

C1 56728

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 XIII

ST/CO USE ONLY DATE RECEIVED MM DD 01 28 19

DATE WELL COMPLETED MM DD 12 27 18 APPROVED 02/01/2019 Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 17-0346

OWNER: Heritage Land Development WELL SITE ADDRESS: DAISSY ROAD TOWN: WOODBINE SUBDIVISION: LINDEN GROVE SECTION: LOT: 7

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Light Brown Shale, Brown shale, Gray Rock, Soft Gray Rock, Gray Rock.

GROUTING RECORD section: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (20), NO. OF POUNDS (150), GALLONS OF WATER (100), DEPTH OF GROUT SEAL (50).

CASING RECORD section: MAIN CASING TYPE (PL), Nominal diameter (6), Total depth of main casing (50).

OTHER CASING (if used) section: diameter (4 1/2), depth (45, 85).

SCREEN RECORD section: screen type (ST), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: Y

- CIRCLE APPROPRIATE LETTER: A (A WELL WAS ABANDONED AND SEALED), 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. MWB 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. WRD 113

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

DEPTH (nearest ft.): 300 A C H S R E N table with depth markers and slot size (2, 3).

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST section: HOURS PUMPED (3), PUMPING RATE (3.0), METHOD USED TO MEASURE PUMPING RATE (Watch/Bucket), WATER LEVEL (20), BEFORE PUMPING (20), WHEN PUMPING (99), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED section: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (41), CASING HEIGHT (49) above LAND SURFACE (1) (nearest foot).

LATITUDE 39 32751 LONGITUDE 7 706580 (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.

B 1	SEQUENCE NO. (MDE USE ONLY) 54292	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 563957-C please type	STATE PERMIT NUMBER HO-17-0346 fill in this form completely
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OWNER INFORMATION

Date Received (APA) **07/13/18**

Heritage Land Development

Last Name **Heritage** Owner **Land** First Name **Development**

Street or RFD **PO Box 482**

Town **hisbon** MD State **MD** Zip **21765**

LOCATION OF WELL

COUNTY **Howard**

SUBDIVISION **hinden Grove**

SECTION **44** LOT **7**

NEAREST TOWN **Woodbine**

DRILLER INFORMATION

Driller's Name **Michael Barbw** License No. **MWD 355**

Firm Name **Barbw Well Drilling**

Address **522 Underwood Lane 21014**

Signature **[Signature]** Date **7/10/18**

SOURCES OF DRILLING WATER

1. **Well**

STREET ADDRESS **Daisy Rd**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

DISTANCE FROM ROAD **1300**

ENTER FT OR MI **FT**

TAX MAP: **2** BLK: **7** PARCEL **5**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

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. **13**

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **09/17/18** CO SIGNATURE **[Signature]** EXP. DATE **09/17/19**

DON: 12/6/18 (50)

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** 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

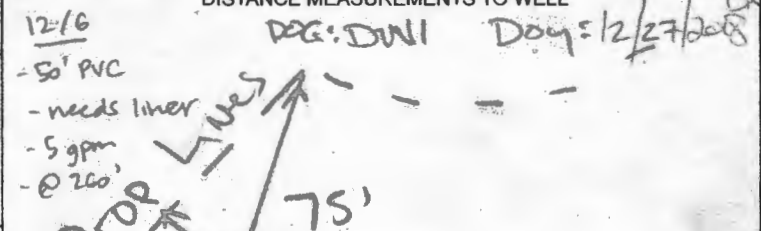
METHOD OF DRILLING (circle one)

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**

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.

