

SEQUENCE NO. (MDE USE ONLY)

0722

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

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

ST/CO USE ONLY
DATE Received
MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

MM DD YY
8/20/07

22 600 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER Lee Development Group
STREET OR RFD Terapin Creek Dr. first name
SUBDIVISION Terapin Creek SECTION 19 LOT 19

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	100	✓
Grey 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 37 NO. OF POUNDS 3780

GALLONS OF WATER 185

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 49 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) 80'

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

screen type or open hole
insert appropriate code below

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

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)
56 60
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

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.) 3.1

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 39 ft.

WHEN PUMPING 162 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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED ☒ YES ☒ NO

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. 1 M W D 040
DRILLER SIGNATURE George F. Easterday
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 A W D 785

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

B 1	3212	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526268 please type	STATE PERMIT NUMBER <u>140-95-1119</u> fill in this form completely
1 2 3 6				
Date Received (APA) <u>3/6/07</u> 8 MM DD YY 13		OWNER INFORMATION 10509		
Last Name <u>Lee</u> First Name <u>Development Group Inc</u>				
Street or RFD <u>8601 Georgia Ave, Suite 200</u>				
Town <u>Silver Spring, Md</u> State <u>20910</u> Zip <u>20910</u>				
DRILLER INFORMATION				
Driller's Name <u>George F. Easterday</u> License No. <u>040</u>				
Firm Name <u>L. Franklin Easterday, Inc.</u>				
Address <u>9265 Brown Church Rd., MT. Airy, Md. 21771</u>				
Signature <u>George F. Easterday</u> Date <u>2/28/2007</u>				
B 2	WELL INFORMATION			
1 2	APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>				
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCUSION <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> 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)				
APPROX. PERMIT NUMBER <u>1402006G011</u>				
PERMIT No. <u>140-95-1119</u>				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	LOCATION OF WELL
COUNTY <u>Howard</u>	
SUBDIVISION <u>Terrapin Creek</u>	
SECTION <u>44</u>	LOT <u>19</u>
NEAREST TOWN <u>West Friendship</u>	
MILES FROM TOWN (enter 0 if in town) <u>1</u> M <u>1</u>	
B 4	
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
NEAR WHAT ROAD <u>Terrapin Creek Drive</u>	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
DISTANCE FROM ROAD ENTER FT OR MI <u>25</u>	
TAX MAP: <u>15</u> BLK: <u>5</u> PARCEL <u>12</u>	
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u>	
STATE SIGNATURE _____ INSERT S →	
DATE ISSUED <u>4/30/07</u>	
CO SIGNATURE <u>Kim Wall</u> EXP. DATE <u>4/30/08</u>	
NORTH GRID <u>539</u> 000 EAST GRID <u>0813</u> 000	
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X	
SOURCES OF DRILLING WATER	
1. <u>wells</u>	
2. _____	
3. _____	
WRITE THE BOX NUMBER FROM THE MAP HERE	
E <u>810</u> 3	
N <u>530</u> 9	
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	

Page _____ of _____

Date _____

8-24-67

8:00am

Review _____

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. 140-95-1119 Election District _____Location of Property (road) TERRAPIN CREEK DRIVESubdivision TERRAPIN CREEK Lot 19 Block _____ Plat _____ Sec. _____Well Driller EASTERDAY Owner LEE DEVELOPMENTDepth of Well 600 2.5 gpmDistance of Measuring Point (M.P.) above ground 1'Static Water Level (S.W.L.) below M.P. 39.4

I. High Rate Pumping -- reservoir drawdown

Time pump started 8:45 Pumping rate 20 gpmTotal time 30 min to reach pumping water level 161 ft. below M.P.

