

C1 56750 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 2011

ST/CO USE ONLY DATE RECEIVED 01/28/19

DATE WELL COMPLETED 01/18/19

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. HO-17-0355

OWNER Heritage Land Development WELL SITE ADDRESS last name DAVIS ROAD first name TOWN WoodBine SUBDIVISION Linden Grove SECTION LOT 23

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), NO. OF BAGS (22), NO. OF POUNDS (110), DEPTH OF GROUT SEAL (0 to 50 ft).

CASING RECORD: casing types (PL), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (50).

OTHER CASING (if used): PL, diameter 4.5, depth 125.

SCREEN RECORD: screen type (ST), diameter of screen (56 to 60).

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (6.0), METHOD USED TO MEASURE PUMPING RATE (water bucket), WATER LEVEL (27 ft before, 86 ft when pumping).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31 to 35), PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47).

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

CIRCLE APPROPRIATE LETTER: A (well abandoned), 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...

DRILLERS LIC. NO. M WD 355, DRILLERS SIGNATURE, LIC. NO. D 113.

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

DEPTH (nearest ft.): 50, 300, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (56 to 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, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LATITUDE 39.32763, LONGITUDE 7.706133 (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

B 1 SEQUENCE NO. (MDE USE ONLY) 54276 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-17-0355

1 2 3 6 203957-N please type 70 fill in this form completely 79

OWNER INFORMATION

Date Received (APA) 07/13/18

8 MM DD YY 13

Heritage Land Development
15 Last Name Owner First Name 34

PO Box 482
36 Street or RFD 55

Lisbon MD 21765
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

Hidden Grove
23 SUBDIVISION 42

SECTION 44 46 LOT 23 48 50

Woodbine
52 NEAREST TOWN 71

DRILLER INFORMATION

Michael Barbow MWD 355
76 Driller's Name License No. 81

Barbow Well Drilling
Firm Name

522 Underwood Lane 2104
Address

[Signature] 7/10/18
Signature Date

B 4 SOURCES OF DRILLING WATER

1. Well

2.

3.

Daisy Road
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 75 37
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 7 PARCEL 5

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 750
(GAL. PER DAY) 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

HOWARD COUNTY NAME XIII COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

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

43 MM DD YY 48

DON: 12/17/18 (S) DRG: 12/19/18

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST

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

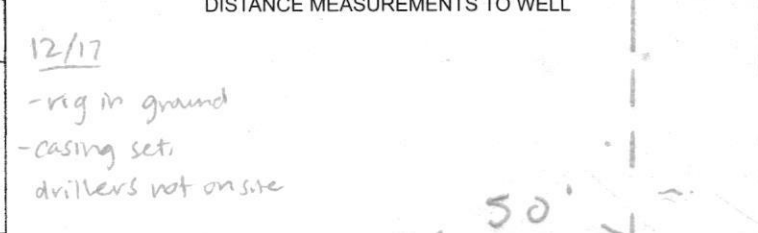
METHOD OF DRILLING (circle one)

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)

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

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-17-0355
70 71 72 73 74 75 76 77 78 79

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: Foales Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 1580 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# MSD2226

*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 #: 23 Well Tag #: HO-17-0355
Site Address: 15604 Linden Grove Lane
Woodbine, MD 21797

Submersible Pump Data
Make: Grundfos
Model #: ISSQ107-180
Pump Capacity 15
Well Yield: 6
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: Y/S

Well Cap and Electric Conduit
Two piece watertight cap: Y/S
Screened, vented well cap: Y/S
Cap secured to casing: Y/S
Conduit min 18" B.G.: Y/S
Conduit secured to well cap: Y/S

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 (60 psi min)
Depth of supply line: 36" (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: Y/S
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: Y/S

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: 11/17/2021

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

Date Insp. Requested: <u>11/17/2021</u>	Date Insp. Approved: <u>11/17/2021</u>	Inspector: <u>[Signature]</u>
Inspection Data:		
Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>42"</u> 11/17/2021 <u>[Signature]</u>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	<u>30"</u> 11/17/2021 <u>[Signature]</u>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	<u>24"</u> 11/17/2021 <u>[Signature]</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

(Revised form 10/24/2018)

House
11/17/2021 1.5'

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 10, 2022

March 10, 2022

Homeowner
15604 Linden Grove Lane
Woodbine, MD 21797

RE: Linden Grove, Lot 23
15604 Linden Grove Lane
Building Permit: B21000794
Well Permit: HO-17-0355

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 **12/20/2021**. Final approval of the well line connection to the dwelling was granted on **11/17/2021**. The well construction was completed on **1/18/2019**. Water samples were collected on **2/28/2022**.

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-17-0355. 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 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.

