

C 1 56734

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Heritage Land Development; WELL SITE ADDRESS: Daisy Road; TOWN: Woodbine; SUBDIVISION: Linden Grove; SECTION: ; LOT: 15

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, Med Gray Rock, Soft Gray Rock, Med Gray Rock.

GROUTING RECORD yes no

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

CASING RECORD casing types insert appropriate code below (Steel, Concrete, Plastic, Other)

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

OTHER CASING (if used) diameter inch; depth (feet) from to

SCREEN RECORD screen type or open hole (Steel, Brass, Open Hole, Plastic, Other)

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Abandoned), E (Electric Log), P (Production Well)

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

DRILLERS LIC. NO. M D 355; DRILLERS SIGNATURE; LIC. NO. WR 8113

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)

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

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.) 60; METHOD USED TO MEASURE PUMPING RATE (Wath/Bucket); WATER LEVEL (distance from land surface) BEFORE PUMPING 35, WHEN PUMPING 90; TYPE OF PUMP USED (for test) S (submersible)

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or 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, - below; LAND SURFACE (nearest foot) 1

LATITUDE 39.32936; LONGITUDE 77.06475 (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.

TAB = 02/06/2019

**B 1** SEQUENCE NO. (MDE USE ONLY) **54285** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-17-0366**

1 2 3 6 563957-H please type 70 fill in this form completely 79

**OWNER INFORMATION**

Date Received (APA) **07/13/18**

8 MM DD YY 13

15 Last Name **Heritage Land Development** Owner First Name **PO Box 482** 34

36 Street or RFD **hisbon MD 21765** 55

57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

**Howard** COUNTY 21

**hinden Grove** 23 SUBDIVISION 42

SECTION **44** 46 LOT **15** 48 50

**Woodbine** 52 NEAREST TOWN 71

**DRILLER INFORMATION**

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

Firm Name **Barbu Well Drilling**

Address **522 Underwood Lane 2014**

Signature **[Signature]** Date **7/10/18**

**B 4** SOURCES OF DRILLING WATER

1. **well**

2.

3.

**Daisy Road** 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**350** 34 37

DISTANCE FROM ROAD **FT**

ENTER FT OR MI **38** 39

TAX MAP: **8** BLK: **7** PARCEL **5**

**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)

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.

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

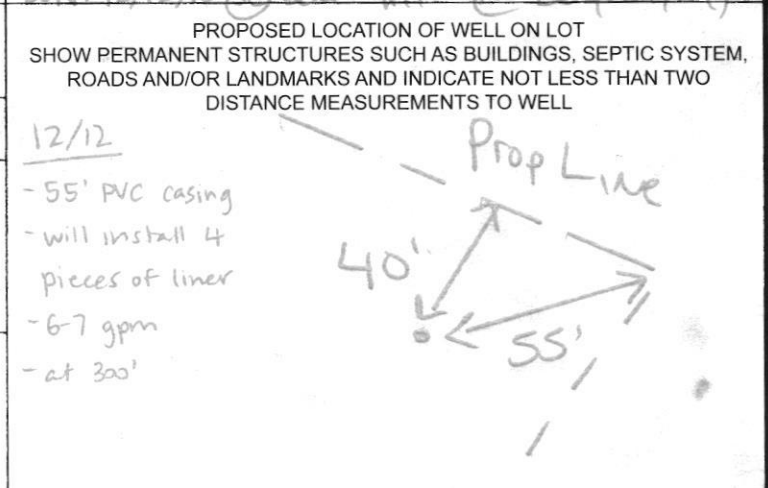
DATE ISSUED **11/14/18** 43 MM DD YY 48

CO SIGNATURE **[Signature]** EXP. DATE **11/14/19**

DON: 12/12/18 (S) DON: 12/14/2018 DON: 01/09/19

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)

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-17-0366** 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: January 9, 2019

Well Depth: 300 feet

Customer Heritage Land Development  
 Road Daisy Road  
 City Woodbine  
 State Maryland

Permit # HO-17-0321  
 Subdivision Linden Grove  
 Section \_\_\_\_\_  
 Lot # 15

Time	Water Level feet <b>PUMP SET AT 100'</b>	Time to Fill 1-gallon bucket seconds	G.P.M.
1:30 PM	35	4	15.00
1:45 PM	70	7	8.57
2:00 PM	90	10	6.00
2:15 PM	90	10	6.00
2:30 PM	90	10	6.00
2:45 PM	90	10	6.00
3:00 PM	90	10	6.00
3:15 PM	90	10	6.00
3:30 PM	90	10	6.00
3:45 PM	90	10	6.00
4:00 PM	90	10	6.00
4:15 PM	90	10	6.00
4:30 PM	90	10	6.00
4:45 PM	90	10	6.00
5:00 PM	90	10	6.00

