

C1 2949

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 4 5 6 (THIS REPORT IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A516902

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 280 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-1037

OWNER Highland Development Corporation STREET OR RFD Hidden Creek Way TOWN Mt. Airy SUBDIVISION Windsor Forest Knolls SECTION LOT 10

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Brown Shale (0-76), Blue Rock (76-280).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS 19 NO. OF POUNDS 1786 DEPTH OF GROUT SEAL from 0 to 26 ft.

CASING RECORD

MAIN CASING TYPE St Nominal diameter 6 inch Total depth 80 ft.

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table for depth measurements with columns for casing and slot size.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MSD024, DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. MSD024

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework)

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

C3

PUMPING TEST

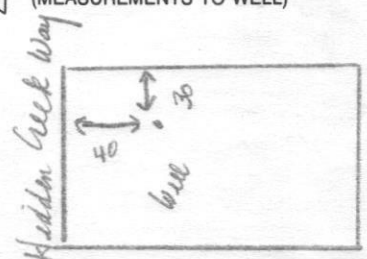
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft. WHEN PUMPING 103 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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) 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 9845  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
522278 please type

STATE PERMIT NUMBER

140-95-1037  
70 fill in this form completely 79

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

OWNER INFORMATION

15 Last Name First Name 34  
Headland Development Corp  
36 P.O. Box 228 Street or RFD 55  
57 Clarksville Md 21029  
70 Town 72 State 76 Zip

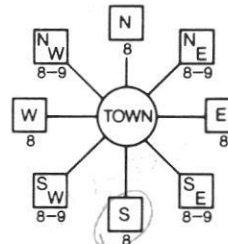
B 3 LOCATION OF WELL

8 COUNTY Howard 21  
23 SUBDIVISION Windsor Forest Knolls 42  
SECTION 44 46 LOT 10 48 50  
52 NEAREST TOWN Mt. Airy 71  
MILES FROM TOWN (enter 0 if in town) 5 M 1  
73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L Mayne MS DO 24 76 License No. 81  
Firm Name Joseph L Mayne Well Drilling  
Address 5517 Ridge Rd Mt. Airy Md 21771  
Signature Joseph L Mayne 3-2-07 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 W 22 EAST E  
SOUTH S  
34 30 37 DISTANCE FROM ROAD 50 FT  
ENTER FT OR MI 38 39  
TAX MAP: 6 BLK: 16 PARCEL 57

B 2 WELL INFORMATION  
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

Howard 13 A 516902  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 3/20/07 3/30/08  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 5415 000 EAST GRID 0757 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  
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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

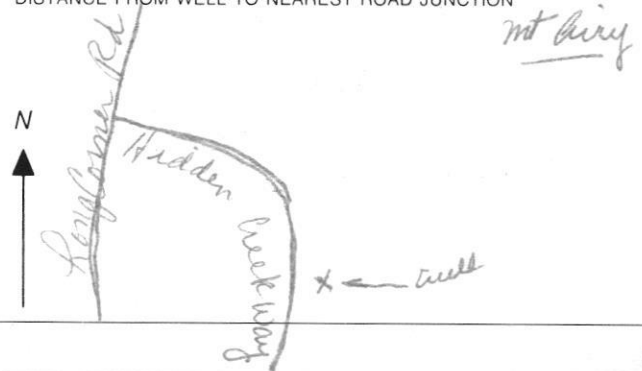
SOURCES OF DRILLING WATER

- 1. Well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7507  
N 5405

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



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

APPROP. PERMIT NUMBER G

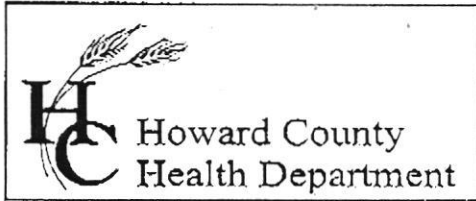
PERMIT No. 140-95-1037  
70 71 72 73 74 75 76 77 78 79

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:

Windson Forest Knolls Hidden Creek Way  
 Subdivision/Property Name Lot# Road Name  
18 Lots

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

RECEIVED  
 ENVIRONMENTAL HEALTH  
 3-15-2007

**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: FEOLER Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95-1037  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
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**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

