

C1 6982

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A 516 902

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Highland Development Corp. STREET OR RFD Hidden Creek way TOWN Mt. Airy SUBDIVISION Windsor Forest Knolls SECTION LOT 1

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

GROUTING RECORD section with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (25), NO. OF POUNDS (2350), GALLONS OF WATER (150), DEPTH OF GROUT SEAL.

CASING RECORD section with fields for MAIN CASING TYPE (57), Nominal diameter (6), Total depth (120).

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

SCREEN RECORD section with fields for screen type (ST), diameter (56), slot size (1).

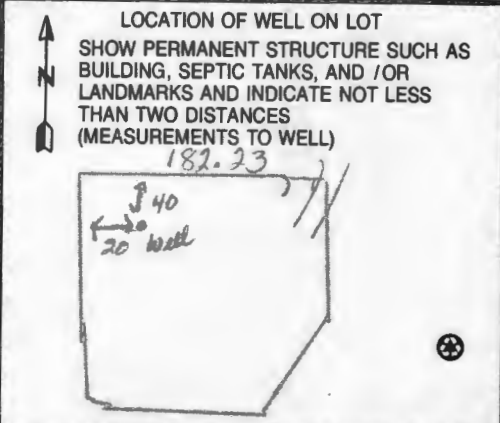
DEPTH (nearest ft.) section with a depth chart showing 118 and 440.

GRAVEL PACK section with fields for IF WELL DRILLED, WAS FLOWING WELL, INSERT F IN BOX 68.

MDE USE ONLY section with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST section with fields for HOURS PUMPED (6), PUMPING RATE (1.2), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (47 ft. before, 342 ft. when pumping).

PUMP INSTALLED section with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2 ft. below land surface).



Administrative section including NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P), DRILLERS LIC. NO. (M 5 D 0 2 4), DRILLERS SIGNATURE (Joseph E. Mayne), LIC. NO. (D), and SITE SUPERVISOR information.

B 1 **9897** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
40-95-1028
 APPLICATION FOR PERMIT TO DRILL WELL please type **526278** fill in this form completely 79

Date Received (APA) **3/12/07**
 8 MM DD YY 13
OWNER INFORMATION
 15 Last Name **Highland Development Corp.** Owner First Name 34
 36 Street or RFD **P.O. Box 228** 55
 57 Town **Clarksville Md 21029** 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Windsor Forest Knolls** 42
 SECTION **1** LOT **1**
 44 46 48 50
 52 NEAREST TOWN **Mt. Airy** 71
 MILES FROM TOWN (enter 0 if in town) **5** M I
 73 76 77 78

DRILLER INFORMATION
 Driller's Name **Joseph L Mayne M S D 024** 76 License No. 81
 Firm Name **Joseph L Mayne Well Drilling**
 Address **5512 Ridge Rd Mt. Airy Md 21221**
 Signature **Joseph L Mayne** Date **3-2-07**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD **Hidden Creek Way** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **320** 37
 38 **270** 39
 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. 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

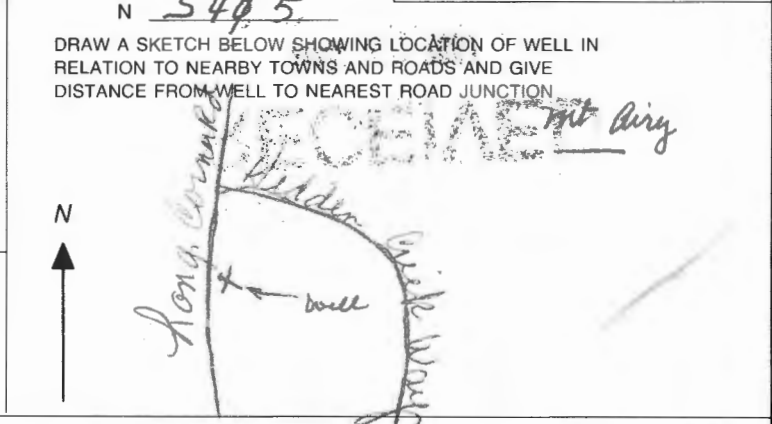
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** (13) COUNTY NO. **A 516 902**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **3/28/07** CO SIGNATURE **Jim Vail** EXP. DATE **3/28/08**
 43 MM DD YY 48
 NORTH GRID **545** 000 EAST GRID **0756** 000
 50 55 57 63

