

C1 6402

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

DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

DEPTH OF WELL (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries for Overburden, Shale, Sandstone, and Water at 50'.

GROUTING RECORD form including fields for WELL HAS BEEN GROUDED, TYPE OF GROUING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

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

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

SCREEN RECORD form including screen type or open hole, SCREEN RECORD (ST, BR, HO, PL, OT), and SLOT SIZE.

PUMPING TEST form including fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form including fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS and WELL HYDROFRACTURED fields.

- CIRCLE APPROPRIATE LETTER: A (Abandoned and Sealed), 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...

DRILLERS LIC. NO. and DRILLERS SIGNATURE fields.

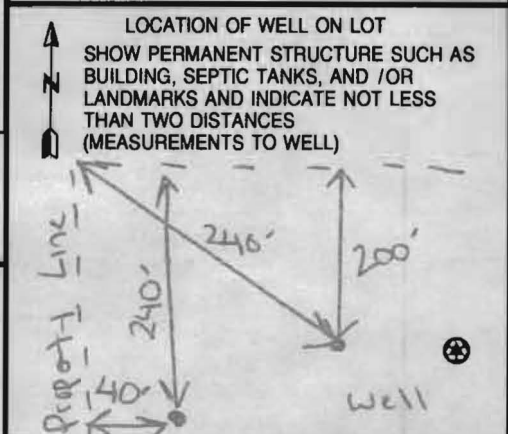
LIC. NO. and signature of Robert Brun.

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

DEPTH (nearest ft.) table with columns for casing sections 1 through 5, including diameter of screen and gravel pack information.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form including fields for TELESCOPE CASING, LOG INDICATOR, and OTHER DATA.



B 1 4899

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 521959

STATE PERMIT NUMBER

40-94-4100 fill in this form completely

Date Received (APA) 01-21-05

OWNER INFORMATION

Alteri Homes, 9017 Red Branch Rd, Columbia MD 21045

B 3 LOCATION OF WELL

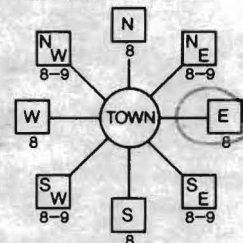
Howard County, Niese Property, Colonels

DRILLER INFORMATION

Michael Tison, M S D 162, G. Edgerton Sons Corp, 12047 Falls Rd Cockeysville

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12924 Folly Quarter Rd, NEAR WHAT ROAD, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD, TAX MAP: 22 BLK: 16 PARCEL 565

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 750 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Geo-thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, Date Issued 2/4/05, CO Signature Brian Baker 2/4/2006, North Grid 519 000 55, East Grid 810 000 63

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

Bored (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTary, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTary, Drive-POINT

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 deepen an existing well

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

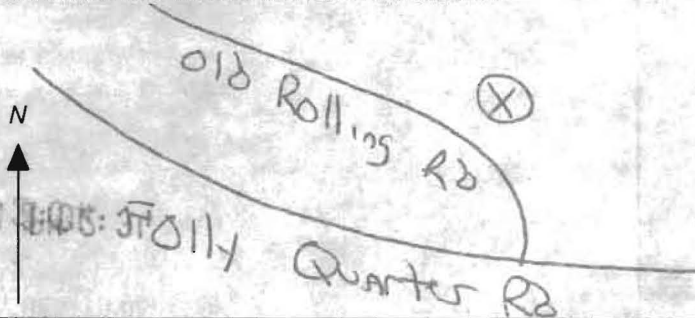
SOURCES OF DRILLING WATER

- Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 80010, N 5109

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)

APPROX. PERMIT NUMBER, PERMIT No. 40-94-4100

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





03/31/2006 09:51 4103132648

Attn:

Ashley

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 #: 410-915-2323 Address: 9017 Red Branch Rd 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 D'Amigla License# 8594

\*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: DAREN ALTIERI Telephone #: 410 915-2323 Subdivision: 12908 Lot #: Well Tag #: HO-94-4100 Site Address: 12924 Folly Quarter Rd Blissoft City

