(MDF USE ONLY)	TATE OF MARYLAND IFOR PERMIT TO DRILL WELL please type	70 75 00 70
		fill in this form completely
Date Received (APA)		LOCATION OF WELL
8 MM DD YY 13	8 COUNTY	21
Grayson Homes	BElle Haven	
15 Last Name Owner First Name	34 23 SUBDIVISION	42
9025 Chevrolet Drive	L SECTION I	LOT <u>L 38</u>
36 Street or RFD	55 SECTION 44 46	48 50
Ellicott City MD 21043	Woodbine	
57 Town 70 State 72 Zip	76 52 NEAREST TOWN	71
DRILLER INFORMATION	MILES FROM TOWN (ente	r 0 if in town)2 M i
Michael D. Isom M S D 162	3.00 miles	73 76 77 78
Driller's Name 76 License No.	81 B 4	Sweetbay Street
G. Edgar Harr Sons' Corp.	DIRECTION OF WELL FROM	Union Chapel Boad
Firm Name	TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
12047 Fayls Road, Cockeysville 21		ON WHICH SIDE OF ROAD
Address	8-9 B-9	(CIRCLE APPROPRIATE BOX)
12/26/06 Signature Date	W TOWN E	WEST S EAST
B 2 WELL INFORMATION 5	8 8	DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12		ENTER FT OR MI 38 39
762	SW I SE	TAX MAP: 14 BLK: 20 PARCEL 66
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 2	0 8	TAX MAP: BLK: PARCEL PARCEL
USE FOR WATER (CIRCLE APPROPRIATE BOX)		BE FILLED IN BY DRILLER
DOMESTIC POTABLE SUPPLY & RESIDENTIAL	HEALTH	DEPARTMENT APPROVAL
IRRIGATION	Howard	(3) A5/6057
F FARMING (LIVESTOCK WATERING & AGRICULTURAL	COUNTY NAME	COUNTY NO.
IRHIGATION .	STATE SIGNATURE	INSERT S →
Thousand, sommermone, service and	DATE ISSUED	2 - 2 1 -141
P PUBLIC WATER SUPPLY WELL	2/13/2007 1	Tuan 12 apr 2/13/2008
T TEST, OBSERVATION, MONITORING	43 MM DD YY 48 NORTH	CO SIGNATURE EXP. DATE EAST
G GEO-THERMAL	GRID 50 0	0 0 GRID 88 0 0 0
		5
300	SHOW MAJOR FEATURES BOX & LOCATE WELL :	3 OF
APPROXIMATE DEPTH OF WELL 24 28	WITH AN X	
APPROXIMATE DIAMETER OF WELL	NEAREST SOURCES OF DRILLING V	VATER
AFFROAMMATE DIAMETER OF WELL	inch 1. Well	
METHOD OF DRILLING (circle one)	3.	
BORED (or Augered) JETTED Jetted & D		
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic	Rotary) WRITE THE BOX NUMBER	
37 CABLE REVerse-ROTary DRive	POINT FROM THE MAP HERE	
other	- Ton	
REPLACEMENT OR DEEPENED WELLS	E 1898	000
(CIRCLE APPROPRIATE BOX)	F2.	000
THIS WELL WILL NOT REPLACE AN EXISTING WELL	NN	V S
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		SHOWING LOCATION OF WELL IN DWNS AND ROADS AND GIVE
THE WELL WILL BERLAGE A WELL THAT WILL BE USED		O NEAREST ROAD JUNCTION
39 S AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY	1	01 01
FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WELL	(unior	Chapel Rd
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	1	
(IF AVAILABLE) 41	52 N	7 7
Not to be filled in by driller (MDE OD COUNTY LIGE ON	V) A > / 5001	22.21.41 61.42
Not to be filled in by driller (MDE OR COUNTY USE ONL	T &/ 3000	V 13 22 X
APPROP. PERMIT NUMBER 402007.GOO	2 6/3 141	STATE OF THE STATE
	111	LOSONILA LE
PERMIT No. 70 70 70 70 70 70 70 70 70 70 70 70 70	16 8	A STATE OF THE STA
*70 71 72 73 74 75 76 77	78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEARCH SHETCH NEEDED	Per Plan P-06-03	Signed on 8/01/00
DENV-Permit 97	@ COUNTY	The contract of the contract o

