

C1 7191

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 A511791

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 04 17 09

Depth of Well 340 10/1/09

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-95-1719

OWNER Heritage Waterworks first name last name TOWN MARYLAND SUBDIVISION Route SECTION LOT 104

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, etc.

GROUTING RECORD form with fields for material type (CM, BC), bags/pounds, and depth of grout seal.

CASING RECORD form with fields for casing type (ST, PL), nominal diameter, and total depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, PL) and diameter.

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED: YES (Y)

CIRCLE APPROPRIATE LETTER A, E, P

DRILLERS LIC. NO. M-D 112

DRILLERS SIGNATURE (John A. D.)

SITE SUPERVISOR (sign. of driller or journeyman)

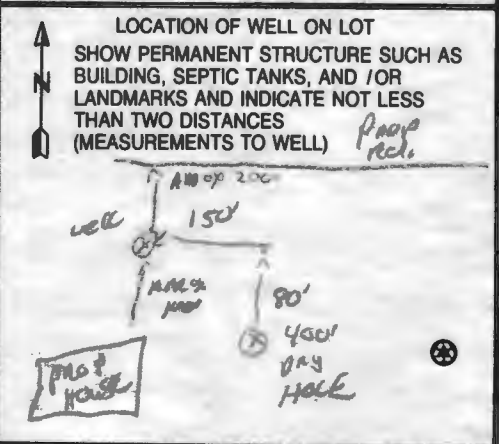
DEPTH (nearest ft.) table with rows A through N and columns 1-3

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

PUMPING TEST form with fields for hours pumped, rate, method, and water level.

PUMP INSTALLED form with fields for pump type, capacity, and power.



B 1 0859

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 530237 please type

STATE PERMIT NUMBER HO-95-1719 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Heritage Realty, 1550 LISBOW MO. 21765

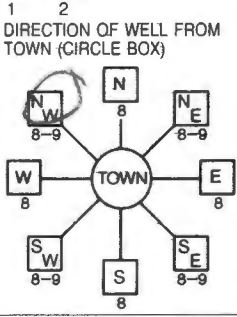
LOCATION OF WELL

Howard County, 23 SUBDIVISION Pres Parcel, SECTION 44 46 LOT F, LISBOW NEAREST TOWN, 2 MILES FROM TOWN

DRILLER INFORMATION

Ralph E. MAYNE M SD 112, RALPH E. MAYNE INC, 17024 Handy Rd Mt Airy MD 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WATERSVILLE Rd, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 4000, TAX MAP: 2 BLK: 16 PARCEL 61

WELL INFORMATION, APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 5000

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, 511791, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 1/14/08, CO SIGNATURE, EXP. DATE 11/16/09, NORTH GRID 557000, EAST GRID 776000

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 64 INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY, JETTED, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTARY, DRIVE-POINT

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 DEEPEMED AN EXISTING WELL

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

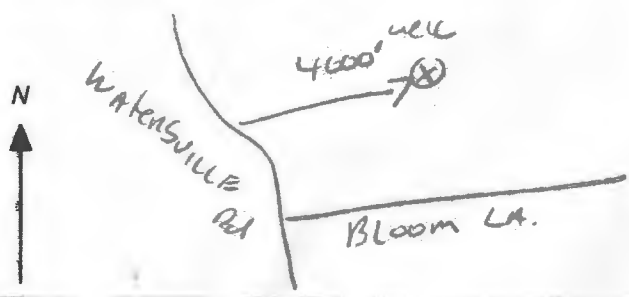
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER, PERMIT No. HO 95-1719

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE, E 776, N 557

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

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1719  
 Location of property (road) Watersville Rd  
 Subdivision Romiti Prop Lot DPF Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ripley Wayne Owner Heritage

Depth of well 340  
 Distance of measuring point (M.P.) above ground 9 ft  
 Static water level (S.W.L.) below M.P. 69 ft

