

| | | | | | | |
|---|-------|---|--|---|--|--|
| C-1 | 55734 | 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. | |
| 1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | | | | COUNTY NUMBER <u>8100</u> | | |
| ST/CO USE ONLY DATE Received MM <u>05</u> DD <u>23</u> YY <u>18</u> | | DATE WELL COMPLETED MM <u>05</u> DD <u>10</u> YY <u>18</u> | | Depth of Well 22 <u>161</u> 26 (TO NEAREST FOOT) | | |
| 8 13 | | 15 20 | | PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-17-0036</u> 28 29 30 31 32 33 34 35 36 37 | | |

| | | | |
|---|--|------------------------|--|
| OWNER <u>GILZECE FAMILY L.L.C.</u> | | TOWN <u>SYKESVILLE</u> | |
| WELL SITE ADDRESS <u>HIGH STEPPER TRAIL</u> | | LOT <u>20</u> | |
| SUBDIVISION <u>WALKER MEADOWS</u> | | SECTION | |

| | | | | | | | | |
|--|--|--|---|--|--|--|--|--|
| WELL LOG Not required for driven wells | | | GROUTING RECORD | | | C 3 | | |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING | | | WELL HAS BEEN GROUTED (Circle Appropriate Box) <u>Y</u> <u>N</u> | | | PUMPING TEST | | |
| DESCRIPTION (Use additional sheets if needed) | | | TYPE OF GROUTING MATERIAL (Circle one) CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u> | | | HOURS PUMPED (nearest hour) <u>4</u> | | |
| FEET FROM TO | | | NO. OF BAGS <u>19</u> NO. OF POUNDS <u>950</u> | | | PUMPING RATE (gal. per min.) <u>6.5</u> | | |
| TAN GROUND 0 50 | | | GALLONS OF WATER <u>380</u> | | | METHOD USED TO MEASURE PUMPING RATE <u>WATCH & BUCKET</u> | | |
| GRAY & TAN ROCK 50 70 X | | | DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP <u>85</u> ft. to <u>54</u> BOTTOM <u>58</u> ft. (enter 0 if from surface) | | | WATER LEVEL (distance from land surface) | | |
| GRAY ROCK 70 128 | | | CASING RECORD | | | BEFORE PUMPING <u>39</u> ft. | | |
| TAN ROCK 128 135 X | | | casing types insert appropriate code below | | | WHEN PUMPING <u>112</u> ft. | | |
| GRAY ROCK 135 161 | | | MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>87</u> | | | TYPE OF PUMP USED (for test) | | |
| | | | OTHER CASING (if used) diameter inch depth (feet) from to | | | <u>A</u> air <u>P</u> piston <u>T</u> turbine | | |
| | | | screen type or open hole <u>ST</u> <u>BR</u> <u>HO</u> insert appropriate code below | | | <u>C</u> centrifugal <u>R</u> rotary <u>O</u> other (describe below) | | |
| | | | DEPT (nearest ft.) | | | <u>J</u> jet <u>S</u> submersible | | |
| NUMBER OF UNSUCCESSFUL WELLS: <u>1</u> | | | C 2 | | | PUMP INSTALLED | | |
| WELL HYDROFRACTURED <u>Y</u> <u>N</u> | | | DEPTH (nearest ft.) | | | DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) <u>NO</u> | | |
| CIRCLE APPROPRIATE LETTER | | | A 8 9 11 15 17 21 | | | IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. | | |
| A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED | | | C 2 23 24 26 30 32 36 | | | TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 | | |
| E ELECTRIC LOG OBTAINED | | | S 3 38 39 41 45 47 51 | | | CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 | | |
| P TEST WELL CONVERTED TO PRODUCTION WELL | | | E 1 2 3 | | | PUMP HORSE POWER 37 41 | | |
| 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. | | | SLOT SIZE 1 2 3 | | | PUMP COLUMN LENGTH (nearest ft.) 43 47 | | |
| DRILLERS LIC. NO. <u>MWD 576</u> | | | DIAMETER OF SCREEN <u>6</u> (NEAREST INCH) 56 60 68 | | | CASING HEIGHT (circle appropriate box and enter casing height) | | |
| DRILLER SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) | | | GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 | | | <u>+</u> above } LAND SURFACE | | |
| LIC. NO. <u>MWD 594</u> | | | MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) | | | <u>-</u> below } <u>2</u> (nearest foot) | | |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) | | | T (E.R.O.S.) W Q | | | LATITUDE <u>39.343130</u> | | |
| | | | 70 72 74 75 76 | | | LONGITUDE <u>76.941329</u> | | |
| | | | TELESCOPE CASING LOG INDICATOR OTHER DATA | | | (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) 54014 | | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 562902-1 | | STATE PERMIT NUMBER HO-17-0036 <small>fill in this form completely</small> | |
| Date Received (APA) 8/22/18 8 MM DD YY 13 OWNER INFORMATION Gilliece Family LLC 13111 Linden Church Rd Clarksville MD 21029 Last Name Owner First Name Street or RFD Town State Zip | | | | B 3 LOCATION OF WELL Howard 8 COUNTY 21 Walker Meadows 23 SUBDIVISION 42 SECTION 44 46 LOT 20 48 50 Sykesville 52 NEAREST TOWN 71 | | | |
| DRILLER INFORMATION Randall Alexander MWD 5716 Driller's Name 76 License No. 81 Alexander's Well Drilling 126 W. Main St. P.O. Box 443 Fairfield, PA 15320 Address Signature Date 2/14/18 | | | | B 4 SOURCES OF DRILLING WATER 1. well water 2. 3. Highstepper Trail 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 500 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 9 BLK: 6 PARCEL 660 | | | |
| B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 375 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 | | | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 08/07/18 CO SIGNATURE 08/07/18 EXP. DATE 05/10/2018 | | | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> 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 5/7/18 @ 100' deep (Abandoned) 5/9/18 100' steel casing 5/8/18 @ 2nd hole - 80-90' casing (steel) - 1st hole - crooked + casing issue 5/9/18 @ Sealed Bone # - 2nd hole Bath w/ Baroid 10207183 Unknown Lot # Bags stacked nearby @ site | | | |
| APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 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) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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) APPROP. PERMIT NUMBER HO2016G004 PERMIT No. HO-17-0036 | | | | 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. | | | |
| SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED | | | | | | | |

