SEQUENCE NO. THIS REPORT MUST BE SUBMITTED WITHIN STATE OF MARYLAND (MDE USE ONLY) 45 DAYS AFTER WELL IS COMPLETED. WELL COMPLETION REPORT COUNTY **FILL IN THIS FORM COMPLETELY** A516007 (THIS NUMBER IS TO BE PUNCHED NUMBER IN COLS. 3-6 ON ALL CARDS) **PLEASE TYPE** PERMIT NO. ST/CO USE ONLY DATE WELL COMPLETED Depth of Well FROM "PERMIT TO DRILL WELL" DATE Received 150 2007 200 95-066= MO -15 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37 Demler **OWNER** Stat hame & Day Wood bre TOWN STREET OR RFD Honer Cc-SUBDIVISION **SECTION** LOT **GROUTING RECORD** WELL LOG 3 WELL HAS BEEN GROUTED (Circle Appropriate Box) Not required for driven wells **PUMPING TEST** STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING TYPE OF GROUTING MATERIAL (Circle one) HOURS PUMPED (nearest hour CEMENT C.M BENTONITE CLAY BC check if water bearing FEET DESCRIPTION (Use additional sheets if needed) .DC FROM TO NO. OF BAGS NO. OF POUNDS PUMPING RATE (gal. per min.) Soil. 15 GALLONS OF WATER, METHOD USED TO MEASURE PUMPING RATE SULOMETSIBLE Soft Shale 15 30 DEPTH OF GROUT SEAL (to nearest foot) Brown Shale 30 54 52 ft. to 54 BOTTOM WATER LEVEL (distance from land surface) 54 200 Gray Rock X (enter 0 if from surface) **BEFORE PUMPING** CASING RECORD casing types SIT CO insert water at 93' WHEN PUMPING CONCRETE appropriate code OIT TYPE OF PUMP USED (for test) below OTHER P turbine MĂIN Nominal diameter Total depth top (main) casing of main casing CASING other TYPE (nearest inch)! (nearest foot) R 0 C (describe centrifugal rotary 58 below) 60 61 63 64 S J jet submersible OTHER CASING (if used) diameter depth (feet) inch from PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD screen type TYPE OF PUMP INSTALLED 29 or open hole PLACE (A,C,J,P,R,S,T,O) HO SIT BR IN BOX 29. insert BRASS CAPACITY appropriate BRONZE HOLE **GALLONS PER MINUTE** PL OIT 35 (to nearest gallon) below **PUMP HORSE POWER** 37 41 2 DEPTH (nearest ft.) PUMP COLUMN LENGTH NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) 43 47 **CASING HEIGHT** (circle appropriate box 21 WELL HYDROFRACTURED N and enter casing height) + above C LAND SURFACE CIRCLE APPROPRIATE LETTER 23 24 26 30 32 36 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED (nearest) below C foot) E **ELECTRIC LOG OBTAINED** 50 51 38 39 41 45 47 51 TEST WELL CONVERTED TO PRODUCTION LOCATION OF WELL ON LOT SLOT SIZE 1 . 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. SHOW PERMANENT STRUCTURE SUCH AS DIAMETER (NEAREST BUILDING, SEPTIC TANKS, AND /OR OF SCREEN INCH) LANDMARKS AND INDICATE NOT LESS 56 60 THAN TWO DISTANCES (MEASUREMENTS TO WELL) MS D1 6 2 DRILLERS LIC. NOT GRAVEL PACK IF WELL DRILLED 110 WAS FLOWING WELL INSERT F IN BOX 68 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) LIC. NO. L (E.R.O.S.) WQ (80 Well is in SITE SUPERVISOR (sign. of driller or journeyman 74 75 76 TELESCOPE LOG responsible for sitework if different from permittee) erter of well Area INDICATOR OTHER DATA CASING COUNTY DENV-CR00

