

C1 8613

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (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

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-95-0667

8 13

03 30 2007

22 300 26 (TO NEAREST FOOT)

26 29 30 31 32 33 34 35 36 37

OWNER Bentley STREET OR RFD Bridal Veil Ct TOWN Woodbine SUBDIVISION Belle Haven Est SECTION LOT 14

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 75 NO. OF POUNDS 1500 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 55 BOTTOM 58 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15.00 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 58 ft. WHEN PUMPING 89 ft. TYPE OF PUMP USED (for test) S submersible

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

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

CASING RECORD casing types insert appropriate code below (S) (C) (P) (O) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 55

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

SCREEN RECORD screen type or open hole (S) (B) (H) (P) (O) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.) 55 300

WELL HYDROFRACTURED (Y) (N)

Table with columns: E A C H S C R E E N, rows 1-3, values 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

GASING HEIGHT (+) above LAND SURFACE (nearest foot) (-) below

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...

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)

DRILLERS LIC. NO. M S D 162

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

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)

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

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.

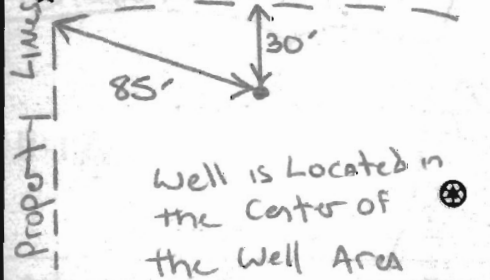
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

GASING HEIGHT (+) above LAND SURFACE (nearest foot) (-) below

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)



B 1 9163  
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-95-0667  
fill in this form completely

Date Received (APA)  
11/19/07  
8 MM DD YY 13

OWNER INFORMATION

Grayson Homes  
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

B 3

LOCATION OF WELL

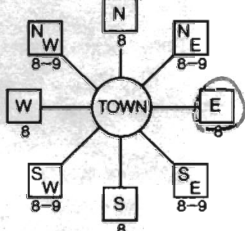
Howard  
8 COUNTY 21  
Belle Haven Est  
23 SUBDIVISION 42  
SECTION 44 46 LOT 14 48 50  
Woodbine  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 2 MI  
73 76 77 78

DRILLER INFORMATION

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Union Chapel Road  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
30  
34 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 14 BLK: 20 PARCEL 66

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 750  
(GAL. PER DAY) 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

Howard 13 A 516057  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 2/23/07  
43 MM DD YY 48 CO SIGNATURE EXP. DATE 2/23/08  
NORTH GRID 530 0 0 0 EAST GRID 0785 0 0 0  
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
- 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 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 0002

PERMIT No. HO-95-0667  
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

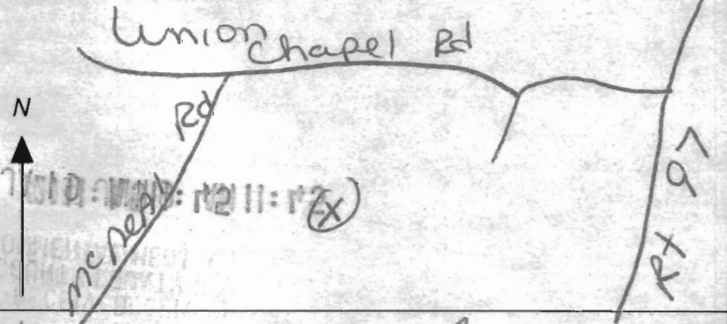
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7805  
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



SPECIAL CONDITIONS

Drill wells per P' 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: 11351 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. Hovnanian Homes Telephone #: 240-882-7662  
Subdivision: Belle Haven Lot #: 14 Well Tag #: HO 95-0667  
Site Address: 2814 Bodalkurath Ct  
Woodbine MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Eliot Goodballing Make: Bost Hart Two piece watertight cap:   
Model #: \_\_\_\_\_ Model#: P100SS Screened, vented well cap:   
Pump Capacity \_\_\_\_\_ GPM Depth: 36" (36" min) Cap secured to casing:   
Well Yield: 15 GPM NSF/WSC approved: \_\_\_\_\_ Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 300' (feet) Conduit secured to well cap:   
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

Piping to house House Connection  
Type: Polyethylene PVC sleeve to undisturbed soil at wall penetration:   
PSI: 200 (160 psi min) Length of sleeve(s) minimum from foundation: 10'  
Depth of supply line: 36" (36" min) Sleeve 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: Shawn Miller date: 7-29-13

