

C1 56741

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)

COUNTY NUMBER

XIII

ST/CO USE ONLY

DATE RECEIVED 01 28 19

DATE WELL COMPLETED

01 02 19 02/10/2019

DEPTH OF WELL

200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HD-17-0319

OWNER HERITAGE LAND DEVELOPMENT

WELL SITE ADDRESS DAVIS ROAD

TOWN WOODBINE

SUBDIVISION LINDEN GRAVE

SECTION

LOT 9

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, Tan shale, Gray Rock, Soft Gray Rock, Gray Rock, Soft Gray Rock, Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 16 NO. OF POUNDS 1200

GALLONS OF WATER 80

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft. (enter 0 if from surface)

CASING RECORD

Case 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) 30

OTHER CASING (if used) diameter inch PL 4.12 depth (feet) from 23 to 85

SCREEN RECORD: screen type or open hole insert appropriate code below: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

DEPTH (nearest ft.): 30, 200. Slot size 1, 2, 3. Diameter of screen (NEAREST INCH) 56 to 60

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.) 10.0

METHOD USED TO MEASURE PUMPING RATE Wash Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 ft.

WHEN PUMPING 75 ft.

TYPE OF PUMP USED (for test)

A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), 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)

LAND SURFACE (nearest foot)

LATITUDE 39.32770

LONGITUDE 77.06724

(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.

TAG = 02/06/2019

B 1 SEQUENCE NO. (MDE USE ONLY) **54265** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **563024** STATE PERMIT NUMBER **HO-17-0319**
70 fill in this form completely 79

B 2 DATE RECEIVED (APA) **08/15/18** OWNER INFORMATION
8 MM DD YY 13
Heritage Land Development
15 Last Name Owner First Name 34
PO Box 482
36 Street or RFD 55
Lisbon MD 21765
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
8 COUNTY 21
LINDEN GROVE
23 SUBDIVISION 42
WOODBINE
52 NEAREST TOWN 71

DRILLER INFORMATION
Michael Barlow MWD 355
Driller's Name 76 License No. 81
Barlow Well Drilling
Firm Name
522 Underwood Lane 21044
Address
[Signature] **6-71-18**
Signature Date

B 4 SOURCES OF DRILLING WATER
 1. **Well**
 2.
 3.
DAVIS ROAD
11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 1700 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **8** BLK: **7** PARCEL **5**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
1 2 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

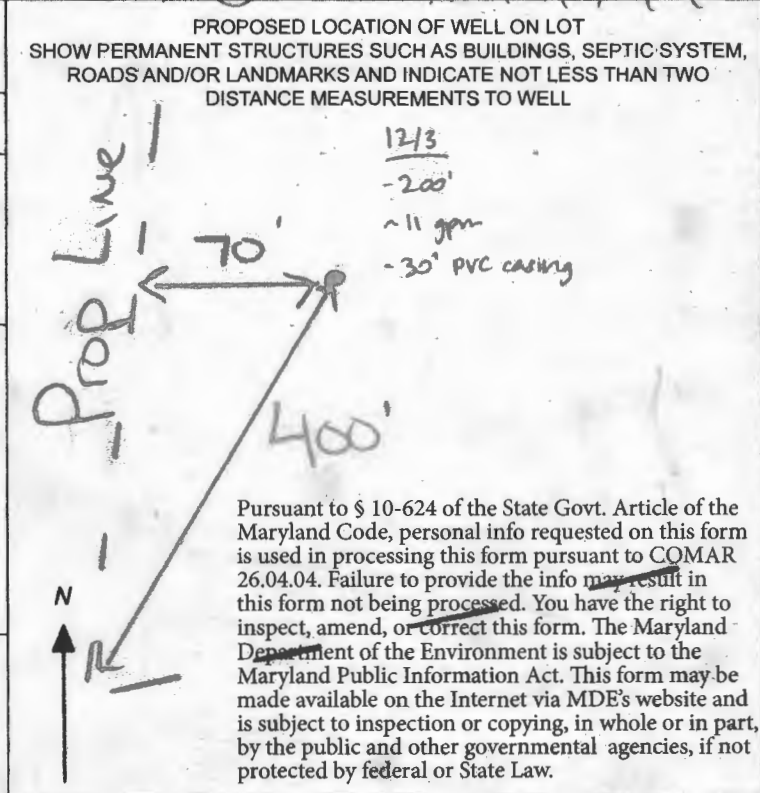
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD
COUNTY NAME COUNTY NO.
[Signature]
STATE SIGNATURE INSERT S 41
08/06/18 **08/06/19**
DATE ISSUED 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON: 12/3/18 DOG: 12/5/18 Day 1/2/19

