

C 1 56738 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER XIII PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-17-0343

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

DATE WELL COMPLETED MM 12 DD 27 YY 18 APPROVED 02/01/2019 Depth of Well 22 300 26 (TO NEAREST FOOT)

OWNER Heritage Land Development WELL SITE ADDRESS last name Daisy Road first name TOWN Woodbine SUBDIVISION Linden Grove SECTION LOT 4

WELL LOG Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING. DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing. Soil 0 3, Light Brown Shale 3 60, Soft Brown Shale 60 77, HARD GRAY ROCK 77 300, 95

GROUTING RECORD yes no WELLS HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GRROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 40 NO. OF POUNDS 300 GALLONS OF WATER 200 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 80 ft. CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 80

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL BRONZE HOLE OTHER

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. D 109

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

C 2 DEPTH (nearest ft.) 1 2 3 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST 1 2 HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 5.0 11 15 METHOD USED TO MEASURE PUMPING RATE Watch/Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 27 17 20 ft. WHEN PUMPING 96 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) 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 LAND SURFACE - below (nearest foot) 49 50 51

LATITUDE 39.32750 LONGITUDE 77.06409 (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.

TAG - 02/06/2019

**B 1** SEQUENCE NO. (MDE USE ONLY) **54289** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-17-0343**

1 2 3 6 **503957** please type **70** fill in this form completely **79**

**OWNER INFORMATION**

Date Received (APA) **09/13/18**

8 MM DD YY 13

15 Last Name **Heritage Land Development** Owner First Name **34**

36 Street or RFD **Po Box 482** 55

57 Town **Lisbon** MD 70 State 72 Zip **21765** 76

**B 3** LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Linden Grove** 42

SECTION **44** 46 LOT **4** 48 50

52 NEAREST TOWN **WOOD BINE** 71

**DRILLER INFORMATION**

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

Firm Name **Barlow Well Drilling**

Address **522 Underwood Lane 21014**

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

**B 4** SOURCES OF DRILLING WATER

1. **Well**

11 STREET ADDRESS **"DAISY ROAD"** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

34 **850** 37 DISTANCE FROM ROAD **1000** FT

ENTER FT OR MI **FT** 38 39

TAX MAP: **8** BLK: **7** PARCEL **S**

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **3** 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**

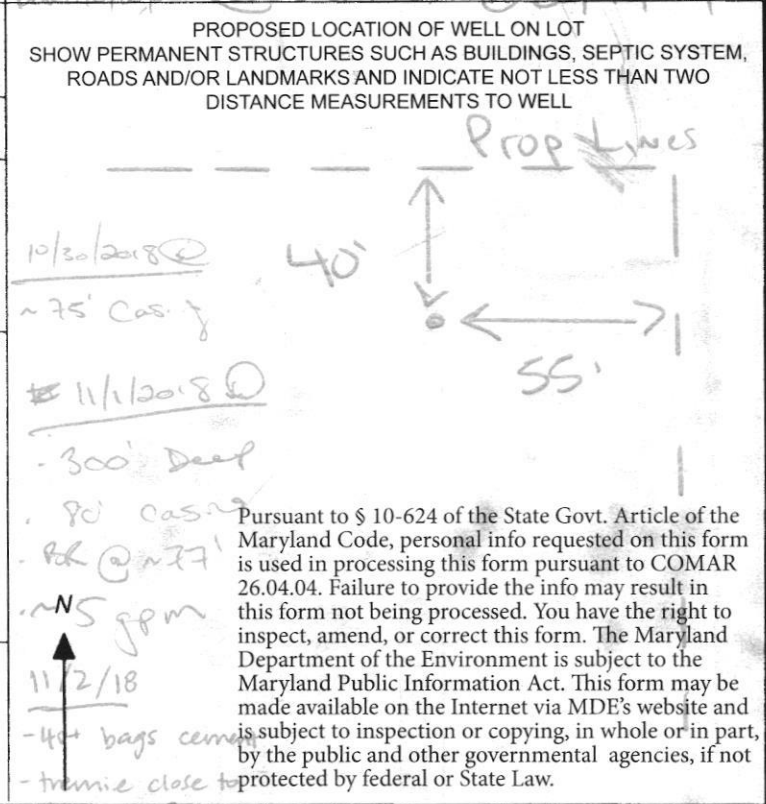
COUNTY NAME **HOWARD** COUNTY NO. **(XIII)**

