

<b>C1</b> 8637		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> 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)		DATE WELL COMPLETED MM DD YY 04 04 2007		Depth of Well 22 260 26 (TO NEAREST FOOT)		COUNTY NUMBER <b>(13)</b> A516057 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0645	
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13		OWNER Bewley John and George		TOWN Woodbine		LOT 37	
STREET OR RFD Sweetbay Street		SUBDIVISION Belle Haven Estates		SECTION		LOT	
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <b>Y</b> no <b>N</b> 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS 45 46 21 NO. OF POUNDS 25 48 2100 GALLONS OF WATER 126 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 63 ft. (enter 0 if from surface) 48 TOP 52 54 BOTTOM 58 <b>CASING RECORD</b> casing types insert appropriate code below <b>ST</b> <b>CO</b> STEEL CONCRETE <b>PL</b> <b>OT</b> PLASTIC OTHER MAIN CASING TYPE <b>ST</b> 60 61 63 64 66 70 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 63 <b>OTHER CASING (if used)</b> EACH CASING diameter inch depth (feet) from to <b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <b>ST</b> <b>BR</b> <b>HO</b> STEEL BRASS OPEN HOLE <b>PL</b> <b>OT</b> PLASTIC OTHER DEPTH (nearest ft.) <b>C2</b> 1 2 H 63 260 E 1 8 9 11 15 17 21 A 2 23 24 26 30 32 36 C 3 36 39 41 45 47 51 S R E N SLOT SIZE 1 2 3 Diameter of screen (nearest inch) 56 60 from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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					
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12.5 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft. WHEN PUMPING 92 ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine 27 27 27 <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) 27 27 27 <b>J</b> jet <b>S</b> submersible 27 27	
Soil 0 12 Brown shale 12 27 Soft shale 27 35 Brown shale 35 60 Gray Rock 60 260 x Water at 184'						<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <b>NO</b> 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 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) <b>+</b> above <b>-</b> below 49 49 LAND SURFACE (nearest foot) 50 51	
NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED yes <b>Y</b> no <b>N</b> CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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 S D 162 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 A W D 766 Paul Hal						<b>LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) 70' 35' Prop Lines	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

B 1	<b>9184</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 526193 please type	STATE PERMIT NUMBER <b>H0-95-0645</b> fill in this form completely
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>Date Received (APA) _____</p> <p style="text-align: center;"><b>OWNER INFORMATION</b></p> <p>8 MM DD YY 13</p> <p><u>Grayson Homes</u></p> <p>15 Last Name Owner First Name 34</p> <p><u>9025 Chevrolet Drive</u></p> <p>36 Street or RFD 55</p> <p><u>Ellicott City</u> <u>MD</u> <u>21043</u></p> <p>57 Town 70 State 72 Zip 76</p> <p><b>DRILLER INFORMATION</b></p> <p><u>Michael D. Isom</u> <u>M S D 162</u></p> <p>Driller's Name 76 License No. 81</p> <p><u>G. Edgar Harr Sons' Corp.</u></p> <p>Firm Name</p> <p><u>12047 Falls Road, Cockeysville 21030</u></p> <p>Address</p> <p><u>12/26/06</u></p> <p>Signature Date</p> </div> <div style="width:48%;"> <p style="text-align: center;"><b>LOCATION OF WELL</b></p> <p><u>Howard</u></p> <p>8 COUNTY 21</p> <p><u>Belle Haven Est</u></p> <p>23 SUBDIVISION 42</p> <p>SECTION <u>44</u> <u>46</u> LOT <u>37</u> <u>48</u> <u>50</u></p> <p><u>Woodbine</u></p> <p>52 NEAREST TOWN 71</p> <p>MILES FROM TOWN (enter 0 if in town) <u>2</u> M I I</p> <p>73 76 77 78</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p style="text-align: center;"><b>WELL INFORMATION</b></p> <p>APPROX. PUMPING RATE <u>5</u></p> <p>(GAL. PER MIN.) 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED <u>750</u></p> <p>(GAL. PER DAY) 14 20</p> <p style="text-align: center;"><b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION</p> <p><input type="radio"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="radio"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="radio"/> TEST, OBSERVATION, MONITORING</p> <p><input type="radio"/> GEO-THERMAL</p> </div> <div style="width:48%;"> <p style="text-align: center;"><b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b></p> <p><u>Howard</u> <u>(13)</u> <u>A516057</u></p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE _____ INSERT S _____ 41</p> <p>DATE ISSUED <u>2/13/2007</u> <u>Brian Baker</u> <u>2/13/2008</u></p> <p>43 MM DD YY 48 CO SIGNATURE EXP. DATE</p> <p>NORTH GRID <u>530</u> <u>000</u> <u>55</u> EAST GRID <u>788</u> <u>000</u> <u>63</u></p> </div> </div>				
<p>APPROXIMATE DEPTH OF WELL <u>300</u> FEET</p> <p>24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH</p> <p>NEAREST INCH</p> <p style="text-align: center;"><b>METHOD OF DRILLING</b> (circle one)</p> <p>BORED (or Augered) <u>JETTED</u> Jetted &amp; DRIVEN</p> <p>30 AIR-ROTARY <u>AIR-PERCUSION</u> ROTARY (Hydraulic Rotary)</p> <p>37 CABLE <u>REVERSE-ROTARY</u> Drive-POINT</p> <p>other _____</p> <p style="text-align: center;"><b>REPLACEMENT OR DEEPEMED WELLS</b> (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>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</p> <p><input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52</p> <p style="text-align: center;"><b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b></p> <p>APPROP. PERMIT NUMBER <u>H02007-G002</u></p> <p>PERMIT NO. <u>H0-95-0645</u></p> <p>70 71 72 73 74 75 76 77 78 79</p>				
<p>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1 <u>Well</u></p> <p>2.</p> <p>3.</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>7808</u></p> <p>N <u>530</u></p> <p>000 000</p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> <p><u>Union Chapel</u></p> <p><u>McNeal Rd</u></p> <p><u>Rx 97</u></p> <p><u>51</u></p>				
<p style="text-align: center;"><b>SPECIAL CONDITIONS</b></p> <p>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</p> <p><u>Well to Be Drilled Per Plan P-06-03 Signed on 8/21/00</u></p>				

