

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

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Heritage Land Development last name first name TOWN: Woodbine WELL SITE ADDRESS: Heritage Ridge Rd SUBDIVISION: Linden Grove SECTION: LOT: 39

**WELL LOG**  
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Soil	0	5	
Brown Shale	5	60	
Light Brown Shale	60	82	
Med Gray Rock	82	100	
Soft Gray Rock	100	170	-
Med Gray Rock	170	525	-
		475	-

**GROUTING RECORD** yes no  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 31 NO. OF POUNDS 2325  
GALLONS OF WATER 155  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 85 ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below  
ST STEEL CO CONCRETE  
PL PLASTIC OT OTHER  
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
PL 6 85

**OTHER CASING (if used)**  
diameter depth (feet)  
inch from to  
PL 4 1/2 80 180

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

NUMBER OF UNSUCCESSFUL WELLS: 0  
WELL HYDROFRACTURED yes no  Y  N  
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

**C 2** DEPTH (nearest ft.)  
T 2  
1 HO 85 525  
E 8 9 11 15 17 21  
A 23 24 26 30 32 36  
C 38 39 41 45 47 51  
R  
E  
N  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

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  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
**PUMPING TEST**  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 7.50  
METHOD USED TO MEASURE PUMPING RATE Water/BUCKET  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 40 ft.  
WHEN PUMPING 139 ft.  
TYPE OF PUMP USED (for test)  
A air P piston T turbine  
C centrifugal R rotary O other (describe below)  
J jet S submersible

**PUMP INSTALLED**  
DRILLER INSTALLED PUMP YES NO  
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 } LAND SURFACE  
- below } (nearest foot)

LATITUDE 39.329216  
LONGITUDE 77.062441  
(DEFAULT COORD. WGS 84)  
NOTES:

DRILLERS LIC. NO. MWD 355  
DRILLERS SIGNATURE  
LIC. NO. WRB D 113  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 68365 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type 20784-N	STATE PERMIT NUMBER Ho-20-0032 70 <u>fill in this form completely</u> 79
Date Received (APA) 07/08/20 8 MM DD YY 13 <b>OWNER INFORMATION</b> 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 <b>LOCATION OF WELL</b> Howard 8 COUNTY 21 Linden Brook 23 SUBDIVISION 42 SECTION 44 46 LOT 39 48 50 Haddonville 52 NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> Michael Barlow M W D 355 Driller's Name 76 License No. 81 Barlow Well Drilling Firm Name 502 Underwood Ln, Bel Air, Md 21041 Address [Signature] 7-1-2020 Signature Date		B 4 <b>SOURCES OF DRILLING WATER</b> 1. Well 2. Static 40' 3. [Signature] Heritidge Ridge Pk 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 50 37 DISTANCE FROM ROAD Ft ENTER FT OR MI 38 39 TAX MAP: 8 BLK: I PARCEL S	
B 2 <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 150 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		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 43 MM DD YY 48 CO SIGNATURE Susan Thomas 07/21/21 EXP. DATE DOG: 8/11/20 (ST) DOV: 8/11/20 (ST)	
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other		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 Prop Line 40' 50' 8/10/20 - 12pm, 525' deep water @ 505', 85' of steel casing set, 7-8 gpm - due to soft rock - 4.5" PVC liner installed - 100' (from 80' to 100' deep) - (PL)	
<b>REPLACEMENT OR DEEPEMED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		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 H02017G002(01) PERMIT No. H0-20-0032 70 71 72 73 74 75 76 77 78 79		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 11, 2020		
Well Depth:	525	feet	
Customer	Heritage Land Development	Permit #	HO-20-0032
Road	Heritage Ridge Road	Subdivision	Linden Grove
City	Woodbine	Section	
State	MD	Lot #	39

Time	Water Level feet Pump set at 200'	Time to Fill 1-gallon bucket seconds	G.P.M.
11:00 AM	40	4	15.00
11:15 AM	124	4	15.00
11:30 AM	150	8	7.50
11:45 AM	150	8	7.50
12:00 PM	150	8	7.50
12:15 PM	148	8	7.50
12:30 PM	146	8	7.50
12:45 PM	144	8	7.50
1:00 PM	141	8	7.50
1:15 PM	141	8	7.50
1:30 PM	141	8	7.50
1:45 PM	141	8	7.50
2:00 PM	139	8	7.50
2:15 PM	139	8	7.50
2:30 PM	139	8	7.50
2:45 PM	139	8	7.50

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: JPO Box 63  
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): David C Fogle 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 #: 39 Well Tag #: HO-20-0632 (SP)  
Site Address: Heritage Ridge Rd  
Woodbine, MD 21797

Submersible Pump Data  
Make: Grundfos  
Model #: 1050EIS-290  
Pump Capacity: 15  
Well Yield: 7.5 gpm  
Depth of well encountered at time of pump installation: 525 (feet)

Pitless Adapter  
Make: Campbell +  
Model #: NP  
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: 11/25/2022

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

Date Insp. Requested: 5/11/22 Date Insp. Approved: 5/11/22 Inspector: (SP)  
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 ✓ attached  
Safety rope not outside of well cap/casing ✓ 2'  
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 ✓ grout visible at grade

(Revised form 10/24/2018)



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>39</u>	<u>Heritage Ridge Rd.</u>
Subdivision/Property Name	Lot #	Road Name

