

C1 6971

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

DATE RECEIVED MM DD YY

DATE WELL COMPLETED 6 5 2007

DEPTH OF WELL 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-1032

OWNER Highland Development Corporation
STREET OR RFD 15000 Hidden Creek Way
SUBDIVISION Windsor Forest Knolls SECTION TOWN Mt. Airy LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD form with fields for material type (Cement, Bentonite Clay), bags, pounds, and depth of grout seal.

CASING RECORD form with fields for casing type (Steel, Concrete, Plastic, Other), nominal diameter, and total depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (Steel, Brass, Plastic, Open Hole, Other) and diameter.

NUMBER OF UNSUCCESSFUL WELLS and WELL HYDROFRACTURED status.

CIRCLE APPROPRIATE LETTER (A, E, P) for well status.

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

DRILLERS LIC. NO. and SIGNATURE fields.

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

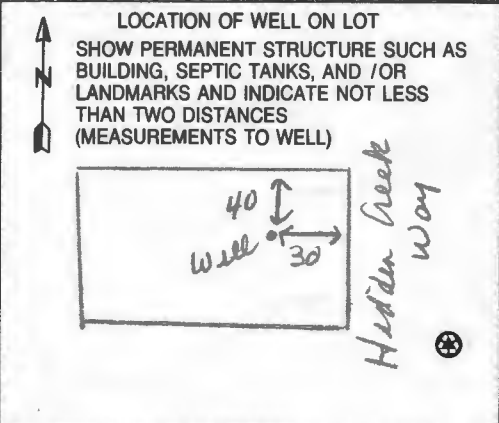
DEPTH (nearest ft.) table with columns 1-24 and rows A-E.

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

PUMPING TEST form with fields for hours pumped, pumping rate, method used, water level, and pump type.

PUMP INSTALLED form with fields for pump type, capacity, and pump specifications.



B 1 9850

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

40-95-1032 fill in this form completely

526278

Date Received (APA)

3/12/2007

OWNER INFORMATION

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

B 3 LOCATION OF WELL

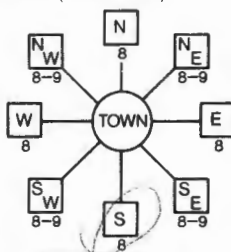
Howard Windsor Forest Knolls Mt. Airy 5 miles from town

DRILLER INFORMATION

Joseph & Mayne MSD024 Joseph & Mayne Well Drilling 5502 Ridge Rd Mt Airy Md 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hidden Creek Way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



40 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 6 BLK: 16 PARCEL 57

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN.

AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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 516 902 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 3/28/07 CO SIGNATURE Min Wolf 3/28/08 EXP. DATE

NORTH GRID 545 000 EAST GRID 0757 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

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)

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

APPROX. PERMIT NUMBER

PERMIT No. 40-95-1032

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

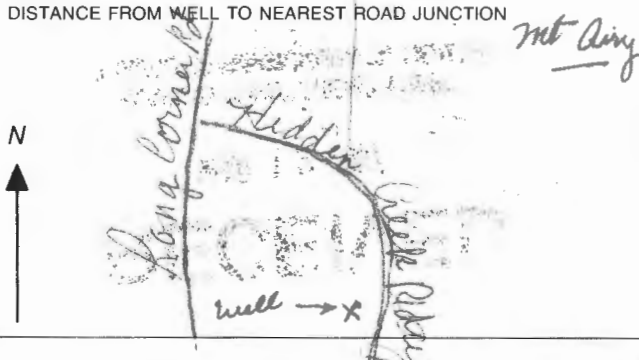
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7577 N 5495

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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1032
 Location of property (road) Hidden Creek Way
 Subdivision Windsor Forest 16 rolls Lot 5 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mayne Owner Highland Development Corp.

Depth of well 400'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 45'

I. High rate pumping -- reservoir drawdown

Time pump started 6:15 Pumping rate 20 gpm
 Total time 45 min to reach pumping water level 3.46 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:30	172'	3 sec		20 gpm
6:45	278	4		15
7:00	346	5		12
7:15	346	30		2
7:30	345	30		2
7:45	345	30		2
8:00	345	30		2
8:15	345	30		2
8:30	345	30		2
8:45	345	30		2
9:00	345	30		2
9:15	345	30		2
9:30	345	30		2
9:45	345	30		2
10:00	345	30		2
10:15	345	30		2
10:30	345	30		2
10:45	345	30		2
11:00	345	30		2
11:15	345	30		2
11:30	345	30		2
11:45	345	30		2
12:00	345	30		2
12:15	345	30		2
12:30	345	30		2
12:45	345	30		2
1:00	345	30		2

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 #: 5 Well Tag #: HO-95-1032 (5)
Site Address: 18434 HIDDEN CREEK WAY
MT AIRY, MD

Submersible Pump Data

Make: Grundfos
Model #: TKS10422
Pump Capacity 7 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: BR
Model#: P100
Depth: 42 (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: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

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

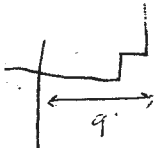
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

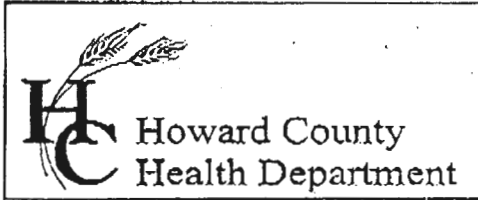
Signature of company representative responsible for installation

9/2/2021
date

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

Date Insp. Requested: 9/8/21 Date Insp. Approved: 9/8/21 Inspector: SD
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 36"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly 30"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade 23"
Water supply line sleeved adequately at house connection 6"
Adequate grout observed below pitless adapter ✓





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)
Wilkeson 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]

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 21, 2022

September 21, 2021

Homeowner
18434 Hidden Creek Road
Mount Airy, MD 21771

RE: Windsor Forest Knolls, Lot 5
18434 Hidden Creek Road
Building Permit: B21000069-20004291 
Well Permit: HO-95-1032

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 **3/15/2021**. Final approval of the well line connection to the dwelling was granted on **9/8/2021**. The well construction was completed on **6/5/2007**. Water samples were collected on **9/14/2021**.

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-95-1032. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

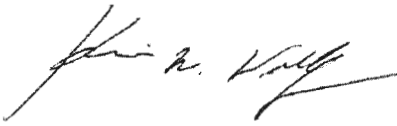
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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 Environment website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



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



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: 09/17/2021
Report Number: 210917112633
Use and Occupancy
PERMIT #:

LAB#- E068231-01	SAMPLE ID- 18434 Hidden Creek Way	WELL #	HO 95-1032
LOCATION- Pressure Tank		SAMPLER-	1291SB
DATE SAMPLED- 09/14/2021	TIME SAMPLED- 15:30	CHLORINE-	Non detect
DATE RECEIVED- 09/15/2021	TIME RECEIVED- 08:44		
DELIVERED BY- Jeremy Vanarsdale	RECEIVED BY- Stephen Shelley		
COMMENTS-			

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Microbiology by Enviro-Chem					
Total Coliform	SM 9223B	09/15/21 09:00	VPS	< 1.0 MPN/100 mL	PASS
E. Coli	SM 9223B	09/15/21 09:00	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	09/15/21 16:42	FRD	1.04 mg/L	PASS
pH	SM4500-H+B	09/15/21 15:25	FRD	7.4 SU	
Sand	EPA 160.5	09/15/21 09:30	SES	< 0.5 ml/L/Hr	
Turbidity	EPA 180.1	09/15/21 15:25	FRD	4.1 NTU	

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192