

C1 6659

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A522946

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED, DATE WELL COMPLETED, DEPTH OF WELL, PERMIT NO.

OWNER, STREET OR RFD, SUBDIVISION, SECTION, LOT

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. Includes entries like Top Soil, Brown Shale, Brown mica, Gray mica, opening, etc.

GROUTING RECORD

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

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing, OTHER CASING (if used)

SCREEN RECORD

screen type or open hole, insert appropriate code below, STEEL, BRASS, OPEN HOLE, PLASTIC, OTHER

DEPTH (nearest ft.) table with columns 1-21 and rows A, C, H, S, R, E, N

NUMBER OF UNSUCCESSFUL WELLS:

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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M WD 040, DRILLERS SIGNATURE, LIC. NO. 1 JS D 038

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

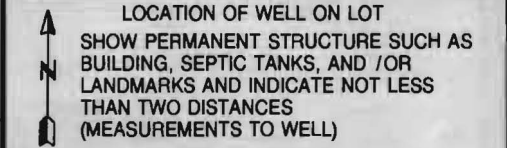
70, 72, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED, PLACE, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE



B 1 0001

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD - 95 - 0083 fill in this form completely

522946 please type

Date Received (APA) 07/15/05

OWNER INFORMATION 10015

Stevens Builders, Inc. 3905 National Drive, S 250 Burtonsville, Md 20866

LOCATION OF WELL

Howard CC# 21 Allnut Farm Estates 23 SUBDIVISION IV SECTION IV LOT 14 Highland 52 NEAREST TOWN

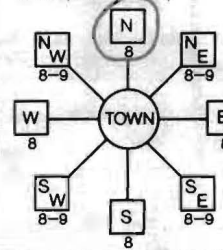
MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040

L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13492 Open Space Court 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 900 37 DISTANCE FROM ROAD FT. 38 39 ENTER FT OR MI TAX MAP: 34 BLK: 15 PARCEL 375

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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 11522946 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 8/6/05 CO SIGNATURE EXP. DATE 8/6/05 NORTH GRID 497 000 EAST GRID 810 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 810 N 490 497

yield 8/29/05 X 8AM-11AM

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

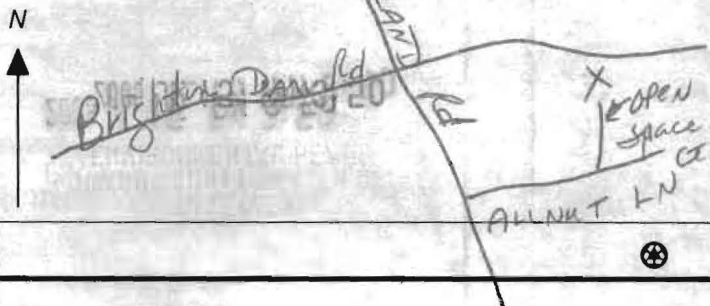
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER PERMIT No. 70 71 72 73 74 75 76 77 78 79

