



B 1 9852

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 526278

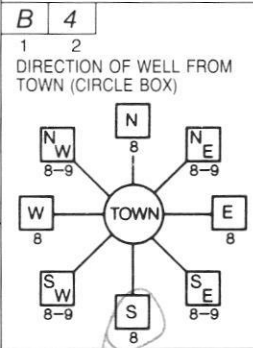
STATE PERMIT NUMBER HO-95-1034 fill in this form completely

OWNER INFORMATION Date Received (APA) 3/12/07 Headland Development Corp P.O. Box 228 Clarksville Md 21029

LOCATION OF WELL Howard Windsor Forest Knolls Mt Airy

DRILLER INFORMATION Joseph L Mayne MS DO24 Joseph L Mayne Well Drillers 5512 Ridge Rd Mt. Airy Md 21771

Hidden Creek way NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 90 FT TAX MAP: 6 BLK: 16 PARCEL 57



WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

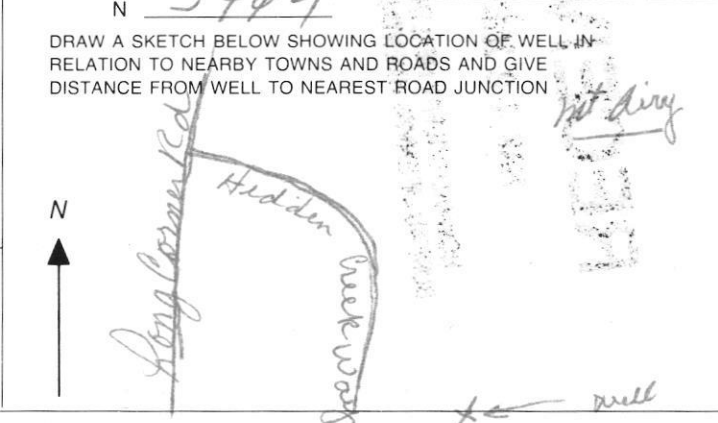
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A 516902

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 7507 N 5404

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) N THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. HO-95-1034

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: 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 #: 301-787-0434  
Subdivision: WINDSOR FOREST KNOLL Lot #: 7 Well Tag #: HO-95 1034  
Site Address: 18449 HIDDEN CREEK WAY  
MT AIRY, MD 11/18/2021

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>GOULDS</u>	Make: <u>BIR</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7CS07422</u>	Model#: <u>PW0</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>340</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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 <u>inside of well casing</u>		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>1" PDI</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

**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.**

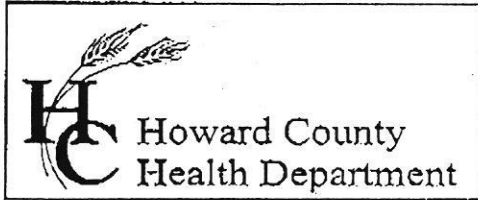
Signature of company representative responsible for installation: \_\_\_\_\_ date: 11/16/2021

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

Date Insp. Requested: 11/18/2021 Date Insp. Approved: 11/18/2021 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>42"</u>	<u>11/18/2021</u>	<u>[Signature]</u>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>			
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	<u>34"</u>	<u>11/18/2021</u>	<u>[Signature]</u>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>			
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	<u>16"</u>	<u>11/18/2021</u>	<u>[Signature]</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>			
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>			





