

C 1 07795

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED Approved 07 01 2020 b/22/20 22 400 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" H-20-008

OWNER Heritage Land Development WELL SITE ADDRESS last name Heritage Ridge Rd first name TOWN Woodbine SUBDIVISION Linden Grove SECTION LOT 24

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC]

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT]

OTHER CASING (if used) diameter depth (feet) [PL] 4 1/2 60 160

SCREEN RECORD screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT]

PUMPING TEST 3 HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 4.62

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED [Y] [N]

DEPTH (nearest ft.) 70 400

DRILLERS LIC. NO. 1 M D 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 WRO 113 D 113

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.32958 LONGITUDE 77.06448 (DEFAULT COORD. WGS 84) NOTES:

**B 1** 67995 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER 40-20-0018  
**APPLICATION FOR PERMIT TO DRILL WELL** 507894 please type 70 fill in this form completely 79

**OWNER INFORMATION**  
 Date Received (APA) 07/08/20  
 8 MM DD YY 13  
Heritage Land Development  
 15 Last Name Owner First Name 34  
PO Box 482  
 36 Street or RFD 55  
Bisbon, 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 24 48 50  
Woodbine  
 52 NEAREST TOWN 71

**DRILLER INFORMATION**  
Michael Barion M W D 355  
 Driller's Name 76 License No. 81  
Barion Well Drilling  
 Firm Name  
502 Underwood Ln, Bel Air, MD 21004  
 Address  
[Signature] 7-1-2020  
 Signature Date

**B 4** **SOURCES OF DRILLING WATER**  
 1. Well  
 2. 9/1/20  
 3. per my 300' level 265' static 46 4.6 gpm  
Heritage Ridge Rd  
 11 STREET ADDRESS 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 34 50 37 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 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)**  
 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

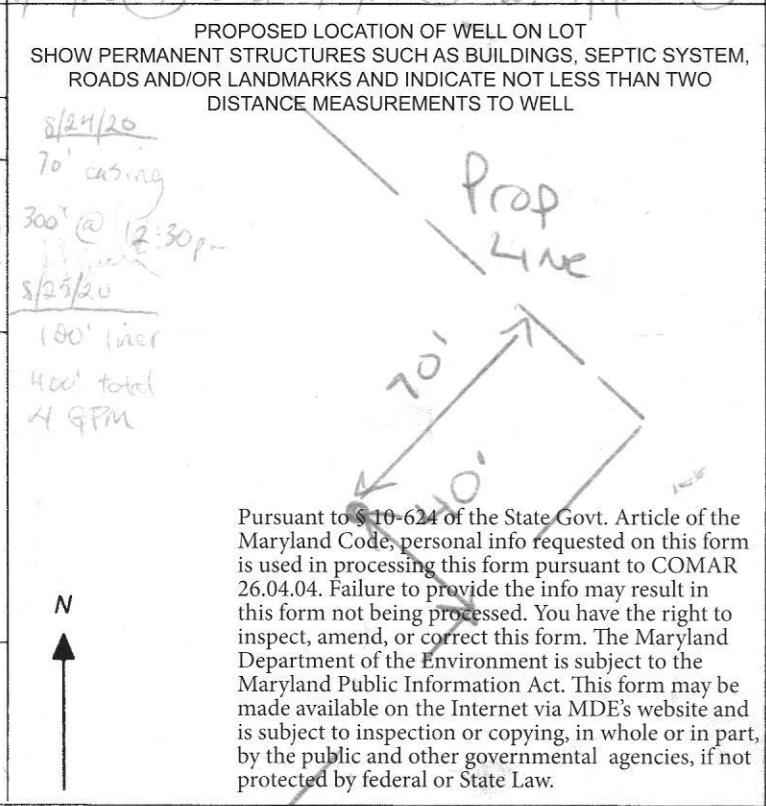
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard 13  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 07/21/20 Juan Thomas 07/21/21  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 DON: 8/24/20 (S) DOG: 8/25/20 (S) DOY: 9/1/2020 (S)

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  
 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

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROX. PERMIT NUMBER H02017G002(01)  
 PERMIT No. 40-20-0018  
 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.



**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:	September 1, 2020		
Well Depth:	400	feet	
Customer	Heritage Land Development	Permit #	HO-20-0018
Road	Heritage Ridge Road	Subdivision	Linden Grove
City	Woodbine	Section	
State	MD	Lot #	24

Time	Water Level feet Pump set at 300'	Time to Fill 1-gallon bucket seconds	G.P.M.
10:30 AM	46	4	15.00
10:45 AM	164	4	15.00
11:00 AM	200	5	12.00
11:15 AM	260	13	4.62
11:30 AM	260	13	4.62
11:45 AM	260	13	4.62
12:00 PM	260	13	4.62
12:15 PM	260	13	4.62
12:30 PM	260	13	4.62
12:45 PM	260	13	4.62
1:00 PM	260	13	4.62
1:15 PM	260	13	4.62
1:30 PM	260	13	4.62
1:45 PM	260	13	4.62
2:00 PM	260	13	4.62
2:15 PM	260	13	4.62

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.

