

C1 8620

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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 - 0674

8

03 30 2007

22 200 26

28 29 30 31 32 33 34 35 36 37

OWNER: [Signature] STREET OR RFD: [Signature] TOWN: Woodbine SUBDIVISION: Belle Haven Est. SECTION: [ ] LOT: 21

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: Soil (0-10), Brown Shale (10-32), Gray Rock (32-200). Includes handwritten note 'water at 148'' and calculation '10 ÷ 6 = 1.66 = 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 (Steel, Concrete, Plastic, Other) MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to

screen type or open hole

SCREEN RECORD

insert appropriate code below (Steel, Brass, Bronze, Plastic, Open Hole, Other)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

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

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...

DRILLERS LIC. NO. 1 M S D 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 A W D 766

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

DEPTH (nearest ft.)

Table for casing depth with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52

E S L O T S I Z E 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

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

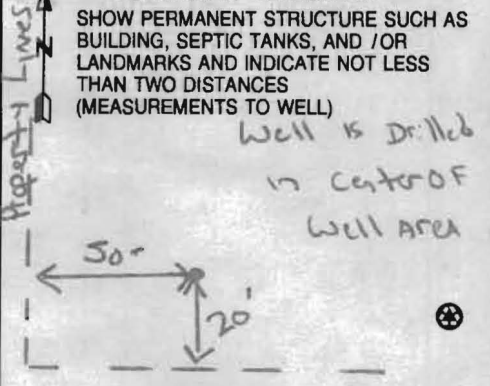
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15.00 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 77 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) LAND SURFACE below 1 (nearest foot)

LOCATION OF WELL ON LOT



B 1 9170  
1 2 3 6

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

526193 please type

40-95-0674  
fill in this form completely

Date Received (APA)

1/19/07  
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

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, Cockeyville 21030  
Address

Signature Date 12/26/06

B 3

LOCATION OF WELL

Howard  
8 COUNTY 21

Belle Haven Est  
23 SUBDIVISION 42

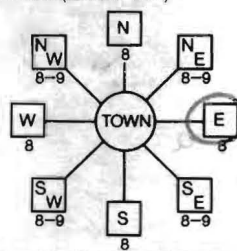
SECTION 44 46 LOT 21 48 50

Woodbine  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I  
73 76 77 78

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 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

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 A516057  
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 2/23/07  
43 MM DD YY 48 CO SIGNATURE Kim Kay 2/23/08 EXP DATE

NORTH GRID 530 000 EAST GRID 0786 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 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 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
- 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)

APPROP. PERMIT NUMBER H 02 007 G 002

PERMIT No. 40-95-0674  
70 71 72 73 74 75 76 77 78 79

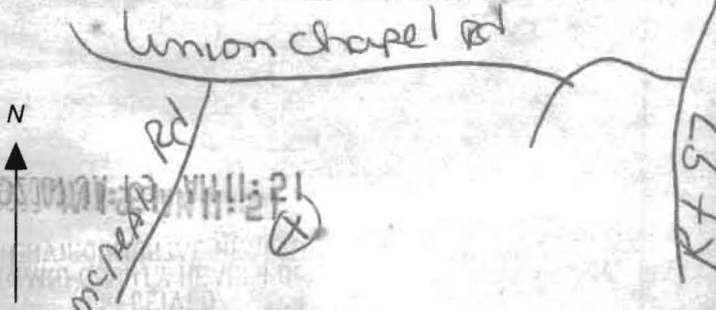
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1 well  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 786  
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

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Drill well per Preliminary Plan signed 8/21/06

# HARR WELL DRILLING

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

## HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 3-29-07  
Address: Union Chapel Road  
Owner Name: Grayson Homes  
Well Depth: 200 Ft

Permit Number: HO-95-0674  
Subdivision: Belle Haven Est L#21  
Election District:  
Static Water Level: 35 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0730	35 ft		20 sec	15.00
0745	42		20	15.00
0800	77		20	15.00
0815	77		20	15.00
0830	77		20	15.00
0845	77		20	15.00
0900	77		20	15.00
0915	77		20	15.00
0930	77		20	15.00
0945	77		20	15.00
1000	77		20	15.00
1015	77		20	15.00
1030	77		20	15.00
1045	77		20	15.00
1100	77		20	15.00

