

C1 3482

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.

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

COUNTY NUMBER 13 A519693

DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
06 15 04

DEPTH OF WELL
22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3938

OWNER Altieri Homes
STREET OR RFD 1226 Lime Kiln Road
SUBDIVISION Lime Kiln Valley SECTION TOWN Fulton LOT 36

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 FROM TO check if water bearing
Overburden 0 25
Gray Rock 25 300 x
water at 132'
Well #1 500' Dry (backfilled)
Well #2 600' Dry (backfilled)
\*Dry holes were filled to within 40' with drill cuttings and then cement was added to the surface.

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 10 NO. OF POUNDS 1000
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 40 ft.

CASING RECORD
casing types insert appropriate code below
[ST] STEEL [CO] CONCRETE
[PL] PLASTIC [OT] OTHER
MAIN CASING TYPE PL
Nominal diameter top (main) casing (nearest inch)! 6
Total depth of main casing (nearest foot) 40

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
DEPTH (nearest ft.)
1 Ho 40 300

NUMBER OF UNSUCCESSFUL WELLS: 2

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 D 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JWD 241

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

DIAMETER OF SCREEN (NEAREST INCH)
56 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
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 2.06
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 39 ft.
WHEN PUMPING 238 ft.
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 (CIRCLE) (YES or NO) YES [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
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 (nearest foot)
[-] below 1

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)

See attached plat

B 1 37.18

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 520319

STATE PERMIT NUMBER

HO-94-3938 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Altieri Homes 9017 Red Branch Road Columbia MD 21045

B 3 LOCATION OF WELL

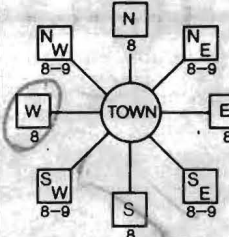
Howard 12726 Lime Kiln Road SECTION 44 LOT 36 Fulton NEAREST TOWN MILES FROM TOWN 1

DRILLER INFORMATION

Michael D. Isom M S D 162 G. Edgar Harr Sons' Corp. 12047 Falls Road, Cockeysville 21030 4/22/04

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12726 Lime Kiln Road NEAR WHAT ROAD ON WHICH SIDE OF ROAD 700 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 40 BLK: 23 PARCEL 490

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D) Farming (F) Industrial, Commercial, Dewatering (I) Public Water Supply Well (P) Test, Observation, Monitoring (T) Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A519693 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 5/2/04 CO SIGNATURE EXP. DATE 5/3/05 NORTH GRID 482 EAST GRID 812

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 (N) This well will replace a well that will be abandoned and sealed (Y) This well will replace a well that will be used as a standby-contact local approving authority for policy on standby wells (S) This well will deepen an existing well (D)

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) HO-94-3870

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

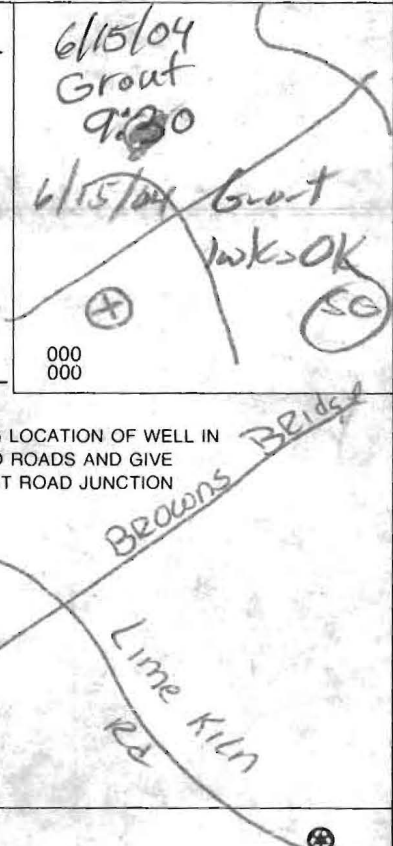
APPROX. PERMIT NUMBER G PERMIT No. HO-94-3938

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8102 N 4802

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



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3938  
 Location of property (road) 12726 Lime Kiln Road  
 Subdivision Lime Kiln Valley Lot 36 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller G. Edgar Harr Owner Altieri Homes

Depth of well 300'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 39'

