

C1 8640

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A516057

ST/CO USE ONLY

DATE Received
MM DO YY
8 13

DATE WELL COMPLETED

30 2007

Depth of Well

22 300 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
6/22/07 H0 95 0648
O.K. 13OWNER Bewley John and George
STREET OR RFD Sweetbay Street TOWN Woodbine
SUBDIVISION Belle Haven Estates SECTION 40 LOT 40

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		check if water bearing
	FROM	TO	
Soil	0	15	
Brown Shale	15	32	
Soft Shale	32	47	
Gray Rock	47	300	x

water at 87'

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 13 NO. OF POUNDS 1500GALLONS OF WATER 78

DEPTH OF GROUT SEAL (to nearest foot)

from 8 ft. to 31 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
<u>PL</u>	<u>4</u>	<u>51</u>
	60 61	63 64 66 70

OTHER CASING (if used)

E A C H C A S I N G	diameter inch	depth (feet) from to

screen type
or open hole

SCREEN RECORD

ST BR HO STEEL BRASS OPEN PL BRONZE HOLE PLASTIC OTHER		
<u>HO</u>		

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y 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. AW 766SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T	(E.R.O.S.)	W Q
70	72	74 75 76
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3PUMPING RATE (gal. per min.) 12.00METHOD USED TO
MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 24 ft.WHEN PUMPING 116 ft.

TYPE OF PUMP USED (for test)

A air	P piston	T turbine
27	27	27
C centrifugal <td>R rotary<td>O other (describe below)</td></td>	R rotary <td>O other (describe below)</td>	O other (describe below)
27	27	27
J jet <td>S submersible<td></td></td>	S submersible <td></td>	
27	27	

PUMP INSTALLED

DRILLER INSTALLED PUMP 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. 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35PUMP HORSE POWER 37 41PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)

+ above	LAND SURFACE	(nearest foot)
49	<u>1</u>	50 51
- below		
49		

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)

B 1	9187	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526193 please type	STATE PERMIT NUMBER 40-95-0648 fill in this form completely
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION		
Grayson Homes		Last Name Owner First Name 34		
9025 Chevrolet Drive		Street or RFD 55		
Ellicott City MD 21043		Town 70 State 72 Zip 76		
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 Date 12/26/06				
B 2	WELL INFORMATION			
1 2	APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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				
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 Baker 2/13/2008				
43 MM DD YY 48 CO SIGNATURE EXP/DATE				
NORTH GRID 529 0 0 0 EAST GRID 788 0 0 0				
50 55 57 63				
APPROXIMATE DEPTH OF WELL 300 FEET				
APPROXIMATE DIAMETER OF WELL 6 INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN				
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)				
CABLE REVERSE-ROTary 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 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-G0002				
PERMIT No. H0-95-0648				
70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				
Well to Be Drilled Per Plan P-06-03 Signed on 8/21/06				

HARR WELL DRILLING

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

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 5-29-07
Address: Sweetbay Street
Owner Name: Gaylord Brooks
Well Depth: 300 Ft

Permit Number: HO-95-0648
Subdivision: Belle Haven Est L#40
Election District:
Static Water Level: 24 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0845	24 ft		22 sec	13.63
0900	116		25	12.00
0915	116		25	12.00
0930	116		25	12.00
0945	116		25	12.00
1000	116		25	12.00
1015	116		25	12.00
1030	116		25	12.00
1045	116		25	12.00
1100	116		25	12.00
1115	116		25	12.00
1130	116		25	12.00
1145	116		25	12.00
1200	116		25	12.00
1215	116		25	12.00
1230	116		25	12.00
1245	116		25	12.00

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# 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. Hamarian Homes Telephone #: 240-882-7662
Subdivision: Belle Haven EStS Lot #: 40 Well Tag #: HO-95-0648
Site Address: 15233 Sweetbay St
Woodbine MD 21797

Submersible Pump Data

Make: Flint and Walling
Model #: 4F10S07
Pump Capacity 10 GPM
Well Yield: 12 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: 300' (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): 10' +
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: 4-6-15

