

C1 8632

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 04 19 2007

Depth of Well 22 280 26 9/28/07 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0640

OWNER Bewley John and George STREET OR RFD Winterhazel Court TOWN Woodbine SUBDIVISION Belle Haven Estates SECTION LOT 32

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 (0-12), Brown Shale (12-21), Soft Brown Shale (21-42), Gray Rock (42-280).

water at 159' & 235'

14 ÷ 4.5 = 3.1

Better

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below (Steel, Concrete, Plastic, Other) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (Steel, Brass, Bronze, Plastic, Open Hole, Other)

DEPTH (nearest ft.)

Table for DEPTH with columns: 1-6, 8-11, 13-17, 19-23, 25-29, 31-35, 37-41, 43-47, 49-53

DIAMETER OF SCREEN (NEAREST INCH) 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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

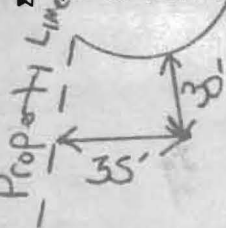
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15.00 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 37 ft. WHEN PUMPING 47 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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)

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 (Y/N)

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. 1 M S D 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 A W R 60 D

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

B 1 9179
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

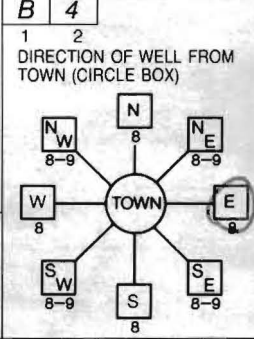
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526193 please type

STATE PERMIT NUMBER
HO-95-0640
fill in this form completely

Date Received (APA)
8 MM DD YY 13
OWNER INFORMATION
Grayson Homes
15 Last Name Owner First Name 34
9025 Chevrolet Drive
36 Street or RFD 55
Ellicott City MD 21043
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Belle Haven Est
23 SUBDIVISION 42
SECTION 44 46 LOT 32 48 50
Woodbine
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION
Michael D. Isom M S D 162
Driller's Name 76 License No. 81
G. Edgar Hays Sons' Corp.
Firm Name
1204 Falls Road, Cockeysville 21030
Address
Signature Date 12/26/06



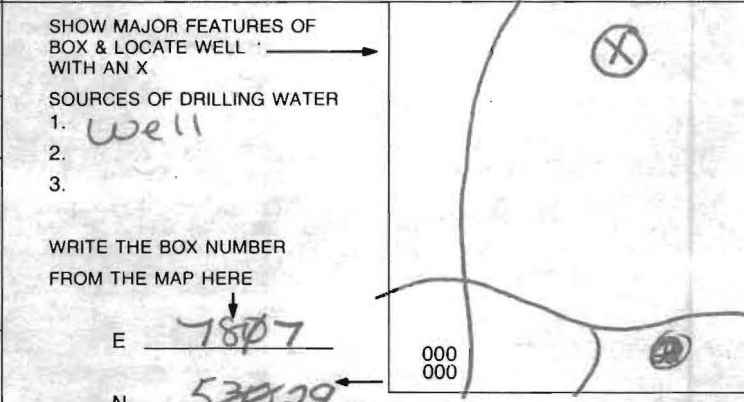
Winterhazel Court
Union Chapel Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
40
34 37
DISTANCE FROM ROAD FT 38 39
ENTER FT OR MI
TAX MAP: 14 BLK: 20 PARCEL 66

B 2 WELL INFORMATION
1 2
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 → 41
DATE ISSUED 2/13/2007 Brian Baber 2/13/2008
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 529 000 EAST GRID 787 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 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 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
39 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

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 53029
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER HO2007-G002
PERMIT No. HO-95-0640
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
Well to Be Drilled Per Plan P-06-03 Signed on 8/21/2008

C 1 8632

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(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM DD YY

MM DD YY 04 19 2007

22 280 26 (TO NEAREST FOOT)

40-95-0640

OWNER: Bewley, John and George; STREET OR RFD: Winterhazel Court; TOWN: Woodbine; SUBDIVISION: Belle Haven Estates; SECTION: ; LOT: 32

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 (0-12), Brown Shale (12-21), Soft Brown Shale (21-42), Gray Rock (42-280).

water at 159' & 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 14 NO. OF POUNDS 7400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

CASING RECORD

Case 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): 45.

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

SCREEN RECORD: screen type or open hole. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

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...

DRILLERS LIC. NO. MS D 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D 760

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

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 37 ft.

