

C1 8628

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)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-0636

DATE RECEIVED MM DD YY

MM DD 05 19 2007

22 260 26

8 13

15 20

(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER Bewley John and George first name TOWN Woodbine STREET OR RFD Birch-hazel Court SUBDIVISION Belle Haven Estates SECTION LOT 28

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Soil (0-11), Brown Shale (11-25), Soft Brown Shale (25-62), Gray Rock (62-260).

water at 215'

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 7 NO. OF POUNDS 1700

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 68 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 68

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

SCREEN RECORD

screen type or open hole insert appropriate code below. Codes: ST (STEEL), BR (BRASS), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER).

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

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 CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15.00

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 28 ft.

WHEN PUMPING 80 ft.

TYPE OF PUMP USED (for test)

Codes: A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), S (submersible).

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

PLACE OF PUMP INSTALLED (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

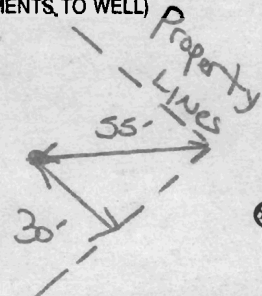
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

Codes: + (above), - (below). LAND SURFACE (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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER 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. MS 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 9175

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-95-0636 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Grayson Homes Last Name Owner First Name 34

9025 Chevrolet Drive Street or RFD 55

Ellicott City MD 21043 Town State Zip 76

DRILLER INFORMATION

Mihhael D. Isom M S D 162 Driller's Name License No. 81

G. Edgar Harr Sons' Corp. Firm Name

12047 Falls Road, Cockeysville 21030 Address

Signature Date 12/26/06

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

B 3

LOCATION OF WELL

Howard 8 COUNTY 21

Belle Haven Est 23 SUBDIVISION 42

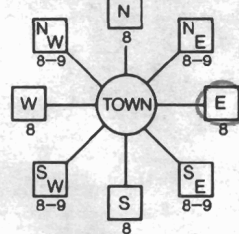
SECTION 44 46 LOT 28 48 50

Woodbine 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

B 4

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) 45

DISTANCE FROM ROAD 34 37 38 39 ENTER FT OR MI FT TAX MAP: 14 BLK: 20 PARCEL 66

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G 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 6 INCH NEAREST

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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D 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 HO20070002 PERMIT No. HO-95-0636

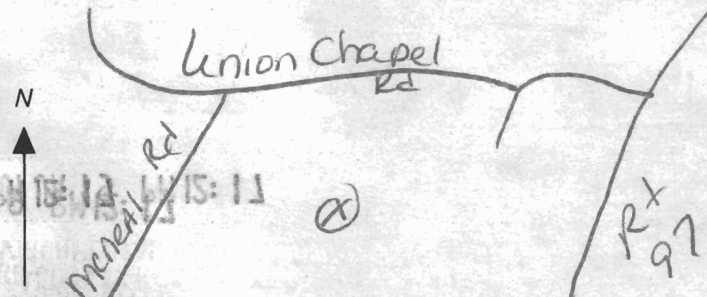
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- 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

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED 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: 5-10-07  
Address: Winterhazel Court  
Owner Name: Grayson Homes  
Well Depth: 260 Ft

Permit Number: HO-95-0636  
Subdivision: Belle Haven Est L#28  
Election District:  
Static Water Level: 28 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0900	28 ft		20 sec	15.00
0915	74		20	15.00
0930	79		20	15.00
0945	79		20	15.00
1000	80		20	15.00
1015	80		20	15.00
1030	80		20	15.00
1045	80		20	15.00
1100	80		20	15.00
1115	80		20	15.00
1130	80		20	15.00
1145	80		20	15.00
1200	80		20	15.00