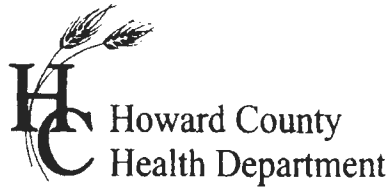
I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 12 GPM  
 Total time 15 min to reach pumping water level 80 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <del>5</del> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	69 ft	5 Sec		12 GPM
			Test Started	
9:15	80 ft	10 Sec		6 GPM
9:30	80 ft	10 Sec		6 GPM
9:45	80 ft	10 Sec		6 GPM
10:00	80 "	10 "		6 "
10:15	80 "	10 "		6 "
10:30	80 "	10 "		6 "
10:45	80 ft	10 Sec		6 GPM
11:00	80 ft	10 Sec		6 GPM
11:15	80 ft	10 Sec		6 GPM
11:30	80 "	10 "		6 "
11:45	80 "	10 "		6 "
12:00	80 ft	10 Sec		6 GPM
12:15	80 ft	10 Sec		6 GPM





7178 Columbia Gateway Dr., 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. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

Romiti Property Pres. Parcel F Watersville Road  
Subdivision/Property Name Lot # Road Name

- The well site has been staked by JOHN HARMS & ASSOC.,  
(professional land surveyor or company employing professional land surveyors)  
on 11/10/08 (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 3/11/07

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

**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: LEE PLUMBING Telephone #: \_\_\_\_\_  
 Address: ON PERMIT FOR HOUSE

**Must circle one:** Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: ROBERT RONTI Telephone #: 443-324-8604  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-15-1719  
 Site Address: 425 WATERSVILLE RD  
MT. AIRY, MD 21771

**Submersible Pump Data**

Make: HONEYWELL  
 Model #: \_\_\_\_\_  
 Pump Capacity: 10 GAL/min <sup>CONSTANT PRESSURE</sup>  
 Well Yield: 15 GAL-20 GAL  
 Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

**Pitless Adapter**

Make: \_\_\_\_\_ +  
 Model#: \_\_\_\_\_  
 GPM Depth: \_\_\_\_\_ (36" min)  
 GPM NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
 Screened, vented well cap: \_\_\_\_\_  
 Cap secured to casing: \_\_\_\_\_  
 Conduit min 18" B.G.: \_\_\_\_\_  
 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

**Must circle one:** Torque arrestors / Cable guards / Other acceptable method used

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

**Piping to house**

Type: \_\_\_\_\_  
 PSI: \_\_\_\_\_ (160 psi min)  
 Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
 Length of sleeve (5' minimum from foundation): ✓ 25' (18)  
 Sleeve sealed properly: ✓

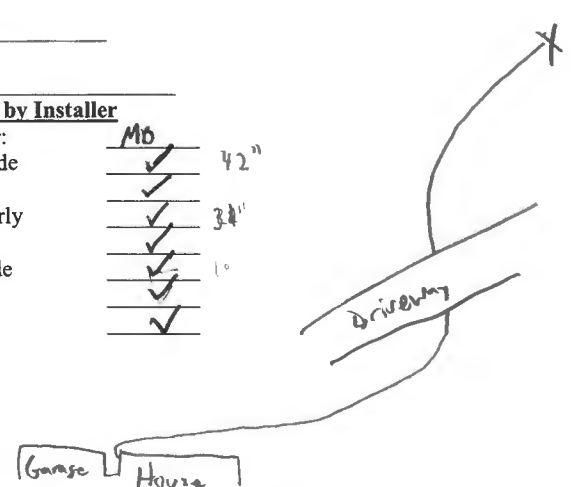
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation: [Signature] date: 12/18/24

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

Date Insp. Requested: <u>12/18/24</u>	Date Insp. Approved: <u>12/18/24</u>	Inspector: <u>MB</u>
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	42"
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	34"
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	10"
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

(Revised form 10/24/2018)





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 – December 6, 2025

June 6, 2025

Homeowner  
425 Watersville Road  
Mt. Airy, MD 21771

**RE: Romiti Property, P. F**  
**425 Watersville Rd.**  
**Building Permit: B24002079**  
**Well Permit: HO-95-1719**

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 **1/7/2025**. Final approval of the well line connection to the dwelling was granted on **12/18/2024**. The well construction was completed on **4/17/2009**. Water samples were collected on **6/2/2025**.

