

C 1 55714

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 X III

ST/CO USE ONLY DATE Received MM 03 DP 23 Y 18

DATE WELL COMPLETED MM 04 DD 27 YY 18

Depth of Well 22 302 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0248

OWNER GILLETTE FAMILY L.L.C. WELL SITE ADDRESS HIGH STEPPER TRAIL TOWN SYKESVILLE SUBDIVISION WALKER MEADOWS SECTION LOT 2

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. Rows include TAN SOIL, GRAY ROCK, HARD TAN ROCK, GRAY ROCK, TAN & GRAY ROCK, GRAY ROCK, SOFT TAN ROCK, GRAY ROCK, FRACTURE, GRAY ROCK.

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...

DRILLERS LIC. NO. 1 MWD 576 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 594 DRELLER

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

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 16 NO. OF POUNDS 800 GALLONS OF WATER 320 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 37 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole ST BR HO insert appropriate code below STEEL BRASS BRONZE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80, 81-82, 83-84, 85-86, 87-88, 89-90, 91-92, 93-94, 95-96, 97-98, 99-100. Row 1: Ho 78 302

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 4 DRILL RIG BLOWN BY 30 G.A.M. PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 65 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 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 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 - below LAND SURFACE 2 (nearest foot)

LATITUDE 3 9.345663 LONGITUDE 7 6.939804 (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.

B 1
54002

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER
HO-17-0248
fill in this form completely

Date Received (APA) 02/21/18
OWNER INFORMATION
8 MM DD YY 13
15 Last Name Gilliece Family LLC Owner First Name 34
36 Street or RFD 13111 Linden Church Rd. 55
57 Town Clarksville MD 21029 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Walker Meadows 42
SECTION 44 46 LOT 2 48 50
52 NEAREST TOWN Sykesville 71

DRILLER INFORMATION
Driller's Name Randall Alexander M W D 576 License No. 81
Firm Name Alexander's Well Drilling
Address 126 West Main Street P.O. Box 443
Fairfield PA 17320
Signature [Signature] Date 2/16/18

B 4 SOURCES OF DRILLING WATER
1. Well water
11 STREET ADDRESS Highstepper Trail 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
FROM APPROX 50 34 37 38 39
FUTURE RD. DISTANCE FROM ROAD FT
ENTER FT OR MI
TAX MAP: 9 BLK: 6 PARCEL 66

B 2 WELL INFORMATION
APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12
AVERAGE DAILY QUANTITY NEEDED 375 GAL. PER DAY 14 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
COUNTY NAME Howard COUNTY NO. XIII
STATE SIGNATURE [Signature] INSERT S
DATE ISSUED 04/23/18 43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 04/26/19

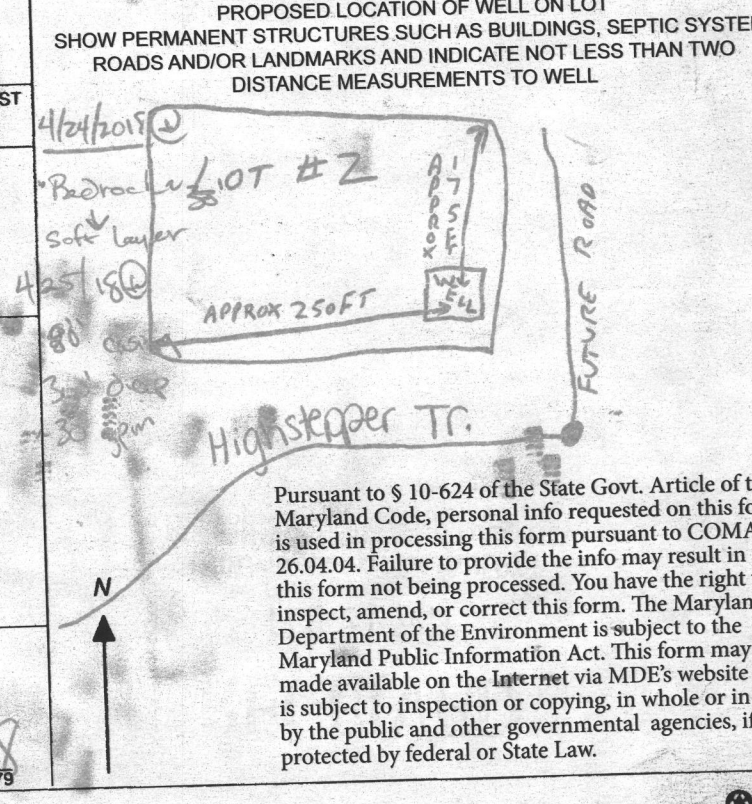
APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 10 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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 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
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 HO2016G004
PERMIT No. HO-17-0248



