

C1 55704

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS 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)

ST/CO USE ONLY

DATE Received

MM DD YY
05 23 18

DATE WELL COMPLETED

MM DD YY
04 30 18

Depth of Well

22 303 26
(TO NEAREST FOOT)COUNTY
NUMBERPERMIT NO.
FROM "PERMIT TO DRILL WELL"
XIII
H0 17-0252
28 29 30 31 32 33 34 35 36 37

OWNER GILLIECE FAMILY LLC

WELL SITE ADDRESS HIGH STEPPER TRAIL first name

TOWN SYKESVILLE

SUBDIVISION WALKER MEADOWS

SECTION

LOT 60

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 Clay	0	8	
Tan Rock	8	23	
Gray Rock	23	53	✓
Tan Rock	53	55	✓
Gray Rock	55	63	
Soft Tan Rock	63	66	
Gray Rock	66	118	
Tan Rock	118	120	
Gray Rock	120	155	
Tan Rock	155	158	
Gray Rock	158	175	
Tan Rock	175	178	
Soft Gray Rock	178	190	
Gray Rock	190	270	
Soft Gray Fractured	270	275	✓
Gray Rock	275	303	

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)

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 11

NO. OF POUNDS 350

GALLONS OF WATER 220

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 38 ft.
48 TOP 52 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL

6

40

60 61

63 64

66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST

STEEL

BR

BRASS

HO

OPEN

PL

BRONZE

OT

HOLE

PLASTIC

OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

E 1 8 9 11 15 17 21

A 2 23 24 26 30 32 36

C 3 38 39 41 45 47 51

S 38 39 41 45 47 51

R 38 39 41 45 47 51

E 38 39 41 45 47 51

N 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN 6 (NEAREST INCH)

56 60

from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour) 4
Est. yield with air rig 30 gpm

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE BUCKER

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 ft.

WHEN PUMPING 42 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

27 27 27

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 - below

LAND SURFACE 2 (nearest foot)

49 50 51

LATITUDE 3 9.345162
LONGITUDE 7 6.939968
(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 54006		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 562902-K		STATE PERMIT NUMBER HO-17-0252 fill in this form completely	
OWNER INFORMATION Date Received (APA) 8/22/18 8 MM DD YY 13 Gilliece Family LLC 15 Last Name Owner First Name 34 1311 Linden Church Rd 36 Street or RFD 55 Clarksville MD 21029 57 Town 70 State 72 Zip 76				B 3 LOCATION OF WELL 8 COUNTY 21 Howard 23 SUBDIVISION 42 Walker meadows SECTION 44 46 LOT 6 48 50 Sykesville 52 NEAREST TOWN 71			
DRILLER INFORMATION Driller's Name 76 License No. 81 Alexander's Well Drilling Firm Name P.O. Box 443 Fairfield, PA Address 17320 Signature Date 2/6/2018				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) APPROX FROM PROPOSED ROAD 34 50 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 9 BLK: 6 PARCEL 66			
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 375				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. 2100 STATE SIGNATURE INSERT S 41 DATE ISSUED 03/06/18 43 MM DD YY 48 CO SIGNATURE EXP. DATE 04/16/19 4/26/18 Doc: 04/27/18 Doc: 4/30/18			
USE FOR WATER (CIRCLE APPROPRIATE BOX) 22 <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> E FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> O OPEN LOOP GEOTHERMAL <input type="checkbox"/> C 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 4/26/2018 on site 4/27/2018 11 8 bags of grout Bon Seal Bentonite 10267183 Highstepper Tr. FUTURE ROAD LOT #6 APPROX 150ft. WELL APPROX 275ft.			
APPROXIMATE DEPTH OF WELL 24 28 FEET 300 APPROXIMATE DIAMETER OF WELL 10 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) 39 <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S 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"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52				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) APPROX. PERMIT NUMBER 41 52 HO2016G00 PERMIT No. HO-17-0252 70 71 72 73 74 75 76 77 78 79				SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 17-0252

Location of property (road) HIGH STEPPER TRAIL SYKESVILLE MD.

Subdivision WALKER MEADOWS Lot 6 Block 6 Plat _____ Sec. _____

Well Driller ALEXANDER'S WELL DRILLING Owner GILLICEE FAMILY L.L.C.

Depth of well 303

Distance of measuring point (M.P.) above ground 2 FT.

Static water level (S.W.L.) below M.P. 38 FT.

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 AM

Pumping rate 12 G.P.M.