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14A9



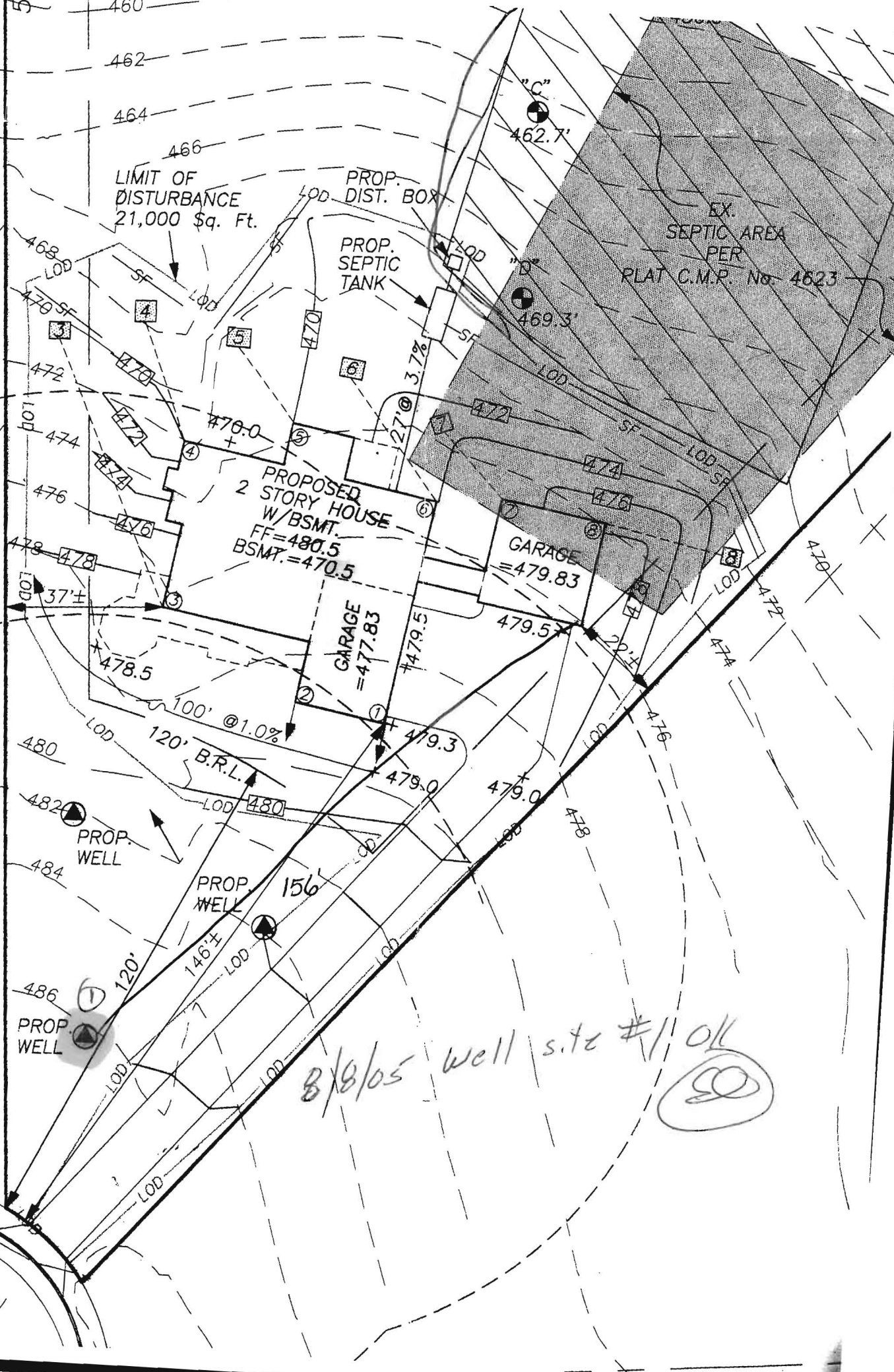


ALLNUTT FARMS ESTATES

LOT 13

"AMENDED PLAT SECTION IV"  
ALLNUTT FARMS ESTATES

S 37° 5'



8/8/05 well site #1 OK  
OK

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: BLUE MTN WATER Telephone #: 410-294-4444
Address: 8343-J MONTGOMERY RUN RD. (877)258-3321
ELLICOTT CITY, MD 21043

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MICHAEL STEER License# 910138

\*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: ALLNOT Telephone #:
Subdivision: ALLNOT ESTATES Lot #: Well Tag #: HO-95-0083
Site Address: 13492 OPEN SPACE CT.
HIGHLAND, MD 20777

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: RED JACKET Make: BTI Two piece watertight cap: Y
Model #: 12612 Model#: C100 Screened, vented well cap: Y
Pump Capacity 10 GPM Depth: 36" (36" min) Cap secured to casing: Y
Well Yield: 15 GPM NSF/WSC approved: Y Conduit min 18" B.G.: Y
Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap: Y
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

