

C 1	8601	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	A516057
ST/CO USE ONLY DATE Received MM DO YY 8 13		DATE WELL COMPLETED MM DO YY 03 23 2007		Depth of Well 22 200 26 (TO NEAREST FOOT)		
				PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0653		

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

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 FROM TO	check if water bearing
Soil	0 12	
Soft Shale	12 25	
Brown Shale	25 46	
Gray Rock	46 200	x
water at 163'		

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>	
NO. OF BAGS 45 NO. OF POUNDS 1350	
GALLONS OF WATER 18	
DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 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) 50	
OTHER CASING (if used) diameter inch depth (feet) from to	
SCREEN RECORD	
screen type or open hole insert appropriate code below	
STEEL <input checked="" type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/>	
PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>	

PUMPING TEST	
HOURS PUMPED (nearest hour) 3	
PUMPING RATE (gal. per min.) 17.64	
METHOD USED TO MEASURE PUMPING RATE Submersible	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING 21 ft.	
WHEN PUMPING 56 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 <input checked="" type="checkbox"/> no <input type="checkbox"/>
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 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	
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 49 below 49	
LAND SURFACE (nearest foot) 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)	
Well is in the center of the well area.	

C 1 8601

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A516057

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
03 15 2007

Depth of Well

22 200 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"H0 95 0655
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOcheck
if water
bearingSoil
Soft Shale
Brown Shale
Gray Rock0 12
12 25
25 46
46 200 x

water at 163'

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CMBENTONITE CLAY ☒ BC

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER 78

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below☒ ST
STEEL☒ CO
CONCRETE☒ PL
PLASTIC☒ OT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)PL 6 50
60 61 63 64 66 70E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

☒ ST
STEEL☒ BR
BRASS☒ HO
OPEN
HOLE☒ PL
PLASTIC☒ OT
OTHER

C 2

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

☒ 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
WELLI 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 1

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 AWD 766 1

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

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

17.64

METHOD USED TO

MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING

21

ft.

WHEN PUMPING

56

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

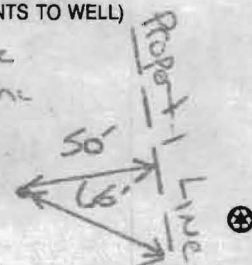
CASING HEIGHT

(circle appropriate box
and enter casing height)☒ + above☒ - below

LAND SURFACE

(nearest
foot)

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)Well is in the
center of the
Well Area.

B 1		9151		SEQUENCE (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL		STATE PERMIT NUMBER 40-95-0655 <small>fill in this form completely</small>	
						please type 526193			
Date Received (APA) 11/19/07					B 3 LOCATION OF WELL				
OWNER INFORMATION					Howard				
8 MM DD YY 13					8 COUNTY 21				
Grayson Homes					Belle Haven Est				
15 Last Name Owner First Name 34					23 SUBDIVISION 42				
9025 Chevrolet Drive					SECTION 44 46 LOT 1 48 50				
36 Street or RFD 55					Woodbine				
Ellicott City MD 21043					52 NEAREST TOWN 71				
57 Town 70 State 72 Zip 76					MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78				
DRILLER INFORMATION					B 4				
Michael D. Isom MS D 162					1 2				
Driller's Name 76 License No. 81					DIRECTION OF WELL FROM TOWN (CIRCLE BOX)				
G. Edgar Harr Sons' Corp.									
Firm Name									
12047 Falls Road, Cockeysville 21030									
Address					Union Chapel Road 30				
Signature 12/26/06					11 NEAR WHAT ROAD				
Date					ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
B 2 WELL INFORMATION					NORTH N				
APPROX. PUMPING RATE (GAL. PER MIN.) 5					WEST W				
8 750 12					EAST E				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20					SOUTH S				
USE FOR WATER (CIRCLE APPROPRIATE BOX)					DISTANCE FROM ROAD ENTER FT OR MI 38 39				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION					TAX MAP: 14 BLK: 20 PARCEL 66				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)					NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A 516057 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 2/21/07 John Wall 2/21/08 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 530 000 EAST GRID 0785 000 50 55 57 63				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING									
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL									
<input type="checkbox"/> TEST, OBSERVATION, MONITORING									
<input type="checkbox"/> GEO-THERMAL									
APPROXIMATE DEPTH OF WELL 300 FEET					SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 0 3. 0 WRITE THE BOX NUMBER FROM THE MAP HERE E 7845 N 530 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 				
APPROXIMATE DIAMETER OF WELL 6 INCH									
METHOD OF DRILLING (circle one)									
BORED (or Augered) JETTED Jetted & DRIVEN									
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)									
37 CABLE REVERSE-ROTARY DRIVE-POINT									
other									
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									
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									
<input type="checkbox"/> THIS WELL WILL DEEPEN 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 402007-G002									
PERMIT No. 40-95-0655									
SPECIAL CONDITIONS Drill wells per 'P' Plan P-06-03 signed 8/21/06									

