SEQUENCE NO. THIS REPORT MUST BE SUBMITTED WITHIN STATE OF MARYLAND (MDE USE ONLY) 45 DAYS AFTER WELL IS COMPLETED. WELL COMPLETION REPORT COUNTY FILL IN THIS FORM COMPLETELY (THIS NUMBER IS TO BE PUNCHED NUMBER PLEASE TYPE IN COLS. 3-6 ON ALL CARDS) ST/CO USE ONLY DATE WELL COMPLETED Depth of Well FROM "PERMIT TO DRILL WELL" DATE Received OK 2019 Ho-17-025 28 29 30 31 32 33 34 35 36 37 OWNER GILLIECE TRATT name HIGH STEPPER TOWN SYKESVELLE WELL SITE ADDRESS MEDOWS SUBDIVISION\_ WALKER SECTION GROUTING RECORD WELL LOG WELL HAS BEEN GROUTED (Circle Appropriate Box) Not required for driven wells **PUMPING TEST** STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING TYPE OF GROUTING MATERIAL (Circle one HOURS PUMPED (nearest hour) CEMENT CM BENTONITE CLAY (B C FEET EST. BLOWN YIELD 20 DESCRIPTION (Use additional sheets if needed) FROM NO. OF BAGS NO. OF POUNDS 900 PUMPING RATE (gal. per min.) 12 GALLONS OF WATER METHOD USED TO WATCH & BUCKET 0 TAN GROUND 50 DEPTH OF GROUT SEAL (to nearest foot) 52 ft. to \_\_\_\_ WATER LEVEL (distance from land surface) 9d 50 (enter 0 if from surface) ROCK BEFORE PUMPING CASING RECORD casing types CO insert WHEN PUMPING : CTRAY ROCK 90 appropriate 15: code OIT TYPE OF PUMP USED (for test) below turbine piston Nominal diameter Total depth MĂIN CASING top (main) casing of main casing other 163 (nearest inch)! (nearest foot) TYPE (describe centrifugal rotary 80 below) PL 6 70 81 63 64 66 jet submersible OTHER CASING (if used) diameter depth (feet) inch **PUMP INSTALLED** (NO DRILLER INSTALLED PUMP ARFAS (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD TYPE OF PUMP INSTALLED screen type or open hole PLACE (A,C,J,P,R,S,T,O) SIT BIR HO IN BOX 29. insert CAPACITY: appropriate HOLE **GALLONS PER MINUTE** code (to nearest gallon) PUMP HORSE POWER DEPTH (nearest ft.) C 2 PUMP COLUMN LENGTH 0 NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) 150 43 CASING HEIGHT. (circle appropriate box and enter casing height) N) 15 17 WELL HYDROFRACTURED above ` LAND SURFACE CIRCLE APPROPRIATE LETTER 30 32 A WELL WAS ABANDONED AND SEALED below WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 45 47 ATITUDE 39. 342 855 TEST WELL CONVERTED TO PRODUCTION SOLID, 0.020 SOLTD SLOT SIZE 1 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 LONGITUDE 7 6. 9 4 1 482 DIAMETER (NEAREST OF SCREEN INCH) (DEFAULT COORD, WGS 84) 56 from Pursuant to §10-624 of the State Govt. Article of NON the Maryand Code personal info. requested on DRILLERS LIC. NO. I this form is used in processing this form pursuant GRAVEL PACK IF WELL DRILLED
WAS FLOWING WELL to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You SIGNATURE INSERT F IN BOX 68 have the right to inspect, amend, or correct this (MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form. The Maryland Department of the LIC. NO. 1 M WD 594. Environment is subject to the Maryland Public Т (E.R.O.S.) w o Information Act. This form may be made available on the Internet via MDE's website and is -- DRILLER H. all subject to inspection or copying, in whole or in part, by the pulic and other governmental SITE SUPERVISOR (sign. of driller or journeyman 74 75 76 LOG TELESCOPE agencies, if not protected by federal or state law. responsible for sitework if different from permittee) INDICATOR OTHER DATA CASING MDE/WMA/PER.071

