp. Requested: 5/1/2018 Date Insp. Approved: 5/1/2018 Inspector: (4)

Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 ✓

48" 5/1/2018 (4)
44" 5/1/2018 (4)
13" 5/1/2018 (4)
9' 5/1/2018 (4)

EX HOUSE
5/1/2018 (4)

6.5'

20ft

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – FEBRUARY 24, 2019

August 24, 2018

Homeowner
2022 Terrapin Creek Drive
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 18
2022 Terrapin Creek Drive
Building Permit: B18000181
Well Permit: HO-95-1118**

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 **5/10/2018**. Final approval of the well line connection to the dwelling was granted on **5/1/2018**. The well construction was completed on **8/15/2007**. Water samples were collected on **8/7/2018, 8/22/2018**.

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-95-1118. 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

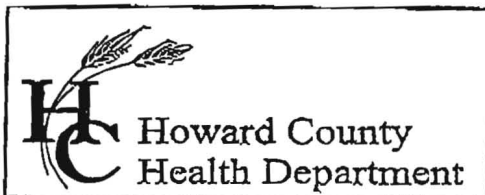
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Sarah Collins, LEHS
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



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 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

Hale
Schwab Farm

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 #: 124393 Account #: 1045
Reference: Terrapin Creek Lot 18 Company: Atlantic Blue Water Services
Location: 2022 Terrapin Creek Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 8/22/2018 0915 Site: Laundry Tub
Date/Time Rec'd: 8/22/2018 1305 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: M. Mather 3480MM Well #: HO-95-1118

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/23/2018 / 0830 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/23/2018 / 0830 / RER

OK
8/24/18 SC

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 (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B18000181

Date Reported: 8/23/2018

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 #: 123942 Account #: 1045
Reference: Terrapin Creek Lot 18 Company: Atlantic Blue Water Services
Location: 2022 Terrapin Creek Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 8/7/2018 0930 Site: Well Tank
Date/Time Rec'd: 8/7/2018 1515 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: C. Mather 0421CM Well #: HO-95-1118

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	7.5	MPN/ 100 ml	<1.0	SM20 9223B	8/8/2018 / 1230 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/8/2018 / 1230 / RER
Nitrate	4.98	mg/L	10	601	8/8/2018 / 1620 / RER
Turbidity	2.40	NTU	<10	SM20 2130B	8/7/2018 / 1625 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	8/7/2018 / 1625 / RER
Iron	0.16	mg/L	0.3*	FR, 45 (126)	8/9/2018 / 1030 / 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 10 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B18000181

Date Reported: 8/9/2018