

C1 61885

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 2000

ST/CO USE ONLY DATE RECEIVED 10/11/2019

DATE WELL COMPLETED 08 27 19 APPROVED 10/21/2019 Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0014

OWNER Elm Street Development WELL SITE ADDRESS Green Bridge Rd TOWN DARTON SUBDIVISION Simpson Property SECTION LOT 27

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing |
|---|------|-----|------------------------|
| | FROM | TO | |
| Soil | 0 | 5 | |
| Brown shale | 5 | 42 | |
| Med GRAI Rock | 42 | 70 | |
| SOFT GRAI Rock | 70 | 120 | ✓ |
| Med GRAI Rock | 120 | 300 | ✓ |
| | | 106 | ✓ |
| | | 211 | ✓ |

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) WELL GROUT

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 21 NO. OF POUNDS 1575

GALLONS OF WATER 105

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 57 ft.
(enter 0 if from surface)

CASING RECORD

main casing TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 57

OTHER CASING (if used)
EACH CASING diameter depth (feet)
ST 5 55 125

SCREEN RECORD

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

DEPTH (nearest ft.)

HO 57 300

1 2 3 4 5 6 7 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
from to

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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. M D 355
DRILLERS SIGNATURE WRD 113
LIC. NO. D

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.P.O.S.) W Q

PUMPING TEST 3

HOURS PUMPED (nearest hour) 8⁰⁰ 57

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Water/Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 16 ft.
WHEN PUMPING 190 ft.

TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) 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 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)

LATITUDE 39 23 28 S
LONGITUDE 76 49 99 W
(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.

TAB = 10/21/2019

B 1 SEQUENCE NO. (MDE USE ONLY) **63168** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-18-0074**

DATE RECEIVED (APA) **05/17/2019** **504793-1** please type **fill in this form completely**

OWNER INFORMATION

Date Received (APA) **05/17/2019**

8 MM DD YY 13

15 Last Name **Elm Street Development** Owner First Name **34**

36 Street or RFD **1355 Beverly Road** 55

57 Town **McLean** 70 State **VA** 72 Zip **22101** 76

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Simpson Property** 42

SECTION **44** 46 LOT **27** 48 50

52 NEAREST TOWN **Dayton** 71

DRILLER INFORMATION

Driller's Name **Michael Barbaw** M **WD 355** License No. **81**

Firm Name **Barbaw Well Drilling**

Address **522 Underwood Lane 21014**

Signature **[Signature]** Date **3-12-19**

B 4 SOURCES OF DRILLING WATER

1. **Well**

11 STREET ADDRESS **Green Bridge Rd** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

2600 34 **7500** 37

DISTANCE FROM ROAD **Ft** ENTER FT OR MI **38 39**

TAX MAP: **27** BLK: **18** PARCEL

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 **750** 12

AVERAGE DAILY QUANTITY NEEDED (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

COUNTY NAME **Howard** COUNTY NO. **[XIII]**

STATE SIGNATURE **[Signature]** INSERT S →

DATE ISSUED **05/17/2019** 43 MM DD YY 48 **05/17/2020** 41 EXP. DATE

CO SIGNATURE **[Signature]** **EXP. DATE** **8/27/24**

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH 52 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** DRIVEPOINT

