

C1 0659

SEQUENCE NO. (MDE 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 K5 117901 OK 13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 9/24/01

DEPTH OF WELL 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3198

OWNER Floyd Lane LLC, STREET OR RFD Buckskin Wood Drive, TOWN Ellicott City, SUBDIVISION Buckskin Ridge, SECTION, LOT 38

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries for top soil, shale, gray mica, and quartz.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (29), NO. OF POUNDS (2900), GALLONS OF WATER (174), DEPTH OF GROUT SEAL (97 ft).

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6 inch), Total depth (100 feet).

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

- CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED, 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...

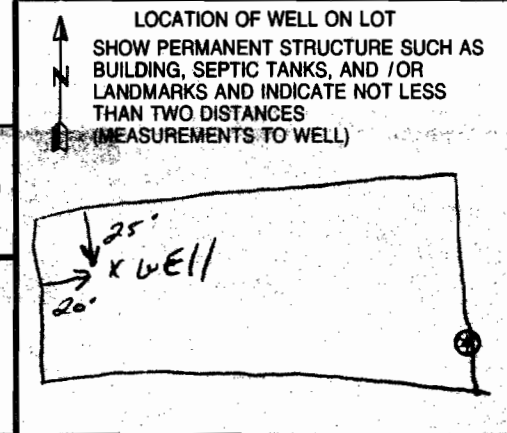
DRILLERS LIC. NO. 1 MWD 040, DRILLERS SIGNATURE George F. Eberstony, LIC. NO. 1 MWD 482, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns for depth intervals (8-11, 15-17, 23-24, 28, 30-32, 36, 38-39, 41, 45-47, 51) and rows for casing types (E, A, C, H, S, R, E, E, N).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for GRAVEL PACK, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (15 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (87 ft before, 128 ft when pumping), TYPE OF PUMP USED (submersible).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2 feet).



B 1 9225

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-94-3198 fill in this form completely

Date Received (APA)

06/25/01

OWNER INFORMATION 8655

Floyd Lane L L C

Last Name Owner First Name

P. O. Box 999

Street or RFD

Columbia, Md 21044

Town State Zip

DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name License No.

L. Franklin Easterday, Inc.

Firm Name

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

Address Signature Date 6/25/2001

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
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 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 HO20000001 (01)

PERMIT No. HO-94-3198

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL

Howard CC#

COUNTY

Buckskin Ridge

SUBDIVISION

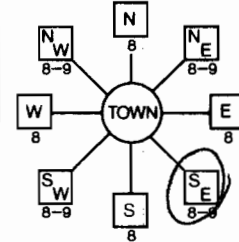
SECTION LOT 38

Glenelg

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Wood Drive

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD Ft. 20 ENTER FT OR MI

TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 08/14/01

CO SIGNATURE EXP. DATE 08/13/02

NORTH GRID 519 000 EAST GRID 0806 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
2.
3.

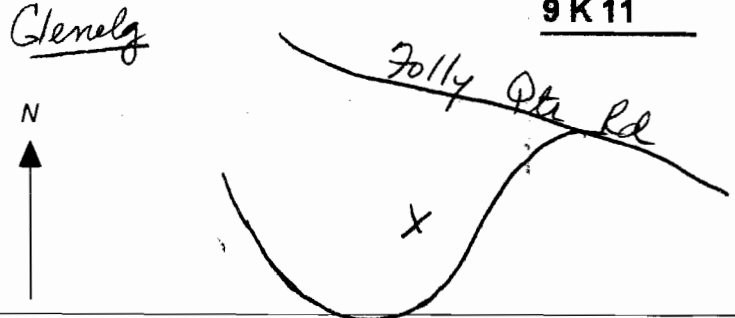
WRITE THE BOX NUMBER FROM THE MAP HERE

8006

5109

9/21/01 X Grant A.M. No Insp. NO 4WD access to site - (KG) SRM

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



**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 Regulation). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Joel Isaacs Pllg Service Telephone #: 410 442-5780
 Address: PO Box 250
Lisbon, MD 21765

(Must circle one) License 1 Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Joel Isaacs, Sr. License# MD-4524
 *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: Columbia Builders Telephone #: 410 730-3939
 Subdivision: Lakeview at Buckskin Lot #: 38 Well Tag #: HO-94-3198
 Site Address: 4320 Buckskin Wood Dr.
Ellicott City, MD 21042

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Myers</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>3/4 HP</u>	Model#: <u>Blox</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>8</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>500</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

