

C1 61874

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

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

C 3

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

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, Med Gray Rock.

CASING RECORD

casings types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

diagram showing casing types and dimensions

SCREEN RECORD

screen type or open hole, insert appropriate code below, STEEL, BRASS, OPEN HOLE, PLASTIC, OTHER

NUMBER OF UNSUCCESSFUL WELLS:

DEPTH (nearest ft.)

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER: A, E, P

Table with columns: E, A, C, H, S, C, R, E, E, N and rows for depth measurements.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH)

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LATITUDE 39.23156, LONGITUDE 77.00206 (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.

Tag equals 9/5/19

B 1	SEQUENCE NO. (MDE USE ONLY) 63121	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 5047935	STATE PERMIT NUMBER HO - 18 - 0051 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) **03/19/19**

8 MM DD YY 13

15 Last Name **Elm Street Development** Owner First Name 34

36 Street or RFD **1355 Beverly Road** 55

57 Town **McLean** 70 State **VA** 72 Zip **22101** 76

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Simpson Property** 42

SECTION **44** 46 LOT **45** 48 50

52 NEAREST TOWN **Dayton** 71

DRILLER INFORMATION

Driller's Name **Michael Barlow** 76 License No. **MJD 355** 81

Firm Name **Barlow Well Drilling**

Address **522 Underwood Lane 21014**

Signature **[Signature]** 3-12-19 Date

B 4 SOURCES OF DRILLING WATER

1. **well**

11 STREET ADDRESS **Green Bridge Rd** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 **1500** 37 DISTANCE FROM ROAD **FT**

ENTER FT OR MI 38 39

TAX MAP: **27** BLK: **18** PARCEL **36**

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)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

O OPEN LOOP GEOTHERMAL

C 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 **4/25/19** 43 MM DD YY 48 CO SIGNATURE **S.L. GILL** EXP. DATE **4/25/20**

Don Skibourg Doc. No. DOY: 9/5/19 (ST)

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

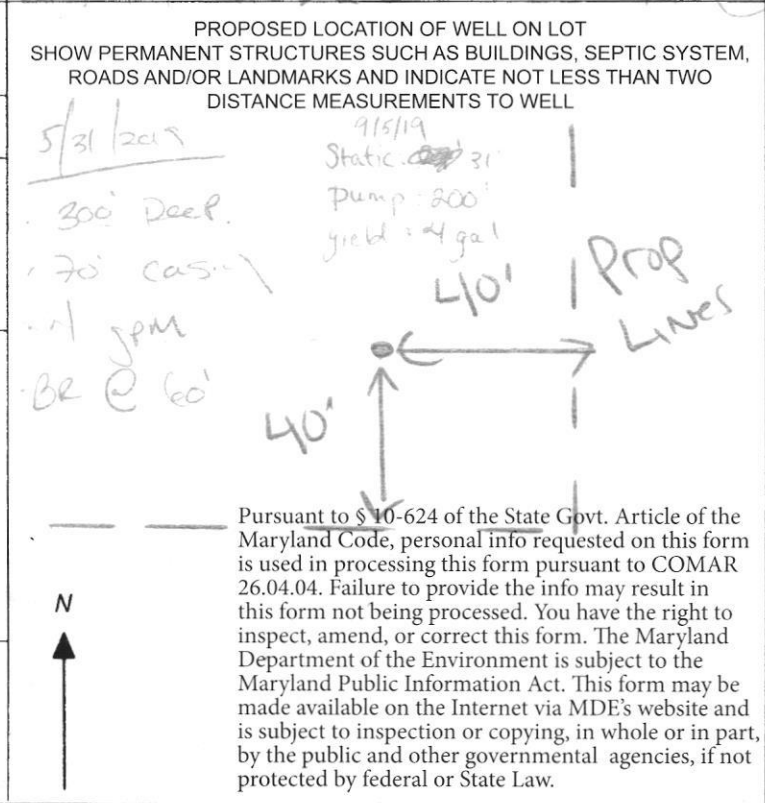
D THIS WELL WILL DEEPEM AN EXISTING WELL

