

TAG = 02/06/2019

B 1 SEQUENCE NO. (MDE USE ONLY) **54284** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL **563957-C** please type STATE PERMIT NUMBER **HO-17-0365** fill in this form completely

OWNER INFORMATION
 Date Received (APA) **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 110 21765
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
hinden Grove
 23 SUBDIVISION 42
 SECTION 44 48 LOT 14 48 50
woodbine
 52 NEAREST TOWN 71

DRILLER INFORMATION
Michael Barlow MWD 355
 Driller's Name 76 License No. 81
Barlow Well Drilling
 Firm Name
502 Underwood Lane 21014
 Address
[Signature] 7/10/18
 Signature Date

B 4 SOURCES OF DRILLING WATER
 11 **Daisy Road** 30
 STREET ADDRESS
 1. **Well**
 2.
 3.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
300
 34 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **5** 38 39
 TAX MAP: **8** BLK: **7** PARCEL **5**

B 2 WELL INFORMATION
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**
 14 20

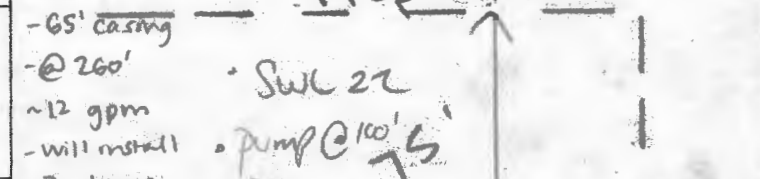
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED **11/14/18** **11/14/19**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DNI
 DON: 12/11/18 DOG: 12/12/18 DOA: 1/19/2019

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

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

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
 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

12/12
 -well grouted
 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.

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **10-17-0365**
 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 5670
Address: 580 Obrecht Rd
Stylistville 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: Toil Brothers Telephone #: _____
Subdivision: Linden Grove Lot #: 14 Well Tag #: HO-17-0365 (S)
Site Address: 1409 Heritage Ridge Rd
Woodbine, md 21797

Submersible Pump Data

Make: Grundfos
Model #: 155GE67-160
Pump Capacity: 15
Well Yield: 15

Pitless Adapter

Make: Campbell +
Model#: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: Y/S

Well Cap and Electric Conduit

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

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 NA

Piping to house

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

House Connection

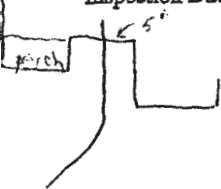
PVC sleeve to undisturbed soil at wall penetration: Y/S
Length of sleeve (5' minimum from foundation): 16"
Sleeve sealed properly: Y/S

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: 4/14/2021

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

Date Insp. Requested: 4/15/21 Date Insp. Approved: 4/15/21 Inspector: (S)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 39"
Two piece cap installed and attached to casing securely Y/S
Elec. conduit extends at least 18" below grade/attached to cap properly 21"
Safety rope not outside of well cap/casing Y/S
Correct well tag attached properly and casing 8" above finished grade 12"
Water supply line sleeved adequately at house connection 5"
Adequate grout observed below pitless adapter Y/S



(Revised form 10/24/2018)

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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – January 29, 2022

July 29, 2021

Homeowner
1409 Heritage Road
Woodbine, MD 21797

RE: Linden Grove, Lot 14
1409 Heritage Road
Building Permit: B20003297
Well Permit: HO-17-0365

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 **5/13/2021**. Final approval of the well line connection to the dwelling was granted on **4/15/2021**. The well construction was completed on **1/9/2019**. Water samples were collected on **7/23/2021**.

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-17-0365. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

