

C1 0708

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1107

OWNER Lee Development Group LTD STREET OR RFD Mills Creek TOWN West Friendship SUBDIVISION Ferrugin Creek SECTION LOT 7

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top soil, Brown mica, Grey mica, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (C) (B) CEMENT BENTONITE CLAY

CASING RECORD (S) (C) (P) (O) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing

OTHER CASING (if used) diameter inch depth (feet)

SCREEN RECORD (S) (B) (H) (P) (O) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8

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.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 788

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

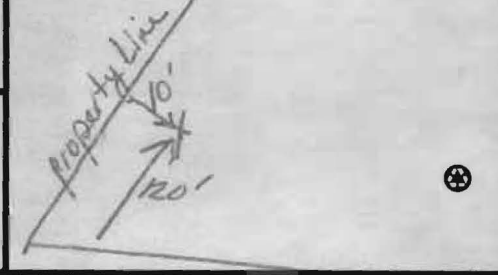
C 2 DEPTH (nearest ft.)

Table with columns: A, C, H, S, R, E, N. Rows include slot size and diameter of screen.

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

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS



EMERGENCY/TEMP NO. IF ANY

B 1 0346 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER HO-95-1107

526268 please type

fill in this form completely

Date Received (APA) 3/6/07

OWNER INFORMATION 10497

Lee Development Group Inc

8601 Georgia Ave, Suite 200

Silver Spring, Md 20910

B 3 HOWARD LOCATION OF WELL

8 COUNTY Howard COUNTY # 21

23 SUBDIVISION Terrapin Creek

SECTION 44 LOT 7

52 NEAREST TOWN West Friendship

MILES FROM TOWN (enter 0 if in town) 1 M I

DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name L. Franklin Easterday, Inc.

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

Address George F. Easterday Date 2/28/2007

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Milo Court

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

113'

34 37

DISTANCE FROM ROAD FT. ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 5 PARCEL 12

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 COUNTY NAME

13 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_

DATE ISSUED 4/30/07 EXP. DATE 4/30/08

43 MM DD YY 48 CO SIGNATURE \_\_\_\_\_

NORTH GRID 589 0 0 0 EAST GRID 0812 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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 9

000  
000

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)

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

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

10C1

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER HO2001G011

PERMIT No. HO-95-1107

SPECIAL CONDITIONS Drill selected well side per attached well site Plan

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 #: 410-840-8110  
Address: 75 AIRPORT CT, SUITE 7  
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): MARK MITCHELL 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: SPRINGVILLE HOMES Telephone #: 410-442-2211  
Subdivision: TERRAPIN CREEK Lot #: 7 Well Tag #: HO-8-1107  
Site Address: 12735 MILLO CT.  
SPRINGVILLE, MD 21154

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>J-CROSS</u>	Make: <u>LYNDE 11</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>JJ154-2W</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>8</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>38'</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

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>PVC</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: 3/18/16

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

Date Insp. Requested: 3/21/16 Date Insp. Approved: 3/21/16 KR

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

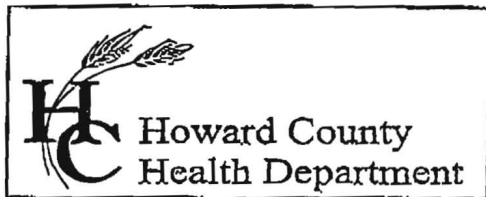
Elec. conduit extends at least 18" below grade/attached to cap properly

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: Pres A  
TERRAPIN Creek 1-22 TERRAPIN Creek Drive & MILO 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*

