

C1 6666

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A522546

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 4/7/05

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-93-0093

OWNER last name first name TOWN SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Slate, Tan Slate, Gray Slate, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N), CIRCLE APPROPRIATE LETTER (A, E, P)

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. 1 M D 046 DRILLERS SIGNATURE

LIC. NO. 1 D 038

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

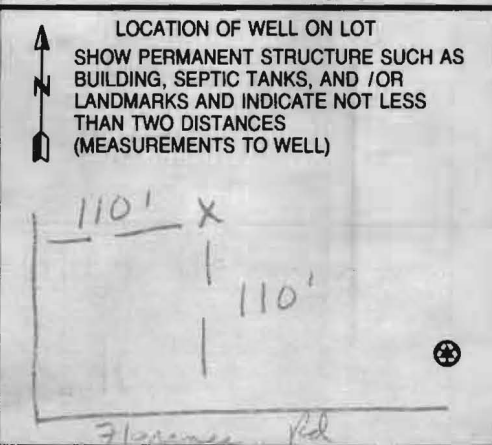
DEPTH (nearest ft.) 400, SLOTTED SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH)

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: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 7.5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft., WHEN PUMPING 158 ft., TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (CIRCLE) (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 below LAND SURFACE 2 (nearest) foot



B 1 0007  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
523119 please type

STATE PERMIT NUMBER

40-95-0093  
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

10031 B 3

Howard

LOCATION OF WELL

CC#

8 MM DD YY 13

ROMANO PHILIP

15 Last Name Owner First Name 34

18120 HILLCREST AVE

36 Street or RFD 55

OLNEY, MD 20832

57 Town 70 State 72 Zip 76

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50  
Daisy Woodbine

52 NEAREST TOWN 71

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

DRILLER INFORMATION

George F. Easterday M W 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

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

Address

Signature Date 8/10/05

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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 AS22546  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S → 41  
 DATE ISSUED 8/23/05 8/23/06  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 530 000 EAST GRID 770 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

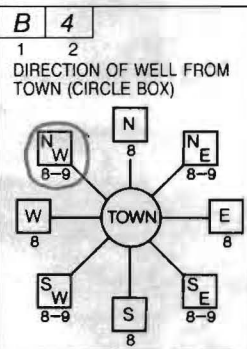
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G

PERMIT No. 40-95-0093  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



3295 Florence Road  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 34 50 37  
 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: 13 BLK: 17 PARCEL 230

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

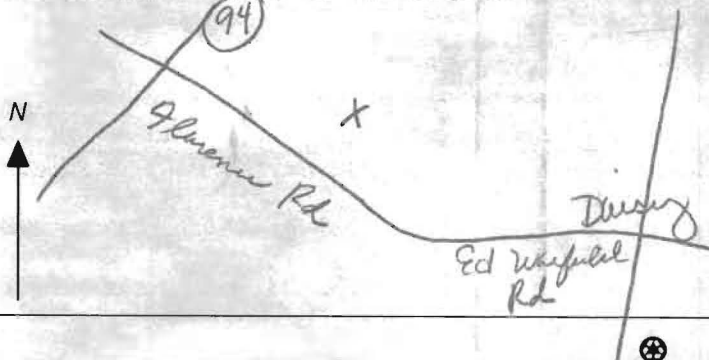
SOURCES OF DRILLING WATER

- 1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 770  
 530  
 N 000 000

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







HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Steven Krieg  
410-313-2669

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: All Around Plbg, Inc. Telephone #: 301-321-6745  
Address: 218 W. Branch Ct.  
MT. Airy, MD. 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): James Madden License# 18121

\*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: Phil Romano Telephone #: 301-924-6444  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO 95-0093  
Site Address: 3299 Florence Rd.  
Woodbine, MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Goulds Make: Campbell Two piece watertight cap:   
Model #: 7651042 Model#: DLX Screened, vented well cap:   
Pump Capacity 7 1/2 GPM Depth: 36" (36" min) Cap secured to casing:   
Well Yield: 7 1/2 GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 900 (feet) Conduit secured to well cap:   
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, other - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house House Connection  
Type: 1" Poly PVC sleeve to undisturbed soil at wall penetration:   
PSI: 200 (160 psi min) Approximate length of sleeve: 6'  
Depth of supply line: 36" (36" min) Sleeve caulked and sealed properly:

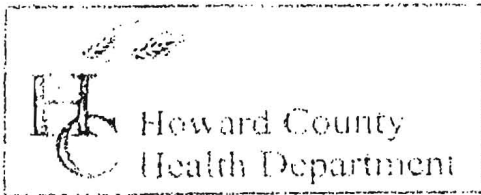
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Brendan Madd 6-6-06  
Signature of company representative responsible for installation date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/6/06 Inspector: BB  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 notes:*  
6/6/06  
BB  
Bouta  
(BB)



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

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

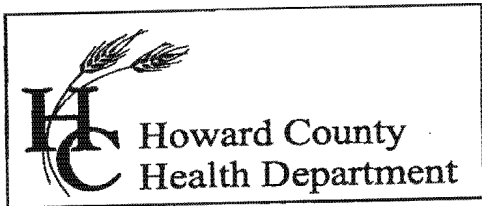
- The well site has been staked by Engineer - Galariza,  
 (professional land surveyor or company employing professional land surveyors)  
 on 8-1-05 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



SHEET: <b>C-1</b> PAGE: 1 OF 1	301-854-2229 Ph. 301-854-9992 FAX
	<b>OCDS</b> CIVIL DESIGN SYSTEMS CIVIL ENGINEERING & LAND SURVEYING P.O. BOX 47 OLNEY, MARYLAND 20830-0047
DATE: 08/02/2005 JOB: PRR05001 DWG: 051009A SCALE: 1"=100'	PROJECT: MAP 13 GRID 17 PARCEL 230 SINGLE-FAMILY RESIDENCE PHILIP ROMANO 3295 FLORENCE ROAD WOODBINE, MARYLAND 21797-7830
TITLE: WELL PLAN	



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

August 27, 2009

Dr. Phillip Romano  
3299 Florence Road  
Woodbine, MD 21797

Re: 3299 Florence Road  
Mount Airy, MD 21797  
BP #: B00156138  
Well Permit #HO-95-0093

Dear Sir/Madam:

According to our records, this office has issued an Interim Certificate of Potability and a Temporary Deviation for turbidity for 3299 Florence Road.

