

C1 56417

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

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

ST/OO USE ONLY DATE RECEIVED MM 06 13 18

DATE WELL COMPLETED 06 11 18

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-17-0272

OWNER Elm Street Development WELL SITE ADDRESS HOWARD LODGE DRIVE TOWN Sykesville SUBDIVISION WALKER MEADOWS SECTION LOT 26

WELL LOG Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING. TABLE with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Brown Shale, Tan shale, Hard Gray Rock.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y/N). TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay). NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD. casing types insert appropriate code below (ST, CO, PL, OT). MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) diameter, depth.

SCREEN RECORD. screen type or open hole (ST, BR, HO, PL, OT).

PUMPING TEST. HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED. DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

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

CIRCLE APPROPRIATE LETTER. A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. ELECTRIC LOG OBTAINED. 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 D 355. DRILLERS SIGNATURE. LIC. NO. WRO 109.

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

DEPTH (nearest ft.) 300. SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH).

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 3 9 34227 LONGITUDE 7 6 93689 (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) **54207** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **562439-E** STATE PERMIT NUMBER **HO - 17 - 0272**
70 fill in this form completely 79

Date Received (APA) 02/14/18
OWNER INFORMATION
 8 MM DD YY 13
 15 Elm Street Development Owner First Name 34
 15 6820 Elm Street, Suite 200 Street or RFD 55
 36 McLean, VA 22101 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 Howard COUNTY 21
 23 Walker Meadows SUBDIVISION 42
 SECTION 44 LOT 26
 44 46 48 50
 52 Sykesville NEAREST TOWN 71

DRILLER INFORMATION
 76 Michael Barrow M W D 355 License No. 81
 Firm Name Barrow Well Drilling
 Address 502 Underwood Ln, #1014
 Signature [Signature] Date 2/12/18

B 4 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
Howard Lodge Drive STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 150 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) 750
 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

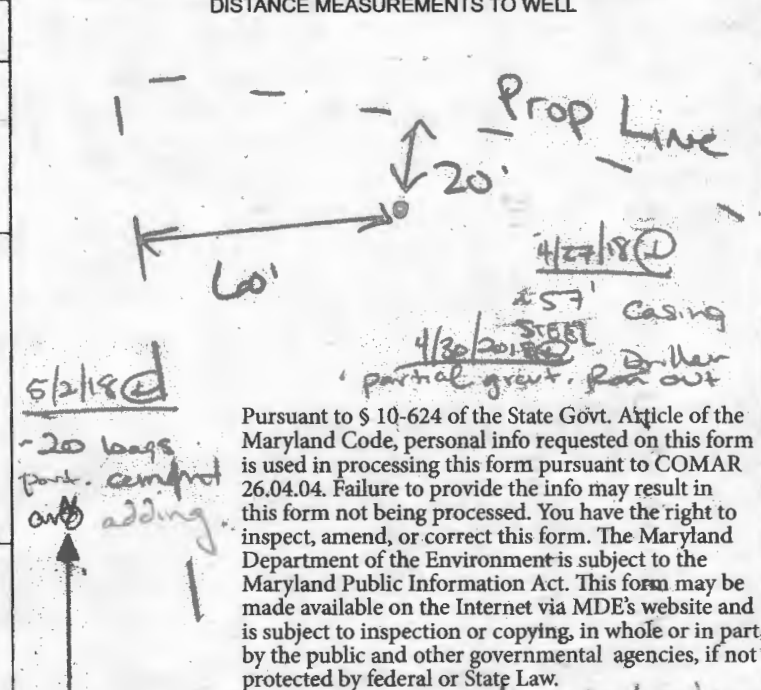
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED 3/16/18 CO SIGNATURE [Signature] EXP. DATE 3/16/19
 43 MM DD YY 48 41

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28

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 DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)
 30 BORED (or Augered) JETTED Jettied & DRIVEN
 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
 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)
 APPROX. PERMIT NUMBER HO 2016G 004
 PERMIT No. HO - 17 - 0272
 78 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Most use steel casing which extends 50' deep or 10' into competent bedrock whichever is deeper AND must be 200 ft away from any up gradient septic system



