

B 1 38581

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-15-0340 fill in this form completely

552434-1 please type

Date Received (APA) 10/30/15

OWNER INFORMATION

LAND DESIGN & DEVELOPMENT 5300 DORSEY HALL DR, SUITE 102 ELICOTT CITY MD 21043

B 3 LOCATION OF WELL

HOWARD COUNTY FAIRLANE FARM SECTION 44 LOT 85 WOODBINE NEAREST TOWN

DRILLER INFORMATION

MICHAEL BARLOW MW D 355 BARLOW WELL DRILLING 522 UNDERWOOD LANE 21014 ME 10/19/15

B 4 SOURCES OF DRILLING WATER

1. WELL

MORGANSTATION RD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 1000 FT DISTANCE FROM ROAD TAX MAP: 8 BLK: 2 PARCEL 8

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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

Howard COUNTY NO. 13 STATE SIGNATURE DATE ISSUED 11/14/16 CO SIGNATURE EXP. DATE 11/14/17

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

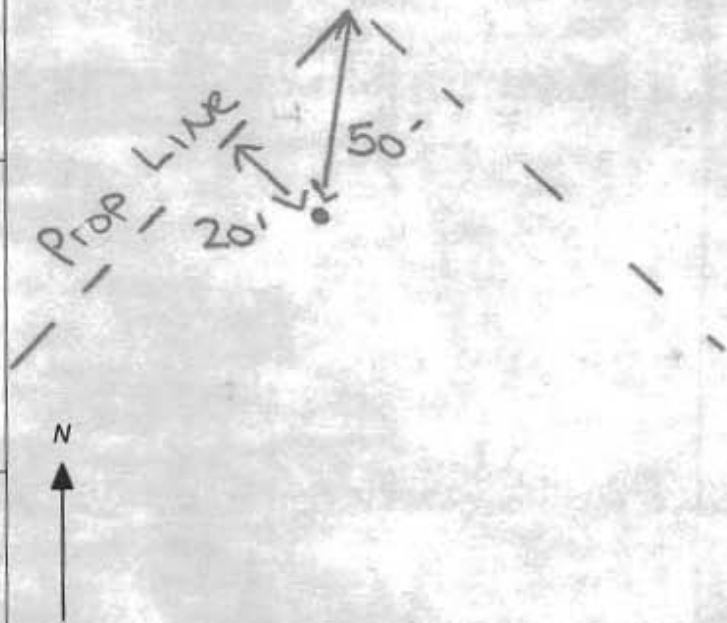
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jettied & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER HQ2015G004(01) PERMIT No. HO-15-0340

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

See attached memo



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: December 7, 2016

Well Depth: 400 feet

Customer Land Design & Development
 Road Morgan Station Road
 City Woodbine
 State Maryland

Permit # HO-15-0340
 Subdivision Fairlane Farm
 Section _____
 Lot # 5

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
1:00 PM	40	3	20.00
1:15 PM	120	7.5	8.00
1:30 PM	120	7.5	8.00
1:45 PM	120	7.5	8.00
2:00 PM	120	7.5	8.00
2:15 PM	120	7.5	8.00
2:30 PM	120	7.5	8.00
2:45 PM	120	7.5	8.00
3:00 PM	120	7.5	8.00
3:15 PM	120	7.5	8.00
3:30 PM	120	7.5	8.00
3:45 PM	120	7.5	8.00
4:00 PM	120	7.5	8.00
4:15 PM	120	7.5	8.00
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 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: Foales Well Pump & Water Treatment LLC Telephone #: 410 795 5670
Address: 580 Abrecht 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 Foale 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: NV Homes Telephone #: 443-864-3482
Subdivision: Fairlane Farms Lot#: 5 Well Tag #: BO-15-0340
Site Address: 15317 Galaxy Dr
Woodbine, MD 21797

