

C1 52489

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

XIII

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM DD YY 08 25 17

MM DD YY 08 25 17

22 300 26 (TO NEAREST FOOT)

Ho 17-0133

OWNER: Heritage Land Development; WELL SITE ADDRESS: DAILY ROAD; TOWN: Lisbon; SUBDIVISION: Linden Grove; SECTION: ; LOT: 37

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soil, Brown Shale, Tan Shale, Brown Shale, Med Gray Rock, Soft Gray Rock, Med Gray Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (CM, BC); NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL); Nominal diameter top (main) casing; Total depth of main casing

OTHER CASING (if used)

OTHER CASING diameter and depth (PL 4 1/2 inch, 50 to 150)

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT)

DEPTH (nearest ft.)

DEPTH (nearest ft.) 57, 300; SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min.) 4.29; METHOD USED TO MEASURE PUMPING RATE: Submersible; WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft., WHEN PUMPING 120 ft.

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO); TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29; CAPACITY: GALLONS PER MINUTE; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT; LAND SURFACE

LATITUDE 39.32777 LONGITUDE 77.06236 (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.

|            |   |   |   |
|------------|---|---|---|
| <b>B 1</b> | SEQUENCE NO. (MDE USE ONLY)<br><b>58646</b> | <b>STATE OF MARYLAND</b><br><b>APPLICATION FOR PERMIT TO DRILL WELL</b><br>560595-E please type | STATE PERMIT NUMBER<br><b>HO-17-0133</b><br>70 <u>fill in this form completely</u> 79 |
|------------|---|---|---|

**Date Received (APA)** 04/04/17  
8 MM DD YY 13

**OWNER INFORMATION**

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

36 Street or RFD P.O. Box 482 55

57 Town Lisbon MD 70 State 72 Zip 21765 76

**B 3** LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Linden Grove 42

SECTION 44 46 LOT 37 48 50

52 NEAREST TOWN Lisbon 71

**DRILLER INFORMATION**

Driller's Name Michael Barlow M W D 355 76 License No. 81

Firm Name Barlow Well Drilling

Address 522 Underwood Lane 21014

Signature [Signature] Date 3/28/17

**B 4** SOURCES OF DRILLING WATER

1. Well

11 STREET ADDRESS Daisy Road 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 300 37 DISTANCE FROM ROAD FT

ENTER FT OR MI FT 38 39

TAX MAP: 8 BLK: 7 PARCEL 5

**B 2** WELL INFORMATION

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**

COUNTY NAME HOWARD COUNTY NO. 13

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 05 01 17 43 MM DD YY 48

CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

*Don: 6/26/17 (50) DoG: 6/29/17 (50) DoY: 8/25/17 (50)*

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 \_\_\_\_\_

6/26

- well 400'

- 103' PVC casing

- 1/4 gpm

6/29

- 17 bags cement

- sealed dry hole

8/25 - 4 gpm

- 120-130' meas. pt.

- 2" static

PROP LINES

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

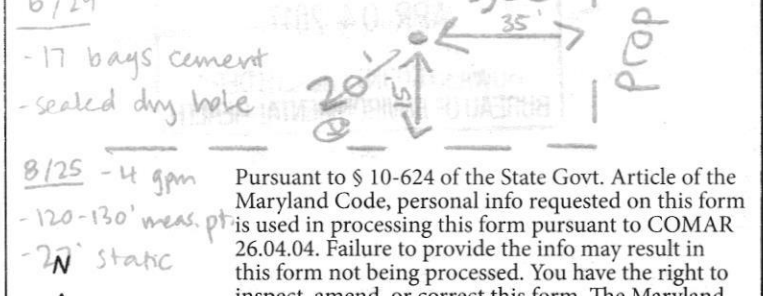
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-17-0133 70 71 72 73 74 75 76 77 78 79

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.

