

0661

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 9/18/01

Depth of Well 600

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3900

OWNER Floyd Lane LLC STREET OR RFD Buckskin Wood Drive TOWN Ellicott City SUBDIVISION Buckskin Ridge SECTION LOT 2

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Mica, Gray Mica, opening, Gray Mica, Fractured rock + mica fill, Gray Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 23 NO. OF POUNDS 2300 GALLONS OF WATER 138 DEPTH OF GROUT SEAL 0 to 51 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter 6 Total depth of main casing 60

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.)

Table for depth measurements from 1 to 76 feet.

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

C 3

PUMPING TEST

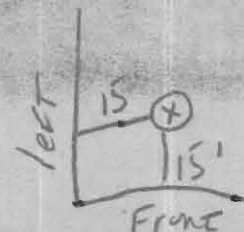
HOURS PUMPED 3 PUMPING RATE 15 gal. per min. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL 43 ft. BEFORE PUMPING 93 ft. WHEN PUMPING TYPE OF PUMP USED (for test) C centrifugal

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO 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 (-) below (nearest foot) 2

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)



DRILLERS LIC. NO. 1 MWD 040 1 DRILLERS SIGNATURE George F. Eastouley

LIC. NO. 1 MSD 038 1

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

B 1 9228

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3200

W515 311 please print or type

fill in this form completely

Date Received (APA)

06/28/01

OWNER INFORMATION 8619

Floyd Lane L L C

15 Last Name Owner First Name 34

P. O. Box 999

36 Columbia, Md 21044

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday MW D 040

L. Franklin Easterday, Inc.

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

Address

Signature Date 6/25/2001

WELL INFORMATION APPROX. PUMPING RATE 5

AVERAGE DAILY QUANTITY NEEDED 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

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 DEEPEAN 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 HO 20000 G 011 (01)

PERMIT No. HO-94-3200

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

Howard

LOCATION OF WELL

8 COUNTY 21

Buckskin Ridge

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

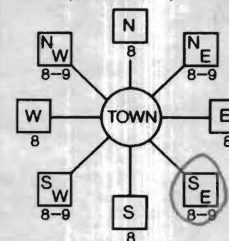
Glenelg

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Wood Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 30 37 DISTANCE FROM ROAD FT.

ENTER FT OR MI 38 39

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

43 MM DD YY 48 CO SIGNATURE EXP. DATE

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

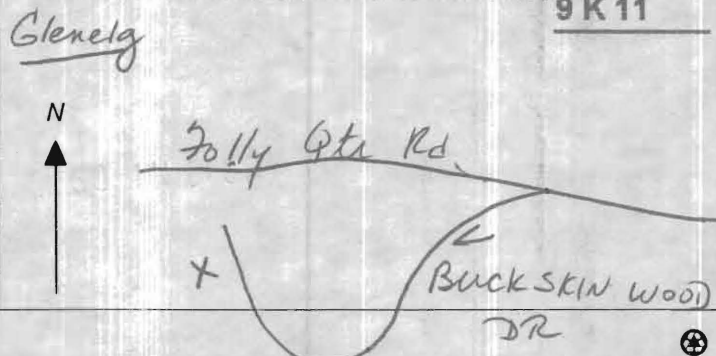
- SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

800 6
510 9

9/18/01
Am Grant
9/18/01
No Insp.
BB

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  
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 Pkg Svcs Telephone #: 410 442-5780  
Address: 643 E. Watersville 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 Builders Telephone #: 410 730-3939  
Subdivision: Buckskin Ridge Lot #: 2 Well Tag #: HO-94-3200  
Site Address: 4353 Buckskin Wood Dr.  
Ellicott City MD 21042

**Submersible Pump Data**

Make: Myers  
Model #: 1HP  
Pump Capacity 8 GPM  
Well Yield: 15 GPM

**Pitless Adapter**

Make: Campbell  
Model#: 1"  
Depth: 42" (36" min)  
NSF/WSC approved:

**Well Cap and Electric Conduit**

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing:   
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, 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**

