

C1 8519

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 A 516057

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0673

OWNER Bewley STREET OR RFD ... TOWN Woodbine SUBDIVISION Belle Haven E.C. SECTION ... LOT 20

WELL LOG Not required for driven wells

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 include Soil, Brown Shale, Gray Rock, Hard Gray Rock, and water at 256'.

Handwritten note: 8 ÷ 3.0 = 2.66

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL, ST, CO, PL, OT) Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

SCREEN RECORD

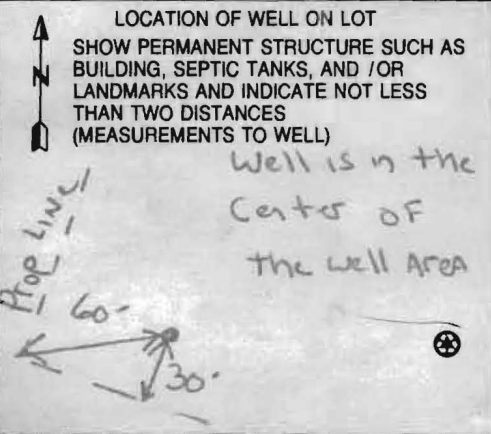
Table with columns: E A C H S C R E E N, DEPTH (nearest ft.), DIAMETER OF SCREEN

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 13.63 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 41 ft. WHEN PUMPING 85 ft. TYPE OF PUMP USED (for test) 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 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 15 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y/N)

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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. M S 162 D

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

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 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 9169  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

526193 please type

HO - 95-0673  
fill in this form completely

Date Received (APA) 11/19/07  
OWNER INFORMATION  
Grayson Homes  
9025 Chevrolet Drive  
Ellicott City MD 21043

B 3 LOCATION OF WELL  
Howard  
Belle Haven Est  
Woodbine  
MILES FROM TOWN 2

DRILLER INFORMATION  
Michael D. Isom M S D 162  
G. Edgar Harr Sons' Corp.  
12047 Falls Road, Cockeysville 21030  
Signature Date 12/26/06

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
TOWN  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
Union Chapel Road  
DISTANCE FROM ROAD 30 FT  
TAX MAP: 14 BLK 20 PARCEL 66

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, DEWATERING  
P PUBLIC WATER SUPPLY WELL  
T TEST, OBSERVATION, MONITORING  
G GEO-THERMAL

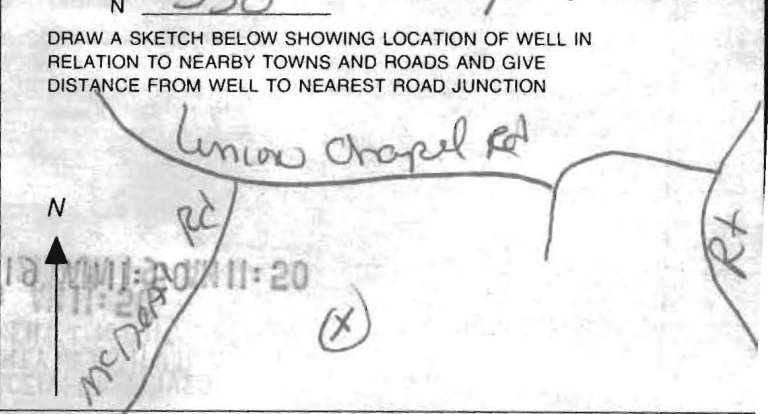
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard 13 A516057  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 2/23/07  
CO SIGNATURE EXP. DATE 2/23/08  
NORTH GRID 530 000 EAST GRID 0786 000

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER 1. well  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 7806  
N 530

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
D THIS WELL WILL DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER HO2007-G002  
PERMIT No. HO-95-0673

**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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Lot #: 20 Well Tag #: HO-95-0673  
Site Address: 2815 Bridalwreath Ct.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC 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, 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**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_

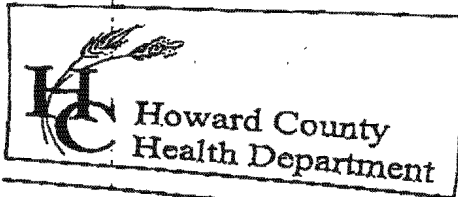
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/25/2013 Inspector: (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



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:

