

C 1

0710

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

ST/CO USE ONLY
DATE Received
09 27 07

DATE WELL COMPLETED
8/29/07

Depth of Well
22 600 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO - 95 - 1103

28 29 30 31 32 33 34 35 36 37

OWNER Lee Development Group

STREET OR RFD Terrapin Creek Dr. first name

TOWN WEST FRIENDSHIP

SUBDIVISION Terrapin Creek SECTION LOT 3

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 | | check if water bearing |
|--|------|-----|------------------------------|
| | FROM | TO | |
| Top Soil | 0 | 2 | |
| Brown mica | 2 | 65 | |
| Gray mica | 65 | 78 | |
| Brown mica | 78 | 82 | |
| Gray mica | 82 | 125 | |
| Brown mica | 125 | 128 | |
| Gray mica w/ Quartz | 128 | 600 | |

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 31 NO. OF POUNDS 3100

GALLONS OF WATER 186

DEPTH OF GROUT SEAL (to nearest foot)

from 0 TOP 52 ft. to 63 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

☒ ST STEEL ☐ CO CONCRETE
☐ PL PLASTIC ☐ OT OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 100

60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)

inch from to

EACH CASING

SCREEN RECORD

screen type or open hole

(insert appropriate code below)

☒ ST STEEL ☐ BR BRASS ☐ HO OPEN HOLE
☐ PL PLASTIC ☐ OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes ☒ Y no ☐ N

CIRCLE APPROPRIATE LETTER

A 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.

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

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

58 60

from to

DRILLERS LIC. NO. 1 M W D 040

DRILLERS SIGNATURE George F. Stanton

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 A W D 388

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 ft.

WHEN PUMPING 190 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 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 (nearest foot) 2

- below

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)

Property line

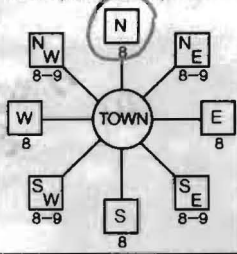
58 ft

35 ft

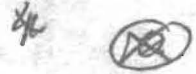
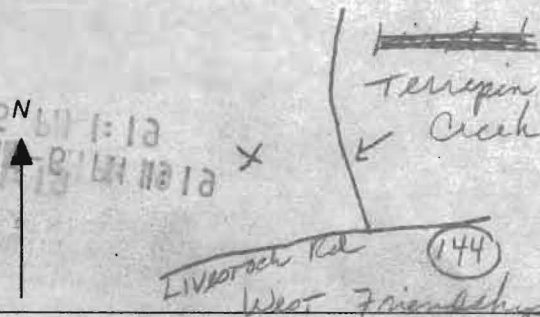
Line

| | | | |
|-------------------------------|---|--|--|
| B 1 1 2 3 6 0342 | SEQUENCE NO. (MDE USE ONLY) 526268 | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type | STATE PERMIT NUMBER HO-95-1103 fill in this form completely |
|-------------------------------|---|--|--|

| | |
|---|--|
| Date Received (APA) 3/6/08 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 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 George F. Easterday Date 2/28/2007 Signature | B 3 Howard LOCATION OF WELL 8 COUNTY 21 Terrapin Creek 23 SUBDIVISION 42 SECTION 44 46 LOT 3 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78 |
|---|--|

| | |
|--|---|
| B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20 | B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Terrapin Creek Drive 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 50 37 DISTANCE FROM ROAD FL 38 39 ENTER FT OR MI TAX MAP: 15 BLK: 5 PARCEL 12 |
|--|---|

| | |
|--|---|
| 22 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A 520108 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 4/30/08 43 MM DD YY 48 CO SIGNATURE Kim W... EXP. DATE 4/30/08 NORTH GRID 539 000 EAST GRID 0813 000 50 55 57 63 |
|--|---|

| | |
|---|---|
| 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 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other _____ | 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 3 N 539 9 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 10 C 1  |
|---|---|

| | |
|--|--|
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED 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 HO2006G011 PERMIT No. HO 95-1103 70 71 72 73 74 75 76 77 78 79 | SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED |
|--|--|

