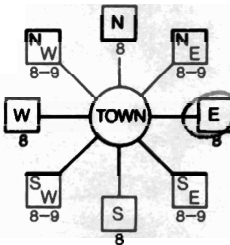
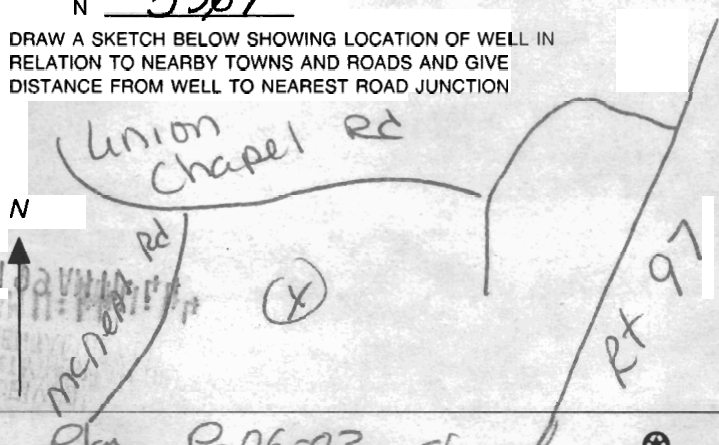


B 1 1 2 3 6 9160	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526193 please type	STATE PERMIT NUMBER HO -95 -0664 <small>fill in this form completely</small>
Date Received (APA) 11/19/07 <small>8 MM DD YY 13</small>		B 3 Howard 8 COUNTY 21 Belle Haven Est 23 SUBDIVISION 42 SECTION <u>44</u> <u>46</u> LOT <u>10</u> <u>48</u> <u>50</u> Woodbine 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>2</u> M I <small>73 76 77 78</small>	
OWNER INFORMATION Grayson Homes 15 Last Name Owner First Name 34 9025 Chevrolet Drive 36 Street or RFD 55 Ellicott City MD 21043 57 Town 70 State 72 Zip 76		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
DRILLER INFORMATION Michael D. Isom M S D 162 Driller's Name 76 License No. 81 G. Edgar Harr, Sons' Corp. Firm Name 12047 Falls Road, Cockeysville 21030 Address 12/26/06 Signature Date		Union Chapel Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 <u>25</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>14</u> BLK: <u>20</u> PARCEL <u>66</u>	
B 2 1 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>750</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (3) A 516057 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>2/21/07</u> 43 MM DD YY 48 CO SIGNATURE <u>Ken Hall</u> EXP. DATE <u>2/21/08</u> NORTH GRID <u>531</u> 0 0 0 EAST GRID <u>0785</u> 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>7805</u> N <u>5301</u>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		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) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> 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) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO 2007-G000#2 PERMIT No. HO -95 -0664 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS Drill wells <small>NO11 APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small> Prelim Plan P-06-03 signed 9/21/06			

C1 8610		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		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)		DATE RECEIVED MM DD YY 03 13 2007		DATE WELL COMPLETED MM DD YY 03 13 2007		COUNTY NUMBER A 516057	
ST/CO USE ONLY DATE RECEIVED MM DD YY 03 13 2007		DATE WELL COMPLETED MM DD YY 03 13 2007		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" NO - 15 - 0664	
OWNER Bewley		STREET OR RFD Sweetbay St.		TOWN Woodbine		LOT 10	
SUBDIVISION Belle Haven Est.		SECTION		LOT			
WELL LOG Not required for driven wells		GROUTING RECORD		C 3		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		TYPE OF GROUTING MATERIAL (Circle one)		HOURS PUMPED (nearest hour)	
DESCRIPTION (Use additional sheets if needed)		CEMENT CM BENTONITE CLAY BC		NO. OF BAGS 15 NO. OF POUNDS 45		PUMPING RATE (gal. per min.) 3.00	
GALLONS OF WATER		DEPTH OF GROUT SEAL (to nearest foot)		METHOD USED TO MEASURE PUMPING RATE Submersible		WATER LEVEL (distance from land surface)	
Soil 0 12		from 48 TOP 52 ft. to 54 BOTTOM 58 ft.		BEFORE PUMPING 30 ft.		WHEN PUMPING 196 ft.	
Soft Shale 12 27		(enter 0 if from surface)		TYPE OF PUMP USED (for test)		CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
Brown Shale 27 54		OTHER CASING (if used)		A air P piston T turbine		PUMP HORSE POWER	
Gray Rock 54 300		EACH CASING		C centrifugal R rotary O other (describe below)		PUMP COLUMN LENGTH (nearest ft.)	
water at 110' & 207'		screen type or open hole		J jet S submersible		CASING HEIGHT (circle appropriate box and enter casing height)	
40 ÷ 6 = 10 ÷ 3.9 = 3.9		SCREEN RECORD		+ above } LAND SURFACE (nearest foot)		LOCATION OF WELL ON LOT	
NUMBER OF UNSUCCESSFUL WELLS: 0		ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER		- below }		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
WELL HYDROFRACTURED Y N		DEPTH (nearest ft.)		C 2		25' 55' Well is in the center of well area	
CIRCLE APPROPRIATE LETTER		A 8 9 11 15 17 21		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 41 45 47 51			
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		SLOT SIZE 1 2 3		D 23 24 26 30 32 36			
E ELECTRIC LOG OBTAINED		DIAMETER OF SCREEN (NEAREST INCH)		S 38 39 41 45 47 51			
P TEST WELL CONVERTED TO PRODUCTION WELL		from to		R 38 39 41 45 47 51			
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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		E 38 39 41 45 47 51			
DRILLERS LIC. NO. M S D 162		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		N 38 39 41 45 47 51			
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		T (E.R.O.S.) W Q		E 38 39 41 45 47 51			
LIC. NO. AW D 766		TELESCOPE CASING LOG INDICATOR OTHER DATA		N 38 39 41 45 47 51			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				E 38 39 41 45 47 51			