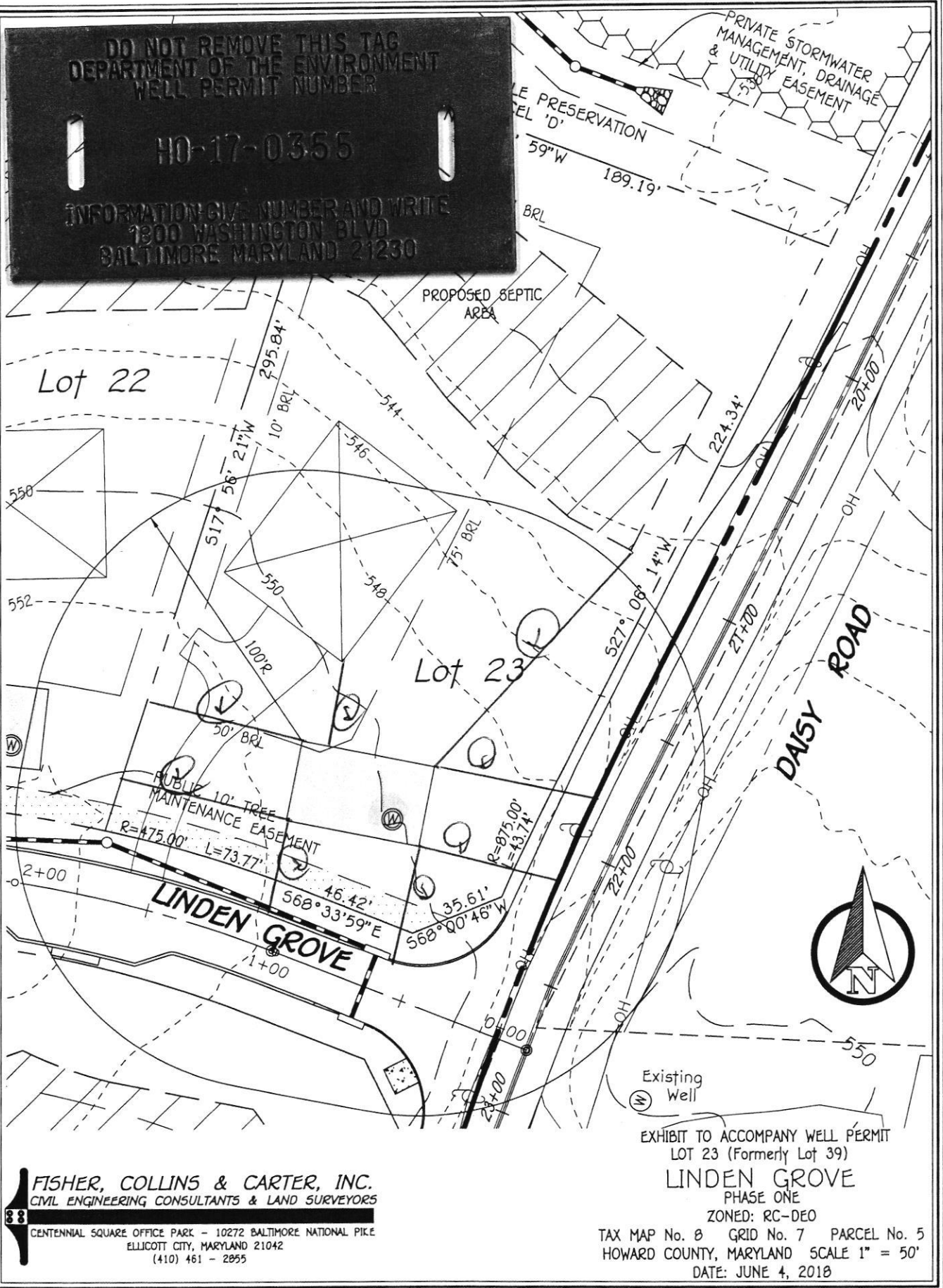
Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

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

HO-17-0355

FOR INFORMATION CALL NUMBER AND WRITE
1300 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

EXHIBIT TO ACCOMPANY WELL PERMIT
LOT 23 (Formerly Lot 39)
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 23
APPROVED 7/24/2018 @ 00997 VIA SP-17-003 (3/22/2018)
STAKED BY FCC



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:

9/14/2018

Linden Grove	23	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.

Joseph

Caveragh

RECEIVED
SEP 13 2018
HOWARD COUNTY HEALTH DEPT
FOOD PROTECTION PROGRAM

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 150721 Account #: 1933
Reference: Linden Grove Lot 23 Client: Fogle's Well Pump & Treatment
Location: 15604 Linden Grove Lane Requested By: Dave Fogle
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 2/28/2022 1400 Site: Basement Bathroom
Date/Time Rec'd: 2/28/2022 1441 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: B. Wilkerson 2383BW Well #: HO-17-0355

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/1/2022 / 0930 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/1/2022 / 0930 / MEH
Nitrate	5.77	mg/L	10	Hach 10206	3/1/2022 / 1000 / CRS
Turbidity	<0.30	NTU	<10	SM2130B	3/1/2022 / 0830 / MEH
Sand	ND	mg/L	5	Visual/Gravimetric	3/1/2022 / 1100 / MEH

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 # : B21000794

Date Reported: 3/1/2022