

B 1 3227
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

40-95-1075
70 fill in this form completely 79

Date Received (APA) 3/7/07
OWNER INFORMATION 10524
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
Woodbine Crossing
23 SUBDIVISION 42
SECTION 44 46 LOT 12 48 50
Lisbon
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78

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

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)
NORTH N
WEST W EAST E
SOUTH S
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 5 GAL. PER MIN. 8 12
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

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 EXP. DATE
NORTH GRID 552 000 EAST GRID 0779 000
50 55 57 63

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
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 770 9
N 552 2
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)
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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 3E7
WOODBINE CROSSING
FREDERICK RD
LISBON

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER Ho 2006 G 014
PERMIT No. Ho-95-1075
70 71 72 73 74 75 76 77 78 79

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

Tuesday 6/12/07 8:00

**FIELD DATA SHEET
 HYDROGEOLOGIC AREA (3) WELL YIELD TEST**

Maryland Well Permit No. HO-94-1075 Election District _____
 Location of Property (road) WOODBINE CROSSING ROAD
 Subdivision WOODBINE CROSSING Lot 12 Block _____ Plat _____ Sec. _____
 Well Driller EASTERDAY Owner LEE DEVELOPMENT

Depth of Well 600 1 3/4 apr
 Distance of Measuring Point (M.P.) above ground 2'
 Static Water Level (S.W.L.) below M.P. 47.2 pump set 480'

I. High Rate Pumping -- reservoir drawdown

Time pump started 845 Pumping rate 20 GPM
 Total time 45 to reach pumping water level 252 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
930	255	30 sec	1 gal bucket	2 GPM
945	255	30 "		2 "
1000	255	30 "		2 "
1015	255	30 "		2 "
1030	255	30 "		2 "
1045	255	30 "		2 "
1100	255	30 "		2 "
1115	255	30 "		2 "
1130	255	30 "		2 "
1145	255	30 "		2 "
1200	255	30 "		2 "
1215	255	30 "		2 "
1230	255	30 "		2 "
1245	255	30 "		2 "
100	256	30 "		2 "
115	256	30 "		2 "
130	256	30 "		2 "
145	256	30 "		2 "
200	256	36 "		2 "
215	256	30 "		2 "
230	256	30 "		2 "
245	256	30 "		2 "
300	256	30 "		2 "
315	256	30 "		2 "
330	256	30 "		2 "

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: 12 Well Tag #: HO 95-1075
Site Address: 724 Woodbine Crossing Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)


House Connection

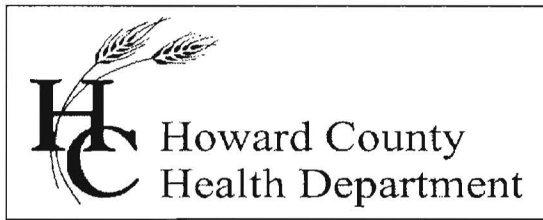
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____

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

Date Insp. Requested: _____ Date Insp. Approved: 6/14/2016 
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 - JANUARY 25, 2017

July 25, 2016

Homeowner
724 Woodbine Crossing Road
Woodbine, MD 21797

RE: Woodbine Crossing, Lot 12
724 Woodbine Crossing Road
Building Permit: B16000686
Well Permit: HO-95-1075

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 **6/16/2016**. Final approval of the well line connection to the dwelling was granted on **6/14/2016**. The well construction was completed on **6/12/2007**. Water samples were collected on **7/18/2016**.

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.

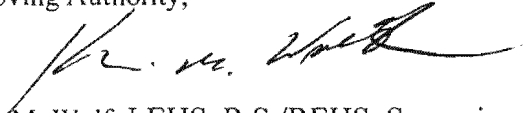
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit **HO-94-1075**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 #: 108650 Account #: 1045
Reference: Catonsville Homes Lot 12 Company: Atlantic Blue Water Services
Location: 724 Woodbine Crossing Road Requested By: Mark Mather
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 7/18/2016 0930 Site: Well Tank
Date/Time Rec'd: 7/18/2016 1540 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: M. Mather 3480MM Well #: HO-94-1075