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 **H02017G001**

PERMIT No. **HO - 18 - 0051** 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- **SEE ATTACHED MEMO**

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# MSD2216

*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: Willow Creek Lot #: 45 Well Tag #: HO-18-0051
 Site Address: COIT PLACE
WOODBINE, MD 21797 6041 BRICKER ROAD DAYTON, MD 21036 ✓ 03/20/2022

Submersible Pump Data
 Make: Grundfos
 Model #: 1550E07-80
 Pump Capacity: 15
 Well Yield: 4

Pitless Adapter
 Make: Cumproll+
 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 1.8" B.G.: YES
 Conduit secured to well cap: YES

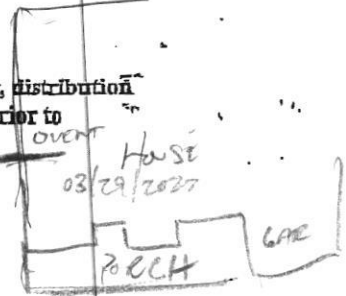
Depth of well encountered at time of pump installation: 300 (feet)
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Must circle one: Torque arrestors / Cable guards / Other acceptable method used
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing 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: 3/29/2022



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

Date Insp. Requested:	Date Insp. Approved:	Inspector:
<u>03/21/2022</u>	<u>03/21/2022</u>	<u>[Signature]</u>
Inspection Data:		
Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	42" 03/21/2022
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 1.8" below grade/attached to cap properly	<input checked="" type="checkbox"/>	30" 03/21/2022
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	23" 03/21/2022
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

(Revised form 10/24/2018)



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
522 Underwood Lane **Bel Air, Maryland 21014**
(410) 838-6910 **Fax (410) 838-3582**

WELL YIELD REPORT

	Date Test Completed:	September 5, 2019
	Well Depth:	300 feet
Customer	Elm Street Development	Permit # HO-18-0051
Road	Green Bridge Rd	Subdivision Simpson Property
City	Dayton	Section
State	Maryland	Lot # 45

Time	Water Level feet Pump set at 270'	Time to Fill 1-gallon bucket seconds	G.P.M.
9:15 AM	31	4	15.00
9:30 AM	120	4	15.00
9:45 AM	190	4	15.00
10:00 AM	247	15	4.00
10:15 AM	246	15	4.00
10:30 AM	245	15	4.00
10:45 AM	244	15	4.00
11:00 AM	243	15	4.00
11:15 AM	240	15	4.00
11:30 AM	238	15	4.00
11:45 AM	237	15	4.00
12:00 PM	235	15	4.00
12:15 PM	233	15	4.00
12:30 PM	232	15	4.00
12:45 PM	230	15	4.00
1:00 PM	229	15	4.00

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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – JANUARY 14, 2022

July 14, 2022

Homeowner
6041 Bricker Road
Clarksville, MD 21029

RE: Willowshire, Lot 45
6041 Bricker Road
Building Permit: B21003558
Well Permit: HO-18-0051

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 **5/12/2022**. Final approval of the well line connection to the dwelling was granted on **3/29/2022**. The well construction was completed on **1/5/2019**. Water samples were collected on **6/16/2022**.

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-18-0051. 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 #: 152633 Account #: 1933
Reference: Willow Creek Lot 45 Client: Fogle's Well Pump & Treatment
Location: 6041 Bricker Road Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 6/16/2022 1300 Site: Kitchen Sink Tap
Date/Time Rec'd: 6/16/2022 1412 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Evans 0309JE Well #: HO-18-0051

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/17/2022 / 0845 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/17/2022 / 0845 / TSD
Nitrate.	5.50	mg/L	10	EPA 300.0	6/16/2022 / 2011 / TSD
Turbidity	0.44	NTU	<10	SM2130B	6/16/2022 / 1620 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	6/16/2022 / 1625 / 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 # : B21003558

Date Reported: 6/17/2022

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 09/18/2019
Report Number: 190918110235

