

(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 **01 28 19** DATE WELL COMPLETED **01 02 19** Depth of Well **300** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-17-0320**

OWNER **Heritage Land Development** WELL SITE ADDRESS **Daisy Road** TOWN **Woodbine** SUBDIVISION **Linden Grove** SECTION **10** LOT **10**

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		check if water bearing
	FROM	TO	
Soil	0	6	
Brown Shale	6	42	
Gray Rock	42	90	✓
Soft Gray Rock	90	115	
GRA-Rock	115	300	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **15** NO. OF POUNDS **125**
GALLONS OF WATER **75**
DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **45** ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch)! **60** Total depth of main casing (nearest foot) **45**

OTHER CASING (if used)
EACH CASING diameter inch **4 1/2** depth (feet) from **40** to **120**

SCREEN RECORD
screen type or open hole **ST** STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C 3 **PUMPING TEST**
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min.) **6.0**
METHOD USED TO MEASURE PUMPING RATE **watch/bucket**
WATER LEVEL (distance from land surface) BEFORE PUMPING **20** ft. WHEN PUMPING **88** 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 **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 **1** LAND SURFACE **-** below **50** **51** (nearest foot)

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 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 WD 355**
DRILLERS SIGNATURE
LIC. NO. **WRD 113**

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

C 2 **DEPTH (nearest ft.)**
HO 45 300
SLOT SIZE 1 **2** 3
DIAMETER OF SCREEN (NEAREST INCH) **56** **60**

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

LATITUDE **39 32784**
LONGITUDE **7 706790**
(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) **54263** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL **563024A** please type STATE PERMIT NUMBER **HO-17-0320**
70 fill in this form completely 79

1 2 3 6 Date Received (APA) **06/13/18**
8 MM DD YY **13** OWNER INFORMATION
15 Last Name **Heritage Land Development** Owner First Name **34**
36 Street or RFD **Po Box 482** **55**
57 Town **Lisbon** **70** State **MD** **72** Zip **21765** **76**

B 3 LOCATION OF WELL
8 COUNTY **HOWARD** **21**
23 SUBDIVISION **LINDEN GROVE** **42**
SECTION **44 46** LOT **10** **48 50**
52 NEAREST TOWN **WOODBINE** **71**

DRILLER INFORMATION
76 Driller's Name **Michael Barlow M W D 355** **81** License No.
76 Firm Name **Barlow Well Drilling**
76 Address **572 Underwood Lane 21014**
76 Signature **[Signature]** **6/11/18** **81** Date

B 4 SOURCES OF DRILLING WATER
11 STREET ADDRESS **DAISY ROAD** **30**
1. Well
2.
3.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
1840 **1000**
34 **37**
DISTANCE FROM ROAD **FT**
ENTER FT OR MI **38 39**
TAX MAP: **8** BLK: **7** PARCEL **S**

B 2 WELL INFORMATION
1 APPROX. PUMPING RATE (GAL. PER MIN.) **5** **8** **12**
14 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750** **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

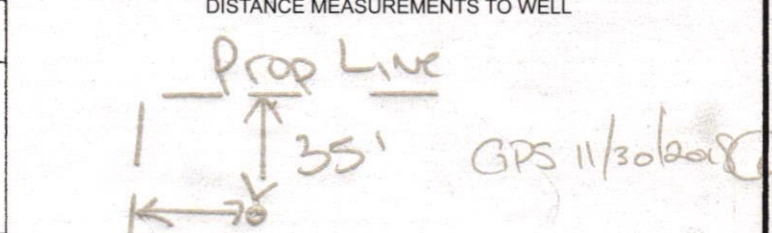
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME COUNTY NO. **ATTD**
STATE SIGNATURE _____ INSERT S → **41**
DATE ISSUED **08/06/18** **08/06/19**
43 MM DD YY **48** CO SIGNATURE **DOVIDNA** EXP. DATE **DOVIDNA**

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

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

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
 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
39 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41** _____ **52**

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Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER **HO2017G002**
PERMIT No. **HO-17-0320**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

OWARD COUNTY HEALTH DEPARTMENT

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

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: 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 E. Fogle 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 #: 10 Well Tag #: HO-17-0320 (ST)
Site Address: 15645 Linden Grove Lane
Woodbine, MD 21797

Submersible Pump Data

Make: Grundfos
Model #: 1556P07-180
Pump Capacity: 15
Well Yield: 6

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

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): 16'
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: (ST)

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 ✓

37"
30"
19"
10"

