

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **DATE WELL COMPLETED** 08/02/18 **Depth of Well** 300 **PERMIT NO.** HOS 17-0277

**OWNER** Elm Street Development **WELL SITE ADDRESS** Howard Ave. Drive **TOWN** Suitland **SUBDIVISION** Walker Meadows **SECTION** **LOT** 31

**WELL LOG**  
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Soil	0	3	
Red shale	3	20	
Tan shale	20	37	
Hard green Rock	37	300	✓
		150	✓

**GROUTING RECORD** YES  NO   
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS <sup>45 46</sup> 16 NO. OF POUNDS <sup>45 46</sup> 160

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)  
from 5 ft. to 40 ft.  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER

**MAIN CASING TYPE** **PL** Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

**OTHER CASING (if used)**  
EACH CASING diameter inch 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

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.** M D 353  
**DRILLERS SIGNATURE**  
**LIC. NO.** WR 1109

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

**C2** DEPTH (nearest ft.)

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

**SLOT SIZE** 1 2 3

**DIAMETER OF SCREEN** (NEAREST INCH) from to

**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

**C3** **PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE water bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25 ft.  
WHEN PUMPING 93 ft.

TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**

DRILLER INSTALLED PUMP YES  NO   
(CIRCLE) (YES or 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 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 49  
**-** below 1 (nearest foot)

LATITUDE 39.24050  
LONGITUDE 76.93793  
(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.

TAR = 04/13/2018

B 1  
54211

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
562439-J please type

STATE PERMIT NUMBER  
HO-17-0277  
70 fill in this form completely 79

Date Received (ARA) 02/14/18  
OWNER INFORMATION  
8 MM DD YY 13  
15 Last Name Owner First Name 34  
6820 Elm St, Suite 200  
36 McClean, VA 22101  
57 Town 76 State 72 Zip 76

B 3 LOCATION OF WELL  
8 COUNTY Howard  
23 SUBDIVISION Walker Meadows  
SECTION 44 46 LOT 31 46 50  
52 NEAREST TOWN Sikesville 71

DRILLER INFORMATION  
Michael Barron M WD 355  
Driller's Name 76 License No. 81  
Barron Well Drilling  
502 Underwood Ln, 21014  
Address  
Signature Date 2/12/18

B 4 SOURCES OF DRILLING WATER  
1. Well  
11 STREET ADDRESS Howard Lodge Drive 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 200 37 NORTH  
WEST SOUTH EAST  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 9 BLK: 6 PARCEL 66

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)  
22  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 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 3/16/18 R.K. 3/16/19  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET  
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  
4/10/2018  
~180' deep  
40' casing  
38' in PVC SDR 27.6  
38' bedrock  
H<sub>2</sub>O @ 48'  
H<sub>2</sub>O @ 170' 10'  
4/11/2018  
on site after grant yield  
Prop Line

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 HO 20 16G 004  
PERMIT No. HO-17-0277  
70 71 72 73 74 75 76 77 78 79

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4/13/2018  
Granted 4/13  
Access

SPECIAL CONDITIONS  
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

13.7 lbs/gal



**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:	April 11, 2018
	Well Depth:	300 feet
Customer	Elm Street Development	Permit # HO-17-0277
Road	Howard Lodge Drive	Subdivision Walker Meadows
City	Clarksville	Section
State	Maryland	Lot # 31

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:45 AM	25	5	12.00
11:00 AM	100	8	7.50
11:15 AM	100	8	7.50
11:30 AM	99	8	7.50
11:45 AM	99	8	7.50
12:00 PM	98	8	7.50
12:15 PM	98	8	7.50
12:30 PM	97	8	7.50
12:45 PM	97	8	7.50
1:00 PM	96	8	7.50
1:15 PM	96	8	7.50
1:30 PM	96	8	7.50
1:45 PM	95	8	7.50
2:00 PM	95	8	7.50

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.