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
 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) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **HO2017G002**
 PERMIT No. **HO-17-0319**
70 71 72 73 74 75 76 77 78 79



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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: Foales Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
 Address: 540 Abrecht Rd
Sikesville, 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 Foale License# MS0226

*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 #: 9 Well Tag #: HO-17-0319
 Site Address: 15641 Linden Grove Lane
Woodbine, MD 21797

Submersible Pump Data

Make: Gundorf
 Model #: 15SGE07180
 Pump Capacity: 15
 Well Yield: 10
 Depth of well encountered at time of pump installation: 200 (feet)

Pitless Adapter

Make: Campbell +
 Model#: NA
 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

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" 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: 1/14/2021

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

Date Insp. Requested: 1/5/2021 Date Insp. Approved: 1/5/2021 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 40"
 Elec. conduit extends at least 18" below grade/attached to cap properly 17"
 Safety rope not outside of well cap/casing 8'
 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)



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:

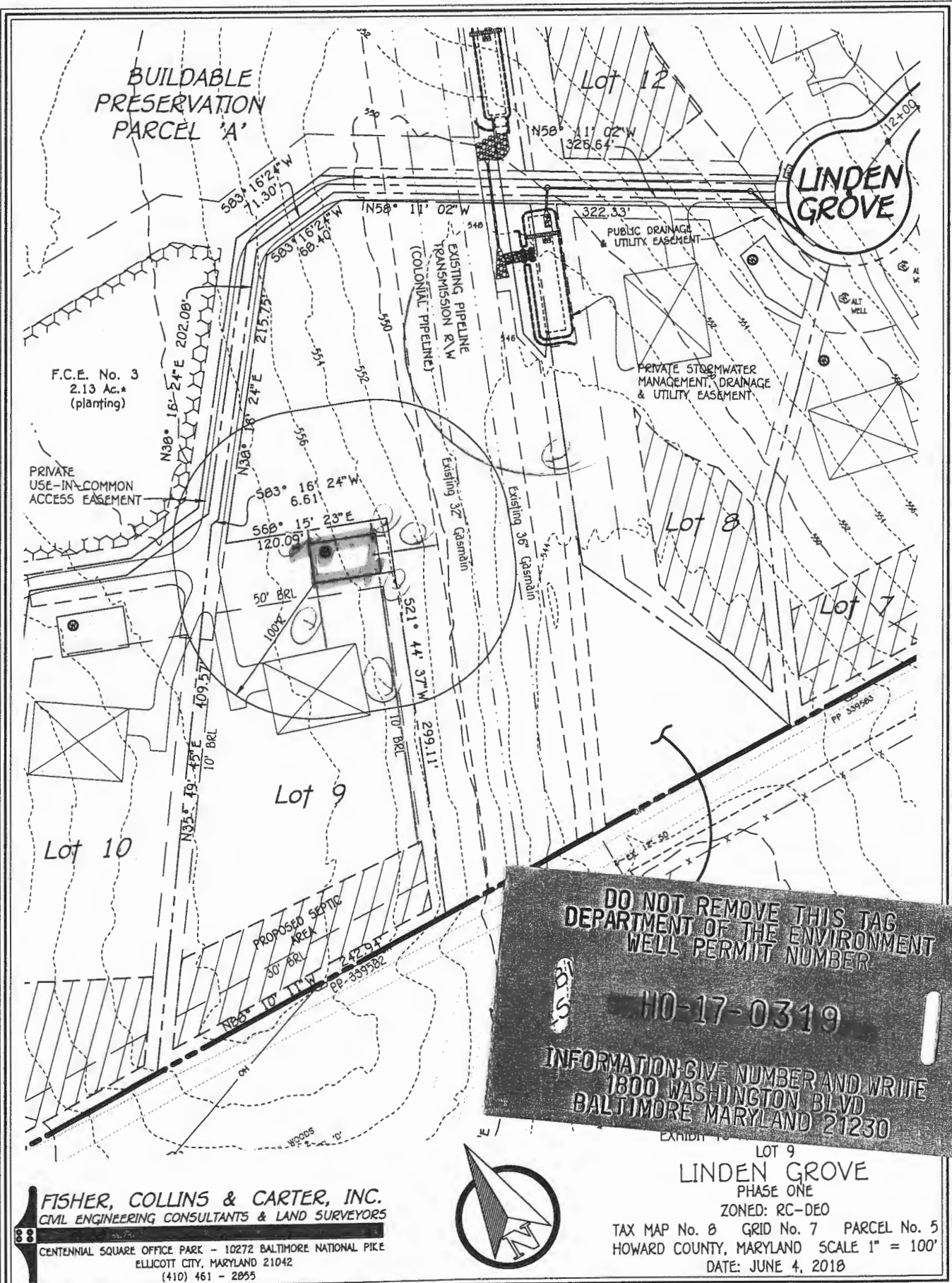
Well Site Location:

<u>Linden Grove</u>	<u>9</u>	<u>Linden Grove</u>
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 05/15/18 (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.