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

**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: 380 Brecht Rd  
Stressville, 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#: MSD 226

\*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: IMM BROTHERS Telephone #: \_\_\_\_\_  
Subdivision: Linden Grove Lot #: 15 Well Tag #: HO-17-0366 ✓  
Site Address: 413 Heritage Ridge Rd  
Woodbine, MD

06/25/2021  
Ⓟ

**Submersible Pump Data**

Make: Faundfos  
Model #: 155KE07180  
Pump Capacity: 15  
Well Yield: 6

**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: 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): 10'  
Sleeve sealed properly: yes

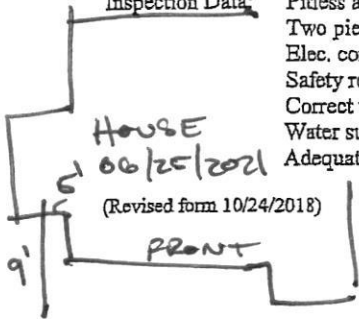
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 6/24/21

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

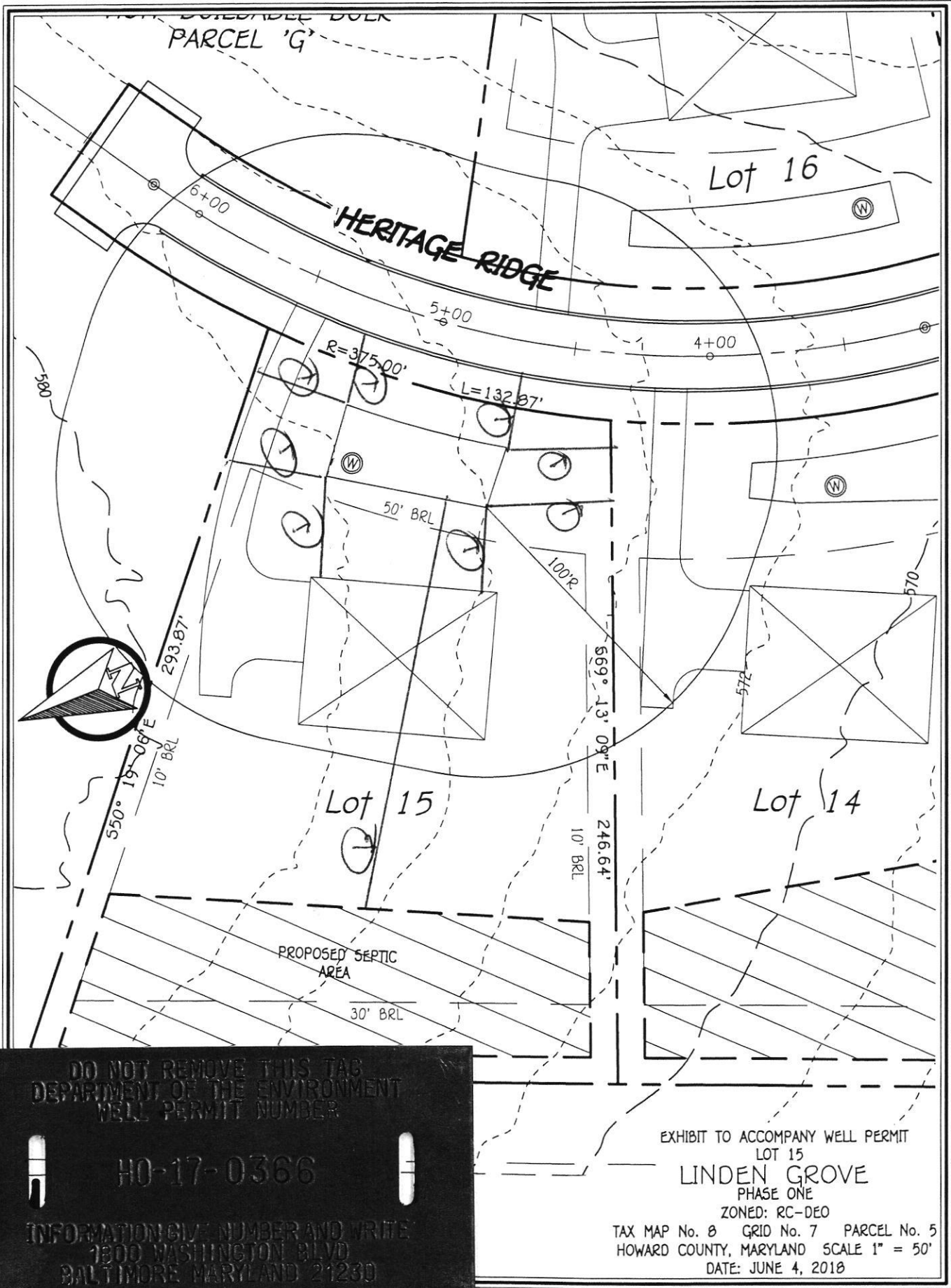
Date Insp. Requested: 06/25/2021 Date Insp. Approved: 06/25/2021 Inspector: [Signature]  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  
Two piece cap installed and attached to casing securely  
Elec. conduit extends at least 18" below grade/attached to cap 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