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 **7506**
 N **5405**

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
 39 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 DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **40-95-1028**
 70 71 72 73 74 75 76 77 78 79

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1028
 Location of property (road) Hidden Creek way
 Subdivision Wendson Forest Knolls Lot 1 Block Plat Sec.
 Well Driller Joseph M ayne Owner Highland Development Corp.
 Depth of well 440
 Distance of measuring point (M.P.) above ground 1 1/2
 Static water level (S.W.L.) below M.P. 47'

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 20 gpm.
 Total time 45 min to reach pumping water level 342 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45	158'	3 sec.	N/A	20 gpm.
7:00	248	4		15
7:15	342	4		15
7:30	341	49		1.2
7:45	341	49		1.2
8:00	340	49		1.2
8:15	340	49		1.2
8:30	340	49		1.2
8:45	340	49		1.2
9:00	340	49		1.2
9:15	340	49		1.2
9:30	340	49		1.2
9:45	340	49		1.2
10:00	339	49		1.2
10:15	339	49		1.2
10:30	339	49		1.2
10:45	339	49		1.2
11:00	339	49		1.2
11:15	339	49		1.2
11:30	339	49		1.2
11:45	339	49		1.2
12:00	339	49		1.2
12:15	339	49		1.2
12:30	339	49		1.2

over
→

12:45 339

49 sec.

1.2 gpm.

1:00 339

49

1.2

1:15 339

49

1.2

RECEIVED
SHERIDAN COUNTY HEALTH
ENVIRONMENTAL HEALTH

2007 JUN -5 AM 8:18

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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
DELAWARE 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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Keystone Homes Telephone #: _____
Subdivision: WINDSOR FOREST KNOB Lot #: 1 Well Tag #: HO-95-1028 RR
Site Address: 18406 HIDDEN CREEK WAY
WOODBINE MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GAULDS</u>	Make: <u>BII</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7CS10422</u>	Model#: <u>P100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>440</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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: P014
PSI: 200 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 6 feet
Sleeve caulked and sealed properly: yes

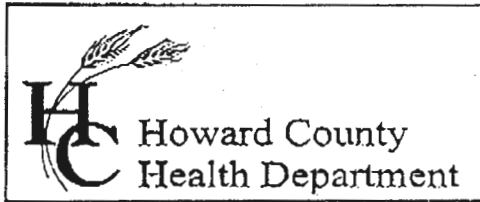
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 3-9-2023

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

Date Insp. Requested: 3/14/23 Date Insp. Approved: 3/14/23 RR

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
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"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
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>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)
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

SEARCHED
 INDEXED
 SERIALIZED
 FILED
 MAR 15 2007
 FBI - BALTIMORE

3/28/91

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

be Frontage section re IV.

N 11°39'17" E
4+02.21'
N 11°39'17" E
132.16'

Utility Pole To Be Relocated
177.19'

Utility Pole To Be Relocated
3/28/07

Utility Pole To Be Relocated

C2 6+00 N 21°02'29" E 7+00 -129.0'

ENVIRONMENTAL
NON-BUILDABLE
PRESERVATION
PARCEL 'C'
Privately Owned
and Maintained
Easement Holders:
HOA & Howard Co.
57,394sf±
1.306 Ac.±

MtB2

LOT 1
55,000sf±
(Pipe Stem=5,000sf±)

Line of Sight Easement

well stake
staked by
P&H

331.24'

N 87°51'08" W

MtC2

Proposed SWM Grass Channel #1 Credit for Water Quality

Proposed Stone Check Dams

20' Private Drainage Easement

Proposed Stone Check Dam

129.00'