LINDEN GROVE

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-17-0319
INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

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



LOT 9
LINDEN GROVE
 PHASE ONE
 ZONED: RC-DEO
 TAX MAP No. 8 GRID No. 7 PARCEL No. 5
 HOWARD COUNTY, MARYLAND SCALE 1" = 100'
 DATE: JUNE 4, 2018

LINDEN GROVE LOT 9
 APPROVED 07/25/2018 @ 11:17 AM VIA PERMIT SP-17-003 STAKED 8/22/18
 STAKED BY FCC DE STAKES CONFIRMED 8/21/2018

Cabahug, Joseph

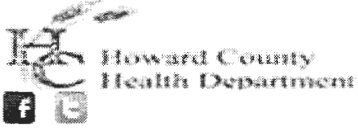
From: Cabahug, Joseph
Sent: Monday, July 16, 2018 3:58 PM
To: 'Tony Fertitta'
Subject: Linden Grove Lot 9-11

Hello Tony,

I made a site visit last week. The Lots beyond the Colonial Pipe Line are overgrown with agriculture and I couldn't make a field determination to release the permits. Please let me know when the lots have been cleared.

Bests,

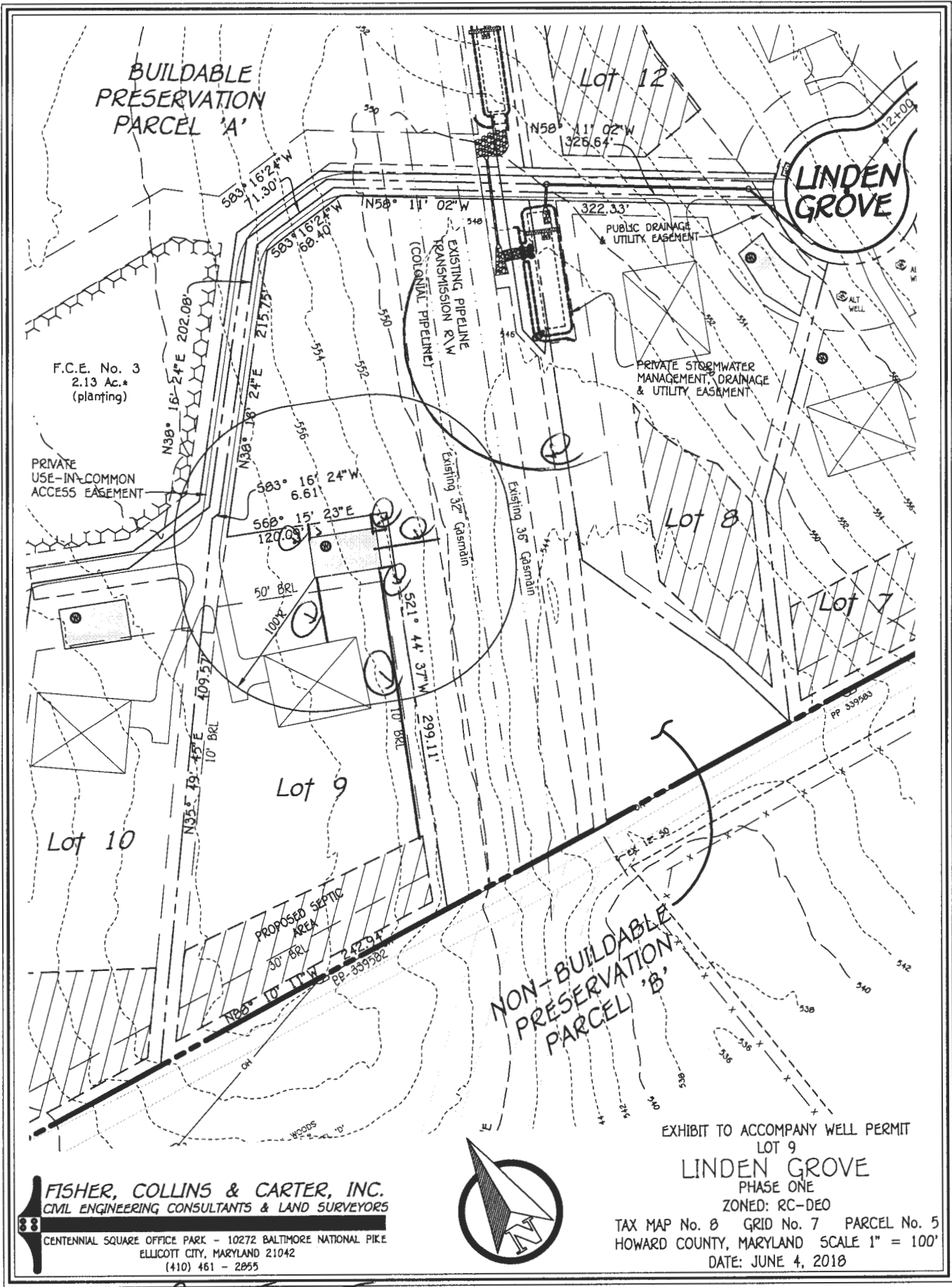
Joseph C. Cabahug - LEHS
Environmental Health Specialist
Howard County Health Department - Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2643
(f) 410-313-2648



