

1 8611 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 04 2007

Depth of Well 22 280 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0665

OWNER Bentley, STREET OR RFD 10000 Woodbine, SUBDIVISION Belle Haven, SECTION, LOT 12

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Brown Shale, Soft Shale, Gray Rock, and water at 179' & 262'.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

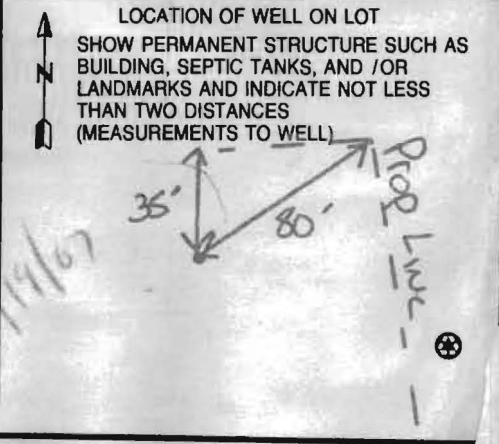
CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type or open hole (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER), DEPTH (nearest ft.), DIAMETER OF SCREEN.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



Administrative section including NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER (A, E, P), DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO., SITE SUPERVISOR.

MDE USE ONLY section with fields for T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

B 1 9161

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

526193 please type

40-95-0665 fill in this form completely

Date Received (APA)

1/19/07

OWNER INFORMATION

Grayson Homes, 9025 Chevrolet Drive, Ellicott City MD 21043

B 3

LOCATION OF WELL

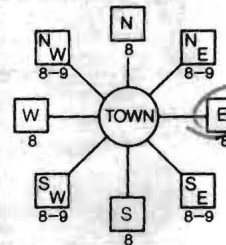
Howard County, Belle Haven Est, Woodbine, 2 miles from town

DRILLER INFORMATION

Michael D. Isom, M S D 162, G. Edgar Hays Sons Corp., 12047 Falls Road, Cockeysville 21030

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Union Chapel Road, 40 feet from road, 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)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Geo-thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, Date Issued 2/21/07, North Grid 530 000, East Grid 0785 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored, Jetted, Air-Rotary, Air-PerCussion, Cable, Reverse-Rotary, Drive-Point

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 deepen an existing well

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

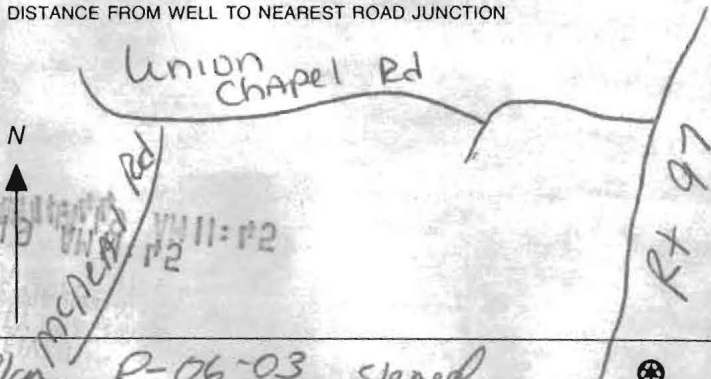
SOURCES OF DRILLING WATER

- Well

WRITE THE BOX NUMBER FROM THE MAP HERE

7805, 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER H0 2007 0007, PERMIT No. H0-95-0665

