C1 40794	SEQUENCE NO (MDE USE ONL)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 6 (THIS NUMBER IS TO BE PUR IN COLS. 3-6 ON ALL CARDS		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY		
ST/CO USE ONLY DATE Received	DATE WELL CO	MPLETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"		
100 00 243 N	15	W OS OCI 22 CO 26 TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37		
OWNER					
WELL SITE ADDRESS		TOWN	100		
SUBDIVISION WELL L		SECTION	LOT		
Not required for		WELL HAS BEEN GROUTED Y	C 3		
STATE THE KIND OF FORMATIC COLOR, DEPTH, THICKNESS A	ONS PENETRATED, THE	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed)	FEET Ch if w bear	ter	8 0		
	4 6	GALLONS OF WATER	PUMPING RATE (gal. per min.) 11 15 METHOD USED TO		
		DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE		
	and on	from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)		
and by spill	run. de un	casing CASING RECORD	BEFORE PUMPING 17 20 ft.		
And the second		insert appropriate STEEL CONCRETE	WHEN PUMPING 22 25 ft.		
Lite John Marie & S. J.		code below PL OT PLASTIC OTHER	TYPE OF PUMP USED (for test)		
A market		MAIN Nominal diameter Total depth	A air P piston T turbine		
prince of the second se	7212	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)		
* * . * . *		60 61 83 64 66 70	J jet S submersible		
	62	E OTHER CASING (if used) A diameter depth (feet)	27 27		
		H inch from 10	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO		
		S N	(CIRCLE) (YES or NO)		
		G CONTRACTOR	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
		screen type or open hole SCREEN RECORD HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.		
		insert STEEL BRASS OPEN appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE		
		code below PL OT PLASTIC OTHER	(to nearest gallon) 31 35		
			PUMP HORSE POWER 37 41		
NUMBER OF UNSUCCESSFU	IL WELLS:	C 2 DEPTH (nearest fl.)	PUMP COLUMN LENGTH (nearest ft.)		
WELL HYDROFRACTURED	yes n	E 1 1 15 17 21	CASING HEIGHT (circle appropriate box		
CIRCLE APPROPR	<u> </u>	C ₂	+ above LAND SURFACE		
A WELL WAS ABANDONE WHEN THIS WELL WAS O	D AND SEALED	29 24 26 30 32 36 S C 3	(nearest)		
E ELECTRIC LOG OBTAINE	D	R 38 39 41 45 47 51	49 50 51		
P TEST WELL CONVERTED		E SLOT SIZE 1 2 3	LATITUDE 3 St. 24195		
I HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.04.04 IN CONFORMANCE WITH ALL COND	"WELL CONSTRUCTION" ITIONS STATED IN THE A	ND DIAMETER (NEAREST	LONGITUDE 7 4 14 1 14		
CAPTIONED PERMIT, AND THAT THE HEREIN IS ACCURATE AND COMP KNOWLEDGE.	PLETE TO THE BEST OF	EG	(DEFAULT COORD. WGS 84) Pursuant to \$10-624 of the State Govt. Article of		
DRILLERS LIC. NO. 1 M	_ b	GRAVEL PACK	the Maryand Code personal info. requested on this form is used in processing this form pursuant		
		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 69	to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON	APPLICATION)	MDE USE ONLY	have the right to inspect, amend, or correct this form. The Maryland Department of the		
LIC. NO.	D	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Environment is subject to the Maryland Public Information Act. This form may be made		
	12 American de Marian par .	7072	available on the Internet via MDE's website and is subject to inspection or copying, in whole or in		
SITE SUPERVISOR (sign. of responsible for sitework if difference of the sitework in the sitewo		TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	part, by the pulic and other governmental agencies, if not protected by federal or state law.		



