

C 1 49284		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)		DATE RECEIVED MM DD YY 05 10 17		DATE WELL COMPLETED MM DD YY 03 09 17		DEPTH OF WELL 22 300 26 (TO NEAREST FOOT)	
ST/CO USE ONLY		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0381		COUNTY NUMBER		OK 3/17/17SC	
OWNER LAND DESIGN + Development		WELL SITE ADDRESS last name first name Morgan Station Rd		TOWN Woodbine		SUBDIVISION FAIRLANE FARM	
SECTION		LOT 32					
WELL LOG Not required for driven wells		GROUTING RECORD		C 3		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED. THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		HOURS PUMPED (nearest hour)		3	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one)		PUMPING RATE (gal. per min.)		10.0	
FEET		CEMENT CM BENTONITE CLAY BC		METHOD USED TO MEASURE PUMPING RATE		Submersible	
FROM TO		NO. OF BAGS 10 NO. OF POUNDS 940		WATER LEVEL (distance from land surface)		35	
SOIL		GALLONS OF WATER 600		BEFORE PUMPING		17 20	
CLAY		DEPTH OF GROUT SEAL (to nearest foot)		WHEN PUMPING		22 25	
Brown		from 48 TOP 52 ft. to 54 BOTTOM 58 ft.		TYPE OF PUMP USED (for test)		A air P piston T turbine	
Shale		(enter 0 if from surface)		C centrifugal R rotary O other (describe below)		J jet S submersible	
Med Gray		CASING RECORD		PUMP INSTALLED		DRILLER INSTALLED PUMP YES NO	
Rock		casing types insert appropriate code below		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.	
0 5		MAIN CASING TYPE		CAPACITY: GALLONS PER MINUTE (to nearest gallon)		31 35	
5 14		Nominal diameter top (main) casing (nearest inch)		PUMP HORSE POWER		37 41	
14 28		Total depth of main casing (nearest foot)		PUMP COLUMN LENGTH (nearest ft.)		43 47	
28 300		OTHER CASING (if used)		CASING HEIGHT (circle appropriate box and enter casing height)		LAND SURFACE (nearest foot)	
205		diameter inch depth (feet) from to		+ above		1	
		EACH CASING		- below		50 51	
		SCREEN RECORD		LATITUDE 39.34205		LONGITUDE 77.04086	
		screen type or open hole		PUMPING TEST		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.	
		ST STEEL BR BRASS HO OPEN HOLE					
		PL PLASTIC OT OTHER					
		C 2 DEPTH (nearest ft.)					
		1 2 30 300					
		E 8 9 11 15 17 21					
		A 23 24 26 30 32 36					
		C 38 39 41 45 47 51					
		SLOT SIZE 1 2 3					
		DIAMETER OF SCREEN (NEAREST INCH)					
		56 60					
		from to					
		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68					
		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					
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED Y N					
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							
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. M D 355							
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)							
LIC. NO. A W D 920							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

