



|   |       |                                |  |   |
|---|-------|--------------------------------|--|---|
| B 1   | 38514 | SEQUENCE NO.<br>(MDE USE ONLY) | STATE OF MARYLAND<br>APPLICATION FOR PERMIT TO DRILL WELL<br>please type<br>357434LL | STATE PERMIT NUMBER<br>40-17-0004<br>fill in this form completely |
| Date Received (APA)<br>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  |
| 48 ELICOT CITY MD 21043   |       | Town                           |  | 76 Zip  |
| DRILLER INFORMATION   |       |                                |  |   |
| MICHAEL BARLOW  |       | MWD 355                        |  | 81 License No.  |
| BARLOW WELL DRILLING  |       | Firm Name                      |  |   |
| 522 UNDERWOOD LANE 21014  |       | Address                        |  |   |
| Signature   |       | Date                           |  |   |
| WELL INFORMATION  |       |                                |  |   |
| APPROX. PUMPING RATE  |       | 8 GAL. PER MIN. 12             |  |   |
| AVERAGE DAILY QUANTITY NEEDED   |       | 14 GAL. PER DAY 20             |  |   |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)  |       |                                |  |   |
| <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION<br><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING<br><input type="checkbox"/> PUBLIC WATER SUPPLY WELL<br><input type="checkbox"/> TEST, OBSERVATION, MONITORING<br><input type="checkbox"/> OPEN LOOP GEOTHERMAL<br><input type="checkbox"/> CLOSED LOOP GEOTHERMAL |       |                                |  |   |
| NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL   |       |                                |  |   |
| COUNTY NAME Howard COUNTY NO. 13<br>STATE SIGNATURE DATE ISSUED 1/23/17<br>CO SIGNATURE EXP. DATE 1/23/18   |       |                                |  |   |
| 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   |       |                                |  |   |
| APPROXIMATE DEPTH OF WELL 300 FEET<br>APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH  |       |                                |  |   |
| METHOD OF DRILLING (circle one)   |       |                                |  |   |
| BORED (or Augered) JETTED Jetted & DRIVEN<br>AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)<br>CABLE REVERSE-ROTARY DRIVE-POINT<br>other   |       |                                |  |   |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  |       |                                |  |   |
| <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br><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<br><input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL   |       |                                |  |   |
| PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)   |       |                                |  |   |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY)   |       |                                |  |   |
| APPROX. PERMIT NUMBER 402015G004 (01)   |       |                                |  |   |
| PERMIT No. 40-17-0004   |       |                                |  |   |
| SPECIAL CONDITIONS  |       |                                |  |   |
| Sodium chloride, + TDS samples req'd at yield   |       |                                |  |   |



# 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 24, 2017

Well Depth:

400

feet

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

Permit # HO-17-0004  
Subdivision Fairlane Farm  
Section  
Lot # 39

| Time  | Water Level<br>feet | Time to Fill<br>1-gallon bucket<br>seconds | G.P.M. |
|---|---------------------|--|--------|
| 9:30 AM   | 30                  | 4  | 15.00  |
| 9:45 AM   | 68                  | 4  | 15.00  |
| 10:00 AM  | 80                  | 4  | 15.00  |
| 10:15 AM  | 80                  | 5  | 12.00  |
| 10:30 AM  | 79                  | 5  | 12.00  |
| 10:45 AM  | 79                  | 5  | 12.00  |
| 11:00 AM  | 79                  | 5  | 12.00  |
| 11:15 AM  | 78                  | 5  | 12.00  |
| 11:30 AM  | 78                  | 5  | 12.00  |
| 11:45 AM  | 76                  | 5  | 12.00  |
| 12:00 PM  | 76                  | 5  | 12.00  |
| 12:15 PM  | 75                  | 5  | 12.00  |
| 12:30 PM  | 75                  | 5  | 12.00  |
| 12:45 PM  | 75                  | 5  | 12.00  |
| 1:00 PM   | 75                  | 5  | 12.00  |
| 1:15 PM   | 75                  | 5  | 12.00  |
|   |                     |  |        |
|   |                     |  |        |
|   |                     |  |        |
| 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: Foggs 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. Fogge 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 #: 39 Well Tag #: HO-17-0004  
Site Address: 1028 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>TH507422</u>   | Model #: <u>NA</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>12</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>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 wrenches, 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: <u>NA</u> |                              |   |

| <u>Feeding to house</u>                   | <u>House Connection</u>  |
|---|--|
| Type: <u>poly pipe</u>                    | PVC sleeve to undisturbed soil at wall penetration: <u>YES</u> |
| PSI: <u>2000</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>                             |

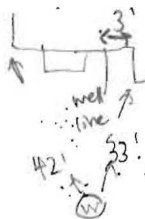
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

