

**C 1** 49246 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY  
DATE Received  
MM 01 DD 23 YR 17

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**

FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

DATE WELL COMPLETED  
MM 01 DD 23 YR 17

Depth of Well  
22 400 26  
(TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
OK  
1/26/17sc HO-15-0346

28 29 30 31 32 33 34 35 36 37

OWNER Land Design + Development

WELL SITE ADDRESS Morgan Station Rd TOWN WOODBINE

SUBDIVISION Fairlane Farm SECTION \_\_\_\_\_ LOT 11

**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	
CLAY	5	20	
Brown Shale	20	87	
GRAY ROCK	87	400	✓
	200		✓

**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 27 NO. OF POUNDS 2538

GALLONS OF WATER 162

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 52 ft. to 90 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 PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 90

60 61 63 64 66 70

**OTHER CASING (if used)**

diagram 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. M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. AWD 920

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

**C 2** DEPTH (nearest ft.)

1	<u>HO</u>	<u>90</u>	<u>400</u>
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

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) 6

PUMPING RATE (gal. per min.) 3.0

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.  
17 20

WHEN PUMPING 180 ft.  
22 25

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 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 (nearest foot)  
 - below }

LATITUDE 39.34276  
LONGITUDE 77.0477  
(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	38586	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 557434J please type	STATE PERMIT NUMBER HO-15-0346 fill in this form completely
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Date Received (ABA) 10/30/15  
8 MM DD YY 13

**OWNER INFORMATION**

LAND DESIGN & DEVELOPMENT  
15 Last Name Owner First Name 34  
5300 DORSEY HALL DR, SUITE 102  
36 Street or RFD 55  
ELLCOTT CITY MD 21043  
57 Town 70 State 72 Zip 76

B 3

**LOCATION OF WELL**

HOWARD  
8 COUNTY 21  
FAIRLANE FARM  
23 SUBDIVISION 42  
SECTION 44 46 LOT 11 48 50  
WOODBINE  
52 NEAREST TOWN 71

**DRILLER INFORMATION**

MICHAEL BARLOW M W D 355  
Driller's Name 76 License No. 81  
BARLOW WELL DRILLING  
Firm Name  
522 UNDERWOOD LANE 21014  
Address  
Signature Date 10/19/15

B 4

**SOURCES OF DRILLING WATER**

1. WELL  
2.  
3.

MORGAN STATION RD  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH  
WEST S EAST  
SOUTH  
34 1000 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 8 BLK: 2 PARCEL 8

B 2

**WELL INFORMATION**

APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 750  
(GAL. PER DAY) 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 11/14/16 SEE WELL 11/14/17  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
DNI  
DOY: 1/21/17 (SC)

**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

**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

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

**METHOD OF DRILLING (circle one)**

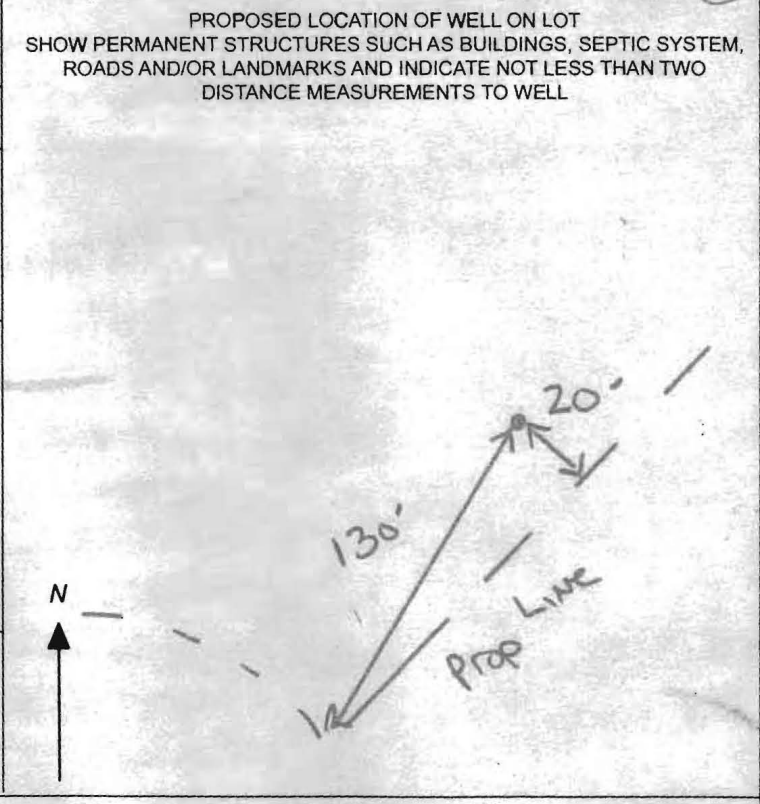
BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)  
37 CABLE REVerse-ROtary DRive-POINT  
other

**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  
19  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 402015G004(01)  
PERMIT No. HO-15-0346  
70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS**  
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



**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 21, 2017		
Well Depth:	400	feet	
Customer	Land Design & Development	Permit #	HO-15-0346
Road	Morgan Station Rd	Subdivision	Fairlane Farm
City	Woodbine	Section	
State	Maryland	Lot #	11

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
8:45 AM	50	4	15.00
9:00 AM	115	5	12.00
9:15 AM	180	20	3.00
9:30 AM	180	20	3.00
9:45 AM	180	20	3.00
10:00 AM	180	20	3.00
10:15 AM	180	20	3.00
10:30 AM	180	20	3.00
10:45 AM	180	20	3.00
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1:45 PM	180	20	3.00
2:00 PM	180	20	3.00
2:15 PM	180	20	3.00
2:30 PM	180	20	3.00
2:45 PM	180	20	3.00
3:00 PM	180	20	3.00
3:15 PM	180	20	3.00
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 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: Robert L. Feezer Co. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
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): Russel C. George License# PI0148

**\*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 #: 410-379-5956  
Subdivision: Fairlane Farm Lot #: 11 Well Tag #: HO - 15 - 0346  
Site Address: 15320 Galaxy Drive  
Woodbine, MD 21797

✓ 3/19/18 ⊕

**Submersible Pump Data**

Make: Franklin  
Model #: 5FR1S4-2W230  
Pump Capacity 7 GPM  
Well Yield: 3.00 GPM  
Depth of well encountered at time of pump installation: 400 (feet)

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
NSF/WSC approved: Yes

**Well Cap and Electric Conduit**

Two piece watertight cap: Yes  
Screened, vented well cap: Yes  
Cap secured to casing: Yes  
Conduit min 18" B.G.: Yes  
Conduit secured to well cap: Yes

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

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

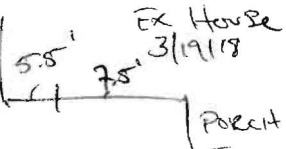
PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve sealed properly: Yes

**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.**

Russell C. George January 11, 2018  
Signature of company representative responsible for installation date

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: 3/19/2018 Date Insp. Approved: 3/19/2018 Inspector: ⊕  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 43" 3/19/2018 ⊕  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 40" 3/19/2018 ⊕  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 28" 3/19/2018 ⊕  
Water supply line sleeved adequately at house connection ✓ 8" 3/19/2018 ⊕  
Adequate grout observed below pitless adapter ✓





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 – NOVEMBER 23, 2018

May 23, 2018

Homeowner  
15320 Galaxy Drive  
Woodbine, MD 21797

**RE: Fairlane Farm, Lot 11  
15320 Galaxy Drive  
Building Permit: B17004472  
Well Permit: HO-15-0356**

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 **4/27/2018**. Final approval of the well line connection to the dwelling was granted on **3/19/2018**. The well construction was completed on **1/23/2017**. Water samples were collected on **5/14/2018**.

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-15-0356. 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  
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**Maura J. Rossman, M.D., Health Officer**

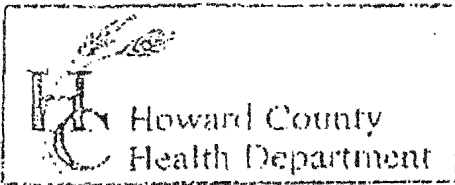
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue 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



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



# 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 #: 121825 Account #: 1933  
Reference: Fairlane Farm Lot 11 Company: Fogles Well Pump/Water Treatment  
Location: 15320 Galaxy Drive Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 5/14/2018 - 0937 Site: Pressure Tank  
Date/Time Rec'd: 5/14/2018 1334 Treatment: \*\*  
Chlorine ppm: Free: ND Total: ND pH: 7.2  
Collected By: G. Lana 3799GL Well #: HO-15-0346

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	<1.0	mg/L	10	601	5/15/2018 / 0900 / CRS
Turbidity	0.76	NTU	<10	SM20 2130B	5/15/2018 / 0925 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/15/2018 / 0925 / CRS

OK  
(KRW)

### NOTES

- 1 \*\*Sample collected prior to Neutralizer/Softener →
- 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 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B17004472

Date Reported: 5/15/2018

