

C 1 0634

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 OK KG 11-19-01
NUMBER 13

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

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
10/9/01
15 20

Depth of Well
600
(TO NEAREST FOOT)
22 26

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3173
28 29 30 31 32 33 34 35 36 37

OWNER Floyd Lane LLC
STREET OR RFD Buckskin Wood Drive TOWN Ellicott City
SUBDIVISION Buckskin Ridge SECTION _____ LOT 19

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	25	
Brown Mica	25	63	
Gray Mica	63	290	
Fractured Zone	290	291	✓
Gray Mica	291	600	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 19 NO. OF POUNDS 1700

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 64 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 71

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

A C H S I N G

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C 2 DEPTH (nearest ft.)

1 2 69 600

3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

DIAMETER OF SCREEN (NEAREST INCH)
from 56 to 60

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 (nearest hour) 3

PUMPING RATE (gal. per min.) 5.4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 60 ft.

WHEN PUMPING 199 ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **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 _____

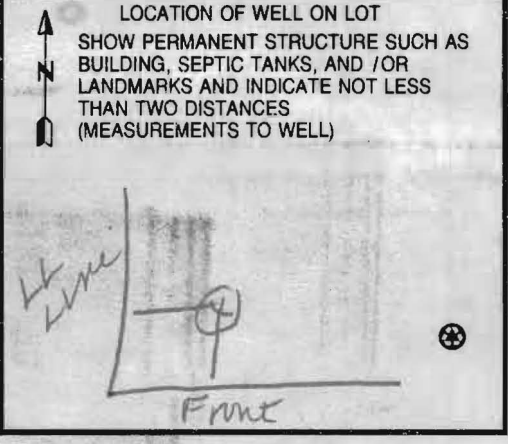
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ 31 _____ 35

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 } 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no

CIRCLE APPROPRIATE LETTER

A 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MWD 040

DRILLERS SIGNATURE George F. Eustawitz

LIC. NO. 1 MSD 038

Bwa Thompson

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

B 1	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER
1 2 3 6		W515311 please print or type	HO-94-3173 fill in this form completely

Date Received (APA) 06-28-01

OWNER INFORMATION 8636

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

8 COUNTY Howard CO# 21

23 SUBDIVISION Buckskin Ridge

SECTION 44 46 LOT 19 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 MW 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)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD Buckskin Wood Drive 30

34 20 37

DISTANCE FROM ROAD FT. ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2

WELL INFORMATION

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

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)

22 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 COUNTY NO. 13

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 08/07/01 41

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE

NORTH GRID 519 000 EAST GRID 0806 000

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.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

800

E _____ 000 000

N 510 ← _____

10/4/01 (80)

Well 600'

Casing 71'

Annular 64'

Bags 19

Grout line 30'

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR ROTARY AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY DRIVE-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

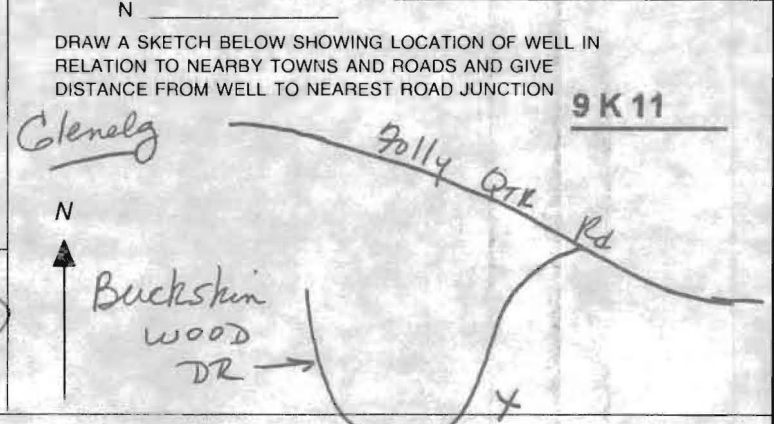
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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



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

APPROP. PERMIT NUMBER HO 2000G01101

PERMIT No. HO-94-3173

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

ge _____ of _____
Date _____

Review KG

~~10/12/01~~ 10/12/01

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3173
Location of property (road) Buckskin wood Drive
Subdivision Buckskin Ridge Lot 19 Block _____ Plat _____ Sec. _____
Well Driller G. Easterday Owner Floyd Lane LLC

Depth of well 600 79pm
Distance of measuring point (M.P.) above ground 2 FT
Static water level (S.W.L.) below M.P. 60 FT

I. High rate pumping -- reservoir drawdown

Time pump started 8:25 Pumping rate 15 GPM
Total time 35 min to reach pumping water level 183 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used) <u>Pump Seal</u>	CALCULATED FLOW (gallons per minute)
9:00	183 FT	11 Sec	3:25	5.1 GPM
9:15	183 FT	11 Sec		5.9 GPM
9:30	183 FT	11 Sec		5.1 GPM
9:45	192 FT	11 Sec		5.4 GPM
10:00	192 FT	11 Sec		5.4 GPM
10:15	194 FT	11 Sec		5.4 GPM
10:30	195 FT	11 Sec		5.4 GPM
10:45	197 FT	11 Sec		5.4 GPM
11:00	197 FT	11 Sec		5.4 GPM
11:15	198 FT	11 Sec		5.4 GPM
11:30	199 FT	11 Sec		5.4 GPM
11:45	199 FT	11 Sec	5.4 GPM	
12:00	199 FT	11 Sec	3:25	5.4 GPM
TESTED BY <u>Didde</u>				

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 BALWITT AVENUE
54 KENILWORTH, 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 License# 2172

*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 PLB Telephone #: _____
Subdivision: BUCKSKIN RIDGE Lot #: 19 Well Tag #: HO-94-3173
Site Address: 4285 BUCKSKIN WOOD DRIVE
ELLCOTT CITY, MD 21042

Submersible Pump Data
Make: STRATTE Pitless Adapter
Model #: SSPYEDZHL Make: CAMPBELL
Pump Capacity: 5 GPM Depth: 42 (36" min)
Well Yield: 5.4 GPM NSF approved:
Depth of well encountered at time of pump installation: 620 (feet)
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 _____

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Piping to house
Type: POLY House Connection
PSI: 200 (160 psi min) PVC sleeved to undisturbed soil at wall penetration:
Depth of supply line: 42 (36" min) Approximate length of sleeve: 6
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: 5/16/05

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

Date Insp. Requested: 8/18/05 Date Insp. Approved: 8/18/05
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 grout observed below pitless adapter



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

December 8, 2005

Mr. & Mrs. John J. Yang
4285 Buckskin Wood Drive
Ellicott City, MD 21042

SENT VIA FACSIMILE 410-992-3020

RE: Buckskin Ridge, Lot 19
4285 Buckskin Wood Drive
Ellicott City, MD 21042
BP # B00152058
Well Permit # HO-94-3173
**ULTRAVIOLET LIGHT DISINFECTION
SYSTEM**

Dear Mr. & Mrs. Yang:

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 August 18, 2005.

The water sample results indicate that the **treated** 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 also found to be in compliance for chemical water quality COMAR standards.

COMAR 26.04.04.09 prohibits approval of any water supply with bacteriological contamination. This department hereby grants a permanent deviation to that section of the regulation on the condition that the ultraviolet light disinfection system effectively maintains the required bacteria-free condition of the well water supply.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. A yearly bacteria analysis should be performed by a laboratory certified for water testing. (Certified to test for bacteria)
3. You should make any potential buyer/tenant aware of the above condition if you decide to sell or rent your home in the future.

INTERIM CERTIFICATE OF POTABILITY

(Permanent Deviation for Bacteria)

Based upon the installation and proper operation of the ultraviolet light disinfection system, 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-94-3173. 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.

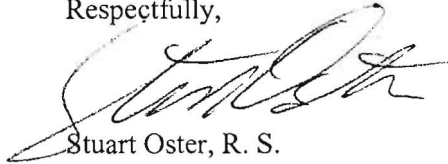
This certificate may become final upon completion of the second bacteriological test which may be taken by the county health department within six months of the date of this letter. Please call (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final water sampling.

