



B 1 9252

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-94-3163

W515311 please print or type

fill in this form completely

Date Received (APA)

06-28-01

OWNER INFORMATION

8644

Floyd Lane L L C

P. O. Box 999

Columbia, Md 21044

Town State Zip

LOCATION OF WELL

Howard COUNTY Buckskin Ridge

23 SUBDIVISION 27

SECTION LOT Glenelg

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

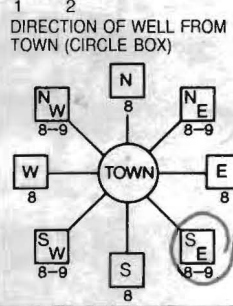
George F. Easterday MW D 040

L. Franklin Easterday, Inc.

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

Signature Date 6/25/2001

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Wood Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 150 37 DISTANCE FROM ROAD FT.

ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 07-25-01 EXP. DATE 07-24-02

43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 519 000 EAST GRID 0806 000

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEAN 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 H02000G01L

PERMIT No. 10-94-3163

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

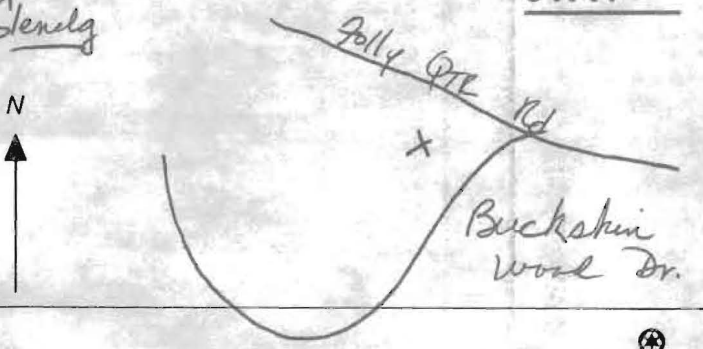
- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

804
519

10/12/01 Grant 8-9 A.M. 400' well 50' casing 47' annular 18 bags cement 30' grout line

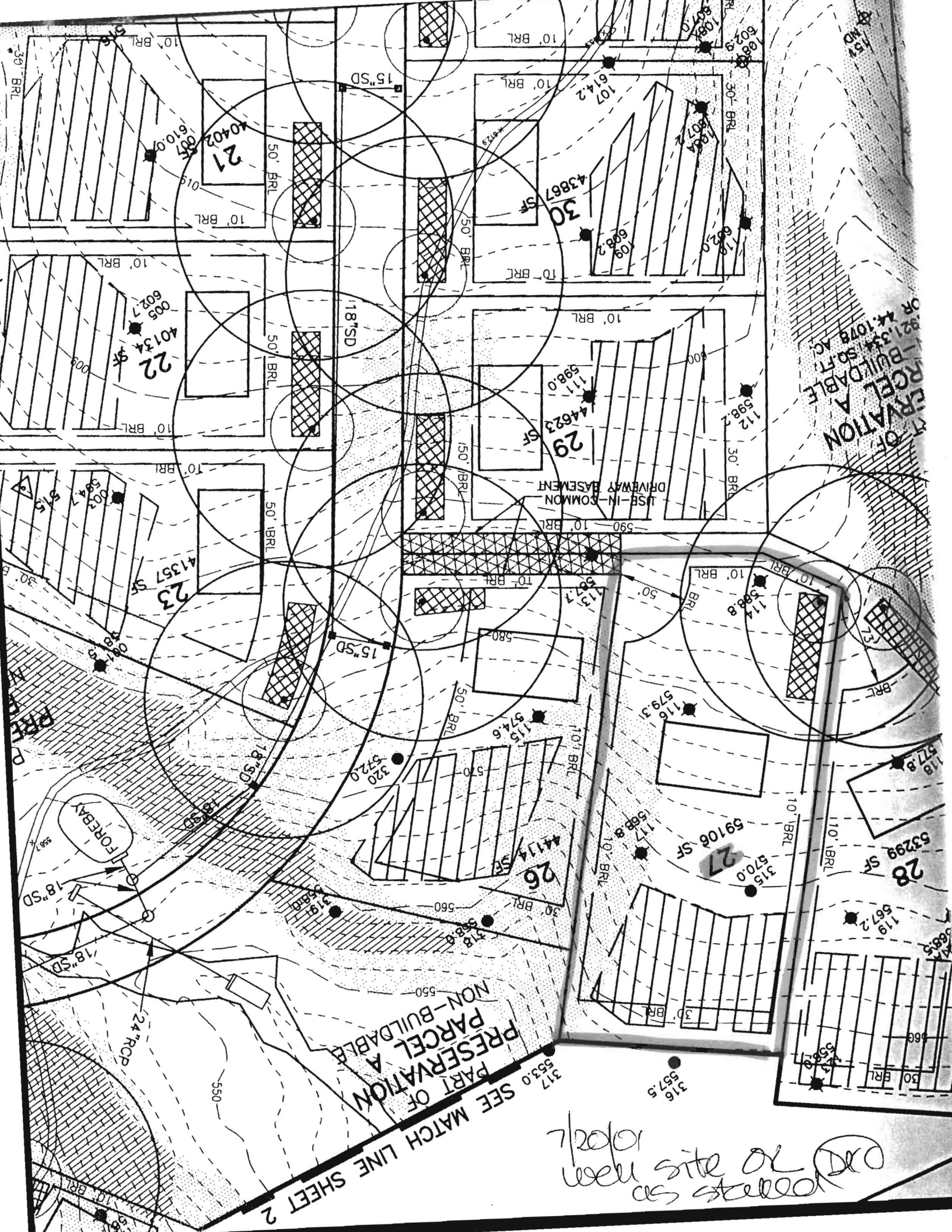
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 9K11