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-95-1719. 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,

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

## REPORT OF ANALYSIS

Laboratory ID #: 173756 Account #: 44101  
Reference: Robert Romiti Client: CASH ACCOUNT  
Location: 425 Waterville Road Requested By: Robert Romiti  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 6/2/2025 1114 Site: Pressure Tank  
Date/Time Rec'd: 6/2/2025 1515 Treatment: Prior to Sediment Filter  
Chlorine ppm: Free: ND Total: ND pH: 5.6  
Collected By: R. Ott 0266RO Well #: HO-95-1719

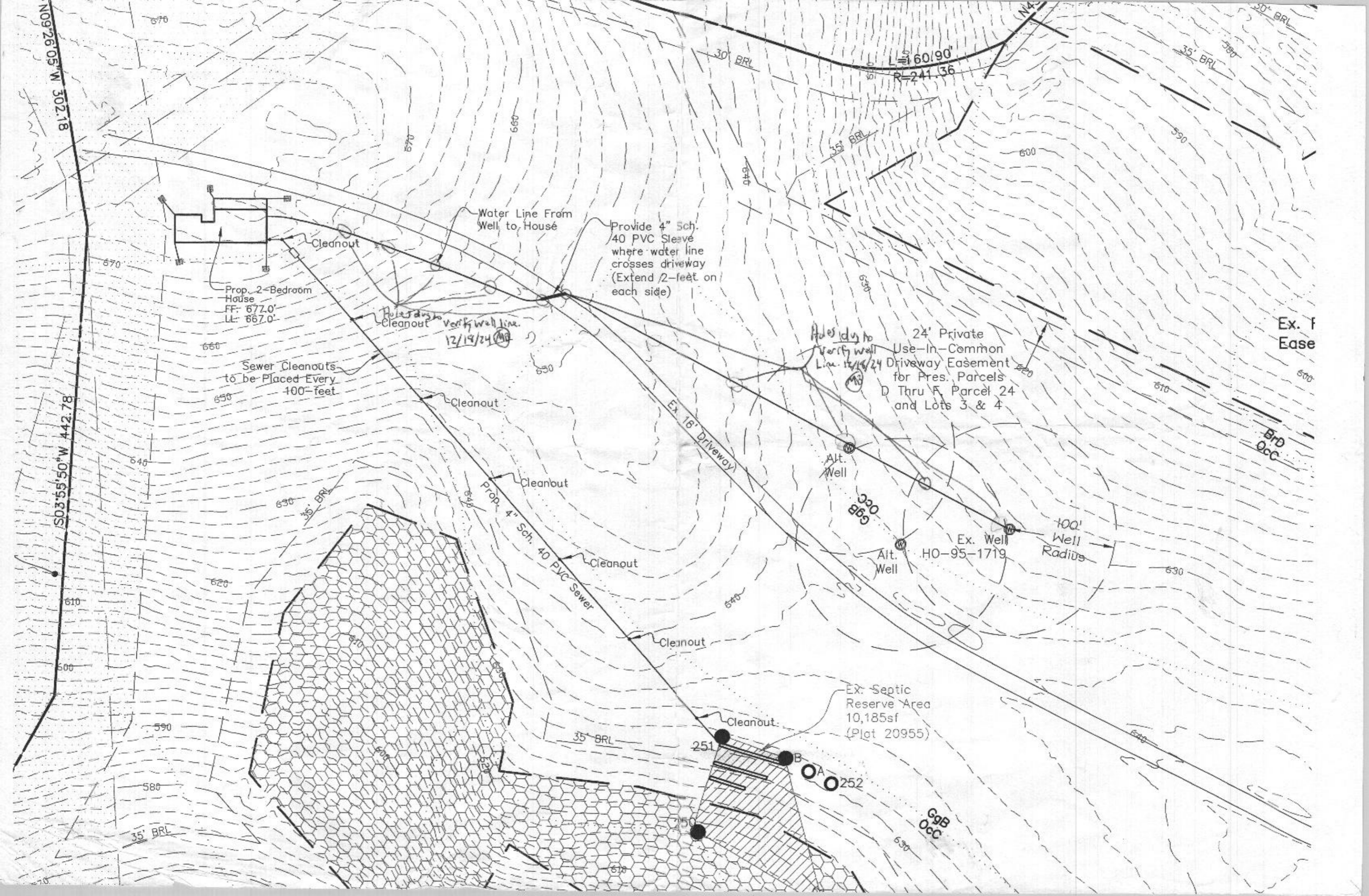
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/3/2025 / 1000 / KDR
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/3/2025 / 1000 / KDR
Nitrate	7.58	mg/L (as N)	10	Hach 10206	6/3/2025 / 0755 / KDR
Turbidity	0.56	NTU	<10	SM2130B	6/3/2025 / 0925 / KDR
Sand	ND	mg/L	5	Visual/Gravimetric	6/3/2025 / 1010 / KDR

