

C1 55743 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 RECEIVED MM 05 DD 23 18

DATE WELL COMPLETED MM 05 DD 11 18 YR 18 (TO NEAREST FOOT) 427

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0254

OWNER GILLIECE FAMILY L.L.C. WELL SITE ADDRESS HIGH STEPPER TRAIL TOWN SYKESVILLE SUBDIVISION WALKER MEADOWS SECTION LOT 9

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include TAN CLAY, TAN GROUND, TAN ROCK, GRAY ROCK, etc.

GRROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (12), NO. OF POUNDS (600), GALLONS OF WATER (240), DEPTH OF GROUT SEAL (0 to 57 ft).

CASING RECORD Form: MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (60). Includes checkboxes for STEEL, CONCRETE, PLASTIC, OTHER.

OTHER CASING (if used) Table with columns: diameter (Inch), depth (feet) from, to.

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

- CIRCLE APPROPRIATE LETTER: 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. MW 576, DRILLERS SIGNATURE (Handwritten)

LIC. NO. MW 594, DRILLER (Handwritten)

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

DEPTH (nearest ft.) Table with columns: 8, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN (6).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) Form: TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST Form: HOURS PUMPED (4), ESTIMATED BLOWN YIELD (205 PM), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (WATCH & BUCKET), WATER LEVEL (43 ft), BEFORE PUMPING (17-20 ft), WHEN PUMPING (22-25 ft), TYPE OF PUMP USED (S).

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (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 (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (48), LAND SURFACE (2).

LATITUDE 39.344948 LONGITUDE 76.941134 (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) **54009** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL **52902-H** please type STATE PERMIT NUMBER **HO-17-0254** fill in this form completely

Date Received (ARA) 02/21/18
OWNER INFORMATION
 8 MM DD YY 13
Gidieoe Family LLC
 15 Last Name Owner First Name 34
Bill Linden Church Rd.
 36 Street or RFD 55
Clarksville MD 21029
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
Walker Meadows
 23 SUBDIVISION 42
 SECTION 9 LOT 9
 44 46 48 50
Sykesville
 52 NEAREST TOWN 71

DRILLER INFORMATION
Randall Alexander MD 576
 Driller's Name 76 License No. 81
Alexander's Well Drilling
 Firm Name
126 West Main St. P.O. Box 443
 Address
Fairfield, PA 17320
 Signature Randall Alexander Date 2/6/18

B 4 SOURCES OF DRILLING WATER
 1. **well water** 11 STREET ADDRESS 30
 2. **High Stepper Trail**
 3. **ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**
 APPROX. 34 75 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 9 BLK: 6 PARCEL 66

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

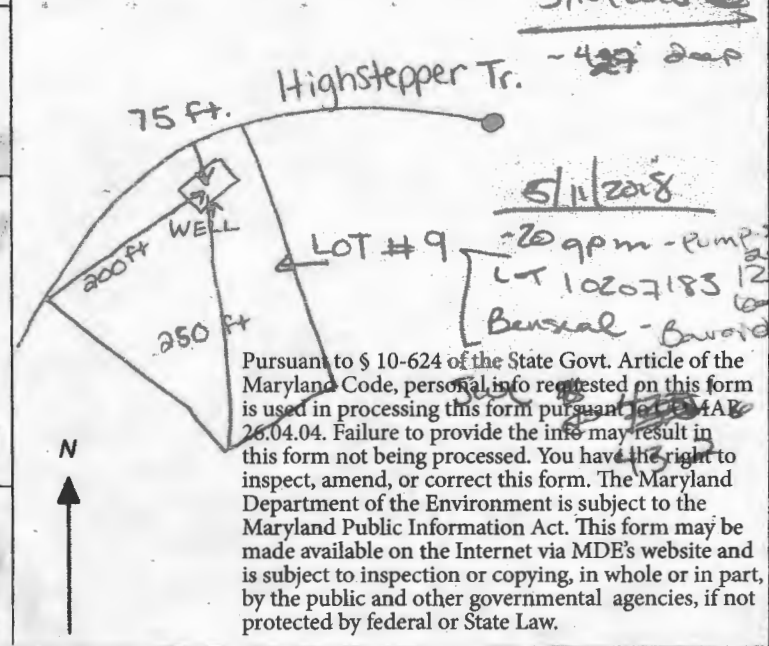
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard County COUNTY NAME COUNTY NO. 2110
 STATE SIGNATURE _____ INSERT S _____ 41
 DATE ISSUED 02/06/18 CO SIGNATURE _____ EXP. DATE 03/06/19
 43 MM DD YY 45

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 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
 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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER HO2016G034
 PERMIT No. HO-17-0254
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

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 § 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.