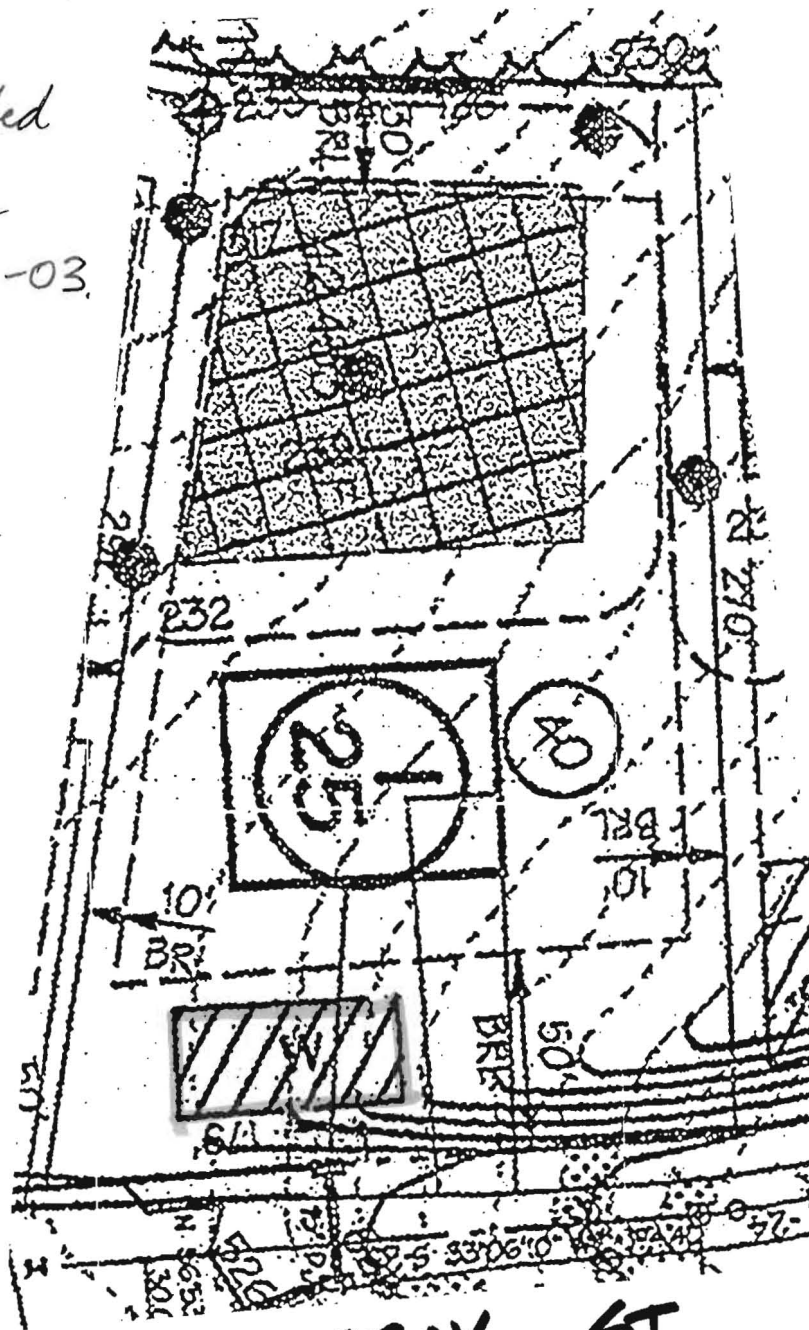
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 4/7/15 Date Insp. Approved: 4/7/15 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 OK no tag 4/7/15 SC
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

will send tag
when B.S. sent. Not
to hold up Elop
(Knew)

Well site staked
by DMW. Copy
of plan P-06-03.

BB



SWEET BAY ST.

LOT 40

DMW

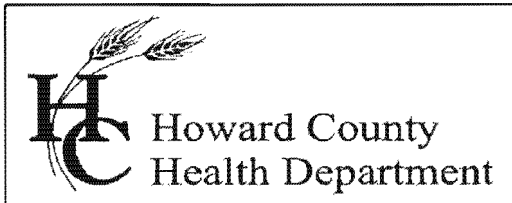
*A Team of Land Planners,
Landscape Architects,
Engineers, Surveyors &
Environmental Professionals*

Job No. 01067	Scale: 1"=50'	Date: 12/26/06	Drawn By: MDT
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N:\01067\01067F\Lot Wells\FINAL\Lot40.dgn

Tue Feb 13 11:01:37 2007

2/13/2007 11:01:34 AM \\ATHENS\INSTALLATION\CADNET\NOCF\day-gcf m-r-gvis c:\hpm\l046\hpm



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 – DECEMBER 23, 2015

June 23, 2015

Homeowner
15233 Sweetbay Street
Woodbine, MD 21797

**RE: Belle Haven Est., Lot 40
15233 Sweetbay Street
Building Permit: B14002095
Well Permit: HO-95-0648**

Dear Homeowner:

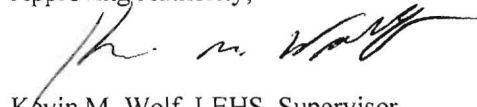
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **6/23/2015**. Final approval of the well line connection to the dwelling was granted on **4/7/2015**. The well construction was completed on **6/22/2007**. Water samples were collected on **6/9/2015**.

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-95-0648. 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", is written over the printed name.

Kévin M. Wolf, LEHS, Supervisor
Groundwater Management Section
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 #: 101147 Account #: 3192
Reference: Belle Haven Lot 40 Company: Northern Virginia Drilling
Location: 15233 Sweet Bay Requested By: Dick Trelease
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 6/9/2015 1142 Site: Powder Room Sink Tap
Date/Time Rec'd: 6/9/2015 1240 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Yeager 6176JY Well #: HO-95-0648

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/10/2015 / 1015 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/10/2015 / 1015 / CCH
Nitrate	2.81	mg/L	10	601	6/9/2015 / 1615 / CRS
Turbidity	0.73	NTU	<10	SM18 2130B	6/9/2015 / 1715 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	6/9/2015 / 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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** B14002095

Date Reported: 6/10/2015

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