

C1 8765 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 A 516057

DATE RECEIVED DATE WELL COMPLETED

DEPTH OF WELL 2200

PERMIT NO. FROM PERMIT TO DRILL WELL HO-95-0591

OWNER John D. Woodbine STREET OR RFD Belle Haven Est (Bewley Pkwy) TOWN Woodbine SUBDIVISION SECTION LOT 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), CHECK IF WATER BEARING. Includes entries for overburden, brown shale, gray rock w/ streaks of shale, and gray rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), 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 (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (59).

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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. M SD 162 DRILLERS SIGNATURE Daniel Hale LIC. NO. A WD 766

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

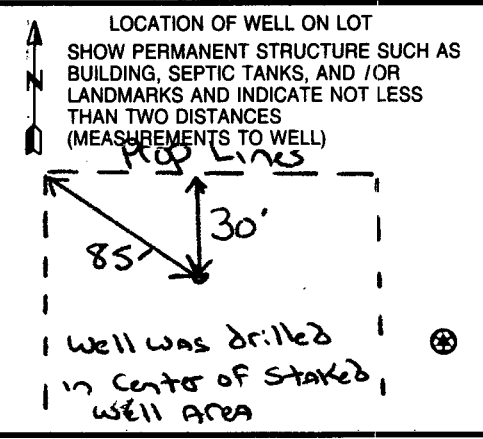
DEPTH (nearest ft.) HO 59 200. Casing height table with columns 1-29.

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 13.63, METHOD USED TO MEASURE PUMPING RATE Submersible, WATER LEVEL BEFORE PUMPING 31 ft, WHEN PUMPING 65 ft, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), 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.



**OWNER INFORMATION**

Date Received (APA) **12/7/2006**

8 MM DD YY 13

15 Last Name **Corayson** Owner **Homes** First Name **410-461-5900** 34

36 Street or RFD **9025 Chevrolet Drive** 55

57 Town **Ellkott City** 70 State **MD** 72 Zip **21043** 76

**LOCATION OF WELL**

B 3 **HOWARD** 8 COUNTY 21

23 SUBDIVISION **Belle Haven Est (Bewley Prop)** 42

SECTION **11** 44 46 LOT **11** 48 50

52 NEAREST TOWN **Greenwood Woodbine** 71

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

**DRILLER INFORMATION**

Driller's Name **Michael Ison** 76 License No. **M 5 D 162** 81

Firm Name **G Edgar Harr Sons Corp**

Address **12047 FAHS RD Cocke-sville 21030**

Signature **[Signature]** Date **12/6/06**

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

11 **Union Chapel RD** 30

34 **200** 37 **FT** 38 39

TAX MAP: **14** BLK: **20** PARCEL **66**

**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**

County Name **Howard** 13 County No. **A 516057**

STATE SIGNATURE: \_\_\_\_\_ INSERT S → 41

DATE ISSUED **12/12/06** 43 MM DD YY 48

CO SIGNATURE **[Signature]** EXP. DATE **7/2/12/07**

NORTH GRID **531** 50 000 55 EAST GRID **0786** 57 000 63

APPROXIMATE DEPTH OF WELL **300** 24 FEET 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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E **7806**

N **5301**

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. **HO-95-0591** 70 71 72 73 74 75 76 77 78 79

G. EDGAR HARR SONS' CORP  
12047 FALLS ROAD  
COCKEYSVILLE, MD 21030  
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Performed: 12/15/06  
Address: Union Chapel Road  
Owners Name: Grayson Homes  
Well Depth: 200'

Permit Number: HO-95-0591  
Sudivision: Belle Haven Est (Bewley Prop) lot 11  
Election District:  
Static Water Level: 37 feet

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5 gallon bucket	Calculated Flow-Gallons Per Minute
0915	37 feet		19 sec	15.79 gpm
0930	58		20	15.00
0945	64		21	14.29
1000	65		22	13.63
1015	65		22	13.63
1030	65		22	13.63
1045	65		22	13.63
1100	65		22	13.63
1115	65		22	13.63
1130	65		22	13.63
1145	65		22	13.63
1200	65		22	13.63
1215	65		22	13.63

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: VAN SANT INC. Telephone #: 301-829-0444  
Address: 2701 BACK ACADE CIRCLE  
MT AIRY MD 21771

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

Name (Print): William E. Starnen Jr License# 17196

\*A Licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Grayson Horned Telephone #: 410-461-5400  
Subdivision: Belle Haven Estates Lot #: 11 Well Tag #: BO-95-0591  
Site Address: 2802 Bridal Wreath Ct  
AKA 15301 Sweetbay St.

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Casing and Electric Conduit</b>
Make: <u>GAINFOS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>155QE-10-180</u>	Model#: <u>3-10X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" 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 or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**  
Type: PE  
PSI: 200 (160 psi min)  
Depth of supply line: 42 (36" min)

**House Connection**  
PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 10'  
Sleeve caulked and 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.

