

1 2 3 6
55747

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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

COUNTY
NUMBER

XIII

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

DATE Received
MM DD
03 23 18

MM DD YY
04 19 18

22 280 26
(TO NEAREST FOOT)

HO 17 0251

OWNER GILLIECE FAMILY LLC
WELL SITE ADDRESS HIGH STEPPER TRAIL TOWN SKYESVILLE
SUBDIVISION WALKER MEADOWS SECTION _____ LOT 5

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Tan Soil + Ground	0	65	
Hard Tan + Gray Rock	65	100	✓
Gray Rock	100	185	
SOFT tan Rock	185	190	✓
Gray Rock	190	235	
Soft Gray Rock	235	240	
Gray Rock	240	265	
Soft Gray Broken Fractured	265	270	✓
Gray Rock	270	280	
SET PUMP AT	200 FT.		

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY

NO. OF BAGS 27 NO. OF POUNDS 1350

GALLONS OF WATER 540

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 75 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

cases types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

60 81 63 64 66 70

OTHER CASING (if used)

EACH CASING diameter depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

DEPTH (nearest ft.)

HO 78 280

E A C H S C R E E N

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 30 41 45 47 51

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN 6 (NEAREST INCH)
58 _____ 60 _____
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

70 _____ 72 _____ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 4

EST. Brown Yield with Bria 40

PUMPING RATE (gal. per min.) 12.6 GPM

METHOD USED TO MEASURE PUMPING RATE watch + bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 21 ft.
17 20

WHEN PUMPING 43 ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

SET PUMP AT 200 FT. 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,G,J,P,R,S,T,O) IN BOX 29. _____ 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 85

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 } 2 (nearest foot)
49 50 51

LATITUDE 39.345779
LONGITUDE 76.939394
(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 NO

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. MWD 5761

Robert [Signature]
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 594

D. H. [Signature] - DRILLER

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

TAG = 4/24/2018

SEQUENCE NO. (MDE USE ONLY) **54005**

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER **HO-17-0251**

52902-1 please type

fill in this form completely

B 1 Date Received (APA) **02/18**

OWNER INFORMATION

8 MM **DD** **YY** **13**

15 Last Name **Gilliece** **Owner** **First Name** **LLC** **34**

36 Street or RFD **1311 Linden Church Rd.** **55**

57 Town **Clarksville** **70** State **MD** **72** Zip **21029** **76**

B 3 **LOCATION OF WELL**

8 COUNTY **Howard** **21**

23 SUBDIVISION **Walker Meadows** **42**

SECTION **44** **45** **46** **50** **LOT** **5**

52 NEAREST TOWN **Clarksville** **71**

DRILLER INFORMATION

Driller's Name **Randall Alexander** **MWD** **576** **76** License No. **81**

Firm Name **Alexander's Well Drilling**

Address **126 West Main St. P.O. Box 443**

Fairfield, PA 17320

Signature **Randall Alexander** **Date** **2/16/18**

B 4 **SOURCES OF DRILLING WATER**

1. Well water **11** STREET ADDRESS **30**

2. Trail-102

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

APPROX FROM FUTURE RD. **34** **30** **37** **SOUTH**

DISTANCE FROM ROAD **FT** **38** **39**

ENTER FT OR MI

TAX MAP: 9 **BLK: 6** **PARCEL 66**

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **375**

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** **X110** **COUNTY NO.**

STATE SIGNATURE **INSERT S**

DATE ISSUED **02/16/18** **04/19/18** **EXP. DATE**

43 MM **DD** **YY** **48** **CO SIGNATURE** **DM**

DM: 04/18/18 **DM: 04/19/2018**

APPROXIMATE DEPTH OF WELL **300** **FEET**

APPROXIMATE DIAMETER OF WELL **10** **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**

AIR-ROTary **AIR-PERCussion** **ROTARY (Hydraulic Rotary)**

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

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**

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

APPROP. PERMIT NUMBER **HO 2016004**

PERMIT No. **HO-17-0251**

70 **71** **72** **73** **74** **75** **76** **77** **78** **79**

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Walker Meadows\CAD\ESD-WM-Report Set.dwg