✓ 60" 06/25/2021 Ⓟ  
✓ 35" 06/25/2021 Ⓟ  
✓ 31" 06/25/2021 Ⓟ





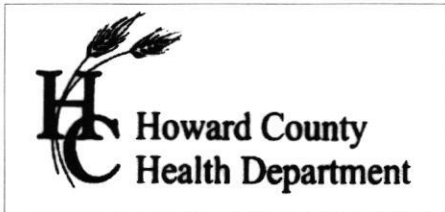
I:\2012\12026\dwg\well exhibits\well exhibit lot 15.dwg, well exhibit lot 15, 7/26/2018 7:13:54 AM, 1:1



DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER  
**HO-17-0366**  
 INFORMATION CALL NUMBER AND WRITE  
 1200 WASHINGTON BLVD  
 BALTIMORE MARYLAND 21230

EXHIBIT TO ACCOMPANY WELL PERMIT  
 LOT 15  
**LINDEN GROVE**  
 PHASE ONE  
 ZONED: RC-DEO  
 TAX MAP No. 8 GRID No. 7 PARCEL No. 5  
 HOWARD COUNTY, MARYLAND SCALE 1" = 50'  
 DATE: JUNE 4, 2018

LINDEN GROVE LOT 15  
 APPROVED @ 7/26/2018 VIA SP-17-003 signed 3/22/18



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

CONFIRM  
LOT 15  
09/14/2018  
09/14/12

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

Well Site Location:

Linden Grove      15      Heritage Ridge  
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 08/23/18 (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.



HOWARD COUNTY HEALTH DEPARTMENT

63957

DATE 7/13/18

1015

Received From

Dr. [unclear] / [unclear]

PHONE #

CASH  
 CHECK  
NO. 1100

For WCC Permit (15) Paper

Two thousand four hundred Dollars

\$ 2400.00

Received By [Signature]



8930 Stanford Blvd, Columbia MD 21045  
(410) 313-6300 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
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**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>15</u>	<u>Heritage Ridge</u>
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

- The well site has been staked by Fisher, Collins and Carter ,  
(professional land surveyor or company employing professional land surveyors)  
on 07/15/18 (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.



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 – April 27, 2021

October 27, 2021

Homeowner  
1413 Heritage Ridge Road  
Woodbine, MD 21797

**RE: Linden Grove, Lot 15**  
**1413 Heritage Ridge Road**  
**Building Permit: B20004570**  
**Well Permit: HO-17-0366**

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 **8/12/2021**. Final approval of the well line connection to the dwelling was granted on **6/25/2021**. The well construction was completed on **1/9/2019**. Water samples were collected on **10/22/2021**.

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-17-0366. 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,

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 #: 148247 Account #: 1933  
Reference: Linden Grove Lot 15 Client: Fogle's Well Pump & Treatment  
Location: 1413 Heritage Ridge Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 10/22/2021 1022 Site: Kitchen  
Date/Time Rec'd: 10/22/2021 1117 Treatment: None  
Chlorine ppm: Free: FD Total: FD pH: 6.2  
Collected By: D. Fogle 0037DF Well #: HO-17-0366

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/23/2021 / 1630 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/23/2021 / 1630 / BCD
Nitrate	7.40	mg/L	10	601	10/22/2021 / 1210 / CRS
Turbidity	2.73	NTU	<10	SM20 2130B	10/22/2021 / 1350 / MEH
Sand	ND	mg/L	5	Visual/Gravimetric	10/22/2021 / 1520 / CRS

