

C1 66801 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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 08 24 2021

DATE WELL COMPLETED MM DD YY 07 15 2021 APPROVED [Signature] Depth of Well 145 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-20-0096

OWNER Holly J. Nicholas WELL SITE ADDRESS 14850 Old English Rd. TOWN Woodlawn SUBDIVISION Mc Carver Estates West SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: MS D 6272 DRILLERS SIGNATURE [Signature] LIC. NO.: D

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 11 NO. OF POUNDS 4034 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 31 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST 6 33 60 61 63 64 66 70

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) 31 145

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20.0 METHOD USED TO MEASURE PUMPING RATE Budget WATER LEVEL (distance from land surface) BEFORE PUMPING 8 ft. WHEN PUMPING 8 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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) 2

LATITUDE 39.33987 LONGITUDE 77.0244 (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. 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.

B 1 **61288** SEQUENCE NO. (MDE USE ONLY) **1572818** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER **HO-20-0096** fill in this form completely 79

Date Received (APA) **05 06 2021** OWNER INFORMATION  
 8 MM DD YY 13  
 15 Last Name **Lally** Owner First Name **J. Nicholas** 34  
 36 Street or RFD **14830 Old Frederick Rd** 55  
 57 Town **Woodbine Md** 70 State **MD** 72 Zip **21797** 76

B 3 LOCATION OF WELL  
 8 COUNTY **Howard** 21  
 23 SUBDIVISION **McCann Estates West** 42  
 SECTION **44** 46 LOT **1** 48 50  
 52 NEAREST TOWN **Woodbine** 71

DRILLER INFORMATION  
 Driller's Name **Larry Mayne** M **5** D **027** 76 License No. 81  
 Firm Name **Joseph Mayne Well Drilling**  
 Address **5512 Ridge Rd, Mt Airy Md 21771**  
 Signature **Larry Mayne** Date **4-29-2021**

B 4 SOURCES OF DRILLING WATER  
 1. **Well** 11 STREET ADDRESS **14830 Old Frederick Rd** 30  
 2. **6/21/21**  
 3. **11 Bags Portland Cement**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH [ ] WEST [ ] EAST [ ] SOUTH [ ]  
 DISTANCE FROM ROAD **420** 34 37 ENTER FT OR MI **4** 38 39  
 TAX MAP: **8** BLK: **10** PARCEL **270**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 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

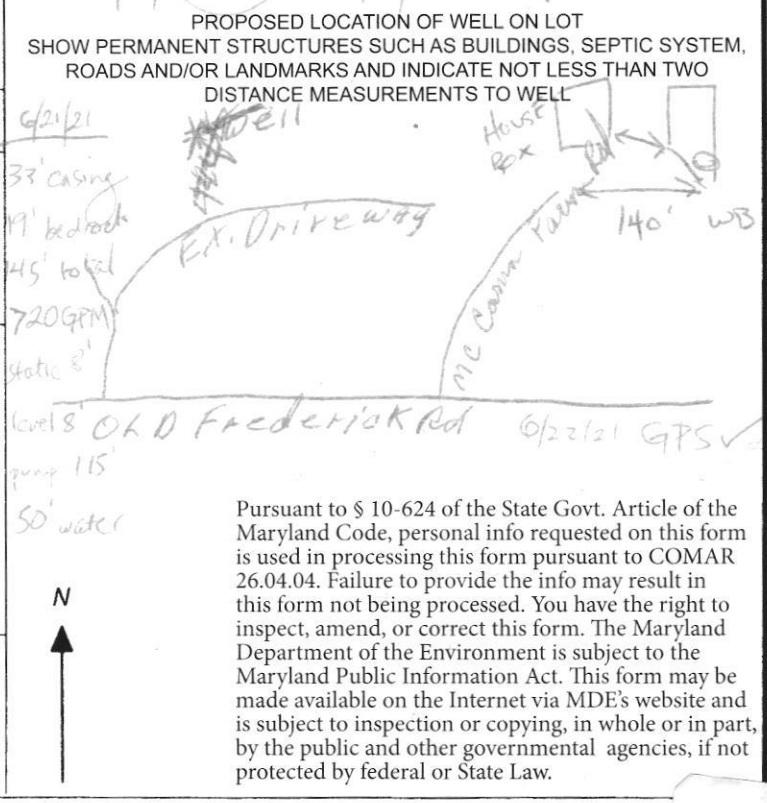
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **HOWARD** COUNTY NO. **XIII**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **05/20/2021** 43 MM DD YY 48 CO SIGNATURE \_\_\_\_\_ EXP. DATE **05/20/2022** 41  
 DON: 6/18/21 DOG: 6/21/21 DOY: 6/2/21

