

C1

8607

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.

COUNTY  
NUMBER

A516057

ST/CO USE ONLY  
DATE Received  
MAY 1 1 P 2007

DATE WELL COMPLETED  
MM 05 DD 08 YY 2007

Depth of Well  
22 200 26  
(TO NEAREST FOOT)

10/1/07

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
No -95 -0661

OWNER  
Bentley

STREET OR RFD  
Westbay St.

TOWN  
Woodbine

SUBDIVISION  
Cable Haven Est.

SECTION

LOT  
7

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Overburden	0	50	
Gray Rock	50	200	x
water at 74'			

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yes ☒ Y no ☐ N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 45 46 14 NO. OF POUNDS 45 46 84

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

☒ ST STEEL ☐ CO CONCRETE

☒ PL PLASTIC ☐ OT OTHER

MAIN CASING TYPE

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)

inch from to

screen type  
or open hole

insert  
appropriate  
code  
below

☒ ST STEEL ☐ BR BRASS ☐ HO OPEN HOLE

☐ PL PLASTIC ☐ OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes ☐ Y no ☒ N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION  
WELL

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.

DRILLERS I.C. NO. M S D 1 6 2

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. AWD 766  
Daryl Hule

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

DEPTH (nearest ft.)

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 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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B 1	9157	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO - 95 - 0661</u> <small>fill in this form completely</small>
1 2 3 6			526193	

<p>Date Received (APA) <u>11/19/07</u></p> <p style="text-align: center; font-weight: bold;">OWNER INFORMATION</p> <p><u>Grayson Homes</u> 15 Last Name      Owner      First Name      34</p> <p><u>9025 Chevrolet Drive</u> 36 Street or RFD      55</p> <p><u>Ellicott City MD 21043</u> 57 Town      70 State      72 Zip      76</p> <p style="text-align: center; font-weight: bold;">DRILLER INFORMATION</p> <p><u>Michael D. Isom</u>      <u>M S D 152</u> Driller's Name      76 License No.      81</p> <p><u>G. Edgar Harr Sons' Corp.</u> Firm Name</p> <p><u>12047 Belle Road, Cockeysville 21030</u> Address</p> <p><u>12/26/06</u> Signature      Date</p>	<p style="text-align: center; font-weight: bold;">LOCATION OF WELL</p> <p><u>Howard</u> 8 COUNTY      21</p> <p><u>Belle Haven Est</u> 23 SUBDIVISION      42</p> <p>SECTION <u>44</u> <u>46</u> LOT <u>7</u> 48 50</p> <p><u>Woodbine</u> 52 NEAREST TOWN      71</p> <p>MILES FROM TOWN (enter 0 if in town) <u>2</u> M I 73 76 77 78</p>
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<p style="text-align: center; font-weight: bold;">WELL INFORMATION</p> <p><u>5</u> APPROX. PUMPING RATE (GAL. PER MIN.)      8 12</p> <p><u>750</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)      14 20</p> <p style="text-align: center; font-weight: bold;">USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="checkbox"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING</p> <p><input type="checkbox"/> GEO-THERMAL</p>	<p style="text-align: center; font-weight: bold;">DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <p style="text-align: center; font-weight: bold;">ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p><u>30</u> DISTANCE FROM ROAD      34 37</p> <p>ENTER FT OR MI <u>FT</u>      38 39</p> <p>TAX MAP: <u>14</u> BLK: <u>20</u> PARCEL <u>66</u></p>
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<p style="text-align: center; font-weight: bold;">METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered)      <u>JETTED</u>      Jetted &amp; DRIVEN</p> <p><u>AIR-ROTARY</u>      <u>AIR-PERCUSSION</u>      ROTARY (Hydraulic Rotary)</p> <p><u>CABLE</u>      <u>REVERSE-ROTARY</u>      <u>DRIVE-POINT</u></p> <p>other _____</p>	<p style="text-align: center; font-weight: bold;">NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p><u>Howard</u>      <u>(13)</u>      <u>A 516057</u> COUNTY NAME      COUNTY NO.</p> <p>STATE SIGNATURE _____ INSERT S → _____</p> <p>DATE ISSUED <u>2/21/07</u> <u>John Hall</u> <u>2/26/08</u> 43 MM DD YY 48 CO SIGNATURE      EXP. DATE</p> <p>NORTH GRID <u>530</u> <u>000</u> <u>000</u>      EAST GRID <u>0785</u> <u>000</u> <u>000</u> 50 55 57 63</p>
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<p>APPROXIMATE DEPTH OF WELL <u>306</u> FEET 24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH      NEAREST INCH</p>	<p>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. <u>Well</u></p> <p>2. _____</p> <p>3. _____</p>
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<p style="text-align: center; font-weight: bold;">REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><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</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52</p>	<p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>7805</u></p> <p>N <u>530</u></p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p>
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<p style="text-align: center; font-weight: bold;">Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER <u>HO 2007-0022</u></p> <p>PERMIT No. <u>HO-95-0661</u> 70 71 72 73 74 75 76 77 78 79</p>	<p style="text-align: center; font-weight: bold;">SPECIAL CONDITIONS</p> <p><u>Drill wells per Prelim Plan P-06-03 signed 8/21/06</u></p>
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# HARR WELL DRILLING

