

B 1		9185		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL		STATE PERMIT NUMBER	
1 2 3 6						526193 please type		70 79 H0-95-0646 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 LOCATION OF WELL Howard 8 COUNTY 21 Belle Haven Est 23 SUBDIVISION 42 SECTION 44 46 LOT 38 48 50 Woodbine 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 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 17047 Falls Road, Cockeysville 21030 Address Signature Date 12/26/06						B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NORTH N NW 8-9 NE 8-9 W 8 E 8 SW 8-9 S 8 SE 8-9 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH W 32 E SOUTH 34 37 DISTANCE FROM ROAD 40 ENTER FT OR MI 38 39 TAX MAP: 14 BLK: 20 PARCEL 66			
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 750 (GAL. PER DAY) 14 20						NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A516057 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 2/13/2007 Brian Baber 2/13/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 530 0 0 0 EAST GRID 788 0 0 0 50 55 57 63			
USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL						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 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 McNeal Rd 5001 71 13 1415:55:55 2013 13 1415:55:55 R+ 97			
APPROXIMATE DEPTH OF WELL 306 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST 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) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D 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 H02007-G002 PERMIT No. H0-95-0646 70 71 72 73 74 75 76 77 78 79									
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Well to be Located Per Plan P-06-03 Signed on 8/21/06									

COUNTY

HARR WELL DRILLING

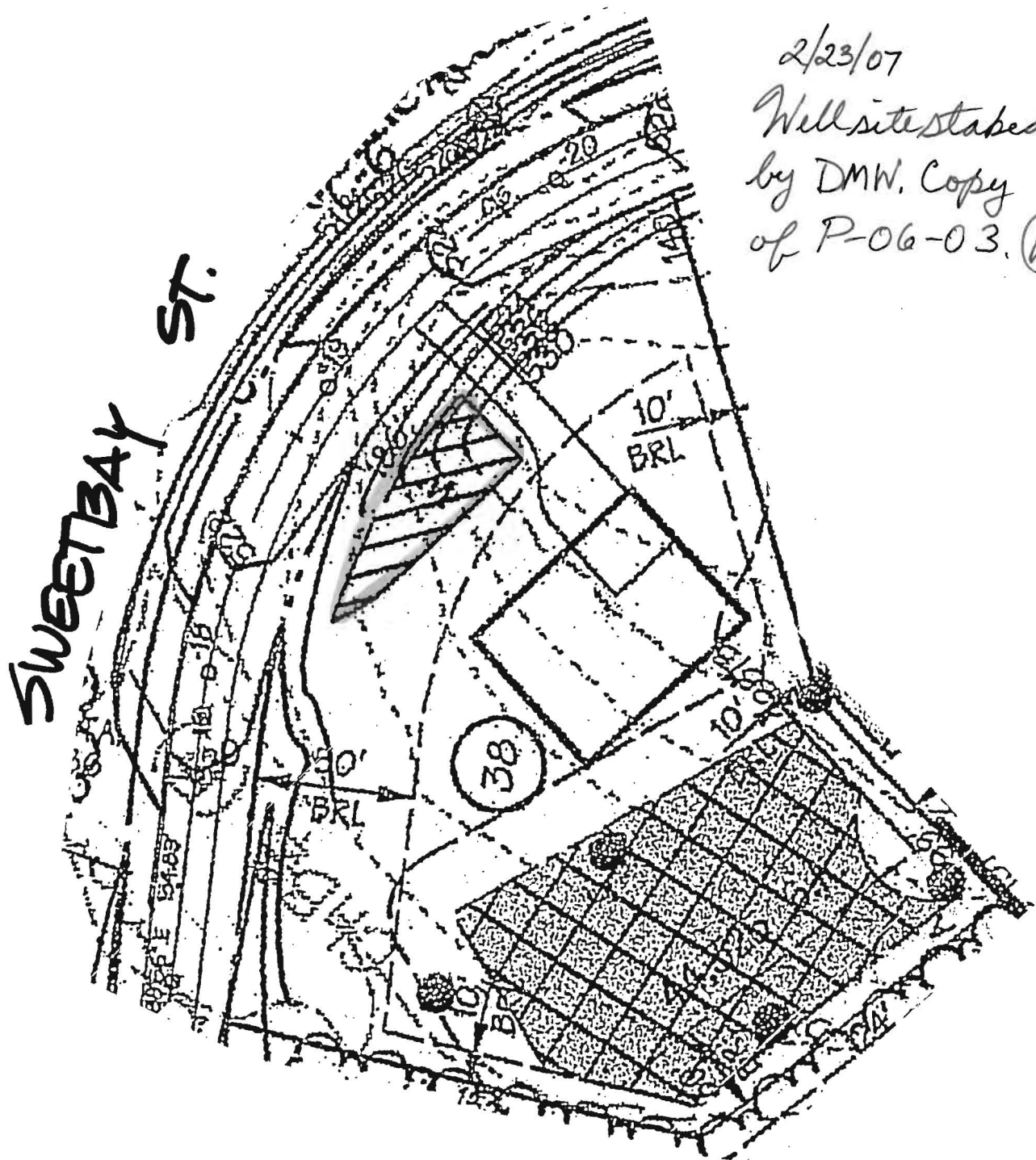
12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 6-02-07
Address: Sweetbay Street
Owner Name: Grayson Homes
Well Depth: 260 Ft

