

C 1 42034 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 **05 02 16** Depth of Well **400** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-15-0215**

OWNER **LMD Design + Development** TOWN **Woodbine**

WELL SITE ADDRESS **Galaxy Drive** SECTION **3** LOT **3**

SUBDIVISION **FAIRLARK FARM**

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	4	
Red clay	4	17	
Brown shale	17	62	
Soft Gray Rock	62	130	
Gray Rock	130	400	
		131	✓
		351	✓

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 **20** NO. OF POUNDS **880**

GALLONS OF WATER **120**

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **63** ft.

CASING RECORD

caseing types insert appropriate code below

ST STEEL **CO** CONCRETE **PL** PLASTIC **OT** OTHER

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

E A C H C A S 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 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 365**

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)

C 2 DEPTH (nearest ft.)

HO 63 400

E A C H C A S I N G

1 3 5 7 9 11 13 15 17 19 21

2 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51

S L O T S I Z E 1 2 3

D I A M E T E R O F S C R E E N (NEAREST INCH) **56** **60**

from to

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 LOG OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **12.0**

METHOD USED TO MEASURE PUMPING RATE **Submersible**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **38** ft.

WHEN PUMPING **57** 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** **1** (nearest foot)

- below **50** **51**

LATITUDE **39.34181**

LONGITUDE **77.04785**

(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 38578

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 557431-B

STATE PERMIT NUMBER HO-15-0215 fill in this form completely

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 FAIR LANE - Galaxy Dr. WOODBINE

DRILLER INFORMATION MICHAEL BARLOW MWD 355 BARLOW WELL DRILLING 522 UNDERWOOD LANE 21014

B 4 SOURCES OF DRILLING WATER 1. WELL

MORGAN STATION ROAD 1000 FT DISTANCE FROM ROAD TAX MAP: 8 BLK: 2 PARCEL

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL PER MIN.) 750 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 14

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

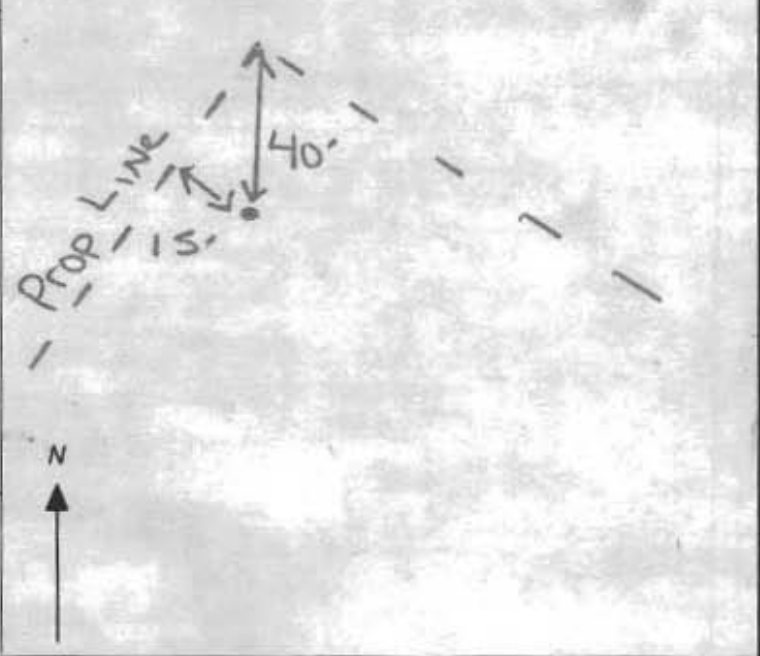
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A523269 COUNTY NAME HOWARD COUNTY NO. STATE SIGNATURE DATE ISSUED 3/4/2016 Brian Baker 3/4/2017

APPROXIMATE DEPTH OF WELL 300 FEET 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 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 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)



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER T.B.D. PERMIT No. HO-15-0215

SPECIAL CONDITIONS Intended to Be Converted to Potable Well



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: May 2, 2016

Well Depth: 400 feet

Customer Land Design & Development
Road Galaxy Drive
City Woodbine
State Maryland

Permit # HO-15-0215
Subdivision Fairlane Farm
Section
Lot # 3

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
12:15 PM	38	4	15.00
12:30 PM	56	5	12.00
12:45 PM	57	5	12.00
1:00 PM	57	5	12.00
1:15 PM	57	5	12.00
1:30 PM	57	5	12.00
1:45 PM	57	5	12.00
2:00 PM	57	5	12.00
2:15 PM	57	5	12.00
2:30 PM	57	5	12.00
2:45 PM	57	5	12.00
3:00 PM	57	5	12.00
3:15 PM	57	5	12.00
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: Foakes Well Pump & Water Treatment, LLC Telephone #: 410-795-5670
Address: 580 Obrecht 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 Foake 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 #: 3 Well Tag #: HO-15-0210
Site Address: 15209 Galaxy Dr
Woodbine, MD 21797