LAB#- E060376-01 SAMPLE ID- Simpson Property Lot 45 WELL # HO 18-0051
LOCATION- Well Head SAMPLER- 8862MI
DATE SAMPLED- 09/10/2019 TIME SAMPLED- 15:30 Residual Chlorine-
DATE RECEIVED- 09/11/2019 TIME RECEIVED- 16:30
DELIVERED BY- Steve Duklewski RECEIVED BY- Ginny Shelley
COMMENTS-

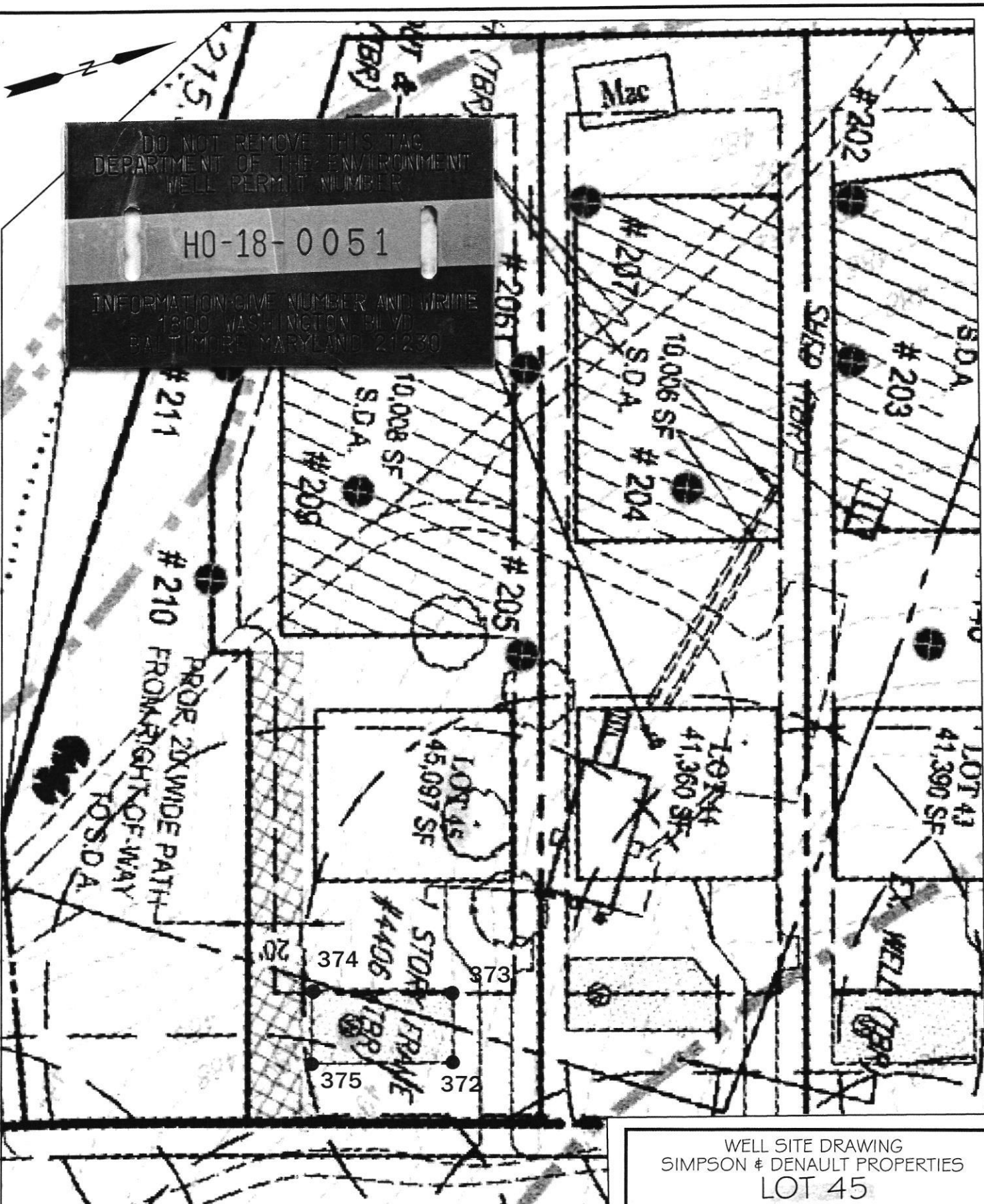
ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Total Metals by EPA 200.7 by Enviro-Chem					
Sodium	EPA 200.7	09/12/19 12:53	MAP	6.01	mg/L
Wet Chemistry by Enviro-Chem					
Chloride	EPA 300.0	09/12/19 16:25	BMG	12.2	mg/L
Dissolved Solids	SM 2540C	09/12/19 15:06	FRD	106	mg/L