Page	! of !
Date	5-8-18

Review	** *		
	Review		

# FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Cocation of property (road) HEGH STEPPER	Lot 19 Block 6 Plat Sec.
ell Driller ALEXANDER'S WELL DRILLING	Owner GILLIECE FAMILY C.L.C.
222	
Depth of well 223	
Distance of measuring point (M.P.) a	bove ground 2 FT
Static water level (S W T ) below M	p 47 CT:
Distance of measuring point (M.P.) a Static water level (S.W.L.) below M.	P. 42 KT
The same of the sa	
Static water level (S.W.L.) below M.	P. 42 AT
High rate pumping reservoir drawdow.	n
Static water level (S.W.L.) below M.  High rate pumping reservoir drawdow.  Time pump started 10:00 Am	n

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill X gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10 00 Am	42 FT	5 SEL		12 GPM
10:15 AM	56	S SEC		12 GPM
10:30	61	5 SEC		12 Gem
10 45	62	5 SEC		12 GPM
1100	62	5 366		12 GPM
11:15	62	5 SEC		12 GPM
11230	62	5 SEC		12 GPM
11.45	62	5 SEC	A comment of the comm	12 Gpm
12:00 PM	62	5 SEC		12 GPM
12:15	62	5 SEC		12 GPM
12:70	62	5 560		12 Grm
12 1 V5	62	5 SEG	portion to the second s	12 GPM
1.00	63	5 SEC		12 6Pm
1:15	62	5 SEC		12 6 pm
1.30	62	5 SEC		12 GPM
1:45	62	S SEC		12 GPM
2.00	62	5 SEL		12 GPM
7:15	62	5 SEC		12 6pm
				And the state of t
			And the second s	
	- 3			
			No.	
		<u> </u>		Landing to the year on the con-



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Volce/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: FOOKS WII PUMP + WT, LLC Telephone #: 410 795 5070  Address: 580 Abyecht Rd
1	Must circle one: Licensed Plumber / Cicensed Well Driller / Licensed Well Pump Installer  License # and name of individual responsible for the field installation:  Name (Print):
	Name of Property Owner: NVR NC Telephone #:  Subdivision: Walker Meddows Lot #: 9 Well Tag #: HO-17-0257  Site Address: 1040 Stepping Place  SykeSville my 21784
	Submersible Pump Data  Make: Grade Make: G
	Piping to house Type:   ''   PO     O   PO   PVC sleeve to undisturbed soil at wall penetration:   PVC sleeve to undisturbed soil at wall penetration:   Length of sleeve(5' minimum from foundation):   Length of sleeve(5' minimum from foundation):   Sleeve scaled properly:   PVC sleeve to undisturbed soil at wall penetration:   PVC sleeve to undisturbed soil at wall pene
	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 <u>cannot</u> be accomplished, contact this office for approval prior to installation.
	Signature of company representative responsible for installation date
	Date Insp. Requested: 22 1727 Date Insp. Approved: 02 19 120 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  (Revised form 10/24/2018)
	(Revised form 10/24/2018)
٠	1 2 1 9

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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

### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – November 18, 2020

May 18, 2020

Homeowner 1040 Stepping Place West Friendship, MD 21794

RE:

Walker Meadows, Lot 19

1040 Stepping Place

Building Permit: B19004199 Well Permit: HO-17-0257

#### 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 5/11/2020. Final approval of the well line connection to the dwelling was granted on 2/19/2020. The well construction was completed on 5/8/2018. Water samples were collected on 5/6/2020.

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-17-0257. 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

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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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