15-0215
TAG fallen off

<u>Submersible Pump Data</u>	<u>Pileless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grands</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7SB07422</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	NSE/WSC 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> (feet)		Conduit secured to well cap: <u>YES</u>

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

WRONG TAG #

Inspected by J. C. Kelly on 6/11/18 Tag on well

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" PEX pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (60 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 Foake date: 4-11-18

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

Date Insp. Requested: 04/12/2018 Date Insp. Approved: 04/12/2018 Inspector: (Signature)

Inspection Data: Pileless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>36"</u>	<u>04/12/2018</u>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>		
Elec. conduit extends at least 1 1/2" below grade/attached to cap properly	<input checked="" type="checkbox"/>	<u>30"</u>	<u>04/12/2018</u>
Safety rope not outside of well casing	<input checked="" type="checkbox"/>		
Correct well tag attached properly and casing 3" above finished grade	<input checked="" type="checkbox"/>	<u>22"</u>	<u>04/12/2018</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>		
Adequate grout observed below pileless adapter	<input checked="" type="checkbox"/>		

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 1, 2018

June 1, 2018

Homeowner
15309 Galaxy Drive
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 3
15309 Galaxy Drive
Building Permit: B18000009
Well Permit: HO-15-0215**

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 **6/1/2018**. The well construction was completed on **5/2/2018**. Water samples were collected on **5/14/2016**.

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-15-0215. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

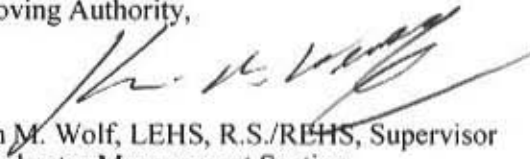
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

**FOGLE'S WELL PUMP &
WATER TREATMENT, LLC
580 Obrecht Rd
Sykesville, MD 21784
410-795-5670**

May 2, 2018

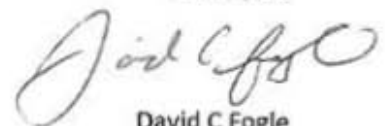
Howard County Health Department
8930 Stanford Blvd
Columbia, MD 21045

Re: Fairlane Farms Lot 3
15309 Galaxy Dr
Woodbine, MD 21797

To whom it may concern:

Upon installation of the well line, we found that the well tag for the above address is missing. Can we please get a replacement tag, which is HO 15-0215? If you have any questions regarding this matter, feel free to contact me at the office.

Thank you,



David C Fogle
Owner
MSD 226

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 #:	121827	Account #:	1933
Reference:	Fairlane Farm Lot 3	Company:	Fogles Well Pump/Water Treatment
Location:	15309 Galaxy Drive Woodbine, MD 21797	Requested By:	Dave Fogle
Date/ Time Collected:	5/14/2018 1024	Source:	Well Water
Date/Time Rec'd:	5/14/2018 1334	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	G. Lana 3799GL	pH:	7.4
		Well #:	HO-15-0215

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	5/15/2018 / 0830 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	5/15/2018 / 0830 / RER
Nitrate	1.18	mg/L	10	601	5/15/2018 / 0900 / CRS
Turbidity	1.56	NTU	<10	SM20 2130B	5/15/2018 / 0925 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/15/2018 / 0925 / 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 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** B18000009Date Reported: 5/15/2018

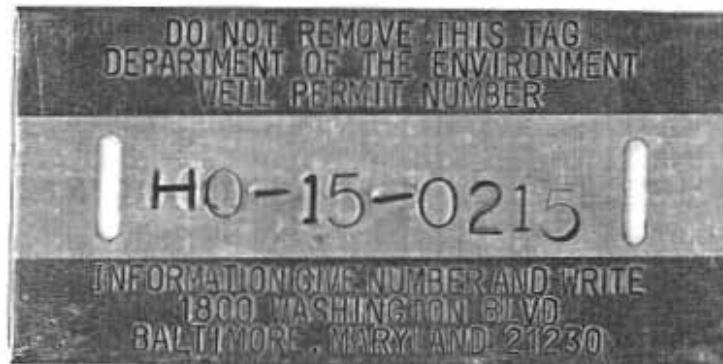
Maura J. Rossman, M.D., Health Officer

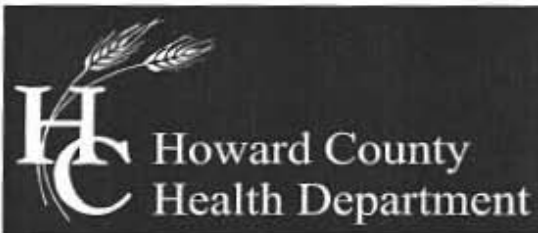
5/2/18

Fogle's Well Drilling
PO Box 202
Woodbine, MD 21797

Attached is the replacement well tag for Fairlane Farm lot 3, #HO-15-0215.