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

APPROP. PERMIT NUMBER **AD2017G002**

PERMIT No. **HO-17-0346**

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: Foxwell Pump & Water Treatment LLC Telephone #: 410 795 5670
Address: 5800 BRYANT RD
21284

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 C. Foote License #: MSD2226

*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 #: 7 Well Tag #: HO-17-0346 ✓
Site Address: 15629 Linden Grove Rd
Woodbine, MD 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell +</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155GEO7-150</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>5</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 arrestors / 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	House Connection
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>2000</u> (psi min)	Length of sleeve (5' minimum from foundation): <u>6'</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: 4/7/2021

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

Date Insp. Requested: <u>4/9/21</u>	Date Insp. Approved: <u>4/8/21</u>	Inspector: <u>RP</u>
Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
	Two piece cap installed and attached to casing securely	<u>✓</u>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
	Safety rope not outside of well cap/casing	<u>✓</u>
	Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
	Water supply line sleeved adequately at house connection	<u>✓</u>
	Adequate grout observed below pitless adapter	<u>✓</u>

(Revised form 10/24/2018)

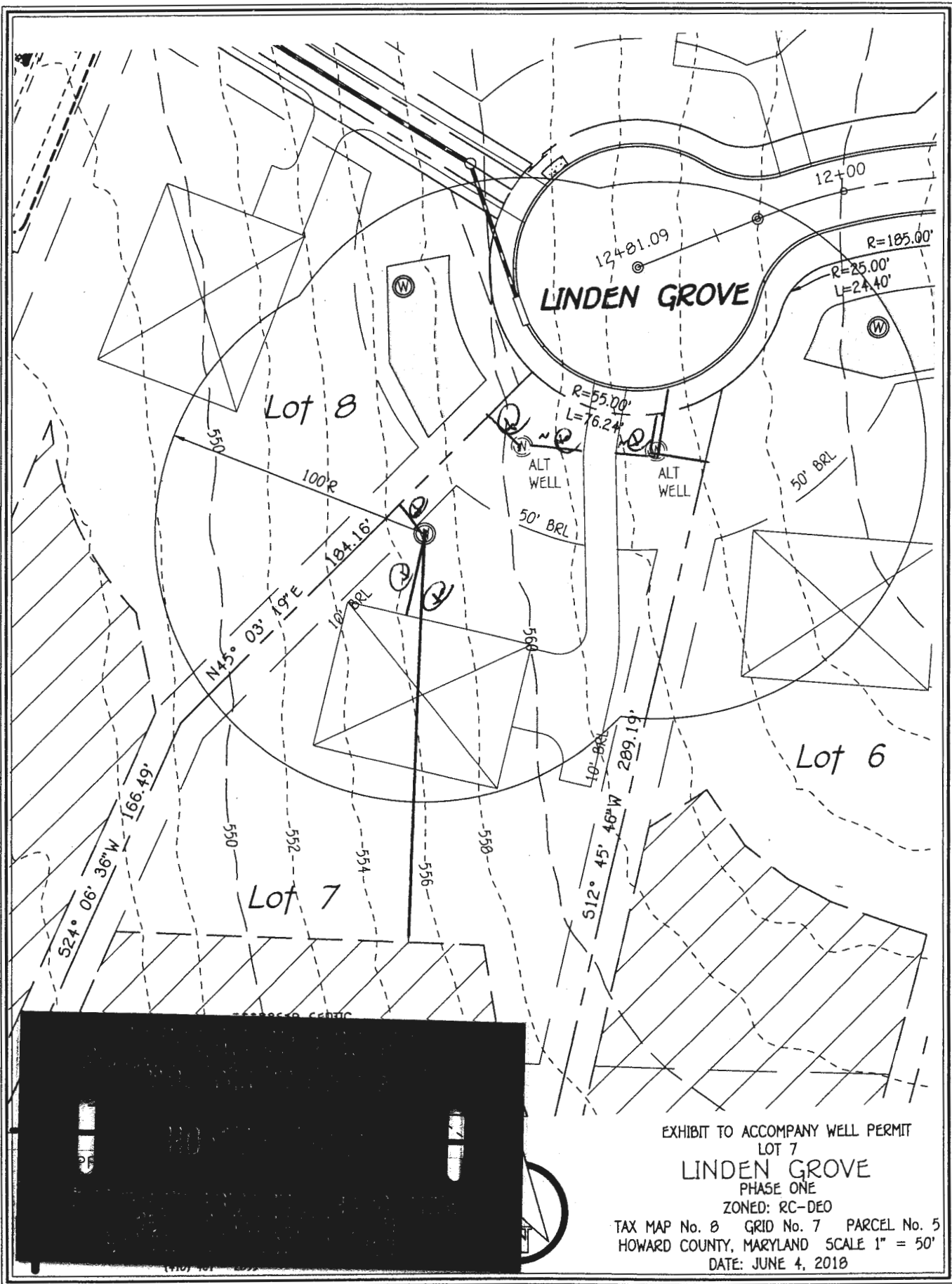


EXHIBIT TO ACCOMPANY WELL PERMIT
LOT 7

LINDEN GROVE
PHASE ONE

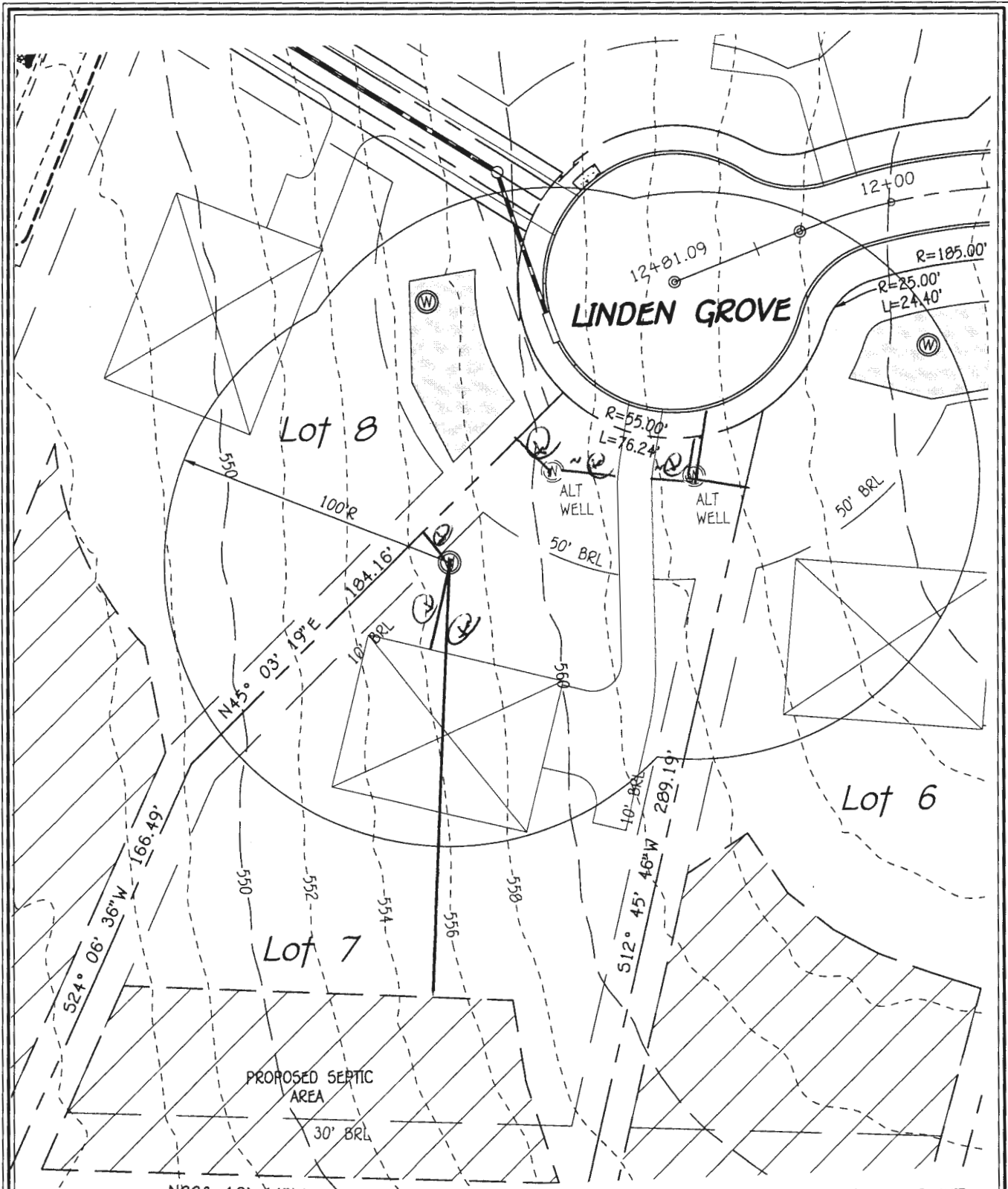
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TAX MAP No. 8 GRID No. 7 PARCEL No. 5