APPROXIMATE DEPTH OF WELL **300** FEET 24 28  
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 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)  
 APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. **HO-20-0096** 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.



**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: Williamsburg Homes Telephone #: 443-896-8433  
 Subdivision: McCann Farm Lot #: 1W Well Tag #: HO-20-0098  
 Site Address: 4770 McCann Farm Rd  
Woodbine, MD 21797

**Submersible Pump Data**

Make: Gundorf  
 Model #: ISSQE07-180  
 Pump Capacity: 15  
 Well Yield: 15

**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: 240 (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**

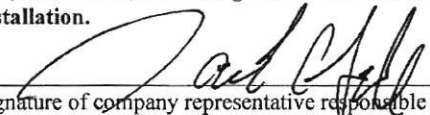
**Piping to house**

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

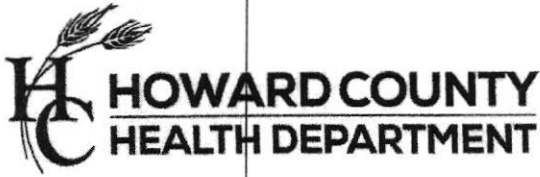
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

  
 Signature of company representative responsible for installation

12/8/2022  
 Date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ 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 \_\_\_\_\_



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

**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: Williamsburg Group Telephone #: 443-896-8433  
 Subdivision: McLann Farm Lot #: 1E Well Tag #: HO-20-0096  
 Site Address: 14750 McLann Farm Rd  
Woodbine, MD 21797 11/09/2022

**Submersible Pump Data**

Make: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_  
 Well Yield: \_\_\_\_\_

**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: \_\_\_\_\_ (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.**

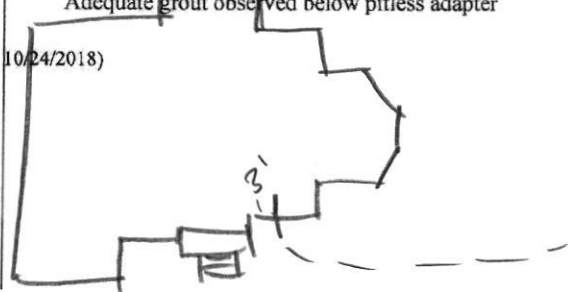
Signature of company representative responsible for installation: [Signature] Date: 11/18/2022