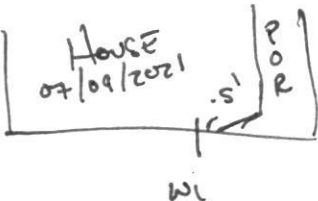
PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_

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 \_\_\_\_\_

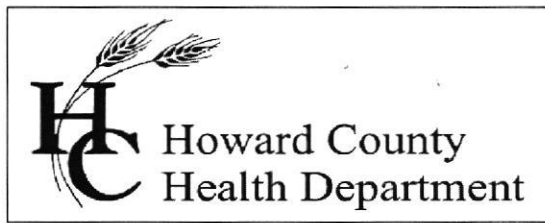
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 07/09/2021 Date Insp. Approved: 07/29/2021 Inspector: (Signature)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  66" FROM CASING TOP  
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly  55" FROM CASING TOP  
Safety rope not outside of well cap/casing   
Correct well tag attached properly and casing 8" above finished grade  22"  
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter



07/09/2021 GRADE NOT FINISHED  
REINSP. FOR CASING.

\* CHECK W/ SITARNOVA FOR  
FEOLER SHEET.



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

---

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – 6 months from letter date**

October 8<sup>th</sup>, 2021

Homeowner  
18435 Hidden Creek Way  
Mount Airy, MD 21771

**RE: Windsor Forest Knolls, Lot 10  
18435 Hidden Creek Way  
Building Permit: B20004292  
Well Permit: HO-95-1037**

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 **August 8<sup>th</sup>, 2021**. Final approval of the well line connection to the dwelling was granted on **September 29<sup>th</sup>, 2021**. The well construction was completed on **May 30<sup>th</sup>, 2007**. Water samples were collected on **October 5<sup>th</sup>, 2021**.

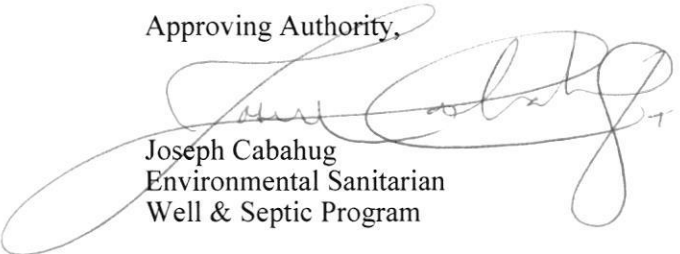
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1037. 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,



Joseph Cabahug  
Environmental Sanitarian  
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: 09/29/2021  
Report Number: 210929124708  
Use and Occupancy  
PERMIT #:

LAB#- E068184-01      SAMPLE ID- 18435 Hidden Creek Way      WELL #      HO 95-1037  
LOCATION- Pressure Tank      SAMPLER- 1291SB  
DATE SAMPLED- 09/09/2021      TIME SAMPLED- 16:30      CHLORINE- Non detect  
DATE RECEIVED- 09/10/2021      TIME RECEIVED- 11:16  
DELIVERED BY- Sean Bangledorf      RECEIVED BY- Ginny Shelley  
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
<b>Microbiology by Enviro-Chem</b>					
Total Coliform	SM 9223B	09/10/21 14:30	VPS	Present	FAIL
E. Coli	SM 9223B	09/10/21 14:30	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **NOT SAFE** for drinking water purposes.

