

C1 14507 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A42487

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY 5/30/02

DATE WELL COMPLETED MM DD YY 5/30/02 DEPTH OF WELL 140 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3400

OWNER Saglimbeni, Franco & Kelly STREET OR RFD 133 37 Bushy TAILOR TOWN COOKS TWP WOODBONE SUBDIVISION Country Springs SECTION LOT 33

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Clay, Brown Shale, Brown Mica, Gray Mica, etc.

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

CASING RECORD form with fields: MAIN CASING TYPE (ST), Nominal diameter, Total depth of main casing.

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

SCREEN RECORD form with fields: screen type or open hole (ST, BR, HO), diameter of screen, depth of screen.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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 MWD 040 DRILLERS SIGNATURE George F. Kistadon

LIC. NO. 1 JS D 038

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

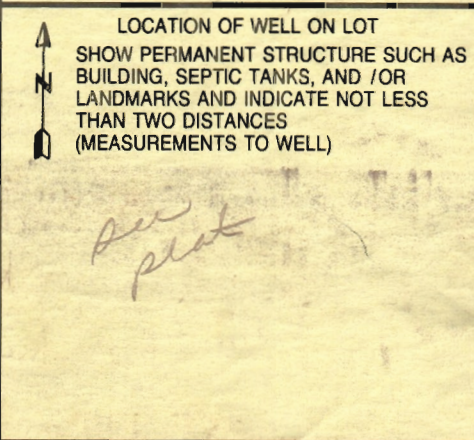
DEPTH (nearest ft.) table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (16), WHEN PUMPING (23), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+) above and enter casing height (2) (nearest foot).



B 1 2525
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3400

fill in this form completely

W51892 please print or type

Date Received (APA)

04 11 02
8 MM DD YY 13

OWNER INFORMATION

8963

B 3

Howard

LOCATION OF WELL

8 COUNTY

GC#

Country Springs

23 SUBDIVISION

33

SECTION

LOT

Cooksville

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

2 M I
73 76 77 78

15 Last Name

Owner

First Name

SAGLIMBENI FRANCO & KELLY

36 Street or RFD

WOODBINE, MD 21797

57 Town

70 State

72 Zip

76

DRILLER INFORMATION

George F. Easterday

M

WD

040

Driller's Name

76

License No. 81

Firm Name

L. Franklin Easterday, Inc.

Address

9265 Brown Church Rd., MT. Airy, Md. 21771

Signature

Date

4/10/2002

B 2
1 2

WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.)

8

12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY)

14

20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard

A42487

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

INSERT S →

DATE ISSUED

5/02/02

CO SIGNATURE

5/2/03

43 MM DD YY 48

EXP. DATE

NORTH GRID

539 000

EAST GRID

0786 000

50

55

57

63

APPROXIMATE DEPTH OF WELL

300 FEET
24 28

APPROXIMATE DIAMETER OF WELL

6

NEAREST INCH

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED
(IF AVAILABLE) 41

52

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

APPROP. PERMIT NUMBER

G

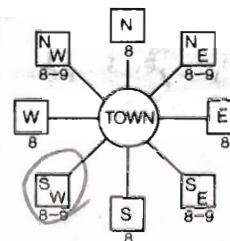
PERMIT No.

HO-94-3400

70 71 72 73 74 75 76 77 78 79

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Kenwood Court

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 250 37
DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 14 BLK: PARCEL 12

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
- 2.
- 3.

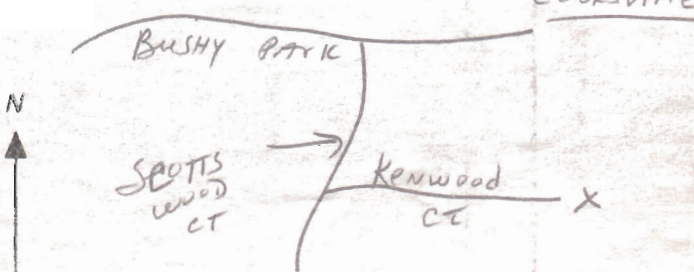
WRITE THE BOX NUMBER FROM THE MAP HERE

86
790
539

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 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: Michael Runk Plumbing & Heat Telephone #: 410-781-6791
Address: P.O. Box 1453
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): Michael Runk License# 9698

*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: FRANK SAGLIBENTE Telephone #: 301-954-5266
Subdivision: COUNTRY SPRING Lot #: 33 Well Tag #: HO-94-3400
Site Address: 19013 Kenwood Court
Woodbine Md 21797

Submersible Pump Data

Make: JG22
Model #: 5245 BSS2
Pump Capacity 5 GPM
Well Yield: 80 GPM

Pitless Adapter

Make: Hurco
Model#: PT 500
Depth: 48" (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: No
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: 200 (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

Piping to house

Type: Poly
PSI: 160 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve (5 foot minimum): 5

Depth of supply line: 36" (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.

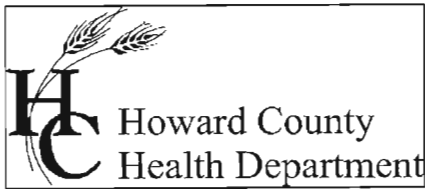
Signature of company representative responsible for installation: [Signature] date: 7/25/06

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

Date Insp. Requested: _____ Date Insp. Approved: 9/16/05 (KN)

- 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

[Handwritten initials]



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

July 27, 2006

Frank Saglibeni
15537 Bushy Tail Road
Woodbine, MD 21797

SENT VIA FACSIMILE 410-442-5930

RE: Country Springs, Lot 33
15013 Kenwood Court
Woodbine, MD 21797
BP #: B00152767
Well Permit # HO-94-3400

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 7/26/2006. Final approval of the well line connection to the dwelling was approved on 9/16/2005.**

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-94-3400. 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: 7/06/2006
Date of Well Completion: 5/30/2002

Approving Authority

Gabriel Creighton, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 246 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2386
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 366 - 7-1

Field Record

Site visit performed on: Thursday, July 06, 2006 1:25 PM
 by: John Straits State ID No. 4729JS
 Affiliation: Fredericktowne Labs, Inc.
 Property Owner: Bill Becker
 Property Address: 15013 Kenwood CT
 Woodbine, MD 21797
 Sample Source: Bathroom Sink
 Treatment Devices Noted: No Treatment Devices Present
 Sample taken after treatment: No
 Well No.: HO-94-3400
 Field pH: 5.8
 Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 7/6/06 3:20 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Date/Time Analysis Started	Method	Analyst
<1	<1	7/6/06 3:30 PM	9221B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption.
 Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Turbidity	2.3 NTU'	10	7/7/06	180.1	KB
Nitrate-Nitrogen	2.1 mg/l	10	7/7/06	300.0	SER
Sand	<2 mg/l	5	7/6/06	0.065mm Filter	JD

Verified by: W. A. Wilson / srwp 7/10/06
Date