

C 1 42035
 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
 05 05 14

DATE WELL COMPLETED
 MM DD YY
 05 02 16

Depth of Well
 22 300 26
 (TO NEAREST FOOT) OK

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 Ho-15-0214

OWNER Land Design + Development
 WELL SITE ADDRESS Galaxy Drive TOWN Woodbine
 SUBDIVISION Fairlane Farm SECTION _____ LOT 2

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	
Clay	6	14	
Brown Shale	14	52	
Soft Gray Rock	52	115	✓
Gray Rock	115	300	✓
		105	✓
		180	✓

GROUTING RECORD (yes no)
 Y N

WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 16 NO. OF POUNDS 1504
 GALLONS OF WATER 96
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 55 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)!
 Total depth of main casing (nearest foot)
PL 6 55
 60 61 63 64 66 70

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 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. 1 MWD 355
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 AWD 920

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

C 2 DEPTH (nearest ft.)
 T 2
 H 55 300

A 8 9 11 15 17 21
 C 2
 H 23 24 26 30 32 36
 S 3
 R 38 39 41 45 47 51
 E
 N
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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.) 15.0
 METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)
 BEFORE PUMPING 28 ft.
 WHEN PUMPING 28 ft.

TYPE OF PUMP USED (for test)
 S submersible
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet

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 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 } 1 (nearest foot)

LATITUDE 39.34232
 LONGITUDE 77.05076
 (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 38577

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 557434 A please type

STATE PERMIT NUMBER HO-15-0214 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

LOCATION OF WELL HOWARD COUNTY FAIRLANE FARM - Galaxy Dr. WOODBINE

DRILLER INFORMATION MICHAEL BARLOW MW D 355 BARLOW WELL DRILLING 522 UNDERWOOD LANE 21014

SOURCES OF DRILLING WATER 1. WELL

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

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

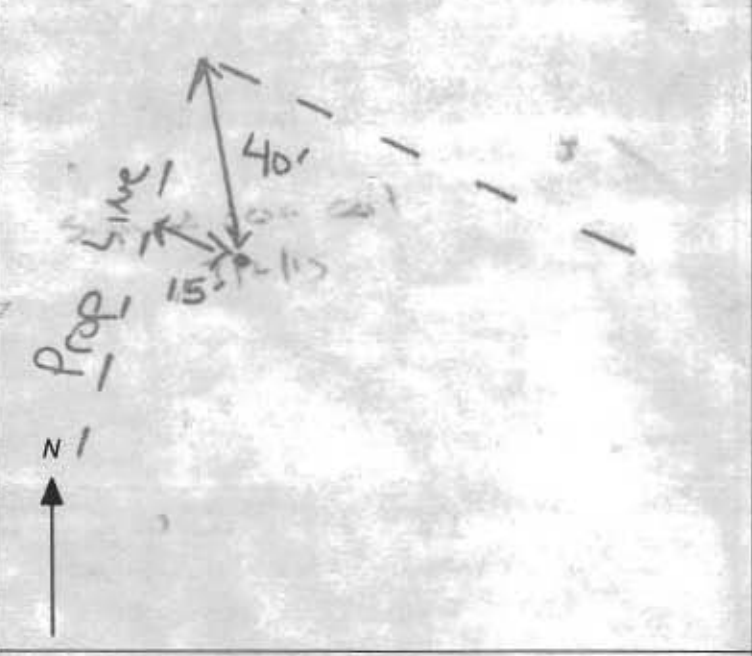
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A523269 COUNTY NO. DATE ISSUED 3/4/2016

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 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 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO 2015G001 (04) T.B.D. PERMIT No. HO-15-0214

SPECIAL CONDITIONS Intended to Be Converted to Potable Well



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Simultaneous yield test with lot 1 well

Date Test Completed: February 3, 2017

Well Depth: 300 feet

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

Permit # HO-15-0214
 Subdivision Fairlane Farm
 Section
 Lot # 2

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:00 AM	32	3	20.00
9:15 AM	90	5	12.00
9:30 AM	122	6	10.00
9:45 AM	122	6	10.00
10:00 AM	122	6	10.00
10:15 AM	122	6	10.00
10:30 AM	122	6	10.00
10:45 AM	122	6	10.00
11:00 AM	122	6	10.00
11:15 AM	122	6	10.00
11:30 AM	122	6	10.00
11:45 AM	122	6	10.00
12:00 PM	122	6	10.00
12:15 PM	122	6	10.00

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.



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:	300	feet	
Customer	Land Design & Development	Permit #	HO-15-0214
Road	Galaxy Drive	Subdivision	Fairlane Farm
City	Woodbine	Section	
State	Maryland	Lot #	2

