

<b>C 1</b> <b>49277</b>		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 MM <u>03</u> DD <u>02</u> YY <u>17</u>		Depth of Well 22 <u>500</u> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>OK</u> <u>4/6/17</u> <u>HO-15-0390</u>	
ST/CO USE ONLY DATE RECEIVED MM <u>03</u> DD <u>16</u> YY <u>17</u>		OWNER <u>LAND DESIGN + Development</u>		TOWN <u>WOODBINE</u>		COUNTY NUMBER	
WELL SITE ADDRESS <u>Morgan Station Rd</u>		SUBDIVISION <u>FAIRLANE FARM</u>		SECTION <u>42</u>		LOT <u>42</u>	
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle appropriate box) <b>Y</b> <b>N</b> 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <u>20</u> NO. OF POUNDS <u>1800</u> GALLONS OF WATER <u>120</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>43</u> BOTTOM 58 ft. (enter 0 if from surface)		<b>C 3</b> <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>6</u> PUMPING RATE (gal. per min.) <u>2.0</u> METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>40</u> ft. WHEN PUMPING <u>83</u> 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> <b>CO</b> STEEL CONCRETE <b>PL</b> <b>OT</b> PLASTIC OTHER MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>45</u> 60 61 63 64 66 70 OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to		<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <u>NO</u> 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. <u>29</u> 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 <u>49</u> LAND SURFACE <b>-</b> below <u>1</u> (nearest foot) 50 51			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO check if water bearing		<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <b>ST</b> <b>BR</b> <b>HO</b> STEEL BRASS OPEN HOLE <b>PL</b> <b>OT</b> PLASTIC OTHER		<b>C 2</b> DEPTH (nearest ft.) <u>45</u> <u>500</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		WELL HYDROFRACTURED <b>Y</b> <b>N</b>		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		LATITUDE <u>39.34106</u> LONGITUDE <u>77.03924</u> (DEFAULT COORD. WGS 84)	
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. <u>M D 355</u>		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>AW 920</u>		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.	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) <b>T</b> (E.R.O.S.) <b>W Q</b>		TELESCOPE CASING LOG INDICATOR OTHER DATA			

TAG: 2/2/17 (SC)

B 1	38517	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 557434-00 please type	STATE PERMIT NUMBER H0-15-0390 fill in this form completely
Date Received (APA) 10/30/15		OWNER INFORMATION		
8 MM DD YY 13		LAND DESIGN + DEVELOPMENT		
15 Last Name		Owner		34 First Name
5300 DORSEY HALL DR, SUITE 102		Street or RFD		55
36 ELLICOTT CITY MD 21043		Town		76
57		70 State		72 Zip
DRILLER INFORMATION				
MICHAEL BARLOW M W D 355		Driller's Name		
36		76 License No.		81
BARLOW WELL DRILLING		Firm Name		
522 UNDERWOOD LANE 21014		Address		
Signature		Date 10/19/15		
B 2 WELL INFORMATION				
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
8		750		12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<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 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<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				
<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 DEEPEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER H0 2015G004(01)				
PERMIT No. H0-15-0390				
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 42 48 50	
WOOD BINE	
52 NEAREST TOWN 71	

B 4	SOURCES OF DRILLING WATER
1. WELL	
2.	
3.	
MORGAN STATION RD	
11 STREET ADDRESS 30	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">NORTH W E</div> <div style="text-align: center;">SOUTH W E</div> </div>	
34 1000 37	
DISTANCE FROM ROAD FT	
ENTER FT OR MI 38 39	
TAX MAP: 8 BLK: 2 PARCEL 8	

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

COUNTY NAME		COUNTY NO.	
STATE SIGNATURE		INSERT S →	
DATE ISSUED 12/9/16		EXP. DATE 12/9/17	
43 MM DD YY 48		CO SIGNATURE	

DON: 1/31/17 (SC) DOG: 2/2/17 (SC) DOY: 3/2/17 (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

1/31/17 - at 260' - 45' PVC casing - a little water at 155' 3/12/17 - 40' static level - B3' measuring point - 2 gpm	2/12/17 - 15 bags cement used 1 Line 1 Prop 
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# 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:

March 2, 2017

Well Depth:

500 feet

Customer Land Design & Development

Permit # HO-15-0390

Road Galaxy Drive

Subdivision Fairlane Farm

City Woodbine

Section

State Maryland

Lot #

42

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:45 AM	40	4	15.00
10:00 AM	100	40	1.50
10:15 AM	90	40	1.50
10:30 AM	85	30	2.00
10:45 AM	83	30	2.00
11:00 AM	83	30	2.00
11:15 AM	83	30	2.00
11:30 AM	83	30	2.00
11:45 AM	83	30	2.00
12:00 PM	83	30	2.00
12:15 PM	83	30	2.00
12:30 PM	83	30	2.00
12:45 PM	83	30	2.00
1:00 PM	83	30	2.00
1:15 PM	83	30	2.00
1:30 PM	83	30	2.00
1:45 PM	83	30	2.00
2:00 PM	83	30	2.00
2:15 PM	83	30	2.00
2:30 PM	83	30	2.00
2:45 PM	83	30	2.00
3:00 PM	83	30	2.00
3:15 PM	83	30	2.00
3:30 PM	83	30	2.00
3:45 PM	83	30	2.00
4:00 PM	83	30	2.00
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: Footes 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 Footes 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 in field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: NVR Inc Telephone #: \_\_\_\_\_  
Subdivision: Fairlane Farms Lot #: 42 Well Tag #: HO-18-0390  
Site Address: 1012 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>54510422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>5</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 18" R.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 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>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> (50 psi min)	Length of sleeves (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 Footes date: 7-16-18

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

Date Insp. Requested:	Date Insp. Approved:	Inspector:
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		

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: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-15-0890  
Site Address: \_\_\_\_\_

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

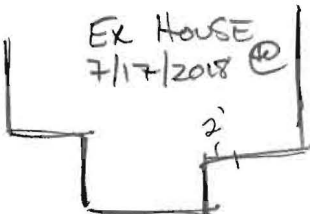
PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_

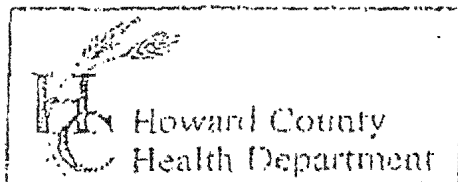
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 7/17/2018 Date Insp. Approved: 7/17/2018 Inspector: [Signature]  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 41" 7/17/2018 [Signature]  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 27" 7/17/2018 [Signature]  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 36" 7/17/2018 [Signature]  
Water supply line sleeved adequately at house connection ✓ 9.5' 7/17/2018 [Signature]  
Adequate grout observed below pitless adapter ✓





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.

