

C1 5038

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.

COUNTY NUMBER

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE RECEIVED MM 07 DD 19 YY 07

DATE WELL COMPLETED MM 06 DD 19 YY 07

DEPTH OF WELL 22 300 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 24 1073

OWNER

Lee Development Group Inc

STREET OR RFD

Woodbine Crossing Road

TOWN

Liston

SUBDIVISION

Woodbine Crossing

SECTION

LOT

10

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)

FEET FROM TO

check if water bearing

Top soil 0 2
Brown slate 2 85
Grey slate 85 300

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 39 NO. OF POUNDS 3700

GALLONS OF WATER 254

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 85 ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 100

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

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M W D 040

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 A N D 7980

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

C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

E A C H S R E E N 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

DIAMETER OF SCREEN (NEAREST INCH) 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)

BEFORE PUMPING 26 ft.

WHEN PUMPING 124 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

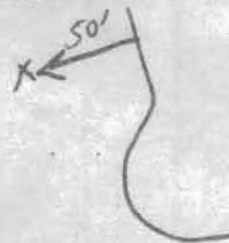
PUMP COLUMN LENGTH (nearest ft.) 43 47

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 3225
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

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

STATE PERMIT NUMBER

140-95-1073
70 fill in this form completely 79

Date Received (APA)
3/7/07
8 MM DD YY 13

OWNER INFORMATION 10522

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

DRILLER INFORMATION

George F. Easterday M WD 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 2 WELL INFORMATION
APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 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

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 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 H02006G_014

PERMIT No. 140-95-1073
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

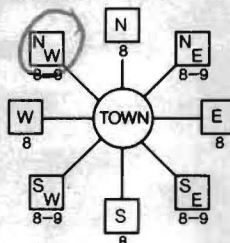
B 3

LOCATION OF WELL

Howard
8 COUNTY 21
Woodbine Crossing
23 SUBDIVISION 42
SECTION 44 46 LOT 10 48 50
Lisbon
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

B 4

1 2
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 Ft
ENTER FT OR MI 38 39

TAX MAP: 2 BLK: 24 PARCEL 32

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
43 MM DD YY 48 CO SIGNATURE Kim Wall 4/23/08
EXP. DATE

NORTH GRID 552 000 EAST GRID 0780 000
50 55 57 63

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

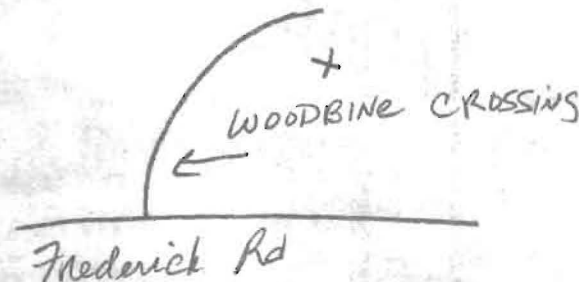
N 559 2



000
000

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

N



LISBON

NOV 10 2016

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: 1802 BALTIMORE BLVD
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): PAUL MATHIAS 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: WORMBINE CROSSING HOMES Telephone #: 410-442-2211
Subdivision: WORMBINE CROSSING Lot #: 10 Well Tag #: HO-28-1073
Site Address: 232 WORMBINE CROSSING RD
MOUNT AIRY, MD 21771 95

| | | |
|--|---|--|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>SWISS</u> | Make: <u>Campbell</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>TSV0104</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>0</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>20</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 _____

| | |
|--|---|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>PVC 1/2" x 1/2"</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> |