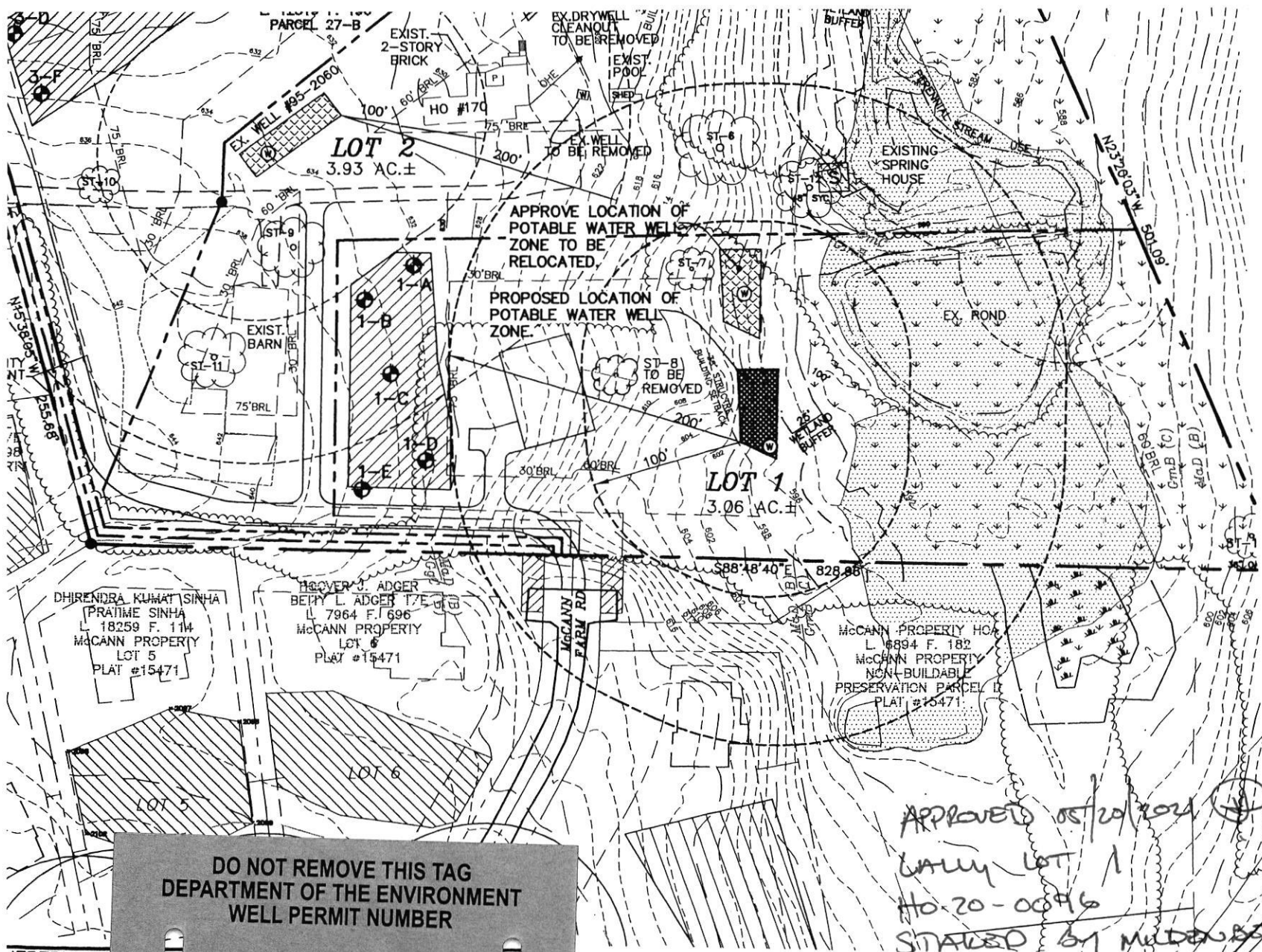
**For Health Department Use Only – Not to be completed by Installer**

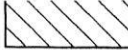



Date Insp. Requested: 11/09/2022 Date Insp. Approved: 11/09/2022 Inspector: \_\_\_\_\_  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  
 Two piece cap installed and attached to casing securely  
 Elec. conduit extends at least 18" below grade/attached to cap 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

[Signature] 36" 11/09/2022  
[Signature] 29" 11/09/2022  
[Signature] 20" 11/09/2022

(Revised form 10/24/2018)



