

C1 5096

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. 3-5 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Lee Development Group Inc. STREET OR RFD: Woodbine Crossing Road TOWN: Lisbon SUBDIVISION: Woodbine Crossing 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 FROM TO

check if water bearing

Top soil 0-2, Brown mica 2-100, Gray mica 100-600

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 41 NO. OF POUNDS 1490

GALLONS OF WATER 296

DEPTH OF GROUT SEAL (to nearest foot) 79

from 48 TOP 52 ft. to 54 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: ST, Nominal diameter top (main) casing (nearest inch): 6, Total depth of main casing (nearest foot): 115

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

screen type or open hole insert appropriate code below

SCREEN RECORD

[ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED [Y] [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...

DRILLERS LIC. NO.: MWD 040, DRILLERS SIGNATURE: Gary F. Kasterluy

LIC. NO.: AWD 788

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

DEPTH (nearest ft.): HO 111, 600

ACSH: 11-15, 17-21, 23-24, 26-30, 32-36, 38-39, 41-45, 47-51

DIAMETER OF SCREEN: 58 (NEAREST INCH) to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

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) 6

PUMPING RATE (gal. per min.) 1.46

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 79 ft.

WHEN PUMPING 238 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

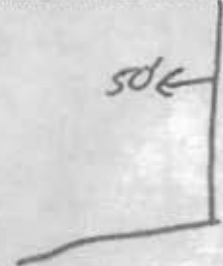
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above LAND SURFACE [-] below (nearest foot)

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>B 1</b>	<b>3218</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 5 26270 please type	STATE PERMIT NUMBER <b>HO-95-1066</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION** 10515

Date Received (APA) 3/5/07  
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

**B 3** LOCATION OF WELL

Howard  
8 COUNTY 62#

Woodbine Crossing  
23 SUBDIVISION 42

SECTION      LOT 3  
44 46 48 50

Lisbon  
52 NEAREST TOWN 71

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

Woodbine Crossing Road  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

200  
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 2 BLK: 24 PARCEL 32

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
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

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

Howard (13) A520078  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

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

NORTH GRID 552 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 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 DEEPEAN 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 HO 2006G 014

PERMIT No. HO-95-1066  
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 770 9  
N 550 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 3 F 7

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

Lisbon

Page \_\_\_\_\_ of \_\_\_\_\_

Date \_\_\_\_\_

Review \_\_\_\_\_

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

Maryland Well Permit No. H094-1066 Election District \_\_\_\_\_

Location of Property (road) WOODBINE CROSSING ROAD

Subdivision WOODBINE CROSSING Lot 3 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_

Well Driller EASTERDAY Owner LEE DEVELOPMENT

Depth of Well 605' \* 90m  
Distance of Measuring Point (M.P.) above ground 2  
Static Water Level (S.W.L.) below M.P. 79

I. High Rate Pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 20  
Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

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

Pump set 480

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9:30	206	25 sec		2 1/2
9:45	220	30 sec		2
10:00	225	30 sec		2
10:15	225	30 sec		2
10:30	224	30 sec		2
10:45	226	41 sec		1.46
11:00	226	41 sec		1.46
11:15	226	41 sec		1.46
11:30	226	41 sec		1.46
11:45	226	41 sec		1.46
12:00	226	41 sec		1.46
12:15	227	41 sec		1.46
12:30	227	41 sec		1.46
12:45	228	41 sec		1.46
1:00	229	41 sec		1.46
1:15	233	41 sec		1.46
1:30	233	41 sec		1.46
1:45	233	41 sec		1.46
2:00	233	41 sec		1.46
2:15	237	41 sec		1.46
2:30	234	41 sec		1.46
2:45	237	41 sec		1.46
3:00	238	41 sec		1.46
3:15	238	41 sec		1.46

3:30	238	41 sec	1.46	D.P.M
3:45	238	41 sec	1.46	
4:00	238	41 sec	1.46	
4:15	238	41 sec	1.46	
4:30	238	41 sec	1.46	



101 102 4

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)343-2640 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: 802 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): MARK MATHER Licensed 103797

\*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: WOODHIRE CROSSING Lot #: 3 Well Tag #: HO-94-10616  
Site Address: 719 WOODHIRE CROSSING RD 95  
MOUNT AIRY, MD 21771

