

|   |   |  |  |
|---|---|--|--|
| <b>C1</b> 49267<br><small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>  | SEQUENCE NO.<br>(MDE USE ONLY)                                | <b>STATE OF MARYLAND</b><br><b>WELL COMPLETION REPORT</b><br>FILL IN THIS FORM COMPLETELY<br>PLEASE TYPE | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED.<br><br>COUNTY<br>NUMBER |
| ST/CO USE ONLY<br>DATE RECEIVED<br>MM <u>03</u> DD <u>02</u> YR <u>17</u>   | DATE WELL COMPLETED<br>MM <u>02</u> DD <u>20</u> YR <u>17</u> | Depth of Well<br><u>400</u><br>(TO NEAREST FOOT)   | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL"<br><u>HO 15-0376</u>                                   |
| OWNER <u>LAND DESIGN + Development</u><br>WELL SITE ADDRESS <u>Morgan Station</u> TOWN <u>WOODBINE</u><br>SUBDIVISION <u>Farlane Farm</u> SECTION <u>28</u> LOT <u>28</u> |   |  |  |

| <b>WELL LOG</b><br>Not required for driven wells<br><br>STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING  | <b>GROUTING RECORD</b><br>WELL HAS BEEN GROUTED (Circle Appropriate Box)<br>TYPE OF GROUTING MATERIAL (Circle one)<br>CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u><br>NO. OF BAGS <u>15</u> NO. OF POUNDS <u>410</u><br>GALLONS OF WATER <u>90</u><br>DEPTH OF GROUT SEAL (to nearest foot)<br>from <u>0</u> TOP <u>52</u> ft. to <u>60</u> BOTTOM <u>58</u> ft.<br>(enter 0 if from surface) | <b>C3</b><br><b>PUMPING TEST</b><br>HOURS PUMPED (nearest hour) <u>3</u><br>PUMPING RATE (gal. per min.) <u>6.67</u><br>METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u><br>WATER LEVEL (distance from land surface)<br>BEFORE PUMPING <u>56</u> ft.<br>WHEN PUMPING <u>115</u> ft.<br>TYPE OF PUMP USED (for test)<br><input type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine<br><input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below)<br><input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible   |   |                        |                        |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |
|--|--|--|---|------------------------|------------------------|----|------|---|---|--|------|---|----|--|-------------|----|----|--|---------------|----|-----|---|--|-----|--|---|--|-----|--|---|--|-----------------|--------------------|-------------------|-----------------|--|
| <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>7</td> <td></td> </tr> <tr> <td>Clay</td> <td>7</td> <td>18</td> <td></td> </tr> <tr> <td>Brown Shale</td> <td>18</td> <td>57</td> <td></td> </tr> <tr> <td>Med Gray Rock</td> <td>57</td> <td>400</td> <td>✓</td> </tr> <tr> <td></td> <td>211</td> <td></td> <td>✓</td> </tr> <tr> <td></td> <td>319</td> <td></td> <td>✓</td> </tr> </tbody> </table> | DESCRIPTION (Use additional sheets if needed)  | FEET   |   | check if water bearing | FROM                   | TO | Soil | 0 | 7 |  | Clay | 7 | 18 |  | Brown Shale | 18 | 57 |  | Med Gray Rock | 57 | 400 | ✓ |  | 211 |  | ✓ |  | 319 |  | ✓ | <b>CASING RECORD</b><br>casing types insert appropriate code below<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><u>ST</u> STEEL</td> <td><u>CO</u> CONCRETE</td> </tr> <tr> <td><u>PL</u> PLASTIC</td> <td><u>OT</u> OTHER</td> </tr> </table> MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>600</u><br>OTHER CASING (if used) diameter inch depth (feet) from to<br>EACH CASING | <u>ST</u> STEEL | <u>CO</u> CONCRETE | <u>PL</u> PLASTIC | <u>OT</u> OTHER | <b>PUMP INSTALLED</b><br>DRILLER INSTALLED PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.<br>TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. <u>29</u><br>CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u><br>PUMP HORSE POWER <u>37</u> <u>41</u><br>PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u><br>CASING HEIGHT (circle appropriate box and enter casing height)<br><input checked="" type="checkbox"/> + above <input type="checkbox"/> - below LAND SURFACE <u>1</u> (nearest foot) |
| DESCRIPTION (Use additional sheets if needed)  |  | FEET   |   |                        | check if water bearing |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |
|  | FROM   | TO   |   |                        |                        |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |
| Soil   | 0  | 7  |   |                        |                        |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |
| Clay   | 7  | 18   |   |                        |                        |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |
| Brown Shale  | 18   | 57   |   |                        |                        |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |
| Med Gray Rock  | 57   | 400  | ✓ |                        |                        |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |
|  | 211  |  | ✓ |                        |                        |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |
|  | 319  |  | ✓ |                        |                        |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |
| <u>ST</u> STEEL  | <u>CO</u> CONCRETE   |  |   |                        |                        |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |
| <u>PL</u> PLASTIC  | <u>OT</u> OTHER  |  |   |                        |                        |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |
| NUMBER OF UNSUCCESSFUL WELLS: <u>0</u><br><br>WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><br>CIRCLE APPROPRIATE LETTER<br><b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br><b>E</b> ELECTRIC LOG OBTAINED<br><b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL<br><br>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.  | <b>C2</b><br>DEPTH (nearest ft.)<br><u>HO 600 400</u><br>E A C H S C R E E N<br>SLOT SIZE 1 <u>2</u> 3<br>DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u><br>from to<br>GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>  | LATITUDE <u>39.34006</u><br>LONGITUDE <u>77.04298</u><br>(DEFAULT COORD. WGS 84)<br><br>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. |   |                        |                        |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |
| DRILLERS LIC. NO. <u>MWD 355</u><br><br>DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)<br><u>AWB 920</u><br>SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)  | MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)<br>T (E.R.O.S.) W Q<br>70. 72. 74 75 76<br>TELESCOPE CASING LOG INDICATOR OTHER DATA   |  |   |                        |                        |    |      |   |   |  |      |   |    |  |             |    |    |  |               |    |     |   |  |     |  |   |  |     |  |   |  |                 |                    |                   |                 |  |