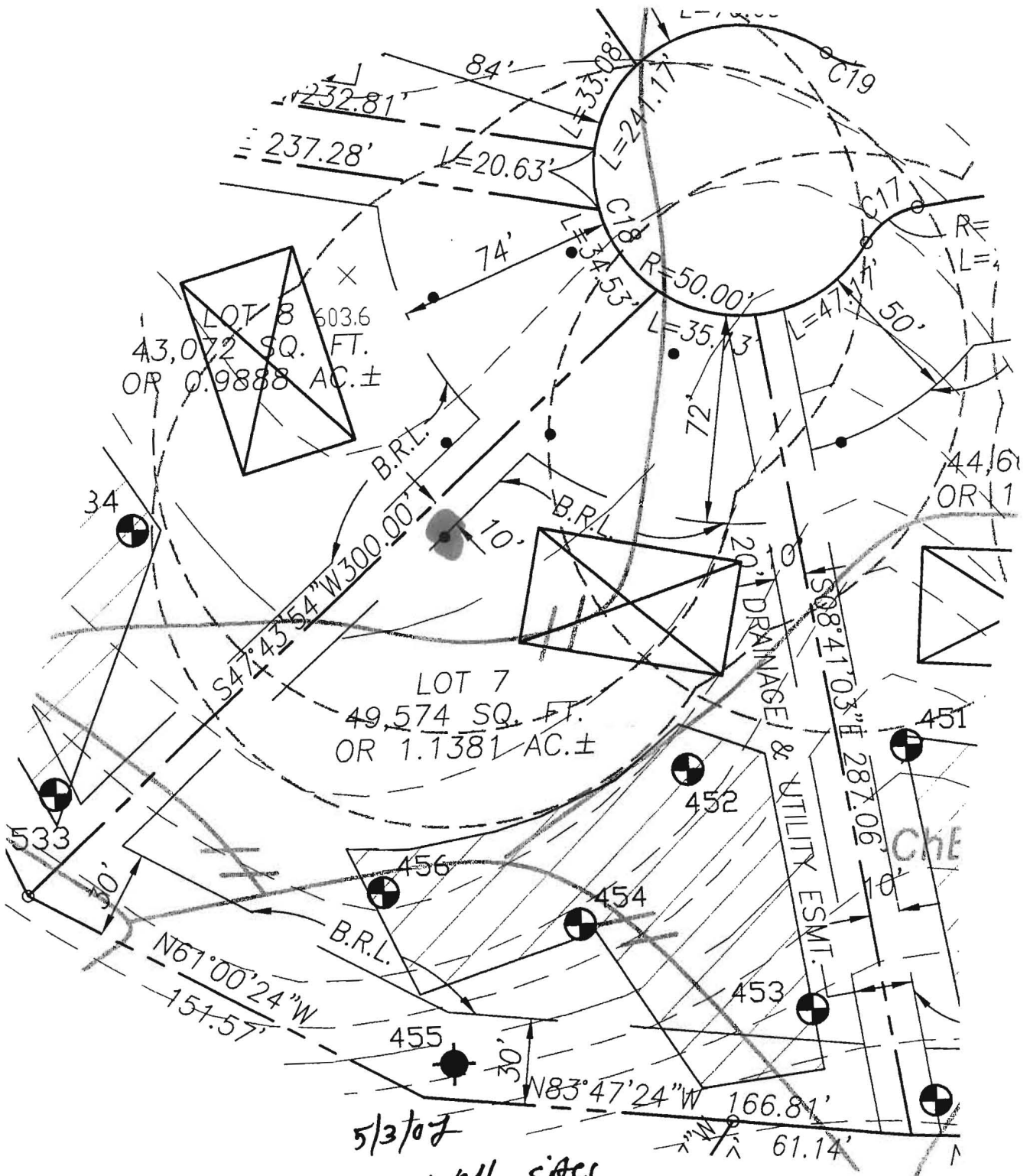
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

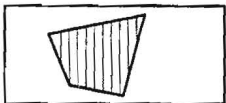
Revised 3/11/05

*Lee DEVELOPMENT GROUP*

*Dale Schwabe F...*



5/3/07  
 well sites  
 staked by  
 Vonmar  
 (see)




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: 

