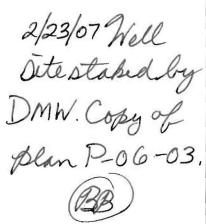
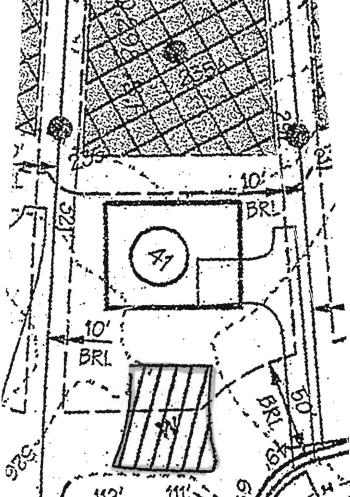
C1 8641		IDE USE		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE F IN COLS. 3-6 ON ALL CAR				FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY (3) A 51605
ST/CO USE ONLY DATE Received		TE WELL	COMPL	ETED Depth of Well	6/22/07 FROM "PERMIT NO.
MM DD YY 5MM 250 01					LOR HO 95 0649
8 13	JEW	15		John and Georg	28 29 30 31 32 33 34 35 36 3
OWNERSTREET OR RFD	544/20	et/t	dy .	Street first name TOWN	Woodbine
SUBDIVISION_B	elle	Hay	ren E	States SECTION_	LOТ
WELL	LOG			GROUTING RECORD (yes) no	[C 3]
Not required for			TUCIO	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST Z
STATE THE KIND OF FORMA COLOR, DEPTH, THICKNES			RING	TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FROM	TO	if water bearing	NO. OF BAGS	PUMPING RATE (gal. per min.)
50.1	0	12		GALLONS OF WATER	METHOD USED TO SUBNISHED TO MEASURE PUMPING RATE
Soft Shale	12	27		DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58	WATER LEVEL (distance from land surface)
Brown Shale	27	52		(enter 0 if from surface)	BEFORE PUMPING 33 ft.
and have	52	240	X	types insert ST CO	WHEN PUMPING 78 ft.
	-			appropriate code below PL OT	TYPE OF PUMP USED (for test)
WATE AT		7.0		MAIN Nominal diameter Total depth	A air P piston T turbine
112 + 205"				CASING top (main) casing of main casing (nearest inch)! (nearest foot)	C centrifugal R rotary O (describelow)
				60 61 63 64 66 70	J jet S submersible
				C OTHER CASING (if used) diameter depth (feet) inch from to	27
				C	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO
				N	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE CONSUME TO FOR ALL WELLS
				screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
				insert STEEL BRASS OPEN	IN BOX 29. CAPACITY:
				code below PL OT	GALLONS PER MINUTE (to nearest gallon) 31 38
				C 2 DEPTH (nearest ft.)	PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESS	FUL WEL	LS:		C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED		yes	(N)	E A 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPRO				C 2 H 23 24 26 30 32 36	LAND SURFACE
A WELL WAS ABANDON WHEN THIS WELL WAS	COMPLE	TED		S C 3	below (nearest
P TEST WELL CONVERTI		ODUCTION		R 38 39 41 45 47 51	A LOCATION OF WELL ON LOT
HERERY CERTIEV THAT THIS W	ELL HAS BE	EN CONSTR	RUCTED IN	E SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR
ACCORDANCE WITH COMAR 28 0	4.04 "WELL	TATED IN T	HE ABOVE RESENTED	DIAMETER (NEAREST INCH) 56 60	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
IN CONFORMANCE WITH ALL CO CAPTIONED PERMIT, AND THAT HEREIN IS ACCURATE AND CO KNOWLEDGE	THE INFOR	O THE BES	T OF MY	trom	
IN CONFORMANCE WITH ALL/CO CAPTIONED PERMIT, AND THAT HEREIN IS ACCURATE AND CO KNOWLEDGE.	1/5	1 (0	2 I	GRAVEL PACK	y (MENOSTIEWENTS TO WELL)
DRILLERS LIC. NO.	1/5	1 (0	2I		The state of the s
DRILLERS LIC. NO	M S C	ATION)	2	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY	Live I
DRILLERS LIC. NO	M S C	ATION)	2	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	100 KING (100)
DRILLERS LIC. NO. DRILLERS SIGNATURE (MUST MATCH SIGNATURE)	ON APPLIC	cation)	2 I	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	86' W

