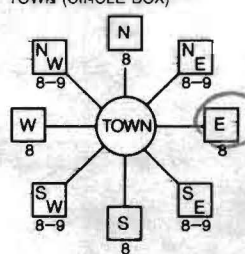
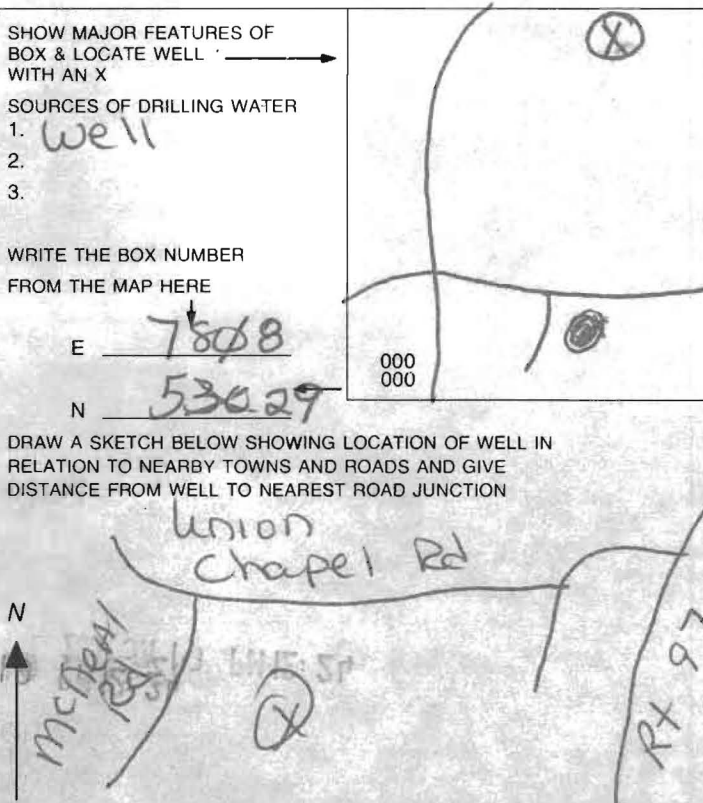
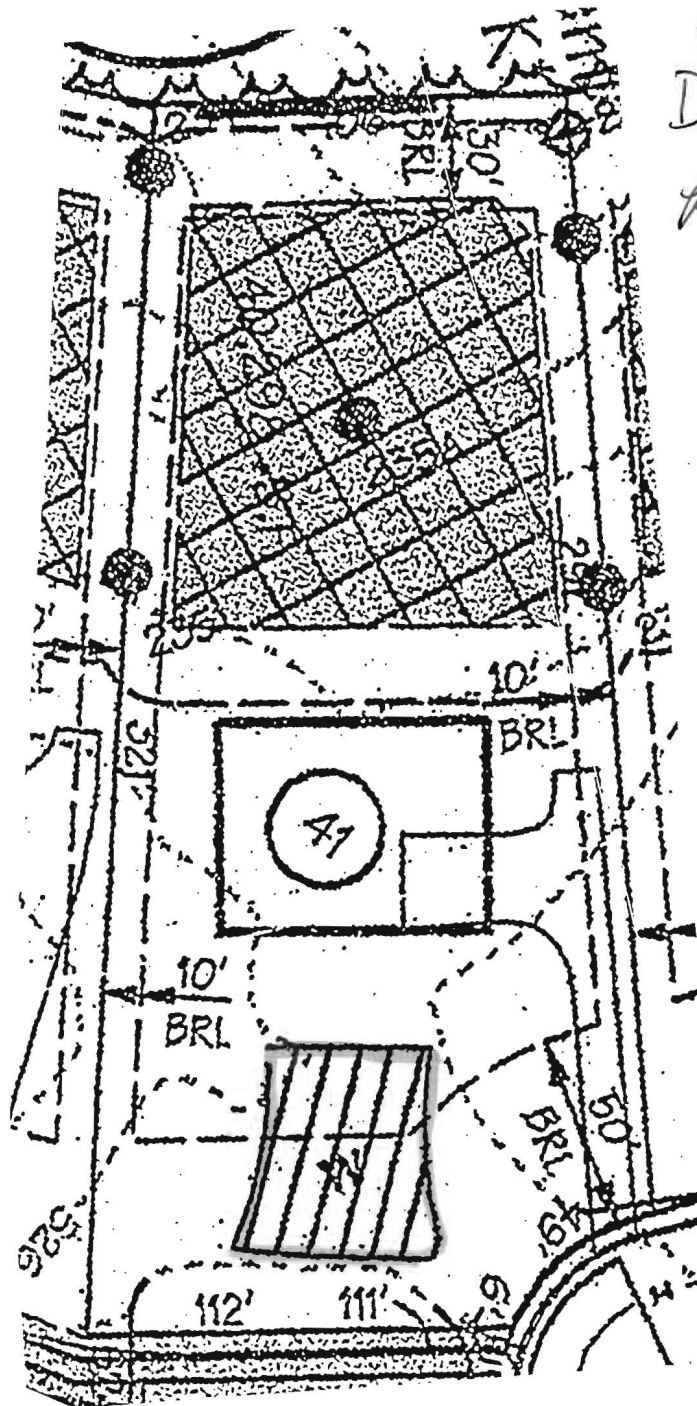