William E. Starnen Jr  
Signature of company representative responsible for installation

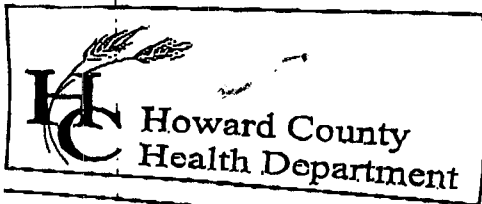
1/25/10  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/26/09 BSB

Inspection Data: Pitless adapter and 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 installed inside of well 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

Under Footer  
Grout Found under  
5' of fill!



7178 Columbia Gateway Drive, Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2640  
 TDD (410) 313-2323 Toll Free 1-866-313-2640  
 Website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

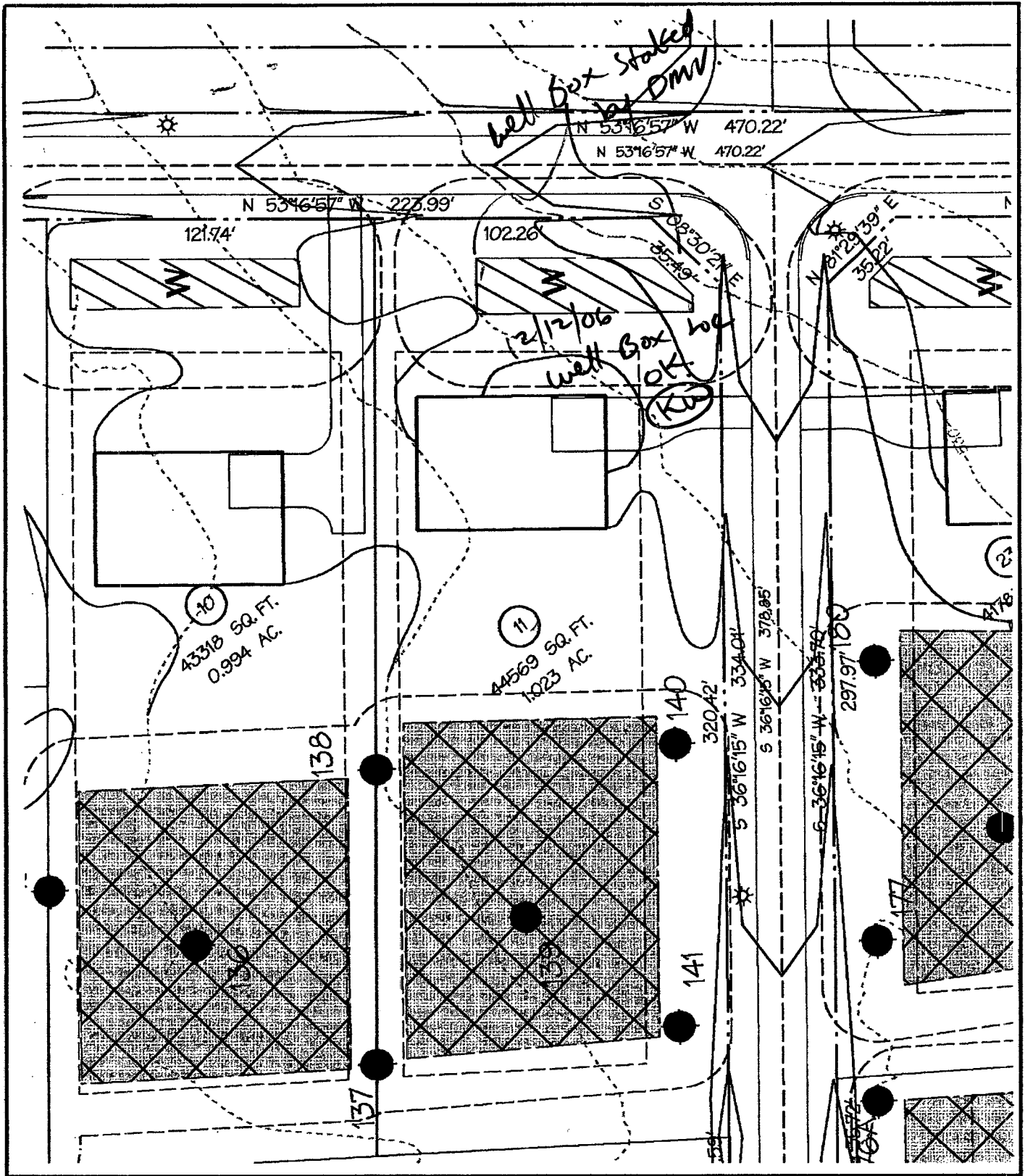
Belle Haven Est (Bewley Prop) 11      Union Chapel Rd  
 Subdivision/Property Name      Lot#      Road Name

The well site has been staked by DAFT McCUNE + WALKER, 410-296-3333  
 (professional land surveyor or company employing professional land surveyors)  
 on 12/5/06 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05



LOT 11

**DMW**

Daft-McCune-Walker, Inc.

