

C1 56729 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER XIII

ST/CO USE ONLY DATE RECEIVED 01/28/19

DATE WELL COMPLETED 01/27/19 APPROVED 2/1/2019 300 Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho 17-0340

OWNER Heritage Land Development WELL SITE ADDRESS DAVIS ROAD TOWN WOODBINE SUBDIVISION Linden Grove SECTION LOT 13

WELL LOG Table with columns: DESCRIPTION (Soil, Tan Shale, Brown Shale, Gray Rock), FEET (FROM, TO), check if water bearing.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) YES (N) NO TYPE OF GROUTING MATERIAL (CM) CEMENT (BC) BENTONITE CLAY

CASING RECORD MAIN CASING TYPE (PL) PLASTIC Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 65

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

SCREEN RECORD screen type or open hole (ST) STEEL (BR) BRASS (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) YES (N) NO

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...

DRILLERS LIC. NO. M 355 DRILLERS SIGNATURE LIC. NO. WRD 113

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

DEPTH (nearest ft.) Ho 65 300 A 8 9 11 15 17 21 C 23 24 26 30 32 36 S 38 39 41 45 47 51 R 53 55 57 60 62 64 66 68 70 E 72 74 75 76 N

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 150 METHOD USED TO MEASURE PUMPING RATE Watch/Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 27 ft. WHEN PUMPING 63 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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 ( ) below LAND SURFACE (nearest foot)

LATITUDE 39 32858 LONGITUDE 77 06510 (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>B 1</b>	SEQUENCE NO. (MDE USE ONLY) <b>54283</b>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <b>563957-F</b> please type	STATE PERMIT NUMBER <b>HO-17-0349</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (ARA) **07/13/18**  
8 MM DD YY 13

**Heritage Land Development**  
15 Last Name Owner First Name 34

**PO Box 482**  
36 Street or RFD 55

**hisbon MD 21765**  
57 Town 70 State 72 Zip 76

**B 3 LOCATION OF WELL**

**Howard**  
8 COUNTY 21

**Linden Grove**  
23 SUBDIVISION 42

SECTION **44 46** LOT **13**  
48 50

**Loopline**  
52 NEAREST TOWN 71

**DRILLER INFORMATION**

**Michael Barbu MWD 355**  
Driller's Name 76 License No. 81

**Barbu Well Drilling**  
Firm Name

**522 Underwood Lane 2014**  
Address

*[Signature]* **7/10/18**  
Signature Date

**B 4 SOURCES OF DRILLING WATER**

1. **well**

2.

3.

**Daisy Road**  
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
**1250**  
34 **+** 37  
DISTANCE FROM ROAD  
ENTER FT OR MI **FT** 38 39

TAX MAP: **8** BLK: **7** PARCEL **5**

**B 2 WELL INFORMATION**

APPROX. PUMPING RATE **5**  
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED **750**  
(GAL. PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

**D** DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

**F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

**I** INDUSTRIAL, COMMERCIAL, DEWATERING

**P** PUBLIC WATER SUPPLY WELL

**T** TEST, OBSERVATION, MONITORING

**O** OPEN LOOP GEOTHERMAL

**C** CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**HOWARD**  
COUNTY NAME

**ATL**  
COUNTY NO

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED **09/17/18** **09/17/19**  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

**DNI**  
DON: 12/3/18 DOG: DNI DAY: 1/9/2019

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

AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)

CABLE  REVERSE-ROTARY  DRIVE-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

**N** THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

**S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

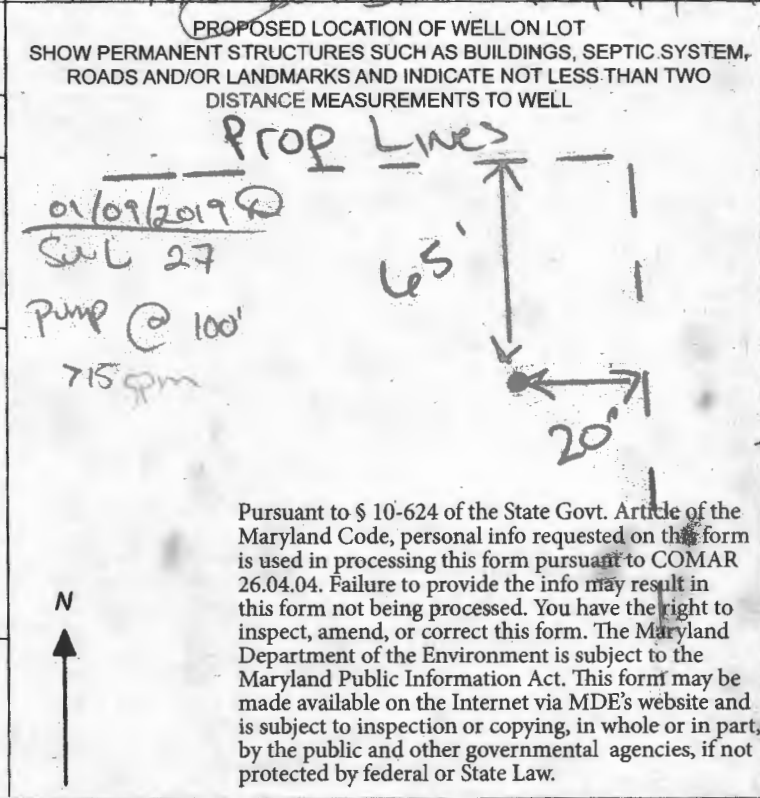
**D** THIS WELL WILL DEEPEM AN EXISTING WELL