HARR WELL DRILLING

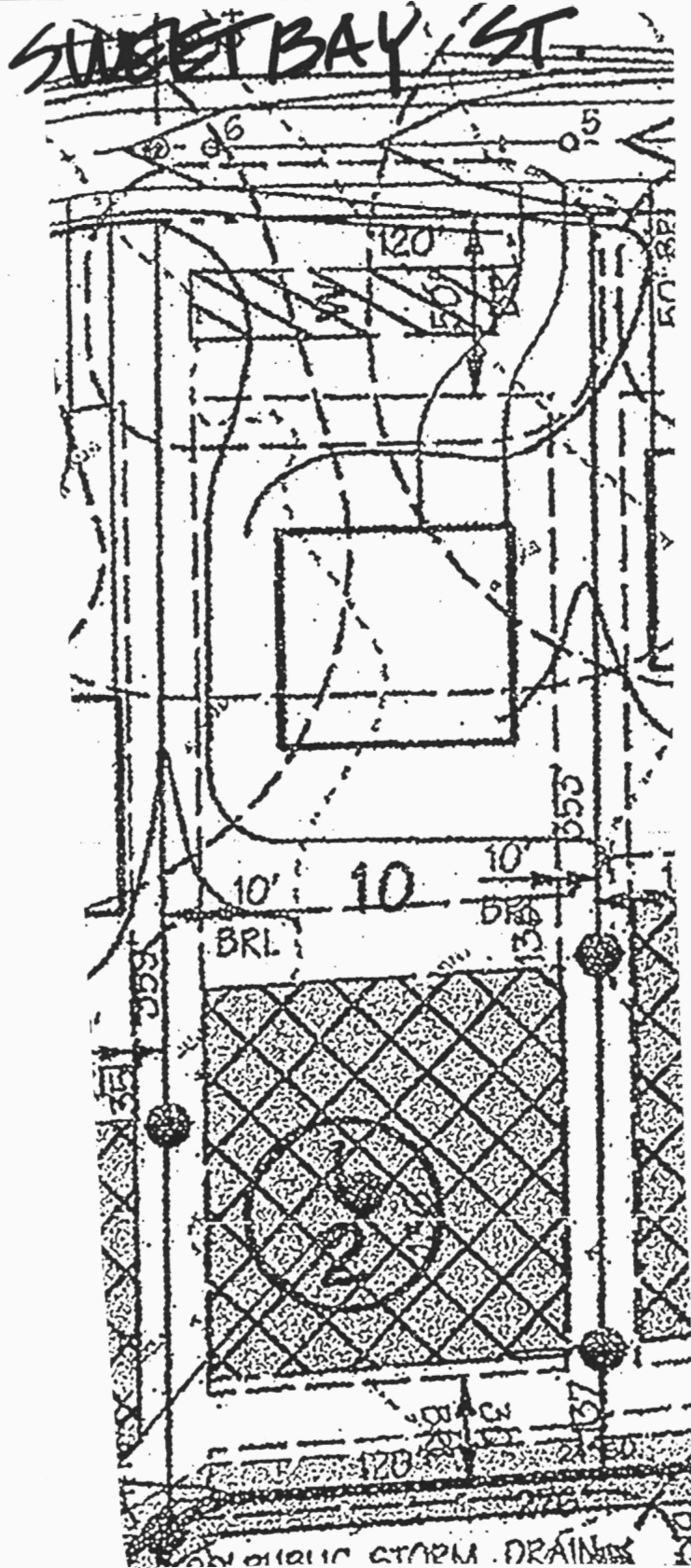
12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 3-30-07
Address: Union Chapel Road
Owner Name: Grayson Homes
Well Depth: 300 Ft

