

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

TAG = 04/30/2018

B 1		SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL		STATE PERMIT NUMBER	
54202			502439-A please type		HO -17 -0268	
1 2 3 6				70 fill in this form completely 79		
OWNER INFORMATION				LOCATION OF WELL		
Date Received (APA) 02/14/18 8 MM DD YY 13 Elm Street Development 15 Last Name Owner First Name 34 6820 Elm Street, Suite 200 36 Street or RFD 55 McClean VA 22101 57 Town 70 State 72 Zip 76				B 3 Howard 8 COUNTY 21 Walker Meadows 23 SUBDIVISION 42 SECTION 44 46 LOT 22 48 50 SxSkeseville 52 NEAREST TOWN 71		
DRILLER INFORMATION				SOURCES OF DRILLING WATER		
Driller's Name Michael Barlow MWD355 76 License No. 81 Barlow Well Drilling Firm Name 522 Underground Lane 2014 Address Signature 2/12/18 Date				B 4 1 well 2 3.7/31 collected No. Cl. TDS samples @ 11:15 am		
WELL INFORMATION				HOWARD LODGE DRIVE		
B 2 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 3 750 14 20				11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 9 BLK: 6 PARCEL 66		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <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				Howard A537369-0 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/15/18 LHS 3/15/19 43 MM DD YY 48 CO SIGNATURE EXP. DATE DON: 4/23/2018 DOG: 04/27/2018 DOY: 7/31/18		
APPROXIMATE DEPTH OF WELL 300 FEET 24 28				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 DIAMETER OF WELL 8 INCH NEAREST INCH				Prop Line 15' 35'		
METHOD OF DRILLING (circle one)				4/23/2018 ~300' deep very little H2O 4/27/2018 DNI Grant.		
BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other						
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)						
<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 39 <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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52						
Not to be filled in by driller (MDE OR COUNTY USE ONLY)						
APPROP. PERMIT NUMBER HO 2016G004 PERMIT No. HO-17-0268 70 71 72 73 74 75 76 77 78 79						
SPECIAL CONDITIONS						
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED						

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.

DRILLER: COMPLETE THIS FORM AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FIFTH COPY.

C1 56418		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)		DATE WELL COMPLETED		Depth of Well		COUNTY NUMBER
ST/CO USE ONLY DATE Received MM <u>06</u> <u>13</u> <u>18</u>		DATE WELL COMPLETED MM <u>06</u> <u>11</u> <u>18</u>		22 <u>400</u> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-17-0268</u>
8 13		15 20		28 29 30 31 32 33 34 35 36 37		
OWNER <u>Elm Street Development</u> WELL SITE ADDRESS <u>Howard Lodge Drive</u> TOWN <u>Sykesville</u> SUBDIVISION <u>WALKER MEADOWS</u> SECTION <u> </u> LOT <u>22</u>						
WELL LOG Not required for driven wells			GROUTING RECORD			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box) <u>Well</u> <input checked="" type="radio"/> Y <input type="radio"/> N			
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> CM BENTONITE CLAY <input checked="" type="radio"/> BC			
FEET FROM TO			NO. OF BAGS <u>20</u> NO. OF POUNDS <u>1500</u>			
Soil			GALLONS OF WATER <u>100</u>			
Brown			DEPTH OF GROUT SEAL (to nearest foot)			
Shale			from <u>0</u> ft. to <u>42</u> ft.			
Tan			(enter 0 if from surface)			
Shale			CASING RECORD			
Hard			casing types insert appropriate code below			
Gray Rock			MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>42</u>			
40 400 ✓			OTHER CASING (if used) diameter inch depth (feet) from to			
125 ✓			E A C H C A S I N G			
320 ✓			SCREEN RECORD			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>			screen type or open hole (insert appropriate code below) <u>ST</u> <u>BR</u> <u>HO</u>			
WELL HYDROFRACTURED <input checked="" type="radio"/> Y <input type="radio"/> N			SLOT SIZE 1 <u> </u> 2 <u> </u> 3 <u> </u>			
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			DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u>			
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.			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>			
DRILLERS LIC. NO. <u>MD 355</u>			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q			
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u> </u>			70 72 74 75 76			
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee) <u> </u>			TELESCOPE CASING LOG INDICATOR OTHER DATA			
			PUMPING TEST			
			C 3			
			HOURS PUMPED (nearest hour) <u>6</u>			
			PUMPING RATE (gal. per min.) <u>2.0</u>			
			METHOD USED TO MEASURE PUMPING RATE <u>Water bucket</u>			
			WATER LEVEL (distance from land surface)			
			BEFORE PUMPING <u>12</u> ft.			
			WHEN PUMPING <u>90</u> ft.			
			TYPE OF PUMP USED (for test)			
			<input checked="" type="radio"/> A air <input type="radio"/> P piston <input type="radio"/> T turbine			
			<input type="radio"/> C centrifugal <input type="radio"/> R rotary <input type="radio"/> O other (describe below)			
			<input type="radio"/> J jet <input checked="" type="radio"/> S submersible			
			PUMP INSTALLED			
			DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="radio"/> NO <input checked="" type="radio"/>			
			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 <u>29</u>			
			CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u>			
			PUMP HORSE POWER <u>37</u> <u>41</u>			
			PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u>			
			CASING HEIGHT (circle appropriate box and enter casing height)			
			<input checked="" type="radio"/> + above <u> </u>			
			<input type="radio"/> - below <u>1</u> (nearest foot)			
			LAND SURFACE			
			LATITUDE <u>39.34155</u>			
			LONGITUDE <u>76.93431</u>			
			(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.			

