

CL 46439		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.	
1 2 3 4 5 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-5 ON ALL CARDS)		DATE RECEIVED APR 11 2020		DATE WELL COMPLETED MAY 19 2020		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0193	
OWNER Heritage Land Development		WELL SITE ADDRESS 2620 MILLINIX MILL RD		TOWN MT AIR		COUNTY NUMBER	
SUBDIVISION MCALISTER PROPERTY		SECTION		LOT 3			
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/> NO. OF BAGS 45 46 12 NO. OF POUNDS 95 100 GALLONS OF WATER 600 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 35 (enter 0 if from surface)		PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.62 METHOD USED TO MEASURE PUMPING RATE water/buret WATER LEVEL (distance from land surface) BEFORE PUMPING 58 WHEN PUMPING 152 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 35 OTHER CASING (if used) diameter inch depth (feet) from to		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO 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 36 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 48 57			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Silt 0 5 Brown clay 5 15 Brown shale 15 32 Med Gray Rock 32 300 156		SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100			
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED YES Y NO N		CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL		LATITUDE 39.29897 LONGITUDE 77.14565 (DEFAULT COORD. WGS 84)	
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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		DRILLERS LIC. NO. MWD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. WRB 113 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MODE 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		Permit to 510-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.	

B 1	67942 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <small>please type</small>	STATE PERMIT NUMBER HO-18-0193 <small>fill in this form completely</small>
Date Received (APA) <small>8 mm dd yy 13</small> Heritage Land Development <small>15 Last Name Owner First Name 34</small> PO Box 482 <small>36 Street or RFD 55</small> Lisbon MD 21765 <small>57 Town 70 State 72 Zip 76</small>		LOCATION OF WELL <small>B 3</small> Howard <small>8 COUNTY 21</small> McAlister Property <small>23 SUBDIVISION 42</small> SECTION 44 48 LOT 48 50 Mt Airy <small>52 NEAREST TOWN 71</small>		
DRILLER INFORMATION Michael Barlow MW D 355 <small>Driller's Name 76 License No. 81</small> Barlow Well Drilling <small>Firm Name</small> 522 Underwood Lane 21014 <small>Address</small> [Signature] 3-17-20 <small>Signature Date</small>		<small>B 4</small> SOURCES OF DRILLING WATER 1. Well 2. Bentonite cement 3. 4.5 gpm Static 58' level 152' pump level 290' Mullinix Mill Road <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 250 37 DISTANCE FROM ROAD Ft ENTER FT OR MI 36 39 TAX MAP: 12 BLK: 16 PARCEL 72		
<small>B 2</small> WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 <small>14 20</small>		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard <small>COUNTY NAME</small> STATE SIGNATURE DATE ISSUED 03/23/2020 <small>43 mm dd yy 48</small> CO SIGNATURE [Signature] EXP. DATE 03/23/2021 DON: 5/14/2020 DOG: 5/14/2021 DOY: 5/14/2021		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <small>30 AIR-ROTARY 37 CABLE other</small> AIR-PERCussion ROTARY (Hydraulic Rotary) REVERSE-ROTARY Drive-POINT		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL. 5/19/20 Total depth: 300' 20' ↑ Prop Lines 330'		
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52		Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____ G _____ PERMIT No. HO-18-0193 <small>70 71 72 73 74 75 76 77 78 79</small>				
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITY SHOULD USE SEPARATE SHEET IF NEEDED</small>				



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

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: Gaunt Plumbing Services Telephone #: 240-440-9611
Address: 3908 Chaucer Ct

Monrovia, MD 21770

Must circle one: Licensed Plumber Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): David Gaunt License# 18500

*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: David Gaunt Telephone #: 240-440-9611

Subdivision: 1002 Lot #: 3 Well Tag #: HO-18-0193 ✓

Site Address: 2620 Mullinix Mill Rd.
Mt. Airy MD 21771

Submersible Pump Data

Make: GRUNDfos

Model #: LF 15 Self-180

Pump Capacity _____

Well Yield: _____

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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make: _____ +

