

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 DD (03/17)
 DATE WELL COMPLETED 12-15-22 APPROVED 03/17/23
 Depth of Well 200 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 20-0140

OWNER: Woodbridge Family Trust - Paul Martin
 WELL SITE ADDRESS: 2408 Woodbine Rd TOWN: Woodbine
 SUBDIVISION: Timberleigh Ridge SECTION: LOT: 26

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Clay	0	14	
Soft brown	14	30	
Gray	30	50	
Fracture	50	52	
Gray	52	160	
Sand	160	161	✓
Gray	161	200	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 8 NO. OF POUNDS 700
 GALLONS OF WATER 200
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 38 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST
 Nominal diameter top (main) casing (nearest inch)! 06
 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

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 5 D 227
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO.: D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.)
 40 200
 E A C H I N G
 1 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 S L O T S I Z E 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from 58 to 60

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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 15.4
 METHOD USED TO MEASURE PUMPING RATE
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 34 ft.
 WHEN PUMPING 36 ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S 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
 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 } LAND SURFACE
 - below } 2 (nearest foot)

LATITUDE 39.292536
 LONGITUDE 77.124421
 (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 63293 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER Ho-20-0140
APPLICATION FOR PERMIT TO DRILL WELL please type 570231 70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 11/02/21
 8 MM DD YY 13
 15 Last Name Wmb Martin Family Trust - Paul Martin Owner First Name Paul
 36 Street or RFD 17541 Timberleigh Way 55
 57 Town Woodbine, Md 70 State 21797 Zip 76

B 3 LOCATION OF WELL
Howard COUNTY 21
Timberleigh Ridge SUBDIVISION 42
 SECTION 44 46 LOT 26 48 50
Woodbine NEAREST TOWN 52 71

DRILLER INFORMATION
 Driller's Name Andrew Houseman M S D 224 License No. 81
 Firm Name Fogles Well Drilling, LLC
 Address P.O. Box 202 Woodbine Md 21797
 Signature Andrew Houseman Date 10-27-21

B 4 SOURCES OF DRILLING WATER
 1. well water 3408 Woodbine Rd STREET ADDRESS 30
 2. _____
 3. _____
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 DISTANCE FROM ROAD 500 FT ENTER FT OR MI 38 39
 TAX MAP: 13 BLK: 13 PARCEL 0336

B 2 WELL INFORMATION
 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME HOWARD COUNTY NO. TEL
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 11/08/2021 EXP. DATE 11/08/2022
 43 MM DD YY 48 DO SIGNATURE _____

APPROXIMATE DEPTH OF WELL 300 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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

METHOD OF DRILLING (circle one)
 BORED (or Augered) AIR-ROTARY JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) Jetted & DRIVEN
 37 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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 _____ G _____
 PERMIT No. Ho-20-0140
 70 71 72 73 74 75 76 77 78 79

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

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: KE T Plumbing Inc Telephone #: 717-524-9530
Address: PO BOX 2151
Westminster, MD 21158

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Thomas A DiMaggio Jr License# 21451

*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: Timberleigh Ridge Lot #: 26 Well Tag #: HO-20-0140
Site Address: 3409 Woodbine Rd
Woodbine, Md

Submersible Pump Data

Make: Flowise
Model #: P10SD7
Pump Capacity: 5.5 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: American Grundy
Model#: PT300NL
GPM Depth: 40" (36" min)
GPM 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: 200 (feet)

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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 40" (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.

Thomas A DiMaggio Jr
Signature of company representative responsible for installation

5/5/23
date

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

Date Insp. Requested: _____ Date Insp. Approved: 5/5/2023 Inspector: [Signature]
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 18" 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 ✓

(Revised form 10/24/2018)

Send Report To:

Susan Thomas

State of Maryland
MDH - Laboratories Administration

Division of Environmental Sciences

TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received

179401

Do not write above this line

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HO3408 Site Name: Martin Family Trust County: Howard

Sample Source: 3408 Woodbine Rd Woodbine, MD 21797 Collector: R. Reppert
Street Town or City Name

Date Collected: 2/15/2022 Time Collected: 10³⁰ a.m. / p.m. Phone #: 410-313-1781

Sample Preserved By: Field ESRL WMRL Central Lab

Preservative Used: HNO₃ mL pH: pH: < 2
(field use only) (lab use only)

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 (HC-20-0140) well tag

*Place a by the element(s) requested for testing

<input checked="" type="checkbox"/>	Element	Lab Use	<input checked="" type="checkbox"/>	Element	Lab Use	<input checked="" type="checkbox"/>	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
X	Sodium (Na)	96.38 ppm		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

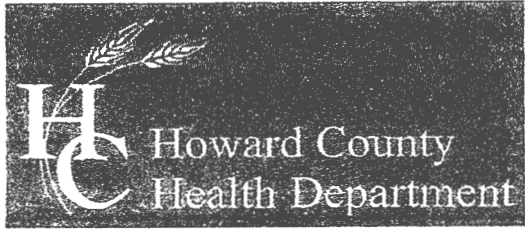
HoCo Health Depart
FEB 25 2022
Environmental Health

Lab Supervisor: Wendy Tison

Date Reported: 2/25/22

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Timberleigh Ridge 26 Timberleigh Way
Subdivision/Property Name Lot # Road Name

The well site has been staked by Fisher Collins & Carter, Inc.
(professional land surveyor or company employing professional land surveyors)
on October 29, 2021 (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.



