

C1 8764

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A 516057

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
12 18 06

Depth of Well

22 200 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0 - 95 - 0592

OWNER

STREET OR RFD

SUBDIVISION

SECTION

TOWN

LOT

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
overburden	0	10	
Brown shale	10	25	
Gray Rock w/ streaks of Brown shale	25	52	
Gray Rock	52	200	X
Water at 168'			

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 45 48 13 NO. OF POUNDS 45 48 130

GALLONS OF WATER 178

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter
top (main) casing
(nearest inch) 6Total depth
of main casing
(nearest foot) 56OTHER CASING (if used)
diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

insert
appropriate
code
belowST BR HO
STEEL BRASS OPEN
PL PLASTIC HOLE
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y N

CIRCLE APPROPRIATE LETTER

- A 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 D 162

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 AW D 766

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 68MDE 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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10.71

METHOD USED TO
MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 24 ft.

WHEN PUMPING 73 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other
(describe below)
J jet S submersible

PUMP INSTALLED

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

PUMP COLUMN LENGTH
(nearest ft.)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)Well was drilled in
the center of the
staked well area

1 2 3 6 6772	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525675 please type	STATE PERMIT NUMBER 40-95-0592 fill in this form completely
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Date Received (APA) 12/7/06
8 MM DD YY 13

OWNER INFORMATION
410-461-5900
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

DRILLER INFORMATION
Michael Isom M SD 1162
Driller's Name 76 License No. 81
G Edgar Ham Sons Corp
Firm Name
12047 Falls Rd Cockeysville 21030
Address
Signature Date 12/6/06

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.)
5
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)
22 ☐ INDUSTRIAL, COMMERCIAL, DEWATERING
☐ PUBLIC WATER SUPPLY WELL
☒ TEST, OBSERVATION, MONITORING
☐ GEO-THERMAL

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 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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER G
PERMIT No. 40-95-0592
70 71 72 73 74 75 76 77 78 79

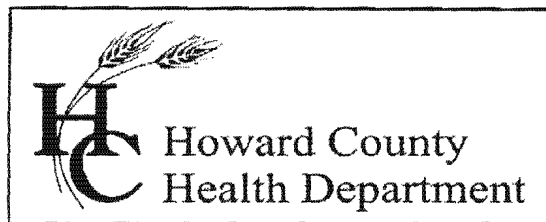
SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET PROVIDED
To be converted to potable - Must meet const. stds.

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Belle Haven Est (Bender Prop)
23 SUBDIVISION 42
SECTION 44 46 LOT 23 48 50
Glenwood Woodbine
52 NEAREST-TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M 1
73 76 77 78

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N W N E S W S E S
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W
EAST E
SOUTH S
34 200 37
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 ASH 157
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 12/12/06
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 531 000 EAST GRID 678 000
50 55 57 63

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 786
N 531
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Union Chapel Rd
McNair Rd
Rt 97
N



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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY **PERMANENT DEVIATION FOR NITRATES**

Expiration Date – AUGUST 10, 2016

February 10, 2016

Homeowner
2803 Bridalwreath Court
Woodbine, MD 21797

RE: Belle Haven Est., Lot 23
2803 Bridalwreath Court
Building Permit: B12000207
Well Permit: HO-95-0592

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 **6/6/2012**. Final approval of the well line connection to the dwelling was granted on **5/13/2012**. The well construction was completed on **12/18/2006**. Water samples were collected on **11/3/2015 & 11/11/2015**.

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 untreated water sample collected on **11/3/2015** indicated a nitrate level of **13.2 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.** After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **11/11/2015** and indicated a nitrate level of **4.88 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L 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 Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-0592. 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 quality 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,



Kevin M Wolf, L.E.H.S., Supervisor
Groundwater Management Section
Well & Septic Program

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

**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: Ben Lewis Plumbing Telephone #: 301-428-3900
Address: 33401 Fritchcock Rd.
Chaplinville MD. 20871

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

Name (Print): Chris Blaise License# 10610

*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: Bellhaven Lot #: 23 Well Tag #: HO
Site Address: 2803 Bridalwreath Ct.
Washington, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Gould</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>765074226</u>	Model #: <u>8-100</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSP/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>275</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 <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> 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> <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" PEP Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve(s) into/mm from foundation: <u>50'</u>
Depth of supply line: <u>40"</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: Chris Blaise date: 10/11/12

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 _____

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: _____ 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: 23 Well Tag #: HO-95-0592
Site Address: 2803 Bridlewreath Ct.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

