

C 1 56748

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 (JILL)

ST/CO USE ONLY DATE Received MM DD YY 01 28 19

DATE WELL COMPLETED MM DD YY 01 18 19

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0321

OWNER: Heritage Land Development; WELL SITE ADDRESS: DAVIS ROAD; TOWN: WOODBINE; SUBDIVISION: LINDEN GROVE; SECTION: ; LOT: 11

WELL LOG table with columns: DESCRIPTION, 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 (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (20), NO. OF POUNDS (1200), GALLONS OF WATER (100), DEPTH OF GROUT SEAL (0 to 30 ft).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (50), OTHER CASING (PL, 4 1/2 inch, 45 ft depth).

SCREEN RECORD: screen type or open hole (ST), insert appropriate code below.

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (10.0 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (water budget), WATER LEVEL (23 ft before, 27 ft when pumping), TYPE OF PUMP USED (submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (1 foot below land surface).

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED (Y).

DEPTH (nearest ft.) table with columns 1-26. Includes slot size and diameter of screen information.

CIRCLE APPROPRIATE LETTER: A (well abandoned and sealed), E (electric log obtained), P (test well converted to production well).

DRILLERS LIC. NO. 1 M W D 355; DRILLERS SIGNATURE; LIC. NO. 1 W R 0113 D.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): GRAVEL PACK, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

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

LATITUDE 3 9 32805; LONGITUDE 77. 06828; (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.

TAG: 02/22/2019 (P)

B 1	SEQUENCE NO. (MDE USE ONLY) 54264	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 510302413	STATE PERMIT NUMBER HO-17-0321 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) 06/15/18

8 MM DD YY 13

15 Last Name Heritage Land Development Owner First Name 34

36 PO Box 482 Street or RFD 55

57 Lisban MD 21765 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION LINDEN GROVE 42

SECTION 44 46 LOT 11 48 50

52 NEAREST TOWN WOODBINE 71

DRILLER INFORMATION

Driller's Name Michael Barlow M D 355 76 License No. 81

Firm Name Barlow Well Drilling

Address 522 Underwood Lane 201

Signature [Signature] Date 6/11/18

B 4 SOURCES OF DRILLING WATER

1. Well

2.

3.

11 STREET ADDRESS DAISY ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 1730 37

DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: 8 BLK: 7 PARCEL 5

B 2 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)

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

COUNTY NAME HOWARD COUNTY NO. XIII

STATE SIGNATURE [Signature] INSERT S → 41

DATE ISSUED 02/06/2018 43 MM DD YY 48

CO SIGNATURE [Signature] EXP. DATE 02/06/2019

DON: 11/29/18 (SC) Don: 1/2/2019 (P)

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

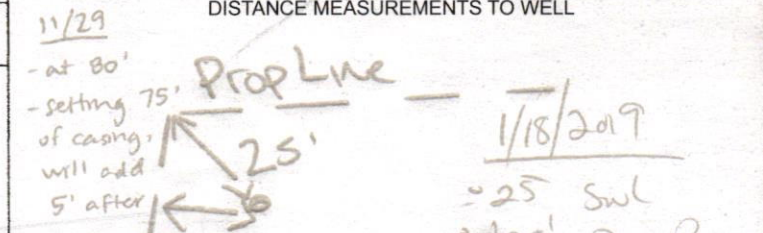
METHOD OF DRILLING (circle one)

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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

39 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 _____ 52

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 HO2017G002

PERMIT No. HO-17-0321 70 71 72 73 74 75 76 77 78 79

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 5670
Address: 530 Aberdeen 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. Fogle License# MSDZZB

*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 #: 11 Well Tag #: HO 17-0321 (37)
Site Address: 15649 Linden Grove Lane
Woodbine, MD 21797

Submersible Pump Data

Make: Gundorf
Model #: ISS0201-780
Pump Capacity: 15
Well Yield: 10

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 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 300 (feet) Yes
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" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 30" (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: 6/23/2021

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

Date Insp. Requested: 6/24/21 Date Insp. Approved: 6/24/21 Inspector: (37)
Inspection Data:
Pitless adapter watertight & water supply line at least 36" below grade ✓ 42"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 18"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 15"
Water supply line sleeved adequately at house connection ✓ 9"
Adequate grout observed below pitless adapter ✓

(Revised form 10/24/2018)



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 – MAY 10, 2022

November 10, 2021

Homeowner
15649 Linden Grove Lane
Woodbine, MD 21797

**RE: Linden Grove, Lot 11
15649 Linden Grove Lane
Building Permit: B20004510
Well Permit: HO-17-0321**

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 **8/23/2021**. Final approval of the well line connection to the dwelling was granted on **6/24/2021**. The well construction was completed on **1/18/2019**. Water samples were collected on **11/5/2021**.

