

C1 56743 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

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

DATE WELL COMPLETED MM DD YY 12 26 10

Depth of Well 340 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 170-17-0345

OWNER: Heritage Land Development WELL SITE ADDRESS: DASH ROAD TOWN: Woodbine SUBDIVISION: Linden Grove SECTION: LOT: 6

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Soil, Light Brown Shale, Soft Brown Shale, Hard Gray Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 45 NO. OF POUNDS 3315 GALLONS OF WATER 225 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 92 ft.

CASING RECORD

MAIN CASING TYPE [PL] Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 92

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT]

DEPTH (nearest ft.)

Table for DEPTH with columns: 1-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN.

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.0 METHOD USED TO MEASURE PUMPING RATE Watch Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 49 ft. WHEN PUMPING 167 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 [X] 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) [X] above LAND SURFACE (nearest foot) [] below

LATITUDE 39.32775 LONGITUDE 77.06523 (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 YES [Y] NO [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. MD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. DR 109

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

TAG: 11/21/18 (SC)

B 1	SEQUENCE NO. (MDE USE ONLY) 54281	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523957-B please type	STATE PERMIT NUMBER HO-17-0345 70 <u>fill in this form completely</u> 79
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OWNER INFORMATION

Date Received (APA) **07/31/18**

8 MM DD YY 13

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

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

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

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Linden Grove** 42

SECTION **6** LOT **6**

44 46 48 50

52 NEAREST TOWN **Woodbine** 71

DRILLER INFORMATION

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

Firm Name **Barlow Well Drilling**

Address **522 Woodlawn Ave 2014**

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)

1150

34 **800** 37

DISTANCE FROM ROAD **8** ENTER FT OR MI 38 39

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)

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. **(XIII)**

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **09/17/18** CO SIGNATURE **[Signature]** EXP. DATE **11/17/19**

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL **300** FEET 24 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

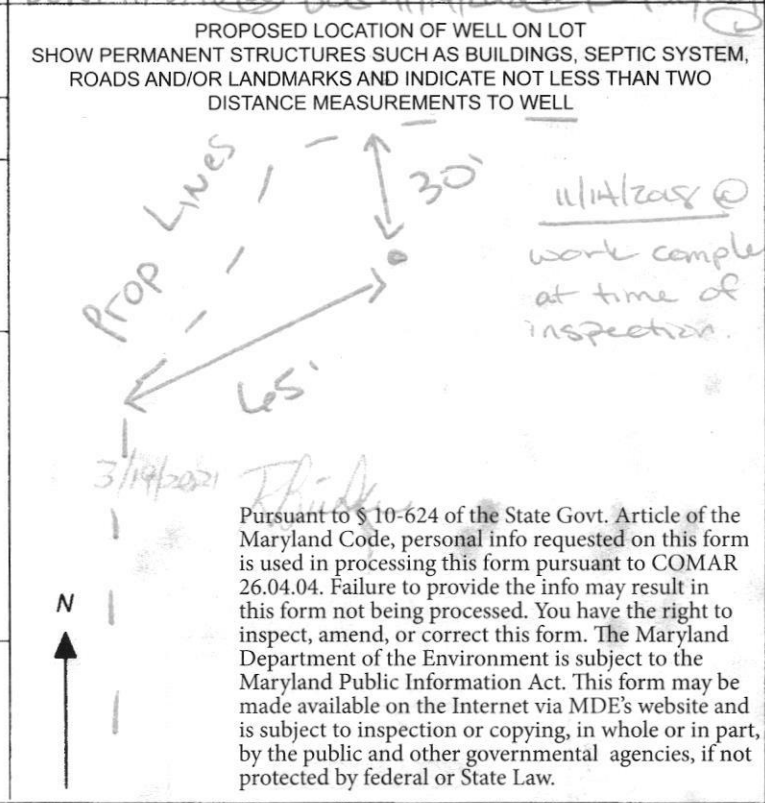
THIS WELL WILL DEEPEM AN EXISTING WELL

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)

APPROP. PERMIT NUMBER **#02017G002**

PERMIT No. **HO-17-0345** 70 71 72 73 74 75 76 77 78 79





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 26, 2018		
Well Depth:	340	feet	
Customer	Heritage Land Development	Permit #	HO-17-0345
Road	Daisy Road	Subdivision	Linden Grove
City	Woodbine	Section	
State	Maryland	Lot #	6

Time	Water Level feet PUMP SET AT 200'	Time to Fill 1-gallon bucket seconds	G.P.M.
10:15 AM	49	4	15.00
10:30 AM	168	30	2.00
10:45 AM	168	30	2.00
11:00 AM	167	30	2.00
11:15 AM	167	30	2.00
11:30 AM	167	30	2.00
11:45 AM	167	30	2.00
12:00 PM	167	30	2.00
12:15 PM	167	30	2.00
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3:00 PM	167	30	2.00
3:15 PM	167	30	2.00
3:30 PM	167	30	2.00
3:45 PM	167	30	2.00
4:00 PM	167	30	2.00
4:15 PM	167	30	2.00
4:30 PM	167	30	2.00

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.