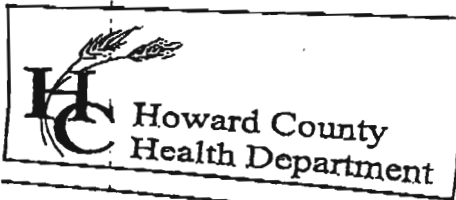
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 7/30/13 Date Insp. Approved: 7/31/13 Inspector: RL/BB  
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

RECEIVED

JUL 30 2013

HOWARD COUNTY HEALTH DEPT.  
BUREAU OF ENVIRONMENTAL HEALTH



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:	LOTS	
Belle Haven Estates	1-46	Union Chapel Road
<b>Subdivision/Property Name</b>	<b>Lot#</b>	<b>Road Name</b>

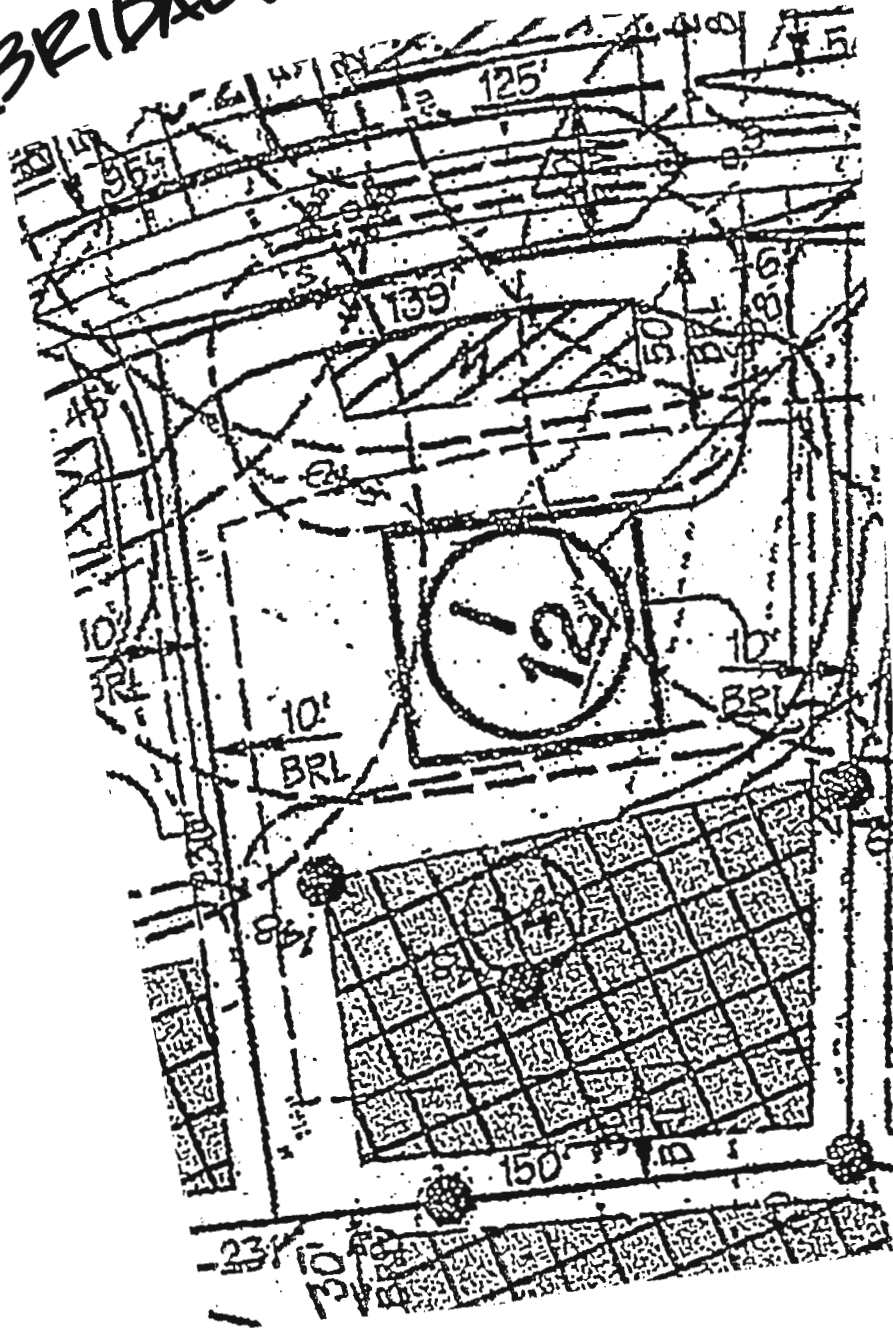
The well site has been staked by DMW Inc 410-296-3333  
 (professional land surveyor or company employing professional land surveyors)  
 on 12/29/06 (date) and does not require a site inspection.

