C1 2975 — SEQUENCE NO. (MDE USE ONLY)

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

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.

COUNTY NUMBER XIII 560542-D

ST/CO USE ONLY DATE Received MM 05 DD 12 YY 17

DATE WELL COMPLETED MM 05 DD 02 YY 17

9/4/17 3/16/18

Depth of Well 360 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 17 - 0032

OWNER GILHECE FAMILY L.L.C (last name / first name)

WELL SITE ADDRESS HIGH STEEPER TRAIL TOWN SYKESVILLE

SUBDIVISION WALKER MEDOWS SECTION LOT 15

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
TAN CLAY & GRAVEL	0	47	X
TAN SCHIST	47	55	
GREEN/ GREY SCHIST	55	82	
FRACTURE	82	84	X
GREEN/ GREY SCHIST	84	360	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no 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 WELL

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.

DRILLERS LIC. NO.: M WD 576

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: JSD 148 -- DRILLER

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

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 750

GALLONS OF WATER 300

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. TOP to 70 ft. BOTTOM (TREMIE PIPE DEPTH) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	80

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to
ST	10	1	47

SCREEN RECORD
screen type or open hole insert appropriate code below: ST STEEL, BR BRASS BRONZE, PL PLASTIC, HO OPEN HOLE, OT OTHER

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	78	360
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN 6 (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 — from ____ to ____

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

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

TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET

WATER LEVEL (distance from land surface)

BEFORE PUMPING 4 ft.

WHEN PUMPING 129 ft.

TYPE OF PUMP USED (for test)

A air, P piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, S submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. ____

CAPACITY: GALLONS PER MINUTE (to nearest gallon) ____

PUMP HORSE POWER ____

PUMP COLUMN LENGTH (nearest ft.) ____

CASING HEIGHT (circle appropriate box and enter casing height) + above / - below LAND SURFACE 2 (nearest foot)

LATITUDE 39.34142

LONGITUDE 76.94070

(DEFAULT COORD. WGS 84)

NOTES:

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

COUNTY

EMERGENCY/TEMP NO. IF ANY HO-17-0032 (1)

B 1 26558 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

520542-1

please type

STATE PERMIT NUMBER HO-17-0032

70 fill in this form completely 79

Date Received (APA) 02-14-17

8 MM DD YY 13

OWNER INFORMATION

Gilhece Family LLC

15 Last Name Owner First Name 34

13111 Linden Church Rd

36 Street or RFD 55

Clarksville MD 21029

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Randall Alexander MW D 576

Driller's Name 76 License No. 81

Randall Alexander Well Drilling - PO Box 443

Firm Name PO Box 443

126 West Main St, Fairfield PA 17320

Address

[signature] 2-12-17

Signature Date

B 2 **WELL INFORMATION**

1 2

APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 375

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 22 I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- (T) TEST, OBSERVATION, MONITORING
- O OPEN LOOP GEOTHERMAL
- C CLOSED LOOP GEOTHERMAL

*10" casing to hold annular space open during construction

4/11/17

· 80' of 6" casing · 48' of 10" casing.

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 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

5/2/17

Pump @ 300'

SWL 4'

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 __ __ - __ __ - __ __ __ __ 52

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

APPROP. PERMIT NUMBER _ _ _ _ _ _ G _ _ _

PERMIT No. HO-17-0032

70 71 72 73 74 75 76 77 78 79

B 3 **LOCATION OF WELL**

Howard

8 COUNTY 21

Walter Meadows

23 SUBDIVISION 42

SECTION ____ 44 46 LOT 15 48 50

Sykesville

52 NEAREST TOWN 71

B 4

SOURCES OF DRILLING WATER

1. Well water

HCHD 4/7/17

Casing specs on file inquiry

6" Nexteel 1790 PSI

10" Northwest Pipe

High Stepper trail

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N, W 32 E, WEST EAST, S SOUTH

34 150 37 ft

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 XIII

COUNTY NAME COUNTY NO.

