

C 1 49219 SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.  
 COUNTY NUMBER

ST/CO USE ONLY  
 DATE RECEIVED  
 MM DD YY  
 12 13 11

DATE WELL COMPLETED  
 MM DD YY  
 12 9 16

Depth of Well  
 22 300 26  
 (TO NEAREST FOOT)  
 PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 OK 12/15/16 & HO 15-0351

OWNER Land Design + Development  
 WELL SITE ADDRESS last name MORGAN Station 328 TOWN Woodbine  
 SUBDIVISION Farlane Farm SECTION LOT 16

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	22	
Brown shale	22	71	
GRAY ROCK	71	300	

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle appropriate box)  
 YES  NO   
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 23 NO. OF POUNDS 2162  
 GALLONS OF WATER 138  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 75 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  
 Nominal diameter top (main) casing (nearest inch): 6  
 Total depth of main casing (nearest foot): 75

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

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 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. M D 355  
 DRILLERS SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. AW D 920  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)  
 HO 75 300  
 1 8 9 11 15 17 21  
 2 23 24 26 30 32 36  
 3 38 39 41 45 47 51  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 56 60  
 from to

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

PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 13.9  
 METHOD USED TO MEASURE PUMPING RATE Submersible  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 51 ft.  
 WHEN PUMPING 100 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 (nearest foot)

LATITUDE 39.34242  
 LONGITUDE 77.04231  
 (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>B 1</b>	<b>38591</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 557434-0 please type	STATE PERMIT NUMBER <b>HO-15-0351</b> <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) 10/30/15

8 MM DO YY 13

**LAND DESIGN & DEVELOPMENT**

15 Last Name Owner First Name 34

**5300 DORSEY HALL DR, SUITE 102**

36 Street or RFD 55

**ELLCOT CITY MD 21043**

57 Town 70 State 72 Zip 76

**B 3 LOCATION OF WELL**

**HOWARD** COUNTY 21

**FARLANE FARM** SUBDIVISION 42

SECTION 44 LOT 16

48 50

**WOODBINE** NEAREST TOWN 71

**DRILLER INFORMATION**

**MICHAEL BARLOW MWD 355**

Driller's Name 76 License No. 81

**BARLOW WELL DRILLING** Firm Name

**522 UNDERWOOD LANE 21014** Address

*[Signature]* Signature **10/19/15** Date

**B 4 SOURCES OF DRILLING WATER**

1. **WELL**

2.

3.

**MORGAN STATION RD** STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 1600 37 DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: **8** BLK: **2** PARCEL **8**

**B 2 WELL INFORMATION**

1 2

APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

**D** DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

**F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  **I** INDUSTRIAL, COMMERCIAL, DEWATERING

**P** PUBLIC WATER SUPPLY WELL

**T** TEST, OBSERVATION, MONITORING

**O** OPEN LOOP GEOTHERMAL

**C** CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard COUNTY NAME **(13)** COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 11/16/16 S.L.M. 11/16/17

43 MM DD YY 48 CO SIGNATURE EXP. DATE

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) 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)**

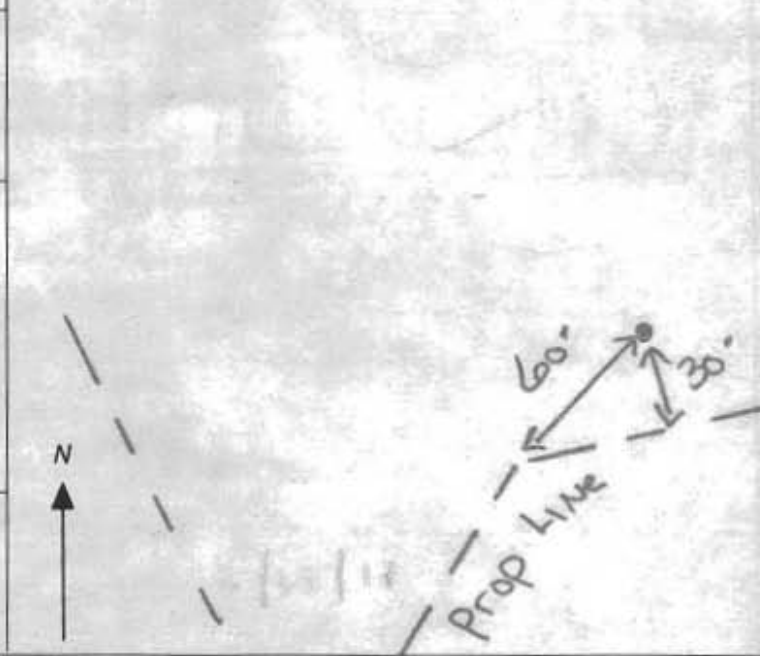
**N** THIS WELL WILL NOT REPLACE AN EXISTING WELL