I. High rate pumping -- reservoir drawdown

Time pump started 0700 Pumping rate 15.0  
 Total time 45 min. to reach pumping water level 228 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0700	39'	4		15.0
0715	130'	6		10.0
0730	198'	10		6.0
0745	228'	19		3.15
0800	232'	23		2.60
0815	237'	28		2.14
0830	238'	29		2.06
0845	238'	29		2.06
0900	238'	29		2.06
0915	238'	29		2.06
0930	238'	29		2.06
0945	238'	29		2.06
1000	238'	29		2.06
1015	238'	29		2.06
1030	238'	29		2.06
1045	238'	29		2.06
1100	238'	29		2.06
1115	238'	29		2.06
1130	238'	29		2.06
1145	238'	29		2.06
1200	238'	29		2.06
1215	238'	29		2.06
1230	238'	29		2.06
1245	238'	29		2.06



102811085

Well & Dry hole includes  
on completion Report  
For Ho-94-387D  
(Abandoned)

N85°02'44"E

291.97'

N85°02'44"E

WELL  
DRY WELL 36  
TAG#: H0943870  
2004  
418.70'

75' PERCO  
CONFLICT  
TREE ESMT.

DRY 25'  
WELL  
ACCEPTABLE  
LINE

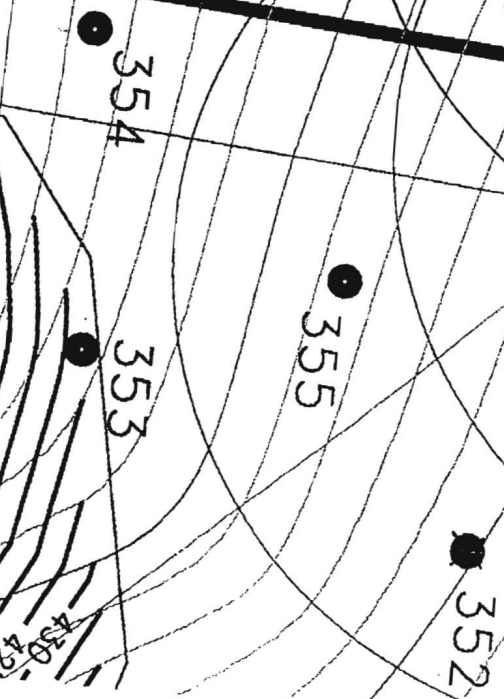
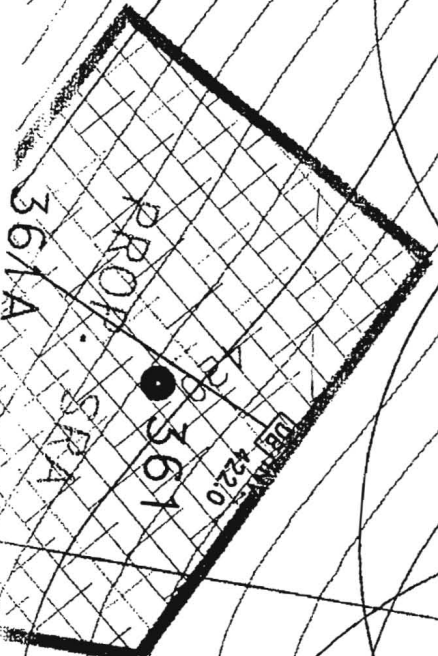
WELL  
DRY WEL 35  
TAG#: H0943869  
2009  
413.49'

WELL  
FINAL  
LOCATION

Loop  
Dry hole

500'  
Dry hole

Ho-94-3838  
PROPOSED  
WELL LOCATION



1" = 40'  
6/8/04

6/18/04

New location OK

N85°02'44"E

291.97'

N85°02'44"E

(W)

