

|   |   |   |  |  |
|---|---|---|--|--|
| <b>C 1</b>  | <b>2972</b>   | SEQUENCE NO.<br>(MDE USE ONLY)            | <b>STATE OF MARYLAND</b><br><b>WELL COMPLETION REPORT</b><br>FILL IN THIS FORM COMPLETELY<br>PLEASE TYPE | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED. |
| (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)                  |   | COUNTY NUMBER <b>XIII</b> <b>560542-6</b> |  |  |
| ST/CO USE ONLY<br>DATE RECEIVED<br>MM <b>05</b> DD <b>12</b> YY <b>17</b> | DATE WELL COMPLETED<br>MM <b>05</b> DD <b>12</b> YY <b>17</b> |   | Depth of Well<br><b>400</b><br>(TO NEAREST FOOT)   | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL"<br><b>H0-17-0035</b>           |
| OWNER <b>Gilhece Family LLC</b>   |   | TOWN <b>Sykesville Md.</b>                |  |  |
| WELL SITE ADDRESS <b>High Steppers Trail</b>                              |   | SECTION <b>18</b>                         |  |  |
| SUBDIVISION <b>Walker Meadows</b>   |   | LOT <b>18</b>                             |  |  |

| <b>WELL LOG</b><br>Not required for driven wells<br><br>STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING  | <b>GROUTING RECORD</b><br>WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b><br>TYPE OF GROUTING MATERIAL (Circle one)<br>CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b><br>NO. OF BAGS <b>19</b> NO. OF POUNDS <b>750</b><br>GALLONS OF WATER <b>380</b><br>DEPTH OF GROUT SEAL (to nearest foot)<br>from <b>0</b> TOP <b>52</b> ft. to <b>50</b> BOTTOM <b>58</b> ft.<br>(enter 0 if from surface) |   |                 |                        |                        |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
|--|---|---|-----------------|------------------------|------------------------|-------------------|--|---|----|--|-------------------|----|-----|--|------------------|-----|-----|---|--|-----------------|--------------------|-------------------|-----------------|------------------|---|---|-----------|----------|------------|-------|-------|-------|
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Tan Ground Shale and Clay mud with Gravel and Collapsing Areas IN casing Bore hole</td> <td>0</td> <td>80</td> <td></td> </tr> <tr> <td>Gray/Green Schist</td> <td>80</td> <td>400</td> <td></td> </tr> <tr> <td>Water Bearing At</td> <td>148</td> <td>348</td> <td>✓</td> </tr> </tbody> </table> | DESCRIPTION (Use additional sheets if needed)   | FEET                                      |                 | check if water bearing | FROM                   | TO                | Tan Ground Shale and Clay mud with Gravel and Collapsing Areas IN casing Bore hole | 0 | 80 |  | Gray/Green Schist | 80 | 400 |  | Water Bearing At | 148 | 348 | ✓ | <b>CASING RECORD</b><br>casing types insert appropriate code below<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>CO</b> CONCRETE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MAIN CASING TYPE</th> <th>Nominal diameter top (main) casing (nearest inch)</th> <th>Total depth of main casing (nearest foot)</th> </tr> <tr> <td><b>ST</b></td> <td><b>6</b></td> <td><b>100</b></td> </tr> <tr> <td>60 61</td> <td>63 64</td> <td>66 70</td> </tr> </table><br>OTHER CASING (if used)<br>diameter inch depth (feet) from to<br>EACH CASING _____ | <b>ST</b> STEEL | <b>CO</b> CONCRETE | <b>PL</b> PLASTIC | <b>OT</b> OTHER | MAIN CASING TYPE | Nominal diameter top (main) casing (nearest inch) | Total depth of main casing (nearest foot) | <b>ST</b> | <b>6</b> | <b>100</b> | 60 61 | 63 64 | 66 70 |
| DESCRIPTION (Use additional sheets if needed)  |   | FEET                                      |                 |                        | check if water bearing |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
|  | FROM  | TO  |                 |                        |                        |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
| Tan Ground Shale and Clay mud with Gravel and Collapsing Areas IN casing Bore hole   | 0   | 80  |                 |                        |                        |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
| Gray/Green Schist  | 80  | 400                                       |                 |                        |                        |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
| Water Bearing At   | 148   | 348                                       | ✓               |                        |                        |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
| <b>ST</b> STEEL  | <b>CO</b> CONCRETE  |   |                 |                        |                        |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
| <b>PL</b> PLASTIC  | <b>OT</b> OTHER   |   |                 |                        |                        |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
| MAIN CASING TYPE   | Nominal diameter top (main) casing (nearest inch)   | Total depth of main casing (nearest foot) |                 |                        |                        |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
| <b>ST</b>  | <b>6</b>  | <b>100</b>                                |                 |                        |                        |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
| 60 61  | 63 64   | 66 70                                     |                 |                        |                        |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
| NUMBER OF UNSUCCESSFUL WELLS: <b>0</b>   | <b>SCREEN RECORD</b><br>screen type or open hole (insert appropriate code below)<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>BR</b> BRASS</td> <td><b>HO</b> OPEN HOLE</td> </tr> <tr> <td></td> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> </tr> </table>   | <b>ST</b> STEEL                           | <b>BR</b> BRASS | <b>HO</b> OPEN HOLE    |                        | <b>PL</b> PLASTIC | <b>OT</b> OTHER  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
| <b>ST</b> STEEL  | <b>BR</b> BRASS   | <b>HO</b> OPEN HOLE                       |                 |                        |                        |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |
|  | <b>PL</b> PLASTIC   | <b>OT</b> OTHER                           |                 |                        |                        |                   |  |   |    |  |                   |    |     |  |                  |     |     |   |  |                 |                    |                   |                 |                  |   |   |           |          |            |       |       |       |