200 East Pennsylvania Avenue  
 Towson, Maryland 21286  
 (410) 296-3933  
 Fax 296-4705

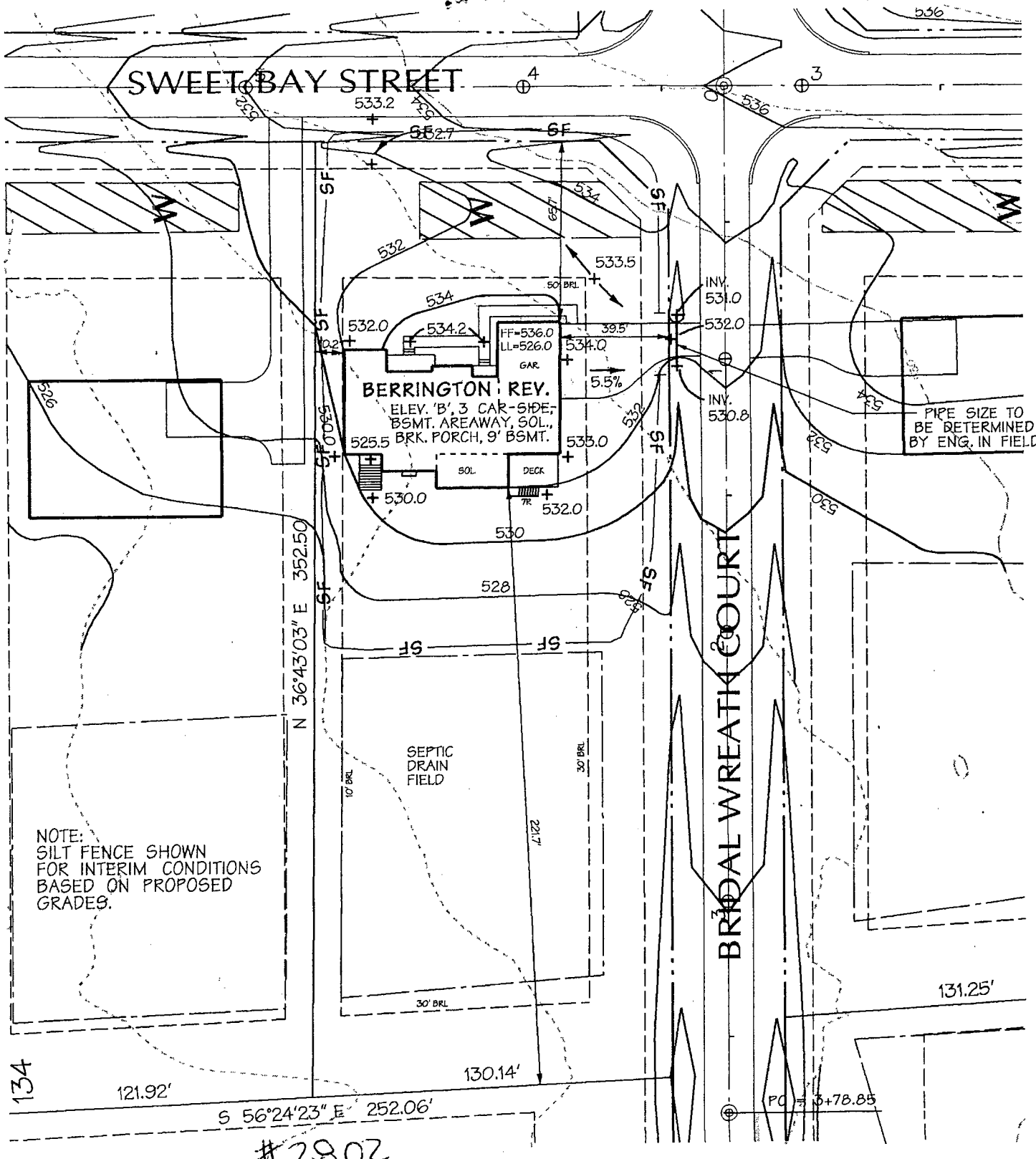
A Team of Land Planners,  
 Landscape Architects,  
 Engineers, Surveyors &  
 Environmental Professionals

Job No. 01067    Scale: 1"=50'    Date: 12/6/06    Drawn By: MDT

n:\01067\01067FLot11&23.dgn

Wed Dec 6 14:19:31 2006

12/6/2006 2:19:15 PM \\ATHENS\SYSTEMS\ADMIN\CAD\DMW\Drawings\01067\Lot11&23.dgn



NOTE:  
SILT FENCE SHOWN  
FOR INTERIM CONDITIONS  
BASED ON PROPOSED  
GRADES.

