

C1 5043

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.

1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

COUNTY  
NUMBER

ST/CO USE ONLY  
DATE Received  
MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
NO. 94-1078

OWNER Lee Development Group Inc  
STREET OR RFD last name Woodbine Crossing Road first name TOWN Lisbon  
SUBDIVISION Woodbine Crossing SECTION 15 LOT 15

**WELL LOG**

Not required for driven wells

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL (Circle one) CEMENT  BENTONITE CLAY   
CEMENT  BENTONITE CLAY   
NO. OF BAGS 41 NO. OF POUNDS 4900  
GALLONS OF WATER 246  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 99 ft.  
(enter 0 if from surface)

C 3

**PUMPING TEST**

HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min.) 2.6  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 72 ft.  
WHEN PUMPING 283 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

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 rocky clay	2	30	
Tan rocky clay	30	39	
brown mica	39	100	
blue slate	100	270	
green slate	270	510	
gray mica	510	600	

**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) 114  
50 61 63 64 66 70

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

**SCREEN RECORD**  
screen type or open hole (insert appropriate code below)  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

**DEPTH (nearest ft.)**  
C 2  
HO 112 600  
E 8 9 11 15 17 21  
A 23 24 26 30 32 36  
C 38 39 41 45 47 51  
R  
E  
N  
SLOT SIZE 1 \_\_\_ 2 \_\_\_ 3 \_\_\_  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

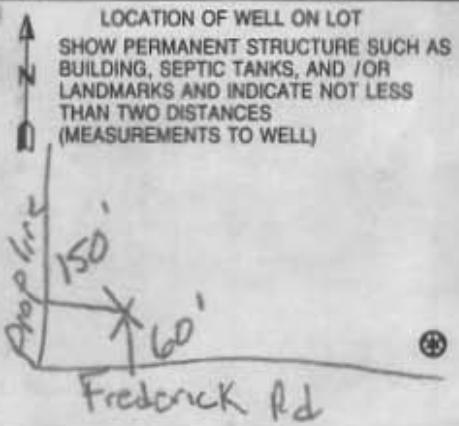
**PUMP INSTALLED**  
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES  NO   
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0  
WELL HYDROFRACTURED  Y  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. M D  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
Paul G. [Signature]  
LIC. NO. JW D 727

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  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA



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

COUNTY

B 1 **3230** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER  
 1 2 3 6 **526270** please type **40-95-1078**  
 70 fill in this form completely 79

**OWNER INFORMATION** 10527  
 Date Received (APA) **3/7/07** 1454  
 8 MM CC YY 13  
 15 Lee Development Group Inc Last Name Owner First Name 34  
 36 8601 Georgia Ave, Suite 200 Street or RFD 55  
 57 Silver Spring, Md 20910 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**  
 8 COUNTY Howard C# 21#  
 23 SUBDIVISION Woodbine Crossing 42  
 SECTION 44 45 LOT 15 48 50  
 52 NEAREST TOWN Lisbon 71  
 MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

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

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 1 2  
  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 11 Woodbine Crossing Road NEAR WHAT ROAD 30  
 34 25 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: 2 BLK: 24 PARCEL 32

B 2 **WELL INFORMATION**  
 1 2 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)**  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard COUNTY NAME (13) COUNTY NO. A520078  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED 4/23/07 CO SIGNATURE Min Kaf EXP. DATE 9/23/08  
 43 MM DD YY 48  
 NORTH GRID 552 000 EAST GRID 077.9 000  
 50 55 57 63

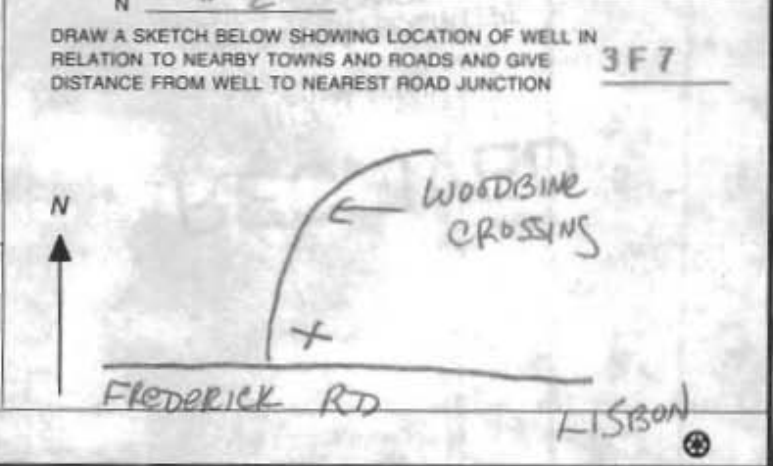
APPROXIMATE DEPTH OF WELL 300 FEET 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 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  
 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 402006G014  
 PERMIT No. 40-95-1078

