

C1 55728

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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM 01 DD 28 YR 19

DATE WELL COMPLETED MM 12 DD 27 YR 18 APPROVED 02/01/2019

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. HO 17-0346

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

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) GROUT

CEMENT: CM BENTONITE CLAY BC

NO. OF BAGS: 20 NO. OF POUNDS: 1300

GALLONS OF WATER: 100

DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE: PL Nominal diameter: 6 Total depth: 50

OTHER CASING (if used)

PL diameter 4 1/2 depth 45 to 85

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

HO 50 300

Slot size 1 2 3

Diameter of screen 56 60

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 70 72 74 75 76 LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5.0

METHOD USED TO MEASURE PUMPING RATE: watch/bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 20

WHEN PUMPING: 99

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 38

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE 1 (nearest foot)

LATITUDE 3 9 32751

LONGITUDE 7 7 06580

(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.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED 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 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT.

DRILLERS LIC. NO. M WD 355

DRILLERS SIGNATURE

LIC. NO. WRD 113

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

TAG: 12/10/18 (50)

| | | | |
|-----|--------------------------------------|--|-----------------------------------|
| B 1 | SEQUENCE NO. (MDE USE ONLY) 54292 | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 563957-C please type 1a | STATE PERMIT NUMBER HO-17-0346 |
| | DATE RECEIVED (APA) 07/13/18 | | fill in this form completely |

OWNER INFORMATION

Date Received (APA) 07/13/18

8 MM DD YY 13

15 Last Name: Heritage Development
Owner: Heriberto
First Name: Heriberto

36 Street or RFD: PO Box 482

57 Town: hisban 70 State: MD 72 Zip: 21965 76

LOCATION OF WELL

8 COUNTY: Howard 21

23 SUBDIVISION: Linden Grove 42

SECTION: 44 46 LOT: 7 48 50

52 NEAREST TOWN: Woodbine 71

DRILLER INFORMATION

Driller's Name: Michael A. Barlow MWD 355 76 License No. 81

Firm Name: Barlow Well Drilling

Address: 522 Underwood Lane 21014

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

SOURCES OF DRILLING WATER

1. Well

11 STREET ADDRESS: Daisy Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 800 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 2 BLK: 7 PARCEL 5

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750 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. 13

STATE SIGNATURE: [Signature] INSERT S →

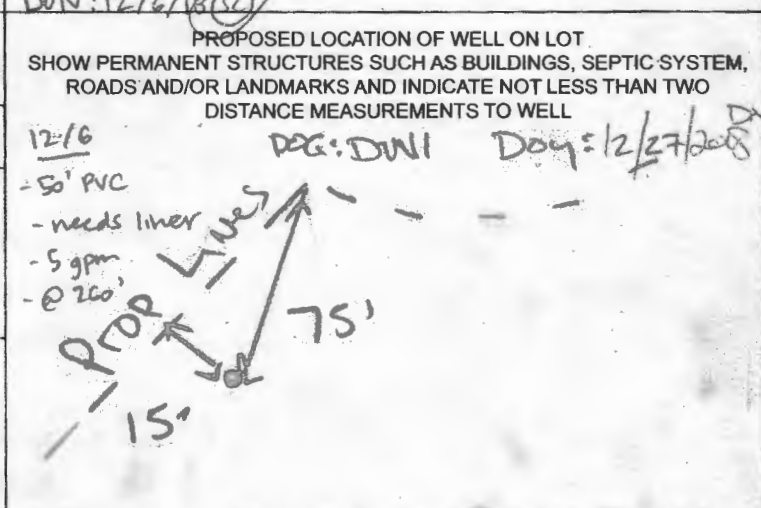
DATE ISSUED: 07/17/18 43 MM DD YY 48

CO SIGNATURE: [Signature] EXP. DATE: 09/17/19 41

DON: 12/6/18 (50)

APPROXIMATE DEPTH OF WELL: 300 24 FEET 28

APPROXIMATE DIAMETER OF WELL: 6 INCH 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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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)

APPROX. PERMIT NUMBER: AC:2017G002

PERMIT No. HO-17-0346 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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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: | December 27, 2018 |
| | Well Depth: | 300 feet |
| Customer | Heritage Land Development | Permit # HO-17-0346 |
| Road | Daisy Road | Subdivision Linden Grove |
| City | Woodbine | Section |
| State | Maryland | Lot # 7 |

| Time | Water Level feet PUMP SET AT 125' | Time to Fill 1-gallon bucket seconds | G.P.M. |
|---|--|--|--------|
| 10:15 AM | 20 | 4 | 15.00 |
| 10:30 AM | 99 | 12 | 5.00 |
| 10:45 AM | 99 | 12 | 5.00 |
| 11:00 AM | 99 | 12 | 5.00 |
| 11:15 AM | 99 | 12 | 5.00 |
| 11:30 AM | 99 | 12 | 5.00 |
| 11:45 AM | 99 | 12 | 5.00 |
| 12:00 PM | 99 | 12 | 5.00 |
| 12:15 PM | 99 | 12 | 5.00 |
| 12:30 PM | 99 | 12 | 5.00 |
| 12:45 PM | 99 | 12 | 5.00 |
| 1:00 PM | 99 | 12 | 5.00 |
| 1:15 PM | 99 | 12 | 5.00 |
| 1:30 PM | 99 | 12 | 5.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| 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. | | | |

