

TAG: 9/19/17

B 1	SEQUENCE NO. (MDE USE ONLY) 54048	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 5047750 please type	STATE PERMIT NUMBER Ho-18-0044
	1 2 3 6		fill in this form completely

**OWNER INFORMATION**

Date Received (APA) 030519  
8 MM DD YY 13

15 Last Name First Name  
EIM STREET DEVELOPMENT

36 Street or RFD  
5704 DORSEY HALL ROAD

57 Town State Zip  
ELLICOTT CITY MD 21042

**LOCATION OF WELL**

8 COUNTY 21  
HOWARD

23 SUBDIVISION 42  
SIMPSON / DENAULT

SECTION 44 46 LOT 48 50  
21

52 NEAREST TOWN 71  
DAYTON

**DRILLER INFORMATION**

Driller's Name License No.  
RANDALL L. ALEXANDER M WD 576

Firm Name  
ALEXANDER'S WELL DRILLING

Address  
126 W. MAIN ST. PO BOX 443 FAIRFELD PA 17320

Signature Date  
[Signature] 2/19/19

**SOURCES OF DRILLING WATER**

1. WELL WATER

11 STREET ADDRESS 30  
GREEN BRIDGE RD.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
WEST EAST  
SOUTH

APPROX 1000 FT  
DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 27 BLK: \_\_\_\_\_ PARCEL 36-37-98

**WELL INFORMATION**

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400  
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**

COUNTY NAME COUNTY NO.  
HOWARD 31

STATE SIGNATURE INSERT S → 41

DATE ISSUED 04/24/2019  
43 MM DD YY 48

CO SIGNATURE EXP. DATE 07/07/2019

APPROXIMATE DEPTH OF WELL 500 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

**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

07/09/2019  
Pump @ 240  
Soc 24  
16' from [structure]

**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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

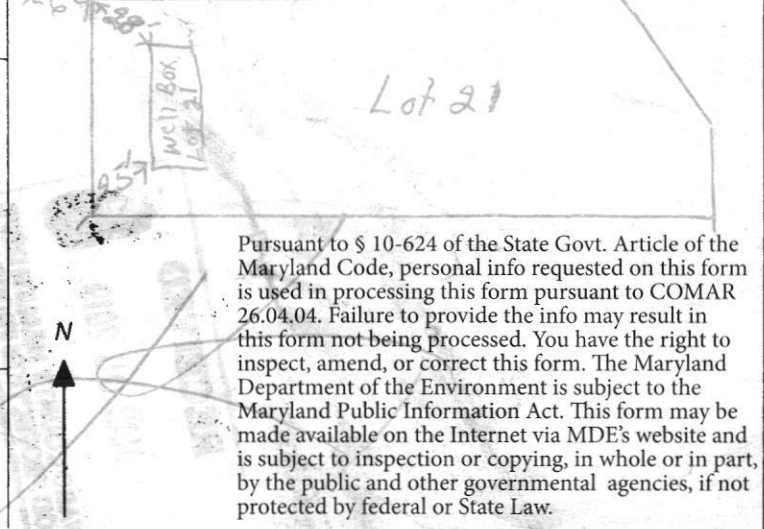
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52



**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER Ho-2017-6001

PERMIT No. Ho-18-0044  
70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS** SEE ATTACHED MEMO

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





**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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535  
 Address: P.O. Box 63  
 Woodbine, Maryland 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): Dave C. 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: Willow Creek Lot #: 21 Well Tag #: HO-18-0044 ✓ 09/01/2022  
 Site Address: 6050 Bricker Rd  
Bayton, MD 21036

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Grundfos</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>1550E10-220</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity: <u>15</u>	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>6.6</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>400</u> (feet)		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** N/A

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: 1" poly pipe	PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 200 psi (160 psi min)	Length of sleeve (5' minimum from foundation): 6'
Depth of supply line: 36" (36" min)	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: 9/1/2022

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

Date Insp. Requested: 09/01/2022 Date Insp. Approved: 09/01/2022 Inspector: \_\_\_\_\_  
 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

✓ 36" 09/01/2022 [Signature]  
 ✓ 30" 09/01/2022 [Signature]  
 ✓ 28" 09/01/2022 [Signature]  
 ✓

(Revised form 10/24/2018)



**INTERIM CERTIFICATE OF POTABILITY**  
**Expiration Date – JUNE 2, 2023**

December 2, 2022

Homeowner  
6050 Bricker Road  
Clarksville, MD 21029

**RE: Willowshire, Lot 21**  
**6050 Bricker Road**  
**Building Permit: B22000597**  
**Well Permit: HO-18-0044**

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 **9/30/2022**. Final approval of the well line connection to the dwelling was granted on **9/1/2022**. The well construction was completed on **7/9/2019**. Water samples were collected on **11/14/2022, 11/21/2022**.