P 1 01 F 0 SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
1 2 3 (MDE USE ONLY)		ERMIT TO DRILL WELL	HO -95 -6113
	526193 please type		70 fill in this form completely
Date Received (APA)		B 3	LOCATION OF WELL
8 NM DO YY 13 OWNER INFOR	RMATION	Howard 8 COUNTY	21
Grayson Homes 15 Last Name Owner	First Name 34	Belle Have	en Est
9025 Chevrolet Drive Street or RFD	J 55	SECTION 44 46	LOT <u>9</u>
Ellicott City MD 57 Town 70 State	21043 72 Zip 76	Woodbine 52 NEAREST TOWN	71
DRILLER INFORMATION Michael D. Isom	1 S D 162	MILES FROM TOWN (ente	r 0 if in town) 2 M 73 76 77 78
Driller's Name 70	6 License No. 81	B 4 1 2	Union Chapel Road
G. Edgar Harr Sons' Corp Firm Name 12047 Falls Road, Cockey		TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
Address Address	12/26/06	N N N N N N N N N N N N N N N N N N N	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Signature B 2 WELL INFORMATION	Date	W TOWN E	34 2 37 SOUTH DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE (GAL. PER MIN.)	3 2 3 12	SW SE	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 USE FOR WATER (CIRCLE AP	PROPRIATE BOX)	8-9 S 8-9 NOT TO	TAX MAP: 4 BLK: 20 PARCEL 6
DOMESTIC POTABLE SUPPLY & RESIDEN			DEPARTMENT APPROVAL A 5/6 05 7
IRRIGATION F FARMING (LIVESTOCK WATERING & AGRI	CULTURAL	COUNTY NAME STATE	COUNTY NO.
22 II INDUSTRIAL, COMMERICIAL, DEWATERIN	IG	SIGNATURE	INSERT S 41
P PUBLIC WATER SUPPLY WELL		DATE ISSUED	Win Walf 2kilos
T, TEST, OBSERVATION, MONITORING		43 MM DD YY 48	CO SIGNATURE EXP. DATE
G GEO-THERMAL		GRID 53 0	00 GRID 0785 000 55 GRID 57 63
APPROXIMATE DEPTH OF WELL 24	26 J FEET	SHOW MAJOR FEATURES BOX & LOCATE WELL '_ WITH AN X	S OF
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	SOURCES OF DRILLING V	NATER
METHOD OF DRILLING BORED (or Augered) JETTED		2. 3.	
30	Jetted & <u>DRIVEN</u> ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	
37 CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	
other		704	E CRIAD
REPLACEMENT OR DEEPE (CIRCLE APPROPRIATE		E 180	000
THIS WELL WILL NOT REPLACE AN EXISTI			SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT I AS A STANDBY-CONTACT LOCAL APPROVI		DISTANCE FROM WELL T	OWNS AND ROADS AND GIVE O NEAREST ROAD JUNCTION
FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WE	ELL	Chi	spel en
PERMIT NUMBER OF WELL TO BE REPLACED OF (IF AVAILABLE) 41	R DEEPENED	N	/9
Not to be filled in by driller (MDE OR Co	- cos	Water a Milast	(x) /x
	27.GQQZ	6 KM1: 87	18
PERMIT No. 70 71 72	2 73 74 75 76 77 78 79		
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED	o fres Prell	m Am P-	-06-03 signed 1€

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: Ben Lawis Plumbing, ___ Telephone #: _ 301-408-3900 Address: , 23407 Freeerick Rd. -CLARKSBURG MD 20871 (Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: 10610 License# Name (Print): hns Blake *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. Telephone #:
Lot #: 9 Well Tag #: HO - 95- 0 563 Name of Property Owner: Subdivision: Bellhaven 1315 Sweet BAN WOODSING MID 5315 Site Address: Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make: _ Goulds Model #: 765074 Make: CAMP belt? Two piece watertight cap: Model#: 8-10× Screened, vented well cap: Depth: U2 (36" min) Cap secured to casing: Pump Capacity Conduit min 18" B.G.: Well Yield: NSF/WSC approved; Depth of well encountered at time of pump installation: 290 (feet) Conduit secured to well cap: If pump capacity exceeds well yield, a low water cut of 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 House Connection Type: Jupen Poly PVC sleeve to undisturbed soil at wall penetration; PSI: 200 (160 psi min) Length of sleeve(5' minimum from foundation):_ SO Depth of supply line: 42" (36" min) Sleeve sealed properly: v 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 For Health Department Use Only - Not to be completed by Installer Date Insp. Requested: Date Insp. Approved: 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

