

C1 61878

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 XIII

ST/CO USE ONLY DATE Received 10/16/2009

DATE WELL COMPLETED 09/18/19

Approved 10/21/2009

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0077

OWNER Elm Street Development WELL SITE ADDRESS Green Bridge Road TOWN SUBDIVISION Simpson Property SECTION LOT 30

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 (Soil, Brown shale, med GRAI, Rock), FEET (FROM, TO), check if water bearing.

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 25 NO. OF BOUNDS 1875 GALLONS OF WATER 125 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 63 ft.

CASING RECORD

main casing TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 63

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

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Table with columns: A C H S C R E E N, 1 2 3, 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

DIAMETER OF SCREEN (NEAREST INCH) from to

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10.0 METHOD USED TO MEASURE PUMPING RATE Wash/Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 72 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,B,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 36 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) 1

LATITUDE 39.23301 LONGITUDE 77.00763 (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.

TAC-9/1/2019

B 1 **63171** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HO-18-0077**
APPLICATION FOR PERMIT TO DRILL WELL *5647931* please type *fill in this form completely*

OWNER INFORMATION
 Date Received (APA) **03/19/19**
 8 MM DD YY 13
Elm Street Development
 15 Last Name Owner First Name 34
1355 Beverly Rd
 36 Street of RFD 55
McLean VA 22101
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
Howard COUNTY 8 21
Simpson Property 23 SUBDIVISION 42
 SECTION 44 46 LOT 30 48 50
Dayton 52 NEAREST TOWN 71

DRILLER INFORMATION
Michael Barlow M Wd 355
 Driller's Name 76 License No. 81
Barlow Well Drilling
 Firm Name
522 Underwood Lane 2014
 Address
 Signature *[Signature]* Date **3-12-19**

B 4 **SOURCES OF DRILLING WATER**
 1. **Well**
 2.
 3. **Green Bridge Road** 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 2800 34 +500 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **2A** BLK: **18** PARCEL

B 2 **WELL INFORMATION**
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12 **750**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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

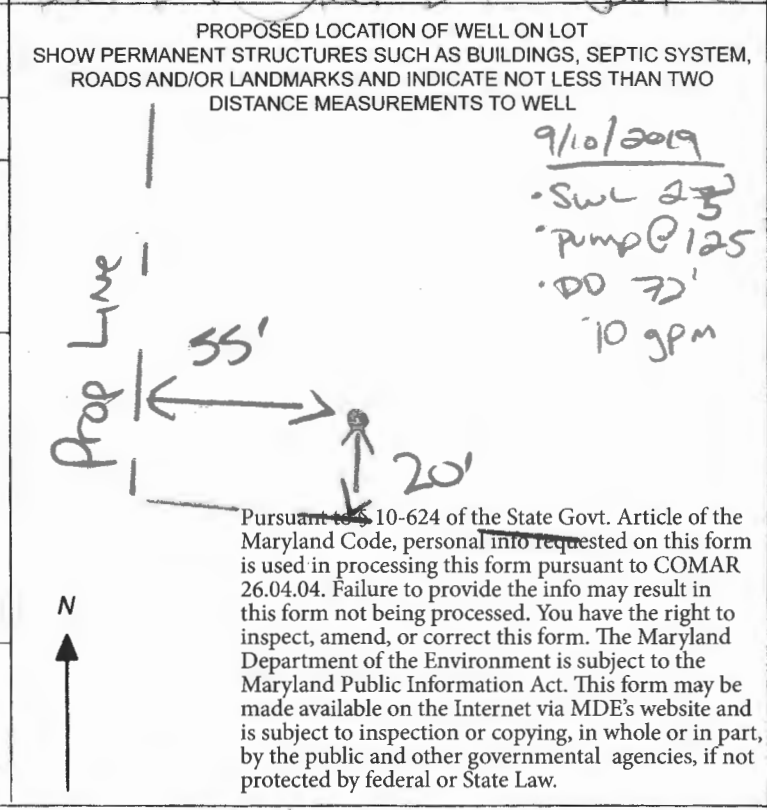
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **XULL** COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **05/17/2020** 41
 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE **9/10/2019**

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

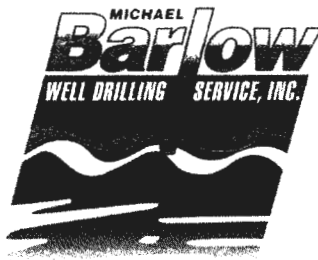
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

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
 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)
 APPROX. PERMIT NUMBER **HO2017G001**
 PERMIT No. **HO-18-0077**
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED **SEE ATT. MEMO 5/17/2019 UPDATE**



