

B 1 9164

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER H0-95-0668 fill in this form completely 79

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

B 3 LOCATION OF WELL Baltimore Belle Haven Est 23 SUBDIVISION SECTION 44 46 LOT 15 48 50 Woodbine 52 NEAREST TOWN MILES FROM TOWN 2

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

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Union Chapel Road 34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 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) 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 DATE ISSUED 2/23/08 CO SIGNATURE EXP. DATE NORTH GRID 530 000 EAST GRID 0785 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST 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) 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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H0 2007 G002 PERMIT No. H0-95-0668

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

SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Drill well Per Preliminary Plan P-06-03 signed 8/21/06 ENV-Permit 97 COUNTY

C1 8614

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 06 2007

Depth of Well 22 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 160-95-0668

OWNER Bentley STREET OR RFD Belle Haven Est TOWN Woodhome SUBDIVISION SECTION LOT 15

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, and water at 178'.

Handwritten note: 11 ÷ 4.2 = 2.6

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

casings types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

screen type or open hole (ST, BR, HO, PL, OT) SCREEN RECORD

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MSD 162

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

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

DEPTH (nearest ft.) 42 300

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

SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN (NEAREST INCH) 56, 60

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

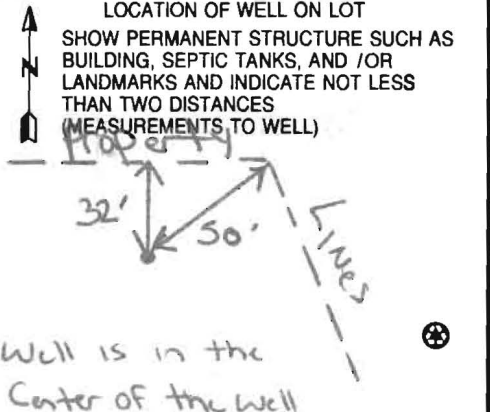
C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20.00 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 132 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) LAND SURFACE (nearest foot)



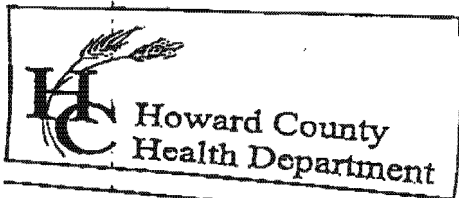
HARR WELL DRILLING
12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 4-5-07
Address: Union Chapel Road
Owner Name: Grayson Home
Well Depth: 300 Ft

Permit Number: HA-95-0668
Subdivision: Belle Haven Est L#15
Election District:
Static Water Level: 30 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0830	30 ft		17 sec	17.64
0845	107		15	20.00
0900	124		15	20.00
0915	129		15	20.00
0930	132		15	20.00
0945	132		15	20.00
1000	132		15	20.00
1015	132		15	20.00
1030	132		15	20.00
1045	132		15	20.00
1100	132		15	20.00
1115	132		15	20.00
1130	132		15	20.00



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:

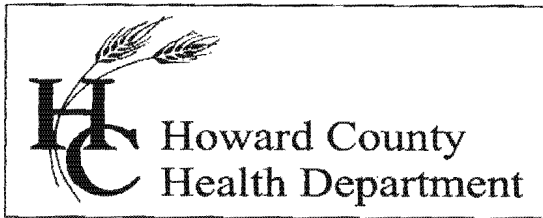
Well Site Location:	lots	
Belle Haven Estates	1-46	union chapel Road
Subdivision/Property Name	Lot#	Road Name

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



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

Expiration Date – March 29, 2015

September 29, 2014

Homeowner
2818 Bridal Wreath Court
Woodbine, MD, 21797

**RE: Subdivision Name, Lot #15
2818 Bridal Wreath Court
Building Permit: B13001271
Well Permit: HO-95-0668**

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 **8/25/2014**. Final approval of the well line connection to the dwelling was granted on **9/29/2014**. The well construction was completed on **4/06/2007**. Water samples were collected on **9/23/2014**.