Permit Number: HO-95-0646
Subdivision: Belle Haven Est L#38
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
0645	21 ft		21 sec	14.28
0700	54		22	13.63
0715	54		22	13.63
0730	54		22	13.63
0745	54		22	13.63
0800	54		22	13.63
0815	55		23	13.04
0830	55		23	13.04
0845	55		23	13.04
0900	55		23	13.04
0915	55		23	13.04
0930	55		23	13.04
0945	55		23	13.04



2/23/07
Well site staked
by DMW. Copy
of P-06-03. (BB)

BELLE HAVEN ESTATES

LOT 38

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\Lot38.dgn

Tue Feb 13 11:00:22 2007

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. HANNANIAN HOMES Telephone #: 240-882-7662
Subdivision: BELLE HAVEN Lot #: 38 Well Tag #: HO-95-0646 ✓
Site Address: 15241 SWEETHAY ST
WOODBINE MD 21787

Submersible Pump Data

Make: FLINT AND WALLING

Model #: 4F10507

Pump Capacity 10 GPM

Well Yield: 13.04 GPM

Depth of well encountered at time of pump installation: 260 (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: BOSCH

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: Shawn Miller date: 1/28/2015

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

Date Insp. Requested: 1/30/15 Date Insp. Approved: 1/20/15 Inspector: SC

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 ✓

used probe, ~1.5 ft below

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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# MSD216

*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 #: 38 Well Tag #: HO-95-0646
Site Address: 15241 Sweetbay 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>Boschert</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>4F10507</u>	Model#: <u>P10055</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>13.04</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>260</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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> <input checked="" type="checkbox"/>		

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(s' 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: 1/28/2015

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

Date Insp. Requested: _____ Date Insp. Approved: 1/15/2015 Inspector: KW
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 ☒

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 #:	99704	Account #:	3192
Reference:	Belle Haven Lot 38	Company:	Northern Virginia Drilling
Location:	15241 Sweetbay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	4/2/2015 1045	Site:	Pressure Tank
Date/Time Rec'd:	4/2/2015 1324	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.6
Collected By:	J. Yeager 6176JY	Well #:	HO-95-0646

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/3/2015 / 1445 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/3/2015 / 1445 / BCD
Nitrate	9.36	mg/L	10	601	4/2/2015 / 1600 / CCH
Turbidity	15.9	NTU	<10	SM18 2130B	4/2/2015 / 1550 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	4/2/2015 / 1550 / 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B14003222

Date Reported: 4/6/2015

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 #:	99880	Account #:	3192
Reference:	Belle Haven Lot 38	Company:	Northern Virginia Drilling
Location:	15241 Sweetbay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	4/10/2015 0942	Site:	Pressure Tank
Date/Time Rec'd:	4/10/2015 1319	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.6
Collected By:	R. Ott 4269RO	Well #:	HO-95-0646

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	3.29	NTU	<10	SM18 2130B	4/10/2015 / 1800 / CCH

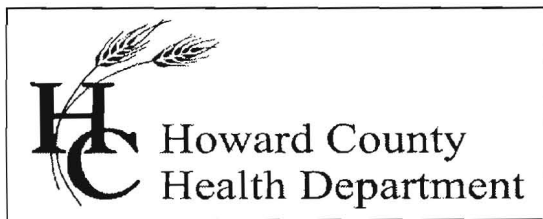
NOTES

- 1 NTU = Nephelometric Turbidity Units
- 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 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B14003222

Date Reported: 4/13/2015



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 8, 2015

May 8, 2015

Homeowner
15241 Sweetbay Street
Woodbine, MD 21797

**RE: Belle Haven Est., Lot 38
15241 Sweetbay Street
Building Permit: B14003222
Well Permit: HO-95-0646**

Dear Homeowner:

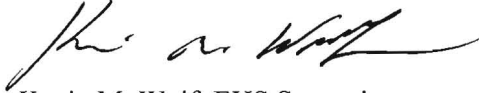
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/1/2015**. Final approval of the well line connection to the dwelling was granted on **1/15/2015**. The well construction was completed on **5/31/2007**. Water samples were collected on **4/2/2015** and **4/10/2015**.

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-95-0646. 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', written in a cursive style.

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

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