jcabahug@howardcountymd.gov

CONFIDENTIALITY NOTICE

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BUILDABLE PRESERVATION PARCEL 'A'

LINDEN GROVE

F.C.E. No. 3
2.13 Ac. (planting)

PRIVATE USE-IN-COMMON ACCESS EASEMENT

PUBLIC DRAINAGE UTILITY EASEMENT

PRIVATE STORMWATER MANAGEMENT, DRAINAGE & UTILITY EASEMENT

EXISTING PIPELINE TRANSMISSION R/W (COLONIAL PIPELINES)

Existing 32" Gasmain

Existing 35" Gasmain

Lot 10

Lot 9

Lot 8

Lot 7

PROPOSED SEPTIC AREA

NON-BUILDABLE PRESERVATION PARCEL 'B'

EXHIBIT TO ACCOMPANY WELL PERMIT

LOT 9
LINDEN GROVE
PHASE ONE
ZONED: RC-DEO

TAX MAP No. 8 GRID No. 7 PARCEL No. 5
HOWARD COUNTY, MARYLAND SCALE 1" = 100'
DATE: JUNE 4, 2018

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855



LINDEN GROVE LOT 9
APPROVED 07/25/2018 @ CARP VIA RP-17-003 signed 3/22/18
STAKED BY FCC SITE STAKES CONFIRMED 8/2/2018

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 26, 2021

March 26, 2021

Homeowner
15641 Linden Grove
Woodbine, MD 21797

RE: Linden Grove, Lot 9
15641 Linden Grove
Building Permit: B20002088
Well Permit: HO-17-0319

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 **1/14/2021**. Final approval of the well line connection to the dwelling was granted on **1/5/2021**. The well construction was completed on **1/2/2019**. Water samples were collected on **3/10/2021, 3/15/2021**.

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-17-0319. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

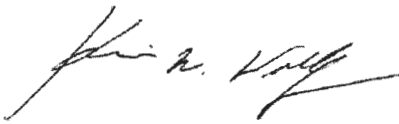
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 143301 Account #: 1933
Reference: Linden Grove Lot 9 Company: Fogles Well Pump & Treatment
Location: 15641 Linden Grove Lane Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 3/15/2021 1000 Site: Kitchen Sink Tap
Date/Time Rec'd: 3/15/2021 1155 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Evans 0309JE Well #: HO-17-0319

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/16/2021 / 1030 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/16/2021 / 1030 / BCD

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 # : 20002088

Date Reported: 3/16/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 143226 Account #: 1933
Reference: Linden Grove Lot 9 Company: Fogles Well Pump & Treatment
Location: 15641 Linden Grove Lane Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 3/10/2021 1045 Site: Kitchen Sink Tap
Date/Time Rec'd: 3/10/2021 1217 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.2
Collected By: J. Evans 0309JE Well #: HO-17-0319

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/11/2021 / 1015 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/11/2021 / 1015 / CRS
Nitrate	4.25	mg/L	10	601	3/11/2021 / 1045 / CRS
Turbidity	5.62	NTU	<10	SM20 2130B	3/11/2021 / 1115 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	3/11/2021 / 0910 / 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 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 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : 20002088

Date Reported: 3/11/2021