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-95-0668. 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:

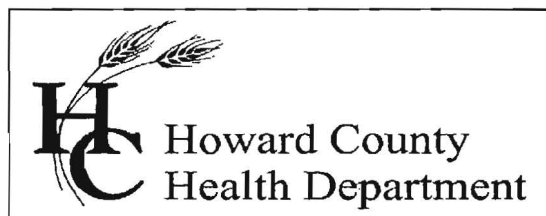
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in cursive script that reads "Dana Bernard".

Dana Bernard
Environmental Sanitarian
Well & Septic Program

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



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

Expiration Date – March 29, 2015

September 29, 2015

Homeowner
15324 Sweetbay
Woodbine, MD 21797

RE: Belle Haven, Lot #2
15324 Sweetbay
Building Permit: B13001269
Well Permit: HO-95-0656

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 **9/29/2014**. Final approval of the well line connection to the dwelling was granted on **7/8/2014**. The well construction was completed on **3/9/2007**. Water samples were collected on **9/23/2014**.

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-95-0656. 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>

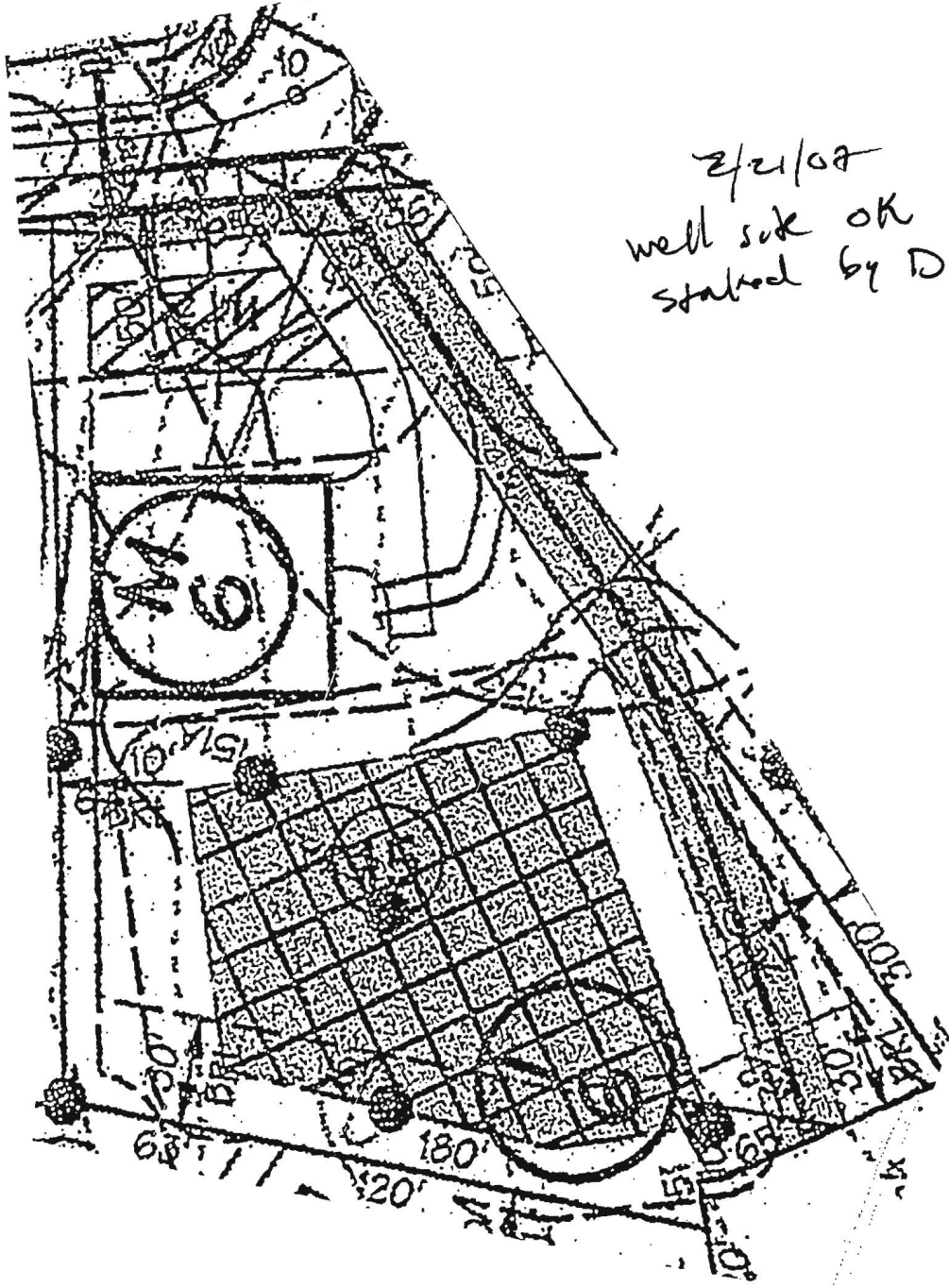
Approving Authority,



Dana Bernard
Environmental Sanitarian
Well & Septic Program

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

BRIDAL WREATH CT.



2/21/08
well sock ok
staked by DMW

BELLE HAVEN ESTATES

LOT-15

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\Lot15.dgn

Tue Feb 13 10:54:51 2007

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 #: 96369 Account #: 3192
Reference: Belle Haven Lot 15 Company: Northern Virginia Drilling
Location: 2818 Bridal Wreath Court Requested By: Dick Trelease
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 9/23/2014 0940 Site: Powder Room Sink Tap
Date/Time Rec'd: 9/23/2014 1400 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: C. Holland 0547CH Well #: HO-95-0668

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/24/2014 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/24/2014 / 0900 / CCH
Nitrate	9.09	mg/L	10	601	9/23/2014 / 1730 / CM/CS