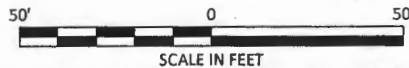


Walker Meadows Lot 5
HO-17-0251
Approved 3/6/18 (J)
04/06/18

LEGEND



MARYLAND
QUADRANGLE LOCATION



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

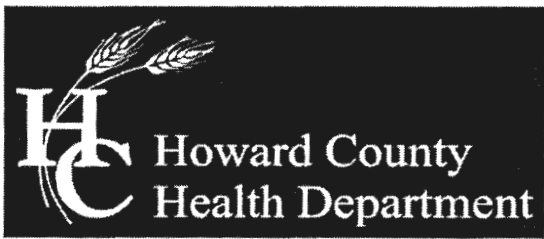
HO-17-0251

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

STAKED BY
DPC

Map Imagery website
"imagery" dated 2016.

client: Elm Street Development			
project location: Sykesville, Howard County, Maryland			
		project: Water Supply Development	
		Lot #5 Proposed Test Well Location Map	
file no. ESD-WM-Report Set.dwg	figure: 1		
drawn <i>M. Swam</i>	date 02/09/18		
checked <i>J. Lindaw</i>	date 02/09/18		
approved <i>M. Hanfler</i>	date 02/09/18		
www.hydro-terra.com			



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>WALKER MEADOWS</u>	<u>1-8, 11</u>	<u>HIGH STEPPER TRAIL</u>
Subdivision/Property Name	Lot #	Road Name
	<u>10, 12-14</u>	<u>STEPPING PLACE</u>

- The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS (professional land surveyor or company employing professional land surveyors) on 3/26/2018 (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.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location: 9 HIGH STEPPER TRAIL
15-21 STEPPING PLACE
WALKER MEADOWS 22-34, BPPA' MAYAPPLE TRAIL
 Subdivision/Property Name Lot # Road Name

- The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS (professional land surveyor or company employing professional land surveyors) on 3/28/2018 (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.

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 8, 2021

September 8, 2020

Homeowner
1021 High Stepper Trail
West Friendship, MD 21794

**RE: Walker Meadows, Lot 5
1021 High Stepper Trail
Building Permit: B200001260
Well Permit: HO-17-0251**

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 **9/5/2020**. Final approval of the well line connection to the dwelling was granted on **7/6/2020**. The well construction was completed on **4/19/2018**. Water samples were collected on **9/1/2020**.

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-17-0248. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

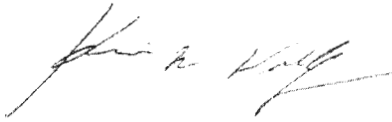
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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: Fooks Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
 Address: 530 Obrecht Rd
Sylkesville, 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# MS0226

*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: NRB Inc Telephone #: _____
 Subdivision: Walker Meadows Lot #: 5 Well Tag #: HO-17-0251 ✓
 Site Address: 1021 High Spinner Trail
Sylkesville, MD 21784

07/06/2020 D

Submersible Pump Data

Make: Grundfos
 Model #: TK50542C
 Pump Capacity: 7
 Well Yield: 12

Pitless Adapter

Make: Complete
 Model#: N/A
 GPM Depth: 31" (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: 230 (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 N/A

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

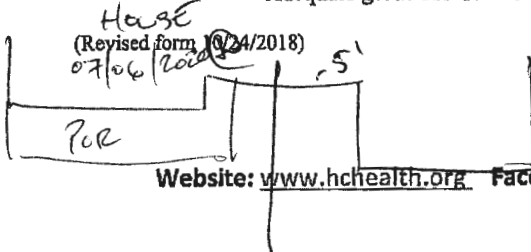
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 7-6-2020

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

Date Insp. Requested: 07/06/2020 Date Insp. Approved: 07/06/2020 Inspector: _____
 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

42" 07/06/2020
 40" 07/06/2020
 22" 07/06/2020
 19" 07/06/2020



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 139550 Account #: 1933
Reference: Walker Meadows Lot 5 Company: Fogles Well Pump & Treatment
Location: 1021 High Stepper Trail Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 9/1/2020 1300 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/1/2020 1350 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: B. Wilkerson 9315BW Well #: HO-17-0251

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/2/2020 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/2/2020 / 0830 / CRS
Nitrate	<1.0	mg/L	10	601	9/1/2020 / 1550 / CRS
Turbidity	0.58	NTU	<10	SM20 2130B	9/1/2020 / 1645 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/1/2020 / 1645 / CRS