SPECIAL CONDITIONS

Drill wells as per P' Plan P-06-03 signed 8/21/06

HARR WELL DRILLING

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

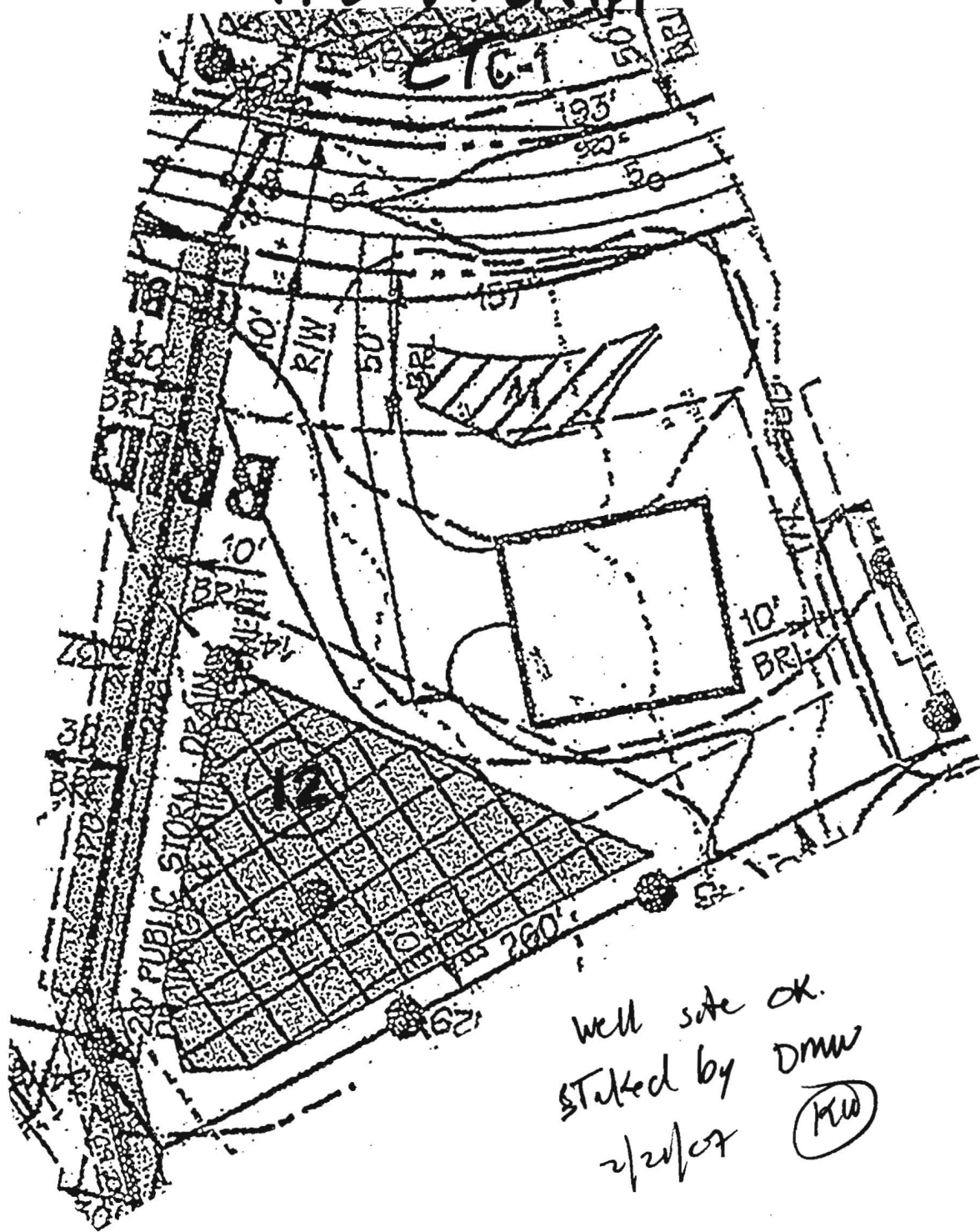
HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 6-02-07
Address: Sweetbay Street
Owner Name: Grayson Homes
Well Depth: 280 Ft

Permit Number: HO-95-0665
Subdivision: Belle Haven Est L#12
Election District:
Static Water Level: 21 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
1000	21 ft		22 sec	13.63
1015	53		22	13.63
1030	54		22	13.63
1045	55		22	13.63
1100	55		22	13.63
1115	55		22	13.63
1130	55		22	13.63
1145	56		22	13.63
1200	56		22	13.63
1215	56		22	13.63
1230	56		22	13.63
1245	56		22	13.63
1300	56		22	13.63

