

C1 8615

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 A516057

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 04 09 2007

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 16-95-0669

OWNER Bentley STREET OR RFD Bental wreath Ct. TOWN Woodbine SUBDIVISION Belle Haven Fsb. SECTION 38 LOT 16

WELL LOG

GROUTING RECORD

C 3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soil, Soft Shale, Brown Shale, Gray Rock, Hard Gray Rock.

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC)

PUMPING TEST 3 HOURS PUMPED 17.64 PUMPING RATE 11 15 METHOD USED TO MEASURE PUMPING RATE submersible

CASING RECORD MAIN CASING TYPE PL Nominal diameter 6 Total depth of main casing 52

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO TYPE OF PUMP INSTALLED S submersible

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) NO (N)

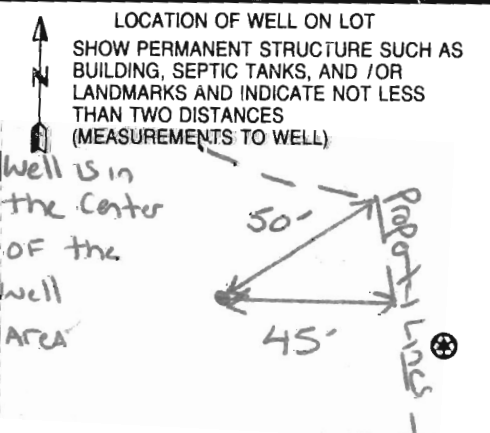
Table with columns: DEPTH (nearest ft.), A C H S R E E N. Rows include 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M S D 162 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. A W D 766

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



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

B 1 9165  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

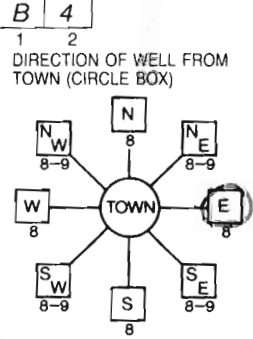
STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
526193 please type

STATE PERMIT NUMBER  
HO-95-0669  
fill in this form completely

Date Received (APA) 1/19/07  
OWNER INFORMATION  
Grayson Homes  
Last Name Owner First Name  
9025 Chevrolet Drive  
Street or RFD  
Ellicott City MD 21043  
Town State Zip

B 3 LOCATION OF WELL  
Howard  
COUNTY  
Belle Haven Est  
SUBDIVISION  
SECTION LOT  
Woodbine  
NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION  
Michael D. Isom M W D 162  
Driller's Name License No.  
G. Edgar Hart Sons' Corp.  
Firm Name  
12047 Tall's Road, Cockeysville 21030  
Address  
Signature Date 12/26/06



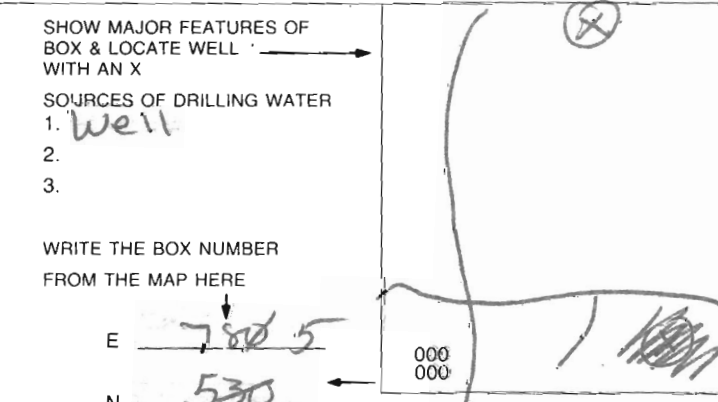
B 4  
1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
Union Chapel Road  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 200 FT  
ENTER FT OR MI  
TAX MAP: 14 BLK: 20 PARCEL: 66

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

- 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 A 516057  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 1/23/07  
CO SIGNATURE PER NALL 2/23/08  
NORTH GRID 529 000 EAST GRID 0885 000

APPROXIMATE DEPTH OF WELL 300 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH



METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
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  
 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 DEEPEAN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROX. PERMIT NUMBER HO 2007 G 002  
PERMIT No. HO-95-0669