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: 580 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# 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 meadow Lot #: 31 Well Tag #: HO-17-0277 (S)  
 Site Address: 12237 Mancippe Dr  
Sylkesville, MD 21784

**Submersible Pump Data**

Make: Grundfos  
 Model #: 7MS05422  
 Pump Capacity: 7  
 Well Yield: 7  
 Depth of well encountered at time of pump installation: 300 (feet)

**Pitless Adapter**

Make: Campbell+  
 Model#: NA  
 GPM Depth: 36 (36" min)  
 GPM NSF/WSC approved: Y/S

**Well Cap and Electric Conduit**

Two piece watertight cap: Y/S  
 Screened, vented well cap: Y/S  
 Cap secured to casing: Y/S  
 Conduit min 18" B.G.: Y/S  
 Conduit secured to well cap: Y/S

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: Y/S  
 Length of sleeve (5' minimum from foundation): 6'  
 Sleeve sealed properly: Y/S

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.

David C Fogle  
 Signature of company representative responsible for installation      date 11/10/2020

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

Date Insp. Requested: 11/10/20 Date Insp. Approved: 11/25/20 Inspector: (S)  
 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

(S) 36"  
Y  
Y  
Y 26" conduit not secure (S) 11/25/20  
Y 33"  
Y 19"



(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

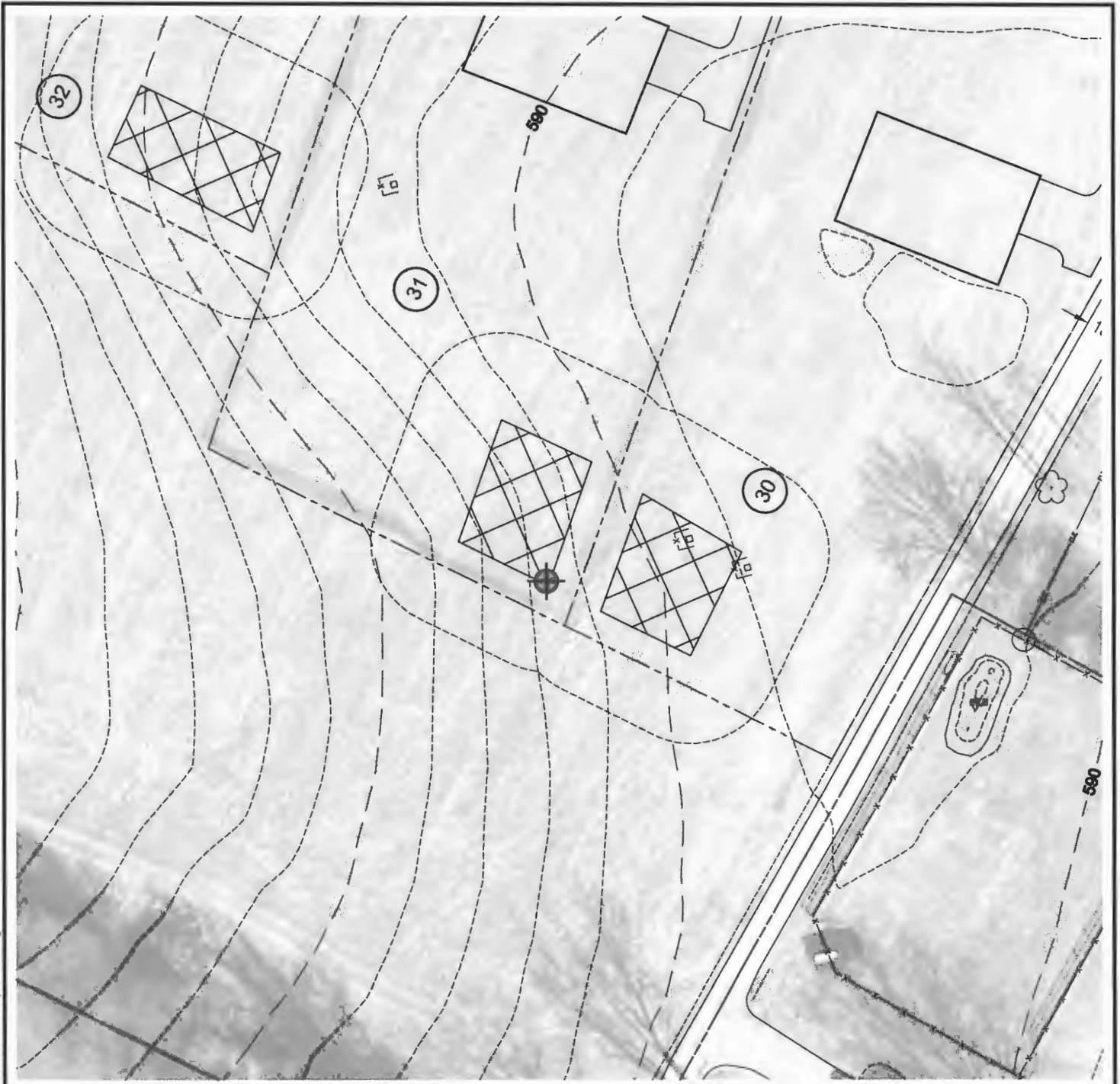
TO ALL INTERESTED PARTIES

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

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

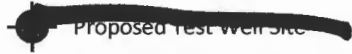
- The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS  
(professional land surveyor or company employing professional land surveyors)  
on 3/28/2018 (date) and does not require a site inspection.
  
- The well driller, builder or property owner will call the Health Department to schedule 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.

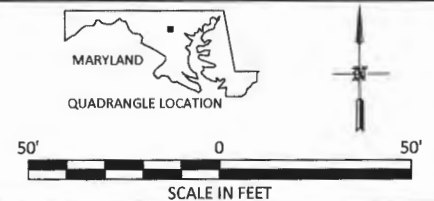
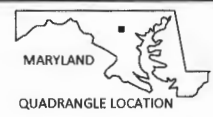


H:\Projects\Elm Street Development\Walker Meadows\CADD\ESD-WM-Report Set.dwg

**LEGEND**


 Proposed Test Well Site

well box ok  
3/16/18 PR



**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:		<b>Elm Street Development</b>	
project location:		Sykesville, Howard County, Maryland	