SEQUENCE NO.	STATE OF MAR	VIAND	STATE PERMIT NUMBE	R
1 6493 (MDE USE ONLY)	APPLICATION FOR PERM		41 95 A	1410
1 2 3			70-15-01	077
	526193 please type		fill in this form comple	tely "
Date Received (APA)	B	3 Howard	LOCATION OF WELL	
8 MM DD YY 13	MATION	8 COUNTY	21	图5.85-66
Grayson Homes	· · · · · · · · · · · · · · · · · · ·	Belle Har		
15 Last Name Owner	First Name 34	23 SUBDIVISION		42
, 9025 Chevrolet Drive			41	
36 Street or RFD	55	SECTION 44 46	LOT 48 50	THE PERSON NAMED IN
Ellicott City MD	21043	Woodbine		1
57 Town 70 State 7	2 Zip 76	52 NEAREST TOWN		7.1
DRILLER INFORMATION		MILES FROM TOWN (enter	O if in town) - 2 M 1	
Michael D. Isom	SD 162	melo i ilom fottis (enter	73 76 77 78	
Driller's Name 76		4	Sweet bay St	reet
G. Edgar Harr Sons Corp.	UIIL	CTION OF WELL FROM	Union Chapel Road	
Firm Name	The state of the s	N (CIRCLE BOX)	11 NEAR WHAT ROAD	30
12047 Falls Road, Cockeys			ON WHICH SIDE OF ROAD	NORTH
Address	0	W 8 NE	(CIRCLE APPROPRIATE BOX)	WDE
Signature	1/10/07 -Date	TOWN E	34 233 37	WEST BEAST
B 2 WELL INFORMATION	-Date W	3	DISTANCE FROM ROAL	D E
1 2 APPROX. PUMPING RATE —			ENTER FT OR	-1
(GAL. PER MIN.) 8		W S 8-9	TAX MAP: 14 BLK: 20 PA	DOE: 66
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20	8 03	TAX MAP: BLK: PA	HUEL
USE FOR WATER (CIRCLE APP	PROPRIATE BOX)		BE FILLED IN BY DRILLER	
DOMESTIC POTABLE SUPPLY & RESIDEN	TIAL	// HEALTH	DEPARTMENT APPROVAL	
IRRIGATION	9.1	Howard	(13) A51605	57
F FARMING (LIVESTOCK WATERING & AGRICATION		COUNTY NAME	COUNTY	Y NO.
20	9	STATE SIGNATURE	INSERT S —	→
INDOOTTINE, COMMENTAL, SETTINE		DATE ISSUED	2 - 1210	lala
P PUBLIC WATER SUPPLY WELL	Ļ	2//3/2007 3 MM DD YY 48	CO SIGNATURE EX	73/2008
T TEST, OBSERVATION, MONITORING	1	NORTH 509	FAST - A	0.0
G GEO-THERMAL		50 50 TO	0 0 GRID / 88 0 55	<u>0 0</u> 63
		SHOW MAJOR FEATURES	OF	1
APPROXIMATE DEPTH OF WELL) Lecer E	BOX & LOCATE WELL '_	<u> </u>	(8)
24	28	WITH AN X	/	
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	SOURCES OF DRILLING W	ATER	
		wen		
METHOD OF DRILLING	(circle one)	3.		
BORED (or Augered) JETTED	Jetted & DRIVEN			
AIR-RUTary AIR-PERCUSSION F	The state of the s	WRITE THE BOX NUMBER	1 1 1 1 1 1	
CABLE REVerse-ROTary	DRive-POINT F	FROM THE MAP HERE		
other	- Table 18.0	780	8 16	
REPLACEMENT OR DEEPE		- 100	000	
(CIRCLE APPROPRIATE THIS WELL WILL NOT REPLACE AN EXISTIN		N 536	129	
THIS WELL WILL DEDLACE A WELL THAT W		DRAW A SKETCH BELOW	SHOWING LOCATION OF WELL IN	
ABANDONED AND SEALED	Part Park	RELATION TO NEARBY TO	OWNS AND ROADS AND GIVE	
THIS WELL WILL REPLACE A WELL THAT W	TILL DE USED		NEAREST ROAD JUNCTION	/
AS A STANDBY-CONTACT LOCAL APPROVI	NG AUTHORITY	, un	100	_ /
D THIS WELL WILL DEEPEN AN EXISTING WE	LL	(0)	rapel Rd /	7
PERMIT NUMBER OF WELL TO BE REPLACED OF		V		1.
(IF AVAILABLE) 41	52	7		1/
Not to be filled in by driller (MDE OR CO	DUNTY USE ONLY)		251	14
40000 PERUS 4000	70000	260	(V)	1 V
APPROP. PERMIT NUMBER	27G_002	2 /	UX	100
PERMIT No. HO-	95-0649	1		
FERMIT NO. 70 71 72	73 74 75 76 77 78 79		。	
SPECIAL CONDITIONS	DELLAD DI	PNO	3 Signed on 8/21	12001
The state of the s	Drined Per Pla	TU 1-00-0.	> sighed on 0/21	19700