SPECIAL CONDITIONS Drill well per Preliminary Plan P-06-03 signed

8/21/06

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. Hamanian Homes Telephone #: 240-882-7662  
Subdivision: Belle Haven Lot #: 16 Well Tag #: HO-81-2738  
Site Address: 2832 Bridalwreath Ct. 95-0669  
Woodbine, MD. 21797

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>FLINT and WALLING</u>	Make: <u>BASHORT</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: <u>P180SS</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>325'</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

<b>Piping to house</b>	<b>House Connection</b>
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>10'</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 : 7-29-13 date

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

Date Insp. Requested: 7/30/13 Date Insp. Approved: 7/30/13 Inspector: pp  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade   
**RECEIVED** 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 ground observed below pitless adapter

HOWARD COUNTY HEALTH DEPT.  
BUREAU OF ENVIRONMENTAL HEALTH

# HARR WELL DRILLING

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

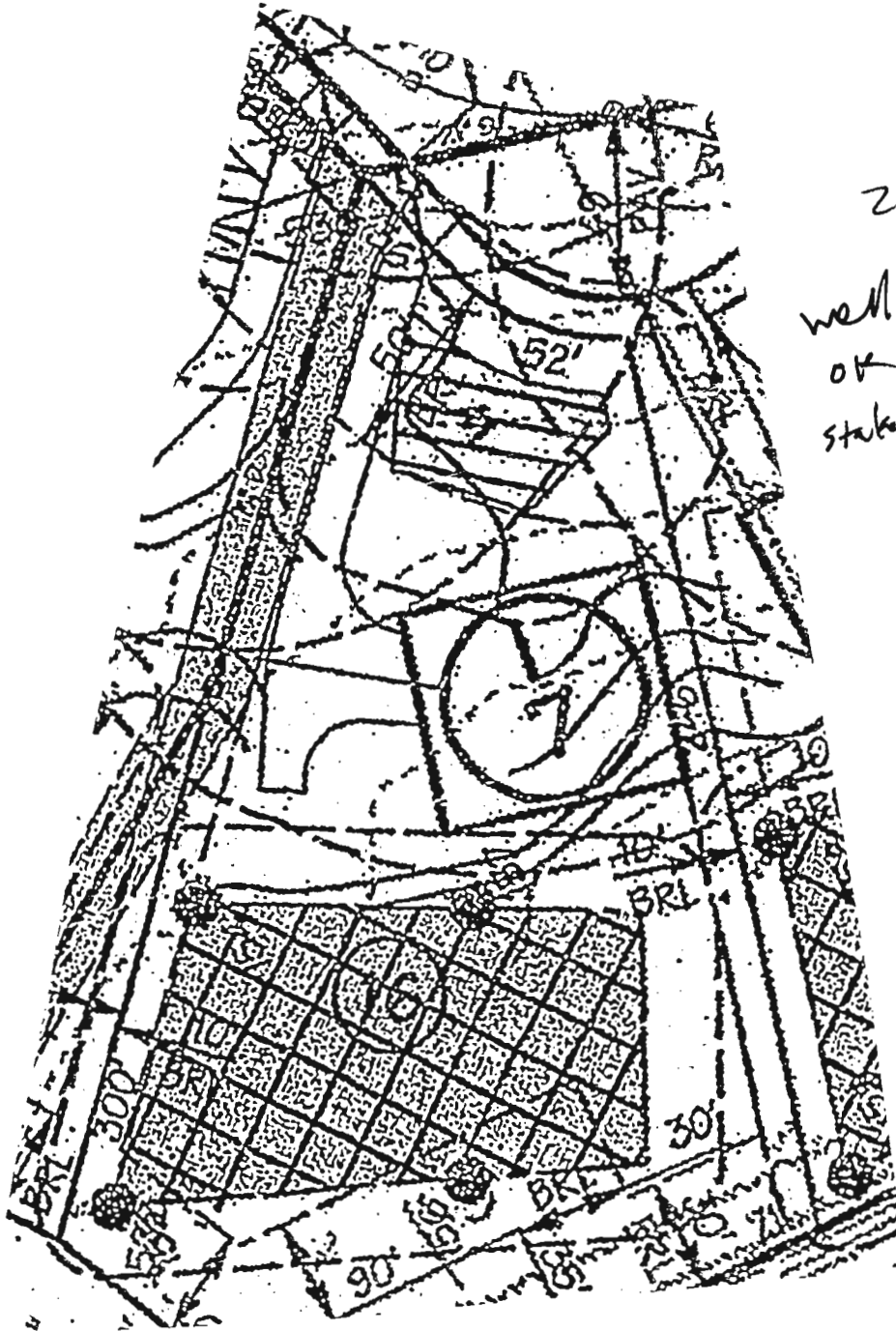
## HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 4-6-07  
Address: Union Chapel Road  
Owner Name: Grayson Home  
Well Depth: 300 Ft

