

C1 8634

SEQUENCE NO. (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 PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A516057

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0642

DATE RECEIVED

MM 09 DD 2007

22 300 26

8 13

15 20

(TO NEAREST FOOT)

9/7/07 O.K. BB

OWNER

STREET OR RFD

SUBDIVISION

Bewley John and George Winterhazel Court Belle Haven Estates SECTION TOWN Woodbine LOT 34

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

Table with 3 columns: Description, Feet (From/To), and Check if water bearing. Rows include Soil, Brown Shale, Soft Brown Shale, and Gray Rock.

water at 89' & 227'

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 14 NO. OF POUNDS 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 55 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 55

OTHER CASING (if used)

Table with columns for diameter and depth (feet) for other casing types.

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)

Table with columns for depth intervals and slot size.

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

TELESCOPE CASINC LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 11.11

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 22 ft.

WHEN PUMPING 112 ft.

TYPE OF PUMP USED (for test)

Grid for pump type selection: A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), S (submersible).

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) 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 to 35

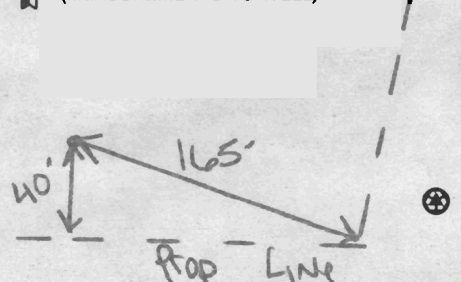
PUMP HORSE POWER 37 to 41

PUMP COLUMN LENGTH (nearest ft.) 43 to 47

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

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)



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 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 D 766

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

B 1 9181

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526193 please type

STATE PERMIT NUMBER H0-95-0642 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Grayson Homes 15 Last Name Owner First Name 34 36 9025 Chevrolet Drive Street or RFD 55 57 Elliott City MD 21043 Town State Zip 76

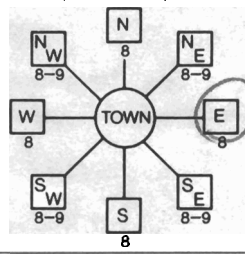
LOCATION OF WELL

B 3 Howard 8 COUNTY 21 Belle Haven Est 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Woodbine 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78

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 12/26/06 Date Signature

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Winterhazel Court Union Chapel Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 40 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 14 BLK: 20 PARCEL 66

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A516057 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 2/13/2007 Brian Baker 2/13/2008 CO SIGNATURE EXP. DATE NORTH GRID 530 000 EAST GRID 787 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL NEAREST 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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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)

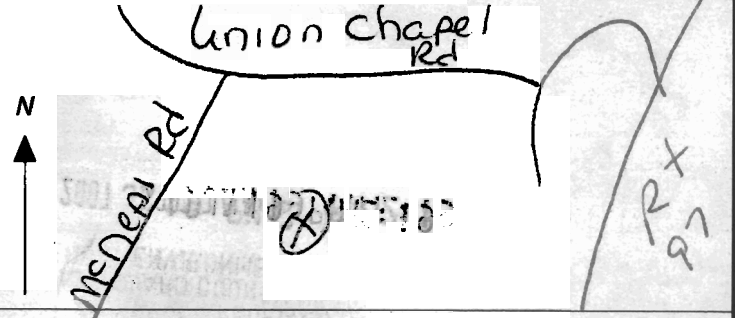
APPROP. PERMIT NUMBER H02007.0002 PERMIT No. H0-95-0642

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 7807 N 530

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS Well to be Drilled Per Plan P-06-03 Signed on 8/21/2006



HARR WELL DRILLING

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

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 6-12-07
Address: Winterhazel Court
Owner Name: Grayson Homes
Well Depth: 300 Ft

