

C1 49221
 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
 8 13 13

DATE WELL COMPLETED
 MM DD YY
 12 9 16
 Depth of Well
 22 400 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 OK 12/15/16
 HO-15-0352
 28 29 30 31 32 33 34 35 36 37

OWNER: Bond Design + Development
 WELL SITE ADDRESS: last name Morgan Station first name 153 TOWN: Woodbine
 SUBDIVISION: Fairlane Farm SECTION: LOT: 17

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	5	
Red Clay	5	19	
Brown Shale	19	60	
SOFT GRAY ROCK	60	400	
		335	

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 45 46 20 NO. OF POUNDS 45 46 1850
 GALLONS OF WATER 120
 DEPTH OF GROUT SEAL (to nearest foot)
 from 48 TOP 52 ft. to 54 BOTTOM 58 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): PL 60 61 63 64
 Total depth of main casing (nearest foot): 66 63 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H 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 M D 355
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 A D 920

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

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6
8	9	11	15	17	21
23	24	26	30	32	36
38	39	41	45	47	51

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

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.) 10.0
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 50 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) 1 50 51

LATITUDE 39.54259
 LONGITUDE 77.04559
 (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	38592	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 557434P please type	STATE PERMIT NUMBER HO-15-0352 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) 10/30/15

8 MM DD YY 13

LAND DESIGN & DEVELOPMENT

15 Last Name Owner First Name 34

5300 HALL DR, SUITE 102

36 Street or RFD 55

ELICOT CITY MD 21043

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3

HOWARD

8 COUNTY 21

FARLANE FARM

23 SUBDIVISION 42

SECTION 44 46 LOT 17 48 50

WOODBINE

52 NEAREST TOWN 71

DRILLER INFORMATION

MICHAEL BARLOW MW D355

76 Driller's Name License No. 81

BARLOW WELL DRILLING

Firm Name

522 UNDERWOODS LANE 21014

Address

ME 10/19/15

Signature Date

SOURCES OF DRILLING WATER

B 4

1. WELL

2.

3.

MORGAN STATION RD

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 1000 37

DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 8 BLK 2 PARCEL 8

WELL INFORMATION

B 2

1 2

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

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13)

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED 11/16/16 SIL C.M. 11/16/17

43 MM DD YY 48 CO SIGNATURE EXP. DATE

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

39 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

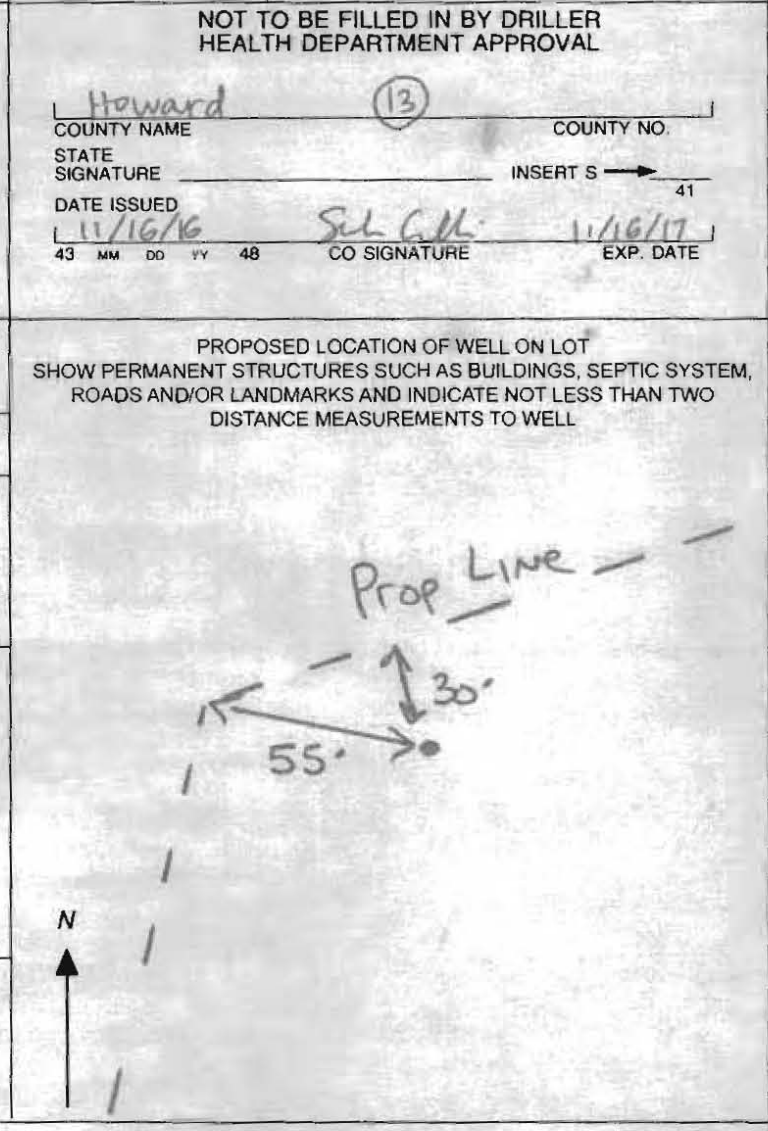
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER HO 2015 G004 (01)

