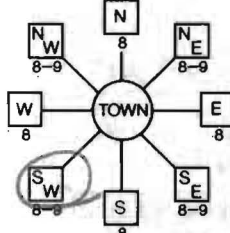
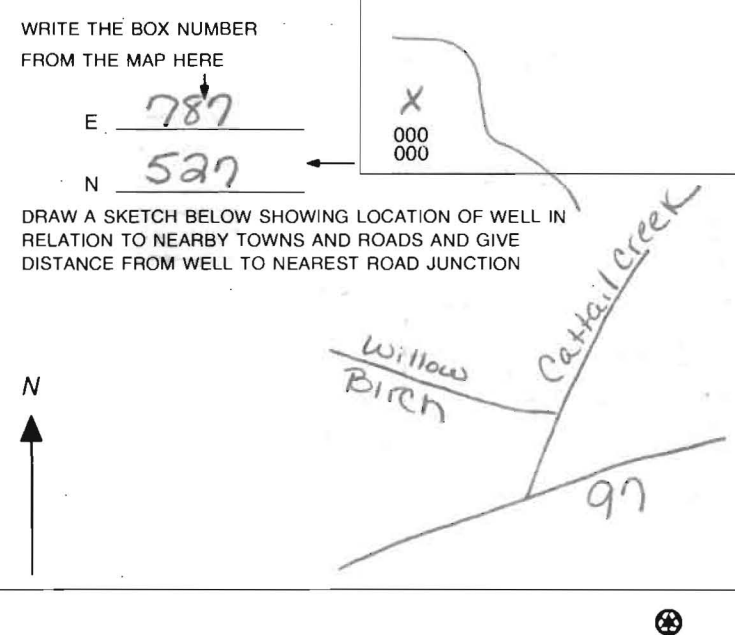




<b>B 1</b> 1 2 3 4 5 6 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em;">6282</div>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <u>W 518015</u>	STATE PERMIT NUMBER <div style="font-size: 1.5em; font-weight: bold;">H0-94-3620</div> 70 <u>fill in this form completely</u> 79
Date Received (APA) <u>12/02</u> 8 MM 00 YY 13 <b>OWNER INFORMATION</b> 15 <u>Mario Mannarelli &amp; Sons</u> Last Name Owner First Name 34 36 <u>2929 Summit Circle</u> Street or RFD 55 57 <u>Ellicott City Md 21043</u> Town 70 State 72 Zip 76		<b>B 3</b> <b>LOCATION OF WELL</b> 8 COUNTY <u>Howard</u> 21 23 <u>Vineyards At Cathail Creek</u> SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>11</u> 50 52 <u>Glenwood</u> NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>4</u> 73 M 1' 76 77 78	
<b>DRILLER INFORMATION</b> Driller's Name <u>Allen Compton</u> 76 License No. <u>M.S.D 009</u> 81 Firm Name <u>Fogles Well Drilling</u> Address <u>580 Obrecht Rd</u> Signature <u>[Signature]</u> Date <u>11-25-02</u>		<b>B 4</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 <u>Sofia Ct</u> 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>40</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>ft</u> 38 39 TAX MAP: <u>21</u> BLK: <u>8</u> PARCEL <u>225</u>	
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> <u>A 50225 D</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>12-30-02</u> 43 MM DD YY 48 CO SIGNATURE <u>Kace Norman</u> EXP. DATE <u>12-30-03</u> NORTH GRID <u>527 000</u> EAST GRID <u>0787 000</u> 50 55 57 63	
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other _____		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 <u>787</u> N <u>527</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
<b>REPLACEMENT OR DEEPEMED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>H0-94-3620</u> 70 71 72 73 74 75 76 77 78 79	
<b>SPECIAL CONDITIONS</b> NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

Well Permit No. HO - 94-3620  
Location of property (road) Sofia Ct  
Subdivision \_\_\_\_\_ Lot 11 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller Allen Compton Owner Mario Manarolle



HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-N Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Classic Plumbing Telephone 301 695 7934  
License Number 7788

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber ☒

Name of Property Owner Pylea Homes Telephone \_\_\_\_\_  
Subdivision Cottar Meadows Lot # 11 Well Tag # \_\_\_\_\_  
Site Address \_\_\_\_\_

Pump

1. Type  
a. Deep well jet ☒  
b. Shallow well jet ☐  
c. Submersible ☐

Motor

1. Horsepower 1/2  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 ☒

Pitless Adapter

1. Make Campbell  
2. Model # \_\_\_\_\_  
3. Depth 36"

2. Make Crowder  
3. Model # SP057A  
4. Capacity 7 GPM

5. Pump exceeds well capacity Yes \_\_\_\_\_ No ☒  
6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards ☒ Other \_\_\_\_\_

Tank

1. Capacity 32  
2. Pressure relief valve? yes

Piping

1. Type poly  
2. Size 1 1/2"  
3. NSF and/or BOCA Code approved yes  
4. Depth of supply line 36"

Well data

1. Depth \_\_\_\_\_ ft.  
2. Yield \_\_\_\_\_ GPM  
3. Static water level \_\_\_\_\_ ft.  
4. Will water supply be disinfected by installer? \_\_\_\_\_

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

(over)





## HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

***Penny E. Borenstein, M.D., M.P.H., County Health Officer***

September 8, 2006

Rylea Homes Inc.  
P. O. Box 8  
Glenwood, MD 21738

**SENT VIA FACSIMILE 410-489-6032**

RE: Vineyards @ Cattail Creek, Lot 11  
3710 Sofia Court  
Glenwood, MD 21738  
BP #: B00156446  
Well Permit # HO-94-3620

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 05/08/2006. Final approval of the well line connection to the dwelling was approved on 05/08/2006.**

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.

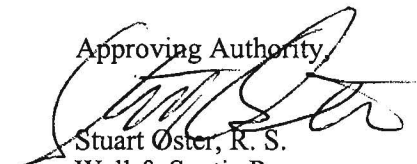
### INTERIM CERTIFICATE OF POTABILITY

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-94-3620. 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: 09/07/2006  
Date of Well Completion: 04/04/2003

Approving Authority

  
Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



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](http://www.hchealth.org)

Penny E. Borenstein, M.D., M.P.H., Health Officer

DATE: May 28, 2003

TO: Allen Compton

FROM: Kacie Noonan, Howard County Well and Septic Department

RE: Sofia Court, Lot 11- Vineyards at Cattail Creek  
Well Location

Per my conversation with Theresa, from Fogles, on 12/30/02, I was informed that Mario Manarelli staked his well site. However, on the well completion report in the lower right-hand corner, you have written, "no survey stakes, see plat." I'm confused. Are you referring to the property line stakes or the well site stake? How did you know where to drill? Please send me a letter explaining how you located the well site.

Thanks for you attention to this important matter.

6/4/03

T/C w/ Driller Allen Compton.

He will agree to do better job  
at completing well completion  
report - SRK/KN

**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 #:	60516	Account #:	3690
Reference:	Cattail Trace Lot 11	Company:	Rylea Homes
Location:	3710 Sofia Court	Requested By:	Jim Ryan
	Glenwood, MD 21738	Source:	Well Water
Date/ Time Collected:	9/7/2006 0850	Site:	Powder Room
Date/Time Rec'd:	9/7/2006 1120	Treatment	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.3
Collected By:	C. Mooshian 7268CM	Well #:	HO-94-3620

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/8/2006 / 0930 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/8/2006 / 0930 / AMD/BCD
Nitrate	8.74	mg/L	10	601	9/8/2006 / 1400 / GN
Turbidity	1.72	NTU	<10	SM18 2130B	9/8/2006 / 0935 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	9/8/2006 / 0935 / GN

**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 # : B00156446

Date Reported: 9/8/2006