

C1 2944 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER AS16902

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 5 31 2007

Depth of Well 22 280 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-1045

OWNER Highland Development Corporation STREET OR RFD Hidden Creek Way TOWN Mt. Airy SUBDIVISION Windsor Forest Knolls SECTION LOT 18

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown Shale 0-63, Blue Rock 63-280.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (16), NO. OF POUNDS (1504), GALLONS OF WATER (96), DEPTH OF GROUT SEAL (0-64).

CASING RECORD form with fields: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (67).

OTHER CASING (if used) form with fields: diameter, depth.

SCREEN RECORD form with fields: screen type (ST, BR, HO, PL, OT), DEPTH (65-280).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER A, E, P

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...

DRILLERS LIC. NO. 1 MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD027

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

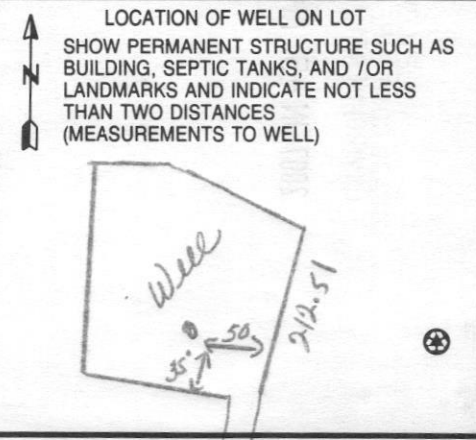
DEPTH (nearest ft.) table with columns 1-21 and 23-36. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN (56-60).

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (28), BEFORE PUMPING (17-20), WHEN PUMPING (22-25), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (above/below), LAND SURFACE (2).



B 1 9857

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

140-95-1045 fill in this form completely

Date Received (APA) 3/12/07

OWNER INFORMATION

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

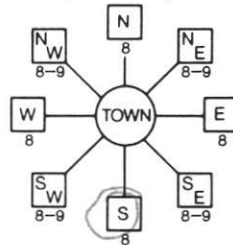
B 3 LOCATION OF WELL

Howard Windsor Forest Knolls Mt. Airy 5 miles from town

DRILLER INFORMATION

Joseph L Mayne MS D024 Joseph L Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21111

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hidden Creek Way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH 375 FT

TAX MAP: 6 BLK: 16 PARCEL 57

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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

Howard 13 A516902 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 4/12/07 CO SIGNATURE EXP. DATE 4/2/08

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary (circled) AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER G

PERMIT No. 140-95-1045

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

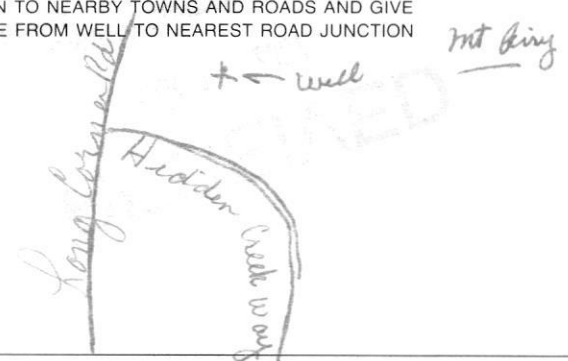
SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7547 N 5496

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

N



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 #: 18 Well Tag #: HO -95 - 1045
Site Address: 18423 hidden creek Way
Mt Airy, Maryland 21771

07/23/2021

<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: 07/23/2021 Date Insp. Approved: 07/23/2021 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 51 07/23/2021 [Signature]
Two piece cap installed and attached to casing securely 41 07/23/2021 [Signature]
Elec. conduit extends at least 18" below grade/attached to cap properly 19 07/23/2021 [Signature]
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 _____

*House
07/23/2021
2.5'*

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 6, 2021

October 6, 2021

Homeowner
18423 Hidden Creek Road
Mount Airy, MD 21771

**RE: Windsor Forest Knolls, Lot 18
18423 Hidden Creek Road
Building Permit: B20004525
Well Permit: HO-95-1045**

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 **10/5/2021**. Final approval of the well line connection to the dwelling was granted on **7/23/2021**. The well construction was completed on **5/31/2007**. Water samples were collected on **9/29/2021**.

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-95-1045. 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: 10/04/2021
Report Number: 211004115313
Use and Occupancy
PERMIT #:

LAB#- E068398-01 SAMPLE ID- 18423 Hidden Creek Way WELL #
LOCATION- Pressure Tank SAMPLER- M Isom #1311MI
DATE SAMPLED- 09/29/2021 TIME SAMPLED- 15:00 CHLORINE- Non detect
DATE RECEIVED- 09/30/2021 TIME RECEIVED- 08:00
DELIVERED BY- Steve Duklewski RECEIVED BY- Ginny Shelley
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	09/30/21 08:15	VPS	Absent	PASS
E. Coli	SM 9223B	09/30/21 08:15	VPS	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

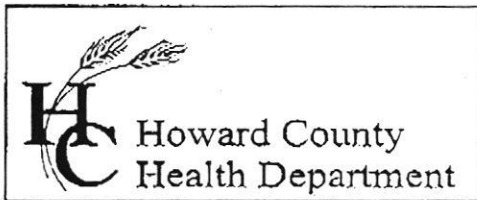
Nitrate (as N)	EPA 300.0	09/30/21 19:16	FRD	7.99	mg/L	PASS
pH	SM4500-H+B	10/01/21 13:34	FRD	5.9	SU	
Sand	EPA 160.5	10/01/21 09:30	VPS	< 0.5	ml/L/Hr	
Turbidity	EPA 180.1	09/30/21 14:30	FRD	2.5	NTU	

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>Windson 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]

