

C1 6933

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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 A516902

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 300'

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1031

OWNER Highland Development Corporation STREET OR RFD Hidden Creek Way TOWN Mt. Airy SUBDIVISION Windsor Forest Knolls SECTION LOT 4

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

GROUTING RECORD section including GROUTED status, material type (CM, BC), and depth of grout seal.

CASING RECORD section including casing type (S.T.), nominal diameter (6"), and total depth (72').

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

SCREEN RECORD section including screen type (S.T.) and diameter of screen (58").

NUMBER OF UNSUCCESSFUL WELLS: 0. ALL HYDROFRACTURED: YES (Y), NO (N).

HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

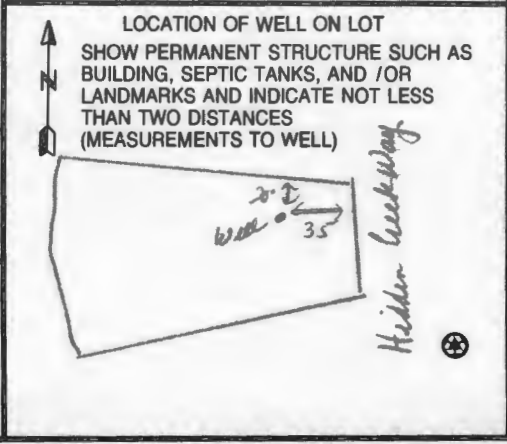
DRILLERS LIC. NO. 1 MSD024. DRILLERS SIGNATURE: Joseph E. Mayne. LIC. NO. 1 D.

DEPTH (nearest ft.) table with rows for casing height and slot size.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER).

PUMPING TEST section including hours pumped (3), pumping rate (10 gal/min), and method used (Bucket).

PUMP INSTALLED section including driller installed pump (NO), pump type (S), and capacity (29 gpm).

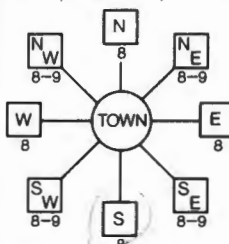


B 1 **9849** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6
526278 APPLICATION FOR PERMIT TO DRILL WELL please type **HO-95-1031**
 70 fill in this form completely 79

Date Received (APA) **3/17/07** OWNER INFORMATION
 8 MM DD YY 13
 15 Highland Development Corp Last Name Owner First Name 34
 36 P.O. Box 228 Street or RFD 55
 57 Clarksville Md 21029 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Windsor Forest Knolls 42
 SECTION 44 46 LOT 4 50
 52 NEAREST TOWN Mt. Airy 71
 MILES FROM TOWN (enter 0 if in town) 5 M I
 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name Joseph L Mayne License No. M S D 024 81
 Firm Name Joseph L Mayne Well Drilling
 Address 5512 Ridge Rd Mt. Airy Md 21111
 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 WEST EAST SOUTH
 34 50 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 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

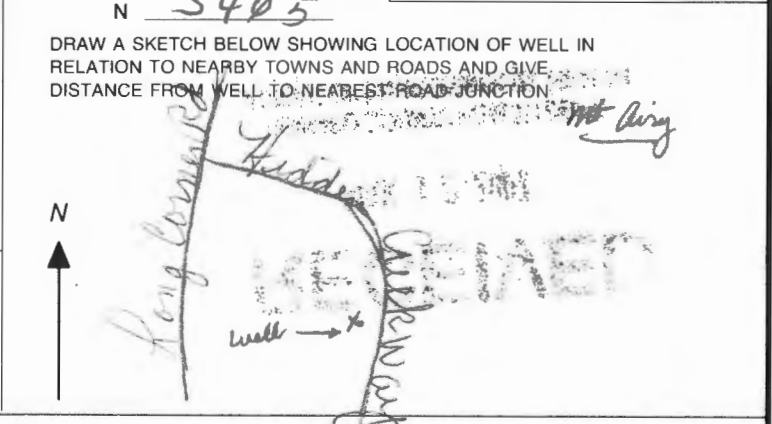
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME 13 COUNTY NO. A 516902
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED 3/28/07 Kim Wall 3/28/08
 49 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 545 000 EAST GRID 0757 000
 50 55 57 63

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 7547
 N 5405
 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-95-1031
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED *

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1031
 Location of property (road) Hidden Creek Way
 Subdivision Windsor Forest Knolls Lot 4 Block _____ Plat _____ Sec. _____
 Well Driller Jeff Mayne Owner Highland Development

Depth of well 300
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 42'

