

C1 55746

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

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0250

DATE RECEIVED MM 02 DD 23 YY 18

DATE WELL COMPLETED MM 04 DD 30 YY 18

DEPTH OF WELL 22 222 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0250

OWNER GILLIECE FAMILY LLC
WELL SITE ADDRESS HIGH STEPPER TRAIL TOWN SYKESVILLE
SUBDIVISION WALKER MEADOWS SECTION LOT 4

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 Tan Ground, Tan & Gray Rock, Gray Rock, Tan Rock, Gray Rock, Tan Rock, Gray Rock, Tan Rock, Gray Rock.

GROUTING RECORD yes no
WELL HAS BEEN GROUDED (Circle Appropriate Box) Y N

TYPE OF GROUING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 18 NO. OF POUNDS 360
GALLONS OF WATER 360
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 62 ft.

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE
PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
PL 6 68

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL BR BRASS HO OPEN HOLE
PL PLASTIC OT OTHER

Table with columns: E A C H S R E E N, PL, 10, 110, 200, 222, SOLID, 4, (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 NONE

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 1 2 PUMPING TEST

HOURS PUMPED (nearest hour) 4
Est. yield with rig air 20 8pm
PUMPING RATE (gal. per min.) 12
METHOD USED TO MEASURE PUMPING RATE watch + bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 28 ft. WHEN PUMPING 45 ft.
TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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 LAND SURFACE - below 4 (nearest foot)

LATITUDE 39.346337 LONGITUDE 76.935354 (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.

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED yes no Y N

CIRCLE APPROPRIATE LETTER
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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 576
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 594
DRILLER

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

TAC = 04/25/2018

B 1
54004

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-17-0250
70 fill in this form completely 79

1 2 3 6

OWNER INFORMATION

Date Received (APA) 02/21/18
8 MM DD YY 13

15 Last Name Gilliece
Owner
34 First Name Family LLC

36 Street or RFD 1311 Linden Church Rd
55 Clarksville MD 21029

57 Town Clarksville 70 State MD 72 Zip 21029 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Walker meadows 42

SECTION 44 46 LOT 4 48 50

52 NEAREST TOWN Sykesville 71

DRILLER INFORMATION

Driller's Name Randall Alexander M W D 576
76 License No. 81

Firm Name Alexander's Well Drilling

Address 126 West main Street
P.O. Box 443 Fairfield PA

Signature [Signature] Date 2/16/18

SOURCES OF DRILLING WATER

1. well water 11 STREET ADDRESS Highstepper Trail 30

2. [Blank]

3. [Blank]

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

APPROX FROM FUTURE ROAD DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 9 BLK: 6 PARCEL 66

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

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

COUNTY NAME Howard COUNTY NO. [Blank]

STATE SIGNATURE [Signature] INSERT S → 41

DATE ISSUED 02/16/18 CO SIGNATURE [Signature] EXP. DATE 04/25/19

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

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

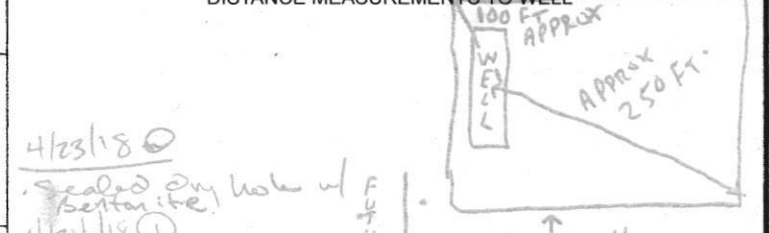
METHOD OF DRILLING (circle one)

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

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Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER Ho2016G004

PERMIT No. Ho-17-0250
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK
6/11/2018
Ⓟ

DATE WELL ABANDONED: 4-20-18 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 17 - 0250
HO - 17 - 0250

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: RANDALL L. ALEXANDER

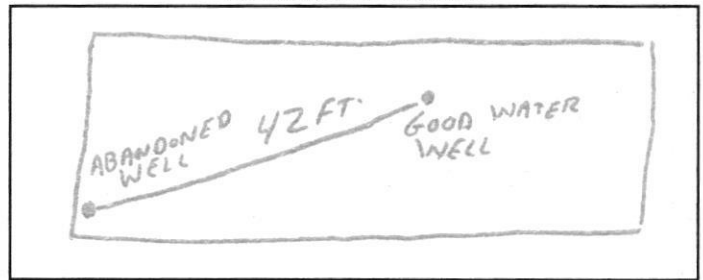
WELL DRILLER'S LICENSE NUMBER: 576

* OWNER'S NAME: GILLIECE FAMILY L.L.C

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: SYKESVILLE
TAX MAP 9 BLOCK 6 PARCEL 66
SUBDIVISION: WALKER MEADOWS
SECTION: _____ LOT: 4
STREET ADDRESS: HIGH STEPPER TRAIL
SYKESVILLE MD.