Well Permit No. HO - 17-0208
Location of property (road) Howard Lodge Rd.
Subdivision Walker Meadows Lot 22 Block Plat Sec.
Well Driller Barlow Owner

Depth of well 400'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 15'

I. High rate pumping -- reservoir drawdown pump @ 155'

Time pump started 10:45 Pumping rate _____

Total time _____ to reach pumping water level _____ ft. below M.P.

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

[illegible]



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
522 Underwood Lane Bel Air, Maryland 21014
(410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:

June 11, 2018

Well Depth: 400 feet

Customer Elm Street Development
Road Howard Lodge Drive
City Clarksville
State Maryland

Permit # HO-17-0268
Subdivision Walker Meadows
Section
Lot # 22

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.
6:45 AM	12	5	12.00
7:00 AM	90	30	2.00
7:15 AM	90	30	2.00
7:30 AM	90	30	2.00
7:45 AM	90	30	2.00
8:00 AM	90	30	2.00
8:15 AM	90	30	2.00
8:30 AM	90	30	2.00
8:45 AM	90	30	2.00
9:00 AM	90	30	2.00
9:15 AM	90	30	2.00
9:30 AM	90	30	2.00
9:45 AM	90	30	2.00
10:00 AM	90	30	2.00
10:15 AM	89	30	2.00
10:30 AM	89	30	2.00
10:45 AM	89	30	2.00
11:00 AM	89	30	2.00
11:15 AM	89	30	2.00
11:30 AM	89	30	2.00
11:45 AM	89	30	2.00
12:00 PM	89	30	2.00
12:15 PM	89	30	2.00
12:30 PM	89	30	2.00
12:45 PM	89	30	2.00
1:00 PM	89	30	2.00

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

*Not approved.
Does not meet*



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
522 Underwood Lane Bel Air, Maryland 21014
(410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:		July 31, 2018	
Well Depth:		400 feet	
Customer	Elm Street Development	Permit #	HO-17-0268
Road	Howard Lodge Drive	Subdivision	Walker Meadows
City	Clarksville	Section	
State	Maryland	Lot #	22

Time	Water Level In Feet PUMP SET AT 150'	Time to Fill 1-gallon bucket seconds	G.P.M.
10:15 AM	15	5	12.00
10:30 AM	75	5	12.00
10:45 AM	130	30	2.00
11:00 AM	130	30	2.00
11:15 AM	129	30	2.00
11:30 AM	129	30	2.00
11:45 AM	129	30	2.00
12:00 PM	129	30	2.00
12:15 PM	128	30	2.00
12:30 PM	128	30	2.00
12:45 PM	128	30	2.00
1:00 PM	128	30	2.00
1:15 PM	128	30	2.00
1:30 PM	127	30	2.00
1:45 PM	127	30	2.00
2:00 PM	127	30	2.00
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2:45 PM	127	30	2.00
3:00 PM	127	30	2.00
3:15 PM	127	30	2.00
3:30 PM	127	30	2.00
3:45 PM	127	30	2.00
4:00 PM	126	30	2.00
4:15 PM	126	30	2.00
4:30 PM	126	30	2.00
4:45 PM	126	30	2.00

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

OK *(Signature)* 8/7/18

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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410.795.3670
Address: 5800 Obrecht Rd
Sylvestre, 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. Fogle License# MS12226

*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 #: 22 Well Tag #: HO-17-0268
Site Address: 12201 Mayapple Dr
Sylvestre, MD 21784

Submersible Pump Data

Make: Grundfos
Model #: 74507422
Pump Capacity: 7
Well Yield: 7
Depth of well encountered at time of pump installation: 400 (feet)

Pitless Adapter

Make: Camphill+
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

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

Piping to house

Type: 1" PEX 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: [Signature] date: 12/31/2020

