

C1 8625 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 13 A516057

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY  
DATE Received  
MM DO YY  
8 13

DATE WELL COMPLETED  
MM DO YY  
04 27 2007

Depth of Well  
22 300 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0 - 95 - 0633

OWNER Bewley John and George  
STREET OR RFD Sweetbay Street TOWN Woodbine  
SUBDIVISION Belle Haven Estates SECTION 25 LOT 25

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) ☒ Y ☐ N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT ☒ CM BENTONITE CLAY ☐ BC  
NO. OF BAGS 15 NO. OF POUNDS 1500  
GALLONS OF WATER 40  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

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	12	
Brown Shale	12	40	
Soft Brown Shale	40	60	
Gray Rock	60	300	x

water at 116'

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) 6  
Total depth of main casing (nearest foot) 63  
60 61 63 64 66 70

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

SCREEN RECORD  
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 ☒ Y ☐ 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. 1 M S D 162

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 A W D 766

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

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

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

70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 8.57  
METHOD USED TO MEASURE PUMPING RATE Submersible  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 28 ft.  
WHEN PUMPING 142 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

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.

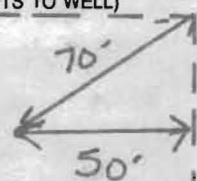
CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon) 31 35

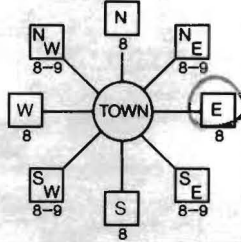
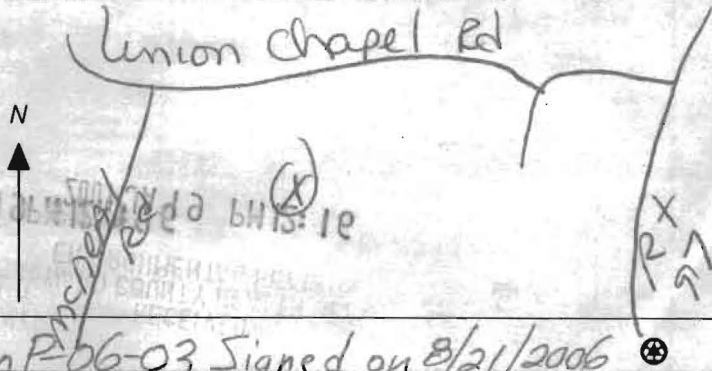
PUMP HORSE POWER 37 41

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)



<b>B 1</b> 1 2 3 4 5 6 <b>9150</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>526193</b>	STATE PERMIT NUMBER <b>HO-95-0633</b> <small>70 fill in this form completely 79</small>
<b>OWNER INFORMATION</b> Date Received (APA) _____ 8 MM DD YY 13 <b>Grayson Homes</b> 15 Last Name Owner First Name 34 <b>9025 Chevrolet Drive</b> 36 Street or RFD 55 <b>Ellicott City MD 21043</b> 57 Town 70 State 72 Zip 76		<b>LOCATION OF WELL</b> <b>B Howard</b> 8 COUNTY 21 <b>Belle Haven Est</b> 23 SUBDIVISION 42 SECTION 44 46 LOT <b>25</b> 48 50 <b>Woodbine</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>2</b> M I 73 76 77 78	
<b>DRILLER INFORMATION</b> <b>Michael D. Isom</b> MS D <b>162</b> Driller's Name 76 License No. 81 <b>G. Edgar Harr/Song Corp.</b> Firm Name <b>12047 Falls Road, Cockeysville 21030</b> Address <b>12/26/06</b> Signature Date		<b>B 4</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 <b>750</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		<b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> <b>Sweetbay Street</b> <b>Union Chapel Road</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 37 DISTANCE FROM ROAD <b>100</b> FT ENTER FT OR MI 38 39 TAX MAP: <b>14</b> BLK: <b>20</b> PARCEL <b>66</b>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <b>Howard (13) A516057</b> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <b>2/13/2007</b> <b>Brian Baker</b> <b>2/13/2008</b> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <b>531</b> 0 0 0 EAST GRID <b>787</b> 0 0 0 50 55 57 63	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <b>JETTED</b> Jetted & <b>DRIVEN</b> 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>787</b> N <b>531</b> 000 000	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 39 <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		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <b>Union Chapel Rd</b> 	
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b>			
APPROP. PERMIT NUMBER <b>H02007-G002</b> PERMIT No. <b>HO-95-0633</b> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small> <b>Well to be Drilled Per Plan P-06-03 Signed on 8/21/2006</b>			