|                                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |    |     |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|----|-----|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| WELL HYDROFRACTURED <b>Y</b> <b>N</b> | <b>DEPTH (nearest ft.)</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td>31</td> <td>32</td> <td>33</td> <td>34</td> <td>35</td> <td>36</td> <td>37</td> <td>38</td> <td>39</td> <td>40</td> <td>41</td> <td>42</td> <td>43</td> <td>44</td> <td>45</td> <td>46</td> <td>47</td> <td>48</td> <td>49</td> <td>50</td> <td>51</td> <td>52</td> <td>53</td> <td>54</td> <td>55</td> <td>56</td> <td>57</td> <td>58</td> <td>59</td> <td>60</td> <td>61</td> <td>62</td> <td>63</td> <td>64</td> <td>65</td> <td>66</td> <td>67</td> <td>68</td> <td>69</td> <td>70</td> <td>71</td> <td>72</td> <td>73</td> <td>74</td> <td>75</td> <td>76</td> <td>77</td> <td>78</td> <td>79</td> <td>80</td> <td>81</td> <td>82</td> <td>83</td> <td>84</td> <td>85</td> <td>86</td> <td>87</td> <td>88</td> <td>89</td> <td>90</td> <td>91</td> <td>92</td> <td>93</td> <td>94</td> <td>95</td> <td>96</td> <td>97</td> <td>98</td> <td>99</td> <td>100</td> </tr> <tr> <td colspan="100"> <b>HO 100 400</b> </td> </tr> </table> | 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 | <b>HO 100 400</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |    |     |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>HO 100 400</b>                     |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |    |     |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|   |   |
|---|---|
| DRILLERS LIC. NO. <b>MWD 576</b><br>DRILLERS SIGNATURE <b>Ralph...</b><br>(MUST MATCH SIGNATURE ON APPLICATION) | GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <b>68</b> |
| LIC. NO. <b>JS D 148</b><br>DRILLER <b>DRILLER</b>  | MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)<br>T (E.R.O.S.) W Q         |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)           | TELESCOPE CASING LOG INDICATOR OTHER DATA                                 |