Type: Poly  
PSI: 160 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

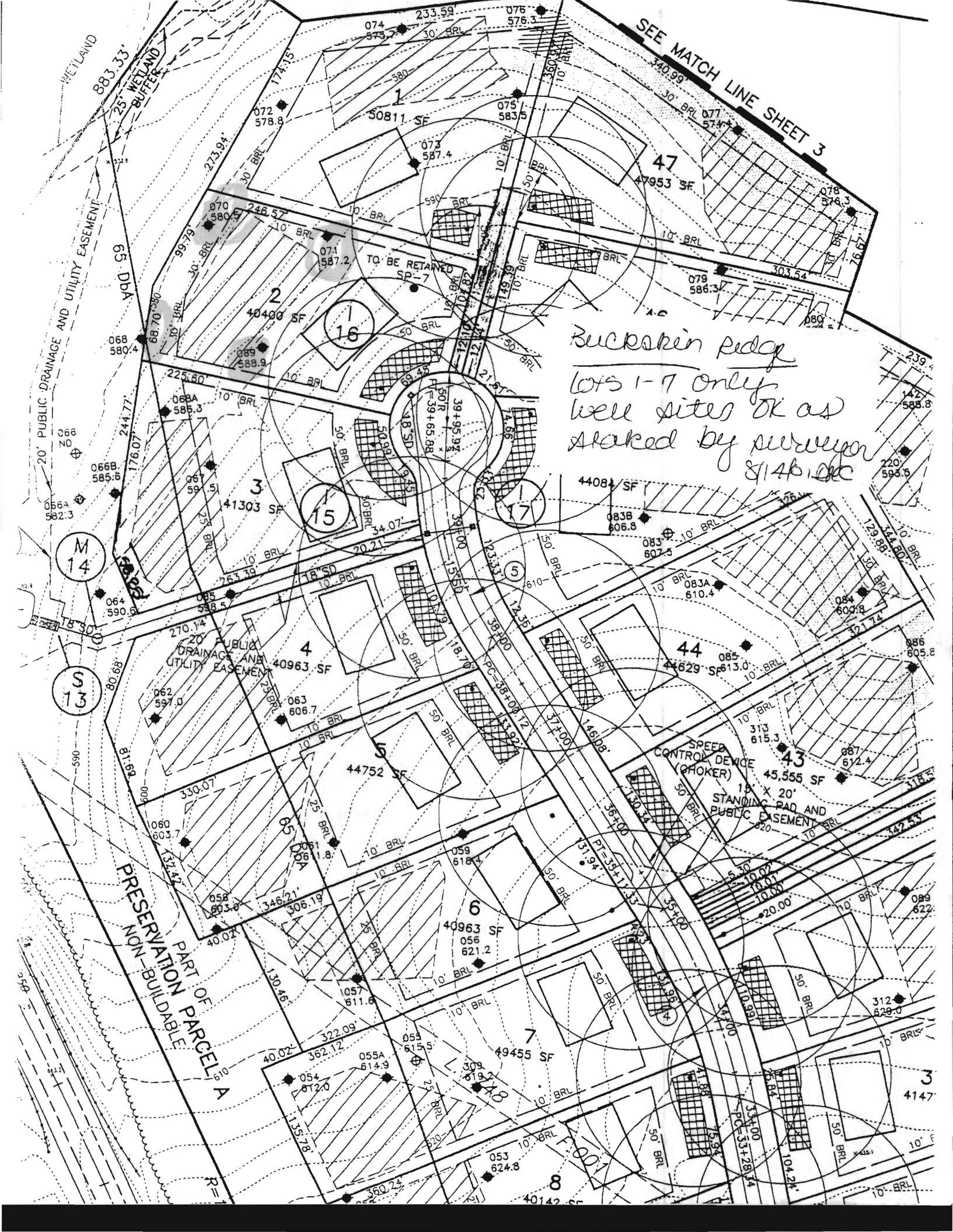
PVC sleeve to undisturbed soil at wall penetration:   
Length of sleeve(5' minimum from foundation): 10'  
Sleeve sealed properly:

**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: 2-23-12

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 2/24/12 Inspector: KW  
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



SEE MATCH LINE SHEET 3

*Buckskin Ridge  
lots 1-7 only  
well sites OK as  
staked by surveyor  
8/14/06*

WETLAND  
883.33'  
25' WETLAND  
BUFFER

20' PUBLIC DRAINAGE AND UTILITY EASEMENT  
89' DBA

M 14  
S 13

PRESERVATION PART OF  
NON-BUILDABLE  
PARCEL A

R=1

074 573.2  
075 576.3  
072 578.8  
073 587.4  
070 580.3  
071 587.2  
078 576.3  
079 586.3  
068 580.4  
066 585.5  
067 591.5  
064 590.8  
062 597.0  
060 603.7  
058 603.8  
057 611.6  
055 615.5  
054 614.9  
053 624.8  
052 619.4  
051 618.4  
050 621.2  
049 618.4  
048 619.4  
047 622.4  
046 622.4  
045 622.4  
044 622.4  
043 622.4  
042 622.4  
041 622.4  
040 622.4  
039 622.4  
038 622.4  
037 622.4  
036 622.4  
035 622.4  
034 622.4  
033 622.4  
032 622.4  
031 622.4  
030 622.4  
029 622.4  
028 622.4  
027 622.4  
026 622.4  
025 622.4  
024 622.4  
023 622.4  
022 622.4  
021 622.4  
020 622.4  
019 622.4  
018 622.4  
017 622.4  
016 622.4  
015 622.4  
014 622.4  
013 622.4  
012 622.4  
011 622.4  
010 622.4  
009 622.4  
008 622.4  
007 622.4  
006 622.4  
005 622.4  
004 622.4  
003 622.4  
002 622.4  
001 622.4



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 – November 2, 2012

5/2/2012

Homeowner  
4353 Buckskin Wood Drive  
Ellicott City, MD 21042

**RE: Lakeview at Buckskin Lake, Lot 2  
4353 Buckskin Wood Drive  
Building Permit: B11003533  
Well Permit: HO-94-3200**

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 **2/24/2012**. Final approval of the well line connection to the dwelling was granted on **2/24/2012**. The well construction was completed on **9/18/2001**. Water samples were collected on **4/25/2012**.

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-94-3200. 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

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1410 Old Lakeside Road, Newmarket, MD 21094-2014 (410) 776-1551 FAX (410) 776-1552

**REPORT OF ANALYSIS**

Laboratory ID #: 84143 Account #: 1550  
 Reference: Lakeview at Buckskin Lake Lot 2 Company: Columbia Builders  
 Location: 4353 Buckskin Wood Drive Requested By: Terry Brownley  
 Ellicott City, MD 21042 Source: Well Water  
 Date/ Time Collected: 4/25/2012 1010 Site: Pressure Tank  
 Date/Time Rec'd: 4/25/2012 1336 Treatment: None  
 Chlorine ppm: Free: ND Total: ND pH: 5.6  
 Collected By: J. Yeager 6176JY Well #: HO-94-3200

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/26/2012 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/26/2012 / 1030 / CCH
Nitrate	<1.0	mg/L	10	601	4/26/2012 / 1630 / CCH
Turbidity	1.10	NTU	<10	SM18 2130B	4/25/2012 / 1645 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	4/25/2012 / 1645 / CCH

*OK  
 JY 5/2/12*

**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 # : B11003533

Date Reported: 4/26/2012

MD State Certification # 133

APR 30 2012