

<b>C 1</b> <b>49285</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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM DD YY 03 09 17		DATE WELL COMPLETED MM DD YY 03 09 17		Depth of Well 22 350 26 (TO NEAREST FOOT)	
ST/CO USE ONLY		DATE RECEIVED MM DD YY 03 09 17		PERMIT NO. FROM "PERMIT TO DRILL WELL" 15 - 0380		COUNTY NUMBER	
OWNER LAND DESIGN + Development		WELL SITE ADDRESS Morton Station Rd		TOWN Woodbine		LOT 31	
SUBDIVISION FAIRLARE FARM		SECTION		LOT			
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b>		<b>C 3</b>		<b>PUMPING TEST</b>	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>		HOURS PUMPED (nearest hour) 8 9 8.57		PUMPING RATE (gal. per min.) 11 15 8.57	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b>		METHOD USED TO MEASURE PUMPING RATE Submersible		WATER LEVEL (distance from land surface)	
FEET FROM TO		NO. OF BAGS 45 46 20 NO. OF POUNDS 45 46 1800		BEFORE PUMPING 17 20 40 ft.		WHEN PUMPING 22 25 146 ft.	
Soil 0 5		GALLONS OF WATER 120		TYPE OF PUMP USED (for test)		A air P piston T turbine	
Clay 5 18		DEPTH OF GROUT SEAL (to nearest foot)		C centrifugal R rotary O other (describe below)		J jet S submersible	
Brown Shale 18 47		from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		MAIN CASING TYPE		Nominal diameter top (main) casing (nearest inch)!!	
Med Gray Rock 47 350		Casing types insert appropriate code below		ST STEEL CO CONCRETE		PL PLASTIC OT OTHER	
100		OTHER CASING (if used)		EACH CASING		diameter inch depth (feet) from to	
240		screen type or open hole		S ST STEEL BR BRASS HO OPEN HOLE		PL PLASTIC OT OTHER	
		C 2 DEPTH (nearest ft.)		PUMP INSTALLED		DRILLER INSTALLED PUMP YES NO	
		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		CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35		PUMP HORSE POWER 37 41	
		NUMBER OF UNSUCCESSFUL WELLS: 0		PUMP COLUMN LENGTH (nearest ft.) 43 47		CASING HEIGHT (circle appropriate box and enter casing height)	
		WELL HYDROFRACTURED <b>Y</b> <b>N</b>		LAND SURFACE 1 (nearest foot)		LATITUDE 39.34160	
		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		LONGITUDE 77.04060		(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.		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.	
		DRILLERS LIC. NO. 1 M D 355		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		TELESCOPE CASING LOG INDICATOR OTHER DATA	
		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		T (E.R.O.S.) W Q			
		LIC. NO. 1 AW 920		70 72 74 75 78			
		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					

<b>B 1</b> 1 2 3 6 <u>38506</u>	SEQUENCE NO. (MDE USE ONLY)  	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <u>557434-1</u> please type	STATE PERMIT NUMBER <u>HO-15-0380</u> 70 fill in this form completely 79
Date Received (APA) <u>10/30/15</u> 8 MM DD YY 13 <b>OWNER INFORMATION</b> <u>LAND DESIGN + DEVELOPMENT</u> 15 Last Name Owner First Name 34 <u>5300 DORSEY HALL DR, SUITE 102</u> 36 Street or RFD 55 <u>ELICOTT CITY MD 21043</u> 57 Town 70 State 72 Zip 76		<b>B 3</b> <b>LOCATION OF WELL</b> <u>HOWARD</u> 8 COUNTY 21 <u>FAIRLANE FARM</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>31</u> 48 50 <u>WOODBINE</u> 52 NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> <u>MICHAEL BARLOW</u> M W D <u>355</u> Driller's Name 76 License No. 81 <u>BARLOW WELL DRILLING</u> Firm Name <u>522 UNDERWOOD LANE 21014</u> Address <u>ME</u> <u>10/19/15</u> Signature Date		<b>B 4</b> <b>SOURCES OF DRILLING WATER</b> 1. <u>WELL</u> 2. 3.  <b>LOCATION OF WELL ON ROAD</b> <u>MORGAN STATION RD</u> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <u>1000</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>8</u> BLK: <u>2</u> PARCEL <u>8</u>	
<b>B 2</b> <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> 14 20		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <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 <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH 30 36		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> <u>13</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>1/23/17</u> <u>Sgt. L.L.</u> <u>1/23/18</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE DON: 2/7/17 (SC) DOG: 2/8/17 (SC) DOY: 3/9/17 (SC)	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTary <u>AIR-PERCussion</u> ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <u>2/7/17</u> <u>50' PVC casing</u> <u>-at 100'; no water</u> <u>20'</u> <u>30'</u> <u>2/8/17</u> <u>-15 bags cement so far</u> <u>3/9</u> <u>-8.5 gpm</u> <u>-4' static</u> <u>-14' m.p.</u>	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 39 <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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER <u>H 0 2 0 1 5 G 0 0 4 (01)</u> PERMIT No. <u>HO-15-0380</u> 70 71 72 73 74 75 76 77 78 79	
<b>SPECIAL CONDITIONS</b> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- <u>See attached memo.</u>			