Total time 30 MIN. to reach pumping water level 42 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>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30 AM	38 FT.	5 SEC		12 G.P.M.
7:45	40	5 SEC		12 GPM
8:00	42	5 SEC		12 GPM
8:15	42	5 SEC		12 GPM
8:30	42	5 SEC		12 GPM
8:45	42	5 SEC		12 GPM
9:00	42	5 SEC		12 GPM
9:15	42	5 SEC		12 GPM
9:30	42	5 SEC		12 GPM
9:45	42	5 SEC		12 GPM
10:00	42	5 SEC		12 GPM
10:15	42	5 SEC		12 GPM
10:30	42	5 SEC		12 GPM
10:45	42	5 SEC		12 GPM
11:00	42	5 SEC		12 GPM
11:15	42	5 SEC		12 GPM
11:30	42	5 SEC		12 GPM



HOWARD COUNTY HEALTH DEPARTMENT

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

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: Eagles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 5580 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): David C Eagle License# MS0226

*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 #: 6 Well Tag #: HO-17-0252 ST
Site Address: 1025 High Stepper Trail
Sykesville, MD 21784

Submersible Pump Data

Make: Goulds
Model #: 7H505422
Pump Capacity: 7
Well Yield: 12 gpm

Pitless Adapter

Make: Campbell +
Model#: N/A
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

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 arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

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: David C Eagle date: 7/13/2020

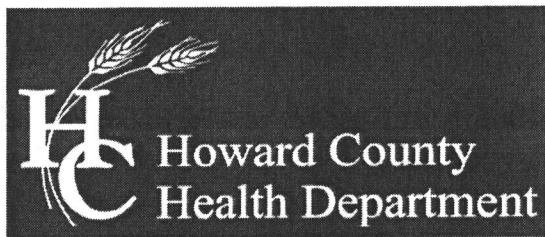
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 7/14/20 Date Insp. Approved: 7/14/2020 Inspector: ST
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

ST 44"
✓
✓ 34"
✓
✓ 13"
X less than 5' from porch
✓

(Revised form 10/24/2018)

7/14/2020
✓ sent in pictures (attached)
ST



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:

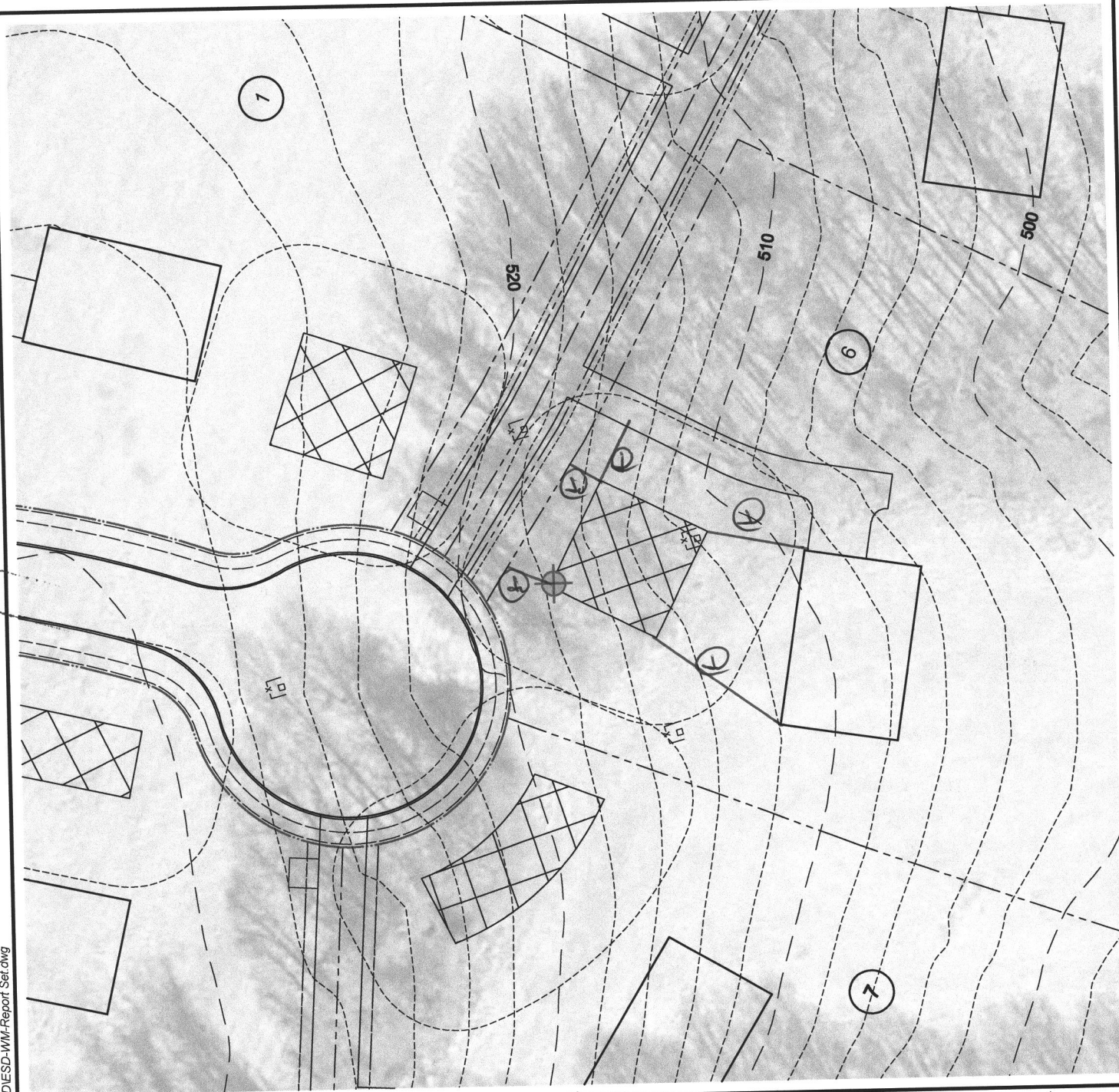
<u>WALKER MEADOWS</u>	<u>1-8, 11</u>	<u>HIGH STEPPER TRAIL</u>
Subdivision/Property Name	Lot #	Road Name

