

C1 31570 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER

ST/CO USE ONLY
DATE Received
MM DD YY
8 06 22 13

DATE WELL COMPLETED
MM DD YY
15 08 15

Depth of Well
22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
OK
6/30/15 SC
HA 14 0178
28 29 30 31 32 33 34 35 36 37

OWNER Gaudier Baker Harmon
WELL SITE ADDRESS 15337 Sweet Bay
SUBDIVISION Bell Haven TOWN Woodbine LOT 39

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 FROM TO	check if water bearing
Light Brown	0 18	
Gray to brown	18 25	
Gray Limestone	25 280	
Brown	280 292	✓
Gray Limestone	283 300	

GRROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)
☒ Y ☐ N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 45 46 NO. OF POUNDS 45 48 1034

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

☒ ST STEEL ☐ CO CONCRETE
☒ PL PLASTIC ☐ OT OTHER

MAIN CASING TYPE
☒ PL

Nominal diameter top (main) casing (nearest inch) 06

Total depth of main casing (nearest foot) 28

OTHER CASING (if used)
diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (insert appropriate code below)

☒ ST STEEL ☐ BR BRASS ☐ HO OPEN HOLE
☐ PL PLASTIC ☐ OT OTHER

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6.6

METHOD USED TO MEASURE PUMPING RATE 1992

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36 ft.

WHEN PUMPING 99 ft.

TYPE OF PUMP USED (for test)

☒ A air ☐ P piston ☐ T turbine
☐ C centrifugal ☐ R rotary ☐ O other (describe below)
☐ J jet ☐ S submersible

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

☒ + above LAND SURFACE
☐ - below (nearest foot) 02

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED ☒ 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. 1 M 5 D 0 0 9

DRILLERS SIGNATURE

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)

1 2 28 300

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from 30 to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE 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

LATITUDE 39.287414

LONGITUDE 77.091366

(DEFAULT COORD. WGS 84)

NOTES:

11 bags = 4.2 bags/10 ft.

B 1 1 2 3 6 <u>20732</u>	SEQUENCE NO. (MDE USE ONLY) <u>2555357</u>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>H0 - 14 - 0178</u> <small>fill in this form completely</small>
Date Received (APA) <u>12-8-14</u> 8 MM DD YY 13 OWNER INFORMATION <u>Gordier Baker Homes</u> 15 Last Name Owner First Name 34 <u>2330 W Topp Rd S.</u> 36 Street or RFD 55 <u>Lutherville Md 21093</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL <u>Howard</u> 8 COUNTY 21 <u>Bell Haven Estates</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>38</u> 39 <u>Woodbine</u> 52 NEAREST TOWN 71	
DRILLER INFORMATION <u>Allen Compton</u> Driller's Name 76 License No. 81 <u>MS D 009</u> <u>Fogles Well Drilling, LLC</u> Firm Name <u>P.O. Box 202 Woodbine, Md 21797</u> Address <u>Allen Compton 12-1-14</u> Signature Date		B 4 SOURCES OF DRILLING WATER 1. <u>Sweet Bay ST.</u> 11 STREET ADDRESS 30 2. 3. 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 <u>60</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> (13) <u>A516057</u> COUNTY NAME COUNTY NO. STATE <u>14-0178</u> SIGNATURE INSERT S → 41 DATE ISSUED <u>1/9/15</u> <u>Sub. Call</u> <u>1/9/16</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH			
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTary DRIVE-POINT other _____			
REPLACEMENT OR DEEPENEWED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEWED (IF AVAILABLE) 41 <u>H0 - 14 - 0178</u> 52			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ <u>G</u> _____ PERMIT No. <u>H0 - 14 - 0178</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. <u>Existing well must be sealed</u>			

Well Permit No. HO-14-0178

Subdivision: Belle Haven **Lot:** 39 **Block** **Plot** **Sec.**

Well Driller: Fogles Allen Compton **Owner: Goodier Baker Homes**

Distance of measuring point (M.P.) above ground: 2'

