

<b>C 1</b> 49260		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 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 02 17 17		DATE WELL COMPLETED MM DD YY 01 26 17		Depth of Well 22 500 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 3/24/17SC HO-15-0375	
OWNER LAND DESIGN + Development		WELL SITE ADDRESS last name first name MORGAN STATION R2		TOWN WOODBINE		SUBDIVISION FAIRLARE FARM SECTION LOT 26	
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS 45 17 NO. OF POUNDS 45 1518 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		<b>C 3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 54 ft. WHEN PUMPING 110 ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input checked="" 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			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>CASING RECORD</b> casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input checked="" 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) PL 60 61 63 64 66 70 60 61 63 64 66 70		<b>PUMP INSTALLED</b> 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			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO SOIL 0 6 CLAY 6 15 Brown Shale 15 58 Med Gray Rock 58 500 81 48		<b>OTHER CASING (if used)</b> diameter inch depth (feet) from to E A C H C A S I N G		<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER	
NUMBER OF UNSUCCESSFUL WELLS: 0		<b>C 2</b> 1 2 DEPTH (nearest ft.) HO 60 500 E A C H S C 3 R E E N 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		<b>LAND SURFACE</b> CASING HEIGHT (circle appropriate box and enter casing height) + above } - below } LAND SURFACE 1 (nearest foot) 50 51		<b>LATITUDE 3 9 33967</b> <b>LONGITUDE 7 7 04278</b> (DEFAULT COORD. WGS 84)	
WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> Y no <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		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68		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. M D 355		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. A D 920		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)							



TAG: 1/30/17 (SC)

B 1 <b>38501</b> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <u>5574344</u>	STATE PERMIT NUMBER <u>HO - 15 - 0375</u> 70 fill in this form completely 79
Date Received (APA) <u>10/30/15</u> 8 MM DD YY 13 <b>OWNER INFORMATION</b> <u>LAND DESIGN &amp; DEVELOPMENT</u> 15 Last Name Owner First Name 34 <u>5300 DORSEY HALL DR, SUITE 102</u> 36 Street or RFD 55 <u>ELICOT CITY MD 21043</u> 57 Town 70 State 72 Zip 76		B 3 <b>LOCATION OF WELL</b> <u>HOWARD</u> 8 COUNTY 21 <u>FAIRLANE FARM</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>26</u> 48 50 <u>WOODBINE</u> 52 NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> <u>MICHAEL BARLOW</u> M <u>WD 355</u> Driller's Name 76 License No. 81 <u>BARLOW WELL DRILLING</u> Firm Name <u>522 UNDERWOOD LANE</u> Address <u>me</u> <u>10/19/15</u> Signature Date		B 4 <b>SOURCES OF DRILLING WATER</b> 1. <u>WELL</u> 2. 3. <b>LOCATION OF WELL ON LOT</b> <u>MORGAN STATION RD</u> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <u>1000</u> 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: <u>8</u> BLK: <u>2</u> PARCEL <u>8</u>	
B 2 <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> 14 20		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTARY <u>AIR-PERCUSION</u> ROTARY (Hydraulic Rotary) 37 CABLE <u>REVERSE-ROTARY</u> Drive-POINT other		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>13</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>12/9/16</u> <u>Sgt. W. H.</u> <u>12/9/17</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE DON: 1/25/17 (SC) DOG: 1/30/17 (SC) DOY: 1/26/17 (SC)	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 39 <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		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 <u>1/25/17</u> -at 260' 1.2 -set 60' PVC casing -hit water at 80' ~1 gpm <u>1/30/17</u> -17 bags cement <u>1/26/17</u> -started pumping @ 9am -54' static, 100' measuring point -7 gpm -collected sodium, chloride, + TDS samples @ 12:15 pm 30' 1 25' 1 Proposed well 15	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>HO 201 5G 004 (00)</u> PERMIT No. <u>HO - 15 - 0375</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: <u>Sodium chloride + TDS samples req'd at yield</u> @ COUNTY			