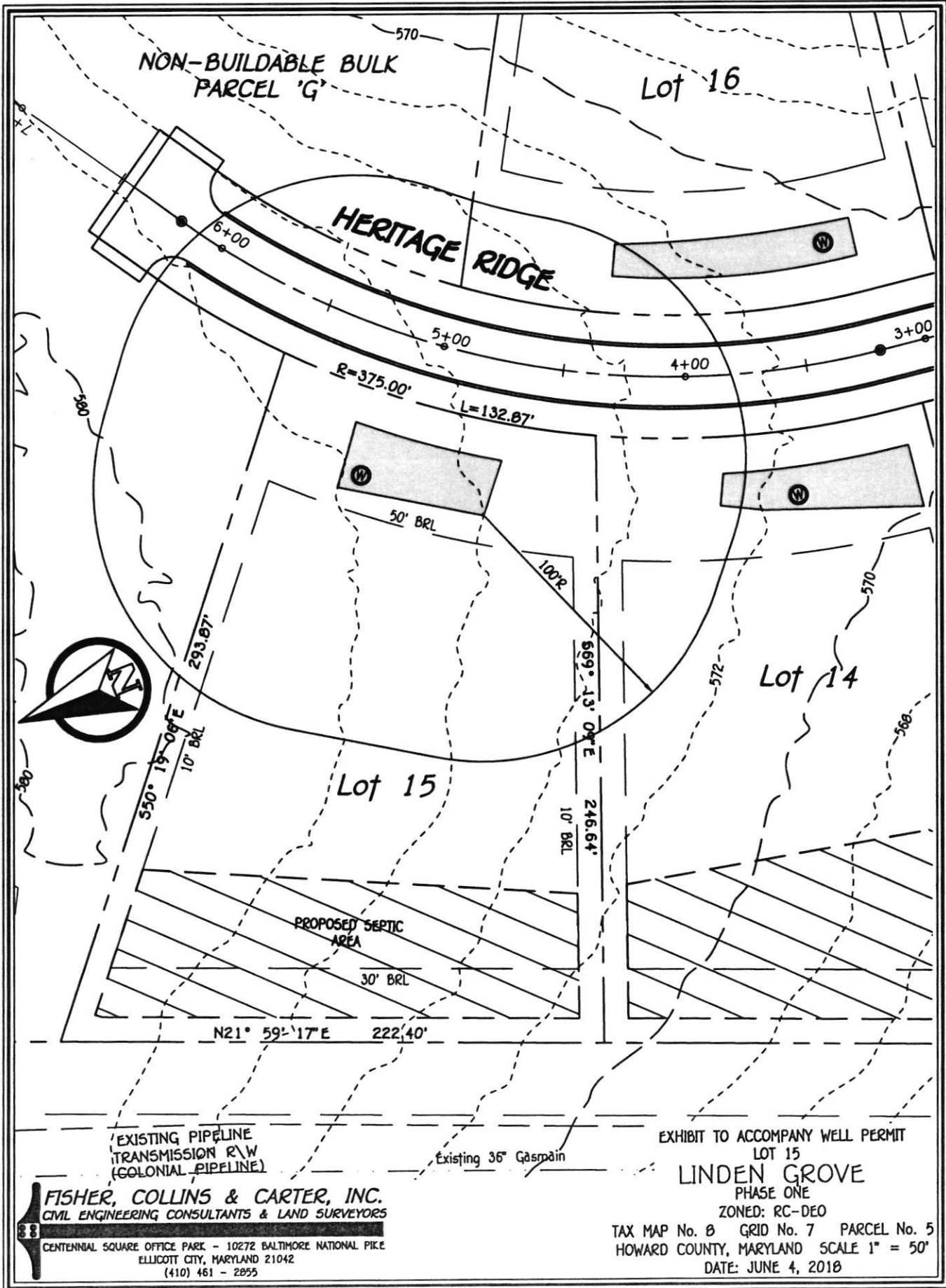
### NOTES:

- 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; N/A: Not Available
- 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 # :** B20004570

Date Reported: 10/25/2021



EXISTING PIPELINE  
TRANSMISSION R/W  
(COLONIAL PIPELINE)

Existing 36" Gasmain

EXHIBIT TO ACCOMPANY WELL PERMIT  
LOT 15

LINDEN GROVE  
PHASE ONE

ZONED: RC-DEO

TAX MAP No. B GRID No. 7 PARCEL No. 5  
HOWARD COUNTY, MARYLAND SCALE 1" = 50'

DATE: JUNE 4, 2018

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

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