

C1 5006

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM 06 DD 25 YY 07

MM 6/4 DD 07 YY

22 600 26 7/23/07 OK MW

28 29 30 31 32 33 34 35 36 37

OWNER Lee Development Group Inc
STREET OR RFD Woodbine Crossing Road TOWN Lisbon
SUBDIVISION Woodbine Crossing SECTION LOT 6

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

Table with 3 columns: Description, Feet From, Feet To. Rows: Topsoil (0-2), Brown slate (2-85), Grey slate (85-600)

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 37 NO. OF POUNDS 3700

GALLONS OF WATER 222

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 70 ft.

CASING RECORD

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)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Table with 3 columns for depth ranges: 1-8, 9-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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.) 4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37 ft.

WHEN PUMPING 205 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

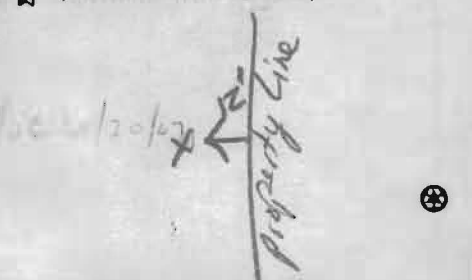
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below (nearest foot) 2

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)



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.

DRILLERS LIC. NO. MW D 040 George F. Kusterley DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 AW D 788

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

B 1	<b>3221</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 526270 please type	STATE PERMIT NUMBER <u>HO-95-1069</u> <small>fill in this form completely</small>
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**OWNER INFORMATION** 10518

Date Received (APA) 3/7/07  
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

**LOCATION OF WELL**

B 3 Howard COUNTY PC#

Woodbine Crossing 23 SUBDIVISION 42

SECTION 6 LOT 6  
44 46 48 50

Lisbon 52 NEAREST TOWN 71

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

George F. Easterday 2/28/2007  
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Woodbine Crossing Road 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 175 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 2 BLK: 24 PARCEL 32

**WELL INFORMATION**

B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard (13) A 52 00 78  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 4/23/07 Ken Vaf 4/23/08  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 553 0 0 0 EAST GRID 0779 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 778 9  
N 550 3

000  
000

**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 \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)

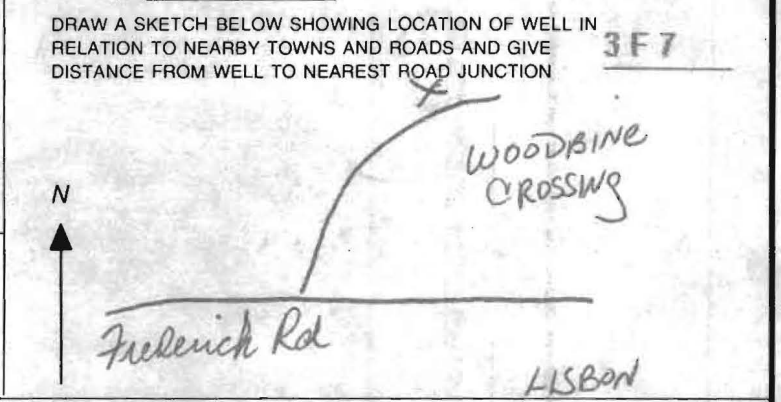
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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 H02006G014

PERMIT No. H0-95-1069  
70 71 72 73 74 75 76 77 78 79





104 102 6

**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: 1702 RAHWAYE ROAD  
WILMINGTON, 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 MATHER 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: LDS, INC Telephone #: 301-585-7000  
Subdivision: TERMOVAL CREEK Lot #: 6 Well Tag #: HO-94-1069 ✓  
Site Address: 731 WOODBINE CROSSING  
MAINE AVE, MD 21111 95

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>JVALS</u>	Make: <u>MCORP 11</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>2.5754-2W</u>	Model#: <u></u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>462"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" R.G.: <input checked="" type="checkbox"/>

Depth of well encountered at time of pump installation: 580 (feet)      Conduit secured to well cap:   
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>polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YCS</u>
PSI: <u>110</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>YCS</u>