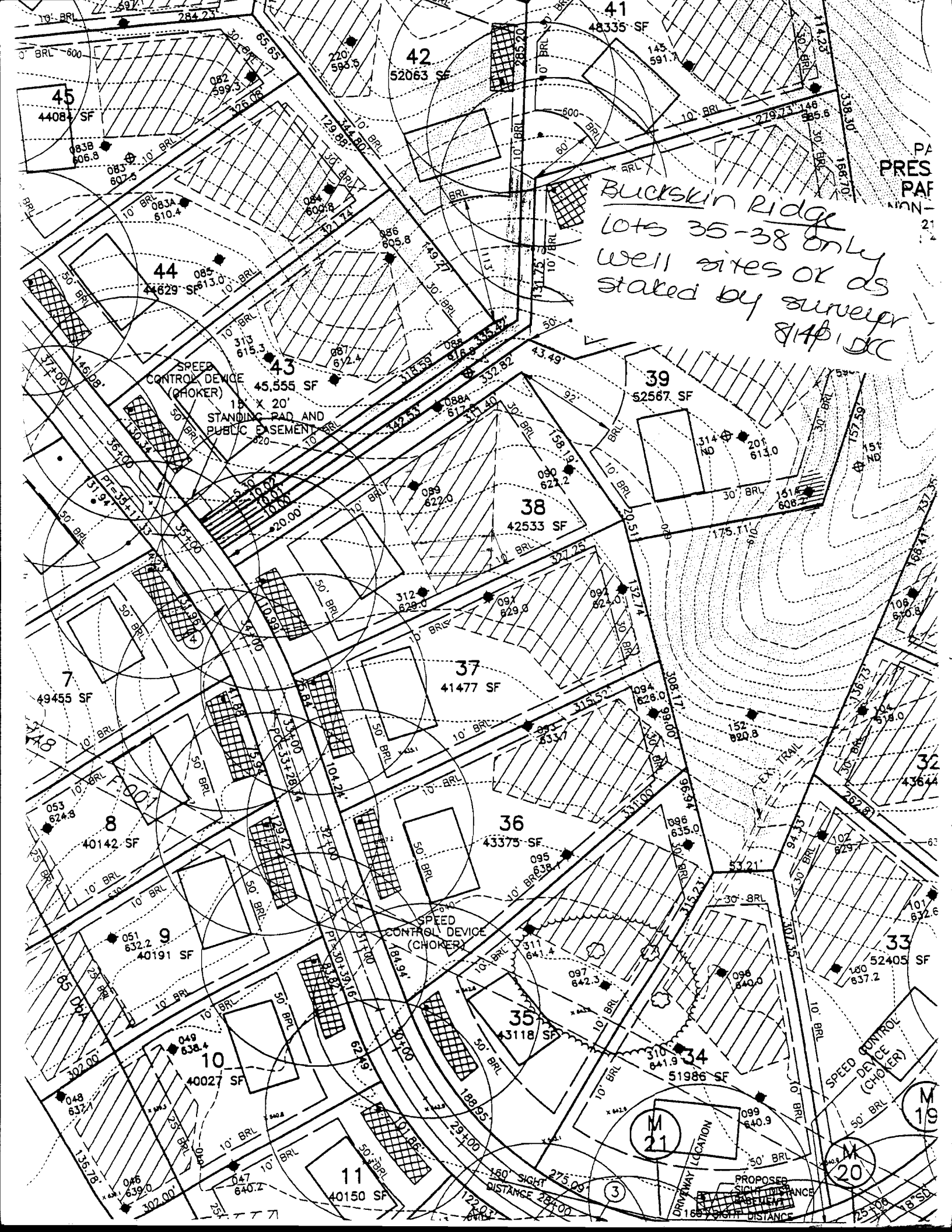
Piping to house	House Connection
Type: <u>1" Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>32</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: 2-20-09

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

Date Insp. Requested: _____	Date Insp. Approved: <u>6/3/09</u> <u>BB</u>
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



*Buckskin Ridge
 Lots 35-38 only
 Well sites OK as
 stated by surveyor
 8/14/00*

PA
 PRES
 PAP
 NON-
 21

M
 21

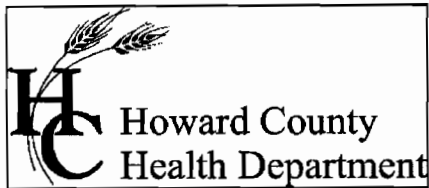
M
 20

M
 19

(3)

PROPOSED
 SIGHT TRIANGLE
 180' SIGHT DISTANCE

180' SIGHT DISTANCE



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

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

June 5, 2009

Mr. Russell T. Alexander
Or Homeowner
4320 Buckskin Wood Drive
Ellicott City, MD 21042

SENT VIA FACSIMILE 410-992-3020

RE: Buckskin Ridge, Lot 38
4320 Buckskin Wood Drive
BP# B08003546
Well Tag #: HO-94-3198

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 02/23/2009. Final approval of the well line connection to the dwelling was approved on 06/03/2009.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

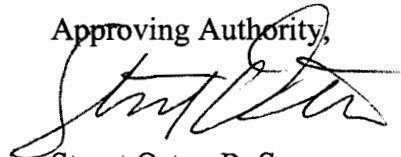
INTERIM CERTIFICATE OF POTABILITY

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-94-3198. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 06/01/2009
Date of Well Completion: 09/24/2001

Approving Authority,

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

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File