

C 1 49253

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)

COUNTY NUMBER

ST/GO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER LAND Design + Development, WELL SITE ADDRESS Morgan Station, TOWN Wood Blue, SUBDIVISION Fairlane Farm, SECTION, LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include SOIL CLAY, Brown Shale, GRAY Rock, Very Soft GRAY Rock.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER) and MAIN CASING TYPE.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER) and DEPTH.

DEPTH (nearest ft.) table with columns for depth intervals and values.

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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...

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO., SITE SUPERVISOR fields.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, Q, 7D, 72, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LATITUDE 39.34311, LONGITUDE 77.04827 (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.

B 1 38584

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-15-0343 fill in this form completely

557434-11 please type

Date Received (APA) 10-30-15

OWNER INFORMATION

LAND DESIGN + DEVELOPMENT 5300 DORSEY HALL DR, SUITE 102 ELICOT CITY MD 21043

LOCATION OF WELL

HOWARD COUNTY FAIRLANE FARM WOODBINE

DRILLER INFORMATION

MICHAEL BARLOW M W D 355 BARLOW WELL DRILLING 522 UNDERWOOD LANE 21014 10/19/15

SOURCES OF DRILLING WATER

1. WELL

MORGAN STATION RD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 1000 FT DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 8 BLK: 2 PARCEL 8

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 750 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

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 COUNTY NAME COUNTY NO. 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 NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTARY DRive-POINT other

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 DEEPEAN 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 H 0 2 0 1 5 G 0 0 4 (01)

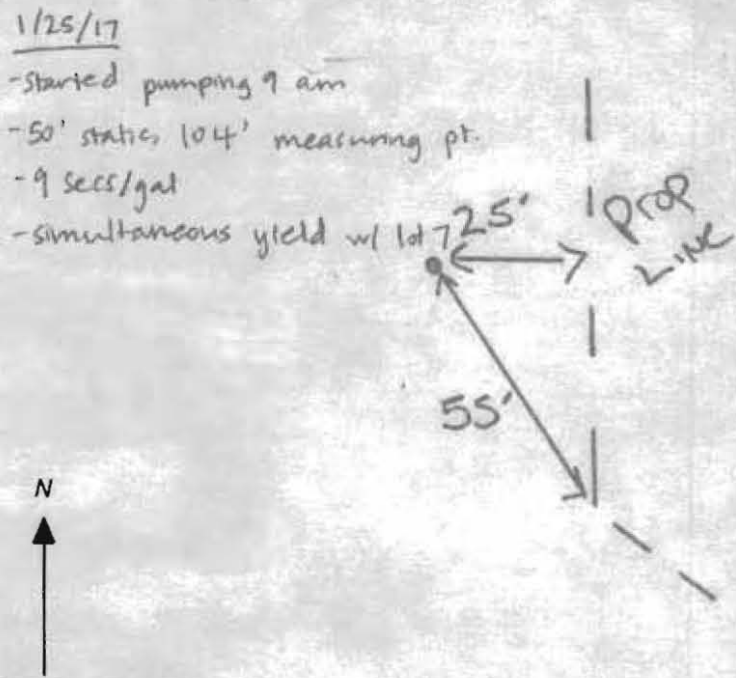
PERMIT No. 10-15-0343

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

See attached memo

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





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

**WELL YIELD REPORT**

Date Test Completed: January 25, 2017

Well Depth: 400 feet

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

Permit # HO-15-0343  
 Subdivision Fairlane Farm  
 Section \_\_\_\_\_  
 Lot # 9

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:00 AM	48	4	15.00
9:15 AM	104	9	6.67
9:30 AM	104	9	6.67
9:45 AM	104	9	6.67
10:00 AM	104	9	6.67
10:15 AM	104	9	6.67
10:30 AM	104	9	6.67
10:45 AM	104	9	6.67
11:00 AM	104	9	6.67
11:15 AM	104	9	6.67
11:30 AM	104	9	6.67
11:45 AM	104	9	6.67
12:00 PM	104	9	6.67
12:15 PM	104	9	6.67

