

C 1 56414

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 DD YY 06 13 18

DATE WELL COMPLETED MM DD YY 05 21 18 Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho 17 - 0269

OWNER Elm Street Development WELL SITE ADDRESS HOWARD LODGE DRIVE TOWN Sykesville SUBDIVISION WALKER STATION SECTION LOT 23

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. Rows include Soil, Brown Shale, Tan Shale, Hard Gra Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 29 NO. OF POUNDS 100 DEPTH OF GROUT SEAL 33

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth of main casing 53

OTHER CASING (if used)

PL 4 1/2 inch diameter, 45 feet depth, 105 feet from surface

SCREEN RECORD

screen type or open hole (S) (B) (H) (P) (O)

C 2

DEPTH (nearest ft.) Ho 53 300

Table with columns: E, A, C, H, S, R, E, N. Rows for depth intervals and slot size.

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12.0 METHOD USED TO MEASURE PUMPING RATE Water Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 31 TYPE OF PUMP USED (for test) C centrifugal

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) 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 LAND SURFACE - below (nearest foot) 1

LATITUDE 39.33997 LONGITUDE 76.93620 (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.

DRILLERS LIC. NO. 1 M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 109

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

TAG = DNL (D)

B 1
54203

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

52439-B please type

Ho - 17 - 0269
fill in this form completely

Date Received (APA) 02/14/18

OWNER INFORMATION

15 Last Name: Elm Street Development
Owner First Name: 34
36 Street or RFD: 6820 Elm St, Suite 200
55
57 Town: McLean, VA 22101
70 State: 72 Zip: 76

B 3 LOCATION OF WELL

8 COUNTY: Howard
21
23 SUBDIVISION: Walker Station
42
SECTION: 44 46 LOT: 23 48 50
52 NEAREST TOWN: Sykesville
71

DRILLER INFORMATION

Driller's Name: Michael Barton M W D 355
76 License No.: 81
Firm Name: Barton Well Drilling
Address: 322 Underwood Ln 21014
Signature: [Signature] Date: 2/12/18

B 4 SOURCES OF DRILLING WATER

1. Well
2.
3.

11 STREET ADDRESS: Howard Lodge Drive 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH []
WEST [] EAST [] SOUTH []
34 DISTANCE FROM ROAD: 500 37
ENTER FT OR MI 38 39
TAX MAP: 9 BLK: 6 PARCEL: 66

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 750
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO.: 13
STATE SIGNATURE: [Signature] INSERT S → 41
DATE ISSUED: 3/15/18 CO SIGNATURE: [Signature] EXP. DATE: 3/15/19
43 MM DD YY 48

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

APPROXIMATE DEPTH OF WELL: 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL: 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

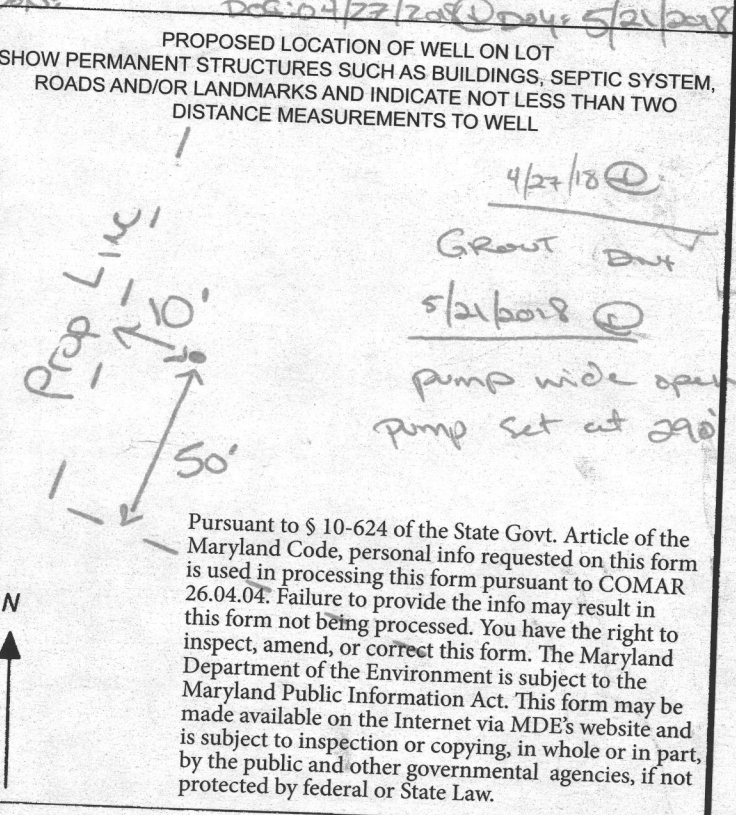
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR 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)