- h. Vill

Groundwater Management Section

Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits

Community Hygiene Program

File



#### 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:

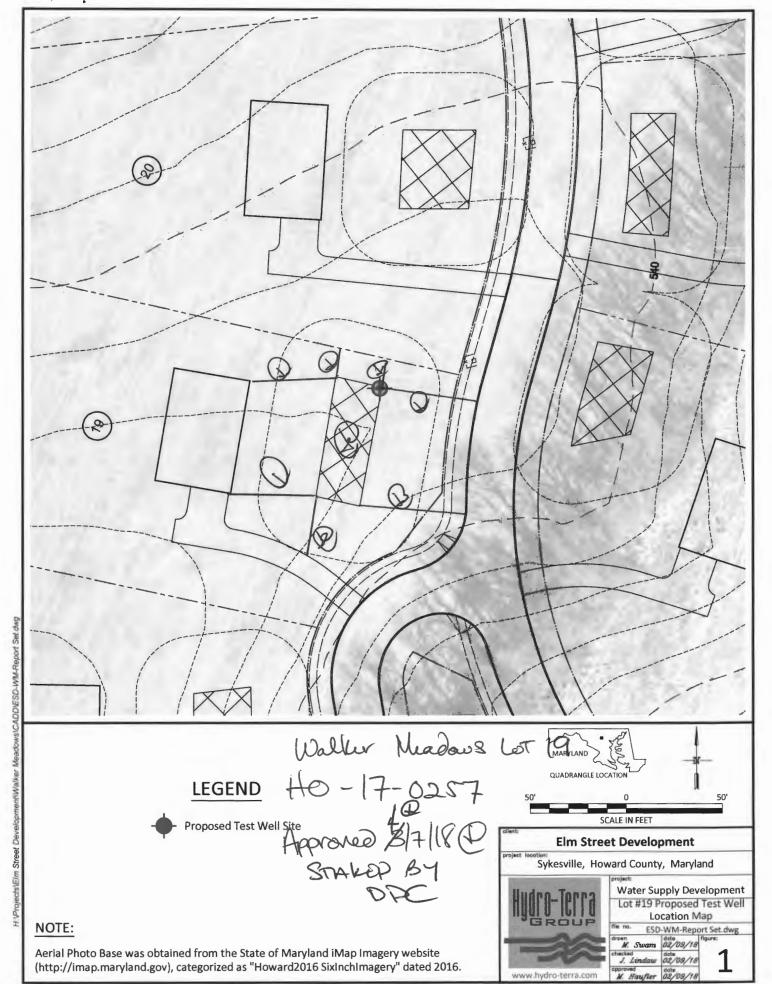
WALYER MEADOWS 19-21 STEPPING PLACE
Subdivision/Property Name Lot # Road Name

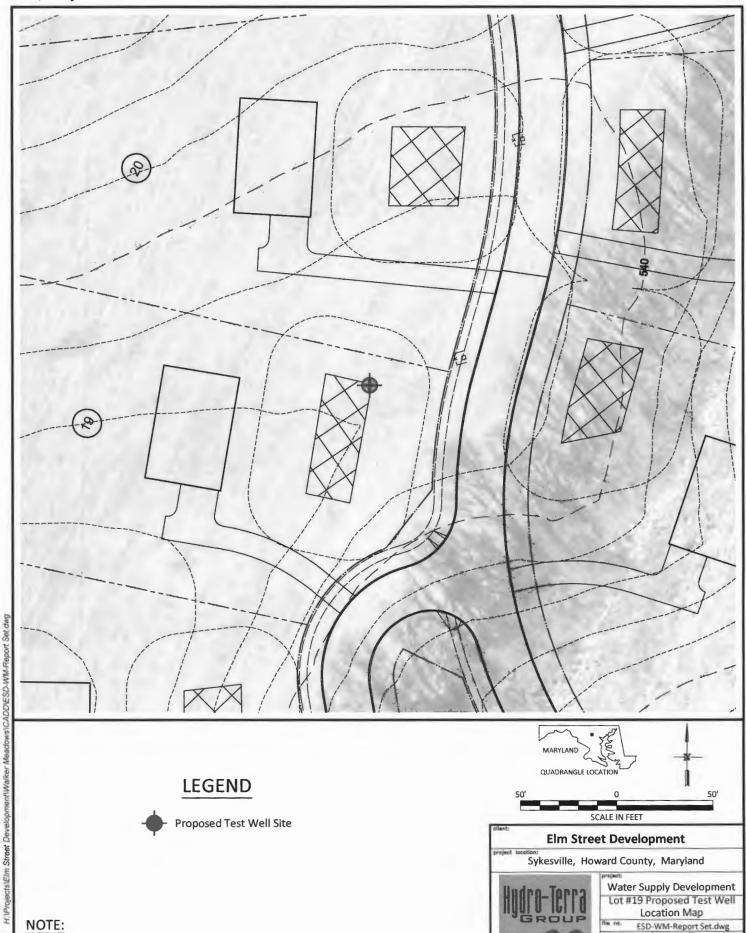
The well site has been staked by DEJELOPMENT DESIGN CONSULTANTS (professional land surveyor or company employing professional land surveyors) on 3/28/2018 (date) and does not require a site inspection.

