

C1 56420

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 C.O.K.S. 3-6 ON ALL CARDS)

COUNTY NUMBER (XIII)

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM 08 13 18

DATE WELL COMPLETED MM 05 21 18

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. HO 17-0270

OWNER: Elm Street Development; WELL SITE ADDRESS: HOWARD LODGE DRIVE; TOWN: SYKESVILLE; SUBDIVISION: WALKER MEADOWS; SECTION: ; LOT: 29

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, FEET (FROM, TO), check if water bearing. Rows include Soil, Brown Shale, Tan shale, Hard Gray Rock.

GROUTING RECORD

WELL HAS BEEN GROUDED (Y), TYPE OF GROUING MATERIAL (GROUT), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (25), NO. OF POUNDS (1875), GALLONS OF WATER (125), DEPTH OF GROUING SEAL (63 ft).

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth of main casing (63 feet).

OTHER CASING (if used)

Table for OTHER CASING with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.)

DEPTH (nearest ft.) HO 63 300. Includes slot size and diameter of screen information.

C 3

PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (12.0 gal. per min.), WATER LEVEL (23 ft. before, 29 ft. when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED

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

LATITUDE 39 34 12.1, LONGITUDE 76 9 35 80 (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.

DRILLERS LIC. NO. 1 M 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. WRS 109

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

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

B 1 SEQUENCE NO. (MDE USE ONLY) 54204 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 562439C STATE PERMIT NUMBER HO-17-0270
70 fill in this form completely 79

B 2 **OWNER INFORMATION**
 Date Received (APA) 02/14/18
 8 MM DD YY 13
Elm Street Development
 15 Last Name Owner First Name 34
6820 Elm St Suite 200
 36 Street or RFD 55
McClean, VA 22101
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
Howard
 8 COUNTY 21
Walker Meadows
 23 SUBDIVISION 42
 SECTION 44 46 LOT 24 48 50
Sykesville
 52 NEAREST TOWN 71

B 4 **SOURCES OF DRILLING WATER**
 1. Well
 2.
 3.

B 2 **WELL INFORMATION**
 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 COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 3/15/18 6/18 3/15/19
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
 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
 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)
 APPROX. PERMIT NUMBER H02016G004
 PERMIT NO. HO-17-0270
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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
4/19
-well 300'
-20 gpm
-63' PVC casing
5/21/2018
Pump Set at 290'

 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.



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
(410) 838-6910

Bel Air, Maryland 21014
Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed: May 21, 2018

