

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER A 516 902

ST/CO USE ONLY DATE Received DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Highland Development Corporation STREET OR RFD Hidden Creek Way TOWN mt. air SUBDIVISION Windsor Forest Knolls SECTION LOT 9

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		check if water bearing
	FROM	TO	
Brown Shale	0	76	✓
Blue Rock	76	300	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 21 NO. OF POUNDS 1114
GALLONS OF WATER 126
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80

OTHER CASING (if used)

EACH CASING	diameter inch		depth (feet) from to	

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

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED Y 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. 1 MS D026
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 MS D027

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

C 2 DEPTH (nearest ft.)

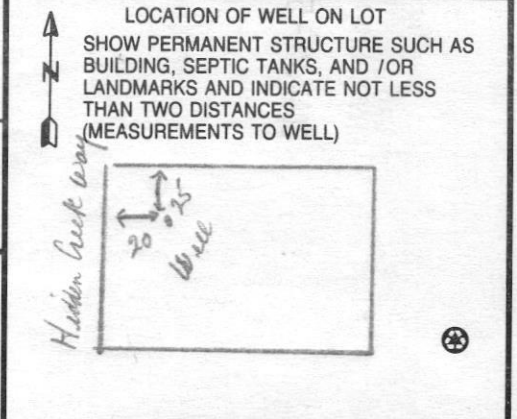
EACH CASING	8-9		10-11		12-13		14-15		16-17		18-19		20-21	
1														
2														
3														
4														
5														
6														
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19														
20														
21														

SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 5
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 168 ft.
TYPE OF PUMP USED (for test) 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) 31
PUMP HORSE POWER 37
PUMP COLUMN LENGTH (nearest ft.) 43
CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } 2 (nearest foot)



B 1 9854

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

526278 please type

40 - 95 - 1036 fill in this form completely

Date Received (APA) 3/12/07

OWNER INFORMATION

Highland Development Corp P.O. Box 228 Clarksville Md 21029

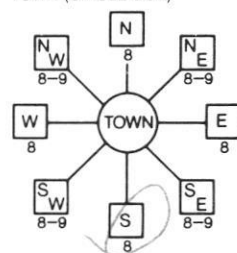
B 3 LOCATION OF WELL

Howard Wendsor Forest Knolls Mt. Airy

DRILLER INFORMATION

Joseph L Mayne M S D 024 Joseph L Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hidden Creek Way NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A 516902 COUNTY NAME COUNTY NO STATE SIGNATURE DATE ISSUED 3/29/07

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 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

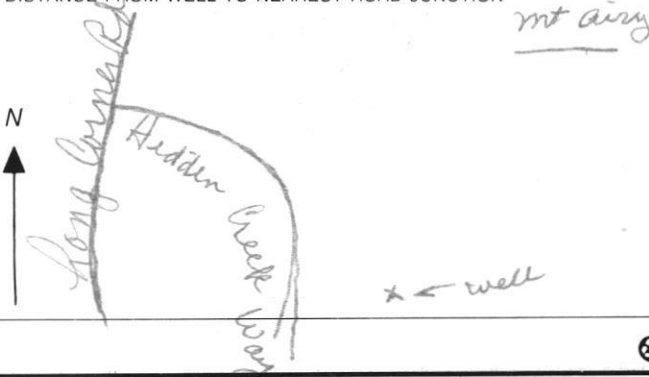
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7597 N 5495

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion Jetted & DRIVEN ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT

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 DEEPEM AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER

PERMIT No. 40 - 95 - 1036

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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: Robert L. Feezer Co., Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
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): Russell George License# PI0148

***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: Keystone Homes Telephone #: 717-464-9060
Subdivision: _____ Lot #: 9 Well Tag #: HO -95 -1036
Site Address: 18439 hidden creek Way
Marriottsville, Maryland 21163

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>5CS10422C</u>	Model#: <u>PT800</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>8.5</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: <u>Yes</u>	

