

C149283SEQUENCE NO. (MDE USE ONLY)STATE OF MARYLANDWELL COMPLETION REPORTFILL IN THIS FORM COMPLETELYPLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.COUNTY NUMBER

ST/CO USE ONLYDATE RECEIVEDDATE WELL COMPLETEDDepth of WellPERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNERLAND DESIGN + DevelopmentWELL SITE ADDRESSMorgan StationTOWNWoodsboroSUBDIVISIONFairlane FarmSECTIONLOT43

WELL LOGNot required for driven wellsSTATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use additional sheets if needed)FEETFROMTOcheck if water bearingSoil05Clay516Brown shale11657Med Gray Rock57400130370

GROUTING RECORDWELL HAS BEEN GROUTED (Circle appropriate box)TYPE OF GROUTING MATERIAL (Circle one)CEMENTCMBENTONITE CLAYBCNO. OF BAGS454625NO. OF POUNDS45462330GALLONS OF WATER1300DEPTH OF GROUT SEAL (to nearest foot)from48TOP52ft. to54BOTTOM58ft. (enter 0 if from surface)CASING RECORDcasing types insert appropriate code belowMAIN CASING TYPEPLNominal diameter top (main) casing (nearest inch)606163646667Total depth of main casing (nearest foot)6060OTHER CASING (if used) diameter inchdepth (feet) fromtoSCREEN RECORDscreen type or open hole (insert appropriate code below)STSTEELBRBRASSPLPLASTICHOOPEN HOLEOTOTHER

C2DEPTH (nearest ft.)12HO60400345678911151721232426303236383941454751SLOT SIZE 123DIAMETER OF SCREEN (NEAREST INCH)5660fromtoGRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)T(E.R.O.S.)WQ7072747578TELESCOPE CASINGLOG INDICATOROTHER DATA

PUMPING TEST3HOURS PUMPED (nearest hour)8PUMPING RATE (gal. per min.)5.0METHOD USED TO MEASURE PUMPING RATESubmersibleWATER LEVEL (distance from land surface)BEFORE PUMPING421720ft. WHEN PUMPING1462225ft. TYPE OF PUMP USED (for test)AairPpistonTturbineCcentrifugalRrotaryOother (describe below)JjetSsubmersiblePUMP INSTALLEDDRILLER INSTALLED PUMP (CIRCLE) (YES or NO)YESNOIF 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 29CAPACITY: GALLONS PER MINUTE (to nearest gallon)3135PUMP HORSE POWER3741PUMP COLUMN LENGTH (nearest ft.)4347CASING HEIGHT (circle appropriate box and enter casing height)abovebelowLAND SURFACE1(nearest foot)

LATITUDE 39.33982LONGITUDE 77.03953(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.

DRILLERS LIC. NO. M4D355DRILLERS SIGNATURELIC. NO. 4D920SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

MDE/WMA/PER.071

COUNTY

B 1 38518

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

40-15-0391
fill in this form completely

Date Received (APA)

10 30 15
8 MM DD YY 13

OWNER INFORMATION

LAND DESIGN & DEVELOPMENT
 15 Last Name Owner First Name 34
 5300 DORSEY HALL DR, SUITE 102
 36 Street or RFD 55
 ELICOT CITY MD 21043
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION

MICHAEL BARLOW MW D 355
 Driller's Name 76 License No. 81
 BARLOW WELL DRILLING
 Firm Name
 522 UNDERWOOD LANE 21014
 Address
 ME 10/19/15
 Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE
 (GAL. PER MIN.) 8 12
 5
 AVERAGE DAILY QUANTITY NEEDED
 (GAL. PER DAY) 14 20
 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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTARY DRIVE-POINT
 other

REPLACEMENT OR DEEPEENED 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 DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER 402015G024 (04)
 PERMIT No. 40-15-0391
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

LOCATION OF WELL

HOWARD
 8 COUNTY 21
 FAIRLANE FARMS
 23 SUBDIVISION 42
 SECTION 44 46 LOT 43 48 50
 WOODBINE
 52 NEAREST TOWN 71

B 4

SOURCES OF DRILLING WATER

1. WELL
 2.
 3.

MORAN STATION RD
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 1000 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 8 BLK: 2 PARCEL 8

