

**C1 42032** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND WELL COMPLETION REPORT** THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER

ST/CO USE ONLY. DATE Received 05/05/16 DATE WELL COMPLETED 09/30/16 Depth of Well 400 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0216

OWNER Land Design + Development WELL SITE ADDRESS Morgan Station Rd TOWN Woodbine SUBDIVISION Fairlane Farm SECTION      LOT 14

**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	
SOIL	0	6	
Red Clay	6	17	
Brown Shale	17	60	
SOFT GRAY Rock	60	140	✓
MED GRAY Rock	140	400	✓
!		111	✓
		300	✓

**GROUTING RECORD** YES  NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  BENTONITE CLAY  **BC**

NO. OF BAGS 21 NO. OF POUNDS 1114  
GALLONS OF WATER 126  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 63 ft.

**CASING RECORD**

main casing TYPE **PL** Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 63

OTHER CASING (if used) diameter inch depth (feet) from to

**SCREEN RECORD**

screen type or open hole **ST** **BR** **HO**  
STEEL BRASS OPEN HOLE  
**PL** **OT**  
PLASTIC OTHER

DEPTH (nearest ft.) 63 400

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES  NO

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. MWD 355  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. AWD 920

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

**C3**

**PUMPING TEST** 3

HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 15.0  
 METHOD USED TO MEASURE PUMPING RATE Submersible  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 53 ft.  
 WHEN PUMPING 75 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 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 36

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 } (nearest foot)

LATITUDE 39.34156  
 LONGITUDE 77.04626  
 (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 38589		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 557431M please type		STATE PERMIT NUMBER HO-15-0216 fill in this form completely
Date Received (APA) 10 30 15 8 MM DD YY 13 OWNER INFORMATION LAND DESIGN & DEVELOPMENT 15 Last Name Owner First Name 34 5300 DORSEY HALL DR, SUITE 102 36 STREET OR RFD 55 ELICOT CITY MD 21043 57 Town 70 State 72 Zip 76			B 3 LOCATION OF WELL HOWARD 8 COUNTY FAIRLANE FARM - Galaxy Dr. 23 SUBDIVISION 42 SECTION 44 46 LOT 14 48 50 WOOD BINE 52 NEAREST TOWN 71		
DRILLER INFORMATION MICHAEL BARLOW M/W/D 355 Driller's Name 76 License No. 81 BARLOW WELL DRILLING Firm Name 522 UNDERWOOD LANE 21014 Address ME 10/19/15 Signature Date			B 4 SOURCES OF DRILLING WATER 1. WELL 2. 3. MORGAN STATION RD 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 1000 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 8 BLK: 2 PARCEL 8		
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 750 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20			USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input checked="" type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> O OPEN LOOP GEOTHERMAL <input type="checkbox"/> C CLOSED LOOP GEOTHERMAL		
APPROXIMATE DEPTH OF WELL 300 FEET 24 28			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A523269 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/4/2016 Brian Baker 3/4/2017 43 MM DD YY 48 CO SIGNATURE EXP. DATE		
APPROXIMATE DIAMETER OF WELL 6 INCH 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) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other			REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S 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"/> D 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 HO 2015 G001 (04) T.B.D. PERMIT No. HO-15-0216 70 71 72 73 74 75 76 77 78 79			1 Prop Line 25' 30' N		
SPECIAL CONDITIONS Intended to Be Converted to Potable Well					



**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: Robert L. Feizer 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): Nick & Cody 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: Fairlane Farms Lot #: 14 Well Tag #: HO-15-0216 ✓ 2/6/18 ⊕  
Site Address: 15209 Antler Lane

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSP/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: _____	

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

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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: 2/6/18 Date Insp. Approved: 2/6/18 Inspector: Ⓛ  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 48" 2/6/18 ⊕  
 Two piece cap installed and attached to casing securely ✓  
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 18" 2/6/18 ⊕  
 Safety rope not outside of well cap/casing ✓  
 Correct well tag attached properly and casing 8" above finished grade ✓ 22" 2/6/18 ⊕  
 Water supply line sleeved adequately at house connection ✓ 9" 2/6/18 ⊕  
 Adequate grout observed below pitless adapter ✓

**INTERIM CERTIFICATE OF POTABILITY**  
**PERMANENT DEVIATION FOR NITRATES**  
Expiration Date – SEPTEMBER 28, 2018

March 28, 2018

Homeowner  
15304 Galaxy Drive  
Woodbine, MD 21797

**RE: Fairlane Farms, Lot 14**  
**15304 Galaxy Drive**  
**Building Permit: B17003803**  
**Well Permit: HO-15-0216**

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 **3/27/2018**. Final approval of the well line connection to the dwelling was granted on **2/6/2018**. The well construction was completed on **4/30/2016**. Water samples were collected on **3/16/2018, 3/22/2018, 3/27/2018**.

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.