BRIDAL WREATH



well site ok.
 Staked by DMW
 2/2/07 (KW)

BELLE HAVEN ESTATES

LOT 12

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\Lot12.dgn

Tue Feb 13 10:32:47 2007

**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: Belle Haven Est. Lot #: 12 Well Tag #: HO-95-0665
Site Address: 2806 Bristol Waffle 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: 1/14/13 Date Insp. Approved: 1/14/13 Inspector: KWJ
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 Under Footer
Adequate grout observed below pitless adapter ✓

**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
LAUREL, 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): CHRIS BLAIR License# 10610

***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 #: 12 Well Tag #: HO - _____
Site Address: 2806 BRIDAL WREATH CT
WOODBINE, MD, 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Gould</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>76507422C</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>225'</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

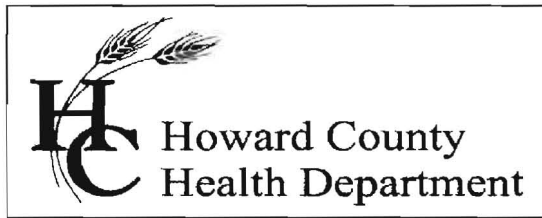
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" PEP Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>50'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed 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: Chris Blair date: 04/04/13

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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 _____



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 – OCTOBER 23, 2013

April 23, 2013

Homeowner
2806 Bridalwreath Court
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 12
2806 Bridalwreath Court
Building Permit: B12003433
Well Permit: HO-95-0665**

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 **3/5/2013**. Final approval of the well line connection to the dwelling was granted on **1/14/2013**. The well construction was completed on **6/4/2007**. Water samples were collected on **4/16/2013**.

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-95-0665. 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.**

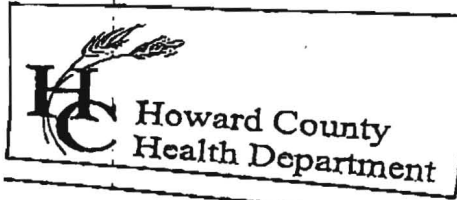
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink that reads "Robert Bricker". The signature is written in a cursive style with a large, prominent 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



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



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

FIELD RECORD

Customer: Ben Lewis Plumbing
 2806 Bridal Wreath Court
 Woodbine, MD 21797

Date: April 16, 2013
 Time: 12:17
 Type:0

County: Howard
 Source: Hall Lavy
 Well No: HO-95-0665
 Bottle No: 8PA
 Reason For Sample: New Well
 Treatment: Raw
 Collector: Chris Blair

Residual Cl: ✓
 Iced: Yes
 pH: 0.0
 EPA acceptable range for pH is 6.5 - 8.5

State Certification No: 1430CB

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: 14:30 4/16/2013 Examined: 14:30 04/16, 04/17

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	1.2 mg/L ✓
Sand	SM 2540 F	No Trace	No Trace ✓
Turbidity	SM 2130 B	5.0 NTU Max 10.0 COMAR	0.35 NTU ✓

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

Analyst *H. C. ...* Date: April 17, 2013

Maryland State Certification Number 135

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

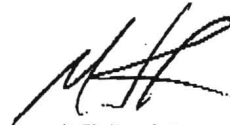
G. EDGAR HARR SONS' CORP.
12047 FALLS ROAD
COCKEYSVILLE, MARYLAND 21030

Howard County Health Dept
7178 Columbia Gateway Drive
Columbia, MD 21046

September 12, 2007

To Whom It May Concern,

This letter is a formal request to convert the wells that we drilled on lots 12 and 23 of the Bewley Property (Belle Haven Est) from test wells to production wells. If you have any questions, please give me a call.


Michael Isom
MSD162

9/19/07 OK, Accepted
