

<b>C 1</b> 49296		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)		DATE WELL COMPLETED DATE Received MM DD YY 02 22 17		Depth of Well 22 400 26 (TO NEAREST FOOT)		COUNTY NUMBER OK 4/17/17 SC	
ST/CO USE ONLY DATE Received MM DD YY 04 10 17		DATE WELL COMPLETED DATE Received MM DD YY 02 22 17		Depth of Well 22 400 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-17-0027	
OWNER LAND DESIGN + Development		WELL SITE ADDRESS last name first name Morgan Station Rd		TOWN Woodbine		SUBDIVISION FARLANE FARM	
SECTION 27		LOT 27					
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b> yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>C</b> BENTONITE CLAY <b>B</b> NO. OF BAGS 20 NO. OF POUNDS 180 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 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 42 ft. WHEN PUMPING 150 ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> 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 <b>ST</b> STEEL <b>CO</b> CONCRETE <b>PL</b> PLASTIC <b>OT</b> OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 400 OTHER CASING (if used) diameter inch depth (feet) from to		<b>C 2</b> 1 2 DEPTH (nearest ft.) H0 60 400 A 8 9 11 15 17 21 C 23 24 26 30 32 36 S 38 39 41 45 47 51 R 56 60 E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Soil 0 6 Clay 6 15 Brown Shale 15 61 Med Gravel 61 400 Rock 106 351		<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <b>ST</b> STEEL <b>BR</b> BRASS <b>HO</b> OPEN HOLE <b>PL</b> PLASTIC <b>OT</b> OTHER		<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 CASING HEIGHT (circle appropriate box and enter casing height) <b>+</b> above LAND SURFACE <b>-</b> below (nearest foot) 1 50 51	
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes no <b>Y</b> <b>N</b>		LATITUDE 39.83955 LONGITUDE 77.04405 (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.	
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL		I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		DRILLERS LIC. NO. 1 M D 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 AW 920 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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	