Pump set 480'

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill <u>1</u> gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
915	161'	20 sec	1 gal bucket	3 gpm
930	161'	20 "	"	3 "gpm
945	161'	20 "	"	3 "
1000	161'	20 "	"	3 "
1015	161'	20 "	"	3 "
1030	161'	20 "	"	3 "
1045	161'	20 "	"	3 "
1100	161'	20 "	"	3 "
1115	161'	20 "	"	3 "
1130	161'	20 "	"	3 "
1145	162'	20 "	"	3 "
1200	162'	20 "	"	3 "
1215	162'	20 "	"	3 "
1230	162'	20 "	"	3 "
1245	162'	20 "	"	3 "
100	162'	20 "	"	3 "
115	162'	20 "	"	3 "
130	162'	20 "	"	3 "
145	162'	20 "	"	3 "
200	162'	20'	"	3 "
215	162'	20'	"	3 "
230	162'	20'	"	3 "
245	162'	20'	"	3 "
300	162'	20'	"	3 "
215	162'	20'	"	3 "

Hook

Well Permit No. HO - 95-1119
Location of property (road) Terrapin creek Dr.
Subdivision Terrapin creek Lot 19 Block Plat Sec.
Well Driller Easterday Owner

I. High rate pumping -- reservoir drawdown

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

[illegible]

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: 1802 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 #: 410-442-2211
Subdivision: Terrapin Creek Lot #: 19 Well Tag #: HO-45-1119 ✓ 5/1/2018 @
Site Address: 2018 Terrapin Creek Rd
Sykesville, MD 21784

Submersible Pump Data

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

Pitless Adapter

Make: Campbell
Model#: _____
Depth: 42" (36" min)
NSF/WSC approved: ✓

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, 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: 200 (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

date

5/4/18

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

Date Insp. Requested: 05/01/2018 Date Insp. Approved: 05/01/2018 Inspector: Je
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 18" 05/01/2018 @
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 38" 05/01/2018 @
Safety rope not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 18" 05/01/2018 @
Water supply line sleeved adequately at house connection ✓ 18.5" 05/01/2018 @
Adequate grout observed below pitless adapter ✓

EX HOUSE
05/01/2018 @

6' | 7.5'

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 18, 2019

July 18, 2018

Homeowner
2018 Terrapin Creek Drive
Sykesville, MD 21784

RE: Terrapin Creek, Lot 19
2018 Terrapin Creek Dr.
Building Permit: B18000026
Well Permit: HO-95-1119

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 **5/9/2018**. Final approval of the well line connection to the dwelling was granted on **5/1/2018**. The well construction was completed on **8/20/2007**. Water samples were collected on **7/9/2018**.

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-95-1119. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

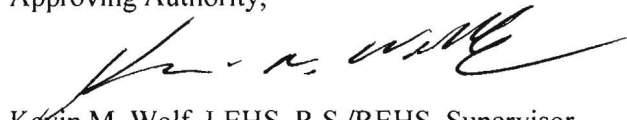
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

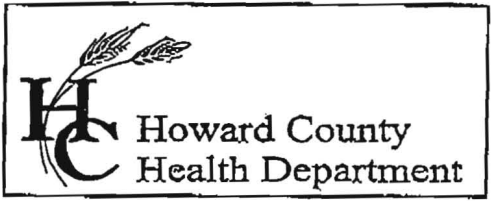
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



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: Pres A
TERRAPIN Creek 1-22 TERRAPIN Creek Drive & MILO 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

