

C1 55723

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 XIII

ST/CO USE ONLY DATE RECEIVED MM 05 DD 23

DATE WELL COMPLETED MM 05 DD 02 YY 18

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-17-0256

OWNER GILLIELE FAMILY L.L.C. WELL SITE ADDRESS HIGH STEPPER TRAIL TOWN SYKESVILLE SUBDIVISION WALKER MEADOWS SECTION LOT 11

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, check if water bearing. Includes entries for TAN GROUND, HARD GRAY & TAN ROCK, GRAY ROCK, TAN ROCK, GRAY ROCK, SOFT GRAY ROCK, GRAY ROCK.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 17, NO. OF POUNDS 850, GALLONS OF WATER 340, DEPTH OF GROUT SEAL 78.

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (80).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

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

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted to production).

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, LIC. NO. 1 MWD 594, DRILLER

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

DEPTH (nearest ft.) table with columns for casing height and depth. Includes entries for HO, 78, 400.

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

PUMPING TEST: HOURS PUMPED (nearest hour) 4, PUMPING RATE (gal. per min.) 6.6, METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET, WATER LEVEL (distance from land surface) BEFORE PUMPING 30, WHEN PUMPING 233.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31/35), PUMP HORSE POWER (37/41), PUMP COLUMN LENGTH (43/47), CASING HEIGHT (+ above, - below) 2 (nearest foot).

LATITUDE 39.343904, LONGITUDE 76.940228 (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.

B 1	SEQUENCE NO. (MDE USE ONLY) 54015	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 52902J please type	STATE PERMIT NUMBER HO-17-0256
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Date Received (APA) **02-21-18**

OWNER INFORMATION

8 MM DD YY 13
 15 Last Name Owner First Name 34
Gilliece Family LLC
 36 Street or RFD 55
13111 Linden Church Rd
 57 Town 70 State 72 Zip 76
Clarksville MD 21029

B 3 LOCATION OF WELL

8 COUNTY 21
Howard
 23 SUBDIVISION 42
Walker Meadows
 SECTION 44 46 LOT 48 50
11
 52 NEAREST TOWN 71
Sykesville

DRILLER INFORMATION

Driller's Name 76 License No. 81
Randall Alexander MD 576
 Firm Name
Alexanders Well Drilling
 Address
126 West Main St.
P.O. Box 443 Fairfield PA 17320
 Signature Date
2/14/2018

B 4 SOURCES OF DRILLING WATER

1. **Well water** 11 STREET ADDRESS 30
 2. **Highstepper Trail**
 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 500 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: **9** BLK: **1e** PARCEL **166**

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
375

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

COUNTY NAME **Howard** COUNTY NO. **XIII**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **02/06/18** 43 MM DD YY 48 CO-SIGNATURE **[Signature]** EXP. DATE **02/06/19** 41
 DEN: **4/30/2018** DOB: **05/01/2018** DM: **5/2/18**

APPROXIMATE DEPTH OF WELL **300** FEET 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH 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
4/30/2018 **5/1/18**

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 _____ 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 **HO2016G004**
 PERMIT No. **HO 17-0256**

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 Pumps & Water Treatment, LLC Telephone #: 410 795 5670
 Address: 2530 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# 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: NVR Telephone #: _____
 Subdivision: Walker Meadows Lot #: 11 Well Tag #: HO-17-0256 (57)
 Site Address: 1022 High Stepper Trail
Sykesville, MD 21784

Submersible Pump Data

Make: Grundfos
 Model #: 7HS07422
 Pump Capacity: 7
 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: 405 (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: 4/21/2020

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

Date Insp. Requested: 4/21/2020 Date Insp. Approved: 4/21/2020 Inspector: [Signature]
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 48"
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 46"
 Safety rope not outside of well cap/casing ✓
 Correct well tag attached properly and casing 8" above finished grade ✓ 20"
 Water supply line sleeved adequately at house connection ✓ 6"
 Adequate grout observed below pitless adapter ✓



(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 18, 2020

June 18, 2020

Homeowner
1022 High Stepper Trail
West Friendship, MD 21794

RE: Walker Meadows, Lot 11
1022 High Stepper Trail
Building Permit: B20000228
Well Permit: HO-17-0256

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 **4/27/2020**. Final approval of the well line connection to the dwelling was granted on **4/21/2020**. The well construction was completed on **5/2/2018**. Water samples were collected on **6/10/2020**.