**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: **January 26, 2017**

Well Depth: **500** feet

Customer	<b>Land Design &amp; Development</b>	Permit #	<b>HO-15-0375</b>
Road	<b>Galaxy Drive</b>	Subdivision	<b>Fairlane Farm</b>
City	<b>Woodbine</b>	Section	
State	<b>Maryland</b>	Lot #	<b>26</b>

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:00 AM	54	5	12.00
9:15 AM	90	6	10.00
9:30 AM	110	10	6.00
9:45 AM	110	10	6.00
10:00 AM	110	10	6.00
10:15 AM	110	10	6.00
10:30 AM	110	10	6.00
10:45 AM	110	10	6.00
11:00 AM	110	10	6.00
11:15 AM	110	10	6.00
11:30 AM	110	10	6.00
11:45 AM	110	10	6.00
12:00 PM	110	10	6.00
12:15 PM	110	10	6.00
12:30 PM	110	10	6.00
12:45 PM	110	10	6.00
1:00 PM	110	10	6.00
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.			



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: Fogles 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 Fogles License #: MSD226

\*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 #: \_\_\_\_\_  
Subdivision: Fairlane Farms Lot #: 20 Well Tag #: HO-15-0375  
Site Address: TORINA 15211  
Woodbine, MD 21797

Submersible Pump Data

Make: Gardner  
Model #: TH510422  
Pump Capacity: 7 GPM  
Well Yield: 6 GPM

Pitless Adapter

Make: Campbell  
Model #: NA  
Depth: 36" (36" min)  
NSF/WSC approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 500 (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 NA

Piping to house

Type: 1" poly pipe  
PSI: 200 (160 psi min)  
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES  
Length of sleeve (5' minimum from foundation): 6'  
Sleeve sealed properly: YES

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

6/11/19

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

Date Insp. Requested: 6/11/2019 Date Insp. Approved: 06/11/2019 Inspector: (Signature)

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 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 ✓

414" 6/11/2019 (Signature)  
31" 6/11/2019 (Signature)  
20" 6/11/2019 (Signature)  
9' 6/11/2019 (Signature)

EX House  
6/11/2019  
GAR

**Oswald, Hank**

---

**From:** Anastasia, James <janastas@nvrinc.com>  
**Sent:** Thursday, August 15, 2019 12:01 PM  
**To:** Oswald, Hank; Wolf, Kevin; Martin, Sharhonda  
**Cc:** Bertoni, Matt; Cyphert, Brayden  
**Subject:** Fwd: Water Test, 15211 Torino Way, FF Lot 26, Passing  
**Attachments:** Fairlane Farms Lot 26-HCHD FORM.pdf

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Hank

Please see attached

Regards,

Jimmy Anastasia  
NV Homes  
Project Manager  
240-712-0528

---

**From:** Carrie Condon <Carrie@foglesinc.com>  
**Sent:** Thursday, August 15, 2019 11:57 AM  
**To:** Anastasia, James  
**Cc:** Bertoni, Matt; Cyphert, Brayden  
**Subject:** [Ext] RE: Water Test, 15211 Torino Way, FF Lot 26, Passing

Please see the attached. Thanks

***Carrie Condon***

***Fogle's Well Pump & Water Treatment, LLC***

24 HR EMERGENCY SERVICE! 410-795-5670

[www.fogleswellpump.com](http://www.fogleswellpump.com)

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**From:** Anastasia, James <janastas@nvrinc.com>  
**Sent:** Thursday, August 15, 2019 11:32 AM  
**To:** Carrie Condon <Carrie@foglesinc.com>  
**Cc:** Bertoni, Matt <mbertoni@nvrinc.com>; Cyphert, Brayden <bcyphert@nvrinc.com>  
**Subject:** Fwd: Water Test, 15211 Torino Way, FF Lot 26, Passing

Carrie

Can you complete please ?

