

C 1 55745

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 23 18

DATE WELL COMPLETED MM 04 18 18

OK retable 2008

Depth of Well 302 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0247

OWNER GILLIECE FAMILY LLC WELL SITE ADDRESS HIGH STEPPER TRAIL TOWN SYKESVILLE SUBDIVISION WALKER MEADOWS SECTION LOT 1

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C NO. OF BAGS 8 NO. OF POUNDS 400 GALLONS OF WATER 160 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min.) 4.28 METHOD USED TO MEASURE PUMPING RATE Watch & Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 120 ft. TYPE OF PUMP USED (for test) S submersible

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Tan Ground, Hard Tan, Gray Rock, Tan Rock, Gray Rock, Tan Rock, Gray Rock, Soft Gray Rock, Gray Rock.

CASING RECORD (S) T STEEL (C) O CONCRETE (P) L PLASTIC (O) T OTHER

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

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

SCREEN RECORD (S) T STEEL (B) R BRASS (P) L PLASTIC (H) O OPEN HOLE (O) T OTHER

DEPTH (nearest ft.) HO 38 302 SLOTTED SIZE 1 2 3 DIAMETER OF SCREEN 60 (NEAREST INCH)

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,G,J,R,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 38 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 20 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MWD 5760 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MWD 594 DRILLER

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

LATITUDE 39.345047 LONGITUDE 76.939839 (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.

SEQUENCE NO. (MDE USE ONLY)
54001

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
502902 please type

STATE PERMIT NUMBER
HO-17-0247
fill in this form completely

OWNER INFORMATION
Date Received (APA) 02/21/18
8 mm DD YY 13
Gilliece Family LLC
13111 Linden Church Rd
Clarksville MD 21029

LOCATION OF WELL
Howard
Walker meadows
Clarksville

DRILLER INFORMATION
Randall Alexander M WD 576
Alexander's Well Drilling
126 West main St. P.O. Box 443
Fairfield, PA 17320
Signature: Randall Alexander Date: 2/6/18

SOURCES OF DRILLING WATER
1. well water
Highstepper Trail
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
APPROX. 65
FUTURE ROAD
TAX MAP: 009 BLK: 000 PARCEL: 0066

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 375

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

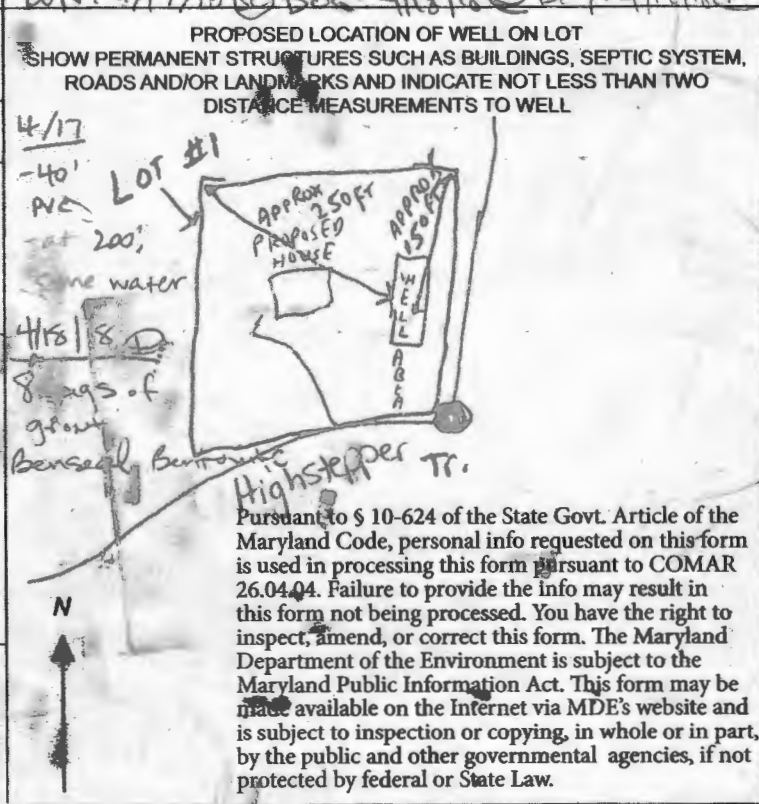
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
STATE SIGNATURE
DATE ISSUED 02/06/18
CO SIGNATURE
EXP. DATE 02/06/19
DON: 4/17/18 @ DOC 4/18/18 @ DM: 4/18/18

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 DEEPEINED 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
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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER HO2016004
PERMIT No. HO-17-0247



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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: Foales Well Pump & Water Treatment, LLC Telephone #: 410 795 3070
 Address: 580 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: Wetley Meadows Lot #: 1 Well Tag #: HO-17-0247
 Site Address: 1005 High Stepper Trail
Sykesville, MD 21784

Submersible Pump Data

Make: Goulds
 Model #: 7H505422
 Pump Capacity: 7
 Well Yield: 4
 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: 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

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): 16'
 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.