SITE LOCATION MAP



LATITUDE 3 9 . 3 4 6 3 3 5

LONGITUDE 7 6 . 9 3 9 3 5 3

TOOLING BROKE OFF IN HOLE DURING DRILLING AND COULD NOT BE RETRIEVED FROM HOLE.

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
BENTONITE SLURRY	90	0
VOLUME OF MATERIAL USED		
37-50 LB BAGS OF BENTONITE. 20 GALLONS OF WATER PER BAG		

* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED
_____ BORED _____ HAND DUG
_____ OTHER (specify) _____

* USE CODE:
 DOMESTIC _____ MUNICIPAL/PUBLIC
_____ IRRIGATION _____ INDUSTRIAL
_____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:
_____ STEEL _____ PLASTIC
_____ CONCRETE _____ OTHER (specify) NONE

SIZE OF CASING: NONE INCHES IN DIAMETER

DEPTH OF WELL: 97 FEET DEEP

WAS ANY CASING REMOVED? _____ YES NO
If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? _____ YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#
Randall L. Alexander

576

MWD / MSD / MGS
CIRCLE ONE

4-20-18

DATE

COUNTY

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: _____ 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 - 17-0250
 Site Address: _____

Submersible Pump Data

Make: _____
 Model #: _____
 Pump Capacity _____
 Well Yield: _____

Pitless Adapter

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

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: _____ (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 _____

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: _____

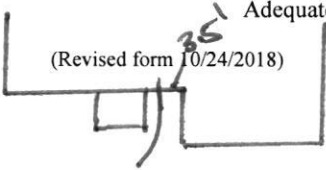
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

 Signature of company representative responsible for installation date

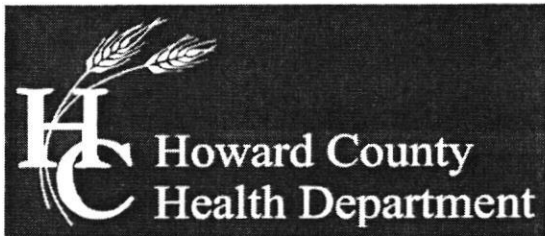
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 07/13/2020 Date Insp. Approved: 07/13/2020 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

 ✓ 45" 07/13/2020
 ✓ 35" 07/13/2020
 ✓ 40" 07/13/2020
 ✓
 ✓



(Revised form 10/24/2018)



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:

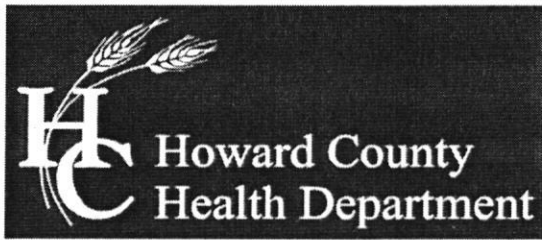
Well Site Location:

<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 PLAKE</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.



