

C1 2948 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 516902

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 5 29 2007

Depth of Well 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-1041

OWNER Highland Development Corporation, STREET OR RFD Hidden Creek Way, TOWN Mt. Airy, SUBDIVISION Windsor Forest Knolls, SECTION, LOT 14

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Browns shale 0-89, Blue Rock 89-320.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (20), NO. OF POUNDS (1880), GALLONS OF WATER (120), DEPTH OF GROUT SEAL (0-83).

CASING RECORD form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (93).

OTHER CASING (if used) form: diameter inch, depth (feet) from to.

SCREEN RECORD form: screen type or open hole (insert appropriate code below: ST, BR, HO, PL, OT).

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 MSD 024, 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.) table with columns 1-21 and handwritten values: 91, 320.

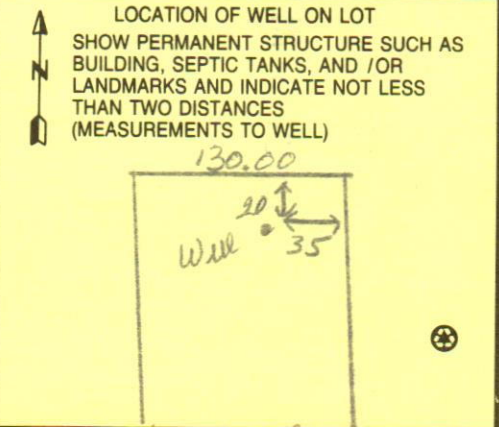
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST form: HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (39), WHEN PUMPING (106), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form: DRILLER INSTALLED PUMP (YES), 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), LAND SURFACE, LOCATION OF WELL ON LOT.



B 1 **9896** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6
526278 APPLICATION FOR PERMIT TO DRILL WELL please type 40-95-1041
 70 fill in this form completely 79

Date Received (APA) 3/12/07 OWNER INFORMATION
 8 MM DD YY 13
 15 Highland Development Corp. Owner First Name 34
 36 P.O. Box 228 Street or RFD 55
 57 Clarksville Md 21029 Town State Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Windsor Forest Knolls 42
 SECTION 44 46 LOT 14 50
 52 NEAREST TOWN Mt. Airy 71
 MILES FROM TOWN (enter 0 if in town) 5 M 1
 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name Joseph L Mayne M S D 024 81 License No.
 Firm Name Joseph L Mayne Well Drilling
 Address 5512 Ridge Rd Mt. Airy Md 21771
 Signature Joseph L Mayne Date 3-2-07

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 Hidden Creek Way NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N) WEST (W) EAST (E) SOUTH (S)
 34 300 37 DISTANCE FROM ROAD FT 38 39
 ENTER FT OR MI
 TAX MAP: 6 BLK: 16 PARCEL 57

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. 3
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 4/2/07 CO SIGNATURE John Walf EXP. DATE 4/2/09
 43 MM DD YY 48
 NORTH GRID 546 000 EAST GRID 6757 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 7507
 N 5496
 000
 000

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)
 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) 41 _____ 52

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. 40-95-1041
 70 71 72 73 74 75 76 77 78 79

Wed 9/8

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: Hidden Forest Knoll Lot #: 14 Well Tag #: HO-95-1041 ST
Site Address: 18407 Hidden Creek Way
MT Airy, MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>BEP</u>	Two piece watertight cap: <u> </u>
Model #: <u>TCS07423</u>	Model#: <u>P100</u>	Screened, vented well cap: <u> </u>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u> </u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <u> </u>	Conduit min 18" B.G.: <u> </u>
Depth of well encountered at time of pump installation: <u> </u> (feet)	Conduit secured to well cap: <u> </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

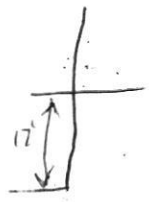
Piping to house	House Connection
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u> </u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u> </u>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <u> </u>

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 9/2/2021

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

Date Insp. Requested: 9/8/21 Date Insp. Approved: 9/8/21 Inspector: (ST)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 37"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly 28"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade 18"
Water supply line sleeved adequately at house connection 8"
Adequate grout observed below pitless adapter ✓





FINAL REPORT OF ANALYSIS

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

Report Date: 10/15/2021
Report Number: 211015143215
Use and Occupancy
PERMIT #:

LAB#- E068565-01 SAMPLE ID- 18407 Hidden Creek Way WELL #
LOCATION- Pressure Tank SAMPLER- M Isom #1311MI
DATE SAMPLED- 10/14/2021 TIME SAMPLED- 13:30 CHLORINE- Non detect
DATE RECEIVED- 10/14/2021 TIME RECEIVED- 16:00
DELIVERED BY- Mike Isom RECEIVED BY- Ginny Shelley
COMMENTS- Secure well, 2 piece PVC cap. No treatment.

