

B 1 26562 1 2 3 6	SEQUENCE NO. (MDE USE ONLY) 700542-1	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-17-0029 fill in this form completely
Date Received (APA) 02/14/17 8 MM DD YY 13 OWNER INFORMATION 15 Last Name Gilbrece Family LLC Owner First Name 34 36 Street or RFD 13111 Linden Church Rd 55 57 Town Clarksville 70 State MD 72 Zip 21029 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Walker Meadows 42 SECTION 44 46 LOT 12 46 50 52 NEAREST TOWN Sykesville 71	
DRILLER INFORMATION Driller's Name Randall Alexander MWD 576 76 License No. 81 Firm Name Randall Alexander Well Drilling - PO Box 443 Address PO Box 443, 126 West Main St, Fairfield PA 17320 Signature Randall J. Del Date 2-12-17		B 4 SOURCES OF DRILLING WATER 1. Well water 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 SSO 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: 9 BLK: 6 PARCEL: 66	
B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 375 (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. XIII STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 03/01/17 CO. SIGNATURE _____ EXP. DATE 03/01/18 43 MM DD YY 48	
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 [X] TEST, OBSERVATION, MONITORING [O] OPEN LOOP GEOTHERMAL [C] CLOSED LOOP GEOTHERMAL		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 30 36		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other _____	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) [X] 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 DEEPEENED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HO-17-0029 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

TAG = 5/3/2018/P

B 1	54013	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 52902-K please type	STATE PERMIT NUMBER 40-17-0029 <small>fill in this form completely</small>
Date Received (APA) 02/18 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Gilliece		34 First Name Family LLC		
36 Street or RFD 1311 Linden Church Rd.		55 Clarksville MD 21029		
57 Town		70 State 72 Zip 76		
DRILLER INFORMATION				
Driller's Name Randall Alexander		76 License No. 576		
Firm Name Alexander's Well Drilling		81		
Address 126 W Main St. P.O. Box 443		Fairfield, PA 15320		
Signature <i>Randall Alexander</i>		Date 2/14/18		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		8 375 12		
		AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		
		14 375 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> OPEN LOOP GEOTHERMAL				
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL				
APPROXIMATE DEPTH OF WELL		300 FEET		
APPROXIMATE DIAMETER OF WELL		6 INCH		
METHOD OF DRILLING (circle one)				
BORED (or Augered), JETTED, Jetted & DRIVEN				
30 AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary)				
37 CABLE, REVERSE-ROTARY, DRIVE-POINT				
other				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> 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"/> THIS WELL WILL DEEPMEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER 4020160004				
PERMIT No. 40-17-0029				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3		LOCATION OF WELL	
8 COUNTY Howard		21	
23 SUBDIVISION Walker Meadows		42	
SECTION 44 46		LOT 48 50	
52 NEAREST TOWN Sykesville		71	

B 4		SOURCES OF DRILLING WATER	
1. well water		11	
2.		30	
3.		STREET ADDRESS	
		Highstepper Trail	
		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
		NORTH WEST EAST SOUTH	
		34 550 37	
		DISTANCE FROM ROAD	
		ENTER FT OR MI	
		TAX MAP: 9 BLK: 6 PARCEL 666	

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
Howard	
COUNTY NAME	
STATE SIGNATURE	
DATE ISSUED 02/06/18	
43 MM DD YY 48	
CO-SIGNATURE	
EXP. DATE 02/06/19	
41	
DNI: 5/2/2018 DDC: 5/3/2018 DDC: 5/3/2018	

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	
5/3/2018	
Draw Down water level dropped 2' in 1 hr can yield 200 @ pumps max flow	
10' 12'	
100'	
50'	
Well	

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.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

11 bags gravel
Benseal
10207183

Well Permit No. HO - 17-0029

Location of property (road)

Subdivision Walker Meadows Lot 12 Block Plat Sec.

Well Driller Alexander Owner

Depth of well 221

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

Static water level (S.W.L.) below M.P. 36

I. High rate pumping -- reservoir drawdown

Time pump started 12:00

Pumping rate 12 gpm

Time Pump Started	Time Pump Stopped	Pumping Rate	ft. below M.P.
Total time	1 hr	to reach pumping water level	

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

[illegible]

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 17-0029

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

Subdivision WALKER MEADOWS

Lot 12 Block 6 Plat _____ Sec. _____

Well Driller ALEXANDER'S WELL DRILLING

Owner GILLETTE FAMILY L.L.C

Depth of well 221 FT.

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

Static water level (S.W.L.) below M.P. 36 FT.