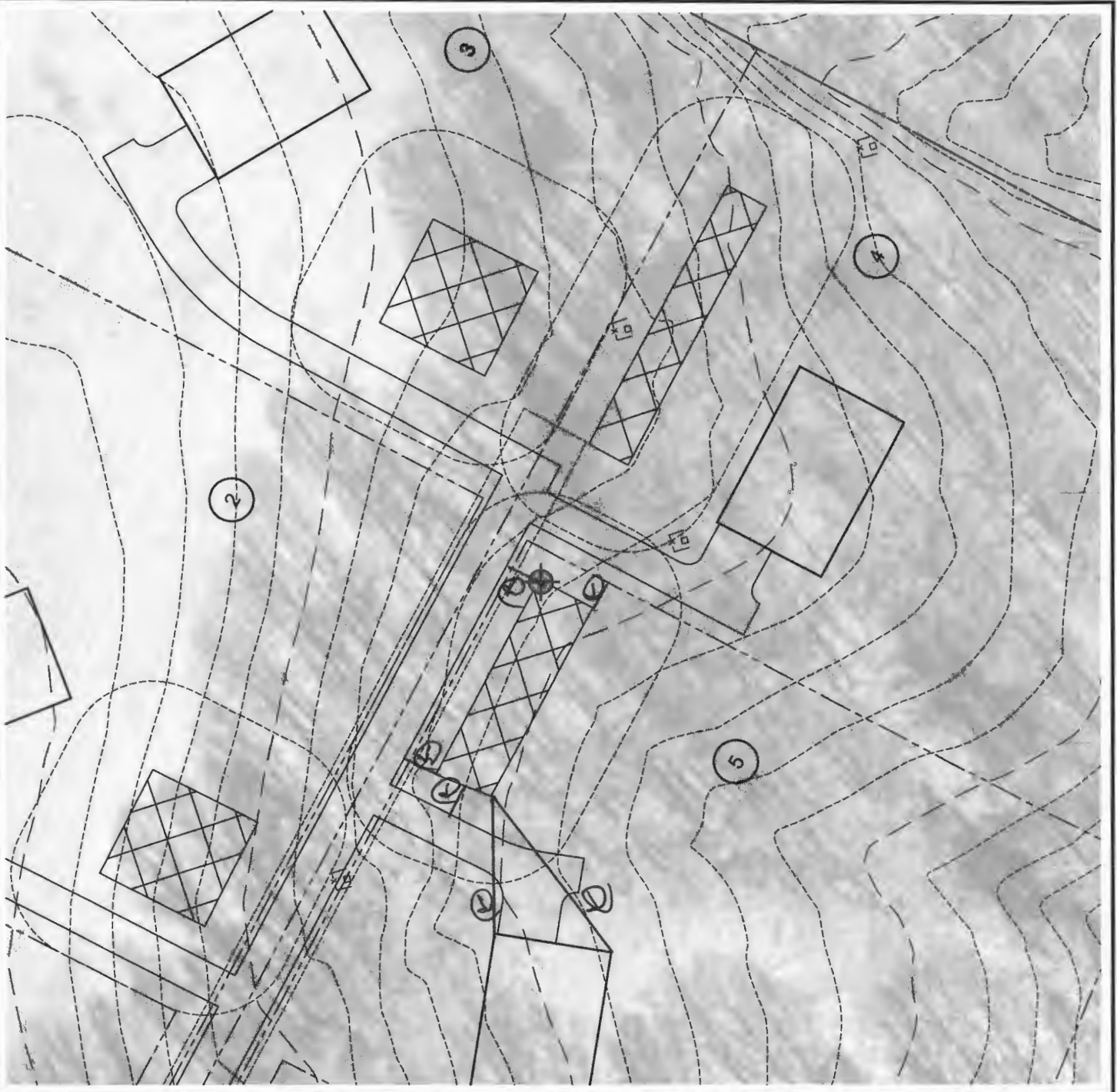
NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacterial] 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 Sample collected by client, analyzed as received
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B20001260

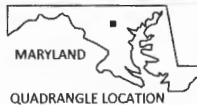
Date Reported: 9/2/2020



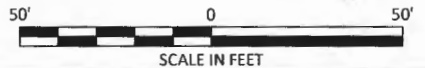
LEGEND

● Proposed Test Well Site

Walker Meadows Lot 5
Ho-17-0251
Approved 3/6/18 (JL)
04/06/18
STAKED BY
DDC (JL)