8:30

Page _____ of _____
Date 8/31/07

Review _____

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TESTMaryland Well Permit No. 140-95-1103 Election District _____Location of Property (road) Terrapin Creek Dr.Subdivision TERRAPIN Creek Lot 3 Block _____ Plat _____ Sec. _____Well Driller EASTERDAY Owner Lee DevelopmentDepth of Well 600 1 1/2 gpm

Distance of Measuring Point (M.P.) above ground _____

Static Water Level (S.W.L.) below M.P. 35.1 2' pump set 480'

I. High Rate Pumping -- reservoir drawdown

Time pump started 845 Pumping rate 20 gpmTotal time 30 min to reach pumping water level 190 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.) |
|------|---------------------------|---|---------------------------------|---------------------------------------|
| 915 | 190' | 40 sec | 1 gal bucket | 1.5 gpm |
| 930 | 190' | 40 " | " | 1.5 " |
| 945 | 190' | 40 " | " | 1.5 " |
| 1000 | 190' | 40 " | " | 1.5 " |
| 1015 | 190' | 40 " | " | 1.5 " |
| 1030 | 190' | 40 " | " | 1.5 " |
| 1045 | 190' | 40 " | " | 1.5 " |
| 1100 | 190' | 40 " | " | 1.5 " |
| 1115 | 190' | 40 " | " | 1.5 " |
| 1130 | 190' | 40 " | " | 1.5 " |
| 1145 | 190' | 40 " | " | 1.5 " |
| 1200 | 190' | 40 " | " | 1.5 " |
| 1215 | 190' | 40 " | " | 1.5 " |
| 1230 | 190' | 40 " | " | 1.5 " |
| 1245 | 190' | 40 " | " | 1.5 " |
| 100 | 190' | 40 " | " | 1.5 " |
| 115 | 190' | 40 " | " | 1.5 " |
| 130 | 190' | 40 " | " | 1.5 " |
| 145 | 190' | 40 " | " | 1.5 " |
| 200 | 196' | 40 " | " | 1.5 " |
| 215 | 190' | 40 " | " | 1.5 " |
| 230 | 190' | 40 " | " | 1.5 " |
| 245 | 190' | 40 " | " | 1.5 " |
| 300 | 190' | 40 " | " | 1.5 " |
| 315 | 190' | 40 " | " | 1.5 " |

Well Permit No. HO - 95-1103
Location of property (road) Terrapin creek Dr.
Subdivision Terrapin creek Lot 3 Block Plat Sec.
Well Driller Easterday Owner

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

not 1026

**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: 75 ALVERN CT Ste 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): MARY MATHREX License# 03197

*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: LYONSVILLE HARMS Telephone #: 410-442-2711
Subdivision: TERRAPIN CREEK Lot #: 3 Well Tag #: HO-96-1103
Site Address: 2011 TERRAPIN CREEK DRIVE
SYRESVILLE, MD 21784

| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
|---|---|--|
| Make: <u>J-CROSS</u> | Make: <u>Dimpbell</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>755154-2W</u> | Model#: <u></u> | 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>1.5</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 <u>N/A</u> | | |

| <u>Piping to house</u> | <u>House Connection</u> |
|---|---|
| Type: <u>POLY</u> | PVC sleeved to undisturbed soil at wall penetration: <u>YES</u> |
| PSI: <u>1100</u> (100 psi min) | Approximate length of sleeve: <u>2ft</u> |
| Depth of supply line: <u>42</u> (36" min) | Sleeve caulked and sealed properly: <u>YES</u> |