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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

DATE WELL ABANDONED: 5-9-18 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: RANDALL L. ALEXANDER

WELL DRILLER'S LICENSE NUMBER: 576

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

CIRCLE: MWD / MSD / MGD

* WELL LOCATION: HOWARD

COUNTY: HOWARD

NEAREST TOWN: SYKESVILLE

TAX MAP 9 BLOCK 6 PARCEL 66

SUBDIVISION: WALKER MEADOWS

SECTION: 20

STREET ADDRESS: HIGH STEPPER TRAIL

SYKESVILLE MD.

LATITUDE 3 9.343121

LONGITUDE 7 6.941280

DURING WELL CASING INSTALLATION THE BOREHOLE WAS NOT PLUMB SO THE CASING THAT WAS IN THE BOREHOLE WAS REMOVED AND THE WELL WAS ABANDONED SINCE IT WAS NOT PLUMB.

* 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: 100 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 80

WAS CASING RIPPED OR PERFORATED? ☐ YES ☐ NO

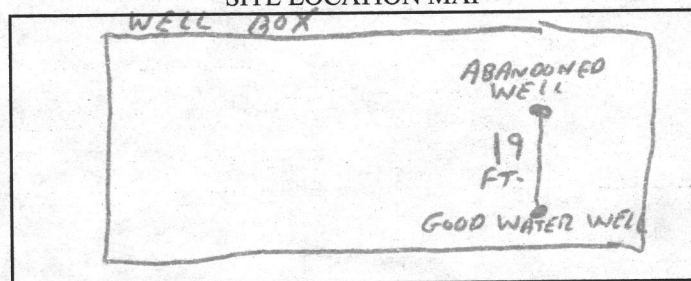
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