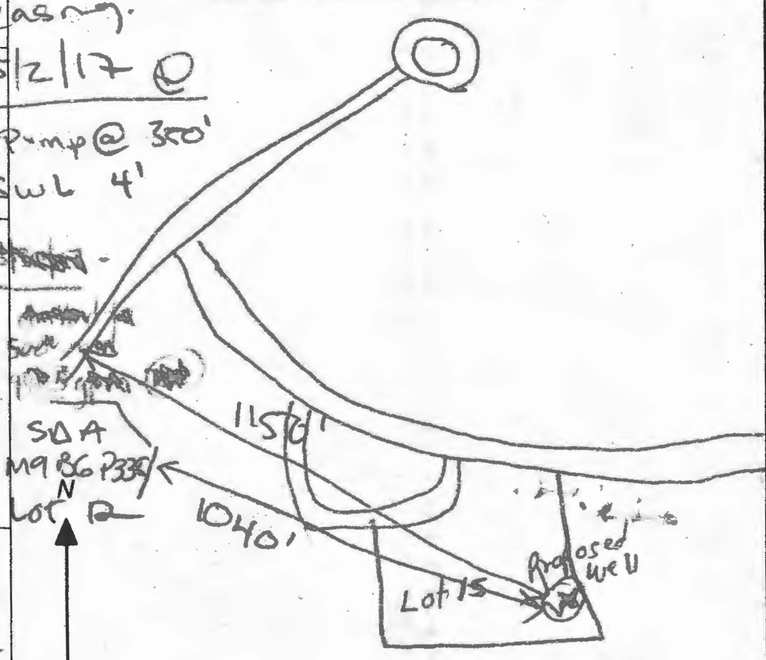
STATE SIGNATURE INSERT S → 41

DATE ISSUED 03/01/17 [signature] 03/01/18

43 MM DD YY 48 CO SIGNATURE EXP. DATE

DON: 4/6/2017 DOC: 4/11/2017 DOY: 5/2/17

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



SPECIAL CONDITIONS * See Attachment

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED=

MDE/WMA/PER.071

② COUNTY

Yield Test Data Sheet

County File # 560542-D

) Well Permit #: HO-17-0032

bdivision Name: WALKER MEADOWS

ction Lot # 15

eet Address: High Steppe Court

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

stance from MP to ground surface 2 ft.

ell Depth 360 ft.

ell Driller: William F. Bell J50-095
ALEXANDERS WELL DRILLING

ist be submitted with the State of Maryland Well mpletion Report

bmit to: Bureau of Environmental Health
8930 Standford Blvd
Columbia, Md. 21045

Pump Start Time	Static Water level: 4 ft.	Pumping Rate (✓) Time to fill 1 gal. bucket ( ) 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	4 ft.	6	10 GPM
2	9:15	53.2 ft.	6	10 GPM
3	9:30	79.6 ft.	6	10 GPM
4	9:45	92 ft.	6	10 GPM
5	10:00	101.4 ft.	6	10 GPM
6	10:15	109.1 ft.	6	10 GPM
7	10:30	115.5 ft.	6	10 GPM
8	10:45	119.4 ft.	6	10 GPM
9	11:00	123.4 ft.	6	10 GPM
10	11:15	126.4 ft.	6	10 GPM
11	11:30	128.8 ft.	6	10 GPM
12	11:45	129.6 ft.	6	10 GPM
13	12:00	129.6 ft.	6	10 GPM
14		ft.		GPM
15	12:04	129.6 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

NOTES:

5/2/17

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: Fogle well pump & water treatment, LLC Telephone #: 410 795 9670
Address: 590 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# 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 #: 15 Well Tag #: HO-17-0032
Site Address: 1056 Stepping Place
Sykesville, MD 21784
✓ 11/16/2020 Q

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Goulds	Make: Campbell+	Two piece watertight cap: YES
Model #: 7HS07422	Model#: NA	Screened, vented well cap: YES
Pump Capacity 7	GPM Depth: 36" (36" min)	Cap secured to casing: YES
Well Yield: 10	GPM NSF/WSC approved: YES	Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 360 (feet)		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	House Connection
Type: 1" poly pipe	PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 200 (160 psi min)	Length of sleeve(5' minimum from foundation): 10'
Depth of supply line: 36" (36" min)	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.

