

C 1 6441 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. COUNTY NUMBER 13 A521566

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 15 28 05 Depth of Well 22 250 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4136

OWNER Lewis Frank STREET OR RFD 2461 Mullinix Mill Road TOWN Mount Airy SUBDIVISION Mullinix Farm SECTION LOT

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Brown Shale (0-90), Gray Limestone (90-200), White (200-201), Gray Limestone (201-250).

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 20 NO. OF POUNDS 1890 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 59 BOTTOM 58 ft.

CASING RECORD casing types insert appropriate code below (ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER MAIN CASING TYPE (PL) (CG) (100) diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) 60 61 63 64 66 70

OTHER CASING (if used) diameter inch depth (feet) from to

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 HO 100 250

PUMPING TEST HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE 1966 WATER LEVEL (distance from land surface) BEFORE PUMPING 59 ft. WHEN PUMPING 102 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above ( ) below LAND SURFACE 02 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (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

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.

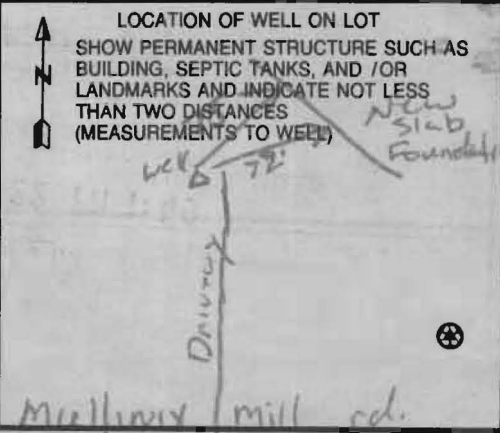
DRILLERS LIC. NO. 1 M SD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

DEPTH (nearest ft.) 1 HO 100 250 2 3 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

MDE 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



B 1 8132

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4136 fill in this form completely

522017 please type

Date Received (APA) 3/8/2005

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Lewis Owner First Name Frank 34 36 2401 Mullinix Mill Rd Street or RFD 55 57 Town Mt Airy MA 70 State 72 Zip 21771 76

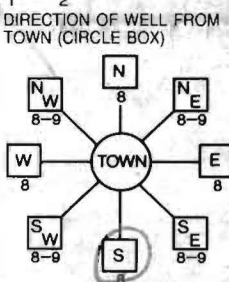
B 3 LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION Mullinix Farm 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Mount Airy 71 MILES FROM TOWN (enter 0 if in town) 5 M 73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton M.S.D. 009 License No. 81 Firm Name Fogles Well Drilling Address 580 Oberholt Rd. Signature Date 3-1-05

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



2461 NEAR WHAT ROAD Mullinix Mill 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 500 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 12 BLK: 12 PARCEL 15

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A521566 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/10/2005 Brian Baker 3/10/2006 CO SIGNATURE EXP. DATE NORTH GRID 535 000 EAST GRID 762 000

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 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D 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-94-4136

SPECIAL CONDITIONS

Need Yield Test

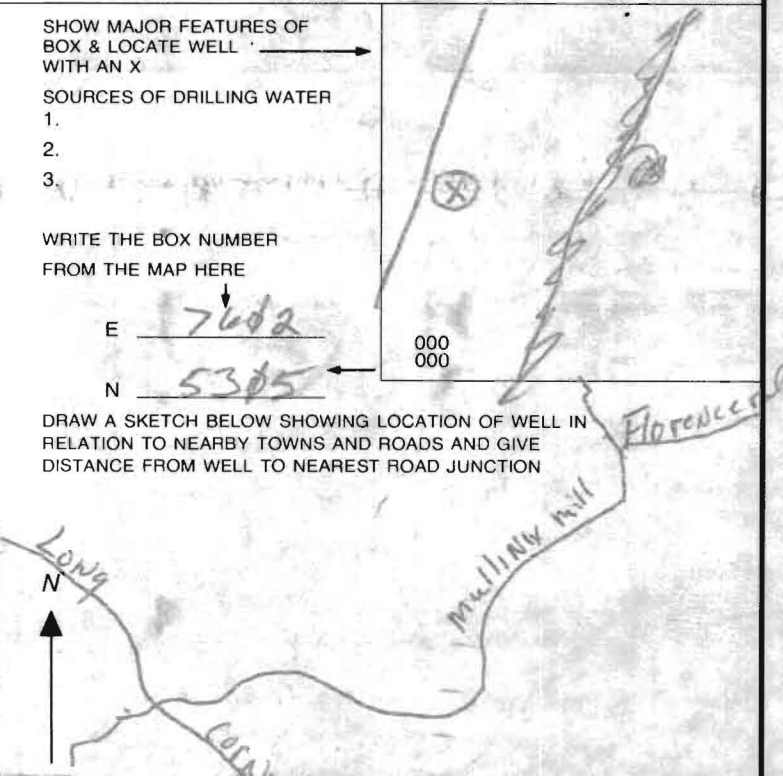
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7602 N 5305

