

C1 55742

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

XIII

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE RECEIVED
MM DD YY
05 23 18

DATE WELL COMPLETED

MM DD YY
05 10 18

Depth of Well

303

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

Ho 17-0258

28 29 30 31 32 33 34 35 36 37

OWNER GILLIECE FAMILY LLC.

WELL SITE ADDRESS last name first name HIGH STEPPER TRAIL

TOWN SYKESVILLE MD.

SUBDIVISION WALKER MEADOWS

SECTION

LOT 21

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

TAN GROUND

0 35

HARD GRAY
ROCK

35 110 X

TAN ROCK

110 115 X

GRAY ROCK

115 303 X

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 650

GALLONS OF WATER 260

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 55 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST

6

60

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
PLASTIC

C 2

DEPTH (nearest ft.)

H0 58 303

E 8 9 11 15 17 21

A 23 24 26 30 32 36

C 38 39 41 45 47 51

R 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN 6 (NEAREST
INCH)

from to

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76
TELESCOPE LOG
CASING INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

4

PUMPING RATE (gal. per min.)

10

METHOD USED TO
MEASURE PUMPING RATE

WATCH & BUCKET

WATER LEVEL (distance from land surface)

32

BEFORE PUMPING

17 20 ft.

WHEN PUMPING

22 25 ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other
(describe
below)

J jet

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 29CAPACITY:
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

Z (nearest
foot)LATITUDE 39.343669
LONGITUDE 76.941414
(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.

NUMBER OF UNSUCCESSFUL WELLS: 0

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
WELLI 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. 1 MWD 576

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 594

DRILLER

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

TAG: 5/14/2018

B 1		SEQUENCE NO. (MDE USE ONLY) 54012		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 502902-N		STATE PERMIT NUMBER HO-17-0258 <small>fill in this form completely</small>	
Date Received (APA) 02/18 OWNER INFORMATION Gilliece Family LLC 13111 Linden Church Rd Clarksville MD 21029				LOCATION OF WELL Howard Walker meadows Sykesville			
DRILLER INFORMATION Randall Alexander Alexanders Well Drilling 126 W. Main St. P.O. Box 443 Fairfield, PA 17320 Signature: <i>[Signature]</i> Date: 2/6/18				SOURCES OF DRILLING WATER 1. well water ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Approx. 50 FT. DISTANCE FROM ROAD TAX MAP: 9 BLK: 6 PARCEL 66			
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 375 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 375				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. VIII STATE SIGNATURE <i>[Signature]</i> DATE ISSUED 02/07/18 CO SIGNATURE <i>[Signature]</i> EXP. DATE 02/07/19			
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 			
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH				METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____			
REPLACEMENT OR DEEPENED 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) _____				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.			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO2016G004 PERMIT No. HO-17-0258				SPECIAL CONDITIONS Steel Casing 50' into Deep or 10' into competent bedrock.			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 17-0258
Location of property (road) HIGH STEPPER TRAIL SYKESVILLE, MD.
Subdivision WALKER MEADOWS Lot 21 Block 6 Plat _____ Sec. _____
Well Driller ALEXANDER'S WELL DRILLING Owner GILLZECE FAMILY L.L.C.

Depth of well 303 FT.
Distance of measuring point (M.P.) above ground 2 FT.
Static water level (S.W.L.) below M.P. 32 FT.

I. High rate pumping -- reservoir drawdown

Time pump started 1:30 PM Pumping rate 12 G.P.M.
Total time 1 Hour to reach pumping water level 68 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 X gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:30 PM	32 FT.	5 SEC		12 GPM
1:45	60 FT.	5 SEC		12 GPM
2:00	63 FT.	5 SEC		12 G.P.M
2:15	66 FT.	5 SEC		12 G.P.M
2:30	68 FT.	6 SEC		10 G.P.M
2:45	68 FT.	6 SEC		10 G.P.M
3:00	68 FT.	6 SEC		10 G.P.M
3:15	68 FT.	6 SEC		10 G.P.M
3:30	68 FT.	6 SEC		10 GPM
3:45	68 FT.	6 SEC		10 GPM
4:00	68 FT.	6 SEC		10 GPM
4:15	68 FT.	6 SEC		10 GPM
4:30	68 FT.	6 SEC		10 GPM
4:45	68 FT.	6 SEC		10 GPM
5:00	68 FT.	6 SEC		10 GPM
5:15	68 FT.	6 SEC		10 GPM
5:30	68 FT.	6 SEC		10 GPM
5:45	68 FT.	6 SEC		10 GPM