Submersible Pump Data

Make: Myers Model #: MJE602542 Pump Capacity 5 GPM Well Yield: 10 GPM

Pitless Adapter

Make: Harklett Model #: P2 Depth: 4" (36" min) 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: 100' (feet) 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

Type: Plastic PSI: 200 (160 psi min) Depth of supply line: 4' (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes Approximate length of sleeve: 7' Sleeve caulked and sealed properly: yes

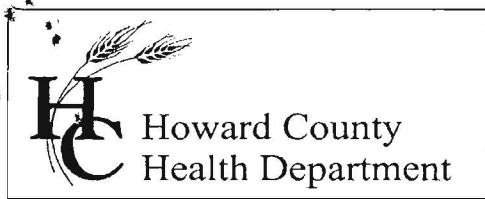
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

3/30/06 date

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

Date Insp. Requested: 1/30/2006 Date Insp. Approved: 5/4/2006 Inspector: GAC 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



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

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

5/4/2006

Altieri Homes  
12908 Folly Quarter Rd.  
Ellicott City, MD 21042

**SENT VIA FACSIMILE 410-740-5809**

RE: Residence of Darren Altieri  
12908 Folly Quarter Rd.  
Ellicott City, MD 21042  
BP #: B00156245  
Well Permit # HO-94-4100

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 1/30/2006. Final approval of the well line connection to the dwelling was approved on 5/4/2006.**


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-94-4100. 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: 5/02/2006  
Date of Well Completion: 3/10/2005

Approving Authority  
  
Gabriel A. Creighton, R. S.  
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 #:	58977	Account #:	1040
Reference:	Altieri Homes	Company:	Altieri Enterprises
Location:	12908 Folley Quarter Road Ellicott City, MD 21042	Requested By:	Peggy Olszewski
Date/ Time Collected:	5/2/2006 1125	Source:	Well Water
Date/Time Rec'd:	5/2/2006 1248	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spin Down Separator
Collected By:	J. Yeager 6176JY	pH:	5.5
		Well #:	HO-94-4100

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/3/2006 / 0825 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/3/2006 / 0825 / AMD/BCD
Nitrate	7.21	mg/L	10	601	5/2/2006 / 1415 / BCD
Turbidity	1.97	NTU	<10	SM18 2130B	5/2/2006 / 1345 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	5/2/2006 / 1330 / AMD/BCD