I. High rate pumping -- reservoir drawdown

Time pump started 12:00 PM

Pumping rate 12 G.P.M

Total time 1 Hour to reach pumping water level 37 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>1</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:00 PM	36 FT.	5 SEC		12 G.P.M
12:15	36 FT.	5 SEC		12 G.P.M
12:30	36 FT.	5 SEC		12 G.P.M
12:45	36 FT.	5 SEC		12 G.P.M
1:00	37 FT.	5 SEC		12 G.P.M
1:15	37 FT.	5 SEC		12 G.P.M
1:30	37 FT.	5 SEC		12 G.P.M
1:45	37 FT.	5 SEC		12 G.P.M
2:00	37 FT.	5 SEC		12 G.P.M
2:15	37 FT.	5 SEC		12 G.P.M
2:30	37 FT.	5 SEC		12 G.P.M
2:45	37 FT.	5 SEC		12 G.P.M
3:00	37 FT.	5 SEC		12 G.P.M
3:15	37 FT.	5 SEC		12 G.P.M
3:30	37 FT.	5 SEC		12 G.P.M
3:45	37 FT.	5 SEC		12 G.P.M
4:00	37 FT.	5 SEC		12 G.P.M
4:15	37 FT.	5 SEC		12 G.P.M

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

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Eagles Well Pump & Water Treatment, LLC Telephone #: 410 795 8670
Address: 5500 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 INC Telephone #: _____
Subdivision: Walker Meadows Lot #: 12 Well Tag #: HO-17-0029 Ⓢ
Site Address: 1033 Stepany Place
Sykesville, MD 21784

Submersible Pump Data

Make: Grundfos
Model #: TH505422
Pump Capacity: 7
Well Yield: 12

Pitless Adapter

Make: Campbell
Model #: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: YS

Well Cap and Electric Conduit

Two piece watertight cap: YS
Screened, vented well cap: YS
Cap secured to casing: YS
Conduit min 18" B.G.: YS
Conduit secured to well cap: YS

Depth of well encountered at time of pump installation: 220 (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

Piping to house

Type: 1" poly pipe
PSI: 200 (150 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YS
Length of sleeve (5' minimum from foundation): 6'
Sleeve sealed properly: YS

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: 2/12/2021

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

Date Insp. Requested: 2/16/2021 Date Insp. Approved: 2/16/2021 Inspector: SP

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 34"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 25"
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 – OCTOBER 7, 2021

April 7, 2021

Homeowner
1033 Stepping Place
West Friendship, MD 21794

**RE: Walker Meadows, Lot 12
1033 Stepping Place
Building Permit: B20004125
Well Permit: HO-17-0029**

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 **3/9/2021**. Final approval of the well line connection to the dwelling was granted on **2/16/2021**. The well construction was completed on **5/3/2018**. Water samples were collected on **3/30/2021**.

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-17-0029. 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>



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

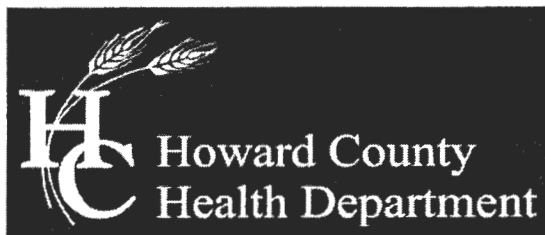
Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "[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:

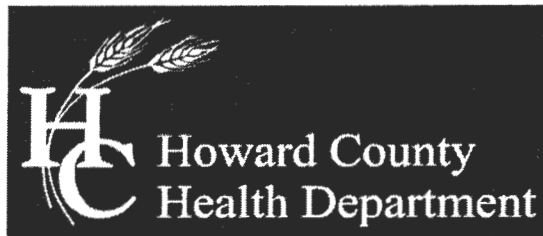
Well Site Location:

<u>WALKER MEADOWS</u>	<u>1-8, 11</u>	<u>HIGH STEPPER TRAIL</u>
Subdivision/Property Name	Lot #	Road Name
	<u>10, 12-14</u>	<u>STEPPING PLACE</u>

☒ The well site has been staked by DEVELOPMENT DESIGN CONSULTANTS
(professional land surveyor or company employing professional land surveyors)
on 3/26/2018 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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