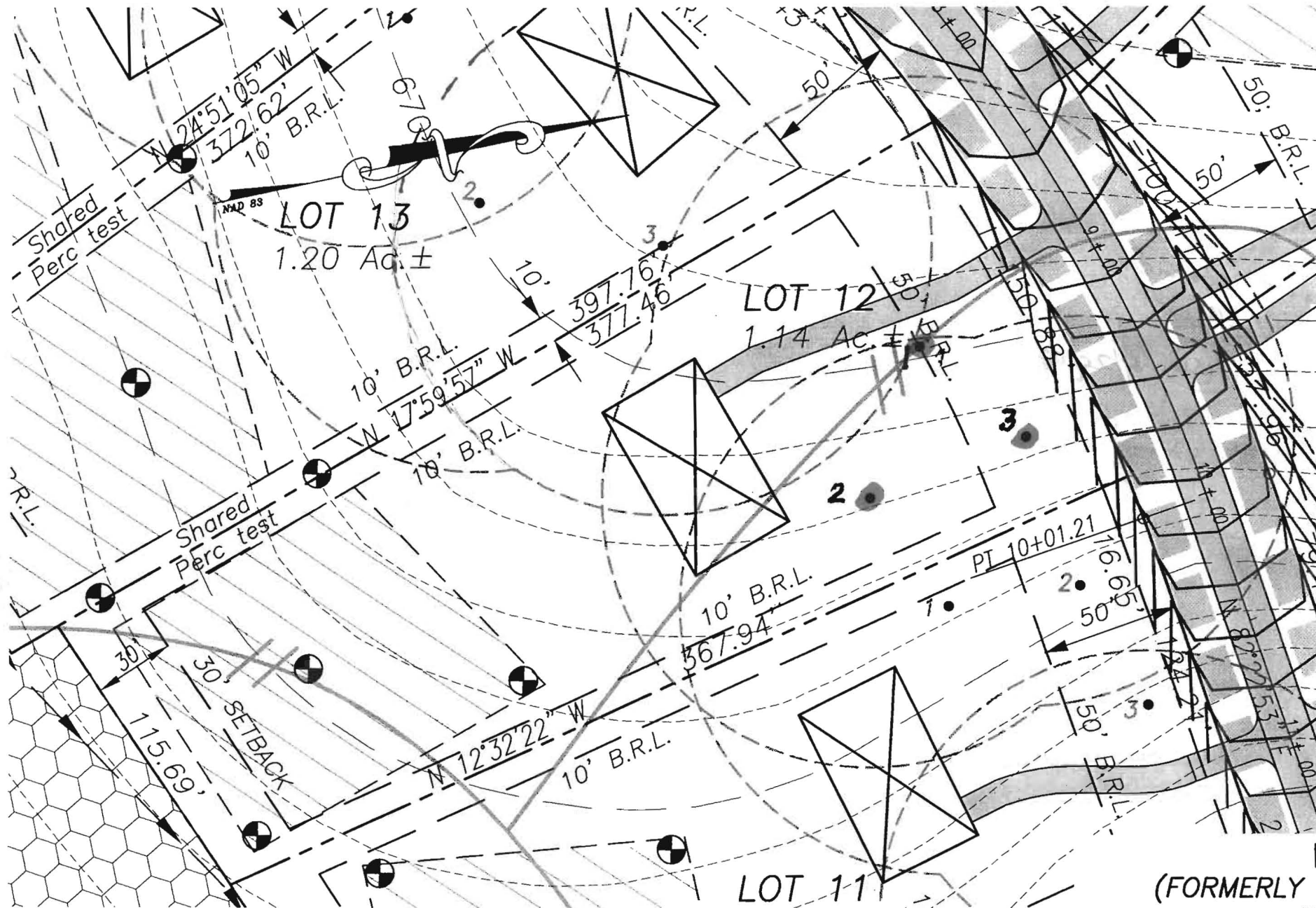
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/19/2016 / 1020 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/19/2016 / 1020 / CCH
Nitrate	6.72	mg/L	10	601	7/19/2016 / 0915 / CRS
Turbidity	1.02	NTU	<10	SM18 2130B	7/19/2016 / 0945 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	7/19/2016 / 0945 / 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 # : B16000686

Date Reported: 7/19/2016



*Well sites staked
by VanMar
(KM) 4/20/07*

- (PASSED) PERCOLATION TEST SITE:
- (FAILED) PERCOLATION TEST SITE:
- EXISTING WELL:
- PROPOSED HOUSE SITE:
- PROPOSED WELL SITE:

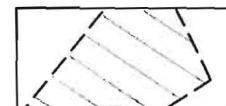
WELL SITE PLAN

LOT 12

WOODBINE CROSSING

(FORMERLY PATAPSCO OVERLOOK-SECTION F)

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

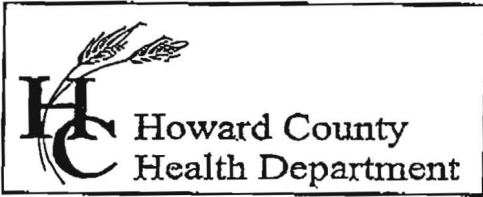


THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL.

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.



VANMAR ASSOCIATES, INC.
 Engineers Surveyors Planners
 310 South Main Street P.O. box 328 Mount Airy, Maryland 21771
 (301) 829 2890 (301) 831 5015 (410) 549 2751



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

E. Steuland
 301-829-1640