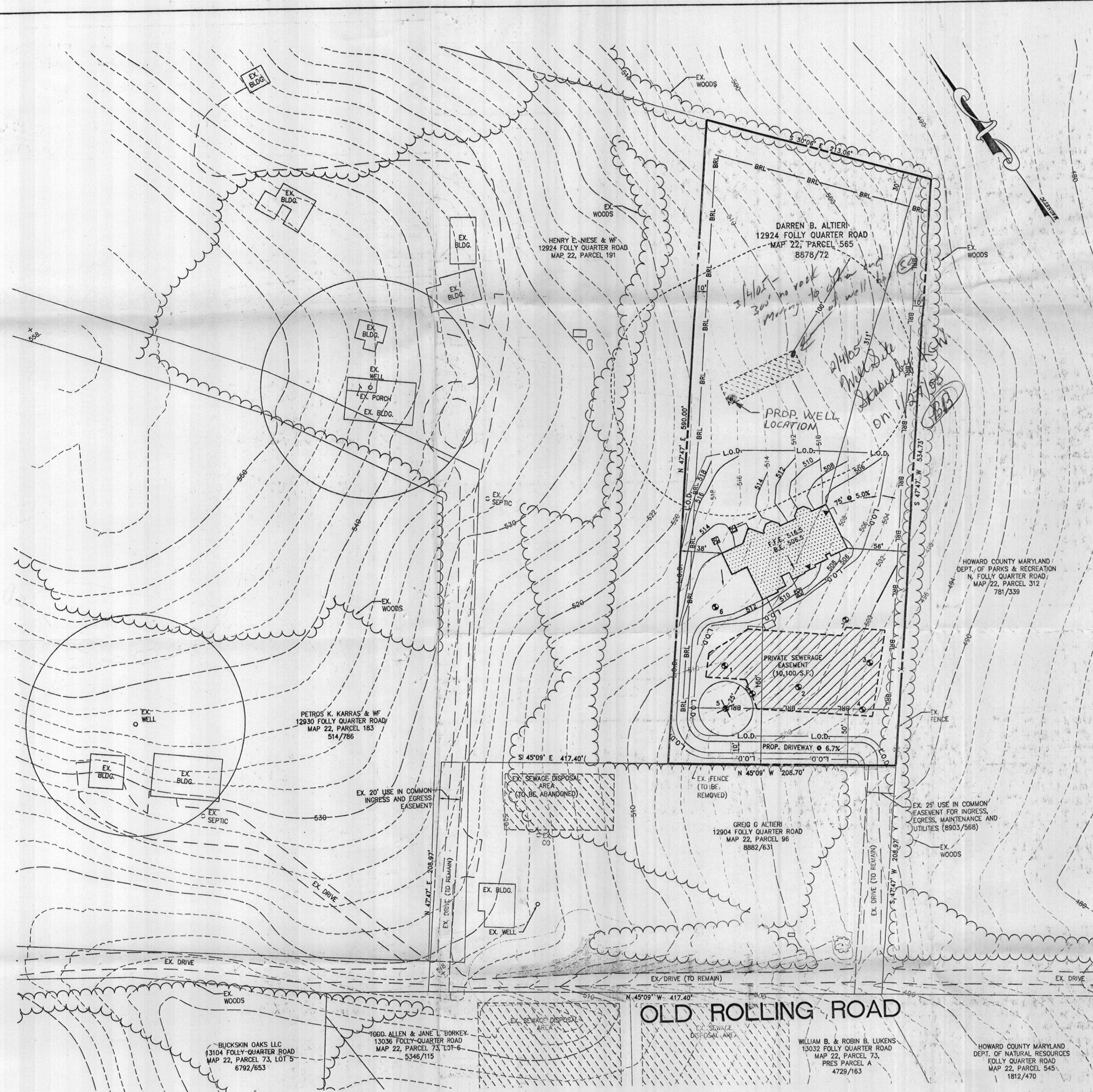
**NOTES**

- 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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use &amp; Occupancy