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 **HO2017G002**

PERMIT No. **HO-17-0349**  
70 71 72 73 74 75 76 77 78 79





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

**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 Pump & Water Treatment, LLC Telephone #: 410 795 8670  
Address: 5800 Uprecht 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# MSD0224

\*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: TOH Brothers Telephone #: \_\_\_\_\_  
Subdivision: Linden Grove Lot #: 13 Well Tag #: HO-17-0344 ✓  
Site Address: 1405 Heritage Ridge Rd  
Woodbine, MD 21797

**Submersible Pump Data**

Make: Brunnerfos  
Model #: ISSG607-180  
Pump Capacity: 15  
Well Yield: 15

**Pitless Adapter**

Make: Campbell +  
Model#: N/A  
GPM Depth: 36" (36" min)  
GPM 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

Depth of well encountered at time of pump installation: 300 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

**Piping to house**

Type: 1" poly pipe  
PSI: 200/160 psi min  
Depth of supply line: 36" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve (5' minimum from foundation): 6'  
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.

Signature of company representative responsible for installation: [Signature] date: 4/8/21

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

Date Insp. Requested: 4/8/21 Date Insp. Approved: 4/8/21 Inspector: RP  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

(Revised form 10/24/2018)

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – January 30, 2022**

July 30, 2021

Homeowner  
1405 Heritage Road  
Woodbine, MD 21797

**RE: Linden Grove, Lot 13**  
**1405 Heritage Road**  
**Building Permit: B20002401**  
**Well Permit: HO-17-0349**

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 **4/15/2021**. Final approval of the well line connection to the dwelling was granted on **4/8/2021**. The well construction was completed on **1/19/2019**. Water samples were collected on **7/9/2021**.

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-17-0349. 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.**

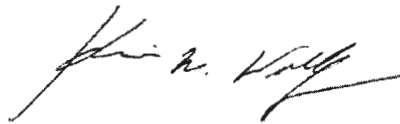
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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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 Environments 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

