

C1 07804

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 50225-G

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED OCT 17 1980

9 18 80

22 200 26 (TO NEAREST FOOT)

HO-94-2722

OWNER Manarelli, last name; STREET OR RFD Cattail Creek Dr, first name; TOWN Glenwood; SUBDIVISION Vineyards @ Cattail; SECTION; LOT 13

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown shale, Gray, Brown, and Gray white.

GROUTING RECORD section including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (25), NO. OF POUNDS (2350), GALLONS OF WATER (150), DEPTH OF GROUT SEAL (0 to 45 ft).

CASING RECORD section including: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (26), Total depth (50).

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

SCREEN RECORD section including: screen type (ST, BR, HO, PL, OT), screen type or open hole (ST, BR, HO).

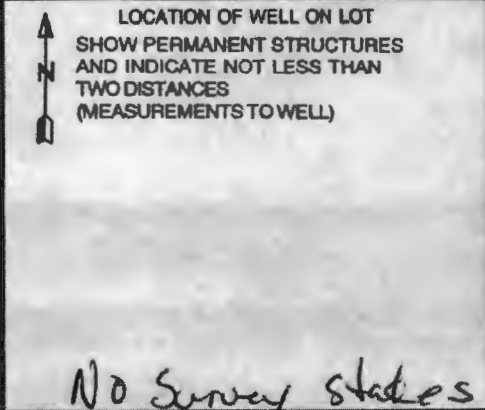
DEPTH (nearest ft.) table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51. Includes slot size and diameter of screen.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for T, W, Q, 70, 72, 74, 75, 76.

PUMPING TEST section including: HOURS PUMPED (63), PUMPING RATE (11 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (5 gal), WATER LEVEL (23 ft before, 25 ft when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED section including: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (49), LAND SURFACE (82 ft).



Administrative section including: NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P), DRILLERS LIC. NO. (MSD009), DRILLERS SIGNATURE, LIC. NO. (D), SITE SUPERVISOR.

B 1 13910

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-94-2722 fill in this form completely

Date Received (APA) 05/24/00

OWNER INFORMATION

MANNARELLI Mario 2929 Summit Circle Elliott City MD 21043

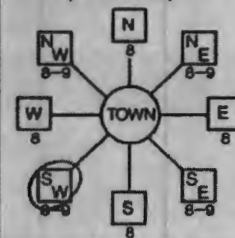
B 3 LOCATION OF WELL

Howard County Vineyards at Cottail Creek Section 44-45 Lot 13 Glenwood 4 miles from town

DRILLER INFORMATION

Allen Compton MSD009 Foste's Well Drilling 580 Obrecht rd. Sparksville MD 21784

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Leonidina Dr. 25 feet from road on the south side

B 2 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 (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 Co A-502256 County Name County No. State Signature DATE ISSUED 7/18/00 GO SIGNATURE EXP. DATE 7/18/01 NORTH GRID 520 000 EAST GRID 780 000

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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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 DEEPEM AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER 84 GAP 85 PERMIT No. HO-94-2722

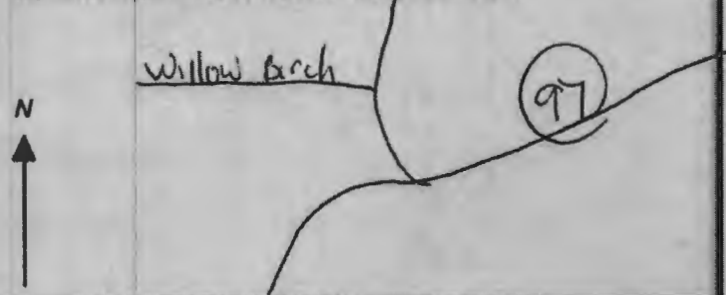
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780 N 520

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
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 UNDERWOOD LANE
BEL AIR, MD 21014

(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 Isom License# MSD162

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Merideth Peterson Telephone #: _____
Subdivision: VINEYARDS AT CAHALL CREEK Lot #: 13 Well Tag #: HO-94-2722
Site Address: 15314 LEON DINA DRIVE
GLENWOOD, MD 21738

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFOSS</u>	Make: <u>BIT</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>ISSQIE10-250</u>	Model #: <u>P100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used— Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: PDI
PSI: 200 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation): 6'
Sleeve 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 _____

date 3/15/2022

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

Date Insp. Requested: 3/21/22 Date Insp. Approved: 3/21/22 Inspector: (37)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 48"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 47"
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 15"
Water supply line sleeved adequately at house connection 5'
Adequate grout observed below pitless adapter





Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 20, 2023

September 20, 2023

Merideth Peterson
15314 Leondina Drive
Glenwood, MD 21738

RE: Vineyards @ Cattail Creek, Lot 13
15314 Leondina Drive
Building Permit: B20003296
Well Permit: HO-94-2722

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/24/2023**. Final approval of the well line connection to the dwelling was granted on **3/21/2022**. The well construction was completed on **9/18/2000**. Water samples were collected on **8/16/2023, 9/18/2023**.