Permit Number: HO- 95-0642
Subdivision: Belle Haven Est L#34
Election District:
Static Water Level: 22 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0830	22 ft		22 sec	13.63
0845	67		22	13.63
0900	90		22	13.63
0915	101		25	12.00
0930	105		25	12.00
0945	109		26	11.53
1000	110		26	11.53
1015	111		26	11.53
1030	112		27	11.11
1045	112		27	11.11
1100	112		27	11.11
1115	112		27	11.11
1130	112		27	11.11



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0915	101		25	12.00
0930	105		25	12.00
0945	109		26	11.53
1000	110		26	11.53
1015	111		26	11.53
1030	112		27	11.11
1045	112		27	11.11
1100	112		27	11.11
1115	112		27	11.11
1130	112		27	11.11

**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 Lot #: 34 Well Tag #: HO-95-0642
Site Address: 2907 WINTERHAZEL CT.
WOODBINE MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>FLINT and WALLING</u>	Make: <u>BOSCHART</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>4F10G07-305</u>	Model#: <u>PI02SS</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>11</u> GPM	NSF/WSC approved: <input type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300'</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
<input checked="" type="checkbox"/> 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 <u>inside of well casing</u> <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Polyethylene</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5' +</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

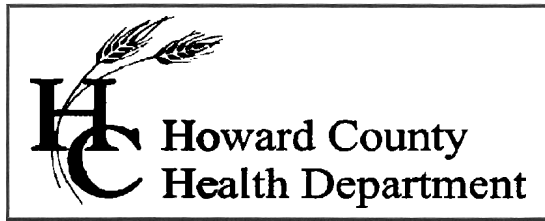
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Shawn Miller date: 11-1-13

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

Date Insp. Requested: 11-25-13 Date Insp. Approved: 11-25-13 Inspector: KW

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



Bureau of Environmental Health

8930 Stanford Blvd. , 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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – July 20, 2014

February 20, 2014

Homeowner
2907 Winterhazel Court
Woodbine, Maryland 21797

**RE: Bewley Property/ Belle Haven Est, , Lot #34
2907 Winterhazel Court
Building Permit: B13002883
Well Permit: HO-95-0642**

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 **2/18/2014**. Final approval of the well line connection to the dwelling was granted on **11/25/2013**. The well construction was completed on **4/09/2007**. Water samples were collected on **2/18/2014**.

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-95-0642. 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,

Dana Bernard

Dana Bernard
Environmental Sanitarian
Well & Septic Program

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



MAYER BROS., INC.

Precast Concrete Products

6264 Race Rd. Elkridge, MD 21075

Letter of Satisfaction Hoot System Installation

Address of Property: 12907 Winterhazel Ct
Woodbine, MD, 21797

Date of Final Inspection: 2/18/14

Installer: McKim Construction

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,

Name of Inspector
Mayer Bros., Inc.