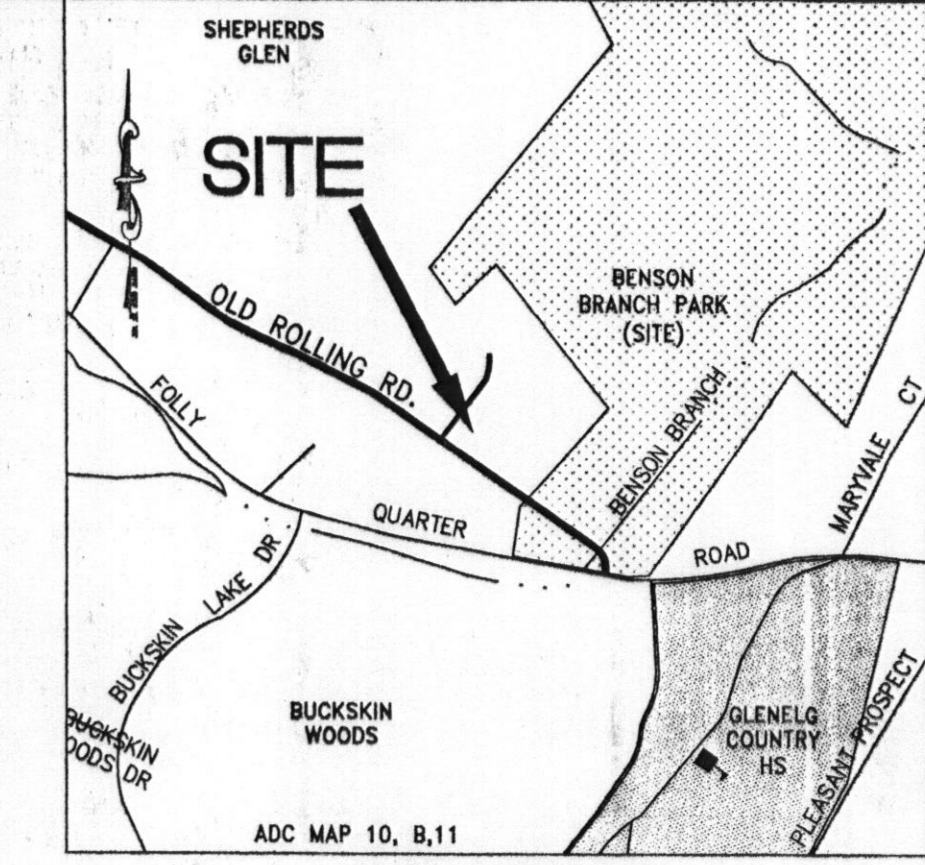
Building Permit # : B00156245

Date Reported: 5/3/2006



**LIMIT OF DISTURBANCE**  
29,750 S.F. = 0.68± AC

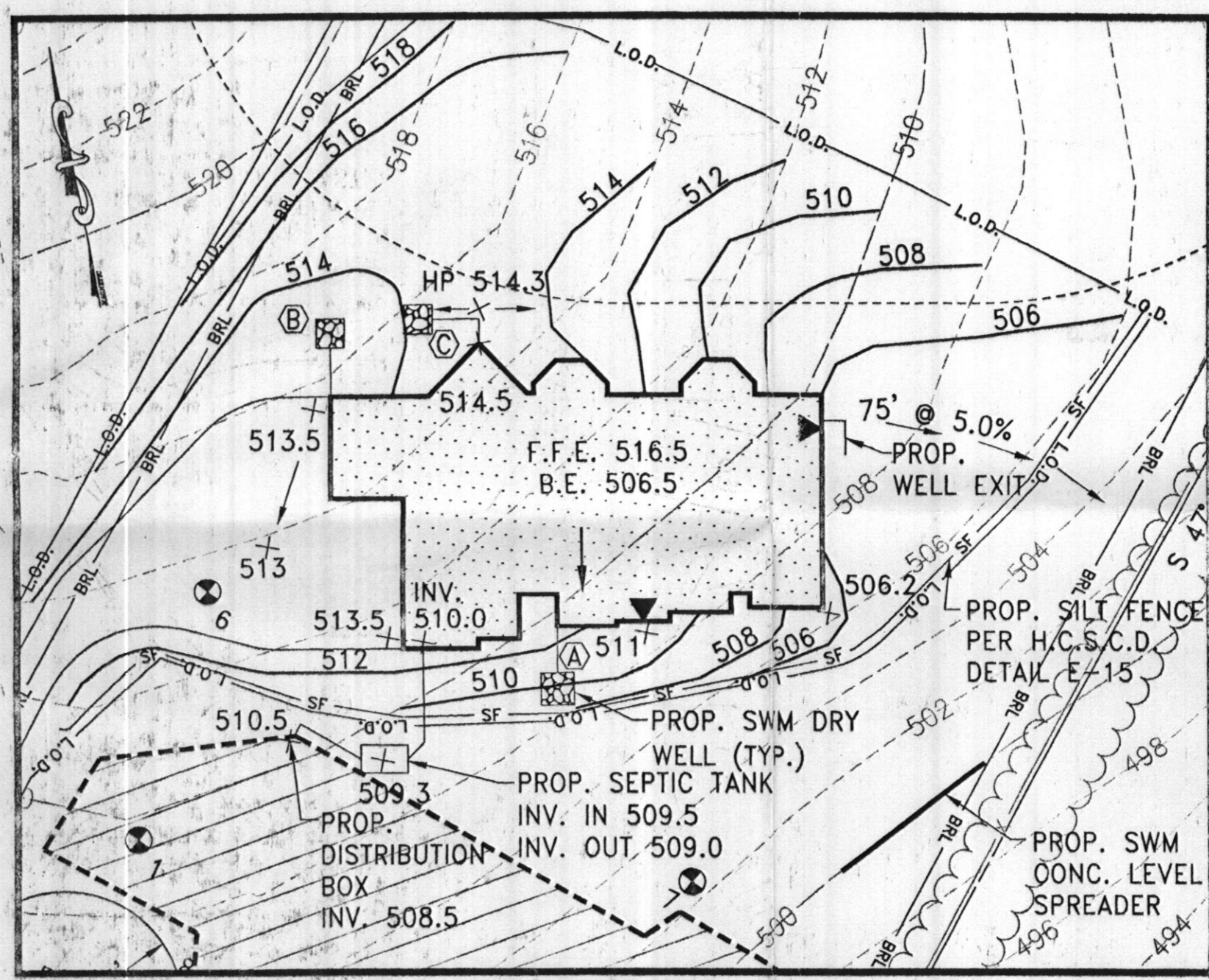
PERCOLATION ELEVATIONS	
PERCOLATION HOLE NO.	EXISTING GROUND ELEVATION
1	509.7
2	503.5
3	497.8
4	497.1
5	505.5
6	513.4
7	502.6



