

C1	49293	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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)																														
ST/CO USE ONLY DATE Received MM <u>04</u> DD <u>10</u> YY <u>17</u>		DATE WELL COMPLETED MM <u>2</u> DD <u>16</u> YY <u>17</u>		Depth of Well 22 <u>300</u> 26 (TO NEAREST FOOT)																										
				PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>OK</u> <u>4/7/17</u> <u>HO-15-0382</u>																										
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></u> LOT <u>33</u>																														
WELL LOG		GROUTING RECORD																												
Not required for driven wells		WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																												
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one)																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>SOIL</td> <td>0</td> <td>6</td> <td></td> </tr> <tr> <td>CLAY</td> <td>6</td> <td>14</td> <td></td> </tr> <tr> <td>Brown Shale</td> <td>14</td> <td>42</td> <td></td> </tr> <tr> <td>MED GRAY Rock</td> <td>42</td> <td>300</td> <td></td> </tr> <tr> <td></td> <td></td> <td>220</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	SOIL	0	6		CLAY	6	14		Brown Shale	14	42		MED GRAY Rock	42	300				220		CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/> NO. OF BAGS <u>15</u> NO. OF ROUNDS <u>1410</u> GALLONS OF WATER <u>90</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>43</u> ft. (enter 0 if from surface)		
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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)																														
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SCREEN RECORD																														
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DEPTH (nearest ft.) <u>HO 45</u> <u>300</u> 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 51 SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN (NEAREST INCH) _____ from _____ to _____																														
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>																														
WELL HYDROFRACTURED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																														
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. <u>MWD 355</u> DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>AWD 920</u>																														
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) _____																														
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																														
COUNTY																														

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10.0

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.

WHEN PUMPING 44 ft.

TYPE OF PUMP USED (for test)

☒ air ☐ piston ☐ turbine

☐ centrifugal ☐ rotary ☐ other (describe below)

☐ jet ☒ submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES ☐ NO ☒

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 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35 _____

PUMP HORSE POWER 37 _____ 41 _____

PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____

CASING HEIGHT (circle appropriate box and enter casing height)

☒ above ☐ below

LAND SURFACE 1 (nearest foot)

LATITUDE 39 34 253

LONGITUDE 77 04 105

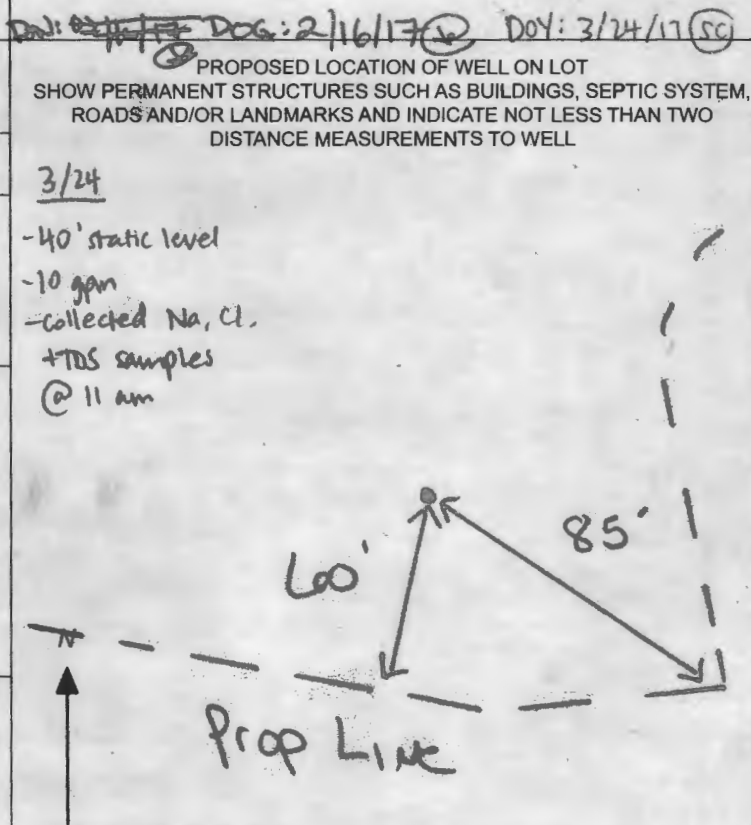
(DEFAULT COORD. WGS 84)