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-18-0044. 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>

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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,



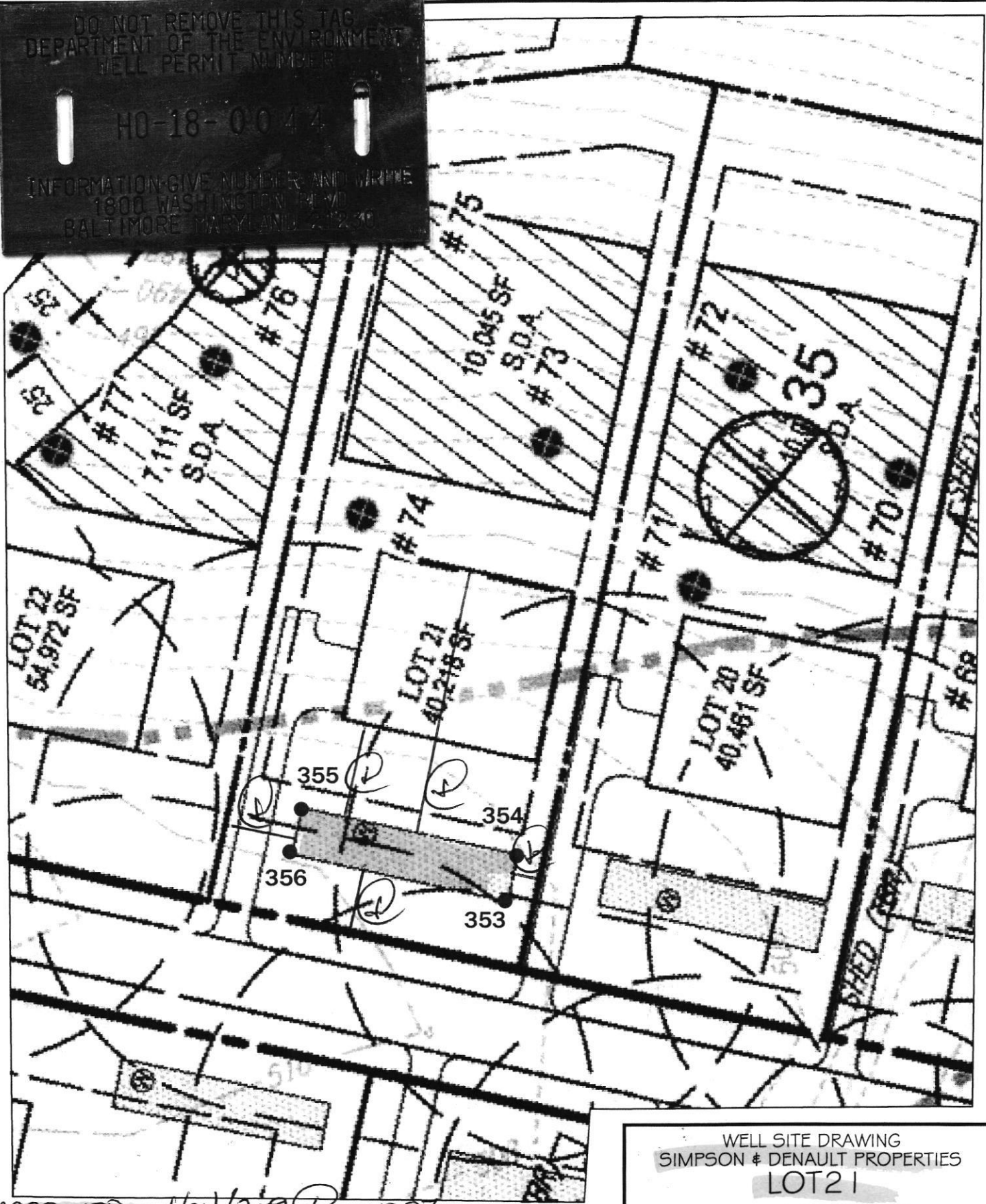
Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

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

HO-18-00

INFORMATION: GIVE NUMBER AND PHONE  
1800 WASHINGTON AVE  
BALTIMORE, MARYLAND

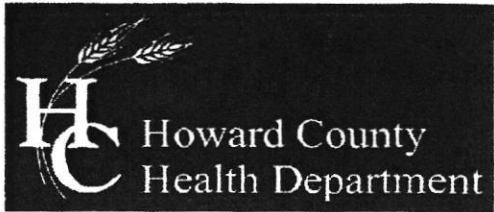


APPROVED 4/24/2019  
STAKED BY  
SHAN. AND LANE

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

WELL SITE DRAWING  
SIMPSON & DENAULT PROPERTIES  
LOT 21

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



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

X 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.



# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 155763 Account #: 1933  
Reference: Willow Creek Lot 21 Client: Fogle's Well Pump & Treatment  
Location: 6050 Bricker Road Requested By: Dave Fogle  
Dayton, MD 21036 Source: Well Water  
Date/ Time Collected: 11/14/2022 1005 Site: Pressure Tank  
Date/Time Rec'd: 11/15/2022 0755 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: J. Smith 2896JS Well #: HO-18-0044

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/16/2022 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/16/2022 / 0830 / CRS
Nitrate.	4.78	mg/L	10	EPA 300.0	11/15/2022 / 1251 / TSD
Turbidity	0.49	NTU	<10	SM2130B	11/15/2022 / 0845 / TSD
Sand	>5	mg/L	5	Visual/Gravimetric	11/15/2022 / 0830 / 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 # : B22000597

Date Reported: 11/16/2022

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:	155925	Account #:	1933
Reference:	Willow Creek Lot 21	Client:	Fogle's Well Pump & Treatment
Location:	6050 Bricker Road Dayton, MD 21036	Requested By:	Dave Fogle
Date/ Time Collected:	11/21/2022 1225	Source:	Well Water
Date/Time Rec'd:	11/22/2022 1114	Site:	First Floor Bath Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Evans 0309JE	pH:	5.8
		Well #:	HO-18-0044

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	11/22/2022 / 1620 / MEW

### NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 # :** B22000597

Date Reported: 11/23/2022

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

**MEMORANDUM**

TO: **Alexander's Well Drilling**  
**Attn: Randall Alexander MWD 00576**  
126 W Main Street  
P.O. Box 443  
Fairfield, PA 17320

FROM: **Joseph Cabahug** *(Signature) 04/24/2019*  
Licensed Environmental Health Specialist **001997**  
Howard County Health Department  
**Well & Septic Program**

RE: **Simpson and Denault Well Permit Special Conditions**

DATE: **04/24/2019**

This memorandum serves to inform the driller serving The Simpson and Denault Subdivision for construction of a new potable wells for residential use of the special conditions associated with the release of the well permits.

In accordance with current approved Percolation Certification (signed 03/27/2019), the following conditions apply:

**Note 15(d)** Wells installed on **Lots 2 – 8, 12 – 14, 23, 26 – 34, 38, and 39** must be installed as steel casing to depth of at least 50' below the soil surface or 10 feet into competent bedrock, whichever is deeper.

In accordance with the Water Appropriation and Use Permit (**HO2017G001(01)**), the following conditions apply:

**Page 3, Section 15:** 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 of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well 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 the minimum yield standards during simultaneous testing. All wells shall comply with the well construction requirements.

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

Lots that are less than one acre are shown below.

MINIMUM LOT SIZE CHART			
LOT No.	GROSS AREA (SF)	PIPE STEM	NET AREA
1	54,825		54825
2	59,641		59641
3	55,018		55018
4	41,925		41925
5	40,840		40840
6	55,788		55788
7	55,833		55833
8	45,774		45774
9	42,992		42992
10	44,020		44020
11	42,068		42068
12	40,362		40362
13	41,330		41330
14	56,648	6700	49948
15	40,459		40459
16	49,871		49871
17	40,003		40003
18	40,443		40443
19	40,461		40461
20	40,461		40461
21	40,218		40218
22	54,686		54686
23	55,798		55798
24	44,052	1375	42677
25	41,612	2906	38706
26	48,488	5322	43166
27	46,396		46396
28	40,768		40768
29	44,270		44270
30	44,589		44589
31	46,366		46366
32	49,299		49299
33	47,918		47918
34	52,931		52931
35	54,827	2518	52309
36	44,800	3617	41183
37	55,035	4441	50595
38	33,223	2913	30310
39	31,227		31227
40	35,865		35865
41	40,100		40100
42	34,182		34182
43	41,390		41390
44	41,360		41360
45	45,097		45097
<b>TOTAL AREA</b>	<b>2,043,259</b>	<b>AC.</b>	<b>46.91</b>
			<b>S.F.</b>

Please reach out to the Howard County Health Department – Bureau of the Environment with further questions.

Cc: File



HOWARD COUNTY HEALTH DEPARTMENT

64807

DATE 3/17/19

WS

Received From

Abraham's well Drilling

PHONE #

77642-596

CASH

CHECK

NO. 20911

For

Well permits (2) Green Bridge Rd.

Three thousand three hundred sixty dollars

\$ 3300.00

Received By

J King