# HARR WELL DRILLING

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

## HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 6-04-07	Permit Number: HO-95-0645
Address: Sweetbay Street	Subdivision: Belle Haven Est L#37
Owner Name: Grayson Homes	Election District:
Well Depth: 260 Ft	Static Water Level: 20 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0830	20 ft		22 sec	13.63
0845	73		24	12.50
0900	84		24	12.50
0915	88		24	12.50
0930	90		24	12.50
0945	90		24	12.50
1000	92		24	12.50
1015	92		24	12.50
1030	92		24	12.50
1045	92		24	12.50
1100	92		24	12.50
1115	92		24	12.50
1130	92		24	12.50

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. Homanian Homes Telephone #: 240-882-7662  
Subdivision: Belle Haven Ests Lot #: 37 Well Tag #: HO-95-0645 ✓  
Site Address: 15246 SWEETBAY ST  
WOODBINE MD. 21797

Submersible Pump Data

Make: FLINT AND WALLING

Model #: 4FID507

Pump Capacity 10 GPM

Well Yield: 12.5 GPM

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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: BOSHAUT

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: 4-14-15

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

Date Insp. Requested: 4/16/15 Date Insp. Approved: 4/16/15 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 ✓

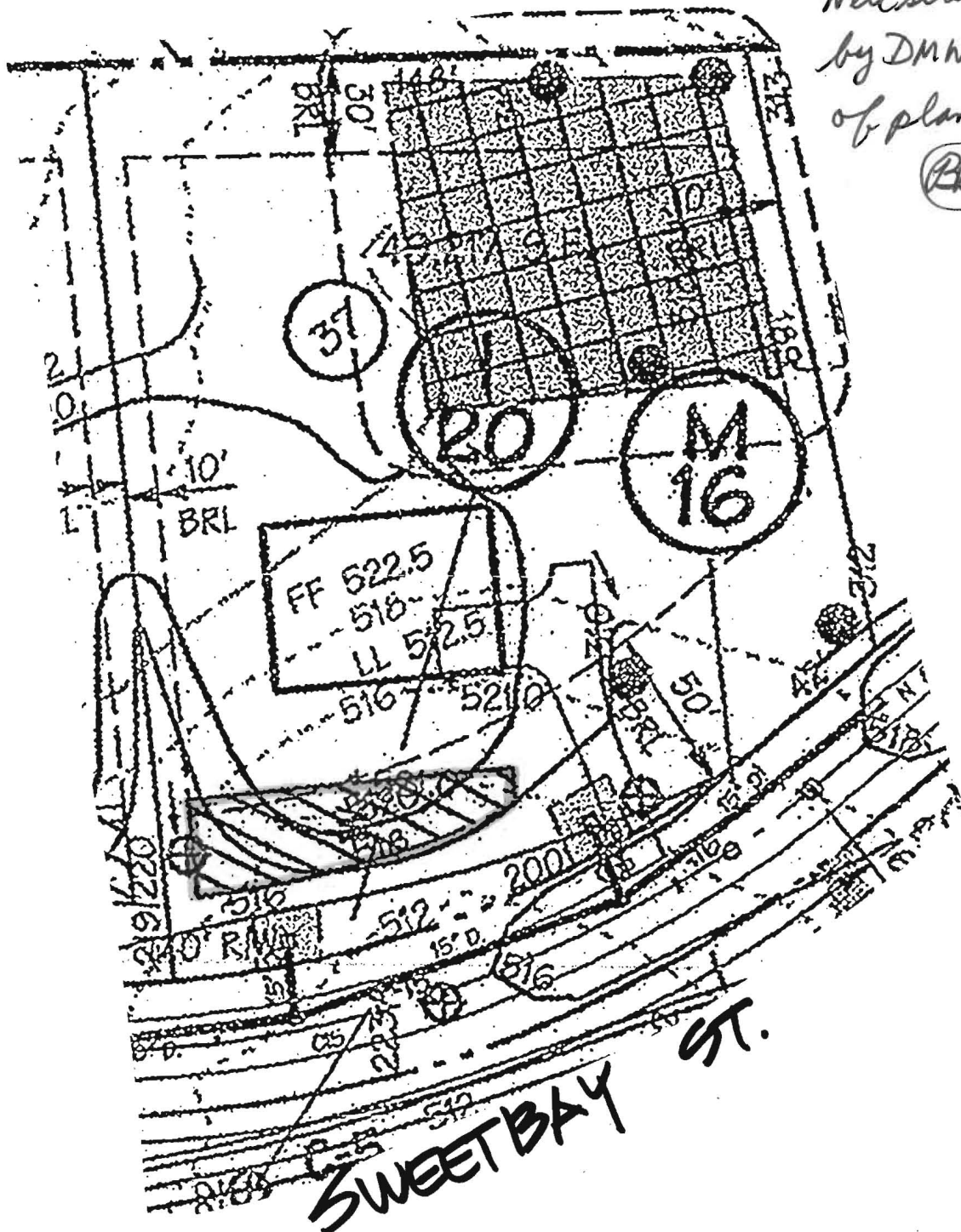
Correct well tag attached properly and casing 8" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ~2' below ✓