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

39 THIS WELL WILL REPLAGE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

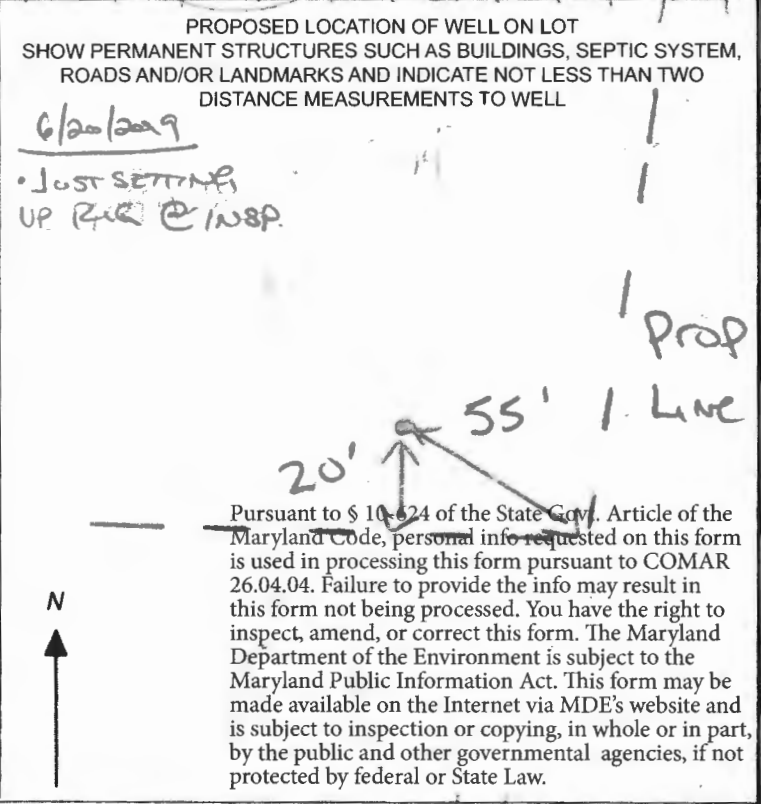
THIS WELL WILL DEEPEIN AN EXISTING WELL

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 **HO2007G001**

PERMIT No. **HO 18-0074** 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- **SEE ATTACHED MEMO 5/17/2019 UPDATE**



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

| | | | |
|----------------------|------------------------|-------------|----------------------------|
| Date Test Completed: | August 27, 2019 | | |
| Well Depth: | 300 | feet | <i>Crabtree 10/21/2019</i> |
| Customer | Elm Street Development | Permit # | HO-18-0077 |
| Road | Green Bridge Rd | Subdivision | Simpson Property |
| City | Dayton | Section | |
| State | Maryland | Lot # | 27 |

| Time | Water Level feet Pump set at 250' | Time to Fill 1-gallon bucket seconds | G.P.M. |
|---------|---|--|--------|
| 1:15 PM | 16 | 4 | 15.00 |
| 1:30 PM | 87 | 4 | 15.00 |
| 1:45 PM | 139 | 4 | 15.00 |
| 2:00 PM | 193 | 7 | 8.57 |
| 2:15 PM | 192 | 7 | 8.57 |
| 2:30 PM | 192 | 7 | 8.57 |
| 2:45 PM | 192 | 7 | 8.57 |
| 3:00 PM | 191 | 7 | 8.57 |
| 3:15 PM | 191 | 7 | 8.57 |
| 3:30 PM | 191 | 7 | 8.57 |
| 3:45 PM | 191 | 7 | 8.57 |
| 4:00 PM | 191 | 7 | 8.57 |
| 4:15 PM | 190 | 7 | 8.57 |
| 4:30 PM | 190 | 7 | 8.57 |
| 4:45 PM | 190 | 7 | 8.57 |

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: 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 #: 27 Well Tag #: HO-18-0074
 Site Address: 7004 Colk Place
Dayton, MD 21036

Submersible Pump Data

Make: Grundfos
 Model #: 155AED1-180
 Pump Capacity: 15
 Well Yield: 8.5

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: 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 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.

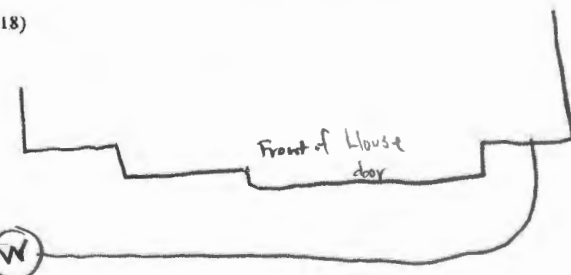
Signature of company representative responsible for installation: [Signature] Date: 9/26/2022

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

Date Insp. Requested: 9/21/22 Date Insp. Approved: 11/16/22 Inspector: RR
 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

*WCR cond met. HO tabs OK.
 Cor found w/ STB (NOE)
 - no grout observed w/ 4ft probe*

(Revised form 10/24/2018)



9/28/22. Spoke fogle onsite, original well casing very far out of the ground but still could not verify grout, fogle dug down as far as was safe and observed no grout. Driller will need to regrout the well (RR)

Wolf, Kevin

From: Michael Barlow <mb@mbwd.us>
Sent: Thursday, September 29, 2022 4:35 PM
To: Wolf, Kevin
Subject: Lot 27 Willow Creek

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Kevin,

We raised the well casing on lot 27 by 20 ft earlier this year they may have cut it down some I would suggest check the grout log and inspection report from when it was grouted and yield tested as I'm sure it was grouted.

Sincerely,

Michael Barlow, President
Michael Barlow Well Drilling Service: Phone (410) 838-6910
Thermal Loop Corporation: Phone (410) 879-3588
522 Underwood Lane, Bel Air, MD 21014
Fax: (410) 838-3582



<http://www.michaelbarlowwelldrilling.com/>
<http://www.thermalloopcorp.com>
<https://www.facebook.com/barlowdrilling/>

Wolf, Kevin

From: Rappaport, Ryan
Sent: Friday, October 7, 2022 1:56 PM
To: Carrie Condon; Wolf, Kevin; Cabahug, Joseph; Martin, Sharhonda
Subject: RE: Willow Creek Lot 27

Hi Carrie, This was something Kevin was trying to work out with the builder/contractor. He'll be the final call for the ICOP.

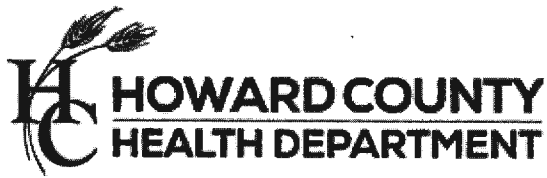
Ryan

From: Carrie Condon <Carrie@foglesinc.com>
Sent: Friday, October 7, 2022 10:09 AM
To: Wolf, Kevin <KWolf@howardcountymd.gov>; Cabahug, Joseph <jcabahug@howardcountymd.gov>; Rappaport, Ryan <RRappaport@howardcountymd.gov>; Martin, Sharhonda <smmartin@howardcountymd.gov>
Subject: Willow Creek Lot 27

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hello,
I wanted to follow up regarding Lot 27 at Willow Creek (7004 Colt Place) and the grout. Do you all need to re-inspect so the rest of the well line can be backfilled?
To my knowledge, Barlow had talked to Kevin about there being approval of the grout when the well was drilled. I'm not sure if there was a lot of fill dirt brought in but this casing was like 20' high! Brian tried to dig down as far as he could but couldn't find any grout.
The builders are just wanting to make sure everything is ok'ed by you all so there is no hold up when they go to do the U & O!

Carrie Condon
Fogle's Well Pump & Water Treatment, LLC
24 HR EMERGENCY SERVICE! 410-795-1535
www.fogleswellpump.com
"LIKE" us on Facebook!!



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 – JULY 11, 2023

January 11, 2023

Homeowner
7004 Colt Place
Dayton, MD 21036

**RE: Willowshire, Lot 27
7004 Colt Place
Building Permit: B21003270
Well Permit: HO-18-0074**

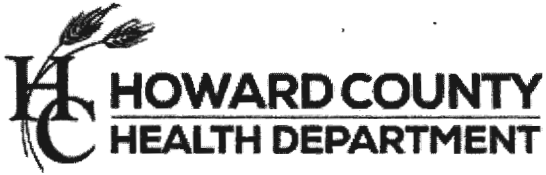
Dear Homeowner:

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 **11/1/2022**. Final approval of the well line connection to the dwelling was granted on **1/11/2023**. The well construction was completed on **8/27/2019**. Water samples were collected on **1/3/2023**.

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-18-0074. 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

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

MEMORANDUM

TO: Michael Barlow Well Drilling
Attn: Michael Barlow MWD 355
522 Underwood Lane
Bel Air, MD 21014

FROM: Joseph Cabahug *J Cabahug*
Licensed Environmental Health Specialist **001997**
Howard County Health Department
Well & Septic Program

RE: Simpson and Denault Well Permit Special Conditions

DATE: 05/17/2019

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.

