

<b>C 1</b> <span style="font-size: 24pt; font-weight: bold;">8606</span>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> 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)																									
ST/CO USE ONLY DATE Received <b>MAY 11 2007</b>	DATE WELL COMPLETED MM DD YY <b>03 05 2007</b>	Depth of Well 22 200 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>HO - 95 - 0660</b>																						
		10/1/07 O.K. BB	COUNTY NUMBER <b>A516057</b>																						
OWNER <u>Bewley</u> STREET OR RFD <u>Sweetbay SE.</u> first name SUBDIVISION <u>Belle Haven F&amp;G</u> SECTION <u>6</u> LOT <u>6</u> TOWN <u>Woodbine</u>																									
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GROUTING RECORD</b>																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Soil</td> <td>0</td> <td>17</td> <td></td> </tr> <tr> <td>Soft Brown Shale</td> <td>17</td> <td>40</td> <td></td> </tr> <tr> <td>Brown Shale</td> <td>40</td> <td>55</td> <td></td> </tr> <tr> <td>Gray Rock</td> <td>55</td> <td>200</td> <td>x</td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Soil	0	17		Soft Brown Shale	17	40		Brown Shale	40	55		Gray Rock	55	200	x	WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <u>15</u> NO. OF POUNDS <u>225</u> GALLONS OF WATER <u>90</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP <u>52</u> ft. to <u>58</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)	
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																						
	FROM	TO																							
Soil	0	17																							
Soft Brown Shale	17	40																							
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Gray Rock	55	200	x																						
water at 79' & 100'		<b>CASING RECORD</b> casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>CO</b> CONCRETE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> </tr> </table> MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>58</u>		<b>ST</b> STEEL	<b>CO</b> CONCRETE	<b>PL</b> PLASTIC	<b>OT</b> OTHER																		
<b>ST</b> STEEL	<b>CO</b> CONCRETE																								
<b>PL</b> PLASTIC	<b>OT</b> OTHER																								
OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G		<b>SCREEN RECORD</b> screen type or open hole (insert appropriate code below) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>ST</b> STEEL</td> <td><b>BR</b> BRASS BRONZE</td> <td><b>HO</b> OPEN HOLE</td> </tr> <tr> <td><b>PL</b> PLASTIC</td> <td><b>OT</b> OTHER</td> <td></td> </tr> </table>		<b>ST</b> STEEL	<b>BR</b> BRASS BRONZE	<b>HO</b> OPEN HOLE	<b>PL</b> PLASTIC	<b>OT</b> OTHER																	
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<b>PL</b> PLASTIC	<b>OT</b> OTHER																								
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		<b>C 2</b> DEPTH (nearest ft.) 1 2 <u>HO</u> <u>58</u> <u>200</u>																							
WELL HYDROFRACTURED <b>Y</b> <b>N</b>		C A S I N G 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 S L O T S I Z E 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to																							
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																							
DRILLERS LIC. NO. <u>M S D 162</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>AW D 766</u> <u>Daniel Hale</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA																							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		<b>C 3</b>																							
		<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>15.00</u> METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>36</u> ft. WHEN PUMPING <u>134</u> ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible																							
		<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <b>NO</b> 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 <u>29</u> 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) <b>+</b> above <b>-</b> below LAND SURFACE (nearest foot) 49 50 51																							
		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) 25' 60' well is located in the center of the well area																							

B 1	<b>9156</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	STATE PERMIT NUMBER <b>HO - 95 - 0660</b> <small>fill in this form completely</small>
1 2 3 6			526193 please type	