The untreated water sample collected on **3/16/2018** indicated a nitrate level of **10.1 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **3/27/2018** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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

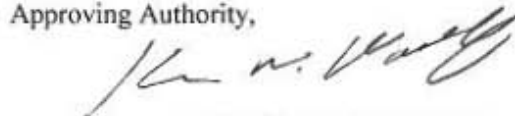
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-15-0216. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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 quality 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>

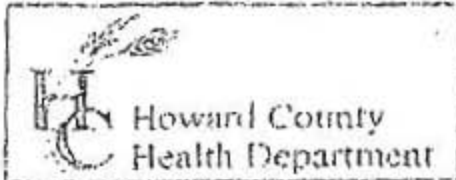
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M Wolf, L.E.H.S., R.E.H.S./RS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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



Howard County  
Health Department

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

Fair Lane Farm  
Subdivision

TO ALL INTERESTED PARTIES

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

11/16/2015 11:29 AM, 11



**WELL EXHIBIT  
FAIRLANE FARM**

PREVIOUSLY KNOWN AS SCHULTE PROPERTY  
**LOT 14**

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

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 #: 120545 Account #: 1920  
Reference: Fairlane Farm Lot 14 Company: Robert L Feezer Co- New Homes  
Location: 15304 Galaxy Drive Requested By: Rick Cross  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 3/16/2018 0926 Site: Laundry Sink (2nd Floor)  
Date/Time Rec'd: 3/16/2018 1450 Treatment: Neutralizer/Softener\*\*  
Chlorine ppm: Free: ND Total: ND pH: 5.9  
Collected By: G. Lana 3799GL Well #: HO-15-0216

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	6.4	MPN/ 100 ml	<1.0	SM20 9223	3/17/2018 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	3/17/2018 / 0930 / CRS
Nitrate	10.1	mg/L	10	601	3/16/2018 / 1610 / RER
Turbidity	0.77	NTU	<10	SM20 2130B	3/16/2018 / 1615 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	3/16/2018 / 1615 / RER

### NOTES

- 1 \*\*Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 pH & Chlorine level tested on site
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B17003803

Date Reported: 3/19/2018

# 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 #: 120621 Account #: 1920  
Reference: Fairlane Farm Lot 14 Company: Robert L Feezer Co- New Homes  
Location: 15304 Galaxy Drive Requested By: Rick Cross  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 3/22/2018 1135 Site: Pressure Tank  
Date/Time Rec'd: 3/22/2018 1225 Treatment: Neutralizer/Softener\*\*  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: J. Yeager 6176JY Well #: HO-15-0216

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	3/23/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	3/23/2018 / 1000 / CRS
Nitrate	4.99	mg/L	10	601	3/23/2018 / 0900 / CRS

- pH went up (Na hypochlorite)  
- Nitrate went down  
- organic still in well  
need new sample for Nitrates + Ammonia

### NOTES

- 1 \*\*Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B17003803

Date Reported: 3/23/2018

**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 #:	120706	Account #:	1920
Reference:	Fairlane Farm Lot 14	Company:	Robert L Feezer Co- New Homes
Location:	15304 Galaxy Drive Woodbine, MD 21797	Requested By:	Rick Cross
Date/ Time Collected:	3/27/2018 1355	Source:	Well Water
Date/Time Rec'd:	3/27/2018 1446	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener/Reverse Osmosis*
Collected By:	G. Lana 3799GL	pH:	6.6
		Well #:	HO-15-0216

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	11.5	mg/L	10	601	3/27/2018 / 1530 / CRS

**NOTES**

- 1 \*Sample collected prior to Reverse Osmosis
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 pH & Chlorine level tested on site
- 6 Visual well check: Sealed, vented cap

**Reason for Test :** Use & Occupancy**Building Permit # :** B17003803Date Reported: 3/28/2018

**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 #:	120707	Account #:	1920
Reference:	Fairlane Farm Lot 14	Company:	Robert L Feezer Co- New Homes
Location:	15304 Galaxy Drive Woodbine, MD 21797	Requested By:	Rick Cross
Date/ Time Collected:	3/27/2018 1345	Source:	Well Water
Date/Time Rec'd:	3/27/2018 1446	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener/Reverse Osmosis
Collected By:	G. Lana 3799GL	pH:	7.8
		Well #:	HO-15-0216