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:		April 11, 2018	
		Well Depth:	150	feet	
Customer	Elm Street Developr	nent	Permit #	HO-17-0266	
Road	Howard Lodge Drive		Subdivision	Walker Meadows	
City	Clarksville	-	Section		
State	Maryland	-	Lot #	17	

Time	Water Level In Feet	Time to Fill 1-gallon bucket seconds	G.P.M.	
2:00 PM	28	5	12.00	
2:15 PM	40	5	12.00	
2:30 PM	60	5	12.00	
2:45 PM	80	5	12.00	
3:00 PM	100	5	12.00	
3:15 PM	100	5	12.00	
3:30 PM	100	5	12.00	
3:45 PM	100	5	12.00	
4:00 PM	100	5	12.00	
4:15 PM	100	5	12.00	
4:30 PM	100	5	12.00	
4:45 PM	100	5	12.00	
5:00 PM	100	5	12.00	
5:15 AM	100	5	12.00	
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 quarantee.				

over time and the GPM indicated above is not a guarantee.



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toli 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 UP: 1 PAMOT WILL Telephone #: 410 745 5676 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):	
*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: N/R M Telephone #: Subdivision: W// W/A/A/A/A/S Lot #: 7 Well Tag #: HO - 17 - 1/2 lov (T) Site Address: 1048 Stepping Place SykeSyllle, mo 7 1784	·.
Submersible Pump Data Make: \(\frac{1}{1} \) \(\frac{1} \	
Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap: 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:	
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 5 11012021	
Date Insp. Requested: SIT 2.1 Date Insp. Approved: SIT 2.1 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	2.5' at faut come of house V3' cover 89
(Revised form 10/24/2018)	



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:			
	14	-STEPPING PLACE	
WALKER MEADOWS	22-32,34,	BPP'A'-MANAPPLE DRIVE	
Subdivision/Property Name	Lot #	Road Name	
The well site has been stal (professional land surveyor or co on 2.09.2018)	mpany employing pr	SMENT DESIGN CONSULTAN ofessional land surveyors) and does not require a site inspection	
•		will call the Health Department to fy 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.



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	LIGH STEPPER TRAIL	
Went site Bounding	15-21	STEPPING PLACE	
WALKER MEADOWS		3PP'A' MAYAPPLE TRAIL	
Subdivision/Property Name	Lot #	Road Name	
(professional land surveyor or cor	npany employing	PRIENT DESIGN CONSULTANI professional land surveyors) te) and does not require a site inspection.	īS
☐ The well driller, builder or	property own	er will call the Health Department to	

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

schedule a time to meet in the field to verify the proposed well site location.

NOTE:

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

Sykesville, Howard County, Maryland



Water Supply Development Lot #17 Proposed Test Well Location Map

ESD-WM-Report Set.dwg

M. Swam 02/09/18
checked ante 02/09/18
cpproved dots
M. Stanting 02/09/18

Plotted on: February 9, 2018



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date - JANUARY 1, 2022

July 1, 2021

Homeowner 1048 Stepping Place Sykesville, MD 21784

RE: Walker Meadows, Lot 17

1048 Stepping Place

Building Permit: B20002612 Well Permit: HO-17-0266

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 6/16/2021. Final approval of the well line connection to the dwelling was granted on 5/11/2021. The well construction was completed on 4/11/2018. Water samples were collected on 6/14/2021.

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-17-0266. 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



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

In closing, please refer to our "<u>Homeowner Fact Sheet</u>" 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

hin r. Vall

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

REPORT OF ANALYSIS

Laboratory ID #:

145167

Account #:

1933

Reference:

Walker Meadows Lot 17

Company:

Fogle's Well Pump & Treatment

Location:

1048 Stepping Place Sykesville, MD 21784

Requested By: Source:

Dave Fogle

Date/ Time Collected: 6/14/2021

0705

Site:

Well Water Pressure Tank

Date/Time Rec'd:

6/14/2021

1424

Treatment:

None

5.9

Chlorine ppm: Collected By:

Free: ND

J. Evans

Total: ND 0309JE

pH: Well #:

HO-17-0266

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/15/2021 / 0910 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/15/2021 / 0910 / CRS
Nitrate	1.88	mg/L	10	601	6/15/2021 / 0910 / TSD
Turbidity	0.73	NTU	<10	SM20 2130B	6/14/2021 / 1515 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	6/14/2021 / 1515 / TSD

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 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 #:

B20002612

Date Reported:

6/15/2021