B 1 38503

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
55743444 please type

STATE PERMIT NUMBER  
H0-15-0376  
fill in this form completely

Date Received (APA)  
10/30/15

OWNER INFORMATION

LAND DESIGN & DEVELOPMENT  
5300 DORSEY HALL DR, SUITE 102  
ELICOT CITY MD 21043

B 3

LOCATION OF WELL

HOWARD COUNTY  
FAIRLINE FARM  
SECTION 44 46 LOT 28  
WOODBINE  
52 NEAREST TOWN

DRILLER INFORMATION

MICHAEL BARLOW MWD 355  
BARLOW WELL DRILLING  
522 UNDERWOOD LANE 21014  
10/19/15

B 4

SOURCES OF DRILLING WATER

1. Well

MORGAN STATION RD  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 1000 FT  
ENTER FT OR MI  
TAX MAP: 8 BLK: 2 PARCEL 8

B 2

WELL INFORMATION

APPROX. PUMPING RATE  
(GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED  
(GAL. PER DAY) 750

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
- ☐ OPEN LOOP GEOTHERMAL
- ☐ CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard COUNTY NO. 13  
STATE SIGNATURE  
DATE ISSUED 12/7/16  
CO SIGNATURE  
EXP. DATE 12/7/17  
DON: 1/23/17 SC DOG: 1/25/17 SC DOY: 2/20/17 SC

APPROXIMATE DEPTH OF WELL 300 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN  
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
CABLE REVERSE-ROTARY Drive-POINT  
other