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

# BRIDALWREATH CT.



2/21/07  
 wells are OK.  
 staked by  
 DMW  
 (KW)

BELLE HAVEN ESTATES

LOT 14

**DMW**

Daft-McCune-Walker, Inc.

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

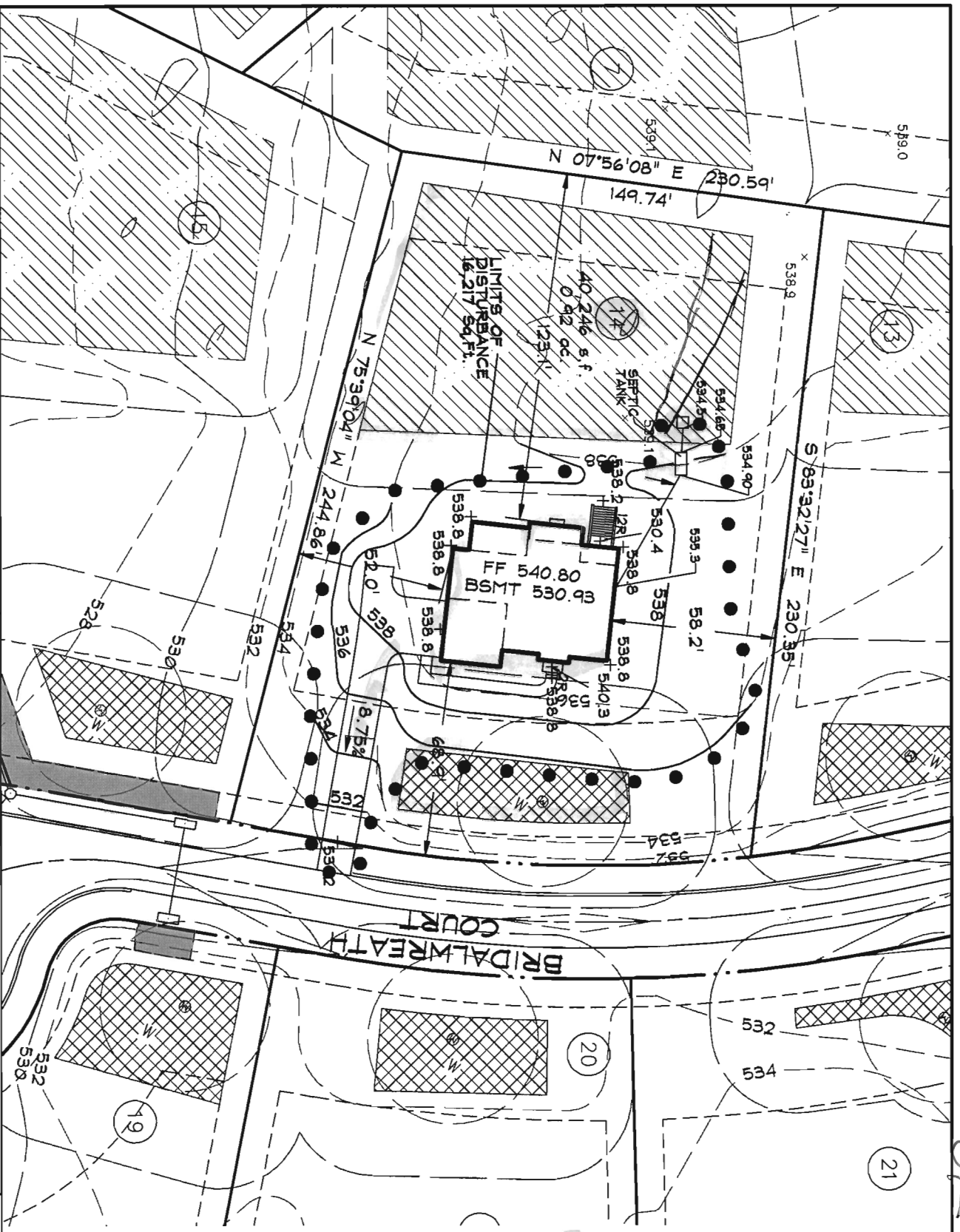
A Team of Land Planners,  
 Landscape Architects,  
 Engineers, Surveyors &  
 Environmental Professionals

