

C-1 0709

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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 MM DD YY

DATE WELL COMPLETED MM DD YY 7/25/07

Depth of Well 220 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-95-1108

OWNER Lee Development Group Inc STREET OR RFD Mill Creek TOWN West Friendship SUBDIVISION Sycamore Creek SECTION LOT 8

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

GROUTING RECORD form including: WELL HAS BEEN GROUDED (Y), TYPE OF GROUING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (80).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form including: screen type or open hole (insert appropriate code below: ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (Well was abandoned and sealed), 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...

DRILLERS LIC. NO. MW D 040 DRILLERS SIGNATURE (Must match signature on application) LIC. NO. AW D 788

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

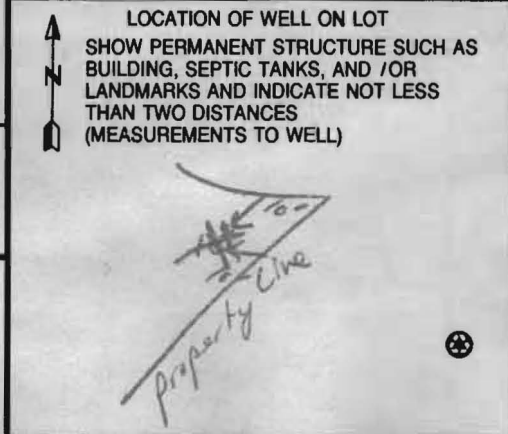
DEPTH (nearest ft.) table with columns: T, A, C, S, R, E, N and rows for casing sections 1, 2, 3.

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

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (17.1), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (25 ft), WHEN PUMPING (37 ft), TYPE OF PUMP USED (submersible).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (above/below land surface).



B 1 0347
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526268 please type

STATE PERMIT NUMBER
70 1108 79
fill in this form completely

Date Received (APA)
3/6/07
8 MM DD YY 13

OWNER INFORMATION 10498

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

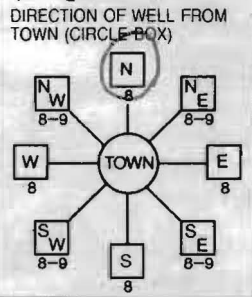
B 3 LOCATION OF WELL

Howard
8 COUNTY 21#
Terrapin Creek
23 SUBDIVISION 42
SECTION 44 46 LOT 8 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
Signature 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)
90'
34 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 15 BLK: 5 PARCEL 12

B 2 WELL INFORMATION

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A 520108
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 4/30/07 Kin Wall 4/30/07
43 MM DD YY 48 CO SIGNATURE EXP DATE
NORTH GRID 539 000 EAST GRID 0812 000
50 55 57 63

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

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary
- JETTED AIR-PERcussion
- Jetted & DRIVEN ROTARY (Hydraulic Rotary)
- CABLE REVERSE-ROTary
- DRIVE-POINT
- other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

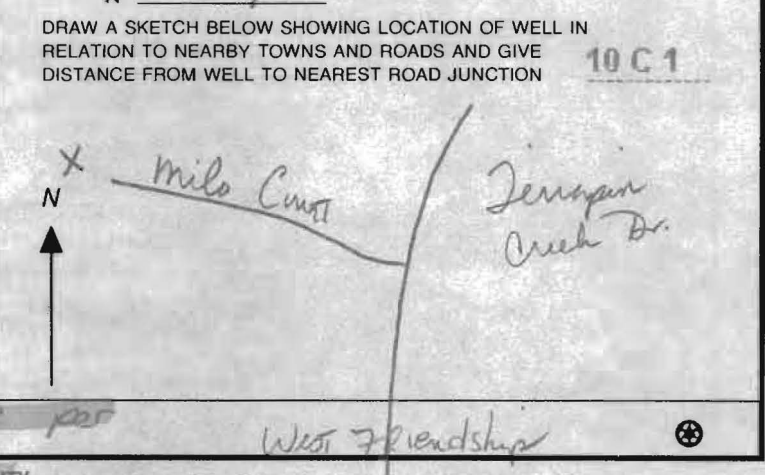
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
 - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 - THIS WELL WILL DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER H0Z006G 011
PERMIT No. H0-95-1108
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Drill selected well site per attached well site plan COUNTY

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



**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: AHARTIC BILLE, LLC Telephone #: 410 840 8112
Address: 25 HILTON CT, #7
NEWMINSTER, 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 MORLEY License# 163797

*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: CATONSVILLE HOMES Telephone #: 410 442-2211
Subdivision: TERVONIA CREEK Lot #: 9 Well Tag #: HO-95-11081
Site Address: 12729 MILO CT
NEWT FRIENDSHIP, MD 21124

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>3-TIERS</u>	Make: <u>CUMBERT</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>225154-2W</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>17</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>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

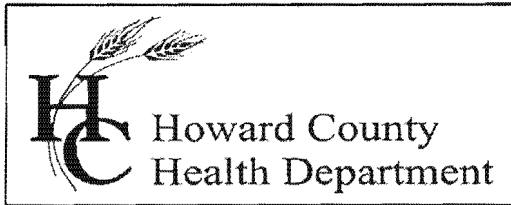
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>COPOLYMER</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>2'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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 (ee)
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



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 – DECEMBER 27, 2016

June 27, 2016

Homeowner
12729 Milo Court
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 8
12729 Milo Court
Building Permit: B15004870
Well Permit: HO-95-1108**

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 **3/22/2016**. 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 **6/10/2016**.