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:	June 11, 2018	
Well Depth:	300	feet
Customer	Elm Street Development	Permit #
Road	Howard Lodge Drive	Subdivision
City	Clarksville	Section
State	Maryland	Lot #
		26

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
7:45 AM	2	4	15.00
8:00 AM	105	8.5	7.06
8:15 AM	105	8.5	7.06
8:30 AM	105	8.5	7.06
8:45 AM	104	8.5	7.06
9:00 AM	104	8.5	7.06
9:15 AM	104	8.5	7.06
9:30 AM	104	8.5	7.06
9:45 AM	104	8.5	7.06
10:00 AM	104	8.5	7.06
10:15 AM	104	8.5	7.06
10:30 AM	104	8.5	7.06
10:45 AM	104	8.5	7.06
11:00 AM	104	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.			



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

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 #: 410.795.9270
 Address: 5560 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 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: NVE, Inc Telephone #: _____
 Subdivision: Walker Meadows Lot #: 26 Well Tag #: HO-17-0272
 Site Address: 12217 Minnapple Dr
Sykesville, MD 21784

Submersible Pump Data

Make: Goulds
 Model #: TH505422
 Pump Capacity: 7
 Well Yield: 7

Pitless Adapter

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

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 360 (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 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: YB
 Length of sleeve (5' minimum from foundation): 6'
 Sleeve sealed properly: YB

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 Fogle 3/31/2021
 Signature of company representative responsible for installation date

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

Date Insp. Requested: 3/4/21 Date Insp. Approved: 3/4/21 Inspector: DR
 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)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 15, 2021

April 15, 2021

Homeowner
12217 Mayapple Drive
West Friendship, MD 21794

**RE: Walker Meadows, Lot 26
12217 Mayapple Drive
Building Permit: B20004138
Well Permit: HO-17-0272**

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 **4/9/2021**. Final approval of the well line connection to the dwelling was granted on **3/4/2021**. The well construction was completed on **6/11/2018**. Water samples were collected on **4/12/2021**.

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-17-0272. 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.**

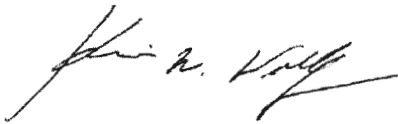
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