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. 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-94-2722. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

HOME LAND LABS

1220 East Joppa Road #C505
Towson, MD 21286
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Report Date: 08/21/2023

Client: Battaglia Homes LLC

Property Address: 15314 Leondina Dr
Glenwood, MD 21738

Report No: 243603

Sample Time: 08/18/2023 11:40

Date & Time Received: 08/18/2023 12:50

Sampled By: Derek Bodell - 2248DB

Field Preservation: Ice

Sample Point(s): Basement Bathroom Sink

Water Conditioning Appears to be: Sediment Filter, Water Softener (Bypassed),
Acid Neutralizer (Bypassed), UV Light (Bypassed)

Field Chlorine: 0.00

Field pH: 5.86

Well Type: Drilled

Well Height: 20"

Cap Type: 2-Piece Metal

Casing: 6" Cast Iron

Conduit: Secure

Clarity: Clear

Sand: None Observed

Well Tag Number: HO-94-2722

This report is the sole property of Battaglia Homes LLC. Any questions about the report MUST be directed to Battaglia Homes LLC at (443) 883-1690. Home Land Labs is not at liberty to discuss this report without written consent from Battaglia Homes LLC.

Primary Contaminants

Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria- Total Coliform	Colisure Test	Absent	Pass	Per/100ml	Present	1	M K - 365	08/20/2023
Bacteria-E.coli	Colisure Test	Absent	Pass	Per/100ml	Present	1	M K - 365	08/20/2023

Approved By: Denise Junis

Denise Junis, Lab Director

HOME LAND

L A B S

1220 East Joppa Road #C505
 Towson, MD 21286
 Phone 443.505.8375
 lab@homelandhealthyhomes.com
 State Certified Water Quality Lab 365

108 Old Solomons Island Road, Suite I2
 Annapolis, MD 21401
 Phone 443.505.8375
 lab@homelandhealthyhomes.com
 State Certified Water Quality Lab 106

3430 Rockefeller Court
 Waldorf, MD 20602
 Phone 443.505.8375
 lab@homelandhealthyhomes.com
 State Certified Water Quality Lab 139

Certificate of Analysis

Report Date: 08/17/2023

Client: Battaglia Homes LLC

Property Address: 15314 Leondina Dr
 Glenwood, MD 21738

Report No: 243440

Sample Time: 08/16/2023 12:00

Date & Time Received: 08/16/2023 13:10

Sampled By: Derek Bodell - 2248DB

Field Preservation: Ice

Sample Point(s): Basement bathroom sink

Water Conditioning Appears to be: Sediment Filter, Water Softener (Bypassed),
 Acid Neutralizer (Bypassed), UV Light (Bypassed)

Field Chlorine: 0.00

Field pH: 5.83

Well Type: Drilled

Well Height: 20"

Cap Type: 2-Piece Metal

Casing: 6" Cast Iron

Conduit: Secure

Clarity: Clear

Sand: None Observed

Well Tag Number: HO-94-2722

This report is the sole property of Battaglia Homes LLC. Any questions about the report MUST be directed to Battaglia Homes LLC at (443) 883-1690. Home Land Labs is not at liberty to discuss this report without written consent from Battaglia Homes LLC.