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>LOPITA</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>756510</u>	Model #: <u>        </u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>3</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1.41</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>6.0</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         

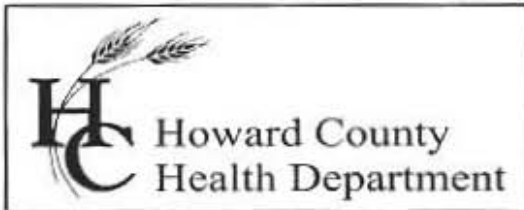
<b>Piping to house</b>	<b>House Connection</b>
Type: <u>PLV SYSTEM</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>2</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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] 9/5/17  
Signature of company representative responsible for installation date

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

Date Insp. Requested: <u>9/1/17</u>	Date Insp. Approved: <u>9/1/17 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"/>



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 - APRIL 25, 2018

**October 25, 2017**

Homeowner  
719 Woodbine Crossing Road  
Woodbine, MD 21797

**RE: Woodbine Crossing, Lot 3  
719 Woodbine Crossing Road  
Building Permit: B17001506  
Well Permit: HO-95-1066**

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 **10/10/2017**. Final approval of the well line connection to the dwelling was granted on **9/1/2017**. The well construction was completed on **6/26/2017**. Water samples were collected on **10/10/2017, 10/20/2017**.

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.

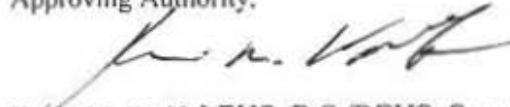
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit **HO-95-1066**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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>

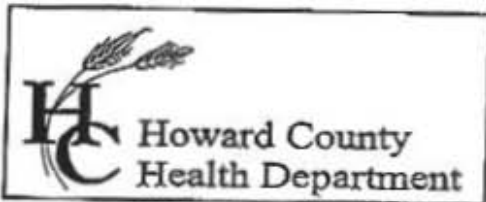
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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	
<u>Woodbine Crossing</u>	<u>1-15</u>	<u>Woodbine Crossing Road</u>
Subdivision/Property Name	Lot#	Road Name