**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**

522 Underwood Lane  
(410) 838-6910

Bel Air, Maryland 21014  
Fax (410) 838-3582

**WELL YIELD REPORT**

|                      |                           |             |              |
|----------------------|---------------------------|-------------|--------------|
| Date Test Completed: | August 25, 2017           |             |              |
| Well Depth:          | 300                       | feet        |              |
| Customer             | Heritage Land Development | Permit #    | HO-17-0133   |
| Road                 | Daisy Road                | Subdivision | Linden Grove |
| City                 | Lisbon                    | Section     |              |
| State                | Maryland                  | Lot #       | 37           |

| Time  | Water Level<br>In Feet | Time to Fill<br>1-gallon bucket<br>seconds | G.P.M. |
|---|------------------------|--|--------|
| 1:00 PM   | 39                     | 5  | 12.00  |
| 1:15 PM   | 122                    | 15   | 4.00   |
| 1:30 PM   | 120                    | 14   | 4.29   |
| 1:45 PM   | 120                    | 14   | 4.29   |
| 2:00 PM   | 120                    | 14   | 4.29   |
| 2:15 PM   | 120                    | 14   | 4.29   |
| 2:30 PM   | 120                    | 14   | 4.29   |
| 2:45 PM   | 120                    | 14   | 4.29   |
| 3:00 PM   | 120                    | 14   | 4.29   |
| 3:15 PM   | 120                    | 14   | 4.29   |
| 3:30 PM   | 120                    | 14   | 4.29   |
| 3:45 PM   | 120                    | 14   | 4.29   |
| 4:00 PM   | 120                    | 14   | 4.29   |
| 4:15 PM   | 120                    | 14   | 4.29   |
|   |                        |  |        |
|   |                        |  |        |
| 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. |                        |  |        |

2017/08/25 10:30 AM

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 Abrecht Rd  
Cokesville 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: Toll Brothers Telephone #: \_\_\_\_\_  
Subdivision: Linden Grove Lot #: 21 Well Tag #: HO-17-0133 (SD)  
Site Address: 15612 Linden Grove Lane  
Woodbine, MD 21797

Submersible Pump Data

Make: Gannafas  
Model #: ISSQE07-180  
Pump Capacity: 15  
Well Yield: 4.3

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" PEX 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): 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.

Signature of company representative responsible for installation: [Signature] date: 8/24/2021

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

Date Insp. Requested: 8/24/21 Date Insp. Approved: 8/25/21 Inspector: [Signature]  
Inspection Data: Pitless/adapter watertight & water supply line at least 36" below grade 47"  
Two piece cap installed and attached to casing securely 43"  
Elec. conduit extends at least 18" below grade/attached to cap properly 8"  
Safety rope not outside of well cap/casing 10"  
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)

**MICHAEL BARLOW WELL DRILLING  
522 UNDERWOOD LANE  
BEL AIR, MD 21014  
410-838-6910**

Howard County Health Dept  
8930 Stanford Blvd  
Columbia, MD 21046  
Attn: Kevin Wolf

June 11, 2018

Re: Linden Grove

Mr. Wolf,

Our firm drilled test wells on lots 1, 2, 3, 30, 36 & 37 at Linden Grove last year for testing required as part of the GAP process. Heritage Land Development would now like to convert those lots to production wells. This letter serves as a formal request for those conversions. Please advise me if permit fees were paid when we applied for the permits or if they are due to your office.