c 1 8638	(MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCH IN COLS. 3-6 ON ALL CARDS)	IED	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY (3) A51605
ST/CO USE ONLY DATE Received MM DD 8 13	DATE WELL COMPLE	ARR 2 260 26	FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36
OWNER_	ewley	treet John and Georg	Wood hine
STREET OR RFD BUILDING	Haven E	States sectionTOWN	LOT_38
WELL LOG		GROUTING RECORD WELL HAS BEEN GROUTED WELL HAS BEEN GROUTED	C 3
Not required for drive STATE THE KIND OF FORMATIONS COLOR, DEPTH, THICKNESS AND	PENETRATED, THEIR	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST 3
DESCRIPTION (Use	FEET check if water bearing	CEMENT BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
SOIL C	Transit Home	NO. OF BAGS NO. OF POUNDS OF BALLONS OF WATER	PUMPING RATE (gal. per min.)
promu		DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft.	MEASURE PUMPING RATE
Shale 17	1 30	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface)
EAJ 0 2	2/	casing types insert ST CO	BEFORE PUMPING 17 20 ft.
GAY KOCK 30	240 X	appropriate code	WHEN PUMPING 22 25 ft.
WAter		PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine
A+ 5/0+ 230		MAIN Nominal diameter Total depth of main casing (nearest inch)!	C centrifugal R rotary O (descri
30. 230		60 61 63 64 66 70	27 Delow)
3 1	I were	E OTHER CASING (if used)	J jet S submersible
	10	diameter depth (feet) inch from to	PUMP INSTALLED
		A s	DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)
		Ğ 23	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
[screen type or open hole STBR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
		appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
		code below PLASTIC OTHER	(to nearest gallon) 31
	0	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER PUMP COLUMN LENGTH
NUMBER OF UNSUCCESSFUL W		HO 36 260	(nearest ft.)
WELL HYDROFRACTURED	YN	8 9 11 15 17 21 C	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATI A WELL WAS ABANDONED AT	ND SEALED	H 23 24 26 30 32 36 S	LAND SURFACE (neares
E ELECTRIC LOG OBTAINED		C 3 R 36 39 41 45 47 51	below) (Nearest
P TEST WELL CONVERTED TO WELL HAS THAT THIS WELL HAS	REEN CONSTRUCTED IN	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
ACCORDANCE WITH COMAR 28.04.04 WE N CONFORMANCE WITH ALL CONDITION CAPTIONED PERMIT, AND THAT THE M HEREIN IS ACCURATE AND COMPLETE KNOWLEDGE.	ELL CONSTRUCTION AND IS STATED IN THE ABOVE FORMATION PRESENTED TO THE BEST OF MY	DIAMETER	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS KIC. NO. M	6 F63	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL	LINE -
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APP	PLICATION)	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	Pro8 (130')
Dan 7	6 160 H	T (E.R.O.S.) W Q	1 25 1
SITE SUPERVISOR (sign. of drille responsible for sitework if different	er or journeyman	70 72 74 75 76 TELESCOPE LOG 74 75 76	/
DENV-CR00		CASING INDICATOR OTHER DATA COUNTY	1