Thank you,
Sarah Collins





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)

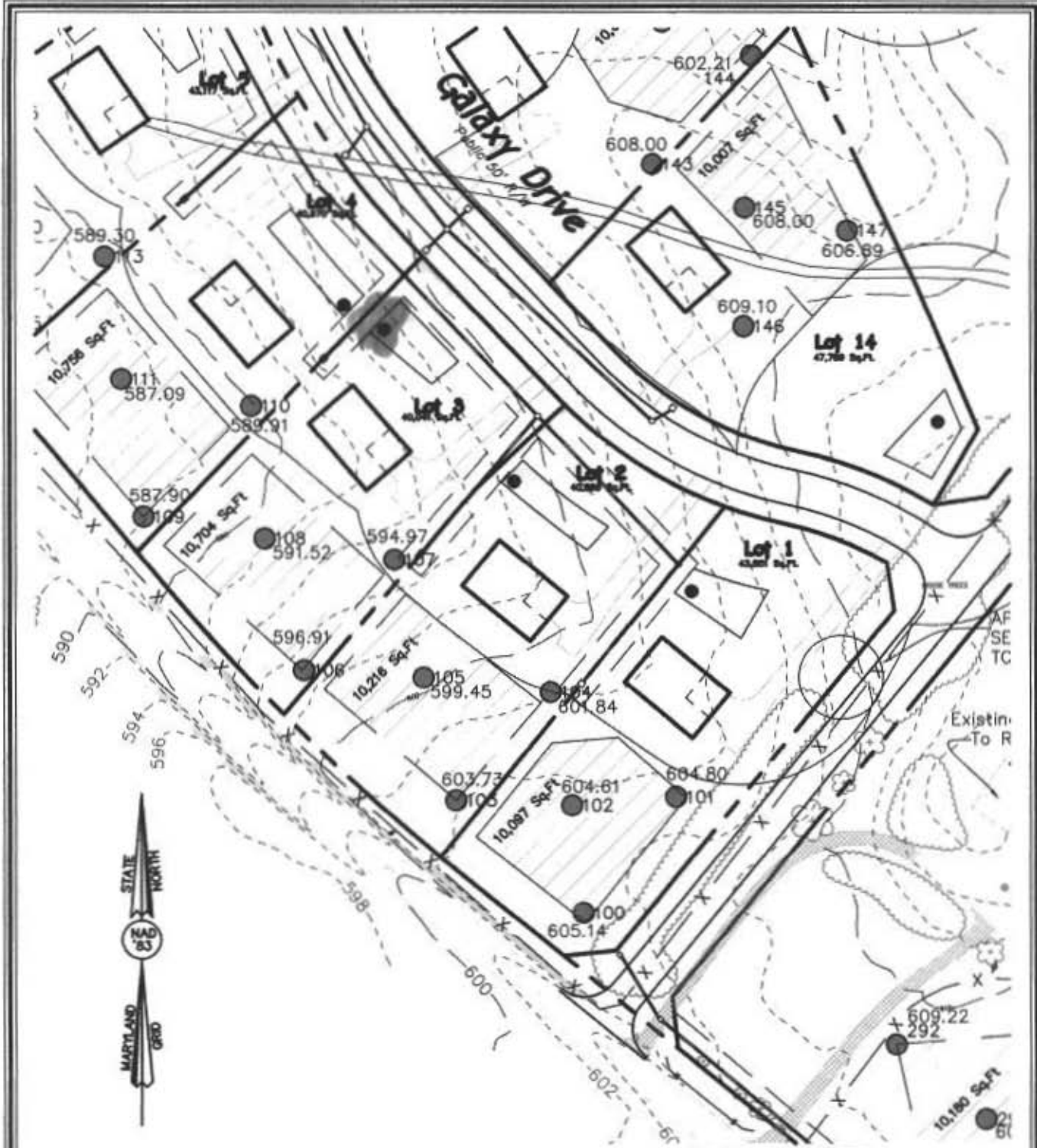
The State Water Appropriation and Use Permit for Fairlane Farm has a requirement regarding well spacing and testing:

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.

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**WELL EXHIBIT
FAIRLANE FARM**
PREVIOUSLY KNOWN AS SCHULTE PROPERTY
LOT 3

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