

C 1		49279		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 03/16/17				DATE WELL COMPLETED MM DD YY 03/07/17				Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 3/17/17 SC Ho - 15 - 0385			
OWNER LAND DESIGN + Development										TOWN Woodbine					
WELL SITE ADDRESS Morgan Station Road										SECTION 36					
SUBDIVISION Fairlane Farm										LOT 36					
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) yes Y no N 44 44									
DESCRIPTION (Use additional sheets if needed)						TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC									
FEET FROM TO						NO. OF BAGS 45 46 15 NO. OF POUNDS 45 46 140									
Soil 0 5						GALLONS OF WATER 90									
Clay 5 18						DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft. (enter 0 if from surface)									
Brown 18 48						CASING RECORD									
Shale 48 300						casing types insert appropriate code below									
med 192						STEEL ST CONCRETE CO									
GRAY ROCK 48 300						PLASTIC PL OTHER OT									
						MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 6 50									
						OTHER CASING (if used) diameter inch depth (feet) from to									
						SCREEN RECORD									
						screen type or open hole insert appropriate code below									
						STEEL ST BRASS BR OPEN HOLE HO									
						BRONZE PL PLASTIC PL OTHER OT									
NUMBER OF UNSUCCESSFUL WELLS: 0						DEPTH (nearest ft.)									
WELL HYDROFRACTURED yes Y no N						C 2									
CIRCLE APPROPRIATE LETTER						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.						LATITUDE 39.34315									
DRILLERS LIC. NO. 1 M D 355						LONGITUDE 77.03870									
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)						(DEFAULT COORD. WGS 84)									
LIC. NO. 1 AW D 920						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.									
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)						MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)									
						T (E.R.O.S.) W Q									
						70 72 74 75 76									
						TELESCOPE LOG OTHER DATA									
						CASING INDICATOR									



B 1	38511	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 557434-II please type	STATE PERMIT NUMBER <b>H0 - 15 - 0385</b> 70 fill in this form completely 79
Date Received (APA) 10 30 15 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name 5300 DORSEY HALL DR SUITE 102		34 First Name ELICOT CITY MD 21043		
36 Street or RFD 57 Town		70 State 72 Zip 76		
DRILLER INFORMATION				
Driller's Name MICHAEL BARLOW		76 License No. 81 M W D 355		
Firm Name BARLOW WELL DRILLING		Address 522 UNDERWOOD LANE		
Signature <i>[Signature]</i>		Date 10/19/15		
B 2	WELL INFORMATION			
1 2	APPROX. PUMPING RATE (GAL. PER MIN.)			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <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				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN 30 AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCUSION <input type="checkbox"/> ROTARY (Hydraulic Rotary) 37 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT other _____				
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)				
<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 DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER <u>H02015G004(01)</u>				
PERMIT No. <u>H0 - 15 - 0385</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3

LOCATION OF WELL

8 COUNTY

21

23 SUBDIVISION

42

SECTION 44 46

LOT 36 48 50

52 NEAREST TOWN

71

B 4

SOURCES OF DRILLING WATER

1. WELL

2.

3. HCHD

15 ft  
Pump set @ 350  
for yield

MORGAN STATION RD

11 STREET ADDRESS

30

ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)34 1000 37  
DISTANCE FROM ROAD

ENTER FT OR MI

38 39

TAX MAP: 8 BLK: 2 PARCEL 8

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard

(13)

COUNTY NAME

COUNTY NO.

STATE

SIGNATURE

INSERT S →

41

DATE ISSUED

12/9/16

Sub. C.H.

12/9/17

43 MM DD YY 48

CO SIGNATURE

EXP. DATE

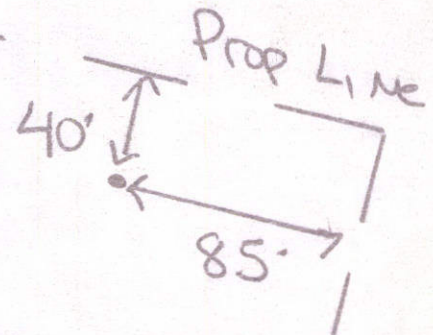
DON: 2/7/17 (SC) DOG: 2/8/17 (SC) DOY: 3/7/17