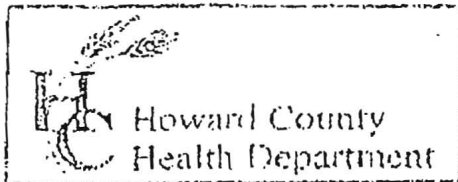
Signature of company representative responsible for installation: David C. Fogge date: 8/23/18

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> |





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

Well sites approved 1/23/17 SC

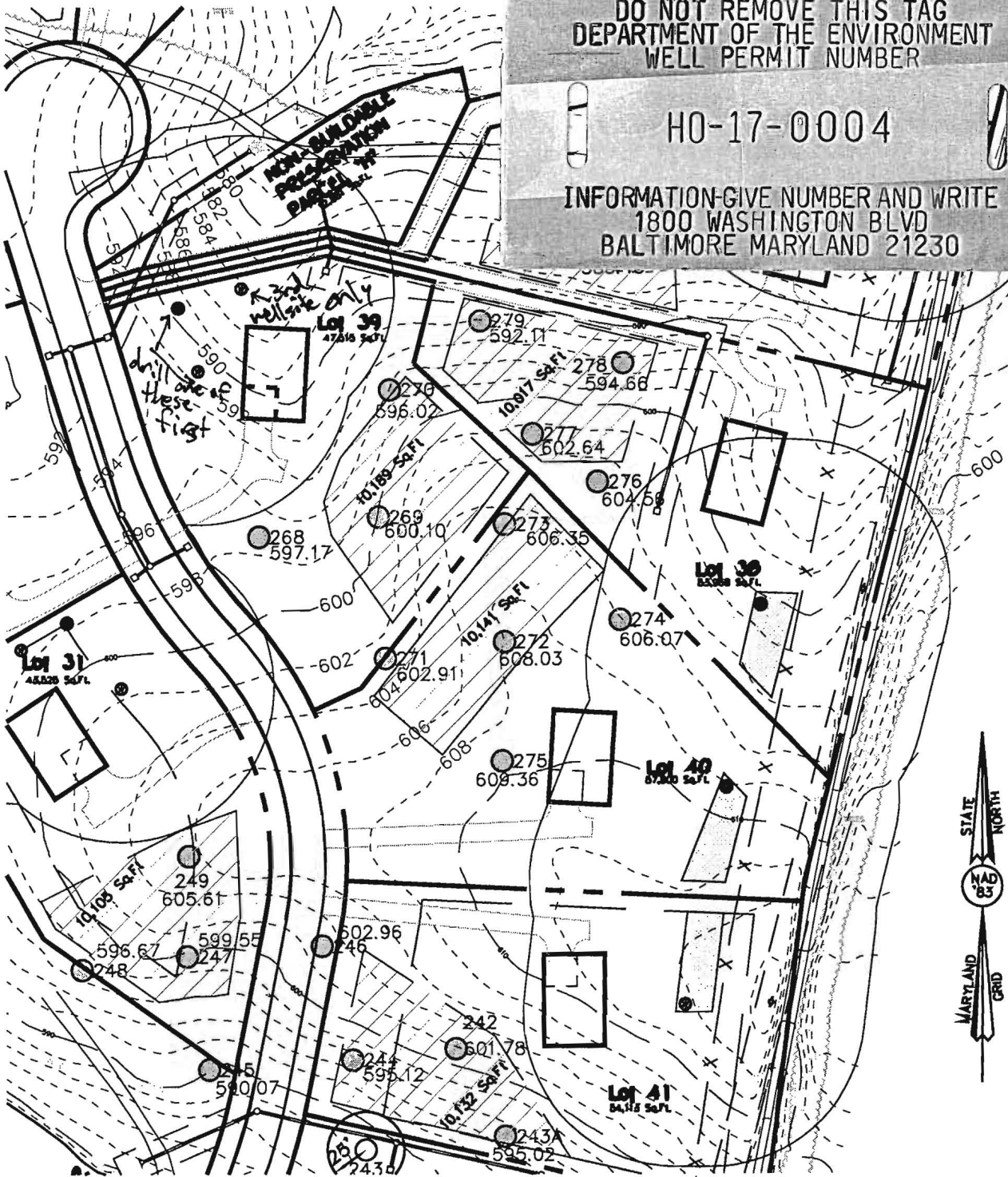
Well sites staked by Fisher, Collins & Carter

Carter

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

H0-17-0004

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



## WELL EXHIBIT FAIRLANE FARM

PREVIOUSLY KNOWN AS SCHULTE PROPERTY

LOT 39

**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: DECEMBER 9, 2016

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

October 17, 2018

Homeowner  
1028 Thunderbird Drive  
Woodbine, MD 21797**RE: Fairlane Farm, Lot 39  
1028 Thunderbird Drive  
Building Permit: B18001674  
Well Permit: HO-17-0004**

