

C1 55721

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 30 18

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0284

OWNER GILZELE FAMILY L.L.C. WELL SITE ADDRESS HIGH STEPPER TRAIL TOWN SYKESVILLE SUBDIVISION WALKER MEADOWS SECTION LOT 7

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

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (9), NO. OF POUNDS (450), GALLONS OF WATER (180), DEPTH OF GROUT SEAL (0 to 38 ft).

CASING RECORD form including: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (40).

OTHER CASING (if used) table with columns: diameter, depth (feet).

SCREEN RECORD form including: screen type (ST, BR, HO, PL, OT), diameter of screen (6), slot size (2).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y).

- 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. LIC. NO. 1 MWD 594. DRILLER SIGNATURE.

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

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. Values: 38, 305.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q. TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (12), ESTIMATED YIELD (15 G.P.M.), WATER LEVEL (42 ft), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP-INSTALLED PLACE (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2 ft).

LATITUDE 3 9.344594 LONGITUDE 7 6.939787 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is 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
54007

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
562902 F please type

STATE PERMIT NUMBER
HO-17-0284
fill in this form completely

Date Received (APA) 02/21/18
OWNER INFORMATION
8 MM DD YY 13
Gilliece Family LLC
15 Last Name Owner First Name 34
1311 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 44 46 LOT 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 Date 2/6/18

B 4 SOURCES OF DRILLING WATER
1. well water
Highstepper Trail
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
Approx. 34 60 37
DISTANCE FROM ROAD FT
From future 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
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 NAME
STATE SIGNATURE
DATE ISSUED 04/06/18
43 MM DD YY 48 CO SIGNATURE EXP. DATE 04/06/19
41

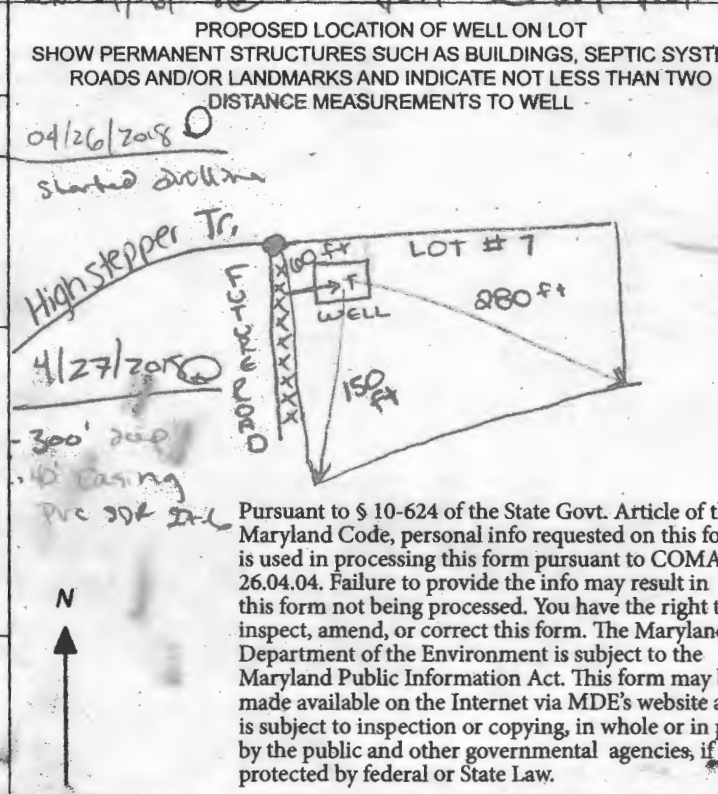
APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER HO2016004
PERMIT No. HO-17-0284
70 71 72 73 74 75 76 77 78 79



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.