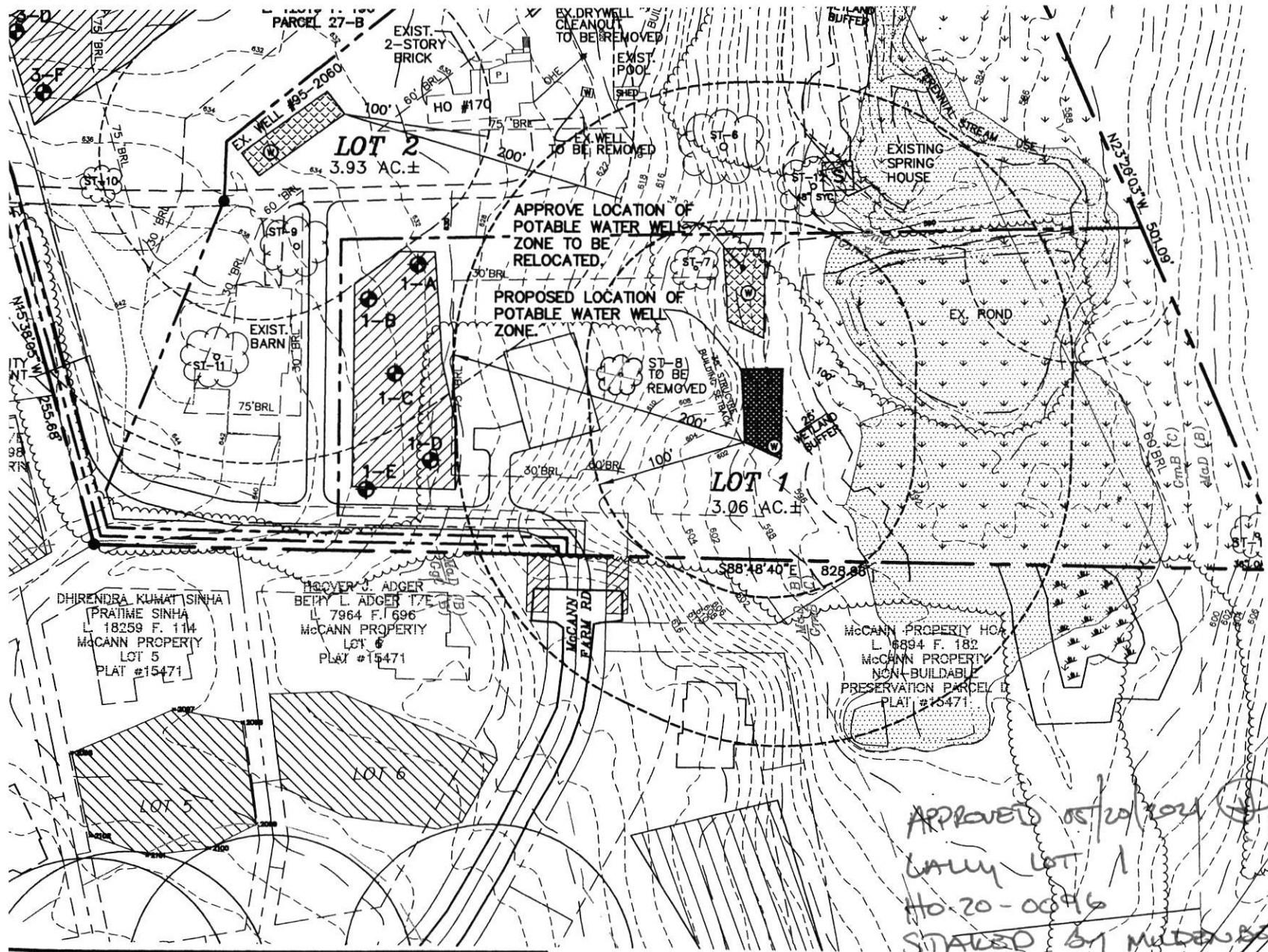






6.  THIS AREA
7.  THIS SYMBOL
8. TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THE PROPERTY HAS BEEN EXAMINED AND FOUND TO BE FREE OF ALL CONTAMINANTS.
9. THE LOTS SHOWN HEREON ARE THE ENTIRE INTERESTS OF THE DEVELOPER.
10.  THIS SYMBOL INDICATES THE DIRECTION OF NORTH.
11.  THIS SYMBOL INDICATES THE LOCATION OF A WELL.
12. ALL WELLS SHALL BE INSTALLED IN ACCORDANCE WITH THE MARYLAND WELL DRILLING HOLDING ACT AND REGULATIONS.
13. ANY CHANGES TO A PERCOLATION CERTIFICATE SHALL BE MADE IN ACCORDANCE WITH THE MARYLAND WELL DRILLING HOLDING ACT AND REGULATIONS.
14. THE LOTS SHOWN HEREON ARE THE ENTIRE INTERESTS OF THE DEVELOPER.
15. THE PURPOSE OF THIS PERCOLATION CERTIFICATE IS TO OBTAIN A PERCOLATION CERTIFICATE FOR THE PROPERTY TO CREATE A SUBDIVISION.
16. THE EXISTING WELL IN LOT 1 IS TO BE ABANDONED WITH DOCUMENTATION OF THE FINAL RECORD PLAT.
17. THE EXISTING DRY WELL IN LOT 1 IS TO BE ABANDONED WITH DOCUMENTATION OF THE FINAL RECORD PLAT OR AS OBTAINED PRIOR TO ABANDONMENT.
18. MDE HAS APPROVED THE GRADIENT OF THE SEWER LINES FOR LOTS 2 & 3; AND THE EXISTING SPRING HOUSE AND ARE SUBJECT TO THE FOLLOWING CONDITIONS:
  - NEW WELLS WITH A MINIMUM OF 5 FEET DEEPER.
  - A BAT UNIT SHALL BE INSTALLED IN THE INITIAL SYSTEM.
19. THE EXISTING SPRING HOUSE SHALL BE ELECTRICAL CONNECTED TO THE SEWER LINE IN THE WALL SEALED OFF FROM THE SEWER LINE NOTIFIED PRIOR TO ABANDONMENT.

APPROVED 05/20/2024  
 ONLY LOT 1  
 HO-20-0096  
 STAMPED BY M... ..

**DO NOT REMOVE THIS TAG**  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER  
 HO-20-0096  