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: EcoWell Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 5800 Liberty Rd
Sykesville, MD 21784

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

Submersible Pump Data

Make: Grundfos
Model #: 1550E07-180
Pump Capacity: 15
Well Yield: 5
Depth of well encountered at time of pump installation: 300 (feet)

Pitless Adapter

Make: Campbell +
Model#: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: VS

Well Cap and Electric Conduit

Two piece watertight cap: VS
Screened, vented well cap: VS
Cap secured to casing: VS
Conduit min 18" B.G.: VS
Conduit secured to well cap: VS

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

Type: 1/2" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: VS
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: 4/17/2021

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

Date Insp. Requested: 4/17/21 Date Insp. Approved: 4/18/21 Inspector: RP
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 ✓

(Revised form 10/24/2018)

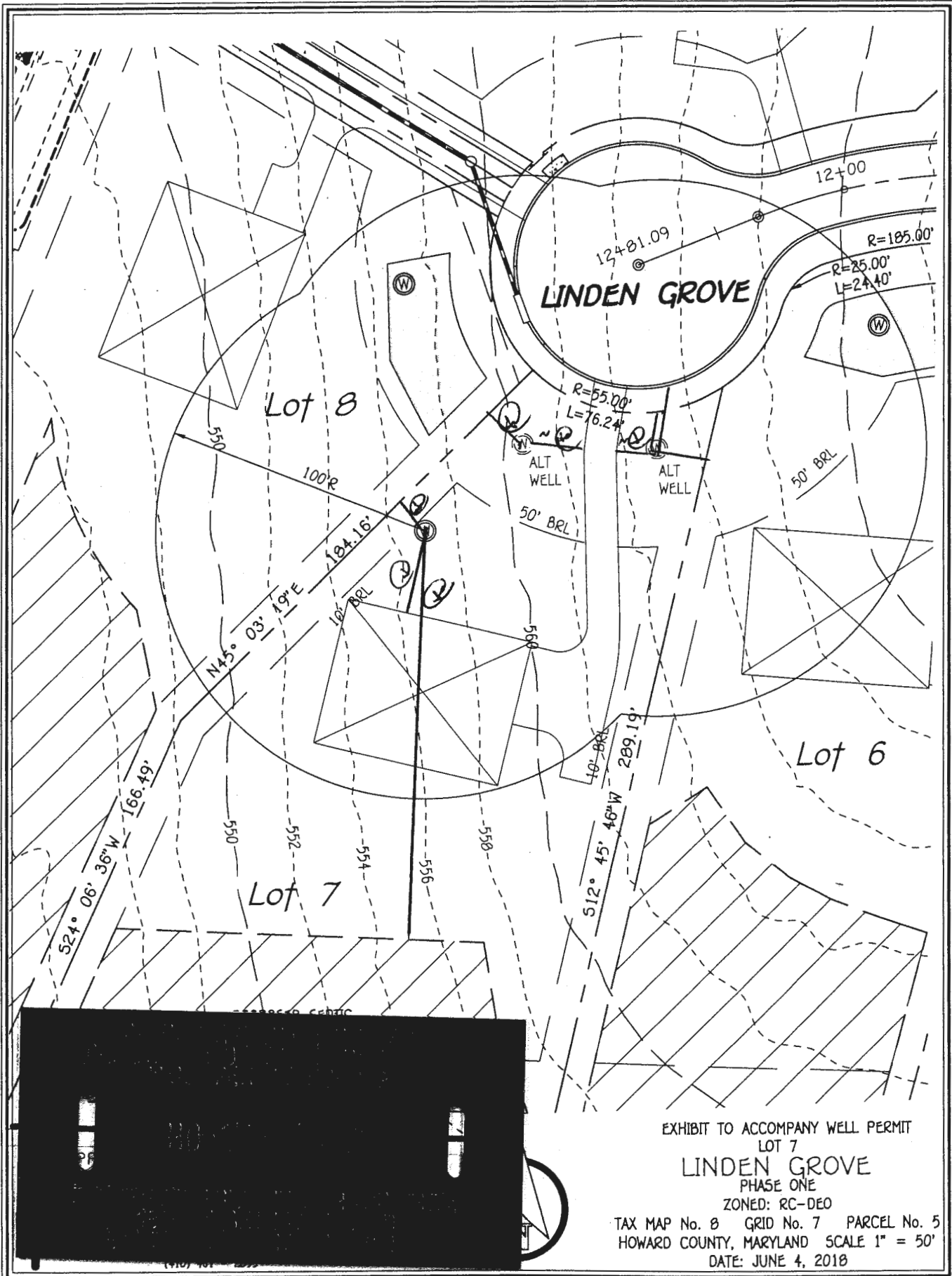
