

3600

SEQUENCE NO. (DENV 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 A-29836

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

022395

041395

400 (TO NEAREST FOOT)

40-94-0396

OWNER WHITE BRENT last name first name STREET OR RFD ORION DRIVE TOWN DAYTON 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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Red Clay, Sand + Silt, Brown shale, Gravel Sand, Clay, Mica, gravel, Mica, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 32 NO. OF POUNDS 3200 GALLONS OF WATER 160 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 32 OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

DEPTH (nearest ft.) HO 50 400 SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH) GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

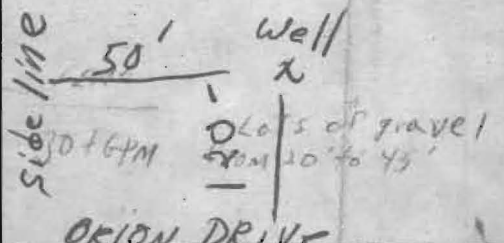
DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE George F. Easton

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Charles R. Miller

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer VAN SALT Plumbing & Htg.

Telephone 1-800-682-6726

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Bruce White Telephone _____

Subdivision _____ Lot # 14 Well Tag # _____

Site Address 13535 ORION dr.

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make Lowara

Motor

- 1. Horsepower 1
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make Campbell
- 2. Model # 8107
- 3. Depth 48"

- 3. Model # _____
- 4. Capacity _____ GPM
- 5. Pump exceeds well capacity Yes No _____
- 6. If Yes, is low pressure cutoff switch installed? Yes No _____
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank

- 1. Capacity V-100
- 2. Pressure relief valve?

Piping

- 1. Type P.
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 48"

Well data

- 1. Depth 480 ft.
- 2. Yield 4 GPM
- 3. Static water level _____
- 4. Will water be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 10/13/95

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 637-3784

WATER WELL ABANDONMENT - SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

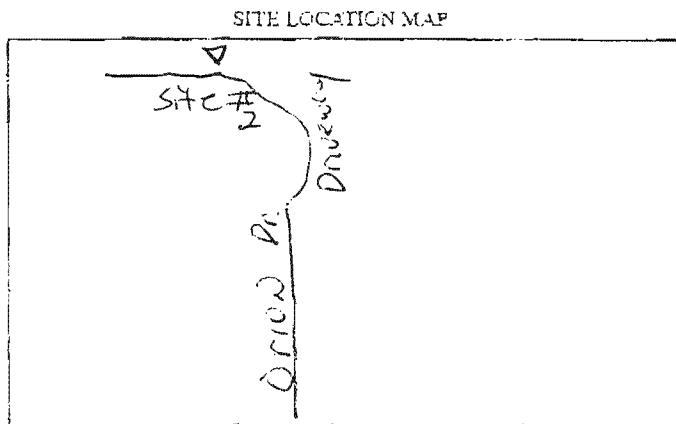
- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10-12-99 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any) _____
 PERMIT NUMBER OF REPLACEMENT WELL _____

PERSON ABANDONING WELL: Allen Compton WELL DRILLERS LICENSE NUMBER: MSDCC9
 OWNER'S NAME: Cheryl Goldstein CIRCLE: MWD/MSD/MGD

WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Dayton
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: 13535 ORION DR.
 SECTION _____ LOT _____
 NEAREST ROAD: ORION DR.



TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED/ANGERED HAND DUG
 OTHER (specify) _____

USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 6" INCHES IN DIAMETER

DEPTH OF WELL: 625 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 2'

WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	40
Rock Cuttings	40	625

VOLUME OF MATERIAL USED

10 bags Cement

Allen Compton MWD/MSD/MGD 11-15-99
 DATE



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

April 19, 1995

MEMORANDUM

TO: Brent White
11913 Beltsville Drive
Beltsville, Maryland 20705

FROM: Craig Williams, Program Director (CW)
Water and Sewerage Program
Bureau of Environmental Health

RE: Hobbs Property
Orion Drive

This is to provide formal notification of this office's request for additional percolation testing on the above referenced property.

At time of well permit application, you had been advised of some concern with the established septic area (See letter dated March 22, 1995). That letter requested the opportunity to re-inspect the septic area because of site complexities that did not readily adapt to design of the septic system.

After several site inspections and an office conversation this morning, we are still unable to determine an appropriate system design due to the topography of the lot and limitations of the document (1980 test plan by Paul Hobbs) by which the original lot approval was granted.

Percolation testing is suggested as the most expeditious means to clearly establish the area suitable for installation and planned future replacement of the septic system. The area established could then be incorporated into your building permit plan.

Existing test holes could be located in the field. The problem was that the approved test plan was not to scale and provided no topography for proper trench orientation. As an alternative to testing new holes, you might propose to have these holes accurately placed on a surveyed plat. Then either with overlaid topography or field certified elevations of the test holes, an attempt could be made to specify an appropriate disposal trench layout.