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
8:45 AM	28	4	15.00
9:00 AM	28	4	15.00
9:15 AM	28	4	15.00
9:30 AM	28	4	15.00
9:45 AM	28	4	15.00
10:00 AM	28	4	15.00
10:15 AM	28	4	15.00
10:30 AM	28	4	15.00
10:45 AM	28	4	15.00
11:00 AM	28	4	15.00
11:15 AM	28	4	15.00
11:30 AM	28	4	15.00
11:45 AM	28	4	15.00
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)313-3771 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Piless 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: Foale's Well Pump & Water Treatment, LLC Telephone #: 410-795-5670
Address: 580 ODRECHT 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 #: _____
Subdivision: Fairlane Farms Lot #: 2 Well Tag #: HO-15-0214 ✓ 04/20/2018 @
Site Address: 15305 Galaxy Dr
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Piless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Camdell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7SB05422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>7</u> GPM	Depth: <u>30"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield <u>15</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1" E.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		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 17.8.4
Torque wrenches, Cable guards, or other acceptable method used - Must circle one
Safety rope, if used, attached to brass rope adaptor or other acceptable method inside of well casing: N/A

<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> (60 psi min)	Length of sleeves (minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

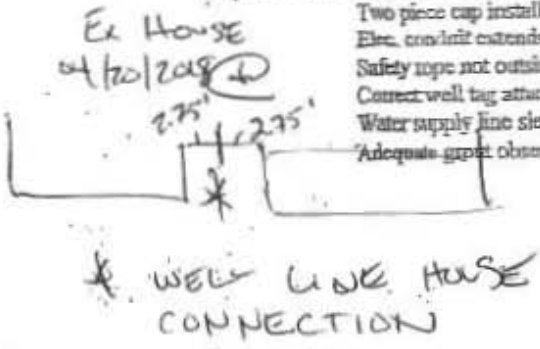
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C Foale date: 4/19/18

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

Date Insp. Requested: 4/20/2018 Date Insp. Approved: 04/20/2018 Inspector: [Signature]

Inspection Date: Piless adapter watertight & water supply line at least 36" below grade	<u>✓</u>	<u>36"</u> 04/20/2018 @
Two piece cap installed and attached to casing securely	<u>✓</u>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>	<u>24"</u> 04/20/2018 @
Safety rope not outside of well casing	<u>✓</u>	
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>	<u>60"</u> 04/20/2018 @
Water supply line sleeved adequately at house connection	<u>✓</u>	
Adequate girth observed below piless adapter	<u>✓</u>	



4/20/2018
* WELL casing has been extended @

Transmittal

Via: Fax Mail Messenger E-Mail To Be Picked Up
 Fax (original to follow via U.S. Mail)

To: Bureau of Environmental Health 8930 Stanford Blvd. Columbia, Maryland 21046-4544	Attn: Hank Fax: Phone: 410-313-2640
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From: Tony Fertitta	CC:
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Re: Fairlane Farms, Lot 2	W.O.# 05106-3003
Date: Feb. 8, 2018	Pages: 0 Page(s) Including this cover

We are forwarding: <input checked="" type="checkbox"/> Prints <input type="checkbox"/> Copy of Letter <input type="checkbox"/> Specifications <input type="checkbox"/> Shop drawings <input type="checkbox"/> Other <input type="checkbox"/> Urgent <input type="checkbox"/> For your use <input type="checkbox"/> As requested <input checked="" type="checkbox"/> For Review & Comment

Remarks:

Re: Fairlane Farm, Lot 2, 15305 Galaxy Dr.

Here are 3 new copies of the OSDS for Lot 2 and 1 copy of the permit site plan (house has been adjusted so that the front porch is outside the 30 ft. well box radius. Please let me know if you have any questions.

Thank You,

Tony

Fisher, Collins, & Carter, Inc. Ph. 410-461-2855

CONFIDENTIALITY NOTICE

This transmission contains confidential information which may be legally privileged, and is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any distribution (except to the intended recipient), copying, or disclosure of this transmission is strictly prohibited.

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 15, 2018

June 15, 2018

Homeowner
15305 Galaxy Drive
Woodbine, MD 21797

RE: Fairlane Farm, Lot 2
15305 Galaxy Drive
Building Permit: B18000421
Well Permit: HO-15-0214

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 **5/10/2018**. Final approval of the well line connection to the dwelling was granted on **4/20/2018**. The well construction was completed on **5/5/2016**. Water samples were collected on **6/12/2018**.

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-15-0214. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

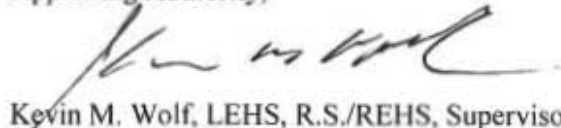
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 Environment's 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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 122498 Account #: 1933
Reference: Fairlane Farms Lot 2 Company: Fogles Well Pump & Treatment
Location: 15305 Galaxy Drive Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 6/12/2018 1400 Site: Pressure Tank
Date/Time Rec'd: 6/12/2018 1552 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: A. Berchock 1233AB Well #: HO-15-0214

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	6/13/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	6/13/2018 / 1000 / CRS
Nitrate	6.95	mg/L	10	601	6/12/2018 / 1635 / RER
Turbidity	0.53	NTU	<10	SM20 2130B	6/12/2018 / 1640 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	6/12/2018 / 1640 / RER

NOTES

- 1 **Neutralizer & Softener Bypassed
- 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 pH tested after recommended holding time
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 Sample collected by client, analyzed as received
- 9 ND:None Detected
- 10 Visual well check: Sealed, vented cap
- 11 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B18000421

Date Reported: 6/13/2018



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.

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
1/23/17	Wells on lots 1+2 are < 100' apart. Need simultaneous
	yield testing (S ²)