

C-1 0712

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)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 8/2/07

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1109

OWNER Lee Development Group Inc, STREET OR RFD Millb Ct, TOWN West Friendship, SUBDIVISION West Friendship, SECTION, LOT 9

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown mica, Brownish Gray mica, Brown Mica, and Grey mica w/ Quartz.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 30, NO. OF POUNDS 3000, GALLONS OF WATER 180, DEPTH OF GROUT SEAL 68

CASING RECORD

MAIN CASING TYPE ST, Nominal diameter top (main) casing 6, Total depth of main casing 96

OTHER CASING (if used) diameter 10, depth 9

SCREEN RECORD, screen type or open hole ST, BR, HO

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 MWD 040, DRILLERS SIGNATURE

LIC. NO. 1 AV D 789

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

DEPTH (nearest ft.) 94, 300

ACCHS, 8 9 11 15 17 21, 23 24 26 30 32 36, 38 39 41 45 47 51

SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN 56, 60

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

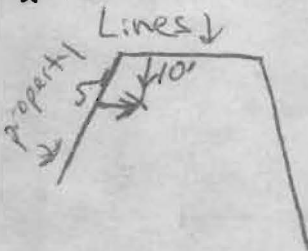
HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) 21, BEFORE PUMPING 17, WHEN PUMPING 142, TYPE OF PUMP USED (for test) S

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) 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, - 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)

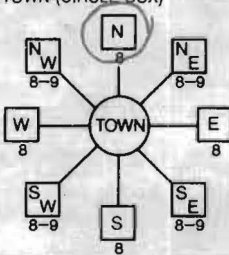
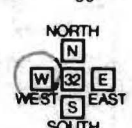


B 1 3201 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL Ho - 95 - 1109
526268 please type 70 fill in this form completely 79

OWNER INFORMATION 10499
 Date Received (APA) 3/6/07
 8 MM DD YY - 13
Lee Development Group Inc
 15 Last Name Owner First Name 34
8601 Georgia Ave, Suite 200
 36 Street or RFD 55
Silver Spring, Md 20910
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard COUNTY CC
Terrapin Creek SUBDIVISION 42
 SECTION 44 LOT 8
 44 46 48 50
West Friendship
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M I
 73 76 77 78

DRILLER INFORMATION
George F. Easterday MW D 040
 Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday 2/28/2007
 Signature Date

B 4
 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 2 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Milo Court
 11 NEAR WHAT ROAD 30
 34 200 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 15 BLK: 5 PARCEL 12

B 2 WELL INFORMATION
 1 APPROX. PUMPING RATE 5
 2 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 14 20

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

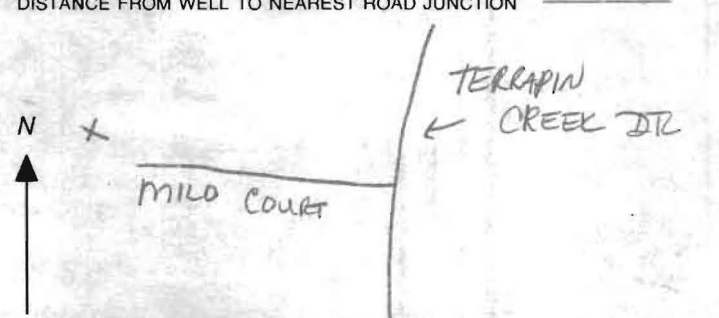
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A520108
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 4/30/07
 43 MM DD YY 48
 CO SIGNATURE John Wall EXP. DATE 4/30/08
 NORTH GRID 540 0 0 0 EAST GRID 0812 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

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 2
 N 530
 000 (X)
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 30
 CABLE REVERSE-ROTARY DRIVE-POINT
 37
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 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 DEEPEMED AN EXISTING WELL
 39
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 1001


Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER HO 2006G011
 PERMIT No. HO-95-1109
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
West Friendship

**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: 5 HILTON CT STE 3
WELLSVILLE, 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 MCPHAY 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: CYTHONVILLE HOMES Telephone #: 410-442-2211
Subdivision: TRINIDAD LEEK Lot #: 9 Well Tag #: HO-95-1109
Site Address: 12735 MILLO CT
WEST FRIENDSHIP, MD 21104

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>J.ROSS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>ZTS43-2W</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" E.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>280</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 N/A

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

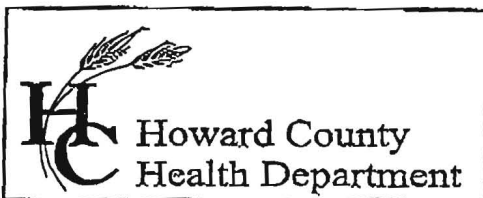
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 3/22/16

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

Date Insp. Requested: _____ Date Insp. Approved: 3/24/2016 **(BB)**
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

HD-215 (Rev. 8/00)



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

Hale
Shwabe Firm

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 #: 107102 Account #: 1045
Reference: Terrapin Creek Lot 9 Company: Atlantic Blue Water Services
Location: 12730 Milo Court Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 5/3/2016 1000 Site: Well Tank Drain
Date/Time Rec'd: 5/4/2016 0843 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: T. Aronhalt 2662TA Well #: HO-95-1109

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	5/5/2016 / 0850 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/5/2016 / 0850 / BCD
Nitrate	<1.0	mg/L	10	601	5/4/2016 / 1230 / CRS
Turbidity	4.84	NTU	<10	SM18 2130B	5/4/2016 / 1250 / CRS
Iron	0.43	mg/L	0.3*	FR, 45 (126)	5/4/2016 / 1415 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/5/2016 / 0900 / BCD

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 ND = None Detected; N/A: Not Available
- 8 Sample collected by client, analyzed as received
- 9 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B15004691

Date Reported: 5/5/2016

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 #: 107378 Account #: 1045
Reference: Terrapin Creek Lot 9 Company: Atlantic Blue Water Services
Location: 12730 Milo Court Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 5/16/2016 1430 Site: Well Tank
Date/Time Rec'd: 5/16/2016 1530 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: M. Mather 3480MM Well #: HO-95-1109

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/17/2016 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/17/2016 / 1030 / CCH

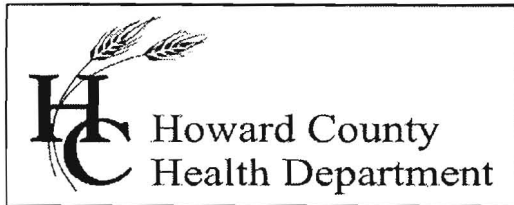
NOTES

- 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; N/A: Not Available
- 4 Sample collected by client, analyzed as received
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B15004691

Date Reported: 5/17/2016



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 – NOVEMBER 25, 2016

May 25, 2016

Homeowner
12730 Milo Court
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 9
12730 Milo Court
Building Permit: B15004691
Well Permit: HO-95-1109**

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 **3/24/2016**. Final approval of the well line connection to the dwelling was granted on **3/24/2016**. The well construction was completed on **8/2/2007**. Water samples were collected on **5/3/2016**.

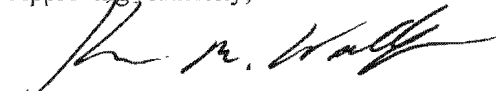
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1109. 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>

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,



Kevin M. Wolf, L.E.H.S., REHS/RS, Supervisor
Groundwater Management Section
Well & Septic Program

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