Well Depth: 300 feet

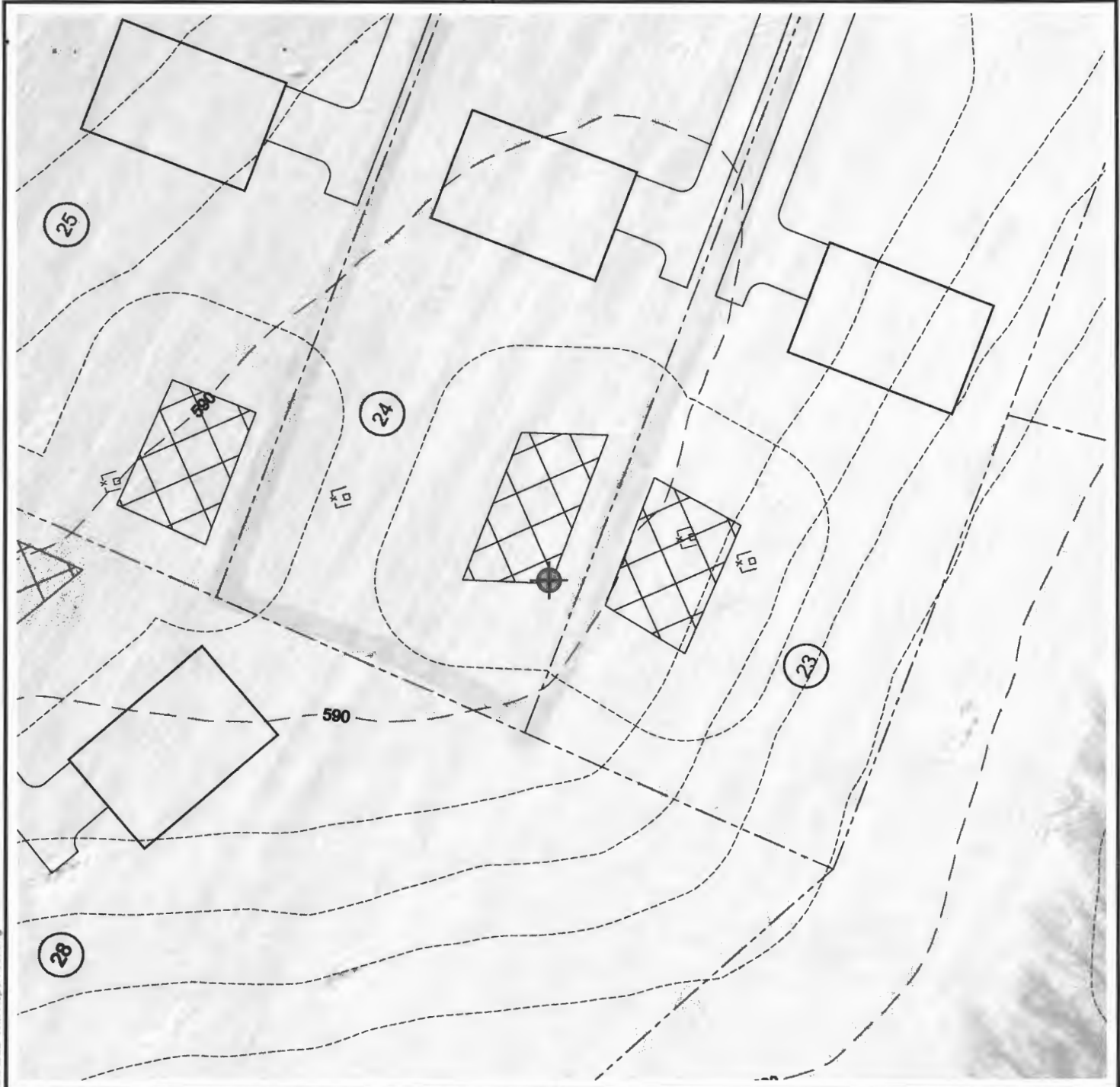
Customer Elm Street Development
Road Howard Lodge Drive
City Clarksville
State Maryland

Permit # HO-17-0270
Subdivision Walker Meadows
Section _____
Lot # 24

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:30 AM	23	5	12.00
10:45 AM	29	5	12.00
11:00 AM	29	5	12.00
11:15 AM	29	5	12.00
11:30 AM	29	5	12.00
11:45 AM	29	5	12.00
12:00 PM	29	5	12.00
12:15 PM	29	5	12.00
12:30 PM	29	5	12.00
12:45 PM	29	5	12.00
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1:15 PM	29	5	12.00
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1:45 PM	29	5	12.00

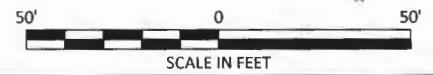
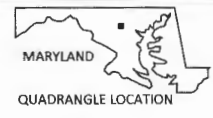
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

24



well box o k
RL 3/15/18

LEGEND

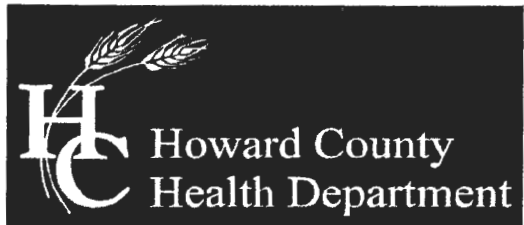


NOTE:

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		
 www.hydro-terra.com	project:	Water Supply Development
		Lot #24 Proposed Test Well Location Map
	file no.:	ESD-WM-Report Set.dwg
	drawn:	M. Swam
	checked:	J. Lindaw
approved:	M. Hasler	figure: 1
	date:	02/09/18
	date:	02/09/18
	date:	02/09/18

H:\Projects\Elm Street Development\Walker Meadows\CADD\ESD-WM-Report Set.dwg



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

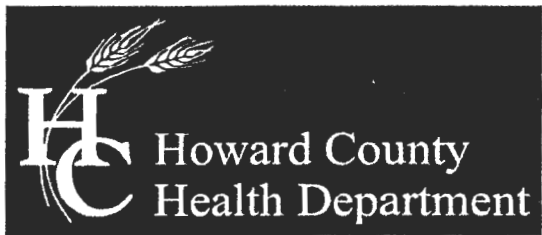
TO ALL INTERESTED PARTIES

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
<u>WALKER MEADOWS</u>	<u>22-34, BPPA'</u>	<u>MAYAPPLE TRAIL</u>
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.



