

C1 49281 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 ST/CO USE ONLY
 DATE Received MM 03 DD 07 YY 17
 8 13 15 20

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0387
 28 29 30 31 32 33 34 35 36 37

OWNER Land Design + Development
 WELL SITE ADDRESS Morgan Station Road TOWN WoodBine
 SUBDIVISION FAIRLANE FARM SECTION LOT 38

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
SOIL	0	6	
CLAY	6	17	
Brown Shale	17	38	
Med GRAY ROCK	38	400	✓
		355	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
 NO. OF BAGS 15 NO. OF BOUNDS 140
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
 inch from to
 E A C H I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M 355
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. AW 920

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

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
E	8	9	11	15	17	21															
A	23	24	26	30	32	36															
C																					
S	38	39	41	45	47	51															
R																					
E																					
N																					

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY
 (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 76 78
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 4.0
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 38 ft.
 WHEN PUMPING 157 ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below } 1 (nearest foot)

LATITUDE 39 34 17 S
 LONGITUDE 77 03 50 W
 (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.

B 1 38513

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-15-0387 fill in this form completely

Date Received (APA) 10/30/15

OWNER INFORMATION

LAND DESIGN + DEVELOPMENT 6300 DORSEY HALL DR, SUITE 102 ELLICOTT CITY MD 21043

HOWARD COUNTY FAIRLANE FARM WOODBINE

DRILLER INFORMATION

MICHAEL BARLOW MWD 355 BARLOW WELL DRILLING 522 UNDERWOOD LANE 21044

SOURCES OF DRILLING WATER

WELL MORGAN STATION RD ON WHICH SIDE OF ROAD 1000 FT DISTANCE FROM ROAD

WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 750 GAL. PER DAY

- USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

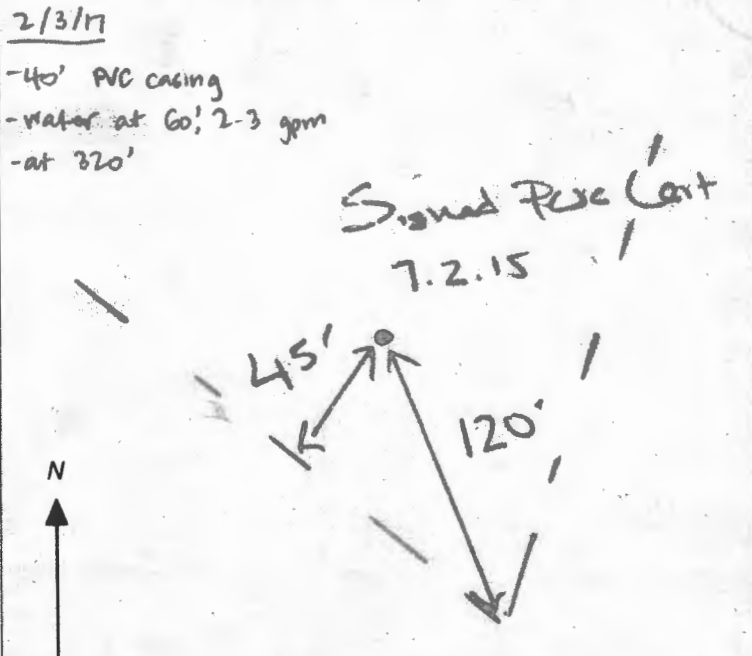
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NO. 13 STATE SIGNATURE DATE ISSUED 12/9/16 CO SIGNATURE EXP. DATE 12/9/17

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

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

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H020L5G024(a) PERMIT No. HO-15-0387

SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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: March 7, 2017

Well Depth: 400 feet

Customer	Land Design & Development	Permit #	HO-15-0387
Road	Galaxy Drive	Subdivision	Fairlane Farm
City	Woodbine	Section	
State	Maryland	Lot #	38

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
1:30 PM	38	4	15.00
1:45 PM	100	6	10.00
2:00 PM	160	15	4.00
2:15 PM	160	15	4.00
2:30 PM	160	15	4.00
2:45 PM	159	15	4.00
3:00 PM	159	15	4.00
3:15 PM	159	15	4.00
3:30 PM	158	15	4.00
3:45 PM	158	15	4.00
4:00 PM	158	15	4.00
4:15 PM	158	15	4.00
4:30 PM	157	15	4.00
4:45 PM	157	15	4.00
5:00 PM	157	15	4.00

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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: 1032 THUNDERBOLT Lot #: _____ Well Tag #: HO-15-6387
Site Address: _____ 5/10/2009 (D)

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: _____	
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 <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 5/10/2009 Date Insp. Approved: 5/10/2009 Inspector: (P)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	54"	5/10/2009 (D)
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>		
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	48"	5/10/2009 (D)
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>		
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	24"	5/10/2009 (D)
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	8'	5/10/2009 (D)
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>		

1032

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 19, 2019

July 19, 2019

Homeowner
1032 Thunderbird Drive
Woodbine, MD 21797

RE: Fairlane Farm, Lot 38
1032 Thunderbird Drive
Building Permit: B19000567
Well Permit: HO-15-0387

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/15/2019**. Final approval of the well line connection to the dwelling was granted on **5/10/2019**. The well construction was completed on **3/7/2017**. Water samples were collected on **7/16/2019, 7/19/2019**.

