

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 DATE 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 15337 Bushy Trail TOWN Cookson Woodbine SUBDIVISION Country Springs SECTION LOT 33

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Clay, Brown Shale, Brown Mica, Gray Mica, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) BENTONITE CLAY (B) NO. OF BAGS 44 NO. OF POUNDS 1100

CASING RECORD

MAIN CASING TYPE (S) Nominal diameter 6 Total depth of main casing 60

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

SCREEN RECORD

screen type or open hole (S) STEEL (B) BRASS (H) OPEN HOLE (P) PLASTIC (O) OTHER

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) NO (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"

DRILLERS LIC. NO. MW D 040 DRILLERS SIGNATURE Bruce F. Katerday LIC. NO. JS D 038

Table with columns: E A C H S C R E E N, DEPTH (nearest ft.), 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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

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)

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

B 1	2525	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W51892</i> please print or type	STATE PERMIT NUMBER HO-94-3400 <small>fill in this form completely</small>
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OWNER INFORMATION 8963

Date Received (APA) 04 11 02
8 MM DD YY 13

SAGLIMBENI FRANCO & KELLY
15 Last Name Owner First Name 34
15537 BUSHY TAIL RUN
36 Street or RFD 55
WOODBINE, MD 21797
57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 Howard COUNTY CC# 21
Country Springs

23 SUBDIVISION 42
33

SECTION 44 LOT 48
Cooksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION

George F. Easterday M WD 040
Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.
Firm Name

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

George F. Easterday 4/10/2002
Signature Date

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

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 COUNTY NAME COUNTY NO. A42487

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 5/02/02 *K. Gredely* 5/2/03
43 MM DD YY 48 CO SIGNATURE 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 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X (X)

SOURCES OF DRILLING WATER

1. _____

2. **wells**

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

86
E 790 000
539 ← 000
N _____ 000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

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

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

9A1
Cooksville

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



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

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JG022</u>	Make: <u>Hunterd</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>5545 B552</u>	Model#: <u>PT 800</u>	Screened, vented well cap: <u>No</u>
Pump Capacity <u>5</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>80</u> GPM	NSF approved: <u> </u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <u>Yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestory or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Pipeline 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): 8"

Depth of supply line: 36 (36" min) Sleeve caulked and sealed properly:

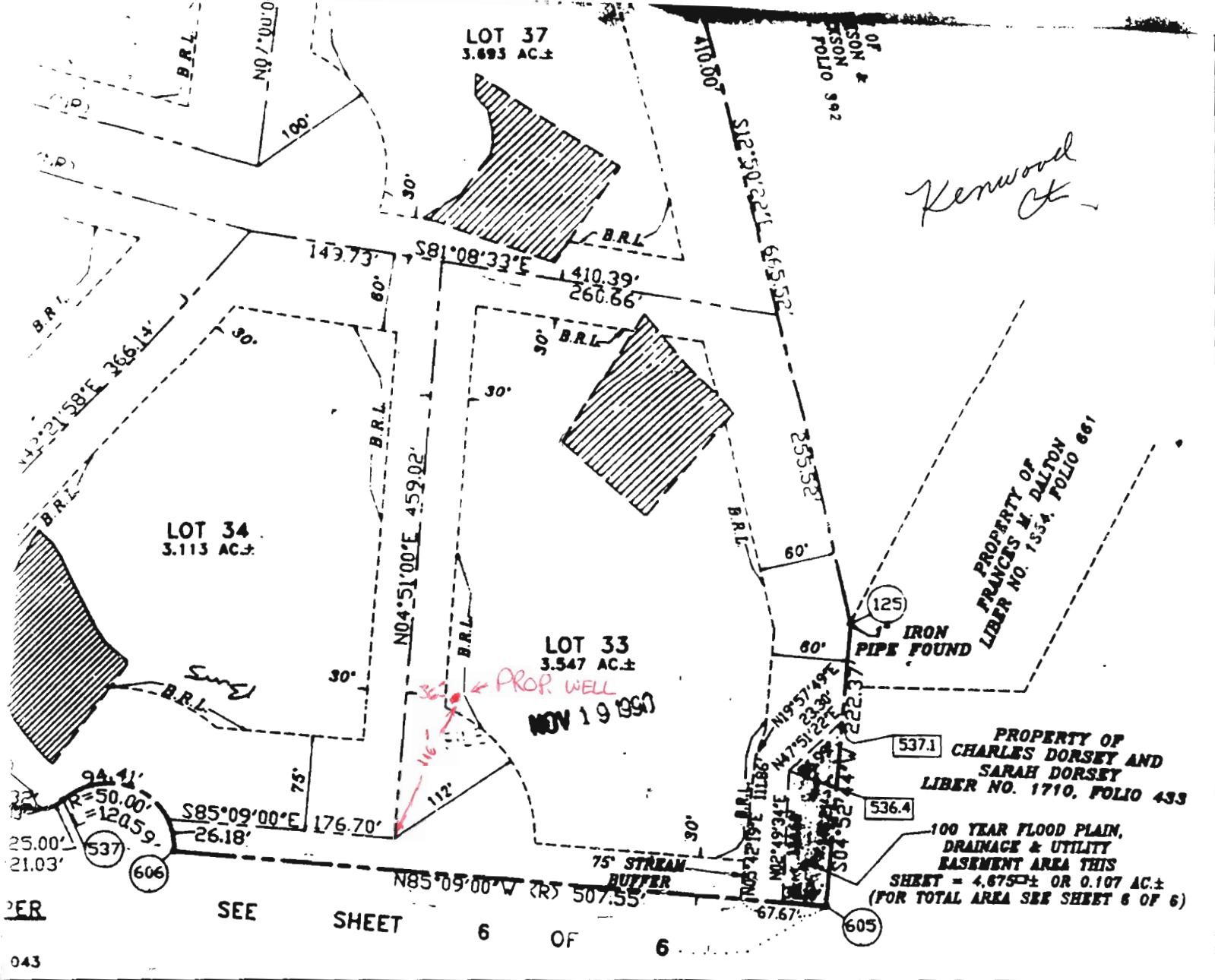
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