David C Foale _____ date 3/2/2020
 Signature of company representative responsible for installation

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

Date Insp. Requested: _____ Date Insp. Approved: 3/2/2020 Inspector: Kmy
 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 ✓

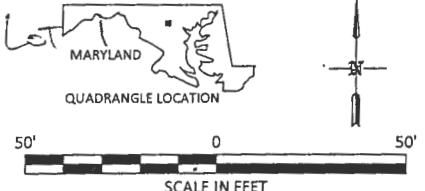
(Revised form 10/24/2018)

U:\Projects\Elm Street Development\Walker Meadows\CAD\ESD-WM-Report Set.dwg



LEGEND

Walker Meadows Lot #1
HO-17-0247
Approved 3/6/18
4/6/18



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

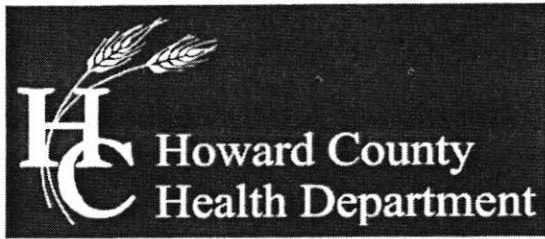
HO-17-0247

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

registry website
"registry" dated 2016.

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

Plotted on: February 9, 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>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

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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, 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.

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – OCTOBER 9, 2020

June 9, 2020

Homeowner
1005 High Stepper Trail
Sykesville, MD 21784

RE: Walker Meadows, Lot 1
1005 High Stepper Trail
Building Permit: B19004355
Well Permit: HO-17-0247

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 **6/2/2020**. Final approval of the well line connection to the dwelling was granted on **3/2/2020**. The well construction was completed on **4/18/2018**. Water samples were collected on **5/28/2020**.

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-17-0247. 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>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 137522 Account #: 1933
Reference: Walker Meadows Lot 1 Company: Fogles Well Pump & Treatment
Location: 1005 High Stepper Trail Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 5/28/2020 1400 Site: Kitchen Sink Tap
Date/Time Rec'd: 5/28/2020 1521 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Evans 0309JE Well #: HO-17-0247

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/29/2020 / 0930 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/29/2020 / 0930 / LLO
Nitrate	<1.0	mg/L	10	601	5/28/2020 / 1630 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	5/28/2020 / 1640 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	5/28/2020 / 1640 / 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 Visual well check: Sealed, vented cap
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 19004355

Date Reported: 5/29/2020

Clerk of the Circuit Court for
~~land records~~ Howard County
Records/Licensing

6095 Marshalee Drive
Suite 120
Elkridge, MD 21075
410-313-5850

=====
LR - Agreement Recording Fee
1x 20.00 20.00

Name: nv homes
Ref: 11

LR - Agreement Surcharge
1x 40.00 40.00

LR - Agreement Recording Fee
1x 20.00 20.00

Name: nv homes
Ref: 12

LR - Agreement Surcharge
1x 40.00 40.00

=====
SubTotal: 120.00
Total: 120.00

=====
CRD-Credit 120.00
Credit Card Confirmation : 045300

02/24/2020 11:07
#13434255/494/109

CC13-YW

~ Thank you for visiting us today ~

Maura J. Rossman, M.D., Health Officer

**OPERATION AND MAINTENANCE AGREEMENT
FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM
HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 24th day of Feb 2020, among DUHOMES /
Sung B Yhim / Leesa Yhim, hereinafter collectively referred to as
"Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at
1005 High Stepper Tr. Sykesville, MD 21784, in the 3 Election District of Howard
County, Maryland, and the deed and subdivision plat of the property is recorded among the Land
Records of Howard County, Maryland, Tax Map # 9, Block # _____, Parcel # 0066, Deed
Reference # 19084 00295 and Tax Account # 601559 ("the Property").

WHEREAS, The Property is suitable for the installation of a conventional on-site sewage
disposal system with an advanced pre-treatment system, utilizing best available technology to
perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07,
effective November 24, 2016. The pre-treatment device being installed is
Hoot 600.

NOW, THEREFORE, the parties hereto agree as follows:

A. Owner hereby grants to the County the right to enter upon the Property at any reasonable time with prior notice for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County.

B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.

C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.

D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.

E. This agreement shall run with the land and upon Owner's taking title to the Property shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as long as

the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Property that the system shall require maintenance or other attention. Upon taking title to the Property, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.

G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed this agreement on the date indicated above.

Ben Nifon 2/24/2020
Howard County Health Department

Owner #1 Signature Date

Owner#2 Signature Date

Owner #1 Print Name

Owner #2 Print Name

Sung B. ("Ben") Yhim 2/5/20
Buyer #1 Signature Date

Leesa Yhim 2/5/20
Buyer #2 Signature Date

Sung B. ("Ben") Yhim
Buyer #1 Print Name

Leesa Yhim
Buyer #2 Print Name