

C1 49273 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  
02 07 17

DATE WELL COMPLETED  
MM DD YY  
02 07 17

Depth of Well  
22 400 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
OK  
3/2/17 SC HO-15-0359

OWNER: LAND DESIGN + Development  
WELL SITE ADDRESS: MORGAN STATION TOWN: WOODBINE  
SUBDIVISION: FAIRLANE FARM SECTION: LOT: 22

**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	
Clay	4	16	
Brown Shale	16	47	
Med Gray Rock	47	400	
		170	
		310	

**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 1850  
GALLONS OF WATER 120  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 50 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 DL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 50  
50 61 63 64 66 70

**OTHER CASING (if used)**  
EACH CASING diameter inch depth (feet) from to

**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. M D 355  
DRILLERS SIGNATURE  
LIC. NO. AW 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 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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.) 6.0  
METHOD USED TO MEASURE PUMPING RATE Submersible  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 37 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) 49 } above LAND SURFACE (nearest foot)  
49 } below

LATITUDE 39.34201  
LONGITUDE 77.04336  
(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.



**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:	February 7, 2017
	Well Depth:	400 feet
Customer	Land Design & Development	Permit # HO-15-0359
Road	Morgan Station Rd	Subdivision Fairlane Farm
City	Woodbine	Section
State	Maryland	Lot # 22

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:45 AM	37	4	15.00
10:00 AM	100	10	6.00
10:15 AM	100	10	6.00
10:30 AM	100	10	6.00
10:45 AM	100	10	6.00
11:00 AM	100	10	6.00
11:15 AM	100	10	6.00
11:30 AM	100	10	6.00
11:45 AM	100	10	6.00
12:00 PM	100	10	6.00
12:15 PM	100	10	6.00
12:30 PM	100	10	6.00
12:45 PM	100	10	6.00
1:00 PM	100	10	6.00

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, Pitless Adapter, and Supply Line

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 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 Fogle License #: MSD 226

\*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 #: 22 Well Tag #: HO-15-0359V  
Site Address: 1040 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>7H507422</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>6</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" R.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 17.3.4  
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

<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>700</u> (160 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: Just Case date: 7-5-18

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

Date Insp. Requested: 7/6/18 Date Insp. Approved: 8/28/18 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 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"/>

3" PVC sleeve  
under driveway



**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – FEBRUARY 30, 2018

August 30, 2018

Homeowner  
1040 Fairlane Road  
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 22**  
**1040 Fairlane Road**  
**Building Permit: B18000834**  
**Well Permit: HO-15-0359**

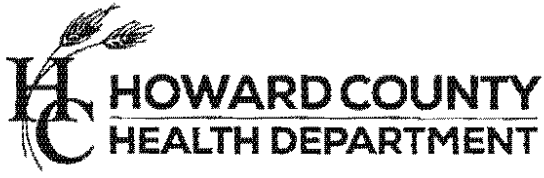
Dear Homeowner:

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 **7/26/2018**. Final approval of the well line connection to the dwelling was granted on **8/28/2018**. The well construction was completed on **2/2/2017**. Water samples were collected on **8/13/2018, 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-15-0359. 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

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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,

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**

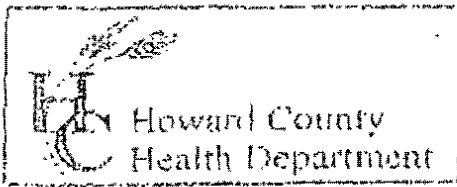
Laboratory ID #: 124123 Account #: 1933  
Reference: Fairlane Farms Lot 22 Company: Fogles Well Pump & Treatment  
Location: 1040 Fairlane Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 8/13/2018 1615 Site: Kitchen Sink  
Date/Time Rec'd: 8/14/2018 1145 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: A. Berchock 1233AB Well #: HO-15-0359

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	34.4	MPN/ 100 ml	<1.0	SM20 9223B	8/15/2018 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/15/2018 / 0830 / CRS
Nitrate	2.66	mg/L	10	601	8/14/2018 / 1600 / CRS
Turbidity	0.62	NTU	<10	SM20 2130B	8/14/2018 / 1625 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/14/2018 / 1625 / 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 (pH tested after recommended holding time)