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	3/27/2018 / 1530 / CRS

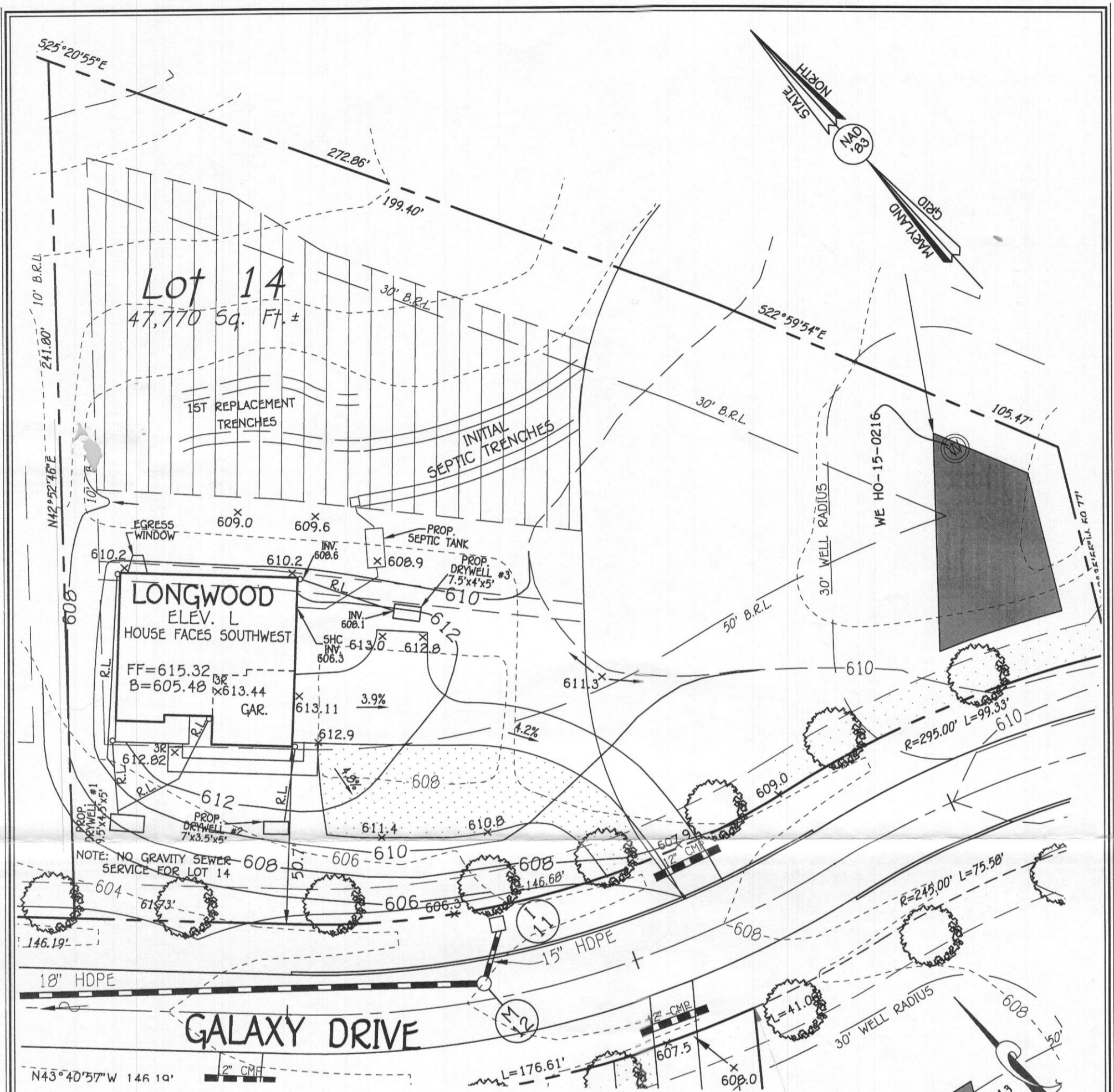
**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use &amp; Occupancy

Building Permit # : B17003803

Date Reported: 3/28/2018



**PLAN**  
SCALE: 1" = 30'

326 S.F.	706 S.F.
19 S.F.	253 S.F.
	608 S.F.

**DOWNSPOUT DRAINAGE AREAS**  
SCALE: 1" = 30'

**STORMWATER MANAGEMENT NOTES:**

STORMWATER MANAGEMENT FOR LOT 14 IS BEING PROVIDED BY A COMBINATION OF NON-ROOFTOP DISCONNECTION (N-2) FOR THE DRIVEWAY AREA AND 3 DRYWELLS (M-5) FOR TREATMENT OF THE PROPOSED HOUSE ROOFTOP AREA.

**OWNER/DEVELOPER**  
NV HOMES  
9720 PATUXENT WOODS DRIVE  
COLUMBIA, MD 21046  
410-379-5956

NOTE: FOR LOT 14,  
NO GRAVITY SEWER SERVICE  
FOR BASEMENT

**PERMIT SITE PLAN**  
**LOT 14**  
15304 GALAXY DRIVE  
**FAIRLANE FARMS**  
PHASE ONE  
ZONED: RC-DEO  
TAX MAP NO.: 8 GRID NO.: 2 PARCEL NO.: 8  
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1"=30' DATE: OCT. 17, 2017  
SHEET 1 OF 1

NOTE: THE EXISTING WELL SHOWN ON THIS PLAN, HO-15-0216, HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

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