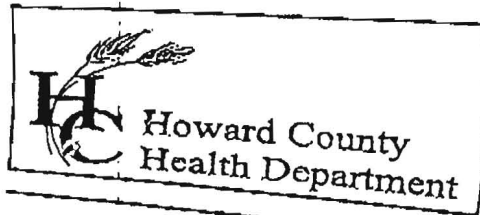
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 5/31/2012 BB
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 3" above finished grade ☒
Water supply line sleeved adequately at house connection ☒
Adequate grout observed below pitless adapter ☒



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2641
TDD (410) 313-2323 Toll Free 1-866-313-2641
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:

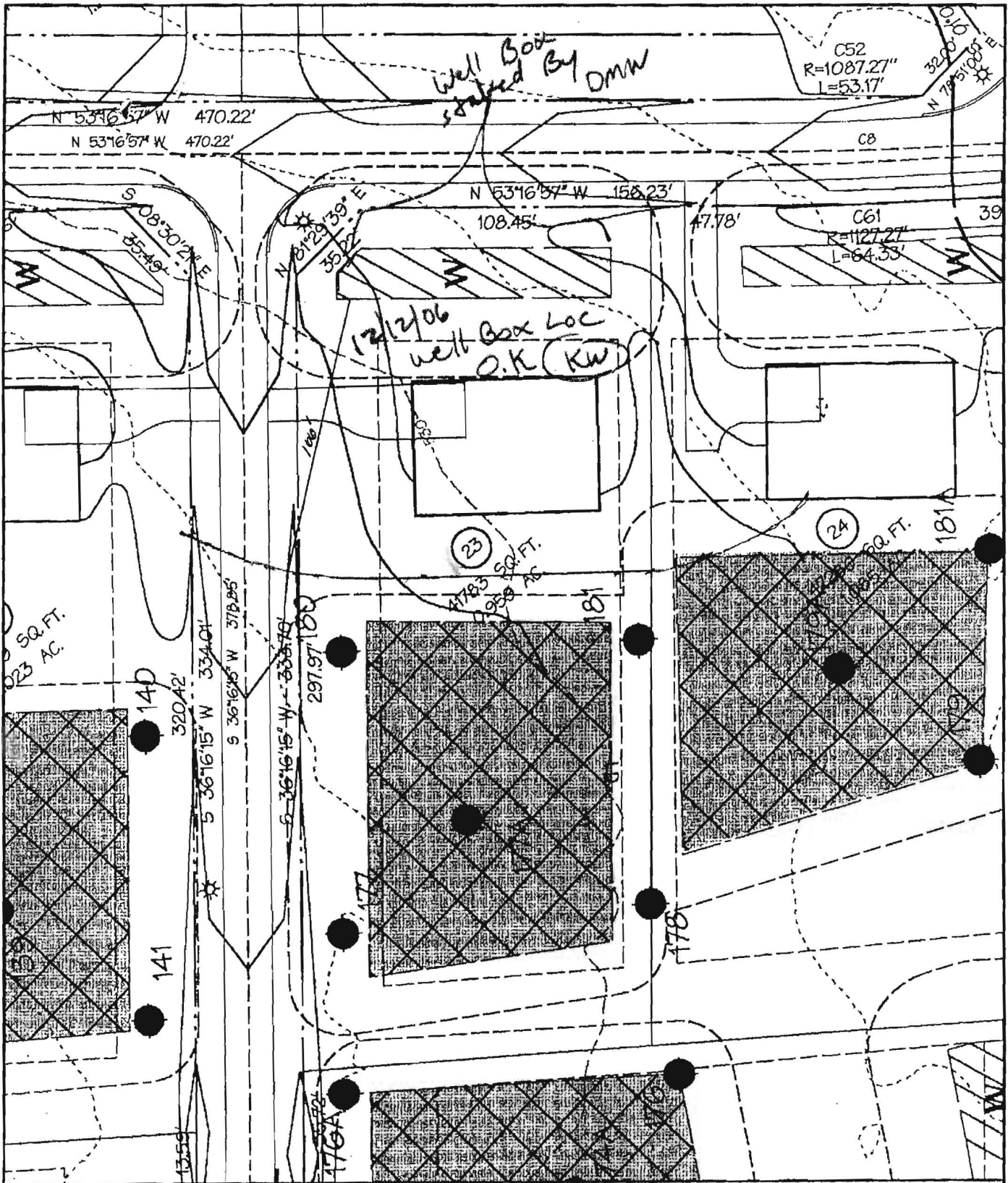
Well Site Location:
belle Haven Est (Bewley Prop) 23 Union Chapel Rd
Subdivision/Property Name Lot# Road Name

☒ 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 23

DMW

Daft-McCune-Walker, Inc.