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



LOT 37

Drawn By: MDT

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\Lot37.dgn

Tue Feb 13 10:59:40 2007

**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 #:	103326	Account #:	3192
Reference:	Belle Haven Lot 37	Company:	Northern Virginia Drilling
Location:	15246 Sweet Bay Street	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	9/24/2015 1029	Site:	R/O at Kitchen Sink
Date/Time Rec'd:	9/24/2015 1222	Treatment:	Reverse Osmosis
Chlorine ppm:	Free: ND Total: ND	pH:	6.9
Collected By:	R. Ott 4269RO	Well #:	HO-95-0645

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	9/25/2015 / 1130 / CCH

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 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 # :** B14003665Date Reported: 9/25/2015



Bureau of Environmental Health

8930 Stanford Drive, Columbia, MD 21045

Main: 410-313-1774 | 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

REQUEST FOR TEMPORARY DEVIATION TO  
NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 9-12-15 WELL PERMIT #: HO - 95 - 0645

PROPERTY OWNER: Kareem : Abby Abou

SUBDIVISION & LOT #: Belle Haven Estates Lot 37

PROPERTY ADDRESS: 15246 Sweet Bay St.  
Woodbine, MD 21797

TESTIMONIAL: (Steps to be taken by the well owner or agent to bring the well into compliance with COMAR 26.04.04.09 (B) within fifteen (15) days)

K Houranian installed a reverse osmosis system  
before settlement.