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

## HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 3-12-07  
Address: Union Chapel Road  
Owner Name: Grayson Homes  
Well Depth: 200 Ft

Permit Number: HO-95-0661  
Subdivision: Belle Haven Est L#7  
Election District:  
Static Water Level: 35 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5 gallon bucket	Calculated Flow-Gallons Per Minute
0845	35 ft		17 sec	17.64
0900	115		20	15.00
0915	129		20	15.00
0930	142		20	15.00
0945	161		20	15.00
1000	177		20	15.00
1015	177		20	15.00
1030	177		20	15.00
1045	177		20	15.00
1100	177		20	15.00
1115	177		20	15.00
1130	177		20	15.00
1145	177		20	15.00

**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 Inc. Telephone #: 703-361-6859  
Address: 11356 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# MS0216

\*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. HOVNARIAN HOMES Telephone #: 703-885-7193  
Subdivision: BEYK HAVEN ESTATES Lot #: 7 Well Tag #: HO-95-06461  
Site Address: 15327 Sweetbay St.

**Submersible Pump Data**

Make: Flint and Walling  
Model #: 4F10S07  
Pump Capacity 10 GPM  
Well Yield: 15 GPM

**Pitless Adapter**

Make: Boschert  
Model#: P100SS  
Depth: 42" (36" min)  
NSF/WSC approved:

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 200" (feet)

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 N/A

**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: yes  
Length of sleeve (5' minimum from foundation): 20'  
Sleeve sealed properly: yes

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

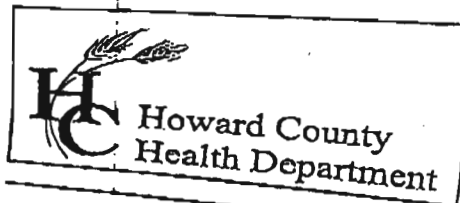
date: 4-17-13

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

Date Insp. Requested:  Date Insp. Approved: 4/22/13 Inspector: BBB

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 ☒





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

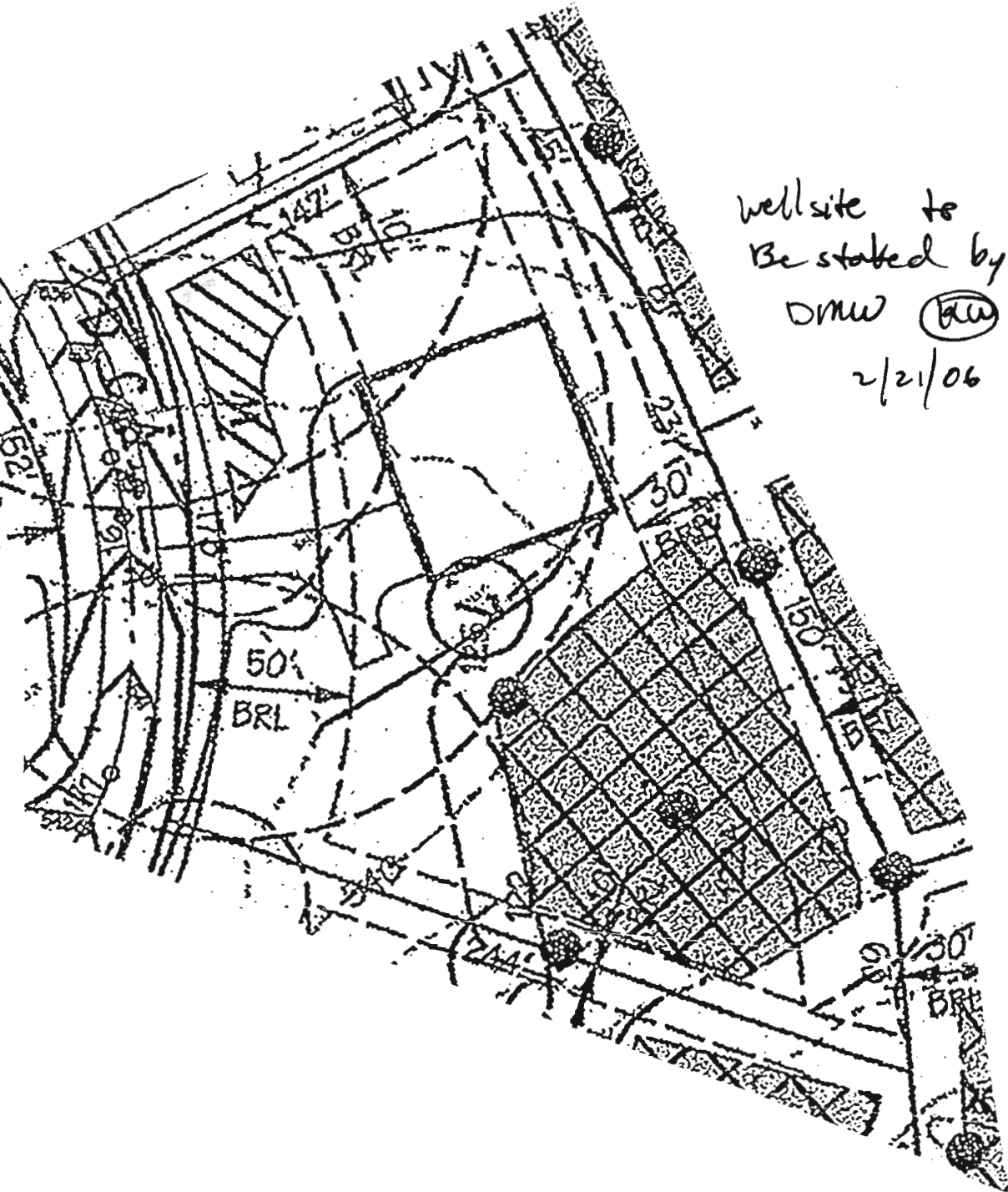
☒ The well site has been staked by DMW, Inc 410-296-3333  
(professional land surveyor or company employing professional land surveyors)  
on 12/29/06 (date) and does not require a site inspection.