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH WELL & SEPTIC PROGRAM

TEL: (410)313-1771 FAX: (410)313-2648

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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: Benleus Plumbing Telephone #: 301-428-3900

Address: 2340 - Claired alok 20

Clarks burg mo 2037/ (Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: License# 200 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-140V

Subdivision: Bill haven

Site Address: 15315 Sweetbay

Telephone #: 240-882-7662

Lot #: 9 Well Tag #: HO-95-0663 Submersible Pump Data

Make: 90065

Model #: 76507420C

Pump Capacity 10 GPM

Well Yield: 6000 GPM

NEGRANGO

NEGRANGO

Pitless Adapter

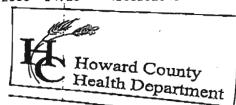
Make: 10000 M Well Cap and Electric Conduit Two piece watertight cap: Screened, vented well cap: Cap secured to casing: Well Yield: ______ GPM NSF/WSC approved: Conduit min 18" B.G.: (feet) Conduit secured to well cap: Depth of well encountered at time of pump installation: If pump capacity exceeds well 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 House Connection Piping to house Type: /// 2005/

PVC sleeve to undisturbed soil at wall penetration:

Length of sleeve(5' minimum from foundation):

Length of supply line: 4z''(36" min)

Sleeve sealed properly: Under feet for from the work 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 For Health Department Use Only - Not to be completed by Installer Date Insp. Approved: 2/7/2013 Inspector: Date Insp. Requested: 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 Inder Footer 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, Col. (410) 313-2640 Fax (410) 313-27 TDD (410) 313-2323 Toll Free 1-866-373 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:

We have the of the following:
Well Site Location:
Melle Haven Estates
White is the state of the state
Road Name
The well site has been staked by DMW Inc 410-296-3333
(professional land surveyor or company and with the land surveyor or company and land surveyor or compa
(professional land surveyor or company employing professional land surveyors) On 12 29 00 (date) and does not require a site in the land surveyors)
on 12 21 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

BELLE HAVEN ESTATES

LOT 9

Job No. 01067 | Scale: 1"=50"

50'

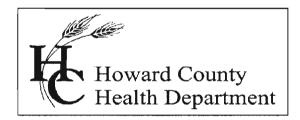
Date: 12/26/06

Drawn By: MDT

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



Bureau of Environmental Health

Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date - November 29, 2013

May 29, 2013

Homeowner 15315 Sweetbay Street Woodbine, Maryland, 21797

RE: Belle Haven Estates, Lot #9

15315 Sweetbay Street Building Permit: B12003430 Well Permit: HO-95-0663

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 3/05/2013. Final approval of the well line connection to the dwelling was granted on 02/07/2013. The well construction was completed on 3/15/2007. Water samples were collected on 05/23/2013.

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-95-0663. 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,

Dana Bernard, REHS/RS

Dana Bernard

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 #:

89328

Account #:

17134

Reference:

Ben Lewis Plumbing

Company:

CASH ACCOUNT

Location:

15315 Sweet Bay Street

Requested By: Ben Lewis Plumbing

Woodbine, MD 21797

Date/ Time Collected: 5/23/2013

1130

Source: Site:

Well Water Basement Lav. Bathroom Sink

Date/Time Rec'd:

1300

None

Chlorine ppm:

5/23/2013 Free: ND

Total: ND

Treatment:

6.2

Collected By:

C. Blair

1430CB

pH: Well #:

HO-95-0663

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/FIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/24/2013 / 0915 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/24/2013 / 0915 / LLO
Nitrate	8.09	mg/L	10	601	5/23/2013 / 1600 / CCH
Turbidity	0.53	NTU	<10	SM18 2130B	5/23/2013 / 1445 / JKW
Sand	NS	mg/L	5	Visual/Gravimetri	c 5/23/2013 / 1448 / JKW

NOTES

- mg/L = milligrams per liter (also, parts per million) 1
- 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)
- NTU = Nephelometric Turbidity Units. 4
- 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
- pH and Chlorine level tested in lab 7
- Sample collected by client, analyzed as received

Reason for Test:

Use & Occupancy

Building Permit #:

B12003430

Date Reported:

5/24/2013