**Reason for Test :** Use & Occupancy**Building Permit # :** 18000834Date Reported: 8/15/2018



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

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

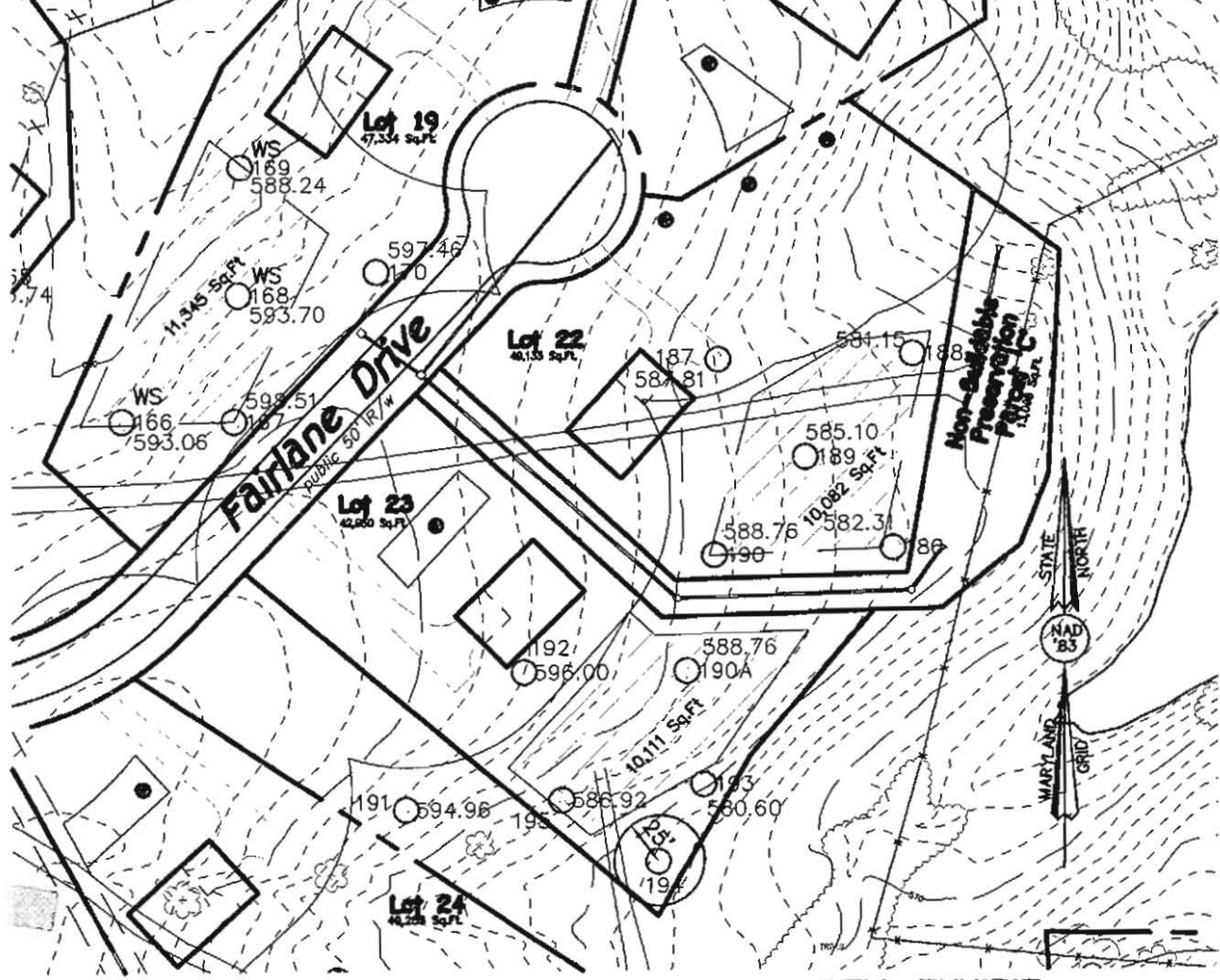
H0-15-0359

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

Well sites approved 11/21/16 SC

Well sites staked by  
Fishers Collins & Carter

NON-BUILDABLE  
PRESERVATION  
PARCEL 'B'  
13,003 sq.ft.