|  |   |
|--|---|
| <b>C 3</b><br><b>PUMPING TEST</b><br>HOURS PUMPED (nearest hour) <b>3</b><br>PUMPING RATE (gal. per min.) <b>10</b><br>METHOD USED TO MEASURE PUMPING RATE <b>Pump/Watch Bucket</b><br>WATER LEVEL (distance from land surface)<br>BEFORE PUMPING <b>37</b> ft.<br>WHEN PUMPING <b>135</b> ft.<br>TYPE OF PUMP USED (for test)<br><b>A</b> air <b>P</b> piston <b>T</b> turbine<br><b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below)<br><b>J</b> jet <b>S</b> submersible | <b>PUMP INSTALLED</b><br>DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) <b>NO</b><br>IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.<br>TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 <b>29</b><br>CAPACITY: GALLONS PER MINUTE (to nearest gallon) <b>31</b> <b>35</b><br>PUMP HORSE POWER <b>37</b> <b>41</b><br>PUMP COLUMN LENGTH (nearest ft.) <b>43</b> <b>47</b><br>CASING HEIGHT (circle appropriate box and enter casing height)<br><b>+</b> above <b>LAND SURFACE</b><br><b>-</b> below <b>1</b> (nearest foot) |
| LATITUDE <b>39.34236</b><br>LONGITUDE <b>76.94180</b><br>(DEFAULT COORD. WGS 84)<br>NOTES:   |   |

**RECEIVED**  
 MAY 22 2017  
 HOWARD COUNTY HEALTH DEPT.  
 BUREAU OF ENVIRONMENTAL HEALTH

B 26554

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-17-0035  
fill in this form completely

Date Received (APA)

8 MM DD YY 13

## OWNER INFORMATION

Gillhere Family LLC  
13111 Linden Church Rd  
Clarksville MD 21029

## DRILLER INFORMATION

Randall Alexander MW D 576  
Randall Alexander Well Drilling  
126 West Main St, Fairfield PA 17320  
2-12-17

WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5 12  
375

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

## USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☐ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
☐ INDUSTRIAL, COMMERCIAL, DEWATERING  
☐ PUBLIC WATER SUPPLY WELL  
☒ TEST, OBSERVATION, MONITORING  
☐ OPEN LOOP GEOTHERMAL  
☐ CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

## METHOD OF DRILLING (circle one)

BORED (or Augered) ☒ JETTED ☐ Jettied & DRIVEN  
 AIR-ROTARY ☒ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary)  
 CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT  
 other

REPLACEMENT OR DEEPEMED WELLS  
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL  
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
☐ THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER

PERMIT No. 40-17-0035

## SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

## LOCATION OF WELL

Howard  
8 COUNTY 21  
Walker Meadows  
23 SUBDIVISION 42  
SECTION 44 46 LOT 18 48 50  
Sykesville  
52 NEAREST TOWN 71

B 4

## SOURCES OF DRILLING WATER

1. Well water  
 2. Act 1D  
 3. Grouting: Bentonite  
 20 gal H<sub>2</sub>O per 50 lb Bentonite  
 EZ MOD Polymer emulsion  
 Tremie pipe

High Stepper Trail  
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



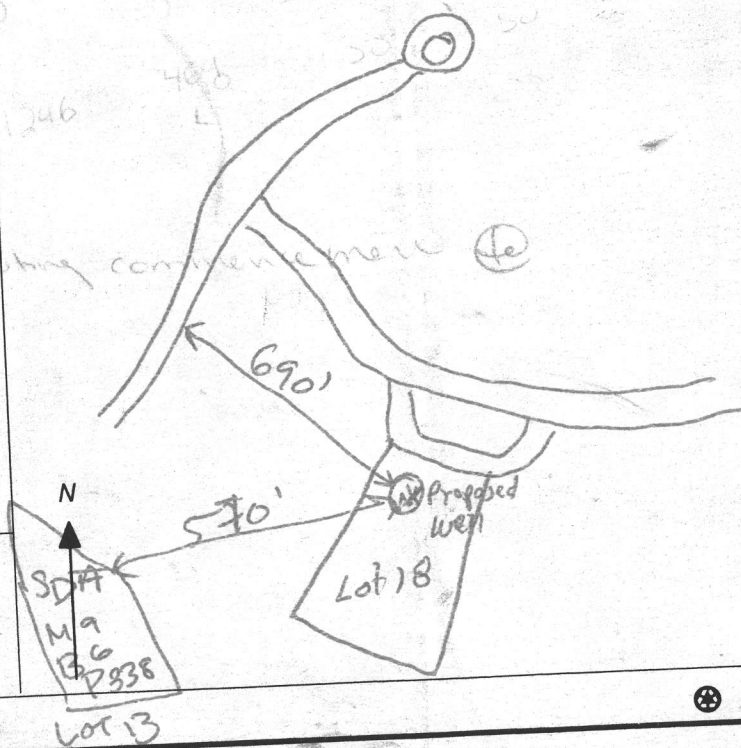
34 775 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39