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, 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: Foales Well Pump & Water Treatment 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 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 #: 9 Well Tag #: HO-15-0343  
Site Address: 15328 Galaxy Dr  
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless 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>75B07422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>yes</u>
Well Yield: <u>6</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 1 1/2" E.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 cutoff switch is required by NSPC 1990 Section 17.2.4  
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

<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> (160 psi min)	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>yes</u>

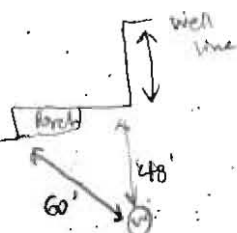
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields; and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

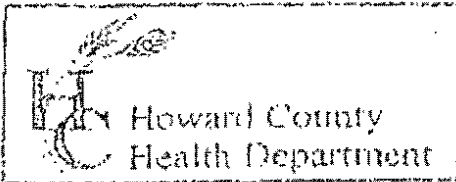
Signature of company representative responsible for installation: David C Foale date: 5-7-18

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

Date Insp. Requested: 5/0/18 Date Insp. Approved: 6/14/18 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
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"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>





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

TO ALL INTERESTED PARTIES Subdivision

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

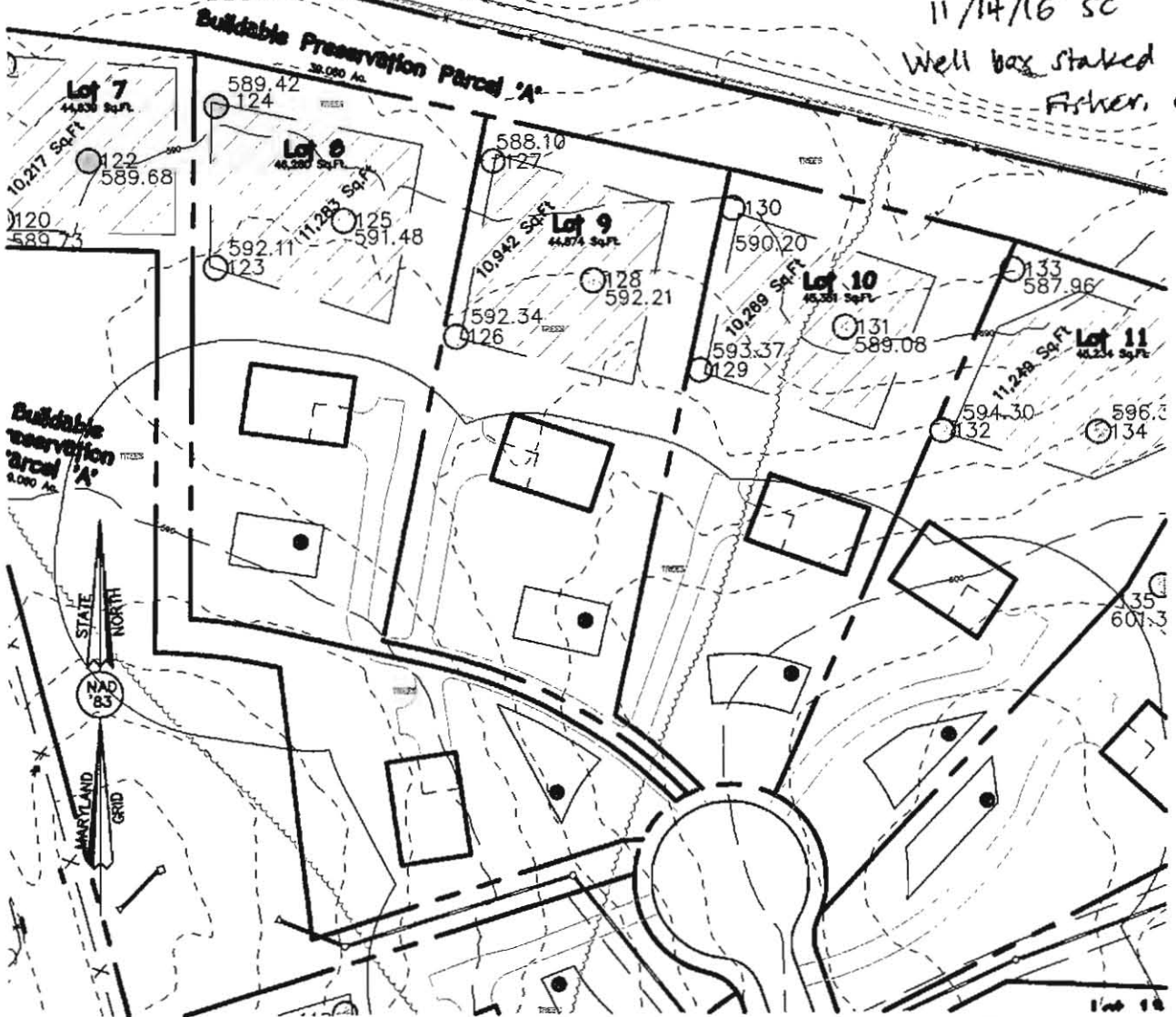
DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

