

C 1 49276 SEQUENCE NO. (MDE USE ONLY) 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 ST/CO USE ONLY DATE Received DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL" OWNER WELL SITE ADDRESS SUBDIVISION SECTION LOT 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 FROM TO check if water bearing SOIL 0 5 CLAY 5 12 Brown Shale 12 37 MED GRAY ROCK 37 300 110 200 GRROUTING RECORD WELL HAS BEEN GROUTED TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from TOP ft. to BOTTOM ft. CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) OTHER CASING (if used) diameter inch depth (feet) from to SCREEN RECORD screen type or open hole insert appropriate code below DEPTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot) LATITUDE 39.34138 LONGITUDE 7.03918 (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 38515 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 55743HMM	STATE PERMIT NUMBER 10-15-0388 <small>70 fill in this form completely 79</small>
Date Received (APA) 10 30 15 <small>8 MM DD YY 13</small> LAND DESIGN & DEVELOPMENT <small>15 Last Name 34</small> 5300 DORSEY HALL DR, SWT 102 <small>36 Street or RFD 55</small> ELICOT CITY MD 21043 <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL HOWARD <small>8 COUNTY 21</small> FAIRLANE FARM <small>23 SUBDIVISION 42</small> SECTION 44 LOT 40 <small>44 46 48 50</small> WOODBINE <small>52 NEAREST TOWN 71</small>	
DRILLER INFORMATION MICHAEL BARLOW MWD 355 <small>Driller's Name 76 License No. 81</small> BARLOW WELL DRILLING <small>Firm Name</small> 522 UNDERWOOD LANE 21014 <small>Address</small> me 10/19/15 <small>Signature Date</small>		B 4 SOURCES OF DRILLING WATER 1. WELL 2. 3. MORGAN STATION RD <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 1000 37</small> DISTANCE FROM ROAD 1000 FT <small>ENTER FT OR MI 38 39</small> TAX MAP: 8 BLK: 2 PARCEL: 8	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>1 2</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → DATE ISSUED 12/9/16 Sgt. G. M. 12/9/17 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> DON: 2/2/17 (SC) DOG: 2/8/17 (SC) DOY: 3/2/17 (SC)	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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		APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <small>30</small> AIR-ROTary <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <small>37</small> CABLE <input type="radio"/> REVerse-ROTary <input type="radio"/> Drive-POINT other _____		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 2/2/17 3/22 - 40' PVC casing set - at 80'-100' water on site - water hit at 100' - Na, Cl + TDS samples collected after 1-hr pump of well 	
REPLACEMENT OR DEEPEINED 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 <small>39</small> <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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____ <small>41 52</small>		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H 0 2 0 1 5 G 0 0 4 (01) PERMIT No. 10-15-0388 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Sodium chloride + TDS samples req'd at yield			



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 2, 2017

Well Depth: 300 feet

Customer	Land Design & Development	Permit #	HO-15-0388
Road	Galaxy Drive	Subdivision	Fairlane Farm
City	Woodbine	Section	
State	Maryland	Lot #	40

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
1:15 PM	40	4	15.00
1:30 PM	45	4	15.00
1:45 PM	45	4	15.00
2:00 PM	45	4	15.00
2:15 PM	45	4	15.00
2:30 PM	45	4	15.00
2:45 PM	45	4	15.00
3:00 PM	45	4	15.00
3:15 PM	45	4	15.00
3:30 PM	45	4	15.00
3:45 PM	45	4	15.00
4:00 PM	45	4	15.00
4:15 PM	45	4	15.00
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 Fitting

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: Foales 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 FOALES License #: MSD2226

*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 #: 40 Well Tag #: HO-15-0388V
Site Address: 1024 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>TH505422</u>	Model #: <u>NA</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>15</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 1 1/2" R.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>300</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 adaptor or other acceptable method <u>inside of well casing</u> <u>NA</u>		

<u>Fitting 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> (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>

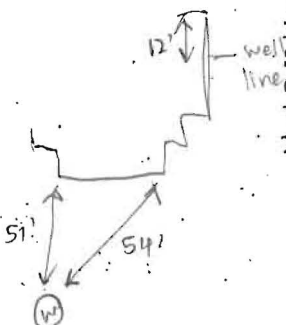
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of Company representative responsible for installation: Jared C. Foales date: 8/23/18

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

Date Insp. Requested: 8/24/18 Date Insp. Approved: 8/24/18 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 1 1/2" 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>



INTERIM CERTIFICATE OF POTABILITY**Expiration Date – APRIL 17, 2019**

October 17, 2018

Homeowner
1024 Thunderbird Drive
Woodbine, MD 21797**RE: Fairlane Farm, Lot 40
1024 Thunderbird Drive
Building Permit: B18001570
Well Permit: HO-15-0388**

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 **9/10/2018**. Final approval of the well line connection to the dwelling was granted on **8/24/2018**. The well construction was completed on **3/2/2017**. Water samples were collected on **10/15/2018**.

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-15-0388. 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

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

February 22, 2018

Homeowner
1024 Thunderbird Drive
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 11.54 mg/L.**

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 24 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 164 mg/L.**

Levels of contaminants in groundwater may change over time due to construction activities or seasonal variation in weather. Given the intermediate level of sodium in the water at the time of sample collection, you should consider future testing.

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
410-313-6287

Cc: 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 #: 125613 Account #: 1933
Reference: Fairlane Farms Lot 39 Company: Fogles Well Pump & Treatment
Location: 1028 Thunderbird Drive Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 10/8/2018 1420 Site: Kitchen Sink
Date/Time Rec'd: 10/8/2018 1530 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: A. Berchock 1233AB Well #: HO-17-0004

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM20 9223B	10/9/2018 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/9/2018 / 1000 / RER
Nitrate	7.27	mg/L	10	601	10/9/2018 / 0910 / RER
Turbidity	1.16	NTU	<10	SM20 2130B	10/9/2018 / 0915 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	10/9/2018 / 0915 / 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 # : 1800167H

Date Reported: 10/9/2018

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

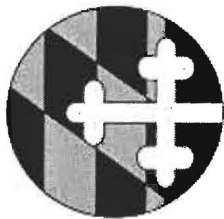
Laboratory ID #:	125863	Account #:	1933
Reference:	Fairlane Farms Lot 39	Company:	Fogles Well Pump & Treatment
Location:	1028 Thunderbird Drive	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	10/15/2018 0940	Site:	Kitchen Sink
Date/Time Rec'd:	10/15/2018 1540	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.3
Collected By:	A. Berchock 1233AB	Well #:	HO-17-0004

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/16/2018 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/16/2018 / 1000 / RER

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 # :** 1800167HDate Reported: 10/16/2018



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
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: E17003703 Date Coll.: 03/22/2017 Date Received: 03/23/2017 Submitted By: Collins

Field ID: HO-15-0388
Lab No.: E17003703006

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	11.54	ppm	03/24/2017

Comments:

Approved by: *Sadia Munir*

Approval date: 04/04/2017

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

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Send Report To: Bert Nixon
Howard Co. Health Dept
Bureau of Environmental
8930 Stanford Blvd
Columbia, MD 21045

State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Ave
Baltimore, Maryland 21205
WATER ANALYSIS


E17003702006
Received: 03/23/2017
Inorganic Ho-15-0388
Do not write above this line.

S A M P L E I D	Bottle Number	HO-15-0388	Name	Fairlane Farm- Lot 40	County	Howard	County Code	13
	Location	Thunderbird Drive	Woodbine	Data Category Code	4F	Submitter Code		
	Collected: Date	3/22/17	Time	2:30 pm	Collector & Phone	S. Collins 410-313-6287	Federal Project	5
	CHECK (one per box)							
	Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>				
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input 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 <input type="checkbox"/>					

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

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
✓	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief _____

Date Reported _____

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 #:	125862	Account #:	1933
Reference:	Fairlane Farm Lot 40	Company:	Fogles Well Pump & Treatment
Location:	1024 Thunderbird Drive Woodbine, MD 21797	Requested By:	Dave Fogle
Date/ Time Collected:	10/15/2018 0930	Source:	Well Water
Date/Time Rec'd:	10/15/2018 1540	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	A. Berchock 1233AB	pH:	5.6
		Well #:	HO-15-0388

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/16/2018 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/16/2018 / 1000 / RER
Nitrate	3.80	mg/L	10	601	10/16/2018 / 0925 / RER
Turbidity	0.62	NTU	<10	SM20 2130B	10/16/2018 / 0930 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	10/16/2018 / 0930 / 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 # : 18001570

Date Reported: 10/16/2018



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 NoE17003702 Date Coll. 03/22/2017 Date Received 03/23/2017 Submitted By:S. Collins

Field ID: Ho-15-0388
Lab No.: E17003702006

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	24	mg/L	03/27/2017
Total Dissolved Solids	SM 2540C	164	mg/L	03/24/2017

Comments:

Approved by:

Approval date: 04/03/2017

*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.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

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
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

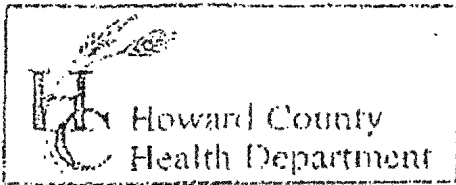
From: Mike Isom [<mailto:misom@mbwd.us>]
Sent: Friday, December 09, 2016 9:03 AM
To: Collins, Sarah
Subject: Re: Fairlane lot 18

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



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.