HARR WELL DRILLING

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

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 4-4-07
Address: Union Chapel Road
Owner Name: Grayson Home
Well Depth: 200 Ft

Permit Number: HA-95-0655
Subdivision: Belle Haven Est L#1
Election District:
Static Water Level: 21 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
1030	21 ft		17 sec	17.64
1045	55		17	17.64
1100	55		17	17.64
1115	55		17	17.64
1130	55		17	17.64
1145	56		17	17.64
1200	56		17	17.64
1215	56		17	17.64
1230	56		17	17.64
1245	56		17	17.64
1300	56		17	17.64
1315	56		17	17.64
1330	56		17	17.64

HARR WELL DRILLING

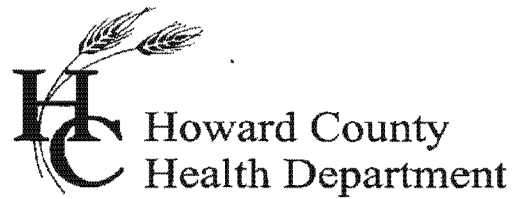
12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

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1045	55		17	17.64
1100	55		17	17.64
1115	55		17	17.64
1130	55		17	17.64
1145	56		17	17.64
1200	56		17	17.64
1215	56		17	17.64
1230	56		17	17.64
1245	56		17	17.64
1300	56		17	17.64
1315	56		17	17.64
1330	56		17	17.64



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 – JULY 9, 2013

January 9, 2013

Homeowner
15320 Sweetbay Street
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 1
15320 Sweetbay Street
Building Permit: B12001154
Well Permit: HO-95-0655**

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 **8/15/2012**. Final approval of the well line connection to the dwelling was granted on **7/16/2012**. The well construction was completed on **3/15/2007**. Water samples were collected on **12/10/2012**.

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-95-0655. 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 black ink, appearing to read "Robert Bricker". The signature is fluid and cursive, with the first name "Robert" and last name "Bricker" clearly distinguishable.

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

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

**CATOCTIN LABS, INC.**

8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-5323
FAX (301) 271-9060

FIELD RECORD

Customer: Ben Lewis Plumbing
15320 Sweetbay Street
Woodbine, MD 21797

Date: December 10, 2012
Time: 11:30
Type: 0

County: Howard

Source: Bathroom Sink in Hallway

Well No:

Bottle No: 4PA

Reason For Sample: COP - Certificate of Potability

Treatment: Raw ✓

Collector: Chris Blair

Residual Cl: ?

Iced: Yes

pH:

EPA acceptable range for pH is 6.5 - 8.5

State Certification No: 1430CB

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 15:48

12/10/2012

Examined: 15:48 12/10, 12/11

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
P/A Coliform	SM 9223	Absent	Absent ✓
P/A E. coli	SM 9223	Absent	Absent ✓
Nitrate	EPA 353.2	10.0 mg/L Maximum	2.8 mg/L ✓
Sand	SM 2540 F	No Trace	0.0 ✓
Turbidity	SM 2130 B	5.0 NTU Max (10.0 C.O.M.)	1.3 NTU ✓

Bacteriological analysis of this sample, on this specified date, indicates the water is
for human consumption, according to APHA/EPA Standards.

SAFE

Analyst

Denise Shuman

Date: December 11, 2012

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T

**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 #: _____ Well Tag #: HO - 95-0655 ✓

Site Address: 15320 Sweetbay

Submersible Pump Data

Make: _____

Model #: _____

Pump Capacity _____ GPM

Well Yield: _____ GPM

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 _____

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: _____

Piping to house

Type: _____

PSI: _____ (160 psi min)

Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____

Approximate length of sleeve: _____

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: 7/16/12

Date Insp. Approved: 7/16/12 OK (KW)

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

January 9, 2013

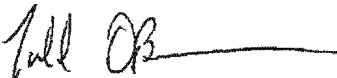
To: Howard County Health Dept./Mr. Kevin Wolf
Ref: 15320 Sweetbay St., Woodbine, MD 21797

Mr. Wolf,

It is our understanding and we acknowledge that on lot1, 15320 Sweetbay St., potential repairs in 15-20 years could require a pump at one of the possible reserve areas for the septic system that has been designed/installed on this property.

Sincerely,

Todd O'Brien

A handwritten signature in black ink, appearing to read "Todd O'Brien", followed by a horizontal line.

Community Construction Manager
K. Hovnanian Homes

[illegible]

LOT 1

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

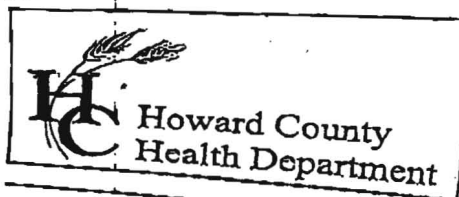
Scale: 1"=50'

Date: 12/26/06

Drawn By: MDT

N:\01067\01067F\Lot Wells\FINAL\Lot01.dgn

Tue Feb 13 10:21:28 2007



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:	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