

C 1	8645	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	(13) A516057
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 05 24 2007		Depth of Well 22 300 26 (TO NEAREST FOOT)		
ST/CO USE ONLY DATE RECEIVED MM DD YY		DATE RECEIVED MM DD YY		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0653		
OWNER Bewley John and George		STREET OR RFD Bay Street		TOWN Woodbine		
SUBDIVISION Belle Haven Estates		SECTION		LOT 45		

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
Soil	0 10	
Brown Shale	10 24	
Gray Rock	24 300	x
water at 58' & 235'		

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
yes Y	no N
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 8 NO. OF POUNDS 800	
GALLONS OF WATER 48	
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	
Nominal diameter top (main) casing (nearest inch) 6	
Total depth of main casing (nearest foot) 27	
OTHER CASING (if used)	
diameter inch depth (feet) from to	
EACH CASING	
screen type or open hole	
insert appropriate code below	
ST STEEL	BR BRASS
PL PLASTIC	HO OPEN HOLE
OT OTHER	OT OTHER

C 3	
PUMPING TEST	
HOURS PUMPED (nearest hour) 3	
PUMPING RATE (gal. per min.) 5.45	
METHOD USED TO MEASURE PUMPING RATE Submersible	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING 33 ft.	
WHEN PUMPING 170 ft.	
TYPE OF PUMP USED (for test)	
A air	P piston
C centrifugal	R rotary
J jet	S submersible
T turbine	O other (describe below)

NUMBER OF UNSUCCESSFUL WELLS: 0	
WELL HYDROFRACTURED yes Y no 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 28.04.04 "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 Aw 766 D	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

C 2	
DEPTH (nearest ft.)	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
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	
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	

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	
- below	
LAND SURFACE (nearest foot) 50 51	
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)	
Well is in the center of the well area	

B 1	6498	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526193 please type	STATE PERMIT NUMBER HO-95-0653 fill in this form completely
Date Received (APA)		B 3 Howard LOCATION OF WELL		
OWNER INFORMATION		8 COUNTY Belle Haven Est		
8 MM DD YY 13 Grayson Homes		23 SUBDIVISION 45		
15 Last Name Owner First Name 34 9025 Chevrolet Drive		SECTION 44 46 LOT 48 50 Woodbine		
36 Street or RFD 55 Ellicott City MD 21043		52 NEAREST TOWN 71		
57 Town 70 State 72 Zip 76		MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78		
DRILLER INFORMATION		B 4		
Driller's Name Michael D. Isom M S D 162		1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
Firm Name G. Edgar Harr Sons Corp.				
Address 12047 Falls Road, Cockeysville 21030				
Signature [Signature] Date 1/10/07				
WELL INFORMATION		11 NEAR WHAT ROAD 370		
APPROX. PUMPING RATE (GAL. PER MIN.) 5		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750		34 37 38 39 DISTANCE FROM ROAD ENTER FT OR MI FT		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		TAX MAP: 14 BLK: 20 PARCEL 66		
<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		
APPROXIMATE DEPTH OF WELL 306 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jettied & DRIVEN AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____		COUNTY NAME Howard COUNTY NO. 13 STATE SIGNATURE Brian Baber INSERT S → DATE ISSUED 2/13/2007 CO SIGNATURE Brian Baber EXP. DATE 2/13/2008 NORTH GRID 529 000 EAST GRID 788 000 50 55 57 63		
		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3.		
		WRITE THE BOX NUMBER FROM THE MAP HERE E 7808 N 53029		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<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 DEEPEMED 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 HO-2007G-002				
PERMIT No. HO-95-0653				
SPECIAL CONDITIONS Well to be Drilled Per Plan P-06-03 Signed on 8/21/08				