Static water level (S.W.L.) below M.P.: 36'

High rate pumping –reservoir Drawdown

Time pump started: 6:00 **Pumping rate:** 6.6 gpm

Total time 45 mins **to reach pumping water level** 99' **ft. below M.P.**

Recovery pump test data – observations to be recorded every 15 minutes

[illegible]

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. Hannan Homes Telephone #: 240-882-7662
Subdivision: BEVE HAVEN ESTATES Lot #: 39 Well Tag #: HO-14-0178
Site Address: 15237 Sweetbay ST.
WOODBINE MD. 21797

Submersible Pump Data

Make: FLINT and WALLING

Model #: 4F07507

Pump Capacity: 7 GPM

Well Yield: 8 GPM

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 ✓

Pitless Adapter

Make: BOSTART

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): 5'4"

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.

Shawn Miller
Signature of company representative responsible for installation

6-15-15
date

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

Date Insp. Requested: 6/16/15 Date Insp. Approved: 7/30/15 Inspector: KEP

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

Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓

8/4/15
Tag attached
(SC)

6/16/15 SC

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 #: 101994 Account #: 3192
Reference: Bell Haven Lot 39 Company: Northern Virginia Drilling
Location: 15237 Sweet Bay Street Requested By: Dick Trelease
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 7/17/2015 0900 Site: Pressure Tank —
Date/Time Rec'd: 7/17/2015 1440 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Yeager 6176JY Well #: HO-95-0647

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/18/2015 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/18/2015 / 0900 / CCH
Nitrate	3.12	mg/L	10	601	7/17/2015 / 1535 / CRS
Turbidity	2.17	NTU	<10	SM18 2130B	7/17/2015 / 1605 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	7/17/2015 / 1605 / 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 # :** B1500166Date Reported: 7/20/2015

MD State Certification # 133

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6-17-15 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Fogles-Allen

WELL DRILLER'S LICENSE NUMBER: 009

* OWNER'S NAME: Goodier Baker

CIRCLE: MWD MSD MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Woodbine

TAX MAP 0014 BLOCK 0020 PARCEL 0060

SUBDIVISION: Belle Haven Estates

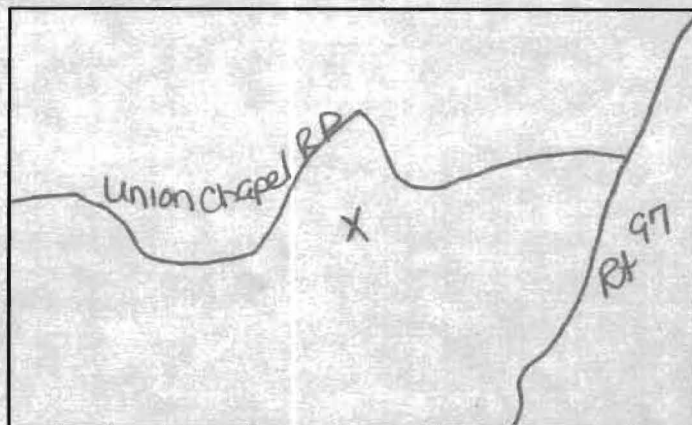
SECTION: 39 LOT: 39

STREET ADDRESS: 15237 Sweet Bay St

LATITUDE 3 9 . 2 8 7 2 9 6 3

LONGITUDE 7 7 . 0 4 1 4 4 2 9

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED ☐ JETTED
- ☐ BORED ☐ HAND DUG
- ☐ OTHER (specify) _____

* USE CODE:

- ☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
- ☐ IRRIGATION ☐ INDUSTRIAL
- ☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

- ☐ STEEL ☒ PLASTIC
- ☐ CONCRETE ☐ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 280 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 0