### 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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B24002079

Date Reported: 6/3/2025



N09°26'05" W 302.18

S03°55'50" W 442.78



Prop. 2-Bedroom House  
FF: 672.0'  
LL: 667.0'

Water Line From Well to House

Provide 4" Sch. 40 PVC Sleeve where water line crosses driveway (Extend 2-feet on each side)

Sewer Cleanouts to be Placed Every 100-feet

Notes due to verify well line 12/19/24 (M)

Notes due to verify well line 12/19/24 (M)

24' Private Use-In-Common Driveway Easement for Pres. Parcels D Thru F, Parcel 24 and Lots 3 & 4

Ex. F Easement

BrD Occ

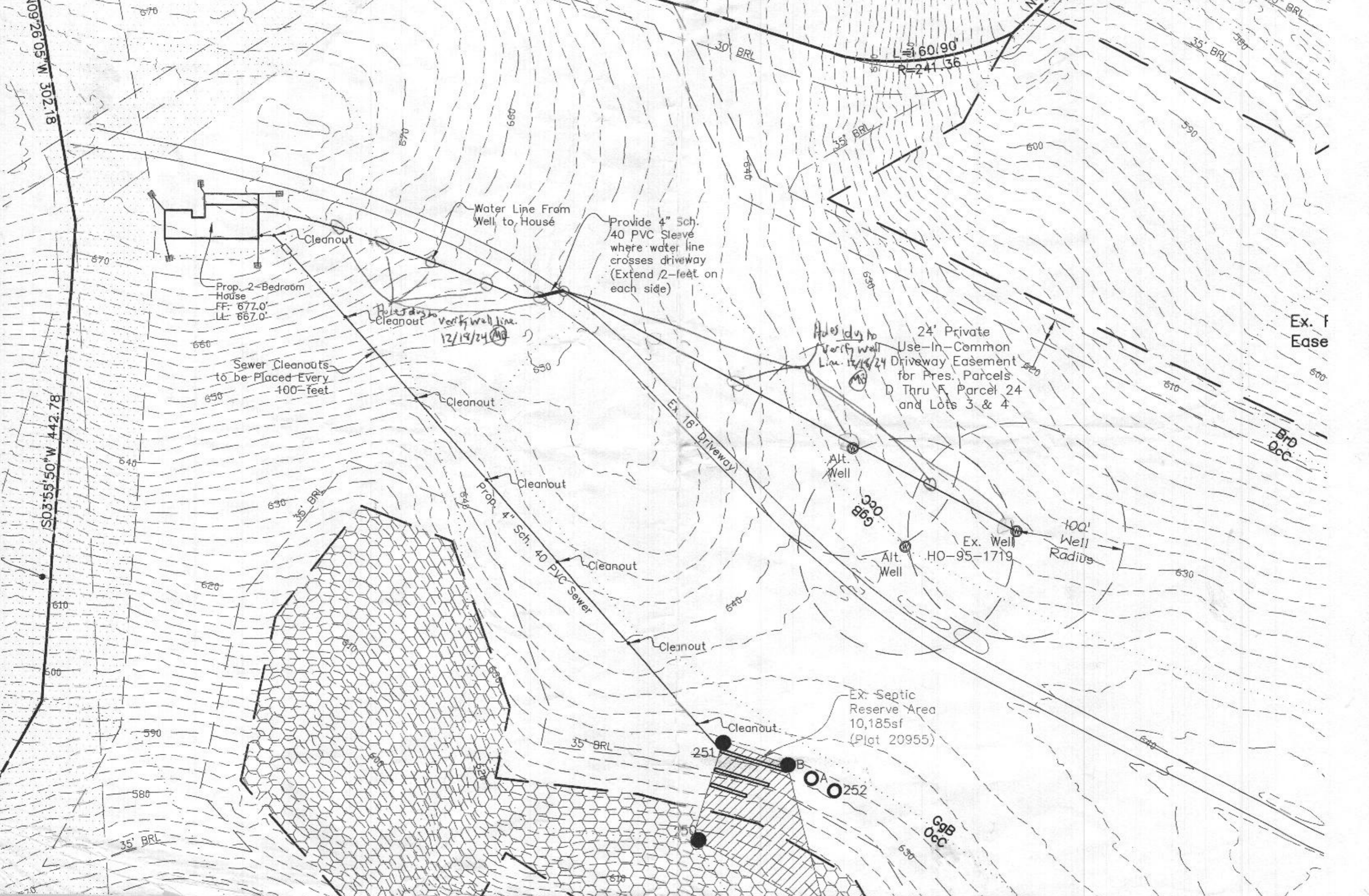
GgB Occ

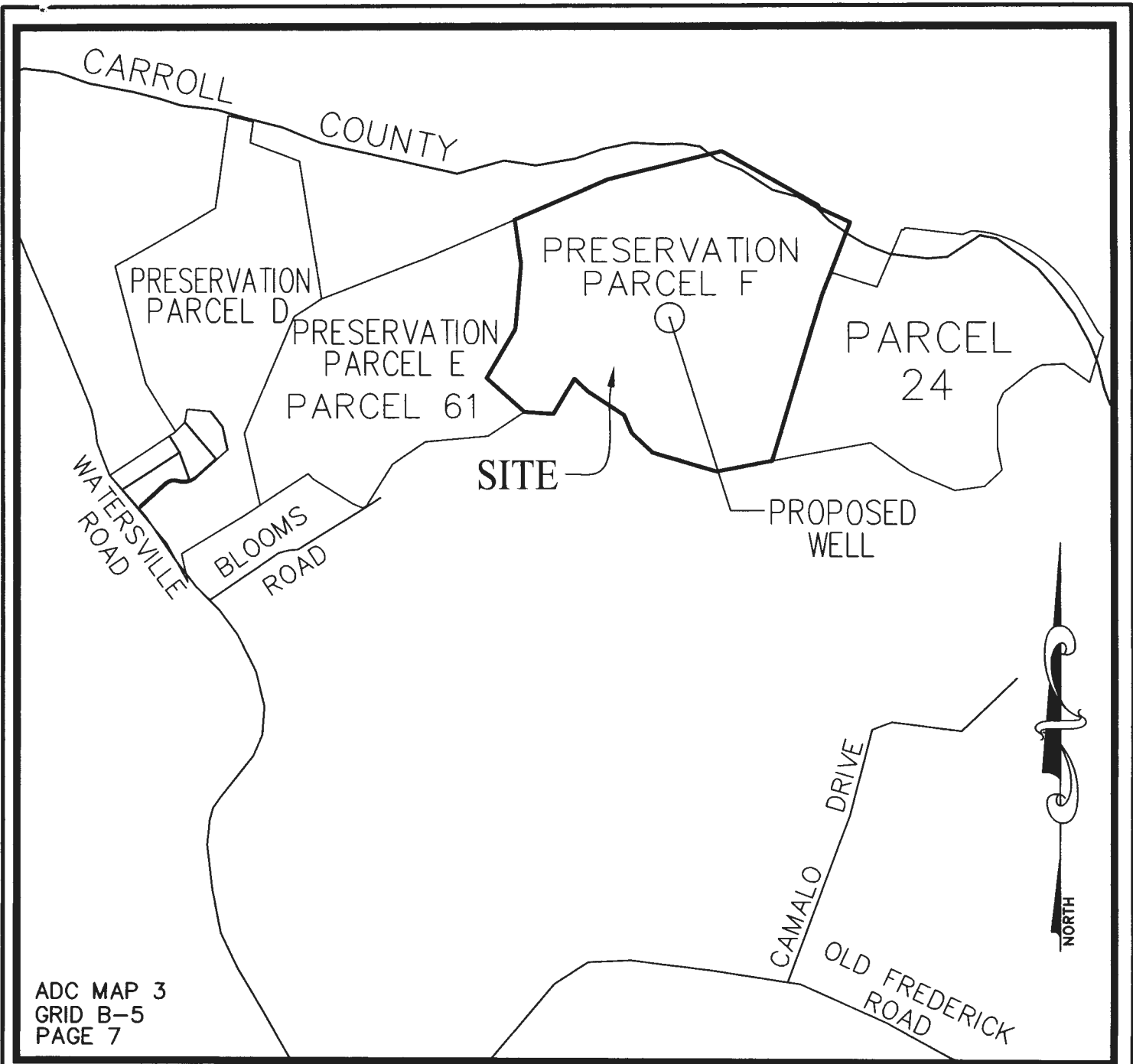
Ex. Well HO-95-1719

100' Well Radius

Ex. Septic Reserve Area 10,185sf (Plot 20955)

GgB Occ





ADC MAP 3  
 GRID B-5  
 PAGE 7

**VICINITY MAP**

SCALE: 1"=1000'

ROMITI PROPERTY, LOTS 1 THRU 4  
 & PRESERVATION PARCELS D THRU F  
 (A RESUBDIVISION OF ROMITI PROPERTY,  
 PARCELS A THRU C)

VICINITY MAP  
 (PRESERVATION PARCEL F)