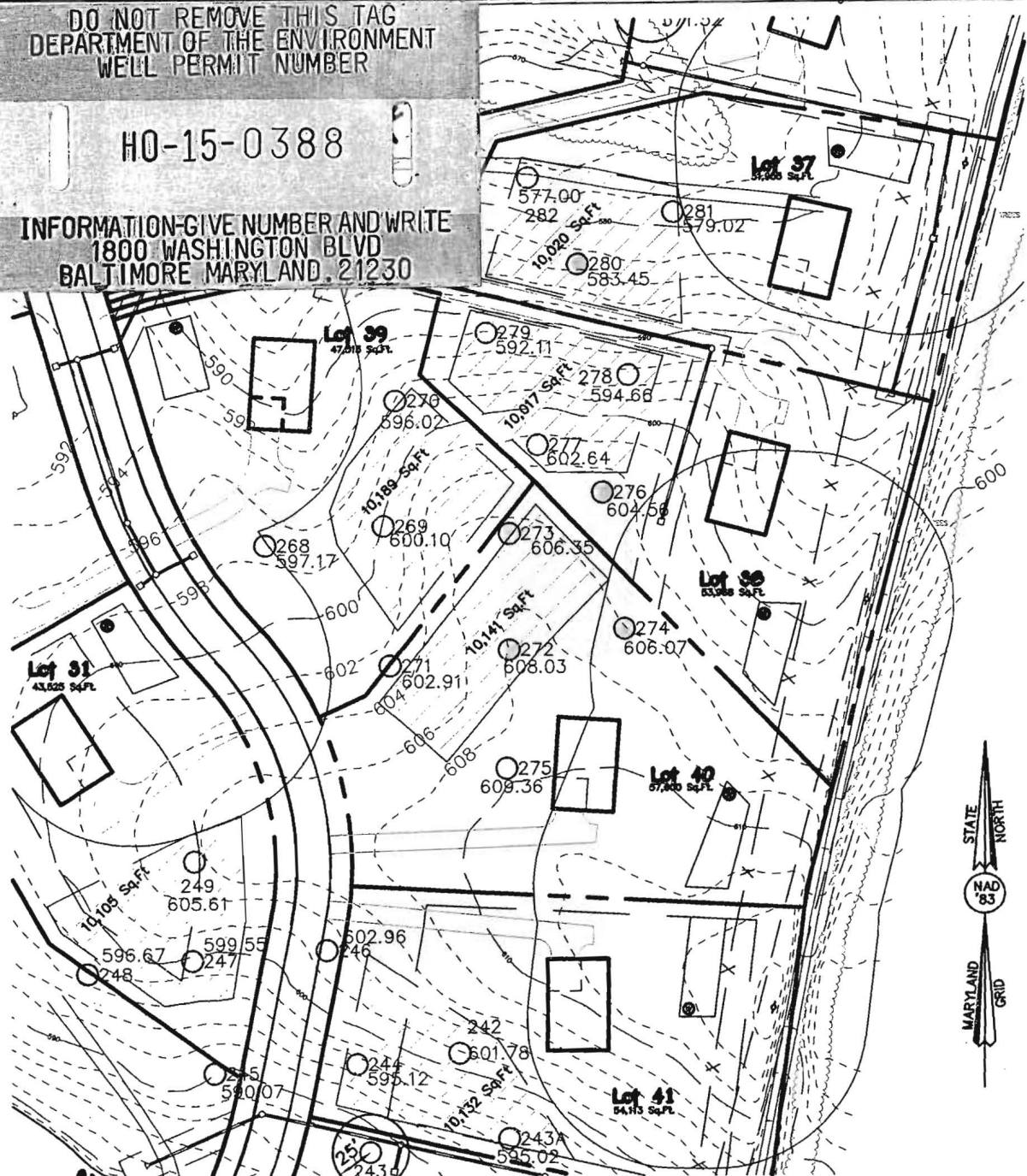
Revised 6/10/03

Well box approved
 12/19/16 SC
 Well box staked by Fisher, Collins & Carter

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

H0-15-0388

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



WELL EXHIBIT FAIRLANE FARM

PREVIOUSLY KNOWN AS SCHULTE PROPERTY
 LOT 40

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT 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

9720 PATUXENT WOODS DRIVE
COLUMBIA, MD 21046
410-379-5956

STORMWATER MANAGEMENT NOTES:
STORMWATER MANAGEMENT TREATMENT OF
ALL IMPERVIOUS AREA FOR LOT 4 IS
BEING PROVIDED BY BMP NO. 4 AND BMP
NO. 5 (BIORETENTION FACILITIES).



DATE: AF

SCALE: 1" = 30'

DESIGN, BUILDING & CAREER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2055