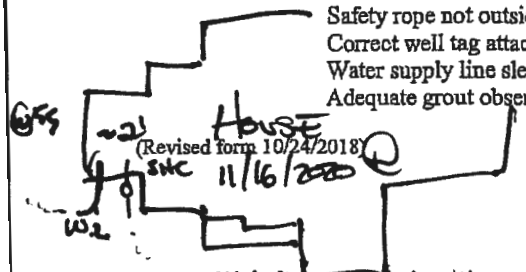
David C Fogle 11/11/2020
Signature of company representative responsible for installation date

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

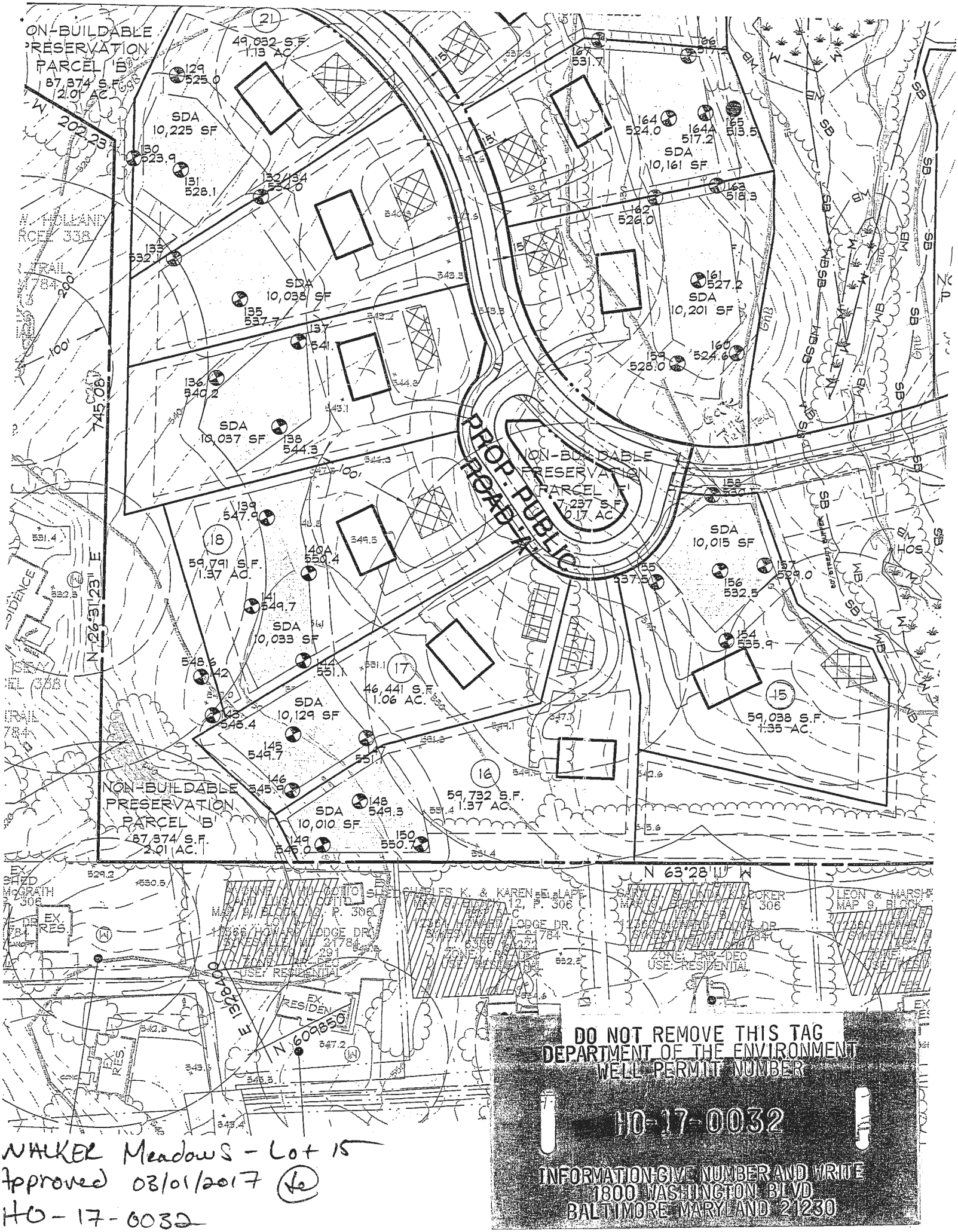
Date Insp. Requested: 11/16/2020 Date Insp. Approved: 11/16/2020 Inspector: Q