PERMIT No. HO-15-0352

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: Fogles Well Pumps & Water Treatment, LLC Telephone #: 410-795-5070
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. Fogle 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: NVR Inc Telephone #:
Subdivision: Fairlane Farms Lot #: 17 Well Tag #: HO-15-0352 ✓
Site Address: 1019 Fairlane Rd
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>7HS1042Z</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>10</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 1 1/2" R.G.: <u>yes</u>
Depth of well considered at time of pump installation: <u>400' (feet)</u>	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 hress 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 (150 psi min)</u>	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.

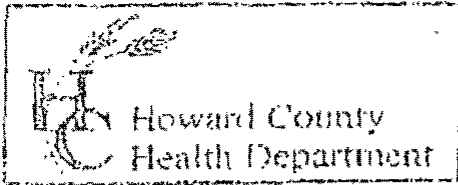
Signature of company representative responsible for installation: David C. Fogle date: 7-10-18

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

Date Insp. Requested: 7/11/18 Date Insp. Approved: 7/11/18 Inspector: SC

Inspection Data: Pitless 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 18" 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 pitless adapter	<u>✓</u>

Arch 11
well line



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.

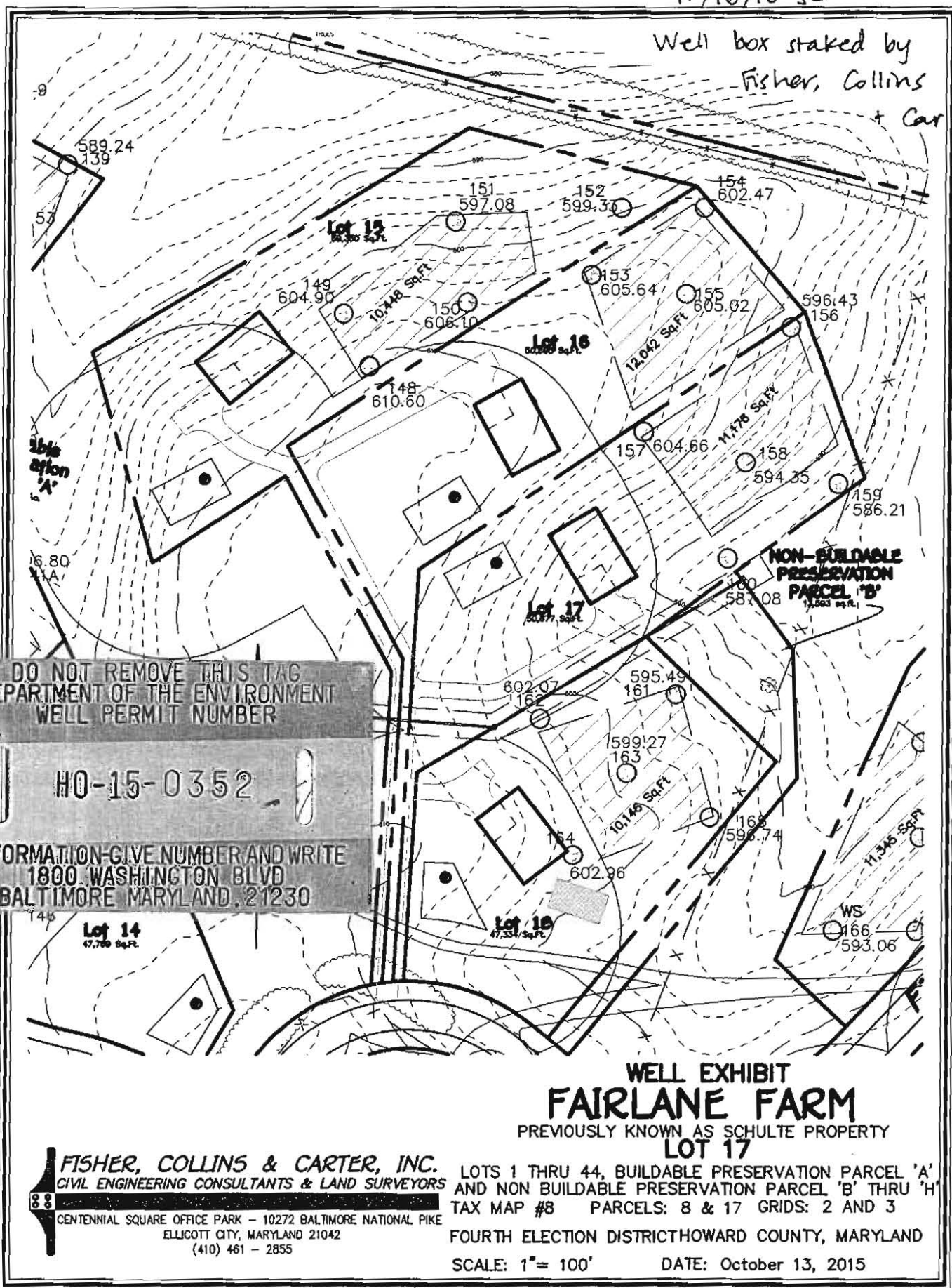
Revised 6/10/03

Well box approved

11/16/16 SC

Well box staked by
Fisher, Collins

+ Carter



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

HO-15-0352

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

WELL EXHIBIT FAIRLANE FARM

PREVIOUSLY KNOWN AS SCHULTE PROPERTY

LOT 17

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



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 5, 2018

September 5, 2018

Homeowner
1019 Fairlane Road
Woodbine, MD 21797

RE: Fairlane Farm, Lot 17
1019 Fairlane Road
Building Permit: B18000967
Well Permit: HO-15-0352