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:	September 10, 2019		
Well Depth:	300	feet	
Customer	Elm Street Development	Permit #	HO-18-0077
Road	Green Bridge Rd	Subdivision	Simpson Property
City	Dayton	Section	
State	Maryland	Lot #	30

Time	Water Level feet Pump set at 125'	Time to Fill 1-gallon bucket seconds	G.P.M.
7:45 AM	25	5	12.00
8:00 AM	66	5	12.00
8:15 AM	80	6	10.00
8:30 AM	77	6	10.00
8:45 AM	76	6	10.00
9:00 AM	75	6	10.00
9:15 AM	74	6	10.00
9:30 AM	72	6	10.00
9:45 AM	72	6	10.00
10:00 AM	72	6	10.00
10:15 AM	72	6	10.00
10:30 AM	72	6	10.00
10:45 AM	72	6	10.00

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.



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 – OCTOBER 13, 2023

April 13, 2023

Homeowner
7016 Colt Place
Dayton, MD 21036

RE: Willowshire, Lot 30
7016 Colt Place
Building Permit: B22001843
Well Permit: HO-18-0077

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 ~~3/16/2023~~ **3/16/2023**. Final approval of the well line connection to the dwelling was granted on **11/16/2022**. The well construction was completed on **10/21/2019**. Water samples were collected on **3/31/2023, 4/12/2023**.

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-18-0077. 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 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

THE MARYLAND DEPARTMENT OF THE ENVIRONMENT
 NEPA/ANALYSIS REPORT NUMBER: 10-000000-0000
 DATE: 10/1/2011
 PROJECT TITLE: 10-000000-0000
 INFORMATION FOR THE PUBLIC AND AGENCIES
 PUBLIC MEETING: 10/1/2011
 ADDRESS: MARYLAND
 21230



APPROVED 5/17/2017
 STATE BY SHAN/LANE
 HO-18-0077

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 30
 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 Blvd | Columbia, MD 21045
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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: Tall Brothers Telephone #: _____
 Subdivision: Willow Creek Lot #: 30 Well Tag #: HO-18-0077 ✓
 Site Address: 7516 Golf Place
Dayton, MD 21036

Submersible Pump Data

Make: Grundfos
 Model #: 1550G07180
 Pump Capacity: 15
 Well Yield: 10 gpm
 Depth of well encountered at time of pump installation: 300 (feet)

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

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

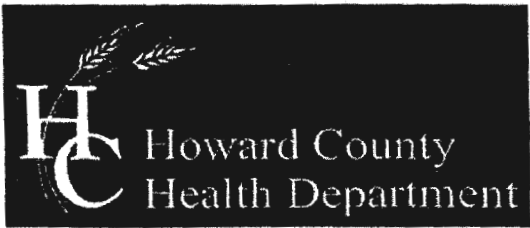
PVC sleeve to undisturbed soil at wall penetration: yes
 Length of sleeve (5' minimum from foundation): 6'
 Sleeve sealed properly: yes

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: 11/14/2022

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

Date Insp. Requested: 11/16/22 Date Insp. Approved: 11/16/22 Inspector: SP
 Inspection Data: 45' 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 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:

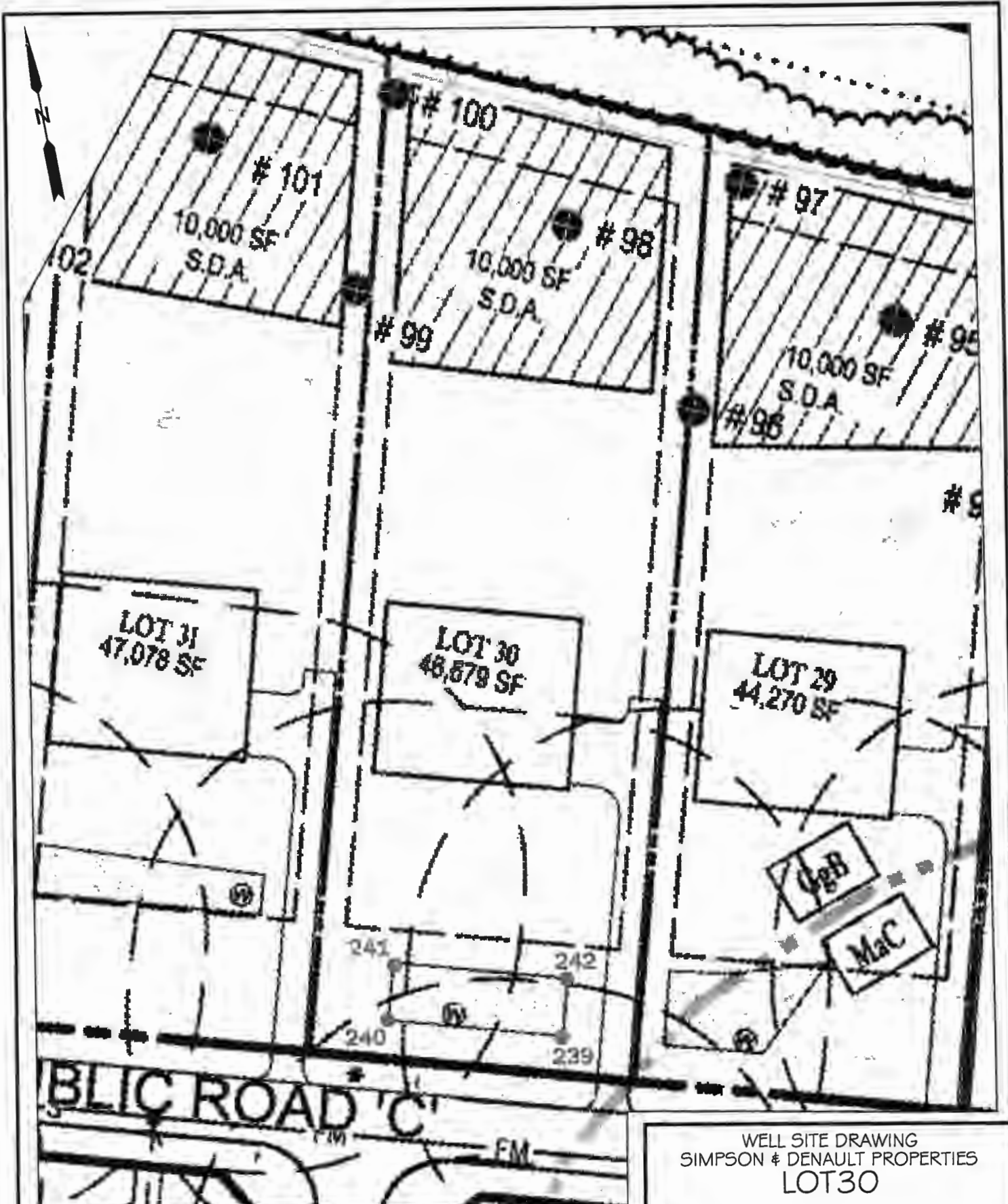
Well Site Location:

<u>Simpson Property</u>	<u>30 + 42</u>	<u>Green Bridge RD</u>
Subdivision/Property Name	Lot #	Road Name

^{Revised} The well site has been staked by Shanaberger + Lane
(professional land surveyor or company employing professional land surveyors)
on 4-26-19 (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.



SHANABERGER & LANE
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WELL SITE DRAWING
 SIMPSON & DENAULT PROPERTIES
 LOT 30

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

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: 190918110140

LAB#- E060374-01 SAMPLE ID- Simpson Property Lot 30 WELL # HO 18-0077
LOCATION- Well Head SAMPLER- 8862MI
DATE SAMPLED- 09/10/2019 TIME SAMPLED- 11:00 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 12:44	MAP	10.1	mg/L
Wet Chemistry by Enviro-Chem					
Chloride	EPA 300.0	09/12/19 15:49	BMG	14.4	mg/L
Dissolved Solids	SM 2540C	09/12/19 15:06	FRD	135	mg/L

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 158267 Account #: 1933
Reference: Willow Creek Lot 30 Client: Fogle's Well Pump & Treatment
Location: 7016 Colt Place Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 3/31/2023 1040 Site: Kitchen Sink
Date/Time Rec'd: 3/31/2023 1230 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Evans 0309JE Well #: HO-18-0077

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/1/2023 / 1600 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/1/2023 / 1600 / BCD
Nitrate.	4.87	mg/L	10	EPA 300.0	3/31/2023 / 1534 / CRS
Turbidity	1.35	NTU	<10	SM2130B	3/31/2023 / 1520 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	3/31/2023 / 1500 / 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
- 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 # : 22001843

Date Reported: 4/3/2023

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 158439 Account #: 1933
Reference: Willow Creek Lot 30 Client: Fogle's Well Pump & Treatment
Location: 7016 Colt Place Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 4/12/2023 1220 Site: Kitchen Sink
Date/Time Rec'd: 4/12/2023 1405 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Evans 0309JE Well #: HO-18-0077

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/13/2023 / 0900 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/13/2023 / 0900 / TSD

NOTES:

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Date Reported: 4/13/2023