

C1-5044

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER1 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  
6/26/07  
15 20

Depth of Well

22 400 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-34-1063

28 29 30 31 32 33 34 35 36 37

OWNER

Lee Development Group Inc.

STREET OR RFD

last name Woodbine Crossing Road

first name

TOWN

Lisbon

SUBDIVISION

Woodbine Crossing

SECTION

LOT

Pres A

## 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

FROM

TO

check  
if water  
bearing

Topsoil 0 2

brown rocky clay 2 41

tan rocky clay 41 81

brown mica quartz blue slate 81 102

Green slate 102 260

Gray slate 260 300

300 400

## GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT C BENTONITE CLAY BC

NO. OF BAGS 37 NO. OF POUNDS 3700

GALLONS OF WATER 222

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 70 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPE  
STNominal diameter  
top (main) casing  
(nearest inch) 6Total depth  
of main casing  
(nearest foot) 85EACH  
CASING

OTHER CASING (if used)

diameter depth (feet)  
inch from toscreen type  
or open hole

SCREEN RECORD

(insert  
appropriate  
code  
below)ST  
STEELBR  
BRASSHO  
OPEN  
HOLEPL  
PLASTICOT  
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  
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 D 040

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D 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)

T

(E.R.O.S.)

W Q

70  
TELESCOPE  
CASING72  
LOG  
INDICATOR74 75 76  
OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3  
8 9

PUMPING RATE (gal. per min.)

6.1  
15METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

30  
17 20 ft.

WHEN PUMPING

160  
22 25 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  
(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.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

LAND SURFACE  
2 (nearest  
foot)

- below

## LOCATION OF WELL ON LOT

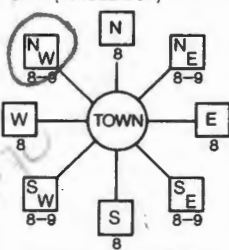

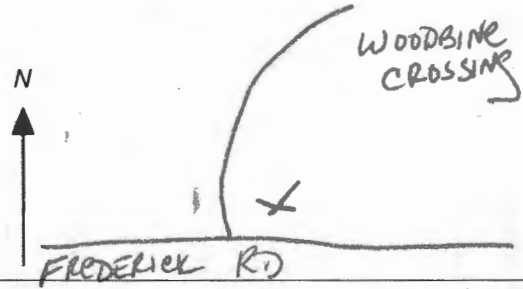
SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND /OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)

150'

250'

Rt 94

COUNTY

<b>B 1</b> 1 2 3 4 5 6 <b>3231</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 526270 please type	STATE PERMIT NUMBER <b>140 - 95 - 1063</b> 70 fill in this form completely 79
Date Received (APA) <b>3/7/07</b> 8 MM DD YY 13 <b>Lee Development Group Inc</b> 15 Last Name Owner First Name 34 <b>8601 Georgia Ave, Suite 200</b> 36 Street or RFD 55 <b>Silver Spring, Md 20910</b> 57 Town 70 State 72 Zip 76		<b>B 3</b> LOCATION OF WELL 8 COUNTY <b>Howard</b> <b>Woodbine Crossing</b> 23 SUBDIVISION 42 SECTION 44 46 LOT <b>Pres A</b> 48 50 <b>Lisbon</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>1</b> M I 73 76 77 78	
<b>DRILLER INFORMATION</b> <b>George F. Easterday</b> M W D <b>040</b> Driller's Name 76 License No. 81 <b>L. Franklin Easterday, Inc.</b> Firm Name <b>9265 Brown Church Rd., MT. Airy, Md. 21771</b> Address <b>George F. Easterday</b> 2/28/2007 Signature Date		<b>B 4</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  <b>Woodbine Crossing Road</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 350 37 DISTANCE FROM ROAD ENTER FT OR MI <b>38</b> 39 TAX MAP: <b>2</b> BLK: <b>24</b> PARCEL <b>32</b>	
<b>B 2</b> 1 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE <b>5</b> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <b>500</b> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> (13) <b>A 520078</b> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED <b>4/23/07</b> <b>John Wolf</b> <b>4/23/08</b> 43 MM DD YY 46 CO SIGNATURE EXP. DATE NORTH GRID <b>552</b> 000 EAST GRID <b>0779</b> 000 50 55 57 63	
<b>USE FOR WATER</b> (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		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 <b>770</b> 9 N <b>550</b> 2 000 000	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <b>3F7</b> 	
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 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 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	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <b>402006G-014</b> PERMIT No. <b>140-95-1063</b> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

Well Permit No. HO - 95-1063  
Location of property (road) Rt 99 and Wavelbine rd.  
Subdivision Woodbine Crossing Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller Easterday J Owner Ans. P. Jr.

