C 1 14385 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
2 3 HIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY 13 A 50225D	
ST/CO USE ONLY DATE Received  OM 8  DATE WELL COMP  13  DATE WELL COMP  15	Depth of Well  22 Z 00 26  (TO NEAREST FOOT)	FROM "PERMIT NO. FROM "PERMIT TO DRILL WELL"  28 29 30 31 32 33 34 35 36 37	
OWNER Manarell	Mario & Son	5	
STREET OR RFDlest name	first name TOWN	Glenwood	
SUBDIVISION Vineyards @	Cattail SECTION_	LOT	
WELL LOG	GROUTING RECORD YES NO	C 3	
Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING  DESCRIPTION (1992)  FEET Check	TYPE OF GROUTING MATERIAL (Circle one)  CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)	
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	NO. OF BAGS NO. OF POUNDS 45/ AGO	PUMPING RATE (gal. per min.)	
Brown 5 85	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE	
	from 48 TOP 52 ft. to 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)	
Gray 85 115	(enter 0 if from surface)  casing CASING RECORD	BEFORE PUMPING 37 ft.	
Limestone	types insert appropriate STEEL CONCRETE	WHEN PUMPING (3 1 ft.) 3	
white 115 116/	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)	
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine other	
any 116 200	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)	
Linestowe "	60 61 63 64 66 70  E OTHER CASING (if used)	J jet S submersible	
	A diameter depth (feet) H inch from to	PUMP INSTALLED	
	C L	DRILLER INSTALLED PUMP YES (CIRCLE) (YES or NO)	
	G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
	screen type or open hole  STBR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.	
	insert appropriate code below BRONZE HOLE	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
	below PLASTIC OTHER	PUMP HORSE POWER	
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)	
WELL HYDROFRACTURED YES N	E A 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)	
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED	H <sup>2</sup> 23 24 26 30 32 36 S	LAND SURFACE	
E ELECTRIC LOG OBTAINED  TEST WELL CONVERTED TO PRODUCTION	C 3 R 38 39 41 45 47 51	49 foot)	
P TEST WELL CONVENTED TO PRODUCTION WELL  I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26,04,04 "WELL CONSTRUCTION" AND	E SLOT SIZE 1 2 3 DIAMETER (NEAREST	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND / OR	
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.	OF SCREEN (NCH)  from to	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
DRILLERS LIC. NO. 1 M D D O 7	GRAVEL PACK		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68  MDE USE ONLY	un surver states	
LIC. NO.1 D 1	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	100 2011	
SITE SUPERVISOR (sign. of driller or journeyman	70 72 74 75 76	NO survey states	
responsible for sitework if different from permittee)	TELESCOPE LOG INDICATOR OTHER DATA  COUNTY		

B 1 6282 SEQUENCE NO. STATE OF I	
APPLICATION FOR PE	
10 318013	fill in this form completely
Daje Received (APA)  OWNER INFORMATION	B 3 LOCATION OF WELL
8 MM PO YY 13	8 COUNTY 21
15 Last Name Owner First Name 34	23 SUBDIVISION At Cathal Creek 42
2929 Sunnit Circle Street or RFD 55	SECTION LOT LOT LOT 48 50
Ellicott City md 21043	Glenwood
57 Town 70 State 72 Zip 76  DRILLER INFORMATION	52 NEAREST TOWN 71  MILES FROM TOWN (enter 0 if in town)
Driller's Name 76 License No. 81	B 4
Firm Name Ses Well Drilling	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30
580 obrecht Rd	ON WHICH SIDE OF ROAD NORTH (CIRCLE APPROPRIATE BOX)
Signature Date	8-9 8-9 WEST S E-ST W (TOWN) E 34 40 37 SORBH
B 2 WELL INFORMATION 5	8 DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE. (GAL. PER MIN.) 8 12	SW S 8-9 TAX MAP: 21 BLK: 8 PARCEL 225
(GAL. PER DAY) 14 20	8.
USE FOR WATER (CIRCLE APPROPRIATE BOX)  DOMESTIC POTABLE SUPPLY & RESIDENTIAL	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
RRIGATION	HOWARD A SO 225 D
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION	COUNTY NAME COUNTY NO. STATE
22 I INDUSTRIAL, COMMERICIAL, DEWATERING	DATE ISSUED INSERT S 41
P PUBLIC WATER SUPPLY WELL	12-30-02 Kall / Coman 12-30-03
T TEST, OBSERVATION, MONITORING	43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH EAST
G GEO-THERMAL	GRID 55 GRID 57 000 63
	SHOW MAJOR FEATURES OF
APPROXIMATE DEPTH OF WELL 24 28	BOX & LOCATE WELL WITH AN X
NEAREST	SOURCES OF DRILLING WATER 1.
	2.
METHOD OF DRILLING (circle one)  BORED (or Augered) JETTED Jetted & DRIVEN	3.
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER
CABLE REVerse-ROTary DRive-POINT	FROM THE MAP HERE
other	282 X
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)	000
THIS WELL WILL NOT REPLACE AN EXISTING WELL	N 291
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS	DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
THIS WELL WILL DEEPEN AN EXISTING WELL	will st
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41	N BITCH
Not to be filled in by driller (MDE OR COUNTY USE ONLY)	
APPROP. PERMIT NUMBER	97
PERMIT No. 40 -94 - 3620 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED :-	

Page	of	
Date		

Review	KN			
	0K 03			

# FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Location of proper Subdivision		Sofia Ct		lat Sec.
Well Driller A	ten Compton	Owner	mario	Manarelle
Distance of	neasuring point ( r level (S.W.L.) b	M.P.) above ground selow M.P. 37'	21	
I. High rate pump	oing reservoir	drawdown		
Time pump sta	arted 12130	Pump pumping water leve		t. below M.P.

