

C 1 49274	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.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 08 17 13	DATE WELL COMPLETED MM DD YY 02 07 17	Depth of Well 22 380 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0358
OWNER <u>LAND DESIGN + Development</u> WELL SITE ADDRESS <u>Morgan Station Rd</u> TOWN <u>WOODBINE</u> SUBDIVISION <u>FAIRLANE FARM</u> SECTION <u> </u> LOT <u>21</u>			

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	GROUTING RECORD yes no WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS <u>15</u> NO. OF POUNDS <u>1410</u> GALLONS OF WATER <u>90</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>43</u> BOTTOM 58 ft. (enter 0 if from surface)																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Soil</td> <td>0</td> <td>4</td> <td></td> </tr> <tr> <td>Clay</td> <td>4</td> <td>12</td> <td></td> </tr> <tr> <td>Brown Shale</td> <td>12</td> <td>42</td> <td></td> </tr> <tr> <td>Med Gray Rock</td> <td>42</td> <td>380</td> <td></td> </tr> <tr> <td></td> <td>61</td> <td></td> <td></td> </tr> <tr> <td></td> <td>340</td> <td></td> <td></td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Soil	0	4		Clay	4	12		Brown Shale	12	42		Med Gray Rock	42	380			61				340			CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> CO CONCRETE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> OT OTHER</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MAIN CASING TYPE</th> <th>Nominal diameter top (main) casing (nearest inch)</th> <th>Total depth of main casing (nearest foot)</th> </tr> <tr> <td><u>PL</u></td> <td><u>6</u></td> <td><u>43</u></td> </tr> <tr> <td>60 61</td> <td>63 64</td> <td>66 67 70</td> </tr> </table> OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)	<u>PL</u>	<u>6</u>	<u>43</u>	60 61	63 64	66 67 70																						
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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. <u>M D 355</u> DRILLERS SIGNATURE <u> </u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>AWD 920</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	C 2 DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 2</td> <td>3 4</td> <td>5 6</td> <td>7 8</td> <td>9 10</td> <td>11 12</td> <td>13 14</td> <td>15 16</td> <td>17 18</td> <td>19 20</td> <td>21 22</td> <td>23 24</td> <td>25 26</td> <td>27 28</td> <td>29 30</td> <td>31 32</td> <td>33 34</td> <td>35 36</td> <td>37 38</td> <td>39 40</td> <td>41 42</td> <td>43 44</td> <td>45 46</td> <td>47 48</td> <td>49 50</td> <td>51 52</td> <td>53 54</td> <td>55 56</td> <td>57 58</td> <td>59 60</td> </tr> <tr> <td colspan="15"></td> <td colspan="10"><u>45</u></td> <td colspan="10"><u>380</u></td> </tr> </table> SLOT SIZE 1 <u> </u> 2 <u> </u> 3 <u> </u> DIAMETER OF SCREEN (NEAREST INCH) from <u>56</u> to <u>60</u> GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	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																<u>45</u>										<u>380</u>									
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C 3	PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>15.0</u> METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>40</u> ft. WHEN PUMPING <u>45</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible
C 2	PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u> </u> PUMP HORSE POWER <u> </u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above <u>45</u> <input type="checkbox"/> - below <u> </u> LAND SURFACE (nearest foot) <u>1</u>
C 2	LATITUDE <u>39.34226</u> LONGITUDE <u>77.04353</u> (DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

TAG: 1/19/17 (50)