N 02°08'52" E 130.00'
N 02°08'52" E 130.00'
30' BRL
624

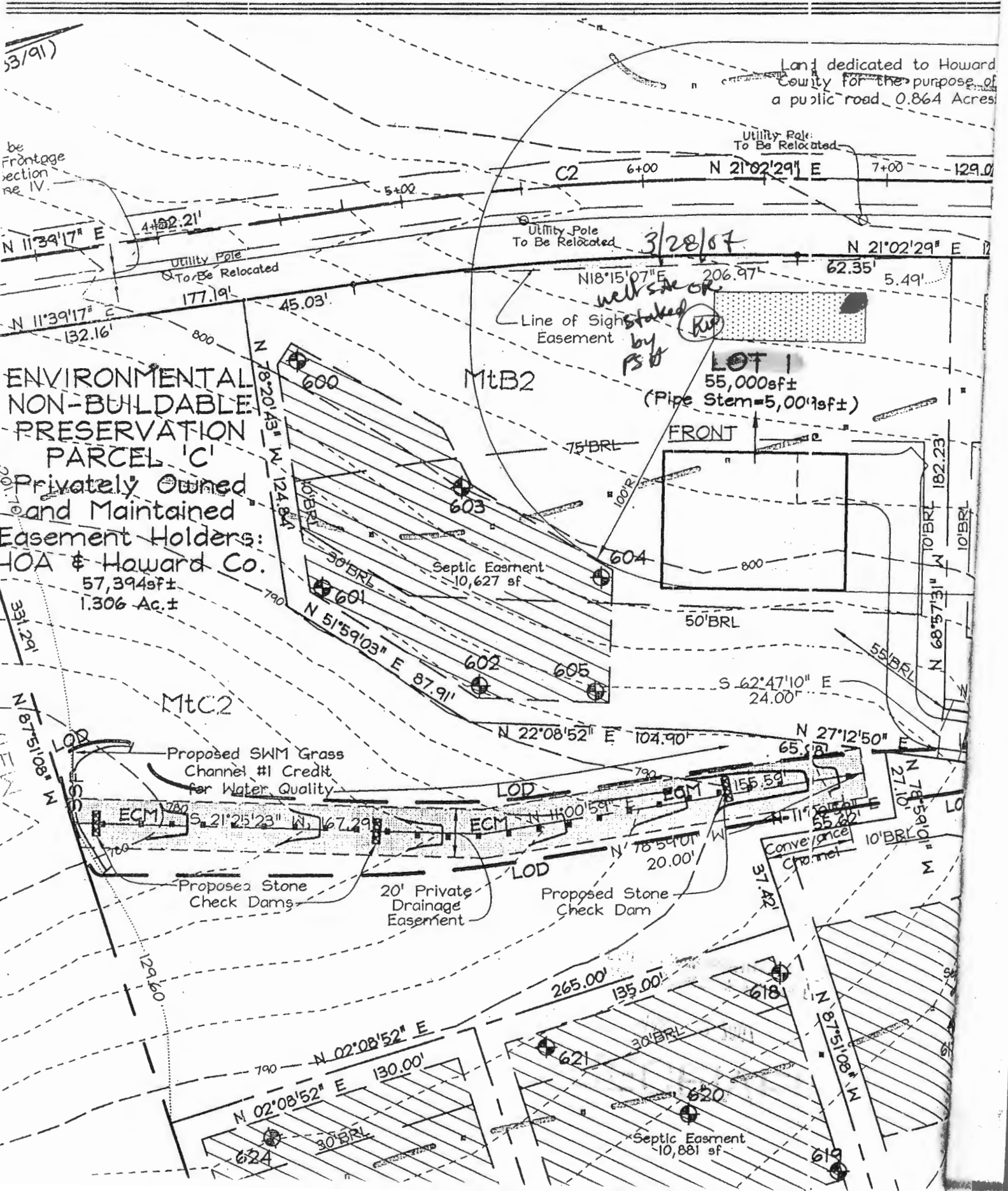
265.00'
135.00'
30' BRL
621
620
Septic Easement 10,881 sf
619

Conveyance Channel

37.42'

N 87°51'08" W

N 87°51'08" W



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – December 21, 2023

June 21, 2023

Homeowner
18406 Hidden Creek Way
Mt. Airy, MD 21771

RE: Windsor Forest Knolls, Lot 1
18406 Hidden Creek Way
Building Permit: B22003438
Well Permit: HO-95-1028

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 5/9/2023. Final approval of the well line connection to the dwelling was granted on 3/14/2023. The well construction was completed on 5/22/2007. Water samples were collected on 5/16/2023, 6/2/2023, 6/16/2023.

