

C 1 6401

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 13 A521579

ST/CO USE ONLY DATE RECEIVED MM DD YY 02 14 2005

DATE WELL COMPLETED MM DD 02 14 2005 Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4099

OWNER Altieri Homes STREET OR RFD 12904 Folly Quarter Road TOWN Ellicott City SUBDIVISION Abramson Property SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 125'.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (C) CEMENT, (M) BENTONITE CLAY, (B) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD MAIN CASING TYPE (S) STEEL, (C) CONCRETE, (P) PLASTIC, (O) OTHER. Includes nominal diameter and total depth.

OTHER CASING (if used) diameter, depth (feet) from to.

SCREEN RECORD screen type or open hole (S) STEEL, (B) BRASS, (H) OPEN HOLE, (P) PLASTIC, (O) OTHER.

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

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. MSD 162 DRILLERS SIGNATURE Robert B...

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

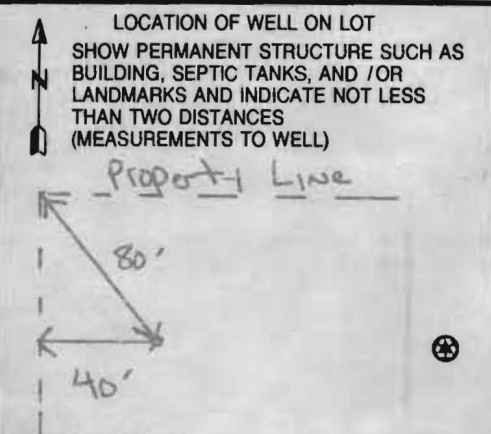
DEPTH (nearest ft.) table with columns for depth intervals (1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80, 81-82, 83-84, 85-86, 87-88, 89-90, 91-92, 93-94, 95-96, 97-98, 99-100).

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.85 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 37 ft. WHEN PUMPING 318 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP 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 (nearest foot) 1



B 1 4898

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

521959 please type

Ho - 94 - 4099 fill in this form completely

Date Received (APA) 1/21/05

OWNER INFORMATION

8 MM DD YY 13 Altior Homes Owner First Name 34 15 Last Name 9017 Red Branch Rd Street or RFD 55 36 Columbia MD 21045 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

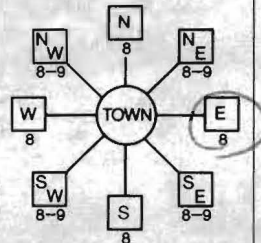
8 COUNTY Howard 21 23 SUBDIVISION Abramson Property 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Glenelg 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Michael Ison MS D 162 License No. 81 Firm Name G Edgar Harr Sons Corp Address 12047 Folly Rd Cockeysville 21030 Signature Date 1/19/05

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12904 Folly Quarter Rd NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 500 37 SOUTH 38 39 DISTANCE FROM ROAD ENTER FT OR MI A TAX MAP: 22 BLK: 16 PARCEL 96

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)

- 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 COUNTY NAME COUNTY NO. AS21579 STATE SIGNATURE INSERT S 41 DATE ISSUED 2/4/2005 Brian Baker 2/4/2006 CO SIGNATURE EXP. DATE NORTH GRID 519 000 EAST GRID 810 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 250 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)

- 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)

APPROX. PERMIT NUMBER G PERMIT No. HO - 94 - 4099 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

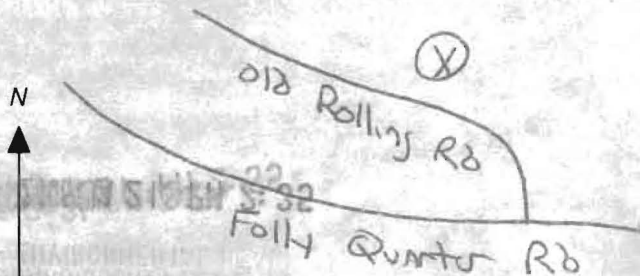
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 80010 N 5199 000 000

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 SHEETS IF NEEDED

Old Well Must Be Sealed

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-4099
 Location of property (road) 12904 Folly Quarter Road
 Subdivision Abramson Property Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller G. Edgar Harr Owner Altieri Homes