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 5070
 Address: 580 Obrecht Rd
Sikesville, 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# MSDZZ6

*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 #: 7 Well Tag #: HO-17-0284(S)
 Site Address: 1026 High Stepper Trail
Sikesville, MD 21784

Submersible Pump Data

Make: Grundfos
 Model #: TM303422
 Pump Capacity: 7
 Well Yield: 12
 Depth of well encountered at time of pump installation: 305 (feet)

Pitless Adapter

Make: Pumpwell +
 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" pvc 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): 10'
 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.

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

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

Date Insp. Requested: 11/10/2020 Date Insp. Approved: 12/3/20 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

(Circled)
 75"
 71"
 8" - respect for final grade (S)
 CR

(Revised form 10/24/2018)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 10, 2020

December 10, 2020

Homeowner
1026 High Stepper Trail
Sykesville, MD 21784

**RE: Walker Meadows, Lot 7
1026 High Stepper Trail
Building Permit: B20002608
Well Permit: HO-17-0284**

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 **11/19/2020**. Final approval of the well line connection to the dwelling was granted on **12/8/2020**. The well construction was completed on **4/30/2018**. Water samples were collected on **12/1/2020**.

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-17-0284. 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

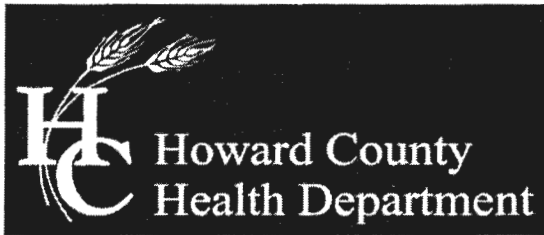
Maura J. Rossman, M.D., Health Officer

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 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

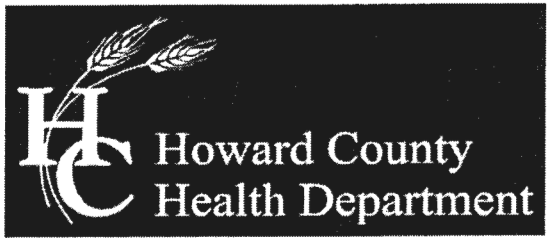
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

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.