# HARR WELL DRILLING

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

## HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 4-26-07	Permit Number: HO-95-0633
Address: Sweetbay Street	Subdivision: Belle Haven Est L#25
Owner Name: Grayson Homes	Election District:
Well Depth: 300 Ft	Static Water Level: 28 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
1145	28 ft		20 sec	15.00
1200	96		22	13.63
1215	115		27	11.11
1230	121		28	10.71
1245	136		33	9.09
1300	138		33	9.09
1315	142		35	8.57
1330	142		35	8.57
1345	142		35	8.57
1400	142		35	8.57
1415	142		35	8.57
1430	142		35	8.57
1445	142		35	8.57

BB

LOT 25

# DMIW

**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**

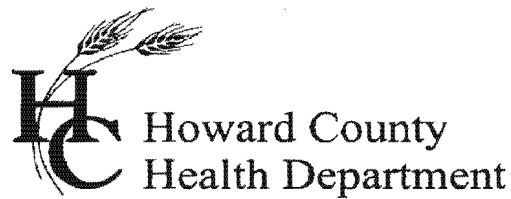
Job No. 01067

Scale: 1"=50'

Date: 12/26/06

Drawn By: MDT





## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
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 – July 23, 2015

January 23, 2015

Homeowner  
15280 Sweetbay Street  
Woodbine, MD 21797

**RE: Belle Haven Est., Lot 25**  
**15280 Sweetbay Street**  
**Building Permit: B13001656**  
**Well Permit: HO-95-0633**

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 **01/15/2015**. Final approval of the well line connection to the dwelling was granted on **06/02/2014**. The well construction was completed on **04/27/2007**. Water samples were collected on **08/19/2014, 08/22/2014 and 01/16/2015**.

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 **08/19/2014** indicated a nitrate level of **11.7 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 (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **01/16/2015** and indicated a nitrate level of **<1.0 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.

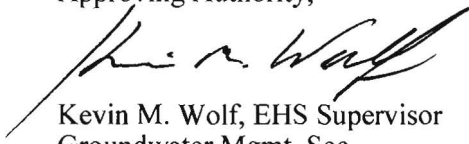
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-0633. 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.**

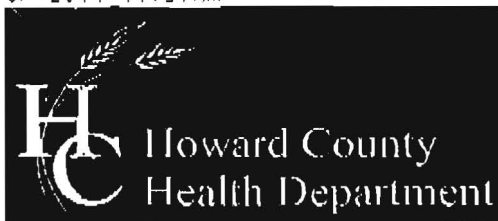
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Kevin M. Wolf, EHS Supervisor  
Groundwater Mgmt. Sec  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



5558 BUREAU OF ENVIRONMENTAL HEALTH 000063

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

BH25

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

**OPERATION AND MAINTENANCE AGREEMENT  
FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM  
HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 29<sup>th</sup> day of April 2014 among K. Romanian House of Maryland LLC, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 15280 Sweetbay Street, Woodrow, MD 21797, in the 4<sup>th</sup> Election District of Howard County, Maryland, and the deed to same is recorded or shall be recorded among the Land Records of Howard County, Maryland in Liber 15508 Folio 136. 10-25

WHEREAS, The Lot is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013.

NOW, THEREFORE, the parties hereto agree as follows:

A. Owner hereby grants to the County the right to enter upon the Lot at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County to develop accurate and thorough test results.

B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.

C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.

D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.

E. This agreement shall run with the land and upon Owner's taking title to the Lot shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as

20  
40  
8E

long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Lot that the system shall require maintenance or other attention. Upon taking title to the Lot, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.


G. This agreement may be voided at any time at the discretion of the County.

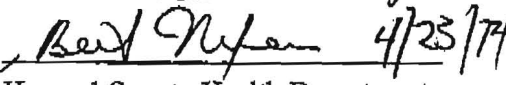
H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

  
Owner V. P. K. Hovnanian Date 4/24/14  
Hovnanian Homes of  
MD 1 LLC  
OF MARYLAND  
Stewart S. Hovnanian Jr.