STATE SIGNATURE **[Signature]** INSERT S → 41

DATE ISSUED **09/17/18** 43 MM DD YY 48 CO SIGNATURE **[Signature]** EXP. DATE **09/17/19**

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST



**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

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

APPROP. PERMIT NUMBER **HO2017G002**

PERMIT No. **HO-17-0343** 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 Bel Air, Maryland 21014  
 (410) 838-6910 Fax (410) 838-3582

**WELL YIELD REPORT**

Date Test Completed:	December 27, 2018		
Well Depth:	300	feet	
Customer	Heritage Land Development	Permit #	HO-17-0343
Road	Daisy Road	Subdivision	Linden Grove
City	Woodbine	Section	
State	Maryland	Lot #	4

Time	Water Level feet <b>PUMP SET AT 125'</b>	Time to Fill 1-gallon bucket seconds	G.P.M.
1:45 PM	27	4	15.00
2:00 PM	98	12	5.00
2:15 PM	98	12	5.00
2:30 PM	98	12	5.00
2:45 PM	97	12	5.00
3:00 PM	97	12	5.00
3:15 PM	97	12	5.00
3:30 PM	97	12	5.00
3:45 PM	96	12	5.00
4:00 PM	96	12	5.00
4:15 PM	96	12	5.00
4:30 PM	96	12	5.00
4:45 PM	96	12	5.00
5:00 PM	96	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: Foale Well Pump & Water Treatment, LLC Telephone #: 410 795 5670  
Address: 580 Obrecht 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 Foale 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 #: 4 Well Tag #: HO-17-0343 (ST)  
Site Address: 15617 Linden Grove Lane  
Woodbine, MD 21791

Submersible Pump Data

Make: Brunfos  
Model #: 1530EOT-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: 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

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" PEX pipe  
PSI: 200 (160 psi min)  
Depth of supply line: 36" (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: 3/25/2021  
4/6/21

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

Date Insp. Requested: 3/26/21 Date Insp. Approved: [Signature] Inspector: (ST)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 43"  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 38"  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade X at grade  
Water supply line sleeved adequately at house connection ✓ 9"  
Adequate grout observed below pitless adapter ✓



(Revised form 10/24/2018)

\*make sure tag is raised - 4/6/21 (ST)



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 – JANUARY 16, 2021

July 16, 2021

Homeowner  
15617 Linden Grove  
Woodbine, MD 21797

**RE: Linden Grove, Lot 4  
15617 Linden Grove  
Building Permit: B20002422  
Well Permit: HO-17-0343**

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 **4/6/2021**. Final approval of the well line connection to the dwelling was granted on **4/6/2021**. The well construction was completed on **12/27/2018**. Water samples were collected on **7/6/2021**.

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-17-0343. 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**

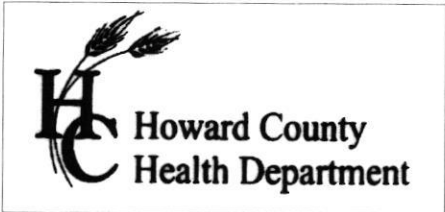
In closing, please refer to our “Homeowner Fact Sheet” which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



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:

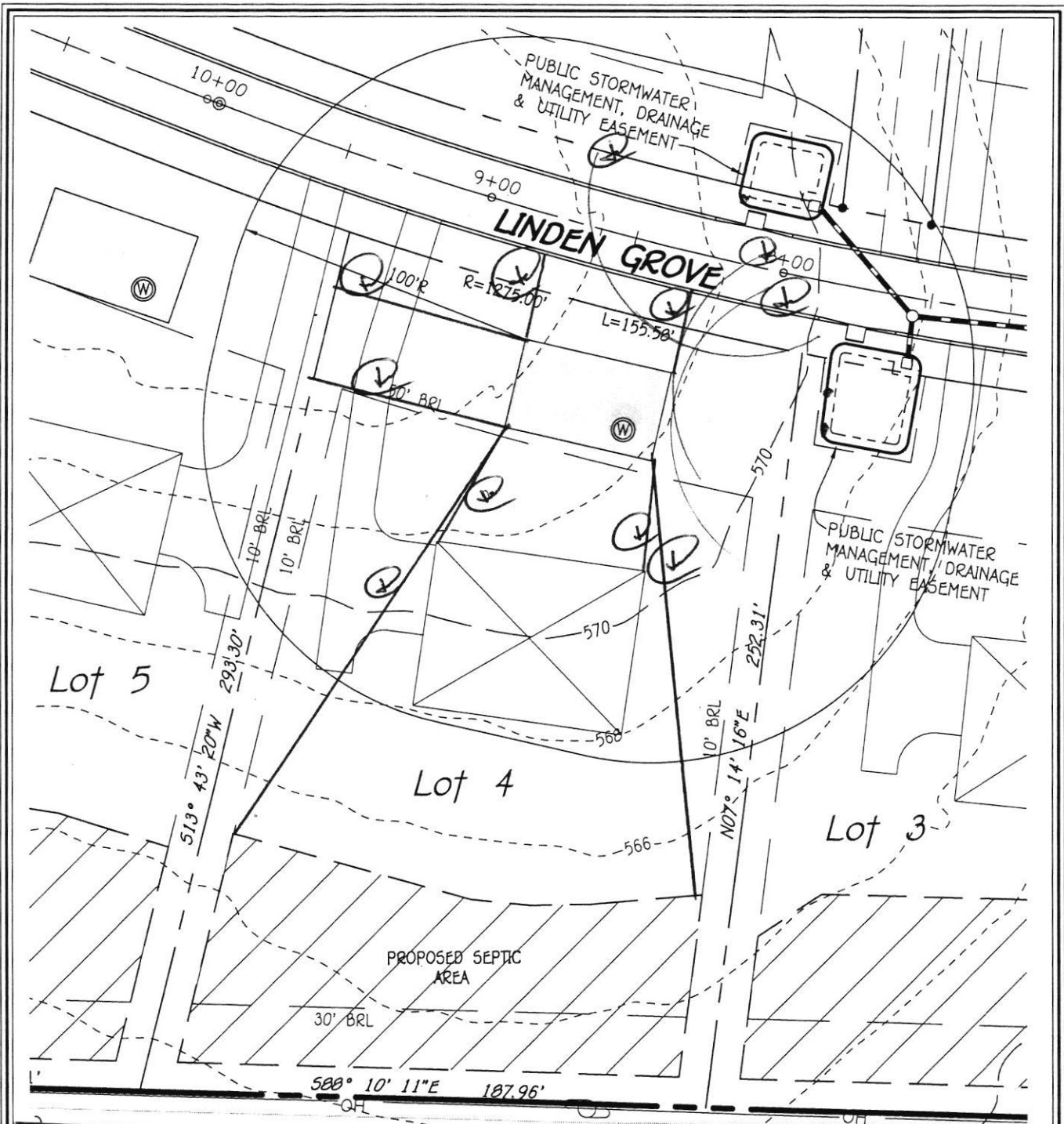
Ⓣ 09/14/2018

Linden Grove	4	Linden Grove
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

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.