Job No. 01067

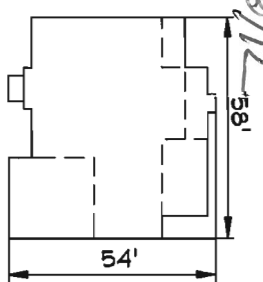
Scale: 1"=50'

Date: 12/26/06

Drawn By: MDT



OK HB  
12/18/12



COLORADO  
GEORGIAN ELEVATION  
BRICK FRONT  
REVERSE UNIT

- GENERAL NOTES**
1. THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-0667) HAS BEEN LOCATED BY DDC, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
  2. BASE SQUARE FOOTAGE OF HOUSE: 530 sq.ft.
  3. INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DMW DATED 6/25/07. EXISTING TOPOGRAPHY BASED ON GRADING PLAN PREPARED BY DEMARIO DESIGN CONSULTANTS DATED 7/9/07 AND FIELD RUN TOPOGRAPHY PREPARED BY DDC INC IN JAN. 2012
  4. EJECTOR PUMP REQUIRED TO SEWER BASEMENT



Development Design Consultants  
Planners  
Surveyors  
Engineers  
Landscape Architects

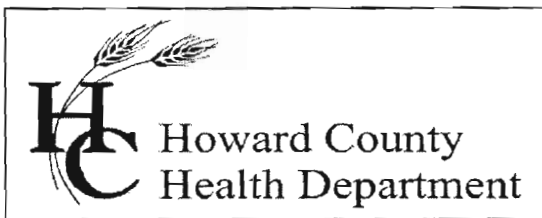
197 East Main Street  
Westminster, MD 21157  
410.386.0560  
410.386.0564 (fax)  
DDC@DDCinc.us  
www.DDCinc.us

<b>DDC JOB#:</b>	06116.5
<b>DATE:</b>	11/28/12
<b>SCALE:</b>	1" = 50'
<b>DES. BY:</b>	BKC
<b>DRN. BY:</b>	AJS
<b>CHK. BY:</b>	BKC

**BELLE HAVEN ESTATES**  
3RD ELECTION DISTRICT HOWARD COUNTY, MD  
TAX MAP 14, PARCEL 66

LOT 14  
2814 BRIDALWREATH COURT  
WOODBINE, MD 21797  
PLOT PLAN  
KHOV ELEVATION

**OWNER/BUILDER:** K.HOVNANIAN HOMES  
1802 Brightseat Road  
Landover, Maryland 20785  
(301)663-6268



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 – March 1, 2014

October 1, 2013

Homeowner  
2814 Bridal Wreath Court  
Woodbine, Maryland 21797, zip

**RE: Belle Haven Lot #14**  
**2814 Bridal Wreath Court**  
**Building Permit: B13001142**  
**Well Permit: HO-95-0667**

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 **9/10/2013**. Final approval of the well line connection to the dwelling was granted on **7/31/2013**. The well construction was completed on **3/30/07**. Water samples were collected on **9/23/2013**.

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 **9/23/2013** indicated a nitrate level of **11.3 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 **9/27/13** and indicated a nitrate level of **1.31 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-95-0667. 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.**

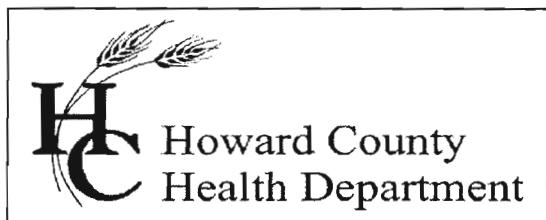
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

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

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

Expiration Date – October 11, 2013

September 26, 2013

Homeowner  
2814 Bridalwreath Court  
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 14  
2814 Bridalwreath Court  
Building Permit: B13001142  
Well Permit: HO-95-0667**

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 **9/10/2013**. Final approval of the well line connection to the dwelling was granted on **7/31/2013**. The well construction was completed on **3/30/2007**. Water samples were collected on **9/23/2013**.

