

C1 07544

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 511495

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 3/28/00

Depth of Well 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-01-2640

OWNER Goldson Street or RFD 1333 Orion Drive SUBDIVISION White Property SECTION TOWN Dayton LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Br. Mica, Tan Mica, Gray Mica.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (22), NO. OF POUNDS (2200), GALLONS OF WATER (132), DEPTH OF GROUT SEAL (0 to 56).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (60).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (0.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (53), BEFORE PUMPING (17), WHEN PUMPING (22), TYPE OF PUMP USED (S).

WELL HYDROFRACTURED form with field Y (checked).

CIRCLE APPROPRIATE LETTER form with options 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 MW D 040 DRILLERS SIGNATURE

LIC. NO. 1 MW D 386

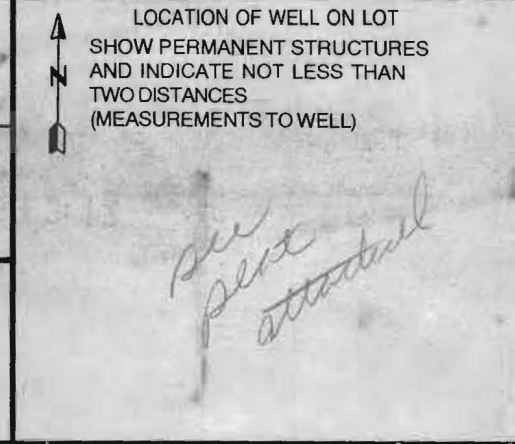
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with rows A, C, H, S, R, E, N and columns for slot size and diameter of screen.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMP INSTALLED form with fields DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (29), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+ above, - below).



B 1 09644

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2640 fill in this form completely

Date Received (APA)

4/3/00

OWNER INFORMATION RN 8205

8 MM DD YY 13

Morris Andrew

15 Last Name Owner First Name 34

2 Austin Ct

36 Street or RFD 55

College Park, Md 20740

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday

M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature: George F. Easterday Date: 3/28/2000

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

- BORED (or Augered)
JETTED
Jetted & DRIVEN
AIR-ROTary (circled)
AIR-PERcussion
ROTARY (Hydraulic Rotary)
CABLE
REVerse-ROTary
DRive-POINT
other

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 (circled)
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 (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER 54 G A P 63

PERMIT No. HO-94-2640

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3 LOCATION OF WELL

Howard CC#

8 COUNTY 21

White Property

23 SUBDIVISION 42

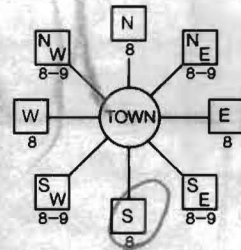
SECTION 44 46 LOT 2 #2

Dayton

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



O'ron Dr

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37

DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: 28 BLK: 14 PARCEL 292

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A511495

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 4/6/00 Brian Baker 4/6/01

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 512 000 EAST GRID 804 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

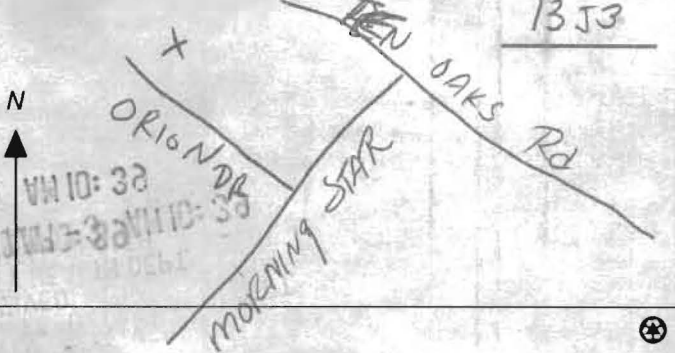
- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8064

N 500512

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



PARCEL 97

9/3/99

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

N 23°09'18" E

463.83'

PROPOSED SEPTIC FIELD
10,000 SQ. FT.

Driller reports
1st site
2nd site
dry to 600'

PARCEL 292 B

Area = 132,327 SQ. FT.
3.0378 ACRES

L=132.17'

R=250.0
L=265.9'

EXISTING
SEPTIC
ESMT

PARCEL 292

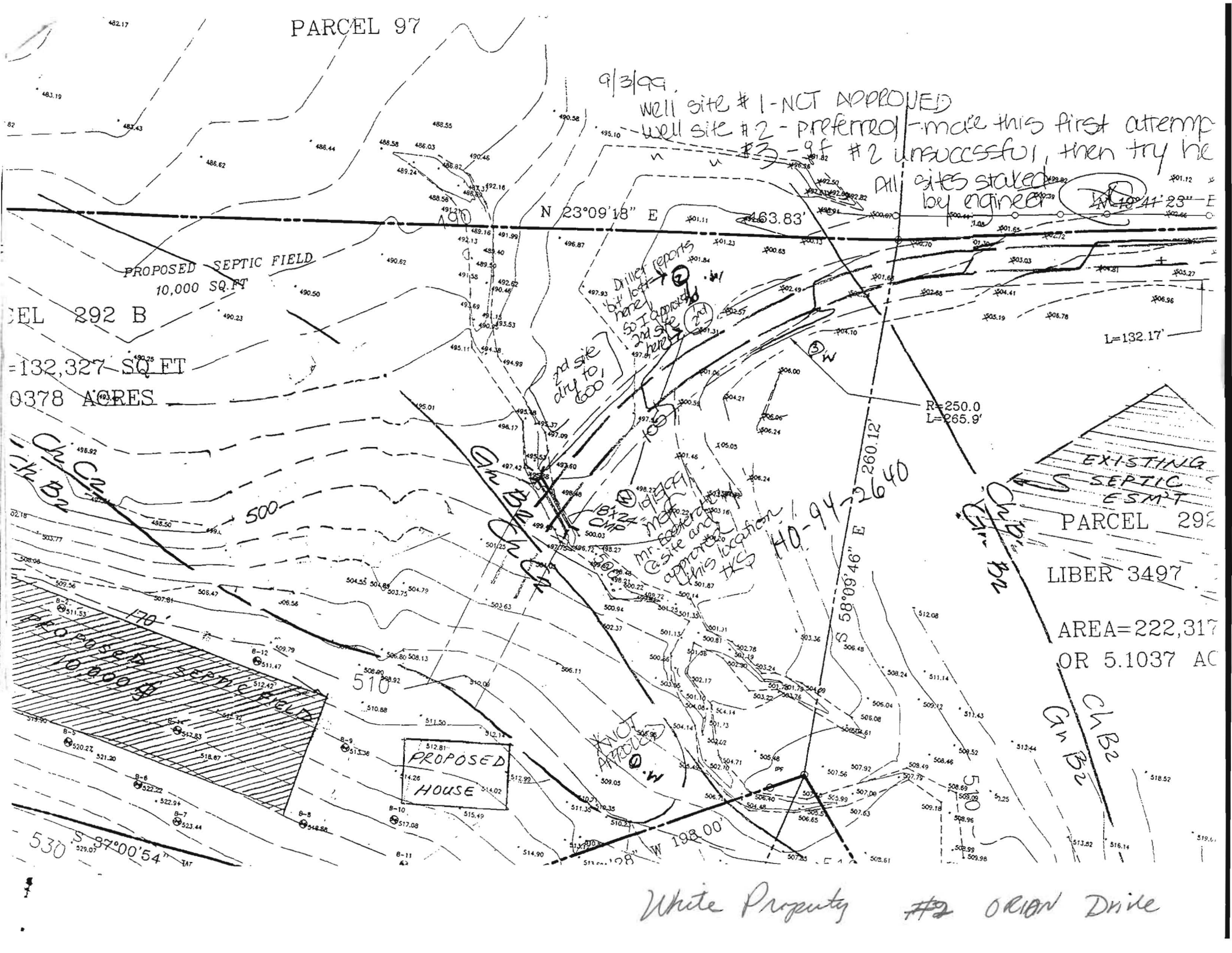
LIBER 3497

AREA=222,317
OR 5.1037 AC

PROPOSED
HOUSE

HO-94-2640
S 58°09'46" E
260.12'

White Property #2 ORION Drive



B 1 19
1 2 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-2438
fill in this form completely

OWNER INFORMATION
Date Received (APA) 09/09/99
8 MM DD YY 13
Last Name WHITE Owner BRANT First Name
34
Street or RFD 13535 ORION DR
36 55
Town DAYTON No NO State MD Zip 21036
57 70 72 76

LOCATION OF WELL
B 3
COUNTY HOWARD 21
SUBDIVISION _____ 42
SECTION _____ 44 46 LOT _____ 48 50
NEAREST TOWN DAYTON 52 71
MILES FROM TOWN (enter 0 if in town) _____ 73 M I 76 77 78

DRILLER INFORMATION
Driller's Name ALLEN COMPTON M S D 009 76 License No. 81
Firm Name FOGLES WELLS DRILLING
Address 580 ORCHARD RD SYKESVILLE
Signature Allen Compton Date 9-7-99

WELL INFORMATION
B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NEAR WHAT ROAD ORION RD 11 30
DISTANCE FROM ROAD 50 FT 34 37 38 39
ENTER FT OR MI
TAX MAP: 28 BLK: _____ PARCEL 292

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 1500 8 12
AVERAGE DAILY QUANTITY NEEDED (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

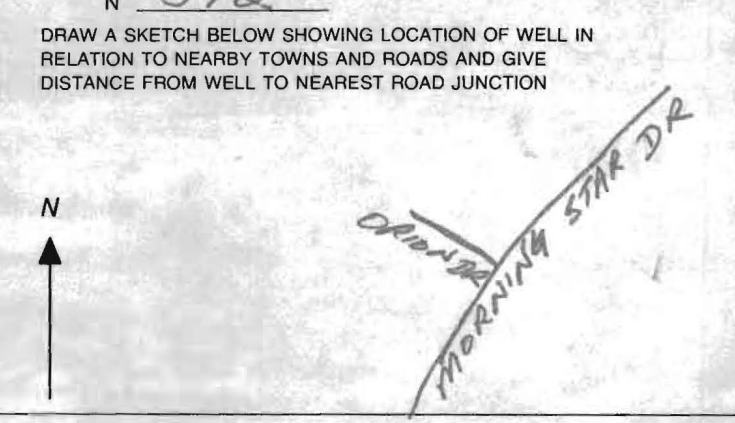
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME HOWARD COUNTY NO. A 511495
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 09/09/99 41
43 MM DD YY 48 CO-SIGNATURE _____ EXP. DATE _____
NORTH GRID 509 000 EAST GRID 0803 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28
APPROXIMATE DIAMETER OF WELL 6" INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL WATER
2. _____
3. _____
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8003
N 5709
000
000

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other _____

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
39 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 (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER _____ G A P _____
54 63
PERMIT No. HO-94-2438
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 #:	57543	Account #:	1271
Reference:	BMW/ Velculescu	Company:	Blue Mountain Water
Location:	13534 Orion Drive Dayton, MD 21036	Requested By:	Michael Steer
Date/ Time Collected:	12/21/2005 1230	Source:	Well Water
Date/Time Rec'd:	12/21/2005 1505	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	7.0
		Well #:	HO-94-2498

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/22/2005 / 0940 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/22/2005 / 0940 / BCD

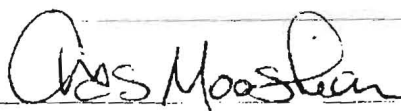
NOTES:

- 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 & Occupancy retest 57385
 Building Permit # : B00130815

Date Reported: 12/22/2005

Laboratory Director: _____



Charles Mooshian, B.S.,M.T.

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 #:	57385	Account #:	1271
Reference:	BMW/ Velculescu	Company:	Blue Mountain Water
Location:	13534 Orion Drive Dayton, MD 21036	Requested By:	Michael Steer
Date/ Time Collected:	12/7/2005 1204	Source:	Well Water
Date/Time Rec'd:	12/7/2005 1456	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.7
		Well #:	HO-94-2498

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223 B.	12/8/2005 / 0930 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/8/2005 / 0930 / BCD
Nitrate	2.60	mg/L	10	601	12/8/2005 / 0830 / BCD
Turbidity	1.71	NTU	<10	SM18 2130B	12/8/2005 / 0835 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	12/8/2005 / 0835 / BCD

NOTES

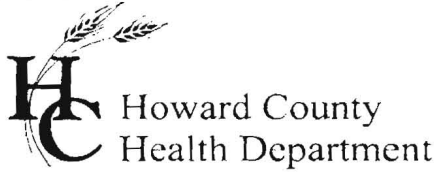
- 1 Corrected Report: Well tag # corrected 12/21/05
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00150815

Date Reported: 12/21/2005 Laboratory Director: _____

Charles Mooshian

Charles Mooshian, B.S.,M.T.



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 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

December 22, 2005

Stevens Builders
3905 National Drive, Suite 100
Burtonsville, MD 20866

SENT VIA FACSIMILE 301-421-9051

RE: White Property, Lot 2
13534 Orion Drive
Dayton, MD 21036
BP #: B00150815
Well Permit # HO-94-2498

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 12/12/2005. Final approval of the well line connection to the dwelling was approved on 12/22/2005.**

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.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well permit #**HO-94-2640**. This abandonment process is important to restore the subsurface geologic conditions, which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property. A licensed well driller, who may perform the work without inspection, must accomplish the well abandonment process; however, the driller must then file an abandonment report with this office.

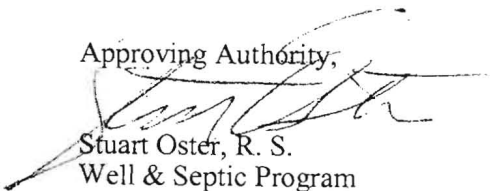
INTERIM CERTIFICATE OF POTABILITY

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-94-2498**. 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: 12/7/2005 & 12/21/2005
Date of Well Completion: 3/23/2003

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File