<b>B 1</b> <span style="font-size: 24pt; font-weight: bold;">38502</span> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <span style="font-size: 24pt; font-weight: bold;">557434-2</span> please type	STATE PERMIT NUMBER <span style="font-size: 24pt; font-weight: bold;">40-17-0027</span> <small>70 fill in this form completely 79</small>
Date Received (APA) <span style="font-size: 24pt; font-weight: bold;">10-30-15</span> <small>8 MM DD YY 13</small> <b>OWNER INFORMATION</b> <span style="font-size: 24pt; font-weight: bold;">LAND DESIGN &amp; DEVELOPMENT</span> <small>15 Last Name 34 Owner First Name</small> <span style="font-size: 24pt; font-weight: bold;">5300 DORSEY HALL DR SUITE 102</span> <small>36 Street or RFD 55</small> <span style="font-size: 24pt; font-weight: bold;">ELLICOTT CITY MD 21043</span> <small>57 Town 70 State 72 Zip 76</small>		<b>B 3</b> <span style="font-size: 24pt; font-weight: bold;">3</span> <b>LOCATION OF WELL</b> <span style="font-size: 24pt; font-weight: bold;">HOWARD</span> <small>8 COUNTY 21</small> <span style="font-size: 24pt; font-weight: bold;">FAIRLANE FARM</span> <small>23 SUBDIVISION 42</small> SECTION <span style="font-size: 24pt; font-weight: bold;">44</span> <span style="font-size: 24pt; font-weight: bold;">46</span> LOT <span style="font-size: 24pt; font-weight: bold;">27</span> <small>48 50</small> <span style="font-size: 24pt; font-weight: bold;">WOODBINE</span> <small>52 NEAREST TOWN 71</small>	
<b>DRILLER INFORMATION</b> <span style="font-size: 24pt; font-weight: bold;">MICHAEL BARLOW</span> <span style="font-size: 24pt; font-weight: bold;">M W D 355</span> <small>Driller's Name 76 License No. 81</small> <span style="font-size: 24pt; font-weight: bold;">BARLOW WELL DRILLING</span> <small>Firm Name</small> <span style="font-size: 24pt; font-weight: bold;">522 UNDERWOOD LANE 21014</span> <small>Address</small> <span style="font-size: 24pt; font-weight: bold;">ME</span> <span style="font-size: 24pt; font-weight: bold;">10/19/15</span> <small>Signature Date</small>		<b>B 4</b> <span style="font-size: 24pt; font-weight: bold;">4</span> <b>SOURCES OF DRILLING WATER</b> 1. <span style="font-size: 24pt; font-weight: bold;">WELL</span> 2. 3.	
<b>B 2</b> <span style="font-size: 24pt; font-weight: bold;">2</span> <b>WELL INFORMATION</b> <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) <span style="font-size: 24pt; font-weight: bold;">5</span> <span style="font-size: 24pt; font-weight: bold;">750</span> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <span style="font-size: 24pt; font-weight: bold;">14</span> <span style="font-size: 24pt; font-weight: bold;">20</span>		<b>LOCATION OF WELL ON ROAD</b> <span style="font-size: 24pt; font-weight: bold;">MORGAN STATION RD</span> <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">           34 <span style="font-size: 24pt; font-weight: bold;">1000</span> 37            DISTANCE FROM ROAD            ENTER FT OR MI <span style="font-size: 24pt; font-weight: bold;">FT</span> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">             NORTH              N              WEST              W              EAST              E              SOUTH              S           </div> </div> <small>38 39</small> TAX MAP: <span style="font-size: 24pt; font-weight: bold;">8</span> BLK: <span style="font-size: 24pt; font-weight: bold;">2</span> PARCEL <span style="font-size: 24pt; font-weight: bold;">8</span>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <span style="font-size: 24pt; font-weight: bold;">Howard</span> <span style="font-size: 24pt; font-weight: bold;">(13)</span> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → <span style="font-size: 24pt; font-weight: bold;">41</span> DATE ISSUED <span style="font-size: 24pt; font-weight: bold;">2/28/17</span> <span style="font-size: 24pt; font-weight: bold;">Seth G. M.</span> <span style="font-size: 24pt; font-weight: bold;">2/28/18</span> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>	
APPROXIMATE DEPTH OF WELL <span style="font-size: 24pt; font-weight: bold;">300</span> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <span style="font-size: 24pt; font-weight: bold;">6</span> NEAREST INCH		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="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p><b>Signed</b> <span style="font-size: 24pt; font-weight: bold;">2/22</span> <span style="font-size: 24pt; font-weight: bold;">7.2.15</span> <span style="font-size: 24pt; font-weight: bold;">4/5</span></p> <p>- tremie to 30' - started pump @ 10 am</p> <p>- 60' casing - 42' static</p> <p>- 20 bags cement - 6 gpm</p> <p>used so far</p> </div>	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <small>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVERSE-ROTary DRIVE-POINT</small> other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <span style="font-size: 24pt; font-weight: bold;">41</span> <span style="font-size: 24pt; font-weight: bold;">52</span>	
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER <span style="font-size: 24pt; font-weight: bold;">402015G004(01)</span> PERMIT No. <span style="font-size: 24pt; font-weight: bold;">40-17-0027</span> <small>70 71 72 73 74 75 76 77 78 79</small>			
<b>SPECIAL CONDITIONS</b> <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			



# 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:

April 5, 2017

Well Depth:

400 feet

Customer Land Design & Development  
Road Galaxy Drive  
City Woodbine  
State Maryland

Permit # HO-17-0027  
Subdivision Fairlane Farm  
Section  
Lot # 27

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:45 AM	42	4	15.00
10:00 AM	150	10	6.00
10:15 AM	150	10	6.00
10:30 AM	150	10	6.00
10:45 AM	150	10	6.00
11:00 AM	150	10	6.00
11:15 AM	150	10	6.00
11:30 AM	150	10	6.00
11:45 AM	150	10	6.00
12:00 PM	150	10	6.00
12:15 PM	150	10	6.00
12:30 PM	150	10	6.00
12:45 PM	150	10	6.00
1:00 PM	150	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  
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

## 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: Foale's Well Pump & Water Treatment, LLC Telephone #: 410 795 5670  
Address: 580 Odrecht Rd  
Silverville, 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 Foale 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: NWE Inc Telephone #: \_\_\_\_\_  
Subdivision: Fairlane Farms Lot #: 27 Well Tag #: HO-17-0027 ✓ 07/29/2019 @  
Site Address: 15215 Tonne Way  
Woodbine, MD 21797