  
Howard County Health Department 4/23/14

Owner

Date

LR - Agreement  
Recording Fee 20.00  
Grantor/Grantee Name:  
K Hovnanian Homes of  
MD 1 LLC  
Reference/Control #:  
62  
LR - Agreement  
Surcharge 40.00  
SubTotal: 60.00  
Total: 180.00  
#2720503-1  
04/28/2014 11:36  
0013-JE  
#2720503 000503 -  
Howard Co  
Columbia/0005.03.02 -  
Register 02 494



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# MSP216

\*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. Homanian Homes Telephone #: 240-882-7662  
Subdivision: Belle Haven Lot #: 24 Well Tag #: HO-95-0632  
Site Address: 15293 Sweetbay St  
Woodbine, MD. 21797

Submersible Pump Data

Make: Flint and Walling

Model #: 4F10 G07-305

Pump Capacity 10 GPM

Well Yield: 10 GPM

Depth of well encountered at time of pump installation: 300 (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 ✓

Pitless Adapter

Make: Bostort

Model#: P10055

Depth: 36" (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: ✓

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: ✓

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

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: [Signature] date 5-14-14

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

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 25 Well Tag #: HO 95-0633  
Site Address: 15280 Sweetbay St

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF 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 or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve (5 foot minimum): \_\_\_\_\_

Depth of supply line: \_\_\_\_\_ (36" min)

Sleeve caulked and 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 \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 6/2/2014 BB

Inspection Data: Pitless adapter and 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

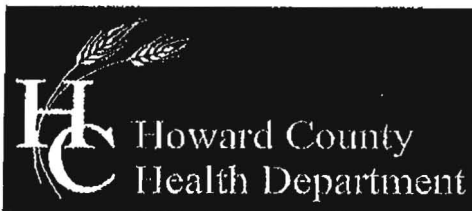
Safety rope installed inside of well casing

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

✓  
✓  
✓  
✓  
✓  
✓



Bureau of Environmental Health

8930 Stanford Drive, Columbia, MD 21045  
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Facebook: www.facebook.com/hcopenhalth  
Twitter: HowardCoHealthDep

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

REQUEST FOR TEMPORARY DEVIATION TO  
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 12/12/14 WELL PERMIT #: HO - 95 - 0033

PROPERTY OWNER: K. Mouradian Homes of MD LLC

SUBDIVISION & LOT #: Belle Haven + lot 25

PROPERTY ADDRESS: 15280 SWEET BOX STREET  
Woodbine, MD 21797

TESTIMONIAL: (Steps to be taken by the well owner or agent to bring the well into compliance with COMAR 26.04.04.09 (B) within fifteen (15) days)

INSTALL R/O SYSTEM  
Kitchen Sink + Fridge water line

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 95 - 0033 will be documented to have a nitrate level of 10 ppm or less at the primary drinking tap as a result of installation of a nitrate filtration system.
- 2) If the nitrate condition cannot be remediated to a level of 10 ppm or less via installation of a filtration system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 be granted for the well installed under permit # HO - 95 - 0033. 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)

Steve Snyder

Prospective Owner's Day Time Phone Number(s)

\_\_\_\_\_

# 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 #: 95707 Account #: 3192  
Reference: Belle Haven Lot 25 Company: Northern Virginia Drilling  
Location: 15280 Sweet Bay Street ✓ Requested By: Dick Trelease  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 8/19/2014 1012 Site: Downstairs Powder Room Sink  
Date/Time Rec'd: 8/19/2014 1255 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.6  
Collected By: R. Ott 4269RO Well #: HO-95-0633

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/20/2014 / 0830 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/20/2014 / 0830 / LLO
Nitrate	11.7	mg/L	10	601	8/20/2014 / 1025 / CRS
Turbidity	0.76	NTU	<10	SM18 2130B	8/20/2014 / 0928 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	8/20/2014 / 0928 / JKW

### 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 # : B13001656

Date Reported: 8/20/2014

# 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 #: 95821 Account #: 3192  
Reference: Belle Haven Lot 25 Company: Northern Virginia Drilling  
Location: 15280 Sweet Bay Street Requested By: Dick Trelease  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 8/22/2014 1420 Site: Powder Room  
Date/Time Rec'd: 8/22/2014 1555 Treatment: Softener/Neutralizer bypassed  
Chlorine ppm: Free: ND Total: ND pH: 6.0  
Collected By: C. Holland 0547CH Well #: HO-95-0633

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	11.9	mg/L	10	601	8/22/2014 / 1630 / CRS

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B13001656

Date Reported: 8/25/2014



# 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 #:	98598	Account #:	3192
Reference:	Belle Haven Lot 25	Company:	Northern Virginia Drilling
Location:	15280 Sweet Bay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	1/16/2015 1200	Site:	R/O Tap
Date/Time Rec'd:	1/16/2015 1321	Treatment:	Softener/Neutralizer/Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	6.5
Collected By:	J. Yeager 6176JY	Well #:	HO-95-0633

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	1/16/2015 / 1600 / CRS

OK  
- K. Mel

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B13001656

Date Reported: 1/19/2015