

C1 40799

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER (XII)

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

ST/CO USE ONLY DATE RECEIVED MM 06 DD 13 YR 18

DATE WELL COMPLETED 05 14 18 (7/12/2018) Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0274

OWNER Elm Street Development WELL SITE ADDRESS Howard Lodge Drive TOWN Woodbine SUBDIVISION WALKER MEADOWS SECTION LOT 28

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

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (18), NO. OF POUNDS (1692), GALLONS OF WATER (108), DEPTH OF GROUT SEAL.

CASING RECORD form including: casing types (PL), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (61).

OTHER CASING (if used) form with diameter and depth fields.

SCREEN RECORD form including: screen type (ST), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

PUMPING TEST form including: PUMPING TEST 3, HOURS PUMPED, PUMPING RATE (12.0), METHOD USED (Witch/Bucket), WATER LEVEL (50 ft), TYPE OF PUMP USED (S).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) CIRCLE APPROPRIATE LETTER (A, E, P)

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. MW 355 DRILLERS SIGNATURE

LIC. NO. W38109 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns 1-21 and rows A-C, S-R, E-N. Includes SLOT SIZE and DIAMETER OF SCREEN.

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

LATITUDE 39.34113 LONGITUDE 76.93645 (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
54208

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
902439-G please type

STATE PERMIT NUMBER
HD-17-0274
fill in this form completely

Date Received (RPA) 8/24/18
OWNER INFORMATION
8 MM DD YY 13
Elm Street Development
15 Last Name Owner First Name 34
10820 Elm St, Suite 200
36 Street or RFD 55
McLean, VA 22101
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Walkers Meadows
23 SUBDIVISION 42
SECTION 44 46 LOT 28 48 50
Sykesville
52 NEAREST TOWN 71

DRILLER INFORMATION
Michael Barion MWD 355
76 Driller's Name 81 License No.
Barion Well Drilling
Firm Name
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
WEST EAST
SOUTH
34 100 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 9 BLK: b 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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

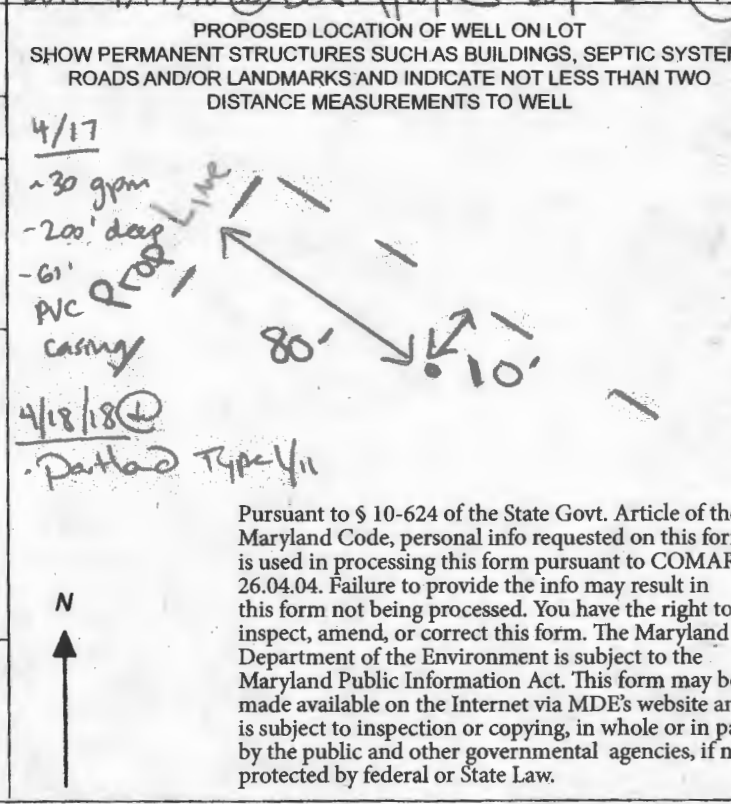
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 3/16/18 4/19 3/16/19
43 MM DD YY 48 CO SIGNATURE EXP. DATE
DON: 4/17/18 @ DOC: 4/18/18 @ DAY: DNI @

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 HD 2016G 004
PERMIT No. HD-17-0274
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:	205	feet	
Customer	Elm Street Development	Permit #	HO-17-0274
Road	Howard Lodge Drive	Subdivision	Walker Meadows
City	Sykesville	Section	
State	Maryland	Lot #	28

