

C1 0662

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 PERMIT NO. 11/15/01

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 9/18/01

Depth of Well 460 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3201

OWNER Floyd Lane LLC STREET OR RFD Buckskin Wood Drive TOWN Ellicott City SUBDIVISION Buckskin Ridge SECTION LOT 3

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. Includes entries like Top Soil, Brown Shale, Brown mica, Gray mica, opening, Fractured zone, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS 24 NO. OF POUNDS 2400 GALLONS OF WATER 144 DEPTH OF GROUT SEAL 61 ft.

CASING RECORD (ST, CO, PL, OT) MAIN CASING TYPE (ST) Nominal diameter top (main) casing 6 inch Total depth of main casing 70 feet

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

SCREEN RECORD (ST, BR, HO, PL, OT) screen type or open hole insert appropriate code below

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 59 ft. WHEN PUMPING 118 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 - below (nearest foot) 2

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 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. Kesterling

LIC. NO. 1 M5D038 DRILLERS SIGNATURE Bruce Thompson

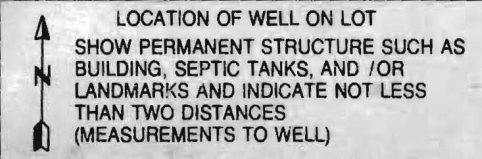
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)

Table with columns: A, C, H, S, R, E, N. Includes depth values like 68, 460.

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 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 9229

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

W515311 please print or type

HO-94-3201 fill in this form completely

Date Received (APA) 06/28/01

OWNER INFORMATION 8620

Floyd Lane L L C P. O. Box 999 Columbia, Md 21044

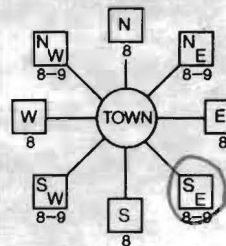
LOCATION OF WELL B 3 Howard

Buckskin Ridge Buckskin Wood Drive SECTION 44 46 LOT 48 50

DRILLER INFORMATION

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Wood Drive ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 30 FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 05/14/01 CO SIGNATURE EXP. DATE 05/13/02

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

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)

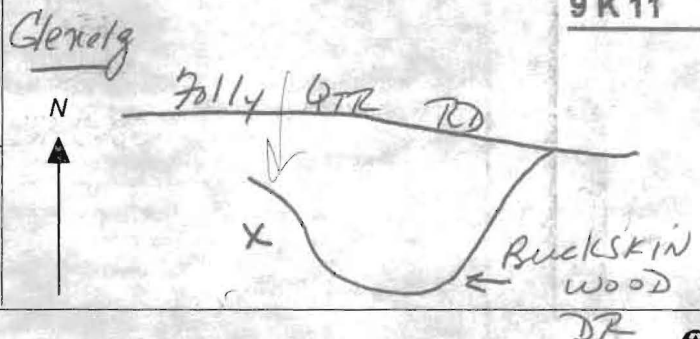
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO2000G011(01) PERMIT No. HO-94-3201

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. wells 3. wells

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

WRITE THE BOX NUMBER FROM THE MAP HERE 800 510



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: ROBERT L FEEZER CO Telephone #: 410-781-4655
Address: 6321 BARNETT AVENUE
SPRINGVILLE, MD 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): ROBERT L FEEZER CO INC License# 2122

*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: BUCKSKIN TRUCK Lot #: 3 Well Tag #: HO-94-2201
Site Address: 4349 BUCKSKIN WOOD DRIVE
ELICOTT CITY, MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STARTEC</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SSD4602AH</u>	Model #: <u>PA800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</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 15" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>460</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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</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.

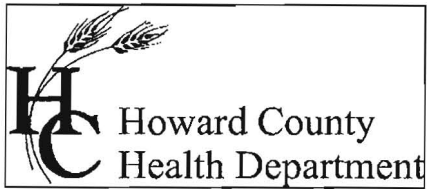
Signature of company representative responsible for installation: Robert L. Feezer date: 7/14/06

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

Date Insp. Requested: _____ Date Insp. Approved: 7/14/06 BB 7/28/06
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 15" 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

work is at top of casing now.

be extended off site



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

11/29/2006

Columbia Builders, Inc.
P. O. Box 999
Columbia, MD 21044

SENT VIA FACSIMILE 410-992-3020

RE: Buckskin Ridge, Lot 3
4349 Buckskin Wood Drive
Ellicott City, MD 21042
BP #: B00158952
Well Permit # HO-94-3201

To Whom It May Concern:

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 7/28/2006. Final approval of the well line connection to the dwelling was approved on 11/28/2006.**

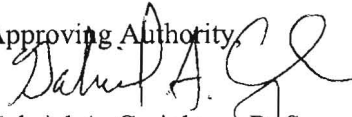
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

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-94-3201. 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: 11/14/2006 & 11/22/2006
Date of Well Completion: 09/18/2001

Approving Authority

Gabriel A. Creighton, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

SEE MATCH LINE SHEET 3

WETLAND

883.33'