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

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]



SEE SHEET 6 OF 6

SURVEYOR'S CERTIFICATE

WE HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A RESUBDIVISION OF (1) ALL OF THE LANDS CONVEYED BY CLARK HANSON RIPPEON TO CARMAN ASSOCIATES BY DEED DATED MAY 25, 1989 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY IN LIBER No. 2005, FOLIO 663; ALSO BEING KNOWN AS LOT No. 3 AS SHOWN ON A PLAT ENTITLED "RIPPEON PROPERTY, LOTS 1-4" AND RECORDED AS PLAT No. 8531 AND (2) ALL OF THE PROPERTY CONVEYED BY STANLEY NELSON RIPPEON AND BUMA RIPPEON TO CARMAN ASSOCIATES BY DEED DATED MAY 25, 1989 AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY IN LIBER No. 2005, FOLIO 673; ALSO BEING KNOWN AS LOT No. 4 AS SHOWN ON A PLAT ENTITLED "RIPPEON PROPERTY LOTS 1-4" AND RECORDED AS PLAT No. 8531 AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND AS AMENDED.

RECORDED AS PLAT No. _____ ON _____, 1990
IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

COUNTRY SPRINGS

LOTS 1 - 42
(A RESUBDIVISION OF LOTS 3 & 4
RIPPEON PROPERTY, LOTS 1 - 4)

ZONING: R
TAX MAP 14 PARCEL 12

FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1"=100' DATE: OCTOBER 9, 1990