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 1535  
Address: 7229 Woodbine Rd  
Woodbine, MD 21797

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Daniel 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 #: 24 Well Tag #: HO-20-0018  
Site Address: 1417 Heritage Ridge Rd  
Woodbine, MD 21797

Submersible Pump Data

Make: Grundfos  
Model #: 1550E10-220  
Pump Capacity: 15  
Well Yield: 4.62

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

Depth of well encountered at time of pump installation: 405 (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" 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.

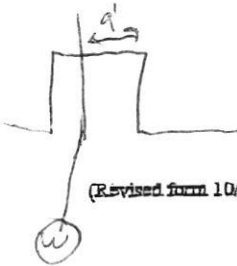
Signature of company representative responsible for installation: [Signature] date: 11/6/2022

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

Date Insp. Requested: 1/6/22 Date Insp. Approved: 1/6/22 Inspector: [Signature]

- 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

48"  
41"  
19"  
8"



(Revised form 10/24/2018)

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – NOVEMBER 3, 2022**

May 3, 2022

Homeowner  
1417 Heritage Ridge Road  
Woodbine, MD 21797

**RE: Linden Grove, Lot 24**  
**1417 Heritage Ridge Rd**  
**Building Permit: B21002656**  
**Well Permit: HO-20-0018**

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 **2/15/2022**. Final approval of the well line connection to the dwelling was granted on **1/6/2022**. The well construction was completed on **9/1/2020**. Water samples were collected on **4/27/2022**.

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-20-0018. 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 #: 151675 Account #: 1933  
Reference: Linden Grove Lot 24 Client: Fogle's Well Pump & Treatment  
Location: 1417 Heritage Ridge Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 4/27/2022 0730 Site: Kitchen Sink  
Date/Time Rec'd: 4/27/2022 1017 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.6  
Collected By: J. Evans 0309JE Well #: HO-20-0018

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/28/2022 / 0800 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/28/2022 / 0800 / MEH
Turbidity	1.19	NTU	<10	SM2130B	4/27/2022 / 1140 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	4/27/2022 / 1210 / TSD
Nitrate.	9.79	mg/L	10	EPA 300.0	4/27/2022 / 1600 / 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 Visual well check: Sealed, vented cap
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B21002656

Date Reported: 4/28/2022



Howard County  
Health Department

7178 Columbia Gateway Dr., Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

**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>24</u>	<u>Heritage Ridge Rd.</u>
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

- The well site has been staked by Fisher, Collins & Carter ,  
 (professional land surveyor or company employing professional land surveyors)  
 on 06/16/20 (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.

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

HO-20- 0018

INFORMATION - GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

Linden Grove, Lot 24 -  
Approved 7/21/20 (ST) Stated by FC

Lot 25  
59,737 sq.ft. ±

Lot 24  
59,550 sq.ft. ±

Lot 15  
46,295 sq.ft. ±

Heritage Ridge Road

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

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



EXHIBIT TO ACCOMPANY WELL PERMIT  
LOT 24

LINDEN GROVE  
PHASE TWO

ZONED: RC-DEO

TAX MAP No. 8 GRID No. 7 PARCEL No. 5

HOWARD COUNTY, MARYLAND SCALE 1" = 50'

DATE: MAY 6, 2020

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

**MEMORANDUM**

**TO: M. Barlow Well Drilling**  
522 Underwood Lane  
Bel Air, MD 21014

**FROM: Susan Thomas**  
Environmental Health Specialist  
Howard County Health Department  
**Well & Septic Program**

**RE: Linden Grove Lots 24-37 & 39**  
**Special Conditions for wells**

**DATE: July 21, 2020**

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**The following comments apply to the above referenced Well Permit Applications. Please read through and complete as needed.**

- A. The wells for the Linden Grove subdivision lots 24 thru 37 & 39 were staked with only one selected well site per the approved percolation certification plan signed 09/11/2018. If the well driller cannot confirm a successful well on this one well site, they will need to have the surveyor come back out and stake out the entire well box/alt well sites. This will need to be verified through the Health Department.**
  
- B. Lots 26, 30 & 36 will require samples for Sodium, Chloride and TDS to be collected at the time of the Yield Test.**