576

CIRCLE ONE

DATE

SITE LOCATION MAP



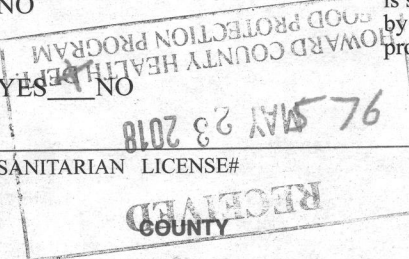
LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|------------------|------|----|
| | FROM | TO |
| BENTONITE SLURRY | 100 | 0 |

VOLUME OF MATERIAL USED

40-50 LB. BAGS OF BENTONITE
20 GALLONS OF WATER PER 50 LB BAG
2,000 LBS BENTONITE 800 GALLONS OF WATER

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Page 1 of 1
Date 5-10-18

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 17-0036
Location of property (road) HIGH STEPPER TRAIL SYKESVILLE, MD.
Subdivision WALKER MEADOWS Lot 20 Block 6 Plat _____ Sec. _____
Well Driller ALEXANDER'S WELL DRILLING Owner GILLETTE FAMILY L.L.C.

Depth of well 161
Distance of measuring point (M.P.) above ground 2 ft.
Static water level (S.W.L.) below M.P. 39 ft.

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 AM Pumping rate 12 G.P.M.
Total time 1 Hour 30 min to reach pumping water level 112 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

| TIME (in 15 minute intervals) | WATER LEVEL below M.P. | PUMPING RATE time to fill <u>1</u> gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|---------------------------------|---|
| 8:30 AM | 39 ft. | 5 SEC | | 12 GPM |
| 8:45 | 61 ft. | 5 SEC | | 12 GPM |
| 9:00 | 87 ft. | 5 SEC | | 12 GPM |
| 9:15 | 94 ft. | 5 SEC | | 12 GPM |
| 9:30 | 105 ft. | 5 SEC | | 12 GPM |
| 9:45 | 106 ft. | 5 SEC | | 12 G.P.M |
| 10:00 | 112 ft. | 9.25 SEC | | 6.5 G.P.M |
| 10:15 | 112 ft. | 9.25 SEC | | 6.5 G.P.M |
| 10:30 | 112 ft. | 9.25 SEC | | 6.5 G.P.M |
| 10:45 | 112 ft. | 9.25 SEC | | 6.5 G.P.M |
| 11:00 | 112 ft. | 9.25 SEC | | 6.5 GPM |
| 11:15 | 112 ft. | 9.25 SEC | | 6.5 GPM |
| 11:30 | 112 ft. | 9.25 SEC | | 6.5 GPM |
| 11:45 | 112 ft. | 9.25 SEC | | 6.5 GPM |
| 12:00 PM | 112 ft. | 9.25 SEC | | 6.5 GPM |
| 12:15 | 112 ft. | 9.25 SEC | | 6.5 GPM |
| 12:30 | 112 ft. | 9.25 SEC | | 6.5 GPM |
| 12:45 | 112 ft. | 9.25 SEC | | 6.5 GPM |
| 1:00 | 112 ft. | 9.25 SEC. | | 6.5 G.P.M |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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: Foales Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 5803 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 Foale 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: NVP Telephone #: _____
Subdivision: Walker meadows Lot #: 20 Well Tag #: HO-17-0036 (S)
Site Address: 1036 Stepping Place
Sykesville, MD 21784

Submersible Pump Data

Make: Goulds
Model #: 7H507422
Pump Capacity: _____
Well Yield: 6

Depth of well encountered at time of pump installation: 160 (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

Pitless Adapter

Make: Camper
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

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: David C Foale date: 5/26/2020

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

Date Insp. Requested: 5/27/20 Date Insp. Approved: 5/27/20 Inspector: SP
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

37" pitless not tight (S)
32" ✓ 10/27/20 (S)
18" ✓
11" ✓

(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 18, 2020

August 18, 2020

Homeowner
1036 Stepping Place
Sykesville, MD 21784

RE: Walker Meadows, Lot 20
1036 Stepping Place
Building Permit: B20000944
Well Permit: HO-17-0036

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 **8/13/2020**. Final approval of the well line connection to the dwelling was granted on **5/27/2020**. The well construction was completed on **5/10/2018**. Water samples were collected on **8/14/2020**.