☐ 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

SWEETBAY ST.



well site to  
Be stated by  
DMW DMW  
2/21/06

BELLE HAVEN ESTATES

LOT 7

**DMW**

Daft-McCune-Walker, Inc.

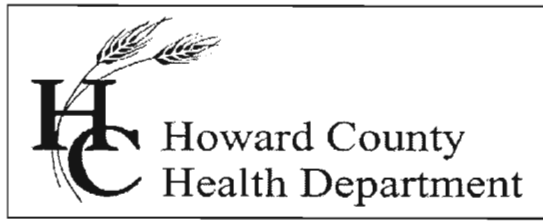
200 East Pennsylvania Avenue  
Towson, Maryland 21286  
(410) 296-3333  
Fax 296-4705

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

Job No. 01067 Scale: 1"=50' Date: 12/26/06 Drawn By: MDT

N:\01067\01067FLot Wells\FINAL\Lot07.dgn

Tue Feb 13 10:28:29 2007



Bureau of Environmental Health  
7178 Columbia Gateway Drive, 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](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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**INTERIM CERTIFICATE OF POTABILITY**  
**Expiration Date – JANUARY 18, 2014**

JULY 18, 2013

Homeowner  
15327 Sweetbay Street  
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 7**  
**15327 Sweetbay Street**  
**Building Permit: B13000195**  
**Well Permit: HO-95-0661**

Dear Homeowner:

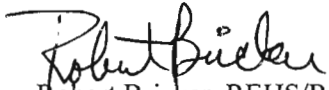
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/1/2013**. Final approval of the well line connection to the dwelling was granted on **4/22/2013**. The well construction was completed on **3/8/2007**. Water samples were collected on **7/12/2013**.

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-95-0661. 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 black ink, appearing to read "Robert Bricker". The signature is fluid and cursive, with the first name "Robert" and last name "Bricker" clearly distinguishable.

Robert Bricker, REHS/R.S.  
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 #: 90042 Account #: 3192  
Reference: Belle Haven Lot 7 Company: Northern Virginia Drilling  
Location: 15327 Sweetbay Street Requested By: Dick Trelease  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 7/12/2013 1109 Site: Kitchen Sink Tap ✓  
Date/Time Rec'd: 7/12/2013 1400 Treatment: None  
Chlorine ppm: Free: ND ✓ Total: ND pH: 6.3  
Collected By: J. Yeager 6176JY Well #: HO-95-0661

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/13/2013 / 1300 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/13/2013 / 1300 / CCH
Nitrate	2.42	mg/L	10	601	7/12/2013 / 1600 / CCH
Turbidity	1.63	NTU	<10	SM18 2130B	7/12/2013 / 1436 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	7/12/2013 / 1436 / JKW

OK  
reb 7/12/13

### 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 & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit #: B13000195

Date Reported: 7/15/2013

MD State Certification # 133