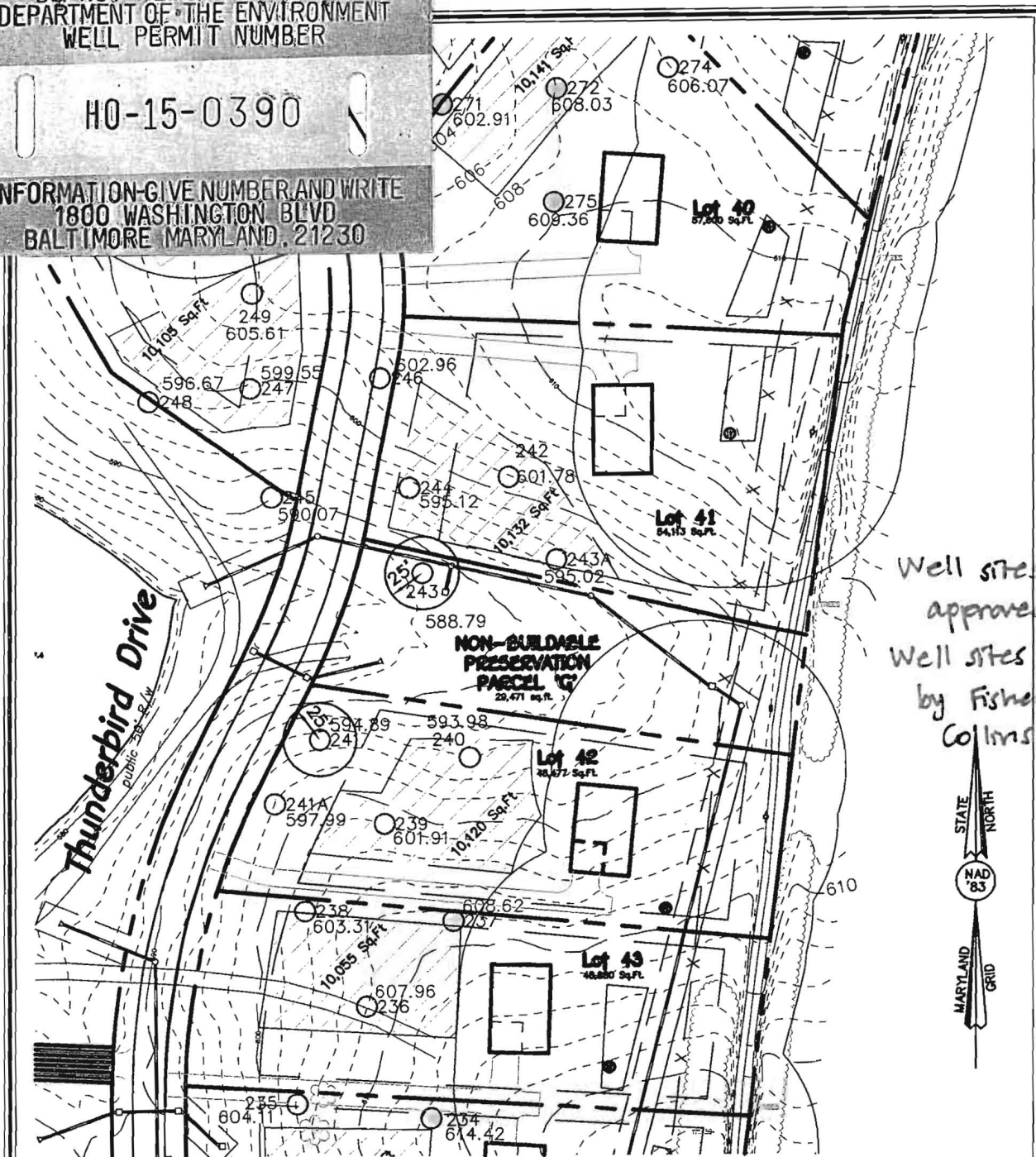
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

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

H0-15-0390

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



Well site  
approve  
Well sites staked  
by Fisher  
Collins + Carter



## WELL EXHIBIT FAIRLANE FARM

PREVIOUSLY KNOWN AS SCHULTE PROPERTY

### LOT 42

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

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2855

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – MARCH 24, 2018**

September 24, 2018

Homeowner  
1012 Thunderbird Drive  
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 42  
1012 Thunderbird Drive  
Building Permit: B18001672  
Well Permit: HO-15-0390**

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 **8/27/2018**. Final approval of the well line connection to the dwelling was granted on **7/17/2018**. The well construction was completed on **3/2/2017**. Water samples were collected on **9/18/2018**.

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-15-0390. 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

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

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

Approving Authority,

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

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

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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

**REPORT OF ANALYSIS**

Laboratory ID #: 125190 Account #: 1933  
Reference: Fairlane Farms Lot 42 Company: Fogles Well Pump & Treatment  
Location: 1012 Thunderbird Drive Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 9/18/2018 1350 Site: Kitchen Sink  
Date/Time Rec'd: 9/19/2018 0745 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 4.8  
Collected By: A. Berchok 1233AB Well #: HO-15-0390

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/20/2018 / 0815 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/20/2018 / 0815 / RER
Nitrate	6.78	mg/L	10	601	9/20/2018 / 0845 / CRS
Turbidity	0.41	NTU	<10	SM20 2130B	9/20/2018 / 0900 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	9/20/2018 / 0900 / 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 &amp; Occupancy

Building Permit # : 18001672

Date Reported: 9/20/2018