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED  
(IF AVAILABLE) 41

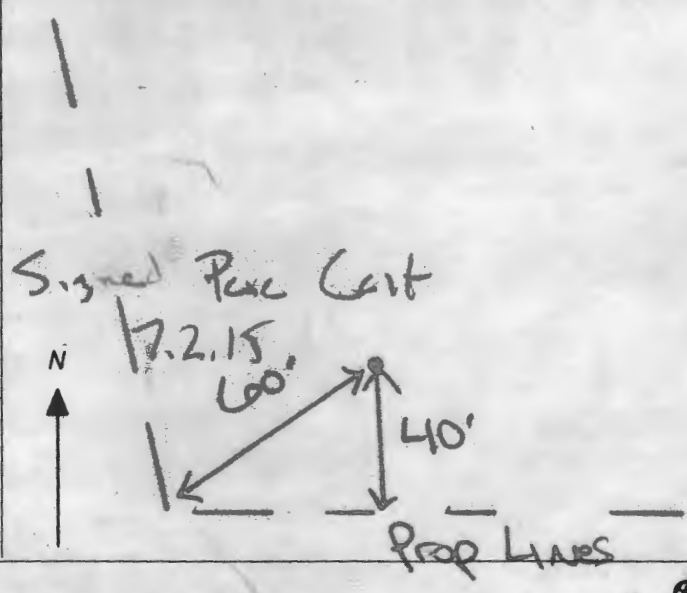
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER H02012G004(00)  
PERMIT No. H0-15-0376

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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





**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**  
**522 Underwood Lane** **Bel Air, Maryland 21014**  
**(410) 838-6910** **Fax (410) 838-3582**

**WELL YIELD REPORT**

Date Test Completed: February 20, 2017

Well Depth: 400 feet

|          |                           |             |               |
|----------|---------------------------|-------------|---------------|
| Customer | Land Design & Development | Permit #    | HO-15-0376    |
| Road     | Galaxy Drive              | Subdivision | Fairlane Farm |
| City     | Woodbine                  | Section     |               |
| State    | Maryland                  | Lot #       | 28            |

| Time     | Water Level<br>feet | Time to Fill<br>1-gallon bucket<br>seconds | G.P.M. |
|----------|---------------------|--|--------|
| 12:30 PM | 56                  | 5  | 12.00  |
| 12:45 PM | 95                  | 6  | 10.00  |
| 1:00 PM  | 115                 | 9  | 6.67   |
| 1:15 PM  | 115                 | 9  | 6.67   |
| 1:30 PM  | 115                 | 9  | 6.67   |
| 1:45 PM  | 115                 | 9  | 6.67   |
| 2:00 PM  | 115                 | 9  | 6.67   |
| 2:15 PM  | 115                 | 9  | 6.67   |
| 2:30 PM  | 115                 | 9  | 6.67   |
| 2:45 PM  | 115                 | 9  | 6.67   |
| 3:00 PM  | 115                 | 9  | 6.67   |
| 3:15 PM  | 115                 | 9  | 6.67   |
| 3:30 PM  | 115                 | 9  | 6.67   |
| 3:45 PM  | 115                 | 9  | 6.67   |
| 4:00 PM  | 115                 | 9  | 6.67   |
|          |                     |  |        |
|          |                     |  |        |
|          |                     |  |        |

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.

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 Fitting

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: Fogel'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 Fogel License #: MSD2276

\*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 #: 240-712-0528  
Subdivision: Fairlane Farms Lot #: 24 Well Tag #: HO-15-0376  
Site Address: 15212 Torino Way  
Woodbine, MD 21797

|   |   |                                       |
|---|---|---------------------------------------|
| <u>Submersible Pump Data</u>  | <u>Pitless Adapter</u>                  | <u>Well Cap and Electric Conduit</u>  |
| Make: <u>Grundfos</u>   | Make: <u>Campbell</u>                   | Two piece watertight cap: <u>YES</u>  |
| Model #: <u>7H30742Z</u>  | Model #: <u>NA</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>6</u> GPM  | NSE/WSC approved: <u>YES</u>            | Conduit min 18" B.G.: <u>YES</u>      |
| Depth of well encountered at time of pump installation: <u>400</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  
Torque wrenches, Cable guards, or other acceptable method used—Must circle one  
Safety rope, if used, attached to hoist rope adapter or other acceptable method inside of well casing: NA