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

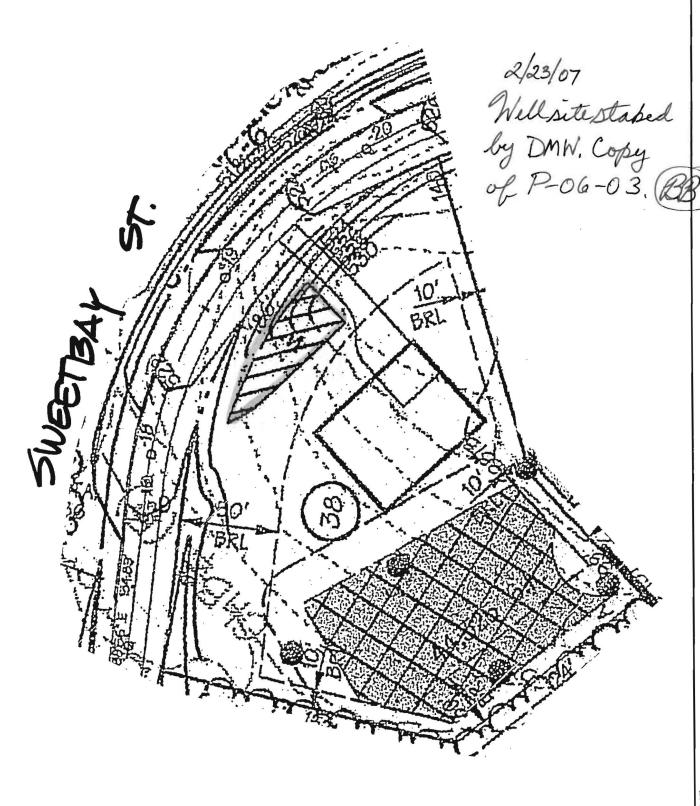
Well Depth: 260 Ft

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 Sgallon 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



BELLE HAVEN ESTATES

LOT 38

Job No. 01067 Scale

Scale: 1"=50'

Date: 12/26/06

Drawn By: MDT

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

N:\01067\01067F\Lot Wells\FINAL\Lot38.dgn

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: 11.356 Industrial Rd MANASSAS VA (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 MILLET 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. Hounanian Homes Telephone #: 240 Subdivision: Lot #: 38 Well Tag #: HO -95 - 0646 Site Address: woodhine MD Submersible Pump Data Well Cap and Electric Conduit Make: Flint and walling Make: BosHar Two piece watertight cap: Model #: 4F10501 Model#: <u>P10055</u> Depth: <u>36"</u> (36" min) Screened, vented well cap: Pump Capacity 10 GPM Well Yield: 13.04 GPM Cap secured to casing: Conduit min 18" B.G.: NSF/WSC approved: Depth of well encountered at time of pump installation: 260 (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 House Connection Piping to house PVC sleeve to undisturbed soil at wall penetration: Type: Polyethylene 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, Signature of company representative responsible for installation For Health Department Use Only - Not to be completed by Installer Date Insp. Requested: 1/30/15 Date Insp. Approved: 1/20/15 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

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: 11.356 Industrial Rd. Mana 55A5 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): SHAWA Miller 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. Hownerian Homes Telephone #: 240-882-7662 Subdivision: Belle Haven Lot #: 38 Well Tag #: HO-95-0646 Site Address: 15241 Sulet have 57 Lucathine MD 21747 Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make: Flint and halling Make: Bos Har Two piece watertight cap: Model #: 4F10507 Model #: 910055 Screened, vented well cap: Pump Capacity 10 GPM Depth: 361 (36" min) Cap secured to casing: Well Yield: 13.04 GPM NSF/WSC approved: Conduit min 18" B.G.: Depth of well encountered at time of pump installation: 260 (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
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
For Health Department Use Only - Not to be completed by Installer
- 1 d v.
Date Insp. Requested: 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

REPORT OF ANALYSIS

Laboratory ID #:

99704

Account #:

Reference:

Belle Haven Lot 38

Company:

Northern Virginia Drilling

Location:

15241 Sweetbay Street

Requested By: Dick Trelease

Woodbine, MD 21797

Date/ Time Collected: 4/2/2015

Source: 1045

Well Water

Date/Time Rec'd:

Site:

Pressure Tank

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 RE	FERENCE	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/Gravimetri	c 4/2/2015 / 1550 / CCH

NOTES

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

Reference:

Belle Haven Lot 38

Company:

Northern Virginia Drilling

Location:

15241 Sweetbay Street

Requested By:

Dick Trelease

Woodbine, MD 21797 Date/ Time Collected: 4/10/2015

0942

Source:

Well Water

Site:

Pressure Tank

Date/Time Rec'd:

4/10/2015

1319 Total: ND

Treatment:

None 5.6

Chlorine ppm: Collected By:

Free: ND R. Ott

4269RO

pH: Well #:

HO-95-0646

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

NOTES

- NTU = Nephelometric Turbidity Units 1
- 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
- pH & Chlorine level tested on site 4
- Visual well check: Sealed, vented cap

Reason for Test:

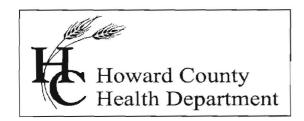
Use & Occupancy

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,

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

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

hi a Wolf

File