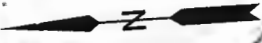
Lots 26, 28, 38 – 44

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

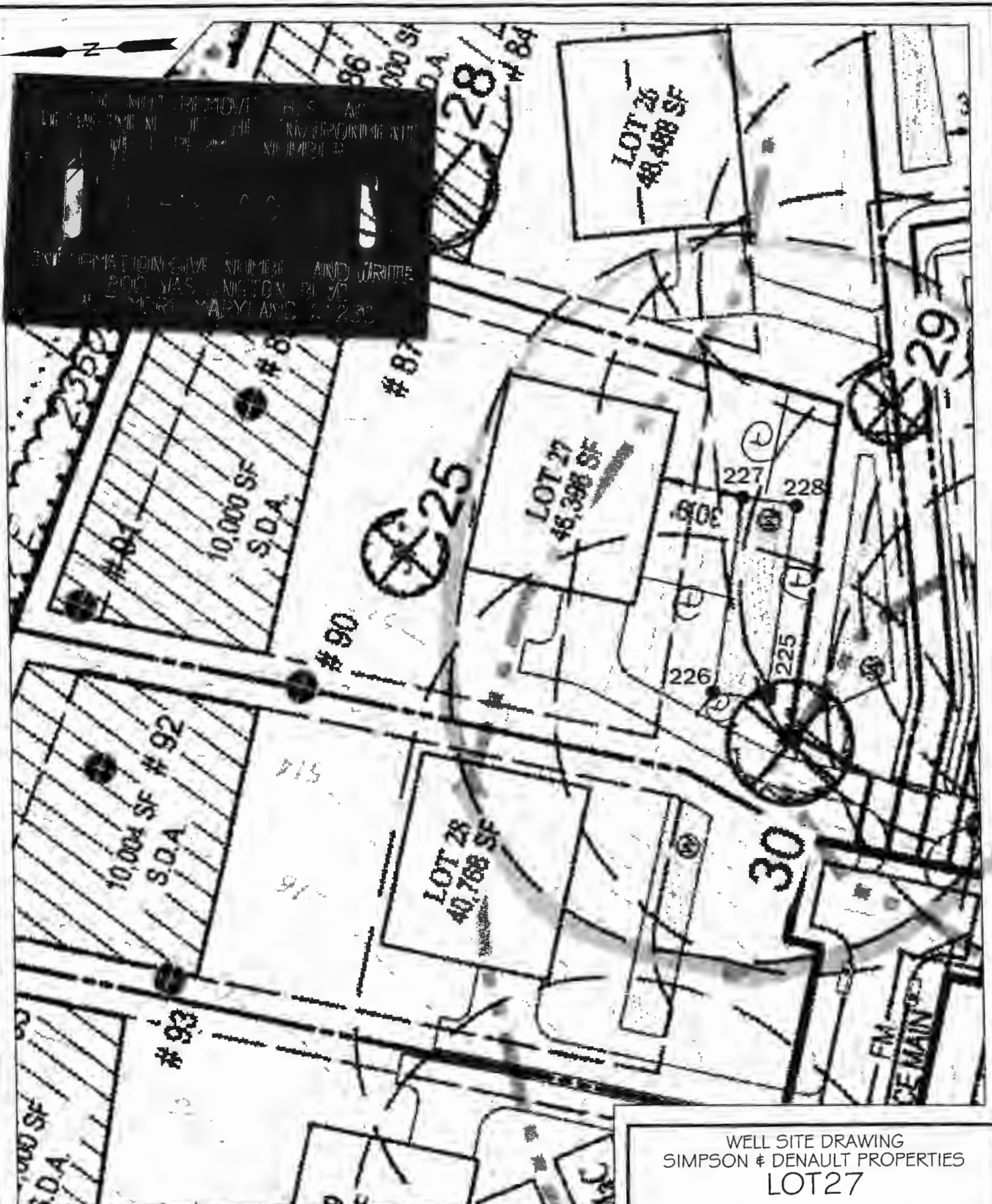
Lots that are less than one acre are shown below.

| 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.



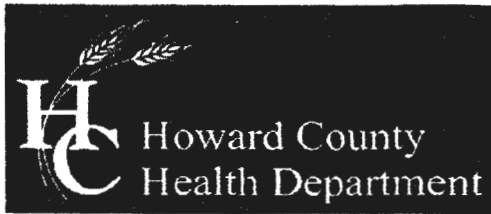
DO NOT REMOVE THIS INFORMATION GIVE NUMBER AND WRITE
 DATE WAS IN NOTION BY ME
 MORE MARYLAND 21230



APPROVED 5/16/2019
 STAKED BY SHANABERGER & LANE
 HO-18-0074

SHANABERGER & LANE
 5726 TOWN AND COUNTRY BLVD., SUITE 201
 ELLICOTT CITY, MD. 21043
 (410)461-9563 FAX: (410)461-9693

WELL SITE DRAWING
 SIMPSON & DENAULT PROPERTIES
 LOT 27
 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:

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

Well Site Location:

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 #: 156547 Account #: 1933
Reference: Willow Creek Lot 27 Client: Fogle's Well Pump & Treatment
Location: 7004 Colt Place Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 1/3/2023 0900 Site: Kitchen Sink Tap
Date/Time Rec'd: 1/3/2023 1214 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: T. Cassell 0767TC Well #: HO-18-0074

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-----------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 1/4/2023 / 0830 / CRS |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 1/4/2023 / 0830 / CRS |
| Nitrate. | 1.65 | mg/L | 10 | EPA 300.0 | 1/3/2023 / 1602 / TSD |
| Turbidity | 3.45 | NTU | <10 | SM2130B | 1/4/2023 / 0910 / MEW |
| Sand | ND | mg/L | 5 | Visual/Gravimetric | 1/3/2023 / 1545 / 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 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 # :** B32003270Date Reported: 1/4/2023