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-95-1028. 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,

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

HOME LAND LABS

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Report Date: 05/18/2023

Client: Barlow Well Drilling
Property Address: 18406 Hidden Creek
Woodbine, MD
Report No: 239023
Sample Time: 05/16/2023 09:00
Date & Time Received: 05/16/2023 15:45
Sampled By: Jayden Edwards 3059JE
Field Preservation: Ice
Sample Point(s): Pressure Tank
Water Conditioning Appears to be: None

Field Chlorine: 0.00
Field pH: Not Noted
Well Type: Drilled
Well Height: 12"
Cap Type: 2 Piece PVC
Casing: PVC
Conduit: PVC
Clarity: Clear
Sand: None Observed
Well Tag Number: HO-95-1028

This report is the sole property of Barlow Well Drilling. Any questions about the report MUST be directed to Barlow Well Drilling at (410) 838-6910. Home Land Labs is not at liberty to discuss this report without written consent from Barlow Well Drilling.

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colilert Test	Absent	Pass	Per/100ml	Present	1	E H - 365	05/18/2023
Bacteria-E.coli	Colilert Test	Absent	Pass	Per/100ml	Present	1	E H - 365	05/18/2023
Nitrate + Nitrite as N	EPA 353.2	2.9	Pass	mg/L	10	0.5	A D - 365	05/17/2023
Turbidity	EPA 180.1	16.7	Fail	NTU	10	0.5	E H - 365	05/17/2023

Secondary Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
pH	EPA 150.1	6.4	-	pH Units	-	1	D J - 365	05/17/2023
Iron, Total	H 8008	1.23	High	mg/L	0.30	0.05	M K - 365	05/18/2023

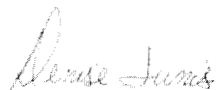
Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
Sand	SM 2540F	Not Detected	NA	ml/L/hr	-	0.5	D J - 365	05/17/2023

Report Notes

The lab added the following notes for your report:

- pH must be analyzed in the field to be in accordance with EPA protocol.

Approved By:



Denise Junis, Lab Director

HOME LAND LABS

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Report Date: 06/05/2023

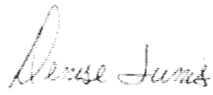
Client: Barlow Well Drilling
Property Address: 18406 Hidden Creek
Woodbine, MD
Report No: 239814
Sample Time: 06/02/2023 09:00
Date & Time Received: 06/02/2023 14:43
Sampled By: Steve Duklewski 3091SD
Field Preservation: Ice
Sample Point(s): Kitchen Sink
Water Conditioning Appears to be: None

Field Chlorine: Not Noted
Field pH: Not Noted
Well Type: Drilled
Well Height: 12"
Cap Type: 2 Piece PVC
Casing: PVC
Conduit: PVC
Clarity: Not Noted
Sand: Not Noted
Well Tag Number: HO-95-1028

This report is the sole property of Barlow Well Drilling. Any questions about the report MUST be directed to Barlow Well Drilling at (410) 838-6910. Home Land Labs is not at liberty to discuss this report without written consent from Barlow Well Drilling.

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Turbidity	EPA 180.1	0.9	Pass	NTU	10.0	0.5	M K - 365	06/05/2023

Approved By:



Denise Junis, Lab Director

HOME LAND LABS

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Report Date: 06/19/2023

Client: Barlow Well Drilling
Property Address: 18406 Hidden Creek
Woodbine, MD

Report No: 240495

Sample Time: 06/15/2023 14:00

Date & Time Received: 06/16/2023 10:40

Sampled By: Michael Isom 1113MI

Field Preservation: Ice

Sample Point(s): Kitchen sink

Water Conditioning Appears to be: Acid Neutralizer, Water Softener

Field Chlorine: 0.00

Field pH: Not Noted

Well Type: Drilled

Well Height: 12"

Cap Type: 2-piece PVC

Casing: PVC

Conduit: PVC

Clarity: Clear

Sand: None Observed

Well Tag Number: Not noted

This report is the sole property of Barlow Well Drilling. Any questions about the report MUST be directed to Barlow Well Drilling at (410) 838-6910. Home Land Labs is not at liberty to discuss this report without written consent from Barlow Well Drilling.

Secondary Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
Iron, Total	H 8008	Not Detected	Acceptable	mg/L	0.30	0.05	D J - 365	06/16/2023

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director