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: POOPS Well Pump & Water Treatment Telephone #: 410 795 5670
 Address: 530 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 Inc Telephone #: _____
 Subdivision: Walker meadows Lot #: 9 Well Tag #: HO-17-0254
 Site Address: 1014 High Stepper Trail
Sykesville, MD 21784

Submersible Pump Data

Make: Goulds
 Model #: 7H507422
 Pump Capacity: 7
 Well Yield: 12 gpm
 Depth of well encountered at time of pump installation: 425 (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

Pitless Adapter

Make: Camorell +
 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

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.

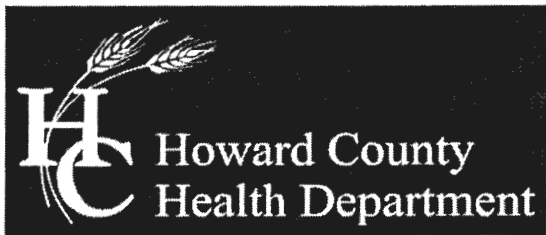
Signature of company representative responsible for installation: [Signature] date: 3/24/2020

*please see attached pictures of well line
 Well line was backfilled on 3/24/20. Fogies was not sure an inspection would occur because of coronavirus
 3/25/20 (ST)

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

Date Insp. Requested: 3/25/20 Date Insp. Approved: _____ 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 _____

(Revised form 10/24/2018)



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

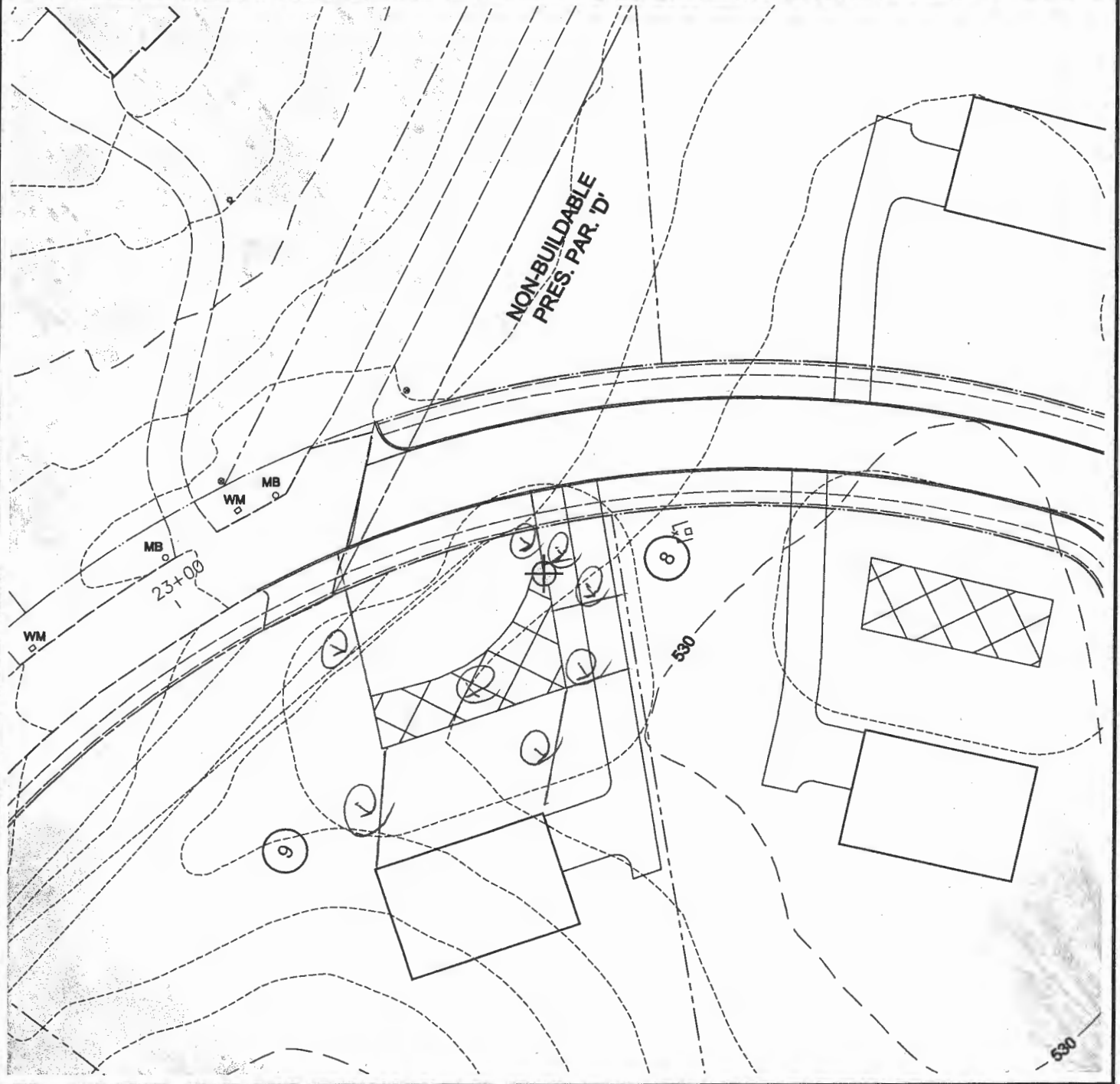
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