Permit Number: HO-95-0664
Subdivision: Belle Haven Est L#10
Election District:
Static Water Level: 30 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1 gallon bucket	Calculated Flow-Gallons Per Minute
0830	30 ft		3 sec	20.00
0845	101		3	20.00
0900	193		16	3.75
0915	193		16	3.75
0930	196		20	3.00
0945	196		20	3.00
1000	196		20	3.00
1015	196		20	3.00
1030	196		20	3.00
1045	196		20	3.00
1100	196		20	3.00
1115	196		20	3.00
1130	196		20	3.00
1145	196		20	3.00
1200	196		20	3.00
1215	196		20	3.00
1230	196		20	3.00
1245	196		20	3.00
1300	196		20	3.00
1315	196		20	3.00
1330	196		20	3.00
1345	196		20	3.00
1400	196		20	3.00
1415	196		20	3.00
1430	196		20	3.00



2/22/06
well site to
be staked by
DMW (KW)

BELLE HAVEN ESTATES

LOT 10

DMW

Daft-McCune-Walker, Inc.

200 East Pennsylvania Avenue
Towson, Maryland 21286
(410) 296-3333
Fax 296-4705

A Team of Land Planners,
Landscape Architects,
Engineers, Surveyors &
Environmental Professionals

Job No. 01067

Scale: 1"=50'

Date: 12/6/06

Drawn By: MDT

Tue Feb 13 10:30:49 2007



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2640
TDD (410) 313-2323 Toll Free 1-866-313-2640
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:

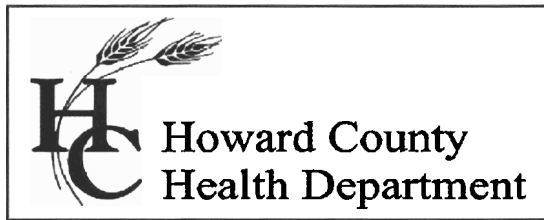
Well Site Location: Lots
Bell: Haven Estates 1-46 Union Chapel Road
Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by DMW, Inc 410-296-3333
(professional land surveyor or company employing professional land surveyors)
on 12/29/06 (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 3/11/05



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – July 7, 2014

February 7, 2014

Homeowner
15305 Sweetbay Street
Woodbine, MD, 21797

**RE: Belle Haven Est., Lot #10
15305 Sweetbay Street
Building Permit: B13001736
Well Permit: HO-95-0664**

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 **9/20/2013**. Final approval of the well line connection to the dwelling was granted on **9/4/2013**. The well construction was completed on **03/13/2005**. Water samples were collected on **1/22/2014**.

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-95-0664. 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>

Approving Authority,

A handwritten signature in cursive script that reads "Dana Bernard". The signature is written in dark ink on a light-colored background.

Dana Bernard, REHS/RS
Environmental Sanitarian
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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 92796 Account #: 3192
Reference: Belle Haven Lot 10 Company: Northern Virginia Drilling
Location: 15305 Sweetbay Street Requested By: Dick Trelease
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 1/22/2014 1100 Site: Bathroom Ground Floor
Date/Time Rec'd: 1/22/2014 1430 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: C. Mooshian 7268CM Well #: HO-95-0664

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/23/2014 / 0930 / CCH ✓
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/23/2014 / 0930 / CCH ✓
Nitrate	9.44	mg/L	10	601	1/23/2014 / 0900 / CCH ✓
Turbidity	1.37	NTU	<10	SM18 2130B	1/23/2014 / 0835 / JKW ✓
Sand	NS	mg/L	5	Visual/Gravimetric	1/23/2014 / 0835 / JKW ✓

DB
OK
2-6-14

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 Sample collected by client, analyzed as received
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B13001736

Date Reported: 1/23/2014

**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: Northern Virginia Drilling Telephone #: 703-361-6859
Address: 11351a Industrial Rd.
Manassas VA 20109

(Must circle one) Licensed Plumber ☐ Licensed Well Driller ☒ Licensed Well Pump Installer

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

Name (Print): Shawn Miller License # MSD216

*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: K. Hamanian Homes Telephone #: 240-882-7662
Subdivision: Belle Haven Lot #: 10 Well Tag #: HO 95-01604
Site Address: 15305 Sweetbay St.
Woodbine MD 21797

Submersible Pump Data

Make: Flint and Walling
Model #: LE10507
Pump Capacity 7 GPM
Well Yield: 3 GPM

Pitless Adapter

Make: Boschert
Model #: 210055
Depth: 36" (36" min)
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.: ☒

Depth of well encountered at time of pump installation: 300' (feet) Conduit secured to wall
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: Polyethylene
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(s' minimum from foundation): 10'
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: Shawn Miller date: 8-8-13

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

Date Insp. Requested: _____ Date Insp. Approved: 9/4/13 Inspector: (B3B)

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 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 ☒