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.

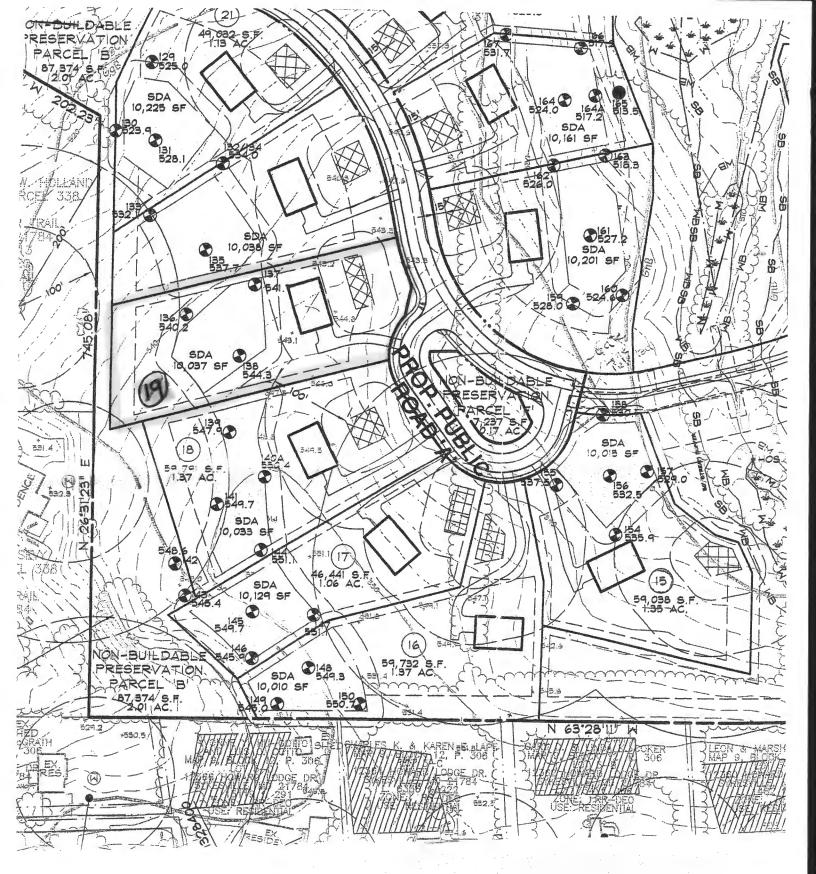
Well Site Location:





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

www.hydro-terra.com



# 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 #:

137122

Account #:

1933

Reference:

Walker Meadows Lot 19

Company:

Fogles Well Pump & Treatment

Location:

1040 Stepping Place

Requested By: Dave Fogle

Sykesville, MD 21784 Date/ Time Collected: 5/6/2020

Source:

Well Water

Date/Time Rec'd:

1051

Site:

Kitchen Sink Tap

Chlorine ppm:

5/6/2020

1131 Total: ND

Treatment: pH:

None 6.0

Collected By:

Free: ND B. Wilkerson

9315BW

Well #:

HO-17-0257

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/7/2020 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/7/2020 / 0900 / CRS
Nitrate	3.62	mg/L	10	601	5/7/2020 / 0920 / RER
Turbidity	< 0.30	NTU	<10	SM20 2130B	5/7/2020 / 0955 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	5/7/2020 / 0955 / RER

#### **NOTES**

- mg/L = milligrams per liter (also, parts per million) 1
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sample collected by client, analyzed as received 6
- 7 ND = None Detected
- Visual well check: Sealed, vented cap
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test:

Use & Occupancy

Building Permit#:

19004199

Date Reported:

5/7/2020