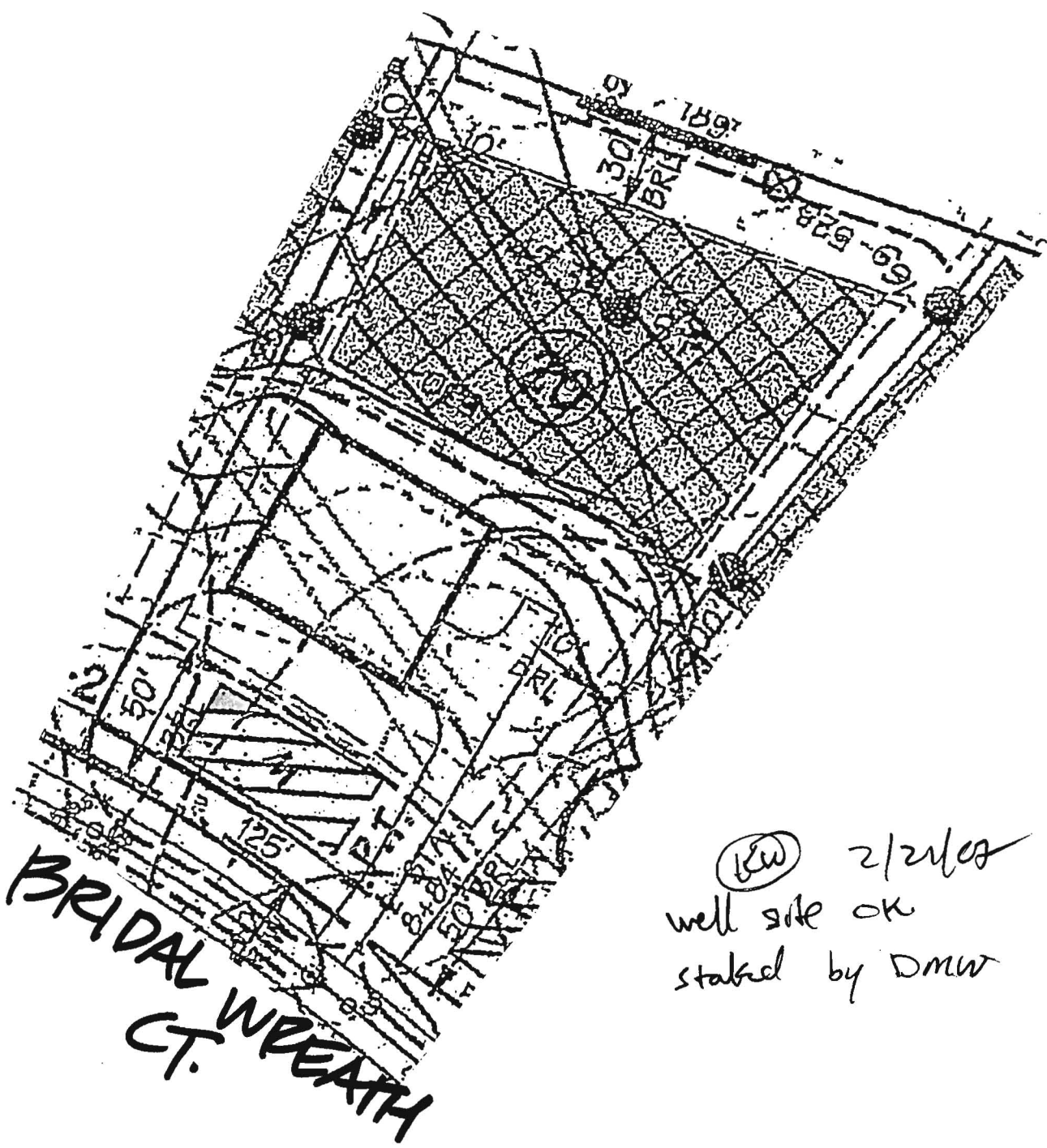
Well Site Location:	Lots	Road Name
Belle Haven Estates	1-46	Union Chapel Road
<u>Subdivision/Property Name</u>	<u>Lot#</u>	<u>Road Name</u>

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



(W) 2/24/07  
 well site OK  
 staked by DMW

**BRIDAL WREATH  
 CT.**

BELLE HAVEN ESTATES

LOT 20

**DMW**

Daft-McCune-Walker, Inc.