Attention:
Kevin

PH: 410-796-1434

FX: 410-796-1438

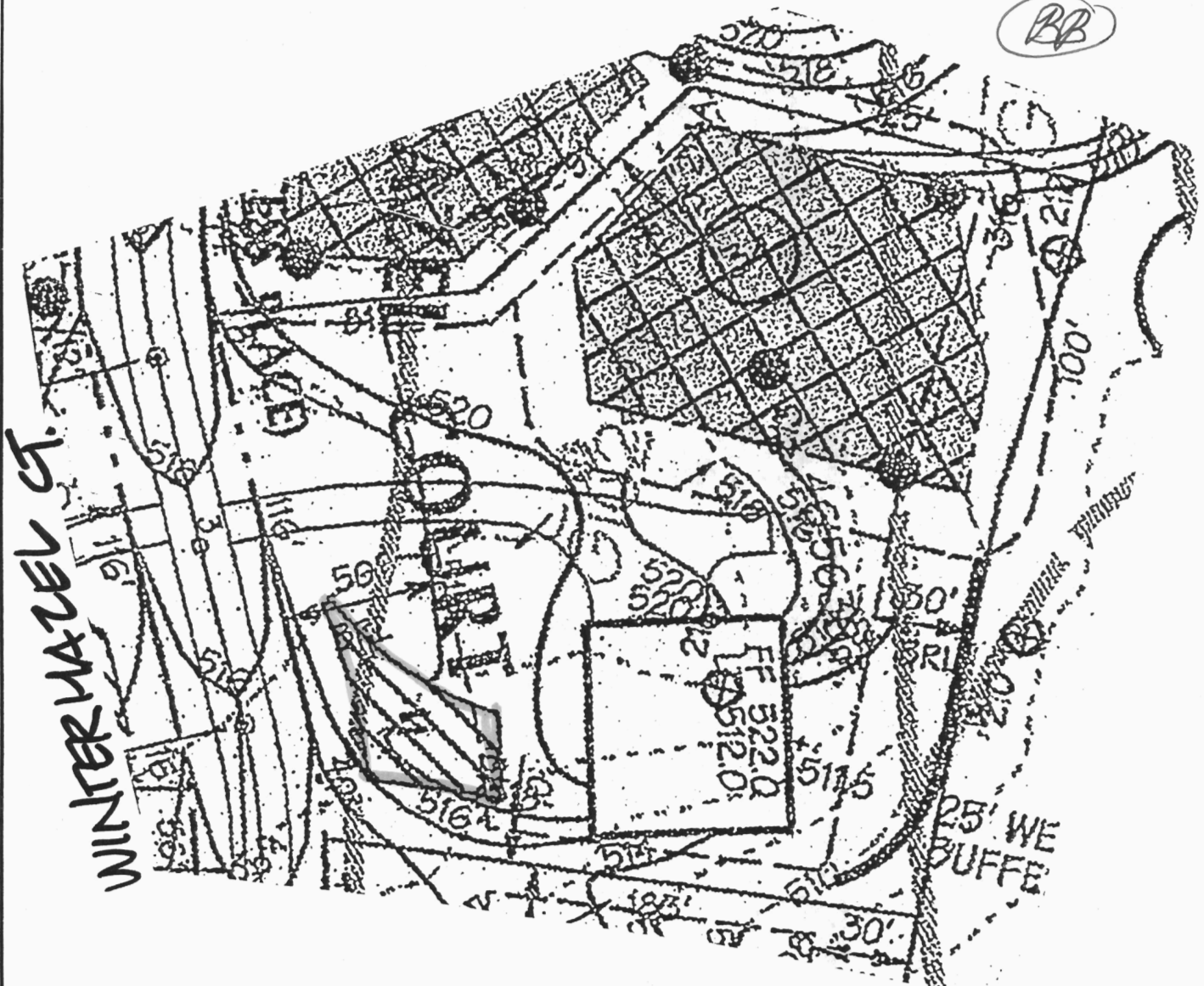
WBE
NPCA Certified Plant

mayerbro@connext.net
www.mayerbrosprecast.com

Grease Interceptors, Grease Solutions, 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, PermEntry Basement Entries,
Scapewell Window Wells, Custom Precast Products

2/22/07 Well site
 Staked by DMW.
 Copy of plan P-06-03

BB



BELLE HAVEN ESTATES

LOT 34



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\01067FLot Wells\FINAL\Lot34.dgn

Tue Feb 13 10:40:59 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 #: 93070 Account #: 3192
Reference: Belle Haven Lot 34 ✓ Company: Northern Virginia Drilling
Location: 2907 Winter Hazel Court Requested By: Dick Trelease
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 2/18/2014 1420 Site: Kitchen Sink Tap *OK (New Home)*
Date/Time Rec'd: 2/18/2014 1620 Treatment: None ✓
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: C. Holland 0547CH Well #: HO-95-0642 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	2/19/2014 / 1100 / CCH
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	2/19/2014 / 1100 / CCH
Nitrate	4.53 ✓	mg/L	10	601	2/18/2014 / 1705 / CCH
Turbidity	1.30 ✓	NTU	<10	SM18 2130B	2/18/2014 / 1710 / CCH
Sand	NS ✓	mg/L	5	Visual/Gravimetric	2/18/2014 / 1710 / CCH

*OK (KRW)
2/29/14*

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 # : B13002883

Date Reported: 2/19/2014