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.

Wet Chemistry by Enviro-Chem

Nitrate (as N)	EPA 300.0	10/14/21 19:22	SES	6.51	mg/L	PASS
pH	SM4500-H+B	10/14/21 16:15	FRD	6.1	SU	
Sand	EPA 160.5	10/14/21 16:10	VPS	< 0.5	ml/L/Hr	
Turbidity	EPA 180.1	10/14/21 16:15	FRD	1.6	NTU	

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: 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 #: 14 Well Tag #: HO -95 - 1041
 Site Address: 18407 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

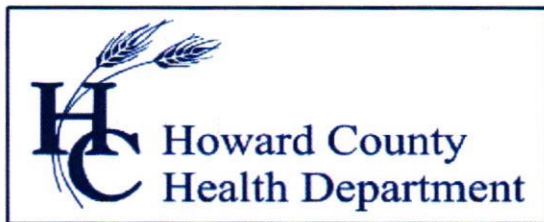
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

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 _____
 Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
 Two piece cap installed and attached to casing securely _____
 Elec. conduit extends at least 18" below grade/attached to cap properly _____
 Safety rope not outside of well cap/casing _____
 Correct well tag attached properly and casing 8" above finished grade _____
 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](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 18, 2022

10/18/2021

Homeowner
18407 Hidden Creek Way
Mount Airy, MD 21771

RE: Windsor Forest Knolls, Lot 14
18407 Hidden Creek Way
Building Permit: B20004287
Well Permit: HO-95-1041

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 **9/30/2021**. Final approval of the well line connection to the dwelling was granted on **9/8/2021**. The well construction was completed on **5/29/2007**. Water samples were collected on **10/14/2021**.


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-95-1041. 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:

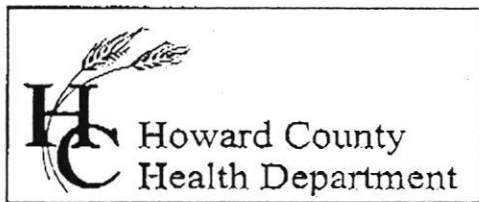
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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



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

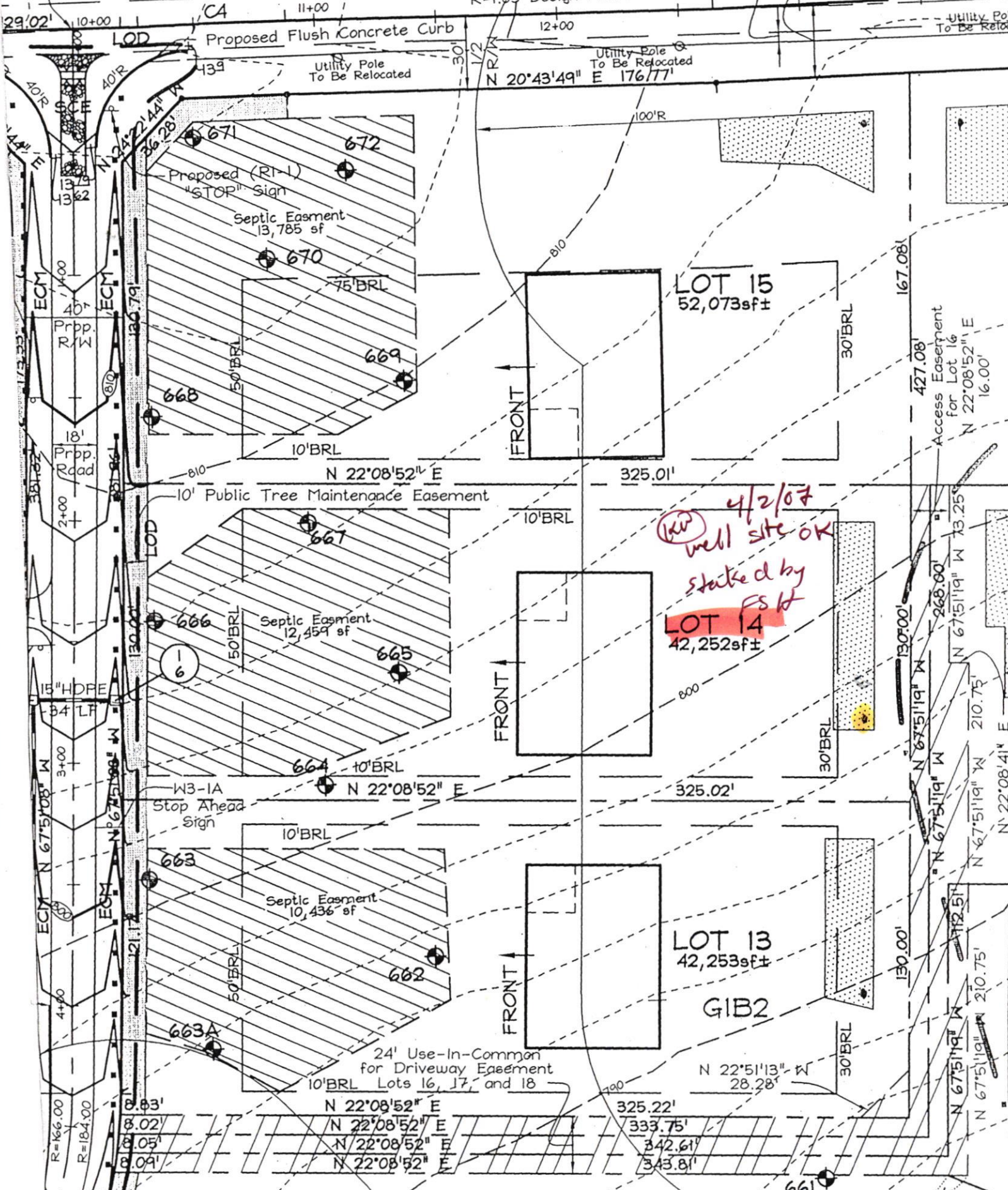
[Faint, illegible text or stamp]