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-17-0256. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

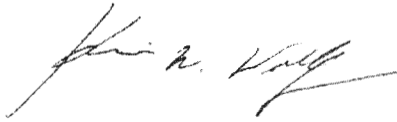
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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 #: 137728 Account #: 1933
Reference: Walker Meadows Lot 11 Company: Fogles Well Pump & Treatment
Location: 1022 High Stepper Trail Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 6/10/2020 0720 Site: Kitchen Sink
Date/Time Rec'd: 6/10/2020 0912 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Evans 0309JE Well #: HO-17-0256

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/11/2020 / 0940 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/11/2020 / 0940 / LLO
Nitrate	2.66	mg/L	10	601	6/11/2020 / 1145 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	6/11/2020 / 0945 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	6/11/2020 / 0945 / CRS

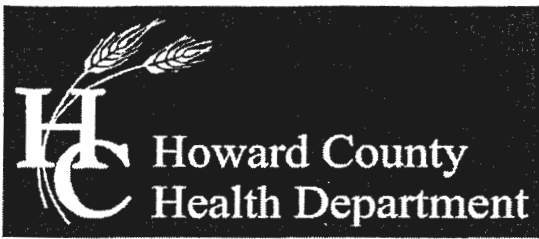
NOTES

- 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 # : 20000228

Date Reported: 6/11/2020



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:

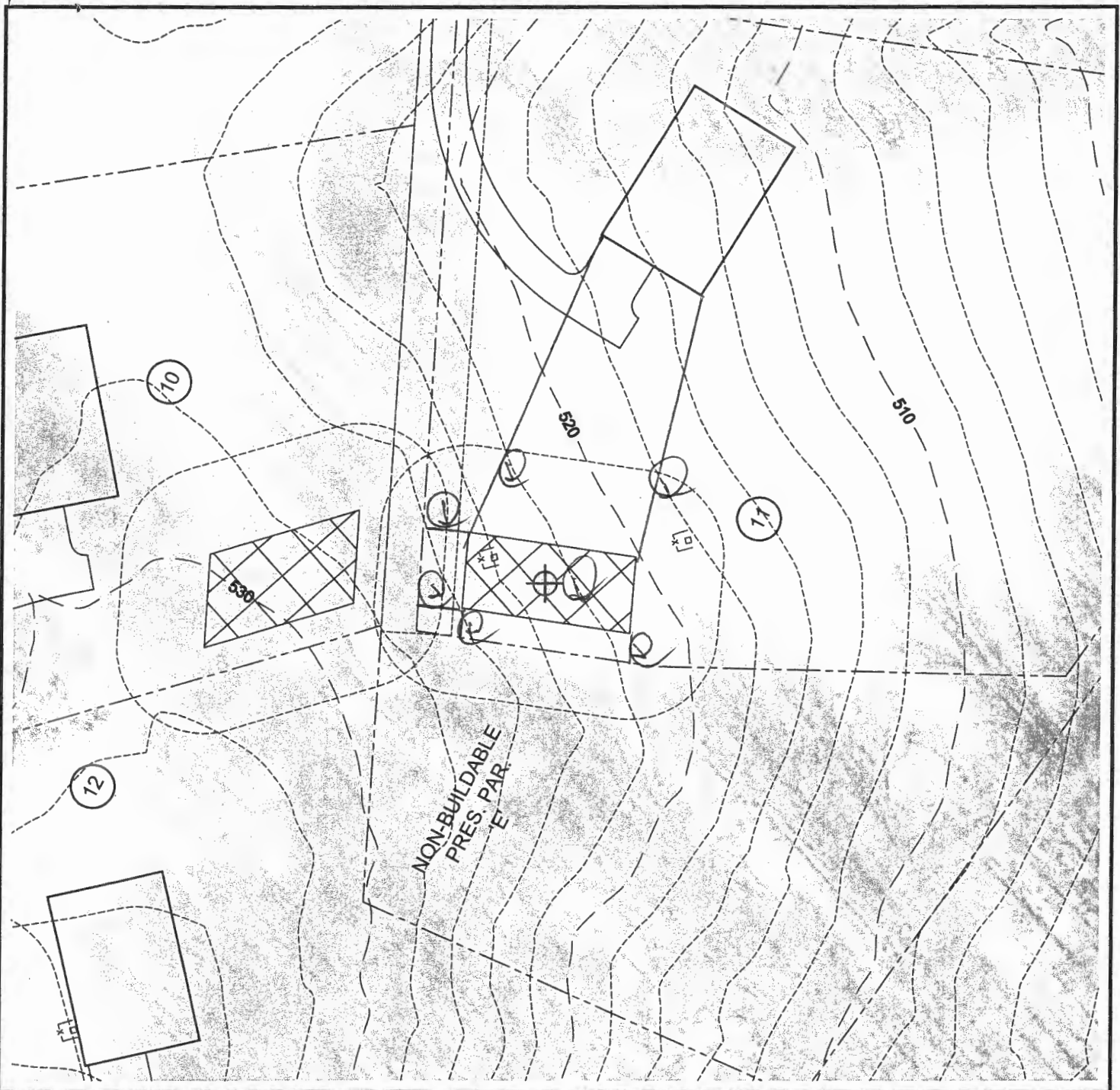
<u>WALKER MEADOWS</u>	<u>1-8, 11</u>	<u>HIGH STEPPER TRAIL</u>
Subdivision/Property Name	Lot #	Road Name
	<u>10, 12-14</u>	<u>STEPPING PLACE</u>