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





**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: \_\_\_\_\_ 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 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: Frank Lewis Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-4136  
Site Address: 2461 Mullinix Mill Rd

**Submersible Pump Data**

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

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF 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 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: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve (5 foot minimum): \_\_\_\_\_

Depth of supply line: \_\_\_\_\_ (36" min)      Sleeve caulked and 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: \_\_\_\_\_ Date Insp. Approved: O.K.  
Inspection Data: Pitless adapter and water supply line at least 36" below grade  
Two piece cap installed and attached to casing securely Cracked  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope installed inside of well casing No  
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 ✓

3/30/05  
Need Tag  
Driller Said  
He Will  
Install

3/16/09  
Cap cracked.  
Rope through cap.  
BB  
3/9/09  
Tag on Well  
BB

**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 Lines**

**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: K.H. Plumbing Telephone #: 410-857-0255  
 Address: 470 Pitts. Dr.  
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation: License # 8300

Name (Print): Keith Hundertmark  
 \*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. License may be subjected to field verification.

Name of Property Owner: CLIFF CLEVENGER Telephone #: 240-308-2419  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO 94-4136  
 Site Address: 2461 MULLINIA Mill Rd.  
HT. HTY, MD 21111

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduits</b>
Make: <u>Grundfos</u>	Make: <u>American Gully</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>ESB07402C</u>	Model #: <u>PT800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>8</u> GPH	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSP approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>42</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 <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt _____		

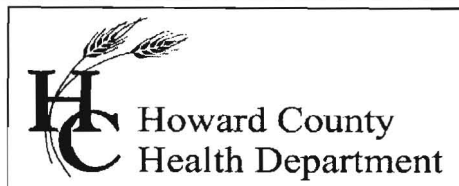
<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Polyethylene 1" IPS-DE 3408</u>	PVC driven to undisturbed soil at full penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Keith Hundertmark Date: 6-20-09

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/28/09 (RB)  
 Inspection Data: Pitless adapter and 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 installed inside of well casing \_\_\_\_\_  
 Correct well tag attached properly and zoning 8" above finished grade \_\_\_\_\_  
 Water supply line sleeved adequately at house connection \_\_\_\_\_  
 Adequate gROUT observed below pitless adapter \_\_\_\_\_



Bureau of Environmental Health  
7178 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](http://www.hchealth.org)

*Peter Beilenson, M.D., M.P.H., Health Officer*

July 28, 2009

Homeowner  
2461 Mullinix Mill Road  
Mount Airy, MD 21771

RE: Clevenger Property  
BP #: B08003529  
Well Permit # HO-94-4136

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 05/28/2009. Final approval of the well line connection to the dwelling was approved on 05/28/2009.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, are copies of the septic permit and the as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

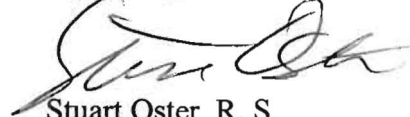
#### **INTERIM CERTIFICATE OF POTABILITY**

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-94-4136. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 07/13/2009  
Date of Well Completion: 03/28/2005

Approving Authority,



Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Bennard Construction  
1045 St. Michaels Road  
Mt. Airy, Md 21771

Reporting Date: 7/16/2009  
Report #: K5382

Submitted Sample Address: 2461 Mullinix Mill Road  
Mt. Airy, MD 21771  
Submitted Sample Source: Holding tank  
Date / Time Collected: 7/13/2009 7:56 AM  
Sample Type: Drinking Water  
Sampler/Company: D. Pitts 4322DP, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: HO-94-4136  
Permit #: B08003529

## Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	6.7	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	8.0	SU	0.1	6.5-8.5 (SMCL)	EPA 150.1


