

C1 14519

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 A515281-B

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER DASLO HOMES STREET OR RFD BRANT WOODS ROAD TOWN GLENELG

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries for Sand and Gray Mica Rock.

GROUTING RECORD form including fields for GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, and GALLONS OF WATER.

CASING RECORD form including fields for MAIN CASING TYPE (ST, PL), Nominal diameter, and Total depth of main casing.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form including fields for screen type (ST, BR, PL) and slot size.

PUMPING TEST form including fields for HOURS PUMPED, PUMPING RATE, and TYPE OF PUMP USED.

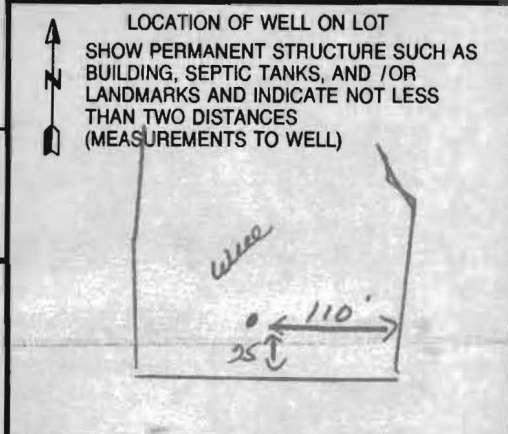
WELL HYDROFRACTURED and CIRCLE APPROPRIATE LETTER (A, E, P) section.

DEPTH (nearest ft.) table with columns for depth intervals and a vertical axis labeled A through N.

PUMP INSTALLED form including fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, and CAPACITY.

DRILLERS LIC. NO. and SIGNATURE section, including a signature for Joseph L. Mayne.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for T, W, Q, and other data.



B 1 7762

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3407

0516904 please print or type

fill in this form completely

Date Received (APA)

04-02-02

OWNER INFORMATION

8 MM DD YY 13
Last Name: Saslo, Owner: James, First Name:
7241 Norris Ave, Street or RFD:
Sykesville Md 21784, Town: State: Zip: 76

B 3

LOCATION OF WELL

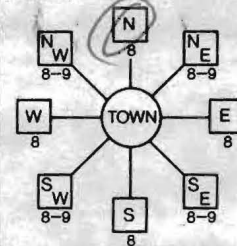
8 COUNTY: Howard, 21
23 SUBDIVISION: Crist Property, 42
SECTION: LOT 3, 44 46 48 50
52 NEAREST TOWN: Glenelg, 71
MILES FROM TOWN (enter 0 if in town): 1 1/2 M, 73 76 77 78

DRILLER INFORMATION

Driller's Name: Joseph G. Mayra, License No.: M 5 D 2 4, 76 81
Firm Name: Joseph G. Mayra Well Drilling
Address: 5512 Ridge Rd, Mt. Airy, Md. 21771
Signature: Joseph G. Mayra, Date: 4/1/2002

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Burntwood Rd, 11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 525 FT, 34 37 38 39
ENTER FT OR MI: FT
TAX MAP: 22, BLK: 1, PARCEL: 115

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)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
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

COUNTY NAME: HOWARD, COUNTY NO.: AS15281-14
STATE SIGNATURE: INSERT S
DATE ISSUED: 05-09-02 Mark P. Liki, 5/9/03
CO SIGNATURE: EXP. DATE
NORTH GRID: 525 000, EAST GRID: 0801 000

APPROXIMATE DEPTH OF WELL: 260 FEET, 24 28

APPROXIMATE DIAMETER OF WELL: 6 INCH, NEAREST 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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
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

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

APPROP. PERMIT NUMBER: G
PERMIT No.: HO-94-3407, 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

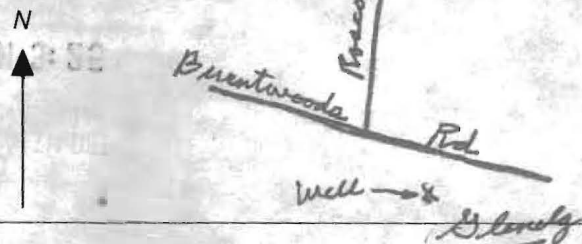
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

