



B 1	9159	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526193 please type	STATE PERMIT NUMBER HO -95 -0663 fill in this form completely
Date Received (APA) 11/19/07 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Grayson Homes		Owner First Name 34		
36 Street or RFD 9025 Chevrolet Drive		55		
57 Town Ellicott City		70 State MD	72 Zip 21043	76
DRILLER INFORMATION				
Driller's Name Michael D. Isom		M S D 162 76 License No. 81		
Firm Name G. Edgar Hart Sons' Corp.				
Address 12047 Falls Road, Cockeysville 21030				
Signature <i>[Signature]</i>		Date 12/26/06		
B 2	WELL INFORMATION			
1	APPROX. PUMPING RATE (GAL. PER MIN.)		5 8 12	
2	AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		750 14 20	
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard				
COUNTY NO. 13				
STATE SIGNATURE [Signature] INSERT S →				
DATE ISSUED 2/21/07				
CO SIGNATURE [Signature] EXP. DATE 2/21/08				
NORTH GRID 531 000 55				
EAST GRID 0785 000 63				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. well				
2.				
3.				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E 7865				
N 5361				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<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				
<input type="checkbox"/> THIS WELL WILL DEEPEMED 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 HO 2007-0002				
PERMIT No. HO-95-0663 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS Drill wells per Prelim Plan P-06-03 signed 8/21/06				

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 Lewis Plumbing Telephone #: 301-428-3900  
Address: 23407 Frederick 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:

Name (Print): Chris Blair License# 10610

\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Bellhaven Lot #: 9 Well Tag #: HO-95-0663  
Site Address: 15315 Sweet Bay St

WOODBINE MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit

Make: Goulds Make: Campbell Two piece watertight cap: ☒

Model #: 7650 7422 E Model#: B-10X Screened, vented well cap: ☒

Pump Capacity \_\_\_\_\_ GPM Depth: 42 (36" min) Cap secured to casing: ☒

Well Yield: \_\_\_\_\_ GPM NSF/WSC approved: \_\_\_\_\_ Conduit min 18" B.G.: ☒

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 off switch is required by NSPC 1990 Section 17.8.4

Torque arrestor, 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: 1" PEP Poly

PSI: 200 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ☒

Length of sleeve (5' minimum from foundation): 50

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

date

5/20/13

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

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 \_\_\_\_\_



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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: Bentley's Plumbing Telephone #: 301-428-3900  
Address: 23402 Old Frederick Rd  
Clarksburg MD 20371

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

Name (Print): Mike Bowersox License# 200

**\*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-HOV Telephone #: 240-882-7662  
Subdivision: Bell Haven Lot #: 9 Well Tag #: HO-95-0663  
Site Address: 15315 Sweetbay

**Submersible Pump Data**

Make: Grundfos  
Model #: 76507420C  
Pump Capacity 10 GPM  
Well Yield: 50 GPM

**Pitless Adapter**

Make: Campbell  
Model #: Pg 800 SS  
Depth: 42" (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.: ✓  
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation:        (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

**Piping to house**

Type: 1" 200psi  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration:         
Length of sleeve (5' minimum from foundation): ✓  
Sleeve sealed properly: Under footer / Matthew Wall

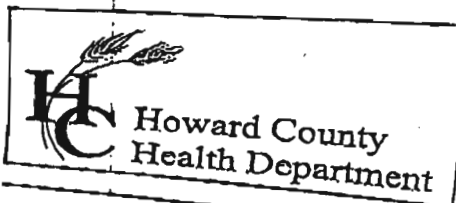
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 2-7-13

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

Date Insp. Requested:        Date Insp. Approved: 2/7/2013 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 outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection Under Footer  
Adequate grout observed below pitless adapter ✓



7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2641  
TDD (410) 313-2323 Toll Free 1-866-313-2641  
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	
Belle Haven Estates	1-46	Union Chapel Road
<u>Subdivision/Property Name</u>	<u>Lot#</u>	<u>Road Name</u>