B 1 38596	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 15 - 0358 <small>fill in this form completely</small>
Date Received (APA) 10/30/15 <small>8 MM DD YY 13</small> OWNER INFORMATION LAND DESIGN & DEVELOPMENT <small>15 Last Name 34 Owner First Name</small> 5300 DORSEY HALL DR, SUITE 102 <small>36 Street or RFD 55</small> ELLCOT CITY MD 21043 <small>57 Town 70 State 72 Zip 76</small>		B 3 HOWARD LOCATION OF WELL <small>8 COUNTY 21</small> FAIRLANE FARM <small>23 SUBDIVISION 42</small> <small>SECTION 44 46 LOT 21 48 50</small> WOODBINE <small>52 NEAREST TOWN 71</small>	
DRILLER INFORMATION MICHAEL BARLOW <small>M WD 355</small> <small>Driller's Name 76 License No. 81</small> BARLOW WELL DRILLING <small>Firm Name</small> 522 UNDERWOOD LANE 21014 <small>Address</small> MD 10/19/15 <small>Signature Date</small>		B 4 SOURCES OF DRILLING WATER 1. WELL 2. 3.	
B 2 WELL INFORMATION <small>APPROX. PUMPING RATE (GAL. PER MIN.)</small> 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 <small>14 20</small>		MORGAN STATION RD <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> <small>NORTH</small> <small>WEST</small> N E <small>EAST</small> <small>SOUTH</small> </div> <small>34 1000 37</small> DISTANCE FROM ROAD 1000 <small>FT</small> <small>ENTER FT OR MI 38 39</small> TAX MAP: 8 BLK: 2 PARCEL: 8	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 <small>COUNTY NAME COUNTY NO.</small> <small>STATE SIGNATURE INSERT S → 41</small> <small>DATE ISSUED</small> 11/21/16 Sub 611 11/21/17 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> DOG: 1/19/17 (50) DOY: 2/7/17 (50)	
APPROXIMATE DEPTH OF WELL 300 <small>24 28</small> FEET APPROXIMATE DIAMETER OF WELL 6 <small>NEAREST INCH</small>		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="text-align: center;"> 1/19/17 2/7/17 - topping off grout - started pumping at 10 am - 20 bags cement so far - 40' static, 42' measuring ~15 gpm - sodium, chloride, + TDS samples collected at 11 am </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30 AIR-ROTary 37 CABLE</small> AIR-PERCussion <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		<div style="text-align: center;"> PROP LINE </div>	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) <small>41</small> _____ <small>52</small>		<div style="text-align: center;"> N </div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROX. PERMIT NUMBER H 0 2 0 1 5 G 0 0 4 (01) PERMIT No. HO - 15 - 0358 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small> Sodium, chloride, + TDS required at yield.			



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
(410) 838-6910

Bel Air, Maryland 21014
Fax (410) 838-3582

WELL YIELD REPORT

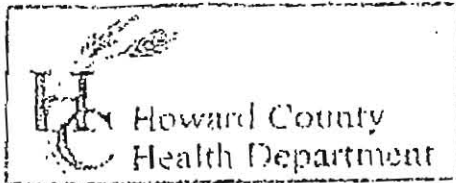
Date Test Completed: February 7, 2017

Well Depth: 380 feet

Customer Land Design & Development
Road Morgan Station Rd
City Woodbine
State Maryland

Permit # HO-15-0358
Subdivision Fairlane Farm
Section
Lot # 21

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:00 AM	40	4	15.00
10:15 AM	45	4	15.00
10:30 AM	45	4	15.00
10:45 AM	45	4	15.00
11:00 AM	45	4	15.00
11:15 AM	45	4	15.00
11:30 AM	45	4	15.00
11:45 AM	45	4	15.00
12:00 PM	45	4	15.00
12:15 PM	45	4	15.00
12:30 PM	45	4	15.00
12:45 PM	45	4	15.00
1:00 PM	45	4	15.00
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

Fair Lane Farm
Subdivision

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by Fisher Collins + Carter
(professional land surveyor or company employing professional land surveyors)
on 3/29/16 (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 6/10/03