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

2/7/17

-50' casing  
-95' water  
-at 280' during  
site visit  
~15 gpm



N





# **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 7, 2017**

Well Depth: **300** feet

Customer	<b>Land Design &amp; Development</b>	Permit #	<b>HO-15-0385</b>
Road	<b>Galaxy Drive</b>	Subdivision	<b>Fairlane Farm</b>
City	<b>Woodbine</b>	Section	
State	<b>Maryland</b>	Lot #	<b>36</b>

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:00 AM	40	6	10.00
10:15 AM	50	6	10.00
10:30 AM	50	6	10.00
10:45 AM	50	6	10.00
11:00 AM	50	6	10.00
11:15 AM	50	6	10.00
11:30 AM	50	6	10.00
11:45 AM	50	6	10.00
12:00 PM	50	6	10.00
12:15 PM	50	6	10.00
12:30 PM	50	6	10.00
12:45 PM	50	6	10.00
1:00 PM	50	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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 15 - 6885  
Site Address: \_\_\_\_\_

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off 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 brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_

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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 6/11/2019 Date Insp. Approved: 06/12/2019 Inspector: (P)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 42" 6/11/2019 (P)  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 38" 6/11/2019 (P)  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 29" 6/11/2019 (P)  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

6/11/2019 (P)

HOUSE CON. CROSSES SEWER LINE (NOT YET INSTALLED).  
ADD MORE SLEEVING.

6/12/2019 (P)

WLINE SLEEVED. SEPTIC LINE OUT OF HOUSE.  
MOVED.



## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – February 12, 2020**

August 12, 2019

Homeowner  
1040 Thunderbird Drive  
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 36  
1040 Thunderbird Drive  
Building Permit: B19000584  
Well Permit: HO-15-0385**

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 **6/19/2019**. Final approval of the well line connection to the dwelling was granted on **6/12/2019**. The well construction was completed on **3/7/2017**. Water samples were collected on **7/30/19 & 8/6/19**.

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-15-0385. 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>

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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,



Hank Oswald, LEHS  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

## Oswald, Hank

---

**From:** Oswald, Hank  
**Sent:** Monday, August 12, 2019 2:31 PM  
**To:** Anest, Cathy; DeMarco, Rebecca; Frey, Thomas; Huskins, Thomas; 'Kelly, Sean'; Reger, Linda; Sauerwein, Sandra; Schmidt, Heather; Wingo, Judy; Cagle, Clint (ccagle@nvrinc.com); Anastasia, James (janastas@nvrinc.com)  
**Cc:** Wolf, Kevin; Martin, Sharhonda  
**Subject:** ICOP\_1040 Thunderbird Drive  
**Attachments:** ICOP\_1040 Thunderbird Drive.pdf

Hello All:

Good afternoon. Attached, please find the ICOP letter for 1040 Thunderbird Drive. Should you have any questions, please don't hesitate to ask.

Respectfully,

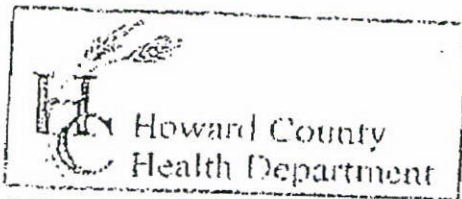
Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)

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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.