<p><b>OWNER INFORMATION</b></p> <p>Date Received (APA) <u>11/19/07</u></p> <p>8 MM DD YY 13</p> <p><u>Grayson Homes</u></p> <p>15 Last Name Owner First Name 34</p> <p><u>9025 Chevrolet Drive</u></p> <p>36 Street or RFD 55</p> <p><u>Ellicott City MD 21043</u></p> <p>57 Town 70 State 72 Zip 76</p> <p><b>DRILLER INFORMATION</b></p> <p><u>Michael D. Isom</u> <u>M S D 162</u></p> <p>Driller's Name 76 License No. 81</p> <p><u>G. Edgar Hawr Sons' Corp.</u></p> <p>Firm Name</p> <p><u>12047 Falls Road, Cockeysville 21030</u></p> <p>Address</p> <p><u>12/26/06</u></p> <p>Signature Date</p>	<p><b>LOCATION OF WELL</b></p> <p><u>Howard</u></p> <p>8 COUNTY 21</p> <p><u>Belle Haven Est</u></p> <p>23 SUBDIVISION 42</p> <p>SECTION <u>44 46</u> LOT <u>6</u> 48 50</p> <p><u>Woodbine</u></p> <p>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><b>WELL INFORMATION</b></p> <p>1 2 APPROX. PUMPING RATE <u>5</u></p> <p>(GAL. PER MIN.) 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED <u>750</u></p> <p>(GAL. PER DAY) 14 20</p> <p><b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b></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><b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b></p> <p><u>Howard</u> <u>(13)</u> <u>A 516057</u></p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE INSERT S → 41</p> <p>DATE ISSUED <u>2/21/07</u> <u>Kim Wall</u> <u>2/21/08</u></p> <p>43 MM DD YY 48 CO SIGNATURE EXP. DATE</p> <p>NORTH GRID <u>530</u> 000 EAST GRID <u>0785</u> 000</p> <p>50 55 57 63</p>
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<p>APPROXIMATE DEPTH OF WELL <u>300</u> FEET</p> <p>24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH</p> <p>NEAREST</p> <p><b>METHOD OF DRILLING (circle one)</b></p> <p>BORED (or Augered) <u>JETTED</u> Jetted &amp; DRIVEN</p> <p>30 AIR-ROTary <u>AIR-PERCussion</u> ROTARY (Hydraulic Rotary)</p> <p>37 CABLE <u>REVerse-ROTary</u> DRive-POINT</p> <p>other _____</p> <p><b>REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)</b></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>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</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 _____ 52</p> <p><b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b></p> <p>APPROP. PERMIT NUMBER <u>HO 3007 G002</u></p> <p>PERMIT No. <u>HO - 95 - 0660</u></p> <p>70 71 72 73 74 75 76 77 78 79</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> <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> <p><u>Union Chapel Rd</u></p> <p><u>McNeary Rd</u></p> <p><u>97</u></p> <p><u>97</u></p>
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SPECIAL CONDITIONS Drill wells per Prelim. Plan P-06-03 signed 8/21/06

INSTRUCTIONS - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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  
Chesapeake Beach 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 Blain 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: K. Howard Hanks Telephone #: 301 772 8900  
Subdivision: Bellhaven Lot #: 6 Well Tag #: HO-95-0660  
Site Address: 15331 Sweetbay St  
Woodbine MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit

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

Model #: 7650 2422 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: 265 (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 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" 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 6/8/13

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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BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
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**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: Bentley's Plumbing Telephone #: 301-428-3900  
Address: 23407 - Clarksburg RD 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): 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-HOX HOMES Telephone #: 240-882-7662  
Subdivision: Bell Haven Lot #: 6 Well Tag #: HO-95-0660  
Site Address: 15331 Sweetbay

**Submersible Pump Data**

Make: Sorbus  
Model #: 76507422C  
Pump Capacity: 10 GPM  
Well Yield: 58 GPM

**Pitless Adapter**

Make: Campbell  
Model #: PA800SS  
Depth: 42" (36" min)  
NSF/WSC approved:     

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 200 (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 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: Polydend (PEP)  
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: 201 water line under footers  
sleeved

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: 1-24-13

Well Hit

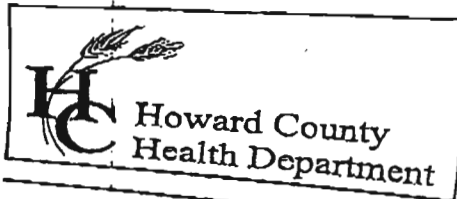
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested:      Date Insp. Approved: 4/23/13 Inspector: [Signature]

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

Cap Broken - casing Broken  
Not Attached  
Tag Not Attached  
under footer

Fixed  
5/22/13



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:

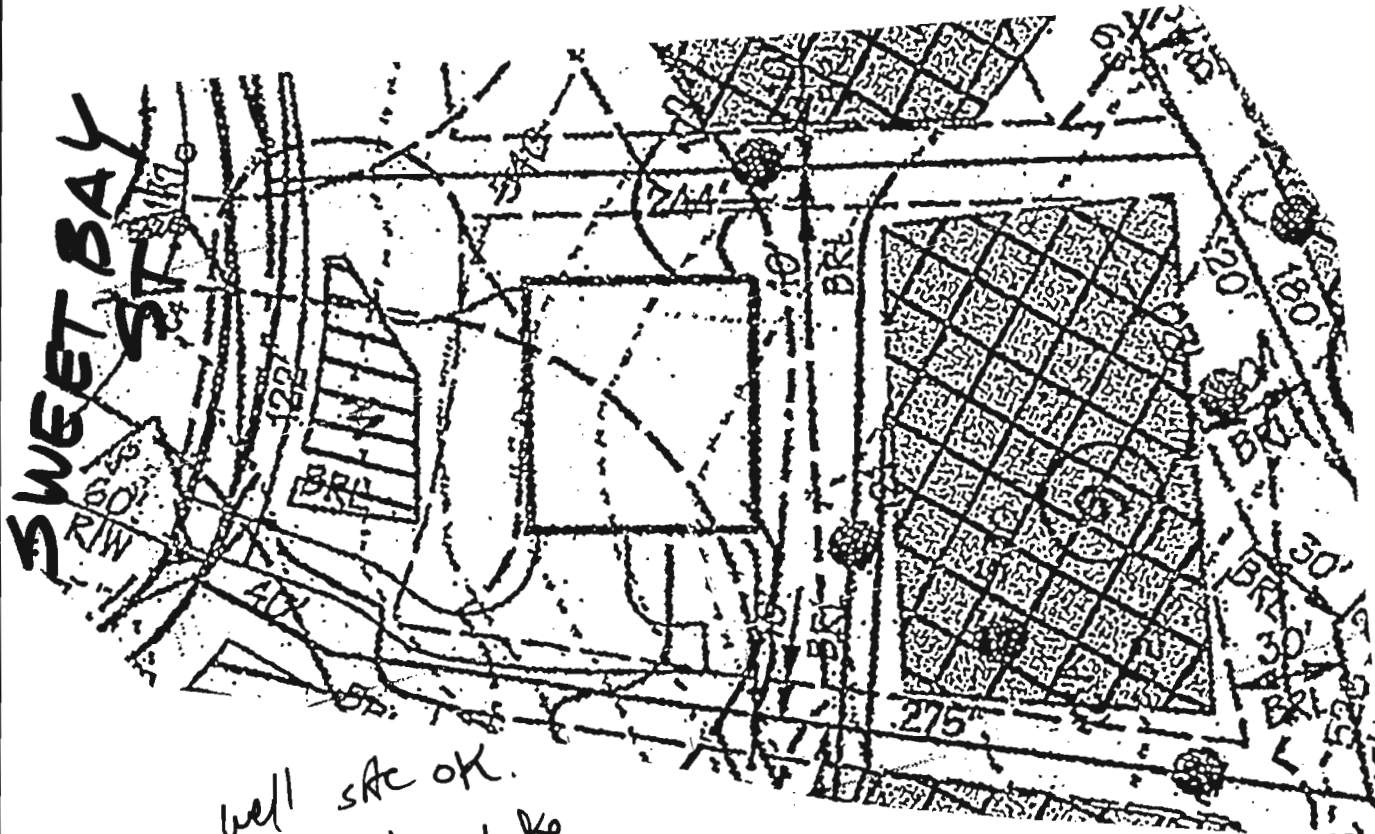
Belle Haven Estates	Lots 1-46	Union Chapel Road
Subdivision/Property Name	Lot#	Road Name

☒ 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



well site OK.  
 DMW to stake  
 loc. (KW)  
 2/2/06

BELLE HAVEN ESTATES

LOT 6

**DMW**

Daft-McCune-Walker, Inc.