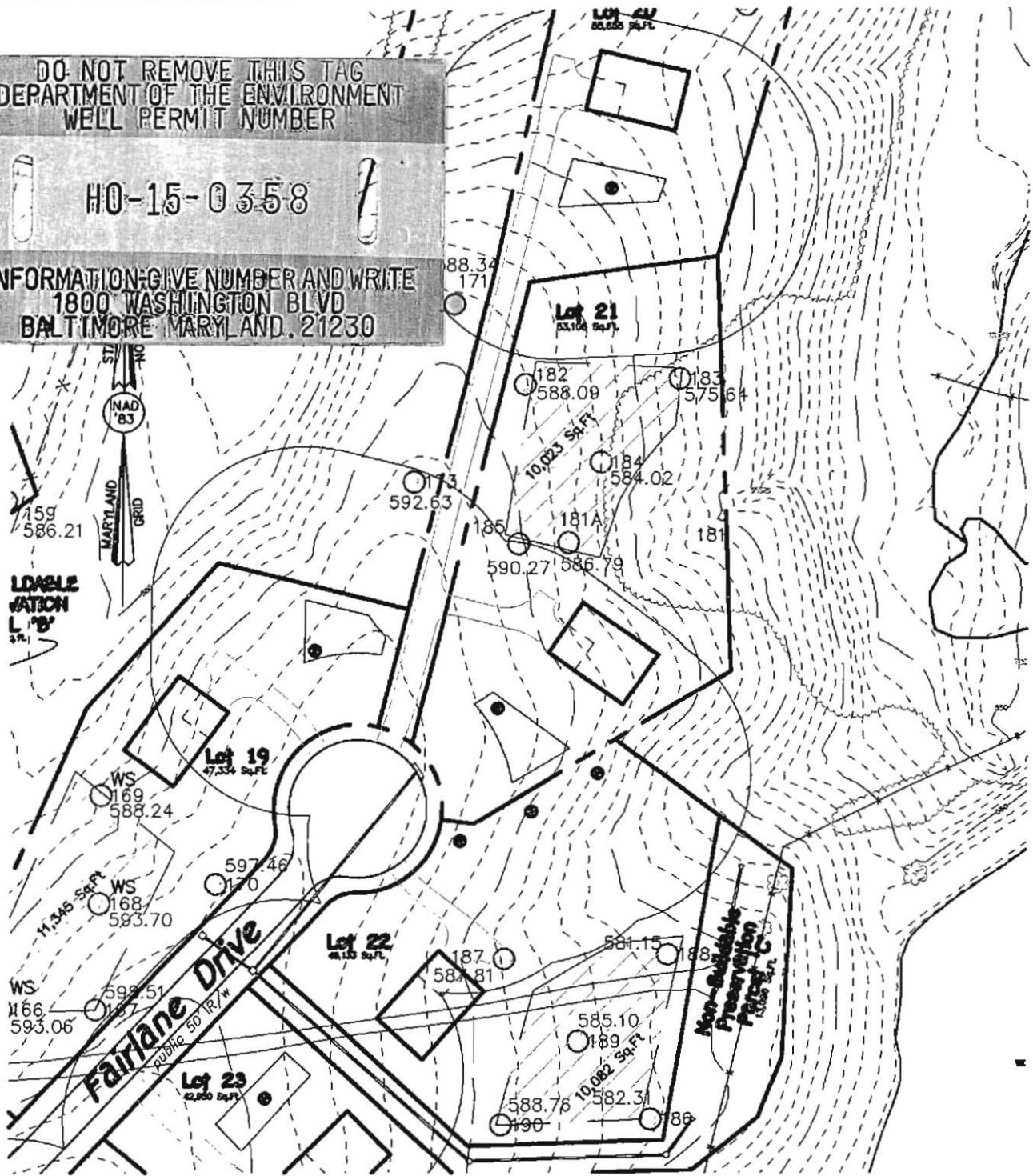
Well box approved

Well box staked by Fisher, Collins + Carter

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-15-0358

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND, 21230



WELL EXHIBIT
FAIRLANE FARM
PREVIOUSLY KNOWN AS SCHULTE PROPERTY
LOT 21

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 481 - 2855

LOTS 1 THRU 44, BUILDABLE PRESERVATION PARCEL 'A'
AND NON BUILDABLE PRESERVATION PARCEL 'B' THRU 'H'
TAX MAP #8 PARCELS: 8 & 17 GRIDS: 2 AND 3

FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

DATE: October 13, 2015

Send Report To: Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental Health

E17003080003
Received: 02/08/2017
Metals HO-15-0358

8930 Stanford Blvd.

Columbia, MD 21045

LABORATORY ANALYSIS REQUEST

Sample ID No: H0-15-0350 Site Name: Fairlane Farm - Lot 21 County: Howard

Sample Source: Fairlane Drive Woodbine **Collector:** S. Collins
Street Town or City Name

Date Collected: 2 / 7 /20 17 **Time Collected:** 11 a.m. p.m. **Phone #:** 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab
Preservative Used: ☒ HNO₃ _____ mL pH: 2

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
Data Category ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
Code ☐ Non-Community ☐ Sediment ☐ Other _____
☒ Private

Specify Program: ☒ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks: Sample collected during yield test.