### Total Metals by EPA 200.7 by Enviro-Chem

Iron      EPA 200.7      09/29/21 12:24      MAP      1.10      mg/L

### Wet Chemistry by Enviro-Chem

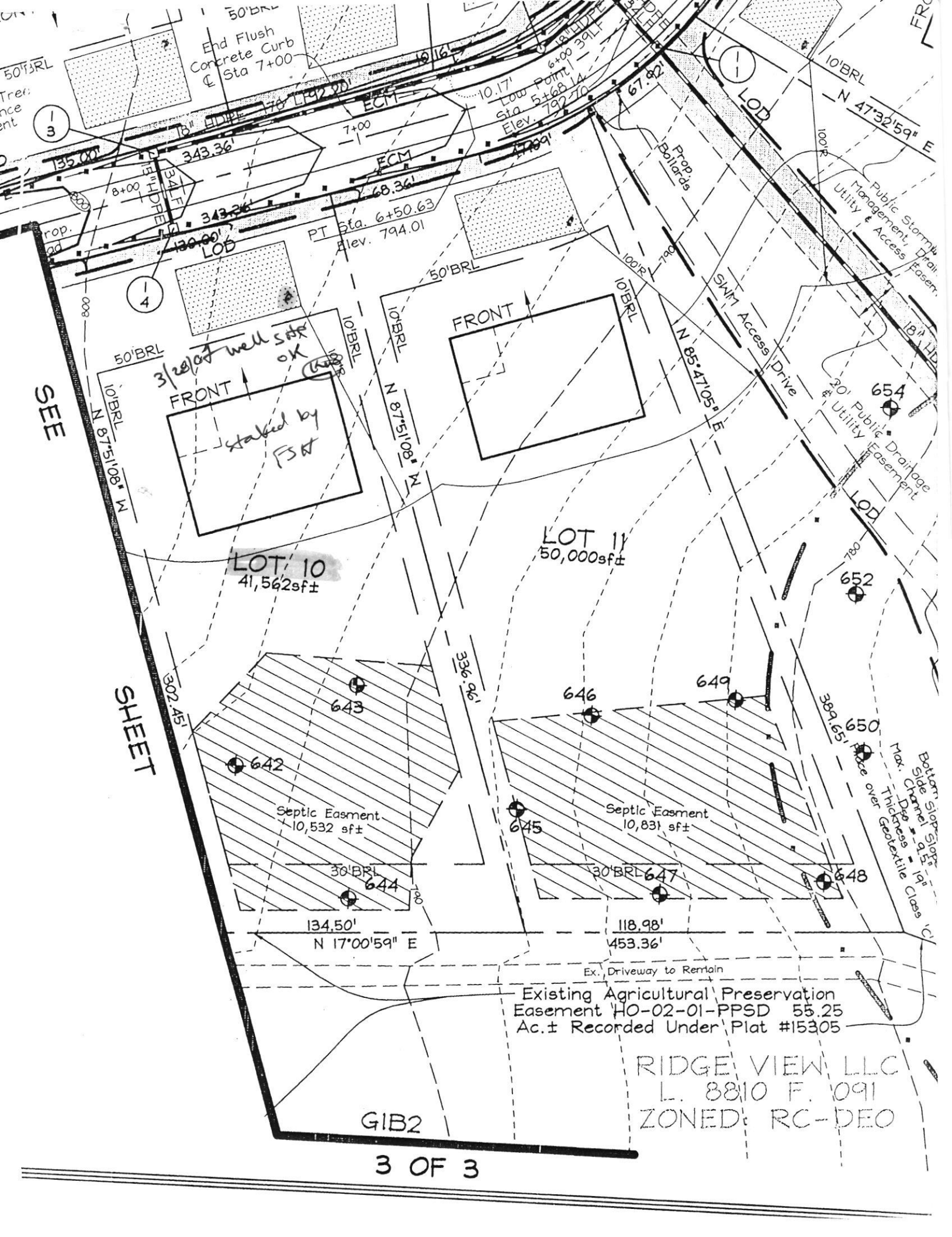
Nitrate (as N)      EPA 300.0      09/10/21 15:49      FRD      6.30      mg/L      PASS  
pH      SM4500-H+B      09/10/21 13:20      RAS      6.4      SU  
Sand      EPA 160.5      09/10/21 13:30      VPS <      0.5      ml/L/Hr  
Turbidity      EPA 180.1      09/10/21 13:20      RAS      20.8      NTU

Stephen Shelley  
Laboratory Director

### Certifications

State of Maryland Laboratory

#192



End Flush Concrete Curb @ Sta 7+00

Low Point Sta 5+68.14 Elev. 792.70

PT Sta. 6+50.63 Elev. 794.01

LOT 11  
50,000sf±

LOT 10  
41,562sf±

SEE SHEET

Septic Easment  
10,532 sf±

Septic Easment  
10,831 sf±

Existing Agricultural Preservation Easement HO-02-01-PPSD 55.25 Ac.± Recorded Under Plat #15305

RIDGE VIEW LLC  
L. 8810 F. 1091  
ZONED RC-DEO

GIB2