<u>Schmersible 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>SB0742Z</u>	Model #: <u>N/A</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>8</u> GPM	NSF/ISCC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>400</u> (ft)	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 17.2.4		
Torque wrenches, 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>N/A</u>		

<u>Piping 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>200</u> (50 psi min)	Length of sleeve (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 Foale date: 4/10/18

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

Date Insp. Requested: 4/10/18 Date Insp. Approved: 4/11/18 Inspector: SCD

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>
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly	<u>/</u>
Safety rope not outside of well 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>

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – DECEMBER 18, 2018

June 18, 2018

Homeowner
15317 Galaxy Drive
Woodbine, MD 21797

RE: Fairlane Farm, Lot 5
15317 Galaxy Drive
Building Permit: B18000056
Well Permit: HO-15-0340

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 **6/1/2018**. Final approval of the well line connection to the dwelling was granted on **4/11/2018**. The well construction was completed on **12/9/2016**. Water samples were collected on **5/21/2018**.

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-15-0340. 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

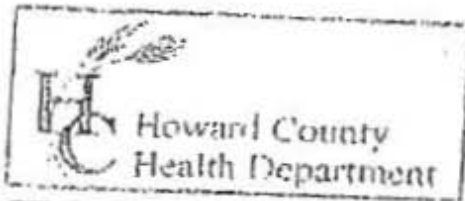
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'K. M. Wolf', is written over a horizontal line.