APPROX. PERMIT NUMBER: 402018G004
PERMIT No.: HO-17-0269
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 21, 2018

Well Depth: 300 feet

Customer Elm Street Development
 Road Howard Lodge Drive
 City Clarksville
 State Maryland

Permit # HO-17-0269
 Subdivision Walker Meadows
 Section _____
 Lot # 23

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:15 AM	20	5	12.00
10:30 AM	30	5	12.00
10:45 AM	30	5	12.00
11:00 AM	30	5	12.00
11:15 AM	30	5	12.00
11:30 AM	30	5	12.00
11:45 AM	30	5	12.00
12:00 PM	31	5	12.00
12:15 PM	31	5	12.00
12:30 PM	31	5	12.00
12:45 PM	31	5	12.00
1:00 PM	31	5	12.00
1:15 PM	31	5	12.00
1:30 PM	31	5	12.00
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: FOOKS WELL PUMP & WATER TREATMENT LLC Telephone #: 410 795 5670
Address: 550 Ubraint 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 FOOTE 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 meadows Lot #: 23 Well Tag #: HO-17-0269
Site Address: 12205 maple dr
Sykesville, MD 21784

Submersible Pump Data

Make: GWINDS
Model #: 7MS05422
Pump Capacity: 7
Well Yield: 17 gpm
Depth of well encountered at time of pump installation: 300 (feet)

Pitless Adapter

Make: umpbell+
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): 6'
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.