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

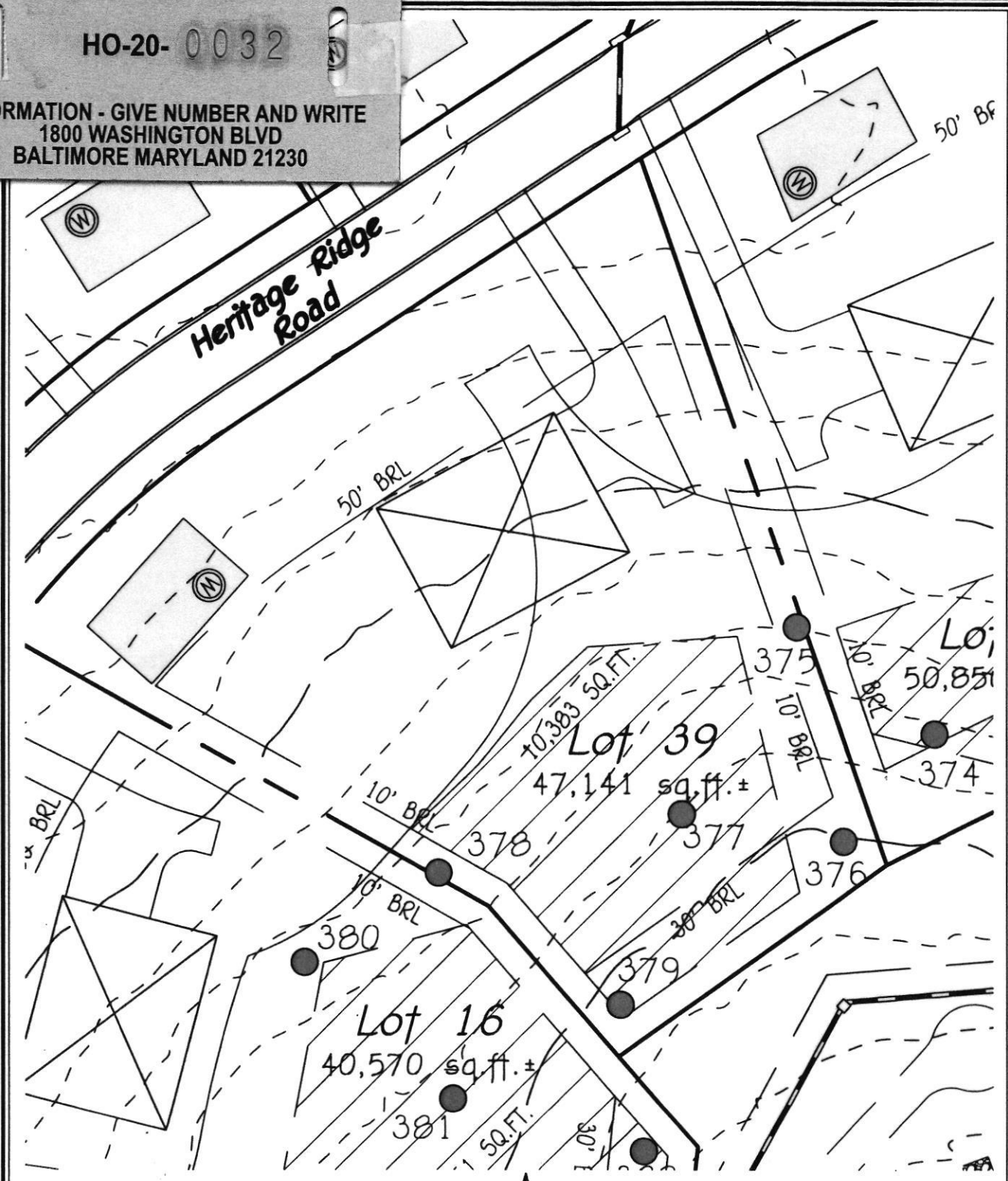
HO-20- 0032

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

Linden Grove, Lot 39

Approved 7/21/20 (ST)

Stated by FCC



**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 39  
**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



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

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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 12, 2022

May 12, 2022

Homeowner  
1414 Heritage Ridge Road  
Woodbine, MD 21797

**RE: Linden Grove, Lot 39  
1414 Heritage Ridge Rd  
Building Permit: B21002654  
Well Permit: HO-20-0032**

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 **2/16/2022**. Final approval of the well line connection to the dwelling was granted on **5/11/2022**. The well construction was completed on **8/11/2020**. Water samples were collected on **5/9/2022**.

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-20-0032. 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 Environment's 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

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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.**

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 151922 Account #: 1933  
Reference: Linden Grove Lot 39 Client: Fogle's Well Pump & Treatment  
Location: 1414 Heritage Ridge Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 5/9/2022 1430 Site: Kitchen Sink  
Date/Time Rec'd: 5/9/2022 1517 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: J. Evans 0309JE Well #: HO-20-0032

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/10/2022 / 1010 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/10/2022 / 1010 / MEH
Turbidity	1.61	NTU	<10	SM2130B	5/10/2022 / 1035 / MEH
Sand	ND	mg/L	5	Visual/Gravimetric	5/9/2022 / 1625 / TSD
Nitrate.	<0.40	mg/L	10	EPA 300.0	5/9/2022 / 1819 / TSD

### NOTES:

- 1 Report revised to correct lot number from 34 to Lot 39 5/11/22 CCH
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : B21002654

Date Reported: 5/11/2022