MARYLAND
QUADRANGLE LOCATION

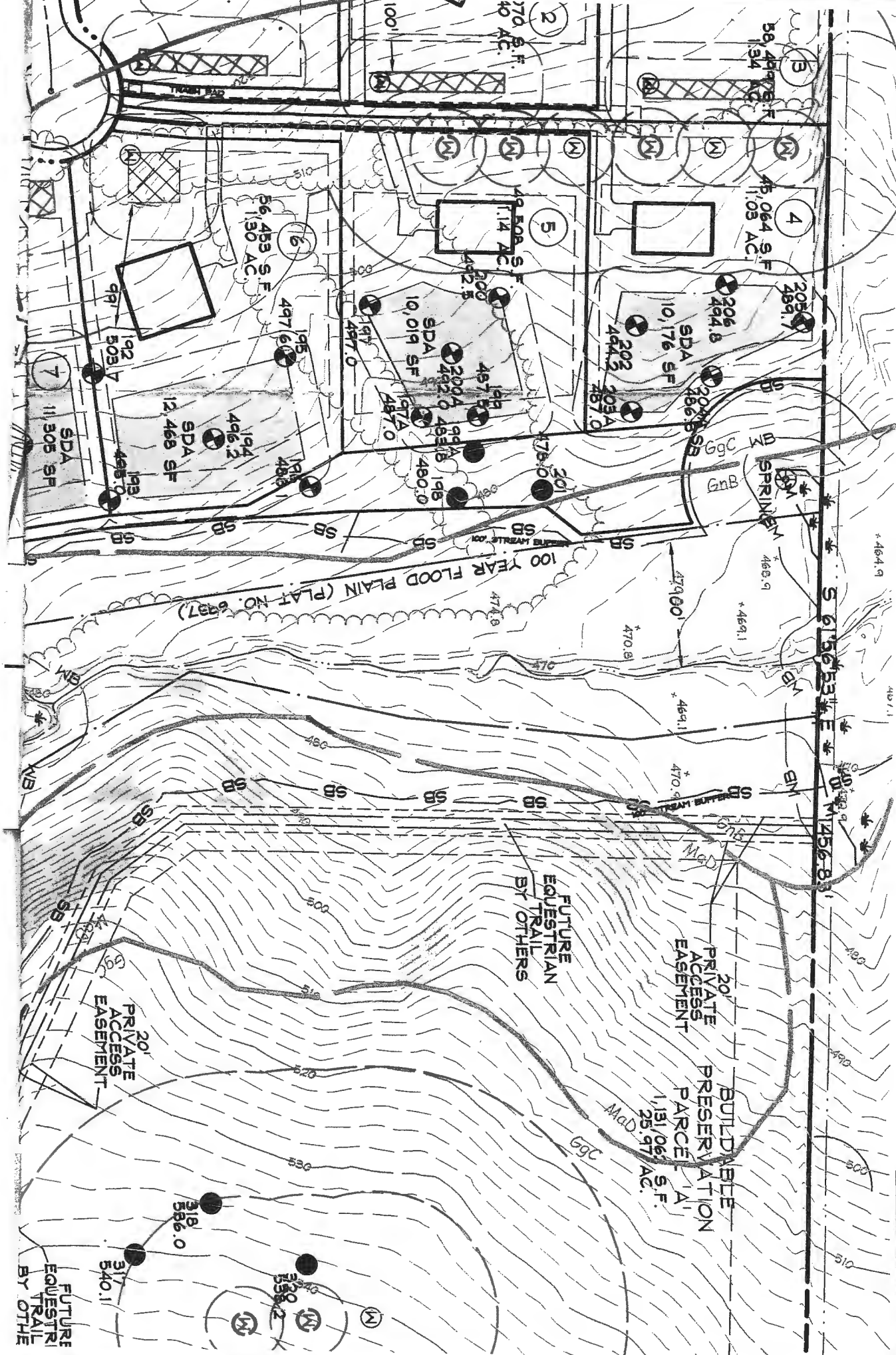


SCALE IN FEET

NOTE:

Aerial Photo Base was obtained from the State of Maryland iMap Imagery website (<http://imap.maryland.gov>), categorized as "Howard2016 SixInchImagery" dated 2016.

Elm Street Development			
project location: Sykesville, Howard County, Maryland			
		project: Water Supply Development Lot #5 Proposed Test Well Location Map	
file no.:	ESD-WM-Report Set.dwg		
drawn:	M. Swam	date:	02/09/18
checked:	J. Lindaw	date:	02/09/18
approved:	M. Hauffer	date:	02/09/18
www.hydro-terra.com			1



- LOT 8 HO-17-0253
- LOT 9 HO-17-0254
- LOT 10 HO-17-0255
- LOT 11 HO-17-0256
- LOT 12 HO-17-0029