Turbidity	0.50	NTU	<10	SM18 2130B	9/23/2014 / 1530 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	9/23/2014 / 1530 / CRS

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 # : B13001271

Date Reported: 9/24/2014

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 #: 96369 Account #: 3192
Reference: Belle Haven Lot 15 Company: Northern Virginia Drilling
Location: 2818 Bridal Wreath Court Requested By: Dick Trelease
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 9/23/2014 0940 Site: Powder Room Sink Tap
Date/Time Rec'd: 9/23/2014 1400 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: C. Holland 0547CH Well #: HO-95-0668

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/24/2014 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/24/2014 / 0900 / CCH
Nitrate	9.09	mg/L	10	601	9/23/2014 / 1730 / CM/CS
Turbidity	0.50	NTU	<10	SM18 2130B	9/23/2014 / 1530 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	9/23/2014 / 1530 / CRS

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 # : B13001271

Date Reported: 9/24/2014

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 #: 96370 Account #: 3192
Reference: Belle Haven Lot 2 Company: Northern Virginia Drilling
Location: 15324 Sweetbay Street Requested By: Dick Trelease
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 9/23/2014 1015 Site: Powder Room Sink Tap
Date/Time Rec'd: 9/23/2014 1400 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: C. Holland 0547CH Well #: HO-95-0656

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/24/2014 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/24/2014 / 0900 / CCH
Nitrate	8.45	mg/L	10	601	9/23/2014 / 1730 / CM/CS
Turbidity	0.38	NTU	<10	SM18 2130B	9/23/2014 / 1530 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	9/23/2014 / 1530 / CRS

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 # :** B13001269Date Reported: 9/24/2014

15324 Sweetbay

lot 2 - WLI - 7/8/14

Septic - 9/29/14

WCR - 3/9/2007

Well log - 95-0656