1 6493	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526193 please type	STATE PERMIT NUMBER H0-95-0649 fill in this form completely
Date Received (APA) 8 MM DD YY 13 Grayson Homes 15 Last Name Owner First Name 34 9025 Chevrolet Drive 36 Street or RFD 55 Ellicott City MD 21043 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 Belle Haven Est 23 SUBDIVISION 42 SECTION 44 46 LOT 41 48 50 Woodbine 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78	
DRILLER INFORMATION Michael D. Isom M S D 162 Driller's Name 76 License No. 81 G. Edgar Harr Sons Corp. Firm Name 12047 Falls Road, Cockeysville 21030 Address Signature [Signature] Date 1/10/07		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 Sweetbay Street Union Chapel Road ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 70 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 14 BLK: 20 PARCEL 66	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 750		USE FOR WATER (CIRCLE APPROPRIATE BOX) <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	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		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 Brian Baber 2/13/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 529 000 EAST GRID 788 000 50 55 57 63	
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 _____		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 7808 N 53029 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 DEEPEM 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 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H02007G.002 PERMIT No. H0-95-0649 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS Well To Be Drilled Per Plan P-06-03 Signed on 8/21/2006 NOTE - APPROVING AUTHORITY SHOULD USE APPROPRIATE SHEET NUMBER			

2/23/07 Well
 Site staked by
 DMW. Copy of
 plan P-06-03.

(BB)



BELLE HAVEN ESTATES

LOT 41

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\01067FLot Wells\FINAL\Lot41.dgn

Tue Feb 13 11:02:20 2007

HARR WELL DRILLING
12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 5-22-07 Permit Number: HO-95-0649
Address: Union Chapel Rd Subdivision: Belle Haven Est lot 41
Owner Name: Grayson Homes Election District:
Well Depth: 240 Ft Static Water Level: 33 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0830	33 ft		20 sec	15.00 gpm
0845	77		20	15.00
0900	77		20	15.00
0915	77		20	15.00
0930	78		20	15.00
0945	78		20	15.00
1000	78		20	15.00
1015	78		20	15.00
1030	78		20	15.00
1045	78		20	15.00
1100	78		20	15.00
1115	78		20	15.00
1130	78		20	15.00
1145	78		20	15.00

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# 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. Homanian Homes Telephone #: 240-882-7662
Subdivision: Belle Haven Lot #: 41 Well Tag #: HO-95-0649 ✓
Site Address: 15229 Sweet May St
Woodbine MD 21797

Submersible Pump Data

Make: Flint and Walling
Model #: 4F10SD7
Pump Capacity 10 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Boschert
Model#: P100SS
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: ✓

Depth of well encountered at time of pump installation: 240 (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 ✓

Piping to house

Type: Polyethylene
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

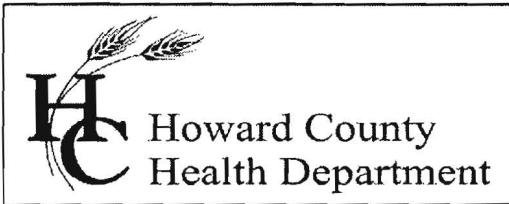
PVC sleeve to undisturbed soil at wall penetration: ✓
Length of sleeve (5' minimum from foundation): 5' +
Sleeve sealed properly: ✓

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: 2-19-15

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

Date Insp. Requested: 2/24/15 Date Insp. Approved: 2/24/15 Inspector: BB
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 ✓



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
Facebook: 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
15229 Sweetbay Street
Woodbine, MD 21797

**RE: Belle Haven Est., Lot 41
15229 Sweetbay Street
Building Permit: B14003663
Well Permit: HO-95-0649**

Dear Homeowner:

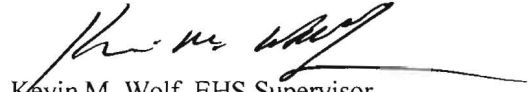
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/13/2015**. Final approval of the well line connection to the dwelling was granted on **2/24/2015**. The well construction was completed on **6/22/2007**. Water samples were collected on **4/17/2015**.

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-95-0649. 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 horizontal flourish 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 #:	99975	Account #:	3192
Reference:	Belle Haven Lot 41	Company:	Northern Virginia Drilling
Location:	15229 Sweet Bay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	4/17/2015 0933	Site:	Powder Room Sink Tap
Date/Time Rec'd:	4/17/2015 1149	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.1
Collected By:	R. Ott 4269RO	Well #:	HO-95-0649

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/18/2015 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/18/2015 / 1030 / LLO
Nitrate	<1.0	mg/L	10	601	4/17/2015 / 1230 / CCH
Turbidity	0.51	NTU	<10	SM18 2130B	4/17/2015 / 1300 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	4/17/2015 / 1300 / CCH

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 # : B140003663

Date Reported: 4/20/2015