WHEN PUMPING 47 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 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

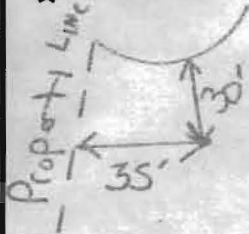
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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)

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)



HARR WELL DRILLING

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

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 4-18-07
Address: Winterhazel Court
Owner Name: Grayson Homes
Well Depth: 280 Ft

Permit Number: HO-95-0640
Subdivision: Belle Haven Est L#32
Election District:
Static Water Level: 37 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
1145	37 ft		20 sec	15.00
1200	46		20	15.00
1215	47		20	15.00
1230	47		20	15.00
1245	47		20	15.00
1300	47		20	15.00
1315	47		20	15.00
1330	47		20	15.00
1345	47		20	15.00
1400	47		20	15.00
1415	47		20	15.00
1430	47		20	15.00
1445	47		20	15.00

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: _____ Telephone #: _____
 Address: _____

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

*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: _____ Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO - ____ - ____
 Site Address: _____

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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 date

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

Date Insp. Requested: 3/28/14 Date Insp. Approved: 3/28/14 Inspector: AG
 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 ✓

Well Tag # 95-0640

OK
to Carol
AG

* 2915 Winter Hazen/CT[↑] Lot 32

K Harmon
703 732 6093

Well Line Inspection Checklist

Well Tag # HO-95-0640
WLF-OK 3/28/14

- Date of the **Requested Inspection**
- Date of the **Actual Inspection**
- Date of **Final Approval**
- Did the Contractor complete the top portion of the sheet **PRIOR** to inspection?

1. Is the **Pitless Adaptor** watertight?

- Does the curve in the adaptor match the curve of the casing at the point of contact (seal/gasket)
- Is the adaptor Lead-free Brass or Stainless Steel
- Does the adaptor have a seal/gasket
- Is the water line securely fastened to the adaptor
- Is there an undercut beneath the adaptor
 - Was it filled with back fill or gravel?
- Is the adaptor at least 36 inches below grade

2. Is the **Well Cap** on?

- Is it tight and secure
- Are the bolts snug
- Does the cap have a vent/screen
- Does the cap have a place for electrical conduit
- Is the cap a two piece design (top and bottom)

3. Is the **Electrical Conduit** installed?

- Does the conduit extend at least 18 inches below grade
- Is the conduit glued into the coupling
- Is the conduit secure in the cap

4. Is the **Safety Rope** NOT outside of the well cap/casing?

5. Is the **Well Tag** attached to the casing?

- Is the tag attached correctly (1/2 inch stainless steel band, or equivalent)
- Is the tag number correct
- Is the tag at least 8 inches above final grade

6. Is the **Water Supply Line** connected?

- Is it at least 36 inches below grade
- Is the trench bedded with gravel in necessary
- Is the water line sleeved adequately into the house
- Is the sleeve extended to at least 5 feet from any foundation
- Is the water line into the foundation sidewall or under the foundation floor
 - *If under foundation floor, line is not required to be sleeved at connection point**
- Is the connection point waterproofed (ex. Tar)

7. Is the **Casing Properly/Adequately Grouted**?

- Is there a visible open annular spacing
- Is there grout at the site of water line service, or up to grounds surface
- Is there at least 2 inches around the nominal casing size
- Is the grout continuous and uniform

HARR WELL DRILLING

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

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Owner Name: Grayson Homes
Well Depth: 280 Ft

Permit Number: HO-95-0640
Subdivision: Belle Haven Est L#32
Election District:
Static Water Level: 37 Ft