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na)			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: / /

DHHM 4432 (05/15)

• Phone: (443) 681-3857

• Fax: (443) 681-4507

SUBMITTER'S COPY



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E17003080 Date Coll.: 01/07/2017 Date Received 02/08/2017 Submitted By Collins

Field ID: HO-15-0358
Lab No.: E17003080003

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	5.68	ppm	02/09/2017

Comments:

Approved by: Yinfeng Chen

Approval date: 02/21/2017

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

**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 Service 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: Good's Well Pump & Water Treatment, LLC Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sykesville, MD 21784

(Must circle one): Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): David C. Eagle License #: MSID 226

*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: NVR Inc Telephone #: 240-712-0529
Subdivision: Fairlane Farms Lot #: 21 Well Tag #: HO-15-0358 ✓ 10/17/2018
Site Address: 1044 Fairlane Rd
Woodbine, MD 21797

<u>Submersible Pump Data</u>		<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>		Make: <u>Comporell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7H507422</u>		Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM		Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>15</u> GPM		NSP/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>240</u> (feet)		Conduit secured to well cap: <u>YES</u>	
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4			
Tongue and groove, 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>N/A</u>			

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" CPVC pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Length of sleeves, minimum from foundation: <u>6'</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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

Signature of company representative responsible for installation: David C. Eagle date: 10/17/18

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

Date Insp. Requested: 10/17/2018 Date Insp. Approved: 10/17/2018 Inspector: D

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>	55"
Two piece cap installed and attached to casing securely	<u>✓</u>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>	37"
Safety rope not outside of well casing	<u>✓</u>	
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>	24"
Water supply line sleeved adequately at house connection	<u>✓</u>	9.5'
Adequate ground observed below pitless adapter	<u>✓</u>	

EX HOUSE
10/17/2018

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 11, 2019

December 11, 2018

Homeowner
1044 Fairlane Road
Woodbine, MD 21797

RE: Fairlane Farm, Lot 21
1044 Fairlane Road
Building Permit: B18002655
Well Permit: HO-15-0358

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 **11/30/2018**. Final approval of the well line connection to the dwelling was granted on **10/17/2018**. The well construction was completed on **2/7/2017**. Water samples were collected on **12/6/2018**.

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-15-0358. 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

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

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 #:	127134	Account #:	1933
Reference:	Fairlane Farms Lot 21	Company:	Fogles Well Pump & Treatment
Location:	1044 Fairlane Road	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	12/6/2018 1230	Site:	Kitchen Sink
Date/Time Rec'd:	12/6/2018 1400	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.9
Collected By:	A. Berchock 1233AB	Well #:	HO-15-0358

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/7/2018 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/7/2018 / 0830 / CRS
Nitrate	4.42	mg/L	10	601	12/6/2018 / 1615 / CRS
Turbidity	0.40	NTU	<10	SM20 2130B	12/6/2018 / 1645 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	12/6/2018 / 1645 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 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 (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 18002655

Date Reported: 12/7/2018



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE17003075 Date Coll. 02/07/2017 Date Received 02/08/2017 Submitted By:S. Collins

Field ID: HO-15-0358
Lab No.: E17003075003

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	02/13/2017
Total Dissolved Solids	SM 2540C	67	mg/L	02/08/2017

Comments:

Approved by:

Approval date: 02/14/2017

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

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

February 20, 2018

Homeowner
1044 Fairlane Drive
Woodbine, MD 21797

Dear Homeowner,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from your well measured 5.68 mg/L pre-treatment.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 67 mg/L.**