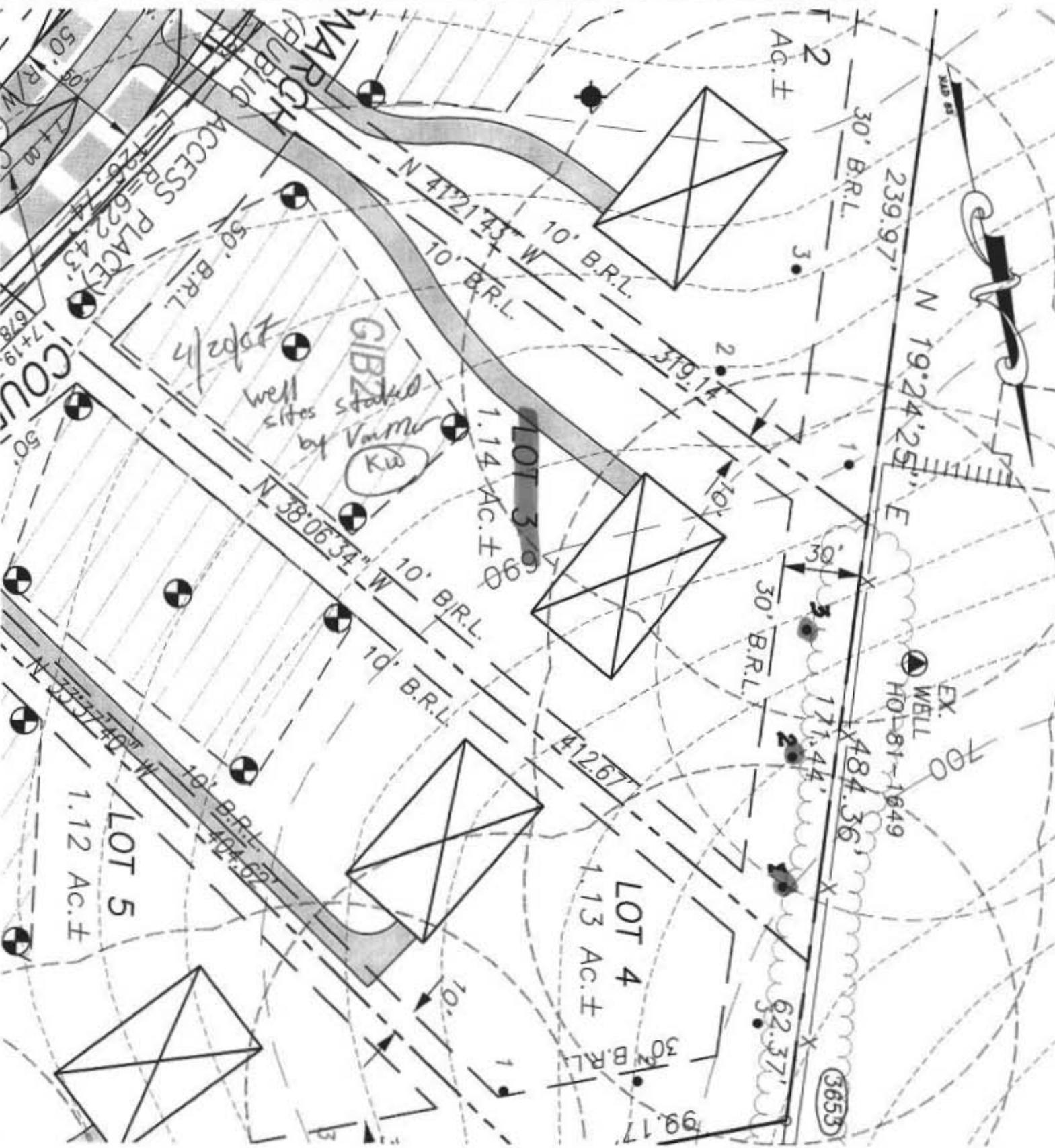
The well site has been staked by VAN MAR  
 (professional land surveyor or company employing professional land surveyors)  
 on Week of 3-5-07 (date) and does not require a site inspection.

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




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**  
**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  
 510 South Main Street P.O. Box 328 Mount Airy, Maryland 21771

## Williams, Jeffrey

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**From:** PETE BREHM <brehmpete14@gmail.com>  
**Sent:** Wednesday, December 20, 2017 5:20 PM  
**To:** Freemon, Robert  
**Cc:** Williams, Jeffrey; Pete Brehm (Pete.Brehm@rfp-inc.us)  
**Subject:** Re: 719 Woodbine Crossing

Jeff,

Thanks for taking the lead on this I appreciate it. We recently moved into our new house and have not yet gotten a clean water test from the well. The builder (Catonsville Homes) has tested the water several times and it has not passed and we have not been given the test results to know what the issue is. Directly after we moved in (October 2017) and another failed test Catonsville Homes had a sediment filter and IR treatment system installed and another water sample was taken before and after the treatment system. The water test passed after the treatment system but failed again prior to the it. The builder said they were going to check with the County to see if any further action was required and to date I have not heard from them. My concern is that if the treatment system should fail for any reason we would be subjected to contaminated water supply. I was recently diagnosed with Cancer and cannot take the risk of a contaminated water supply. Your help to understand what the requirements are is greatly appreciated. I am available on my cell phone at 410-365-4933 if you have any questions.

Thanks again for your help.

Pete

On Dec 20, 2017, at 10:44 AM, Freemon, Robert <[rfreemon@howardcountymd.gov](mailto:rfreemon@howardcountymd.gov)> wrote:

Hey Pete,

As per our phone conversation, Jeff Williams will be looking into your well situation. He may need a couple of days to review the property file before he contacts you with any information. In the meantime, if you could write a short email to Jeff explaining what you told me and what the builder has told you it may help him to better understand your current situation and the specific questions you have. He has my notes from the last time we spoke, however he may need additional details.