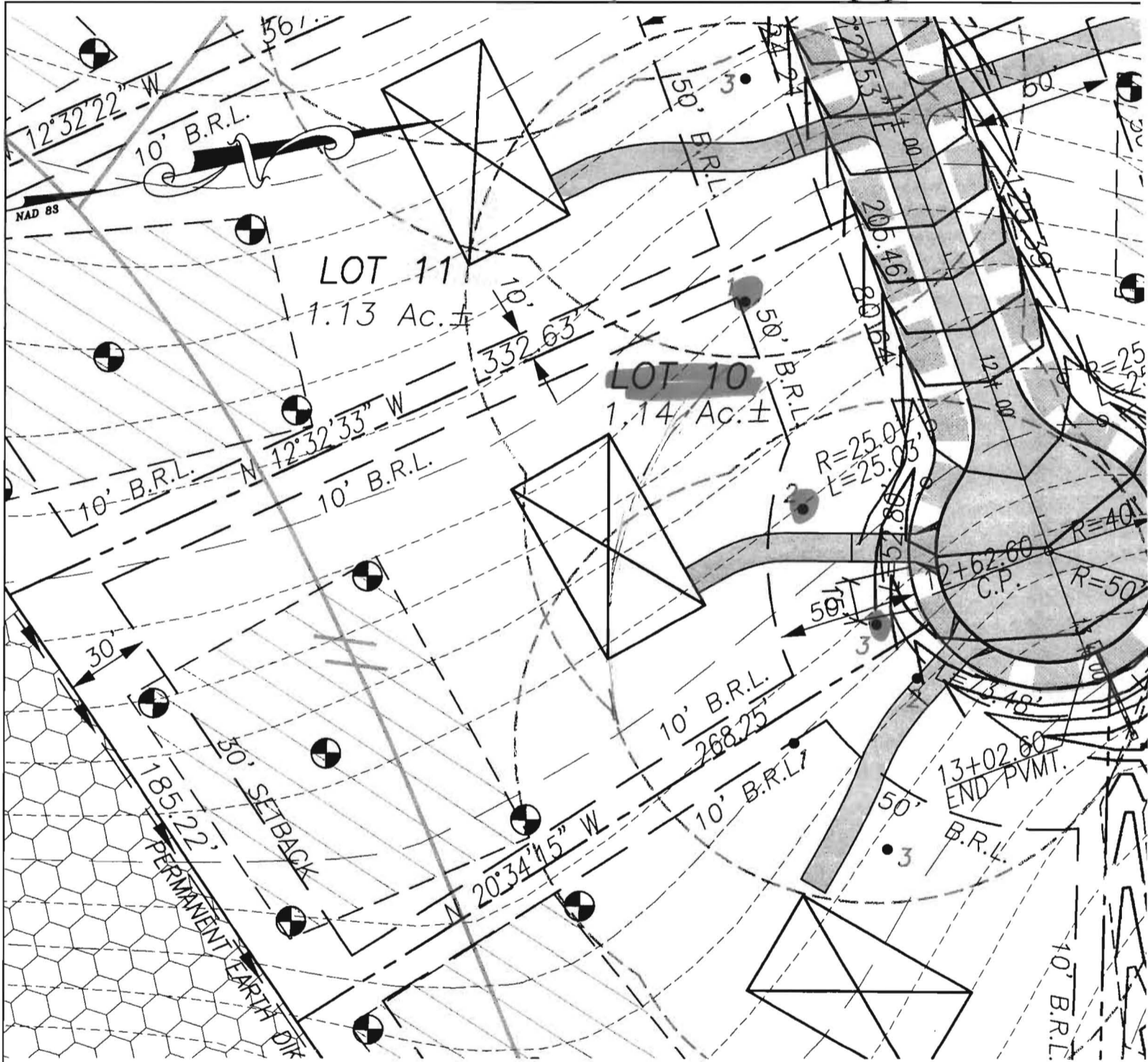
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 11/17/16

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

Date Insp. Requested: 11/18/16 Date Insp. Approved: 2/16/17 CC
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

4/20/07
 Well sites staked
 by Van Mar (KW)



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:

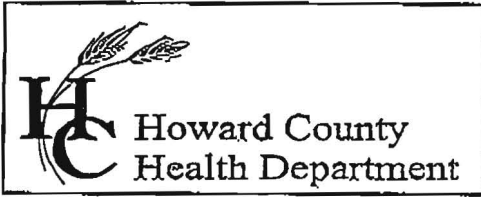
PROPOSED WELL SITE:

WELL SITE PLAN
LOT 10
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 2177
 (301) 879-2860 (301) 879-2811 FAX (301) 879-2724



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: Paveet 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.

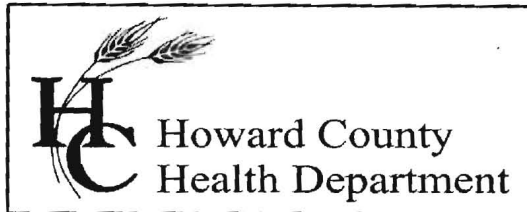
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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 - August 7, 2017

February 7, 2017

Homeowner
732 Woodbine Crossing Road
Woodbine, MD 21797

RE: Woodbine Crossing, Lot 10
732 Woodbine Crossing Road
Building Permit: B16003321
Well Permit: HO-95-1073

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 **2/2/2017**. Final approval of the well line connection to the dwelling was granted on **2/6/2017**. The well construction was completed on **6/6/2007**. Water samples were collected on **1/17/2017 & 1/24/2017**.

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-95-1073**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

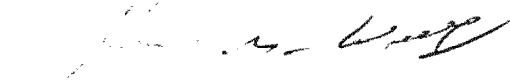
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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, LEHS, R.S./REHS, 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 #: 112433 Account #: 1045
Reference: Catonsville Homes Lot 10 Company: Atlantic Blue Water Services
Location: 732 Woodbine Crossing Road Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 1/17/2017 1100 Site: Well Tank
Date/Time Rec'd: 1/17/2017 1135 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: M. Mather 3480MM Well #: HO-94-1073

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | 2.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 1/18/2017 / 1015 / BCD |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 1/18/2017 / 1015 / BCD |
| Nitrate | 3.86 | mg/L | 10 | 601 | 1/17/2017 / 1615 / CRS |
| Turbidity | 2.44 | NTU | <10 | SM18 2130B | 1/17/2017 / 1630 / CRS |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 1/18/2017 / 1050 / CRS |

NOTES

- 1 Revised Report: Location name corrected 1/20/19 CCH/FVAL.
- 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 pH and chlorine level tested in lab
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 ND:None Detected
- 9 Sample collected by client, analyzed as received
- 10 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B16003321

Date Reported: 1/20/2017

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 #: 112557 Account #: 1045
Reference: Catonsville Homes Lot 10 Company: Atlantic Blue Water Services
Location: 732 Woodbine Crossing Road Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 1/24/2017 1015 Site: Kitchen Sink Tap
Date/Time Rec'd: 1/24/2017 1328 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: R. Bailey 0631RB Well #: HO-94-1073

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|-----------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 1/25/2017 / 0945 / CCH |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 1/25/2017 / 0945 / CCH |

OK
2/2/17 SCJ

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 pH and chlorine level tested in lab
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B16003321

Date Reported: 1/25/2017