

B 1 3226

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 526270

STATE PERMIT NUMBER

HO-95-1074 fill in this form completely

Date Received (APA) 3/7/07

OWNER INFORMATION 10523

Lee Development Group Inc 8601 Georgia Ave, Suite 200 Silver Spring, Md 20910

B 3 LOCATION OF WELL

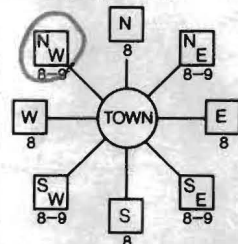
Howard COUNTY Woodbine Crossing 23 SUBDIVISION SECTION 44 46 LOT 11 48 50 LISBON 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

DRILLER INFORMATION

George F. Easterday M WD 040 Driller's Name License No. L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771 George F. Easterday 2/28/2007

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Woodbine Crossing Road 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 55 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 2 BLK: 24 PARCEL 32

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION I INDUSTRIAL, COMMERCIAL, 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 A 520078 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 4/23/07 CO SIGNATURE EXP. DATE 4/23/08 NORTH GRID 552 000 EAST GRID 780 000

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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

REPLACEMENT OR DEEPEMED 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 DEEPEAN 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 HO 2006 G014 PERMIT No. HO-95-1074

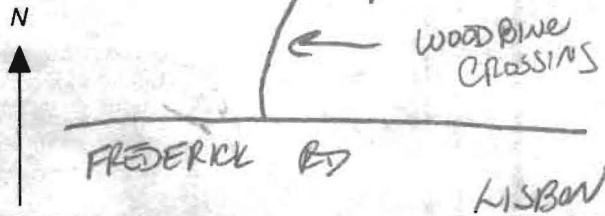
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE

E 770 N 550 2

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: ATLANTIC BLUE LLC Telephone #: 410-840-8112
Address: 75 ALLIANCE CT W1107
WELTMINSTER, 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 MOTTIER 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: CITANSVILLE HOMES Telephone #: 410-442-2211
Subdivision: WOODBINE CROSSING Lot #: 11 Well Tag #: HO-94-1074 ✓
Site Address: 728 WOODBINE CROSSING 95
MT AIRY, MD 21111

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>J. GASS</u>	Make: <u>Pumpbell</u>	Two piece watertight cap: ✓
Model #: <u>7350754</u>	Model#: _____	Screened, vented well cap: ✓
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: ✓
Well Yield: <u>15</u> GPM	NSF approved: ✓	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: ✓

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	House Connection
Type: <u>PANEMERIK</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</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.

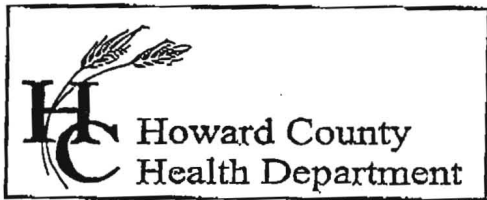
Signature of company representative responsible for installation: _____ date: 9/7/15

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

Date Insp. Requested: 9/10/16 Date Insp. Approved: 9/10/16 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	✓





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

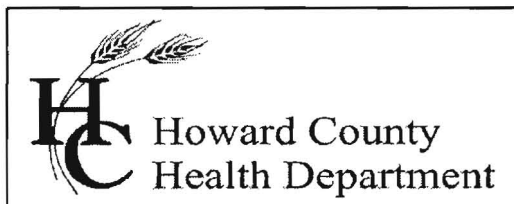
The well site has been staked by VAN MAR
 (professional land surveyor or company employing professional land surveyors)
 on Week of 3-5-07 (date) and does not require a site inspection.

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



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 - APRIL 21, 2016

October 21, 2015

Homeowner
728 Woodbine Crossing Road
Woodbine, MD 21797

RE: Woodbine Crossing, Lot 11
728 Woodbine Crossing Road
Building Permit: B15001245
Well Permit: HO-95-1074

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 **10/5/2015**. Final approval of the well line connection to the dwelling was granted on **9/10/2015**. The well construction was completed on **6/12/2007**. Water samples were collected on **10/2/2015, 10/12/2015, & 10/19/2015**.

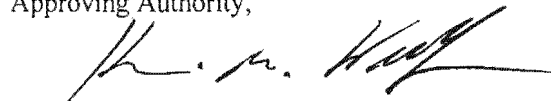
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

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-95-1074**. 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 "K. M. Wolf", written over a horizontal line.

Kevin M. Wolf, LEHS, 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 #:	103769	Account #:	1045
Reference:	Catonsville Homes Lot 11	Company:	Atlantic Blue Water Services
Location:	728 Woodbine Crossing Mount Airy, MD 21771	Requested By:	Mark Mather
Date/ Time Collected:	10/19/2015 1300	Source:	Well Water
Date/Time Rec'd:	10/19/2015 1540	Site:	Bathroom Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Mather 3480MM	pH:	7.1
		Well #:	HO-94-1074

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	6.46	NTU	<10	SM18 2130B	10/20/2015 / 1230 / CCH

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 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 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B15001245

Date Reported: 10/20/2015

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 #: 103669 Account #: 1045
Reference: Catonsville Homes Lot 11 Company: Atlantic Blue Water Services
Location: 728 Woodbine Crossing Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 10/13/2015 1215 Site: Bathroom Sink
Date/Time Rec'd: 10/13/2015 1505 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: K. Sweeney 6526KS Well #: HO-95-1074

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/14/2015 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/14/2015 / 1030 / CCH
Nitrate	3.84	mg/L	10	601	10/14/2015 / 1350 / CRS
Nitrite	0.028	mg/L	1	SM4500-NO2 B	10/14/2015 / 1015 / CCH
Turbidity	15.1	NTU	<10	SM18 2130B	10/14/2015 / 1420 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	10/14/2015 / 1420 / CRS

↪ Fail - Need to test for
Iron / manganese

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 & Chlorine level tested on site
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B15001245

Date Reported: 10/15/2015

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 #: 103491 Account #: 1045
Reference: Catonsville Homes Lot 11 Company: Atlantic Blue Water Services
Location: 728 Woodbine Crossing Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 10/2/2015 1145 Site: Well Tank
Date/Time Rec'd: 10/2/2015 1520 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: M. Mather 3480MM Well #: HO-94-1074

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	10/3/2015 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/3/2015 / 1000 / LLO
Nitrate	3.69	mg/L	10	601	10/2/2015 / 1620 / CRS
Turbidity	6.46	NTU	<10	SM18 2130B	10/2/2015 / 1650 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	10/2/2015 / 1650 / 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 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B15001245

Date Reported: 10/5/2015

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 #: 103670 Account #: 1045
Reference: Catonsville Homes Lot 11 Company: Atlantic Blue Water Services
Location: 728 Woodbine Crossing Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 10/13/2015 1215 Site: Kitchen Sink Tap
Date/Time Rec'd: 10/13/2015 1505 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: K. Sweeney 6526KS Well #: HO-94-1074

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Lead	0.0014	mg/L	0.015	200.8	10/19/2015 / 1113 / MO

NOTES

- 1 Lead collected as a 1st draw sample
- 2 Lead Detection Limit: 0.0010 mg/L
- 3 mg/L = milligrams per liter (also, parts per million)
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sub-contracted to Reference Lab #128
- 6 ND:None Detected
- 7 pH and Chlorine level tested in lab
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B15001245

Date Reported: 10/20/2015