

C 1	49261	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.
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 24 YY 17 8 13		DATE WELL COMPLETED MM 02 DD 07 YY 17 15 20		Depth of Well 22 300 26 (TO NEAREST FOOT)
		PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-15-0389		COUNTY NUMBER
OWNER <u>Land Design + Development</u> WELL SITE ADDRESS <u>Morgan Station Rd</u> TOWN <u>Woodbine</u> SUBDIVISION <u>Fairlane Farm</u> SECTION <u>41</u> LOT <u>41</u>				
WELL LOG Not required for driven wells		GROUTING RECORD		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>12</u> NO. OF POUNDS <u>128</u> GALLONS OF WATER <u>12</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>45</u> BOTTOM 58 ft. (enter 0 if from surface)		
DESCRIPTION (Use additional sheets if needed)		CASING RECORD		
FEET FROM TO check if water bearing		casing types insert appropriate code below ST CO STEEL CONCRETE PL OT 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) diameter inch depth (feet) from to EACH CASING		
Soil 0 5 Clay 5 12 Brown Shale 12 42 Med Gray Rock 42 300 ✓ 91 ✓		SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER SLOTTED SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		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 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 <u>Ho 45 300</u>		
WELL HYDROFRACTURED Y N		CASING HEIGHT (circle appropriate box and enter casing height) + above <u>1</u> (nearest foot) - below <u>1</u> (nearest foot)		
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		LATITUDE <u>39.34103</u> LONGITUDE <u>77.03925</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.		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. <u>M D 355</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>AW D 920</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				

TAG: 2/2/17 (SC)

B 1	38516	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>557434NN</i> please type	STATE PERMIT NUMBER <i>40-15-0389</i> fill in this form completely
Date Received (APA) <i>10/30/15</i>		OWNER INFORMATION		
8 MM DD YY 13 <i>10 30 15</i>		LAND DESIGN & DEVELOPMENT		
15 Last Name		Owner		34 First Name
<i>5300 DORSEY HALL DR, SUITE 102</i>		Street or RFD		55
<i>ELICOT CITY MD 21043</i>		Town		76
70 State		72 Zip		76
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name <i>MICHAEL BARLOW</i>		B 3		
Firm Name <i>BARLOW WELL DRILLING</i>		8 COUNTY <i>HOWARD</i>		
Address <i>522 UNDERWOOD LANE 21014</i>		23 SUBDIVISION <i>FAIRLANE FARM</i>		
Signature <i>[Signature]</i>		SECTION <i>44</i>		
Date <i>10/19/15</i>		LOT <i>41</i>		
WELL INFORMATION		52 NEAREST TOWN <i>WOOD</i>		
APPROX. PUMPING RATE (GAL PER MIN.)		B 4		
<i>5</i>		SOURCES OF DRILLING WATER		
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY)		1. <i>WELL</i>		
<i>750</i>		11 STREET ADDRESS <i>MORGAN STATION RD</i>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		NORTH		
<input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		WEST		
<input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING		EAST		
<input type="radio"/> PUBLIC WATER SUPPLY WELL		SOUTH		
<input type="radio"/> TEST, OBSERVATION, MONITORING		DISTANCE FROM ROAD <i>1000</i> FT		
<input type="radio"/> OPEN LOOP GEOTHERMAL		ENTER FT OR MI		
<input type="radio"/> CLOSED LOOP GEOTHERMAL		TAX MAP: <i>8</i> BLK: <i>2</i> PARCEL <i>8</i>		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		COUNTY NAME <i>Howard</i>		
COUNTY NO. <i>13</i>		STATE SIGNATURE		
DATE ISSUED <i>12/9/16</i>		CO SIGNATURE <i>[Signature]</i>		
EXP. DATE <i>12/9/17</i>		DON: 2/1/17 (SC) DOG: 2/2/17 (SC) DOY: 2/3/17 (SC)		
APPROXIMATE DEPTH OF WELL <i>300</i> FEET		PROPOSED LOCATION OF WELL ON LOT		
APPROXIMATE DIAMETER OF WELL <i>6</i> INCH		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)		2/1/17		
<input type="radio"/> BORED (or Augered)		2/2/17		
<input checked="" type="radio"/> JETTED		- casing set, 45' PVC		
<input type="radio"/> JETTED & DRIVEN		- at 120' just hit water		
<input type="radio"/> AIR-ROTARY		- also water at 65' 90'		
<input type="radio"/> AIR-PERCUSION		2/3/17		
<input type="radio"/> ROTARY (Hydraulic Rotary)		- just dropped pump 70'		
<input type="radio"/> REVERSE-ROTARY		- static level 66'		
<input type="radio"/> DRIVE-POINT		70'		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		N		
<input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		2/1/17		
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		2/2/17		
<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		- on site at start of granting		
<input type="radio"/> THIS WELL WILL DEEPEN AN EXISTING WELL		70'		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		70'		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		APPROX. PERMIT NUMBER <i>402015G004(01)</i>		
SPECIAL CONDITIONS		PERMIT No. <i>40-15-0389</i>		
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED		70 71 72 73 74 75 76 77 78 79		