 INFORMATION - GIVE NUMBER AND WRITE  
 1800 WASHINGTON BLVD  
 BALTIMORE MARYLAND 21230

THE PURPOSE OF THIS REVISED PERCOLATION PLAT IS TO RELOCATE THE PROPOSED RESERVED WELL ZONE ON LOT 1.



6.  THIS AREA
7.  THIS SYMBOL
8. TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THE PROPERTY HAS BEEN EXAMINED AND FOUND TO BE SUITABLE FOR THE PROPOSED DEVELOPMENT.
9. THE LOTS SHOWN HEREON ARE THE RESULT OF A REVISION TO THE ORIGINAL PLAT.
10.  THIS SYMBOL INDICATES THE DIRECTION OF TRUE NORTH.
11.  THIS SYMBOL INDICATES THE LOCATION OF AN EXISTING WELL.
12. ALL WELLS SHALL BE THE RESPONSIBILITY OF THE DEVELOPER'S RESPONSIBILITY UPON SUBMISSION OF THE PERCOLATION PLAT. THE WELL DRILLING CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.
13. ANY CHANGES TO A PERCOLATION CERTIFICATE SHALL BE THE RESPONSIBILITY OF THE DEVELOPER.
14. THE LOTS SHOWN HEREON ARE THE RESULT OF A REVISION TO THE ORIGINAL PLAT.
15. THE PURPOSE OF THIS PERCOLATION PLAT IS TO RELOCATE THE PROPOSED RESERVED WELL ZONE ON LOT 1.
16. THE EXISTING WELL IN LOT 2 SHALL BE ABANDONED WITH DOCUMENTATION TO BE SUBMITTED WITH THE FINAL RECORD PLAT.
17. THE EXISTING DRY WELL IN LOT 2 SHALL BE ABANDONED WITH DOCUMENTATION TO BE SUBMITTED WITH THE FINAL RECORD PLAT OR APPROVED PRIOR TO THE PERCOLATION PLAT BEING ABANDONED.
18. MDE HAS APPROVED THE GRADIENT OF THE SEWER LINES ON LOTS 2 & 3; AND THE PERCOLATION PLAT IS SUBJECT TO THE FOLLOWING CONDITIONS:
  - NEW WELLS WITH A MINIMUM OF 5 FEET DEEP.
  - A BAT UNIT WITH AN INITIAL SYSTEM.
19. THE EXISTING SPRING HOUSE SHALL BE ABANDONED WITH DOCUMENTATION TO BE SUBMITTED WITH THE FINAL RECORD PLAT.