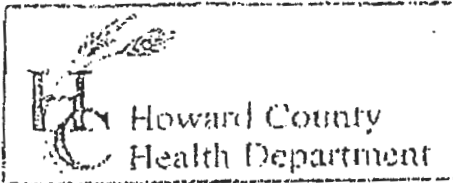
|  |  |
|--|--|
| <u>Fitting to house</u>                    | <u>House Connection</u>  |
| Type: <u>1" poly pipe</u>                  | PVC sleeve to undisturbed soil at wall penetration: <u>YES</u> |
| PSI: <u>250</u> (250 psi min)              | Length of sleeve (5" minimum from foundation): <u>6</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 12 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 Fogel date: 11/28/18

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

|                                      |   |                      |
|--------------------------------------|---|----------------------|
| Date Insp Requested: <u>11/29/18</u> | Date Insp Approved: <u>11/29/18</u>                                     | Inspector: <u>SC</u> |
| Inspection Data:                     | Pitless adapter watertight & water supply line at least 36" below grade | <u>✓</u>             |
|                                      | 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>             |
|                                      | Safety rope not outside of well cap/casing                              | <u>✓</u>             |
|                                      | Correct well tag attached properly and casing 8" above finished grade   | <u>✓</u>             |
|                                      | Water supply line sleeved adequately at house connection                | <u>✓</u>             |
|                                      | Adequate grout observed below pitless adapter                           | <u>✓</u>             |



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

Fair Lane Farm

TO ALL INTERESTED PARTIES

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.