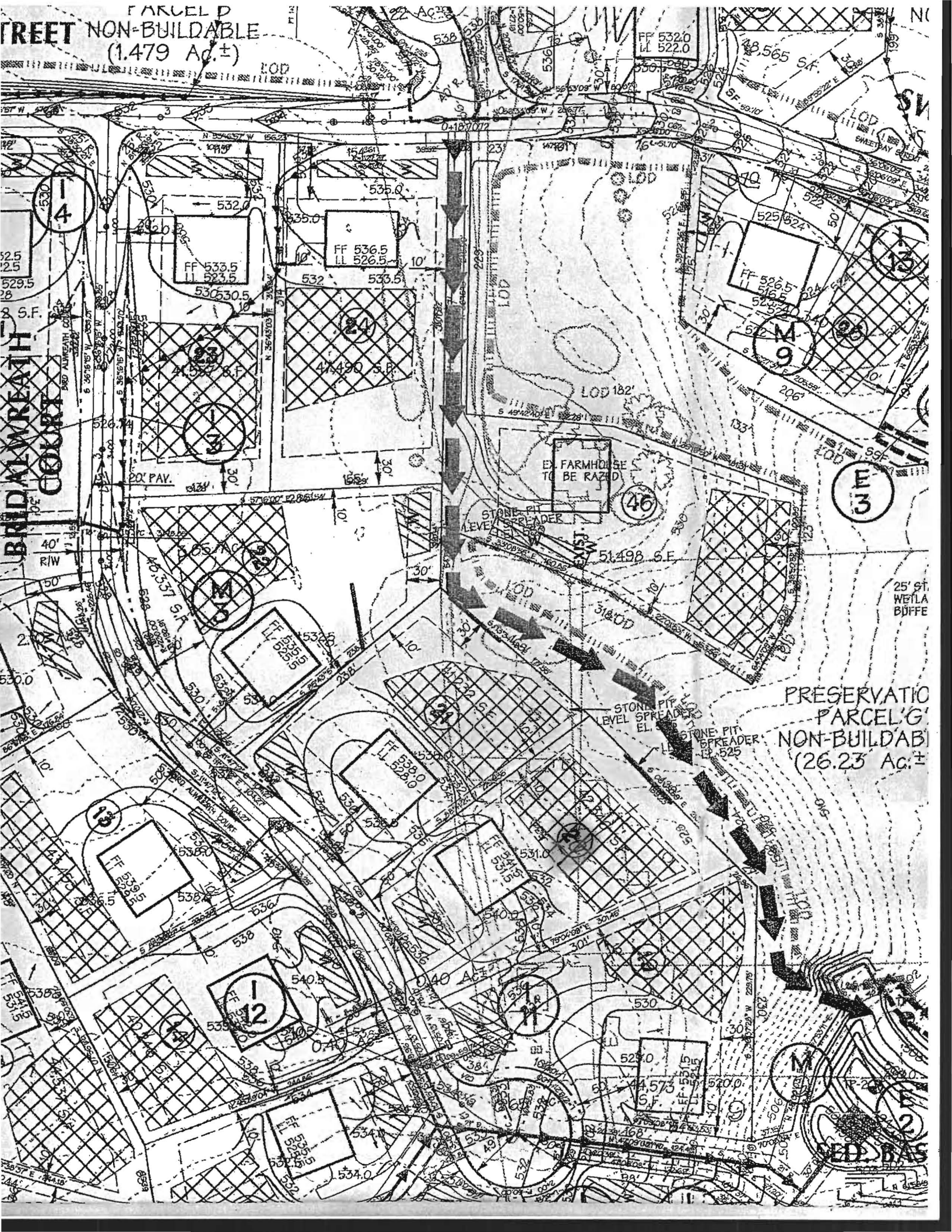
200 East Pennsylvania Avenue  
 Towson, Maryland 21286  
 (410) 296-3333  
 Fax 296-4705

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

Job No. 01067	Scale: 1"=50'	Date: 12/26/06	Drawn By: MDT
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PARCEL D  
STREET NON-BUILDABLE  
(1.479 Ac. ±)

BRIDAL WEAVER  
COURT



PRESERVATION  
PARCEL G'  
NON-BUILDABLE  
(26.23 Ac. ±)

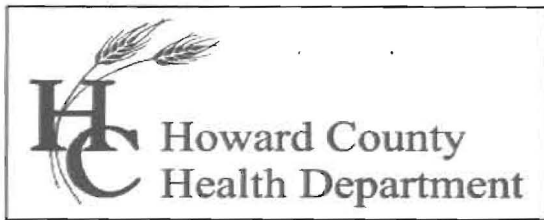
EX. FARMHOUSE  
TO BE RAZED

STONE PIT  
LEVEL SPREADER

STONE PIT  
LEVEL SPREADER

STONE PIT  
LEVEL SPREADER

ED. BAS



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

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**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – March 26, 2014**

September 26, 2013

Homeowner  
2815 Bridalwreath Court  
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 20  
2815 Bridalwreath Court  
Building Permit: B13000711  
Well Permit: HO-95-0673**

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 **7/23/2013**. Final approval of the well line connection to the dwelling was granted on **6/25/2013**. The well construction was completed on **3/22/2007**. Water samples were collected on **9/23/2013**.

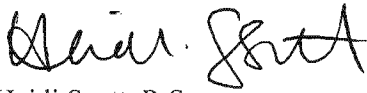
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0673. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive, flowing style.

Heidi Scott, R.S.  
Environmental Sanitarian  
Well & Septic Program

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

## REPORT OF ANALYSIS

Laboratory ID #:	91137	Account #:	3192
Reference:	Northern Virginia Drilling	Company:	Northern Virginia Drilling
Location:	2815 Bridalwreath Court Woodbine, MD 21797	Requested By:	Dick Trelease
Date/ Time Collected:	9/23/2013 0810	Source:	Well Water
Date/Time Rec'd:	9/23/2013 1226	Site:	Laundry Room Utility Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.0
		Well #:	HO-95-0673

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	✓ 8.25	mg/L	10	601	9/23/2013 / 1600 / CCH
Turbidity	✓ 0.94	NTU	<10	SM18 2130B	9/24/2013 / 0845 / JKW
Sand	✓ NS	mg/L	5	Visual/Gravimetric	9/24/2013 / 0845 / JKW

### NOTES

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

Reason for Test : Use & Occupancy  
 Building Permit # : B13000711

Date Reported: 9/24/2013