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>17</u>	<u>- STEPPING PLAKE</u>
Subdivision/Property Name	Lot #	Road Name
	<u>22-32, 34, BPP'A'</u>	<u>MAYAPPLE DRIVE</u>

The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS (professional land surveyor or company employing professional land surveyors) on 2-09-2018 (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.

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: 580 Obrecht Rd
Syracuse, 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# MSD2220

*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: NVP INC Telephone #: _____
 Subdivision: Walker Meadows Lot #: 24 Well Tag #: HO-17-0270
 Site Address: 12209 Mayapple Dr
Syracuse, MD 21784

Submersible Pump Data

Make: Grundfos
 Model #: TJ4505422
 Pump Capacity: 7
 Well Yield: 12

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: 360 (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: 12/8/2020

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

Date Insp. Requested: <u>12/3/20</u>	Date Insp. Approved: <u>12/3/20</u>	Inspector: <u>[Signature]</u>
Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
	Two piece cap installed and attached to casing securely	<u>✓</u>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
	Safety rope not outside of well cap/casing	<u>✓</u>
	Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
	Water supply line sleeved adequately at house connection	<u>✓</u>
	Adequate grout observed below pitless adapter	<u>✓</u>

(Revised form 10/24/2018)

Note: Final grade near the house must be backfilled to make the well line at least 36" 

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 Telephone #: _____
 Address: _____

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: Elm St. Development Telephone #: _____
 Subdivision: Walker Meadows Lot #: 24 Well Tag #: HO - 17 - 0770
 Site Address: 12209 Mayapple Dr
Marysville, MD 21044

Submersible Pump Data

Make: _____

Model #: _____

Pump Capacity _____

Well Yield: _____

Depth of well encountered at time of pump installation: _____ (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 _____

Pitless Adapter

Make: _____ +

Model#: _____

GPM Depth: _____ (36" min)

GPM NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____

Screened, vented well cap: _____

Cap secured to casing: _____

Conduit min 18" B.G.: _____

Conduit secured to well cap: _____

Piping to house

Type: _____

PSI: _____ (160 psi min)

Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____

Length of sleeve (5' minimum from foundation): _____

Sleeve sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: 12/3/20 Date Insp. Approved: 12/3/20 Inspector: RR
 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 ✓

(Revised form 10/24/2018)

NOTE: Final grade will provide 3' cover over the H₂O line near the house. RR 12/3/20

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 11, 2021

February 11, 2021

Homeowner
12209 Mayapple Drive
Sykesville, MD 21784

RE: Walker Meadows, Lot 24
12209 Mayapple Drive
Building Permit: B20003283
Well Permit: HO-17-270

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 **12/29/2020**. Final approval of the well line connection to the dwelling was granted on **12/3/2020**. The well construction was completed on **5/21/2013**. Water samples were collected on **2/3/2021**.

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-17-0270. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

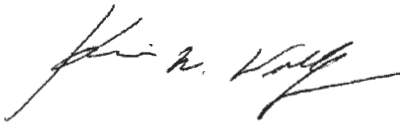
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 142572 Account #: 1933
Reference: Walker Meadow Lot 24 Company: Fogles Well Pump & Treatment
Location: 12209 Mayapple Drive Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 2/3/2021 0800 Site: Kitchen Sink Tap
Date/Time Rec'd: 2/3/2021 1023 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: T. Cassell 0767TC Well #: HO-17-0270

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/4/2021 / 0845 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/4/2021 / 0845 / CRS
Nitrate	1.78	mg/L	10	601	2/3/2021 / 1530 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	2/3/2021 / 1515 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	2/3/2021 / 1500 / 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 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 # : B20003283

Date Reported: 2/4/2021