

0007

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Lee Development Group Inc. STREET OR RFD: Woodbine Crossing Road TOWN: Liston SUBDIVISION: Woodbine Crossing SECTION: LOT: 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Brown slate, Grey mica, etc.

GROUTING RECORD form with fields for GROUTING MATERIAL (CM, BC), NO. OF BAGS (35), NO. OF POUNDS (3500), DEPTH OF GROUT SEAL (71).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth of main casing (80).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) form with fields for depth (78, 300), SLOT SIZE, DIAMETER OF SCREEN.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL form with field for INSERT F IN BOX 68.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, Q.

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (39, 72).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31, 35), PUMP HORSE POWER (37, 41), PUMP COLUMN LENGTH (43, 47).

LOCATION OF WELL ON LOT form with fields for permanent structures and landmarks.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y (YES), N (NO).

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION).

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...

DRILLERS LIC. NO.: MD 640. DRILLERS SIGNATURE: Glenn F. ... LIC. NO.: AW D 788.

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

3222

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

140-95-1070 fill in this form completely

526270 please type

Date Received (APA)

3/7/07

OWNER INFORMATION 10519

Lee Development Group Inc

8601 Georgia Ave, Suite 200

Silver Spring, Md 20910

DRILLER INFORMATION

George F. Easterday M WD 040

L. Franklin Easterday, Inc.

9265 Brown Church Rd., MT. Airy, Md. 21771

George F. Easterday 2/23/2007

LOCATION OF WELL

Howard 8 COUNTY

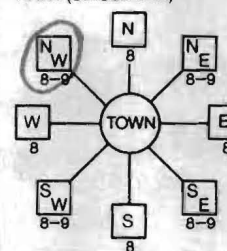
Woodbine Crossing 23 SUBDIVISION

SECTION 44 LOT 7 48 50

Lisbon 52 NEAREST TOWN

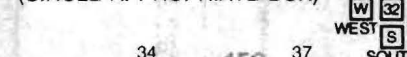
MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Woodbine Crossing Road 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 150 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A 520078 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 4/23/07 4/23/08

CO SIGNATURE EXP. DATE

NORTH GRID 553 000 EAST GRID 0780 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM 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)

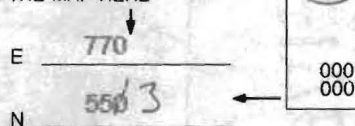
APPROP. PERMIT NUMBER H02006G014

PERMIT No. H0-95-1070

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



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 3F7

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: ATKINSON BLUE Telephone #: (410) 840 8112  
Address: 75 AUKION CT. STE 7  
WILKESMINSTER, 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 MATHER 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: ATKINSONVILLE HOMES Telephone #: 410 442-2211  
Subdivision: WOODBINE CROSSING Lot #: 7 Well Tag #: HO-94-1070  
Site Address: 735 WOODBINE CROSSING  
WOODBINE, MD 21797

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>JOHNSON</u>	Make: <u>Rumpell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>73SIS4-2W</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</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>300</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 \_\_\_\_\_

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>1100</u> (160 psi min)	Approximate length of sleeve: <u>2ft.</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

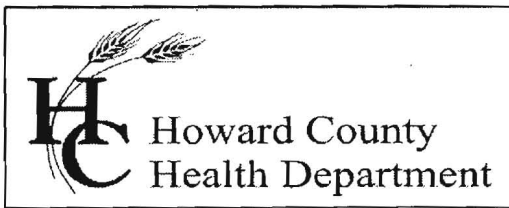
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation

Signature of company representative responsible for installation: [Signature] date: 4/29/15

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/29/2015 **BB**

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



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date - FEBRUARY 11, 2015

**August 11, 2015**

Homeowner  
735 Woodbine Crossing Road  
Woodbine, MD 21797

**RE:** Woodbine Crossing, Lot 7  
735 Woodbine Crossing Road  
**Building Permit: B14003297**  
**Well Permit: HO-95-1070**

Dear Homeowner:

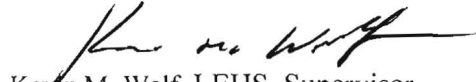
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/24/2015**. Final approval of the well line connection to the dwelling was granted on **4/29/2015**. The well construction was completed on **6/4/2007**. Water samples were collected on **7/6/2015 & 8/3/2015**.

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-95-1070**. 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.**

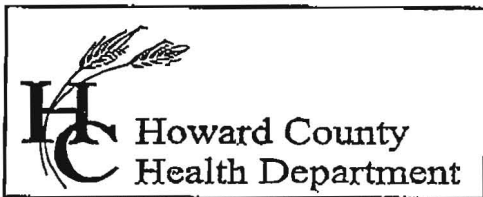
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kevin M. Wolf, LEHS, Supervisor  
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: 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.