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 **8/13/2018**. Final approval of the well line connection to the dwelling was granted on **7/11/2018**. The well construction was completed on **12/9/2016**. Water samples were collected on **8/20/2018, 8/24/2018**.

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-15-0352. 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 Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin 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

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 #: 124301 Account #: 1933
Reference: Fairlane Farms Lot 17 Company: Fogles Well Pump & Treatment
Location: 1019 Fairlane Road Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 8/20/2018 1345 Site: Pressure Tank
Date/Time Rec'd: 8/20/2018 1600 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: C. Condon 3557CC Well #: HO-15-0352

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223B	8/21/2018 / 1030 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/21/2018 / 1030 / RER
Nitrate	7.39	mg/L	10	601	8/21/2018 / 0945 / RER
Turbidity	2.26	NTU	<10	SM20 2130B	8/21/2018 / 0955 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	8/21/2018 / 0955 / 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 # : 18000967

Date Reported: 8/21/2018

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 #: 124483 Account #: 1933
Reference: Fairlane Farms Lot 17 Company: Fogles Well Pump & Treatment
Location: 1019 Fairlane Road Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 8/24/2018 1405 Site: Kitchen Sink
Date/Time Rec'd: 8/24/2018 1610 Treatment: Neutralizer/Softener (Bypassed)
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: A. Berchock 1233AB Well #: HO-15-0352

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/25/2018 / 1020 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/25/2018 / 1020 / 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 # : 18000967

Date Reported: 8/27/2018