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:

February 3, 2017

Well Depth:

300

feet

Customer Land Design & Development

Permit #

HO-15-0389

Road Galaxy Drive

Subdivision

Fairlane Farm

City Woodbine

Section

State Maryland

Lot #

41

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
12:45 PM	66	6	10.00
1:00 PM	104	7	8.57
1:15 PM	110	8.5	7.06
1:30 PM	110	8.5	7.06
1:45 PM	110	8.5	7.06
2:00 PM	110	8.5	7.06
2:15 PM	110	8.5	7.06
2:30 PM	110	8.5	7.06
2:45 PM	110	8.5	7.06
3:00 PM	110	8.5	7.06
3:15 PM	110	8.5	7.06
3:30 PM	110	8.5	7.06
3:45 PM	110	8.5	7.06
4:00 PM	110	8.5	7.06
4:15 PM	110	8.5	7.06
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, Fitters 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 Pumps & Water Treatment, LLC Telephone #: 410 795 5170
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 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: NLR Telephone #: 240-712-0528
Subdivision: Fairlane Farms Lot #: 41 Well Tag #: HO-15-0389
Site Address: 1020 Thunderbird Dr
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Fitters Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Comptrell</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>7</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 18" E.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
Tongue and groove, 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: NA

<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 (150 psi min)</u>	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>

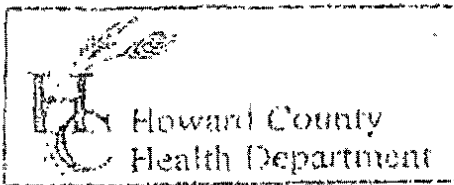
The water supply line is required to be at least 12 feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C Fogle date: 10/10/18

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

Date Insp Requested: 10/10/18 Date Insp. Approved: 10/10/18 Inspector: SC
Inspection Data: Fitters 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 casing ✓
Correct well tag attached properly and casing 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below fitters adapter ✓