Inspection Data:		
Pitless adapter watertight & water supply line at least 36" below grade	✓	40" 11/16/2020
Two piece cap installed and attached to casing securely	✓	
Elec. conduit extends at least 18" below grade/attached to cap properly	✓	40" 11/16/2020
Safety rope not outside of well cap/casing	✓	
Correct well tag attached properly and casing 8" above finished grade	✓	25" 11/16/2020
Water supply line sleeved adequately at house connection	* ✓	
Adequate grout observed below pitless adapter	✓	

* NOTE 11/16/2020
CONNECTIONS NEXT TO SHC; SLEEVED
>10'; <20'



(Revised form 10/24/2018)



WALKER Meadows - Lot 15
Approved 03/01/2017 (te)
HO-17-0032

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 8, 2021

December 8, 2020

Homeowner
1056 Stepping Place
Sykesville, MD 21784

RE: Walker Meadows, Lot 15
1056 Stepping Place
Building Permit: B20001258
Well Permit: HO-17-0032

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 **11/9/2020.** Final approval of the well line connection to the dwelling was granted on **11/16/2020.** The well construction was completed on **5/2/2017.** Water samples were collected on **12/1/2020.**

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-17-0032. 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

HOWARD COUNTY
HEALTH DEPARTMENT

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8930 Stanford Blvd | Columbia, MD 21045
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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

Diehl Prop: Lot 2
Lot 15

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
6/25	Well casing requirement.
	Casing must be steel. Set (Install) casing to 50-foot
	depth, or 10 feet into competent bedrock,
Binder	whichever is deeper.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratorv ID #:	141487		Account #:	1933
Reference:	Walker Meadows Lot 15		Company:	Fogles Well Pump & Treatment
Location:	1056 Stepping Place		Requested By:	Dave Fogle
	Sykesville, MD 21784		Source:	Well Water
Date/ Time Collected:	12/1/2020	0930	Site:	Pressure Tank
Date/Time Rec'd:	12/1/2020	1040	Treatment:	None
Chlorine ppm:	Free: ND	Total: ND	pH:	6.9
Collected By:	T. Cassell	0767TC	Well #:	HO-17-0032

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/2/2020 / 1015 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/2/2020 / 1015 / CRS
Nitrate	3.03	mg/L	10	601	12/1/2020 / 1630 / BCD
Sand	ND	mg/L	5	Visual/Gravimetric	12/2/2020 / 1615 / BCD
Turbidity	9.29	NTU	<10	SM20 2130B	12/1/2020 / 1620 / 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. 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 # : B20001258

Date Reported: 12/2/2020

MD State Certification # 133

23 LOT 15

Test well

Walker Meadows Lot K
High Stepper Trail
Alexander Well

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
4/6/2017	Initiated drilling On-Site (JE)
4/7/2017	Soft ground from heavy rain 4/6/17 Used 40' of 10" Casing around 6" casing to keep bore hole open. Driller informed grating must form Seal btwn 6" casing and bedrock to make note on completion report.
	6" Casing Spec: Nexteel API Spec 5L-0554
4/11/17 80' Casing-6" Grouting w/ Drill in well	07-16 6.625' x .188" x 20' 12.94 API 5LB X24 PSL1/ASTM SA53B HFW Heat SB69337 6G0842 KOREA TESTED 1790 PSI PO NO W16-349/2652/60340
	10" Casing Spec: North West Pipe made in USA ASTM ASM SA 53 Grade B ERW 10.75" x .188" Wall WT/FT 21. HT A415680 PO 3161114 12/15/14 B (JE)