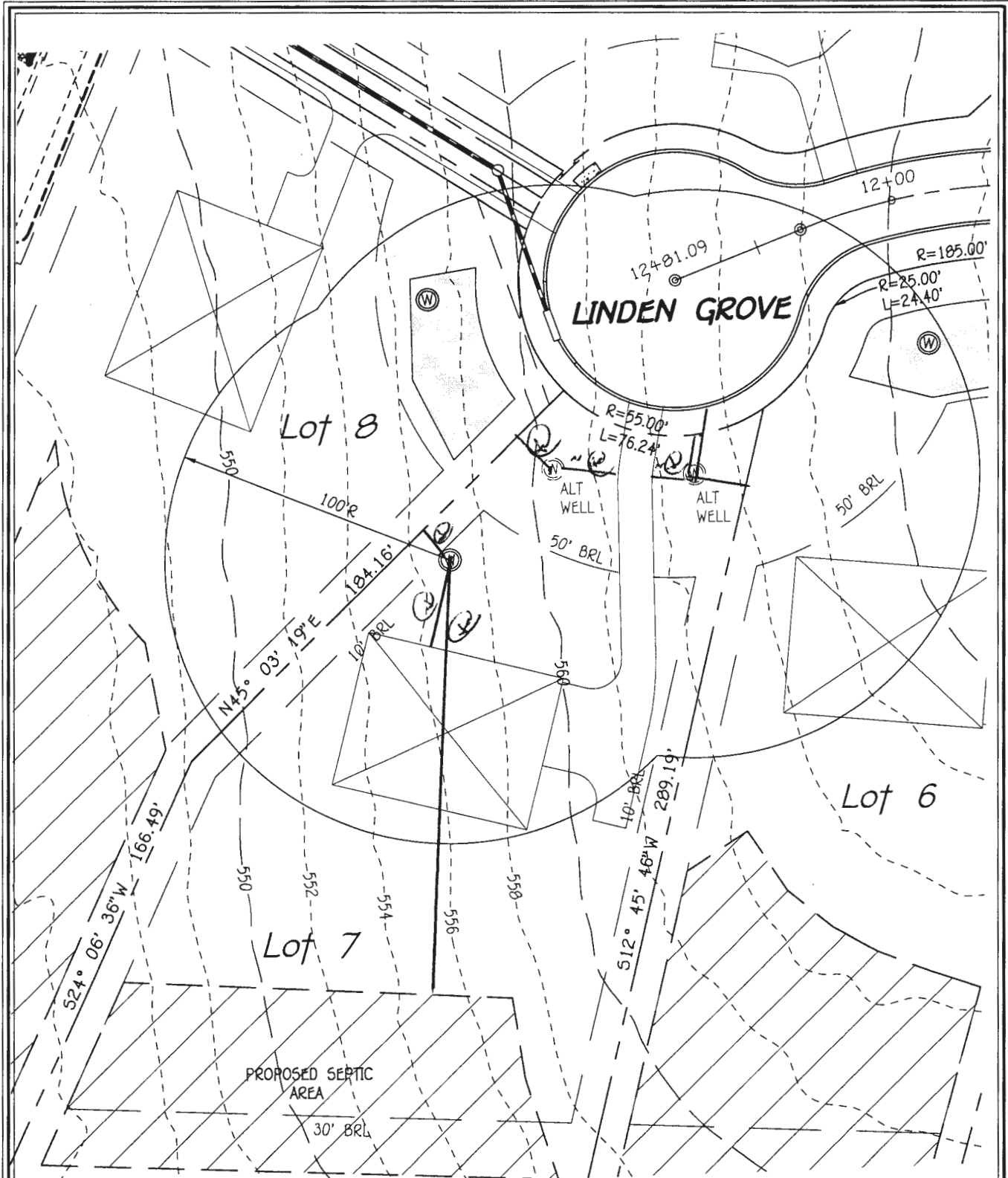


EXHIBIT TO ACCOMPANY WELL PERMIT
 LOT 7
LINDEN GROVE
 PHASE ONE
 ZONED: RC-DEO
 TAX MAP No. 8 GRID No. 7 PARCEL No. 5
 HOWARD COUNTY, MARYLAND SCALE 1" = 50'
 DATE: JUNE 4, 2018

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



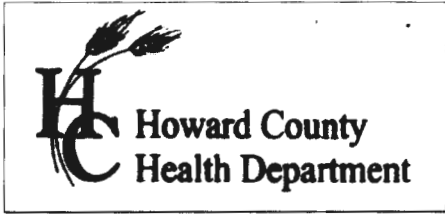
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FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



EXHIBIT TO ACCOMPANY WELL PERMIT
 LOT 7
LINDEN GROVE
 PHASE ONE
 ZONED: RC-DEO
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LINDEN GROVE LOT 7
 APPROVED 7/15/2018 via SP-17-003 signed 3/18/2018
 STAKED BY FCC @ 2017



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 |
| <u>Subdivision/Property Name</u> | <u>Lot #</u> | <u>Road Name</u> |

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>



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 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 #: 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

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 # :** B20002424Date Reported: 6/29/2021