

C1 0672

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER 13

OK KB 3/14/02

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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

10-94-3211

OWNER Floyd Lane LLC STREET OR RFD Buckskin Wood Drive TOWN Ellicott City SUBDIVISION Buckskin Ridge SECTION LOT 43

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 21 NO. OF POUNDS 2100

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 57 ft.

CASING RECORD

MAIN CASING TYPE ST CO PL OT

Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

OTHER CASING (if used)

Table with columns for diameter and depth

SCREEN RECORD

screen type or open hole ST BR HO PL OT

DEPTH (nearest ft.)

Table with columns for depth intervals and slot size

DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 32 ft.

WHEN PUMPING 175 ft.

TYPE OF PUMP USED (for test)

Grid for pump type: A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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

PUMP HORSE POWER 37

PUMP COLUMN LENGTH (nearest ft.) 43

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE 2 (nearest foot)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

LIC. NO. MWD 48L

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

B 1	9266	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W515311 please print or type</i>	STATE PERMIT NUMBER 10-94-3211 <small>fill in this form completely</small>
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OWNER INFORMATION 8659

Date Received (APA) 02/28/01

8 MM DD YY 13

Floyd Lane L L C

15 Last Name Owner First Name 34

P. O. Box 999

36 Street or RFD 55

Columbia, Md 21044

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 **Howard** COUNTY **21**

Buckskin Ridge

23 SUBDIVISION 42

SECTION 44 LOT 42

Glenelg

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I

DRILLER INFORMATION

George F. Easterday MW D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

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

Address

George F. Easterday 6/25/2001

Signature Date

Buckskin Wood Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 300 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

1 2 **5**

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 08/14/01 EXP. DATE 08/13/02

43 MM DD YY 48 CO SIGNATURE _____

NORTH GRID 519 0 0 0 EAST GRID 0806 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST INCH

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)

APPROP. PERMIT NUMBER H020000001(01)

PERMIT No. 10-94-3211

70 71 72 73 74 75 76 77 78 79

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

800

E 510 9 N

000 000

9/21/01 X

Grout A.M.

No Insp.

No YWD access to site (V6) SRU

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

9K11

Glenelg

Buckskin Wood Dr.

7114 QTR Rd

X

**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 Pkg. Svc Telephone #: 410 442-5780
Address: PO Box 250 (c) 410 365-1279
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 License# 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 Inc. Telephone #: 410 730-3939
Subdivision: Lakeview at Buckskin Lot #: 42 Well Tag #: HO-94-3211
Site Address: 4336 Buckskin Wood Dr.
Ellicott City, MD 21042

Submersible Pump Data

Make: Myers
Model #: 1 HP
Pump Capacity 5 GPM
Well Yield: 3 GPM

Pitless Adapter

Make: Camphill
Model#: B10X
Depth: 42" (36" min)
NSF 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: 600 (feet)

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

Type: 1" Poly
PSI: 160 (160 psi min)
Depth of supply line: 42 (: 6" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 10'
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.

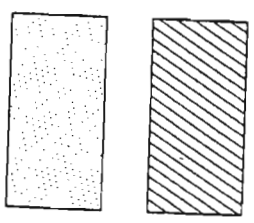
Signature of company representative responsible for installation: [Signature]

date: 10-01-09

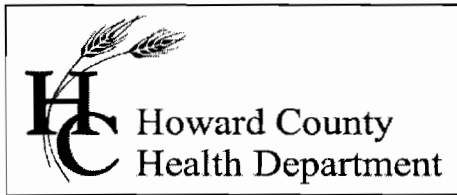
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 11/2/09 [Signature]
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 5" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

Buckskin Ridge
 1045 39-47 only
 all well sited OK
 as stated by
 surveyor. J.H. O'K



15% TO 24.9% SLOPES
 SLOPES GREATER THAN 25%



Bureau of Environmental Health
7178 Columbia 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

March 4, 2010

Homeowner
4336 Buckskin Wood Drive
Ellicott City, MD 21042

SENT VIA EMAIL rtash@columbiabuildersinc.com

RE: Buckskin Ridge - Lot 42
4336 Buckskin Wood Drive
Ellicott City, MD 21042
BP # B09002332
Well Permit # HO-94-3211

Dear Sir/Madam:

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 11/17/2009. Final approval of the well line connection to the dwelling was approved on 11/02/2009.**

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.

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-94-3211. 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: 02/24/2010
Date of Well Completion: 09/21/2001

Approving Authority,

Brian Baker, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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 #:	74396	Account #:	1550
Reference:	Buckskin Lake Lot 42	Company:	Columbia Builders
Location:	4336 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	2/24/2010 1045	Source:	Well Water
Date/Time Rec'd:	2/24/2010 1148	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spin Down Separator**
Collected By:	J.Yeager 6176JY	pH:	6.2
		Well #:	HO-94-3211

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/25/2010 / 0845 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/25/2010 / 0845 / CCH
Nitrate	<1.0	mg/L	10	601	2/25/2010 / 1545 / CCH
Turbidity	4.56	NTU	<10	SM18 2130B	2/25/2010 / 1440 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	2/25/2010 / 1430 / CCH

NOTES

- 1 **Sample collected prior to treatment
- 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 # : B09002332

Date Reported: 2/25/2010