### Submersible Pump Data

Make: Gardner  
Model #: 14507422  
Pump Capacity: 7  
Well Yield: 6  
Depth of well encountered at time of pump installation: 400 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

### Pitless Adapter

Make: Camperbell  
Model#: NA  
GPM Depth: 36 (36" min)  
GPM 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

### 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: David C Foale date: 7/25/19

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

Date Insp. Requested: 07/29/2019 Date Insp. Approved: 07/29/2019 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

44" 07/29/2019 @  
34" 07/29/2019 @  
30" 07/29/2019 @  
\*



Website: [www.hchealth.org](http://www.hchealth.org) Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth) Twitter: @HoCoHealth

\* SLEEVED ADEQUATELY  
PAST 10' SET BACK TO  
SEWER FORCE MAIN  
VERIFIED AT INSPECTION  
DURING INSTALL.



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – APRIL 7, 2020**

October 7, 2019

Homeowner  
15215 Torino Way  
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 27**  
**15215 Torino Way**  
**Building Permit: B18003939**  
**Well Permit: HO-17-0027**

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 **9/27/2019**. Final approval of the well line connection to the dwelling was granted on **7/29/2019**. The well construction was completed on **2/22/2017**. Water samples were collected on **10/2/2019**.

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-17-0027. 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.**

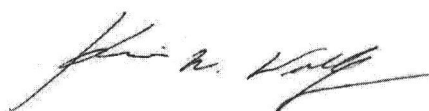
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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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.

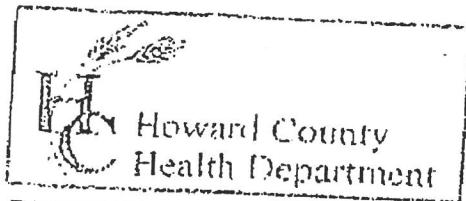
Approving Authority,



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





Howard County  
Health Department

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

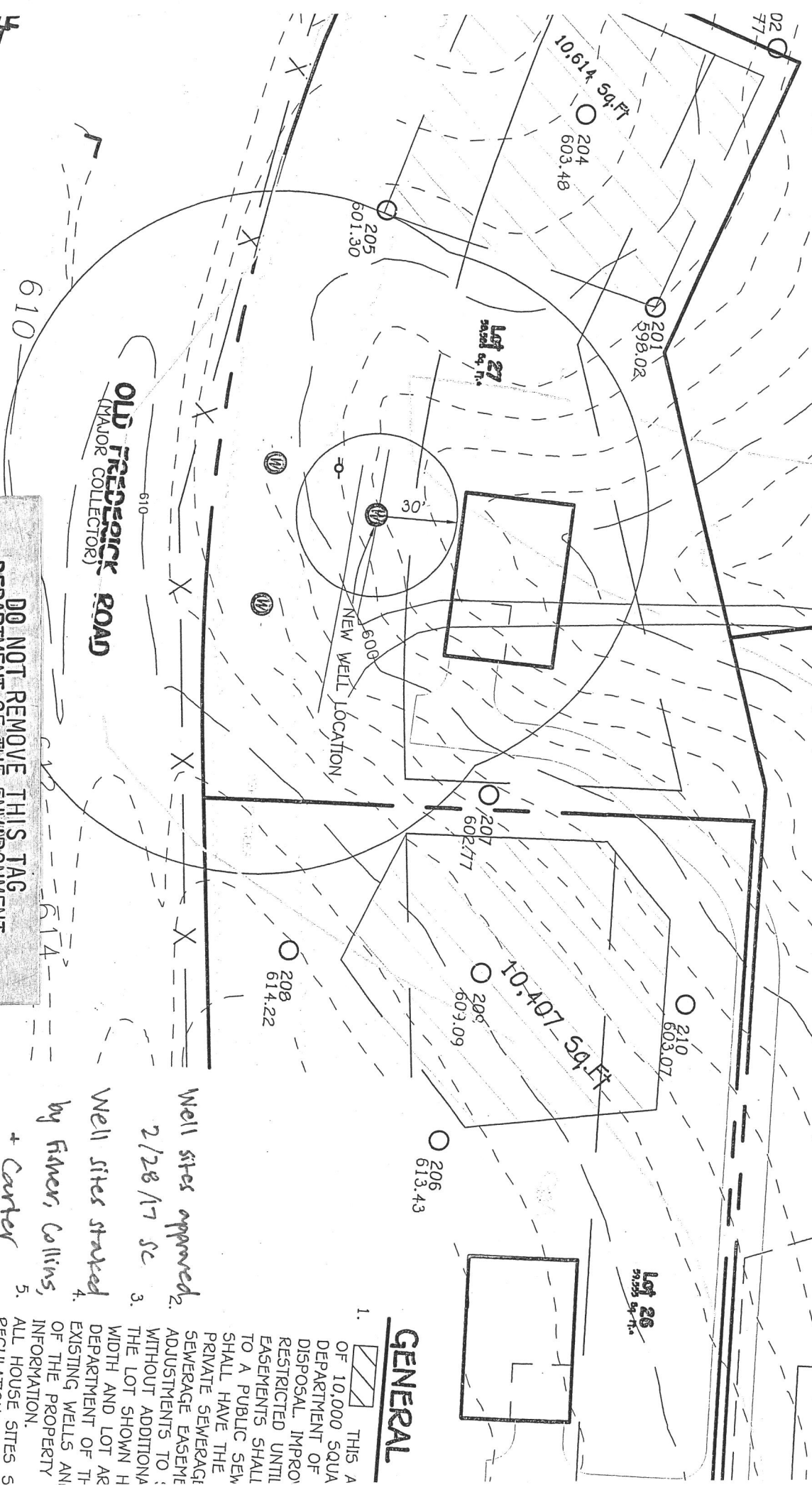
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ 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