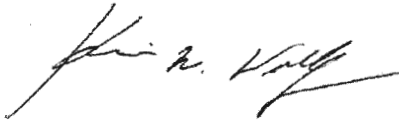
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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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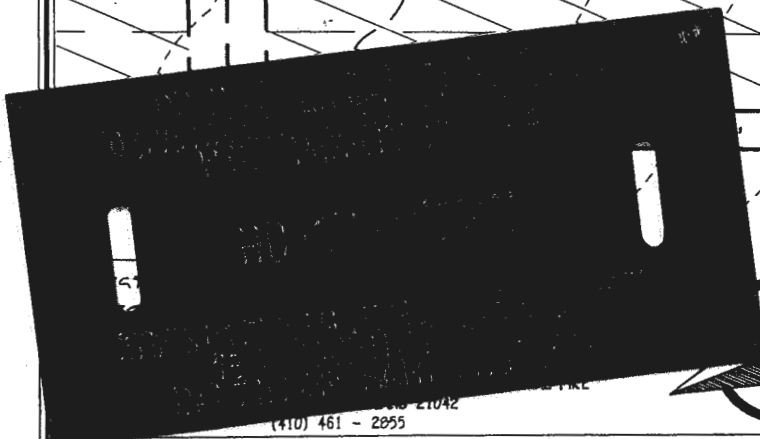
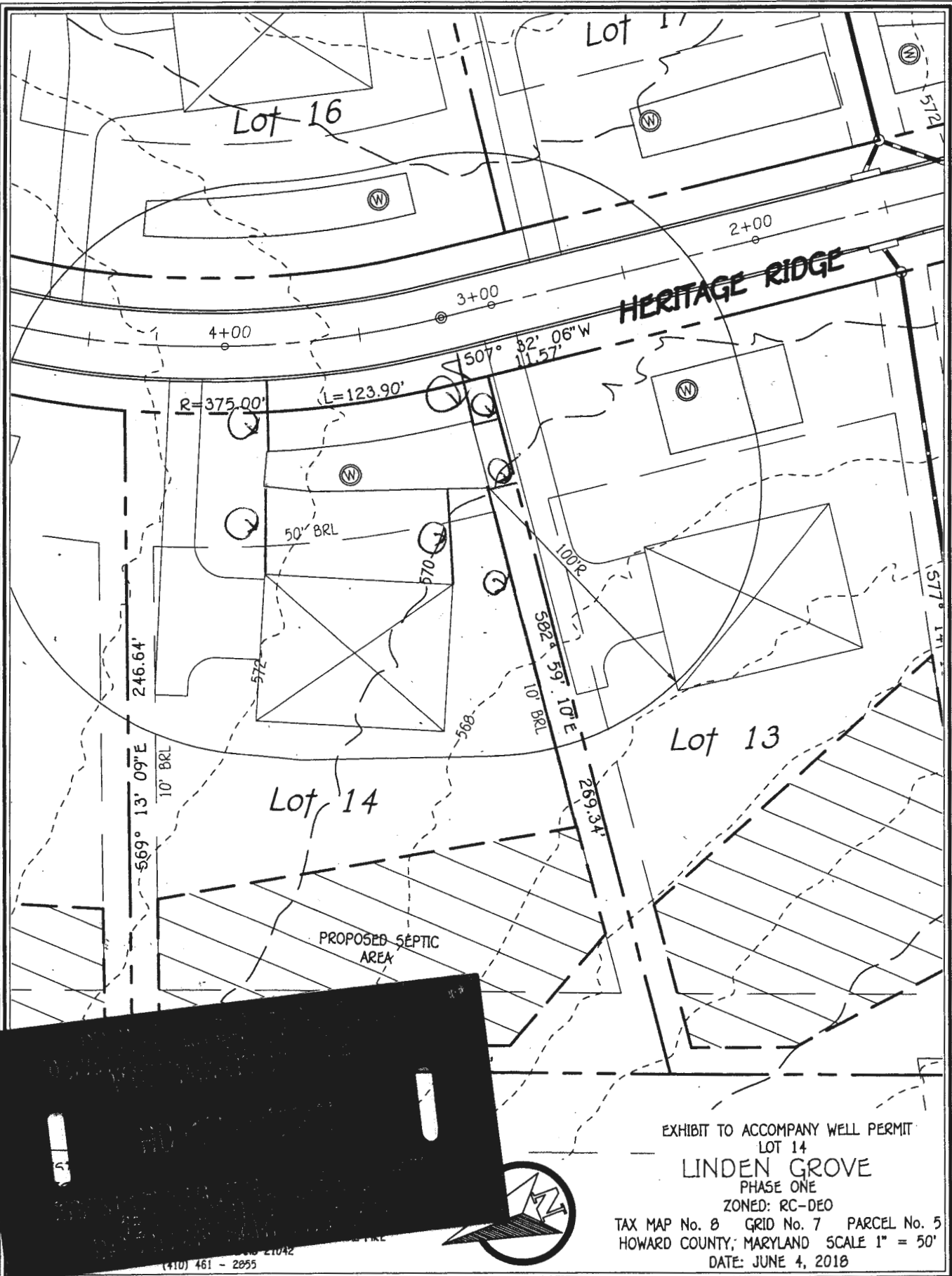
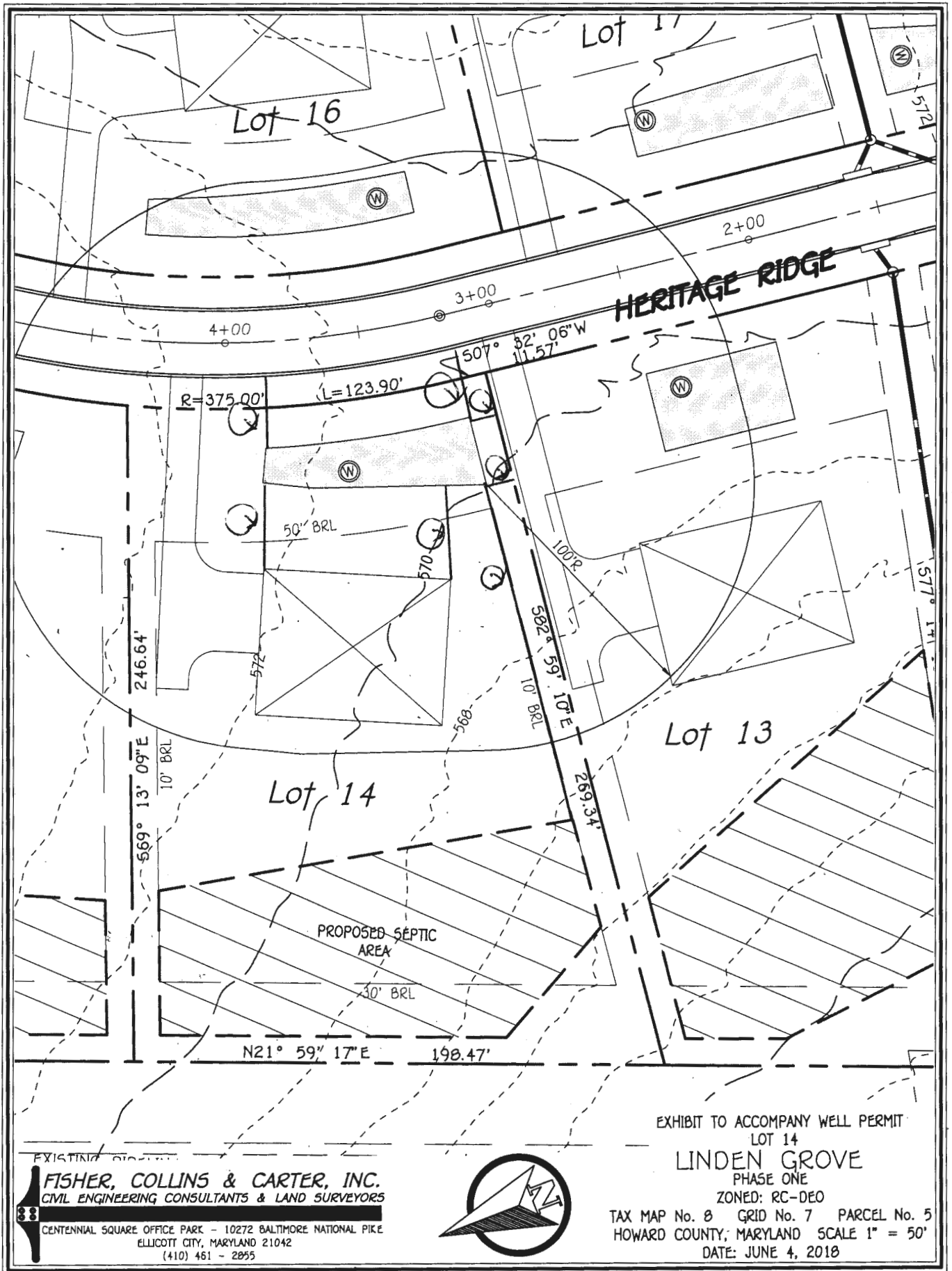