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill [ ]   gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:30	37	3		20
12:45	63	10		6
1:00	63	10		6
1:15	63	10		6
1:36	63	10		6
1:45	63	10		6
2:00	63	1.0		6
2315	63	10		Ce
2:30	63	10		6
2245	43	10		6
3:00	63	10		6
3115	63	10		4
3730	63	10		6
3145	63	10		6

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

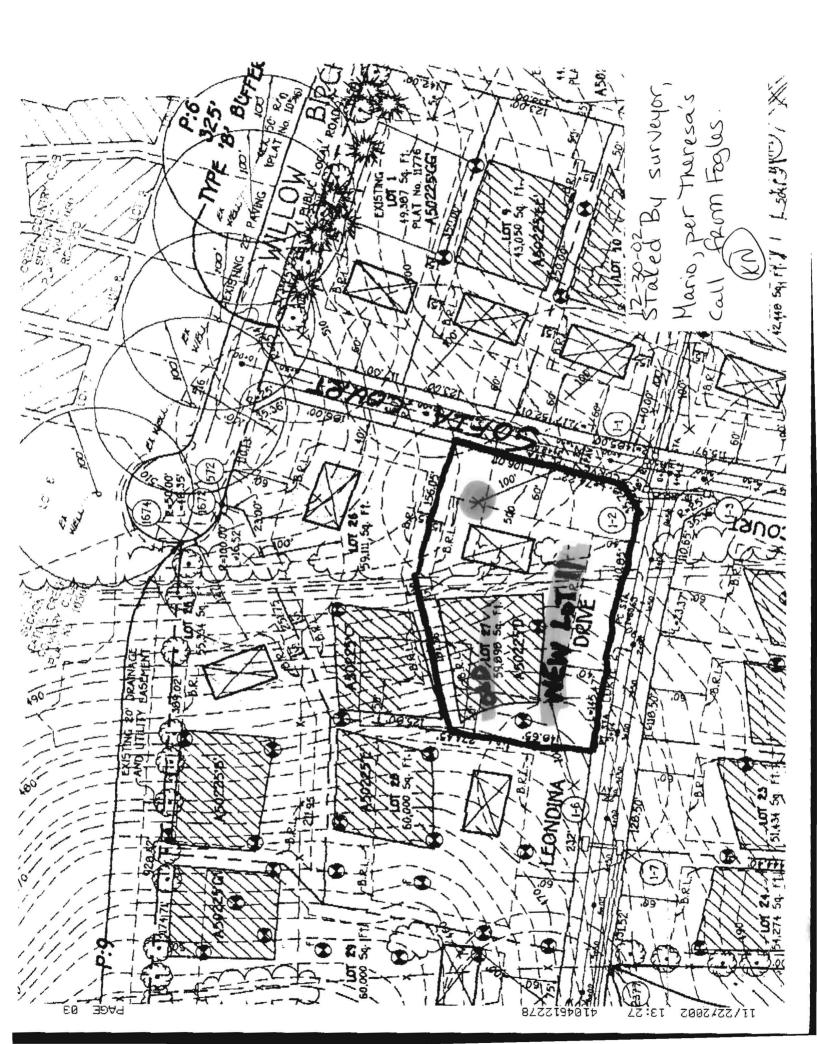
New Installation Replacement		Receipt #
Name of installer . C.	assic Plumba	9 Telephone 304 695
Certified Well Pump Instal	1788 Well Driller	Registered Plumber X
Name of Property Owner Subdivision Co.Ho. V	ylea Homes beyards Lot	Telephone
Pump  1. Type  a. Deep well jet  b. Shellow well jet  c. Submereible  2. Make Gould  3 Model & Sposia 2  4. Capacity 7 G8  6. Pump exceeds well capacit  6. If Yes, is low pressure	Notor  1. Horsepower 1/2  2. RPM  3. Voltage  4. 110  b. 220	Pitlese Adapter  1. A. he Campbell  2. Model 6  3. Depth 3611
The state of the s	COLORI DATECH INSTALLANCE A	88 No
	protect the pump and electr.	
Tank 1. Capacity 32 2. Pressure relief velve? Men.	Piping  1. Type PO (4)  2. Size  3. NSP and/or BOCA  Code approved  6. Depth of supply  1ine 210	
	responsibility to notify the	

I understand that it is my responsibility to notify the Howard County Health Department when the inetalistion 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: July 1

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

Stuart Oster, R. S

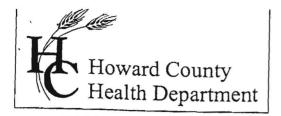
Approving Author

Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File



3525 H Ellicott Mills Drive (410) 313-2640 TDD (410) 313-2323

Ellicott City, MD 21043
 Fax (410) 313-2648
 Toll Free 1-866-313-6300

website: 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.

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

Reference:

Cattail Trace Lot 11

Account #:

3690

Company:

Rylea Homes

Location:

3710 Sofia Court

Requested By:

Jim Ryan

Date/ Time Collected: 9/7/2006

Glenwood, MD 21738 0850

Source:

Well Water

Date/Time Rec'd:

9/7/2006

Site: Treatment Powder Room None

Chlorine ppm:

Free: ND

Total: ND

pH:

6.3

Collected By:

C. Mooshian

7268CM

1120

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
- 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
- pH tested on-site

Reason for Test: Building Permit #: Use & Occupancy B00156446

Date Reported:

9/8/2006