

B 1 14208

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

110-94-2498 fill in this form completely

Date Received (APA) 10/21/99

OWNER INFORMATION RN 8083

B 3

Howard

LOCATION OF WELL CCN

Morris Andrew 2 Austin Ct College Park, Md 20740

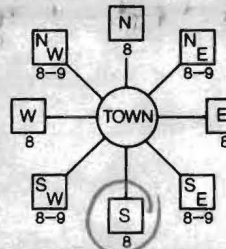
White Property SECTION 44 46 LOT 48 50 Dayton NEAREST TOWN MILES FROM TOWN 1

DRILLER INFORMATION

George F. Easterday M VD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



O'ron Dr

NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: BLK: PARCEL

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

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 A511495 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED CO SIGNATURE EXP. DATE NORTH GRID EAST GRID

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

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 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED

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 9 N 500 9

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)

APPROP. PERMIT NUMBER 54 G A P PERMIT No. 110-94-2498

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B1 14208

SEQUENCE NO.
(MDE USE ONLY) 11

STATE OF MARYLAND

STATE PERMIT NUMBER

Page _____ of _____

Date _____

3:23:00
8:30

Flowing

Review 4/19/00 O.K. (BB)

FIELD DATA SHEET
HYDROGEOLOGIC AREA (?) WELL YIELD TESTMaryland Well Permit No. HO-94-2498 Election District _____Location of Property (road) O'RION DRIVE

Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____

Well Driller EASTERDAY Owner MORRIS, ANDREWDepth of Well 400 - 2 GPMDistance of Measuring Point (M.P.) above ground 2' postStatic Water Level (S.W.L.) below M.P. 0' RUNOVER

I. High Rate Pumping -- reservoir drawdown

Time pump started 8:30Pumping rate 15 GPMTotal time 30 MIN to reach pumping water level 200' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes. PUMP SET 380

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill / gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9:00	200'	30 seconds		2
9:15	200'	35 seconds		1.7
9:30	200'	40 seconds		1.5
9:45	200'	40 seconds		1.5
10:00	200'	40 seconds		1.5
10:15	200'	40 seconds		1.5
10:30	200'	40 seconds		1.5
10:45	200'	40 seconds		1.5
11:00	200'	40 seconds		1.5
11:15	200'	40 seconds		1.5
11:30	200'	40 seconds		1.5
11:45	200'	40 seconds		1.5
12:00	200'	40 seconds		1.5
12:15	200'	40 seconds		1.5
12:30	200'	40 seconds		1.5
12:45	200'	40 seconds		1.5
1:00	200'	40 seconds		1.5
1:15	200'	40 seconds		1.5
1:30	200'	40 seconds		1.5
1:45	200'	40 seconds		1.5
2:00	200'	40 seconds		1.5
2:15	200'	40 seconds		1.5
2:30	200'	40 seconds		1.5

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: White Estates Lot #: 2 Well Tag #: HO - 94-2498
Site Address: 13534 Orion Dr.

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: _____
Approximate length of sleeve: _____
Sleeve caulked and 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: _____ 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 seen 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

11/16/05 (BB)
Needs Artesian Cap
Wrong Tag - Casing Should Be 2' Above Grade

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TEL: (410)313-2640 FAX: (410)313-2643

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 ROAD
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 STEIN License # PE0138

*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. Licensees may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: VELCULESCU Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-2498
Site Address: 13534 ORION DR
DAYTON MD 21026

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>RFB JACULT</u>	Make: <u>BT</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>10 GPM</u>	Model #: <u>100</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>10</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>1.5</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque armors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

Piping to house	House Connection
Type: <u>BRASS Pvc</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>YES</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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.