HOWARD COUNTY HEALTH DEPARTMENT

63957

DATE 7/13/18

615

Received From

Handwritten name

PHONE #

For WCC Permit (15) Property

CASH

CHECK

NO.

1100

10 thousand four hundred Dollars

\$ 2400.00

Received By

Handwritten signature

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: 1580 Obrecht Rd
Springville 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# MSD276

*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 #: 6 Well Tag #: HO-17-0345 SP
Site Address: 15625 Linden Grove Lake
Woodbine, MD 21797

Submersible Pump Data

Make: Grundfos
Model #: 104307422
Pump Capacity: 12
Well Yield: 2 gpm

Pitless Adapter

Make: Campbell
Model #: N/A
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: 340 (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 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: 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: 9/13/2021

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

Date Insp. Requested: 9/14/21 Date Insp. Approved: 9/14/21 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 49"
Two piece cap installed and attached to casing securely 36"
Elec. conduit extends at least 18" below grade/attached to cap properly 21"
Safety rope not outside of well cap/casing 7"
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)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – August 15, 2022

February 15, 2022

Homeowner
15625 Linden Grove Lane
Woodbine, MD 21797

**RE: Linden Grove, Lot 6
15625 Linden Grove Lane
Building Permit: B21000420
Well Permit: HO-17-0345**

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 **10/22/2021**. Final approval of the well line connection to the dwelling was granted on **9/14/2021**. The well construction was completed on **12/26/2018**. Water samples were collected on **1/25/2022, 2/4/2022**.

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-17-0345. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

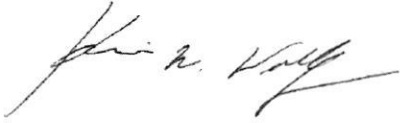
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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

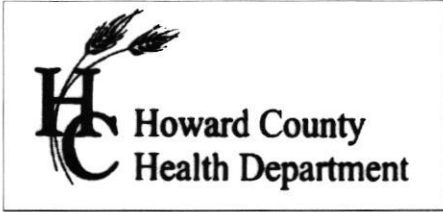
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

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



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:

(Handwritten signature)
 09/14/2018

Linden Grove	6	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.