Thank you,

Jimmy Anastasia  
NV Homes  
Project Manager  
240-712-0528

---

**From:** Oswald, Hank <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**Sent:** Thursday, August 15, 2019 11:29 AM  
**To:** Anastasia, James; Wolf, Kevin; Martin, Sharhonda  
**Cc:** Cyphert, Brayden; Bertoni, Matt  
**Subject:** [Ext] RE: Water Test, 15211 Torino Way, FF Lot 26, Passing

Hello Jimmy Anastasia :

Please have your plumber complete/send in the WPI form (see attached).

Thanks,

Hank

---

**From:** Anastasia, James <janastas@nvrinc.com>  
**Sent:** Thursday, August 15, 2019 9:38 AM  
**To:** Oswald, Hank <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>; Wolf, Kevin <[KWolf@howardcountymd.gov](mailto:KWolf@howardcountymd.gov)>; Martin, Sharhonda <[smmartin@howardcountymd.gov](mailto:smmartin@howardcountymd.gov)>



**Cc:** Cyphert, Brayden <[bcyphert@nvrinc.com](mailto:bcyphert@nvrinc.com)>; Bertoni, Matt <[mbertoni@nvrinc.com](mailto:mbertoni@nvrinc.com)>

**Subject:** Fwd: Water Test, 15211 Torino Way, FF Lot 26, Passing

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good Morning

Please see attached results. Can you please provide ICOP letter by next Tuesday the 20th

Thank you,

Jimmy Anastasia  
NV Homes  
Project Manager  
240-712-0528

---

**From:** Carrie Condon <[Carrie@foglesinc.com](mailto:Carrie@foglesinc.com)>

**Sent:** Thursday, August 15, 2019 8:47 AM

**To:** Anastasia, James

**Subject:** [Ext] Water Test, 15211 Torino Way, FF Lot 26, Passing

Carrie Condon  
Fogle's Well Pump & Water Treatment, LLC  
24 HR EMERGENCY SERVICE! 410-795-5670  
[www.fogleswellpump.com](http://www.fogleswellpump.com)  
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## Collins, Sarah

---

**From:** Mike Isom <misom@mbwd.us>  
**Sent:** Friday, December 09, 2016 11:38 AM  
**To:** Collins, Sarah  
**Subject:** Re: Fairlane lot 18

I'll make a site visit to place flags in the well boxes for max separation.

Sincerely,

Michael Isom  
Project Manager  
Michael Barlow Well Drilling Service  
Phone: (410) 838-6910  
Fax: (410) 838-3582  
522 Underwood Lane  
Bel Air, MD 21014  
[www.michaelbarlowwelldrilling.com](http://www.michaelbarlowwelldrilling.com)  
[www.thermalloopcorp.com](http://www.thermalloopcorp.com)  
Click [HERE](#) to like us on Facebook!

On 12/9/2016 10:56 AM, Collins, Sarah wrote:

Hi Mike,

I had some time in the office this morning and I went through the rest of the Fairlane permits. Lots 25 & 26, lots 29 & 30, and lots 40 & 41 have well boxes that are close- please have the driller drill as far as possible from the neighboring lot or we may need to do simultaneous yield testing if yields are low.

Thanks,  
Sarah

---

**From:** Mike Isom [<mailto:misom@mbwd.us>]  
**Sent:** Friday, December 09, 2016 9:03 AM  
**To:** Collins, Sarah  
**Subject:** Re: Fairlane lot 18

Mail them please.

No yield testing today, but Monday for sure.

Sincerely,

Michael Isom  
Project Manager  
Michael Barlow Well Drilling Service  
Phone: (410) 838-6910  
Fax: (410) 838-3582  
522 Underwood Lane



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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – February 15, 2020**

August 15, 2019

Homeowner  
15211 Torino Way  
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 26  
15211 Torino Way  
Building Permit: B19000729  
Well Permit: HO-15-0375**

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 **07/15/2019**. Final approval of the well line connection to the dwelling was granted on **6/11/2019**. The well construction was completed on **1/26/2017**. Water samples were collected on **1/26/2017 & 8/13/2019**.