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

NON-BUILDABLE
PRES. PAR. 'D'



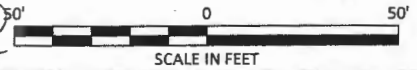
\\Walker_Meadows\CADD\ESD-WM-Report Set.dwg

Walker Meadows lot 9
HO-17-0254
Approved 4/6/18
taken by
DPC

LEGEND



MARYLAND
QUADRANGLE LOCATION




SCALE IN FEET

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

HO-17-0254

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 #9 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. Haufner | date 02/09/18 | | |

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 1, 2020

July 1, 2020

Homeowner
1014 High Stepper Trail
West Friendship, MD 21794

RE: Walker Meadows, Lot 9
1014 High Stepper Trail
Building Permit: B20000230
Well Permit: HO-17-0254

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 **4/29/2020**. Final approval of the well line connection to the dwelling was granted on **3/25/2020**. The well construction was completed on **5/11/2018**. Water samples were collected on **6/25/2020**.

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-17-0254. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

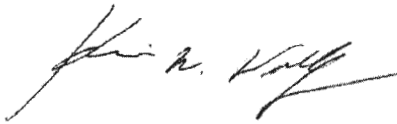
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 #: | 138075 | Account #: | 1933 |
| Reference: | Walker Meadows Lot 9 | Companv: | Fogles Well Pump & Treatment |
| Location: | 1014 High Stepper Trail Sykesville, MD 21784 | Requested By: | Dave Fogle |
| Date/ Time Collected: | 6/25/2020 1045 | Source: | Well Water |
| Date/Time Rec'd: | 6/25/2020 1200 | Site: | Kitchen Island |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | None |
| Collected By: | J. Evans 0309JE | pH: | 6.3 |
| | | Well #: | HO-17-0245 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 6/26/2020 / 0930 / LLO |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 6/26/2020 / 0930 / LLO |
| Nitrate | 1.42 | mg/L | 10 | Hach 10206 | 6/26/2020 / 0945 / CRS |
| Turbidity | 0.41 | NTU | <10 | SM20 2130B | 6/26/2020 / 1020 / CRS |
| Sand | ND | mg/L | 5 | Visual/Gravimetric | 6/26/2020 / 1020 / CRS |

