

1 8629

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13 A516057

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YYYY 04 12 2007

Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 9/7/07 HO-95-0637

OWNER Bewley John and George STREET OR RFD Winterhazel Court TOWN Woodbine SUBDIVISION Belle Haven Estates SECTION LOT 29

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soil, Brown Shale, Soft Shale, Gray Rock, and water at 195'.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (13), NO. OF POUNDS (1850), DEPTH OF GROUT SEAL (0 to 58 ft).

CASING RECORD Form: casing types insert appropriate code below (PL, ST, CO, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (4), Total depth of main casing (50).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD Form: screen type or open hole (HO), insert appropriate code below (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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. AW D 766

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

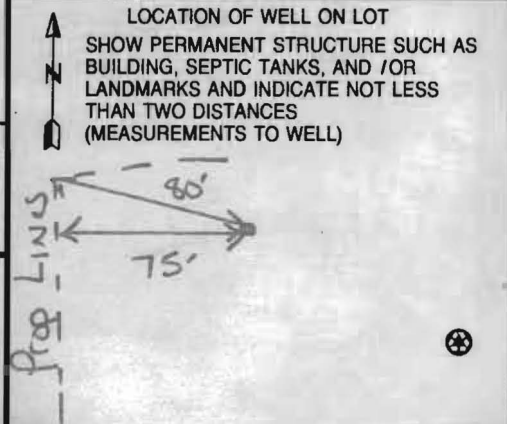
DEPTH (nearest ft.) table with columns: A, C, S, R, E, N and rows for casing heights and slot sizes.

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

PUMPING TEST Form: PUMPING TEST 3, HOURS PUMPED (nearest hour) 8 9, PUMPING RATE (gal. per min.) 13.6, METHOD USED TO MEASURE PUMPING RATE Submersible, WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft, WHEN PUMPING 67 ft, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED Form: 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 1 (nearest foot)



B 1 9176  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

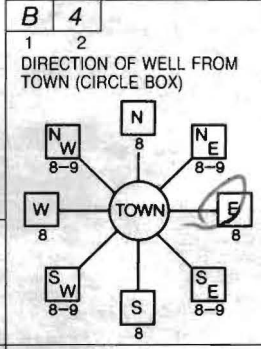
STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
526193 please type

STATE PERMIT NUMBER  
HO-95-0637  
70 fill in this form completely 79

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

B 3 LOCATION OF WELL  
8 Howard COUNTY 21  
23 Belle Haven Est SUBDIVISION 42  
SECTION 44 46 LOT 29 48 50  
52 Woodbine NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION  
Michael D. Isom MS D 162 Driller's Name 76 License No. 81  
G. Edgar Harr Sons' Corp. Firm Name  
12047 Falls Road, Cockeysville 21030 Address  
Signature Date 12/26/06



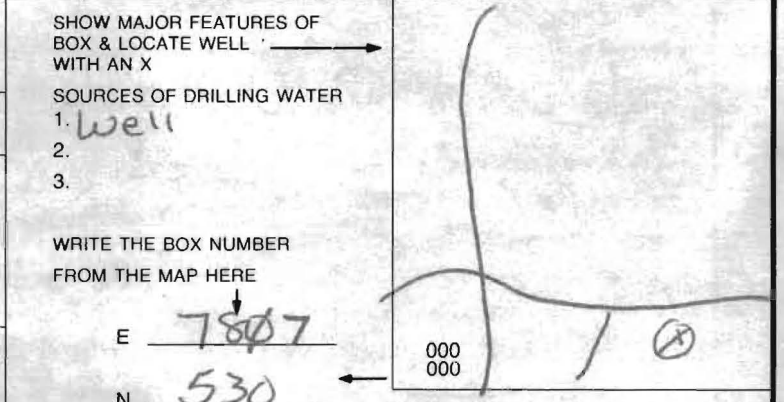
B 4  
1 2  
WINTERHAZEL COURT  
~~UNION CHAPEL ROAD~~  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 40 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: 14 BLK: 20 PARCEL 66