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:30 AM	50	5	12.00
10:45 AM	50	5	12.00
11:00 AM	49	5	12.00
11:15 AM	49	5	12.00
11:30 AM	49	5	12.00
11:45 AM	50	5	12.00
12:00 PM	50	5	12.00
12:15 PM	50	5	12.00
12:30 PM	49	5	12.00
12:45 PM	49	5	12.00
1:00 PM	49	5	12.00
1:15 PM	50	5	12.00
1:30 PM	50	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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 7955670
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 Fogle License# MSD2210
*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 #: 28 Well Tag #: HO-17-0274 (ST)
Site Address: 12225 Manapple Dr
Sykesville, MD 21784

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Campbell+</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7H505422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u>	GPM Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>17</u>	GPM NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>205 (feet)</u>		Conduit secured to well cap: <u>YES</u>
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 <u>inside of well casing</u> <u>N/A</u>		

Piping to house	House Connection
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200 (160 psi min)</u>	Length of sleeve (5' minimum from foundation): <u>16'</u>
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>YES</u>

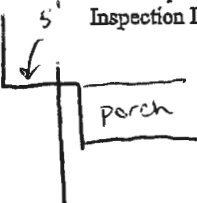
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 3/23/2021

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

Date Insp. Requested: 3/24/21 Date Insp. Approved: 3/23/21 Inspector: (ST)

Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	43"
	Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
	Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	21"
	Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
	Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	29"
	Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	13'
	Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	



(Revised form 10/24/2018)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 24, 2021

May 24, 2021

Homeowner
12225 Mayapple Drive
West Friendship, MD 21794

RE: Walker Meadows, Lot 28
12225 Mayapple Drive
Building Permit: B20004295
Well Permit: HO-17-0274

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 **5/19/2021**. Final approval of the well line connection to the dwelling was granted on **3/23/2021**. The well construction was completed on **5/14/2018**. Water samples were collected on **5/11/2021**.

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-17-0274. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

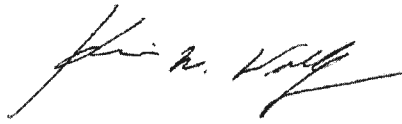
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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 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 #:	144359	Account #:	4470
Reference:	Schooley Mill Lot 2	Company:	Williamsburg Homes LLC
Location:	7414 Haven Court Highland, MD 20777	Requested By:	Bill McBride
Date/ Time Collected:	5/7/2021 0935	Source:	Well Water
Date/Time Rec'd:	5/7/2021 1209	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	R. Ott 0266RO	pH:	6.8
		Well #:	HO-17-0186

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	10.0	NTU	<10	SM20 2130B	5/7/2021 / 1500 / TSD

NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 200003291

Date Reported: 5/11/2021



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

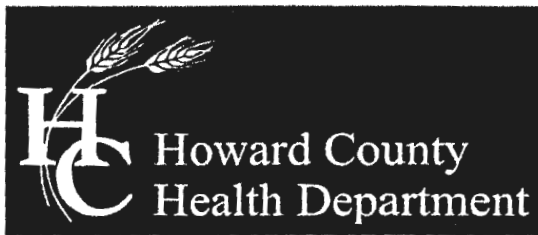
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

	9	HIGH STEPPER TRAIL
	15-21	STEPPING PLACE
<u>WALKER MEADOWS</u>	<u>22-34, BPPA'</u>	<u>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.



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:

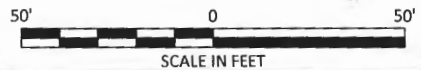
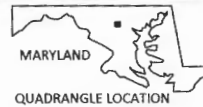
<u>WALKER MEADOWS</u>	<u>17</u>	<u>- STEPPING PLAZE</u>
Subdivision/Property Name	Lot #	Road Name
	<u>22-32, 34, BPP'A'</u>	<u>MAYAPPLE DRIVE</u>

- 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.



LEGEND



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 #28 Proposed Test Well Location Map		
	file no.:	ESD-WM-Report Set.dwg	
	drawn: M. Swans	date: 02/08/18	figure: 1
	checked: J. Lindaw	date: 02/08/18	
approved: M. Hauffer	date: 02/08/18		

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	144514	Account #:	1933
Reference:	Schooley Mill Lot 2	Company:	Fogle's Well Pump & Treatment
Location:	7414 Haven Court Fulton, MD 20759	Requested By:	Dave Fogle
Date/ Time Collected:	5/13/2021 1325	Source:	Well Water
Date/Time Rec'd:	5/13/2021 1446	Site:	Kitchen Sink
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Evans 0309JE	pH:	6.4
		Well #:	HO-17-0186

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Iron	0.54	mg/L	0.3*	FR, 45 (126)	5/14/2021 / 0930 / TSD
Turbidity	9.69	NTU	<10	SM20 2130B	5/13/2021 / 1610 / TSD

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 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 # : 200003291

Date Reported: 5/14/2021