TAX MAP 2, PARCEL 61

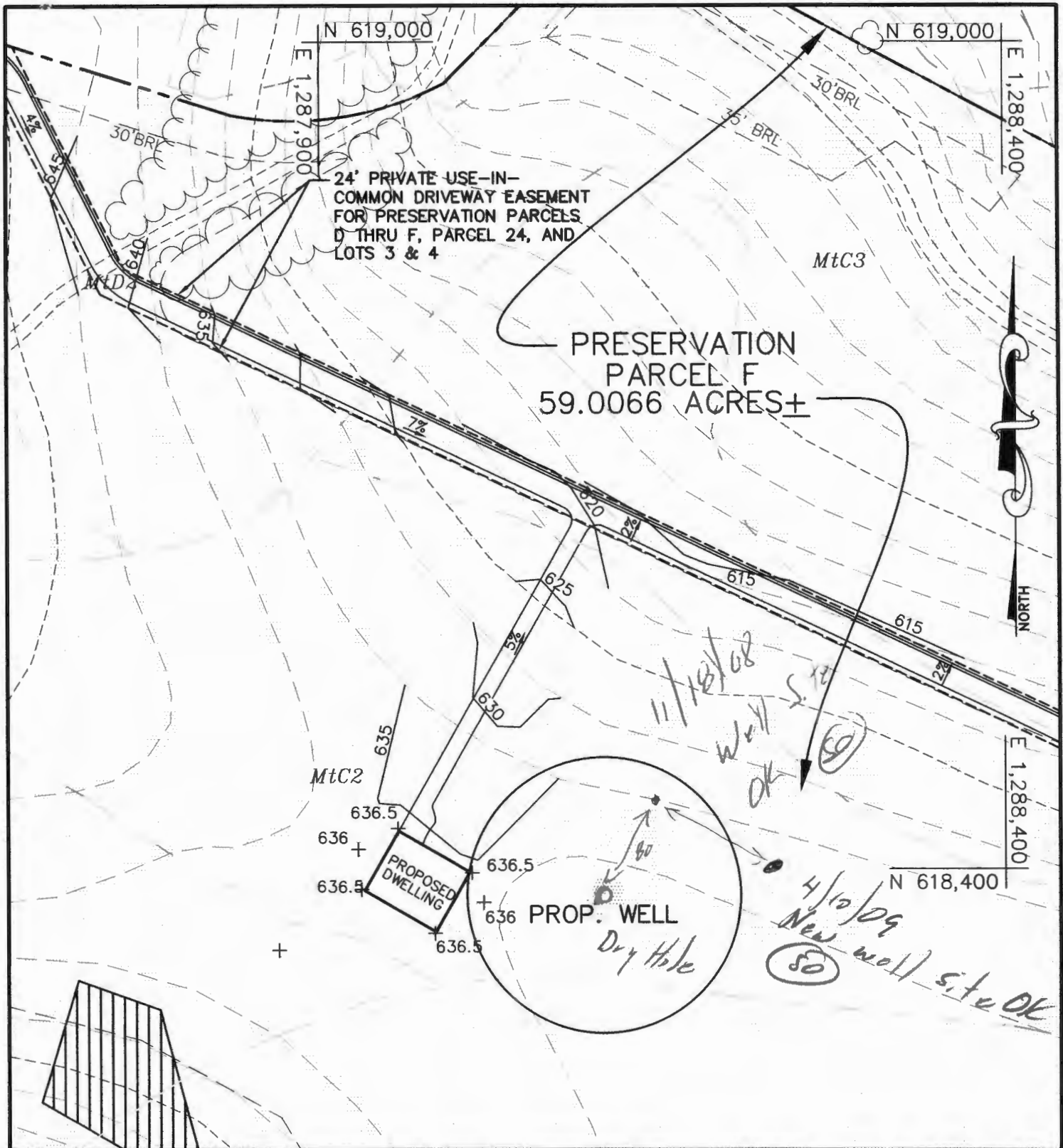
(PARCEL B), GRIDS 15, 16 & 17  
 HOWARD ELECTION DISTRICT NO. 6  
 HOWARD COUNTY, MARYLAND  
 OCTOBER 2008

SCALE: AS SHOWN SHEET 1 OF 2



ENGINEERS • PLANNERS • SURVEYORS  
 1209 N. EAST STREET, FREDERICK, MARYLAND 21701  
 Office: 301/631-2027 FAX: 301/631-2028

OWNERS  
 LORENZO ROMITI, ROBERT ROMITI,  
 AND TERESA ROMITI  
 6723 HOLABIRD AVENUE  
 BALTIMORE, MARYLAND 21222  
 (410) 288-0081



NOTE: THE PROPOSED WELLS SHOWN ON THIS PLAN WILL BE STAKED OUT IN THE FIELD BY J. HARMS JR. & ASSOCIATES, PROFESSIONAL SURVEYOR PRIOR TO WELL DRILLING.

ROMITI PROPERTY, LOTS 1 THRU 4 & PRESERVATION PARCELS D THRU F (A RESUBDIVISION OF ROMITI PROPERTY, PARCELS A THRU C)  
WELL LOCATION PLAN

(PRESERVATION PARCEL F)

TAX MAP 2, PARCEL 61

(PARCEL B), GRIDS 15, 16 & 17

HOWARD ELECTION DISTRICT NO. 6

HOWARD COUNTY, MARYLAND

OCTOBER 2008

SCALE: 1"=100'

SHEET 2 OF 2



OWNERS

LORENZO ROMITI, ROBERT ROMITI,  
AND TERESA ROMITI  
6723 HOLABIRD AVENUE  
BALTIMORE, MARYLAND 21222  
(410) 288-0081

**ENGINEERS • PLANNERS • SURVEYORS**  
1209 N. EAST STREET, FREDERICK, MARYLAND 21701  
Office: 301/631-2027 FAX: 301/631-2028