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. \_\_\_\_\_  
 2. wells  
 3. \_\_\_\_\_  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 770 9  
 N 550 2



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

6/21/07 Thursday

FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-94-1078 Election District \_\_\_\_\_

Location of Property (road) WOODBINE CROSSING ROAD

Subdivision WOODBINE CROSSING Lot 15 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_

Well Driller EASTERDAY Owner LEE DEVELOPMENT

Depth of Well 600 gpm  
Distance of Measuring Point (M.P.) above ground 2 FT  
Static Water Level (S.W.L.) below M.P. 72 FT

I. High Rate Pumping -- reservoir drawdown

Time pump started 10:15 Pumping rate 20 GPM  
Total time 30 min to reach pumping water level 282 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 <u>ONE</u> gal. bucket	Pump SET <del>PUMP</del> <del>NUMBER</del> <del>READING</del> ( <del>NUMBER</del> )	CALCULATED FLOW (gallons per min.)
10:45	282 FT	22 SEC	480 FT	2.7
11:00	282 FT	22 SEC		2.7
11:15	282 FT	23 SEC		2.6
11:30	282 FT	23 SEC		2.6
11:45	282 FT	23 SEC		2.6
12:00	282 FT	23 SEC		2.6
12:15	282 FT	23 SEC		2.6
12:30	282 FT	23 SEC		2.6
12:45	282 FT	23 SEC		2.6
1:00	282 FT	23 SEC		2.6
1:15	282 FT	23 SEC		2.6
1:30	282 FT	23 SEC		2.6
1:45	282 FT	23 SEC		2.6
2:00	283 FT	23 SEC		2.6
2:15	283 FT	23 SEC		2.6
2:30	283 FT	23 SEC		2.6
2:45	283 FT	23 SEC		2.6
3:00	283 FT	23 SEC		2.6
3:15	283 FT	23 SEC		2.6
3:30	283 FT	23 SEC		2.6
3:45	283 FT	23 SEC		2.6
4:00	283 FT	23 SEC		2.6
4:15	283 FT	23 SEC		2.6
4:30	283 FT	23 SEC		2.6
4:45	283 FT	23 SEC		2.6

TESTED BY DICKS



**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: ATLANTIC BLUE Telephone #: 410-840-8112  
Address: 1803 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): KIRK SWEENEY License# 70788

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: CATONSVILLE HOMES Telephone #: 410-442-3211  
Subdivision: WOODBINE CROSSING LOT 15 Lot #: 15 Well Tag #: HO 94-1078  
Site Address: 703 WOODBINE CROSSING  
MOUNT AIRY, MD 21771

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>GARLO</u>	Make: <u>CNAPBSC</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>651</u>	Model #: <u>4</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2.10</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (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, Cable guards, or other acceptable method used- Must circle one  
**Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing**

**Piping to house**  
Type: Poly  
PSI: 20 (160 psi min)  
Depth of supply line: 42 (36" min)

**House Connection**  
PVC sleeve to undisturbed soil at wall penetration:   
Approximate length of sleeve: 20FT  
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: [Signature] date 4/10/18

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 \_\_\_\_\_

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-~~94-1078~~  
Site Address: \_\_\_\_\_

11/21/17 No Tag  
Ⓟ

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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, Cable guards, or other acceptable method used— Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve 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: 11/21/2017 Date Insp. Approved: 11/21/17 Inspector: \_\_\_\_\_

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>49"</u>	<u>11/21/2017</u> <u>Ⓟ</u>
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"/>	<u>32"</u>	<u>11/21/2017</u> <u>Ⓟ</u>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>		
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	<u>16"</u>	<u>11/21/2017</u> <u>Ⓟ</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>		
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>		

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – OCTOBER 11, 2018**

April 11, 2018

Homeowner  
702 Woodbine Crossing Rd  
Woodbine, MD 21797

**RE: Woodbine Crossing, Lot 15**  
**702 Woodbine Crossing**  
**Building Permit: B17003213**  
**Well Permit: HO-95-1078**

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 **11/21/2017**. Final approval of the well line connection to the dwelling was granted on **11/21/2017**. The well construction was completed on **6/21/2007**. Water samples were collected on **2/27/2018, 3/15/2018, 3/23/2018**.