**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 Inc. Telephone #: 301-428-3900  
Address: 23407 Frederick Rd  
Clarksburg 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): Mike Bowersox License# 11202

**\*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: Belle Haven Lot #: 21 Well Tag #: HO-95-0674  
Site Address: 2811 Bridalwreath Ct  
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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**

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: 2/20/13 Date Insp. Approved: 2/20/13 Inspector: RR  
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

*9. 2/20/13*  
*AB*  
*Under Footer*

**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: 23407 FREDERICK RD  
CLARKSBURG, MD, 20891

(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: Belle Heaver Lot #: 21 Well Tag #: HO-95-0674  
Site Address: 2811 BRIDLEWREATH CT  
WOODBINE, MD 21797

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Gould</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>765079220</u>	Model#: <u>B-10x</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF/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, 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>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 (5' minimum from foundation): <u>50'</u>
Depth of supply line: <u>42"</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: Chad R. B. [Signature] date: FEB/14/13

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

Date Insp. Requested: 2/20/13 Date Insp. Approved: 2/20/2013 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade   
Two piece cap installed & 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

Under Footer



2/21/07  
 well site OK  
 stated by  
 DMW (KW)

BELLE HAVEN ESTATES

LOT 21

**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

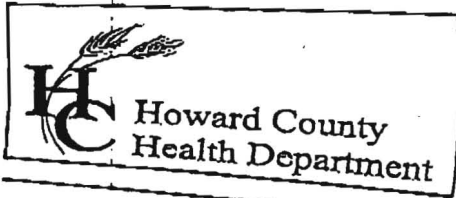
Scale: 1"=50'

Date: 12/26/06

Drawn By: MDT

N:\01067\01067F\Lot Wells\FINAL\Lot21.dgn

Tue Feb 13 10:39:56 2007



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:

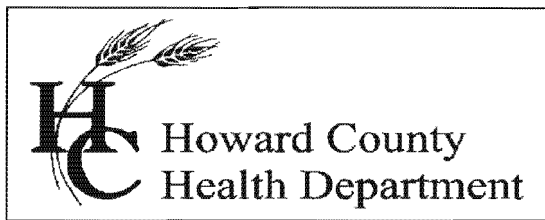
Well Site Location:	LOTS	
Belle Haven Estates	1-46	Union Chapel Road
<b>Subdivision/Property Name</b>	<b>Lot#</b>	<b>Road Name</b>

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



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

Expiration Date – AUGUST 20, 2013

February 20, 2013

Homeowner  
2811 Bridalwreath Court  
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 21  
2811 Bridalwreath Court  
Building Permit: B12002229  
Well Permit: HO-95-0674**

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 **11/8/2012**. Final approval of the well line connection to the dwelling was granted on **2/20/2013**. The well construction was completed on **3/30/2007**. Water samples were collected on **2/11/2013**.

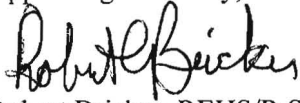
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0674. 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 that reads "Robert Bricker". The signature is written in a cursive style with a large initial "R".

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

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



**CATOCTIN LABS, INC.**

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

**FIELD RECORD**

Customer: Ben Lewis Plumbing  
2811 Bridal Wreath Court  
Woodbine, MD 21797

Date: February 11, 2013  
Time: 10:30

County: Howard  
Source: 2nd Floor Lavatory Sink  
Well No: HO-95-0674  
Bottle No: 1PA  
Reason For Sample: COP - Certificate of Potability  
Treatment: Raw  
Collector: Chris Blair

Residual Cl: 0.00  
Iced: Yes  
pH:  
EPA acceptable range for pH is 6.5 - 8.5

State Certification No: 1430CB

Nitrate, Turbidity and Sand Sample Collected 2/12/13 - Analyzed 2/13/13

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: 15:35 2/11/2013 Examined: 15:35 02/11, 02/12

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	4.0 mg/L
Sand	SM 2540 F	No Trace	No Trace
Turbidity	SM 2130 B	5.0 NTU Max (10.0 C.O.M.)	1.0 NTU

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

Analyst: Robert Haines Date: February 12, 2013

Maryland State Certification Number 135

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

OK! reb 2/19/13