HARR WELL DRILLING

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

HOWARD COUNTY WELL YIELD TEST REPORT

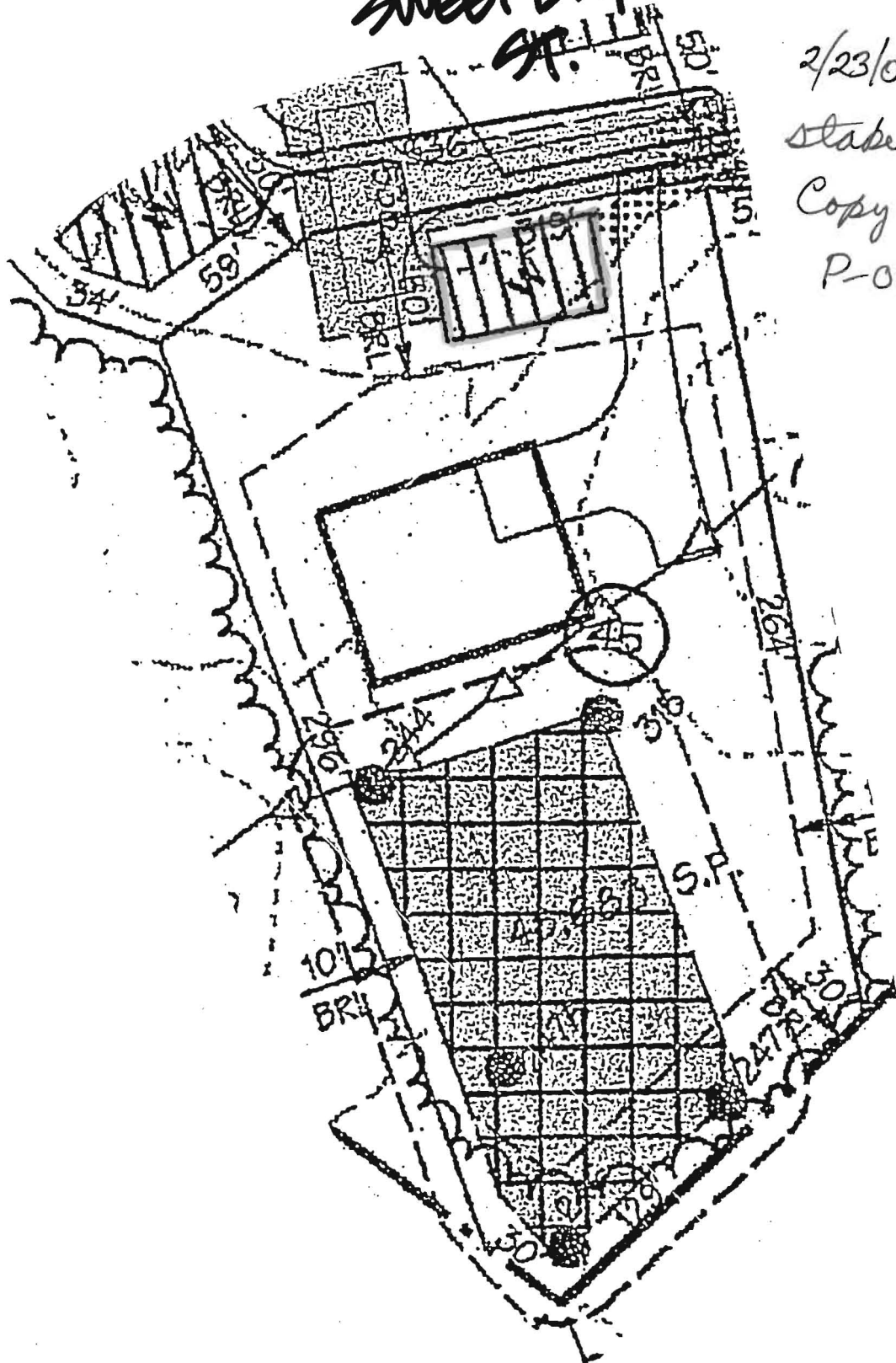
Date Test Performed: 5-23-07
Address: Sweetbay Street
Owner Name: Grayson Homes
Well Depth: 300 Ft

Permit Number: HO-95-0653
Subdivision: Belle Haven Est L#45
Election District:
Static Water Level: 33 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1 gallon bucket	Calculated Flow-Gallons Per Minute
0845	33 ft		4 sec	15.00
0900	99		4	15.00
0915	132		6	10.00
0930	160		9	6.66
0945	165		10	6.00
1000	170		11	5.45
1015	170		11	5.45
1030	170		11	5.45
1045	170		11	5.45
1100	170		11	5.45
1115	170		11	5.45
1130	170		11	5.45
1145	170		11	5.45
1200	170		11	5.45
1215	170		11	5.45
1230	170		11	5.45
1245	170		11	5.45

SWEET BAY
SP.

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



BELLE HAVEN ESTATES

LOT 45

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\Lot45.dgn

Tue Feb 13 11:05:02 2007

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Northern Virginia Drilling Telephone #: 703-361-6859
Address: 11356 Industrial Rd.
MANASSAS VA 20109

(Must circle one) Licensed Plumber: Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): SHAWN MILLER License# 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 Lot #: 45 Well Tag #: HO 95-0653
Site Address: 15213 Sweetbay ST
Woodbine, MD

Submersible Pump Data

Make: Flint and Walling

Model #: 4F07S07

Pump Capacity 4.2 GPM @ 250'

Well Yield: 5.45 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: Bos Hart

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: ✓

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: 8-21-15

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

Date Insp. Requested: 8/25/15 Date Insp. Approved: 8/25/13 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 ✓

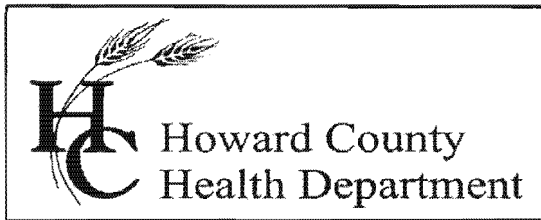
Piles of dirt around

casing at WLI -

check that casing

is 8" above final

grade. 8/25/13 SC



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 – JUNE 2, 2016

December 2, 2015

Homeowner
15213 Sweetbay Street
Woodbine, MD 21797

**RE: Belle Haven Est., Lot 45
15213 Sweetbay Street
Building Permit: B14003030
Well Permit: HO-95-0653**

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 **12/2/2015**. Final approval of the well line connection to the dwelling was granted on **8/25/2013**. The well construction was completed on **5/24/2007**. Water samples were collected on **11/11/2015**.

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-95-0653. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

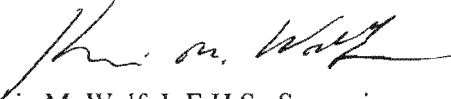
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", is written over the printed name.

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

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 #: 104167 Account #: 3192
Reference: Belle Haven Lot 45 Company: Northern Virginia Drilling
Location: 15213 Sweetbay Street Requested By: Dick Trelease
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 11/11/2015 0950 Site: Pressure Tank
Date/Time Rec'd: 11/11/2015 1227 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Yeager 6176JY Well #: HO-95-0653

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/12/2015 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/12/2015 / 1015 / LLO
Nitrate	<1.0	mg/L	10	601	11/11/2015 / 1345 / CRS
Turbidity	2.86	NTU	<10	SM18 2130B	11/11/2015 / 1410 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	11/11/2015 / 1410 / CRS

OK
—**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 # : 14003030

Date Reported: 11/12/2015