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-15-0375. 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,



Hank Oswald, LEHS  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



## Oswald, Hank

---

**From:** Oswald, Hank  
**Sent:** Thursday, August 15, 2019 1:28 PM  
**To:** Anest, Cathy; DeMarco, Rebecca; Frey, Thomas; Huskins, Thomas; Reger, Linda; Sauerwein, Sandra; Schmidt, Heather; Wingo, Judy; Anastasia, James (janastas@nvrinc.com); Cyphert, Brayden; mbertoni@nvrinc.com  
**Cc:** Wolf, Kevin; Martin, Sharhonda  
**Subject:** ICOP\_15211 Torino Way  
**Attachments:** ICOP\_15211 Torino Way.pdf

Hello All:

Good afternoon. Attached, please find the ICOP letter for 15211 Torino Way. Should you have any questions, please don't hesitate to ask.

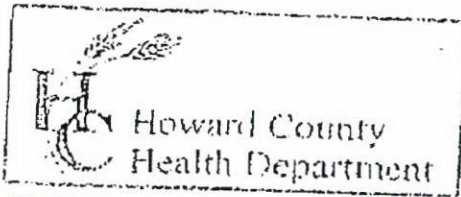
Respectfully,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)

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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

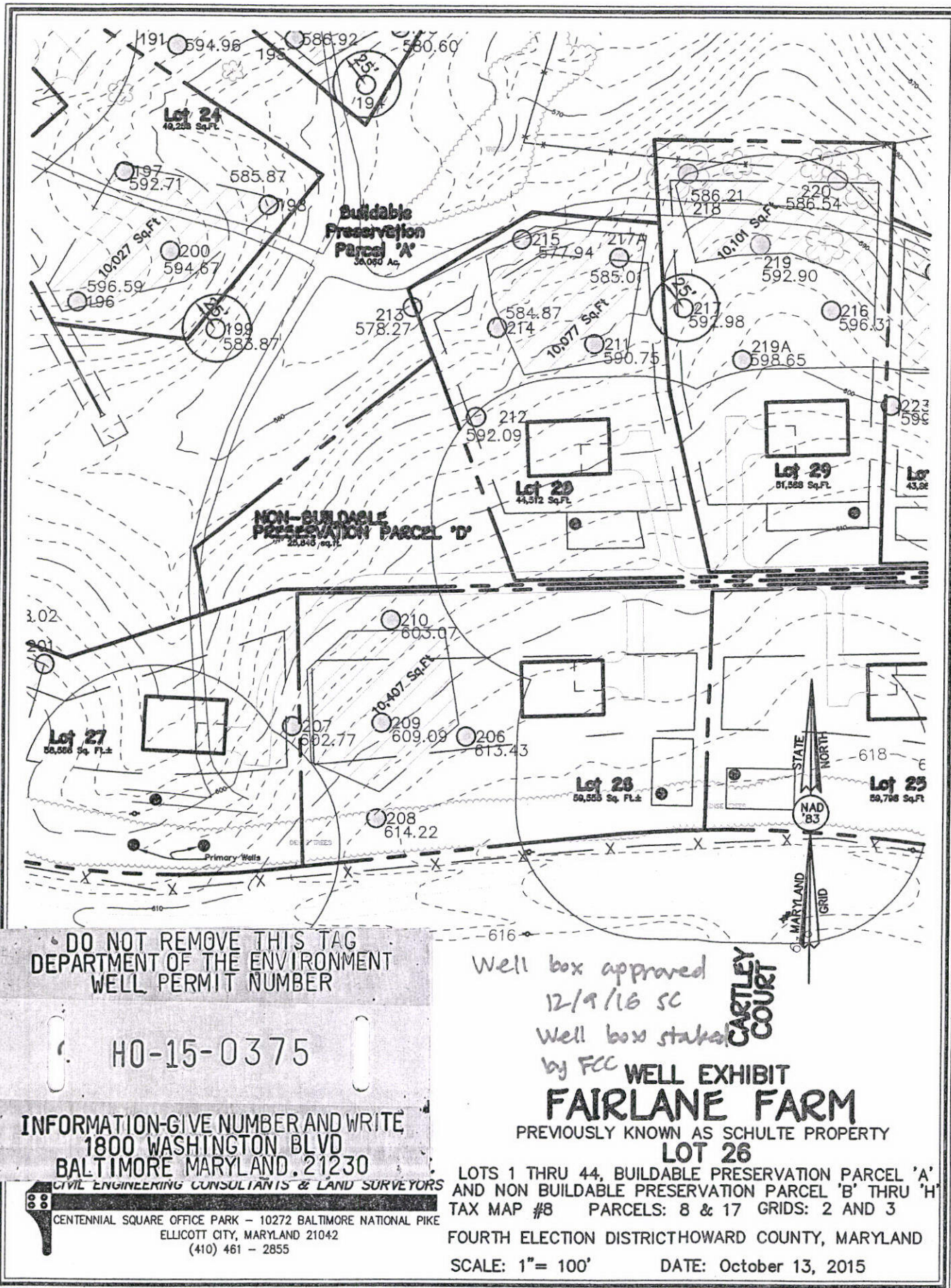
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ 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