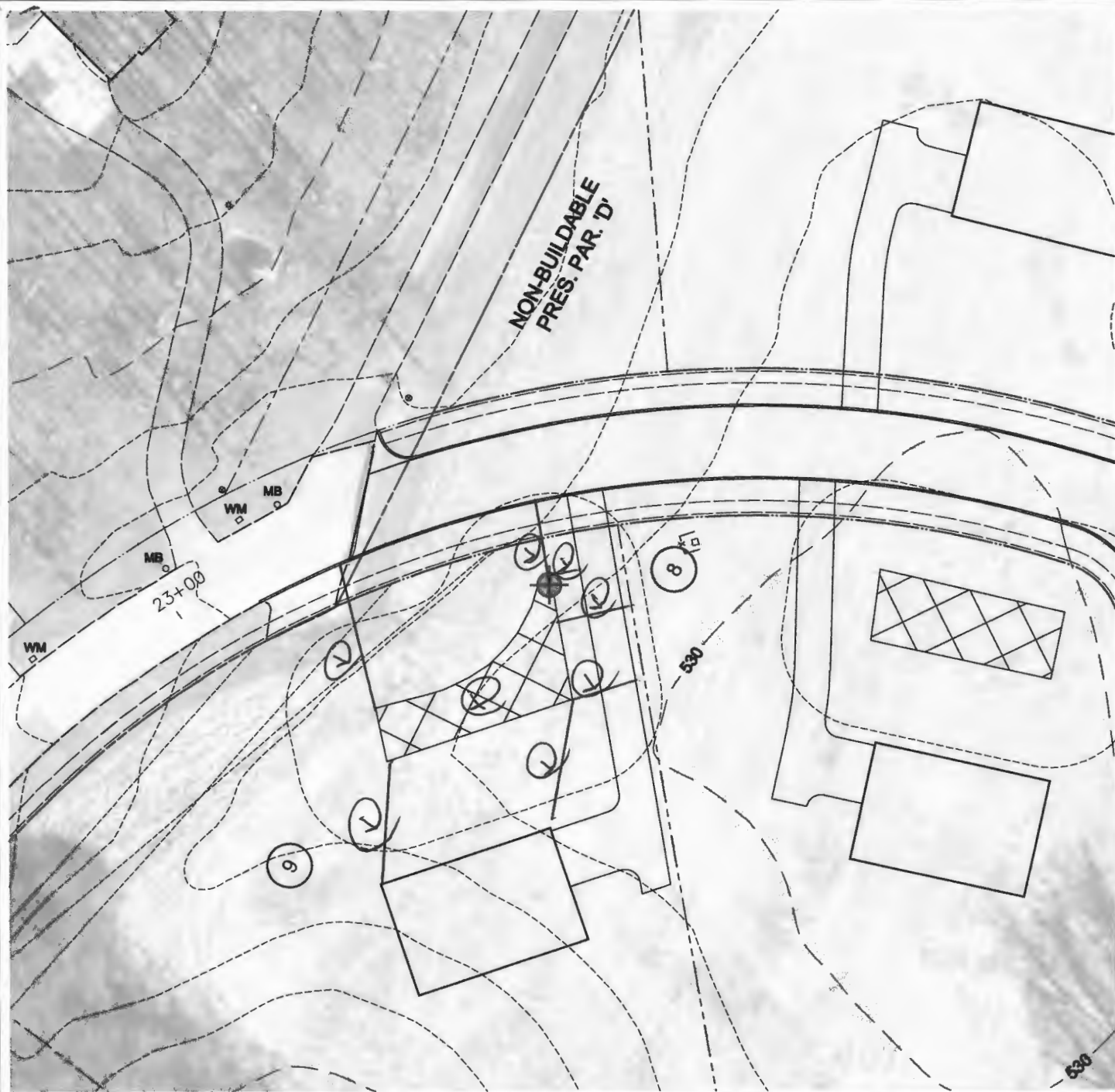
NOTES

- 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 # : 20000230

Date Reported: 6/26/2020

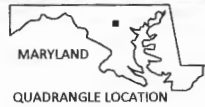
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Walker Meadows lot 9

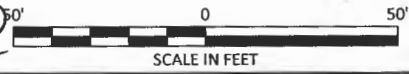
HO-17-0254

Approved 8/6/18
Staked by PDC



LEGEND

● Proposed Test Well Site



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 #9 Proposed Test Well Location Map | |
| | | file no.: ESD-WM-Report Set.dwg | figure: 1 |
| drawn: M. Swam | date: 02/08/18 | checked: J. Lindsay | date: 02/08/18 |
| approved: M. Hausler | date: 02/08/18 | | |