

C1 8608 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 A576057

ST/CO USE ONLY DATE Received MAY 11 2007 DATE WELL COMPLETED 03 15 2006 Depth of Well 22 200 (TO NEAREST FOOT) 10/1/07 O.K. RB PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0662

OWNER Bentley last name first name STREET OR RFD Sweetbay St. TOWN Woodbine SUBDIVISION Belle Haven Est. SECTION LOT 8

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	
Soil	0	15	
Brown Shale	15	27	
Gray Rock	27	200	x
water at 117'			

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 9 NO. OF POUNDS 45 46 900

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 30

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO STEEL BRASS OPEN HOLE PL BRONZE PLASTIC OTHER

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15.00

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 26 ft.

WHEN PUMPING 107 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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 LIC. NO. M S D 1 6 2

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. A W D 766

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

C 2

DEPTH (nearest ft.) 30 200

E 1 8 9 11 15 17 21

A 2 23 24 26 30 32 36

C 3 38 39 41 45 47 51

S 4 49 50 52 54 56 58 60 62 64 66 68

R 5 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

E 6 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

N

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE (nearest foot)

- below

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

125'

50'

Prop Line

B 1	9158	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526193 please type	STATE PERMIT NUMBER H0 -95 -0662 fill in this form completely
Date Received (APA) 1/19/07 8 MM DD YY 13		OWNER INFORMATION		
15 <u>Grayson Homes</u> Last Name		34 <u>Owner</u> First Name		
36 <u>9025 Chevrolet Drive</u> Street or RFD		55		
57 <u>Ellicott City</u> Town		70 <u>MD</u> State	72 <u>21043</u> Zip	76
DRILLER INFORMATION				
61 <u>Michael D. Isom</u> Driller's Name		81 <u>M S D 162</u> License No.		
63 <u>G. Edgar Harr Sons' Corp.</u> Firm Name				
65 <u>12047 Falls Road, Cockeysville 21030</u> Address				
67 <u>[Signature]</u> Signature		73 <u>12/26/06</u> Date		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		8 <u>5</u> 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 <u>750</u> 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="radio"/> PUBLIC WATER SUPPLY WELL				
<input type="radio"/> TEST, OBSERVATION, MONITORING				
<input type="radio"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN				
<input type="radio"/> AIR-ROTARY <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary)				
<input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> Drive-POINT				
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="radio"/> 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)				
APPROP. PERMIT NUMBER <u>H0 2007 0002</u>				
PERMIT No. <u>H0 -95 -0662</u>				
SPECIAL CONDITIONS <u>Wells to be Drilled per Prelim. P-06-03 signed 8/21/06</u>				

B 3		LOCATION OF WELL	
8 <u>Howard</u> COUNTY		21	
23 <u>Belle Haven Est</u> SUBDIVISION		42	
SECTION <u>44</u> <u>46</u>		LOT <u>8</u> <u>50</u>	
52 <u>Woodbine</u> NEAREST TOWN		71	
MILES FROM TOWN (enter 0 if in town) <u>2</u> M <u>1</u>			
B 4		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
1 2			
11 <u>Union Chapel Road</u> NEAR WHAT ROAD		30	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
34 <u>30</u> DISTANCE FROM ROAD		37 <u>30</u>	
ENTER FT OR MI		38 <u>FT</u> 39	
TAX MAP: <u>14</u> BLK: <u>20</u> PARCEL <u>66</u>			
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
<u>Howard</u> COUNTY NAME		<u>13</u> COUNTY NO.	
STATE SIGNATURE _____		INSERT S →	
DATE ISSUED <u>2/21/07</u>		EXP. DATE <u>2/21/08</u>	
43 <u>MM</u> <u>DD</u> <u>YY</u> 48		CO SIGNATURE _____	
NORTH GRID <u>530</u> <u>000</u> <u>55</u>		EAST GRID <u>0785</u> <u>000</u> <u>63</u>	
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>530</u>			
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION			

**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: 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# MSD 216

*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. HOVNANIAN Telephone #: 240-832-7662
Subdivision: BELLE HAVEN Lot #: 8 Well Tag #: HO-95-06662
Site Address: 15323 SWEETBAY ST
WOODBINE MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Flint and Walling</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>4F10507</u>	Model #: <u>D100SS</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>36" + (36" min)</u>	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>200'</u> (feet)		Conduit secured to well cap: <u>yes</u>
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 <u>inside of well casing</u>		

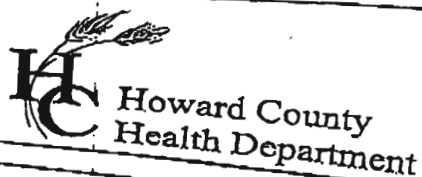
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Polyethylene</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>360</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>36" + (36" min)</u>	Sleeve sealed properly: <u>yes</u>

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: 5-16-13

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

Date Insp. Requested: _____ Date Insp. Approved: 5/28/13 Inspector: KW
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:

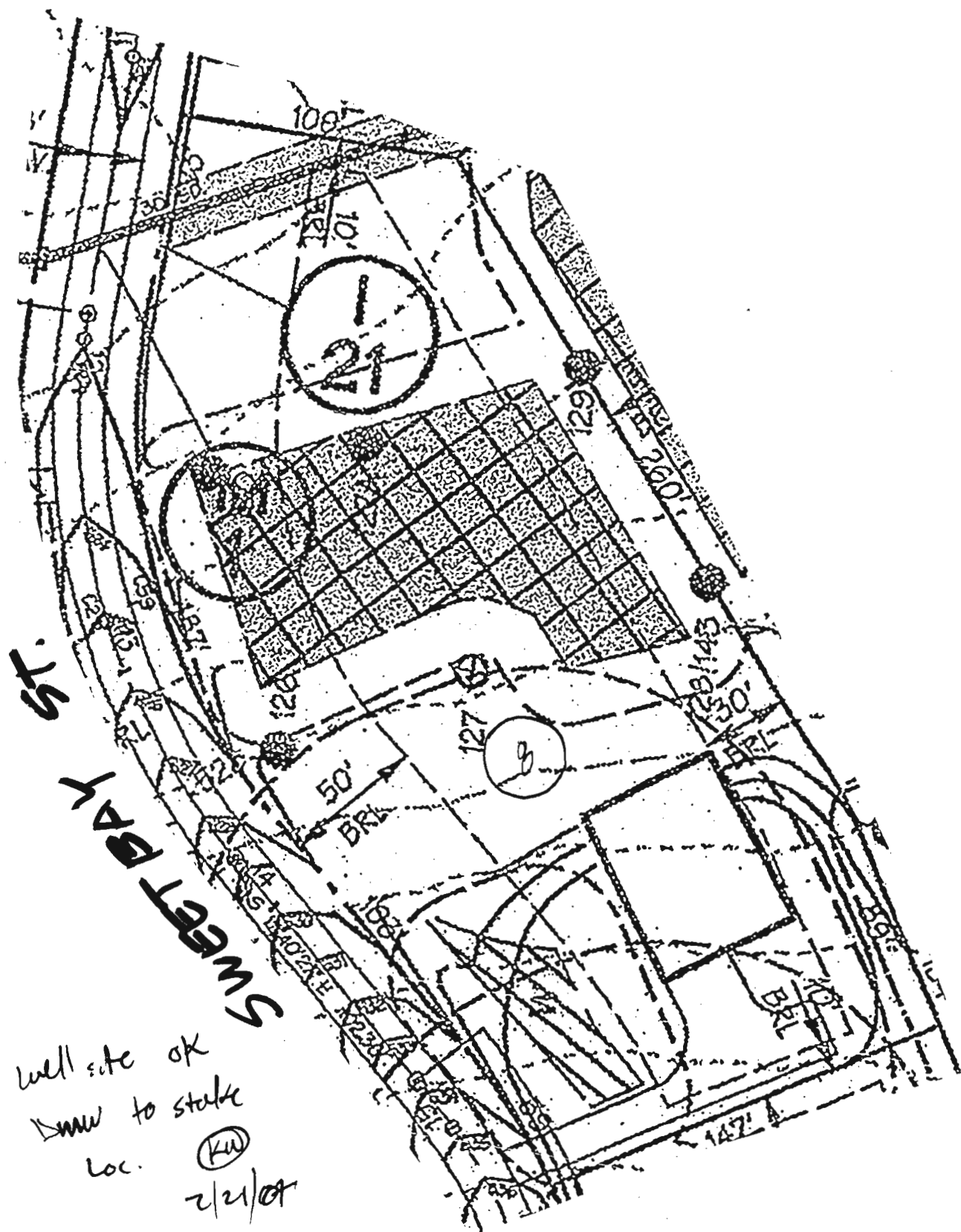
Subdivision/Property Name	Lot#	Road Name
Belle Haven Estates	1-46	Union Chapel Road

☒ 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



well site OK
 DMW to stake
 loc. (KW)
 2/21/07

BELLE HAVEN ESTATES

LOT 8

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

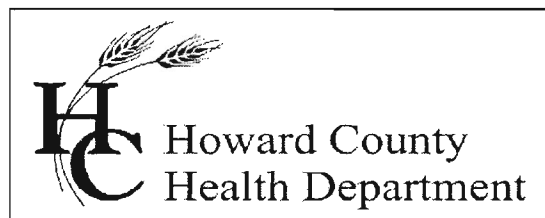
Scale: 1"=50'

Date: 12/26/06

Drawn By: MDT

N:\01067\01067\Final\Lot Wells\FINAL\Lot08.dgn

Tue Feb 13 10:29:08 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
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 1, 2014

October 1, 2013

Homeowner
15323 Sweetbay Street
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot # 8
15323 Sweetbay Street
Building Permit: B13000370
Well Permit: HO-95-0662**

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 **7/15/13**. Final approval of the well line connection to the dwelling was granted on **5/28/13**. The well construction was completed on **3/15/06**. Water samples were collected on **09/23/13**.

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-95-0662. 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>

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 #:	91135	Account #:	3192
Reference:	Northern Virginia Drilling	Company:	Northern Virginia Drilling
Location:	15323 Sweet Bay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	9/23/2013 0720	Site:	Downstairs Bathroom Tap
Date/Time Rec'd:	9/23/2013 1226	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.9
Collected By:	J. Yeager 6176JY	Well #:	HO-95-0662

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	9/24/2013 / 0830 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	9/24/2013 / 0830 / LLO
Nitrate	7.49 ✓	mg/L	10	601	9/23/2013 / 1600 / CCH
Turbidity	0.78 ✓	NTU	<10	SM18 2130B	9/24/2013 / 0845 / JKW
Sand	NS ✓	mg/L	5	Visual/Gravimetric	9/24/2013 / 0845 / JKW

DB
OK
10-1-13

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 & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B13000370

Date Reported: 9/24/2013