# 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 #: 132010 Account #: 1933  
Reference: Fairlane Farm Lot 26 Company: Fogles Well Pump & Treatment  
Location: 15211 Torino Way Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 8/13/2019 1045 Site: Kitchen Sink Tap  
Date/Time Rec'd: 8/13/2019 1440 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: B. Wilkerson 9315BW Well #: HO-15-0375

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/14/2019 / 0900 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/14/2019 / 0900 / RER
Nitrate	3.52	mg/L	10	601	8/13/2019 / 1600 / CRS
Turbidity	3.21	NTU	<10	SM20 2130B	8/13/2019 / 1610 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/13/2019 / 1610 / 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; N/A: Not Available
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B19000729

Date Reported: 8/15/2019

MD State Certification # 133



## Oswald, Hank

---

**From:** Oswald, Hank  
**Sent:** Thursday, August 15, 2019 7:54 AM  
**To:** John Pavlik  
**Cc:** Cabahug, Joseph  
**Subject:** RE: Lot #80  
**Attachments:** wpi form.pdf

Hi John:

All we need now is to have the plumber to complete the top portion of the well pump installation form (attached).

Thanks,

Hank

---

**From:** John Pavlik <jpavlik@CraftmarkHomes.com>  
**Sent:** Wednesday, August 14, 2019 8:56 PM  
**To:** Oswald, Hank <hoswald@howardcountymd.gov>  
**Subject:** Fwd: Lot #80

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hank,

Per your request, please find attached certificate of analysis for 12214 Hayland Farm Way Ellicott City MD (Lot 80 at Walnut Creek). Thank you

John Pavlik  
Craftmark Homes  
M:703-932-0573

Begin forwarded message:

**From:** Reba Morris <[rmorris@tricountypumps.com](mailto:rmorris@tricountypumps.com)>  
**Date:** August 14, 2019 at 10:03:38 AM EDT  
**To:** John Pavlik <[jpavlik@CraftmarkHomes.com](mailto:jpavlik@CraftmarkHomes.com)>  
**Cc:** "[smmartin@howardcountymd.gov](mailto:smmartin@howardcountymd.gov)" <[smmartin@howardcountymd.gov](mailto:smmartin@howardcountymd.gov)>  
**Subject:** Lot #80

Good morning,

Attached you will find a copy of the certificate of analysis for Lot #80.

If you have any questions, please contact Daniel or Kevin at our office.

All the best,

Reba Morris  
Customer Service Representative  
Ph: (301) 432-0330 ext. 113  
Fax: (301) 432-1988

*If my team and I did a great job for you, the very best thing you could do for us is to write a positive review!*

*"We strive to provide the best service possible, while creating long-lasting customer relationships."*



## Oswald, Hank

---

**From:** Oswald, Hank  
**Sent:** Thursday, August 15, 2019 11:26 AM  
**To:** Anastasia, James; Wolf, Kevin; Martin, Sharhonda  
**Cc:** Cyphert, Brayden; Bertoni, Matt  
**Subject:** RE: Water Test, 15211 Torino Way, FF Lot 26, Passing  
**Attachments:** WPI\_15211 Torino.pdf

Hello Jimmy Anastasia :

Please have your plumber complete/send in the WPI form (see attached).