TAX MAP: 9 BLK: 6 PARCEL 66

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard  
COUNTY NAME  
STATE SIGNATURE  
DATE ISSUED 03/01/17  
CO SIGNATURE  
EXP. DATE 03/01/17

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



# Yield Test Data Sheet

County File # 560542-6

Well Permit #: H0-17-0035

Division Name: WALKER MEADOW

Location: Lot # 18

Street Address: High Street

Measuring Point (MP) Description: Top of casing  
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth 400 ft.

Well Driller: William L. Hart

Must be submitted with the State of Maryland Well Completion Report

Submit to: Bureau of Environmental Health  
8930 Stanford Blvd  
Columbia Md. 21045

## NOTES:

5/2/17

| Pump Start Time  | Static Water level: <u>37</u> ft. | Pumping Rate<br>( <input checked="" type="checkbox"/> ) Time to fill <u>1</u> gal. bucket<br>( ) Flow meter reading (if used) | Calculated Flow (gallons per minute) |
|--|-----------------------------------|---|--------------------------------------|
| 9:00   |                                   |   |                                      |
| TIME   | WATER LEVEL BELOW M.P.            |   |                                      |
| Water level and pumping rate must be recorded every 15 minutes |                                   |   |                                      |
| 1 9:00   | 37 ft.                            | 6   | 10 GPM                               |
| 2 9:15   | 71 ft.                            | 6   | 10 GPM                               |
| 3 9:30   | 87 ft.                            | 6   | 10 GPM                               |
| 4 9:45   | 99 ft.                            | 6   | 10 GPM                               |
| 5 10:00  | 106 ft.                           | 6   | 10 GPM                               |
| 6 10:15  | 112 ft.                           | 6   | 10 GPM                               |
| 7 10:30  | 117 ft.                           | 6   | 10 GPM                               |
| 8 10:45  | 121 ft.                           | 6   | 10 GPM                               |
| 9 11:00  | 124 ft.                           | 6   | 10 GPM                               |
| 10 11:15   | 128 ft.                           | 6   | 10 GPM                               |
| 11 11:30   | 131 ft.                           | 6   | 10 GPM                               |
| 12 11:45   | 134 ft.                           | 6   | 10 GPM                               |
| 13 12:00   | 135 ft.                           | 6   | 10 GPM                               |
| 14   | ft.                               |   | GPM                                  |
| 15 12:03   | 135.8 ft.                         | 6   | 10 GPM                               |
| 16   | ft.                               |   | GPM                                  |
| 17   | ft.                               |   | GPM                                  |
| 18   | ft.                               |   | GPM                                  |
| 19   | ft.                               |   | GPM                                  |
| 20   | ft.                               |   | GPM                                  |
| 21   | ft.                               |   | GPM                                  |
| 22   | ft.                               |   | GPM                                  |
| 23   | ft.                               |   | GPM                                  |
| 24   | ft.                               |   | GPM                                  |
| 25   | ft.                               |   | GPM                                  |
| 26   | ft.                               |   | GPM                                  |
| 27   | ft.                               |   | GPM                                  |
| 28   | ft.                               |   | GPM                                  |
| 29   | ft.                               |   | GPM                                  |
| 30   | ft.                               |   | GPM                                  |