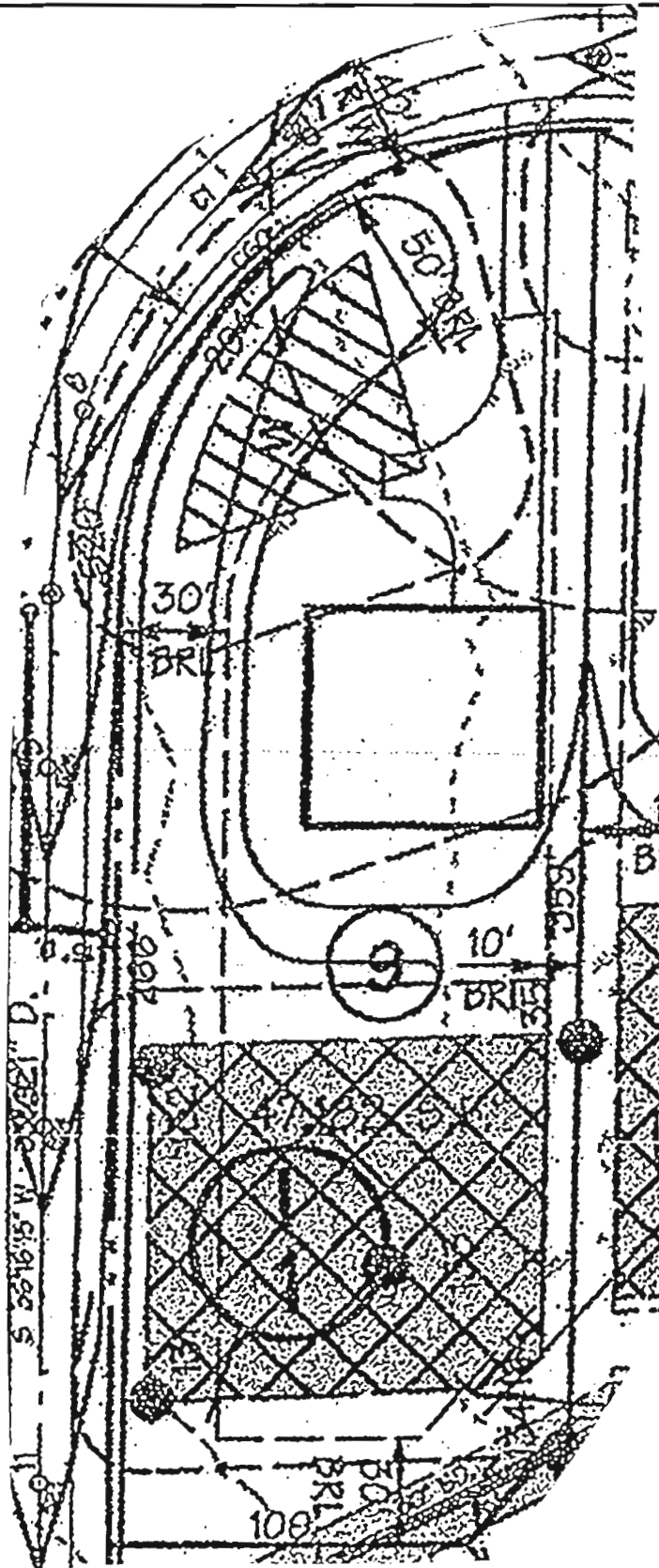
☒ The well site has been staked by DMW, Inc 410-296-3333  
(professional land surveyor or company employing professional land surveyors)  
on 12/29/06 (date) and does not require a site inspection.

☐ 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 Loc. OK  
 OMW to stake  
 Loc. (KW)  
 2/21/07

BELLE HAVEN ESTATES

LOT 9

**DMW**

Daft-McCune-Walker, Inc.

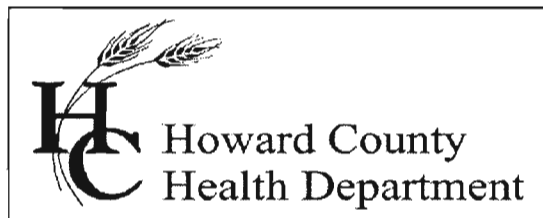
200 East Pennsylvania Avenue  
 Towson, Maryland 21286  
 (410) 296-3333  
 Fax 296-4705

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\01067F\Lot Wells\FINAL\Lot09.dgn

Tue Feb 13 10:30:02 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](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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## **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,

A handwritten signature in cursive script that reads "Dana Bernard".

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 #: 89328 Account #: 17134  
Reference: Ben Lewis Plumbing Company: CASH ACCOUNT  
Location: 15315 Sweet Bay Street Requested By: Ben Lewis Plumbing  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 5/23/2013 1130 Site: Basement Lav. Bathroom Sink  
Date/Time Rec'd: 5/23/2013 1300 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: C. Blair 1430CB Well #: HO-95-0663

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/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/Gravimetric	5/23/2013 / 1448 / JKW

DB  
OK - 5-24-13

**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 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

**Reason for Test :** Use & Occupancy**Building Permit # :** B12003430Date Reported: 5/24/2013