CONDITIONS:

1) Within fifteen (15) days, the well installed under permit # HO - 95 - 0645 will be documented to have a nitrate level of 10 ppm or less at the primary drinking tap as a result of installation of a nitrate filtration system.

2) If the nitrate condition cannot be remediated to a level of 10 ppm or less via installation of a filtration system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

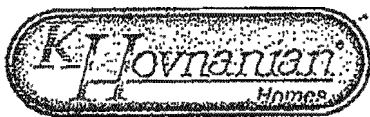
I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 be granted for the well installed under permit # HO - 95-0645. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) (Person(s) that intend to live in the dwelling)

[Signature]

Prospective Owner's Day Time Phone Number(s)

[Signature] 410 685-0227



## MISCELLANEOUS ADDENDUM

Date: 8/30/15

The Agreement of Sale, dated 06/07/2015, by and between K. Hovnanian Homes of Maryland I, LLC, ("Seller") and

Kareem Abou  
(Purchaser)

Sabitivn Abou  
(Co-Purchaser),

for Lot No. 37, Community of Belle Haven, is hereby amended as follows:

### Removal/Termination of Contingency on Sale of your present home

You hereby acknowledge: (a) the expiration of the contingency period on your Current Residence according to Section D of the Contract House to Sell/Lease Addendum; or (b) receipt of notice of another bonafide offer to purchase the Property according to House to Sell/Lease Addendum the Agreement. You hereby elect to:

☒ Remove the contingency and proceed to settlement according to Section C of the Contract Addendum House to Sell/Lease of the Sales Agreement.

☐ Terminate the Sales Agreement and refund your earnest money deposit.

### Miscellaneous

The parties agree as follows:

Contract is contingent upon settlement of 4524 Rebekka,

Closing to occur on or before Sept. 25, 2015 Quings Mills, MD 21117

This Addendum supersedes any other language in reference to such purchase in the Agreement of Sale, or otherwise, as it relates to the Settlement, and it is also agreed that all other terms and conditions of the Agreement remain unchanged and in full force and effect.

Purchaser

DATE

9/3/15

Co-Purchaser

DATE

9/4/15

K. Hovnanian Homes of Maryland I, LLC

DATE

9/8/15



**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 #: 102335 Account #: 3192  
Reference: Belle Haven Lot 37 Company: Northern Virginia Drilling  
Location: 15246 Sweet Bay Street Requested By: Dick Trelease  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 8/3/2015 1213 Site: Pressure Tank  
Date/Time Rec'd: 8/3/2015 1532 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.9  
Collected By: R. Ott 4269RO Well #: HO-95-0645

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	8/4/2015 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	8/4/2015 / 1015 / LLO
Nitrate	15.0	mg/L	10	601	8/4/2015 / 0935 / CRS
Turbidity	2.54 -	NTU	<10	SM18 2130B	8/4/2015 / 1025 / CRS
Sand	NS -	mg/L	5	Visual/Gravimetric	8/4/2015 / 1025 / 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B14003665

Date Reported: 8/4/2015



**MAYER BROS., INC.**

*Precast Concrete Products*

6264 Race Rd. Elkridge, MD 21075

## Letter of Satisfaction Hoot System Installation

Address of Property: 15246 Sweetbay St. Lot 37  
Woodbine, MD 21797

Date of Final Inspection: 8/18/15

Installer: Ben Lewis Plumbing

Hoot Technician/Inspector: Mike Sample

I hereby certify that the Hoot system installed at the property listed above has been installed according to proper Hoot installation practices. I have also verified the startup of the system and it is in proper working order.

Sincerely,

G. Michael Day

Name of Inspector  
Mayer Bros., Inc.

PH: 410-796-1434

FX: 410-796-1438

**WBE**

**NPCA Certified Plant**

[mayerbro@connect.net](mailto:mayerbro@connect.net)

[www.mayerbrosprecast.com](http://www.mayerbrosprecast.com)

Grease Interceptors, Grease Solvents, Aerobic Treatment Units, Septic Tanks, Holding Tanks, Storm Water Structures, Hydroceptors, Bench Barrier, Water Meter Vaults, Sectional Valve Vaults, Top Slabs, Curb Heads, Curb Bumpers, Farm Entry Basement Entries, Sumpwell Window Walls, Custom Precast Products