25' WETLAND BUFFER

65' DBA

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

PRESERVATION PART OF PARCEL A NON-BUILDABLE

50811 SF

47

47953 SF

2

40400 SF

46

41431 SF

16

41303 SF

45

44081 SF

3

41303 SF

17

44629 SF

M 14

S 13

4

40963 SF

44

44629 SF

5

44752 SF

43

45,555 SF

8

40963 SF

SPEED CONTROL DEVICE (CHOKER)
15' X 20' STANDING PAD AND PUBLIC EASEMENT

6

40963 SF

7

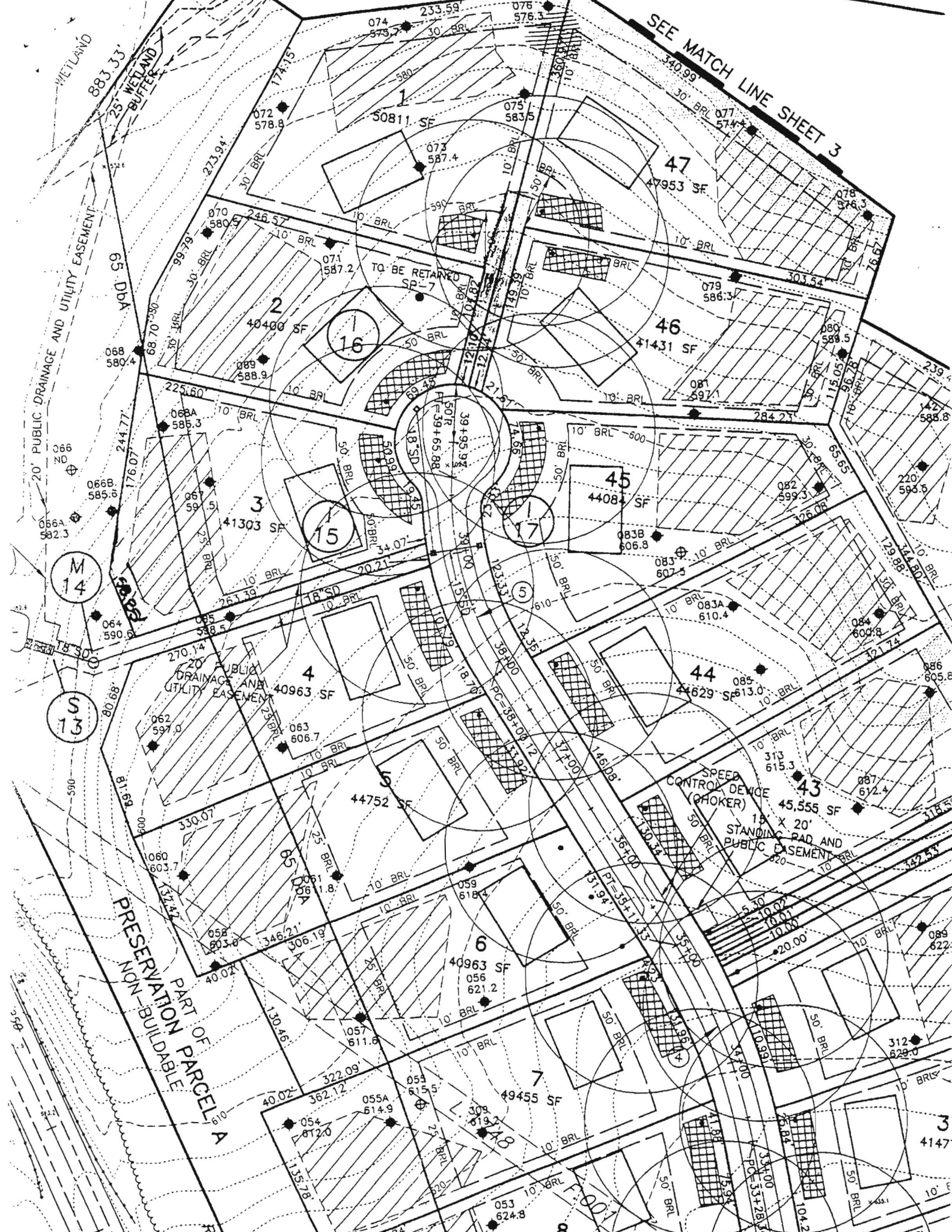
49455 SF

3

4147

8

40963 SF



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 #:	61394	Account #:	1550
Reference:	Columbia Builders Lot BR3	Company:	Columbia Builders
Location:	4349 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	11/22/2006 0750	Source:	Well Water
Date/Time Rec'd:	11/22/2006 0845	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	A. Digruilles 9666AD	pH:	6.6
		Well #:	HO-94-3201

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/23/2006 / 1000 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/23/2006 / 1000 / AD/BD

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 61319

Building Permit # : B00158952

Date Reported: 11/27/2006

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 #:	61319	Account #:	1550
Reference:	Columbia Builders Lot BR3	Company:	Columbia Builders
Location:	4349 Buckskin Wood Drive	Requested By:	Terry Brownley
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	11/14/2006 1100	Site:	Holding Tank
Date/Time Rec'd:	11/14/2006 1235	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	7.0
Collected By:	A. Digruilles 9666AD	Well #:	HO-94-3201

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/15/2006 / 0830 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/15/2006 / 0830 / AD/BD
Nitrate	<1.0	mg/L	10	601	11/15/2006 / 0900 / BCD
Turbidity	1.05	NTU	<10	SM18 2130B	11/14/2006 / 1330 / AD/BD
Sand	NS	mg/l.	5	Visual/Gravimetric	11/14/2006 / 1330 / AD/BD

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 tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00158952

Date Reported: 11/15/2006