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	Per/100ml	Present	1	D J - 365	08/17/2023
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	Per/100ml	Present	1	D J - 365	08/17/2023
Nitrate + Nitrite as N	EPA 353.2	Not Detected	Pass	mg/L	10	0.5	D J - 365	08/16/2023
Turbidity	EPA 180.1	0.6	Pass	NTU	10	0.5	A D - 365	08/16/2023

Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
Sand	SM 2540F	Not Detected	NA	ml/L/hr	-	0.5	A D - 365	08/16/2023

Approved By: 

Denise Junis, Lab Director

Is the sample for a public water system? Yes No

HOME LAND LABS

243440 Due Date: 11/11/1111
Client: Battaglia **RUSH**

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

1220 E Joppa Rd. Ste C505
Towson, MD 21286
MD Lab # 365

108 Old Solomons Island Road, Ste L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

2216 Commerce Road, Ste 2A
Forest Hill, MD 21050

Client Name: Home Land Environmental	Property Address: 15314 Cordina Drive
Email Address: Info@homelandhealthyhomes.com	Glenwood, MD 21738
Phone Number: 443-995-5385 <i>Battaglia Homes LLC</i>	

Field Collection Information

Sampler Name: Derek Bodell	Field pH: 5.83
Sampler ID #: 2248DB	Field Chlorine (mg/L): 0.0
Date Sampled: 8/16/23 Time Sampled: 12:00	Sand: NO
Well Tag Number: HO-94-2722	Clarity: Clear

Well Casing and Cap Condition

Well Type: Drilled Well Pit Below Grade Artesian Hand Dug N/A Other: _____

Height Above Grade: 20"	Cap Type: 2" x metal	Casing: 6" cast iron	Conduit: Secure
Sample Point: Basement bathroom sink		Water Conditioning: S.F. & W.S. AN. U.V. Bypassed	

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)
- FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron)
- Bacteria Chlorides Total Dissolved Solids
- Lead Hardness Copper
- Nitrate + Nitrite Arsenic VOCs
- Iron Cadmium Other: **Sand**
- Turbidity Gross Alpha Other: _____

List rush samples below
Refer to table for rush turnaround times and fees

Release Signatures

Released By: <u><i>D. Bodell</i></u>	Date/Time: <u>8/16/23 1:0</u>
Released By: _____	Date/Time: _____
Released By: <u><i>[Signature]</i></u>	Date/Time: _____
Received in lab by: <u><i>[Signature]</i></u>	Date/Time: <u>8/16/23 110am</u>
	Sample temperature upon receipt: _____

Is the sample for a public water system? Yes No

HOME LAND LABS

243603 Due Date: 08/21/2023
Client: Battaglia

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

1220 E Joppa Rd. Ste C505
Towson, MD 21286
MD Lab # 365

108 Old Solomons Island Road, Ste L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

2216 Commerce Road, Ste 2A
Forest Hill, MD 21050

Client Name: <i>Battaglia Homes</i>	Property Address: <i>15314 Leondina Drive</i>
Email Address:	<i>Glenwood, MD 21738</i>
Phone Number:	

Field Collection Information

Sampler Name: <i>Derek Bodell</i>	Field pH: <i>5.86</i>
Sampler ID #: <i>2248DB</i>	Field Chlorine (mg/L): <i>0.0</i>
Date Sampled: <i>8/18/23</i>	Time Sampled: <i>11:40</i>
Well Tag Number: <i>H0-94-2722</i>	Clarity: <i>Clear</i>

Well Casing and Cap Condition

Well Type: Drilled Well Pit Below Grade Artesian Hand Dug N/A Other: _____

Height Above Grade: <i>20"</i>	Cap Type: <i>2 pc metal</i>	Casing: <i>6" cast iron</i>	Conduit: <i>Secure</i>
Sample Point: <i>Basement bathroom sink</i>		Water Conditioning: <i>S.F. Bypassed: W.S. A.N. UV.</i>	

Requested Testing: (Please check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Potability (Bacteria, Nitrate + Nitrite, Turbidity) | <input type="checkbox"/> Chlorides | <input type="checkbox"/> Total Dissolved Solids |
| <input type="checkbox"/> FHA/VA (Bacteria, Nitrate + Nitrite, Turbidity, Lead, Iron) | <input type="checkbox"/> Hardness | <input type="checkbox"/> Copper |
| <input checked="" type="checkbox"/> Bacteria | <input type="checkbox"/> Arsenic | <input type="checkbox"/> VOCs |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Cadmium | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nitrate + Nitrite | <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Iron | | |
| <input type="checkbox"/> Turbidity | | |

List rush samples below
Refer to table for rush turnaround times and fees

Release Signatures

Released By: *D. Bodell*

Released By: _____

Released By: _____

Received in lab by: *[Signature]*

Date/Time: *8/18/23 12:50*

Date/Time: _____

Date/Time: _____

Date/Time: *8/18/23 12:50 pm*

Sample temperature upon receipt: _____