TAG#: H094387075' PEPCO

CONFLICT TREE ESMT. WELL

3943870  
2004  
DRY WELL 36  
DR#17.63

13' 30'  
DRY WELL

ACCEPTABLE LIVE

PROPOSED WELD LOCATION

WELL 35 H0943869  
TAG# H0943869  
DRY WL 35  
DR#15.49

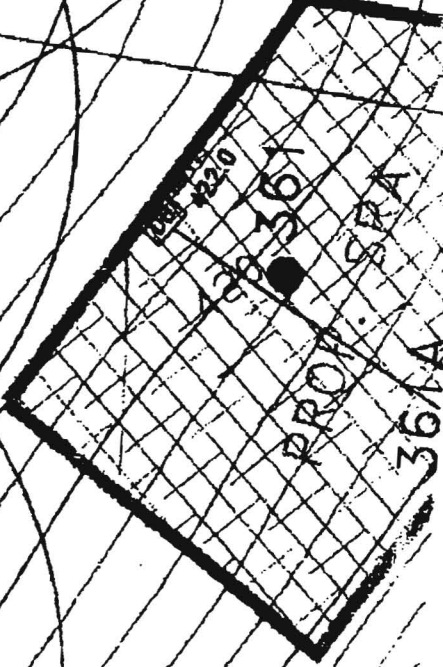
WELL 351  
FINAL WELL LOCATION

352

355

353

354



356

358  
359  
360

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6-12-04 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO -94 - 3870

\* PERMIT NUMBER OF REPLACEMENT WELL

HO -94 - 3938

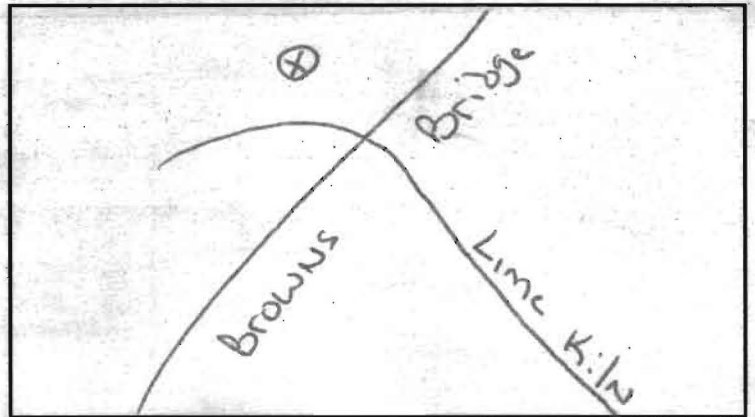
\* PERSON ABANDONING WELL: Michael Tsom

WELL DRILLERS LICENSE NUMBER: 162

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Altieri Homes

SITE LOCATION MAP



\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Fulton  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Lime Kiln Valley  
 SECTION: \_\_\_\_\_ LOT: 36  
 NEAREST ROAD: Lime Kiln Road

*Well tag destroyed 4/17/2004*

\* TYPE OF WELL BEING ABANDONED:

- DRILLED \_\_\_\_\_ JETTED
- \_\_\_\_\_ BORED/AUGERED \_\_\_\_\_ HAND DUG
- \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Stone	300	40
Cement	40	0
VOLUME OF MATERIAL USED		

\* USE CODE:

- DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC
- \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL
- \_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL

\* TYPE OF CASING:

- \_\_\_\_\_ STEEL  PLASTIC
- \_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 300 FEET DEEP

\* WAS ANY CASING REMOVED? \_\_\_\_\_ YES  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

SIGNATURE [Signature] MASTER WELL DRILLER OR SUPERVISING SANITARIAN

162 LICENSE #

162 MWD/MSD/MGD CIRCLE ONE

6/14/04 DATE



C1/3900 (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 A519693

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 03 18 2004

Depth of Well 22 300 26 (TO NEAREST FOOT) 3/24/04 O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3870

OWNER Altieri Homes STREET OR RFD Lime Kill Rd TOWN Fulton SUBDIVISION LIME KILL VALLEY SECTION LOT 36

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten note: 'Well Abandoned & tag destroyed 6/17/2004'.

GROUTING RECORD Form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (8), NO. OF POUNDS (40), GALLONS OF WATER (40), DEPTH OF GROUT SEAL (32 ft).

CASING RECORD Form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6 inch), Total depth of main casing (35 feet).

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

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

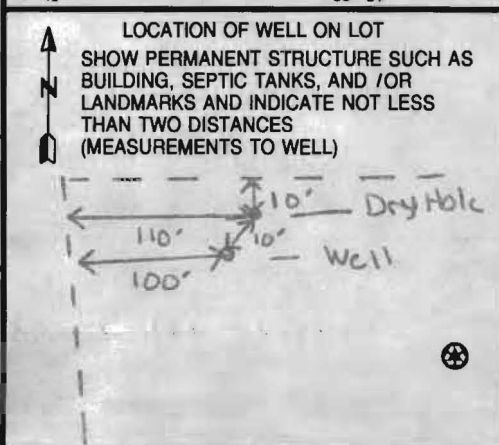
DEPTH (nearest ft.) Table with columns: A, C, H, S, R, E, N and rows for slot size and diameter of screen.