APPROVED 05/20/2024  
 LARRY LOT 1  
 HO-20-0046  
 STAMPED BY M... ..

HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 26859, EXP DATE 08/08/21

AMER A. ALOMER, P.E.      10/15/2020      DATE:

THE PURPOSE OF THIS REVISED PERCOLATION PLAT IS TO RELOCATE THE PROPOSED RESERVED WELL ZONE ON LOT 1.

19. THE EXISTING SPRING ELECTRICAL CONNECTION IN THE WALL SEALED OFF OF THE ENVIRONMENT NOTIFIED PRIOR TO ABANDONMENT.



HOWARD COUNTY HEALTH DEPARTMENT

72818

DATE 10/20/20

W5

Received From

Nicholas John Kelly

PHONE #

CASH  
 CHECK

For WAP permits - 14830 - Old Frederick Rd.

NO. 232

Six hundred forty

Dollars

\$ 640.00

Received By

J King



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 – AUGUST 14, 2023

February 14, 2023

Homeowner  
14740 McCann Farm Road  
Woodbine, MD 21797

**RE: McCann Farm Est., Lot 1E  
14740 McCann Farm Rd  
Building Permit: B21004406  
Well Permit: HO-20-0096**

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 **1/20/2023**. Final approval of the well line connection to the dwelling was granted on **11/9/2022**. The well construction was completed on **6/21/2021**. Water samples were collected on **12/14/2022, 12/20/2022**.

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-20-0096. 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

---

**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,

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 #: 156298 Account #: 1933  
Reference: McCann Farm Lot 1E Client: Fogle's Well Pump & Treatment  
Location: 14740 McCann Farm Drive Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 12/14/2022 0930 Site: Pressure Tank  
Date/Time Rec'd: 12/14/2022 1125 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: J. Smith 2896JS Well #: HO-20-0096

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/15/2022 / 0845 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/15/2022 / 0845 / CRS
Nitrate.	5.54	mg/L	10	EPA 300.0	12/14/2022 / 1523 / MEW
Turbidity	11.0	NTU	<10	SM2130B	12/15/2022 / 0915 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	12/14/2022 / 1620 / MEW

### NOTES:

- 1 Report revised to correct location address, per client. 2/13/23 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 9 Visual well check: Sealed, vented cap

**Reason for Test :** Use & Occupancy  
**Building Permit # :** B21004406

Date Reported: 2/13/2023

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:	156387	Account #:	4470
Reference:	McCann Farm Estates Lot 1 East	Client:	Williamsburg Homes LLC
Location:	14740 McCann Farm Road	Requested By:	Bill McBride
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	12/20/2022 1130	Site:	Pressure Tank
Date/Time Rec'd:	12/20/2022 1439	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	J. Yeager 0819JY	Well #:	HO-20-0096

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	6.65	NTU	<10	SM2130B	12/20/2022 / 1505 / TSD

2

### NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy

**Building Permit # :** B21004406

Date Reported: 12/20/2022