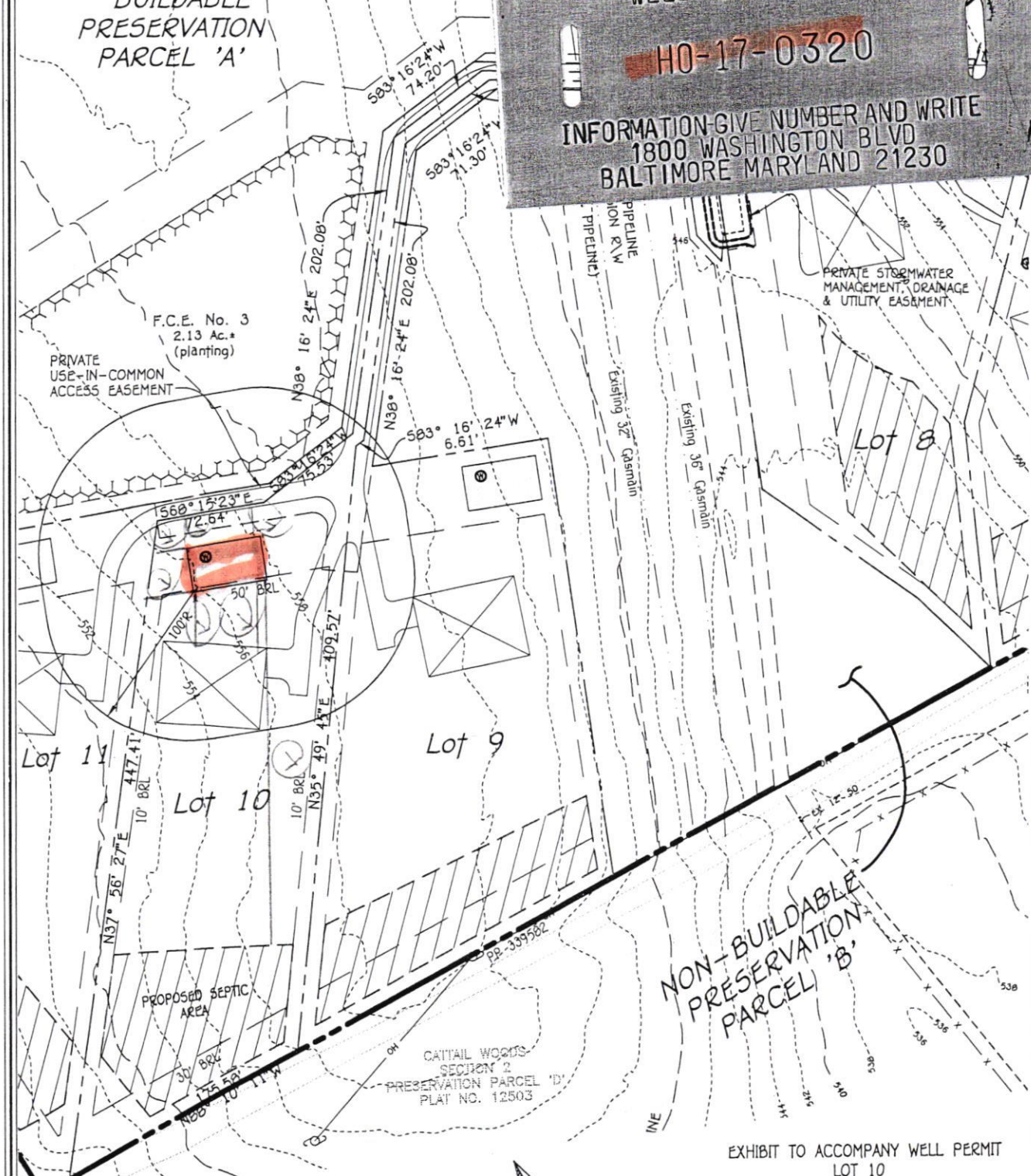
(Revised form 10/24/2018)

BUILDABLE
PRESERVATION
PARCEL 'A'

