

C1 64891	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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER

ST/CO USE ONLY DATE Received 06/11/2020	DATE WELL COMPLETED 05 20 2020	Depth of Well 22 250 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-18-0194
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OWNER Heritage Land Development
 WELL SITE ADDRESS 2650 Mullinix Mill Rd TOWN MT AIRY
 SUBDIVISION MCA Lists Property SECTION _____ LOT 4

WELL LOG			
Not required for driven wells			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Soil	0	5	
Brown Clay	5	10	
Brown shale	10	20	
Med Gray Rock	20	250	✓
		145	✓

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) Well <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
TYPE OF GROUTING MATERIAL (Circle one) GROUT	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC
NO. OF BAGS <u>9</u>	NO. OF POUNDS <u>675</u>
GALLONS OF WATER _____	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>23</u> ft. 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	

CASING RECORD	
(casing types insert appropriate code below)	
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
MAIN CASING TYPE <u>DL</u>	Nominal diameter top (main) casing (nearest inch) <u>6</u>
	Total depth of main casing (nearest foot) <u>23</u>

OTHER CASING (if used)	
EACH CASING	diameter depth (feet) inches from
<u>DL</u>	<u>4 1/2</u> <u>20</u> <u>120</u>

SCREEN RECORD	
screen type or open hole (insert appropriate code below)	
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> OT OTHER	

PUMPING TEST	
HOURS PUMPED (nearest hour) <u>3</u>	
PUMPING RATE (gal. per min.) <u>67</u>	
METHOD USED TO MEASURE PUMPING RATE <u>Watch/Bucket</u>	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING <u>36</u> ft.	
WHEN PUMPING <u>105</u> ft.	
TYPE OF PUMP USED (for test)	
<input type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible
<input type="checkbox"/> T turbine	<input type="checkbox"/> O other (describe below)

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.	29
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	31 36
PUMP HORSE POWER	37 41
PUMP COLUMN LENGTH (nearest ft.)	43 47
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> + above	
<input type="checkbox"/> - below	1 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 1

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. M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. WR 8113

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

DEPTH (nearest ft.)	
1 <u>HO</u> <u>23</u> <u>250</u>	
E A C H S R E E N	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) from _____ to _____	

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
70	72	74 75 76
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

LATITUDE 39.29714
 LONGITUDE 77.14451
 (DEFAULT COORD. WGS 84)

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.



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 20, 2020

Well Depth: 250 feet

Customer Heritage Land Development
 Road 2650 Mullinix Mill Rd
 City Mt. Airy
 State Maryland

Permit # HO-18-0194
 Subdivision McAlister Property
 Section
 Lot # 4

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:45 AM	36'	4	15.00
10:00 AM	100	7	8.57
10:15 AM	105	9	6.67
10:30 AM	105	9	6.67
10:45 AM	105	9	6.67
11:00 AM	105	9	6.67
11:15 AM	105	9	6.67
11:30 AM	105	9	6.67
11:45 AM	105	9	6.67
12:00 PM	105	9	6.67
12:15 PM	105	9	6.67
12:30 PM	105	9	6.67
12:45 PM	105	9	6.67
1:00 PM	105	9	6.67
1:15 PM	105	9	6.67

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.

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1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 05 28 2020	Depth of Well 22 500 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-18-0199 28 29 30 31 32 33 34 35 36 37
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OWNER Heritage Land Development
WELL SITE ADDRESS 2650 Mullinix Mill Rd TOWN MT AIRY
SUBDIVISION McAlister Property SECTION _____ LOT 4

WELL LOG			
Not required for driven wells			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Soil	0	5	
Brown shale	5	20	
Med GRAY Rock	20	500	
Dry Hole - Backfilled			
500 - 30'	Drill Cuttings		
30 - 0	Cement GROUT		

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	yes <input checked="" type="checkbox"/> Y <input type="checkbox"/> N 44 44
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input checked="" type="checkbox"/> BC
NO. OF BAGS ⁴⁵ _____ ⁴⁶ _____	NO. OF POUNDS ⁴⁵ _____ ⁴⁶ _____
GALLONS OF WATER _____	
DEPTH OF GROUT SEAL (to nearest foot)	
from _____ ft. to _____ ft.	TOP 48 52 54 BOTTOM 56 58
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL	<input checked="" type="checkbox"/> CO CONCRETE
	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
	MAIN CASING TYPE	OTHER CASING (if used)
	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
_____ 60 61	_____ 63 64 66 70	

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

SCREEN RECORD			
screen type or open hole	<input checked="" type="checkbox"/> ST STEEL	<input checked="" type="checkbox"/> BR BRASS	<input checked="" type="checkbox"/> HO OPEN HOLE
insert appropriate code below	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	

DEPTH (nearest ft.)	
EACH CASING	DEPTH (nearest ft.)
1 2	11 15 17 21
2 3	23 24 26 30 32 36
3 4	38 39 41 45 47 51
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH)	
_____ 58 _____ 60 _____	from to

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 _____

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST		
HOURS PUMPED (nearest hour)	8 9	
PUMPING RATE (gal. per min.)	11 15	
METHOD USED TO MEASURE PUMPING RATE		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	17 20 ft.	
WHEN PUMPING	22 25 ft.	
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input checked="" type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible	

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.)	43 47
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> + above	LAND SURFACE (nearest foot)
<input type="checkbox"/> - below	49 51

LATITUDE 39.29704
LONGITUDE 77.14462
(DEFAULT COORD. WGS 84)

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NUMBER OF UNSUCCESSFUL WELLS: 1

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. M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ch...

LIC. NO. WR 113

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

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

Tag # 5/19/20 (S)

B 1 SEQUENCE NO. (MDE USE ONLY) 67943 STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-18-0194
 please type fill in this form completely

B 2 DATE RECEIVED (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
Heritage Land Development
 15 Last Name Owner First Name 34
Po Box 482
 36 Street or RFD 55
Lisbon MD 21765
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
McAlister Property
 23 SUBDIVISION 42
 SECTION 44 LOT 4
M + A - Y
 52 NEAREST TOWN 71

DRILLER INFORMATION
Michael Barlow MW D355
 Driller's Name 76 License No. 81
Barlow Well Drilling
 Firm Name
522 Underwood Lane 21014
 Address
[Signature] 3-17-20
 Signature Date

B 4 SOURCES OF DRILLING WATER
 1. Well
 2.
 3. static 36' pump 230' 6.0 gpm Rvel 109'
 MULLINIX Mill Road
 11 STREET ADDRESS 20
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 100 37 DISTANCE FROM ROAD Ft
 ENTER FT OR MI 38 39
 TAX MAP: 12 BLK: 16 PARCEL 72

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750
 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
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard
 COUNTY NAME
 STATE SIGNATURE INSERT S
 DATE ISSUED 03/23/2020 [Signature] 03/23/2020
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 DON: 5/19/20 (S) DOG: 5/20/20 (S) DOY: 5/20/20 (S)

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 4 INCH
 NEAREST INCH

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
yield test failed.
Drilling new hole
5/20/20
250' total

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

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Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____
 PERMIT No. HO-18-0194
 70 71 72 73 74 75 76 77 78 79

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

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: Eagle's Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 9580 DORCHESTER Rd
Sikesville, 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): David C Eagle License#: mg5226

*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: Michael Schmidt Telephone #: 240-841-1285
Subdivision: _____ Lot #: _____ Well Tag #: HO-18-0194 (E)
Site Address: 2650 Mullinix Mill Rd
Mt. Airy, MD 21771

Submersible Pump Data

Make: Gundorf
Model #: 1350E01-180
Pump Capacity: 15
Well Yield: 6 gpm

Pitless Adapter

Make: Pamperell +
Model#: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 250 (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 NA

Piping to house

Type: 1" poly pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

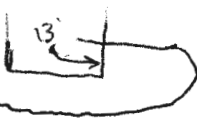
PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 16'
Sleeve sealed properly: YES

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.

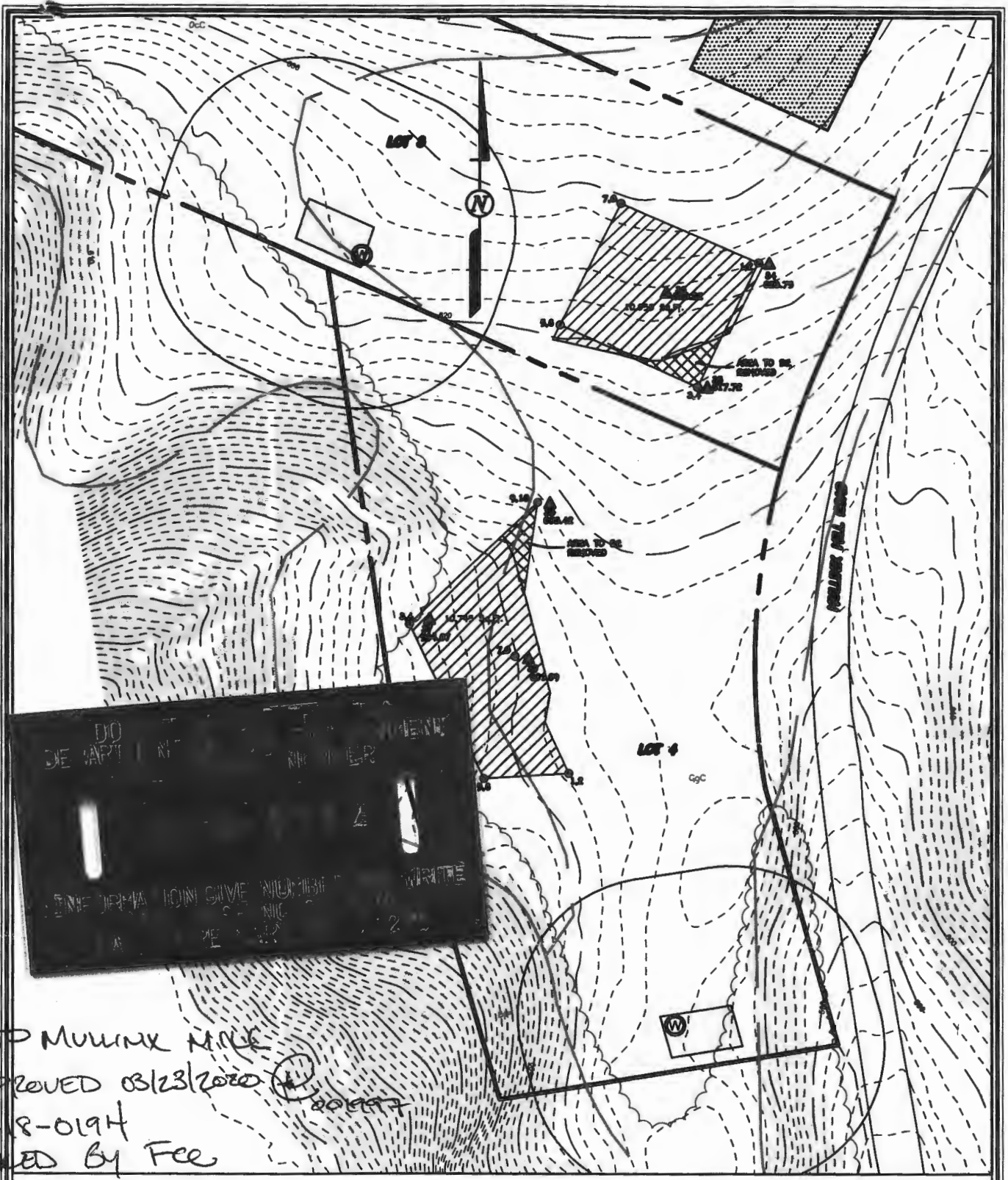
Signature of company representative responsible for installation: [Signature] date: 4/6/2021

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

Date Insp. Requested: 4/6/21 Date Insp. Approved: 4/6/21 Inspector: ED
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 38"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 32"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 22"
Water supply line sleeved adequately at house connection ✓ sleeved entire length
Adequate grout observed below pitless adapter ✓



(Revised form 10/24/2018)



DO NOT WRITE
 INFORMATION GIVEN HEREIN IS UNCLASSIFIED
 DATE 08/22/2017 BY 2017

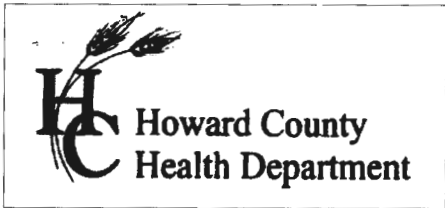
2650 MULLINX MINE
 APPROVED 03/23/2020
 HO-18-0194
 STAMPED BY Fee

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELlicOTT CITY, MARYLAND 21042
 (410) 461 - 2855

**WELL EXHIBIT
 McALISTER PROPERTY**

LOT 4
 TAX MAP No. 12 GRID No. 16 PARCEL No. 72
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE 1"=100' DATE: FEBRUARY 23, 2020

2650 MUL MLL



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>4</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.

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 9, 2021

July 9, 2021

Homeowner
2650 Mullinix Mill Road
Mt. Airy, MD 21771

RE: Mcalister Property, Lot 4
2650 Mullinix Mill Rd
Building Permit: B20004255
Well Permit: HO-18-0194

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 **5/7/2021**. Final approval of the well line connection to the dwelling was granted on **4/6/2021**. The well construction was completed on **5/20/2021**. Water samples were collected on **6/14/2021, 6/29/2021, 7/7/2021**.

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-18-0194. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

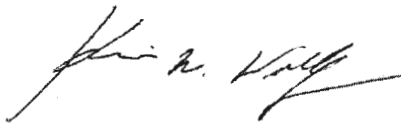
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 145647 Account #: 1933
Reference: Mike Schmidt Client: Fogle's Well Pump & Treatment
Location: 2650 Mullinix Mill Road Requested By: Dave Fogle
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 7/7/2021 0730 Site: Kitchen Sink Tap
Date/Time Rec'd: 7/7/2021 0850 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: T. Cassell 0767TC Well #: HO-18-0194

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/8/2021 / 0900 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/8/2021 / 0900 / TSD

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B20004255

Date Reported: 7/7/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 145168 Account #: 1933
Reference: Mike Schmidt Company: Fogle's Well Pump & Treatment
Location: 2650 Mullinix Mill Road Requested By: Dave Fogle
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 6/14/2021 0740 Site: Pressure Tank
Date/Time Rec'd: 6/14/2021 1424 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Evans 0309JE Well #: HO-18-0194

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	19.2	MPN/ 100 ml	<1.0	SM20 9223B	6/15/2021 / 0910 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/15/2021 / 0910 / CRS
Nitrate	1.55	mg/L	10	601	6/15/2021 / 0910 / TSD
Turbidity	11.9	NTU	<10	SM20 2130B	6/14/2021 / 1515 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	6/14/2021 / 1515 / TSD

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B20004255

Date Reported: 6/15/2021

Aneer, Cathy
Damarco, Rebecca
Frey, Thomas
Hull, Stephen
Husker, Thomas
Reyer, Linda
Schmidt, Walter

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 145503 Account #: 1933
Reference: Mike Schmidt Company: Fogle's Well Pump & Treatment
Location: 2650 Mullinix Mill Road Requested By: Dave Fogle
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 6/29/2021 1100 Site: Pressure Tank
Date/Time Rec'd: 6/29/2021 1139 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: B. Wilkerson 9315BW Well #: HO-18-0194

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM20 9223B	6/30/2021 / 0915 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/30/2021 / 0915 / TSD
Turbidity	0.40	NTU	<10	SM20 2130B	6/29/2021 / 1550 / TSD

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NTU = Nephelometric Turbidity Units
- 3 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B20004255

Date Reported: 6/30/2021