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 18, 2024

July 18, 2023

Homeowner
3408 Woodbine Road
Woodbine, MD 21797

**RE: Timberleigh Homesteads, Lot 26
3408 Woodbine Road
Building Permit: B22003018
Well Permit: HO-20-0140**

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 **7/18/2023**. Final approval of the well line connection to the dwelling was granted on **5/5/2023**. The well construction was completed on **2/15/2022**. Water samples were collected on **7/6/2023**.

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-20-0140. 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,

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

REPORT OF ANALYSIS

Laboratory ID #: 160069 Account #: 4226
Reference: Viking Development Corporation Client: Viking Development Corporation
Location: 3408 Woodbine Road Requested By: Cary Cumberland
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 7/6/2023 0951 Site: Pressure Tank
Date/Time Rec'd: 7/6/2023 1448 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: R. Ott 0266RO Well #: HO-20-0140

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/7/2023 / 0900 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/7/2023 / 0900 / TSD
Nitrate.	6.06	mg/L	10	EPA 300.0	7/6/2023 / 1811 / MEW
Turbidity	0.59	NTU	<10	SM2130B	7/6/2023 / 1550 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	7/6/2023 / 1555 / MEW

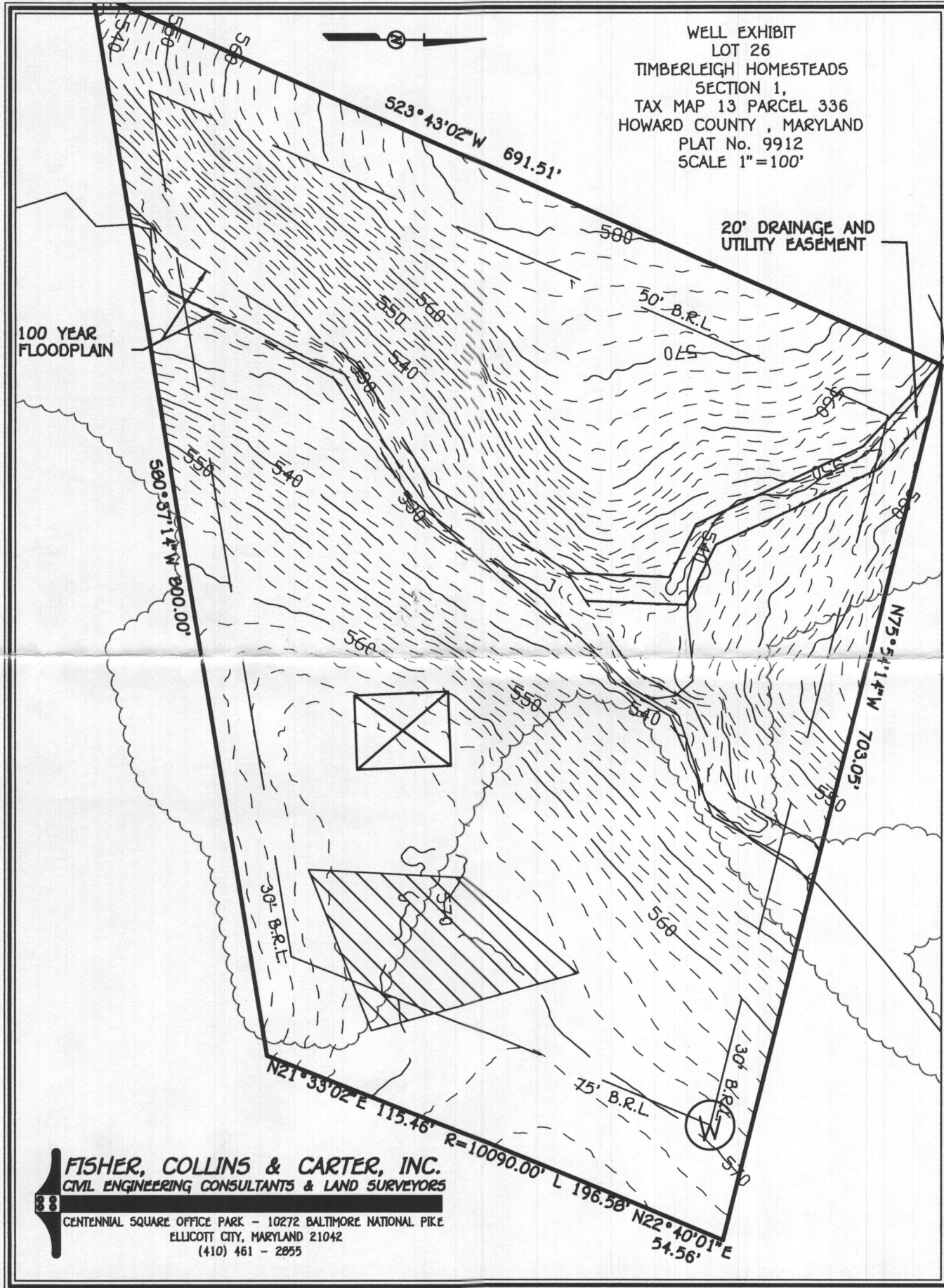
NOTES:

- 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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B22003018

Date Reported: 7/7/2023

K:\Drawings 3\30072 Route 94 - Martin\30072 WELL EXHIBIT.DWG, Model, 10/11/2021 3:12:13 PM, 1:100



APPROVED 11/08/2021
3408 WOODBINE ROAD
HO-20-0140
STAKED BY FCC