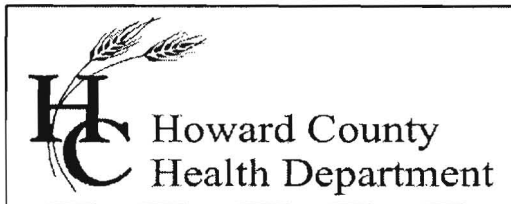
PROPOSED HOUSE SITE: 

PROPOSED WELL SITE: 

## WELL SITE PLAN LOT 7 TERRAPIN CREEK (FORMERLY SCHWABE FARM)

PART OF THE LANDS CONVEYED TO LDG, INC. BY DEED RECORDED IN  
 LIBER 1988 AT FOLIO 258

TAX MAP: 15; GRID: 4 & 5; PARCELS: 12 & 43  
 SITUATED ON SYKESVILLE AND LIVESTOCK ROAD  
 ELECTION DISTRICT No. 3, HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' APRIL, 2007



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

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**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – NOVEMBER 25, 2016**

May 25, 2016

Homeowner  
12725 Milo Court  
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 7  
12725 Milo Court  
Building Permit: B15004185  
Well Permit: HO-95-1107**

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 **3/21/2016**. Final approval of the well line connection to the dwelling was granted on **3/21/2016**. The well construction was completed on **7/25/2007**. Water samples were collected on **5/3/2016 & 5/16/2016**.

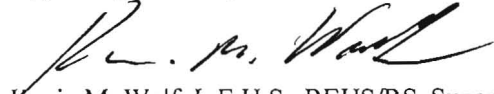
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1107. 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

# 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 #: 107103 Account #: 1045  
Reference: Terrapin Creek Lot 7 Company: Atlantic Blue Water Services  
Location: 12725 Milo Court Requested By: Mark Mather  
West Friendship, MD 21794 Source: Well Water ✓  
Date/ Time Collected: 5/3/2016 0945 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-95-1107

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	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	4.53	NTU	<10	SM18 2130B	5/4/2016 / 1250 / CRS
Iron	0.39	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

- \*SMCL = Secondary Maximum Contaminant Level
- mg/L = milligrams per liter (also, parts per million)
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- NS = None Seen (NS indicates less than 5 mg/L)
- NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND = None Detected; N/A: Not Available
- Sample collected by client, analyzed as received
- pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B15004185

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 #: 107379 Account #: 1045  
Reference: Terrapin Creek Lot 7 Company: Atlantic Blue Water Services  
Location: 12725 Milo Court Requested By: Mark Mather  
Sykesville, MD 21784 Source: Well Water ✓  
Date/ Time Collected: 5/16/2016 1400 Site: Well Tank ✓  
Date/Time Rec'd: 5/16/2016 1530 Treatment: None ✓  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: M. Mather 3480MM Well #: HO-95-1107

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

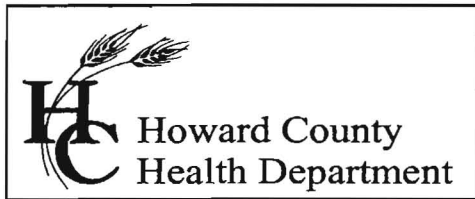
### NOTES

- 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
- 4 Sample collected by client, analyzed as received
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B15004185

Date Reported: 5/17/2016



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website: [www.hchealth.org](http://www.hchealth.org)

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Peter L. Beilenson, M.D., M.P.H., Health Officer

Monday, April 30<sup>th</sup>, 2007

**IMPORTANT**

MEMORANDUM

To: WELL DRILLER,  
cc: FILE

From: Kevin Wolf, Sanitarian  
Well and Septic Program

Re: TERRAPIN CREEK  
**Lots 5, 6, 7, and 8**

Well site locations for the above referenced lots are denoted on the attached Well Site Plans and are to be drilled first. Specified locations for these wells on each lot have been marked and approved by the Health Department. In the event of a dry hole, the well driller will notify the Health Department prior to drilling the next approved well site on the lot. Again, this memo is for Lots 5, 6, 7, and 8 only!