

C1 07796

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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-20-0022

DATE RECEIVED MM DD YY

08/18/2020

300 (TO NEAREST FOOT)

OWNER: Heritage Land Development; WELL SITE ADDRESS: Heritage Ridge Rd.; TOWN: Woodbine; SUBDIVISION: Linden Grove; SECTION: ; LOT: 28

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 28 NO. OF POUNDS 2100

GALLONS OF WATER 140

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 15 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 75

OTHER CASING (if used) PL diameter 4 1/2 inch depth (feet) from 75 to 175

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 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

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 38 ft.

WHEN PUMPING 48 ft.

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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot)

LATITUDE 3 9.33007 LONGITUDE 7 7.06294 (DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no N

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO. M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. WRO 113 D 113

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

B 1 68355

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

40-20-0022 fill in this form completely 79

Date Received (APA) 07/08/20

OWNER INFORMATION

Heritage Land Development Owner, 80 Box 482, Lisbon, Md 21765

B 3 LOCATION OF WELL

Howard COUNTY, Linden Grove SUBDIVISION, SECTION 44, LOT 28, Woodbine NEAREST TOWN

DRILLER INFORMATION

Michael Barlow MW D 355, Barlow Well Drilling, 522 Underwood Ln, Bel Air, Md 21034, 7-1-2020

B 4 SOURCES OF DRILLING WATER

1. Well, 2. 8/13/20, 3. 12 Gpm Static 38 level 48 100' pump

Heritage Ridge Rd STREET ADDRESS, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD ENTER FT OR MI, TAX MAP: 8 BLK: 7 PARCEL 5

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 150

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, 13 COUNTY NO., STATE SIGNATURE, DATE ISSUED 07/21/20, CO SIGNATURE, EXP. DATE 07/21/21

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN, AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary), CABLE REVERSE-ROTary DRIVE-POINT

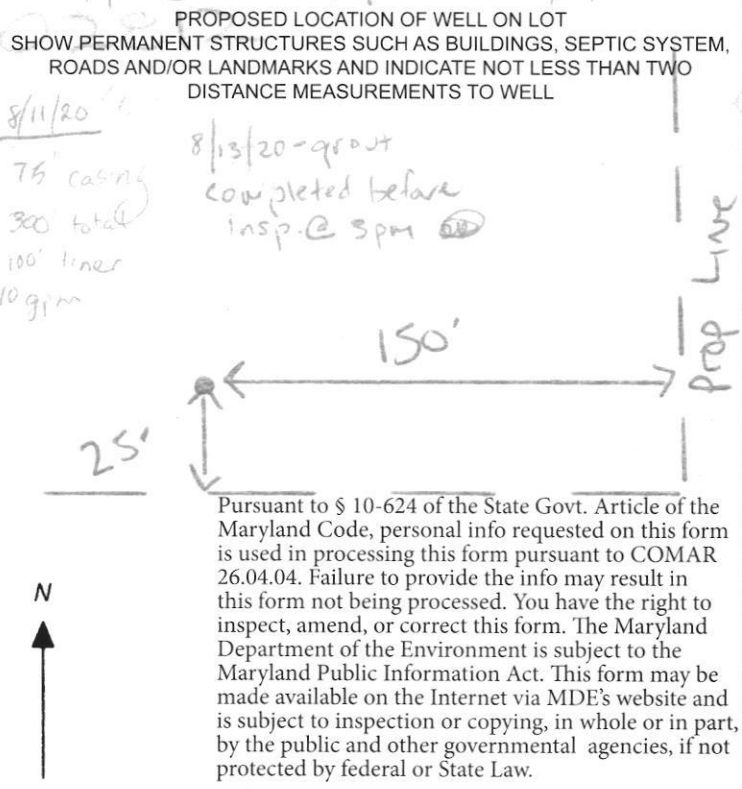
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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

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

APPROP. PERMIT NUMBER H02017G002(01), PERMIT No. H0-20-0022



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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: Fogles 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): David E. 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 #: 28 Well Tag #: HO-20-0022 (SF)  
 Site Address: 1433 Heritage Ridge Rd  
Woodbine, MD 21797

**Submersible Pump Data**  
 Make: Grundfos  
 Model #: 1550E07-180  
 Pump Capacity: 15  
 Well Yield: 12

**Pitless Adapter**  
 Make: Campbell +  
 Model #: NA  
 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 1 1/2" 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 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

**Piping to house**  
 Type: 1" poly pipe  
 PSI: 200 (160 psi min)  
 Depth of supply line: 36" (36" min)

**House Connection**  
 FVC 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: 5/17/2022

For Health Department Use Only - Not to be completed by Installer		
Date Insp. Requested: <u>5/18/22</u>	Date Insp. Approved: <u>5/18/22</u>	Inspector: <u>(SF)</u>
Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/> 42"
	Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
	Elec. conduit extends at least 1 1/2" 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"/> 29"
	Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/> 29"
	Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

(Revised form 10/24/2018)

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – APRIL 4, 2023**

October 4, 2022

Homeowner  
1433 Heritage Ridge Road  
Woodbine, MD 21797

**RE: Linden Grove, Lot 28  
1433 Heritage Ridge Rd  
Building Permit: B21002812  
Well Permit: HO-20-0022**

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 **6/22/2022**. Final approval of the well line connection to the dwelling was granted on **5/18/2022**. The well construction was completed on **8/18/2020**. Water samples were collected on **9/27/2022**.