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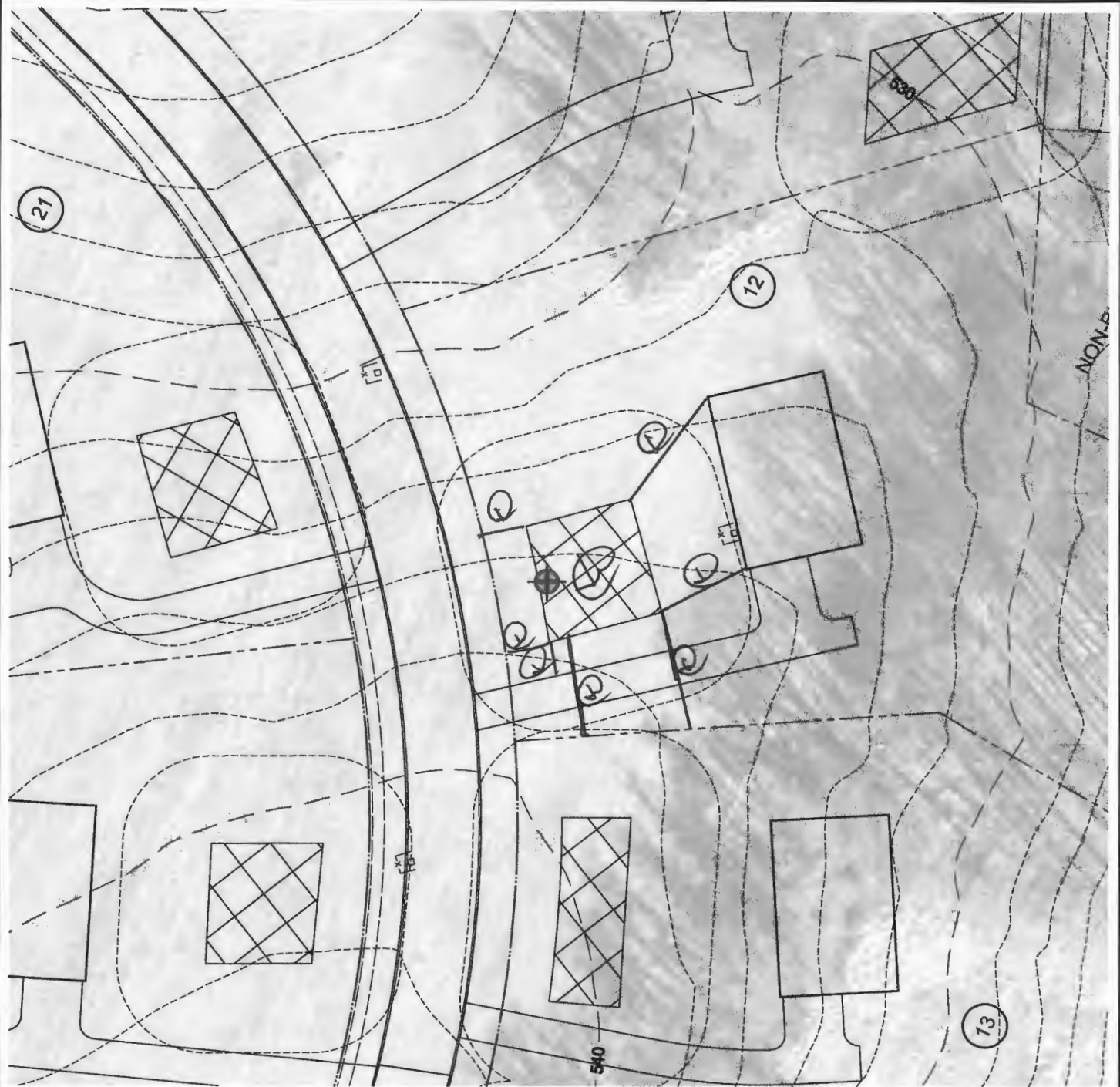
Well Site Location:

	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.

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LEGEND



Proposed Test Well Site

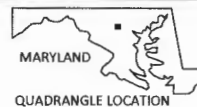
Walker Meadows Lot 12

HO-17 - 0D29

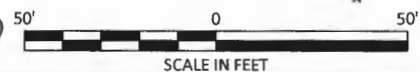
Approved 03/01/17

04/03/06/18

STAKED BY DDE



QUADRANGLE LOCATION



SCALE IN FEET

Elm Street Development

project location: Sykesville, Howard County, Maryland



www.hydro-terra.com

project:	Water Supply Development
Lot #12 Proposed Test Well Location Map	
file no.	ESD-WM-Report Set.dwg
drawn	M. Swam
checked	J. Lindaw
approved	M. Hausler
date	08/09/18
figure:	1

NOTE:

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 143625 Account #: 1933
Reference: Walker Meadows Lot 12 Company: Fogles Well Pump & Treatment
Location: 1033 Stepping Place Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 3/30/2021 0720 Site: Pressure Tank
Date/Time Rec'd: 3/30/2021 0952 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: J. Evans 0309JE Well #: HO-17-0029