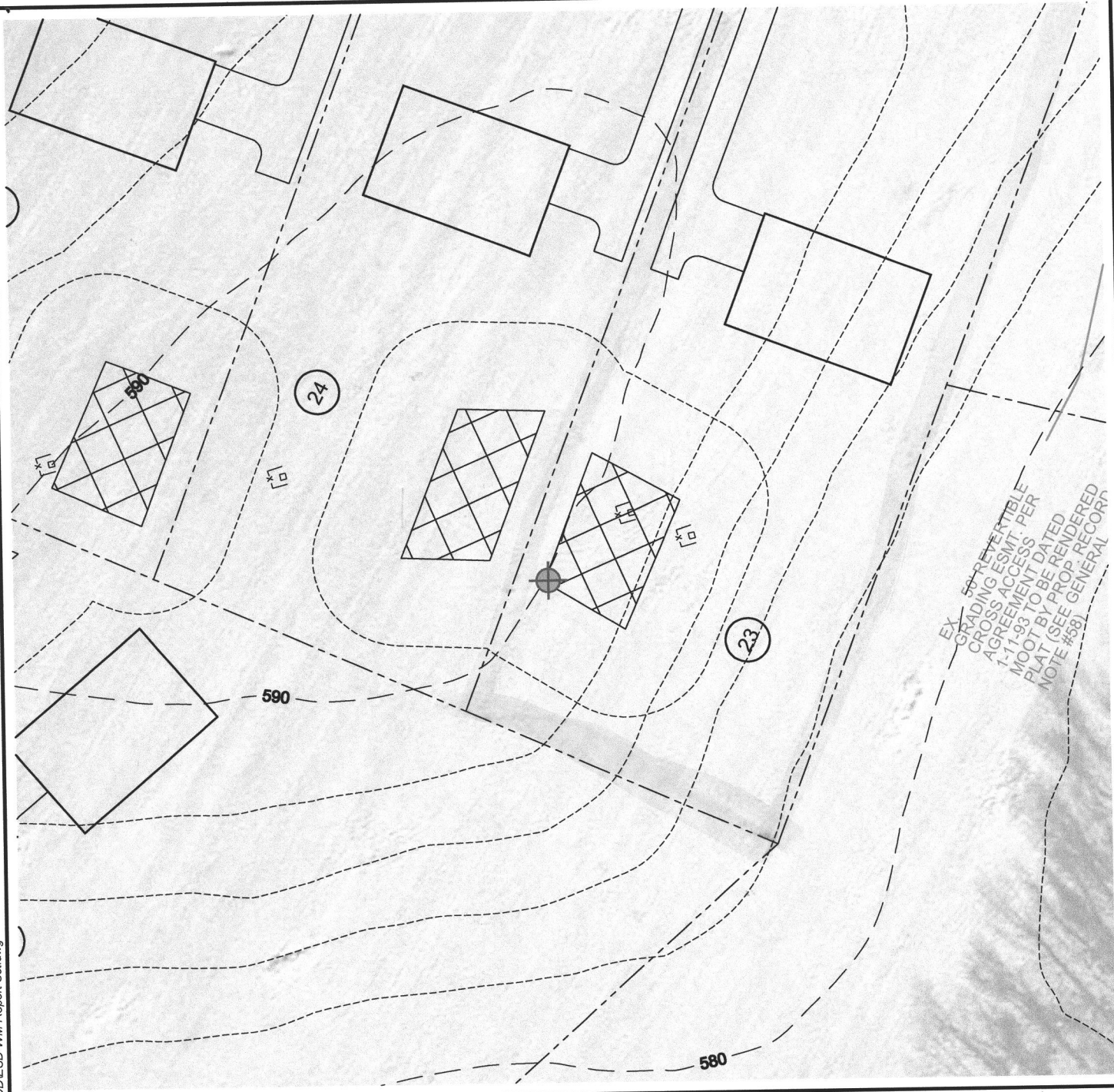
Signature of company representative responsible for installation: [Signature] date: 11/22/2021

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

Date Insp. Requested: _____ Date Insp. Approved: 11/25/21 Inspector: TC
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)

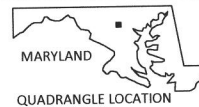
H:\Projects\Elm Street Development\Walker Meadows\CADD\ESD-WM-Report Set.dwg



LEGEND

Proposed Test Well Site

well box o/k
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	
 www.hydro-terra.com		project:	Water Supply Development Lot #23 Proposed Test Well Location Map
		file no.	ESD-WM-Report Set.dwg
drawn	M. Swam	date	02/09/18
checked	J. Lindaw	date	02/09/18
approved	M. Haufler	date	02/09/18
			figure:
			1

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 12, 2021

March 12, 2021

Homeowner
12205 Mayapple Drive
West Friendship, MD 21794

RE: Walker Meadows, Lot 23
12205 Mayapple Drive
Building Permit: B20003735
Well Permit: HO-17-0269

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 **3/9/2021**. Final approval of the well line connection to the dwelling was granted on **1/25/2021**. The well construction was completed on **5/21/2018**. Water samples were collected on **3/5/2021**.

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-17-0269. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

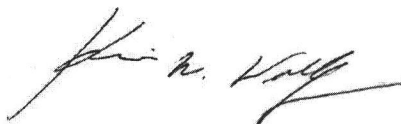
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 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

REPORT OF ANALYSIS

Laboratory ID #: 143111 Account #: 1933
Reference: Walker Meadows Lot 23 Company: Fogles Well Pump & Treatment
Location: 12205 Mayapple Drive Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 3/5/2021 0730 Site: Pressure Tank
Date/Time Rec'd: 3/5/2021 1220 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Evans 0309JE Well #: HO-17-0269

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/6/2021 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/6/2021 / 1000 / CRS
Nitrate	2.36	mg/L	10	601	3/5/2021 / 1330 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	3/5/2021 / 1315 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	3/5/2021 / 1630 / 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 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 # : 20003755

Date Reported: 3/8/2021