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-20-0022. 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:

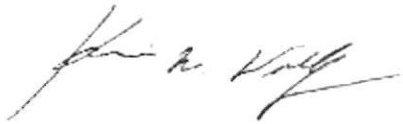
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

---

**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 Environments 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

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

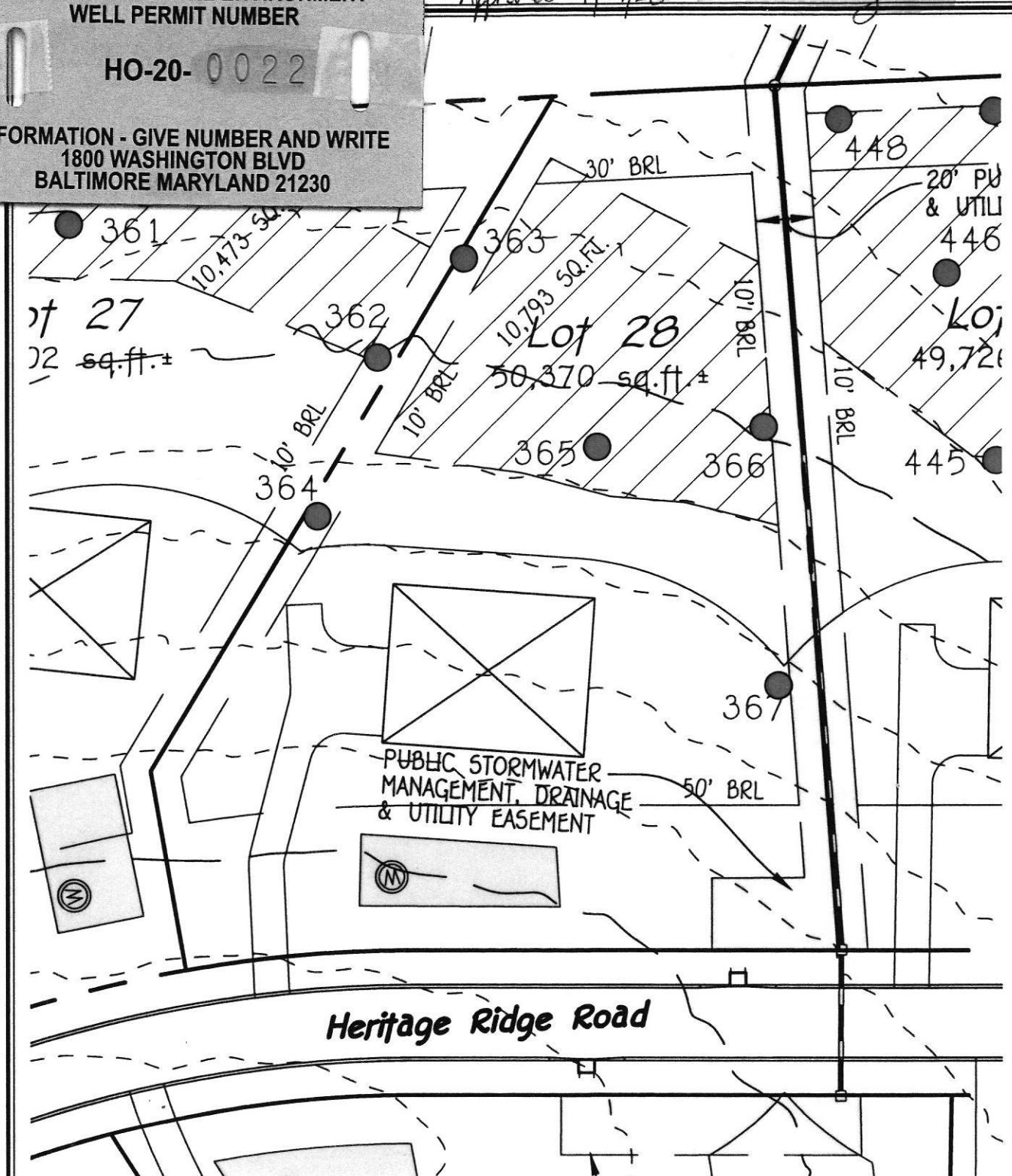
HO-20-0022

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

Linden Grove, Lot 28

Approved 7/21/20

Staked by FCC



**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 28  
**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.**



Howard County  
Health Department

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:

Linden Grove	28	Heritage Ridge Rd.
<u>Subdivision/Property Name</u>	<u>Lot #</u>	<u>Road Name</u>

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.



# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 154830 Account #: 1933  
Reference: Linden Grove Lot 28 Client: Fogle's Well Pump & Treatment  
Location: 1433 Heritage Ridge Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 9/27/2022 1230 Site: Kitchen Sink  
Date/Time Rec'd: 9/27/2022 1422 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: J. Evans 0309JE Well #: HO-20-0022

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/28/2022 / 1020 / MEW
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/28/2022 / 1020 / MEW
Nitrate.	7.63	mg/L	10	EPA 300.0	9/27/2022 / 1638 / TSD
Turbidity	0.55	NTU	<10	SM2130B	9/27/2022 / 1545 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	9/27/2022 / 1515 / 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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 21002812

Date Reported: 9/28/2022