RECEIVED

MAY 22 2017

HOWARD COUNTY HEALTH DEPT.  
BUREAU OF ENVIRONMENTAL HEALTH





# 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 well pump & water treatment, LLC Telephone #: 410 795 5670  
Address: 5800 Obrecht 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 Fogle License# MSD226

\*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 Telephone #: \_\_\_\_\_  
Subdivision: Walker Meadows Lot #: 18 Well Tag #: HO-17-0035 (ST)  
Site Address: 1044 Stepping Place  
Sykesville, MD 21784

### Submersible Pump Data

Make: Goulds  
Model #: 74307422  
Pump Capacity: 7  
Well Yield: 10

Depth of well encountered at time of pump installation: 400 (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 NA

### Pitless Adapter

Make: Tamphill +  
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

### 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): 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: David C Fogle

date: 5/26/2020

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

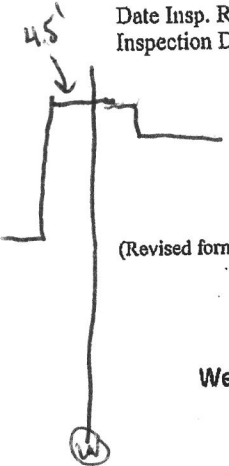
Date Insp. Requested: 5/26/20 Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

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

✓ 41"  
✓ 36"  
✓ 6" (ST)  
✓ 14"

(Revised form 10/24/2018)

Website: [www.hchealth.org](http://www.hchealth.org) Facebook: [www.facebook.com/hccohealth](https://www.facebook.com/hccohealth) Twitter: @HoCoHealth





## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – FEBRUARY 28, 2021**

August 28, 2020

Homeowner  
1044 Stepping Place  
West Friendship, MD 21794

**RE: Walker Meadows, Lot 18**  
**1044 Stepping Place**  
**Building Permit: B20000866**  
**Well Permit: HO-17-0035**

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 **8/17/2020**. Final approval of the well line connection to the dwelling was granted on **8/27/2020**. The well construction was completed on **5/2/2017**. Water samples were collected on **8/19/2020**.

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-17-0035. 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.**

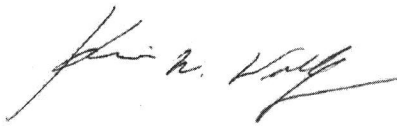
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

---

**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 #: 139289 Account #: 1933  
Reference: Walker Meadows Lot 18 Company: Fogles Well Pump & Treatment  
Location: 1044 Stepping Place Requested By: Dave Fogle  
Sykesville, MD 21784 Source: Well Water  
Date/ Time Collected: 8/19/2020 1350 Site: Laundry Sink  
Date/Time Rec'd: 8/19/2020 1435 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.9  
Collected By: B. Wilkerson 9315BW Well #: HO-17-0035

| PARAMETERS                     | RESULTS | UNITS       | REFERENCE | METHOD             | DATE/TIME/ANALYST      |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223B         | 8/20/2020 / 1045 / LLO |
| Bacteria, E. coli, MPN         | <1.0    | MPN/ 100 ml | <1.0      | SM20 9223B         | 8/20/2020 / 1045 / LLO |
| Nitrate                        | <1.0    | mg/L        | 10        | 601                | 8/20/2020 / 0915 / BCD |
| Turbidity                      | 1.27    | NTU         | <10       | SM20 2130B         | 8/20/2020 / 0900 / BCD |
| Sand                           | ND      | mg/L        | 5         | Visual/Gravimetric | 8/20/2020 / 0900 / BCD |

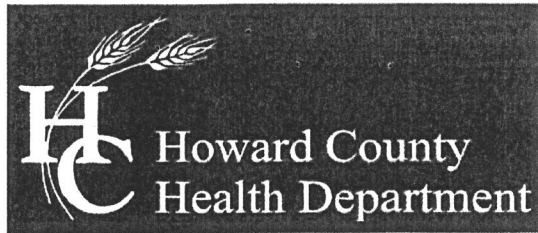
### NOTES

- 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
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : 20000866

Date Reported: 8/20/2020





## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://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>17</u>              | <u>- STEPPING PLAKE</u> |
| <u>Subdivision/Property Name</u> | <u>Lot #</u>           | <u>Road Name</u>        |
|                                  | <u>22-32,34, BPP'A</u> | <u>MAYAPPLE DRIVE</u>   |

☒ The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS  
(professional land surveyor or company employing professional land surveyors)  
on 2-09-2018 (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.

