

C1 07798

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED

Approved 10/22/20 (ST) Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0024

OWNER Heritage Land Development WELL SITE ADDRESS last name first name TOWN Woodbine SUBDIVISION Linden Grove 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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for SOIL, BROWN Shale, SOFT GRAY Rock, MED GRAY Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

caseing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

OTHER CASING (if used)

diameter inch depth (feet) PL 4 1/2 from 39 to 150

SCREEN RECORD

screen type or open hole insert appropriate code below STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.)

HO 55 300

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Watch/Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 36 WHEN PUMPING 40 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

LATITUDE 39.33008 LONGITUDE 77.06147 (DEFAULT COORD. WGS 84)

NOTES:

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. M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. WRO D 113

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

Tag: 8/13/20

B 1 68358 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL HO-20-0024
 please type 567894-F 70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) 07/08/20
 8 MM DD YY 13
Heritage Land Development
 15 Last Name Owner First Name 34
PO Box 482
 36 Street or RFD 55
Lisbon Md 21765
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
Howard COUNTY 21
Linden Grove 23 SUBDIVISION 42
 SECTION 44 46 LOT 30 48 50
Woodbine 52 NEAREST TOWN 71

DRILLER INFORMATION
Michael Barlow M W D 355
 Driller's Name 76 License No. 81
Barlow Well Drilling
 Firm Name
500 Underwood Ln, Bel Air, Md 21014
 Address
[Signature] 7-1-2020
 Signature Date

B 4 **SOURCES OF DRILLING WATER**
 1. Well
 2. 8/18/20
 3. 12 GPM
Static 30'
level 40'
pump 155'

Heritage Ridge Rd STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 30 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 8 BLK: 7 PARCEL 5

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 750
 (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 13 COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 07/21/20 Susan Thomas 07/21/21
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON: 8/13/20 DOG: 8/13/20 DOY: 8/18/20

APPROXIMATE DEPTH OF WELL 300 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

8/13/20 - insp @ 3pm
well completed and already grouted
300' deep
55' casing
sleeve 100' from 55' to 155'
due to soft rock
hit H2O @ 250'
10' gpm

Prop Line

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 HO 20 0024 (01)
 PERMIT No. HO 20 0024
 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- Na Cl TDS samples required

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: PO Box 63
Woodbine, MD 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): Daniel 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: Linden Grove Lot #: 30 Well Tag #: HO-20-0024 (35)
 Site Address: 1441 Heritage Ridge Rd
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell+</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1550E01-80</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u>	GPM Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>12</u>	GPM NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>YES</u>

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 wrenches / Cable guards / Other acceptable method used
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>2000</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>16'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

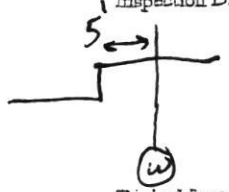
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 5/11/22

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

Date Insp. Requested: 5/11/22 Date Insp. Approved: 5/11/22 Inspector: _____
 Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	41"
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	36"
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	14"
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	20"
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	



(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – APRIL 19, 2023

October 19, 2022

Homeowner
1441 Heritage Ridge Road
Woodbine, MD 21797

RE: Linden Grove, Lot 30
1441 Heritage Ridge Rd
Building Permit: B21002811
Well Permit: HO-20-0024

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 **7/27/2022**. Final approval of the well line connection to the dwelling was granted on **5/11/2022**. The well construction was completed on **8/18/2020**. Water samples were collected on **10/4/2022**.

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-20-0024. 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>

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

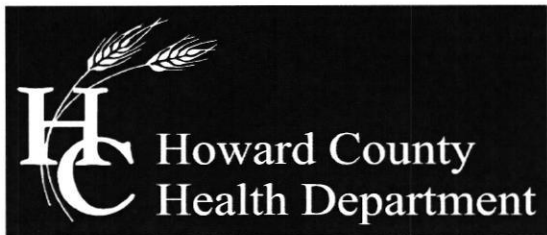
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

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



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

Sodium, Chloride and Total Dissolved Solids water sampling results

February 2, 2021

Heritage Land Development
PO Box 482
Lisbon, MD 21765

Re: Linden Grove, Lot 30
Heritage Ridge Rd
Well Permit: HO-20-0024

Dear Heritage Land Development,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from your well water. These samples were collected directly from the raw well water when your well was drilled.

Sodium from your well measured 6.60 mg/L. There is no maximum contaminant level for sodium, however elevated sodium levels in drinking water could affect individuals on low-salt diets. If anyone in your household is on a low-salt diet, you may want to discuss these results with your physician.

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from your well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from your well measured 101 mg/L.**

Feel free to contact me at the number or email below with any questions regarding the results of water sampling.