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	38508	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 557434-FF please type	STATE PERMIT NUMBER HO-15-0382 70 fill in this form completely																																			
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SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: Sodium, chloride + TDS samples req'd at yield

② COUNTY





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 24, 2017**

Well Depth: **300** feet

Customer	Land Design & Development	Permit #	HO-15-0382
Road	Galaxy Drive	Subdivision	Fairlane Farm
City	Woodbine	Section	
State	Maryland	Lot #	33

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	40	6	10.00
9:45 AM	44	6	10.00
10:00 AM	44	6	10.00
10:15 AM	44	6	10.00
10:30 AM	44	6	10.00
10:45 AM	44	6	10.00
11:00 AM	44	6	10.00
11:15 AM	44	6	10.00
11:30 AM	44	6	10.00
11:45 AM	44	6	10.00
12:00 PM	44	6	10.00
12:15 PM	44	6	10.00
12:30 PM	44	6	10.00
12:45 PM	44	6	10.00
1:00 PM	44	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, Pileless 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: Foggy Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 540 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 Fogie 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: NWZ INC Telephone #: 240-712-0528
Subdivision: Fairlane Farms Lot #: 33 Well Tag #: HO-15-0382
Site Address: 1039 Thunderbird Dr
Woodbine, MD 21797

<u>Seamless Pump Data</u>	<u>Pileless 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>14805422</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>10</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300'</u> (10')	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: <u>Must circle one</u>		
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing: <u>NA</u>		

<u>Pipe 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>2000</u> (50 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 Fogie date: 11/28/18

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

Date Insp. Requested: 11/29/18 Date Insp. Approved: 11/29/18 Inspector: SC
Inspection Data:

Pileless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elc 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 pileless adapter	<u>✓</u>

35'
K
well
line

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 18, 2018

December 18, 2018

Homeowner
1039 Thunderbird Drive
Woodbine, MD 21797

RE: Fairlane Farm, Lot 33
1039 Thunderbird Drive
Building Permit: B18003160
Well Permit: HO-15-0382

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 **12/11/2018**. Final approval of the well line connection to the dwelling was granted on **11/29/2018**. The well construction was completed on **2/16/2017**. 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-15-0382. 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>

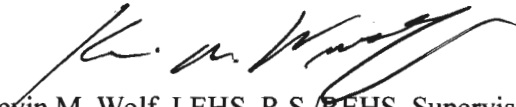


Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

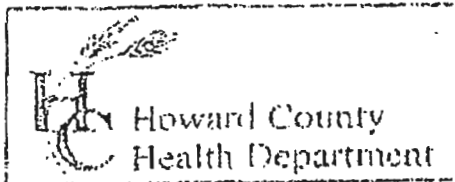
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



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

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

February 20, 2018

Homeowner
1039 Thunderbird Drive
Woodbine, MD 21797

Dear Homeowner,

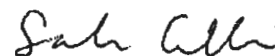
The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on your property.

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 8.22 mg/L pre-treatment.**

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 110 mg/L.**

Feel free 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

Columbia, MD 21045

HO-15-0382

SUBMITTER'S COPY

HOWARD COUNTY HEALTH DEPT
COMMUNITY HYGIENE PROGRAM



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

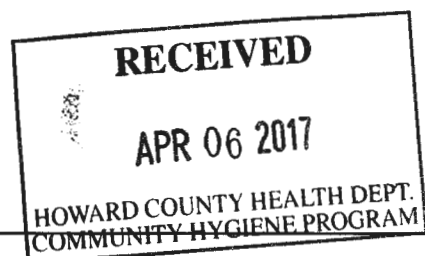
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

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

Field ID: HO-15-0382
Lab No.: E17003744001

<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	110	mg/L	03/28/2017

Comments:



Approved by:

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.

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.

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

Please Print

Lab No. Date Received



E17003745002

Received: 03/27/2017

Metals

HO-15-0382

Sample ID No: HO-15-0382 Site Name: Fairlane Farm - Lot 3 County: Howard

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

Date Collected: 3/24/2017 Time Collected: 11 a.m. 1:27-17 p.m. Phone #: 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab

Preservative Used: ☒ HNO₃ mL pH: < 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 taken during yield 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) JAS			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: _____

Date Reported: ____/____/____

• Phone: (443) 681-3857

• Fax: (443) 681-4507

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: H0-15-0382

Lab No.: E17003745002

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	8.22	ppm	03/29/2017

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.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

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. Berchock 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 # :** B18002457Date Reported: 12/7/2018