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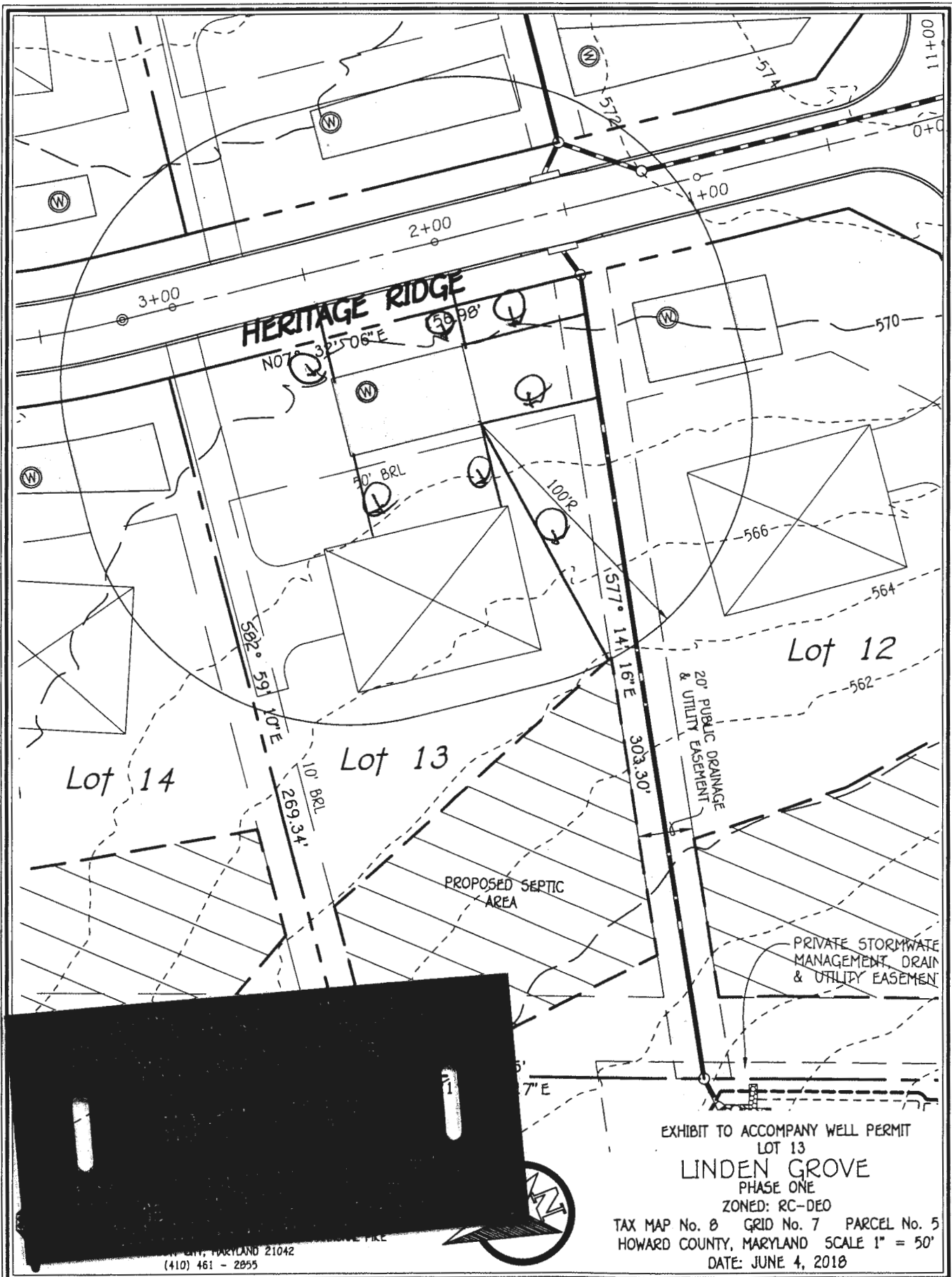
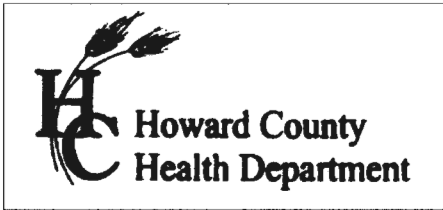


EXHIBIT TO ACCOMPANY WELL PERMIT  
 LOT 13  
**LINDEN GROVE**  
 PHASE ONE  
 ZONED: RC-DEO  
 TAX MAP No. 8 GRID No. 7 PARCEL No. 5  
 HOWARD COUNTY, MARYLAND SCALE 1" = 50'  
 DATE: JUNE 4, 2018

LINDEN GROVE LOT 13  
 APPROVED 07/26/2018 @ 01997 VIA SP-17-003 signed 3/22/18  
 STAKED BY FCC



8930 Stanford Blvd, Columbia MD 21045  
 (410) 313-6300 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.askhealth@howardcountymd.gov

Bert Nixon, Director

**TO ALL INTERESTED PARTIES**

When submitting a well application for a proposed well for new construction, please indicate one of the following:

*(Handwritten initials)*  
 09/14/2018

Well Site Location:

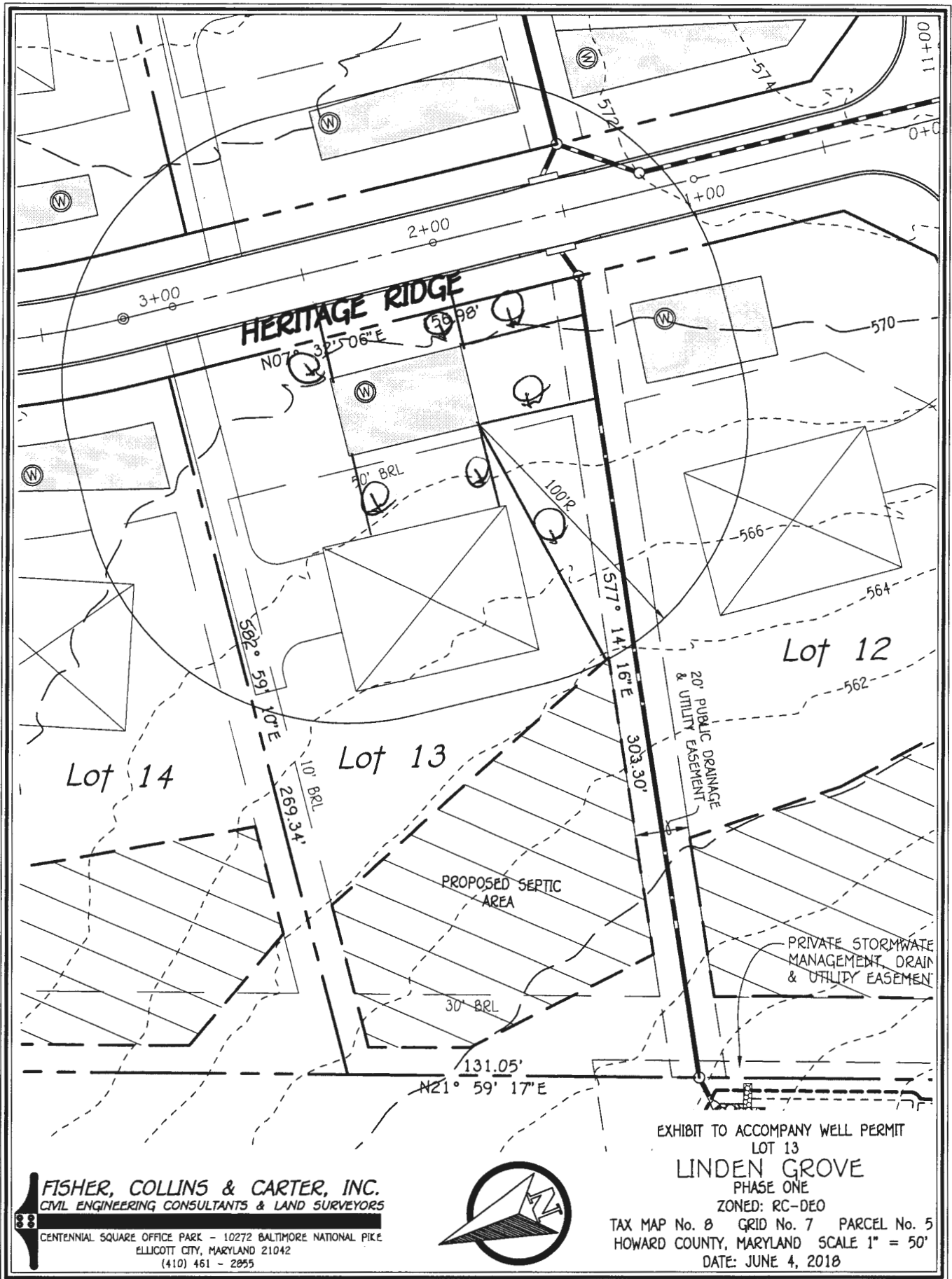
Linden Grove	13	Heritage Ridge
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

The well site has been staked by Fisher, Collins and Carter,  
 (professional land surveyor or company employing professional land surveyors)  
 on 08/23/18 (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.

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**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2855



EXHIBIT TO ACCOMPANY WELL PERMIT  
 LOT 13

**LINDEN GROVE**  
 PHASE ONE

ZONED: RC-DEO  
 TAX MAP No. 8 GRID No. 7 PARCEL No. 5  
 HOWARD COUNTY, MARYLAND SCALE 1" = 50'  
 DATE: JUNE 4, 2018

LINDEN GROVE LOT 13  
 APPROVED 07/26/2018 @ 01:19:17 VIA SP-17-003 signed 8/22/18

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

## REPORT OF ANALYSIS

Laboratory ID #: 145720 Account #: 1933  
Reference: Linden Grove Lot 13 Client: Fogle's Well Pump & Treatment  
Location: 1405 Heritage Grove Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 7/9/2021 0730 Site: Kitchen Sink Tap  
Date/Time Rec'd: 7/9/2021 1332 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: J. Evans 0309JE Well #: HO-17-0349

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/10/2021 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/10/2021 / 0900 / BCD
Nitrate	3.74	mg/L	10	601	7/9/2021 / 1615 / CRS
Turbidity	0.39	NTU	<10	SM20 2130B	7/9/2021 / 1605 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	7/9/2021 / 1500 / TSD

### 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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B20002041

Date Reported: 7/12/2021