Permit Number: HO-95-0669  
Subdivision: Belle Haven Est L#16  
Election District:  
Static Water Level: 26 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0815	26 ft		17 sec	17.64
0830	61		17	17.64
0845	61		17	17.64
0900	61		17	17.64
0915	61		17	17.64
0930	61		17	17.64
0945	61		17	17.64
1000	61		17	17.64
1015	61		17	17.64
1030	61		17	17.64
1045	61		17	17.64
1100	61		17	17.64
1115	61		17	17.64

# BRIDAL WREATH CT.



2/26/07  
well site  
OK (KW)  
staked by DMW

BELLE HAVEN ESTATES

LOT 16

## DMW

Daft-McCune-Walker, Inc.

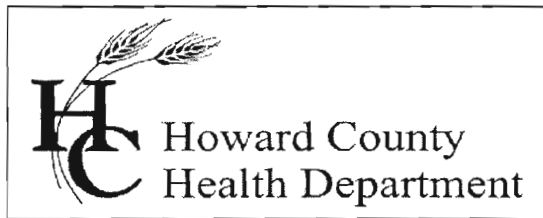
200 East Pennsylvania Avenue  
Towson, Maryland 21286  
(410) 296-3333  
Fax 296-4705

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\Lot16.dgn

Tue Feb 13 10:35:36 2007



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
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 – May 14, 2014

November 14, 2013

Homeowner  
2822 Bridal Wreath  
Woodbine, Maryland, 21797

**RE: Belle Haven, Lot #16**  
**2822 Bridal Wreath**  
**Building Permit: BB13000796**  
**Well Permit: HO-95-0669**

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 **9/18/2013**. Final approval of the well line connection to the dwelling was granted on **7/30/2013**. The well construction was completed on **4/9/2007**. Water samples were collected on **10/25/2013**.

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 **10/25/2013** indicated a nitrate level of **11.0 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 **11/11/2013** and indicated a nitrate level of **2.33 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-95-0669. 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.**

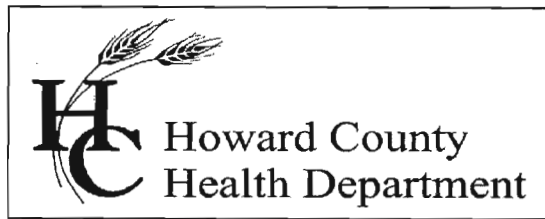
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Dana Bernard, REHS/RS  
Environmental Sanitarian  
Well & Septic Program

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



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
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

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TEMPORARY INTERIM CERTIFICATE OF POTABILITY  
**TEMPORARY DEVIATION FOR NITRATES**  
Expiration Date – NOVEMBER 13, 2013

October 29, 2013

Todd and Shirley Stup  
2822 Bridalwreath Court  
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 16  
2822 Bridalwreath Court  
Building Permit: B13000796  
Well Permit: HO-95-0669**

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 **9/18/2013**. Final approval of the well line connection to the dwelling was granted on **7/30/2013**. The well construction was completed on **4/9/2007**. Water samples were collected on **10/25/2013**.

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 **10/25/2013** indicated a nitrate level of **11.0 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09.**

This is a **temporary deviation** to allow additional time for installation of a nitrate removal system and submission of water sample results indicating that the treated water meets COMAR requirements.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that a nitrate removal system is installed and a water sample result for post-treatment nitrate level at the primary drinking tap is submitted to this Department **within 15 days**. Those results must indicate that the nitrate removal system is effectively maintaining a nitrate level of less than **10 mg/L**.