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

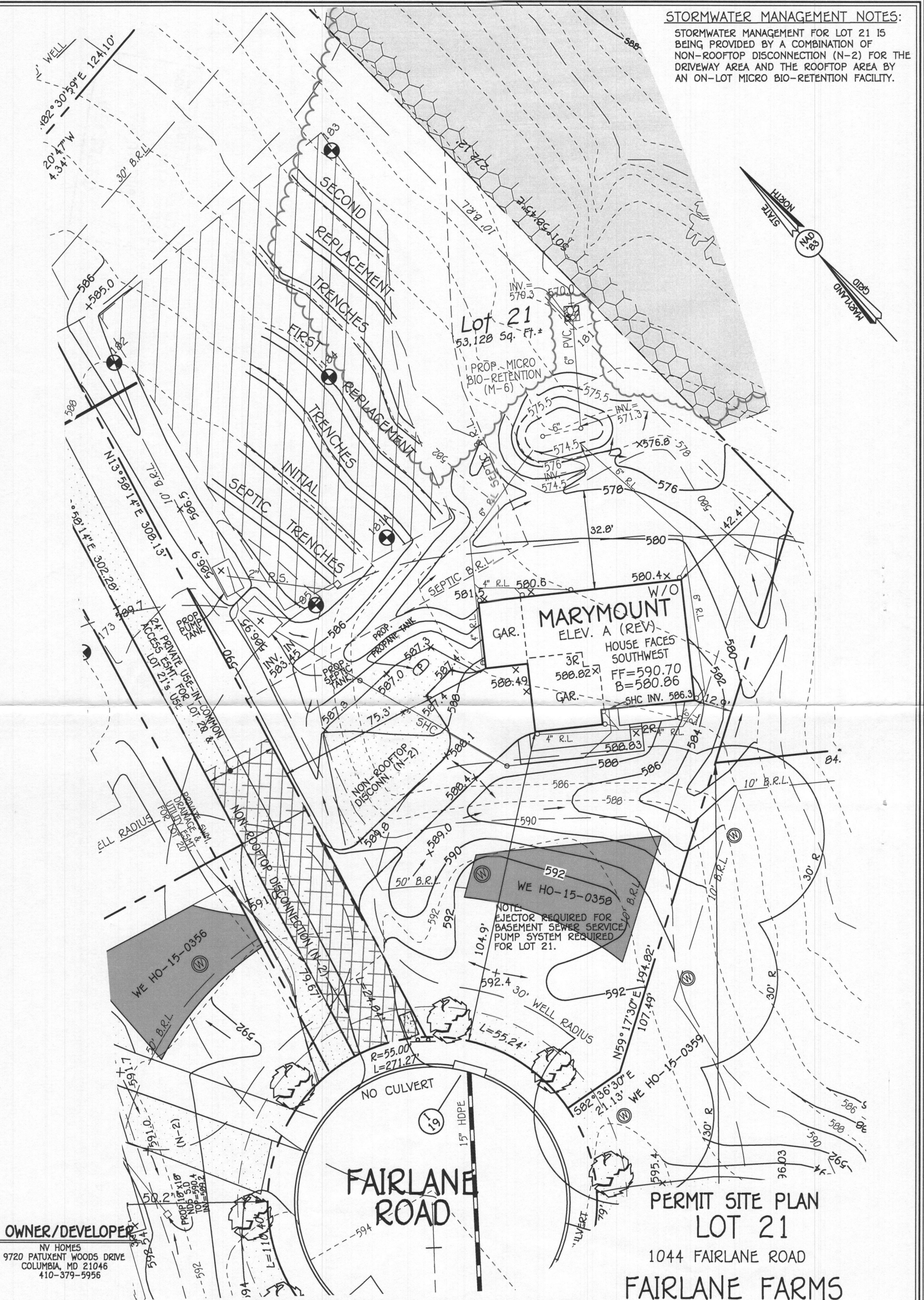
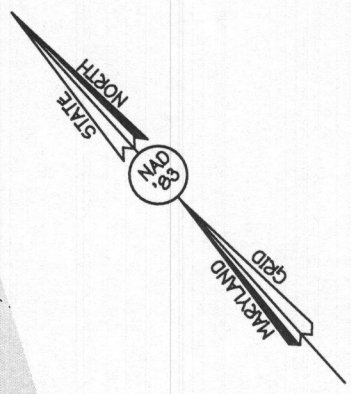
Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

STORMWATER MANAGEMENT NOTES:
STORMWATER MANAGEMENT FOR LOT 21 IS BEING PROVIDED BY A COMBINATION OF NON-ROOFTOP DISCONNECTION (N-2) FOR THE DRIVEWAY AREA AND THE ROOFTOP AREA BY AN ON-LOT MICRO BIO-RETENTION FACILITY.



OWNER/DEVELOPER
NV HOMES
9720 PATUXENT WOODS DRIVE
COLUMBIA, MD 21046
410-379-5956

NOTE: THE EXISTING WELL SHOWN ON THIS PLAN, HO-15-0358, HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 481-2855

PLAN
SCALE: 1" = 30'

PERMIT SITE PLAN
LOT 21
1044 FAIRLANE ROAD
FAIRLANE FARMS
PHASE TWO
ZONED: RC-DEO
TAX MAP NO.: 8 GRID NO.: 2 PARCEL NO.: 8
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=30' DATE: JULY 9, 2018
SHEET 1 OF 1