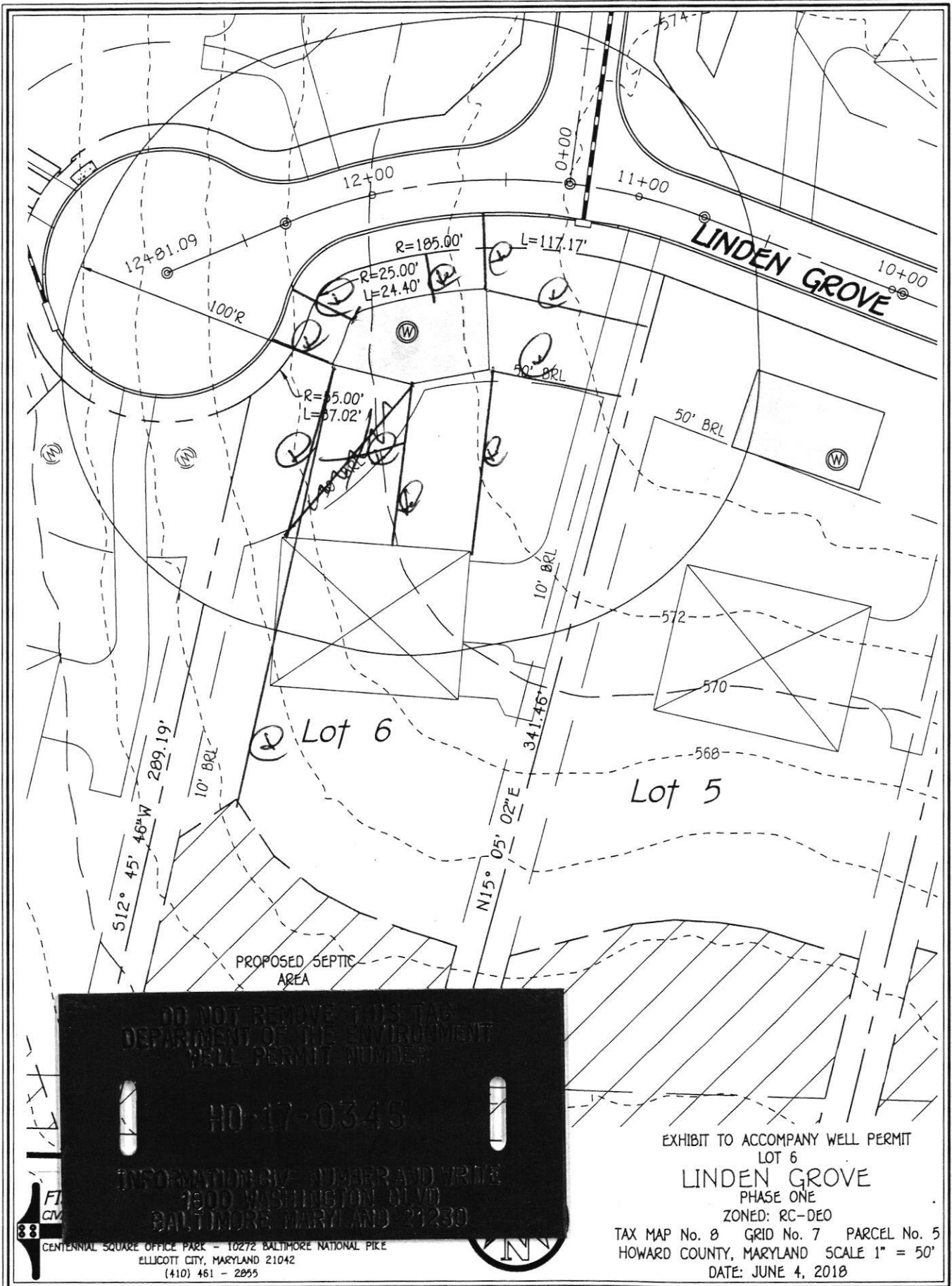


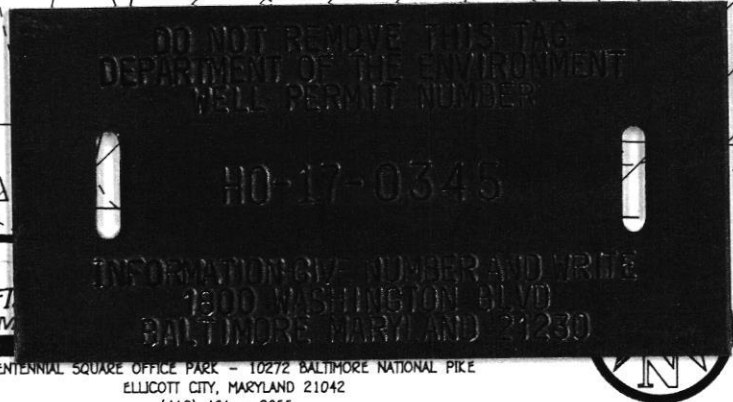
EXHIBIT TO ACCOMPANY WELL PERMIT

LOT 6
LINDEN GROVE
 PHASE ONE

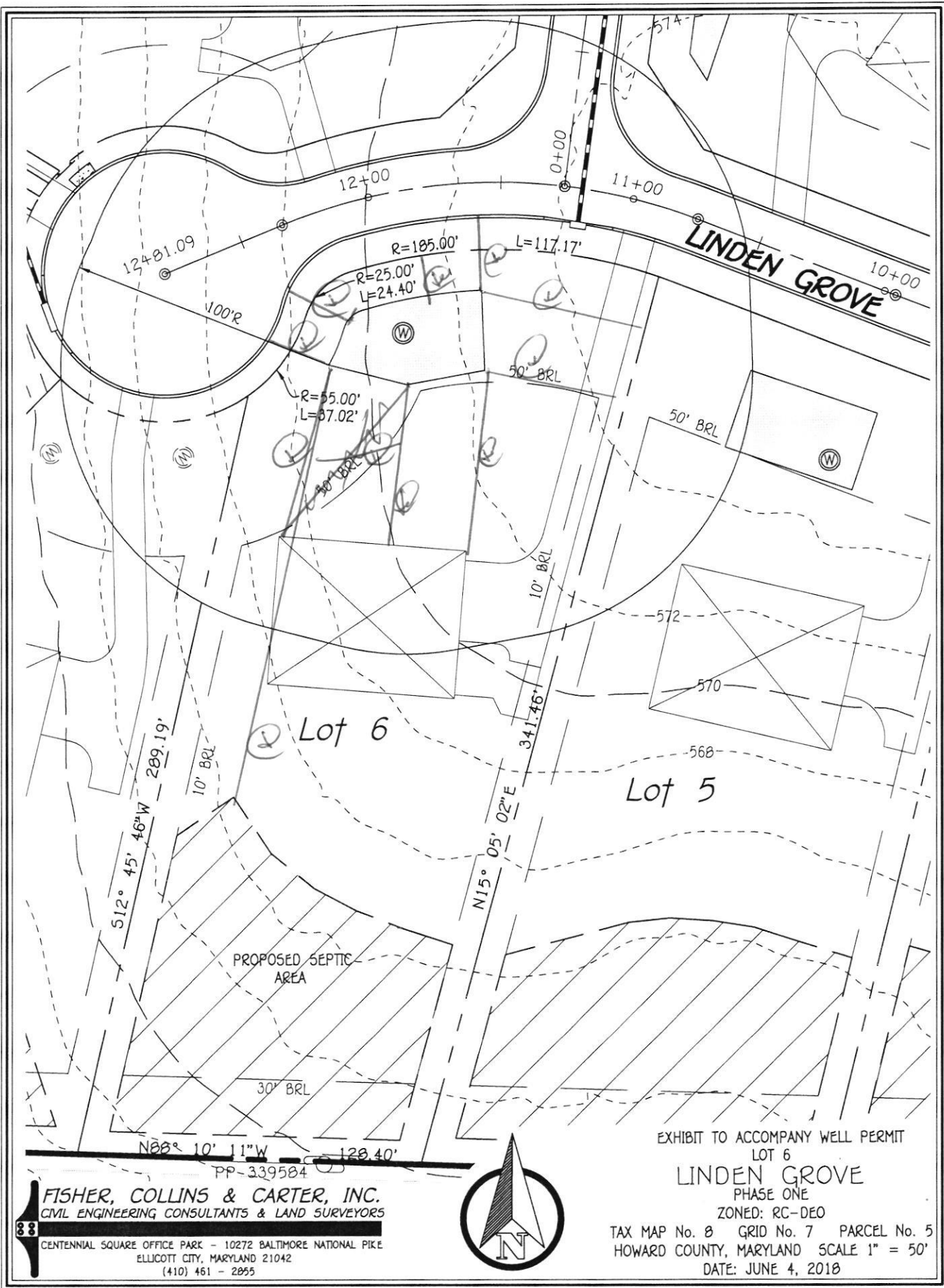
ZONED: RC-DEO

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

HOWARD COUNTY, MARYLAND SCALE 1" = 50'
 DATE: JUNE 4, 2018



LINDEN GROVE LOT 6
 APPROVED 7/25/2018 @ 09:07 w/ SP-17-003 signed 3/22/18



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 6
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 6
 APPROVED 7/25/2018 @ 11:00 AM w/ SP-17-003 signed 3/22/18
 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 #:	150280	Account #:	1933
Reference:	Linden Grove Lot 6	Client:	Fogle's Well Pump & Treatment
Location:	15625 Linden Grove Lane Woodbine, MD 21797	Requested By:	Dave Fogle
Date/ Time Collected:	2/4/2022 1310	Source:	Well Water
Date/Time Rec'd:	2/4/2022 1458	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	T. Cassell 0767TC	pH:	6.3
		Well #:	HO-17-0345

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/5/2022 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/5/2022 / 1000 / CCH

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 Sample collected by client, analyzed as received
- 4 ND = None Detected
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 6 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B21000420

Date Reported: 2/7/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 150057 Account #: 1933
Reference: Linden Grove Lot B Client: Fogle's Well Pump & Treatment
Location: 15625 Linden Grove Lane Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 1/25/2022 1130 Site: Pressure Tank
Date/Time Rec'd: 1/25/2022 1255 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: J. Evans 0309JE Well #: HO-17-0345

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	165.2	MPN/ 100 ml	<1.0	SM20 9223B	1/26/2022 / 0830 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/26/2022 / 0830 / MEH
Nitrate	5.00	mg/L	10	Hach 10206	1/25/2022 / 1530 / TSD
Turbidity	0.31	NTU	<10	SM20 2130B	1/25/2022 / 1520 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	1/25/2022 / 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory

Reason for Test : Use & Occupancy

Building Permit # : B21000420

Date Reported: 1/26/2022