 <a href="http://www.hydro-terra.com">www.hydro-terra.com</a>		project:	Water Supply Development Lot #31 Proposed Test Well Location Map
		file no.:	ESD-WM-Report Set.dwg
drawn:	M. Swam	date:	02/09/18
checked:	J. Lindsay	date:	02/09/18
approved:	M. Hanley	date:	02/09/18
			figure:
			<b>1</b>

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JUNE 16, 2021**

December 16, 2020

Homeowner  
12237 Mayapple Drive  
West Friendship, MD 21794

**RE: Walker Meadows, Lot 31**  
**12237 Mayapple Drive**  
**Building Permit: B20002610**  
**Well Permit: HO-17-0277**

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 **12/15/2020**. Final approval of the well line connection to the dwelling was granted on **11/10/2020**. The well construction was completed on **4/11/2018**. Water samples were collected on **12/2/2020**.

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-17-0277. 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.**

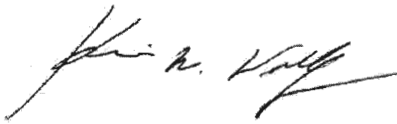
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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**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

## REPORT OF ANALYSIS

Laboratory ID #: 141536 Account #: 1933  
Reference: Walker Meadows Lot 31 Company: Fogles Well Pump & Treatment  
Location: 12237 Mayapple Drive Requested By: Dave Fogle  
Sykesville, MD 21784 Source: Well Water  
Date/ Time Collected: 12/2/2020 0745 Site: Pressure Tank  
Date/Time Rec'd: 12/2/2020 1016 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: J. Evans 0309JE Well #: HO-17-0277

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/3/2020 / 0845 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/3/2020 / 0845 / CCH
Nitrate	1.43	mg/L	10	601	12/3/2020 / 0915 / CRS
Turbidity	1.80	NTU	<10	SM20 2130B	12/3/2020 / 1000 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	12/3/2020 / 0835 / 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 # : B20002610

Date Reported: 12/3/2020

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
	Diehl Property, Lot 2 Proposed Lot <del>#25</del> #31 TCB 6/25/15
*	Any septic system drain field installed in the area of this lot must have low-pressure distribution (LPD) design or an approved alternative design.
	R. Bunker 6/5/14
6/2/15	Septic system must include a BT unit. Trench bottoms are limited to 5-ft depth.
	R. Bunker