TAG: 2/22/17/SC

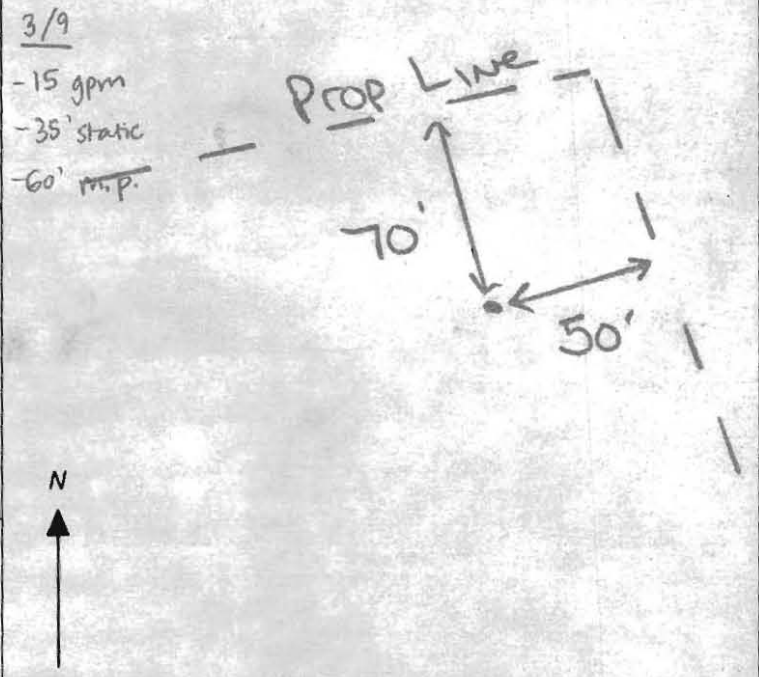
B 1	38507	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>557434-EX</i> please type	STATE PERMIT NUMBER <i>H0 - 15 - 0381</i> <small>fill in this form completely</small>
Date Received (APA) <i>10/30/15</i> <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name <i>LAND DESIGN & DEVELOPMENT</i>		34 First Name		
36 Street or RFD <i>5300 DORSEY HALL DR, SUITE 102</i>		55		
57 Town <i>ELLCOTT CITY MD</i>		76 Zip <i>21043</i>		
DRILLER INFORMATION				
Driller's Name <i>MICHAEL BARLOW</i>		81 License No. <i>MWD 355</i>		
Firm Name <i>BARLOW WELL DRILLING</i>				
Address <i>522 UNDERWOOD LANE</i>		21014		
Signature <i>[Signature]</i>		Date <i>10/19/15</i>		
B 2	WELL INFORMATION			
APPROX. PUMPING RATE (GAL. PER MIN.)		8 12 <i>5</i>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20 <i>750</i>		
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 <i>300</i> FEET				
APPROXIMATE DIAMETER OF WELL <i>6</i> NEAREST INCH				
METHOD OF DRILLING (circle one)				
<input type="radio"/> BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN				
<input type="radio"/> AIR-ROTARY <input checked="" type="radio"/> AIR-PERCUSION <input type="radio"/> ROTARY (Hydraulic Rotary)				
<input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEMED 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				
<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 DEEPEM 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 <i>H02015G004(01)</i>				
PERMIT No. <i>H0 - 15 - 0381</i>				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	LOCATION OF WELL	
8 COUNTY <i>HOWARD</i>		21
23 SUBDIVISION <i>FAIRLANE FARM</i>		42
SECTION <i>44</i> LOT <i>32</i>		50
52 NEAREST TOWN <i>WOOD BINE</i>		71

B 4	SOURCES OF DRILLING WATER	
1. <i>WELL</i>		
2. _____		
3. <i>HCHD</i>		
on site for completion of airt		
11 STREET ADDRESS <i>MORGAN STATION RD</i>		30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
34 <i>1000</i> 37		
DISTANCE FROM ROAD		38 39
ENTER FT OR MI		
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 _____ INSERT S →	
DATE ISSUED <i>12/8/16</i> CO SIGNATURE <i>S. L. M.</i> EXP. DATE <i>12/8/17</i>	
43 MM DD YY 48	
DNI	
<i>DOB: 2/16/17 DOY: 3/9/17</i>	

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





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: **300** feet

Customer	Land Design & Development	Permit #	HO-15-0381
Road	Galaxy Drive	Subdivision	Fairlane Farm
City	Woodbine	Section	
State	Maryland	Lot #	32

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	35	6	10.00
9:45 AM	40	6	10.00
10:00 AM	40	6	10.00
10:15 AM	40	6	10.00
10:30 AM	40	6	10.00
10:45 AM	40	6	10.00
11:00 AM	40	6	10.00
11:15 AM	40	6	10.00
11:30 AM	40	6	10.00
11:45 AM	40	6	10.00
12:00 PM	40	6	10.00
12:15 PM	40	6	10.00
12:30 PM	40	6	10.00
12:45 PM	40	6	10.00
1:00 PM	40	6	10.00
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: Pooles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 5580 Obrecht Rd
Elkridge, 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. Foote 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: MMR Telephone #: 240-712-0528
Subdivision: Fairview Farms Lot #: 32 Well Tag #: HO-15-0381 ✓
Site Address: 1029 Thunderbird Dr
Woodbine, MD 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7H505U22</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>10</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" 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 hazz rope adapter or other acceptable method inside of well casing: NA

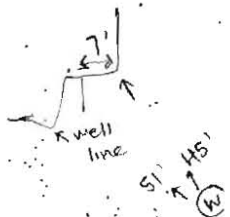
Piping to house	House Connection
Type: <u>1" PEX pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (psi min)	Length of sleeve, minimum from foundation: <u>10'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

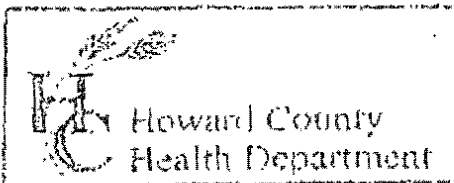
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

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

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

Date Insp. Requested: <u>10/10/18</u>	Date Insp. Approved: <u>10/12/18</u>	Inspector: <u>SC</u>
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 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 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