SPECIAL CONDITIONS NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED







PART OF  
 PRESERVATION  
 PARCEL A  
 - BUILDABLE  
 OR 44.1078 AC

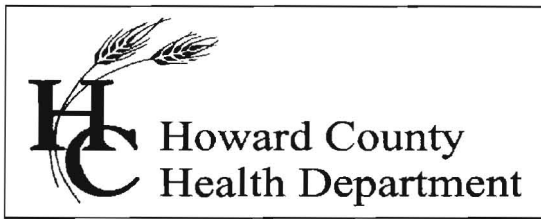
PART OF  
 PRESERVATION  
 PARCEL A  
 NON-BUILDABLE

SEE MATCH LINE SHEET 2  
 317 553.0  
 316 557.5

10/20/21  
 all sites were  
 as stated

FOREBAY

USE IN COMMON  
DRIVWAY BASEMENT



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

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**INTERIM CERTIFICATE OF POTABILITY**  
**Expiration Date – AUGUST 22, 2013**

February 22, 2013

Homeowner  
4264 Buckskin Wood Drive  
Ellicott City, MD 21042

**RE: Buckskin Ridge, Lot 27**  
**4264 Buckskin Wood Drive**  
**Building Permit: B12002268**  
**Well Permit: HO-94-3163**

Dear Homeowner:

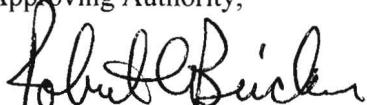
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/4/2012**. Final approval of the well line connection to the dwelling was granted on **12/4/2012**. The well construction was completed on **10/12/2001**. Water samples were collected on **2/7/2013**.

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-94-3163. 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,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is written in a cursive style with a large initial "R".

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.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 88029 Account #: 1550  
Reference: Buckskin Lake Lot BR27 Company: Columbia Builders  
Location: 4264 Buckskin Wood Drive Requested By: Terry Brownley  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 2/7/2013 1035 Site: Pressure Tank  
Date/Time Rec'd: 2/7/2013 1155 Treatment: Prior to Spin Down Separator  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: J. Yeager 6176JY Well #: HO-94-3163

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/8/2013 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/8/2013 / 0800 / CCH
Nitrate	<1.0	mg/L	10	601	2/8/2013 / 1400 / CCH
Turbidity	0.83	NTU	<10	SM18 2130B	2/8/2013 / 0900 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	2/8/2013 / 0900 / CCH

'OK' reb 2/22/2013

### 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 & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B12002268

Date Reported: 2/8/2013

BR 27

Bldg Per # B12002268

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 P/bg Srvc 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 #: 27 Well Tag #: HO-94-3163 ✓  
Site Address: 4264 Buckskin Wood Dr.  
EC 21042

**Submersible Pump Data**

Make: Myers  
Model #: 314 HP  
Pump Capacity 8 GPM  
Well Yield: 10 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: 400' (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): ✓  
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 12-4-12

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/4/12 Inspector: KWJ  
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 ✓