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/31/2021 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/31/2021 / 0930 / CRS
Nitrate	2.60	mg/L	10	601	3/30/2021 / 1200 / CRS
Turbidity	0.53	NTU	<10	SM20 2130B	3/30/2021 / 1100 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	3/30/2021 / 1050 / 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy**Building Permit # :** B20004125Date Reported: 3/31/2021



Bureau of Environmental Health

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

TO ALL INTERESTED PARTIES

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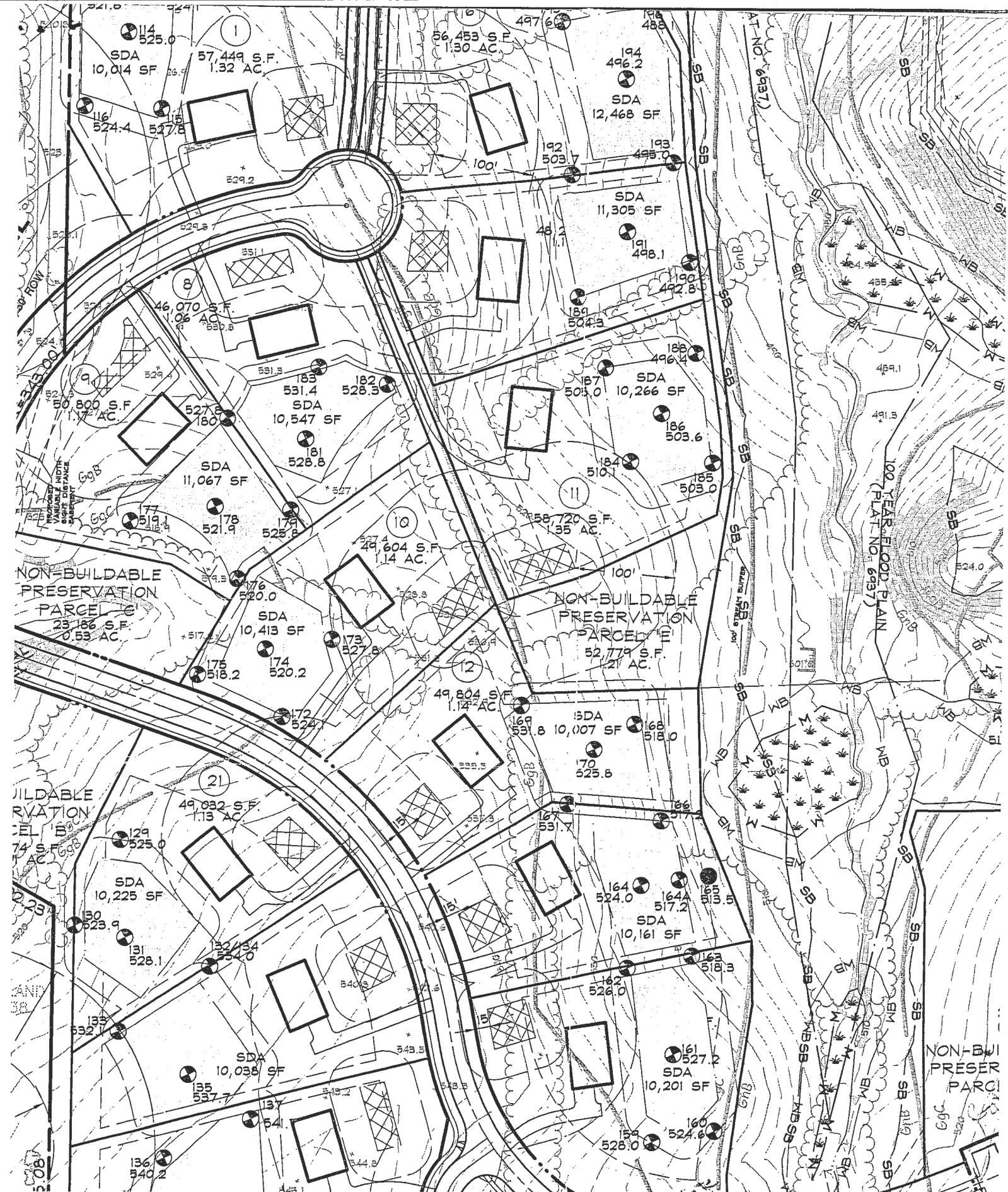
Well Site Location:

<u>WALKER MEADOWS</u>	<u>17</u>	<u>- STEPPING PLATE</u>
Subdivision/Property Name	Lot #	Road Name
	<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.



WALKER MEADOWS - LOT 12
Approved 03/01/2017 @
Ho-17-0029
Staked by DDC, INC

TAG Reissued to
PORTABLE WP 562902-K