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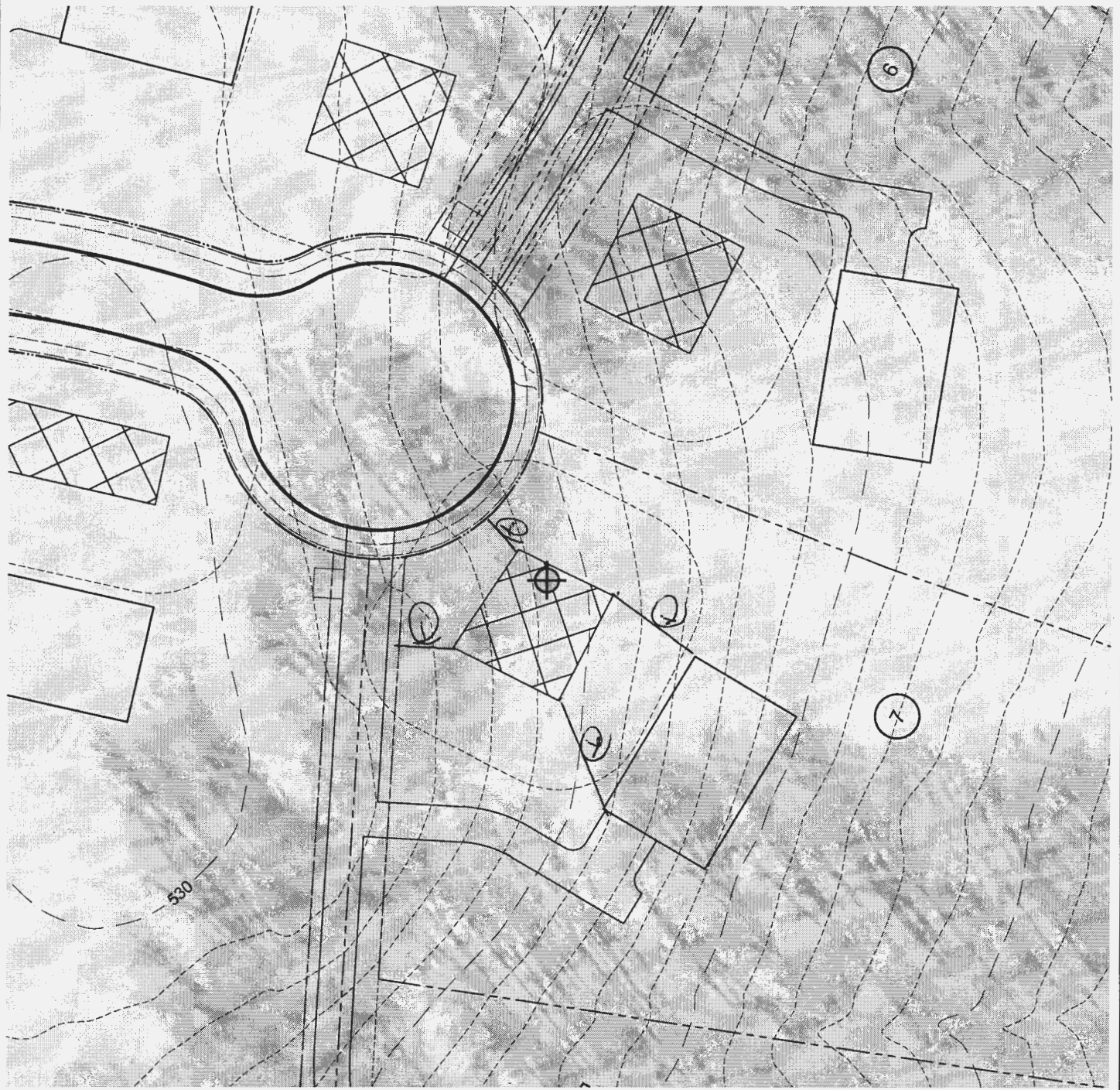
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

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.

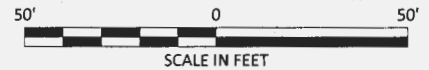


LEGEND

 Proposed Test Well Site

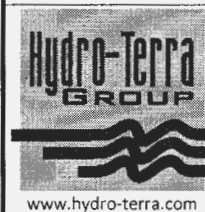
WALKER MEADOW LOT #
 HO-17-0284
 Approved 4/6/18 @
 STAKED BY DDE

MARYLAND
 QUADRANGLE LOCATION



Elm Street Development

project location:
 Sykesville, Howard County, Maryland



project:
 Water Supply Development
 Lot #7 Proposed Test Well
 Location Map

file no.	ESD-WM-Report Set.dwg	
drawn	M. Swam	date 03/23/18
checked	J. Lindaw	date 03/23/18
approved	M. Haufler	date 03/23/18

1

NOTE:

Aerial Photo Base was obtained from the State of Maryland iMap Imagery website (<http://imap.maryland.gov>), categorized as "Howard2016 SixInchImagery" dated 2016.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 141486 Account #: 1933
Reference: Walker Meadows Lot 7 Company: Fogles Well Pump & Treatment
Location: 1026 High Stepper Trail Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 12/1/2020 0915 Site: Pressure Tank
Date/Time Rec'd: 12/1/2020 1040 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: T. Cassell 0767TC Well #: HO-17-0289

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/2/2020 / 1015 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/2/2020 / 1015 / CRS
Nitrate	1.93	mg/L	10	601	12/1/2020 / 1630 / BCD
Sand	ND	mg/L	5	Visual/Gravimetric	12/1/2020 / 1615 / BCD
Turbidity	0.54	NTU	<10	SM20 2130B	12/1/2020 / 1620 / BCD

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B20002608

Date Reported: 12/2/2020