**Y** THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  **S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

**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)**

APPROP. PERMIT NUMBER **H02RLSG024(01)**

PERMIT No. **HO-15-0351**

70 71 72 73 74 75 76 77 78 79

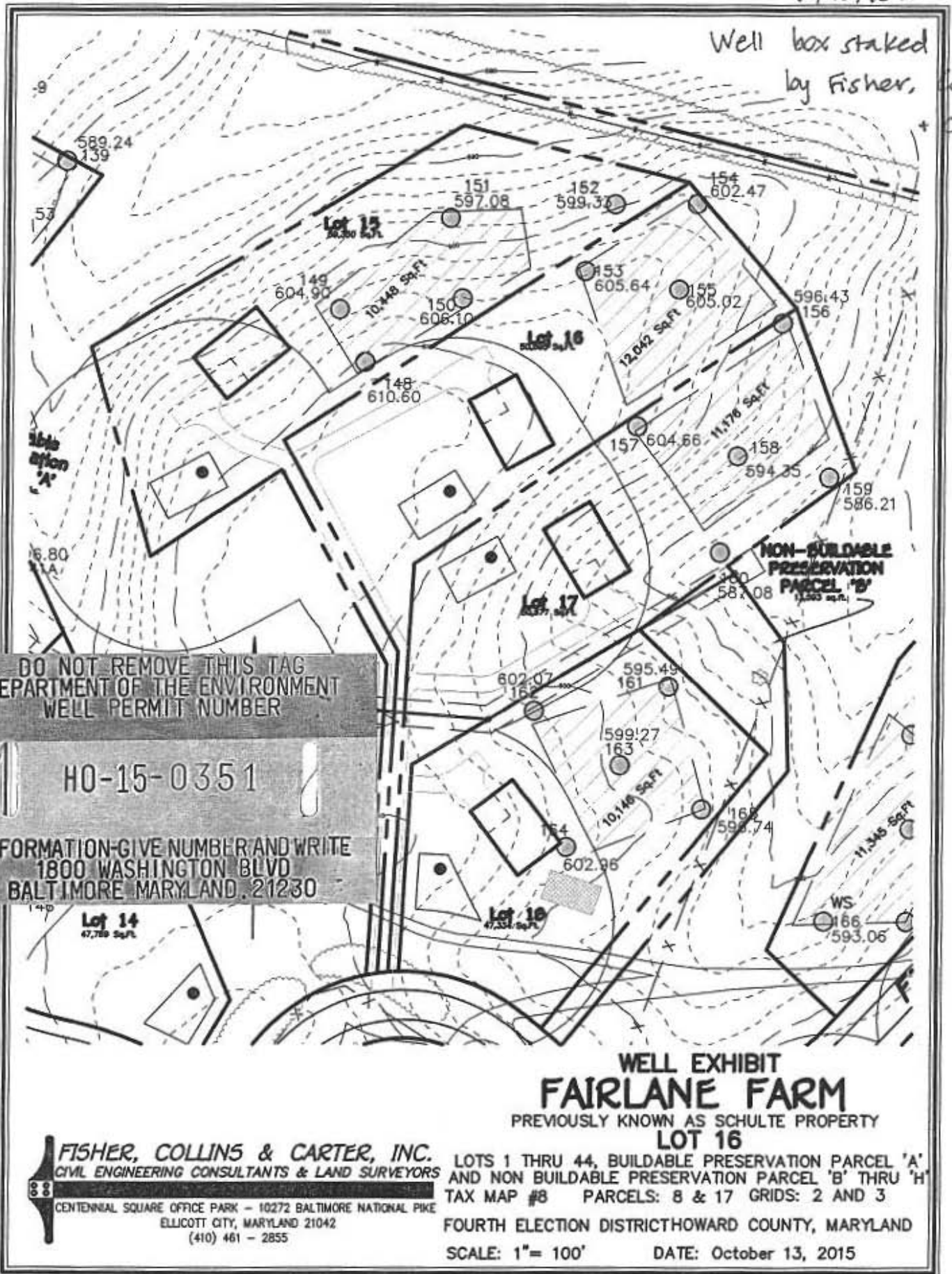
**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