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 **9/23/2013** indicated a nitrate level of **11.3 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,



Heidi Scott, 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  
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 www.hchealth.org  
 Facebook: www.facebook.com/hocohealth  
 Twitter: HowardCoHealthDep

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

REQUEST FOR TEMPORARY DEVIATION TO  
 NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 9/26/2013 WELL PERMIT #: HO - 95-0667

PROPERTY OWNER: \_\_\_\_\_

SUBDIVISION & LOT #: Belle Haven Lot # 14

PROPERTY ADDRESS: 2814 Bridalwreath 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 provide Reverse  
Osmosis System under kitchen +  
Regenerator line

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 95-0667 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 - 95-0667. 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)

Carl Williams \_\_\_\_\_

Prospective Owner's Day Time Phone Number(s)

443 654 9688  
410 980 3823

**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 #:	91136	Account #:	3192
Reference:	Belle Haven Lot 14	Company:	Northern Virginia Drilling
Location:	2814 Bridalwreath Court Woodbine, MD 21797	Requested By:	Dick Trelease
Date/Time Collected:	9/23/2013 0736	Source:	Well Water
Date/Time Rec'd:	9/23/2013 1226	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.9
		Well #:	HO-95-0667

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/24/2013 / 0830 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/24/2013 / 0830 / LLO
Nitrate	11.3	mg/L	10	601	9/23/2013 / 1600 / CCH
Turbidity	1.89	NTU	<10	SM18 2130B	9/24/2013 / 0845 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	9/24/2013 / 0845 / JKW

100 High  
DB  
10-1-13

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

Reason for Test : Use &amp; Occupancy

Building Permit # : B13001142

Date Reported: 9/25/2013

## REPORT OF ANALYSIS

Laboratory ID #:	91298	Account #:	3192
Reference:	Belle Haven Lot 14	Company:	Northern Virginia Drilling
Location:	2814 Bridalwreath Court Woodbine, MD 21797	Requested By:	Dick Trelease
Date/ Time Collected:	9/27/2013 1430	Source:	Well Water
Date/Time Rec'd:	9/27/2013 1605	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis/Neutralizer/Softener
Collected By:	C. Mooshian 7268CM	pH:	5.3
		Well #:	HO-95-0667

Nitrate 1.31 mg/L 10 601 9/27/2013 / 1715 / CRS

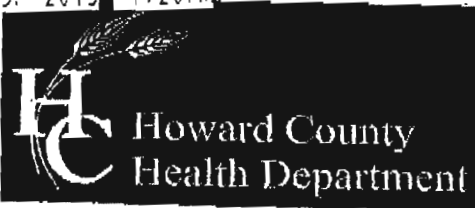
✓  
DM  
OK  
10-1-13

### NOTES

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- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
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- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B13001142

Date Reported: 9/30/2013



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/hocohealth
Twitter: HowardCoHealthDep

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

REQUEST FOR TEMPORARY DEVIATION TO BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 9/24/13 WELL PERMIT #: HO - 95 - 0007

PROPERTY OWNER: David + Kelly Haems
SUBDIVISION & LOT #: BEKE HAVEN 14
PROPERTY ADDRESS: 2814 BRIDLEWORTH CT
Woodbine, md 21797

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

see below

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

Builder shall provide Reverse Osmosis system under kitchen sink + refrigerator line

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - - will meet the bacteria standard resulting from approved disinfection procedures.

2) If condition #1 is not met through disinfection techniques, then either:

- a) PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)

OR

- b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO 25 - 2007. I am fully aware of the conditions under which this deviation will be granted and of my responsibilities as the well owner.

Stanley Williams X K S T J A M M

Prospective Owner's Day Time Phone Number(s)

X 443 654-9688

X 410 980-3823

X 740.314.7194

Sep. 25. 2013 1:21PM

No. 0183 P. 2/2

2) If condition #1 is not met through disinfection techniques, then either:

- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the home**

# 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 #: 91136 Account #: 3192  
Reference: Belle Haven Lot 14 Company: Northern Virginia Drilling  
Location: 2814 Bridalwreath Court Requested By: Dick Trelease  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 9/23/2013 0736 Site: Kitchen Sink Tap  
Date/Time Rec'd: 9/23/2013 1226 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.9  
Collected By: J. Yeager 6176JY Well #: HO-95-0667

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	9/24/2013 / 0830 / LLO
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	9/24/2013 / 0830 / LLO
Nitrate	retest <u>11.3</u>	mg/L	10	601	9/23/2013 / 1600 / CCH
Turbidity	✓ 1.89	NTU	<10	SM18 2130B	9/24/2013 / 0845 / JKW
Sand	✓ NS	mg/L	5	Visual/Gravimetric	9/24/2013 / 0845 / JKW

Results OK  
EXCEPT Nitrates  
9/26/13 HJ

### NOTES

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Building Permit # : B13001142

Date Reported: 9/25/2013