**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: **350** feet

Customer	Land Design & Development	Permit #	HO-15-0380
Road	Galaxy Drive	Subdivision	Fairlane Farm
City	Woodbine	Section	
State	Maryland	Lot #	31

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	40	4	15.00
9:45 AM	105	5	12.00
10:00 AM	146	7	8.57
10:15 AM	146	7	8.57
10:30 AM	146	7	8.57
10:45 AM	146	7	8.57
11:00 AM	146	7	8.57
11:15 AM	146	7	8.57
11:30 AM	146	7	8.57
11:45 AM	146	7	8.57
12:00 PM	146	7	8.57
12:15 PM	146	7	8.57
12:30 PM	146	7	8.57
12:45 PM	146	7	8.57
1:00 PM	146	7	8.57
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 Line

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: Fries Well Pump & Water Treatment, LLC Telephone #: 410 795 9070  
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 FOOTE 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: NVR Inc Telephone #: \_\_\_\_\_  
Subdivision: Fairlane Farms Lot #: 31 Well Tag #: HO-15-0380  
Site Address: 1025 Thunderbird Dr  
Woodbine, MD 21797

Submersible Pump Data

Make: Grundfos

Model #: 74507422

Pump Capacity: 7 GPM

Well Yield: 8.5 GPM

Depth of well encountered at time of pump installation: 350 (feet)

If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.8.4

Tongue anastom, 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

Pitless Adapter

Make: Camarel

Model #: NA

Depth: 36" (36" min)

NSP/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES

Screened, vented well cap: YES

Cap secured to casing: YES

Conduit min 1.8" B.G.: YES

Conduit secured to well cap: YES

Piping to house

Type: 1" poly pipe

PSI: 200 (150 psi min)

Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES

Length of sleeve (5' minimum from foundation): 6'

Sleeve sealed properly: YES

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: 8/20/18

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

Date Insp Requested: 8/21/18 Date Insp Approved: 8/21/18 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓

Two piece cap installed and attached to casing securely ✓

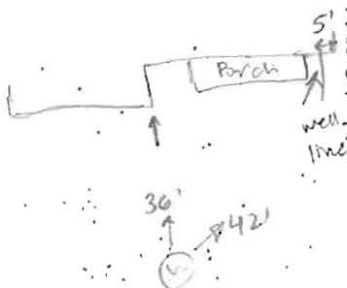
Elec. conduit extends at least 1.8" below grade/attached to cap properly ✓

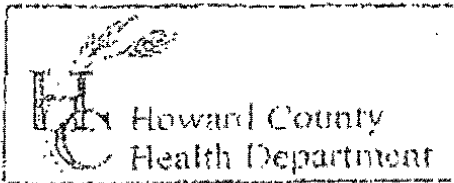
Safety rope not outside of well cap/casing ✓

