

C 0627

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 11/19/01

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-3166

OWNER Floyd Lane LLC STREET OR RFD Buckakin Wood Drive TOWN Ellicott City SUBDIVISION Buckakin Ridge SECTION LOT 30

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 for Top Soil, Brown shale, Brown Mica, Gray Mica, Fractured zone, and Gray Mica.

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

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD screen type or open hole insert appropriate code below

PUMPING TEST HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

PUMP INSTALLED DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED, 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"

DRILLERS LIC. NO. MWD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MSD 038

DEPTH (nearest ft.) SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN

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

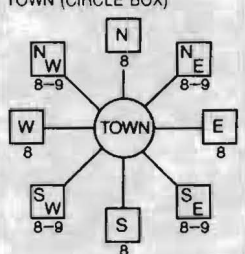
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

B 1 9255 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-94-3166
 1 2 3 6 70 fill in this form completely 79
 W515311 please print or type

Date Received (APA) 06-28-01 OWNER INFORMATION **8647**
 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 CC#
 8 COUNTY 21
Buckskin Ridge
 23 SUBDIVISION 42
 SECTION 30 LOT 50
 44 46 48 50
Glenelg
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M I 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)
 NORTH
 WEST EAST
 SOUTH
 34 20 37
 DISTANCE FROM ROAD FT.
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE 5
 7 2 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 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

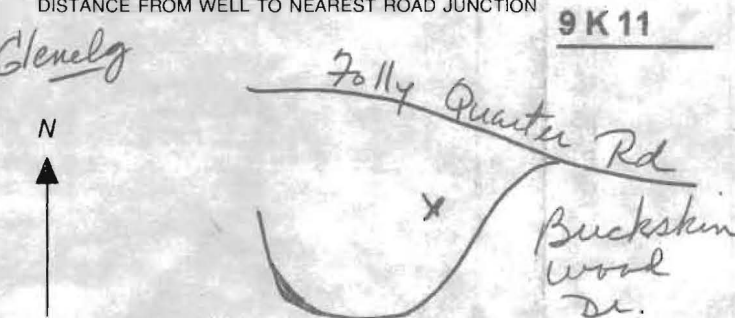
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 07-25-01 41
 43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE
 NORTH GRID 519 0 0 0 EAST GRID 0806 0 0 0
 50 55 57 63

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
8-9 AM GROUT X
10/12/01
 SOURCES OF DRILLING WATER
 1. wells
 2. 500' well
 85' casing
 75' Annular
 3. 30 Bags cement
 30' grout line
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8006
 N 5109
 000
 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 _____

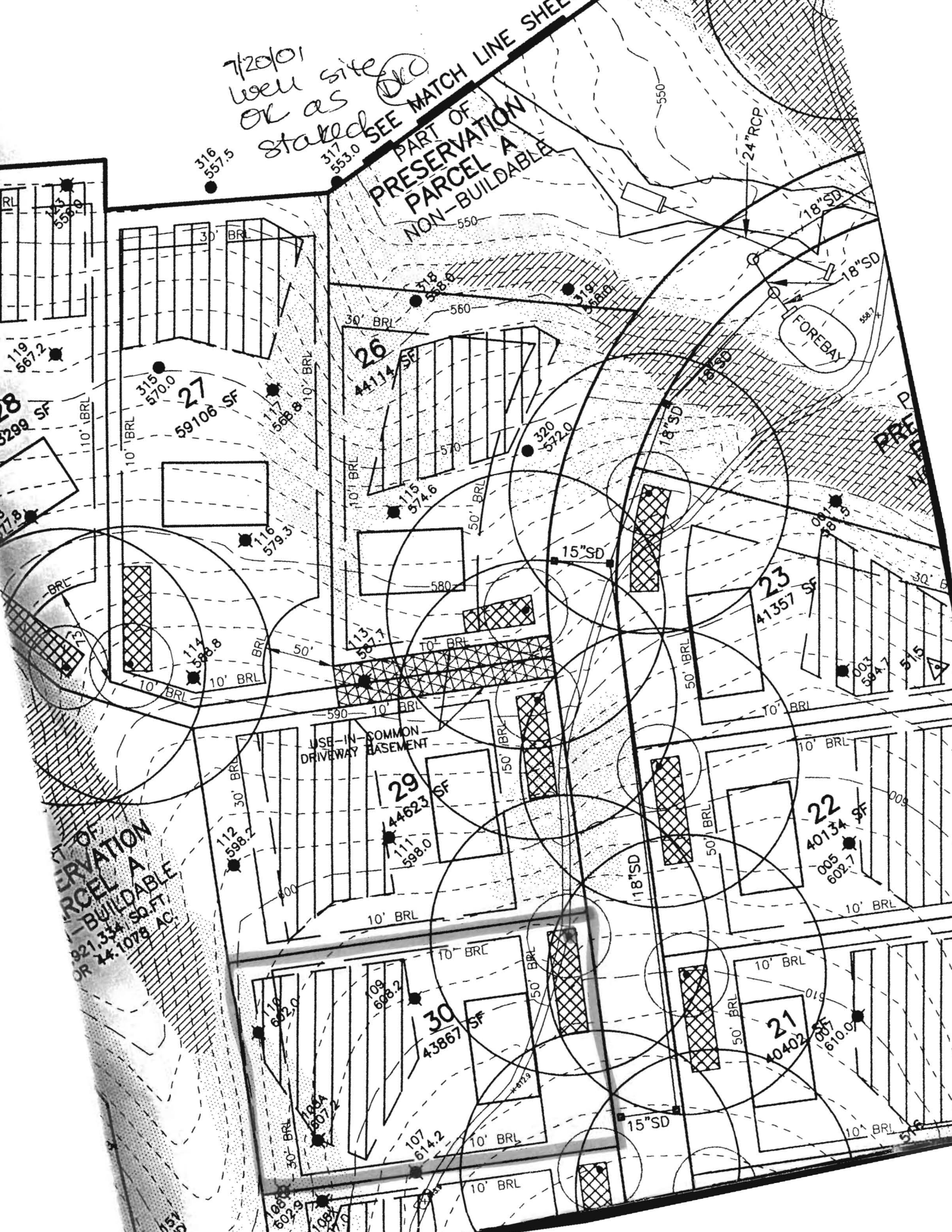
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM 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 HO 2000G011
 PERMIT No. HO-94-3166
 70 71 72 73 74 75 76 77 78 79

7/20/01
well site
OK as stated

SEE MATCH LINE SHEET
PART OF
PRESERVATION
PARCEL A
NON-BUILDABLE



18
3299 SF

27
59106 SF

26
44114 SF

23
41357 SF

29
44623 SF

22
40134 SF

30
43867 SF

21
40402 SF

PART OF
PRESERVATION
PARCEL A
NON-BUILDABLE
921,334 SQ.FT.
OR 24.1078 AC.

USE-IN-COMMON
DRIVEWAY
BASEMENT

FOREBAY

PRESERVATION
PARCEL A
NON-BUILDABLE

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 Inc Telephone #: 410-781-4655
Address: 6321 Barnett Ave
Sykesville Md 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 #: _____
Subdivision: Buckskin Ridge Development Lot #: 30 Well Tag #: HO-94-3166
Site Address: 4276 Buckskin Wood Drive
Ellicott City MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Starite Make: Campbell Two piece watertight cap:
Model #: SSPUE02HL Model#: PA800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 5 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 500 (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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min) 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: Robert L Feezer date: 10/27/05

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

Date Insp. Requested: _____ Date Insp. Approved: 10/28/05 BB
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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate ground observed below pitless adapter

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 #:	57934	Account #:	1550
Reference:	Lakeview at Buckskin Lake Lot 30	Company:	Columbia Builders
Location:	4276 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	1/27/2006 1220	Source:	Well Water
Date/Time Rec'd:	1/27/2006 1334	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spin Down Separator **
Collected By:	J.Yeager 6176JY	pH:	6.9
		Well #:	HO 94-3166

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/28/2006 / 0815 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/28/2006 / 0815 / BCD
Nitrate	<1.0	mg/L	10	601	1/27/2006 / 1430 / BCD
Turbidity	1.66	NTU	<10	SM18 2130B	1/27/2006 / 1500 / AMD
Sand	NS	mg/L	5	Visual/Gravimetric	1/27/2006 / 1505 / AMD

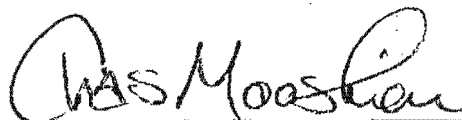
NOTES

- 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

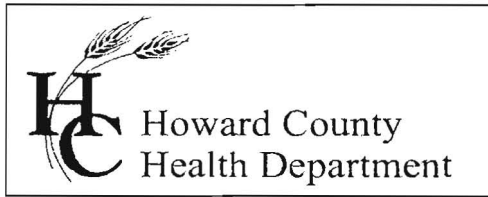
Reason for Test : Use & Occupancy
 Building Permit # : 00154768

Date Reported: 1/30/2006

Laboratory Director:



Charles Mooshian, B.S.,M.T.



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

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

February 1, 2006

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

FACSIMILE SENT 410-992-3020

RE: Buckskin Ridge, Lot 30
4276 Buckskin Wood Drive
Ellicott City, MD 21043
BP #: B00154768
Well Permit # HO-94-3166

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 10/24/2005. Final approval of the well line connection to the dwelling was approved on 10/28/2005.**

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-94-3166. 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: 01/27/2006
Date of Well Completion: 10/21/2001

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