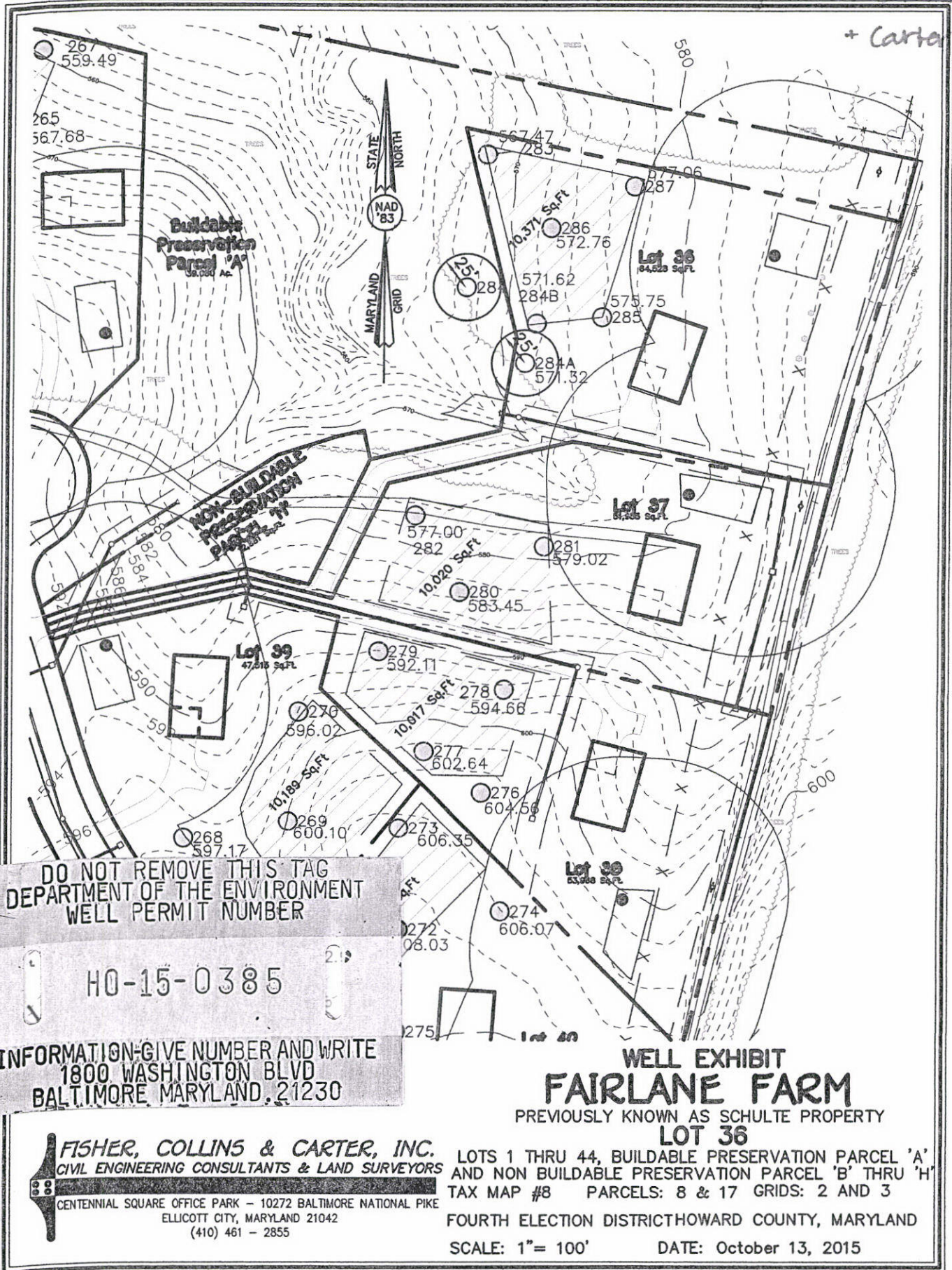
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



Well box approved 12/9/16 SC  
Well box staked by Fisher, Collins &

+ Carter



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

H0-15-0385

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

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2855

**WELL EXHIBIT  
FAIRLANE FARM**  
PREVIOUSLY KNOWN AS SCHULTE PROPERTY  
**LOT 36**

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: October 13, 2015



**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 #:	131862	Account #:	1933
Reference:	Fairlane Farms Lot 36	Company:	Fogles Well Pump & Treatment
Location:	1040 Thunderbird Drive	Requested By:	Dave Fogle
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	8/6/2019 1350	Site:	Kitchen Sink Tap
Date/Time Rec'd:	8/6/2019 1435	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.9
Collected By:	J. Evans 7411JE	Well #:	HO-15-0385

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/7/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/7/2019 / 1000 / RER

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND = None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use &amp; Occupancy

Building Permit # : 19000584

Date Reported: 8/7/2019



**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 #: 131716 Account #: 1933  
Reference: Fairlane Farms Lot 36 Company: Fogles Well Pump & Treatment  
Location: 1040 Thunderbird Drive Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 7/30/2019 0945 Site: Kitchen Sink Tap  
Date/Time Rec'd: 7/30/2019 1420 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.9  
Collected By: J. Evans 7411JE Well #: HO-15-0385

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223B	7/31/2019 / 0830 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/31/2019 / 0830 / RER
Nitrate	2.25	mg/L	10	601	7/30/2019 / 1640 / RER
Turbidity	0.84	NTU	<10	SM20 2130B	7/30/2019 / 1645 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	7/30/2019 / 1645 / RER

**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; N/A: Not Available
- 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 # :** 19000584Date Reported: 7/31/2019