Michael Barlow  
MWD355



**HOWARD COUNTY HEALTH DEPARTMENT**

63027

Received From

*Kimberly Heritage* DATE *6/11/18* MWS  
PHONE # \_\_\_\_\_

CASH  
 CHECK  
NO. *1099*

For *Well Completion Reports -  
lot 1, 2, 3, 30, 36, 37 Linden Grove*

*Nine hundred sixty* Dollars

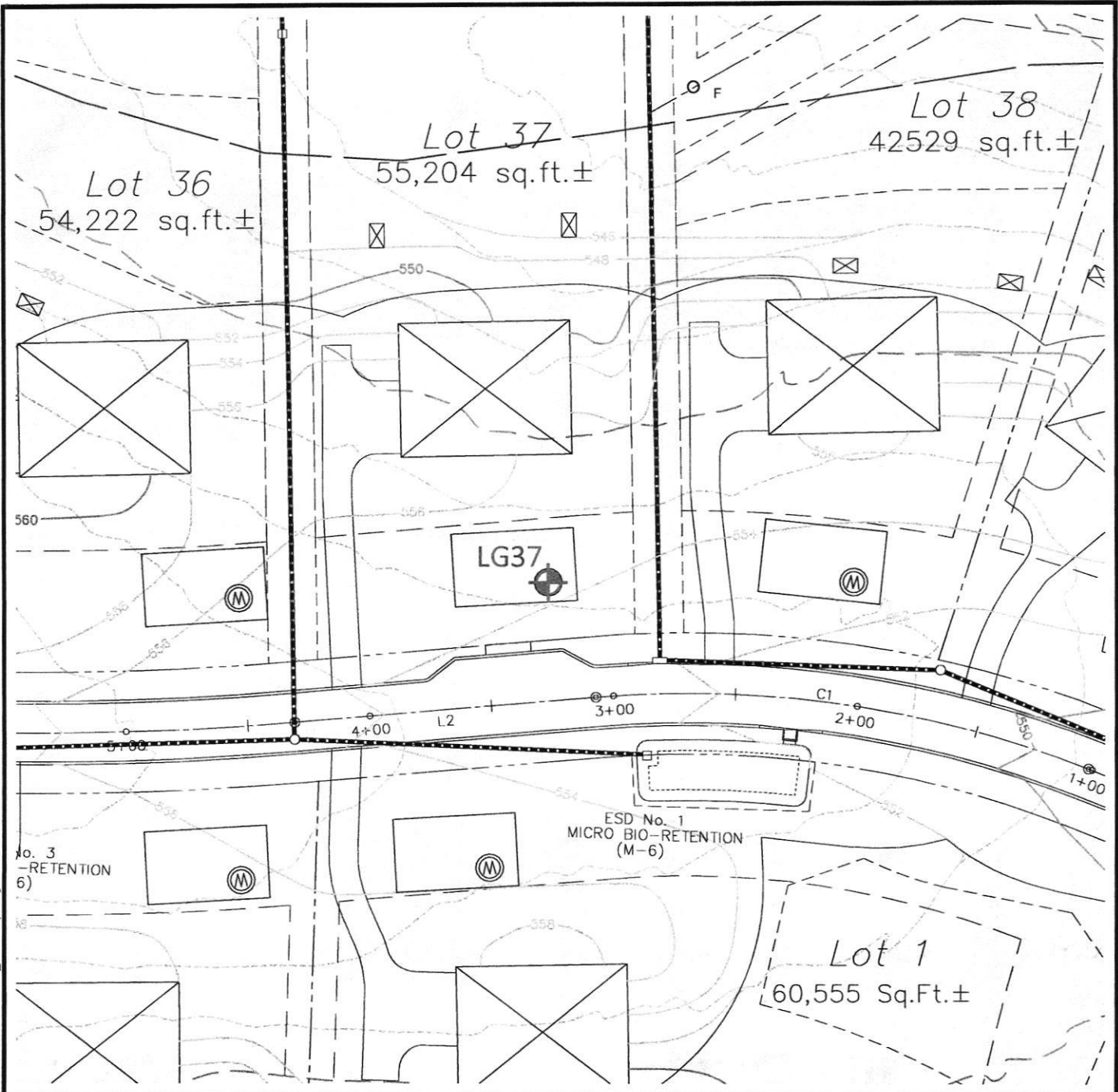
\$ *960.00*

Received By

*J King*

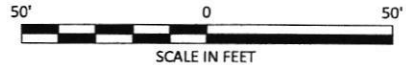
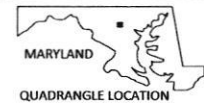


H:\Projects\Heritage Land Development\Linden Grove\CADD\HDC-Linden-Grove\_Basemap.dwg




**LEGEND**

 Proposed Test Well Site



**NOTE:**

Aerial Photo Base was obtained from the State of Maryland iMap Imagery website (<http://imap.maryland.gov>), categorized as "Howard2016 SixinchImagery" dated 2016.