I. High rate pumping -- reservoir drawdown

Time pump started 6:15 Pumping rate 20 gpm
 Total time 9:30 to reach pumping water level 97' 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 <u>1</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:15	42'		10	
6:30	97	3 sec		20 gpm
6:45	94	6		10
7:00	94	6		10
7:15	94	6		10
7:30	94	6		10
7:45	94	6		10
8:00	94	6		10
8:15	94	6		10
8:30	94	6		10
8:45	94	6		10
9:00	94	6		10
9:15	94	6		10
9:30	94	6		10

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1031
 Location of property (road) _____
 Subdivision Windsor Forest Knolls Lot 4 Block _____ Plat _____ Sec. _____
 Well Driller _____ Owner _____

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

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
 Total time _____ to reach pumping water level _____ 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)

**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 #: 717-464-8060
Subdivision: _____ Lot #: 4 Well Tag #: HO -95 -1034 ST
Site Address: 18430 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 <u>inside of well casing</u> 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: 7/7/21 Date Insp. Approved: 7/7/21 Inspector: ST

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	38"
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"/>	30"
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	30"
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	house connection covered ST
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

✓ seen by Joseph ST

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – FEBRUARY 12, 2022

August 12, 2021

Homeowner
18430 Hidden Creek Road
Mount Airy, MD 21771

RE: Windsor Forest Knolls, Lot 4
18430 Hidden Creek Road
Building Permit: B20004256
Well Permit: HO-95-1031

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 **7/27/2021**. Final approval of the well line connection to the dwelling was granted on **7/7/2021**. The well construction was completed on **6/1/2007**. Water samples were collected on **8/9/2021**.

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-95-1031. 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.**

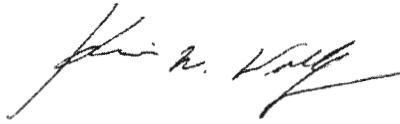
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<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 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



55,000sf±
(Pipe Stem=5,00'±)

by H.Q.A.

FRONT

LOT 2
48,280sf±

FRONT

Speed Limit
Sign 25 mph
(R2-1)

604
605

606
607
608

50'BRL

Septic Easment
13,092 sf

S 62°47'10" E 24.00'
3'52" E 104.90'
N 27°12'50" E 81.83'
N 27°12'50" E 81.83'
N 22°08'52" E 167.72'

24' Use In Common
Access Easement
for Lots 1 & 2

EQM 155.59
N 78°54'00" W 20.00'

posed Stone
neck Dam

Conveyance
Channel

R2-1 25
MPH
Sign

135.00'

Septic Easment
10,627 sf

Septic Easment
11,649 sf

Septic Easment
10,881 sf

LOT 4
44,805sf±

Contractor to Provide
Flush Concrete Curb
Beginning @ Sta. 4+00
See Detail Sheet

HIDDEN CREEK WAY
(Public Access Place)

LOT 5
43,875sf±

well site OK
staked by
FSH

LOT 3
42,811sf±

Public Drainage &
Utility Easement

FRONT

FRONT

FRONT

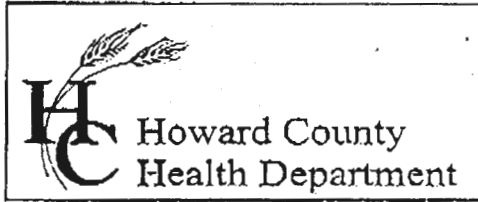
10' Public Tree
Maintenance

End Flush
Concrete Curb
@ Sta 7+00

PC Sta. 4+36.83
Elev. 796.03

M 1
M 2

Point
6+00 391.14
6+81.70



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>18 Lots</u>	<u>Hidden Creek Way</u>
Subdivision/Property Name	Lot#	Road Name

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

SEARCHED
 SERIALIZED
 INDEXED
 FILED



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: 08/10/2021
Report Number: 210810162058
Use and Occupancy
PERMIT #:

LAB#- E067806-01	SAMPLE ID- 18430 Hidden Creek Way	WELL #	HO 95-1031
LOCATION- Pressure Tank		SAMPLER-	1113MI
DATE SAMPLED- 08/09/2021	TIME SAMPLED- 00:00	CHLORINE-	Non detect
DATE RECEIVED- 08/09/2021	TIME RECEIVED- 17:38		
DELIVERED BY- Steve Duklewski	RECEIVED BY- Stephen Shelley		
COMMENTS-			

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Microbiology by Enviro-Chem					
Total Coliform	SM 9223B	08/09/21 17:50	SES <	1.0 MPN/100 mL	PASS
E. Coli	SM 9223B	08/09/21 17:50	SES <	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	08/09/21 20:25	FRD <	0.15 mg/L	PASS
pH	SM4500-H+B	08/10/21 14:06	FRD	7.2 SU	
Sand	EPA 160.5	08/10/21 09:55	SES <	0.5 ml/L/Hr	
Turbidity	EPA 180.1	08/10/21 14:06	FRD	7.0 NTU	

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192