590' PRELIMINARY PLACED, 0'

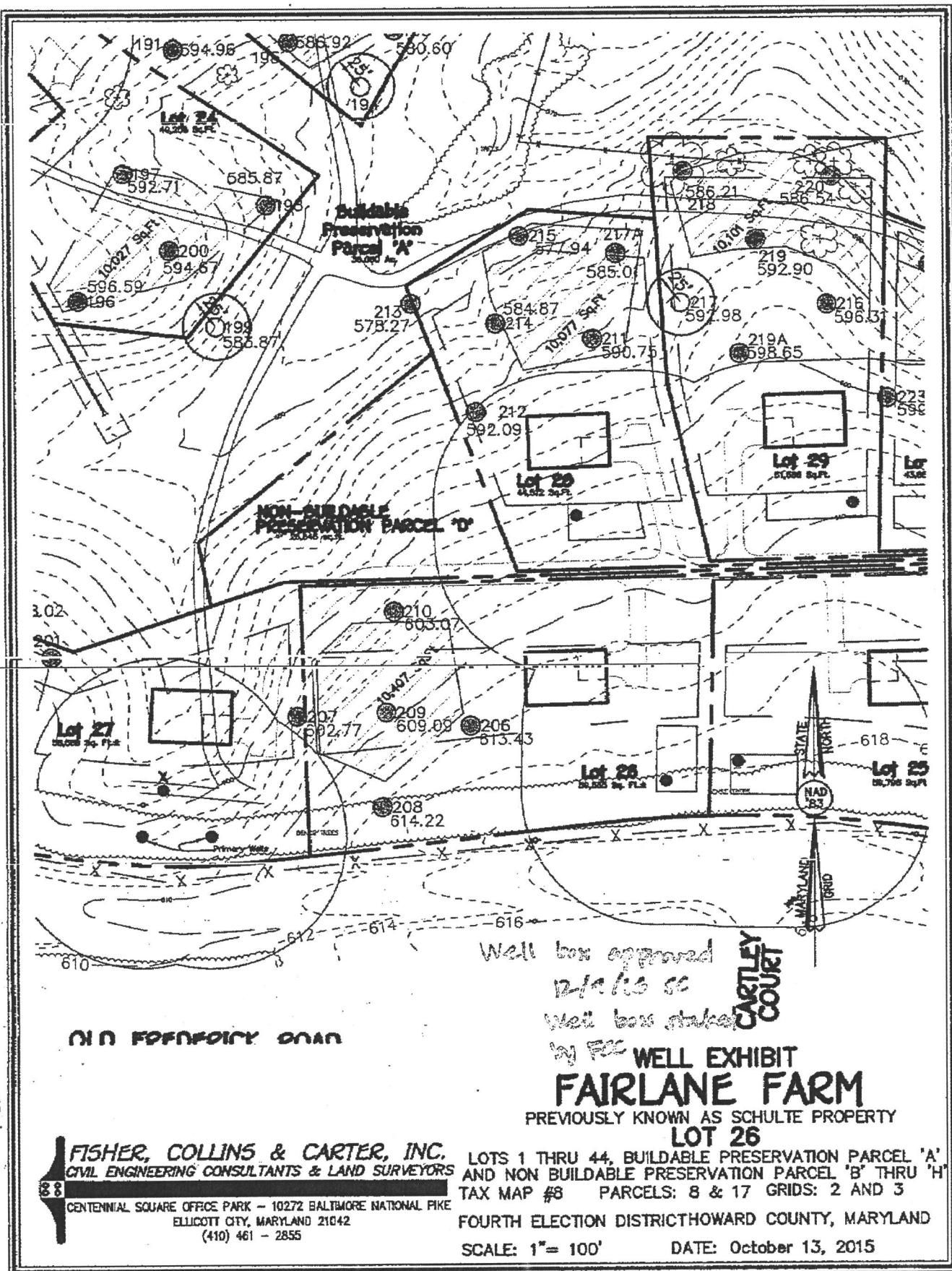


**DO NOT REMOVE THIS TAG**  
**DEPARTMENT OF THE ENVIRONMENT**  
**WELL PERMIT NUMBER**  
**HO-17-0027**  
**INFORMATION-GIVE NUMBER AND WRITE**  
**1800 WASHINGTON BLVD**  
**BALTIMORE MARYLAND 21230**

**GENERAL**

1. THIS A OF 10,000 SQUA DEPARTMENT OF DISPOSAL, IMPRO RESTRICTED UNTIL EASEMENTS SHALL TO A PUBLIC SEW SHALL HAVE THE PRIVATE SEWERAGE ADJUSTMENTS TO ; WITHOUT ADDITIONA THE LOT SHOWN H WIDTH AND LOT AR DEPARTMENT OF T OF EXISTING WELLS AN OF THE PROPERTY INFORMATION.
2. ALL HOUSE SITES S REGULATIONS.
3. THE DEVELOPERS RE TO FINAL PLAT SUBB DELAY" IF THE WELL SIGNATURE OF THE F TOPOGRAPHY SHOWN JANUARY, 2006 WITH PERC TEST LOCATION; BOUNDARY IS BASED ON OR ABOUT APRIL 9. DEED REFERENCE LIBE 10. GROUND WATER
4. Well sites approved.
5. 2/28/17 SC
6. Well sites stated
7. by Finer, Collins,
8. + Carter





# 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 #:	133208	Account #:	1933
Reference:	Fairlane Farms Lot 27	Company:	Fogles Well Pump & Treatment
Location:	15215 Torino Way	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	10/2/2019 0715	Site:	Kitchen Sink Tap
Date/Time Rec'd:	10/2/2019 0835	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.4
Collected By:	J. Evans 0309JE	Well #:	HO-17-0027

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/3/2019 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/3/2019 / 1000 / CRS
Nitrate	<1.0	mg/L	10	601	10/3/2019 / 0900 / CRS
Turbidity	0.26	NTU	<10	SM20 2130B	10/3/2019 / 0920 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	10/3/2019 / 0920 / 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 # : 18003939

Date Reported: 10/3/2019



**MICHAEL BARLOW WELL DRILLING  
522 UNDERWOOD LANE  
BEL AIR, MD 21014  
410-838-6910**

**FAX TRANSMITTAL FORM**

**DATE:** 1/17/17

**TO:** Sarah Collins

**FAX NUMBER:** 410-313-2648

**RE:** Fairlane Farm lot 27

**Number of Pages including cover:** 2

Attached is a site plan for lot 27. I would like to move 5' further north from the northern most stake in the triangle shaped well area (marked with an x). Doing so would give us 15' from the power lines, which I would prefer for safety. That should put us right at 30' from the proposed house site. Would that be acceptable?

Mike Isom