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]

## Review

FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-94-1063 Election District 2

Location of Property (road) WOODBINE

Subdivision WOODBINE CROSSING Lot 145 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_

Well Driller EASTON DAY Owner LEE DEVELOPMENT

Depth of Well 400 HCPM

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

Static Water Level (S.W.L.) below M.P. 30 ft

I. High Rate Pumping -- reservoir drawdown

Time pump started 8:45 Pumping rate 12 GPM

Total time 30 min to reach pumping water level 155 ft. below M.P.

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

[illegible]

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – SEPTEMBER 17, 2020**

March 17, 2020

Homeowner  
710 Woodbine Crossing Rd  
Woodbine, MD 21797

**RE: Woodbine Crossing, p.A**  
**710 Woodbine Crossing**  
**Building Permit: B19000645**  
**Well Permit: HO-95-1063**

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 **11/17/2019**. Final approval of the well line connection to the dwelling was granted on **11/18/2019**. The well construction was completed on **6/26/2007**. Water samples were collected on **3/11/2020**.

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-95-1063. 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:

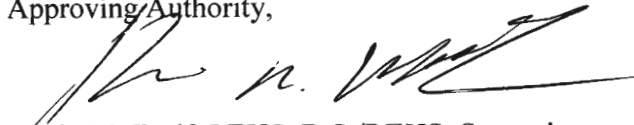
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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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

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)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: Shelton Plumbing Telephone #: 410 775-2127  
Address: 11113 Green Valley Rd  
UNDEN, MD 21791

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): George Shelton Jr License# 16905

\*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: LDG INC Telephone #: 410 977-1726  
Subdivision: Woodbine Crossing Lot #: A Well Tag #: HO-15-1063  
Site Address: 710 Woodbine Crossing Rd  
MT Airy, MD 21771

**Submersible Pump Data**

Make: Grundfos  
Model #: 50610  
Pump Capacity 5 GPM  
Well Yield: 10 GPM

**Pitless Adapter**

Make: Merrill  
Model#: MBS150  
Depth: 36 (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: 40 (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 eth  
PSI: 160 (160 psi min)  
Depth of supply line: 36" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: ✓  
Length of sleeve (5' minimum from foundation): 10 ft  
Sleeve 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

11-18-19

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/18/19 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 6" 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 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 ✓



**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 #: 136182 Account #: 7047  
Reference: Optimum Properties Company: Optimum Properties  
Location: 710 Woodbine Crossing Road Requested By: John Thomas  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 3/11/2020 1000 Site: Kitchen Sink Tap  
Date/Time Rec'd: 3/11/2020 1504 Treatment: Sediment Filter Bypassed  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: J. Yeager 0819JY Well #: HO-95-1063

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/12/2020 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/12/2020 / 1000 / RER
Nitrate	3.65	mg/L	10	Hach 10206	3/12/2020 / 1030 / CRS
Turbidity	5.00	NTU	<10	SM20 2130B	3/12/2020 / 1115 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/12/2020 / 1115 / CRS

OK  
Kme

**NOTES**

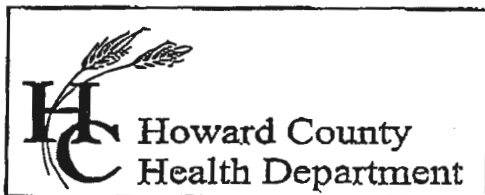
- 1 Revised report: Location Address (spelling) corrected 3/17/20 CCH
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 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 Visual well check: Sealed, vented cap
- 9 pH & Chlorine level tested on site

Reason for Test : Use &amp; Occupancy

Building Permit # : B19000645

Date Reported: 3/17/2020





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: Parcel A  
Woodbine Crossing 1-15 Woodbine Crossing Road  
Subdivision/Property Name Lot# Road Name