### Notes:

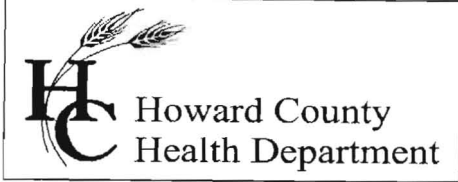
- Bacteriological analysis of this sample indicates this water is  safe for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- Analyzed by Lab 214.
- SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21<sup>st</sup> Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: 



Bureau of Environmental Health  
7178 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

---

*Peter Beilenson, M.D., M.P.H., Health Officer*

10/22/2007

Erin Willis  
13549 Wisteria Dr.  
Germantown, MD 20874

RE: 2641 Mullinix Mill Road  
HO-94-4136

Dear Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 3/30/2005.** This property is a substandard site, and further development or alterations of the site will not be permitted without establishing a suitable sewage disposal easement on the property.

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. The water sample results were found to be in compliance with COMAR water quality standards.

#### **INTERIM CERTIFICATE OF POTABILITY**

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-94-4136. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 10/18/2007  
Date of Well Completion: 11/21/2003

Approving Authority,

Sara Sappington, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene Program  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1814 (410) 875-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	65554	Account #:	9799
Reference:	Erin Willis	Company:	CASH ACCOUNT
Location:	2461 Mullinix Mill Road Mount Airy, MD 21771	Requested By:	Erin Willis
Date/ Time Collected:	10/18/2007 1015	Source:	Well Water
Date/Time Rec'd:	10/18/2007 1132	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	5.9
		Well #:	HO-94-4136

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/19/2007 / 0830 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/19/2007 / 0830 / AD/BD
Nitrate	6.60	mg/L	10	601	10/19/2007 / 1030 / AD/BD
Turbidity	0.76	NTU	<10	SM18 2130B	10/19/2007 / 0900 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	10/19/2007 / 0900 / AD/BD

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : HOHD

Date Reported: 10/19/2007

SITE INSPECTION SHEET

OWNER: Frank Lewis PHONE #: \_\_\_\_\_

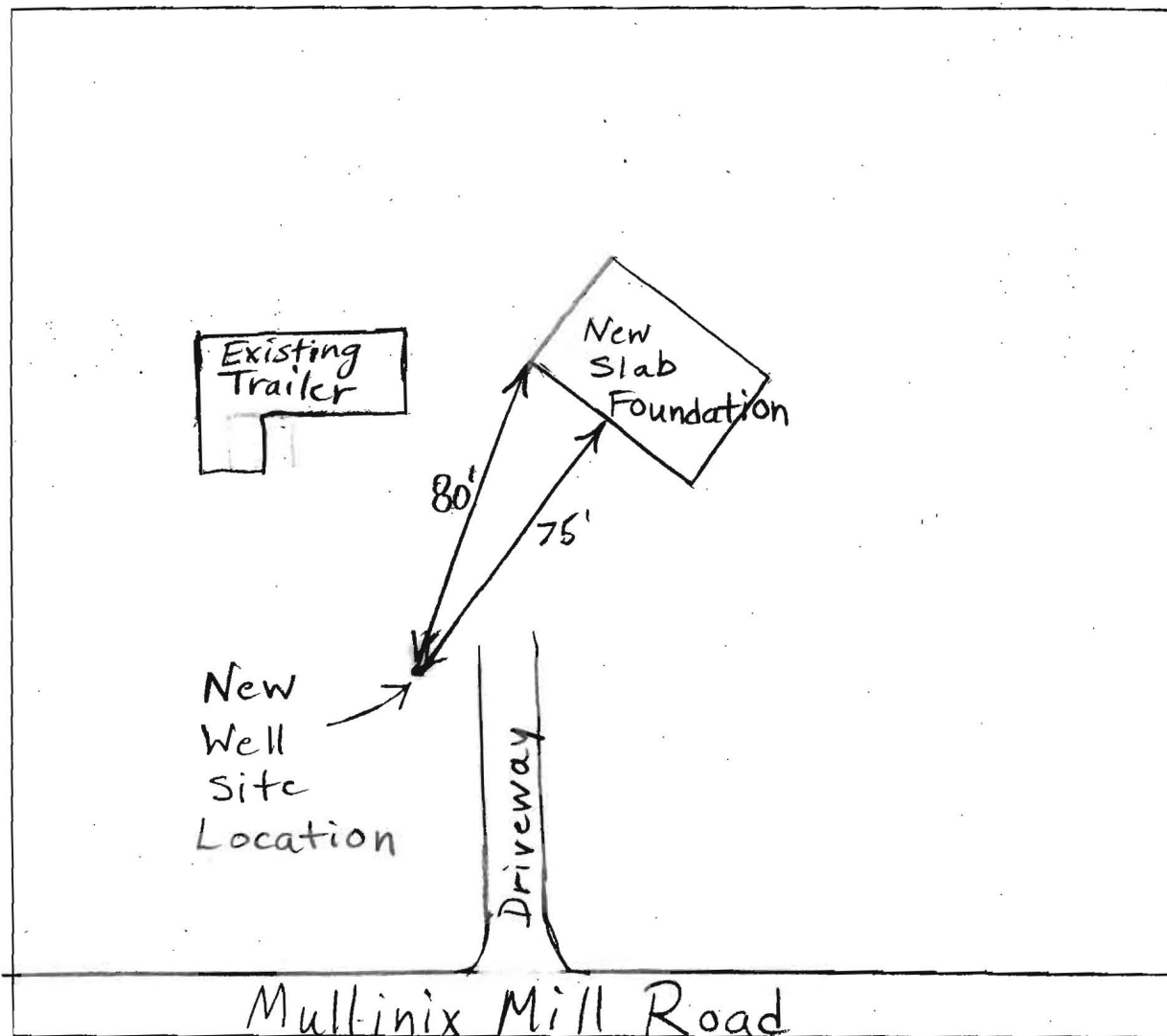
ADDRESS: 2461 Mullinix Mill Rd CONTRACTOR: \_\_\_\_\_