Dates of raw water samples: 11/09, 11/28, 12/5 (All in 2005)

Date of treated water samples: 12/07/2005

Date of Well Completion: 10/04/2001

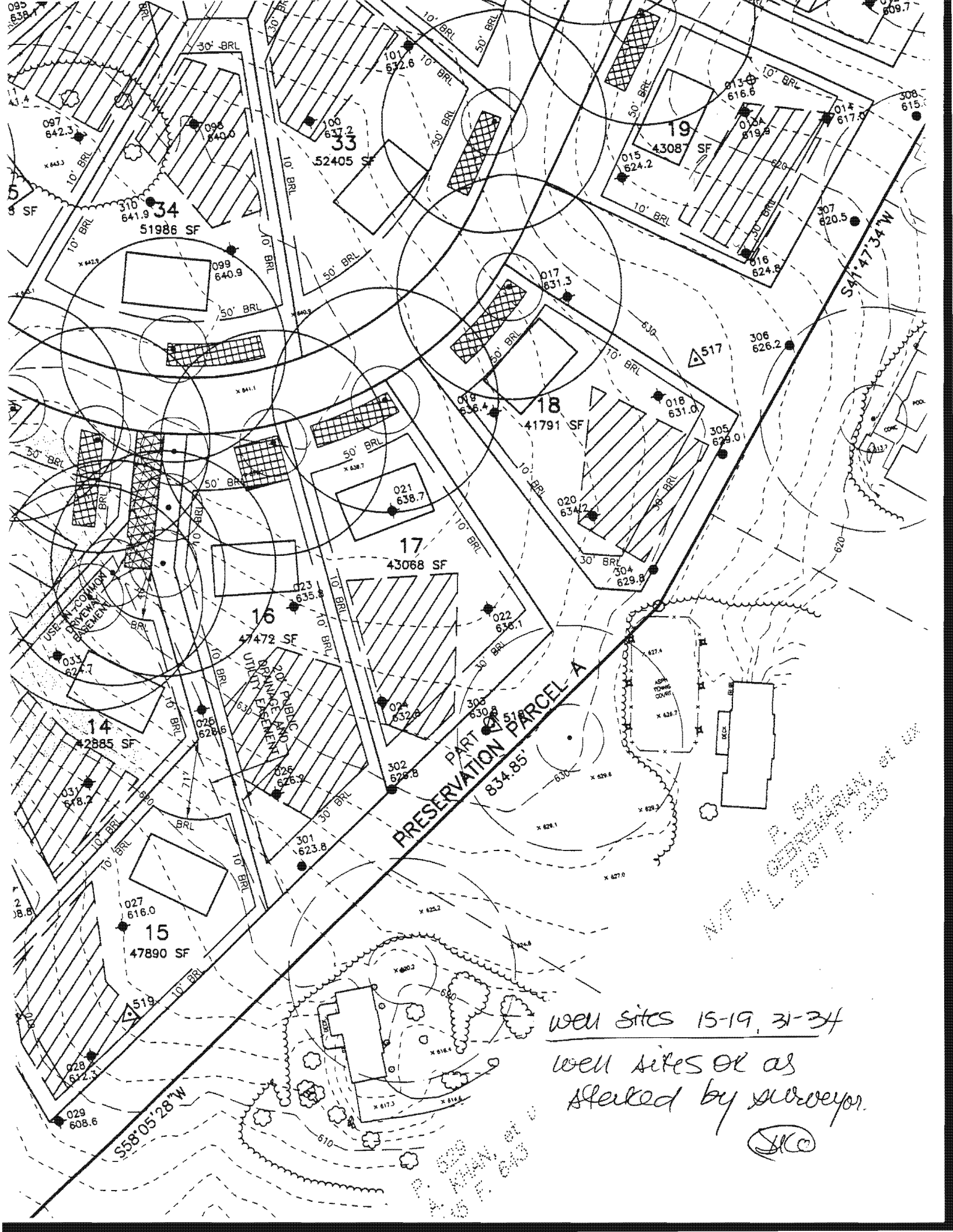
Respectfully,



Stuart Oster, R. S.
Approving Authority
Well and Septic Program

SO/mlb

cc: Building Inspector's Office
Community Environmental Health Program
Columbia Builders, Inc.
File



PART OF PRESERVATION PARCEL A
834.85'

well sites 15-19, 31-34
well sites as
staked by surveyors.