Thanks,

Hank

---

**From:** Anastasia, James <janastas@nvrinc.com>  
**Sent:** Thursday, August 15, 2019 9:38 AM  
**To:** Oswald, Hank <hoswald@howardcountymd.gov>; Wolf, Kevin <KWolf@howardcountymd.gov>; Martin, Sharhonda <smmartin@howardcountymd.gov>  
**Cc:** Cyphert, Brayden <bcyphert@nvrinc.com>; Bertoni, Matt <mbertoni@nvrinc.com>  
**Subject:** Fwd: Water Test, 15211 Torino Way, FF Lot 26, Passing

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good Morning

Please see attached results. Can you please provide ICOP letter by next Tuesday the 20th

Thank you,

Jimmy Anastasia  
NV Homes  
Project Manager  
240-712-0528

---

**From:** Carrie Condon <Carrie@foglesinc.com>  
**Sent:** Thursday, August 15, 2019 8:47 AM  
**To:** Anastasia, James  
**Subject:** [Ext] Water Test, 15211 Torino Way, FF Lot 26, Passing

Carrie Condon

Fogle's Well Pump & Water Treatment, LLC

24 HR EMERGENCY SERVICE! 410-795-5670

[www.fogleswellpump.com](http://www.fogleswellpump.com)

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as the basis of the bargain for the purchase and sale of any such property.



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

February 20, 2018

Homeowner  
15211 Torino Way  
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 8.55 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 76 mg/L.**

Feel free to 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](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File



MD DHMH Laboratories Administration  
1700 Ashland Avenue  
Baltimore, MD 21205

Lab No. Date Received

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

ENVIRONMENTAL METALS SECTION

201 W. Preston Street, Baltimore, Maryland 21201  
Robert A. Myers Ph.D. Director

  
**E17002900001**  
Received: 01/27/2017  
Metals  
HO-15-0375

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO-15-0375 Site Name: Fairlane Farm lot 26 County: Howard

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

Date Collected: 1 / 26 / 20 17 Time Collected: \_\_\_\_\_ a.m. 12:15 p.m. Phone #: 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☒ HNO<sub>3</sub>

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) <u>DM</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	

Lab Supervisor: \_\_\_\_\_

Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

• Phone: (410) 767 - 6186

• Fax: (410) 333 - 5122

DMH 4432 (4/13)

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: E17002900 Date Coll.: 01/26/2017 Date Received 01/27/2017 Submitted By: Collins

Field ID: HO-15-0375  
Lab No.: E17002900001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	8.55	ppm	02/01/2017

### Comments:

Approved by: Yungtao Chen


Approval date: 02/02/2017

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

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Columbia, MD 21045

  
**E17002899001**  
Received: 01/27/2017  
Inorganic HO-15-0375

S A M P L E	Bottle Number	10-15-0375	Name	Fairlane Farm Lot 26	County	Howard	County Code	13																															
	Location	Thunderbird Drive	Woodbine				Data Category Code	4F																															
I D	Collected: Date	1/26/17	Time	12:15 pm	Collector & Phone	S Collins 410-313-6287	Submitter Code																																
	CHECK (one per box) <table border="1"> <tr> <td>Drinking Water</td> <td><input checked="" type="checkbox"/></td> <td>Community</td> <td><input type="checkbox"/></td> <td>Source (raw water)</td> <td><input type="checkbox"/></td> <td>Emergency</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Landfill</td> <td><input type="checkbox"/></td> <td>Non-community</td> <td><input type="checkbox"/></td> <td>Distribution (treated)</td> <td><input checked="" type="checkbox"/></td> <td>Routine</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Stream</td> <td><input type="checkbox"/></td> <td>Private</td> <td><input checked="" type="checkbox"/></td> <td>MCL</td> <td><input type="checkbox"/></td> <td>Recheck</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td>Other</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>Special</td> <td><input type="checkbox"/></td> </tr> </table>								Drinking Water	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input checked="" type="checkbox"/>	Routine	<input checked="" type="checkbox"/>	Stream	<input type="checkbox"/>	Private	<input checked="" type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special
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Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>																																
								Federal Project	5																														