Depth of well 400 Ft
 Distance of measuring point (M.P.) above ground 1 Ft
 Static water level (S.W.L.) below M.P. 37 Ft

I. High rate pumping -- reservoir drawdown

Time pump started 0730 Pumping rate 15.00
 Total time 2 HRS to reach pumping water level 317 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)
0730	37 Ft	4 Sec		15.00
0745	126	5		12.00
0800	230	10		6.00
0815	283	12		5.00
0830	310	15		4.00
0845	313	16		3.75
0900	314	17		3.52
0915	315	19		3.15
0930	316	20		3.00
0945	317	21		2.85
1000	318	21		2.85
1015	318	21		2.85
1030	318	21		2.85
1045	318	21		2.85
1100	318	21		2.85
1115	318	21		2.85
1130	318	21		2.85
1145	318	21		2.85
1200	318	21		2.85
1215	318	21		2.85
1230	318	21		2.85
1245	318	21		2.85
1300	318	21		2.85
1315	318	21		2.85

10/26/2005 13:08

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ENVIRONMENTAL HEALTH

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: Columbia Plumbing Telephone #: 410-715-2323
Address: 9017 Red Beach Rd. Suite 203
Columbia, Md. 21045

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): KEVIN DIAMAGGIO License# 8594
*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: Alfred Telephone #: 443-250-6216
Subdivision: ABRAMSON Lot #: Well Tag #: HO-94-4099
Site Address: 12904 Folly Quarter Rd.

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Jaguzei Make: American Grandi Two piece watertight cap: Yes
Model #: J-5 Model #: PT-800 Screened, vented well cap: Yes
Pump Capacity 2.85 GPM Depth: 48" (36" min) Cap secured to casing: Yes
Well Yield: GPM NSF approved: Yes Conduit min 18" B.G.: Yes
Depth of well encountered at time of pump installation: 318 (feet) Conduit secured to well cap: Yes
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 NO

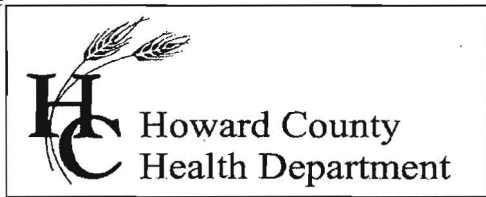
Piping to house House Connection
Type: Plastic PVC sleeved to undisturbed soil at wall penetration: Yes ~~8ft~~
PSI: 200 (160 psi min) Approximate length of sleeve (5 foot minimum): 8ft
Depth of supply line: 48" (36" min) Sleeve caulked and sealed properly: Yes

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.

Kevin C. Diamaggio 10-26-05
Signature of company representative responsible for installation date

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

Date Insp. Requested: 5/27/05 Date Insp. Approved: 5/27/05 GAC
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 grout observed below pitless adapter



7178 Columbia Gateway Drive, Columbia Maryland 21046
(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

October 26, 2005

Greg Altieri
6117 Nightrose Court
Elkridge, MD 21075

RE: 12904 Folly Quarter Road
Ellicott City, MD 21042
BP #: B00152405
Well Permit # HO-94-4099

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 05/27/2005. Final approval of the well line connection to the dwelling was approved on 05/27/2005.**

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-94-4099. 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: 10/24/2005
Date of Well Completion: 02/14/2005

Approving Authority,

Gabriel A. Creighton, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID	56833	Account #:	1404
Reference:	Altieri Homes	Company:	Carroll Water Systems
Location:	12904 Folley Quarter Road Ellicott City, MD 21042	Requested:	Ron Smith
Date/ Time Collected:	10/24/2005 1150	Source:	Well Water
Date/Time Rec'd:	10/24/2005 1344	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spin Down Separator**
Collected By:	J.Yeager 6176JY	pH:	5.8
		Well #:	HO-94-4099

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/25/2005 / 0800 / BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/25/2005 / 0800 / BD
Nitrate	<1.0	mg/L	10	601	10/25/2005 / 1130 / BD
Turbidity	8.25	NTU	<10	SM18 2130B	10/25/2005 / 0810 / BD
Sand	NS	mg/L	5	Visual/Gravimetric	10/25/2005 / 0810 / BD

NOTES:

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

Reason for Use & Occupancy
Building Permit 00152405

Date Reported: 10/25/200

MD State Certification # 133