LONG CORNER ROAD (Minor Collector) (60' R/W)

Land dedicated to
Howard County for the
purpose of a public
road. 0.864 Acres

GIB2

4' stabilized Shoulder to be
constructed along the Entire Frontage
of Long Corner Road per Section
R-1.03 Design Manual Volume IV.



*4/2/07
well site OK
stacked by
FS W*

LOT 14
42,252sqft

LOT 13
42,253sqft

LOT 15
52,073sqft

10+00
0+00

29'02' 10+00

40'R 40'R

13'02' 13'02'

18' 18'

2+00 2+00

38'02' 38'02'

15" HDPE 15" HDPE

34 LF 34 LF

3+00 3+00

4+00 4+00

R=166.00 R=166.00

R=184.00 R=184.00

8.83' 8.83'

8.02' 8.02'

8.05' 8.05'

8.04' 8.04'

N 22°08'52" E

N 22°08'52" E

N 22°08'52" E

N 22°08'52" E

N 22°08'52" E

N 22°08'52" E

N 22°08'52" E

C4

11+00

12+00

13+00

14+00

15+00

16+00

17+00

18+00

19+00

20+00

21+00

22+00

23+00

24+00

25+00

26+00

27+00

28+00

29+00

30+00

31+00

32+00

33+00

34+00

35+00

36+00

37+00

38+00

39+00

40+00

41+00

42+00

43+00

44+00

45+00

46+00

47+00

48+00

49+00

50+00

51+00

52+00

53+00

54+00

55+00

56+00

57+00

58+00

59+00

60+00

61+00

62+00

63+00

64+00

65+00

66+00

67+00

68+00

69+00

70+00

71+00

72+00

73+00

74+00

75+00

76+00

77+00

78+00

79+00

80+00

81+00

82+00

83+00

84+00

85+00

86+00

87+00

88+00

89+00

90+00

91+00

92+00

93+00

94+00

95+00

96+00

97+00

98+00

99+00

100+00

101+00

102+00

103+00

104+00

105+00

106+00

107+00

108+00

109+00

110+00

111+00

112+00

113+00

114+00

115+00

116+00

117+00

118+00

119+00

120+00

121+00

122+00

123+00

124+00

125+00

126+00

127+00

128+00

129+00

130+00

131+00

132+00

133+00

134+00

135+00

136+00

137+00

138+00

139+00

140+00

141+00

142+00

143+00

144+00

145+00

146+00

147+00

148+00

149+00

150+00

151+00

152+00

153+00

154+00

155+00

156+00

157+00

158+00

159+00

160+00

161+00

162+00

163+00

164+00

165+00

166+00

167+00

168+00

169+00

170+00

171+00

172+00

173+00

174+00

175+00

176+00

177+00

178+00

179+00

180+00

181+00

182+00

183+00

184+00

185+00

186+00

187+00

188+00

189+00

190+00

191+00

192+00

193+00

194+00

195+00

196+00

197+00

198+00

199+00

200+00

201+00

202+00

203+00

204+00

205+00

206+00

207+00

208+00

209+00

210+00

211+00

212+00

213+00

214+00

215+00

216+00

217+00

218+00

219+00

220+00

221+00

222+00

223+00

224+00

225+00

226+00

227+00

228+00

229+00

230+00

231+00

232+00

233+00

234+00

235+00

236+00

237+00

238+00

239+00

240+00

241+00

242+00

243+00

244+00