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard
 COUNTY NAME
 STATE SIGNATURE
 DATE ISSUED
 12/9/16
 43 MM DD YY 48
 CO SIGNATURE
 EXP. DATE
 12/9/17

DON: 1/30/17 (SC) DOG: 7/2/17 (SC) DOV: 2/9/17 (SC)

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

1/30/17 3/9
 - 60' PVC casing ~5 gpm
 - water at 130', 370', > 5 gpm - 42' static
 - 420' deep - started pumping 1:15 pm
 - removing rods during site visit - on site @ 1:40 pm, at 142' - coming up

N



Prop Line

9.21.17



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 9, 2017

Well Depth: 400 feet

Customer	Land Design & Development	Permit #	HO-15-0391
Road	Galaxy Drive	Subdivision	Fairlane Farm
City	Woodbine	Section	
State	Maryland	Lot #	43

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
1:00 PM	42	4	15.00
1:15 PM	115	6	10.00
1:30 PM	150	12	5.00
1:45 PM	146	12	5.00
2:00 PM	146	12	5.00
2:15 PM	146	12	5.00
2:30 PM	146	12	5.00
2:45 PM	146	12	5.00
3:00 PM	146	12	5.00
3:15 PM	146	12	5.00
3:30 PM	146	12	5.00
3:45 PM	146	12	5.00
4:00 PM	146	12	5.00
4:15 PM	146	12	5.00
4:30 PM	146	12	5.00
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: 5580 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 Fogle 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: NJR INC Telephone #: _____
Subdivision: Fairlane Farms Lot #: 43 Well Tag #: HO-15-0391 ✓
Site Address: 1008 Thunderbird Dr
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>7H307422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 1 1/2" E.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 17.8.4		
Torque anastors, 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: <u>N/A</u>		

<u>Piping 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>200</u> (160 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>

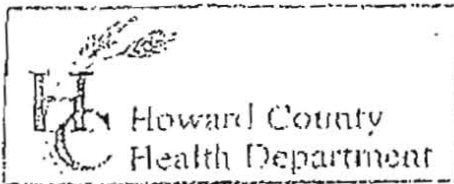
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C Fogle date: 7-12-18