B 2 WELL INFORMATION  
1 2  
APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 750 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

- 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 → 41  
DATE ISSUED 2/13/2007 BRISIN BAKER 2/13/2008  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 530 0 0 0 EAST GRID 787 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 APPROXIMATE DEPTH OF WELL 24 28 FEET  
APPROXIMATE DIAMETER OF WELL 6 APPROXIMATE DIAMETER OF WELL 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)  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39  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)  
APPROP. PERMIT NUMBER HO 2007 G 002  
PERMIT No. HO-95-0637  
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 Per Plan P-06-03 Signed on 8/21/2008

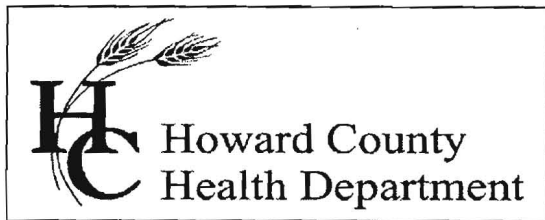
**HARR WELL DRILLING**  
12047 FALLS ROAD  
COCKEYSVILLE, MD 21030  
410-252-4588

**HOWARD COUNTY WELL YIELD TEST REPORT**

Date Test Performed: 6-25-07  
Address: Union Chapel Rd  
Owner Name: Grayson Homes  
Well Depth: 240 Ft

Permit Number: HO-95-0637  
Subdivision: Belle Haven Est lot 29  
Election District:  
Static Water Level: 29 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0845	29 ft		22 sec	13.63 gpm
0900	66		22	13.63
0915	67		22	13.63
0930	67		22	13.63
0945	67		22	13.63
1000	67		22	13.63
1015	67		22	13.63
1030	67		22	13.63
1045	67		22	13.63
1100	67		22	13.63
1115	67		22	13.63
1130	67		22	13.63
1145	67		22	13.63



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  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – APRIL 27, 2015**

October 27, 2014

Homeowner  
2910 Winterhazel Court  
Woobine, MD 21797

**RE: Belle Haven Estates, Lot 29  
2910 Winterhazel Court  
Building Permit: B14000657  
Well Permit: HO-95-0637**

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 **10/14/2014**. Final approval of the well line connection to the dwelling was granted on **7/30/2014**. The well construction was completed on **4/12/2007**. Water samples were collected on **10/20/2014**.

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-95-0637. 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>

**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. Hounanian Homes Telephone #: 240-882-7662  
Subdivision: Belle Haven Lot #: 29 Well Tag #: HO-95-0637  
Site Address: 2910 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>Bostart</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>4FI0G07-305</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>13.6</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>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

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: 7-25-14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/30/14 Inspector: KD  
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

Approving Authority,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is written in a cursive style with a large initial "R".

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 #:	97093	Account #:	3192
Reference:	Belle Haven Lot 29	Company:	Northern Virginia Drilling
Location:	2910 Winter Hazel Court Woodbine, MD 21797	Requested By:	Dick Trelease
Date/ Time Collected:	10/20/2014 1123 ✓	Source:	Well Water
Date/Time Rec'd:	10/20/2014 1303	Site:	Basement Powder Room Sink
Chlorine ppm:	Free: ND ✓ Total: ND	Treatment:	None ✓
Collected By:	R. Ott 4269RO	pH:	5.6 ✓
		Well #:	HO-95-0637 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	10/21/2014 / 0815 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	10/21/2014 / 0815 / LLO
Nitrate	7.77 ✓	mg/L	10	601	10/21/2014 / 1330 / CRS
Turbidity	0.63 ✓	NTU	<10	SM18 2130B	10/21/2014 / 0655 / JKW
Sand	NS ✓	mg/L	5	Visual/Gravimetric	10/21/2014 / 0655 / JKW

OK! pH a little low  
REB 10/27/2014

**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 # :** B14000657

Date Reported: 10/21/2014