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SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: 5580 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 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: NVP Inc Telephone #: _____
 Subdivision: Walker Meadows Lot #: 2 Well Tag #: HO-17-0248
 Site Address: 1009 High Stepper Trail
Sykesville, MD 21784

Submersible Pump Data

Make: Goulds
 Model #: 714505422
 Pump Capacity: 7
 Well Yield: 12.4 gpm

Pitless Adapter

Make: Ampell+
 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): 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: 6/18/2020

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

Date Insp. Requested: 6/18/20 Date Insp. Approved: 6/18/20 Inspector: RD
 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)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 4, 2021

September 4, 2020

Homeowner
1009 High Stepper Trail
West Friendship, MD 21794

RE: Walker Meadows, Lot 2
10009 High Stepper Trail
Building Permit: B20000872
Well Permit: HO-17-0248

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 **8/19/2020**. Final approval of the well line connection to the dwelling was granted on **6/18/2020**. The well construction was completed on **4/27/2020**. 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.

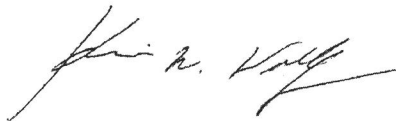
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

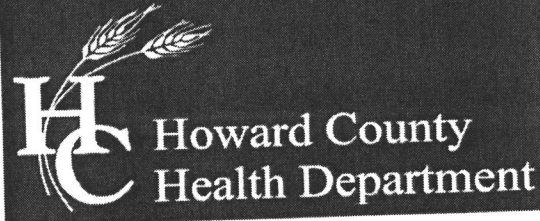
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



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:

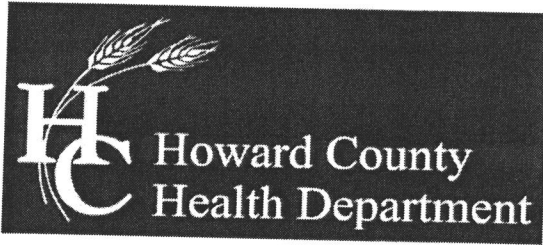
Well Site Location:

<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:	<u>9</u>	<u>HIGH STEPPER TRAIL</u>
	<u>15-21</u>	<u>STEPPING PLACE</u>
<u>WALKER MEADOWS</u>	<u>22-34, BPP'A'</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.

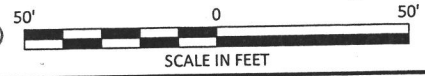
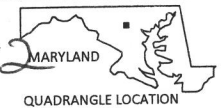
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err\Walker Meadows\CADD\ESD-WM-Report Set.dwg



Walker Meadows Lot 2
HO-17-0248
Approved 3/6/18
04/06/18




LEGEND

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

HO-17-0248

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

Imagery website
"imagery" dated 2016.

client: Elm Street Development			
project location: Sykesville, Howard County, Maryland			
 www.hydro-terra.com		project: Water Supply Development Lot #2 Proposed Test Well Location Map	
		file no. ESD-WM-Report Set.dwg	figure: 1
drawn M. Swam	date 02/09/18	checked J. Lindaw	date 02/09/18
approved M. Hauffer	date 02/09/18		

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 #: 139549 Account #: 1933
Reference: Walker Meadows Lot 2 Company: Fogles Well Pump & Treatment
Location: 1009 High Stepper Trail Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 9/1/2020 1250 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/1/2020 1350 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: B. Wilkerson 9315BW Well #: HO-17-0248