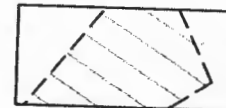
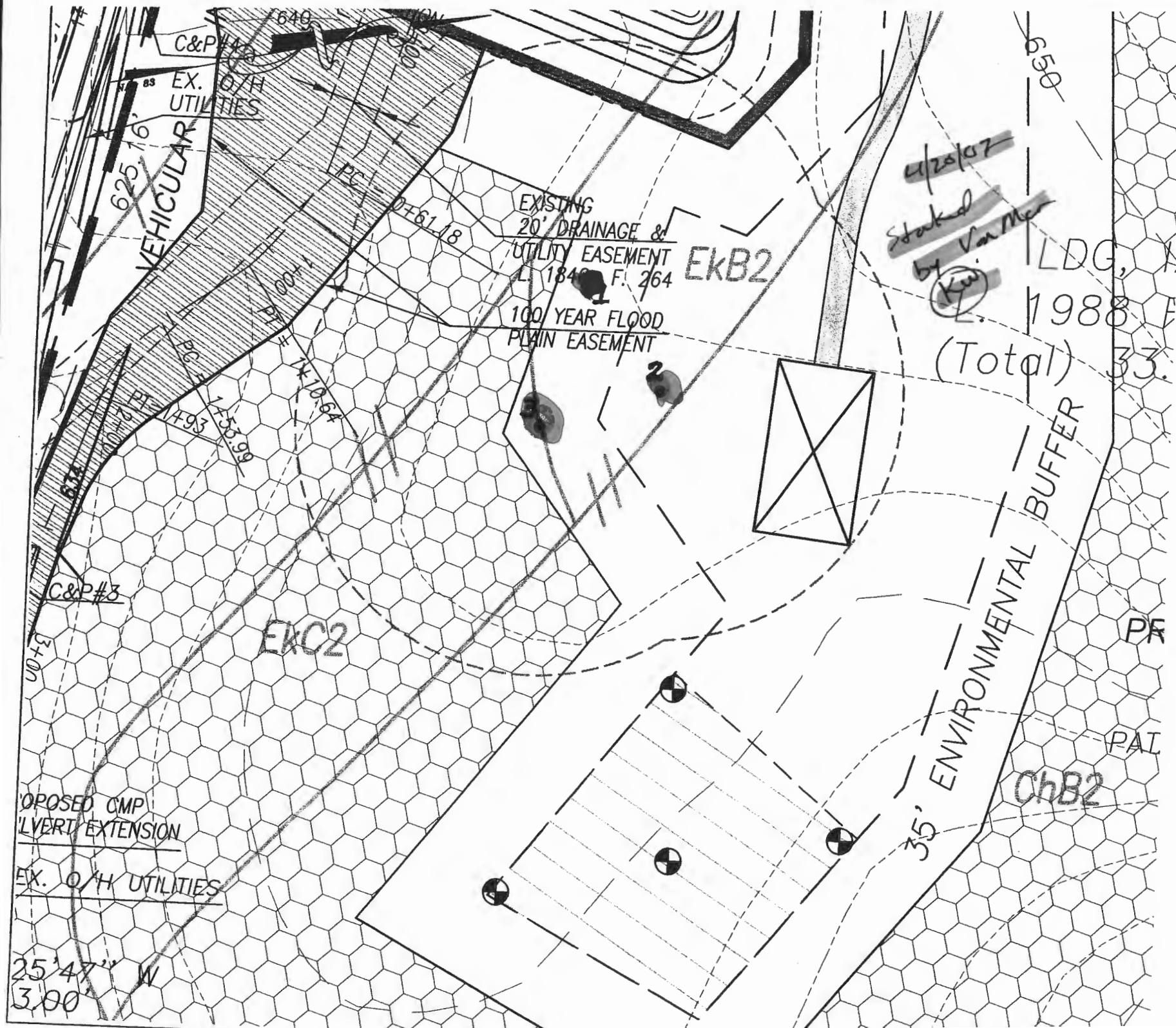
☒ The well site has been staked by VAN MAR,  
(professional land surveyor or company employing professional land surveyors)  
on Week of 3-5-07 (date) and does not require a site inspection.

☐ 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

301-829-1640



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 OFFICE 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 BUILDABLE PRESERVATION PARCEL A WOODBINE CROSSING (FORMERLY PATAPSCO OVERLOOK —SECTION FOUR)

PART OF LANDS CONVEYED TO LDG INC. BY DEED  
RECORDED IN LIBER 1988 FOLIO 258  
TAX MAP 2, GRID 24, PARCEL 32  
SITUATED ON WOODBINE ROAD & OLD FREDERICK ROAD  
ELECTION DISTRICT No. 4  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' APRIL, 2007



VANMAR  
ASSOCIATES, INC.  
Engineers Surveyors Planners