WAS CASING RIPPED OR PERFORATED? ☒ YES ☐ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN 009 LICENSE#

LOG OF SEALING MATERIAL

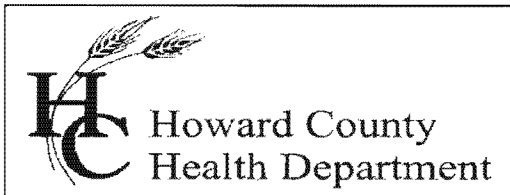
MATERIAL	FEET	
	FROM	TO
Cement	0	70
Stone	70	280
VOLUME OF MATERIAL USED		
1 yd Cement 2 1/2 ton Stone		

MWD/MSD/MGS

CIRCLE ONE

DATE

COUNTY



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 – FEBRUARY 4, 2015

August 4, 2015

Homeowner
15237 Sweetbay Street
Woodbine, MD 21797

**RE: Belle Haven Est., Lot 39
15237 Sweetbay Street
Building Permit: B15000166
Well Permit: HO-14-0178**

Dear Homeowner:

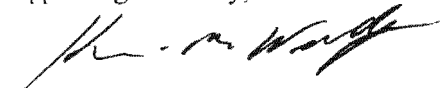
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/4/2015**. Final approval of the well line connection to the dwelling was granted on **7/30/2015**. The well construction was completed on **5/28/2015**. Water samples were collected on **7/18/2015**.

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-14-0178. 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>

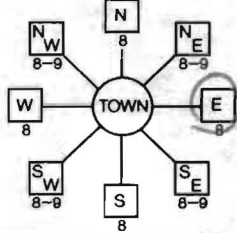
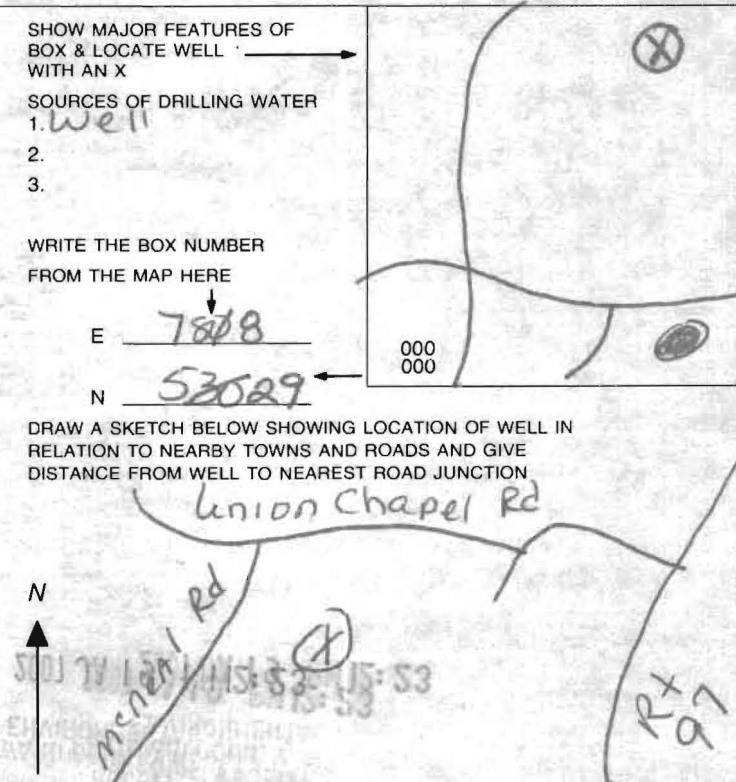
Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", written over a horizontal line.

