

TAG = 02/15/2019

| | | | |
|-----|--------------------------------------|---|-----------------------------------|
| B 1 | SEQUENCE NO. (MDE USE ONLY) 54055 | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 5/24/19 | STATE PERMIT NUMBER HO-18-0047 |
| | 1 2 3 6 | | fill in this form completely |

OWNER INFORMATION

Date Received (APA) 03/05/19

8 MM DD YY 13

ELM STREET DEVELOPMENT

15 Last Name Owner First Name 34

5704 DORSEY HALL ROAD

36 Street or RFD 55

ELICOT CITY MD 21042

57 Town 70 State 72 Zip 76

LOCATION OF WELL

HOWARD

8 COUNTY 21

SIMPSON / DENAULT

23 SUBDIVISION 42

SECTION 44 46 LOT 24 48 50

DAYTON

52 NEAREST TOWN 71

DRILLER INFORMATION

PANDAL ALEXANDER M W D 576

Driller's Name 76 License No. 81

ALEXANDER'S WELL DRILLING

Firm Name

1226 W. MAIN ST PO BOX 443 FAIRFIELD

Address

PA 17320

Signature Date 2/12/19

SOURCES OF DRILLING WATER

1. WELL WATER

2.

3.

GREEN BRIDGE RD

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH

WEST EAST

SOUTH

APPROX 1700

34 1000 37

DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 27 BLK: PARCEL 3436-98

WELL INFORMATION

APPROX. PUMPING RATE 5

(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 400

(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

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 01/24/2019

43 MM DD YY 48 CO SIGNATURE EXP. DATE 07/24/2020

APPROXIMATE DEPTH OF WELL 500 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

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

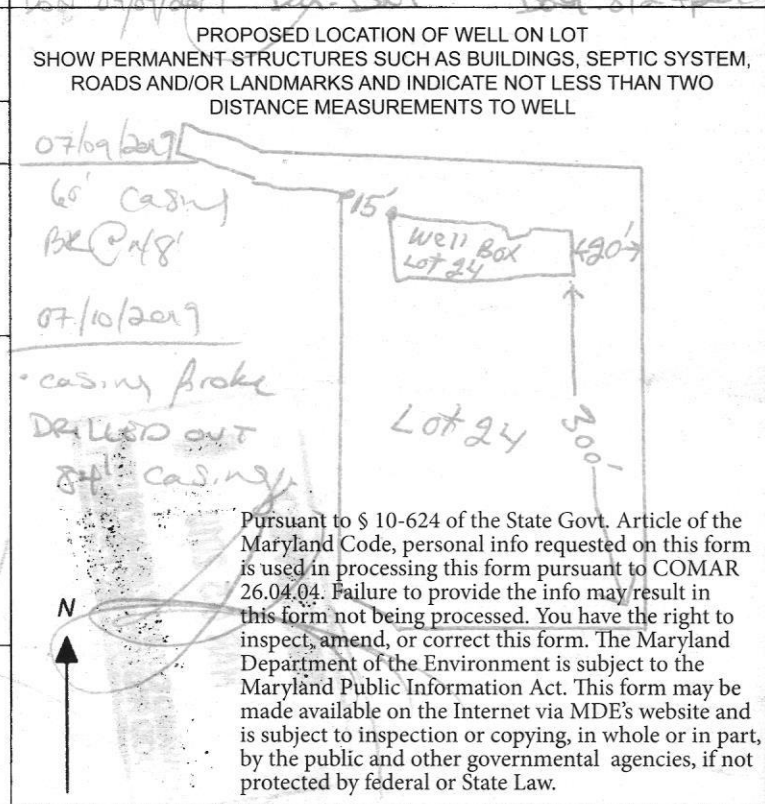
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER 402017G001

PERMIT No. HO-18-0047

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.

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: 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 #: 24 Well Tag #: HO-18-0047
 Site Address: 7005 Colt Place
Dayton, MD 21036 11/09/2022

Submersible Pump Data

Make: Grundfos
 Model #: 1956E10-220
 Pump Capacity: 15
 Well Yield: 5

Pitless Adapter

Make: Campbell
 Model#: N/A
 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: 400 (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 N/A

Piping to house

Type: 1" poly pipe
 PSI: 200 psi (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.

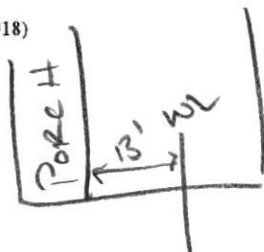
Signature of company representative responsible for installation: [Signature] Date: 11/18/2022

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

Date Insp. Requested: 11/09/2022 Date Insp. Approved: 11/09/2022 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

[Checkmarks]
 36" 11/09/2022 [Signature]
 29" 11/09/2022 [Signature]
 29" 11/09/2022 [Signature]

(Revised form 10/24/2018)





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 – SEPTEMBER 9, 2023

March 9, 2023

Homeowner
7005 Colt Place
Dayton, MD 21036

RE: Willowshire, Lot 24
7005 Colt Place
Building Permit: B21002776
Well Permit: HO-18-0047

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 **11/22/2022**. Final approval of the well line connection to the dwelling was granted on **11/9/2022**. The well construction was completed on **8/27/2019**. Water samples were collected on **3/2/2023**.

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-18-0047. 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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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 #: 157699 Account #: 1933
Reference: Willow Creek Lot 24 Client: Fogle's Well Pump & Treatment
Location: 7005 Colt Place Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 3/2/2023 1130 Site: Kitchen Sink Tap
Date/Time Rec'd: 3/2/2023 1325 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.6
Collected By: J. Evans 0309JE Well #: HO-18-0047

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-----------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 3/3/2023 / 0840 / TSD |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 3/3/2023 / 0840 / TSD |
| Nitrate. | <0.40 | mg/L | 10 | EPA 300.0 | 3/2/2023 / 1458 / TSD |
| Turbidity | <0.30 | NTU | <10 | SM2130B | 3/2/2023 / 1605 / TSD |
| Sand | ND | mg/L | 5 | Visual/Gravimetric | 3/2/2023 / 1530 / 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; N/A: Not Available
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B21002776

Date Reported: 3/3/2023

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** *JP 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.

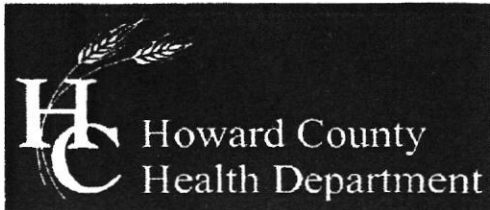
Maura J. Rossman, M.D., Health Officer

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 |
| TOTAL AREA | 2,043,259 | AC. | 46.91 |
| | | | S.F. |

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

Cc: 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:

Handwritten notes: 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. GREEN BRIDGE RD.

SIMPSON/DENAULT

Subdivision/Property Name

Lot #

GREEN BRIDGE RD.

Road Name

The well site has been staked by SHANBERGER & 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.





HOWARD COUNTY HEALTH DEPARTMENT

64807

DATE 3/17/19

WS

Received From

Alexander's well drilling

PHONE # 776-42-596

For

Well permits (2) Green Bridge Rd.

CASH

CHECK

NO.

20911

Three thousand three hundred sixty dollars

\$ 3360.00

Received By

J King