

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER A517963

ST/CO USE ONLY DATE Received DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL" 9 26 06 22 380 26 9 11 12 12/12/06 Ho- 95-0511

OWNER McAlister, Denise + Jeffery STREET OR RFD Florence Rd TOWN Md. Aris SUBDIVISION Mockingbird Forest SECTION LOT 1

**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	
Brown Shale	0	116	✓
Blue Rock	116	380	✓

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL (Circle one) CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 26 NO. OF POUNDS 2400  
GALLONS OF WATER 156  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 110 ft.

**CASING RECORD**  
casing types insert appropriate code below  
ST STEEL CO CONCRETE PL PLASTIC OT OTHER  
MAIN CASING TYPE St Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 120

**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 HO OPEN HOLE PL PLASTIC OT OTHER

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 024 1  
DRILLERS SIGNATURE [Signature]  
LIC. NO. 1 D

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

**C 2** DEPTH (nearest ft.)

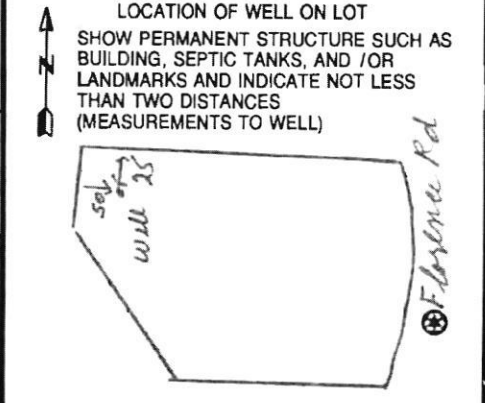
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
										110	118										380

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

**C 3** PUMPING TEST  
HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min.) 3.5  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface) BEFORE PUMPING 57 ft. WHEN PUMPING 293 ft.  
TYPE OF PUMP USED (for test) 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 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height) + above 49 } LAND SURFACE - below 49 } 2 (nearest foot)



B 1 **1067**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
525227 please type

STATE PERMIT NUMBER

**HD-95-0516**  
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

**McAlister T. Jeffery + Lenda G.**  
15 Last Name Owner First Name 34  
**2610 Mulline Mill Rd**  
36 Street or RFD 55  
**Mt. Airy Md 2111**  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

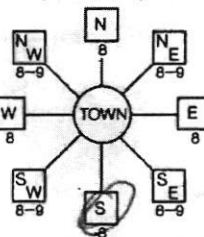
**Howard**  
8 COUNTY 21  
**Baker Property Mockingbird Forest**  
23 SUBDIVISION 42  
SECTION      LOT 1  
44 46 48 50  
**Mt. Airy**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 7 M I  
73 76 77 78

DRILLER INFORMATION

**Joseph L. Mayne** M SD 024  
Driller's Name 76 License No. 81  
**Joseph L. Mayne Well Drilling**  
Firm Name  
**5512 Ridge Rd Mt. Airy Md 2111**  
Address  
**Joseph L. Mayne 8-21-06**  
Signature Date

B 4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Florence Rd**  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W 32 EAST E  
SOUTH S  
34 **475** 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: **6** BLK: **24** PARCEL **151**

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

**Howard** **AS17963**  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED **9/14/06** CO SIGNATURE **Justin St...** EXP. DATE **9/14/07**  
43 MM DD YY 48  
NORTH GRID **54300** EAST GRID **759000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL 280 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

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 DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

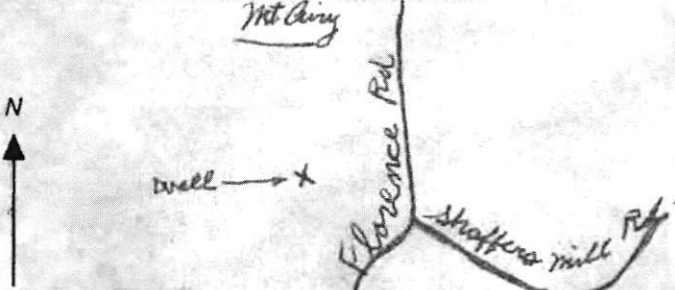
SOURCES OF DRILLING WATER

- 1. **well**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **759**  
N **543**

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER **G**  
PERMIT No. **HD-95-0516**  
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 - 95-0516  
 Location of property (road) Florence Rd  
 Subdivision Mockingbird Forest - Baker Prop Lot 1 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph Mayne Owner Jeffrey + Linda McAlister

Depth of well 380  
 Distance of measuring point (M.P.) above ground 2  
 Static water level (S.W.L.) below M.P. 57'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 20 gpm  
 Total time 30 min to reach pumping water level 293 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>91</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	167	3 sec		20 gpm
7:15	293	4		15
7:30	293	17		3.5
7:45	293	17		3.5
8:00	293	17		3.5
8:15	293	17		3.5
8:30	293	17		3.5
8:45	293	17		3.5
9:00	293	17		3.5
9:15	293	17		3.5
9:30	293	17		3.5
9:45	293	17		3.5
10:00	293	17		3.5
10:15	293	17		3.5
10:30	293	17		3.5
10:45	293	17		3.5
11:00	293	17		3.5
11:15	293	17		3.5
11:30	293	17		3.5
11:45	293	17		3.5
12:00	293	17		3.5
12:15	293	17		3.5
12:30	293	17		3.5
12:45	293	17		3.5
HD-24:00	293	17		3.5
1:15	293	17		3.5



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: K&T Plumbing Telephone #: 717-524-9530  
 Address: PO Box 2151  
Westminster, Md 21158

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

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

Name (Print): Thomas A. Di Maggio Jr License# 21451

\*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: Kerry & Laura Kane Telephone #: 410-442-8069  
 Subdivision: Mackinbird-Forest Lot #: 1 Well Tag #: HO-95-0516  
 Site Address: 1750 Florence Rd  
Mount Airy, Md 21771

**Submersible Pump Data**

Make: FLO-WISE  
 Model #: P7507  
 Pump Capacity 3/4 Gpm  
 Well Yield: 20 Gpm  
 Depth of well encountered at time of pump installation: 330 (feet)

**Pitless Adapter**

Make: SIMMONS +  
 Model#: 18225 B  
 GPM Depth: 42 (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:

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

**Piping to house**

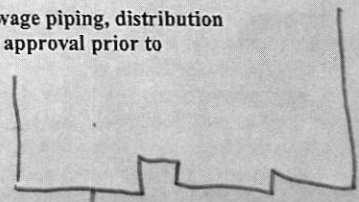
Type: 1" Poly  
 PSI: 200 (160 psi min)  
 Depth of supply line: 40" (36" min)

**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: Thomas A. Di Maggio Jr date: 9/12/22



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

Date Insp. Requested: 9/12/22 Date Insp. Approved: 9/14/22 Inspector: RR  
 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

(connection @ house buried)  
 9/14/22 - house connection ok (KA)

(Revised form 10/24/2018)

**INTERIM CERTIFICATE OF POTABILITY**  
Expiration Date – APRIL 12, 2023

October 12, 2022

Homeowner  
1750 Florence Road  
Mt. Airy, MD 21771

**RE: Mockingbird Forest, Lot 1**  
**1750 Florence Road**  
**Building Permit: B21003602**  
**Well Permit: HO-95-0516**

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 **10/3/2022**. Final approval of the well line connection to the dwelling was granted on **9/14/2022**. The well construction was completed on **9/26/2006**. Water samples were collected on **9/21/2022, 9/30/2022**.

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-95-0516. 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.**

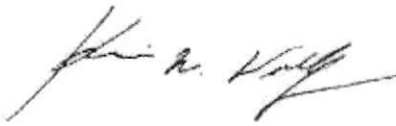
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #: 154704 Account #: 4226  
Reference: Kane Residence Client: Viking Development Corporation  
Location: 1750 Florence Road Requested By: Cary Cumberland  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 9/21/2022 1300 Site: Pressure Tank  
Date/Time Rec'd: 9/21/2022 1405 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: J. Yeager 0819JY Well #: HO-95-0516

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	56.0	MPN/ 100 ml	<1.0	SM20 9223B	9/22/2022 / 1030 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/22/2022 / 1030 / CRS
Turbidity	1.23	NTU	<10	SM2130B	9/21/2022 / 1620 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	9/22/2022 / 1130 / CRS
Nitrate.	<0.40	mg/L	10	EPA 300.0	9/21/2022 / 2254 / CRS

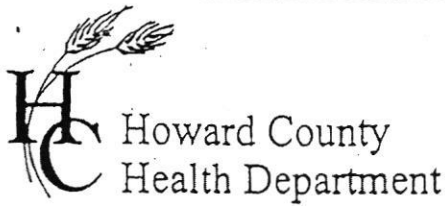
### NOTES:

- 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 ND:None Detected
- 6 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B21003602

Date Reported: 9/22/2022



3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(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

## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Van Mar Associates on Aug 10, 06 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

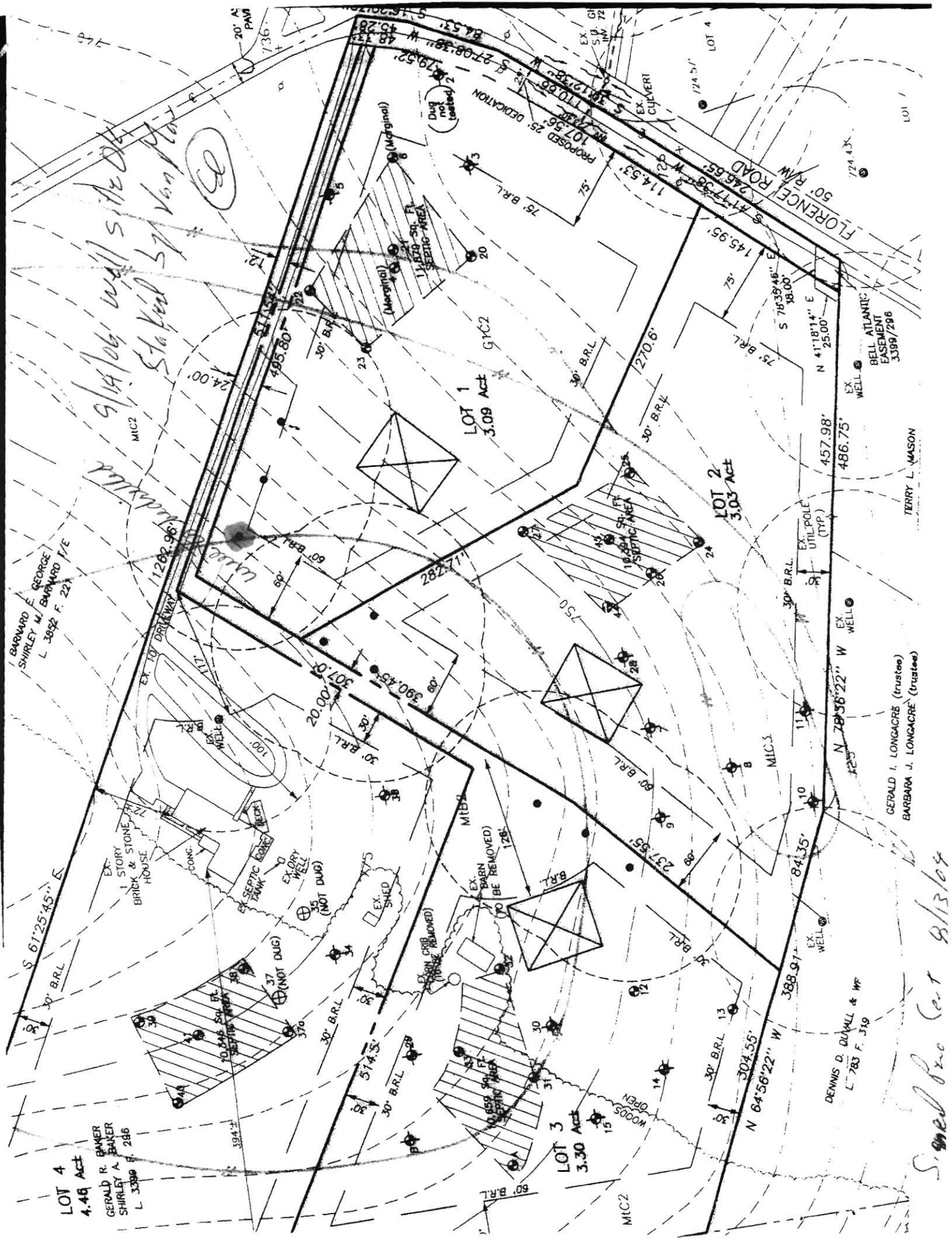
KN

*Baker Prop-*

*Lot 1, 2, 3*

*Jeff McAlister*

*301-829-7681*



9/14/06 well site OK  
 Staked by Van Plat

LOT 4  
 4.46 ACRES  
 GERALD R. BAKER  
 SHIRLEY A. BAKER  
 L. 3309 F. 286

LOT 1  
 3.09 ACRES

LOT 2  
 3.03 ACRES

LOT 3  
 3.30 ACRES

DENNIS D. DUMALL & WIFE  
 L. 787 F. 319

GERALD I. LONGACRE (trustee)  
 BARBARA J. LONGACRE (trustee)

BELL ATLANTIC  
 EASEMENT  
 3399/296

TERRY L. MASON

S. Med Pro Cert 8/13/04

BARNARD E. GEORGE  
 SHIRLEY M. BARNARD T/E  
 L. 3822 F. 221

MIC2

MIC2

MIC3

MIC2

Dug not located 2

EX. TABIN (TO BE REMOVED)

EX. CRIB (TO BE REMOVED)

WOODS OPEN

EX. WELLS

EX. WELLS

EX. WELLS

EX. WELLS

EX. WELLS

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Reference: Kane Residence Client: Viking Development Corporation  
Location: 1750 Florence Road Requested By: Cary Cumberland  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 9/30/2022 0935 Site: Pressure Tank  
Date/Time Rec'd: 9/30/2022 1423 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.7  
Collected By: R. Ott 0266RO Well #: HO-95-0516

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/1/2022 / 0945 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/1/2022 / 0945 / TSD

### NOTES:

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**Reason for Test :** Use & Occupancy

**Building Permit # :** B21003602

Date Reported: 10/3/2022