

C1 1943

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER ESTATE OF PASQUALE GALLIZZO STREET OR RFD 12215 Lawn haven TOWN PELLICOTT CITY MD 21042

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for DIRT, SOFT BR MICA, RED CLAY, SANDSTONE, GRAVEL BED, etc.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (27), NO. OF POUNDS (2538), GALLONS OF WATER (162), DEPTH OF GROUT SEAL.

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (62).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form including: screen type or open hole (HO), insert appropriate code below (ST, BR, PL, HO, OT).

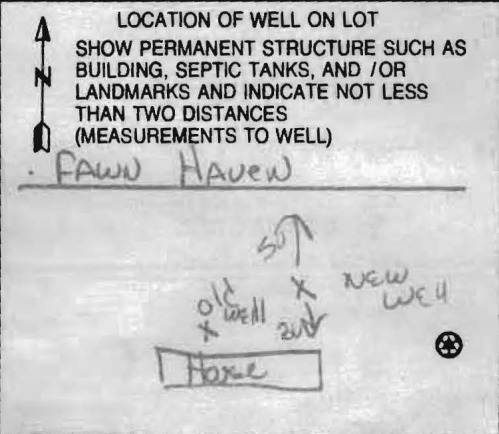
DEPTH (nearest ft.) table with columns: 1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53, 57-59, 63-65, 69-71, 75-77, 81-83, 87-89, 93-95, 99-101.

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

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (8.5), METHOD USED TO MEASURE PUMPING RATE (BUCKET), WATER LEVEL (distance from land surface) BEFORE PUMPING (34 ft), WHEN PUMPING (177 ft), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above, - below).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P) for well status.

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. 1 M W D 296, DRILLERS SIGNATURE (Ronald Ryan), LIC. NO. 1 M W D 296

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

B 1	9732	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 528417 please print or type	STATE PERMIT NUMBER H0-95-1366 fill in this form completely
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OWNER INFORMATION

Date Received (APA) 12/20/2007
8 MM DD YY 13

ESTATE OF PASQUALE GALLIZZO
15 Last Name Owner First Name 34

12219 FAWN HAVEN COURT
36 Street or RFD 55

ELLICOTT CITY MARYLAND 21042
57 Town 70 State 72 Zip 76

LOCATION OF WELL

HOWARD
8 COUNTY 21

Woodmark
23 SUBDIVISION 42

SECTION 2 LOT 34
44 46 48 50

ELLICOTT CITY
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 M I
73 76 77 78

DRILLER INFORMATION

RONALD KYKER M W D 296
Driller's Name 76 License No. 81

WESTMINSTER WELL DRILL INC
Firm Name

P.O. BOX 861 WESTMINSTER MD 21157
Address

Ronald Kyker DEC 19-07
Signature Date

FAWN HAVEN COURT

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

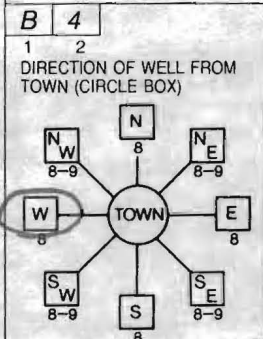
34 40 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 12 PARCEL 167

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

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 (13) A13021
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 12/20/2007 Brian Baker 12/20/2008
43 MM DD YY 48 CO SIGNATURE EXP DATE

NORTH GRID 524 0 0 0 EAST GRID 818 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- CITY
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 818
5284

N _____

000
000

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)

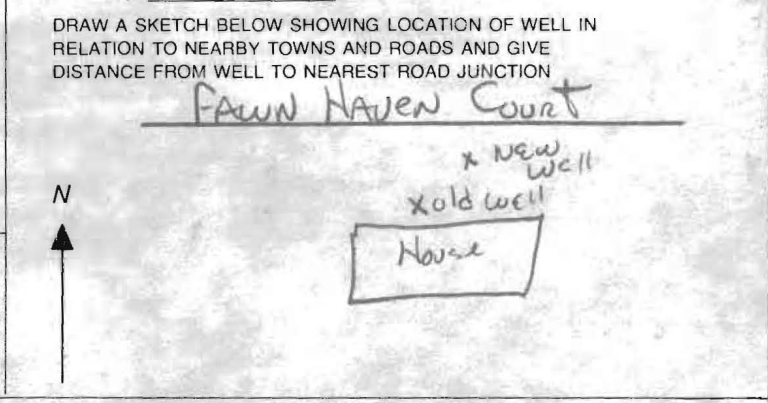
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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



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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. H0-95-1366
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED

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: ROBERT L. FEEZER CO Telephone #: 410-795-1408
Address: 6321 BALDWIN AVE
SYKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): ROBERT L. FEEZER CO License# 2122

*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: PATRICIA GALLIZO Telephone #: 410-531-5965
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1366
Site Address: 12219 FAUN HAVEN COURT
ELLICOTT CITY, MD 21043

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STAGATE</u>	Make: <u>GRABER</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5SP402AR</u>	Model #: <u>24800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

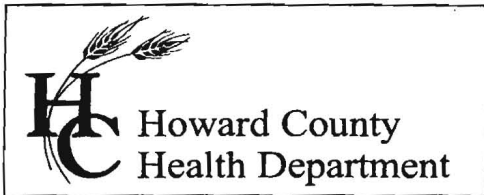
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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.

Robert L. Feezer 1/15/08
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 1/14/08 BB
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, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, MD., M.P.H., Health Officer

February 25, 2008

Steven Dambrisi
12219 Fawnhaven Court
Ellicott City, MD 21042

RE: **Replacement Well**
12219 Fawnhaven Court
Well Permit # HO-95-1366

Dear Mr. Dambrisi:

According to our records your replacement well has been connected to the dwelling and this connection was inspected. This office is also requesting that you contact the Community Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well as required by Maryland code. There is currently no charge for the sampling and it is to your benefit to have your well tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Additionally, the old well should be kept in use and must be properly maintained so that the groundwater in your area is not contaminated. Maryland code states that any well that does not serve a purpose or is not properly maintained must be sealed by a licensed well driller. If you have any questions about well sealing you can call me at (410) 313-1771. Otherwise, call Community Health at the number above for the water sample.

Sincerely,

Brian Baker, R.S.
Well and Septic Program

cc: Community Health Program
File