

8635 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE C1 1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) ST/CO USE ONLY DATE Received DATE WELL COMPLETED DATE 06 07 2007 Depth of Well 22 240 26 6/21/07 PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0643 COUNTRY NUMBER 13 A516057 OWNER Bewley John and George STREET OR RFD Sweetbay Street TOWN Woodbine SUBDIVISION Belle Haven Estates SECTION LOT 35

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 18 Soft Brown Shale 18 37 Gray Rock 37 240 x water at 156'

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT C M BENTONITE CLAY B C NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 12 DEPTH OF GROUT SEAL (to nearest foot) from 0 48 TOP 52 ft. to 42 54 BOTTOM 58 ft. (enter 0 if from surface) CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 42 OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G

C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 13 11 15 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 15 17 20 ft. WHEN PUMPING 59 22 25 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 162 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D 766 David Hale SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.) 42 240 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 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 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 - below 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) 120' 110' Prop Lines

B 1	9182	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 526193 please type	STATE PERMIT NUMBER <b>40-95-0643</b> <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name <u>Grayson Homes</u>		34 First Name		
36 Street or RFD <u>9025 Chevrolet Drive</u>		55		
57 Town <u>Ellicott City</u>		70 State <u>MD</u>	72 Zip <u>21043</u>	76
DRILLER INFORMATION				
Driller's Name <u>Michael D. Isom</u>		MS D 162 License No. 81		
Firm Name <u>G. Edgar Harr Sons' Corp.</u>				
Address <u>12047 Falls Road, Cockeysville 21030</u>				
Signature <u>[Signature]</u>		Date <u>12/26/06</u>		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u>		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN				
AIR-ROTary <u>AIR-PERCussion</u> ROTARY (Hydraulic Rotary)				
CABLE <u>REverse-ROTary</u> 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				
<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 DEEPMEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPMEN (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER <u>H02007G002</u>				
PERMIT No. <u>40-95-0643</u>				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

LOCATION OF WELL

Howard

8 COUNTY 21

Belle Haven Est

23 SUBDIVISION 42

SECTION 44 46 LOT 35 48 50

Woodbine

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

Sweetbay Street

Union Chapel Road

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH 40 WEST 32 EAST 37 SOUTH 38

DISTANCE FROM ROAD ENTER FT OR MI 41

TAX MAP: 14 BLK: 20 PARCEL 66

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A516057

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 2/13/2007 CO SIGNATURE Brian Baker EXP. DATE 2/13/2008

43 MM DD YY 48

NORTH GRID 530 000 55 EAST GRID 787 000 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Well

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 787

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

Union Chapel Rd

McDeer Rd

N

000 000

1 0

Rx

an

# HARR WELL DRILLING

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

## HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 6-06-07  
Address: Sweetbay Street  
Owner Name: Grayson Homes  
Well Depth: 240 Ft

Permit Number: HO-95-0643  
Subdivision: Belle Haven Est L#35  
Election District:  
Static Water Level: 15 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
1145	15 sec		22 sec	13.63
1200	39		22	13.63
1215	39		22	13.63
1230	39		22	13.63
1245	44		22	13.63
1300	47		22	13.63
1315	50		22	13.63
1330	56		22	13.63
1345	59		22	13.63
1400	59		22	13.63
1415	59		22	13.63
1430	59		22	13.63
1445	59		22	13.63

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 O  
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# MSD214

\*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. Hannan Homes Telephone #: 240-882-7662  
Subdivision: Belle Haven Lot #: 35 Well Tag #: HO-95-0643 ✓  
Site Address: 15255 SWEETHAV 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>Bostart</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>4F10507</u>	Model#: <u>P10055</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>10</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>12.63</u> GPM	NSF/WSC approved: <u>✓</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>240'</u> (feet)		Conduit secured to well cap: <u>✓</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
<u>Torque arrestors</u> , 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> ✓		