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-17-0321. 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>



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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,

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



Howard County
Health Department

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:

Well Site Location:

<u>Linden Grove</u>	<u>11</u>	<u>Linden Grove</u>
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 05/15/18 (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.

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

H0-17-0321

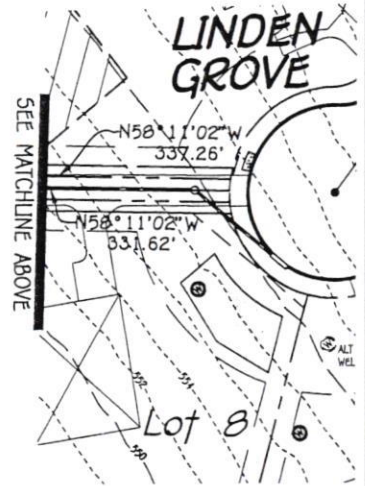
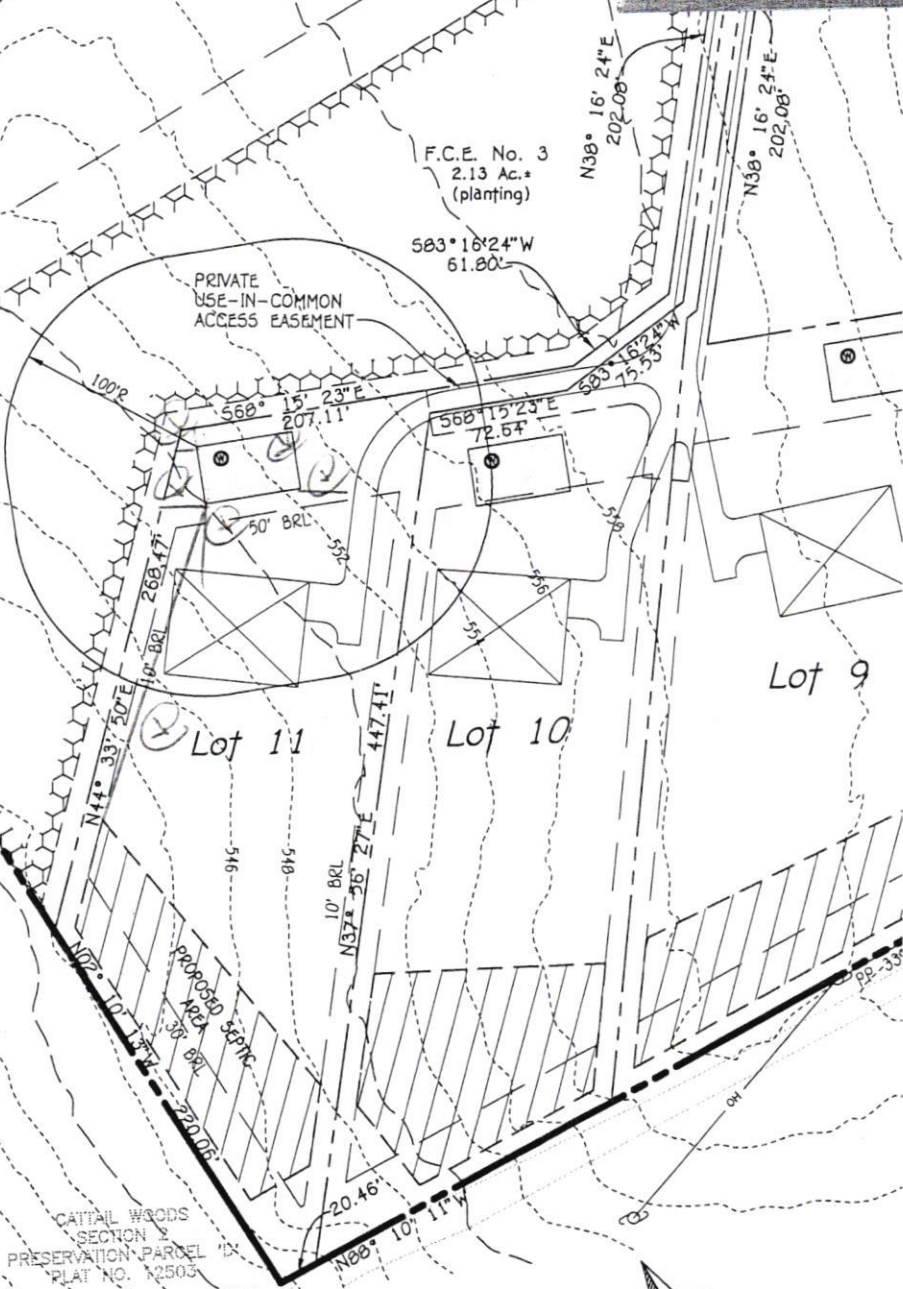
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

