

C 1 **14133** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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** A 50225M  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-3654**

ST/CO USE ONLY  
 DATE Received  
 MM **02** DD **7** YY **03**

DATE WELL COMPLETED  
 MM **4** DD **4** YY **03**  
 15 20  
 Depth of Well  
 22 **200** 26  
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-3654**  
 28 29 30 31 32 33 34 35 36 37

OWNER **MANNARELI MARIO**  
 STREET OR RFD **15350 Leonardina Drive** TOWN **Glenwood**  
 SUBDIVISION **Vineyards @ Cattail Cr.** SECTION \_\_\_\_\_ LOT **17**

**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	
Brown Sand-stone	0	35	
Gray Limestone	35	140	
White	140	141	
Gray Limestone	141	200	

**GROUTING RECORD** yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 44 44  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **72** NO. OF POUNDS **1128**  
 GALLONS OF WATER **72**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **37** ft.  
 48 TOP 52 54 BOTTOM 58  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 **ST** STEEL  **CO** CONCRETE  
 **PL** PLASTIC  **OT** OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**ST** **06** **42**  
 60 61 63 64 68 70

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 **ST** STEEL  **BR** BRASS  **HO** OPEN HOLE  
 **PL** PLASTIC  **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**  
 WELL HYDROFRACTURED  YES  NO

**C 2** DEPTH (nearest ft.)

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
										<b>HO</b>										<b>42</b>										<b>200</b>																																																																					

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 3 D 009**  
 DRILLERS SIGNATURE **Atte [Signature]**  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. **D**

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) **03**  
 8 9  
 PUMPING RATE (gal. per min.) **5**  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE **190L**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **30** ft.  
 17 20  
 WHEN PUMPING **45** ft.  
 22 25  
 TYPE OF PUMP USED (for test)  
 **A** air  **P** piston  **T** turbine  
 **C** centrifugal  **R** rotary  **O** other (describe below)  
 **J** jet  **S** submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP YES  NO   
 (CIRCLE) (YES or 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  
**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 } LAND SURFACE  
 **-** below } **02** (nearest foot)  
 49 50 51

LOCATION OF WELL ON LOT  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)  
 NO survey stakes  
 see plan

B 1 6285

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3654 fill in this form completely

518561 please type

Date Received (APA) 02/03

OWNER INFORMATION

Mario Marcellino & Sons, 2929 Summit Circle, Ellicott City MD 21043

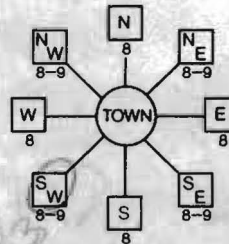
LOCATION OF WELL

Howard County, Vineyards at Cattail Creek, Section 44, Lot 17, Nearest Town: Glenwood, 4 miles from town

DRILLER INFORMATION

Aiken Compton M S D O O S, Fogles Well Drilling, 580 Obrecht Rd., All rights reserved 2-10-03

DIRECTION OF WELL FROM TOWN



Leonidina Drive, 130 feet from road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH

DISTANCE FROM ROAD ENTER FT OR MI 130

TAX MAP: 21 BLK: 8 PARCEL 225

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, 50225 M, State Signature, Date Issued 3/10/03, Co Signature Kacie Noonan 3/10/04, North Grid 522 000, East Grid 786 000

APPROXIMATE DEPTH OF WELL 300 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 (circled), 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 DEEPEM AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER G, PERMIT No. HO-94-3654

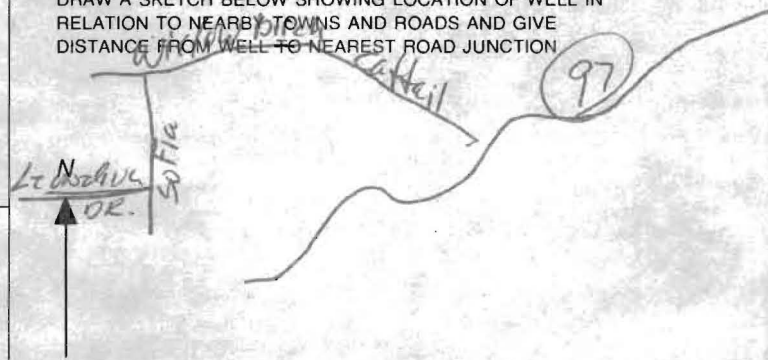
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1, 2, 3

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7806, N 5202

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 SHEET IF NEEDED





Howard County  
Health Department

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

## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well,  
please indicate one of the following:

410-876-2017

- The well site has been staked by CLSF  
on \_\_\_\_\_ and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department  
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application.  
This should help improve communication allowing a more timely  
service for our citizens.