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-17-0036. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

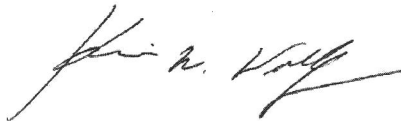
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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

Memorandum of Understanding

TO: Alexander's Well Drilling
Attn: Randall Alexander MWD 576

FROM: Joseph C Cabahug, L.E.H.S., REHS/RS
Licensed Environmental Health Specialist
Well & Septic Program

DATE: May 2nd, 2018

RE: Special Condition – Well Permits for Walker Meadows Subdivision

This memorandum serves to inform the driller serving Lots 20 and 21 in the Walker Meadows subdivision in West Friendship, Maryland of the special conditions associated with the well permit.

Note 13 on the current approved percolation certification states the following conditions apply to the well construction for lots 20 and 21. The respective well casing are to be steel in accordance with COMAR 26.04.04. The well casings are to extend to at least 50 feet in depth, or 10 feet into competent bedrock, whichever is deeper.

Please reach out to the Howard County Health Department – Bureau of the Environment for further questions.

Bests,

JCC

CC: File



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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

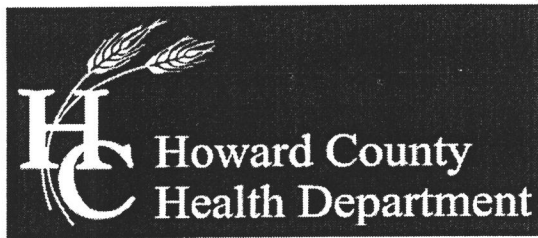
Laboratory ID #: 139168 Account #: 1933
Reference: Walker Meadows Lot 20 Company: Fogles Well Pump & Treatment
Location: 1036 Stepping Place Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 8/14/2020 1145 Site: Kitchen Sink Tap
Date/Time Rec'd: 8/14/2020 1404 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Evans 0309JE Well #: HO-17-0036

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 8/15/2020 / 1000 / LLO |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 8/15/2020 / 1000 / LLO |
| Nitrate | 3.36 | mg/L | 10 | 601 | 8/14/2020 / 1630 / CRS |
| Sand | ND | mg/L | 5 | Visual/Gravimetric | 8/14/2020 / 1730 / CRS |
| Turbidity | 0.88 | NTU | <10 | SM20 2130B | 8/14/2020 / 1730 / 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 ND:None Detected
- 6 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy**Building Permit # :** 20000944Date Reported: 8/17/2020*MD State Certification # 133*



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>19-21</u> | <u>STEPPING PLACE</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.