**Robert "Spencer" Freemon**

**Howard County Health Department**

**8930 Stanford Blvd. Columbia, MD 21045**

**Bureau of Environmental Health**

**Well and Septic Program**

**Phone: 410-313-6357**

**Email: [rfreemon@howardcountymd.gov](mailto:rfreemon@howardcountymd.gov)**

**Website: <https://www.howardcountymd.gov/Departments/Health/Environmental-Health/Well-and-Septic>**

# 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 #: 117781 Account #: 1045  
Reference: Catonsville Homes Lot 3 Company: Atlantic Blue Water Services  
Location: 719 Woodbine Crossing Road Requested By: Mark Mather  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 10/16/2017 1100 Site: Powder Room Faucet  
Date/Time Rec'd: 10/16/2017 1552 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: M. Mather 3480MM Well #: HO-94-1066

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM20 9223	10/17/2017 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	10/17/2017 / 1000 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	10/16/2017 / 1600 / CRS

Pce

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NS = None Seen (NS indicates less than 5 mg/L)
- 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 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy

Building Permit # : B17001506

Date Reported: 10/17/2017

**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 #: 117867 Account #: 1045  
Reference: Catonsville Homes Lot 3 Company: Atlantic Blue Water Services  
Location: 719 Woodbine Crossing Road Requested By: Mark Mather  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 10/20/2017 1300 Site: 1st Floor Bath  
Date/Time Rec'd: 10/20/2017 1418 Treatment: UV Light  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: C. Mather 0421CM Well #: HO-94-1066

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	10/21/2017 / 0845 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	10/21/2017 / 0845 / BCD

Post

**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 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : B17001506

Date Reported: 10/23/2017

**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 #: 118040 Account #: 1045  
Reference: Catonsville Homes Lot 3 Company: Atlantic Blue Water Services  
Location: 719 Woodbine Crossing Road Requested By: Mark Mather  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 10/27/2017 1045 Site: Well Tank  
Date/Time Rec'd: 10/27/2017 1550 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: M. Mather 3480MM Well #: HO-94-1066

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	144.5	MPN/ 100 ml	<1.0	SM20 9223	10/27/2017 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	10/27/2017 / 1000 / CRS

**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 pH and Chlorine level tested in lab

**Reason for Test :** Use & Occupancy**Building Permit # :** B17001506Date Reported: 10/30/2017

## Williams, Jeffrey

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**From:** Williams, Jeffrey  
**Sent:** Friday, December 22, 2017 9:57 AM  
**To:** 'PETE BREHM'  
**Subject:** FW: 719 Woodbine Crossing Rd  
**Attachments:** 20171222095506423.pdf

See below. Also attached is the well completion report. Let me know if you have any questions moving forward. Thanks

Jeff Williams  
Program Supervisor, Well & Septic Program  
Bureau of Environmental Health  
Howard County Health Dept.  
410-313-4261  
[jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov)

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**From:** Williams, Jeffrey  
**Sent:** Friday, December 22, 2017 9:19 AM  
**To:** 'Frank Potepan'  
**Cc:** Pam Walter  
**Subject:** RE: 719 Woodbine Crossing Rd

Thanks. I'll follow up with Kevin on our end. The regulations require a superchlorination procedure prior to Health approval of a deviation for bacteria. I see several failing results, but I'm not sure if you ever did the superchlorination described in COMAR 26.04.04 in which an outside source of chlorinated water equal to the volume in the well column is brought on site and pumped into the well, then the chlorination proceeds as normal (surging, filling pipes, waiting, flushing). In 99% of cases I've seen, this clears up the bacteria where no UV light is needed. Our regulations also require that if we do approve a UV light to clear up bacteria, an agreement must be signed by all parties and recorded in land records and a permanent deviation certificate of potability is issued.

At this point, we would want you to do the superchlorination procedure and we can get bacterial samples pre- UV light. If they are passing, then a regular FCOP can be issued. If that does not work, then we would look for a passing result post-UV light and we would have an agreement recorded in land records and issues a permanent deviation FCOP. Let me know if there are any questions. Thanks  
Jeff

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**From:** Frank Potepan [<mailto:FPotepan@catonsvillehomes.com>]  
**Sent:** Thursday, December 21, 2017 1:51 PM  
**To:** Williams, Jeffrey