KN

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 and Well Construction Regulations. Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 580 Obercht Rd  
Sylva, NC 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): Allen Compton License# M3D 009

\*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. Licensee may be subjected to field verification.

Name of Property Owner: Rylee Homes Telephone #: \_\_\_\_\_  
Subdivision: Catfish Creek Lot #: 17 Well Tag #: HO 94-1654  
Site Address: 15330 Leondina Dr  
Woodbine, Md 21797

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: Grundfos      Make: Canceled      Two piece watertight cap: yes  
Model #: P10338      Model #: N/A      Screened, vented well cap: yes  
Pump Capacity 5 GPM      Depth: 36 (36" min)      Cap secured to casing: yes  
Well Yield: 5 GPM      NSF approved: yes      Conduit min 18" B.G.: yes

Depth of well encountered at time of pump installation: 200 (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  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

**Piping to house**      **House Connection**  
Type: 1/2" Black Plastic      PVC sleeved to undisturbed soil at wall penetration: yes  
PSI: 160 (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, sewer 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: Allen Compton      date: 1-24-05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_  
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

3/12/04  
BB  
Well Tag Missing



# RYLEA HOMES

Monday, January 24, 2005

The below referenced well tag has been lost from the well at the location listed.

Please note that as soon as the replacement well tag is received, Rylea Homes will have it installed by a well digger, as instructed. At that time we will call the county to reinspect.

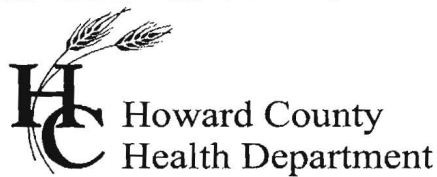
Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cheryl Ryan', written over a circular scribble.

Cheryl Ryan  
Rylea Homes

RE: Well Tag # HO943654  
15330 Leondina Drive  
Glenwood, MD 21738  
Bldg Permit # B00140269



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

January 25, 2005

James P. Ryan, Jr.  
3331 Heavenly Cause Court  
Mt. Airy, MD 21771

*SENT VIA FACSIMILE 301-829-9225*

RE: 15330 Leondina Drive  
Vineyards @ Cattail Creek, Lot 17  
Glenwood, MD 21738  
BP #: B00140269  
Well Permit #: HO-94-3654

Dear Sirs:

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 12/02/2003.

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.

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-94-3654. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This is a 60 day **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04). Although all of the other requirements for the interim certificate of potability have been fulfilled, there is no tag on the well casing. **COMAR requires a well identification tag on all new wells.** The interim certificate of potability will be issued upon confirmation that the replacement well tag, ordered by the Health Department, has been affixed to the well by a licensed well driller.

Date of Water Sample(s): 01/19/2005  
Date of Well Completion: 04/04/2003

Approving Authority,

*Brian Baker*  
Brian Baker, R. S.  
Well and Septic Program

cc: Building Inspector's Office  
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 #: 53639 Account #: 3690  
Reference: Cattail Lot 17 Company: Rylea Homes  
Location: 15330 Leondina Drive Requested By: Jim Ryan  
Glenwood, MD 21738 Source: Well Water  
Date/ Time Collected: 01/19/05 1101 Site: Downstairs Bar Tap  
Date/Time Rec'd: 01/19/05 1245 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.7  
Collected By: J. Yeager 6176JY Well #: HO-94-3654

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Nitrate	1.97	mg/L	10	601
Turbidity	0.50	NTU	<10	SM18 2130B
Sand	NS	mg/L	5	Visual/Gravimetric

**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 # : B00140269

Date Reported: 01/20/05

MD State Certification # 133