ON-BUILDABLE  
PRESERVATION  
PARCEL B

87,374 S.F.  
2.01 AC.

SDA  
10,225 SF

49,032 S.F.  
1.13 AC.

SDA  
10,038 SF

SDA  
10,037 SF

59,791 S.F.  
1.37 AC.

SDA  
10,033 SF

SDA  
10,129 SF

NON-BUILDABLE  
PRESERVATION  
PARCEL B

87,374 S.F.  
2.01 AC.

SDA  
10,010 SF

46,441 S.F.  
1.06 AC.

59,732 S.F.  
1.37 AC.

NON-BUILDABLE  
PRESERVATION  
PARCEL F

237 S.F.  
0.17 AC.

SDA  
10,015 SF

59,038 S.F.  
1.35 AC.

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

H0-17-0035

INFORMATION GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

WALKER MEADOWS - LOT 18  
approved 03/01/2017  
10-17-0035  
Staked by DDC, Inc.

WALKER Meadows  
S High Stepper Trail  
Alexander well

LOT 18

## FILE INQUIRY NOTES

| DATE      | RESULTS OF REVIEW FOR FILE                            |
|-----------|---|
| 4/6/17    | Grout - Benseal bentonite                             |
|           | 19 Bags! 20 gal H <sub>2</sub> O per 50 gal Bentonite |
|           | * Same bentonite spec as on Lot 13                    |
|           | * Same casing spec as on Lot 13 (X)                   |
| 05/2/2017 | Yule  |
|           | Pump Set 300'   |
|           | Static lvl 37   |
|           | 11:00 124' 7 sec 1 gal                                |
|           | 11:15 128' 6 sec 1 gal                                |
|           | 11:30 131' 6 sec 1 gal                                |
|           | 11:45 134' 6 sec 1 gal                                |
|           | 12:00 135' 6 sec 1 gal                                |





# Randall Alexander Well Drilling

126 West Main Street P.O. Box 443  
Fairfield, PA 17320  
Phone: 717-642-5963 FAX: 717-642-9864  
Email: [alexanderswell@comcast.net](mailto:alexanderswell@comcast.net)  
PAHIC# PA022891  
[www.AlexandersWellDrilling.com](http://www.AlexandersWellDrilling.com)

5/18/17

TO: Bureau Of Environmental Health

RE: Walker Meadows : Lot # 13, # 14, #15, #16, #18, and # 33.

Please find enclosed check # 19790 in the amount of \$ 960.00 I would like to convert tag numbers listed below from test wells to production wells at this time.

TAG#HO -17 -0030 Lot #13

TAG#HO-17-0031 Lot# 14

TAG#HO#17-0032 Lot#15

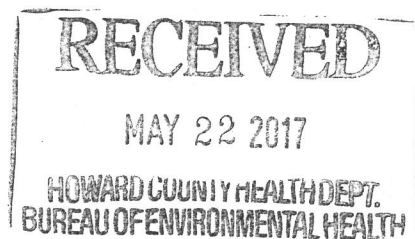
TAG#HO17-0033 Lot#16

TAG#HO-17-0035 Lot#18

TAG#HO17-0037 LOT#33

Thank you,

Randall Alexander Well Drilling, MWD 576





HOWARD COUNTY HEALTH DEPARTMENT

60638

DATE 5/22/77

WS

PHONE # 77 642-5963

Funder's well

From

Drawing

For

☐ CASH

☒ CHECK

NO

1979

\$ 960.00

Well permit test well  
to working well conversion

Walker Meadows lots 13-16

Nine hundred sixty

Dollars

Received By

OK