

C1 40797

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER XIII

ST/CO USE ONLY DATE RECEIVED MM DD 00 31 8

DATE WELL COMPLETED 04 20 18 Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 17-0271

OWNER Elm Street Development WELL SITE ADDRESS HOWARD LODGE DRIVE TOWN Sykesville SUBDIVISION WALKER MEADOWS SECTION LOT 25

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soil, Tan shale, Brown shale, Hard Gray Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD MAIN CASING TYPE PL Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT) DEPTH (nearest ft.)

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. M W D 355 DRILLERS SIGNATURE LIC. NO. D 109

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

DEPTH (nearest ft.) 61 63 64 66 68 70

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 3 HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 7.0 METHOD USED TO MEASURE PUMPING RATE water bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft. WHEN PUMPING 90 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (YES) (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 (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 () below LAND SURFACE (nearest foot) 49 50 51

LATITUDE 39 34 111 LONGITUDE 76 9 36 17 (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.

B 1	SEQUENCE NO. (MDE USE ONLY) 54205	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 562439-D please type	STATE PERMIT NUMBER HO-17-0271 <small>fill in this form completely</small>
B 3	OWNER INFORMATION Date Received (APA) 02/14/18 8 MM DD YY 13 Elm Street Development 15 Last Name Owner First Name 34 1820 Elm St, Suite 200 36 McClean, VA 22101 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 25 48 50 Sykesville 52 NEAREST TOWN 71
B 2	DRILLER INFORMATION Michael Barlow M W D 355 76 License No. 81 Barlow Well Drilling 522 Underwood Ln, 21014 Address Signature Date 2/12/18	B 4	SOURCES OF DRILLING WATER 1. Well 2. 3. Howard Lodge Drive 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 200 37 DISTANCE FROM ROAD 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	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 3/15/18 43 MM DD YY 48 CO SIGNATURE EXP. DATE 3/15/19 <small>DOA: 4/18/18 @ DOA: 04/23/19 @ DOA: DNE</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		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	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28			
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH			
METHOD OF DRILLING (circle one) 31 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) 39 <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> 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 HO 2016G004 PERMIT NO. HO-17-0271 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			



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:	May 14, 2018		
Well Depth:	300	feet	
Customer	Elm Street Development	Permit #	HO-17-0271
Road	Howard Lodge Drive	Subdivision	Walker Meadows
City	Sykesville	Section	
State	Maryland	Lot #	25

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:45 AM	26	5	12.00
10:00 AM	90	8.5	7.06
10:15 AM	89	8.5	7.06
10:30 AM	90	8.5	7.06
10:45 AM	89	8.5	7.06
11:00 AM	89	8.5	7.06
11:15 AM	90	8.5	7.06
11:30 AM	89	8.5	7.06
11:45 AM	89	8.5	7.06
12:00 PM	90	8.5	7.06
12:15 PM	90	8.5	7.06
12:30 PM	89	8.5	7.06
12:45 PM	90	8.5	7.06
1:00 PM	90	8.5	7.06
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.			

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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 Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-17-0271
Site Address: 12218 MAYAPPLE DRIVE

03/22/2021

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used— Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: 03/22/2021 Date Insp. Approved: 03/22/2021 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 43" 03/22/2021 [Signature]
Two piece cap installed and attached to casing securely 36" 03/22/2021 [Signature]
Elec. conduit extends at least 18" below grade/attached to cap properly 30" 03/22/2021 [Signature]
Safety rope not outside of well cap/casing 30" 03/22/2021 [Signature]
Correct well tag attached properly and casing 8" above finished grade 30" 03/22/2021 [Signature]
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

Handwritten notes:
L-1111

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 28, 2021

April 28, 2021

Homeowner
12213 Mayapple Drive
West Friendship, MD 21794

**RE: Walker Meadows, Lot 25
12213 Mayapple Drive
Building Permit: B20003736
Well Permit: HO-17-0271**

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 **3/19/2021**. Final approval of the well line connection to the dwelling was granted on **3/22/2019**. The well construction was completed on **4/20/2018**. Water samples were collected on **3/20/2021**.

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-17-0271. 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