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192



DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
HO-18-0051
 INFORMATION: GIVE NUMBER AND WRITE
 1300 WASHINGTON BLVD
 BALTIMORE, MARYLAND 21230

Well box approved
 4/25/19
 Well box staked by
 Shanaberger + Lane

SHANABERGER & LANE
 8726 TOWN AND COUNTRY BLVD., SUITE 201
 ELLICOTT CITY, MD. 21043
 (410)461-9563 FAX: (410)461-9693

WELL SITE DRAWING
 SIMPSON & DENAULT PROPERTIES
LOT 45
 TAX MAP 27 GRID 18
 PARCELS 34, 36, 98, 111, & 112
 5TH ELECTION DIST.
 HOWARD COUNTY, MD.
 SCALE: 1"=50' DATE: 2/21/19

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

MEMORANDUM

TO: Michael Barlow (MWD 355)
Barlow Well Drilling

FROM: Sarah Collins, L.E.H.S. *SEC*
Howard County Health Department
Well and Septic Program

DATE: April 25, 2019

RE: Well permits for lots 26-45 of the Simpson Property

Per the approved Water Appropriation and Use Permit from the State of Maryland, Department of the Environment, Water and Science Administration:

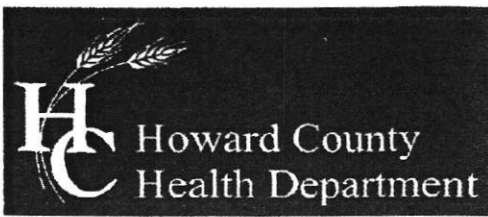
15. Well Spacing and Testing – The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements *COMAR 26.04.04.26* are met. In the event that a well that has been yield tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well so as to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet minimum yield standards during simultaneous testing. All wells shall comply with well construction requirements.

The lots of the Simpson Property among lots 26-45 that are less than one acre in size include lots 28, 38, 39, 40, 41, 42, 43, and 44. Per the Water Appropriation and Use Permit, if a well on any of these lots is drilled within 100' of a well on another property, the two wells must be simultaneously yield tested. The well boxes on lots 42-44 are close the well boxes on lots 19-21 that Alexander's Well Drilling is drilling; coordinated yield testing between the two drilling companies may be required if the wells are within 100' of each other.

Sodium, chloride, and total dissolved solids (TDS) samples are required at yield for the wells on lots 26, 30, 31, 34, 35, 40, and 45.

Feel free to contact our office at 410-313-1771 with any questions.

Cc: Geoff Yeager, Elm Street Development (gyeager@elmstreetdev.com)
File



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
 www.hchealth.org
 Facebook: www.facebook.com/hocohealth
 Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

LOT #'S 1, 2, 3, 4, 7, 8, 9, 10, 11, 14, PARCEL 'C', 16,
 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30,
 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43,
 44, 45

SIMPSON/DENAULT

Subdivision/Property Name

Lot #

GREEN BRIDGE RD.