HOWARD COUNTY, MARYLAND SCALE 1" = 50'

DATE: JUNE 4, 2018

LINDEN GROVE LOT 7
APPROVED 7/25/2018 via SP-17-003 signed 3/18/2018
STAKED BY FCC @ 0997



N88° 10' 11\" W 204.55' OR

PP 339583

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

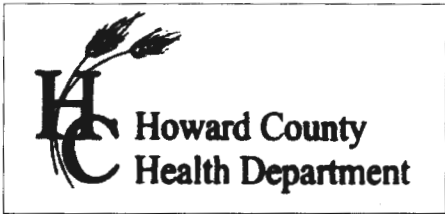


EXHIBIT TO ACCOMPANY WELL PERMIT
 LOT 7

LINDEN GROVE
 PHASE ONE
 ZONED: RC-DEO

TAX MAP No. 8 GRID No. 7 PARCEL No. 5
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 DATE: JUNE 4, 2018

LINDEN GROVE LOT 7
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 STAKED BY FCC @ 4997



8930 Stanford Blvd, Columbia MD 21045
 (410) 313-6300 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.askhealth@howardcountymd.gov

Bert Nixon, Director

TO ALL INTERESTED PARTIES

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

(Signature)
 09/14/2018

Well Site Location:

Linden Grove	7	Linden Grove
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by Fisher, Collins and Carter,
 (professional land surveyor or company employing professional land surveyors)
 on 08/23/18 (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.

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 1, 2022

July 1, 2021

Homeowner
15629 Linden Grove Lane
Woodbine, MD 21797

RE: Linden Grove, Lot 7
15629 Linden Grove Lane
Building Permit: B20002424
Well Permit: HO-17-0346

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 **4/5/2021**. Final approval of the well line connection to the dwelling was granted on **4/8/2021**. The well construction was completed on **12/27/2018**. Water samples were collected on **6/21/2021, 6/28/2021, 6/29/2021**.

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-17-0346. 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.**

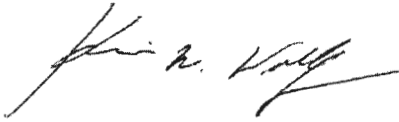
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 145392 Account #: 1933
Reference: Linden Grove Lot 7 Company: Fogle's Well Pump & Treatment
Location: 15629 Linden Grove Road Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 6/22/2021 1145 Site: Pressure Tank
Date/Time Rec'd: 6/22/2021 1315 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: J. Evans 0309JE Well #: HO-17-0346

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM20 9223B	6/23/2021 / 0900 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/23/2021 / 0900 / TSD
Nitrate	3.88	mg/L	10	601	6/22/2021 / 1545 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	6/22/2021 / 1550 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	6/22/2021 / 1530 / 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B20002424

Date Reported: 6/23/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 145482 Account #: 1933
Reference: Linden Grove Lot 7 Company: Fogle's Well Pump & Treatment
Location: 15629 Linden Grove Road Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 6/28/2021 1100 Site: Pressure Tank
Date/Time Rec'd: 6/28/2021 1144 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: J. Evans 0309JE Well #: HO-17-0346

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/29/2021 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/29/2021 / 0900 / CRS

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B20002424

Date Reported: 6/29/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 145527 Account #: 1933
Reference: Linden Grove Lot 7 Company: Fogle's Well Pump & Treatment
Location: 15629 Linden Grove Road Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 6/29/2021 1400 Site: Kitchen Sink Tap
Date/Time Rec'd: 6/29/2021 1452 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Evans 0309JE Well #: HO-17-0346

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/30/2021 / 1005 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/30/2021 / 1005 / TSD

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 Sample collected by client, analyzed as received
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B20002424

Date Reported: 6/30/2021