\_\_\_\_\_ WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Drill New Well in Support of New Modular Home and Seal Old Hand Dug Well

LOCATION DIAGRAM



COMMENTS: New Well Site Location Staked in Field

DATE: 3/10/05 INSPECTOR: B. Baker



# L. FRANKLIN EASTERDAY, INC.

WELL DRILLING - TRENCHING - PUMPS & SERVICE

9265 Brown Church Rd., Mt. Airy, Maryland 21771

PHONE: 301-829-1640 • FAX: 301-829-2667

August 29, 2007

Stuart Oster  
Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia, Md. 21046

Re: 2461 Mullinix Mill Road

Dear Mr. Oster:

I recently went to the above referenced location to check a well to be abandoned. I dug down about 6 feet and found the hand dug well which appeared to have been abandoned..

Please let me know if you need any further information.

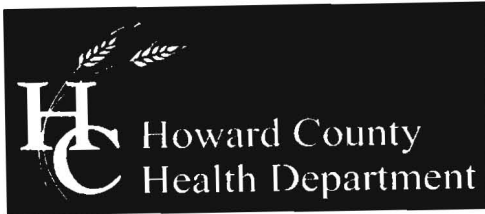
Very truly yours,

A handwritten signature in cursive script that reads 'George F. Easterday'.

George F. Easterday, CWD/PI  
MWD 040  
President

GFE/sve

C: Erin Willis



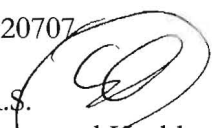
Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 24, 2008

**MEMORANDUM**

TO: Clifton L. Clevenger  
7717 Kirklee Ct.  
Laurel, Maryland 20707

FROM: Stuart F. Oster, R.S.   
Bureau of Environmental Health  
Well and Septic Program

RE: 2641 Mullinix Mill Road  
Mt. Airy - 94.00 Ac.  
Map 12, Grid 12, Parcels 15

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced properties. On October 22, 2008, Sanitarians Brian Baker and Robert Bricker confirmed that the hand dug well and the septic from the modular home have been abandoned. By accepting this demolition recommendation, you agree to the following conditions set forth by the Health Department:

The new well (HO-94-4136) may be utilized for replacement house. This well must be properly disconnected and sealed off as well as protective devices placed around them to prevent any future damage. These precautions should remain in place during the demolition and construction phases.

A new septic system will have to be established through our Development Coordination Section and a 10,000 Sq. Ft. septic reserve area established before a building permit can be approved.

A new septic permit will need to be obtained. A well inspection will be required for final approval when reconnecting to the new house. Additionally, applicable water tests for issuance of an ICOP will be needed. If any other wells or septic systems are found during site work, please notify this office immediately.

C: Joan M. Becker, LLC, Faxed to 410-442-5930  
File