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

7-15-2007  
 7:15 AM  
 GEIAP

E Bulk

PAYNE'S VIEW  
LOT 1  
PLAT NO.: 10069  
ZONED: RC

MTC2

N 16°58'08" E

N 16°58'08" E

3/28/07  
well & se  
OK. (K) *stated by FSTH*

50' BRL

FRONT

50' BRL

FRONT

LOT 7  
56,530sf±

LOT 8  
51,394sf±

Proposed Well Location

Septic Easment  
10,018 sf±

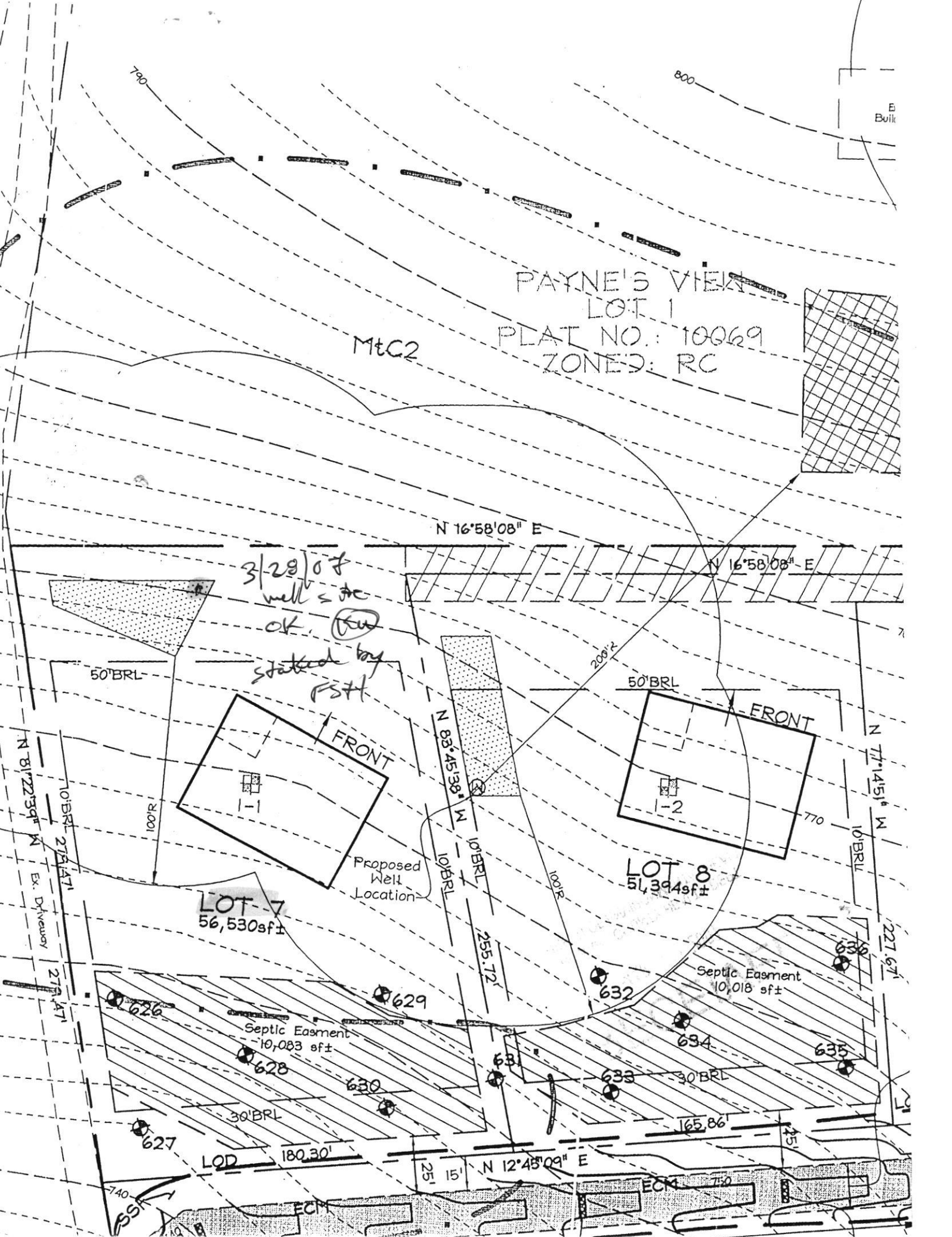
Septic Easment  
10,083 sf±

N 12°45'09" E

LQD 180.30'

ECM

ECM





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 – August 11, 2022

February 11, 2022

Homeowner  
18449 Hidden Creek Way  
Mt. Airy, MD 21771

**RE: Windsor Forest Knolls, Lot 7  
18449 Hidden Creek Way  
Building Permit: B21001869  
Well Permit: HO-95-1034**

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 **1/28/2022**. Final approval of the well line connection to the dwelling was granted on **11/18/2021**. The well construction was completed on **6/6/2007**. Water samples were collected on **2/4/2022**.

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-95-1034. 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>



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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,

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: 02/08/2022  
Report Number: 220208144516  
Use and Occupancy  
PERMIT #:

LAB#- E069616-01      SAMPLE ID- 18449 Hidden Creek Way      WELL #      HO 95-1035  
LOCATION- Pressure Tank      SAMPLER- 1291SB  
DATE SAMPLED- 02/04/2022      TIME SAMPLED- 16:00      CHLORINE- Non detect  
DATE RECEIVED- 02/04/2022      TIME RECEIVED- 16:39  
DELIVERED BY- S Bangledorf      RECEIVED BY- Stephen Shelley  
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
<b>Microbiology by Enviro-Chem</b>					
Total Coliform	SM 9223B	02/04/22 18:15	SES <	1.0	MPN/100 mL PASS
E. Coli	SM 9223B	02/04/22 18:15	SES <	1.0	MPN/100 mL 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	02/04/22 17:24	FRD	4.70	mg/L	PASS
pH	SM4500-H+B	02/04/22 18:10	SES	6.2	SU	
Sand	EPA 160.5	02/05/22 09:30	SES <	0.5	ml/L/Hr	
Turbidity	EPA 180.1	02/04/22 18:10	SES	0.5	NTU	

Stephen Shelley  
Laboratory Director

### Certifications

State of Maryland Laboratory

#192