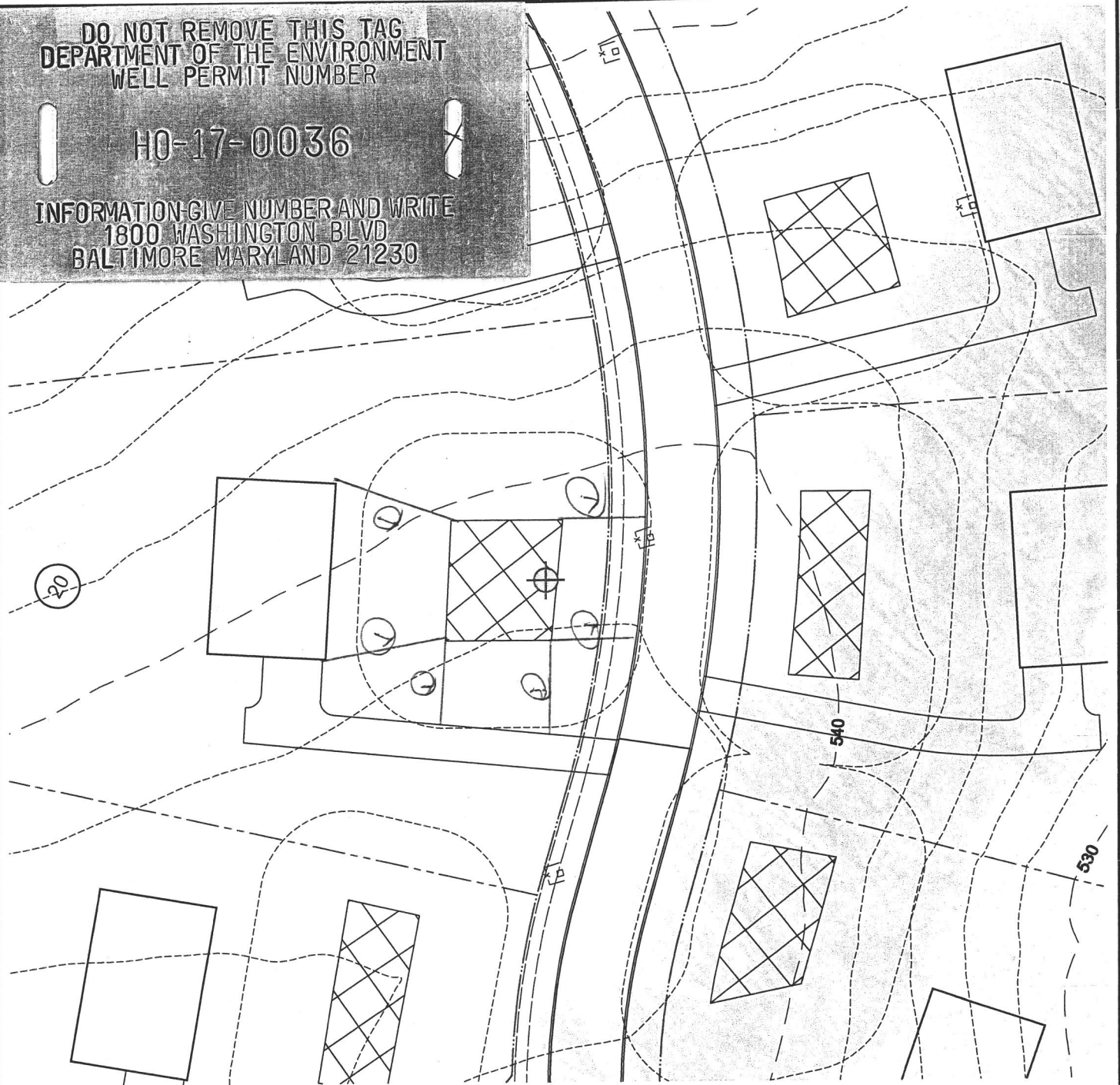
☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