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. Harnanian Homes Telephone #: 240-882-7662  
Subdivision: Belle Haven ESts Lot #: 37 Well Tag #: HO-95-0645  
Site Address: 15246 Sugarbay St  
Woodbine MD 21797

Submersible Pump Data

Make: FLINT and WALLING  
Model #: 4F10S07  
Pump Capacity 10 GPM  
Well Yield: 12.5 GPM

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: ☒

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 ☒

Piping to house

Type: Polyethylene  
PSI: 200 (160 psi min)  
Depth of supply line: 36" (36" min)

House Connection

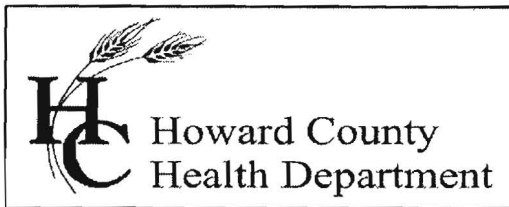
PVC sleeve to undisturbed soil at wall penetration: ☒  
Length of sleeve (5' minimum from foundation): 5'  
Sleeve sealed properly: ☒

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: 4-14-15

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4-16-2015 Inspector: \_\_\_\_\_  
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: 410-313-1771 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

**INTERIM CERTIFICATE OF POTABILITY**  
**PERMANENT DEVIATION FOR NITRATES**

Expiration Date – APRIL 6, 2015

October 6, 2015

Homeowner  
15246 Sweetbay Street  
Woodbine, MD 21797

**RE: Belle Haven Est., Lot 37**  
**15246 Sweetbay Street**  
**Building Permit: B14003665**  
**Well Permit: HO-95-0645**

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 **9/12/2015**. Final approval of the well line connection to the dwelling was granted on **4/16/2015**. The well construction was completed on **4/4/2007**. Water samples were collected on **8/3/2015 & 9/24/2015**.

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.

The untreated water sample collected on **8/3/2015** indicated a nitrate level of **15.0 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.** After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **9/24/2015** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-0645. 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 quality 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>

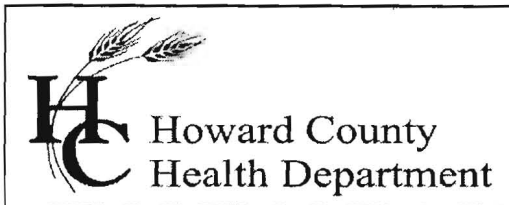
Approving Authority,



Kevin M Wolf, L.E.H.S., Supervisor  
Groundwater Management Section  
Well & Septic Program

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





Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

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TEMPORARY INTERIM CERTIFICATE OF POTABILITY  
**TEMPORARY DEVIATION FOR NITRATES**

**Expiration Date – OCTOBER 7, 2015**

September 22, 2015

Homeowner  
15246 Sweetbay St.  
Woodbine, MD 21797

**RE: Belle Haven Est., Lot 37  
15246 Sweetbay Street  
Building Permit: B14003665  
Well Permit: HO-95-0645**

Dear Homeowner:

This is to advise you that the septic system installation for the above referenced property has been inspected and approved. Final approval of the septic system was granted on **9/12/2015**. Final approval of the well line connection to the dwelling was granted on **4/16/2015**. The well construction was completed on **4/4/2007**. Water samples were collected on **8/3/2015**.

The untreated water sample collected on **8/3/2015** indicated a nitrate level of **15.0 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.30D(2)(a).**

This is a **temporary deviation** to allow additional time for installation of a nitrate removal system and submission of water sample results indicating that the treated water meets COMAR requirements.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that a nitrate removal system is installed and a water sample result for post-treatment nitrate level at the primary drinking tap is submitted to this Department **within 15 days**. Those results must indicate that the nitrate removal system is effectively maintaining a nitrate level of less than **10 mg/L**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

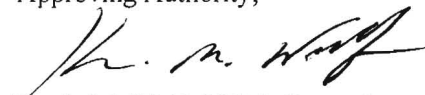
1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.38D**

***Enforcement and Environment Article 9-1311, Annotated Code of Maryland.***

This Temporary Interim Certificate of Potability will expire **15 days** from the date of issuance. **Failure to submit the required water test results and obtain an Interim Certificate of Potability before the expiration date 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 water sample appointment or contact a Maryland certified water quality 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, LEHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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