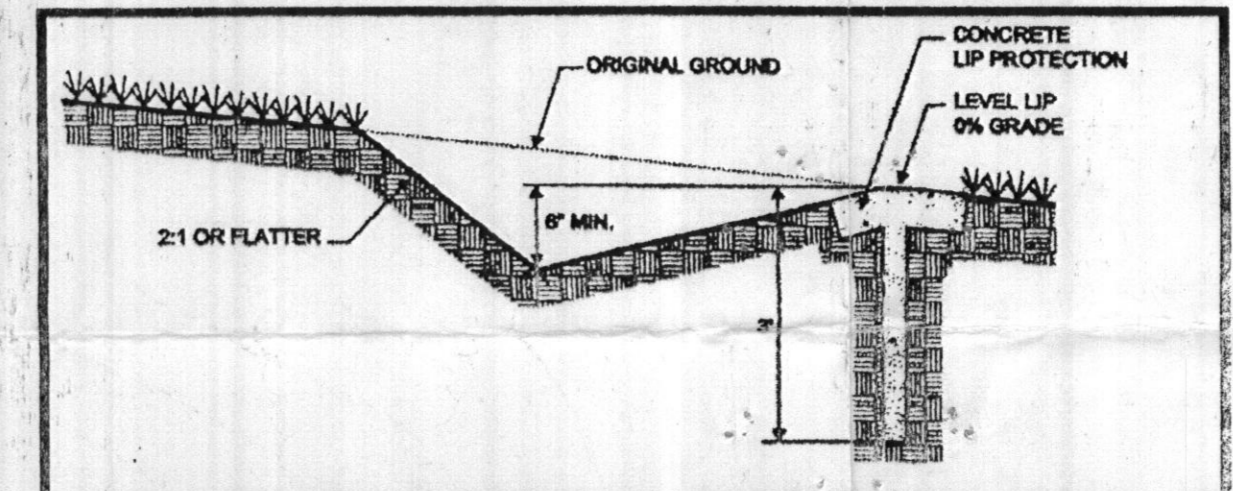
**VICINITY MAP**  
SCALE 1"=1000'

