

C1 - 0625

SEQUENCE NO. (MDE USE ONLY)

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

DATE WELL COMPLETED
MM DD YY
10/12/01

Depth of Well
22 600 26
(TO NEAREST FOOT)

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

COUNTY NUMBER 13 OK KG
11-19-01

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-94-3164
28 29 30 31 32 33 34 35 36 37

OWNER Floyd Lane LLC

STREET OR RFD Buckskin Wood Drive TOWN Ellicott City

SUBDIVISION Buckskin Ridge SECTION 1 LOT 28

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	3	
Brown Shale	3	15	
Brown Mica	15	50	
Gray Mica	50	410	
opening	410	411	✓
Gray Mica	411	600	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 19 NO. OF POUNDS 1700

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 58 ft.
(enter 0 if from surface)

CASING RECORD

insert appropriate code below

MAIN CASING TYPE ST Nominal diameter (nearest inch) 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (insert appropriate code below)

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

C 2

DEPTH (nearest ft.)

1 2
H O 59 600

A 8 9 11 15 17 21

C 2 23 24 26 30 32 36

S 3 38 39 41 45 47 51

E SLOTTED SIZE 1 2 3

N DIAMETER OF SCREEN (NEAREST INCH) 56 60

from to

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 ft.

WHEN PUMPING 226 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

above } LAND SURFACE (nearest foot)
 below }

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y 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 LIC. NO. MWD 040

DRILLERS SIGNATURE George F. Mastenbury

LIC. NO. MSD 038

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 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

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

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)

See plot

B 1 9253 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL W515311 please print or type

STATE PERMIT NUMBER 10-94-3164 fill in this form completely

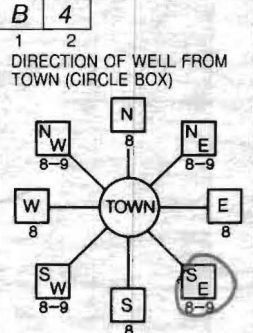
Date Received (APA) 06-28-01 OWNER INFORMATION 8645 Floyd Lane L L C P. O. Box 999 Columbia, Md 21044

LOCATION OF WELL Howard GC# 21 Buckskin Ridge SECTION 28 LOT 28 Glenelg NEAREST TOWN MILES FROM TOWN

DRILLER INFORMATION George F. Easterday M W D 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

Buckskin Wood Drive NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 300 FT. TAX MAP: BLK: PARCEL:

WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY



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

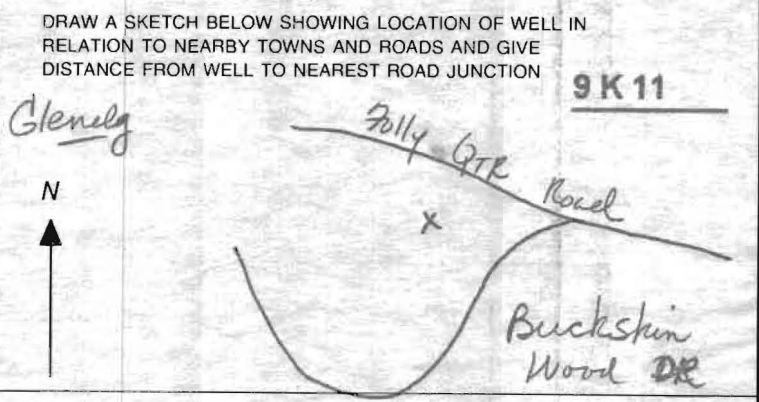
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 07-25-01 CO SIGNATURE EXP. DATE NORTH GRID 519 000 EAST GRID 0800 000

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 8006 5109

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY 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 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)



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 1020006011 PERMIT No. 10-94-3164

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

Date _____ of _____

8645

1.00

10-23-01

Review RB

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3164
 Location of property (road) Buckskin Wood Drive
 Subdivision Buckskin Ridge Lot 28 Block Plat Sec.
 Well Driller G. Easterday Owner Floyd Lane LLC

Depth of well 600 4gpm
 Distance of measuring point (M.P.) above ground 1 1/2 ft
 Static water level (S.W.L.) below M.P. 17 ft

I. High rate pumping -- reservoir drawdown

Time pump started 11:05 Pumping rate 156 gpm
 Total time 25 min to reach pumping water level 172 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (TIF used) Pump SA	CALCULATED FLOW (gallons per minute)
1130	172 FT	15 Sec	385	4 GPM
1145	173 FT	15 Sec	} Drawn Down 15 min AT 15 GPM TO 226 FT	4 GPM
1200	174 FT	15 Sec		4 GPM
1215	175 FT	15 Sec		4 GPM
1230	177 FT	15 Sec		4 GPM
1245	173 FT	15 Sec		4 GPM
1001	173 FT	15 Sec		4 GPM
115	173 FT	15 Sec		4 GPM
130	173 FT	15 Sec		4 GPM
145	226 FT	15 Sec		4 GPM
200	226 FT	15 Sec		4 GPM
215	226 FT	15 Sec	4 GPM	
230	226 FT	15 Sec	385	4 GPM

TESTED BY Dickie

* Bldg Per-# B 10003992

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: Joel Isaacs Alley Svc Telephone #: 410 442-5780
Address: 643 E. Whitesville Rd.
Mt. Airy, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Joel Isaacs License# 4524

*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: Columbia Bldrs Inc Telephone #: 410 730-3939
Subdivision: Buckskin Ridge Lot #: 28 Well Tag #: HO-94-3164
Site Address: 4268 Buckskin Wood Dr.
Ellicott City MD 21042

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Myers Make: Campbell Two piece watertight cap:
Model #: 1hp Model#: 1" Screened, vented well cap:
Pump Capacity: 3 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 3 GPM NSF/WSC approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 540 (feet) Conduit secured to well cap:
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: Poly PVC sleeve to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Length of sleeve(3' minimum from foundation): 10'
Depth of supply line: 42" (36" min) 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: [Signature] date: 11-1-11

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 _____

**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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: 28 Well Tag #: HO-94-3164 ✓
Site Address: 4268 Buckskin Wood Dr

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	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: 11/2/11 Date Insp. Approved: 11/2/11 *(KW)*
 Inspection Data: Pitless adapter and 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 installed inside of well 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 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – August 7, 2012

February 7, 2012

Homeowner
4268 Buckskin Wood Drive
Ellicott City, MD 21042

**RE: Buckskin Ridge, Lot 28
4268 Buckskin Wood Drive
Building Permit: B10003992
Well Permit: HO-94-3164**

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 **9/27/2011**. Final approval of the well line connection to the dwelling was granted on **11/2/2011**. The well construction was completed on **10/12/2011**. Water samples were collected on **1/17/2012**.

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-94-3164. 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,

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

BR 28

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 #:	82931	Account #:	1550
Reference:	Lakeview at Buckskin Lake Lot 28	Company:	Columbia Builders
Location:	4268 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	1/17/2012 1150	Source:	Well Water
Date/Time Rec'd:	1/17/2012 1225	Site:	Garage Laundry Tub
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spindown Separator/No filter
Collected By:	J. Yeager 6176JY	pH:	7.1
		Well #:	HO-94-3164

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/18/2012 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/18/2012 / 0900 / CCH
Nitrate	<1.0	mg/L	10	601	1/18/2012 / 1700 / CCH
Turbidity	1.00	NTU	<10	SM18 2130B	1/18/2012 / 0910 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	1/18/2012 / 0910 / CCH



OK RB 2/2/2012

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 and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B10003992

Date Reported: 1/18/2012