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-95-1078. 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>



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

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,

c

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 #: 120197 Account #: 1045  
Reference: Catonsville Homes Lot 15 Company: Atlantic Blue Water Services  
Location: 702 Woodbine Crossing Road Requested By: Mark Mather  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 2/27/2018 1555 Site: Hose Bib  
Date/Time Rec'd: 2/28/2018 1520 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: K. Sweeney 6526KS Well #: HO-94-1078

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223	3/1/2018 / 0945 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	3/1/2018 / 0945 / CRS
Nitrate	4.47	mg/L	10	601	3/1/2018 / 0935 / CRS
Turbidity	3.07	NTU	<10	SM20 2130B	3/1/2018 / 1020 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/1/2018 / 1020 / 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 pH and Chlorine level tested in lab
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 17003213

Date Reported: 3/1/2018

# 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 #: 120509 Account #: 1045  
Reference: Catonsville Homes Lot 15 Company: Atlantic Blue Water Services  
Location: 702 Woodbine Crossing Road Requested By: Mark Mather  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 3/15/2018 1000 Site: Powder Room Faucet  
Date/Time Rec'd: 3/15/2018 1110 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: M. Mather 3480MM Well #: HO-94-1078

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	3/16/2018 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	3/16/2018 / 0900 / CRS
Nitrate	4.31	mg/L	10	601	3/15/2018 / 1555 / RER
Turbidity	10.1	NTU	<10	SM20 2130B	3/15/2018 / 1130 / CRS
Sand	Present	mg/L	5	Visual/Gravimetric	3/15/2018 / 1130 / 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 pH and Chlorine level tested in lab
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : 17003213

Date Reported: 3/16/2018

**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 #:	120510	Account #:	1045
Reference:	Catonsville Homes Lot 15	Company:	Atlantic Blue Water Services
Location:	702 Woodbine Crossing Road Mount Airy, MD 21771	Requested By:	Mark Mather
Date/ Time Collected:	3/15/2018 1000	Source:	Well Water
Date/Time Rec'd:	3/15/2018 1110	Site:	Powder Room Faucet
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Mather 3480MM	pH:	6.2
		Well #:	HO-94-1078

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sodium	5.4	mg/L	---	200.7	3/22/2018 / 1101 / DAG

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Sodium Detection Limit: 0.25 mg/L
- 3 ND = None Detected
- 4 pH and Chlorine level tested in lab
- 5 Subcontracted to Reference Lab #128

**Reason for Test :** Use & Occupancy  
**Building Permit # :** 17003213

Date Reported: 3/23/2018

**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 #:	120649	Account #:	1045
Reference:	Catonsville Homes Lot 15	Company:	Atlantic Blue Water Services
Location:	702 Woodbine Crossing Road Mount Airy, MD 21771	Requested By:	Mark Mather
Date/ Time Collected:	3/23/2018 1345	Source:	Well Water
Date/Time Rec'd:	3/23/2018 1440	Site:	Powder Room Faucet
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Mather 3480MM	pH:	6.3
		Well #:	HO-94-1078

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	2.53	NTU	<10	SM20 2130B	3/23/2018 / 1540 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/23/2018 / 1540 / CRS

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 NS = None Seen (NS indicates less than 5 mg/L)
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND = None Detected; N/A: Not Available
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy  
Building Permit # : 17003213

Date Reported: 3/23/2018

## Collins, Sarah

---

**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.

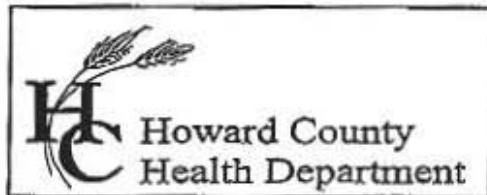
Thanks,  
Sarah

9.18.17 - Corrected  
Per Sarah. - H.O.

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

### CONFIDENTIALITY NOTICE

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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.