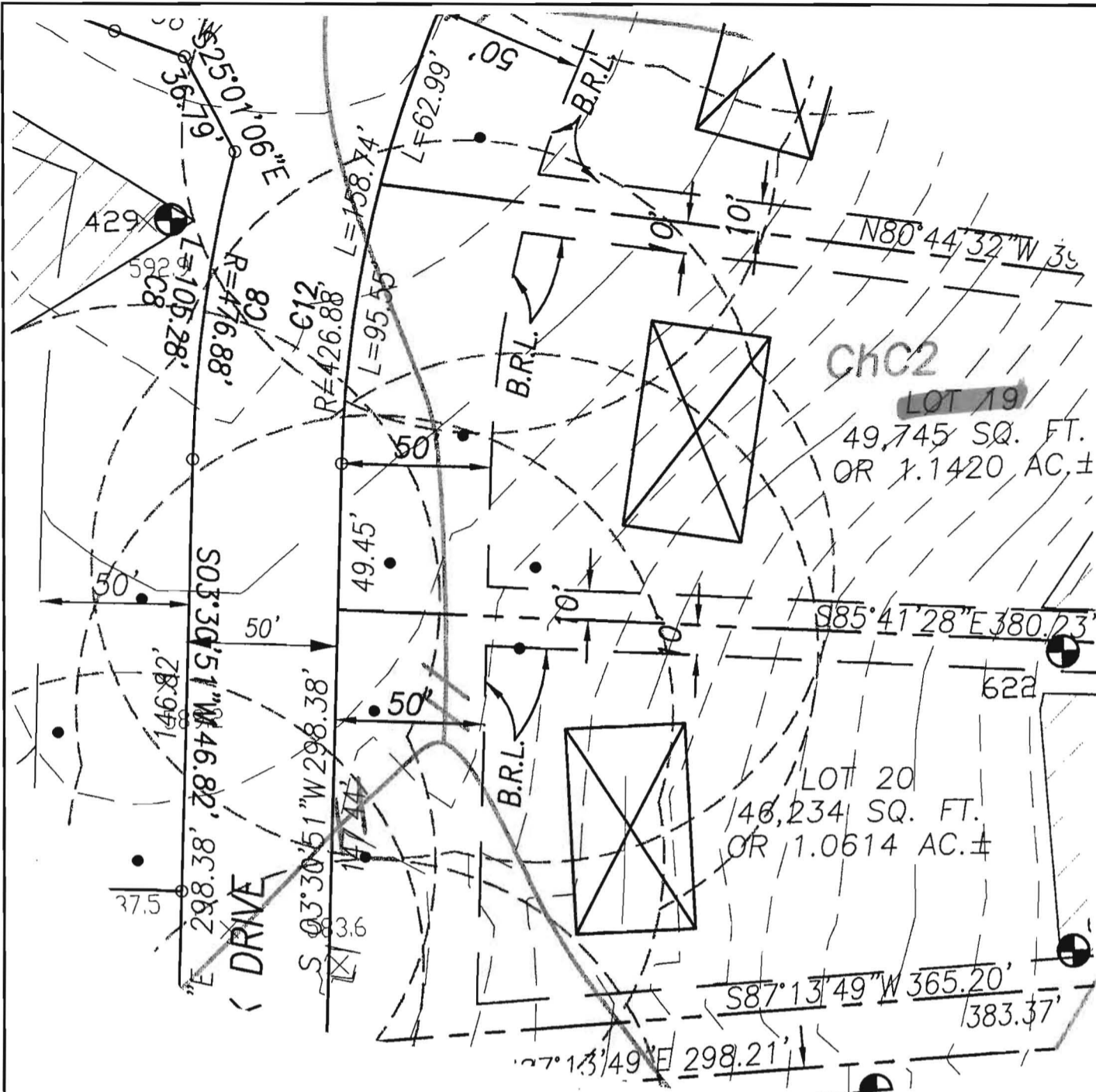
☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

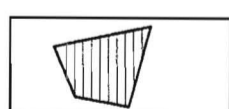
Revised 3/11/05

LEE DEVELOPMENT GROUP

Date
Schwartz Farm



5/3/07
wells
staked by
Vander
Kru



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 19 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

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 #: 123192 Account #: 1045
Reference: Catonsville Homes Lot 19 Company: Atlantic Blue Water Services
Location: 2018 Terrapin Creek Road Requested By: Mark Mather
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 7/9/2018 0900 Site: Well Tank ✓
Date/Time Rec'd: 7/9/2018 1530 Treatment: None ✓
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: M. Mather 3480MM Well #: HO-95-1119

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	7/10/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	7/10/2018 / 1000 / CRS
Nitrate	3.91	mg/L	10	601	7/10/2018 / 0910 / RER
Nitrite	0.077	mg/L	1	SM4500-NO2 B	7/10/2018 / 1120 / RER
Turbidity	2.96	NTU	<10	SM20 2130B	7/10/2018 / 0920 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	7/10/2018 / 0920 / RER
Iron	0.12	mg/L	0.3*	FR, 45 (126)	7/11/2018 / 1345 / RER

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 Sample collected by client, analyzed as received
- 8 ND = None Detected
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 10 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B18000026

Date Reported: 7/11/2018