Kevin M. Wolf, LEHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

C1 8639		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS 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 DD YY 8 13		DATE WELL COMPLETED MM DD YY 06 04 2007		Depth of Well 22 300 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0647							
OWNER STREET OR RFD SUBDIVISION		John and George Sweetbay Street Belle Haven Estates		TOWN Woodbine		LOT 39							
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 46 11 NO. OF POUNDS 45 46 1100 GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)									
DESCRIPTION (Use additional sheets if needed)				CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; text-align: center;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 60 61 63 64 66 70 Total depth of main casing (nearest foot) 42 70 water at 273				ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER		
ST STEEL	CO CONCRETE												
PL PLASTIC	OT OTHER												
FEET FROM TO Soil 0 10 Brown Shale 10 35 Gray Rock 35 175 Hard Gray Rock 175 300 x				OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G									
NUMBER OF UNSUCCESSFUL WELLS: 0				SCREEN RECORD screen type or open hole insert appropriate code below <table border="1" style="width:100%; text-align: center;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> <td></td> </tr> </table>				ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER	
ST STEEL	BR BRASS	HO OPEN HOLE											
PL PLASTIC	OT OTHER												
WELL HYDROFRACTURED Y N				C2 DEPTH (nearest ft.) 1 2 42 300 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to									
DRILLERS LIC. NO. MS D 162 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. AW D 766 Daniel Hale				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE LOG OTHER DATA CASING INDICATOR									
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5.35 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 164 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible									
DRILLERS INSTALLED PUMP (CIRCLE) (YES OR NO) YES N 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. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 1 (nearest foot) 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) 30' 50' Prop Line													

B 1	9186	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 526193	STATE PERMIT NUMBER H0-95-0647 fill in this form completely
Date Received (APA) _____ OWNER INFORMATION 8 MM DD YY 13 <u>Grayson Homes</u> 15 Last Name Owner First Name 34 <u>9025 Chevrolet Drive</u> 36 Street or RFD 55 <u>Ellicott City MD 21043</u> 57 Town 70 State 72 Zip 76			B 3 LOCATION OF WELL <u>Howard</u> 8 COUNTY 21 <u>Belle Haven Est</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>39</u> 48 50 <u>Woodbine</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>2</u> M I 73 76 77 78	
DRILLER INFORMATION <u>Michael D. Isom</u> MS D 162 Driller's Name 76 License No. 81 <u>G. Edgar Harr Son' Corp</u> Firm Name <u>12047 Falls Road, Cockeysville 21030</u> Address <u>12/26/06</u> Signature Date			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  <u>Sweetbay Street</u> <u>Union Chapel Road</u> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> 34 50 37 DISTANCE FROM ROAD <u>50</u> FT ENTER FT OR MI 38 39 TAX MAP: <u>14</u> BLK: <u>20</u> PARCEL <u>66</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> 14 20			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard (13) A516057</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S _____ 41 DATE ISSUED <u>2/13/2007</u> <u>Brian Baker</u> <u>2/13/2008</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>529</u> 0 0 0 EAST GRID <u>788</u> 0 0 0 50 55 57 63	
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			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>788</u> N <u>52029</u> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> 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 DEEPEENED 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>H02007-G002</u> PERMIT No. <u>H0-95-0647</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>Well to be Drilled Per Plan P-06-03 Signed on 8/31/2006</u>				