1.5'
well
line



3525 H Ellcott Mills Drive, Ellcott 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

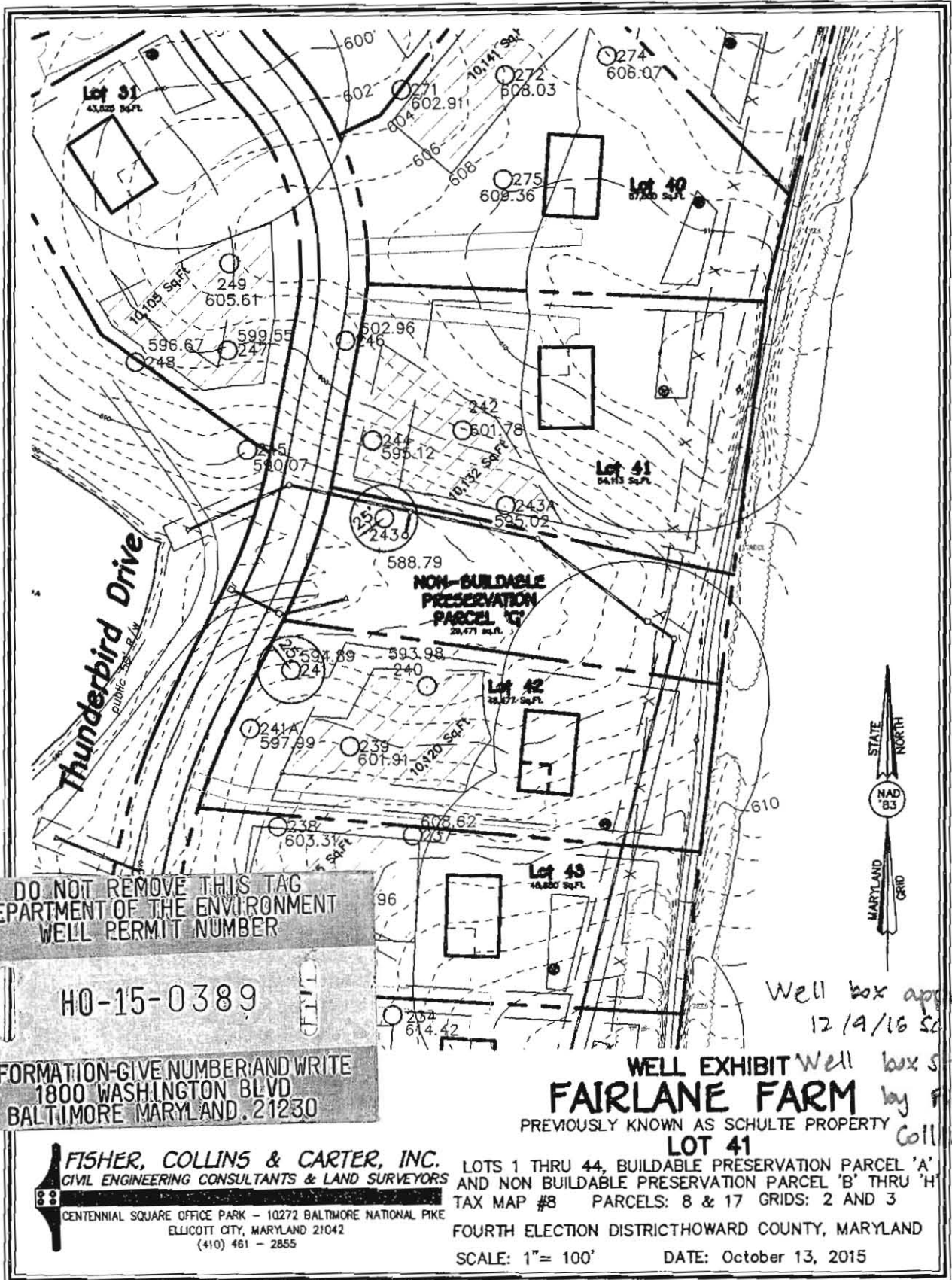
Fairlane Farm
Subdivision

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



3228 AM, 1:1

I:\2005\05106.dwg\051

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 13, 2019

November 13, 2018

Homeowner
1020 Thunderbird Drive
Woodbine, MD 21797

RE: Fairlane Farm, Lot 41
1020 Thunderbird Drive
Building Permit: B18002379
Well Permit: HO-15-0389

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 **10/10/2018**. Final approval of the well line connection to the dwelling was granted on **10/10/2018**. The well construction was completed on **2/7/2017**. Water samples were collected on **11/5/2018**.

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-15-0389. 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 #: I26347 Account #: 1933
Reference: Fairlane Farm Lot 41 Company: Fogles Well Pump & Treatment
Location: 1020 Thunderbird Drive Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 11/5/2018 0805 Site: Pressure Tank
Date/Time Rec'd: 11/5/2018 1415 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.4
Collected By: A. Berchock 1233AB Well #: HO-15-0384

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/6/2018 / 0830 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/6/2018 / 0830 / RER
Nitrate	5.40	mg/L	10	601	11/6/2018 / 0900 / CRS
Turbidity	1.35	NTU	<10	SM20 2130B	11/6/2018 / 0920 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	11/6/2018 / 0920 / 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 # : B1002379

Date Reported: 11/6/2018