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

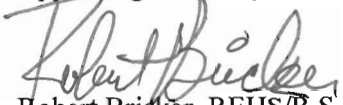
1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.

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 the above condition. **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 Temporary Interim Certificate of Potability will expire **15 days** from the date of issuance. **Failure to submit the required nitrate sample results and obtain an Interim Certificate of Potability before the expiration date 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.**

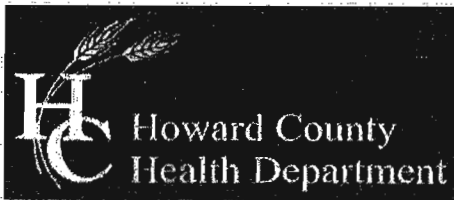
Please contact (410) 313-1773 to schedule a water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



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

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



Bureau of Environmental Health  
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
 Main: 410-313-2640 | Fax: 410-313-2648  
 TDD 410-313-2323 | Toll Free 1-866-313-6300  
 www.hchealth.org  
 Facebook: www.facebook.com/hocphealth  
 Twitter: HowardCoHealthDep

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

REQUEST FOR TEMPORARY DEVIATION TO  
 NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 10/28/13 WELL PERMIT #: HO - 95 - 0669  
 PROPERTY OWNER: Todd + Shirley Stup  
 SUBDIVISION & LOT #: Belle Haven + Lot 16  
 PROPERTY ADDRESS: 2822 Bridal Veil Ct  
Woodbine, md 21797

TESTIMONIAL: (Steps to be taken by the well owner or agent to bring the well into compliance with COMAR 26.04.04.09 (B) within fifteen (15) days)

Builder shall supply REVERSE OSMOSIS SYSTEM  
FOR KITCHEN SINK + REFRIGERATOR LINE.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit #HO - 95 - 0669 will be documented to have a nitrate level of 10 ppm or less at the primary drinking tap as a result of installation of a nitrate filtration system.
- 2) If the nitrate condition cannot be remediated to a level of 10 ppm or less via installation of a filtration system, then drilling a replacement well would likely be necessary. Issuance of a Final Certificate of Potability will be delayed until the issue is resolved.

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 be granted for the well installed under permit #HO - 95 - 0669. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) (Person(s) that intend to live in the dwelling)

[Signature] [Signature]

Prospective Owner's Day Time Phone Number(s):

(301) 440-5180 (301) 370-2760

## REPORT OF ANALYSIS

Laboratory ID #:	91682	Account #:	3192
Reference:	Belle Haven Lot 16	Company:	Northern Virginia Drilling
Location:	2822 Bridal Wreath Ct. Woodbine, MD 21797	Requested By:	Dick Trelease
Date/ Time Collected:	10/25/2013 1148	Source:	Well Water
Date/Time Rec'd:	10/25/2013 1400	Site:	Kitchen Sink Tap ✓
Chlorine ppm:	Free: ND ✓ Total: ND ✓	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.9
		Well #:	HO-95-0669 ✓

Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	10/26/2013 / 1000 / CWM
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	10/26/2013 / 1000 / CWM
Nitrate	11.1 ✓	mg/L	10	601	10/25/2013 / 1600 / CRS
Turbidity	1.12 ✓	NTU	<10	SM18 2130B	10/25/2013 / 1630 / CRS
Sand	NS ✓	mg/L	5	Visual/Gravimetric	10/25/2013 / 1630 / CRS

Nitrate FAILS

Others 'OK'  
reb 10/29/13

**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 # : 13000796

Date Reported: 10/28/2013

**REPORT OF ANALYSIS**

Laboratory ID #:	91930	Account #:	3192
Reference:	Belle Haven Lot 16	Company:	Northern Virginia Drilling
Location:	2822 Bridal Wreath Ct. Woodbine, MD 21797	Requested By:	Dick Trelease
Date/ Time Collected:	11/11/2013 1045	Source:	Well Water
Date/Time Rec'd:	11/11/2013 1210	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	J. Yeager 6176JY	pH:	6.0
		Well #:	HO-95-0669

Nitrate	2.33	mg/L	10	601	11/12/2013 / 1600 / BCD
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OK  
DB  
11-14-13

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : 13000796

Date Reported: 11/12/2013