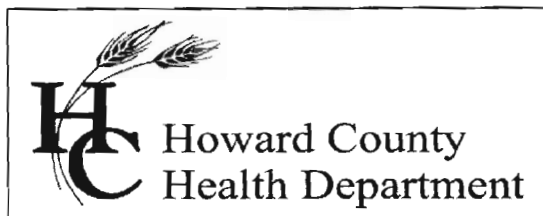
200 East Pennsylvania Avenue  
 Towson, Maryland 21286  
 (410) 296-3333  
 Fax 296-4705

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

Job No. 01067	Scale: 1"=50'	Date: 12/26/06	Drawn By: MDT
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N:\01067\01067FLot Wells\FINAL\Lot06.dgn

Tue Feb 13 10:26:24 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

### **INTERIM CERTIFICATE OF POTABILITY** **PERMANENT DEVIATION FOR NITRATES**

Expiration Date – December 10<sup>th</sup>, 2013

June 10<sup>th</sup>, 2013

Homeowner  
15331 Sweetbay Street  
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 6**  
**15331 Sweetbay Street**  
**Building Permit: B12003747**  
**Well Permit: HO-95-0660**

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 **4/23/2013**. Final approval of the well line connection to the dwelling was granted on **5/28/2013**. The well construction was completed on **3/5/2007**. Water samples were collected on **6/4/2013 & 6/6/2013**.

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.

The untreated water sample collected on **6/4/2013** indicated a nitrate level of **14.3 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.** After installation of a nitrate removal device (water softener), a post-treatment water sample was collected on **6/6/2013** and indicated a nitrate level of **9.4 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

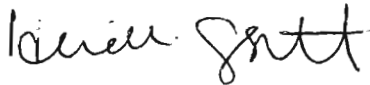
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-0660. 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 quality 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,



Heidi Scott, 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 #: 89488 Account #: 3340  
Reference: Bell Haven Lot 6 Company: Ben Lewis Plumbing  
Location: 15331 Sweetbay Street Requested By: Steven Norris  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 6/6/2013 0815 Site: Hallway Bathroom Tap  
Date/Time Rec'd: 6/6/2013 0945 Treatment: Softener Bypassed  
Chlorine ppm: Free: ND Total: ND pH: 4.8  
Collected By: C. Blair 1430CB Well #: HO-95-0660

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	6/7/2013 / 1000 / LLO
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	6/7/2013 / 1000 / LLO
Nitrate	✓ 9.40	mg/L	10	601	6/6/2013 / 1100 / CCH
Turbidity	✓ 1.32	NTU	<10	SM18 2130B	6/6/2013 / 1201 / JKW
Sand	✓ NS	mg/L	5	Visual/Gravimetric	6/6/2013 / 1201 / JKW

Results OK  
6/10/13 HS

**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 # : 12003747

Date Reported: 6/7/2013

# 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 #: 89455 Account #: 3340  
Reference: Bell Haven Lot 6 Company: Ben Lewis Plumbing  
Location: 15331 Sweetbay Street Requested By: Steven Norris  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 6/4/2013 1300 Site: Downstairs Bathroom Tap  
Date/Time Rec'd: 6/4/2013 1518 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: C. Blair 1430CB Well #: HO-95-0660

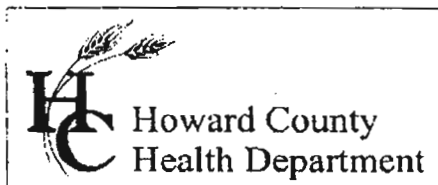
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/5/2013 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/5/2013 / 1000 / CCH
Nitrate	14.3	mg/L	10	601	6/4/2013 / 1610 / BCD
Turbidity	0.86	NTU	<10	SM18 2130B	6/4/2013 / 1610 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	6/4/2013 / 1530 / BCD

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

Reason for Test : Use & Occupancy  
Building Permit # : 12003747

Date Reported: 6/6/2013



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

**REQUEST FOR PERMANENT DEVIATION TO  
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 6/7/13 WELL PERMIT #: HO - 95 - 0660  
PROPERTY OWNER: DAVID & Jennifer Friedman  
SUBDIVISION & LOT #: Belle Haven, Lot 4  
PROPERTY ADDRESS: 15331 Sweetbay Street, Woodbine, MD 21797

**CONDITIONS:**

- 1) The well installed under permit # HO - 95 - 0660 has been documented to have a nitrate level of 14.3 ppm, which exceeds the MCL of 10 ppm.
- 2) After installation and operation of a nitrate filtration system, water samples collected on 6/6/13 indicated that the nitrate contamination has been reduced to 9.4 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95 - 0660. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

David Friedman Jennifer Friedman

Prospective Owner's Day Time Phone Number(s)

917-576-0629

917-232-0059