HARR WELL DRILLING

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

HOWARD COUNTY WELL YIELD TEST REPORT

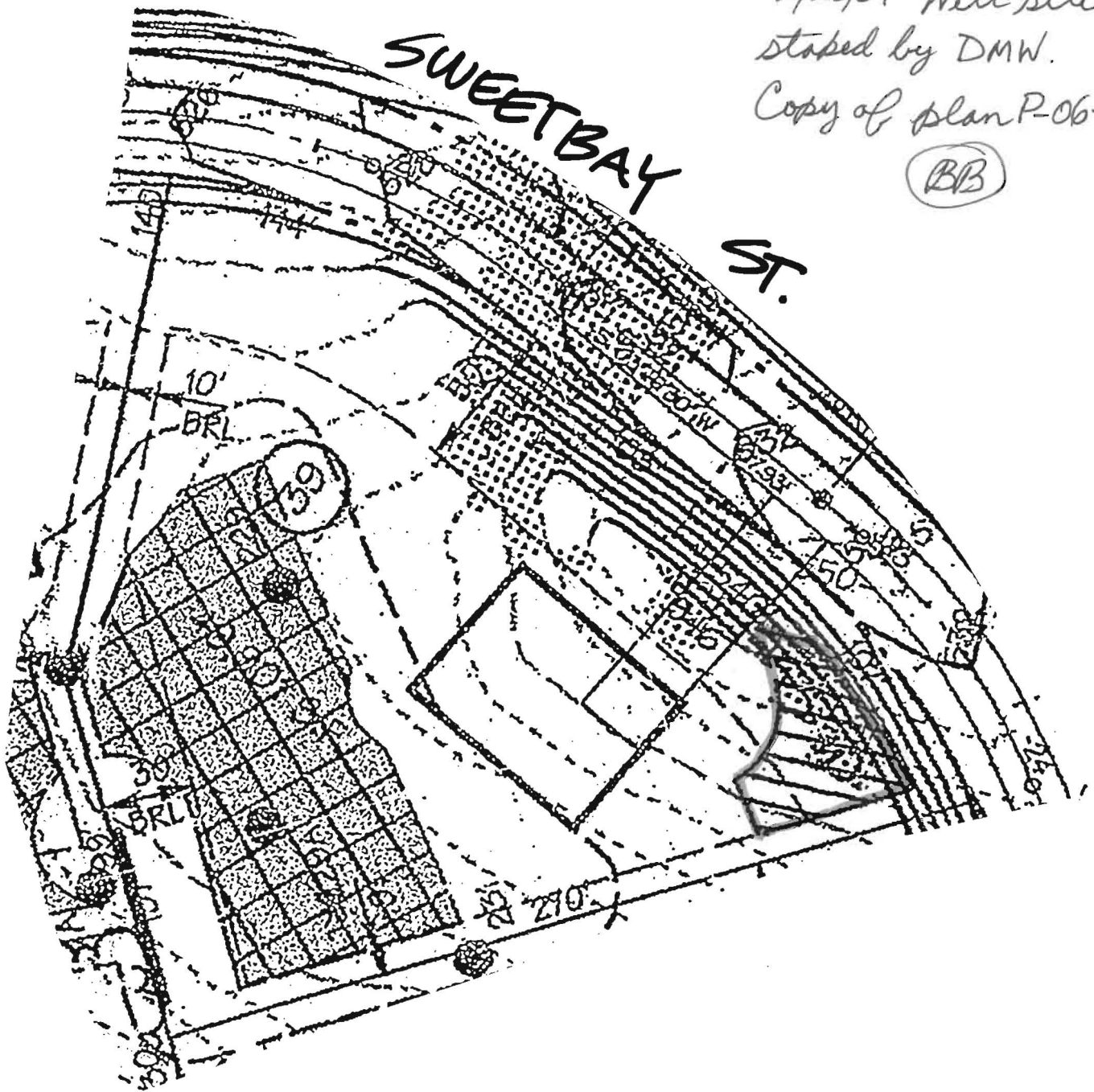
Date Test Performed: 6-01-07
Address: Sweetbay Street
Owner Name: Grayson Homes
Well Depth: 300 Ft

Permit Number: HO-95-0647
Subdivision: Belle Haven Est L#39
Election District:
Static Water Level: 38 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0900	38 ft		22 sec	13.63
0915	105		27	11.11
0930	141		36	8.33
0945	162		50	6.00
1000	164		56	5.35
1015	164		56	5.35
1030	164		56	5.35
1045	164		56	5.35
1100	164		56	5.35
1115	164		56	5.35
1130	164		56	5.35
1145	164		56	5.35
1200	164		56	5.35
1215	164		56	5.35
1230	164		56	5.35
1245	164		56	5.35
1300	164		56	5.35

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

(BB)



BELLE HAVEN ESTATES

LOT 39

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\Lot39.dgn

Tue Feb 13 11:01:05 2007