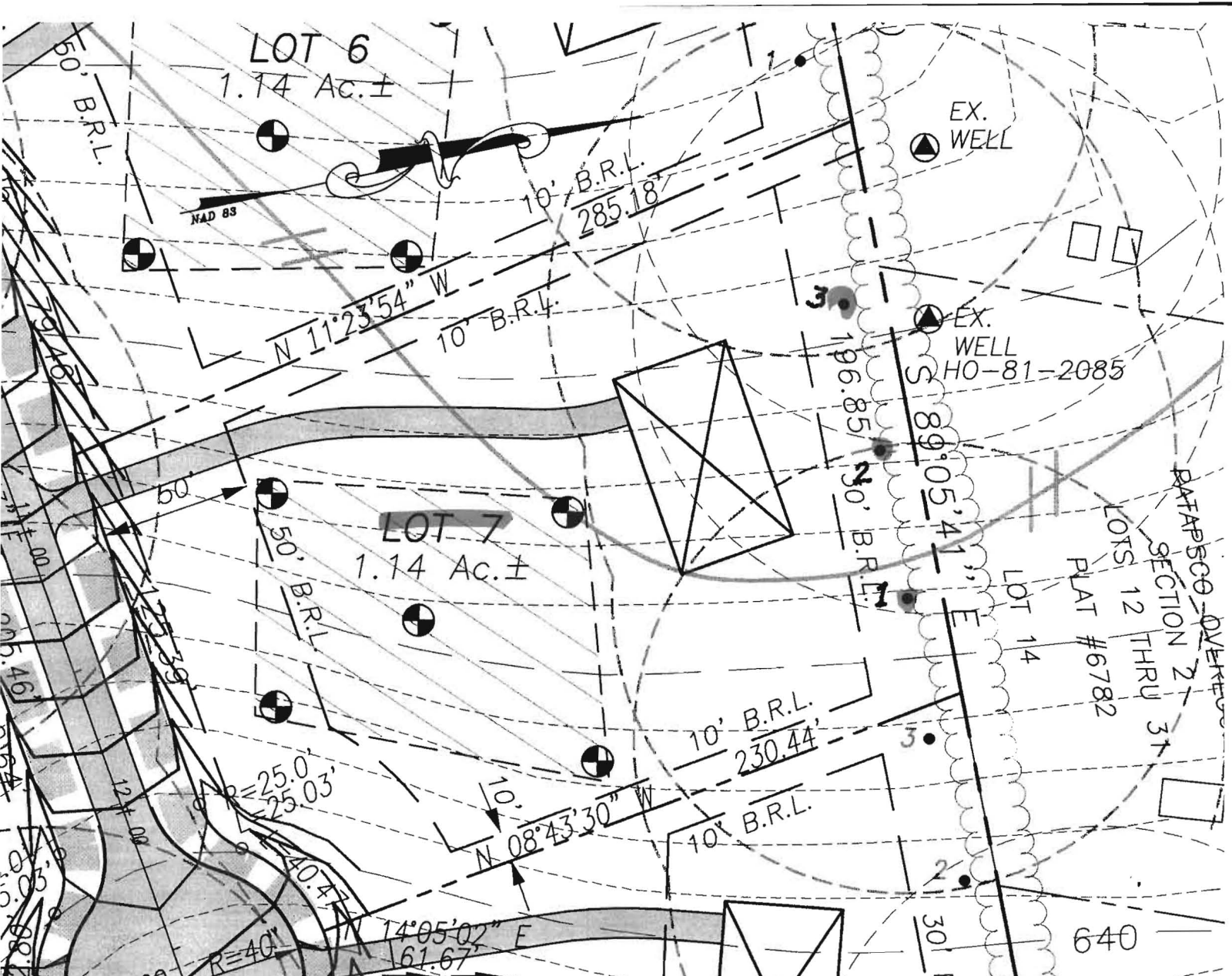
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

*Ersteulays*

301-829-1640



*4/20/07 Well sites staked  
by VanMar*



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 7**

**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  
310 South Main Street P.O. box 328 Mount Airy, Maryland 21771  
(301) 829 2890 (301) 831 5015 (410) 549 2781

# 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 #: 101754 Account #: 1045  
Reference: Catonsville Homes Lot 7 Company: Atlantic Blue Water Services  
Location: 735 Woodbine Crossing Requested By: Mark Mather  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 7/6/2015 1100 Site: Pressure Tank  
Date/Time Rec'd: 7/7/2015 0930 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: M. Mather 3480MM Well #: HO-94-1070

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM18 9223	7/8/2015 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/8/2015 / 0800 / CCH
Nitrate	7.41	mg/L	10	601	7/7/2015 / 1010 / CRS
Turbidity	9.60	NTU	<10	SM18 2130B	7/7/2015 / 1020 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	7/8/2015 / 1020 / CRS

### 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 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy

**Building Permit # :** 14003297

Date Reported: 7/8/2015

# 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 #: 102339 Account #: 1045  
Reference: Catonsville Homes Lot 7 Company: Atlantic Blue Water Services  
Location: 735 Woodbine Crossing Requested By: Mark Mather  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 8/3/2015 1030 Site: Well Tank  
Date/Time Rec'd: 8/3/2015 1542 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: M. Mather 3480MM Well #: HO-94-1070

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/4/2015 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/4/2015 / 1015 / LLO

### NOTES

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- 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 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

**Reason for Test :** Use & Occupancy

**Building Permit # :** 14003297

Date Reported: 8/4/2015

**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 #: 101754 Account #: 1045  
Reference: Catonsville Homes Lot 7 Company: Atlantic Blue Water Services  
Location: 735 Woodbine Crossing Requested By: Mark Mather  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 7/6/2015 1100 Site: Pressure Tank  
Date/Time Rec'd: 7/7/2015 0930 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: M. Mather 3480MM Well #: HO-94-1070

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM18 9223	7/8/2015 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/8/2015 / 0800 / CCH
Nitrate	7.41	mg/L	10	601	7/7/2015 / 1010 / CRS
Turbidity	9.60	NTU	<10	SM18 2130B	7/7/2015 / 1020 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	7/8/2015 / 1020 / CRS

**NOTES**

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**Reason for Test :** Use & Occupancy**Building Permit # :** 14003297Date Reported: 7/8/2015