Well box approved  
11/16/16 sc

Well box staked  
by Fisher, Collins  
& Carter



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

HO-15-0351

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

### WELL EXHIBIT FAIRLANE FARM PREVIOUSLY KNOWN AS SCHULTE PROPERTY LOT 16

**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

I:\2005\05106\dwg\05106 Well Exhibits.dwg, 10/14/2015

**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. Feezer Co. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
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): Russel C. George License# PI0148

**\*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: NV Homes Telephone #: 410-379-5956  
Subdivision: Fairlane Farm Lot #: 16 Well Tag #: HO - 15 - 0351 ✓  
Site Address: 1015 Fairlane Road  
Woodbine, MD 21797

**Submersible Pump Data**

Make: Franklin  
Model #: 5FR1S4-2W230  
Pump Capacity 7 GPM  
Well Yield: 13.95 GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
NSF/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 18" B.G.: Yes  
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 300 (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 *N/A*

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

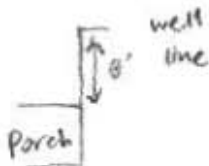
PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve sealed properly: Yes

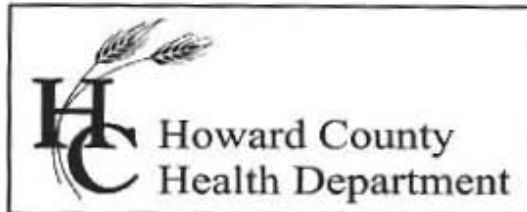
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Russel C. George      January 11, 2018  
Signature of company representative responsible for installation      date

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: 3/6/18 Date Insp. Approved: 3/6/18 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 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 ✓





## 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)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 20, 2018

April 20, 2018

Homeowner  
1015 Fairlane Road  
Woodbine, MD 21797

**RE: Fairlane Farms, Lot 16  
1015 Fairlane Road  
Building Permit: B18000184  
Well Permit: HO-15-0351**

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 **4/17/2018**. Final approval of the well line connection to the dwelling was granted on **3/6/2018**. The well construction was completed on **12/9/2016**. Water samples were collected on **4/18/2018**.

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-15-0351. 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>

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, L.E.H.S., REHS/RS, 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 #: 120791 Account #: 1920  
Reference: Fairlane Farm Lot 16 Company: Robert L Feezer Co- New Homes  
Location: 1015 Fairlane Road Requested By: Rick Cross  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 3/29/2018 1145 Site: Pressure Tank  
Date/Time Rec'd: 3/29/2018 1300 Treatment: Neutralizer/Softener\*\*  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
Collected By: G. Lana 3799GL Well #: HO-15-0351

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	3/30/2018 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	3/30/2018 / 0830 / CCH
Nitrate	7.10	mg/L	10	601	3/29/2018 / 1600 / CRS
Turbidity	0.55	NTU	<10	SM20 2130B	3/29/2018 / 1635 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/29/2018 / 1635 / CRS

OK  
4/10/18 SC

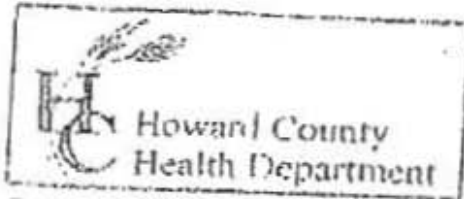
### NOTES

- 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 Visual well check: Sealed, vented cap
- 9 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B17003959

Date Reported: 4/2/2018



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