For this office to issue a Final Certificate of Potability, two bacteria-free water samples must be obtained from the property. This second sample, required for compliance with Maryland Well Construction Regulation (COMAR 26.04.04.09A (1)), is to confirm that the water supply remains free of bacteriological contamination. There is currently no charge for these bacteria tests. Also, a turbidity sample needs to be taken at the same time. There is a \$12.00 charge for this test.

Please call this office at (410) 313-1773 to arrange an appointment for the second water sample to be taken. Preferably, the second water sample should be taken from an inside tap, the most reliable location from which to obtain an accurate sample.

Your prompt attention to this matter is appreciated.

Sincerely,

Stuart F. Oster  
Groundwater Protection Program Supervisor  
Well & Septic Program

C: Community Hygiene Program  
File

# 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 #: 60271	Account #: 8323
Reference: Ilene Romano	Company: CASH ACCOUNT
Location: 3299 Florence Road Woodbine, MD 21797	Requested By: Ilene Romano
Date/ Time Collected: 8/18/2006 1220	Source: Well Water
Date/Time Rec'd: 8/18/2006 1330	Site: Pressure Tank
Chlorine ppm: Free: ND Total: ND	Treatment: Culligan Softener/Neutralizer**
Collected By: J. Yeager 6176JY	pH: 6.1
	Well #: HO-95-0093

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/19/2006 / 1000 / AD/CM
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/19/2006 / 1000 / AD/CM
Nitrate	7.36	mg/L	10	601	8/18/2006 / 1440 / GN
Turbidity	14.6	NTU	<10	SM18 2130B	8/18/2006 / 1420 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	8/18/2006 / 1420 / GN

### NOTES

- 1 \*\*Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH tested on-site

Reason for Test : Use & Occupancy

Building Permit # : B00156138

Date Reported: 8/21/2006



## 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*

August 21, 2006

Philip Romano  
3299 Florence Road  
Woodbine, MD 21797

RE: 3299 Florence Road  
BP # B00156138  
Well Permit #HO-95-0093

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 05/04/2006.

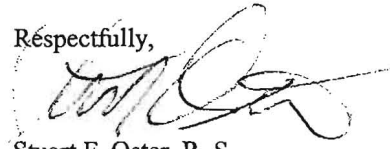
This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability to be brought into compliance with these regulations. The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

The turbidity sample results were previously documented to be 14.6 NTUs on August 18, 2006. A treatment device **has not** been installed to treat the excessive turbidity. COMAR 26.04.04.07 prohibits the approval of any water supply with a turbidity level of 10 NTUs or greater. **This department will grant a temporary deviation to that section of the regulation on condition that the turbidity level be lowered to below the limit either over time naturally or through the use of an approved treatment device (iron removal). Documentation of a turbidity level below the limit shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to accept the well as being in compliance with the turbidity standard of COMAR 26.04.04.07J2b and issue an Interim Certificate of Potability, or issue an order that the well be abandoned and sealed. Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. **By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.**

Date of Water Sample(s): 08/18/2006  
Date of Well Completion: 09/07/2005

Respectfully,

  
Stuart F. Oster, R. S.

MLB  
cc: Building Inspector's office  
File

REQUEST FOR TEMPORARY DEVIATION TO  
TURBIDITY STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 8/21/06 WELL PERMIT #: HO - 95-0093

PROPERTY OWNER: Philip Romano  
SUBDIVISION & LOT #: 13/15/230  
PROPERTY ADDRESS: 3299 Florence Rd  
Woodbine, MD 21797

TESTIMONIAL: (Steps taken thus far by well owner or agent to eliminate excessive turbidity)

Water Softener / Neutralizer

PLEDGE: (Steps to be taken by the well owner or agent to bring the well into compliance with COMAR 26.04.04.07 (J) within fifteen (15) days)

Over time naturally, or install treatment device

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 95-0093 will be documented to have a turbidity level of less than 10 NTUs as a result of implementation of approved procedures. Approvable procedures include raising the well pump, additional well pumping, or further well development or other construction techniques performed by a licensed well driller. Filtration to remove dissolved iron, which frequently lowers turbidity levels, is also an approvable procedure. **Filtration to remove sediment unrelated to iron is not an acceptable means of establishing turbidity compliance for wells being approved for service.**
- 2) If the turbidity condition cannot be remediated to a level below 10 NTUs through approved procedures, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is concluded.

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.07 J2b be granted

for the well installed under permit # HO - 95-1043 I am fully aware of the conditions under which this deviation will be granted and my responsibilities as the well owner which will include advising any future buyer/tenant of the installation , condition and maintenance responsibilities of an iron removal device if applicable.

Prospective Owner's Original Signature(s) [ Person(s) that intend to live in the dwelling ]

X Dr. Philip Lord 8/21/06

Prospective Owner's Day Time Phone Number(s)

301 924 6444