☒ 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.

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

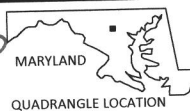


LEGEND



Proposed Test Well Site

Walker Meadows Lot 6
HO - 17-0252
Approved 4/6/18
STAKED BY
DDC




QUADRANGLE LOCATION



SCALE IN FEET

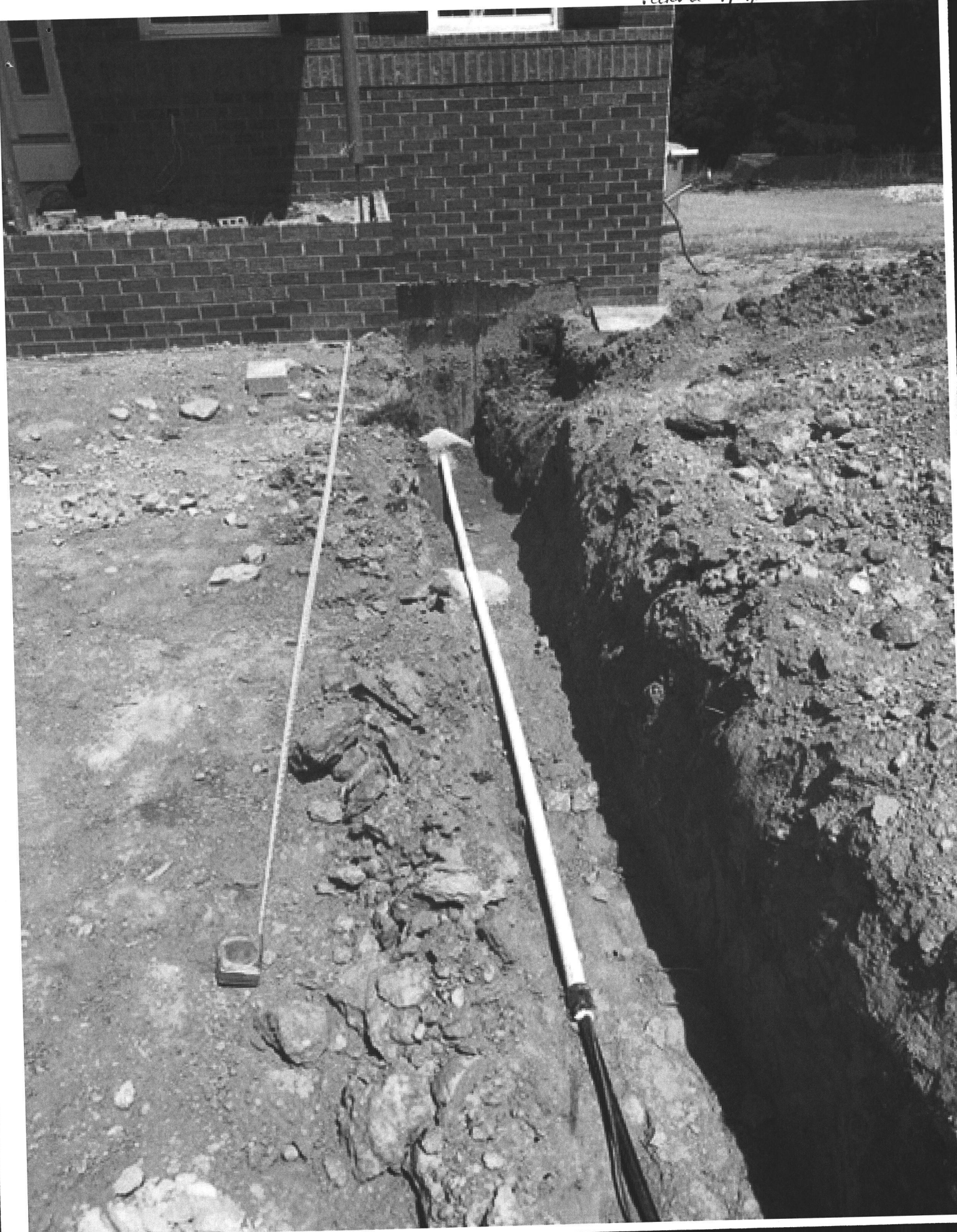
NOTE:

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

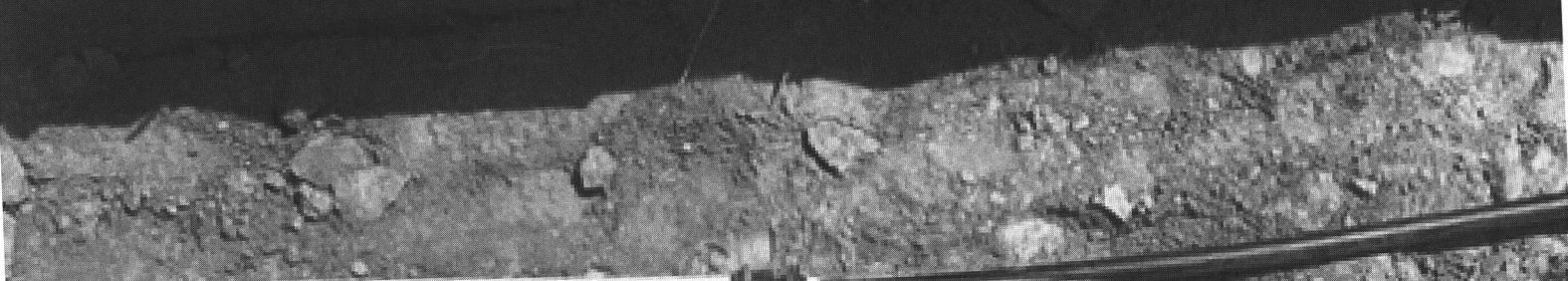
client: Elm Street Development			
project location: Sykesville, Howard County, Maryland			
 www.hydro-terra.com		project: Water Supply Development Lot #6 Proposed Test Well Location Map	
		file no.: ESD-WM-Report Set.dwg	
drawn: M. Swann	date: 02/09/18	checked: J. Lindaw	date: 02/09/18
approved: M. Haufler	date: 02/09/18	figure: 1	

Plotted on: February 9, 2018

received 7/14/2020



received 7/14/2020



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 9, 2021

September 9, 2020

Homeowner
1025 High Stepper Trail
West Friendship, MD 21794

**RE: Walker Meadows, Lot 6
1025 High Stepper Trail
Building Permit: B20001261
Well Permit: HO-17-0252**

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 **7/13/2020**. Final approval of the well line connection to the dwelling was granted on **7/14/2020**. The well construction was completed on **4/30/2018**. Water samples were collected on **9/8/2020**.

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-17-0252. 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's 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 #: 139652 Account #: 1933
Reference: Walker Meadows Lot 6 Company: Fogles Well Pump & Treatment
Location: 1025 High Stepper Trail Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 9/8/2020 0745 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/8/2020 0910 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: J. Evans 0309JE Well #: HO-17-0252

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/9/2020 / 0800 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/9/2020 / 0800 / LLO
Nitrate	<1.0	mg/L	10	601	9/8/2020 / 1540 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	9/8/2020 / 1610 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/8/2020 / 1610 / 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 # : 20001261

Date Reported: 9/9/2020