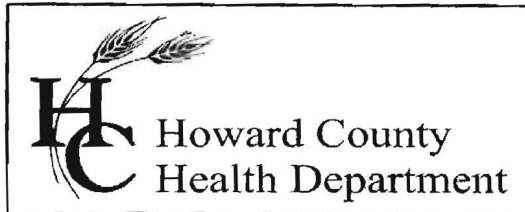
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature]      5/13/17  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: 5/9/17      Date Insp. Approved: 5/9/17 SC

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"/>



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date - January 19, 2018

July 19, 2017

Homeowner  
731 Woodbine Crossing Road  
Woodbine, MD 21797

**RE:** Woodbine Crossing, Lot 6  
731 Woodbine Crossing Road  
**Building Permit: B17000256**  
**Well Permit: HO-95-1069**

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 **7/14/2017**. Final approval of the well line connection to the dwelling was granted on **5/9/2017**. The well construction was completed on **6/6/2007**. Water samples were collected on **7/11/2017, 7/17/2017**.

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.

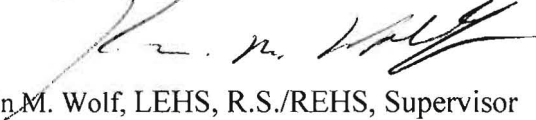
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit **HO-95-1069**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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>

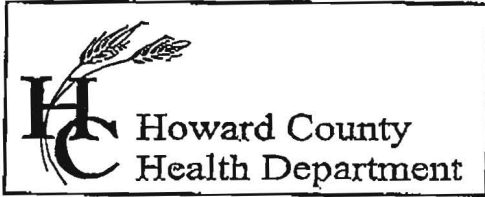
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

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



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  
Wardbine 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.

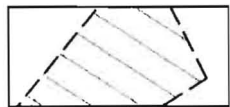
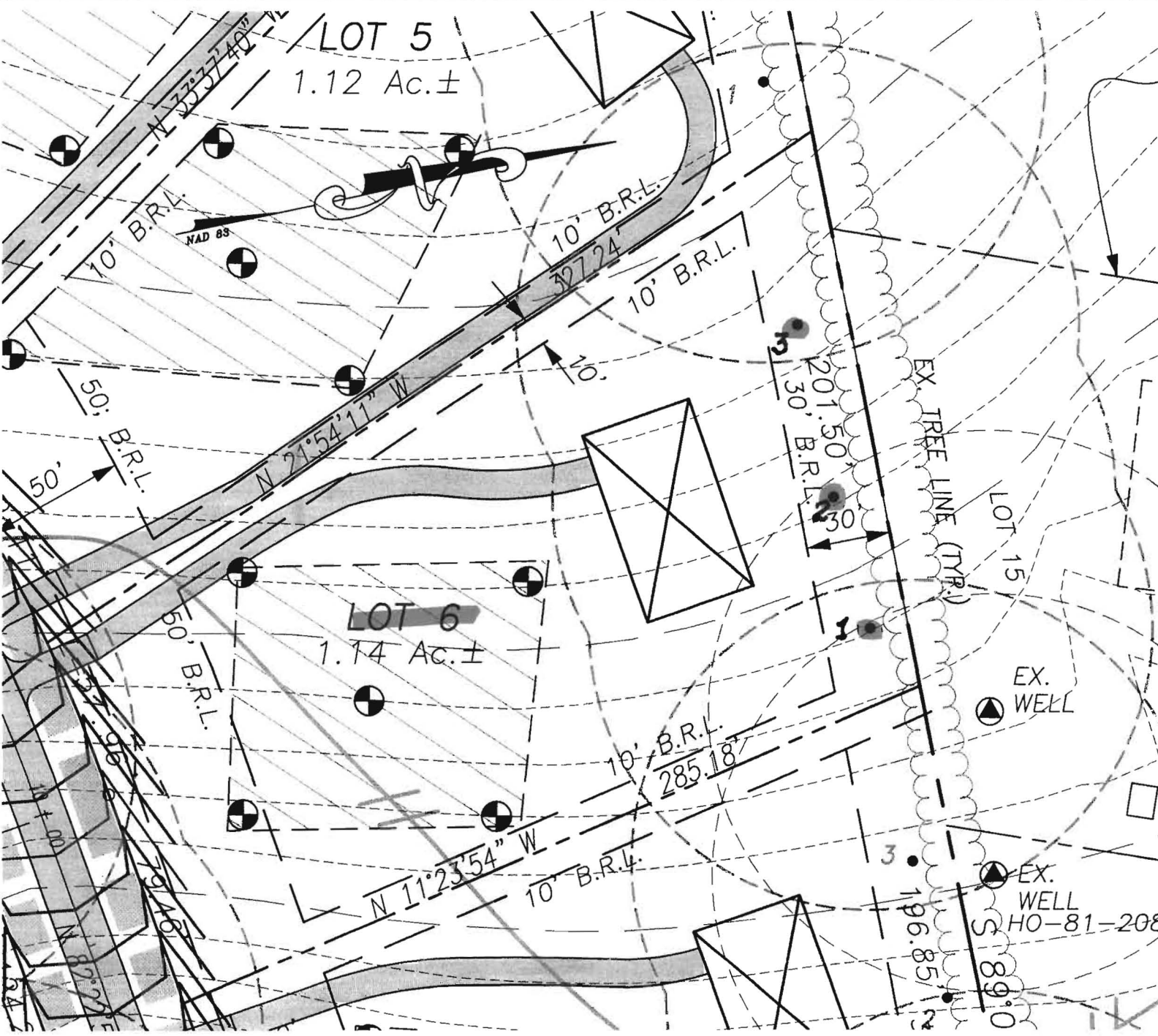
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

