

C1 6932

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(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 220

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 95 - 1044

OWNER Highland Development Corporation STREET OR RFD Hudson Creek Way TOWN Mt. Airy SUBDIVISION Windsor Forest Knolls SECTION LOT 17

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 TO check if water bearing

Brown Shale 0 96 Blue Rock 96 220

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 25 NO. OF POUNDS 2350 GALLONS OF WATER 158 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 9.5' BOTTOM 58 ft.

CASING RECORD

casings types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 100

OTHER CASING (if used)

diagram for other casing with diameter and depth fields.

SCREEN RECORD

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

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 28.04.04 "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 M S D 0 2 4 DRILLERS SIGNATURE Joseph L. Mayne

LIC. NO. 1 D

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

DEPTH (nearest ft.)

Diagram showing depth intervals: 1-8, 9-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53. SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 (NEAREST INCH) from to

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

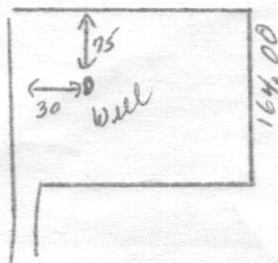
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 ft. WHEN PUMPING 104 ft. TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1	9844	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER <u>140-95-1044</u> <small>fill in this form completely</small>
1 2 3 6			526278 please type	70 79

OWNER INFORMATION

Date Received (APA) 3/12/07
8 MM DD YY 13

Highland Development Corp
15 Last Name Owner First Name 34

P.O. Box 228
36 Street or RFD 55

Clarksville md 21029
57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 Howard
8 COUNTY 21

Windsor Forest Knolls
23 SUBDIVISION 42

SECTION LOT 17
44 46 48 50

mt. Airy
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 5
73 M 76 77 78

DRILLER INFORMATION

Joseph L Mayne MS D024
76 Driller's Name License No. 81

Joseph L Mayne Well Drilling
Firm Name

5512 Ridge Rd Mt. Airy Md 21771
Address

Joseph L Mayne 3-2-07
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Hidden Creek Way
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
N
WEST S EAST
SOUTH

34 355 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 6 BLK: 16 PARCEL 57

WELL INFORMATION

B 2

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A 516902
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 4/2/07 Kim Wolf 4/2/08
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 546 000 EAST GRID 6757 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
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 _____

REPLACEMENT OR DEEPEMED 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 DEEPEM 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)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. 140-95-1044
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

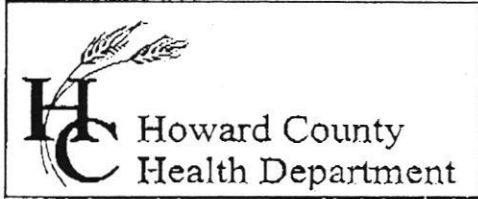
E 757
N 546

700 000

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

mt Airy

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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)

Wilhoon 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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 8, 2022

March 8, 2022

Homeowner
18419 Hidden Creek Way
Mt. Airy, MD 21771

RE: Windsor Forest Knolls, Lot 17
18419 Hidden Creek Way
Building Permit: B21002602
Well Permit: HO-95-1044

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 **3/4/2022**. Final approval of the well line connection to the dwelling was granted on **2/9/2022**. The well construction was completed on **5/31/2007**. Water samples were collected on **2/22/2022, 3/1/2022**.

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-95-1044. 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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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: 02/25/2022
Report Number: 220225124442
Use and Occupancy
PERMIT #:

LAB#- E069798-01 SAMPLE ID- 18419 Hidden Creek Way WELL #
LOCATION- Pressure Tank SAMPLER- #1291SB
DATE SAMPLED- 02/22/2022 TIME SAMPLED- 12:00 CHLORINE- Non detect
DATE RECEIVED- 02/23/2022 TIME RECEIVED- 10:00
DELIVERED BY- Sean Bangledorf RECEIVED BY- Fred Dory
COMMENTS- Secure well, 2 piece cap. No treatment.

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Microbiology by Enviro-Chem					
Total Coliform	SM 9223B	02/23/22 10:15	SES	Absent	PASS
E. Coli	SM 9223B	02/23/22 10:15	SES	Absent	PASS

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

Wet Chemistry by Enviro-Chem

Nitrate (as N)	EPA 300.0	02/23/22 17:26	FRD	8.30	mg/L	PASS
pH	SM4500-H+B	02/23/22 15:40	FRD	5.5	SU	
Sand	EPA 160.5	02/23/22 13:00	VPS	< 0.5	ml/L/Hr	
Turbidity	EPA 180.1	02/23/22 15:40	FRD	17.1	NTU	

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: 03/08/2022
Report Number: 220308113450
Use and Occupancy
PERMIT #:

LAB#- E069871-01 SAMPLE ID- 18419 Hidden Creek Way WELL #
LOCATION- Powder Room SAMPLER- S Duklewski #3073SD
DATE SAMPLED- 03/01/2022 TIME SAMPLED- 15:00 CHLORINE- Non detect
DATE RECEIVED- 03/02/2022 TIME RECEIVED- 07:50
DELIVERED BY- Barlow RECEIVED BY- Mary Ann
COMMENTS- Post-Treatment
Neutralizer, Softener, 4x10 Filter

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
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Microbiology by Enviro-Chem

Total Coliform	SM 9223B	03/02/22 09:15	VPS	Absent	PASS
E. Coli	SM 9223B	03/02/22 09:15	VPS	Absent	PASS

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

Total Metals by EPA 200.7 by Enviro-Chem

Iron	EPA 200.7	03/08/22 09:16	MAP	0.090	mg/L
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Wet Chemistry by Enviro-Chem

Turbidity	EPA 180.1	03/02/22 14:10	FRD	0.9	NTU
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Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192

**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: Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 UNDERWOOD LANE
BEL AIR, MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael Isom License# MSD162

***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 #: 443-878-7754
Subdivision: Windsor Forest Knoll Lot #: 17 Well Tag #: HO-95-1044 ✓
Site Address: 18419 HIDDEN CREEK WAY
MT AIRY MD 21771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Starite</u>	Make: <u>BIT</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>7SP402 1/2hp</u>	Model#: <u>P100</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>12</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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>P014</u>	PVC sleeve to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>✓</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>✓</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.

Signature of company representative responsible for installation: _____ date: 2-9-2022

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

Date Insp. Requested: 2/9/22 Date Insp. Approved: 2/9/22 Inspector: RR

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