Model#: _____

GPM Depth: _____ (36" min)

GPM 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: _____

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: 10/16/2022 Date Insp. Approved: 10/17/2022 Inspector: SP

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

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

✓ 48'
✓ 40'
✓ 6'

Ozark of Hare

(Revised form 10/24/2018)



Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

Scanned with CamScanner



HOWARD COUNTY HEALTH DEPARTMENT

67353

DATE
3/19/20

Received
From

Michael Barlow Well

PHONE #

Drilling Service, Inc.

For

Well Permits (2)

McAlister Property - Lot 3+4

☐ CASH
☒ CHECK

NO.

1831

Three Hundred Twenty

Dollars

\$ 320.00

Received By

M. Youmans

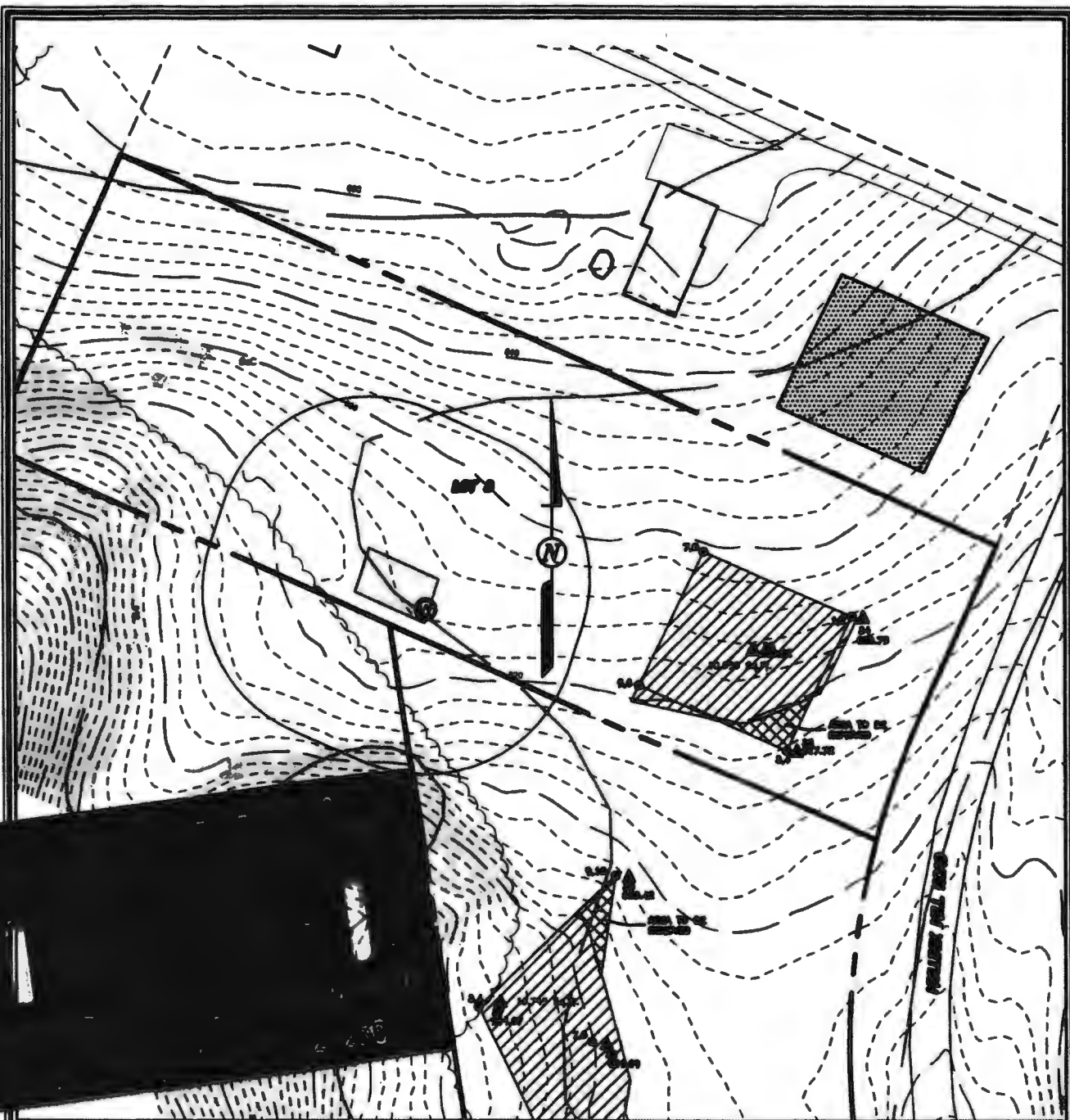


MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
522 Underwood Lane **Bel Air, Maryland 21014**
(410) 838-6910 **Fax (410) 838-3582**

WELL YIELD REPORT

Date Test Completed:		May 19, 2020	
Well Depth:		300	feet
Customer	Heritage Land Development	Permit #	HO-18-0193
Road	2620 Mullinix Mill Rd	Subdivision	McAlister Property
City	Mt. Airy	Section	
State	Maryland	Lot #	3

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
12:00 PM	58	4	15.00
12:15 PM	108	4	15.00
12:30 PM	149	11	5.45
12:45 PM	152	13	4.62
1:00 PM	152	13	4.62
1:15 PM	152	13	4.62
1:30 PM	152	13	4.62
1:45 PM	152	13	4.62
2:00 PM	152	13	4.62
2:15 PM	152	13	4.62
2:30 PM	152	13	4.62
2:45 PM	152	13	4.62
3:00 PM	152	13	4.62
3:15 PM	152	13	4.62
3:30 PM	152	13	4.62
3:45 PM	152	13	4.62
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			



2620 MULLINX HILL
 APPROVED 03/23/2020 (2001917)
 H-18-0193
 STAKED BY FCC