*Ersteulays*  
 301-829-1640

4/20/07 (KW)

Well sites staked by VanMar



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 6

## 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

# 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 #: 115687 Account #: 1045  
Reference: Catonsville Homes Lot 6 Company: Atlantic Blue Water Services  
Location: 731 Woodbine Crossing Requested By: Mark Mather  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 7/11/2017 1040 Site: Powder Room Faucet  
Date/Time Rec'd: 7/11/2017 1422 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: M. Mather 3480MM Well #: HO-94-1069

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	40.6	MPN/ 100 ml	<1.0	SM20 9223	7/12/2017 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	7/12/2017 / 0900 / CCH
Nitrate	5.88	mg/L	10	601	7/11/2017 / 1545 / CRS
Turbidity	3.08	NTU	<10	SM18 2130B	7/11/2017 / 1630 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	7/11/2017 / 1630 / 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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B17000256

Date Reported: 7/12/2017

# 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 #: 115810 Account #: 1045  
Reference: Catonsville Homes Lot 6 Company: Atlantic Blue Water Services  
Location: 731 Woodbine Crossing Requested By: Mark Mather  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 7/17/2017 1130 Site: Laundry Tub Sink  
Date/Time Rec'd: 7/17/2017 1600 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: C. Mather 0421CM Well #: HO-94-1069

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	7/18/2017 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	7/18/2017 / 1000 / 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 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested in lab

**Reason for Test :** Use & Occupancy

**Building Permit # :** B17000256

Date Reported: 7/18/2017

**Collins, Sarah**

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**From:** Collins, Sarah  
**Sent:** Tuesday, January 12, 2016 1:03 PM  
**To:** 'ron@vanmar.com'  
**Subject:** Woodbine Crossing wells

Hi Ron,

I've noticed that a couple of the wells at Woodbine Crossing have been damaged. Lot 15 is missing a cap and the casing is bent; lot 6 has a cracked cap.

I spoke with Greg from Catonsville Homes and he said that his company does not yet own the property as they haven't started building on those lots. He recommended contacting you to determine who to contact regarding fixing these wells.

Thanks,  
Sarah

Sarah Collins, L.E.H.S.  
Environmental Health Specialist  
Howard County Health Department  
Bureau of Environmental Health  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

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