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

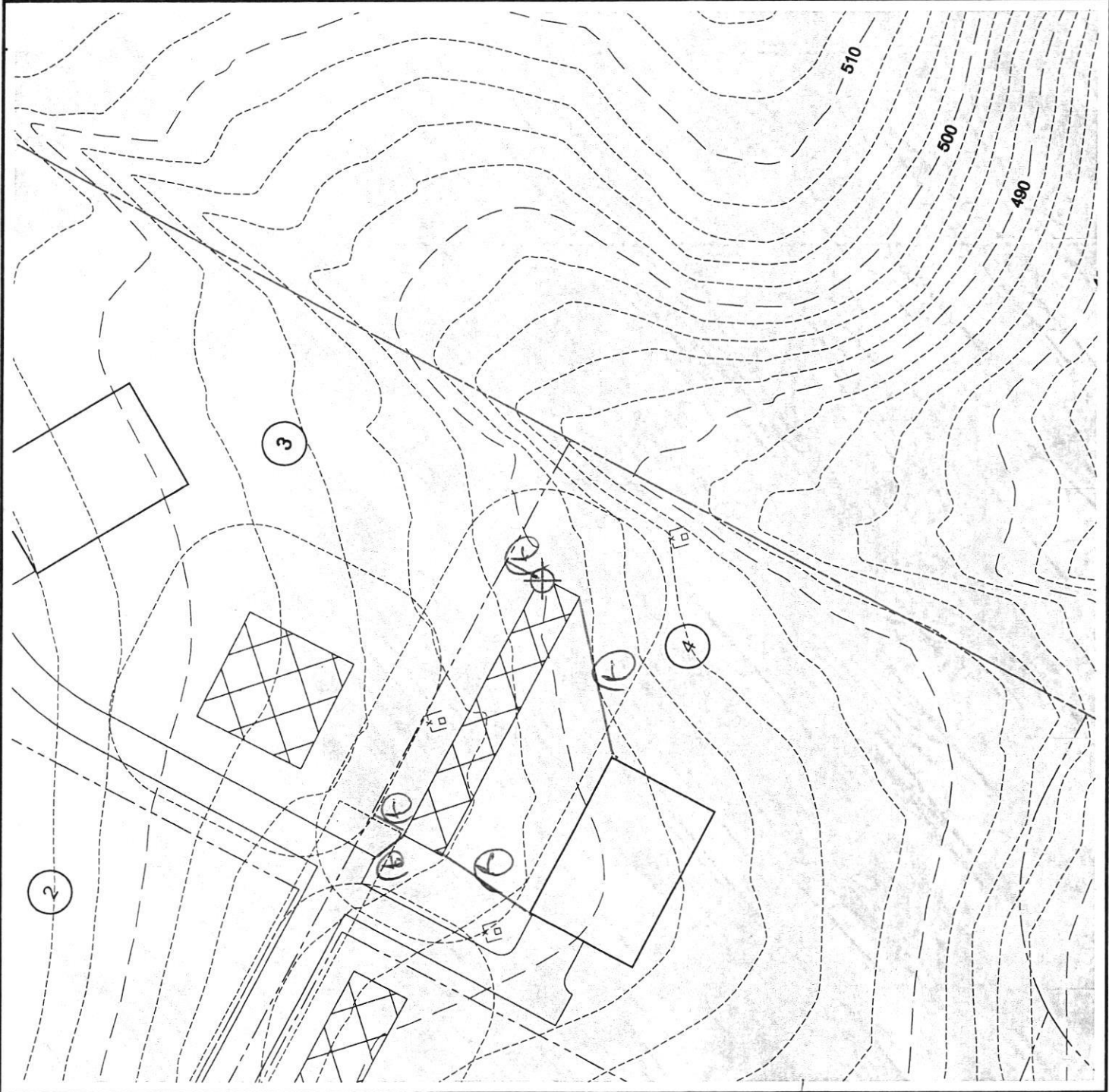
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:	<u>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.

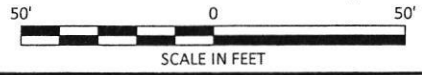
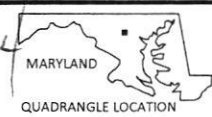
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

pen:\Walker Meadows\CADD\ESD-WM-Report Set.dwg



LEGEND

Walker Meadows Lot
HO-17-0250
Approved 04/2/18
by DDC



DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-17-0250

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

Imagery website
Imagery" dated 2016.

client:		Elm Street Development	
project location:		Sykesville, Howard County, Maryland	
project:		Water Supply Development Lot #4 Proposed Test Well Location Map	
file no.		ESD-WM-Report Set.dwg	
drawn	date	figure:	
M. Swam	02/09/18	1	
checked	date		
J. Lindaw	02/09/18		
approved	date		
M. Haufster	02/09/18		



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 139804 Account #: 1933
Reference: NV Homes Walker Meadow Lot 4 Company: Fogles Well Pump & Treatment
Location: 1017 High Stepper Trail Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 9/15/2020 0930 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/15/2020 1052 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: T. Cassell 0767TC Well #: HO-17-0250

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/16/2020 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/16/2020 / 0900 / CRS
Nitrate	<1.0	mg/L	10	601	9/15/2020 / 1240 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/15/2020 / 1220 / CRS
Turbidity	2.58	NTU	<10	SM20 2130B	9/15/2020 / 1410 / CRS