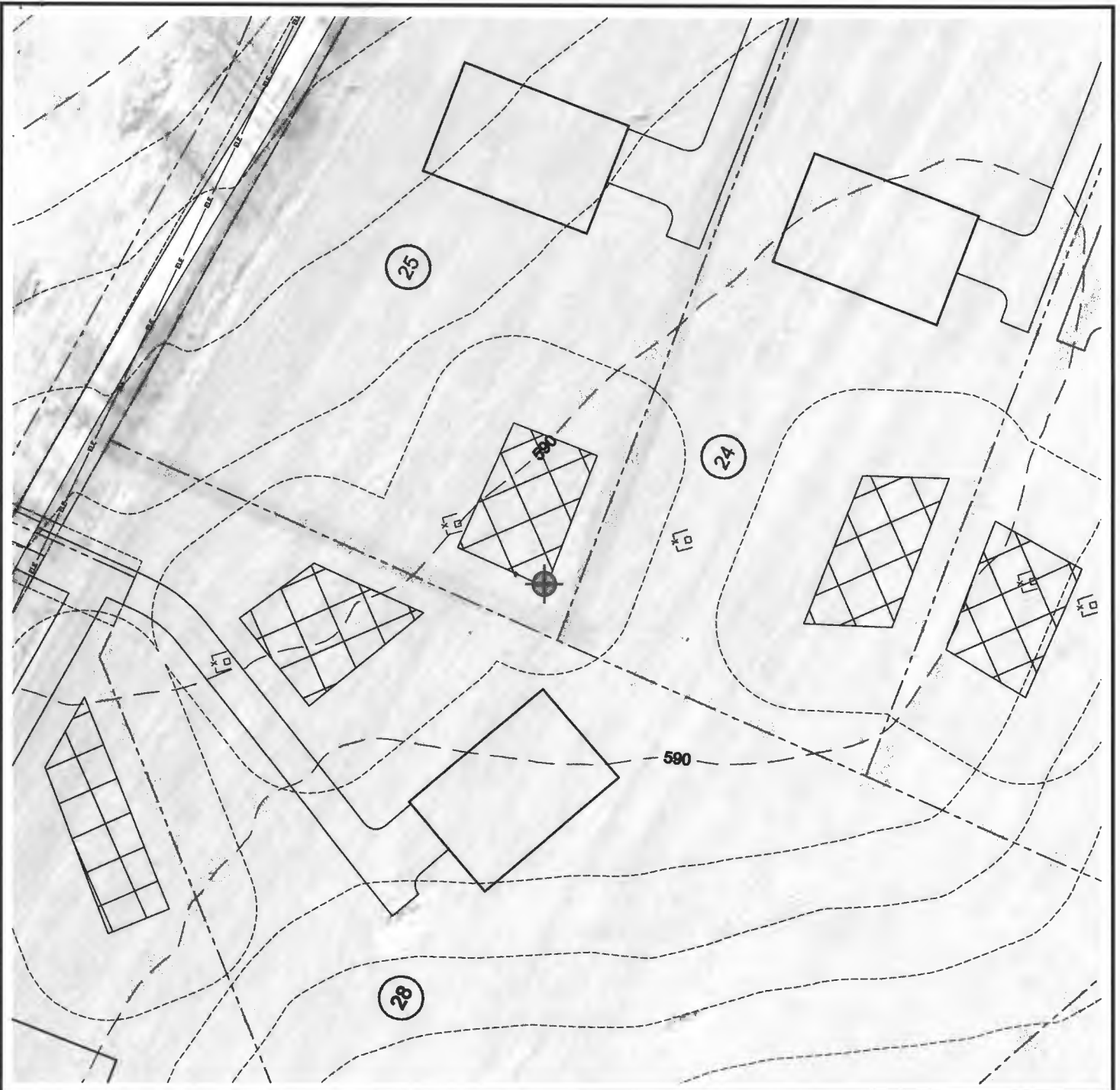
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', written in a cursive style.

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



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

LEGEND



Well box ok
PK 3/15/18



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:		
Elm Street Development		
project location:		
Sykesville, Howard County, Maryland		
project:		
Water Supply Development		
Lot #25 Proposed Test Well		
Location Map		
file no. ESD-WM-Report Set.dwg		
drawn	date	figure:
M. Swann	02/08/18	1
checked	date	
J. Lindaw	02/08/18	
approved	date	
M. Hawfler	02/08/18	
www.hydro-terra.com		



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:

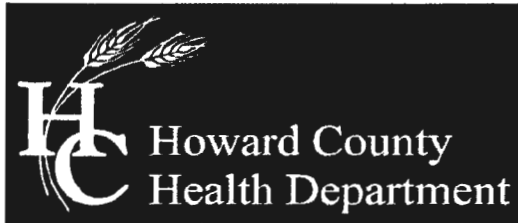
<u>WALKER MEADOWS</u>	<u>17</u>	<u>- STEPPING PLACE</u>
Subdivision/Property Name	Lot #	Road Name

22-32, 34, BPP'A' - MAYAPPLE DRIVE

The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS
(professional land surveyor or company employing professional land surveyors)
on 2-09-2018 (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

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
<u>WALKER MEADOWS</u>	<u>22-34, BPPA'</u>	<u>MAPLE 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.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 143626 Account #: 1933
Reference: Walker Meadows Lot 25 Company: Fogles Well Pump & Treatment
Location: 12213 May Apple Drive Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 3/30/2021 0730 Site: Pressure Tank
Date/Time Rec'd: 3/30/2021 0952 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: J. Evans 0309JE Well #: HO-17-0271

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/31/2021 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/31/2021 / 0930 / CRS
Nitrate	2.23	mg/L	10	601	3/30/2021 / 1200 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	3/30/2021 / 1100 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	3/30/2021 / 1050 / TSD

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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy**Building Permit # :** B20003736Date Reported: 3/31/2021