EXHIBIT TO ACCOMPANY WELL PERMIT
 LOT 14
LINDEN GROVE
 PHASE ONE
 ZONED: RC-DEO
 TAX MAP No. 8 GRID No. 7 PARCEL No. 5
 HOWARD COUNTY, MARYLAND SCALE 1" = 50'
 DATE: JUNE 4, 2018

LINDEN GROVE LOT 14
 APPROVED 07/26/2018 @ 09:07 VIA SP-17-003 signed 3/22/18
 STATED ALL FOR

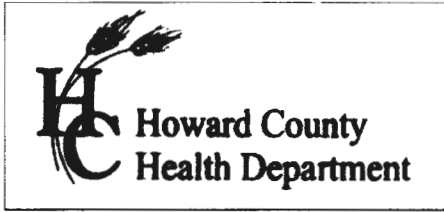
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FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2955

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 APPROVED 07/26/2018 @ 09:07 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:

Well Site Location:

Linden Grove	14	Heritage Ridge
Subdivision/Property Name	Lot #	Road Name

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.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 146042 Account #: 1933
Reference: Linden Grove Lot 14 Client: Fogle's Well Pump & Treatment
Location: 1409 Heritage Road Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 7/23/2021 1145 Site: Powder Room Sink
Date/Time Rec'd: 7/23/2021 1243 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Evans 0309JE Well #: HO-17-0365

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/24/2021 / 0935 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/24/2021 / 0935 / LLO
Nitrate	5.31	mg/L	10	601	7/23/2021 / 1620 / TSD
Turbidity	<0.30	NTU	<10	SM20 2130B	7/23/2021 / 1330 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	7/23/2021 / 1300 / 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 # : B20004570

Date Reported: 7/26/2021