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

HO-17-0320

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230



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



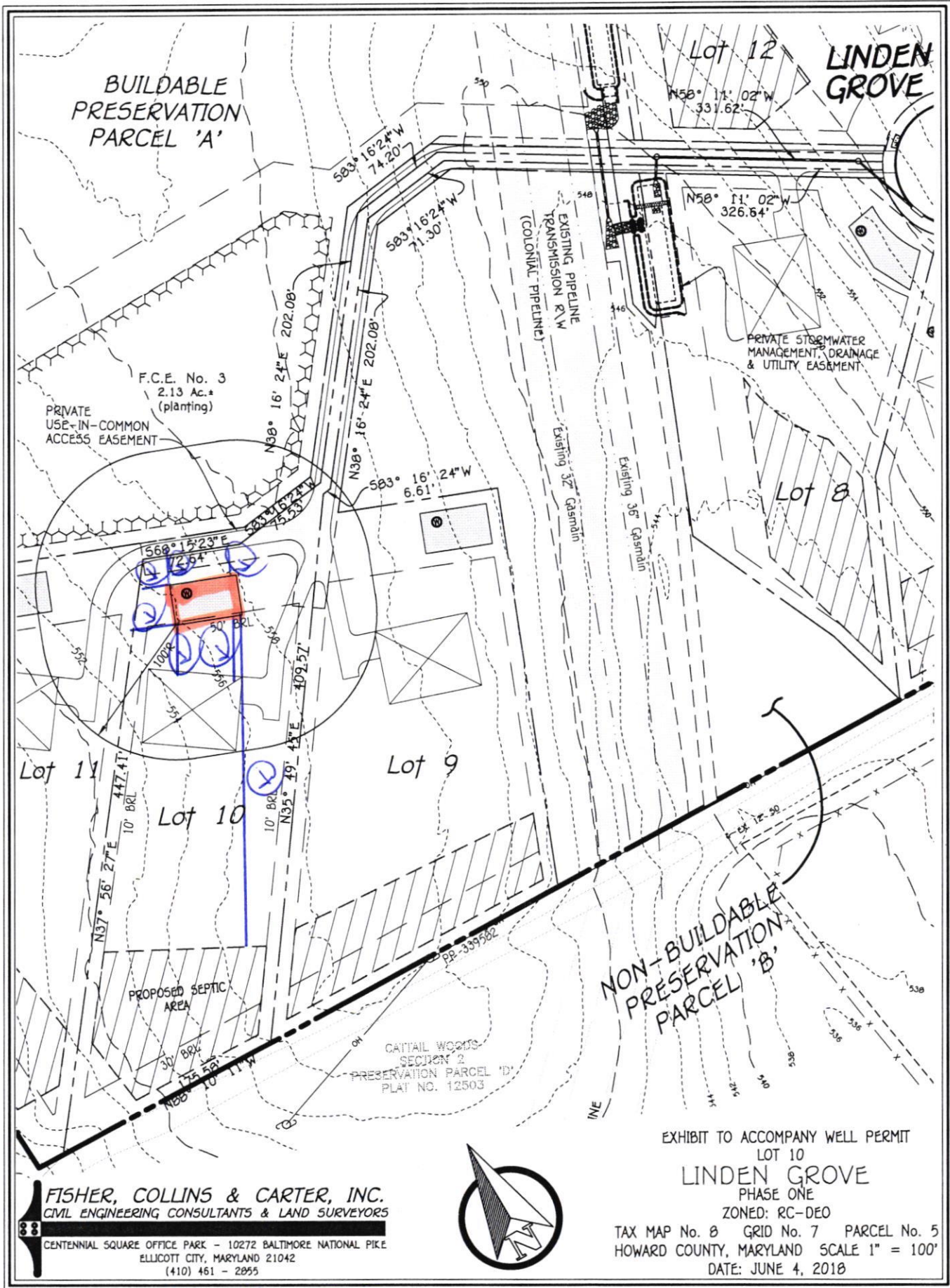
NON-BUILDABLE
PRESERVATION
PARCEL 'B'

EXHIBIT TO ACCOMPANY WELL PERMIT

LOT 10
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 10
APPROVED 7/25/2018 @ 09:07 V.A. SP 17-003 Signed 3/22/18
DRAWN BY FCC STAFFS CONFIRMED ORIGINAL



LINDEN GROVE LOT 10
 APPROVED 7/25/2018
 STAKED BY FCC
 STAKES CONFIRMED 08/06/2018
 VIA SP. 17-003 Signed 3/22/18

Cabahug, Joseph

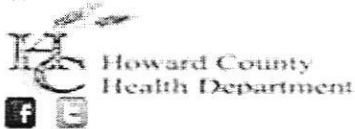
From: Cabahug, Joseph
Sent: Monday, July 16, 2018 3:58 PM
To: 'Tony Fertitta'
Subject: Linden Grove Lot 9-11

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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**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>10</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.

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – 4/14/22

10/14/21

Homeowner
15645 Linden Grove Lane
Woodbine, MD 21797

RE: Linden Grove Lot 10
15645 Linden Grove Lane
Building Permit: B20004511
Well Permit: HO-17-0320

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 **6/25/2021**. Final approval of the well line connection to the dwelling was granted on **6/24/2021**. The well construction was completed on **1/2/2019**. Water samples were collected on **10/8/2021**.

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-17-0320. 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>

Approving Authority



Jeff Williams

Deputy Director
Bureau of Environmental Health

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 #: 147921 Account #: 1933
Reference: Linden Grove Lot 10 Client: Fogle's Well Pump & Treatment
Location: 15645 Linden Grove Lane Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 10/8/2021 1130 Site: Powder Room Sink
Date/Time Rec'd: 10/8/2021 1158 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: T. Cassell 0767TC Well #: HO-17-0320

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/9/2021 / 0900 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/9/2021 / 0900 / LLO
Nitrate	3.72	mg/L	10	Hach 10206	10/8/2021 / 1700 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	10/8/2021 / 1715 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	10/8/2021 / 1430 / 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 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 ND = None Detected
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B20004511

Date Reported: 10/11/2021