**GENERAL NOTES**

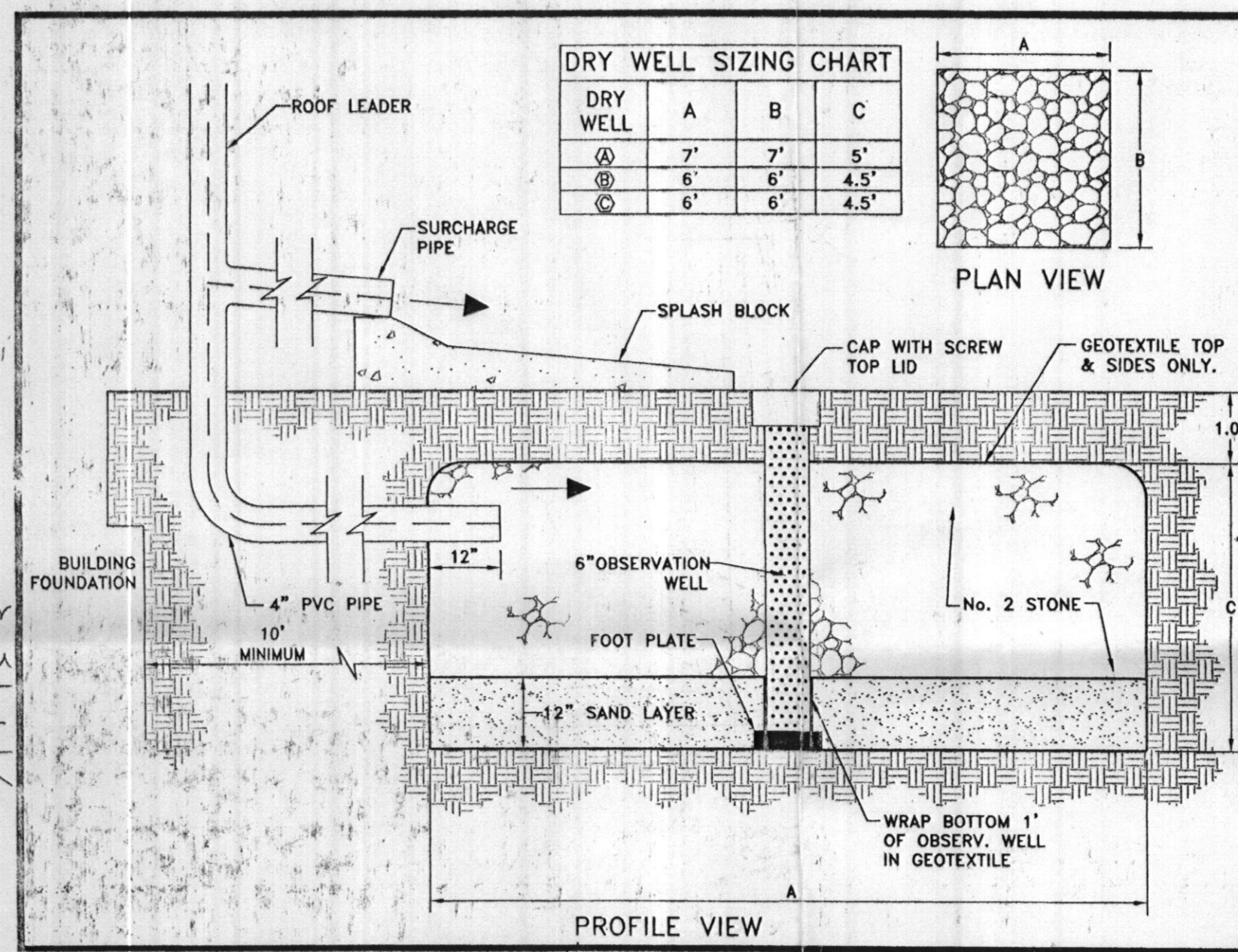
- OWNERS: DAREN B. ALTIERI, 12924 FOLLY QUARTER ROAD, ELLICOTT CITY, MD 21042
- PROPERTY LOCATION: PARCEL 565, 12924 FOLLY QUARTER ROAD, ELLICOTT CITY, MD 21042
- TAX ACCOUNT NO.: 342727, ELECTION DISTRICT: 03, DEED: 8878/72, TAX MAP: 22, Grid 16, Parcel 565, TOTAL SITE AREA: 2.69 ac.
- THE SUBJECT PROPERTY IS ZONED RR-DEO.
- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
- ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION INFORMATION.
- ALL WELLS SHALL BE DRILLED PRIOR TO FINAL PLAT RECORDATION. IT IS THE DEVELOPER'S RESPONSIBILITY TO SCHEDULE THE WELL DRILLING PRIOR TO FINAL PLAT SUBMISSION. IT WILL NOT BE CONSIDERED "GOVERNMENT DELAY" IF THE WELL DRILLING HOLDS UP THE HEALTH DEPARTMENT SIGNATURE OF THE RECORD PLAT.
- THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED TAG NUMBER HO###-###) HAS BEEN FIELD LOCATED BY KCW ENGINEERING TECHNOLOGIES, INC. AND IS ACCURATELY SHOWN.
- PAVING SPECIFICATIONS: 3" BIT CONC., 6" CR-8
- TOPOGRAPHY SHOWN PROVIDED BY HOWARD COUNTY.
- I.C.O.P. WILL BE HELD UNTIL NEW WELL IS DRILLED, EXISTING WELLS ARE ABANDONED AND SEPTIC INSTALLATION IS APPROVED.