### WELL EXHIBIT FAIRLANE FARM

PREVIOUSLY KNOWN AS SCHULTE PROPERTY  
LOT 22

**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

# 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 #: 124484 Account #: 1933  
Reference: Fairlane Farms Lot 22 Company: Fogles Well Pump & Treatment  
Location: 1040 Fairlane Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 8/24/2018 1415 Site: Kitchen Sink Tap  
Date/Time Rec'd: 8/24/2018 1610 Treatment: Neutralizer/Softener (Bypassed)  
Chlorine ppm: Free: ND Total: ND pH: 5.9  
Collected By: A. Berchok 1233AB Well #: HO-15-0359

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 # : 18000834

Date Reported: 8/27/2018

TAG: 2/17/17 (SC)

B 1 38597 SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER 40-15-0359 fill in this form completely

Date Received (APA) 10/30/15 OWNER INFORMATION LAND DESIGN + DEVELOPMENT 5300 DORSEY HALL DR, SUITE 102 ELICOT CITY MD 21043

B 3 LOCATION OF WELL HOWARD COUNTY FAIRLANE FARM SECTION 27 LOT 27 WOODBINE

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

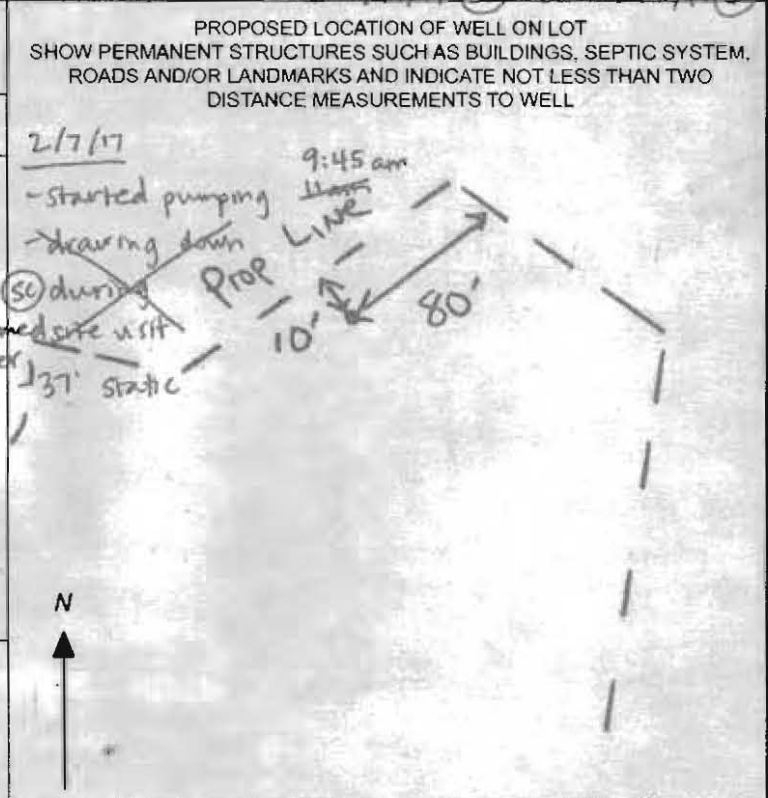
B 4 SOURCES OF DRILLING WATER WELL MORGAN STATION RD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD TAX MAP: 8 BLK: 2 PARCEL 8

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 750

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NO. 13 DATE ISSUED 11/21/16 EXP. DATE 11/21/17

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH



METHOD OF DRILLING (circle one) BORED (or Augered) JETTED AIR-ROTARY AIR-PERCussion CABLE REVERSE-ROTARY

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 H 0 2 0 1 5 G 0 0 4 (01) PERMIT No. 40-15-0359