H0-15-0343

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

Well box approved  
11/14/16 SC

Well box staked by  
Fisher, Collins  
& Carter



**WELL EXHIBIT**  
**FAIRLANE FARM**  
PREVIOUSLY KNOWN AS SCHULTE PROPERTY  
**LOT 9**

**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

F:\2005\05106\dwg\05106 Well Exhibits.dwg, 10/14/2015 11:12:38 AM, 1:1

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 26, 2019

July 26, 2018

Homeowner  
15328 Galaxy Drive  
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 9  
15328 Galaxy Drive  
Building Permit: B18000664  
Well Permit: HO-15-0343**

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 **7/28/2018**. Final approval of the well line connection to the dwelling was granted on **6/14/2018**. The well construction was completed on **1/30/2017**. Water samples were collected on **6/29/2018, 7/16/2018, 7/24/2018**.

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-15-0343. 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.**

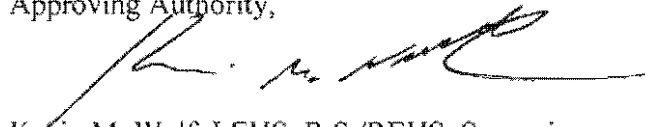
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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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 #: 122989 Account #: 1933  
Reference: Fairlane Farms Lot 9 Company: Fogles Well Pump & Treatment  
Location: 15328 Galaxy Drive Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 6/29/2018 1405 Site: Pressure Tank  
Date/Time Rec'd: 6/29/2018 1550 Treatment: Prior to Neutralizer/Softener  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: A. Berchock 1233AB Well #: HO-15-0343

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM20 9223	6/30/2018 / 1600 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	6/30/2018 / 1600 / CRS
Nitrate	4.40	mg/L	10	601	6/29/2018 / 1615 / RER
Turbidity	1.79	NTU	<10	SM20 2130B	6/29/2018 / 1615 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	6/29/2018 / 1615 / RER

### 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 (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B18000664

Date Reported: 7/2/2018

# 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 #: 123560 Account #: 1933  
Reference: Fairlane Farms Lot 9 Company: Fogles Well Pump & Treatment  
Location: 15328 Galaxy Drive Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 7/24/2018 0750 Site: Kitchen Sink Tap  
Date/Time Rec'd: 7/24/2018 0855 Treatment: Prior to Neutralizer/Softener  
Chlorine ppm: Free: ND Total: ND pH: 5.5  
Collected By: C. Condon 3557CC Well #: HO-15-0343

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	7/25/2018 / 0830 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	7/25/2018 / 0830 / RER

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : B18000664

Date Reported: 7/25/2018



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](http://www.hchealth.org)

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

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**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)

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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](mailto: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 #: 123347 Account #: 1933  
Reference: Fairlane Farms Lot 9 Company: Fogles Well Pump & Treatment  
Location: 15328 Galaxy Drive Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 7/16/2018 0812 Site: Pressure Tank  
Date/Time Rec'd: 7/16/2018 0945 Treatment: Prior to Neutralizer/Softener  
Chlorine ppm: Free: ND Total: ND pH: 5.0  
Collected By: C. Condon 3557CC Well #: HO-15-0343

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	7.5	MPN/ 100 ml	<1.0	SM20 9223	7/17/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	7/17/2018 / 1000 / CRS

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 Sample collected by client, analyzed as received
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : B18000664

Date Reported: 7/17/2018

Reviewed By:

