

C1 0669

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 OK KG 11-19-01

DATE RECEIVED MM DD YY 9/24/01

DATE WELL COMPLETED MM DD YY 9/24/01

DEPTH OF WELL 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-3208

OWNER Floyd Lane LLC STREET OR RFD Buckskin Wood Drive TOWN Ellicott City SUBDIVISION Buckskin Ridge SECTION LOT 39

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

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST, PL), Nominal diameter, Total depth, OTHER CASING (if used).

SCREEN RECORD form with fields for screen type (ST, BR, PL, HO, OT) and screen diameter/depth.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

WELL HYDROFRACTURED form with YES/NO options and CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) table with columns for casing height (A, C, H, S, R, E, N) and slot size/diameter of screen.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

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...

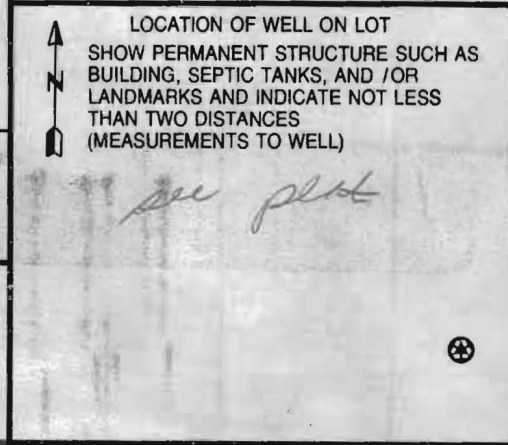
DRILLERS LIC. NO. MWD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MWD 481

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 9226 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER 110-94-3208
 1 2 3 6 70 fill in this form completely 79

Date Received (APA) 06/28/01 OWNER INFORMATION 8656
 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

B 3 LOCATION OF WELL
Howard COUNTY CC# 21
Buckskin Ridge
 23 SUBDIVISION 42
 SECTION 39 LOT 50
 44 46 48 50
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 M W 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

B 4
 1 2
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Buckskin Wood Drive
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 40 37
 DISTANCE FROM ROAD Ft
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION 5
 1 2
 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)
 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 08/13/01 08/13/02
 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE
 NORTH GRID 519000 EAST GRID 0806000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. wells
 2. UG SRU
 3. 9/21/01 X
Grout A.M.
No more NO YWD
access to site
 WRITE THE BOX NUMBER FROM THE MAP HERE
808C
 E 5109 000
 N 000

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 DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER H 020000001 (01)
 PERMIT No. 10-94-3208
 70 71 72 73 74 75 76 77 78 79

PLEASE INSPECT 4/5/05 A.M.
THANK YOU,
RUSTY GEORGE

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 Water Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: ROBERT L. FEEZER CO INC Telephone #: 410-781-4655
Address: 6321 BARNETT AVENUE
SYLVESVILLE, MO 21784

(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: JOEL ISAACS Telephone #: 410-442-5780
Subdivision: BUCKSKIN RIDGE DEVELOPMENT Lot #: 39 Well Tag #: HO-94-3208
Site Address: 4824 BUCKSKIN WOOD DRIVE
ELICOTT CITY, MO. 21044

| | | |
|---|---|--|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>STALITE</u> | Make: <u>CAMPBELL</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>SSP4E02HL</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>7</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>600</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
Type: POLY
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 8'
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage pipe, 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: 4/4/05

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

Date Insp. Requested: 4/5/05 Date Insp. Approved: 4/5/05 GC

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"/> |

well line sleeved under driveway. GC



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

July 18, 2005

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

FACSIMILE SENT 410-992-3020

RE: Buckskin Ridge, Lot 39
4324 Buckskin Wood Drive
Ellicott City, MD 21043
BP #: B00151439
Well Permit # HO-94-3208

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 04/01/2005. Final approval of the well line connection to the dwelling was approved on 04/05/2005.**

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.

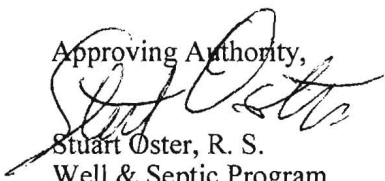
INTERIM CERTIFICATE OF POTABILITY

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-94-3208. 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: 07/15/2005
Date of Well Completion: 09/14/2001

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ENVIRONMENTAL LABORATORY, INC.
 1430 Old Pargetown Rd., Westminster, MD 21157, Phone: (410) 848-0298, Fax: (410) 848-0298

REPORT OF ANALYSIS

| | | | |
|-----------------------|--|---------------|-----------------------|
| Laboratory ID #: | 55574 | Account #: | 1550 |
| Reference: | Buckskin Lake Lot 39 | Company: | Columbia Builders |
| Location: | 4324 Buckskin Wood Drive Columbia, MD 21045 | Requested By: | Terry Brownley |
| Date/ Time Collected: | 07/15/05 1111 | Source: | Well Water |
| Date/Time Rec'd: | 07/15/05 1354 | Site: | Holding Tank |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | Spin-down Separator** |
| Collected By: | J.Yeager 6176JY | pH: | 6.7 |
| | | Well #: | HO-94-3208 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-------------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 07/16/05 / 1000 / B. Dutterer |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 07/16/05 / 1000 / B. Dutterer |
| Nitrate | <1.0 | mg/L | 10 | 601 | 07/15/05 / 1600 / C.Holland |
| Turbidity | 5.42 | NTU | <10 | SM18 2130B | 07/15/05 / 1425 / C.Holland |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 07/15/05 / 1425 / C.Holland |

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: Cap Appeared Satisfactory
- 9 pH tested on-site

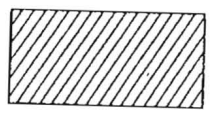
Reason for Test : Use & Occupancy
 Building Permit # : B00151439

Date Reported: 07/18/05

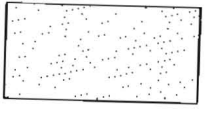
MD State Certification # 133

*Buckskin Ridge
lots 39-47 only
all well sited OK
as stated by
Surveyor. S.H.B. DC*

WATCH LINE SHEET 3



SLOPES GREATER THAN 25%



15% TO 24.9% SLOPES