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-15-0387. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

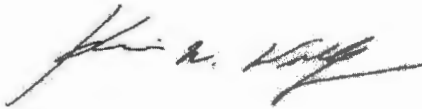
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

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

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's 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 #: 131424 Account #: 1933
Reference: Fairlane Farms Lot 38 Company: Fogles Well Pump & Treatment
Location: 1032 Thunderbird Drive Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 7/16/2019 0905 Site: Basement Bar Tap
Date/Time Rec'd: 7/16/2019 1050 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: B. Wilkerson 9315BW Well #: HO-15-0387

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/17/2019 / 1240 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/17/2019 / 1240 / RER
Nitrate	2.13	mg/L	10	601	7/16/2019 / 1535 / RER
Turbidity	1.27	NTU	<10	SM20 2130B	7/16/2019 / 1540 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	7/16/2019 / 1540 / 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 # : 19000567

Date Reported: 7/17/2019

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 #: 131460 Account #: 1933
Reference: Fairlane Farms Lot 38 Company: Fogles Well Pump & Treatment
Location: 1032 Thunderbird Drive Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 7/18/2019 0803 Site: Kitchen Sink Tap
Date/Time Rec'd: 7/18/2019 0900 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: C. Condon 3557CC Well #: HO-15-0387

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/19/2019 / 0930 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/19/2019 / 0930 / RER

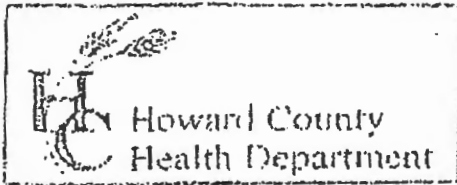
NOTES

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Reason for Test : Use & Occupancy

Building Permit # : 19000567

Date Reported: 7/19/2019



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
Subdivision

TO ALL INTERESTED PARTIES

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

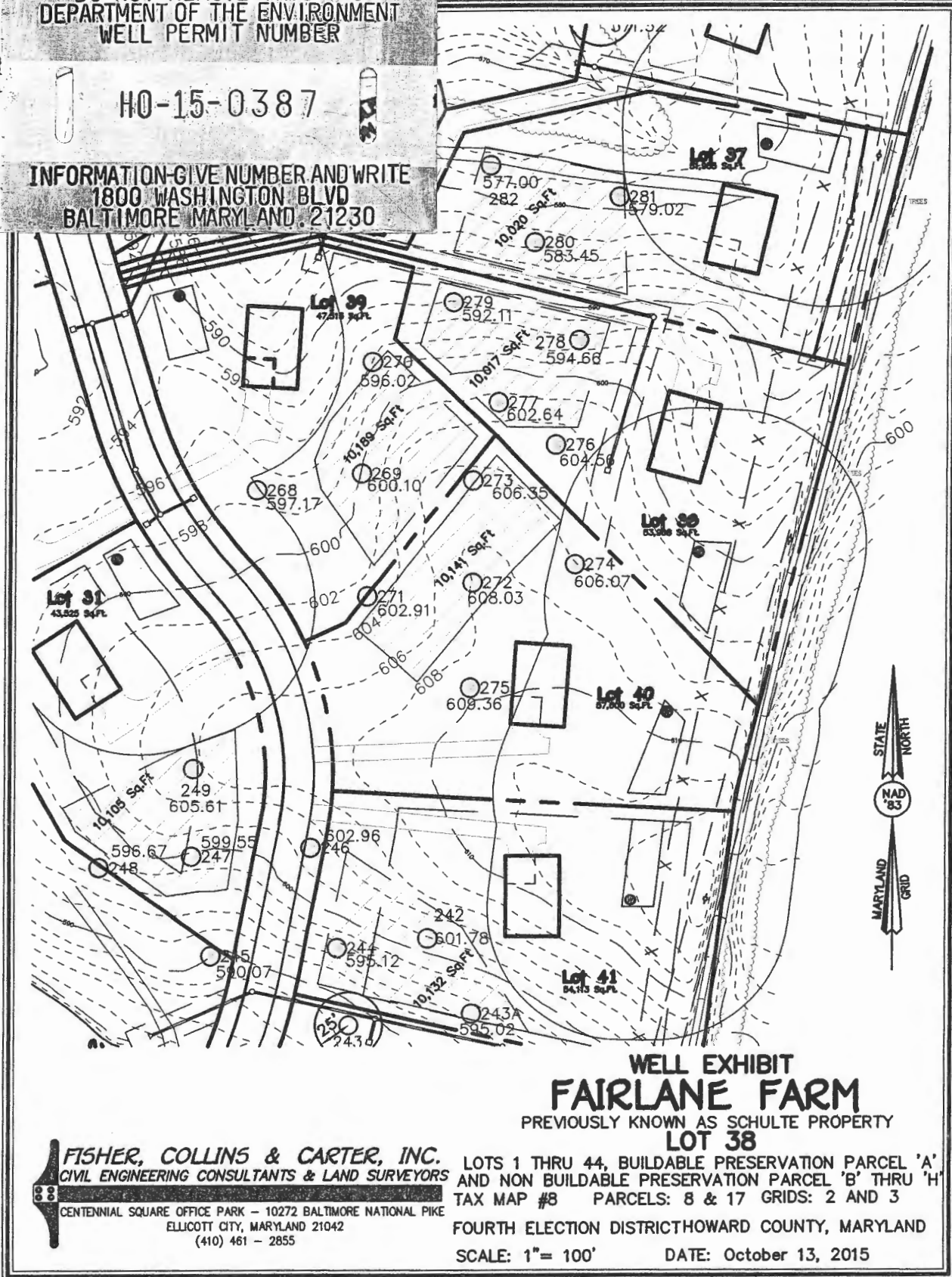
DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-15-0387

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

Well box staked
12/9/16 SC

Well box staked by
Fisher, Collins, +
Carter



**WELL EXHIBIT
FAIRLANE FARM**
PREVIOUSLY KNOWN AS SCHULTE PROPERTY
LOT 38

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