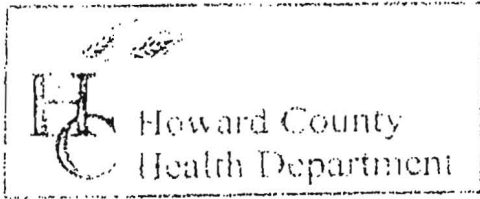
Piping to house House Connection
Type: BLACK FLEX POLYETH FVC sleeve to undisturbed soil at wall penetration: Y
PSI: 160 (160 psi min) Length of sleeve (5' minimum from foundation): 15'
Depth of supply line: 36 (36" min) Sleeve sealed properly: Y - GPOX

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

Signature of company representative responsible for installation 18 JUL 06
date

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

Date Insp. Requested: Date Insp. Approved: 3/13/06 Inspector: SO 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 elevated adequately at house connection
Adequate grout observed below pitless adapter



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 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:

- The well site has been staked by VAN MAR,  
 (professional land surveyor or company employing professional land surveyors)  
 on JULY 8, '05 (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 6/10/03

STEVENS BLDG.

LOT 14 Allnut Farm

**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 #:	59813	Account #:	1271
Reference:	Allnutt	Company:	Blue Mountain Water
Location:	13492 Open Space Court Highland, MD 20777	Requested By:	Michael Steer
Date/ Time Collected:	7/17/2006 1230	Source:	Well Water
Date/Time Rec'd:	7/17/2006 1322	Site:	Outside Tap under porch
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	7.1
		Well #:	HO-95-0083

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/18/2006 / 0800 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/18/2006 / 0800 / BCD

**NOTES:**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use &amp; Occupancy

Building Permit # : B00154503

Date Reported: 7/18/2006

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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

**REPORT OF ANALYSIS**

Laboratory ID #:	59662	Account #:	1271
Reference:	Allnutt	Company:	Blue Mountain Water
Location:	13492 Open Space Court Highland, MD 20777	Requested By:	Michael Steer
Date/ Time Collected:	7/3/2006 1452	Source:	Well Water
Date/Time Rec'd:	7/3/2006 1742	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	7.2
		Well #:	HO-95-0083

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/4/2006 / 1145 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/4/2006 / 1145 / BCD
Turbidity	1.85	NTU	<1.0	SM18 2130B	7/3/2006 / 1800 / CWM

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Scaled, vented cap
- 6 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B00154503

Date Reported: 7/5/2006

**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 #: 59536	Account #: 1271
Reference: Allnut	Company: Blue Mountain Water
Location: 13492 Open Space Court Highland, MD 20777	Requested By: Michael Steer
Date/ Time Collected: 6/19/2006 1130	Source: Well Water
Date/Time Rec'd: 6/19/2006 1420	Site: Pressure Tank
Chlorine ppm: Free: ND Total: ND	Treatment: None
Collected By: J. Yeager 6176JY	pH: 6.8
	Well #: HO-95-0083

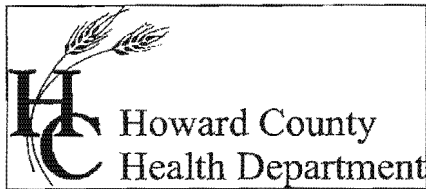
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	62.4	MPN/ 100 ml	<1.0	SM18 9223 B.	6/20/2006 / 0900 / AD/CM
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/20/2006 / 0900 / AD/CM
Nitrate	<1.0	mg/L	10	601	6/20/2006 / 0945 / GN
Turbidity	50.4	NTU	<10	SM18 2130B	6/20/2006 / 0930 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	6/20/2006 / 0930 / GN

### 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 tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B00154503

Date Reported: 6/20/2006



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

July 18, 2006

Steven's Builders  
3935 National Drive, Suite 100  
Burtonsville, MD 20866

*SENT VIA FACSIMILE 301-421-9051 & 817-394-7626*

RE: 13492 Open Space Court  
Highland, MD 20777  
BP #: B00154503  
Well Permit # HO-95-0083

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 3/9/2006. Final approval of the well line connection to the dwelling was approved on 3/13/2006.**

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 water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

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-95-0083. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 6/19/2006, 7/3/2006 & 7/17/2006  
Date of Well Completion: 8/26/2005

Approving Authority,

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File