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: Apex Well Pump & Water Treatment, LLC Telephone #: 410.795.8670
Address: 580 Overholt 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): Wendy 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 #: 21 Well Tag #: HO-17-0258 (ST)
Site Address: 1037 Stepping Place
Sykesville, MD 21784

Submersible Pump Data

Make: Grundfos
Model #: TH40S422
Pump Capacity: 7
Well Yield: 10

Pitless Adapter

Make: Campbell
Model#: N/A
GPM Depth: 3 1/2" (36" min)
GPM NSP/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

Depth of well encountered at time of pump installation: 300 (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 armrests / 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): 16"
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

Date

5/5/2020

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

Date Insp. Requested: 5/5/2020 Date Insp. Approved: 5/5/20 Inspector: (ST)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 38"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 36"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 16"
Water supply line sleeved adequately at house connection X not 5' ✓ 5/5/20 (ST)
Adequate grout observed below pitless adapter ✓

(Revised form 10/24/2018)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 13, 2020

July 13, 2020

Homeowner
1032 Stepping Place
West Friendship, MD 21794

RE: Walker Meadows, Lot 21
1032 Stepping Place
Building Permit: B20000527
Well Permit: HO-17-0258

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 **7/12/2020**. Final approval of the well line connection to the dwelling was granted on **5/5/2020**. The well construction was completed on **5/10/2018**. Water samples were collected on **7/9/2020**.

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-17-0258. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

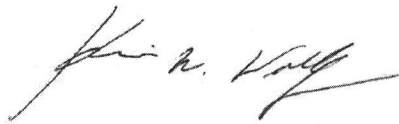
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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 #:	138380	Account #:	1933
Reference:	Walker Meadows Lot 21	Company:	Fogles Well Pump & Treatment
Location:	1032 Stepping Place	Requested By:	Dave Fogle
	West Friendship, MD 21794	Source:	Well Water
Date/ Time Collected:	7/9/2020 1150	Site:	Bathroom Sink
Date/Time Rec'd:	7/9/2020 1242	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.0
Collected By:	J. Evans 0309JE	Well #:	HO-17-0258

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/10/2020 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/10/2020 / 1000 / CRS
Nitrate	1.70	mg/L	10	601	7/9/2020 / 1550 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	7/9/2020 / 1625 / CRS
Turbidity	0.84	NTU	<10	SM20 2130B	7/9/2020 / 1630 / CRS

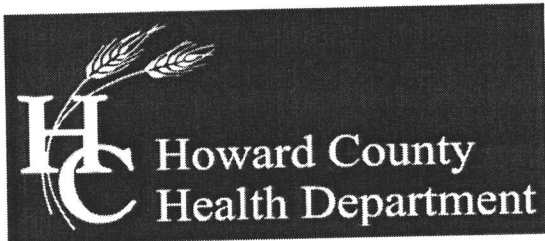
NOTES

- 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 # : 20000527

Date Reported: 7/10/2020



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:

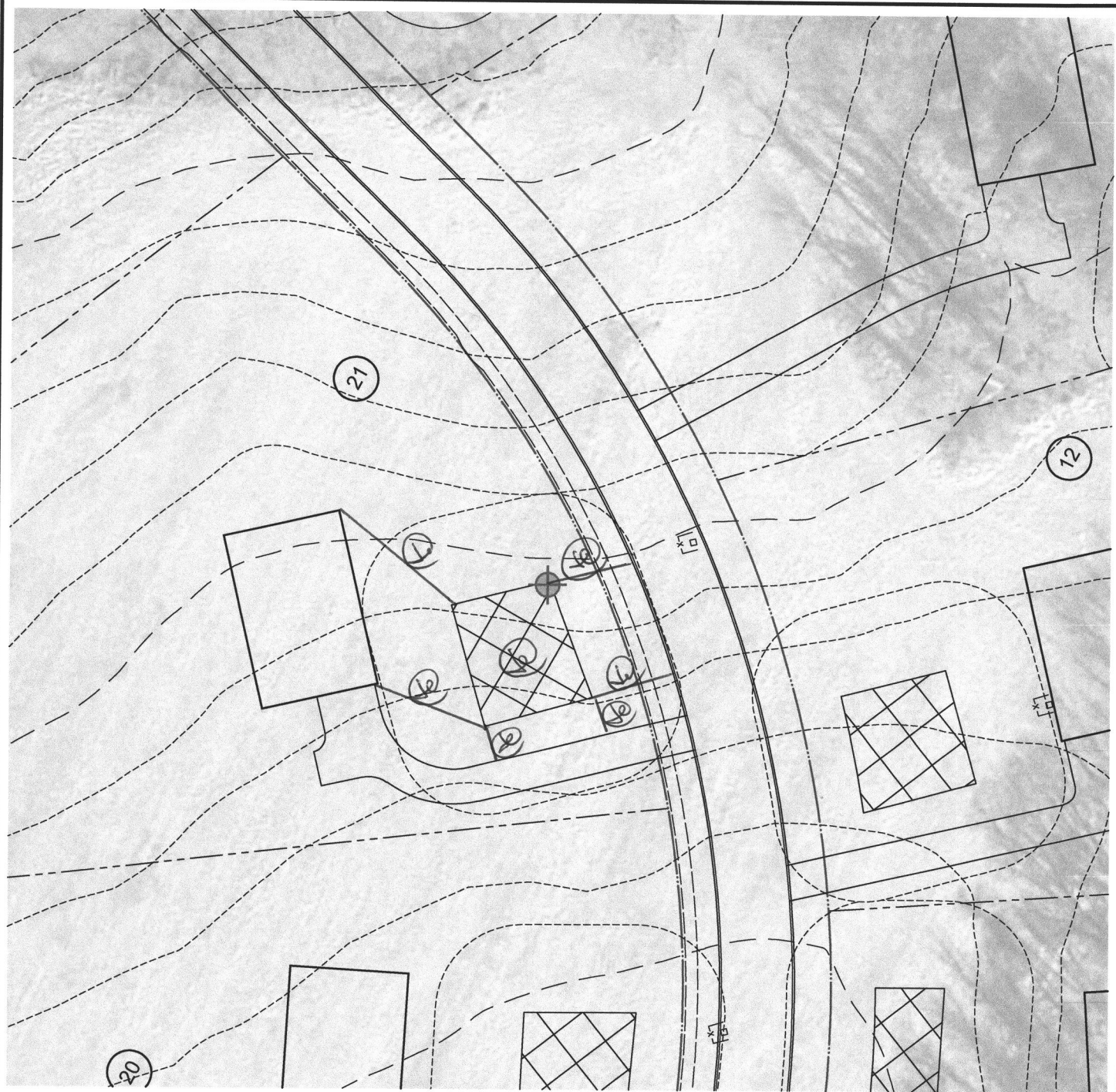
Well Site Location:

WALKER MEADOWS 19-21 STEPPING PLACE
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.



LEGEND



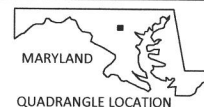
Proposed Test Well Site

Walker Meadow Lot 21

HO-17-0258

Approved 02/17/18

STAKED BY DDC



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	
project:		Water Supply Development Lot #21 Proposed Test Well Location Map	
file no.	date	figure:	
drawn	date		
checked	date		
approved	date		