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

Date Insp. Requested: <u>12/3/20</u>	Date Insp. Approved: <u>12/3/20</u>	Inspector: <u>ep</u>
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade		<u>✓</u>
Two piece cap installed and attached to casing securely		<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly		<u>✓</u>
Safety rope not outside of well cap/casing		<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade		<u>✓</u>
Water supply line sleeved adequately at house connection		<u>✓</u>
Adequate grout observed below pitless adapter		<u>✓</u>

(Revised form 10/24/2018)



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: Fogles 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: Elm St. Development Telephone #: _____
Subdivision: Walker Meadows Lot #: 22 Well Tag #: HO-17-0268
Site Address: 12201 Mayapple Dr.
Morrisville, MD 21054

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: 12/3/20 Date Insp. Approved: 12/3/20 Inspector: RA
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)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 8, 2021

February 8, 2021

Homeowner
12201 Mayapple Drive
West Friendship, MD 21794

**RE: Walker Meadows, Lot 22
12201 Mayapple Drive
Building Permit: B20003281
Well Permit: HO-17-0268**

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 **2/3/2021**. Final approval of the well line connection to the dwelling was granted on **12/3/2021**. The well construction was completed on **6/11/2018**. Water samples were collected on **2/3/2021**.

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-17-0268. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

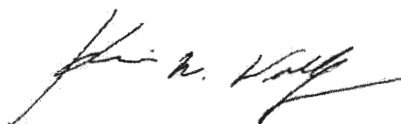
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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



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:

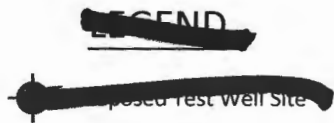
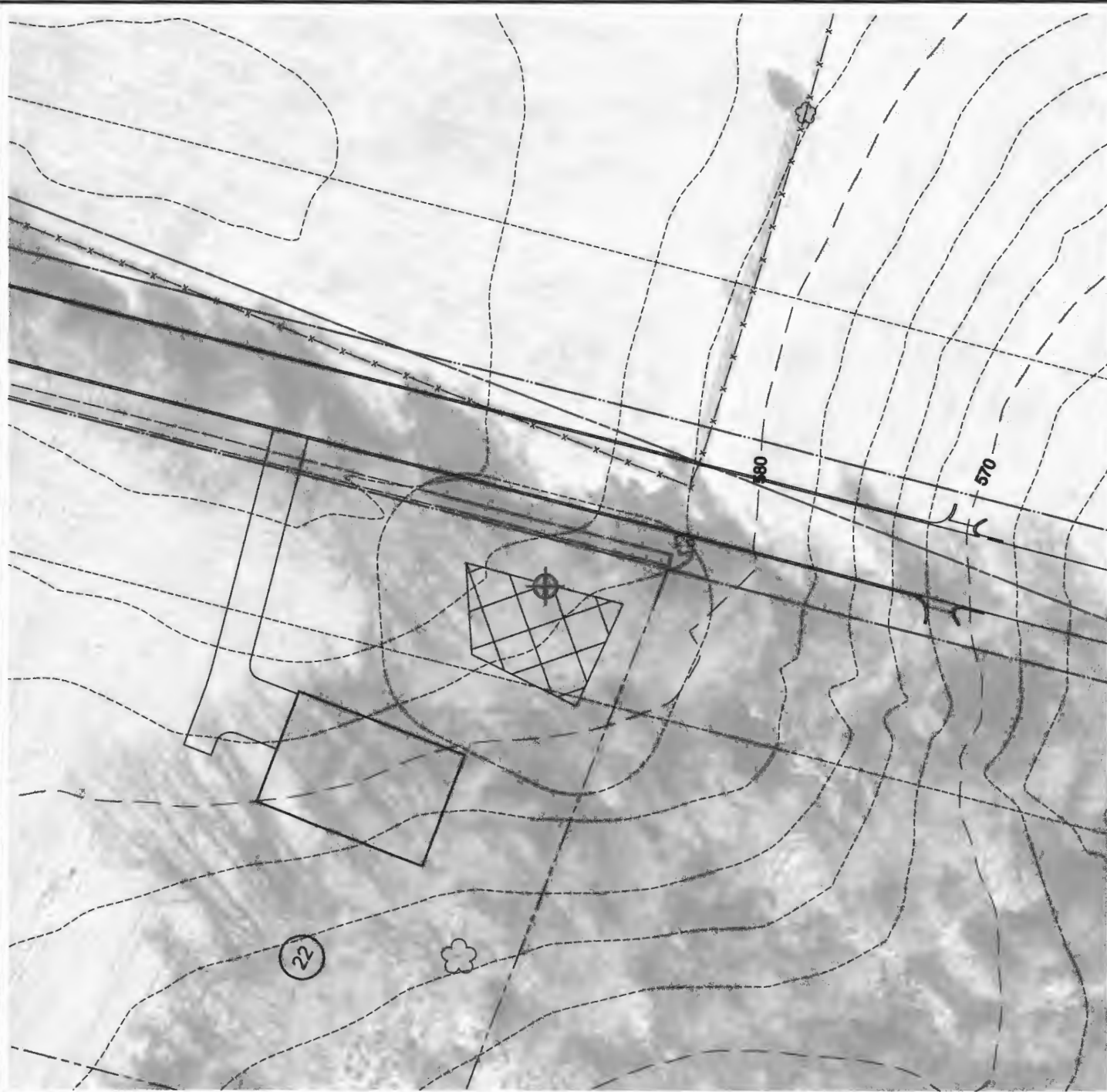
Well Site Location:

	9	HIGH STEPPER TRAIL
	15-21	STEPPING PLACE
WALKER MEADOWS	22-34, BPPA	MAYAPPLE TRAIL
Subdivision/Property Name	Lot #	Road Name

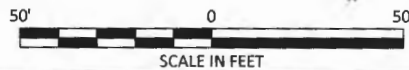
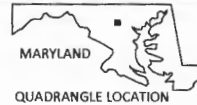
- ☒ The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS
(professional land surveyor or company employing professional land surveyors)
on 3/28/2018 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to schedule a time 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.

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




Well box ok
RR 3/15/18



NOTE:

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

Elm Street Development	
project location: Sykesville, Howard County, Maryland	
 www.hydro-terra.com	project: Water Supply Development Lot #22 Proposed Test Well Location Map
	file no. ESD-WM-Report Set.dwg
	drawn: M. Swam checked: J. Lindaw approved: M. Hasyler
	date: 02/08/18 date: 02/08/18 date: 02/08/18

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	142571	Account #:	1933
Reference:	Walker Meadow Lot 22	Company:	Fogles Well Pump & Treatment
Location:	12201 Mayapple Drive	Requested By:	Dave Fogle
	Sykesville, MD 21784	Source:	Well Water
Date/ Time Collected:	2/3/2021 0730	Site:	Kitchen Sink Tap
Date/Time Rec'd:	2/3/2021 1023	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.5
Collected By:	T. Cassell 0767TC	Well #:	HO-17-0268

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/4/2021 / 0845 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/4/2021 / 0845 / CRS
Nitrate	<1.0	mg/L	10	601	2/3/2021 / 1530 / CRS
Turbidity	5.65	NTU	<10	SM20 2130B	2/3/2021 / 1515 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	2/3/2021 / 1500 / 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 # :** B20003281Date Reported: 2/4/2021

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

August 14, 2018

Elm Street Development
1355 Beverly Road
Suite 240
McClean, VA 22101

Re: Water sample results for Walker Meadows, Lot 22

Dear Elm Street Development,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well on this lot.

Elevated sodium levels in drinking water may affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from the well measured 3.3 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations may affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from the well measured <10 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 164 mg/L.**

Feel free contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

*Cc: Community Hygiene Program
File*



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E19000315 Date Coll.: 07/31/2018 Date Received: 08/01/2018 Submitted By: Collins

Field ID: HO-17-0268
Lab No.: E19000315001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	3.30	ppm	08/06/2018

Comments:

Approved by: Yinfeng Chen

Approval date: 08/07/2018

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1. Samples are tested as received.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

* Results reported in Units, all others in milligrams per liter (ppm)

Number of
Tests Requested

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Section Chief

SUBMITTER'S COPY

SAMPLE TESTED AS RECEIVED

Date

Reported

Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

Received: 08/01/2018

HO-17-0268

F I E L D	Plant No.	<input type="text"/>	Sampling Station	<input type="text"/>	Preservation: Ice <input checked="" type="checkbox"/> Acid <input type="checkbox"/>	Type of Acid	<input type="text"/>	
	pH	<input type="text"/>	Chlorine: Free	<input type="text"/>	Total	<input type="text"/>	Specific Conductance	<input type="text"/>
	Notes to Lab/Remarks: <u>Sample collected during yield test.</u>							

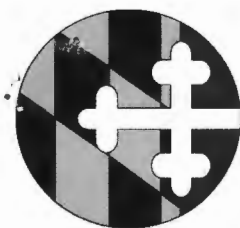
[illegible]

Number of Tests Requested		
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SUBMITTER'S COPY

Date _____

Reported



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE19000316 Date Coll. 07/31/2018 Date Received 08/01/2018 Submitted By: S. Collins

Field ID: HO-17-0268
Lab No.: E19000316001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	08/06/2018
Total Dissolved Solids	SM 2540C	164	mg/L	08/06/2018

Comments:

Approved by:

Approval date: 08/09/2018

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN. Samples are tested as received.

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