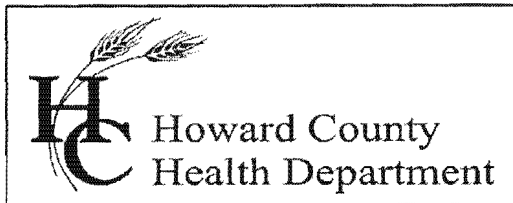
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 5/3/16

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

| | |
|---|--|
| Date Insp. Requested: <u>5/5/16</u> | Date Insp. Approved: <u>7/27/16 SC</u> |
| Inspection Data: | |
| Pitless adapter and water supply line at least 36" below grade | <input checked="" type="checkbox"/> |
| Two piece cap installed and attached to casing securely | <input checked="" type="checkbox"/> |
| Elec. conduit extends at least 18" below grade/attached to cap properly | <input checked="" type="checkbox"/> |
| Safety rope installed inside of well casing | <input checked="" type="checkbox"/> |
| Correct well tag attached properly and casing 8" above finished grade | <input checked="" type="checkbox"/> |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> |
| Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> |

HD-215 (Rev. 8/00)



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 – FEBRUARY 18, 2017

August 18, 2016

Homeowner
2011 Terrapin Creek Road
Sykesville, MD 21784

**RE: Terrapin Creek, Lot 3
2011 Terrapin Creek Road
Building Permit: B15005248
Well Permit: HO-95-1103**

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 **8/16/2016**. Final approval of the well line connection to the dwelling was granted on **7/22/2016**. The well construction was completed on **8/24/2007**. Water samples were collected on **8/12/2016**.

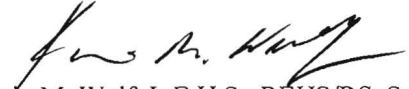
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1103. 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. Along with submission of a second bacteriological test, turbidity and Iron must also be tested pre and post treatment. 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 #: | 109320 | Account #: | 1045 |
| Reference: | Catonsville Homes Lot 3 | Company: | Atlantic Blue Water Services |
| Location: | 2011 Terrapin Creek Road | Requested By: | Mark Mather |
| | Sykesville, MD 21784 | Source: | Well Water |
| Date/ Time Collected: | 8/12/2016 1045 | Site: | Well Tank |
| Date/Time Rec'd: | 8/12/2016 1545 | Treatment: | None |
| Chlorine ppm: | Free: ND Total: ND | pH: | 6.0 |
| Collected By: | M. Mather 3480MM | Well #: | HO-95-1103 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|-----------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 8/13/2016 / 1600 / BCD |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 8/13/2016 / 1600 / BCD |

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 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B15005248

Date Reported: 8/15/2016

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 #: 109066 Account #: 1045
Reference: Catonsville Homes Lot 3 Company: Atlantic Blue Water Services
Location: 2011 Terrapin Creek Road Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 8/2/2016 1415 Site: Well Tank
Date/Time Rec'd: 8/2/2016 1513 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: K. Sweeney 6526KS Well #: HO-95-1103

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-----------------------|
| Bacteria, Coliform, Total, MPN | 1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 8/3/2016 / 0900 / CCH |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 8/3/2016 / 0900 / CCH |
| Nitrate | 7.51 | mg/L | 10 | 601 | 8/2/2016 / 1620 / CRS |
| Turbidity | 9.41 | NTU | <10 | SM18 2130B | 8/2/2016 / 1645 / CRS |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 8/2/2016 / 1645 / CRS |