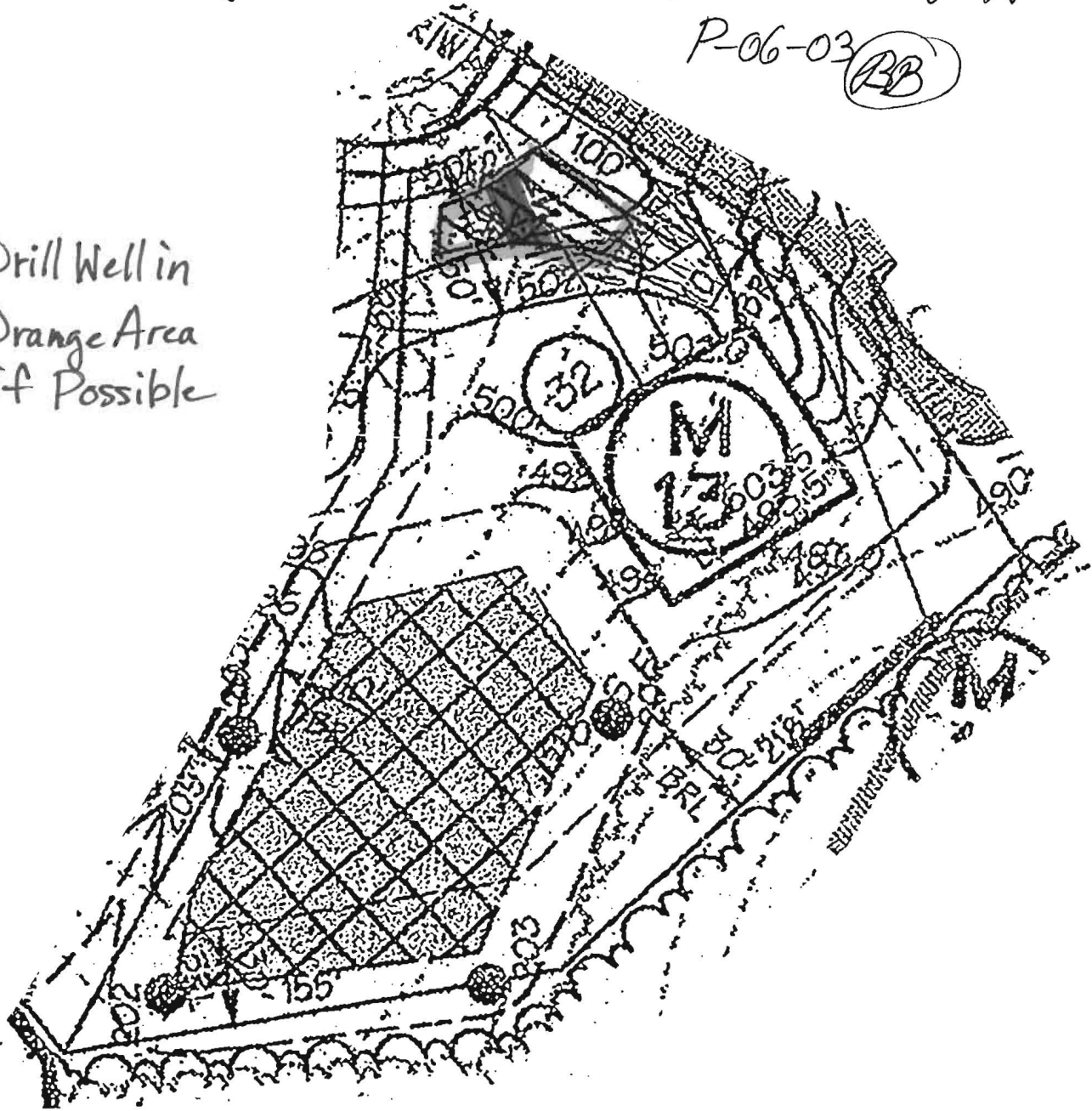
Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
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1245	47		20	15.00
1300	47		20	15.00
1315	47		20	15.00
1330	47		20	15.00
1345	47		20	15.00
1400	47		20	15.00
1415	47		20	15.00
1430	47		20	15.00
1445	47		20	15.00

WINTER HAZEL
CT.

2/22/07 Well site staked
by DMW. Copy of plan

P-06-03 (BB)

Drill Well in
Orange Area
if Possible



BELLE HAVEN ESTATES

LOT 32

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\Lot32.dgn

Tue Feb 13 10:47:54 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. Hannanian Homes Telephone #: 240-882-7662
Subdivision: Belle Haven Lot #: 32 Well Tag #: HO-95-0640
Site Address: 2915 Waterhazel Ct
Woodbine MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Fliint and Walling</u>	Make: <u>BOSCH</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>4F10607-305</u>	Model#: <u>P10055</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>15</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: _____ (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
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

<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: 3-24-14

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

Date Insp. Requested: _____ Date Insp. Approved: _____ 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 _____

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 #: 94664 Account #: 3192
Reference: Belle Haven Lot 32 Company: Northern Virginia Drilling
Location: 2915 Winter Hazel Court Requested By: Dick Trelease
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 6/13/2014 1100 Site: Pressure Tank
Date/Time Rec'd: 6/13/2014 1228 Treatment: None
Chlorine ppm: Free: ND ✓ Total: ND ✓ pH: 6.3
Collected By: J. Yeager 6176JY Well #: HO-95-0640 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	6/14/2014 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	6/14/2014 / 0900 / CCH
Nitrate	6.36 ✓	mg/L	10	601	6/13/2014 / 1400 / CCH
Turbidity	0.47 ✓	NTU	<10	SM18 2130B	6/13/2014 / 1315 / CRS
Sand	NS ✓	mg/L	5	Visual/Gravimetric	6/13/2014 / 1315 / CRS

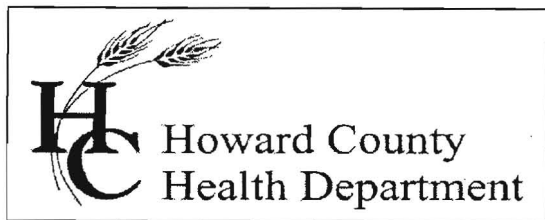
'OK'
reb 6/19/2014

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 # : B13003726

Date Reported: 6/16/2014



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 19, 2014

June 19, 2014

Homeowner
2915 Winterhazel Court
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 32
2915 Winterhazel Court
Building Permit: B13003726
Well Permit: HO-95-0640**

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 **6/10/2014**. Final approval of the well line connection to the dwelling was granted on **3/28/2014**. The well construction was completed on **4/19/2007**. Water samples were collected on **6/13/2014**.

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-95-0640. 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,



Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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