Road Name

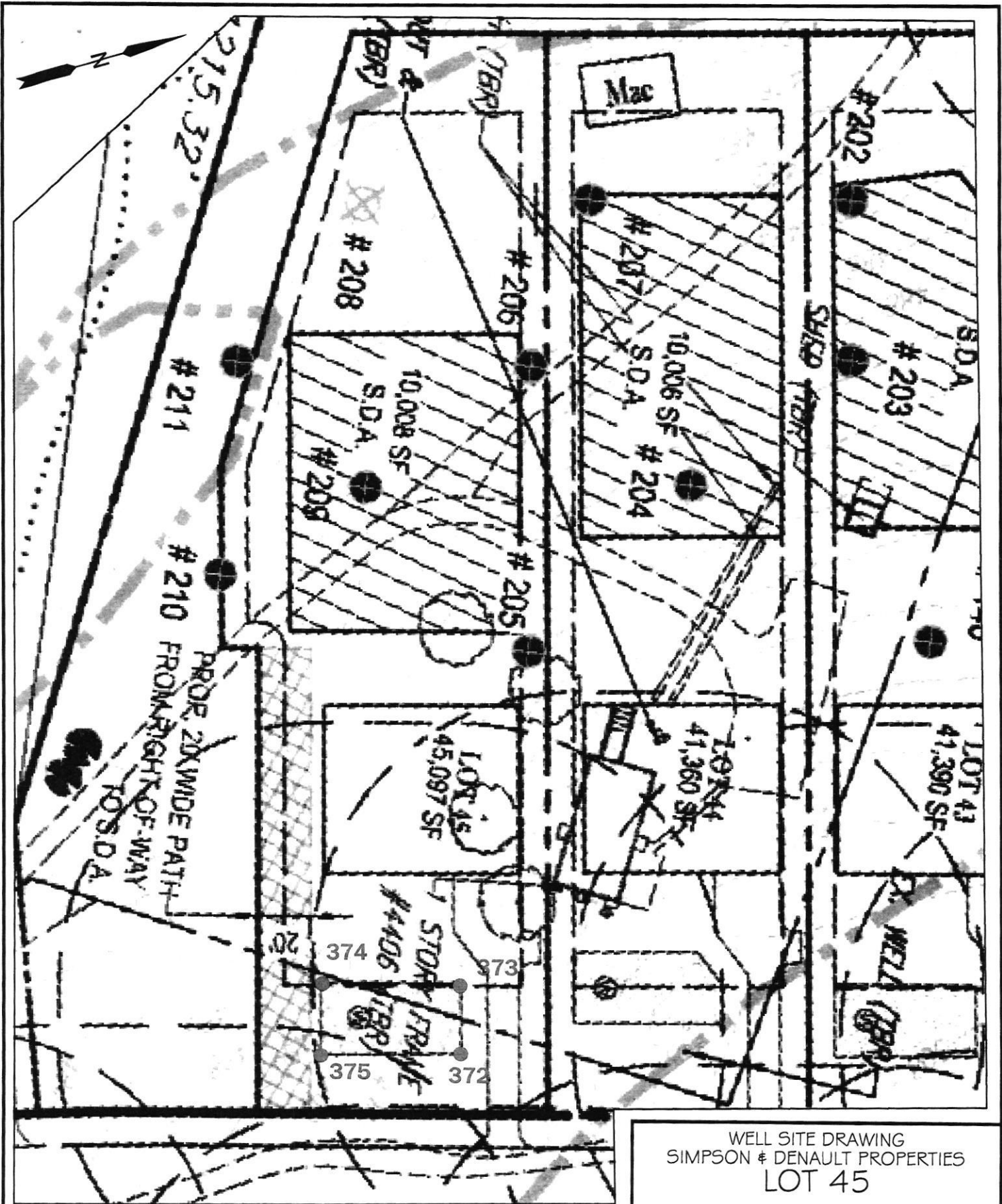
The well site has been staked by SHANABERGER & LANE
 (professional land surveyor or company employing professional land surveyors)
 on 1/9/19 (date) and does not require a site inspection.

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.

Revised 4/22/14

Gregory Scott Shanaberger



SHANABERGER & LANE
 8726 TOWN AND COUNTRY BLVD., SUITE 201
 ELLICOTT CITY, MD. 21043
 (410)461-9563 FAX: (410)461-9693

WELL SITE DRAWING
 SIMPSON & DENAULT PROPERTIES
 LOT 45

TAX MAP 27 GRID 18
 PARCELS 34, 36, 98, 111, & 112
 5TH ELECTION DIST.
 HOWARD COUNTY, MD.
 SCALE: 1"=50' DATE: 2/21/19