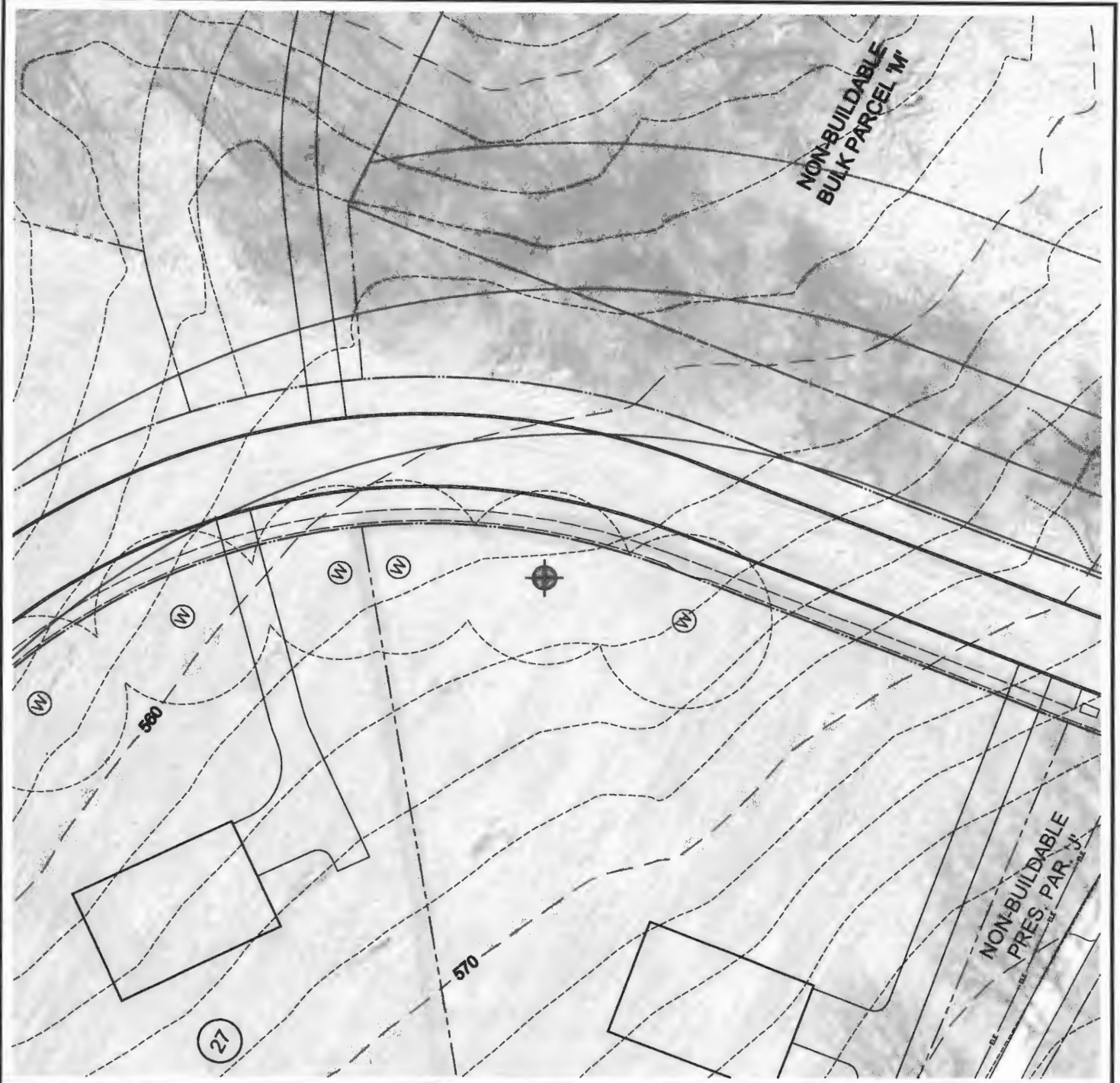
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

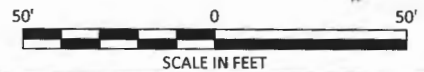
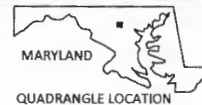
cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



LEGEND

Test Well Site

Well sites ok
PR 3/16/18



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	
 www.hydro-terra.com	project: Water Supply Development Lot #26 Proposed Test Well Location Map
	file no.: ESD-WM-Report Set.dwg
	drawn: M. Swam date: 02/09/18 figure: 1
	checked: J. Lindaw date: 02/09/18
	approved: M. Hanfler date: 02/09/18



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

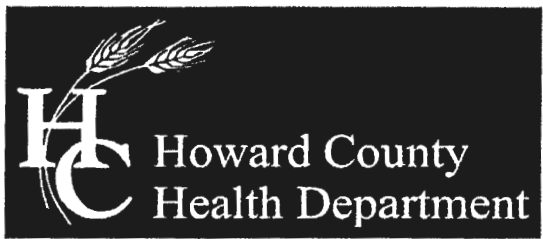
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

	9	HIGH STEPPER TRAIL
	15-21	STEPPING PLACE
WALKER MEADOWS	22-34, BPPA'	MAPPLE 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.



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 PLAZE</u>
Subdivision/Property Name	Lot #	Road Name
	<u>22-32, 34, BPP 'A'</u>	<u>- MAYAPPLE DRIVE</u>

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.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 143809 Account #: 1933
Reference: Walker Meadows Lot 26 Company: Fogle's Well Pump & Treatment
Location: 12217 Mayapple Drive Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 4/12/2021 1200 Site: Pressure Tank
Date/Time Rec'd: 4/12/2021 1310 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Evans 0309JE Well #: HO-17-0272

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/13/2021 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/13/2021 / 0930 / CRS
Nitrate	<1.0	mg/L	10	601	4/13/2021 / 0915 / CRS
Turbidity	4.05	NTU	<10	SM20 2130B	4/13/2021 / 1030 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	4/13/2021 / 0815 / 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 # : B20004138

Date Reported: 4/13/2021