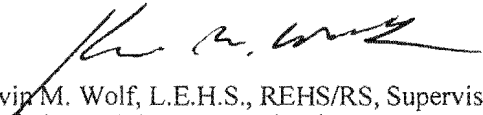
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1108. 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 #: 107898 Account #: 1045
Reference: Terrapin Creek Lot #8 Company: Atlantic Blue Water Services
Location: 12729 Milo Court Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 6/10/2016 1000 Site: Well Tank
Date/Time Rec'd: 6/10/2016 1538 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: M. Mather 3480MM Well #: HO-95-1108

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/11/2016 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/11/2016 / 1000 / LLO
Nitrate	<1.0	mg/L	10	601	6/10/2016 / 1600 / CRS
Turbidity	5.78	NTU	<10	SM18 2130B	6/10/2016 / 1620 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	6/10/2016 / 1620 / CRS

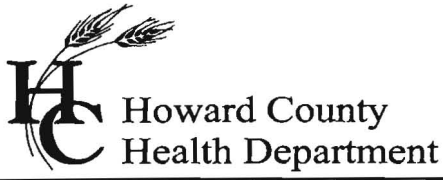
NOTES

- 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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B15004870

Date Reported: 6/13/2016



Bureau of Environmental Health
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

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

Monday, April 30th, 2007

IMPORTANT

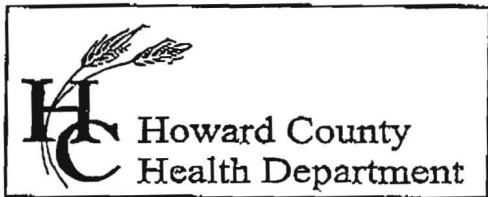
MEMORANDUM

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!



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 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

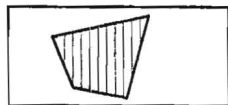
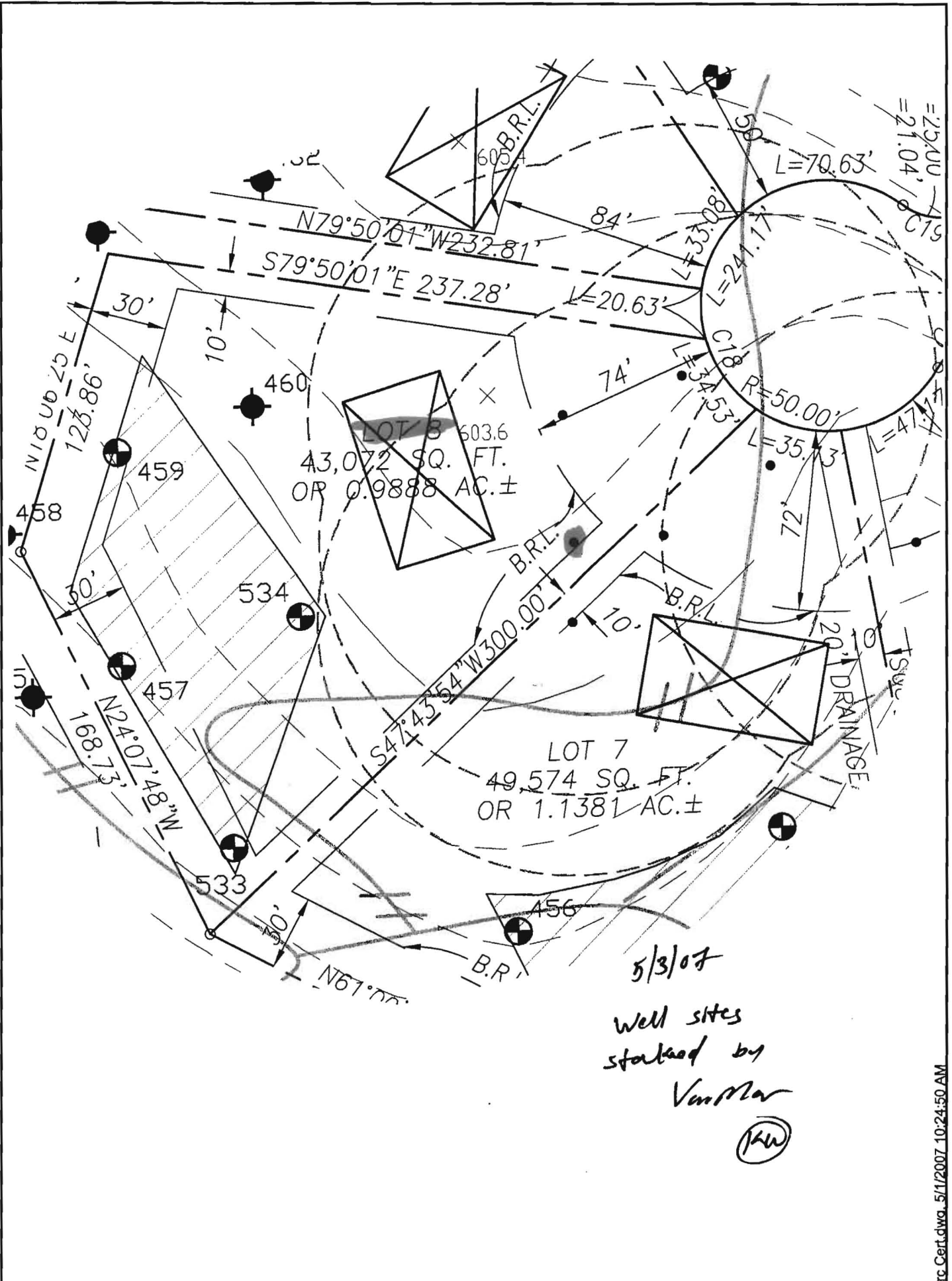
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Yoko
Schwabe Farm



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 8 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