**Cc:** Pam Walter  
**Subject:** FW: 719 Woodbine Crossing Rd

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**From:** Pam Walter  
**Sent:** Thursday, December 21, 2017 11:31 AM  
**To:** Frank Potepan <[FPotepan@catonsvillehomes.com](mailto:FPotepan@catonsvillehomes.com)>  
**Subject:** RE: 719 Woodbine Crossing Rd

Mr Williams,

Attached are the three failed well test results, the invoice for the UV system that was installed and the well report post UV installation. Greg Sinclair has been in contact with Kevin in regards to this house and it is our understanding that Kevin wants to wait and do the retest at the 6 month period and review the results at that time. Greg did mention that Kevin wants to take the sample before the water is treated through the UV process which I do not understand. I would appreciate your input on the location of the water sample.

Thanks for your assistance on this issue and have a Great Holiday!  
Frank Potepan

*Pam Walter*

Catonsville Homes, LLC  
11175 Stratfield Court  
Marriottsville, MD 21104  
410-442-2211 x 202  
410-442-2215 Fax  
[pwalter@catonsvillehomes.com](mailto:pwalter@catonsvillehomes.com)

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**From:** Frank Potepan  
**Sent:** Thursday, December 21, 2017 9:39 AM  
**To:** Pam Walter  
**Cc:** Frank Potepan  
**Subject:** Fwd: 719 Woodbine Crossing Rd

Let's discuss today

Sent from my iPhone

Begin forwarded message:

**From:** "Williams, Jeffrey" <[jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov)>  
**Date:** December 21, 2017 at 9:05:26 AM EST  
**To:** "[FPotepan@catonsvillehomes.com](mailto:FPotepan@catonsvillehomes.com)" <[FPotepan@catonsvillehomes.com](mailto:FPotepan@catonsvillehomes.com)>  
**Subject:** 719 Woodbine Crossing Rd

Hi Frank. I'm trying to get a handle on what's going on with the water supply at the home at 719 Woodbine Crossing Rd, lot 3. I believe Kevin from our office has been in contact with you about the potability/ failing bacteria tests. He's off for a few days. Can you give me some background here? Thanks

Jeff Williams  
Program Supervisor, Well & Septic Program

Bureau of Environmental Health  
Howard County Health Dept.  
410-313-4261  
[jewilliams@howardcountymd.gov](mailto:jewilliams@howardcountymd.gov)

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**Pam Walter**

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**From:** Atlantic Blue Water Services <no\_reply@watersoftware.com>  
**Sent:** Tuesday, November 07, 2017 9:28 AM  
**To:** Pam Walter  
**Subject:** Atlantic Blue Water Services, LLC Invoice



Atlantic Blue Water Services, LLC  
1802 Baltimore Blvd.  
Westminster MD 21157  
410-840-2583

**INVOICE**

Invoice # 4046 AccountID: 11516  
For Service At: WOODBINE CROSSING LOT 3 Date: 10/18/17  
719 WOODBINE CROSSING ROAD Terms:  
MOUNT AIRY MD 21771 PO#:

Code	Description	Qty	Amt	Tax	Total
LUM8MS	MONITORED ULTRA VIOLET 8GPM w/ FILTER	1	1,600.00	0.00	1,600.00

**TOTAL: 1,600.00**

PAYMENT DUE UPON RECEIPT OF THIS INVOICE



101-6



**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 #:	117696	Account #:	1045
Reference:	Catonsville Homes Lot 3	Company:	Atlantic Blue Water Services
Location:	719 Woodbine Crossing Road Mount Airy, MD 21771	Requested By:	Mark Mather
Date/ Time Collected:	10/10/2017 1030	Source:	Well Water
Date/Time Rec'd:	10/10/2017 1530	Site:	Well Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Mather 3480MM	pH:	6.6
		Well #:	HO-94-1066

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM20 9223	10/11/2017 / 1020 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	10/11/2017 / 1020 / CRS
Nitrate	4.85	mg/L	10	601	10/10/2017 / 1600 / CRS
Turbidity	8.99	NTU	<10	SM20 2130B	10/10/2017 / 1615 / CRS
Sand	Present	mg/L	5	Visual/Gravimetric	10/10/2017 / 1615 / 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 &amp; Occupancy

Building Permit # : B17001506

Date Reported: 10/11/2017