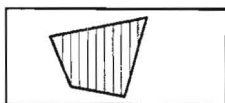
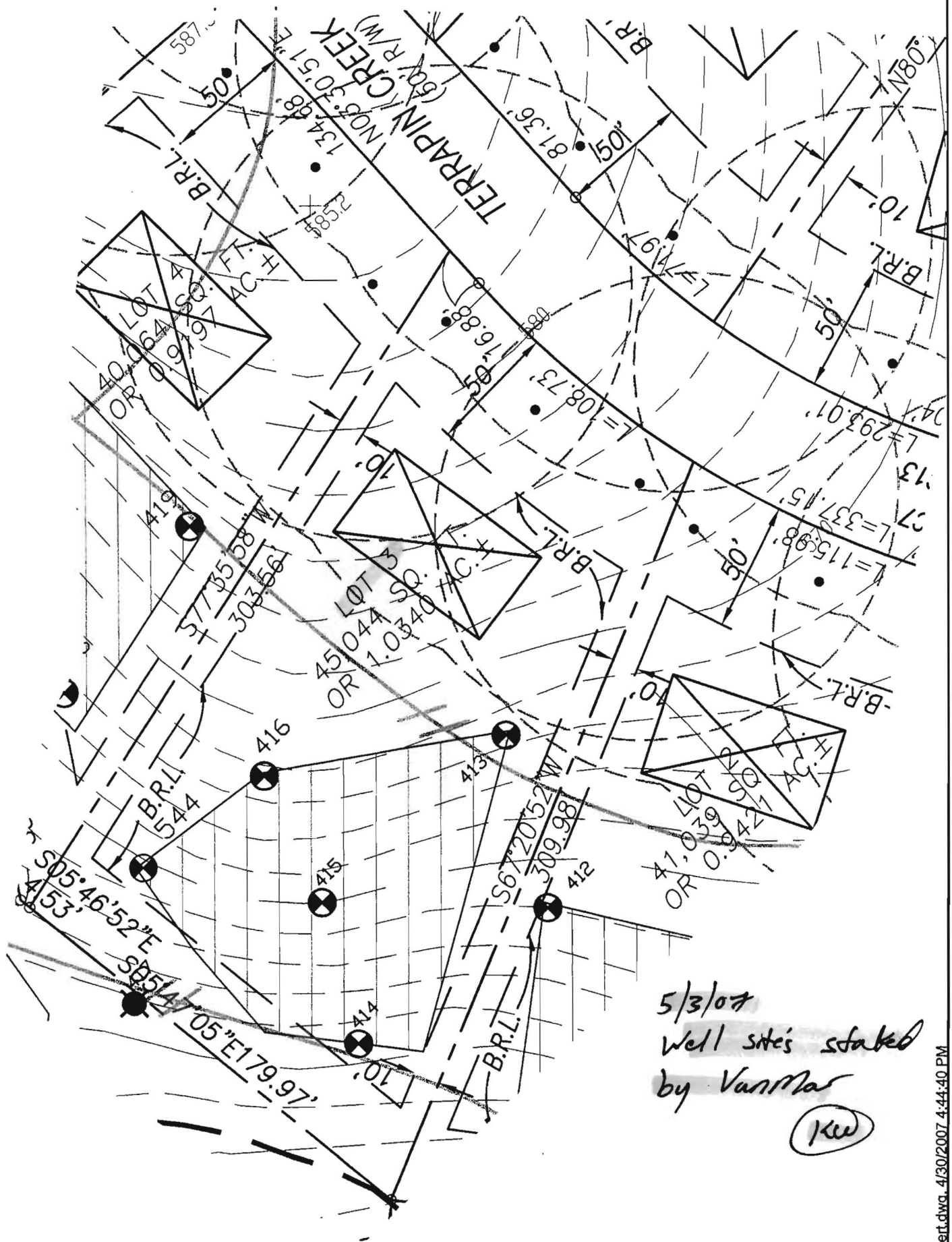
NOTES

- 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 pH & chlorine tested on site
- 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
- 8 Sample collected by client, analyzed as received
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B15005248

Date Reported: 8/3/2016



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:



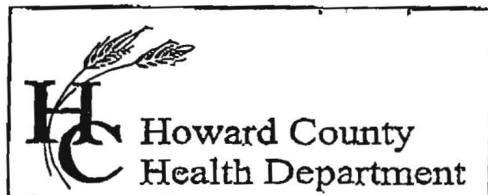
PROPOSED WELL SITE:



WELL SITE PLAN LOT 3 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



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

Safe
Schwartz