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

PUMPING TEST Form with fields: HOURS PUMPED (3), PUMPING RATE (4.16 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (38 ft. before, 270 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED Form with fields: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (above), LAND SURFACE (below).



NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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. MSD 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JSD 049

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

B 1 **3075**

SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

5/19/95 please type

STATE PERMIT NUMBER

40-94-3870

fill in this form completely

Date Received (APA) 10-01-03

8 MM DD YY 13

**OWNER INFORMATION**

Altieri Homes  
15 Last Name Owner First Name 34

9017 Red Branch Road  
36 Street or RFD 55

Columbia MD 21045  
57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

Howard  
8 COUNTY 21

Lime Kiln Road  
23 SUBDIVISION 42

SECTION 44 46 LOT 36  
48 50

Fulton  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I  
73 76 77 78

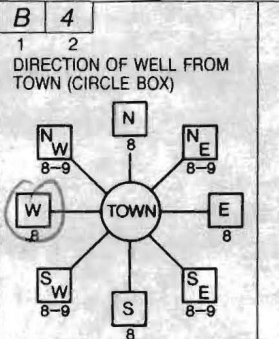
**DRILLER INFORMATION**

Sandy B. Cochran M W D 120  
Driller's Name 76 License No. 81

G. Edgar Harr Sons' Corp.  
Firm Name

12047 Falls Road, Cockeysville 21030  
Address

[Signature] 9/29/03  
Signature Date



Lime Kiln Road  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 700 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 40 BLK: 23 PARCEL 490

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 750  
(GAL. PER DAY) 14 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A519693 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 01 23 04 Mark E. R. [Signature] 01/23/05  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 482 0 0 0 EAST GRID 0812 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8182  
N 4882

000  
000

3/9/04  
No Access

**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)

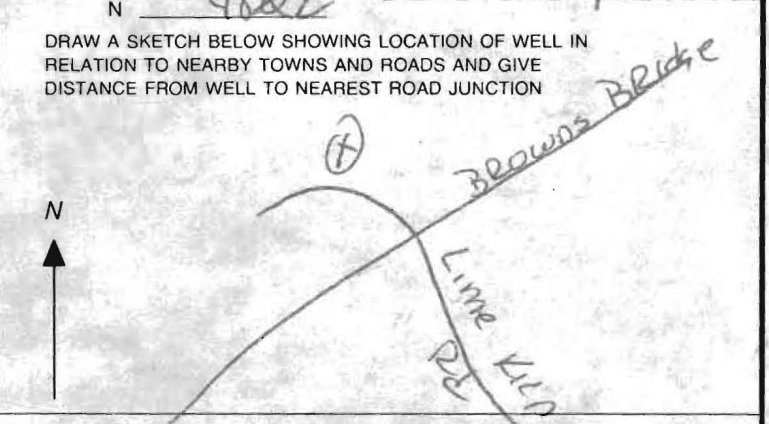
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEMED 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. 40-94-3870  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