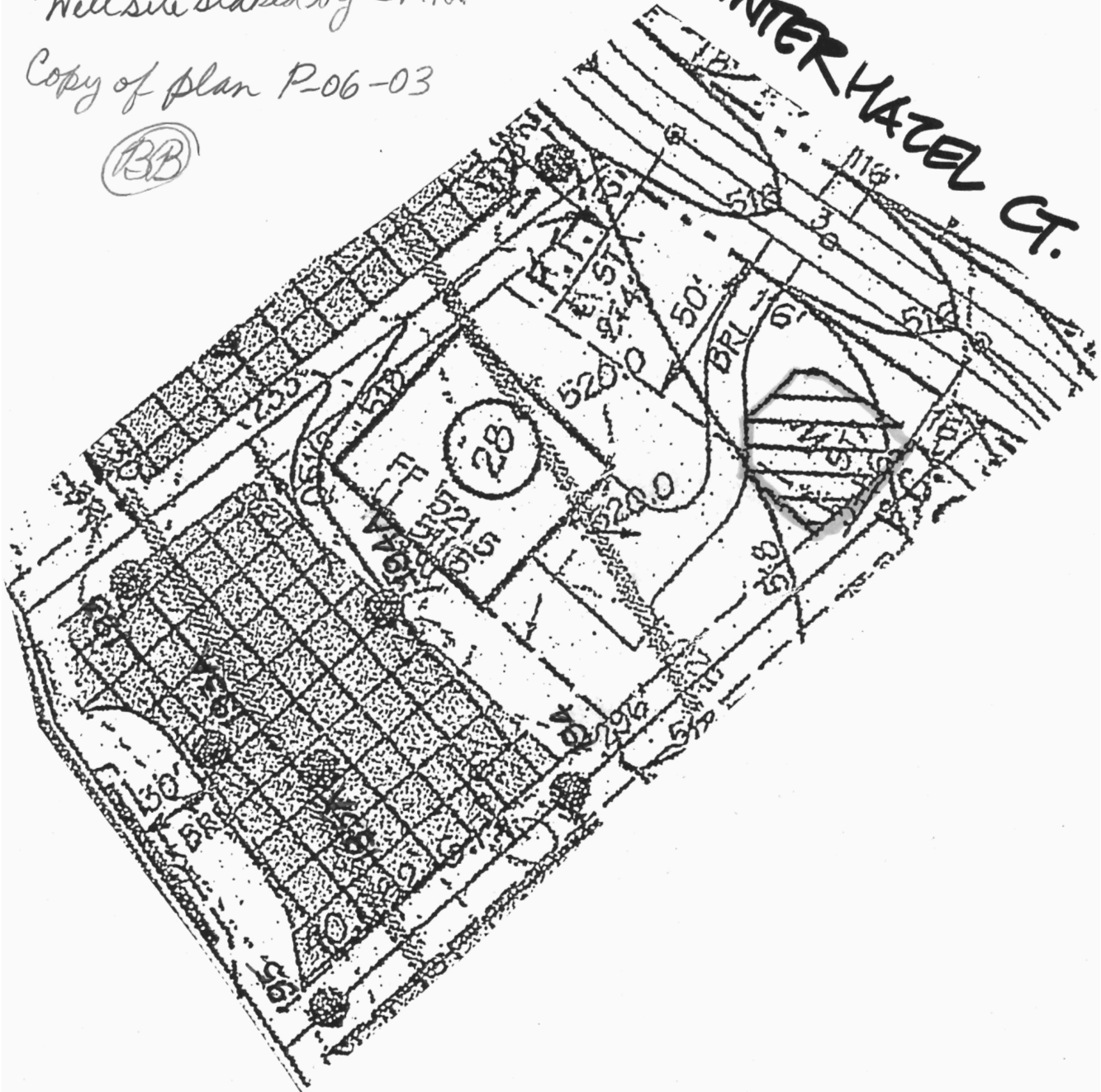
2/22/07

Well site staked by DMW.

Copy of plan P-06-03

(BB)

WINTER HAZEL CT.



BELLE HAVEN ESTATES

LOT 28

**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
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**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 #: 28 Well Tag #: HO-95-0636  
Site Address: 2906 Winterchapel Ct.  
Woodbine MD 21797

**Submersible Pump Data**

Make: FLINT and WALLING  
Model #: 4FIDG07-305  
Pump Capacity 10 GPM  
Well Yield: 15 GPM

**Pitless Adapter**

Make: BOSTART  
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.:

Depth of well encountered at time of pump installation: 260' (feet) Conduit secured to well cap:

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: 11-1-13

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/6/13 Inspector: [Signature]  
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

# 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 #: 92962 Account #: 3192  
Reference: Belle Haven Lot 28 Company: Northern Virginia Drilling  
Location: 2906 Winter Hazel Court Requested By: Dick Trelease  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 2/7/2014 / 0950 Site: Kitchen Sink Tap ✓  
Date/Time Rec'd: 2/7/2014 1345 Treatment: None ✓  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
Collected By: J. Yeager 6176JY Well #: HO-95-0636

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/8/2014 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/8/2014 / 1000 / CCH
Nitrate	7.26	mg/L	10	601	2/7/2014 / 1600 / CCH
Turbidity	0.83	NTU	<10	SM18 2130B	2/7/2014 / 1500 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	2/7/2014 / 1500 / JKW

OK  
DB  
2-20-14

### 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B13002675

Date Reported: 2/10/2014