Respectfully,

A handwritten signature in cursive script that reads 'Susan Thomas'.

Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well and Septic Program
410-313-6287
sathomas@howardcountymd.gov

✓ Cc: File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 154948 Account #: 1933
Reference: Linden Grove Lot 30 Client: Fogle's Well Pump & Treatment
Location: 1441 Heritage Ridge Road Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 10/4/2022 1030 Site: Kitchen Sink
Date/Time Rec'd: 10/4/2022 1203 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Evans 0309JE Well #: HO-20-0024

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/5/2022 / 0835 / MEW
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/5/2022 / 0835 / MEW
Nitrate.	9.47	mg/L	10	EPA 300.0	10/4/2022 / 1503 / TSD
Turbidity	<0.30	NTU	<10	SM2130B	10/4/2022 / 1555 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	10/4/2022 / 1255 / 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 # : 21002811

Date Reported: 10/5/2022

Send Report To: Best Nixon

Howard County Health Department
Bureau of Environmental Health
2930 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
MDH-Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205
WATER ANALYSIS


E21000471001
Received: 08/19/2020
Inorganic HOST0024

S A M P L E I D	Bottle Number <u>HOST0024CLTDS</u> Name <u>Linden Grove, Lot 30</u> County <u>Howard</u> County Code <u>13</u>			
	Address <u>Linden Grove, Lot 30</u> Data Category Code <u>4F</u>			
	Collected: Date <u>8/18/2020</u> Time <u>2:15 pm</u> Collector & Phone <u>Susan Thomas, 410-313-6287</u> Submitter Code <u> </u>			
	CHECK (one per box)			
<input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other	<input type="checkbox"/> Community <input type="checkbox"/> Non-community <input type="checkbox"/> Private <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Source (raw water) <input type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL	<input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Recheck <input type="checkbox"/> Special	<input type="checkbox"/> Federal Project

F I E L D	Plant No. <u> </u> Sampling Station <u> </u> Preservation: Iced <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Type of Acid <u> </u>
	pH <u>5.5</u> Chlorine: Free <input type="checkbox"/> Total <input type="checkbox"/> Specific Conductance <u> </u>
	Notes to Lab/Remarks: <u>Taken at end of yield</u>

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
<input checked="" type="checkbox"/>	Ammonia - N		
<input checked="" type="checkbox"/>	Chloride		
<input checked="" type="checkbox"/>	Conductance*, Spec.		
<input checked="" type="checkbox"/>	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate + Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		
	<u>NO TEMPERATURE CONTROL IN COOLER. SAMPLE SHOULD BE EMBEDDED IN ICE/WATER SLURRY WITH A TEMPERATURE CONTROL (PLAIN WATER IN THE SAME TYPE OF CONTAINER USED FOR THE SAMPLE), NO FREEZER PACKS, PLEASE</u>		
	<u>*FREEZER PACK, NO ICE. 8/19/20 985</u>		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief _____

*Samples are tested as received.

Date Reported _____



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No E21000471 Date Coll. 08/18/2020 Date Received: 08/19/2020 Submitted By: S. Thomas

Field ID: HOST0024
Lab No.: E21000471001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	08/26/2020
Total Dissolved Solids	SM 2540C	101	mg/L	08/21/2020

Comments:

Approved by:

Approval date: 08/27/2020

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E21000470 Date Coll.: 08/18/2020 Date Received: 08/19/2020 Submitted By: Thomas

Field ID: HOST0024NA

Lab No.: E21000470001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	6.60	ppm	08/21/2020