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 **10/9/2018**. Final approval of the well line connection to the dwelling was granted on **8/24/2018**. The well construction was completed on **2/16/2017**. Water samples were collected on **10/8/2018, 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-17-0004. 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



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

February 20, 2018

Homeowner  
1028 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 9.45 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 10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 108 mg/L.**

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](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File

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

**MEMORANDUM**

**TO:** Fisher, Collins & Carter, Inc.  
10272 Baltimore National Pike  
Ellicott City, MD 21042

**FROM:** Hank Oswald, L.E.H.S.  
Well & Septic Program

**RE:** 1028 Thunderbird Drive  
Fairlane Farms, Lot 40

**Date:** May 14, 2018

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The OSDS Plan for 1028 Thunderbird Drive has been reviewed with the following comments:

- 1.) The existing well is too close to the swale. The well doesn't have to meet the 50 feet setback but the swale should be relocated further away from the existing well.

Send Report To: Bert Nixon  
Howard Co. Health Dept.  
Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, MD 21045

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205

## LABORATORY ANALYSIS REQUEST

Lab No. Date Received



**E17003745001**

Received: 03/27/2017

Metals

HO-17-0004

Do not write above this line

Please Print

Sample ID No: HO-17-0004 Site Name: Fairlane Farm- Lot 39 County: Howard

Sample Source: Thunderbird Drive Woodbine Collector: S. Collins  
Street Town or City Name

Date Collected: 3 / 24 / 20 ☐ Time Collected: 11 a.m.        p.m. Phone #: 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab  
Preservative Used: ☐ HNO<sub>3</sub>        mL pH: 4.2

Sample Type: ☒ Drinking Water ☐ Landfill ☐ Source (Raw Water) ☐ Liquid  
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid  
Code ☐ ☐ Non-Community ☐ Sediment ☐ Other         
☒ Private

Specify Program: ☒ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other       

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals  
(field preparation required)

Remarks: Sample collected during field test

| ✓ | Element                | Results (ppm) | ✓ | Element        | Results (ppm) |
|---|------------------------|---------------|---|----------------|---------------|
|   | Antimony (Sb)          |               |   | Copper (Cu)    |               |
|   | Arsenic (As)           |               |   | Lead (Pb)      |               |
|   | Barium (Ba)            |               |   | Silver (Ag)    |               |
|   | Beryllium (Be)         |               |   | Zinc (Zn)      |               |
|   | Cadmium (Cd)           |               |   | Aluminum (Al)  |               |
|   | Chromium (Cr)          |               |   | Iron (Fe)      |               |
|   | Mercury (Hg)           |               |   | Manganese (Mn) |               |
|   | Nickel (Ni)            |               |   | Calcium (Ca)   |               |
|   | Selenium (Se)          |               |   | Magnesium (Mg) |               |
| ✓ | Sodium (Na) <u>JMS</u> |               |   | Potassium (K)  |               |
|   | Thallium (Tl)          |               |   | Uranium (U)    |               |
|   |                        |               |   | Vanadium (V)   |               |

Lab Supervisor:       

Date Reported:     /     /    

• Phone: (443) 681-3857

• Fax: (443) 681-4507

DHMH 4432 (05/15)

SUBMITTER'S COPY



State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**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: E17003745 Date Coll.: 03/24/2017 Date Received 03/27/2017 Submitted By: S. Collins

Field ID: HO-17-0004  
Lab No.: E17003745001

| <u>Method</u> | <u>Element</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|---------------|----------------|---------------|--------------|----------------------|
| EPA 200.7     | Sodium         | 9.45          | ppm          | 03/31/2017           |

### Comments:

Approved by: Radia Muneer

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.



Columbia MD 21045

HO-17-0004

SUBMITTER'S COPY



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

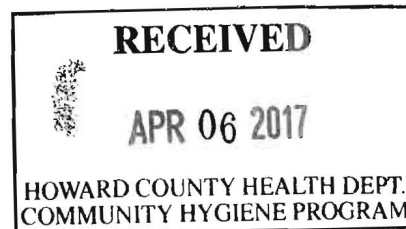
HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE17003744 Date Coll. 03/24/2017 Date Received 03/27/2017 Submitted By: S. Collins

Field ID: HO-17-0004  
Lab No.: E17003744002

| <u>Analyte</u>         | <u>Method</u> | <u>Result</u> | <u>Units</u> | <u>Date Analyzed</u> |
|------------------------|---------------|---------------|--------------|----------------------|
| Chloride               | SM 4500-Cl E  | 10            | mg/L         | 03/31/2017           |
| Total Dissolved Solids | SM 2540C      | 108           | mg/L         | 03/28/2017           |

### Comments:



Approved by: \_\_\_\_\_

*Shahen Asadi*

Approval date: 04/04/2017

\*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.

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