

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C 1	3864	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER A518628

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 11/21/03	Depth of Well 22 500 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 12/24/03 HO - 94 - 3829 28 29 30 31 32 33 34 35 36 37
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OWNER Pistorio
 STREET OR RFD 1881 Marriottsville Rd TOWN Marriottsville
 SUBDIVISION MARRIOTTVILLE EST SECTION _____ LOT B-3

WELL LOG			
Not required for driven wells			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	15	
Brown Mica	15	28	
Gray Mica	28	65	
Brown Mica	65	66	
Gray Mica	66	210	
opening	210	211	
Gray Mica	211	500	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	yes no 44 44
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC
NO. OF BAGS <u>19</u>	NO. OF POUNDS <u>1700</u>
GALLONS OF WATER <u>114</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>30</u> ft.	(enter 0 if from surface)

CASING RECORD	
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER
MAIN CASING TYPE <u>ST</u>	Nominal diameter top (main) casing (nearest inch)! <u>6</u> Total depth of main casing (nearest foot) <u>40</u>
60 61	63 64 66 70

OTHER CASING (if used)	
EACH CASING	diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD	
screen type or open hole insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M W D 040

Genaro J. ...
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 35 D 038

Bruce ...
 of driller or journeyman

DEPTH (nearest ft.)	
1 <u>HO</u> 38 500	2 _____
E 8 9 11 15 17 21	A 23 24 26 30 32 36
S 38 39 41 45 47 51	R _____
E _____	E _____
N _____	N _____
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH)	
58 _____ 60 _____	from _____ to _____

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

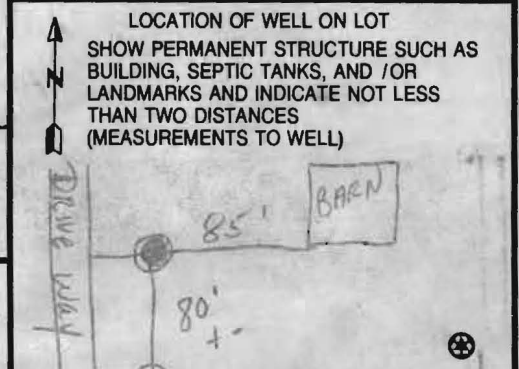
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T _____ (E.R.O.S.) W Q _____

70 _____ 72 _____ 74 75 76

PUMPING TEST	
HOURS PUMPED (nearest hour) <u>3</u>	PUMPING RATE (gal. per min.) <u>8.5</u>
METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>	WATER LEVEL (distance from land surface)
BEFORE PUMPING <u>8</u> ft.	WHEN PUMPING <u>115</u> ft.
TYPE OF PUMP USED (for test)	
<input type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	LAND SURFACE
<input checked="" type="checkbox"/> + above	<u>2</u> (nearest foot)
<input type="checkbox"/> - below	49 _____ 50 51 _____



B 1 0721

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 519629

STATE PERMIT NUMBER HD-94-3829 fill in this form completely 70 79

OWNER INFORMATION Date Received (APA) 10/17/03 9567 PISTORIO DON 5221 LYNNGATE ROAD COLUMBIA, MD 21044

LOCATION OF WELL CC# Howard 8 COUNTY 21 HARRIOTTSVILLE ESTATES 23 SUBDIVISION 52 NEAREST TOWN

DRILLER INFORMATION George F. Easterday M WD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

1881 Marriottsville Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD 1000 DISTANCE FROM ROAD 34 FT TAX MAP: 10 BLK: 22 PARCEL 257

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A518628 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 11/03/03 Mark E. Rilkin 11/23/04

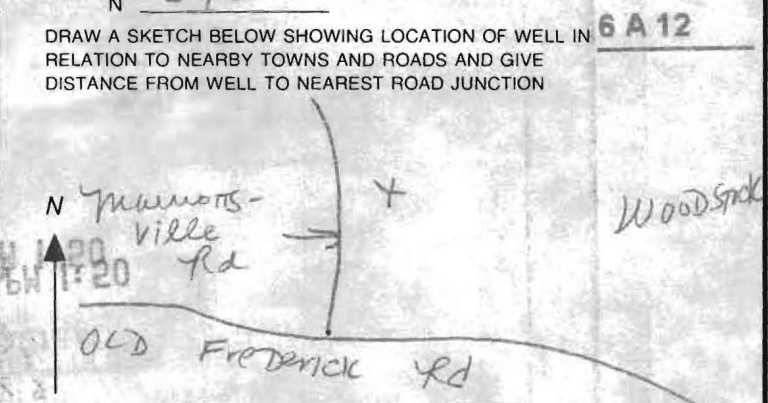
USE FOR WATER (CIRCLE APPROPRIATE BOX) [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

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 E 0829 N 542

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRIVE-POINT

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. HD-94-3829

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES 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: J.A. Smith & Co. Inc Telephone #: 410-796-7532
Address: 7080 Kit Kat Rd.
ELKRODE MD 21075

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allan Smith Jr License# 5381

*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: Don Pistonia Telephone #: 410-710-5837
Subdivision: Marysville EST Lot #: 83 Well Tag #: HO-94-3829
Site Address: 1881 Marysville Rd
MARYSVILLE Md 21104

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Martinson Two piece water tight cap:
Model #: SGS10412 Model#: B10 510X Screened, vented well cap:
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 6 GPM NSF approved: ✓ Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 600 (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 or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt ✓

Piping to house House Connection
Type: Black Polyethylene PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: 20 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (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.

Robyn Meador 5-2-05
Signature of company representative responsible for installation date

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

Date Insp. Requested: 7/18/07 Date Insp. Approved: 7/19/07
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 ✓

according to Homeowner
396 Septic
160 Well

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-3554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	64255	Account #:	9422
Reference:	Don Pistorio	Company:	CASH ACCOUNT
Location:	1881 Marriottsville Road Marriottsville, MD 21104	Requested By:	Don Pistorio
Date/ Time Collected:	7/5/2007 1015	Source:	Well Water
Date/Time Rec'd:	7/5/2007 1209	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spin Down Separator**
Collected By:	J. Yeager 6176JY	pH:	6.4
		Well #:	HO-94-3829

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/6/2007 / 0800 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/6/2007 / 0800 / AD/BD
Nitrate	1.80	mg/L	10	601	7/6/2007 / 1100 / AD/BD
Turbidity	0.56	NTU	<10	SM18 2130B	7/6/2007 / 1520 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimetry	7/5/2007 / 1520 / AD/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 Test : Use & Occupancy
 Building Permit # : B00144698

Date Reported: 7/6/2007



Bureau of Environmental Health
7178 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 Beilenson, M.D., M.P.H., Health Officer

07/23/2007

Don Pistorio
1881 Marriottsville Road
Marriottsville, MD 21104

SENT VIA FACSIMILE 410-489-5860

RE: Marriottsville Est., B-3
1881 Marriottsville Rd.
BP # B00144698
Well Permit # HO-94-3829

Dear Sir/Madam:

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 7/13/2007. Final approval of the well line connection to the dwelling was approved on 7/19/2007.**

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-94-3829. 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: 7/5/2007
Date of Well Completion: 11/21/2003

Approving Authority



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File