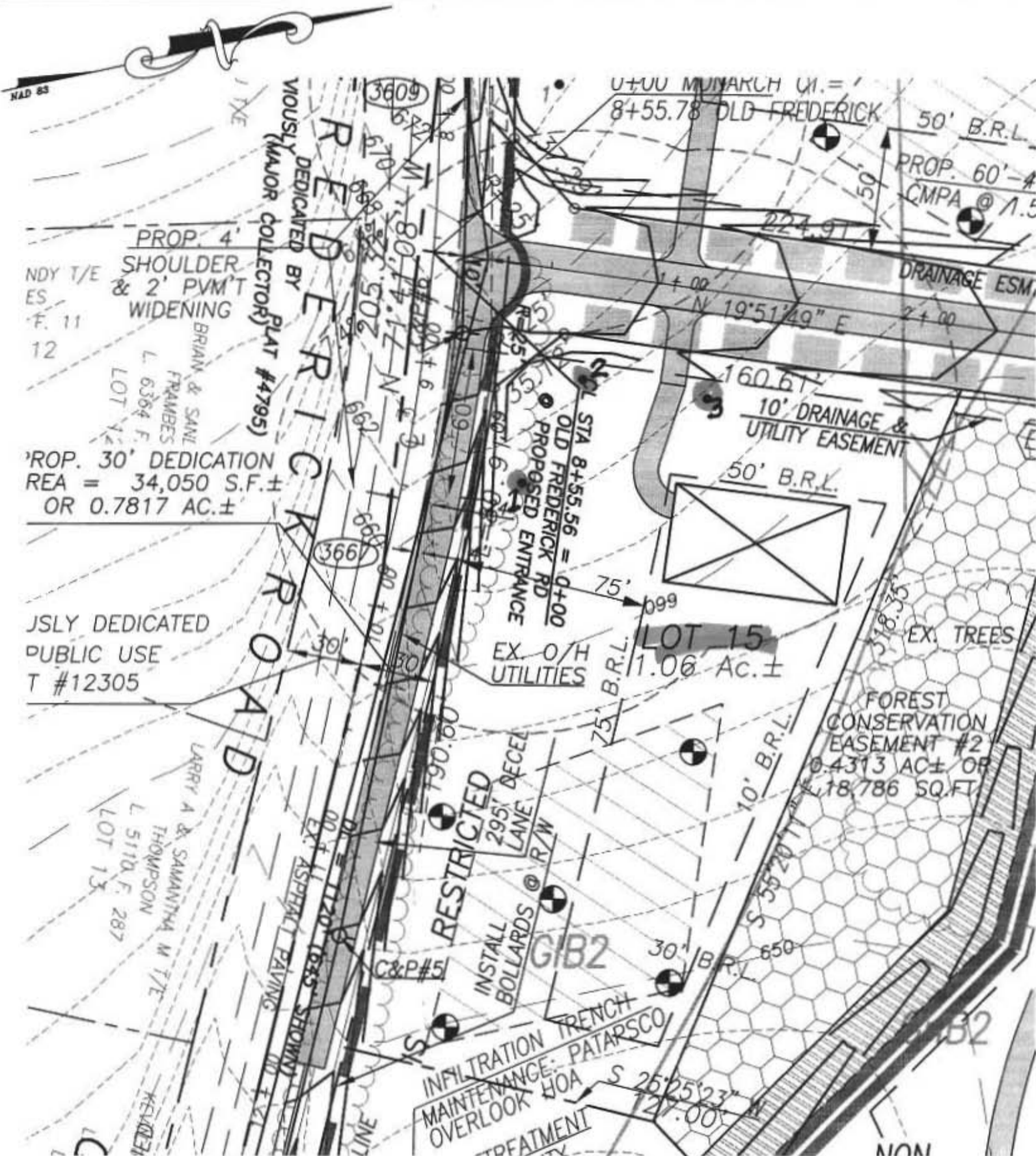
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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. Borenstein*

301-829-1640



*Wells staked by Vanmar*

*4/20/07 (KW)*

**WELL SITE PLAN  
LOT 15  
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



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:



**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) 548 2751

**Wolf, Kevin**

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**From:** Sara Easterday <saraeasterday@verizon.net>  
**Sent:** Thursday, January 21, 2016 8:28 AM  
**To:** Martin, Sharhonda  
**Cc:** Wolf, Kevin; Collins, Sarah  
**Subject:** Replacement tag HO-95-1078

Good morning,

Hopefully you are preparing for the big snow!

I need to get a replacement tag for HO-95-1078 which is for Lot 15 of Woodbine Crossing, Woodbine Crossing Road.

Have a great day,

Sara

*Sara V Easterday  
Administrative Assistant  
L. Franklin Easterday, Inc.  
9265 Brown Church Road  
Mt. Airy, Md. 21771  
301-829-1640  
301-829-2667-fax*

[Saraeasterday@verizon.net](mailto:Saraeasterday@verizon.net)