FIELD	Plant No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sampling Station	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid	<input type="text"/>
	pH	<input type="text"/>	<input type="text"/>	<input type="text"/>		Chlorine: Free	<input type="text"/>	<input type="text"/>		Total	<input type="text"/>	<input type="text"/>		Specific Conductance	<input type="text"/>	<input type="text"/>
	Notes to Lab/Remarks: <u>Sample collected during yield test.</u>															

[illegible]

## Reported



## Partial List of Submitter Codes

Code Description

1-30 County Codes  
 41 Individual Septics & Wells Program  
 42 Public Drinking Water  
 43 Recreational Sanitation & Migrant  
 Camps, DHMH  
 44 STP Inspection Division  
 45 Hazardous & Solid Waste Admin.  
 (Landfill Samples)  
 46 Pre- Treatment Enforcement Division  
 48 Licensing and Certification, DHMH  
 52 Water Quality Monitoring Program

Code Description

53 Chesapeake Bay & Special Projects  
 59 Standards & Certification Program  
 63 Division of Food Control  
 64 Engineering & Maintenance, DHMH  
 65 Division of Community Services  
 66 Office of Attorney General  
 67 Dept. of General Services  
 77 E.P.A.  
 91 State Highway Administration  
 96 L.U.S.T./U.S.T./CERCLA  
 99 Unknown

## Codes for Federally Funded Projects (leave box blank if not federal)

Code Description

S Safe Drinking Water Act (SDWA)  
 R Resource Conservation and  
 Recovery Act (RCRA)

Code Description

N National pollution Discharge  
 Elimination System (NPDES)  
 M Miscellaneous (Other)

## Partial List of Data Category Codes

Code Description

1F Sediment Samples  
 2A Industrial Effluents/Compliance  
 2B Industrial Grab  
 2C Municipal Compliance  
 2D Municipal Grab  
 4A MCL Surveys  
 4B Routine Monitoring & Other  
 Communities  
 4D Potable - County Community  
 4E Potable - Non Community  
 4F Potable - Private Wells  
 4G Real Estate Trans./Charge Samples

Code Description

2F Innovative Disposal  
 5A Solid Waste/Landfills  
 5B Kidney Dialysis  
 5C Commercial Bottled Waters  
 5D Misc. Wastewaters  
 5E Misc. River/Stream  
 5F Misc. Drinking Water  
 5G Swimming Pools  
 5H Marine or Estuarine Natural Bathing  
 Areas

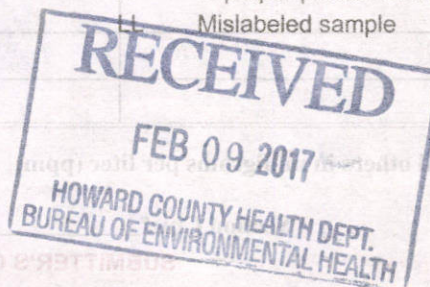
## Partial List of Error Codes

Code Description

A Laboratory Accident  
 C Mechanical/Materials failure  
 D Insufficient Sample  
 E Sample past holding time

Code Description

J Wrong sample type  
 RR No sample received  
 X Improper preservation  
 LL Mislabeled sample







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 NoE17002899 Date Coll. 01/26/2017 Date Received 01/27/2017 Submitted By:S. Collins

Field ID: HO-15-0375  
Lab No.: E17002899001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	02/06/2017
Total Dissolved Solids	SM 2540C	76	mg/L	02/02/2017

### Comments:

Approved by:

Approval date: 02/07/2017

\*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.

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