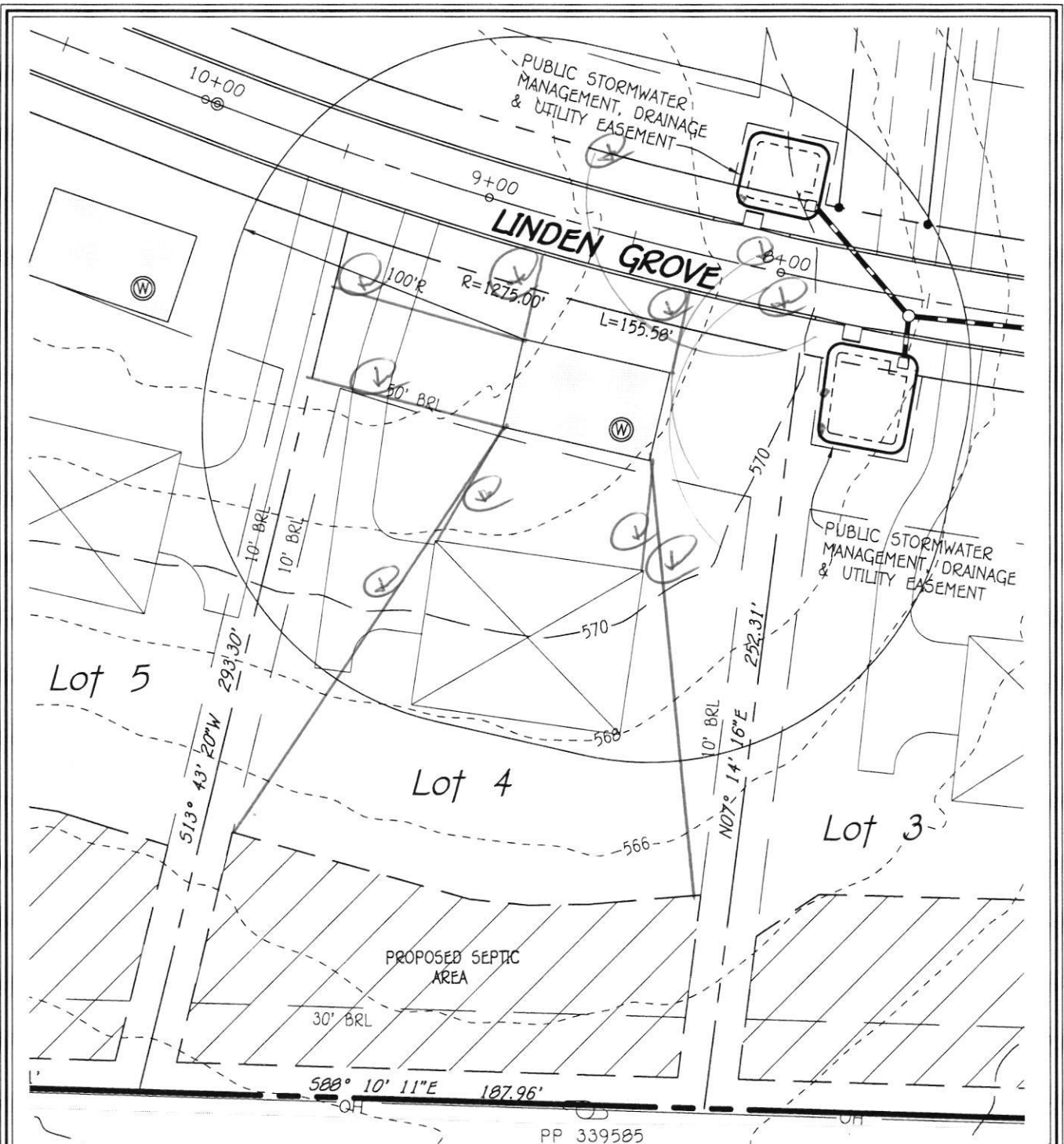
PP 339585



LINDEN GROVE LOT 4  
APPROVED 07/25/2018  
w/ SP-17-003 SAND 3/22/18 0199

EXHIBIT TO ACCOMPANY WELL PERMIT  
LOT 4  
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

STAMPED BY FCC



**NOTE:**  
 MICRO BIO-RETENTION (M-6)  
 FACILITIES WITHIN THE 100' WELL BOX  
 RADIUS WILL HAVE IMPERMEABLE LINERS.

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



LINDEN GROVE LOT 4  
 APPROVED 07/25/2018  
 w/ SD-17-003 signed 3/22/18 01997

EXHIBIT TO ACCOMPANY WELL PERMIT  
 LOT 4  
 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

STAKED BY FCC

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 145643 Account #: 1933  
Reference: Linden Grove Lot 4 Client: Fogle's Well Pump & Treatment  
Location: 15617 Linden Grove Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 7/6/2021 1500 Site: Kitchen Sink Tap  
Date/Time Rec'd: 7/6/2021 1530 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: J. Evans 0309JE Well #: HO-17-0343

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/7/2021 / 1010 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/7/2021 / 1010 / TSD
Nitrate	4.43	mg/L	10	601	7/7/2021 / 0930 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	7/6/2021 / 1640 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	7/6/2021 / 1535 / 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 # : B20002422

Date Reported: 7/7/2021