This option was not discussed in our previous conversations because it likely would cost no less than the requested testing and in our best judgement, could potentially result in a less than ideal trench layout at best. It was felt that additional testing would be the option most likely to produce positive results in a timely fashion.

Another approach that you had discussed with Frank Skinner would be to apply for and to have the septic system installed simultaneous with the percolation test. The advantage would be economic and expeditious as the costs of installation of the septic system prior to building permit approval should be no more than anticipated.

Should you decide to install the septic system prior to building permit issuance, have your excavating contractor contact this program at 313-2640 to arrange for concurrent inspection/soils evaluation.

CW:jr

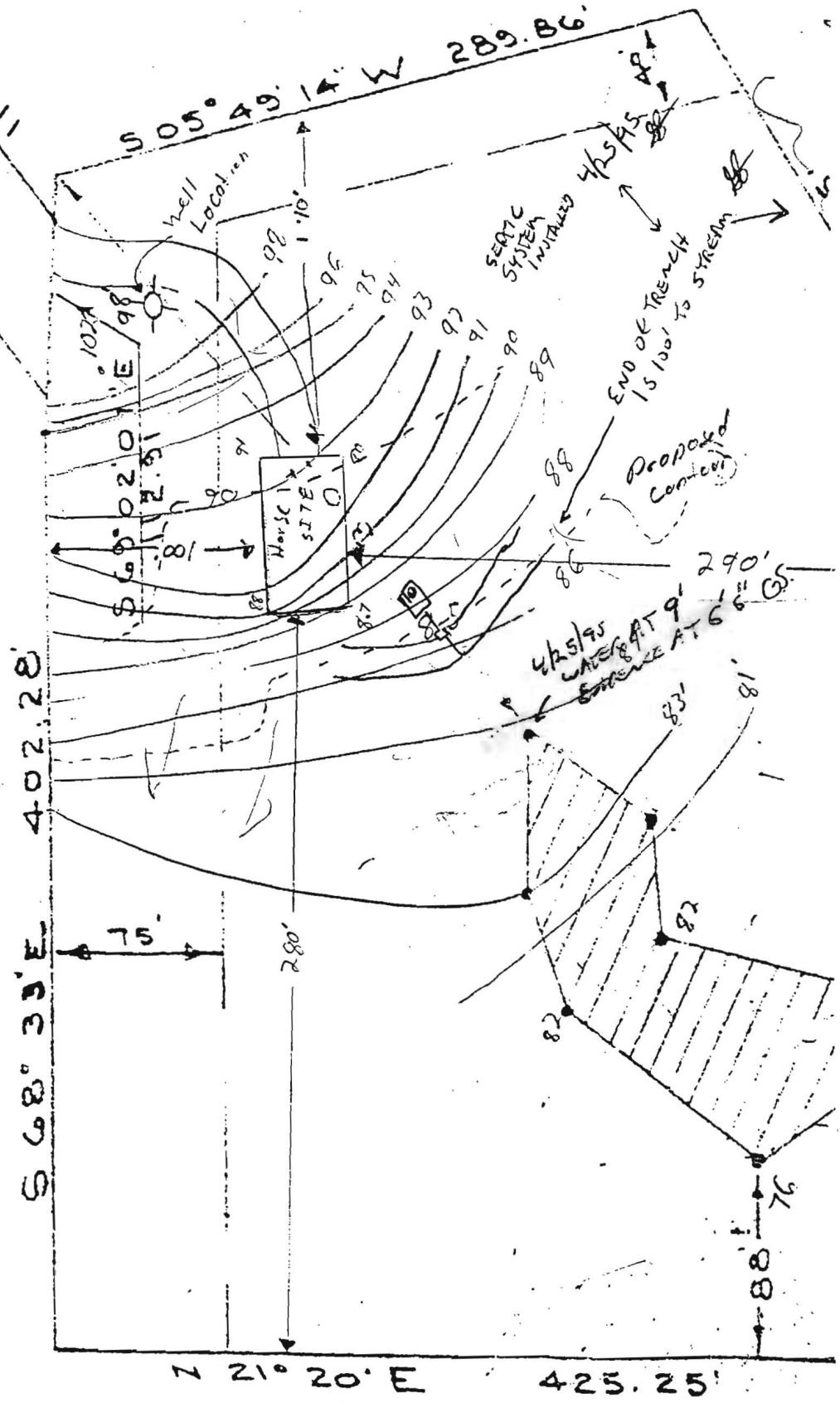
SYSTEM INSTALLED
& APPROVED 4/25/95,
DESPITE SOME SITE COMPLICATIONS
AFFECTED INITIAL LOCATION
& FUTURE REPAIR OPTIONS.

CW

Percolates have been found located. Elevation 3/21/80
 APPROVED: for Private Water & Sewerage System
 Howard County Health Department.

John Boyle 4-14-80
 Health Officer

Data



... WITH