SWEET BAY

BELLE HAVEN ESTATES

LOT 41

Scale: 1"=50'

Job No. 01067

Date: 12/26/06

Drawn By: MDT



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

HARR WELL DRILLING

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

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 5-22-07 Address: Union Chapel Rd

Owner Name: Grayson Homes

Well Depth: 240 Ft

Permit Number: HO-95-0649 Subdivision: Belle Haven Est lot 41

Election District:

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

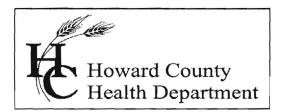
HOWARD COUNTY HEALTH DEPARTMENT

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 Dolling Telephone #: 703-361-6859
Address: 11.356 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 MILET License# M5D216
*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. Hounanian Homes Telephone #: 240-882-7662
Subdivision: Relie Havel Lot #: 41 Well Tag #: HO-95 - 0649
Site Address: 15229 Sweethay ST
wordhing MD. 0 21797
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Flint and halling Make: Bostlart Two piece watertight cap:
Model #: 4F10507 Model #: P10055 Screened, Vented well cap:
Pump Capacity /O GPM Depth: 36" min) Cap secured to casing:
Well Yield: 15 GPM NSF/WSC approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 240 (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
Salety Tope, it used, attached to brass Tope attapher of other acceptable method miside of well casing
Pining to house
Piping to house House Connection
Type: Polyethylene PVC sleeve to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Length of sleeve(5' minimum from foundation): 5' +
Depth of supply line: 36" (36" min) 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.
2-19-15
Signature of company representative responsible for installation date
For Health Department Use Only - Not to be completed by Installer
To Hearth Department Oct Omy To, to be completed by instance
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,

Kevin M. Wolf, EHS Supervisor Environmental Health Specialist Well & Septic Program

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 #:

Company:

Reference:

Belle Haven Lot 41

Northern Virginia Drilling

Location:

15229 Sweet Bay Street

Requested By: Dick Trelease

Woodbine, MD 21797

Date/ Time Collected: 4/17/2015

0933

Source:

Well Water

Date/Time Rec'd:

1149

Site:

Powder Room Sink Tap

4/17/2015

Treatment:

None

Chlorine ppm:

Free: ND

Total: ND

pH:

5.1

Collected By:

R. Ott

4269RO

Well #:

HO-95-0649

PARAMETERS	RESULTS	UNITS RE	FERENCE	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

- mg/L = milligrams per liter (also, parts per million) 1
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- NS = None Seen (NS indicates less than 5 mg/L) 3
- NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND:None Detected 6
- Visual well check: Sealed, vented cap
- pH & Chlorine level tested on site

Reason for Test: Building Permit #: Use & Occupancy B140003663

Date Reported:

4/20/2015