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

Dear Insp Requested: 7/13/18 Date Insp. Approved: 7/13/18 Inspector: SC

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

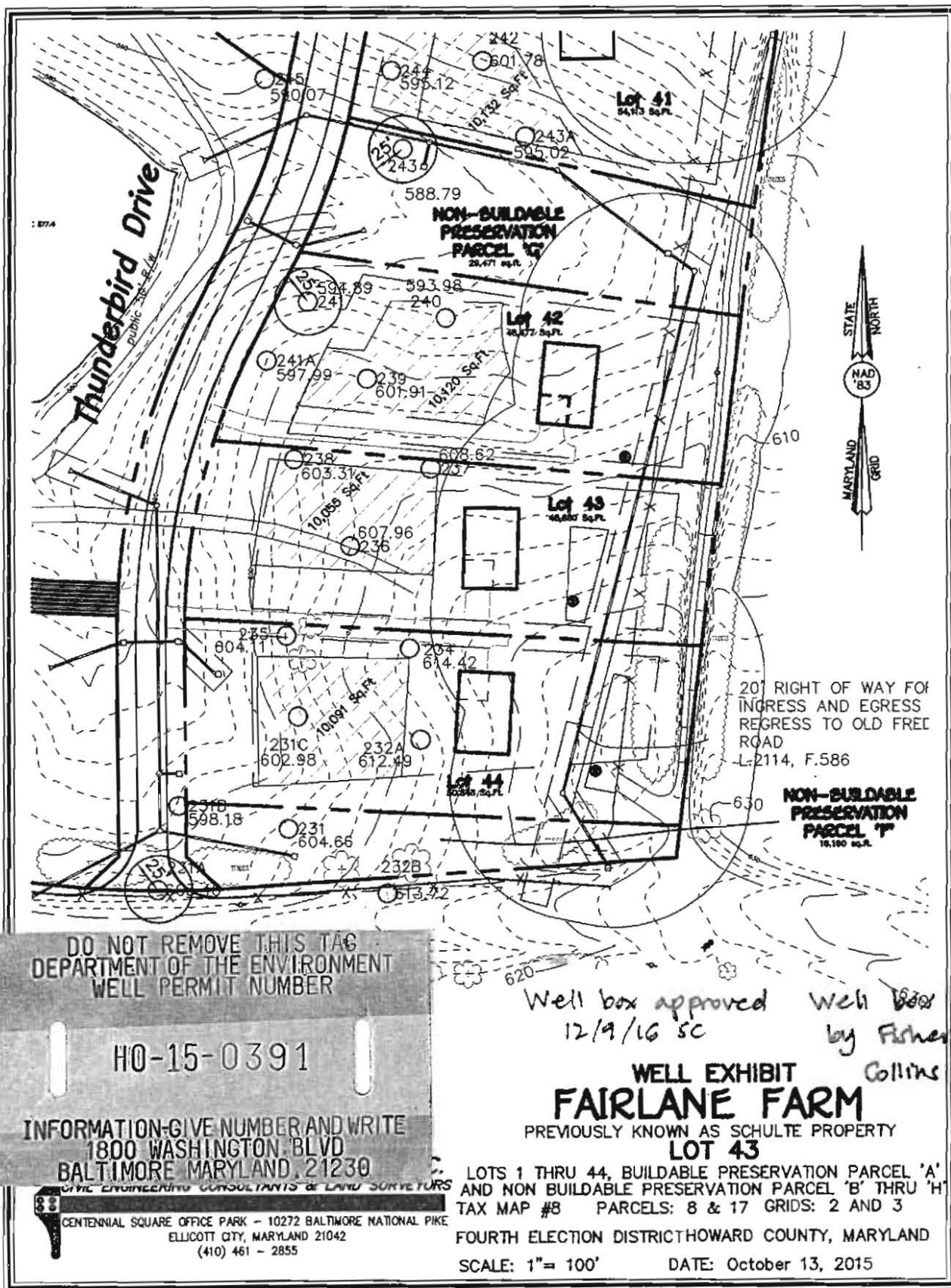
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ 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

I:\2005\05106\dwg\05106 Well Exhibits.dwg, 10/14/2015 11:33:24 AM, 1:1



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 7, 2018

September 7, 2018

Homeowner
1008 Thunderbird Drive
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 43
1008 Thunderbird Drive
Building Permit: B18001115
Well Permit: HO-15-0391**

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 7/30/2018. Final approval of the well line connection to the dwelling was granted on 7/13/2018. The well construction was completed on 3/9/2017. Water samples were collected on 8/27/2018, 9/4/2018.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-15-0391. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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

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



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 124517 Account #: 1933
Reference: Fairlane Farms Lot 43 Company: Fogles Well Pump & Treatment
Location: 1008 Thunderbird Way Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 8/27/2018 1430 Site: Pressure Tank
Date/Time Rec'd: 8/27/2018 1610 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: A. Berchock 1233AB Well #: HO-15-0391

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223B	8/28/2018 / 1045 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/28/2018 / 1045 / CRS
Nitrate	7.36	mg/L	10	601	8/28/2018 / 0915 / CRS
Turbidity	0.42	NTU	<10	SM20 2130B	8/28/2018 / 0945 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/28/2018 / 0945 / 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 # : 18001115

Date Reported: 8/28/2018

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 #: 124698 Account #: 1933
Reference: Fairlane Farms Lot 43 Company: Fogles Well Pump & Treatment
Location: 1008 Thunderbird Way Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 9/4/2018 1403 Site: Kitchen Sink
Date/Time Rec'd: 9/4/2018 1605 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: C. Condon 3557CC Well #: HO-15-0391

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/5/2018 / 1030 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/5/2018 / 1030 / CRS

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND = None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy**Building Permit # :** 18001115Date Reported: 9/5/2018