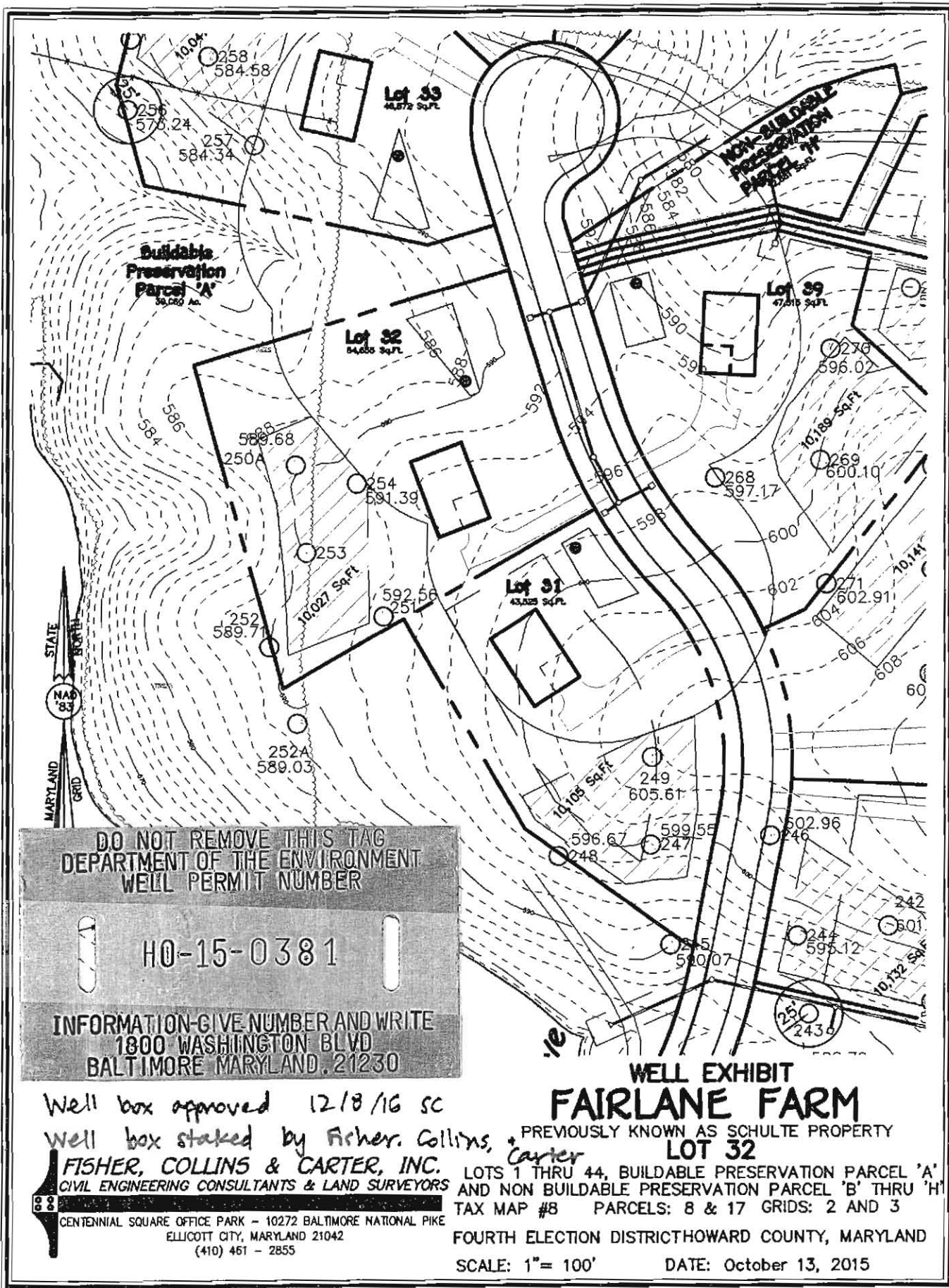
Fair Lane Farm
Subdivision

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



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 14, 2018

December 14, 2018

Homeowner
1029 Thunderbird Drive
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 32
1029 Thunderbird Drive
Building Permit: B18002457
Well Permit: HO-15-0381**

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 10/15/2018. Final approval of the well line connection to the dwelling was granted on 10/12/2018. The well construction was completed on 3/9/2017. Water samples were collected on 12/6/2018.

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-15-0381. 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 #: 127135 Account #: 1933
Reference: Fairlane Farms Lot 32 Company: Fogles Well Pump & Treatment
Location: 1029 Thunderbird Drive Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 12/6/2018 1245 Site: Kitchen Sink
Date/Time Rec'd: 12/6/2018 1400 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: A. Berchok 1233AB Well #: HO-15-0381

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/7/2018 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/7/2018 / 0830 / CRS
Nitrate	6.66	mg/L	10	601	12/6/2018 / 1615 / CRS
Turbidity	0.76	NTU	<10	SM20 2130B	12/6/2018 / 1645 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	12/6/2018 / 1645 / 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 # : B18002457

Date Reported: 12/7/2018