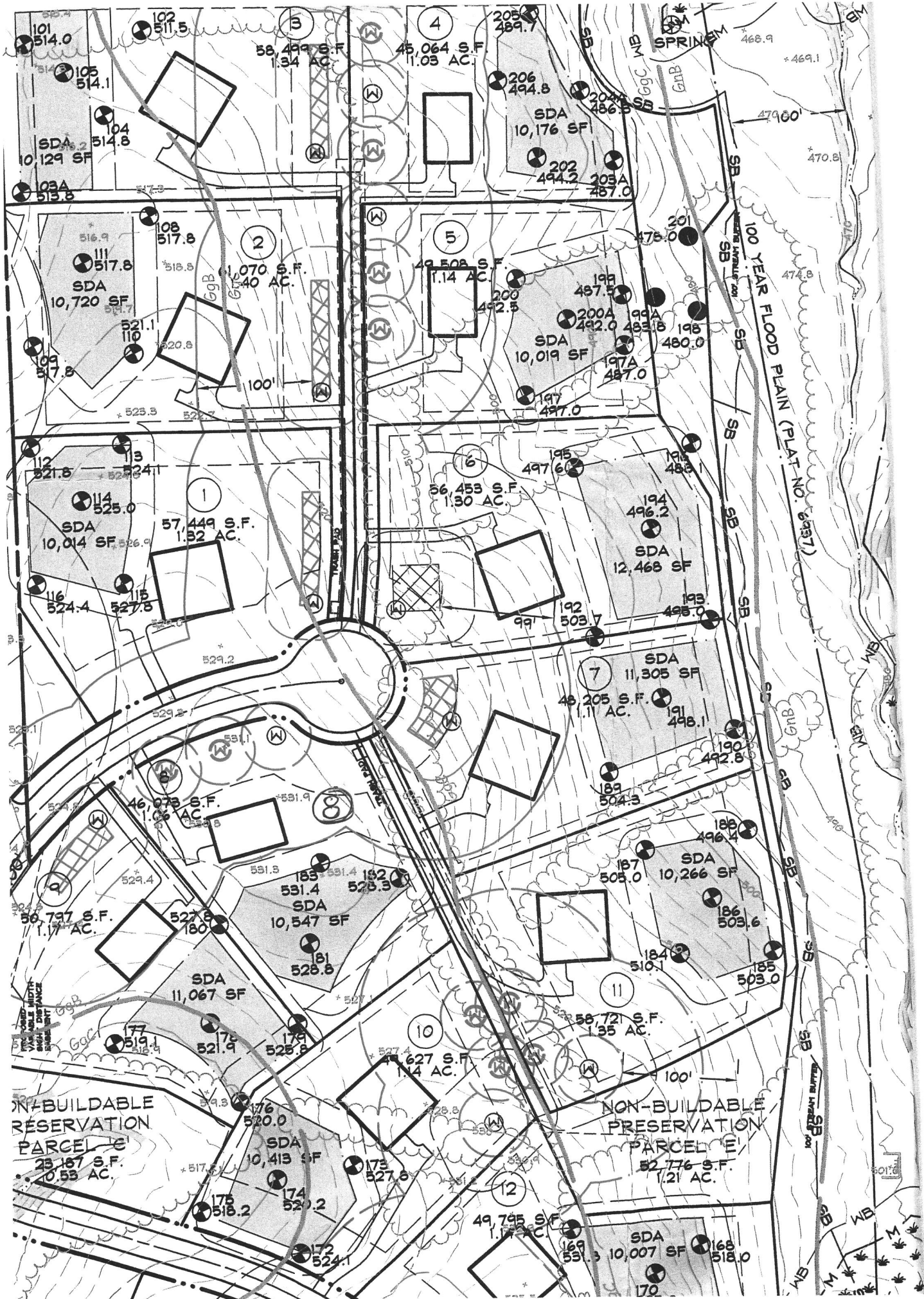
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/2/2020 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/2/2020 / 0830 / CRS
Nitrate	<1.0	mg/L	10	601	9/1/2020 / 1550 / CRS
Turbidity	0.32	NTU	<10	SM20 2130B	9/1/2020 / 1645 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/1/2020 / 1645 / CRS