BUILDABLE
PRESERVATION
PARCEL 'A'

F.C.E. No. 3
2.13 Ac.±
(planting)

S83°16'24"W
61.80'

PRIVATE
USE-IN-COMMON
ACCESS EASEMENT



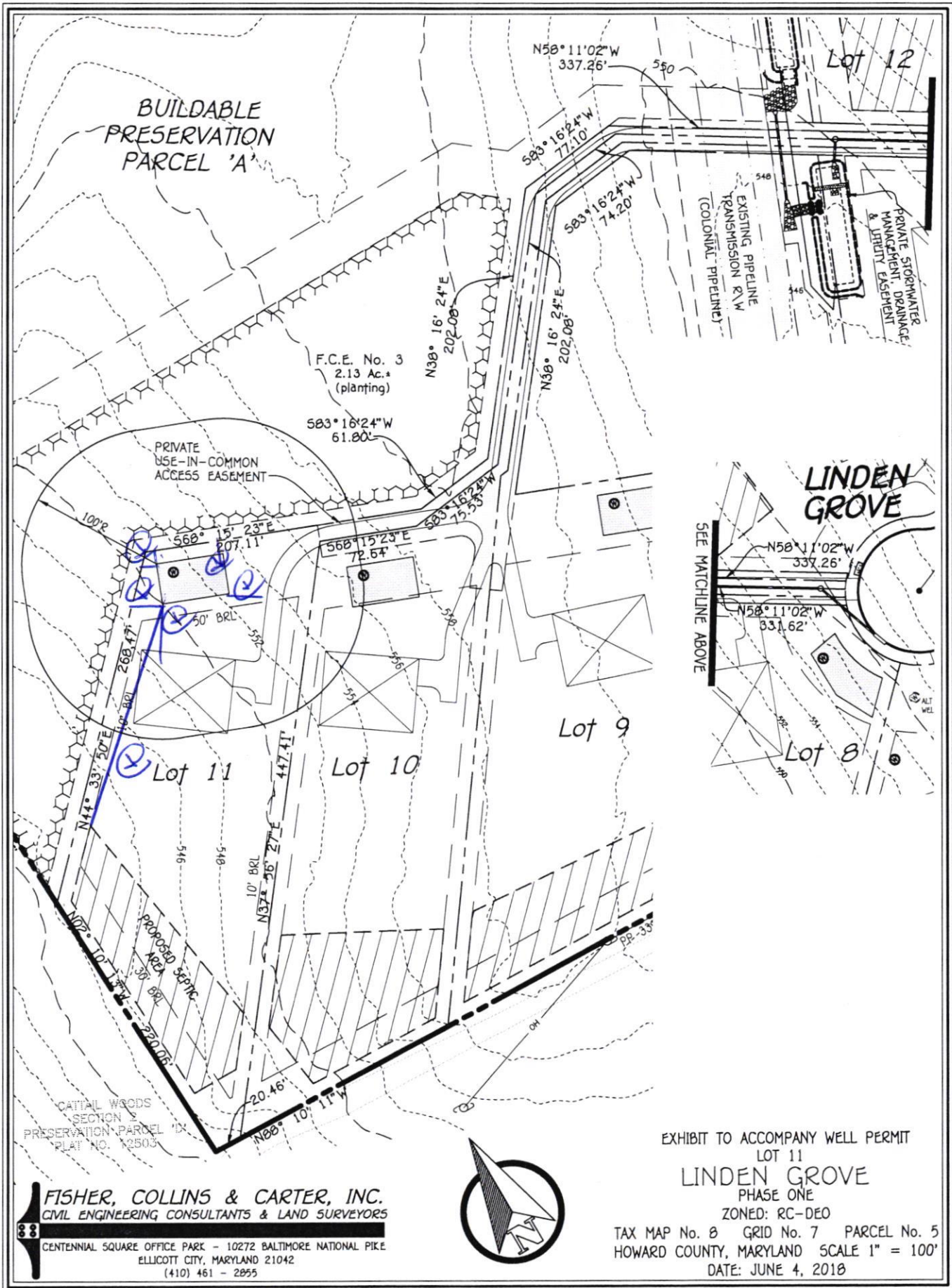
CATTLE WOODS
SECTION 2
PRESERVATION PARCEL 'A'
PLAT NO. 12503

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



EXHIBIT TO ACCOMPANY WELL PERMIT
LOT 11
LINDEN GROVE
PHASE ONE
ZONED: RC-DEO
TAX MAP No. 8 GRID No. 7 PARCEL No. 5
HOWARD COUNTY, MARYLAND SCALE 1" = 100'
DATE: JUNE 4, 2018

LINDEN GROVE LOT 11
APPROVED 7/25/2018 @ 10:07 AM SP17-003 Signed 3/22/18
STAKED BY FCC STAKES COVERED BY FIELD 8/12/2018



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 11
LINDEN GROVE
 PHASE ONE
 ZONED: RC-DEO
 TAX MAP No. 8 GRID No. 7 PARCEL No. 5
 HOWARD COUNTY, MARYLAND SCALE 1" = 100'
 DATE: JUNE 4, 2018

LINDEN GROVE LOT 11
 APPROVED 7/25/2018 @ 10:07 AM VIA SP-17-003 Signed 3/22/19
 STAKED BY FCC STAKES CONFIRMED IN FIELD 8/2/2018 @

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 148588 Account #: 1933
Reference: Linden Grove Lot 11 Client: Fogle's Well Pump & Treatment
Location: 15649 Linden Grove Lane Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 11/5/2021 0930 Site: Kitchen Sink Tap
Date/Time Rec'd: 11/5/2021 1050 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: T. Cassell 0767TC Well #: HO-17-0321