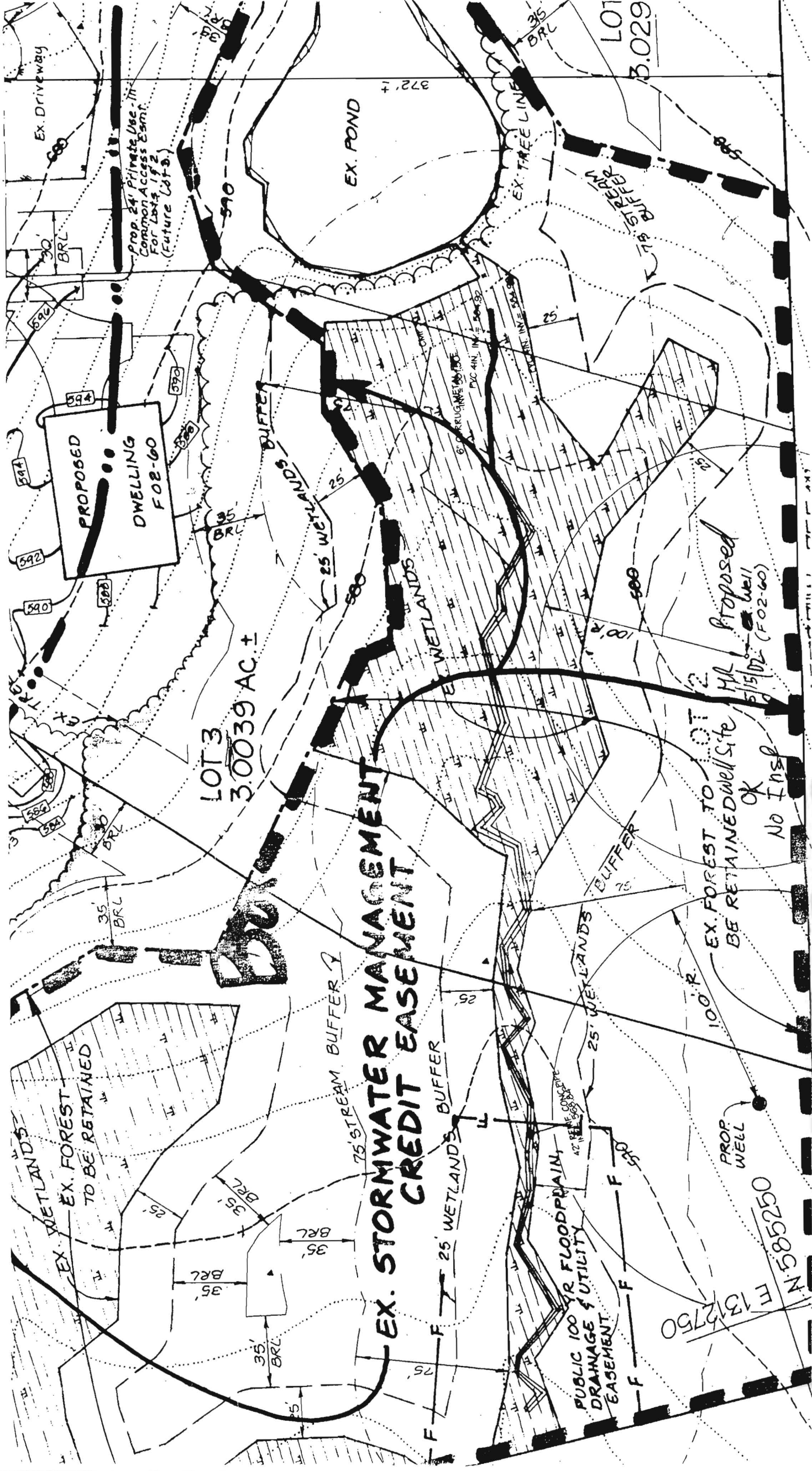
E 80X1, N 52X5

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



PROPOSED DWELLING F02-60

LOT 3 3.0039 AC. ±

EX. STORMWATER MANAGEMENT CREDIT EASEMENT

PROPOSED WELL (F02-60)

EX. FOREST TO BE RETAINED well site OK No Insf

EX. WETLANDS EX. FOREST TO BE RETAINED

PUBLIC 100' R FLOODPLAIN, DRAINAGE & UTILITY EASEMENT

Prop. 24' Private Use - III Common Access Esm. For Lots 1 & 2 (Future Lots)

LOT 1 3.029

LOT 2 3.029

N 585250 F 13/2750

Ex. Driveway

EX. POND

EX. TREE LINE

WETLANDS BUFFER

WETLANDS BUFFER

WETLANDS BUFFER

BRL

BRL

BRL

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594

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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: ASSOCIATED PLUMBING SERVICES, INC. Telephone #: 410-242-2600
Address: 2816 VERO ROAD
SUITE D
BALTIMORE MD 21227
PLUM 203-2000

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

License # and name of individual responsible for the field installation:
Name (Print): HOWARD J KAPFER 3RD License# 1787

*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: SALAFIA Telephone #: 410-791-4844
Subdivision: CRIST PROPERTY Lot #: HO-94-3407
Site Address: 13955 BARNWOODS ROAD
GLEN ELG, MD.

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Cummins Make: Two piece watertight cap: LX 61
Model #: 5-950742 Model#: 310X Screened, vented well cap: ✓
Pump Capacity 7 GPM Depth: 40" (36" min) Cap secured to casing: ✓
Well Yield: 8.5 GPM NSF/WSC approved: ✓ Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 260(feet) 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
Torque arrestors Cable guards or other acceptable method used - Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

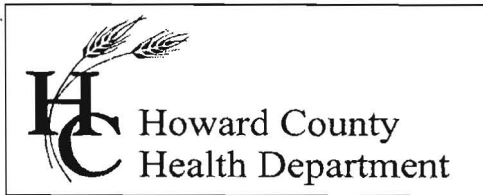
Piping to house House Connection
Type: Polybutylene PVC sleeve to undisturbed soil at wall penetration: ✓
PST: 300 (160 psi min) Approximate length of sleeve: 12'
Depth of supply line: 40" (36" min) Sleeve caulked and sealed properly: ✓

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: Howard J. Kapfer date: 6-25-04

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

Date Insp. Requested: _____ Date Insp. Approved: 7/1/04 Inspector: (50) DB
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 seen 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 ✓



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 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

July 2, 2004

Mr. & Mrs. Scott Salafia
1307 Sea Shell Court
Baltimore, MD 21226

SENT VIA FACSIMILE 410-549-6498

RE: Crist Property, Lot #2
13955 Burntwoods Road
Glenelg, MD 21737
BP #: B00144882
Well Permit # HO-94-3407

Dear Mr. & Mrs. Salafia:

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 06/28/2004. Final approval of the well line connection to the dwelling was approved on 07/01/2004.**

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-94-3407. 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: 06/28/2004 & 07/01/2004
Date of Well Completion: 07/11/2002

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File