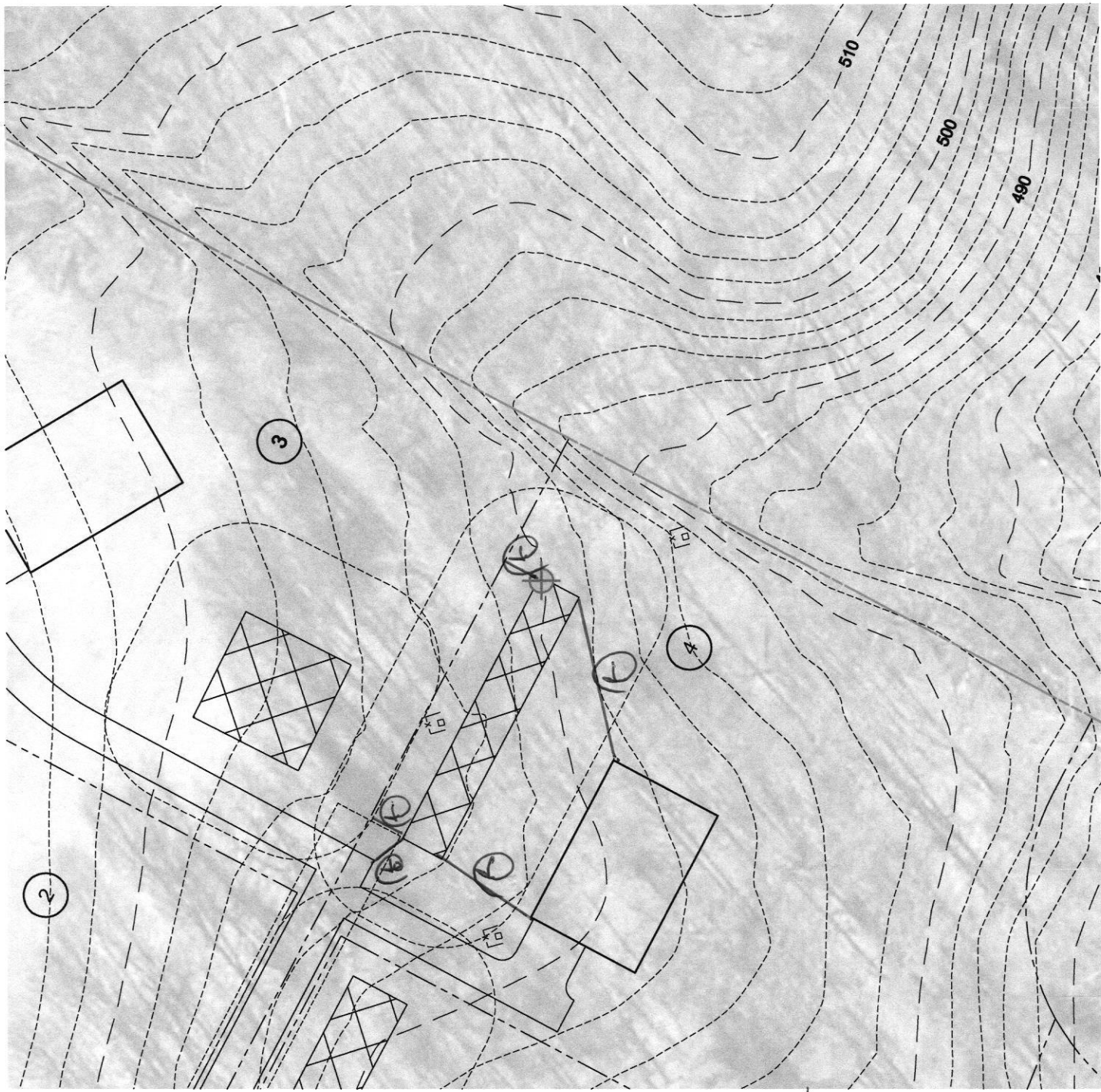
NOTES

- 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 # : B20001418

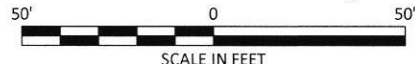
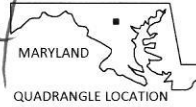
Date Reported: 9/16/2020