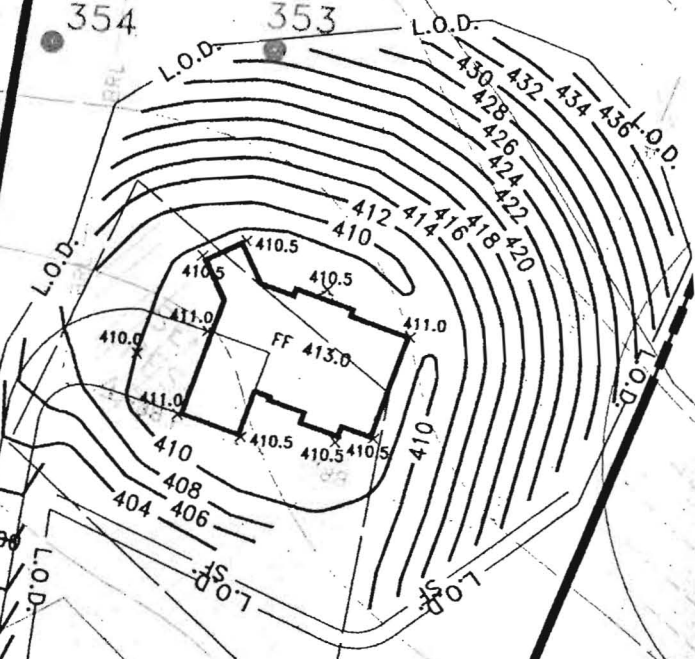
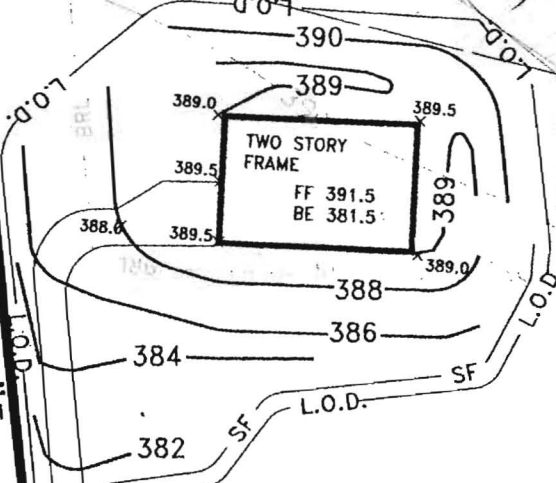


5/3/04 - 1st attempt in wrong location  
2nd attempt in original location (SE)  
N85°02'44"E 291.97' N85°02'44"E

Well site OK 12/8/04  
staked by Surveyor

PEPCO  
CONFLICT  
TREE ESMT.

ORIG SDA  
(1985)



S10°31'33"E 728.76'

N04°35'42"E 738.98'

S18°20'33"W 821.06'

LOT 36

LOT 35

Signed  
PC 519693

25' WETLAND

BUFFER

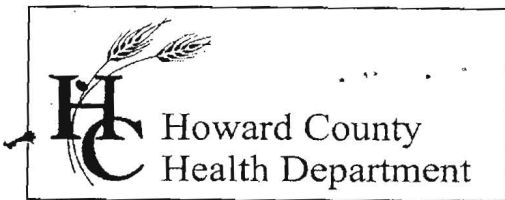
L=98.97'

L=89.98'

L=93.46'

6/8/04 - Correct well site location is dry hole  
Talked to Mike w/ Howell-OK to drill  
another well at point (B) on other side  
of this sheet (SD)

6/9/04 - Spoke to Mike, faxed proposed  
well location. Dry well already @ (B)  
New location OK (SD)



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(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

December 28, 2004

Altieri Homes  
9017 Red Branch Road, Suite 201  
Columbia, MD 20145

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

RE: Lime Kiln Valley, Lot 36  
12726 Lime Kiln Road  
Highland, MD 20777  
BP #: B00146751  
Well Permit # HO-94-3938

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 12/20/2004. Final approval of the well line connection to the dwelling was approved on 07/30/2004.**

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-94-3938. 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 Sample: 12/20/2004 & 12/22/2004  
Date of Well Completion: 06/15/2004

Approving Authority,

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

*Att. Blair*

**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 #: 443-250-6187  
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 DiMaggio License# 8594 md.

\*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: Apple Homes Telephone #: 410 715-4500  
Subdivision: Lime Blm Lot #: 36 Well Tag #: HO-94-2870 3938  
Site Address: 12726 Lime KITT Rd  
Higland rd 20722

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: JACOZZI      Make: American Blenny      Two piece watertight cap: YES  
Model #: TS-94513XV      Model#: PT 800      Screened, vented well cap: YES  
Pump Capacity 5 GPM      Depth: 48" (36" min)      Cap secured to casing: YES  
Well Yield: 16 GPM      NSF approved: YES      Conduit min 18" B.G.: YES  
Depth of well encountered at time of pump installation: 92' (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 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt NO

**Piping to house**      **House Connection**  
Type: Plastic      PVC sleeved to undisturbed soil at wall penetration: YES  
PSI: 200 (160 psi min)      Approximate length of sleeve: 2'  
Depth of supply line: 48" (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.

Signature of company representative responsible for installation: [Signature]      date: 11/20/09

**For Health Department Use Only - Not to be completed by installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/30/04 (SC)  
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 \_\_\_\_\_