200 East Pennsylvania Avenue
Towson, Maryland 21288
(410) 296-3333
Fax 296-4705

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

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

N:\01067\01067P\Lot11&23.dgn

Wed Dec 6 14:27:53 2006

**CATOCTIN LABS, INC.**

8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-5323
FAX (301) 271-9060

FIELD RECORD

Customer: Ben Lewis Plumbing
2803 Bridal Wrath Ct.
Woodbine, MD 21797

Date: June 19, 2012

Time: 14:00

Type:0

County: Howard

Source: Bathroom Sink

Well No:

Bottle No: 3MPN

Reason For Sample: N/A

Treatment: Raw

Collector: Owner

Residual Cl:

Iced: Yes

pH:

EPA acceptable range for pH is 6.5 - 8.5

State Certification No: N/A

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 10:20 6/20/2012

Examined: 10:20 06/20, 06/21

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
MPN Total Coliform	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml
MPN E. coli	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml

Bacteriological analysis of this sample, on this specified date, indicates the water is **SAFE** for human consumption, according to APHA/EPA Standards.

Analyst

Date: June 21, 2012

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T

6-21-12
NOT valid.
Sample must be collected
by a certified sampler.
Also need nitrate,
turbidity and sand.

HS

**CATOCTIN LABS, INC.**

8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-5323
FAX (301) 271-9060

FIELD RECORD

Customer: Ben Lewis Plumbing
2803 Bridal Wrath Ct.
Woodbine, MD 21797

Date: September 14, 2012

Time: 15:02

Type:0

County: Howard

Residual Cl: 0.00

Source: Basement Sink

Iced: Yes

Well No:

pH: 6.8

Bottle No: 40

EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: COP - Certificate of Potability

Treatment: Raw

Collector: Scott Haines

State Certification No: 1997SH

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 23:35 9/14/2012

Examined: 23:35 09/14, 09/15

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
P/A Coliform	SM 9223	Absent	Absent
P/A E. coli	SM 9223	Absent	Absent
Nitrate	EPA 353.2	10.0 mg/L Maximum	13.4 mg/L
Sand	SM 2540 F	No Trace	No Trace
Turbidity	SM 2130 B	5.0 NTU Max (10.0 C.O.M.)	1.6 NTU

Bacteriological analysis of this sample, on this specified date, indicates the water is
for human consumption, according to APHA/EPA Standards.

SAFE

Analyst Robbie Haines

Date: September 15, 2012

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T

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 #:	104166	Account #:	3192
Reference:	Belle Haven Model Home	Company:	Northern Virginia Drilling
Location:	2803 Bridalwreath Court	Requested By:	Dick Trelease
	Woodbine, MD 21797	Source:	Well Water
Date/ Time Collected:	11/11/2015 0931	Site:	R/O Tap at Kitchen Sink
Date/Time Rec'd:	11/11/2015 1227	Treatment:	Softener/Neutralizer/Rev.Osmosis**
Chlorine ppm:	Free: ND Total: ND	pH:	5.9
Collected By:	J. Yeager 6176JY	Well #:	HO-95-0592

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	4.88	mg/L	10	601	11/11/2015 / 1345 / CRS

NOTES

- 1 **Softener and Neutralizer bypassed at time of sampling
- 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 Visual well check: Sealed, vented cap
- 6 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B12000207

Date Reported: 11/11/2015

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 #: 104040 Account #: 3192
Reference: Belle Haven Model Home Company: Northern Virginia Drilling
Location: 2803 Bridalwreath Court Requested By: Dick Trelease
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 11/3/2015 1310 Site: Powder Room
Date/Time Rec'd: 11/3/2015 1520 Treatment: Softener/Neutralizer**
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: C. Mooshian 7268CM Well #: HO-95-0592

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/4/2015 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/4/2015 / 1000 / LLO
Nitrate	13.2	mg/L	10	601	11/4/2015 / 1400 / CRS
Turbidity	1.76	NTU	<10	SM18 2130B	11/4/2015 / 1430 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	11/4/2015 / 1430 / CRS

NOTES

- 1 **Treatment bypassed at time of sampling
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH & Chlorine level tested on site

Reason for Test : Client's Information**Building Permit # :** B12000207Date Reported: 11/4/2015

G. EDGAR HARR SONS' CORP.
12047 FALLS ROAD
COCKEYSVILLE, MARYLAND 21030

Howard County Health Dept
7178 Columbia Gateway Drive
Columbia, MD 21046

September 12, 2007

To Whom It May Concern,

This letter is a formal request to convert the wells that we drilled on lots 12 and 23 of the Bewley Property (Belle Haven Est) from test wells to production wells. If you have any questions, please give me a call.


Michael Isom
MSD162

9/19/07 OK Accepted
