

C1 8627 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER 13 A516057

DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER STREET OR RFD TOWN SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Brown shale, Soft shale, Gray Rock, and Water at 155'.

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth of main casing.

OTHER CASING (if used) diameter, depth (feet).

SCREEN RECORD: screen type or open hole, insert appropriate code below, SCREEN RECORD (STEEL, BRASS, PLASTIC, OPEN HOLE, OTHER).

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED: DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED, ELECTRIC LOG OBTAINED, 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...

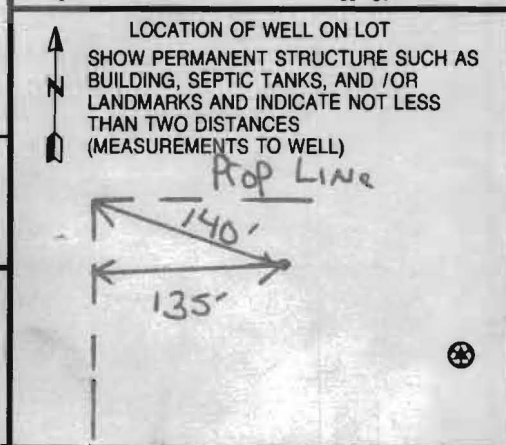
DRILLERS LIC. NO. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.

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

DEPTH (nearest ft.) table with columns 1-21 and rows A-E. 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) TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 9174
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-95-0635
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Grayson Homes
15 Last Name Owner First Name 34

9025 Chevrolet Drive
36 Street or RFD 55

Ellicott Ctry MD 21043
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Michael D. Isom MS D 162
76 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
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

B 3

LOCATION OF WELL

Howard
8 COUNTY 21

Belle Haven Est
23 SUBDIVISION 42

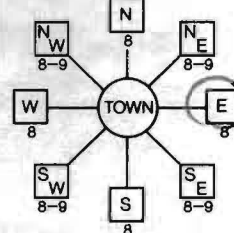
SECTION 44 46 LOT 27 48 50

Woodbine
52 NEAREST TOWN 71

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

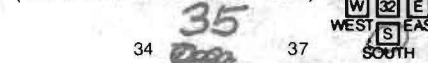
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sweetbay Street
Union Chapel Road
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



35
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 14 BLK: 20 PARCEL 66

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
43 MM DD YY 48 CO SIGNATURE BRAIN BABER 2/13/2008 EXP. DATE

NORTH GRID 530 000 EAST GRID 787 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEEN 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 H02007G002
PERMIT No. H0-95-0635
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Well to Be Located According to Plan P-06-03 Signed on 8/21/2006

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

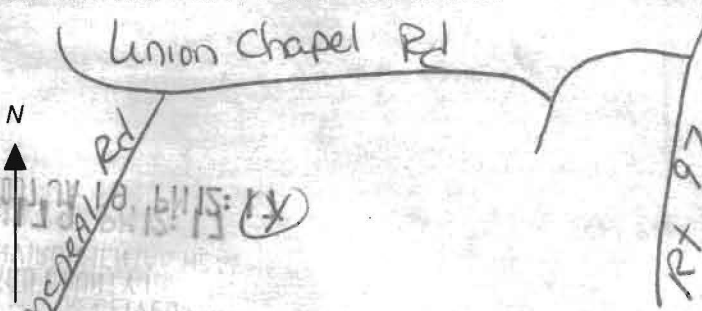
SOURCES OF DRILLING WATER

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



HARR WELL DRILLING

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

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 6-02-07
Address: Sweetbay Street
Owner Name: Grayson Homes
Well Depth: 240 Ft

Permit Number: HO-95-0635
Subdivision: Belle Haven Est L#27
Election District:
Static Water Level: 34 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
1315	34 ft		21 sec	14.28
1330	47		22	13.63
1345	47		22	13.63
1400	47		22	13.63
1415	48		22	13.63
1430	48		22	13.63
1445	48		22	13.63
1500	48		22	13.63
1515	48		22	13.63
1530	48		22	13.63
1545	48		22	13.63
1600	48		22	13.63
1615	48		22	13.63

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. 9
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. HANANIAN HOMES Telephone #: 240-882-7662
Subdivision: BEISE-HAVEN ESTS Lot #: 27 Well Tag #: HO-95-0035 ✓
Site Address: 2902 WINTER HAZEL LANE
WOODBINE, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Casing and Electric Conduit</u>
Make: <u>FLINT AND WALLING</u>	Make: <u>BOSCHART</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>4E10507</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>13.63</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>240'</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		
<u>Torque arrestors</u> , 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> ✓		

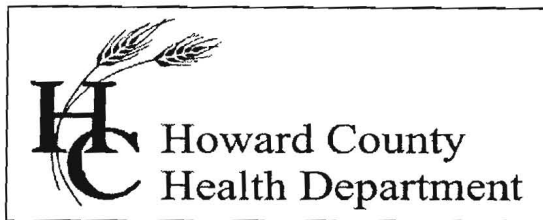
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Polyethylene</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5' +</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed 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 : 9-8-2014 date

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

Date Insp. Requested: 9/11/14 Date Insp. Approved: 9/11/14 Inspector: RL
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: 410-313-1774 | 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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 20, 2015

November 20, 2014

Homeowner
2902 Winterhazel Court
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 27
2902 Winterhazel Court
Building Permit: B14001788
Well Permit: HO-95-0635**

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 **11/17/2014**. Final approval of the well line connection to the dwelling was granted on **9/11/2014**. The well construction was completed on **5/31/2007**. Water samples were collected on **11/14/2014**.

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-95-0635. 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,

A handwritten signature in cursive script, appearing to read "Robert Bricker".

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

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 #: 97846 Account #: 3192
Reference: Belle Haven Lot 27 Company: Northern Virginia Drilling
Location: 2902 Winter Hazel Way Requested By: Dick Trelease
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 11/14/2014 1135 Site: Bathroom Tap
Date/Time Rec'd: 11/14/2014 1237 Treatment: None ✓
Chlorine ppm: Free: ND ✓ Total: ND pH: 5.5
Collected By: J. Yeager 6176JY Well #: HO-95-0635 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	11/15/2014 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	11/15/2014 / 1000 / LLO
Nitrate	5.08 ✓	mg/L	10	601	11/14/2014 / 1600 / CCH
Turbidity	0.94 ✓	NTU	<10	SM18 2130B	11/14/2014 / 1510 / JKW
Sand	NS ✓	mg/L	5	Visual/Gravimetric	11/14/2014 / 1510 / JKW

OK
JEB
11/20/2014

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

Reason for Test : Use & Occupancy
Building Permit # : B 14001788

Date Reported: 11/17/2014