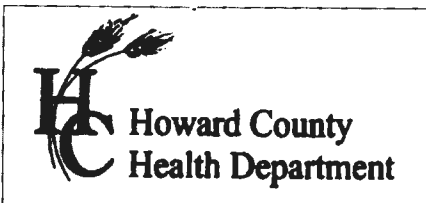
FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELICOTT CITY, MARYLAND 21042
 (410) 481 - 2855

WELL EXHIBIT McALISTER PROPERTY

LOT 3

TAX MAP No. 12 QSD No. 16 PARCEL No. 72
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE 1"=100' DATE: FEBRUARY 23, 2020

2620 MULL. HILL



8930 Stanford Blvd, Columbia MD 21045
(410) 313-6300 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.askhealth@howardcountymd.gov

Bert Nixon, Director

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>McAlister Property</u>	<u>3</u>	<u>Mullinix Mill Road</u>
Subdivision/Property Name	Lot #	Road Name

☒ The well site has been staked by Fisher, Collins and Carter,
(professional land surveyor or company employing professional land surveyors)
on 12/06/19 (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.

INTERIM CERTIFICATE OF POTABILITY**Expiration Date – September 11, 2024**

March 11, 2024

Homeowner
2620 Mullinix Mill Road
Mt. Airy, MD 21771**RE: Mcalister Property, Lot 3
2620 Mullinix Mill Rd
Building Permit: B21004597
Well Permit: HO-18-0193**

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 1/2/2024. Final approval of the well line connection to the dwelling was granted on 10/17/2023. The well construction was completed on 6/22/2020. Water samples were collected on 1/24/2024, 2/7/2024, 2/14/2024.

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-18-0193. 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>



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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



HOWARD COUNTY HEALTH DEPARTMENT

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