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 ✓





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

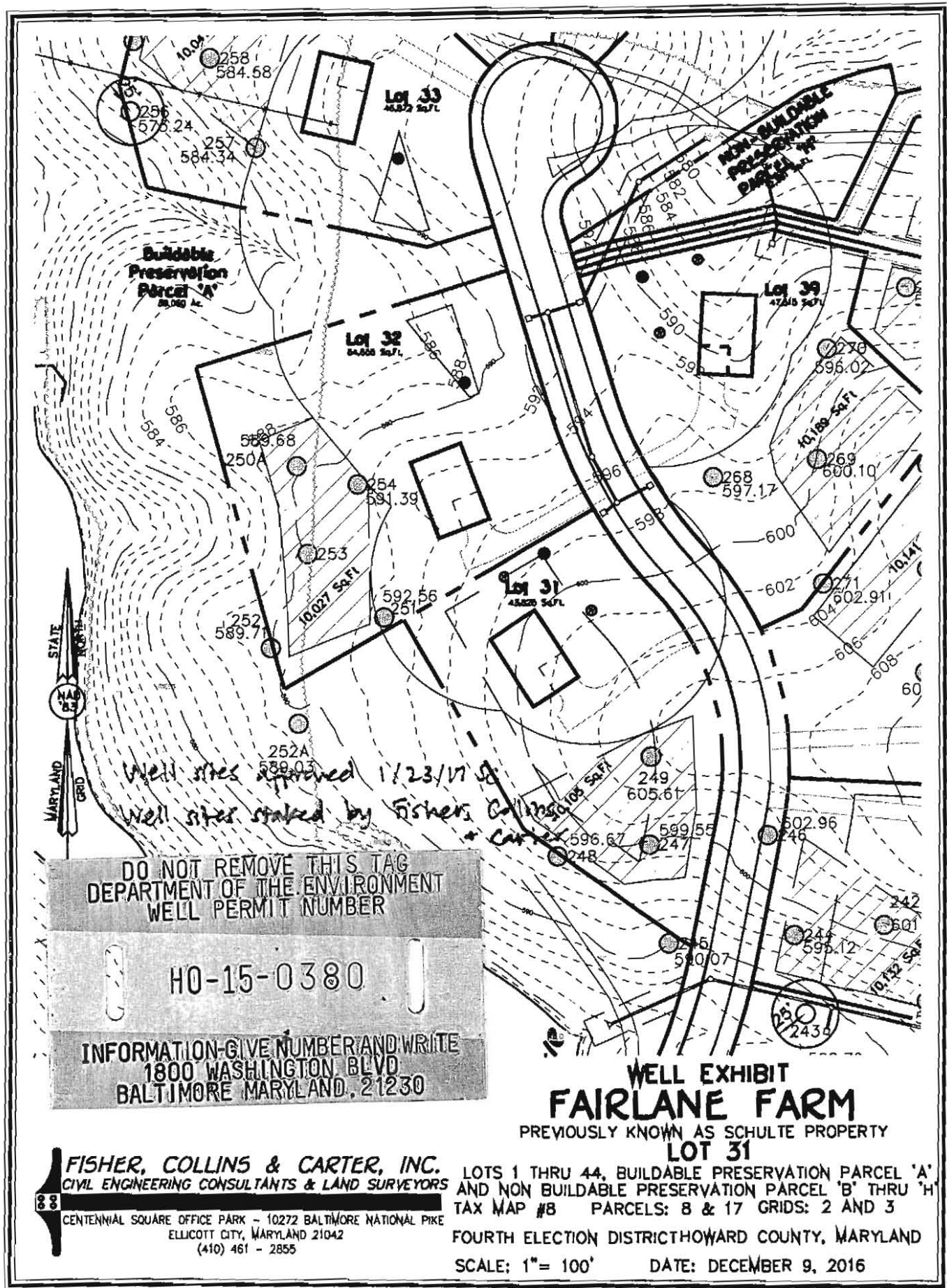
Fair Lane Farm  
Subdivision

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



**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – APRIL 3, 2019

October 3, 2018

Homeowner  
1025 Thunderbird Drive  
Woodbine, MD 21797

RE: Fairlane Farm, Lot 31  
1025 Thunderbird Drive  
Building Permit: B18001675  
Well Permit: HO-15-0380

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 9/17/2018. Final approval of the well line connection to the dwelling was granted on 8/21/2018. The well construction was completed on 3/9/2017. Water samples were collected on 9/25/2018.

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-15-0380. 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**

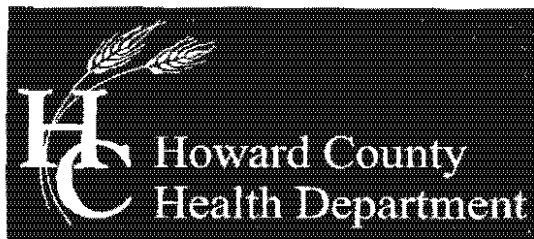
Laboratory ID #: 125343 Account #: 1933  
Reference: Fairlane Farms Lot 31 Company: Fogles Well Pump & Treatment  
Location: 1025 Thunderbird Drive Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 9/25/2018 1130 Site: Kitchen Sink  
Date/Time Rec'd: 9/25/2018 1535 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
Collected By: A. Berchok 1233AB Well #: HO-15-0380

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/26/2018 / 1000 / CRS
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/26/2018 / 1000 / CRS
Nitrate	✓ 6.42	mg/L	10	601	9/25/2018 / 1600 / CRS
Turbidity	✓ 0.12	NTU	<10	SM20 2130B	9/25/2018 / 1615 / CRS
Sand	✓ NS	mg/L	5	Visual/Gravimetric	9/25/2018 / 1615 / 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 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

**Reason for Test :** Use & Occupancy**Building Permit # :** 18001675Date Reported: 9/26/2018



Bureau of Environmental Health  
8930 Stanford Blvd, Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

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

## MEMORANDUM

TO: Barlow Well Drilling

FROM: Sarah Collins, L.E.H.S. SEC  
Howard County Health Department  
Well and Septic Program

DATE: November 14, 2016

RE: State Water Appropriation and Use Permit for Fairlane Farm  
#HO2015G004(01)

The State Water Appropriation and Use Permit for Fairlane Farm has a requirement regarding well spacing and testing:

15. The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well so as to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with well construction standards.

The lots of Fairlane Farm that are less than one acre are lots 1, 2, 3, 4, 5, 6, 8, 9, 23, and 31. If a well on one of these lots is within 100' of another well, a simultaneous yield test of both wells will be required.

Feel free to contact me with any questions at 410-313-6287 or [SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov).