

C1 0217

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A521582

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 07 13 06

Depth of Well 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0478

OWNER SORTARIO last name Elsie Davis first name STREET OR RFD 010 Annapolis Rd TOWN WOODBINE SUBDIVISION SORTARIO PROPERTY SECTION LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, and MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 31 NO. OF POUNDS 3100

CASING RECORD MAIN CASING TYPE PL Nominal diameter 6 Total depth 135

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

SCREEN RECORD screen type or open hole insert appropriate code below (HO) OPEN HOLE

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

DEPTH (nearest ft.) table with columns 1-21 and rows A-N. Includes slot size and diameter of screen.

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M SD 117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

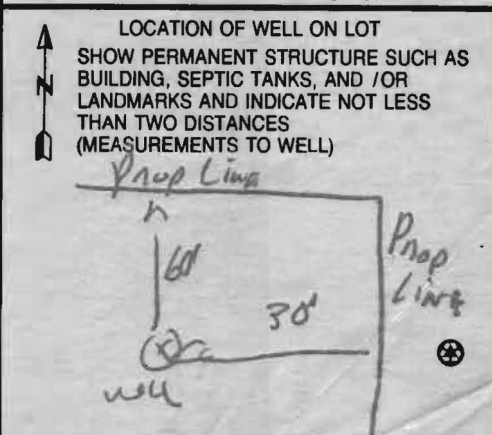
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 56 ft. WHEN PUMPING 200 ft.

PUMP INSTALLED DRILLER INSTALLED PUMP YES (NO) 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 LAND SURFACE (-) below 2 (nearest foot)



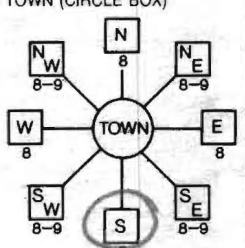

B 1 **8447** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please type **WS25138-A**

STATE PERMIT NUMBER  
**HO-95-0478**  
 70 fill in this form completely 79

Date Received (APA) **7/3/06**  
 8 MM DD YY 13  
 OWNER INFORMATION  
 15 Last Name **Land Marketing Consultants** Owner First Name 34  
 36 **3060 Washington Rd.** Street or RFD 55  
 57 **Glenwood MD 21738** Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
 8 COUNTY **Howard** 21  
 23 SUBDIVISION **SANTORIO Prop** 42  
 SECTION 44 46 LOT **4** 48 50  
 52 **WOODBINE** NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **2** M I 73 76 77 78

DRILLER INFORMATION  
 Driller's Name **Ralph E. MAYNE M S D 117** 76 License No. 81  
 Firm Name **Ralph E. MAYNE Inc**  
 Address **17024 Handy Rd Mt Airy MD 21771**  
 Signature **Ralph E. Mayne** Date **7/13/06**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 11 NEAR WHAT ROAD **Old ANNAPOLIS Rd** 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 **375** 37 DISTANCE FROM ROAD  
 ENTER FT OR MI **FT** 38 39  
 TAX MAP: **2** BLK: **21** PARCEL **123**

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

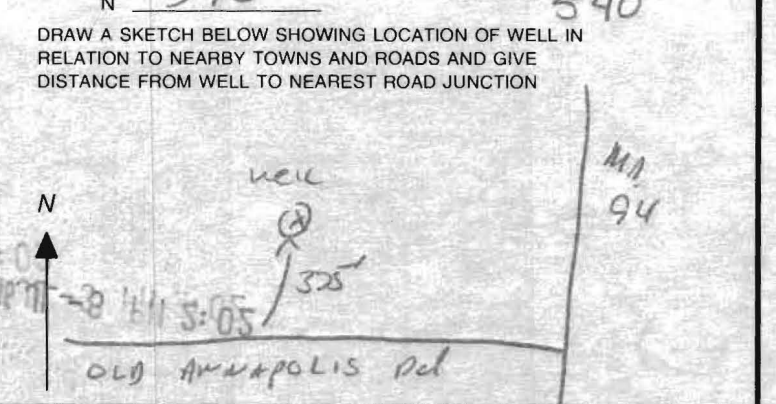
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **HOWARD** COUNTY NO. **13**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED **7/7/06** CO SIGNATURE **John A. Craig** EXP. DATE **7/8/07**  
 43 MM DD YY 48 NORTH GRID **540 000** EAST GRID **770 000**  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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 **770**  
 N **540**  
 000 000 ⊕

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
 30 37  
 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  
 39  
 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-95-0478**  
 70 71 72 73 74 75 76 77 78 79

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0478  
 Location of property (road) Old Annapolis Rd.  
 Subdivision Sartorio Property Lot 9 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mayhe Owner Elsie Davis Sartorio  
 Depth of well 400 ft  
 Distance of measuring point (M.P.) above ground 200  
 Static water level (S.W.L.) below M.P. 56 ft

I. High rate pumping -- reservoir drawdown

Time pump started 10:45 Pumping rate 15 GPM  
 Total time 30 min to reach pumping water level 200 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:45	56 ft	4 Sec	Test Stopped	15 GPM
11:15	200 ft	45 Sec		1.3 GPM
11:30	200 ft	45 Sec		1.3 GPM
11:45	200 ft	45 Sec		1.3 GPM
12:00	200 "	45 "		1.3 "
12:15	200 "	45 "		1.3 "
12:30	200 "	45 "		1.3 "
12:45	200 ft	45 Sec		1.3 GPM
1:00	200 ft	45 Sec		1.3 GPM
1:15	200 ft	45 Sec		1.3 GPM
1:30	200 "	45 "		1.3 "
1:45	200 "	45 "		1.3 "
2:00	200 "	45 "		1.3 "
2:15	200 ft	45 Sec		1.3 GPM
2:30	200 ft	45 Sec		1.3 GPM
2:45	200 ft	45 Sec		1.3 GPM
3:00	200 "	45 "		1.3 "
3:15	200 "	45 "		1.3 "
3:30	200 "	45 "		1.3 "
3:45	200 ft	45 Sec		1.3 GPM
4:00	200 ft	45 Sec		1.3 GPM
4:15	200 ft	45 Sec		1.3 GPM
4:30	200 "	45 "		1.3 "
4:45	200 "	45 "		1.3 "
HD-224 5:00	200 ft	45 Sec		1.3 GPM
5:15	200 ft	45 Sec		1.3 GPM

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: Fogles Well Drilling Telephone #: 443-609-4195  
Address: P.O. Box 202  
Woodbine md 21797

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): Allen Compton License# MSD 009

\*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: Mike Fitzgerald Telephone #: 410-977-8926  
Subdivision: Sartorio Property Lot #: 4 Well Tag #: HO 95-0498  
Site Address: 1955 Old Annapolis Rd

Submersible Pump Data

Make: Grundfos  
Model #: 1550E15-290  
Pump Capacity 15 GPM  
Well Yield: 1.3 GPM  
Depth of well encountered at time of pump installation: 420 (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 N/A

Pitless Adapter

Make: Carnaboli  
Model #: N/A  
Depth: 36 (36" min)  
NSF 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

Piping to house

Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

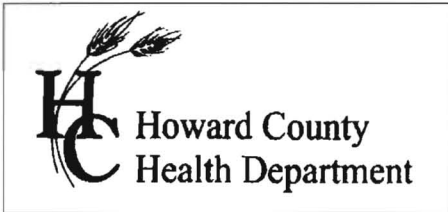
PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve (5 foot minimum): 5  
Sleeve caulked and sealed properly: yes

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: Allen Compton date: 10-15-08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/15/08 KW  
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 casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grubt observed below pitless adapter



7178 Columbia Gateway Dr. ● 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)

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Penny E. Borenstein, M.D., M.P.H., Health Officer

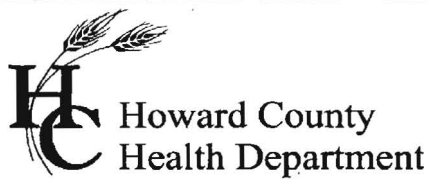
## ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by FSH Associates \_\_\_\_\_  
on \_\_\_\_\_ 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



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*

March 24, 2010

Homeowner  
1955 Old Annapolis Road  
Woodbine, MD 21797

RE: Sartorio Property, Lot 4  
1955 Old Annapolis Road  
BP #: B08001626  
Well Permit # HO-95-0478

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 10/27/2008.**  
**Final approval of the well line connection to the dwelling was approved on 10/15/2008.**

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-95-0478. 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: 02/22/2010  
Date of Well Completion: 07/13/2006

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R.S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

**CERTIFICATE OF ANALYSIS**

**Requester:**  
 Mr. Bob Norrell  
 Long & Foster Realtors  
 16 Greenmeadow Drive Suite 300  
 Timonium, Maryland 21093

**S/O Number:** 75789  
**Report Date:** March 2, 2010

**Property Sampled:** 1955 Old Annapolis Road, 21797

**County:** Howard  
**Subdivision:** Sartorio Prop  
**Lot #:** 4  
**Tax Map #:** 7  
**Parcel #:** 536

**Date/Time Collected:** February 22, 2010 at 2:10 pm  
**Date/Time Received:** February 22, 2010 at 3:05 pm

**Sample Location:** Kitchen & Powder Room Tap  
**Sampler ID:** 9813AM  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0478  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.7 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass
Lead (kitchen)	0.006 mg/L	EPA 200.9	0.015 mg/L	Pass

*Allison Milburn*

Allison R. Milburn  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water



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**Date/Time Collected:** February 22, 2010 at 2:10 pm  
**Date/Time Received:** February 22, 2010 at 3:05 pm

**Sample Location:** Powder Room Tap  
**Sampler ID:** 9813AM

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0478  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	2.8 +/- 1.2 pCi/L	EPA 900.0	1.2 pCi/L	Pass
Gross Beta	<2.0 +/- 1.2 pCi/L	EPA 900.0	2.0 pCi/L	Pass

*Allison Milburn*

\_\_\_\_\_  
 Allison R. Milburn  
 Manager-Drinking Water Testing

Samples analyzed by Laboratory #278. Gross Alpha levels should be below 15 pCi/L. Gross Beta levels should be below 50 pCi/L