PIPE SIZE TO  
BE DETERMINED  
BY ENG. IN FIELD

1st resite: 11/21/07  
2nd resite: 02/29/08  
3rd resite:  
  
Job No. 01067.F

**BELLE HAVEN**  
HOWARD COUNTY, MARYLAND  
LOT 11  
**RESITE PLAN**  
Bridalwreath Court  
PARCEL 66 TAX MAP 14 ZONE RC-DEO  
Scale: 1" = 50  
Drawn By: SRG

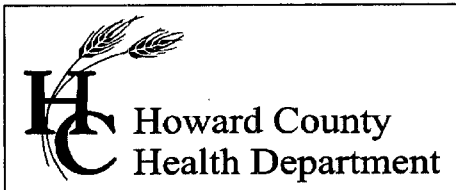
**DMW**  
Daft·McCune·Walker, Inc.  
200 East Pennsylvania Avenue  
Towson, Maryland 21286  
(410) 296-3333  
Fax 296-4705  
A Team of Land Planners,  
Landscape Architects,  
Engineers, Surveyors &  
Environmental Professionals

Rev. firt walk 11/26/07

silt fence added 5/5/08

n:\01067\Resites\01067f.lot 11

Mon May 05 14:21:46 2008



Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

**Peter L. Beilenson, M.D., M.P.H., Health Officer**

January 25<sup>th</sup>, 2010

Homeowner  
2802 Bridalwreath Court  
Woodbine, MD 21797

RE: Belle Haven Estates, Lot 11  
2802 Briadalwreath Ct.  
Woodbine, MD 21797  
BP #B08001681  
Well Permit #HO-95-0591

Dear Sir/Madam,

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/8/2009. Final approval of the well line connection to the dwelling was approved on 10/26/2009.**

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.

The raw nitrate sample results were previously documented to be 11.5 ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 1/21/2010 which indicates a nitrate level of <1.0 ppm.**

### **Permanent Deviation for Nitrates**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.



**INTERIM CERTIFICATE OF POTABILITY**  
**(Permanent Deviation for Nitrates)**

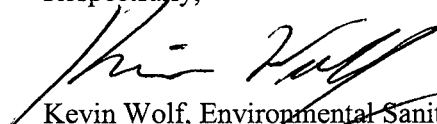
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0591. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.** Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

Further more, under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-95-0591 before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F *Enforcement and Environment* Article 9-1311, Annotated Code of Maryland.

**This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 1/19/2010, 1/21/2010  
Date of Well Completion: 12/18/2006

Respectfully,

  
Kevin Wolf, Environmental Sanitarian  
Well and Septic Program  
Howard County Health Dept.

cc: Building Inspector's office  
Community Health Services  
File

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Talleytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 74133  
Reference: Belle Haven Estates Lot 11  
Location: 2802 Bridalwreath Court  
Woodbine, MD 21797  
Date/ Time Collected: 1/21/2010 1500  
Date/Time Rec'd: 1/21/2010 1550  
Chlorine ppm: Free: ND Total: ND  
Collected By: D. Willett 5925DW  
Account #: 1404  
Company: Carroll Water Systems  
Requested By: Ron Smith  
Source: Well Water  
Site: Kitchen Sink Tap  
Treatment: Reverse Osmosis & Cartridge Sump  
pH: 6.9  
Well #: HO-95-0591

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Nitrate	<1.0	mg/L	10	601	1/21/2010 / 1600 / CCH

### NOTES

- 1 BP Holder: Grayson Homes, 9025 Chevrelot Drive Suite K, Ellicott City, MD 21042
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 pH tested on-site

Reason for Test : Use & Occupancy  
Building Permit #: B09001983

*Kevin Page  
ICOP was done  
yesterday 1/25/10*

Date Reported: 1/21/2010



Tom Fry  
Jenkins # 1817

15301

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Tanytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #:	74101	Account #:	1404
Reference:	Belle Haven Estates Lot 11	Company:	Carroll Water Systems
Location:	2802 Bridalwreath Court Woodbine, MD 21797	Requested By:	Ron Smith
Date/ Time Collected:	1/19/2010 1055	Source:	Well Water
Date/Time Rec'd:	1/19/2010 1242	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	5.5
		Well #:	HO-95-0591

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/20/2010 / 1015 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/20/2010 / 1015 / BCD
Nitrate	11.5	mg/L	10	601	1/19/2010 / 1620 / CCH
Turbidity	0.59	NTU	<10	SM18 2130B	1/19/2010 / 1620 / CCH
Sand	NS	mg/L	5	Visual/Gravimetr	1/19/2010 / 1620 / CCH

### 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: Scaled, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B09001983

Date Reported: 1/20/2010