NOTES

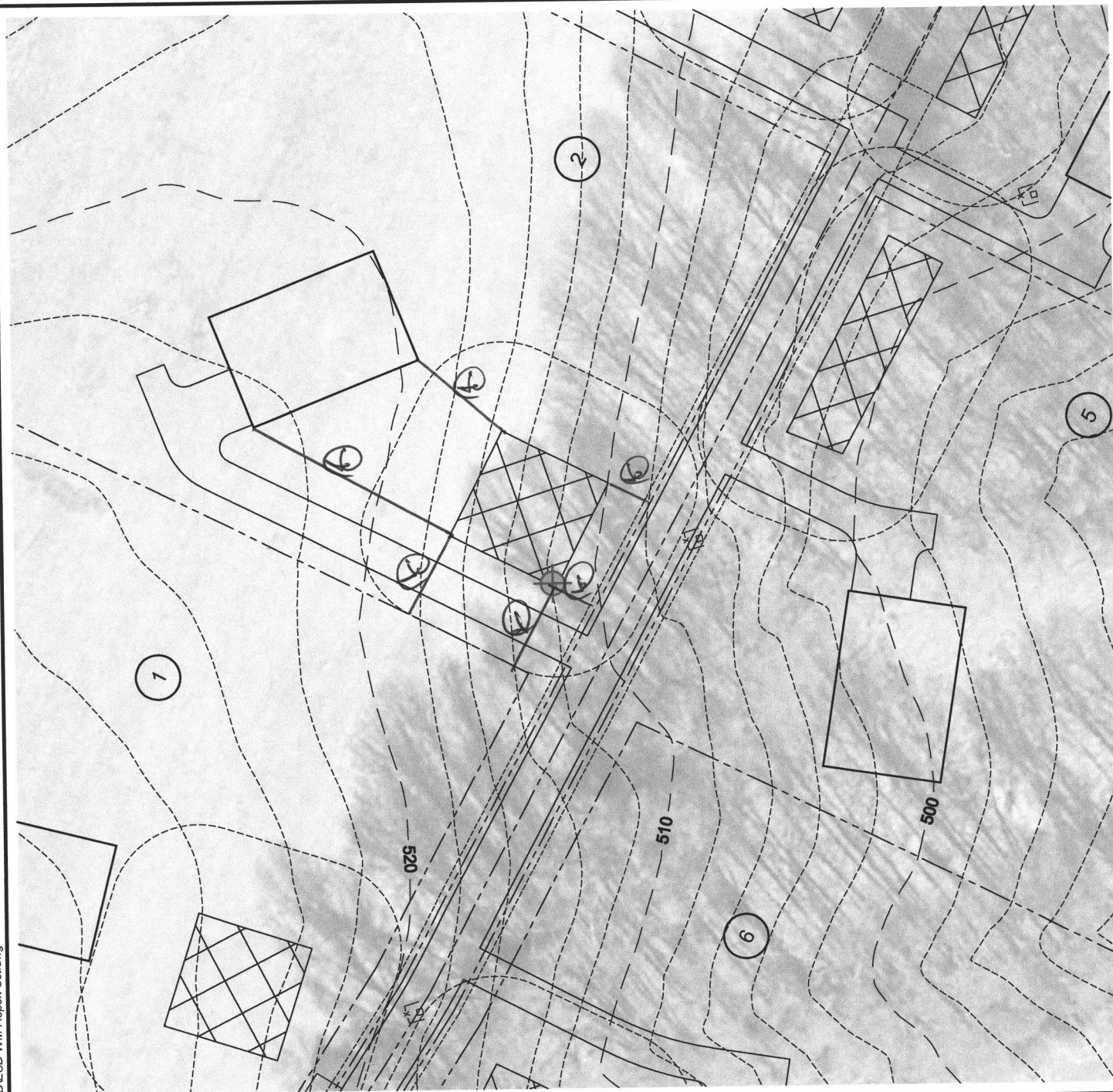
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 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 # : B20000872

Date Reported: 9/2/2020



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



LEGEND

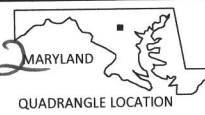


Proposed Test Well Site

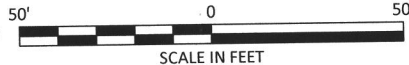
Walker Meadows Lot 2

HO-17-0248

Approved 3/6/18
04/06/18




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.

client:		Elm Street Development	
project location:		Sykesville, Howard County, Maryland	
 www.hydro-terra.com		project:	Water Supply Development Lot #2 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. Haufler	date	02/09/18
			figure:
			1