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/6/2021 / 0900 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/6/2021 / 0900 / LLO
Nitrate	5.78	mg/L	10	EPA 300.0	11/5/2021 / 1936 / FRD
Turbidity	<0.30	NTU	<10	SM20 2130B	11/5/2021 / 1230 / MEH
Sand	ND	mg/L	5	Visual/Gravimetric	11/5/2021 / 1650 / CRS

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 Nitrate Detection Limit: 0.15 mg/L
- 4 Nitrate sub-contracted to Reference Lab #192
- 5 NTU = Nephelometric Turbidity Units
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 ND:None Detected
- 9 Sample collected by client, analyzed as received
- 10 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B20004510

Date Reported: 11/8/2021

Cabahug, Joseph

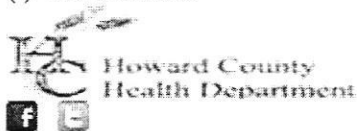
From: Cabahug, Joseph
Sent: Monday, July 16, 2018 3:58 PM
To: 'Tony Fertitta'
Subject: Linden Grove Lot 9-11

Hello Tony,

I made a site visit last week. The Lots beyond the Colonial Pipe Line are overgrown with agriculture and I couldn't make a field determination to release the permits. Please let me know when the lots have been cleared.

Bests,

Joseph C. Cabahug - LEHS
Environmental Health Specialist
Howard County Health Department - Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2643
(f) 410-313-2648



jcabahug@howardcountymd.gov

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