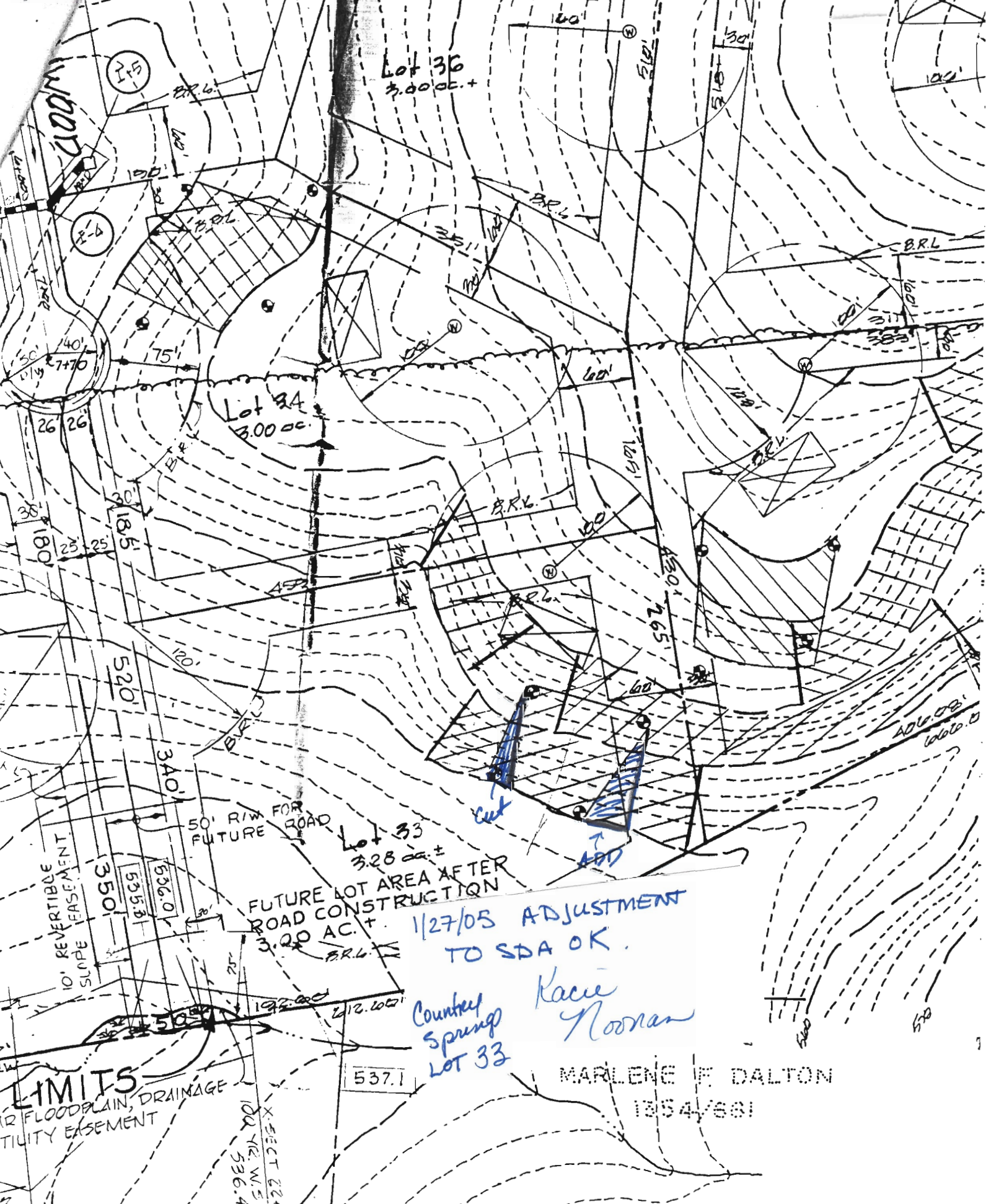
SHEET 3 OF 6 S1247-0-3

588-37 P68-68 F68-68

James A. Fisher
JAMES A. FISHER, L.S. #10692
DATE

MSASSWA47-2086-9059

x2 GABLES
M FOR WATER QUALITY



Lot 36
3.00 ac. +

Lot 34
3.00 ac.

Lot 33
3.28 ac. ±

FUTURE LOT AREA AFTER
ROAD CONSTRUCTION
3.00 AC. ±

1/27/05 ADJUSTMENT
TO SDA OK.

Kacie
Noonan

Country
Spring
Lot 33

MARLENE F DALTON
1354/881

LIMITS
12' FLOODPLAIN, DRAINAGE
UTILITY EASEMENT

537.1

SECTION 22+6
QUART. W. 5 E
536.40



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 246 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2388
 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:

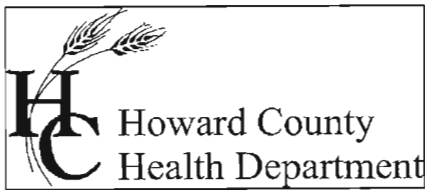
<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Date/Time Analysis Started</u>		<u>Method</u>	<u>Analyst</u>
<1	<1	7/6/06	3:30 PM	9221B	JD

**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:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
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	0.065mmFilter	JD

Verified by: M. B. Wilson / serap 7/10/06
Date



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.**

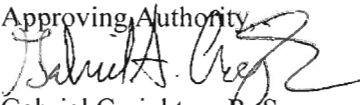
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

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