|  |            |  |  |
|--|------------|--|--|
| client:  |            | <b>Heritage Development, LLC</b>       |  |
| project location:  |            | <b>Lisbon, Howard County, Maryland</b> |  |
| <br>www.hydro-terra.com |            | project:                               | <b>Linden Grove<br/>Water Supply Permitting<br/>Proposed Test Well LG37<br/>Location Map</b> |
|  |            | file no:                               | HDC-Linden-Grove_Basemap.dwg   |
| drawn:   | M. Swam    | date:                                  | 03/07/17   |
| checked:   | J. Lindsay | date:                                  | 03/07/17   |
| approved:  | M. Haufler | date:                                  | 03/07/17   |
|  |            |  | <b>e</b>   |

Plotted on: March 23, 2017



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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 7, 2022

December 7, 2021

Homeowner  
15612 Linden Grove Lane  
Woodbine, MD 21797

**RE: Linden Grove, Lot 21  
15612 Linden Grove Lane  
Building Permit: B21000336  
Well Permit: HO-17-0133**

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 **12/1/2021**. Final approval of the well line connection to the dwelling was granted on **8/25/2021**. The well construction was completed on **8/25/2017**. Water samples were collected on **11/24/2021**.

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-17-0133. 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 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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 148989 Account #: 1933  
Reference: Linden Grove Lot 21 Client: Fogle's Well Pump & Treatment  
Location: 15612 Linden Grove Lane Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 11/24/2021 0845 Site: Well Tank  
Date/Time Rec'd: 11/24/2021 1114 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: T. Cassell 0767TC Well #: HO-17-0133

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             | DATE/TIME/ANALYST       |
|--------------------------------|---------|-------------|-----------|--------------------|-------------------------|
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223B         | 11/25/2021 / 1030 / BCD |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223B         | 11/25/2021 / 1030 / BCD |
| Nitrate                        | 1.06    | mg/L        | 10        | Hach 10206         | 11/24/2021 / 1700 / BCD |
| Turbidity                      | 1.88    | NTU         | <10       | SM20 2130B         | 11/24/2021 / 1430 / MEH |
| Sand                           | ND      | mg/L        | 5         | Visual/Gravimetric | 11/24/2021 / 1645 / BCD |

### 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B21000336

Date Reported: 11/29/2021

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6/29/17 (month/day/year)

APPROVED  
 03/22/2019

HO-17-0133

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL:

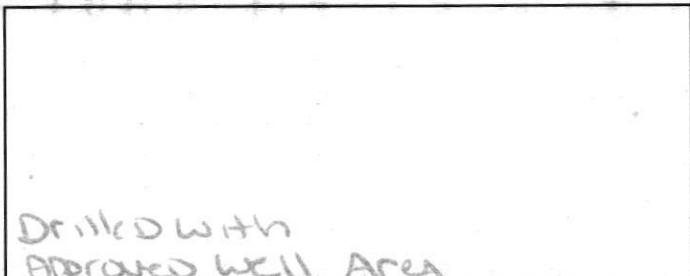
\* PERSON ABANDONING WELL: Michael Barlow WELL DRILLER'S LICENSE NUMBER: 355

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Heritage Land Development

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: HOWARD  
 NEAREST TOWN: LISBON  
 TAX MAP 8 BLOCK 7 PARCEL 5  
 SUBDIVISION: Linden Grove  
 SECTION: \_\_\_\_\_ LOT: New Lot 21 -  
 STREET ADDRESS: Daisy Road Old Lot 37



LATITUDE 3 9.32777 - -

LONGITUDE 7 7.06234 - -

LOG OF SEALING MATERIAL

| MATERIAL       | FEET |    |
|----------------|------|----|
|                | FROM | TO |
| Drill Cuttings | 400  | 30 |
| Cement         | 30   | 0  |

VOLUME OF MATERIAL USED

750 lbs cement

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC  MUNICIPAL/PUBLIC  
 IRRIGATION  INDUSTRIAL  
 TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:  
 STEEL  PLASTIC  
 CONCRETE  OTHER (specify) \_\_\_\_\_

NOTE - Dry Hole.

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
 If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED?  YES  NO

[Signature] 355  
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS 2/26/19  
 CIRCLE ONE DATE

COUNTY