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: ✓

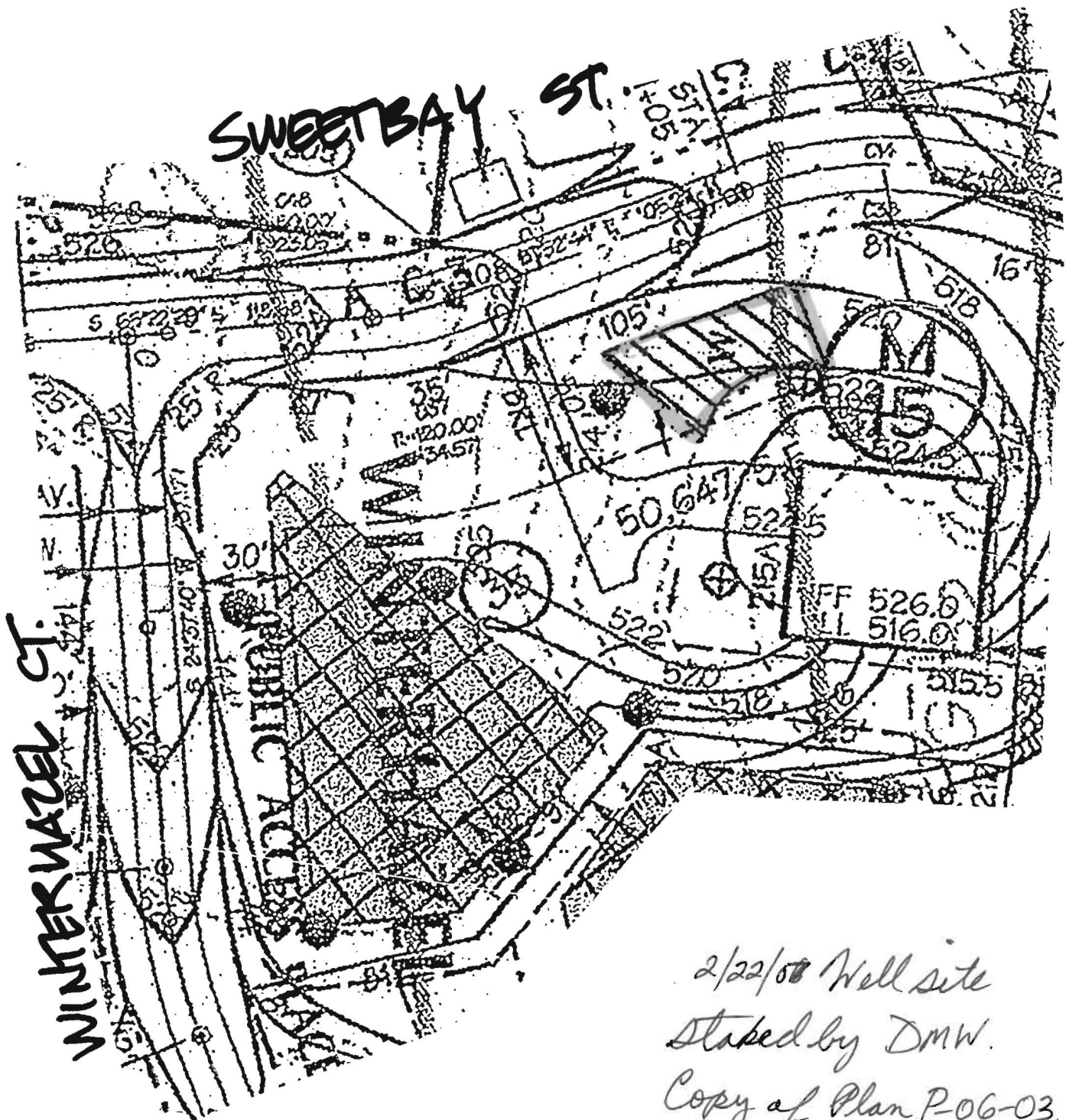
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Shawn Miller date: 10-9-14

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

Date Insp. Requested: 10/17/14 Date Insp. Approved: 10/17/14 Inspector: SC/RR  
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 ✓





BELLE HAVEN ESTATES

LOT 35

**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

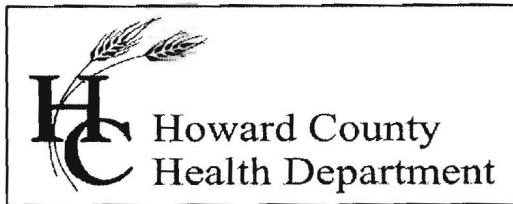
Scale: 1"=50'

Date: 12/26/06

Drawn By: MDT

N:\01067\01067F\Lot Wells\FINAL\Lot35.dgn

Tue Feb 13 10:57:44 2007



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-2640 | 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**

**Expiration Date – NOVEMBER 14, 2015**

May 14, 2015

Homeowner  
15225 Sweetbay Street  
Woodbine, MD 21797

**RE: Belle Haven Est., Lot 35  
15225 Sweetbay Street  
Building Permit: B14002148  
Well Permit: HO-95-0643**

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 **5/13/2015**. Final approval of the well line connection to the dwelling was granted on **10/17/2014**. The well construction was completed on **6/7/2007**. Water samples were collected on **2/4/2015**.

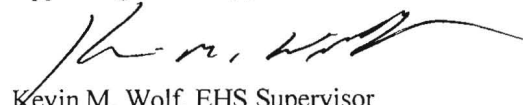
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0643. 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 'Kevin M. Wolf', with a long, sweeping horizontal stroke extending to the right.

Kevin M. Wolf, EHS Supervisor  
Environmental Health Specialist  
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 #:	98845	Account #:	3192
Reference:	Belle Haven Lot 35	Company:	Northern Virginia Drilling
Location:	15255 Sweetbay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	2/4/2015 1340	Site:	Powder Room
Date/Time Rec'd:	2/4/2015 1520	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	B. Dutterer 4717BD	Well #:	HO-95-0643

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/5/2015 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/5/2015 / 0930 / CCH
Nitrate	8.72	mg/L	10	601	2/4/2015 / 1615 / CRS
Turbidity	6.65	NTU	<10	SM18 2130B	2/4/2015 / 1715 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	2/4/2015 / 1715 / CRS

**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 # : B14002148

Date Reported: 2/5/2015