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

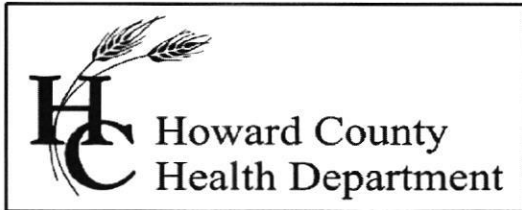
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Robert L. Feezer State signed by Robert L. Feezer
on 06/25/2021 at 10:28:11 AM _____
Signature of company representative responsible for installation date

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

Date Insp. Requested: 06/25/2021 Date Insp. Approved: 06/25/2021 Inspector: (P)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 41" 06/25/2021 (P)
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 36" 06/25/2021 (P)
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 16" 06/25/2021 (P)
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter





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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 9, 2022

December 9, 2021

Homeowner
18439 Hidden Creek Way
Mount Airy, MD 21771

RE: Windsor Forest Knolls, Lot 9
18439 Hidden Creek Way
Building Permit: B20004123
Well Permit: HO-95-1036

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 **7/8/2021**. Final approval of the well line connection to the dwelling was granted on **6/25/2021**. The well construction was completed on **5/30/2007**. Water samples were collected on **10/14/2021, 12/3/2021**.

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-95-1036. 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>

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is fluid and cursive, with a long horizontal stroke at the end.

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

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 10/15/2021
Report Number: 211015141826
Use and Occupancy
PERMIT #:

LAB#- E068566-01 SAMPLE ID- 18439 Hidden Creek Way WELL # HO 95-1032
LOCATION- Pressure Tank SAMPLER- M Isom #1311MI
DATE SAMPLED- 10/14/2021 TIME SAMPLED- 13:45 CHLORINE- Non detect
DATE RECEIVED- 10/14/2021 TIME RECEIVED- 16:00
DELIVERED BY- Mike Isom RECEIVED BY- Ginny Shelley
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Microbiology by Enviro-Chem					
Total Coliform	SM 9223B	10/14/21 16:15	VPS	< 1.0	MPN/100 mL PASS
E. Coli	SM 9223B	10/14/21 16:15	VPS	< 1.0	MPN/100 mL PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 12/08/2021
Report Number: 211208163234
Use and Occupancy
PERMIT #:

LAB#- E069085-01 SAMPLE ID- 18439 Hidden Creek Way WELL # HO 95-1032
LOCATION- Powder Room SAMPLER- M Isom #1311MI
DATE SAMPLED- 12/03/2021 TIME SAMPLED- 12:00 CHLORINE-
DATE RECEIVED- 12/03/2021 TIME RECEIVED- 16:00
DELIVERED BY- Mike Isom RECEIVED BY- Ginny Shelley
COMMENTS-

COMMENTS-

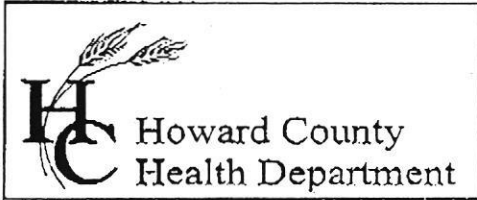
ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Wet Chemistry by Enviro-Chem					
Nitrate (as N)	EPA 300.0	12/03/21 21:49	FRD	5.37 mg/L	PASS
pH	SM4500-H+B	12/03/21 16:10	RAS	6.2 SU	
Sand	EPA 160.5	12/03/21 16:15	VPS <	0.5 ml/L/Hr	
Turbidity	EPA 180.1	12/03/21 16:10	RAS	7.1 NTU	

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192



7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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>Windsor Forest Knolls</u>	<u>Hidden Creek Way</u>
Subdivision/Property Name	Road Name
<u>18 Lots</u>	

The well site has been staked by FSH Associates
 (professional land surveyor or company employing professional land surveyors)

Wilson 3-15-2007 (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.

Revised 3/11/05

[Faint, illegible text or stamp]

RIDGE VIEW LLC
T. 8810 F. 041
ZONED: RC-DEQ

Real Preservation
= 1.399 ac. ±
Existing Buildable
ation Easement
Plat #15305
PPSD

2

E 1,268.9

SHEET

LOT 9
41,064 sq ft

Marked by *CSA*
Well site OK
3/20/07

SEE
3/28/07
well site OK
Marked by *CSA*

MATCHLINE