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



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

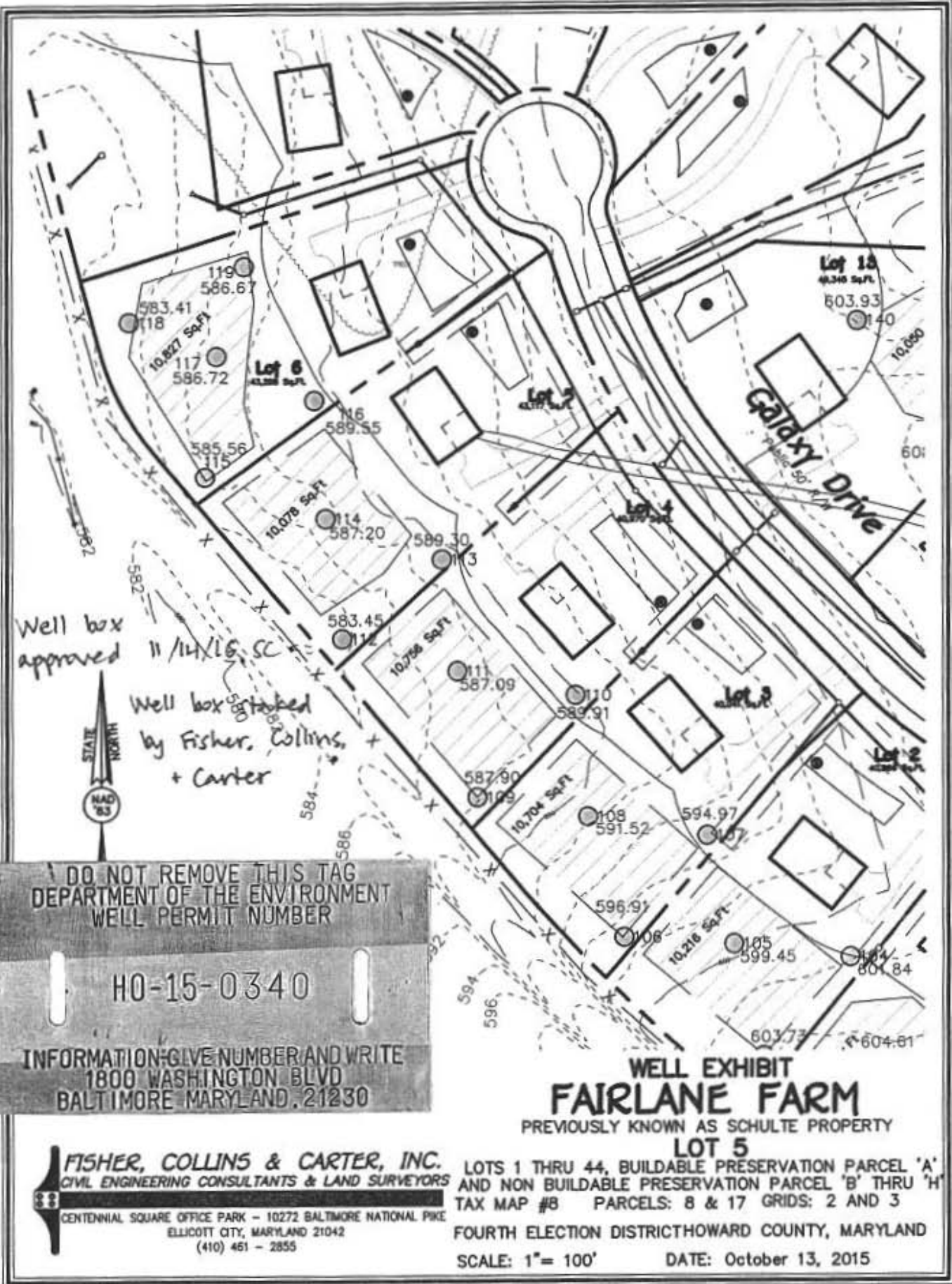
TO ALL INTERESTED PARTIES

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



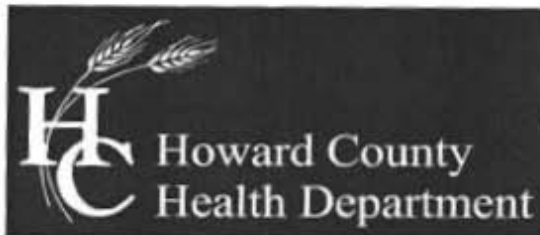
Well box approved 11/14/16 SC
 Well box stacked by Fisher, Collins, + Carter

DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
H0-15-0340
 INFORMATION: GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND, 21230

**WELL EXHIBIT
 FAIRLANE FARM**
 PREVIOUSLY KNOWN AS SCHULTE PROPERTY
LOT 5

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT 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



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

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

MEMORANDUM

TO: Barlow Well Drilling

FROM: Sarah Collins, L.E.H.S. SEC
Howard County Health Department
Well and Septic Program

DATE: November 14, 2016

RE: State Water Appropriation and Use Permit for Fairlane Farm
#HO2015G004(01)

The State Water Appropriation and Use Permit for Fairlane Farm has a requirement regarding well spacing and testing:

15. The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well so as to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with well construction standards.

The lots of Fairlane Farm that are less than one acre are lots 1, 2, 3, 4, 5, 6, 8, 9, 23, and 31. If a well on one of these lots is within 100' of another well, a simultaneous yield test of both wells will be required.

Feel free to contact me with any questions at 410-313-6287 or SCollins@howardcountymd.gov.

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 #: 121995 Account #: 1933
 Reference: Fairlane Farms Lot 5 Company: Fogles Well Pump & Treatment
 Location: 15317 Galaxy Drive Requested By: Dave Fogle
 Woodbine, MD 21797 Source: Well Water
 Date/ Time Collected: 5/21/2018 1405 Site: Pressure Tank ✓
 Date/Time Rec'd: 5/21/2018 1630 Treatment: None ✓
 Chlorine ppm: Free: ND Total: ND pH: 6.2
 Collected By: A. Berchock 1233AB Well #: HO-15-0340

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	5/22/2018 / 1045 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	5/22/2018 / 1045 / RER
Nitrate	1.58	mg/L	10	601	5/22/2018 / 0845 / CRS
Turbidity	1.25	NTU	<10	SM20 2130B	5/22/2018 / 0920 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/22/2018 / 0920 / 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

Reason for Test : Use & Occupancy

Building Permit # : B18000056

Date Reported: 5/22/2018