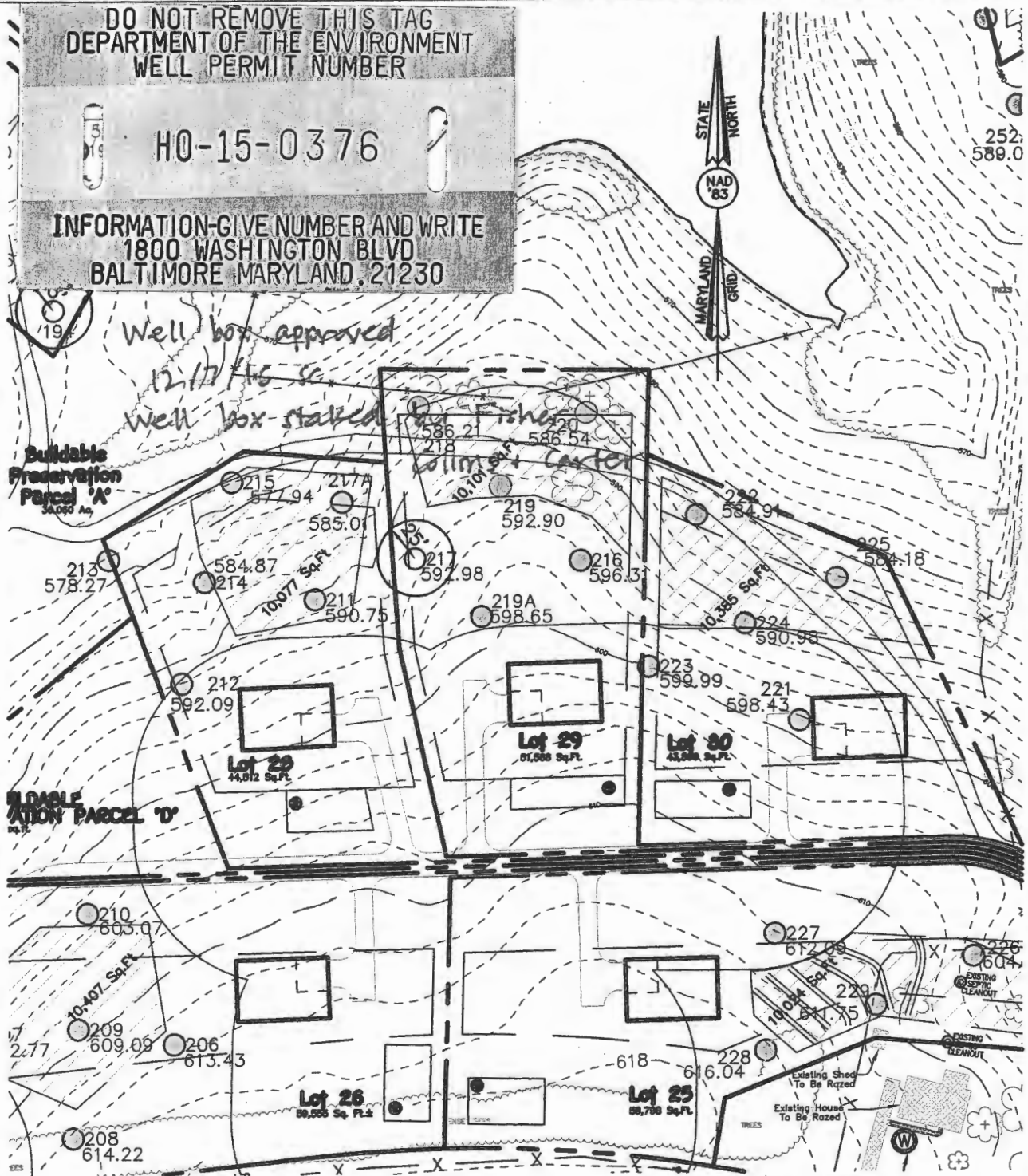
Revised 6/10/03



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

H0-15-0376

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



## WELL EXHIBIT FAIRLANE FARM

PREVIOUSLY KNOWN AS SCHULTE PROPERTY

LOT 28

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 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

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

## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – AUGUST 5, 2019**

February 5, 2019

Homeowner  
15212 Torino Way  
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 28**  
**15212 Torino Way**  
**Building Permit: B18003159**  
**Well Permit: HO-15-0376**

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 **11/29/2018**. Final approval of the well line connection to the dwelling was granted on **11/29/2018**. The well construction was completed on **2/20/2017**. Water samples were collected on **1/30/2019**.

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-15-0376. 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:

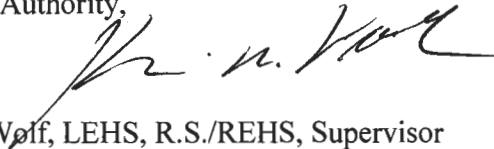
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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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,



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 #: 128256 Account #: 1933  
Reference: Fairlane Farms Lot 28 Company: Fogles Well Pump & Treatment  
Location: 15212 Torino Way Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 1/30/2019 1406 Site: 1st Floor Bath ✓  
Date/Time Rec'd: 1/30/2019 1530 Treatment: None ✓  
Chlorine ppm: Free: ND Total: ND pH: 6.7  
Collected By: B. Wilkerson 9315BW Well #: HO-15-0376

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             | DATE/TIME/ANALYST      |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223B         | 1/31/2019 / 1000 / RER |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223B         | 1/31/2019 / 1000 / RER |
| Nitrate                        | <1.0    | mg/L        | 10        | 601                | 1/30/2019 / 1555 / RER |
| Turbidity                      | 1.28    | NTU         | <10       | SM20 2130B         | 1/30/2019 / 1600 / RER |
| Sand                           | NS      | mg/L        | 5         | Visual/Gravimetric | 1/30/2019 / 1600 / RER |