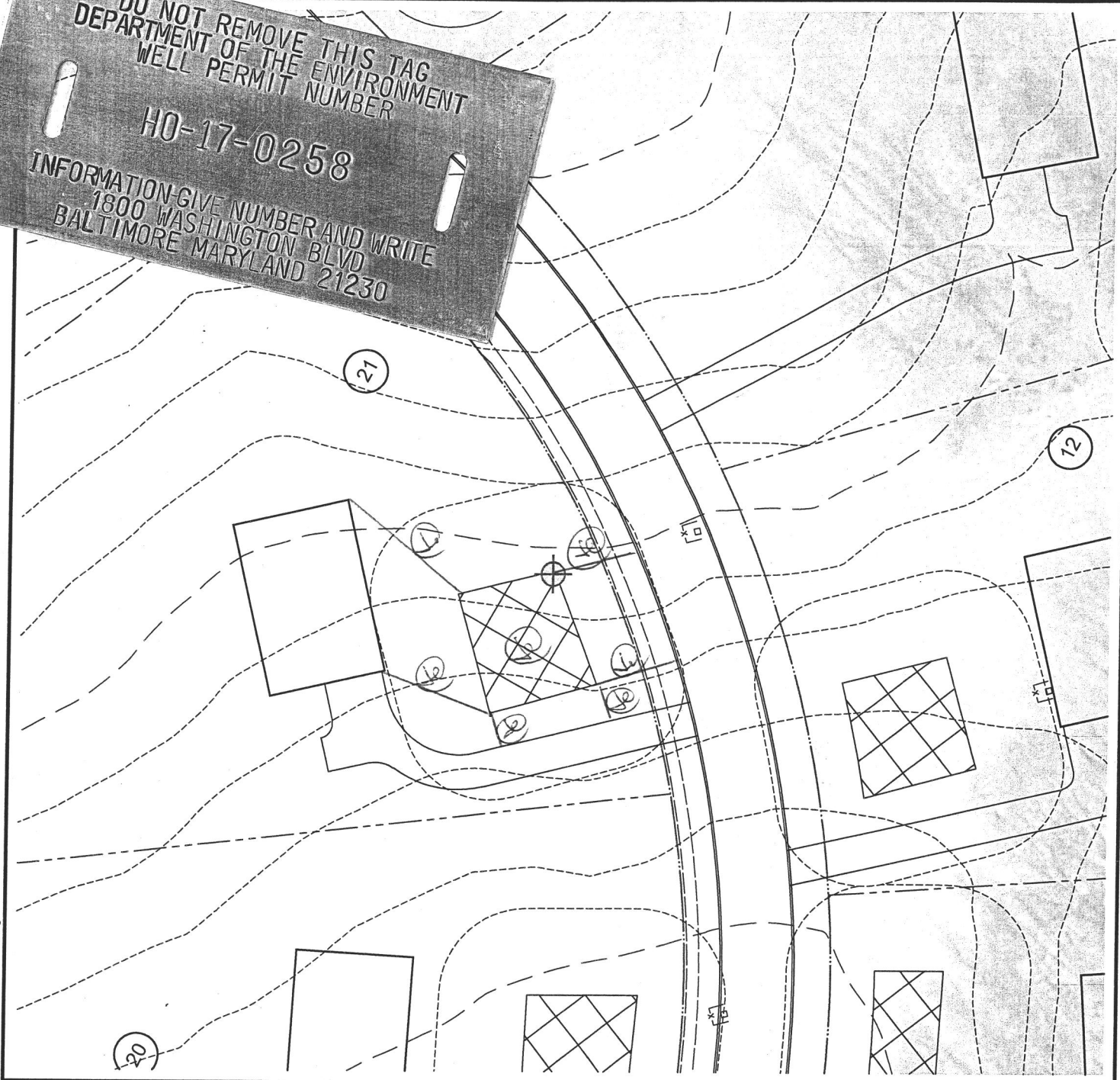


DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-17-0258

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

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



Walker Meadow Lot 21

LEGEND

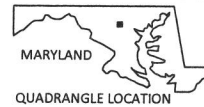


Proposed Test Well Site

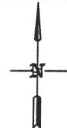
H0-17-0258

Approved *[Signature]* 02/18

STAKED BY DDC



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

Plotted on: February 9, 2018

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

FILE INQUIRY NOTES
Diehl Property Lot 2 Proposed Lot 21

Proposed Lot 21

[illegible]