LEGEND

Proposed Test Well Site

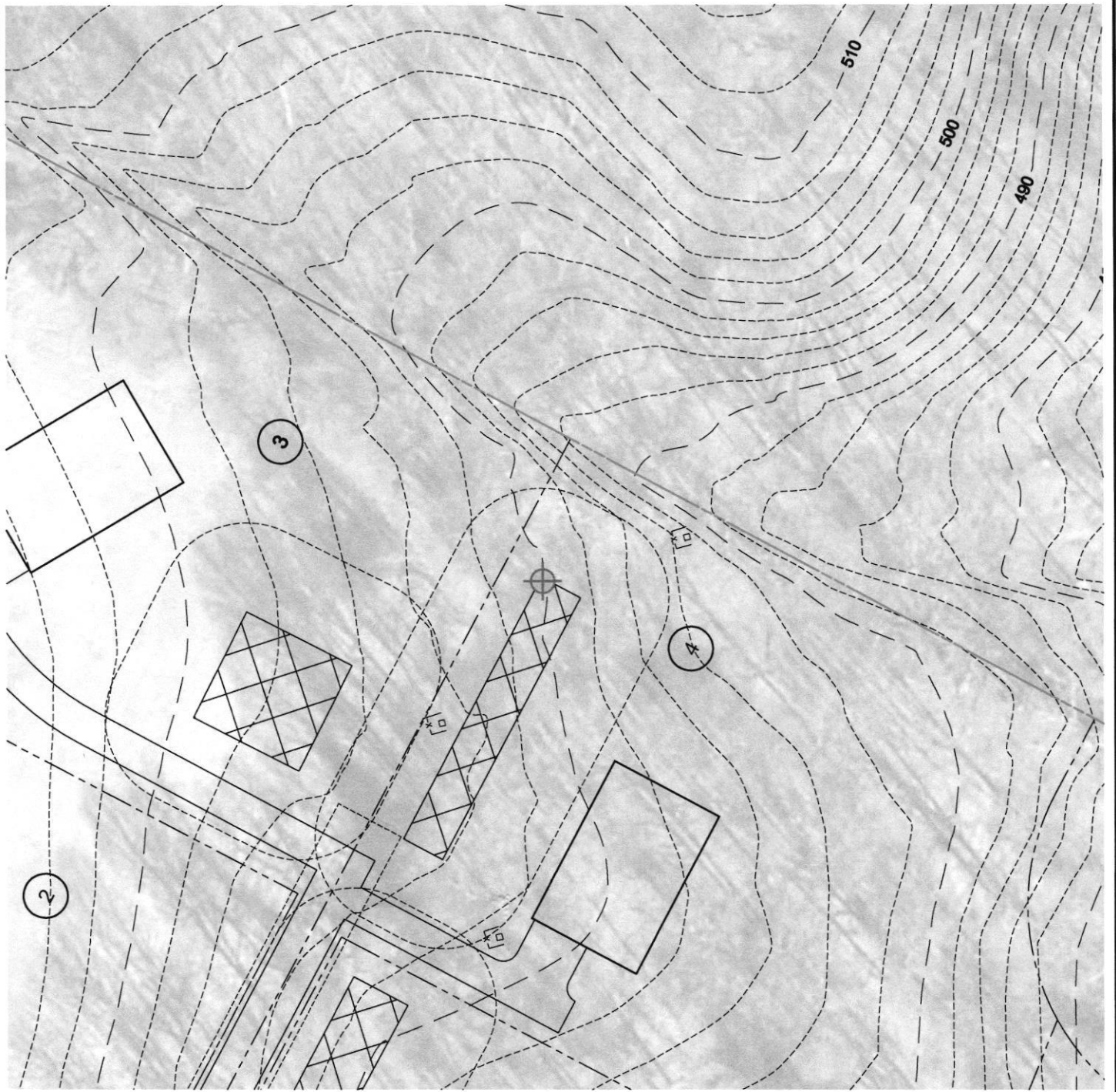
Walker Meadows Lot 4
 Ho-17-0250
 Approved 04/8/18 @
 Staked by DDC



NOTE:

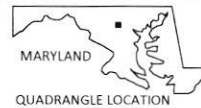
Aerial Photo Base was obtained from the State of Maryland iMap Imagery website (<http://imap.maryland.gov>), categorized as "Howard2016 SixInchImagery" dated 2016.

client: Elm Street Development			
project location: Sykesville, Howard County, Maryland			
 www.hydro-terra.com		project: Water Supply Development Lot #4 Proposed Test Well Location Map	
		file no.: ESD-WM-Report Set.dwg	figure: 1
drawn: M. Swam	date: 02/09/18	checked: J. Lindaw	date: 02/09/18
approved: M. Hauffer	date: 02/09/18		

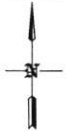


LEGEND

 Proposed Test Well Site




MARYLAND
QUADRANGLE LOCATION



NOTE:

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Elm Street Development			
project location:			
Sykesville, Howard County, Maryland			
 www.hydro-terra.com		project:	
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