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.

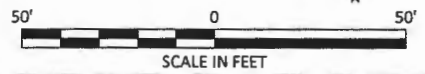
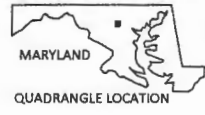
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

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



Walker Meadows Lot 11
HO-17-0256
Approved 02/06/18
MAILED BY DDC

LEGEND



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

HO-17-0256

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

nagery website
nagery" dated 2016.

client: Elm Street Development			
project location: Sykesville, Howard County, Maryland			
 www.hydro-terra.com	project: Water Supply Development Lot #11 Proposed Test Well Location Map		
	file no.:	ESD-WM-Report Set.dwg	
	drawn: <i>M. Swam</i>	date: 02/09/18	figure: 1
checked: <i>J. Lindaw</i>	date: 02/09/18		
approved: <i>M. Haufler</i>	date: 02/09/18		

B 1 **26563**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-17-0028
fill in this form completely

560542 please type

Date Received (APA)

02/14/17

OWNER INFORMATION

Gillicee Family LLC
13111 Linden Church Rd
Clarksville MD 21029

B 3 LOCATION OF WELL

Howard COUNTY
Walker Meadows SUBDIVISION
SECTION **44** LOT **11**
Sykesville NEAREST TOWN

DRILLER INFORMATION

Randall Alexander MW D 576
Driller's Name License No.
Randall Alexander Well Drilling - PO Box 443
Firm Name
126 West Main St., Fairfield PA 17320
Address
Randall Alexander 2-12-17
Signature Date

B 4 SOURCES OF DRILLING WATER

1 **Well Water**
2.
3.

High Stepper Trail STREET ADDRESS
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **500** 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39
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**

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
DATE ISSUED **03/01/17** EXP. DATE **03/01/18**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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)

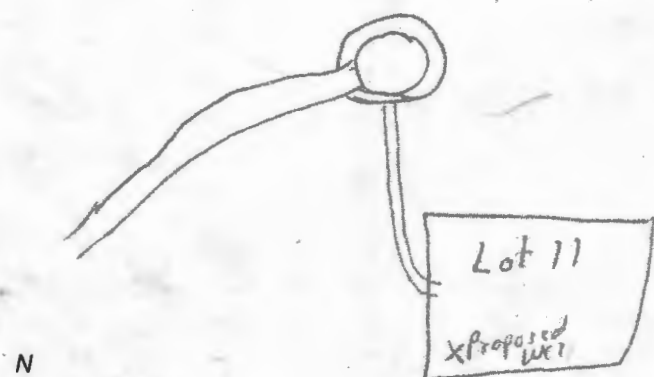
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- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