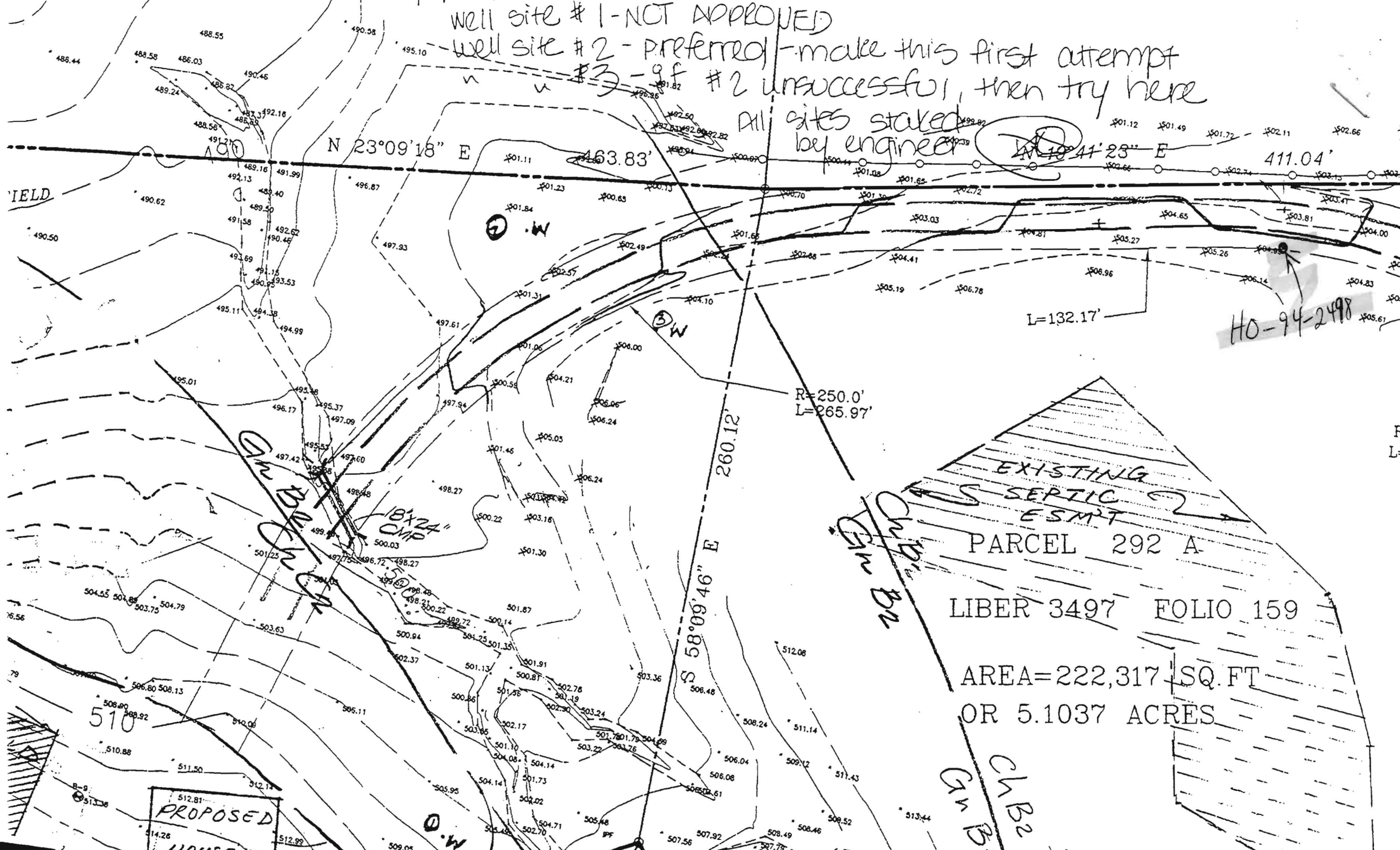
Signature of company representative responsible for installation: _____ date: 22 DEC 05

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 seen 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 _____

Well site # 1 - NOT APPROVED
Well site # 2 - preferred - make this first attempt
3 - if # 2 unsuccessful, then try here

All sites staked
by engineer



HO-94-2498

EXISTING
SEPTIC
ESMT
PARCEL 292 A
LIBER 3497 FOLIO 159
AREA=222,317 SQ. FT
OR 5.1037 ACRES

PROPOSED
HOUSE

FIELD

510

B-9
513.6

R=
L=



**Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046**

**RE: 13534 Orion Drive
Dayton MD 21036
Well Tag #HO 94-2640**

This letter is to inform you that Stevens Builders Inc, will abandon the above referenced well within 30 days.

We will contract with L.F. Easterday Inc. to complete the wrok per the Howard County standards

Sincerely;

A handwritten signature in black ink, appearing to read "Mark Stevens", written over a horizontal line.

**Mark Stevens
410-984-7296**

12/22/05