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

H0-17-0036

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

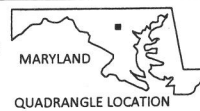


Walker Meadows Lot 20

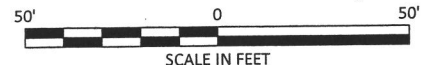
LEGEND

⊕ Proposed Test Well Site

H0-17-0036
04/1
Approved 3/7/18
STAKED BY DDE




QUADRANGLE LOCATION



SCALE IN FEET

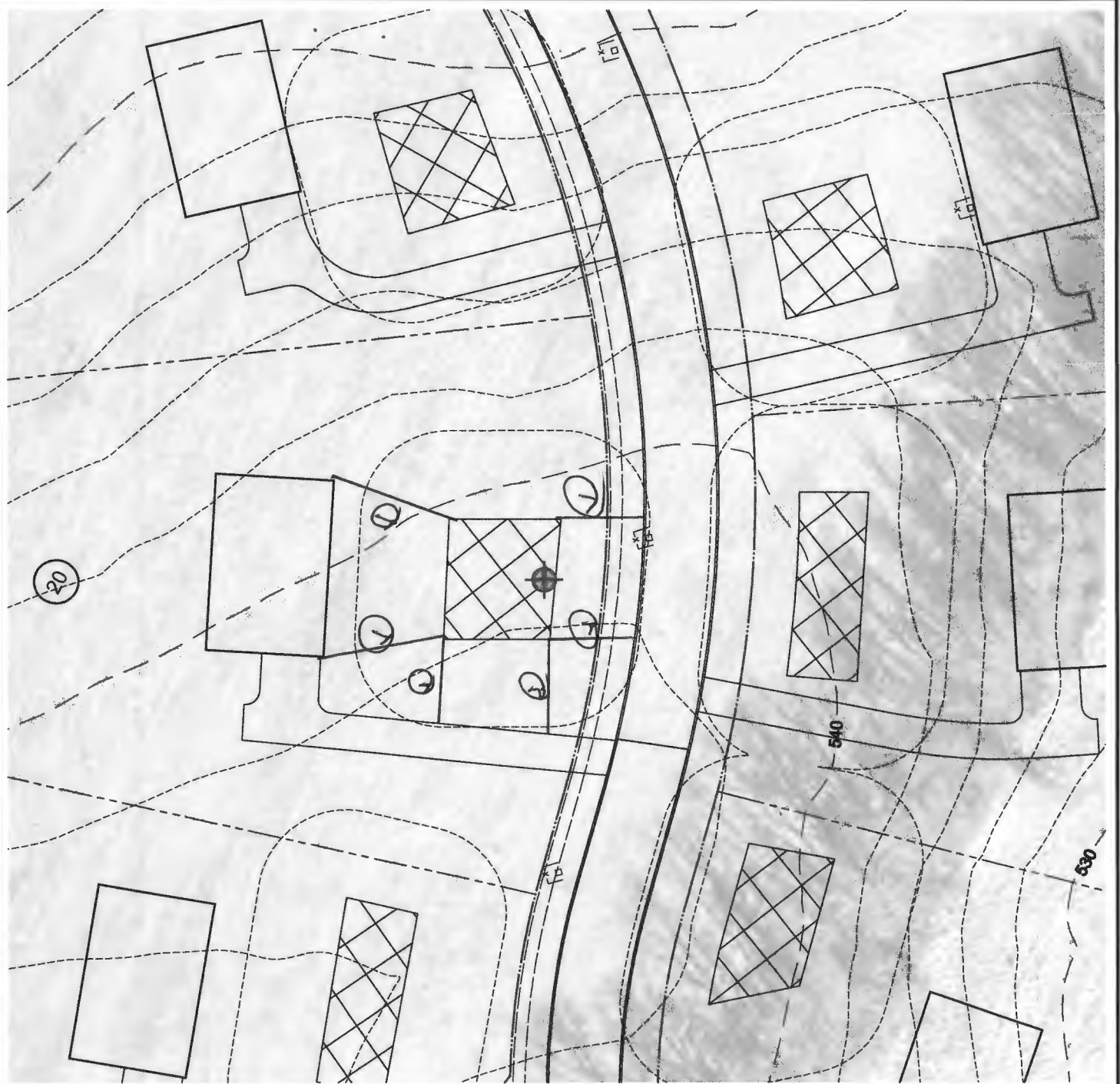
NOTE:

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 #20 Proposed Test Well | |
| | | Location Map | |
| file no. | ESD-WM-Report Set.dwg | figure: | i |
| drawn | M. Swam | date | 02/09/18 |
| checked | J. Lindaw | date | 02/09/18 |
| approved | M. Hawfler | date | 02/09/18 |

Plotted on: February 9, 2018





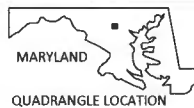
Walker Meadows Lot 20

LEGEND

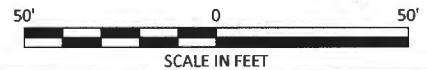


Proposed Test Well Site

140-17-0086
 Approved 2/7/18
 STAKED BY DDE



QUADRANGLE LOCATION



SCALE IN FEET

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 #20 Proposed Test Well Location Map | |
| | | file no. ESD-WM-Report Set.dwg | |
| | | figure: i | |
| drawn: M. Swann | date: 02/08/18 | checked: J. Lindaw | date: 02/08/18 |
| approved: M. Hawfler | date: 02/08/18 | | |