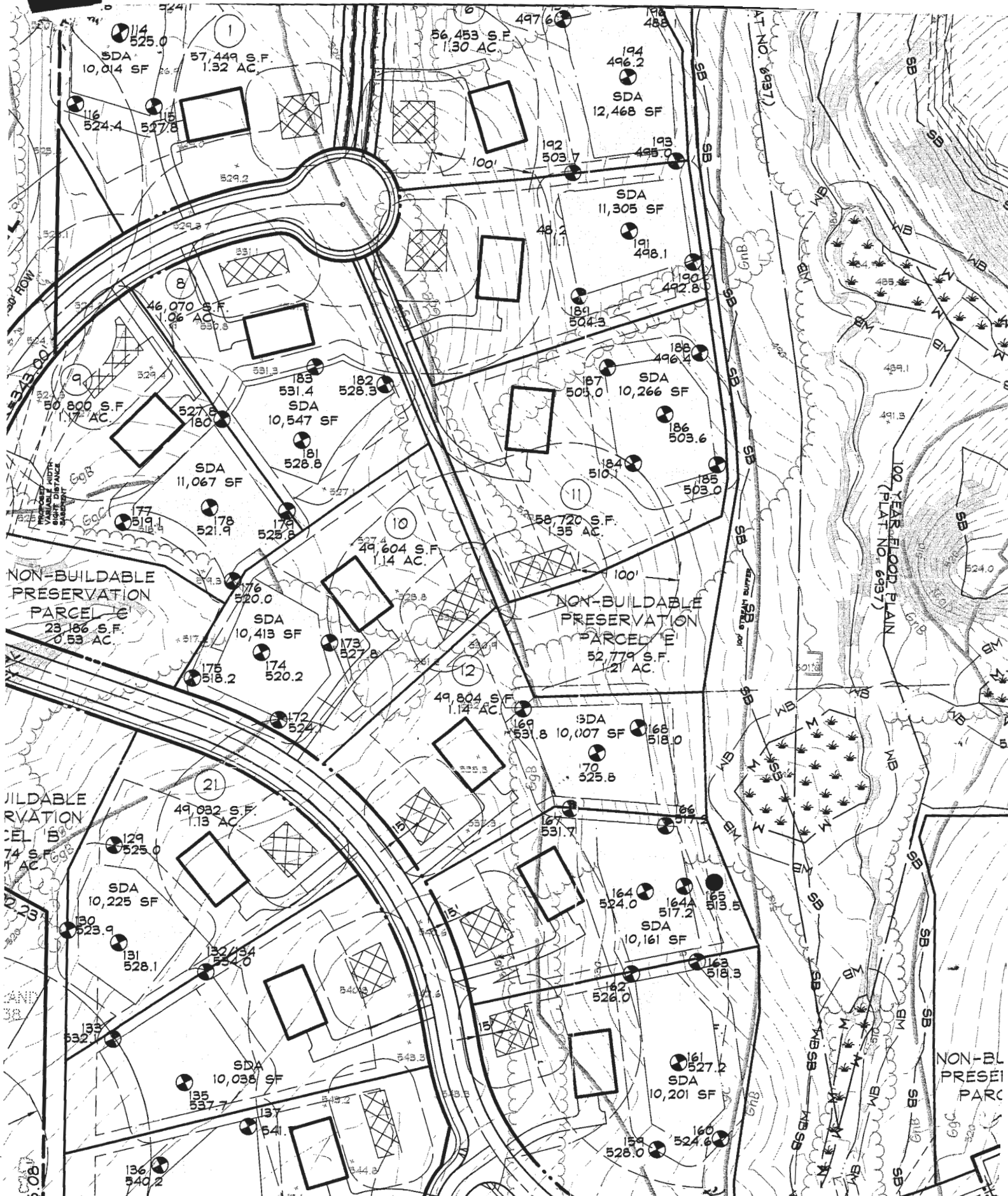
APPROP. PERMIT NUMBER **G**
PERMIT No. **HO-17-0028**

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



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



WALKER MEADOWS - LOT 11
 Approved 03/01/2017
 HO-17-0028
 Staked by DDC, INC

TAC DESTROYED
 04/06/2018