**HOUSE INSERT**  
SCALE 1"=30'



**CONCRETE LEVEL SPREADER DETAIL**  
NOT TO SCALE



**DRY WELL**  
NOT TO SCALE

**LEGEND**

- EX. WOODS
- EX. TREE
- 10' CONTOUR
- 2' CONTOUR
- SOILS
- STREAM
- 15% OR GREATER SLOPES
- EX. FENCE
- LIMITS OF CLEARING
- BUILDING RESTRICTION LINE
- LIMIT OF DISTURBANCE
- SILT FENCE
- PROPOSED PRIVATE SEWERAGE EASEMENT\*
- PROPOSED WELL ENVELOPE
- PROPOSED PERC TEST LOCATION
- EXISTING SEWAGE DISPOSAL AREA (SDA)
- STORMWATER MANAGEMENT DRY WELL

\*NOTE: THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THE EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A REVISED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

THE PROPERTY HAS BEEN FIELD OBSERVED AND THE DEPICTED TOPOGRAPHY REFLECTS FIELD MATCHED  
BY: [Signature] Date: 1/27/05  
KIMBERLY M. GROVES, P.E.  
PROFESSIONAL ENGINEER

**KCW Engineering Technologies, Inc.**  
3106 Lord Baltimore Drive, Suite 110  
Baltimore, MD 21244  
(410) 281-0033  
Fax (410) 281-1065  
www.KCW-ET.com

**OWNER:**  
DAREN ALTIERI  
6116 NIGHTROSE COURT  
ELKRIDGE, MD 21075  
Attn: DAREN ALTIERI  
Tele: (410) 715-4500

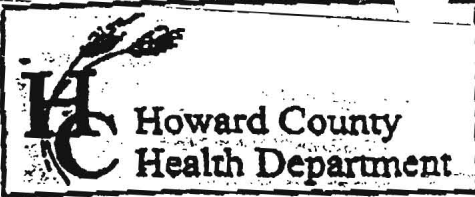
**CONTRACTOR:**  
ALTIERI HOMES  
9017 RED BRANCH ROAD  
SUITE 201  
COLUMBIA, MD 21045  
Attn: DAREN ALTIERI  
Tele: (410) 715-4500  
Fax: (410) 740-5809

APPROVED FOR PRIVATE WATER AND PRIVATE SEWER SYSTEMS  
[Signature] 1/27/05  
HOWARD COUNTY HEALTH OFFICER DATE

ADDRESS CHART					
Parcel #	12924 FOLLY QUARTER ROAD, ELLICOTT CITY, MD 21042				
PERMIT INFORMATION CHART					
Subdivision Name	Section/Area	Parcel # 565			
L/P 8878/72	Grid # 16	Zoning RR-DEO	Tax Map 22	Election District 3rd	Census Tract
Water Code:	Sewer Code:				

KCW J.O.: 2040444  
SCALE 1" = 50'  
DRAWN: MS  
DESIGNED: KMG  
CHECKED: KMG  
DATE: JAN 25, 2005  
DRAWING NO.

**BUILDING PERMIT PERCOLATION PLAN**  
**NIESE PROPERTY**  
**12924 FOLLY QUARTER ROAD**  
HOWARD COUNTY, MARYLAND ELECTION DISTRICT - 3



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

**TO ALL INTERESTED PARTIES**

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by KCW Engineering Tech., Inc.  
 (professional land surveyor or company employing professional land surveyors)  
 on 1/27/05 (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.

Revised 6/10/03