**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 # :** 18003159Date Reported: 1/31/2019

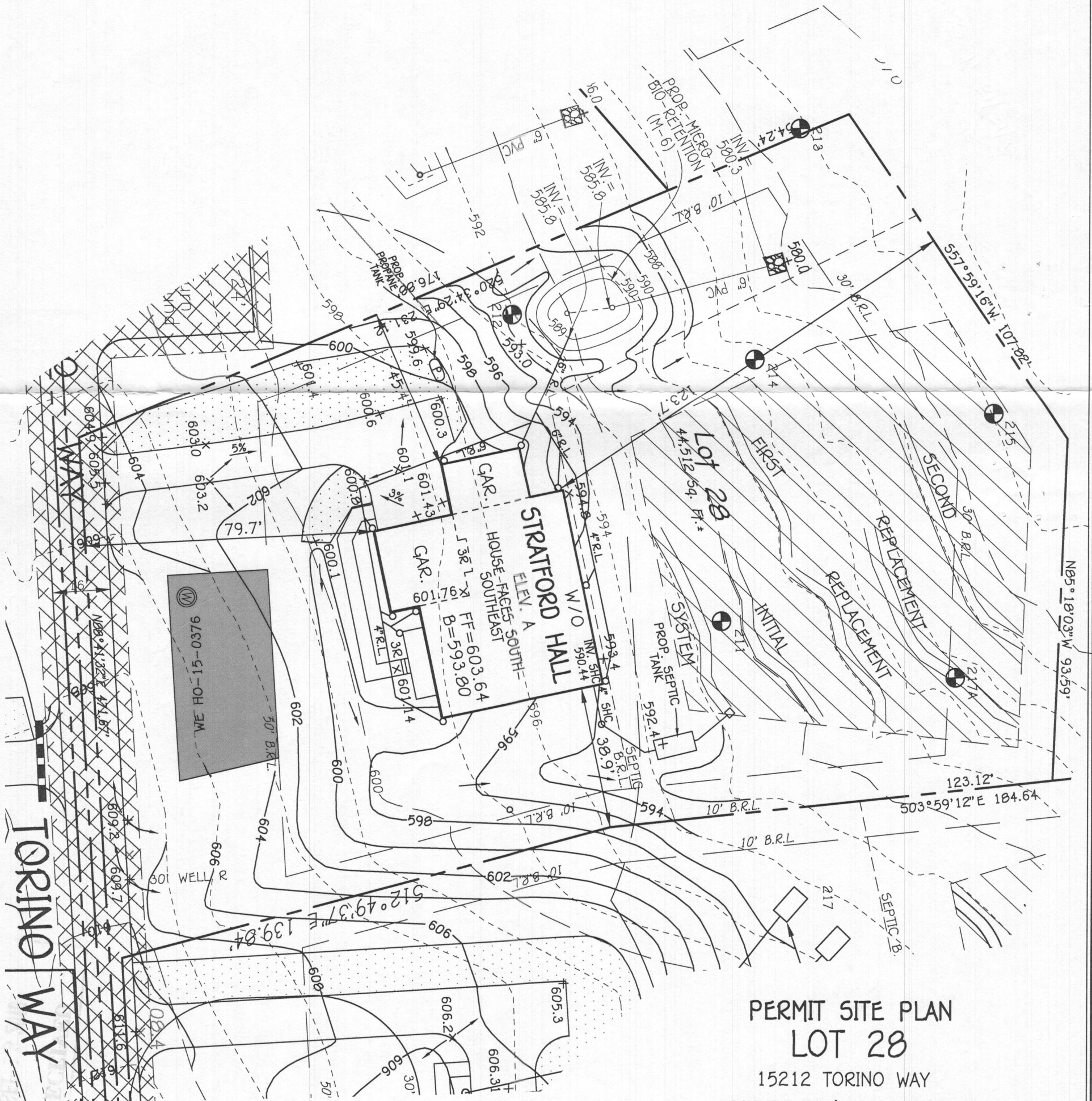
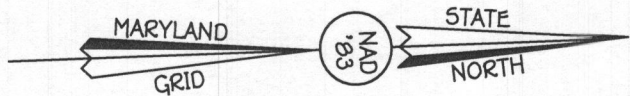
OWNER/DEVELOPER

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

STORMWATER MANAGEMENT NOTES:

STORMWATER MANAGEMENT FOR LOT 28 IS BEING PROVIDED BY A COMBINATION OF NON-ROOFTOP DISCONNECTION (N-2) FOR THE DRIVEWAY AREA AND A MICRO-BIORETENTION FACILITY (M-6), FOR THE ROOF AREAS OF THE PROPOSED HOUSE.

**NOTE:** THE EXISTING WELL SHOWN ON THIS PLAN, HO-15-0376, HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



PERMIT SITE PLAN  
LOT 28

15212 TORINO WAY

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: AUGUST 13, 2018

SHEET 1 OF 1

PLAN

SCALE: 1" = 30'

FISHER, COLLINS & CARTER, INC.  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461 - 2855