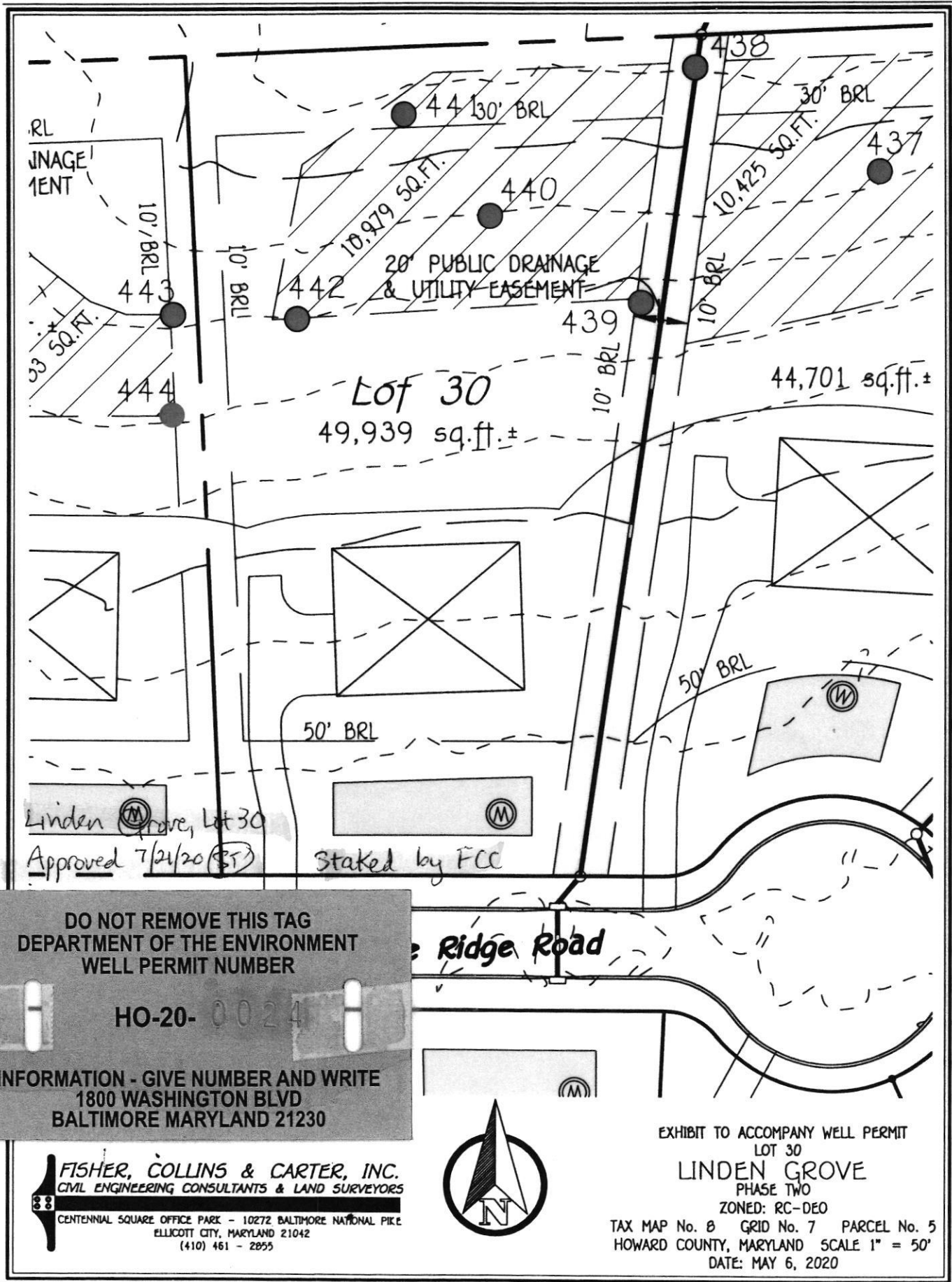
Comments:

Approved by:

Approval date: 08/24/2020

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.



RL
 JNAGE
 TENT

Lot 30
 49,939 sq.ft. ±

44,701 sq.ft. ±

20' PUBLIC DRAINAGE
 & UTILITY EASEMENT

Ridge Road

Linden Grove, Lot 30
 Approved 7/21/20 (ST)

Staked by FCC

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

HO-20-0024

INFORMATION - GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND 21230

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



EXHIBIT TO ACCOMPANY WELL PERMIT
 LOT 30
LINDEN GROVE
 PHASE TWO
 ZONED: RC-DEO

TAX MAP No. 8 GRID No. 7 PARCEL No. 5
 HOWARD COUNTY, MARYLAND SCALE 1" = 50'
 DATE: MAY 6, 2020

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

MEMORANDUM

TO: M. Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

FROM: Susan Thomas
Environmental Health Specialist
Howard County Health Department
Well & Septic Program

RE: Linden Grove Lots 24-37 & 39
Special Conditions for wells

DATE: July 21, 2020

The following comments apply to the above referenced Well Permit Applications. Please read through and complete as needed.

- A. The wells for the Linden Grove subdivision lots 24 thru 37 & 39 were staked with only one selected well site per the approved percolation certification plan signed 09/11/2018. If the well driller cannot confirm a successful well on this one well site, they will need to have the surveyor come back out and stake out the entire well box/alt well sites. This will need to be verified through the Health Department.**
- B. Lots 26, 30 & 36 will require samples for Sodium, Chloride and TDS to be collected at the time of the Yield Test.**



7178 Columbia Gateway Dr., Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>Linden Grove</u>	<u>30</u>	<u>Heritage Ridge Rd.</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins & Carter,
(professional land surveyor or company employing professional land surveyors)
on 06/16/20 (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.