(SIC)

W. H. L. LLOYD & COMPANY, INC.
P. O. BOX 206
L. 2107 W. 206

W. H. L. LLOYD & COMPANY, INC.
P. O. BOX 206
L. 2107 W. 206

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 #:	57248	Account #:	1550
Reference:	Buckskin Lake Lot 19	Company:	Columbia Builders
Location:	4285 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	11/28/2005 1020	Source:	Well Water
Date/Time Rec'd:	11/28/2005 1311	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spin Down Separator**
Collected By:	J.Yeager 61761Y	pH:	6.8
		Well #:	HO-94-3173


PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11.29.2005 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11.29.2005 / 0900 / CCH

NOTES:

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

Reason for Test : Use & Occupancy retest 57056
Building Permit # : 800152058

Date Reported: 11.29.2005 Laboratory Director:


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

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 #:	57341	Account #:	1550
Reference:	Buckskin Lake Lot 19	Company:	Columbia Builders
Location:	4285 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	12/5/2005 1100	Source:	Well Water
Date/Time Rec'd:	12/5/2005 1257	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spin Down Separator**
Collected By:	J. Yeager 61761Y	pH:	6.7
		Well #:	HO-94-3173

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	7.5	MPN/ 100 ml	<1.0	SM18 9223 B.	12/6/2005 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/6/2005 / 0900 / BCD

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 57056
 Building Permit # : B00152058

Date Reported: 12/6/2005 Laboratory Director: _____

Charles Moushian, B.S.,M.T.

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 #:	57403	Account #:	1550
Reference:	Buckskin Lake Lot 19	Company:	Columbia Builders
Location:	4285 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	12/8/2005 1225	Source:	Well Water
Date/Time Rec'd:	12/8/2005 1328	Site:	Utility Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spin Down Separator/ UV Light
Collected By:	J. Yeager 6176JY	pH:	6.7
		Well #:	HO-94-3173

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/9/2005 / 0800 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/9/2005 / 0800 / BCD

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 2nd consecutive

Building Permit # : B00152058

Date Reported: 12/9/2005

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 #: 57384	Account #: 1550
Reference: Buckskin Lake Lot 19	Company: Columbia Builders
Location: 4285 Buckskin Wood Drive Ellicott City, MD 21042	Requested By: Terry Brownley
Date/ Time Collected: 12/7/2005 1145	Source: Well Water
Date/Time Rec'd: 12/7/2005 1456	Site: Utility Sink Tap
Chlorine ppm: Frec: ND Total: ND	Treatment: Spin Down Separator/ UV Light
Collected By: J.Yeager 6176JY	pH: 6.7
	Well #: HO-94-3173

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/8/2005 / 0930 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/8/2005 / 0930 / BCD

NOTES:

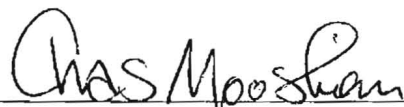
- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 57056

Building Permit # : B00152058

Date Reported: 12/8/2005

Laboratory Director:



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

MD State Certification # 133

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 #:	57056	Account #:	1550
Reference:	Buckskin Lake Lot 19	Company:	Columbia Builders
Location:	4285 Buckskin Lake Drive	Requested By:	Terry Brownley
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	11/9/2005 1256	Site:	Pressure Tank
Date/Time Rec'd:	11/9/2005 1425	Treatment	Spin Down Separator**
Chlorine ppm:	Free: ND Total: ND	pH:	6.7
Collected By:	J. Yeager 6176JY	Well #:	HO-94-3173

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM18 9223 B.	11/10/2005 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/10/2005 / 0900 / BCD
Nitrate	<1.0	mg/L	10	601	11/9/2005 / 1500 / BCD
Turbidity	2.73	NTU	<10	SM18 2130B	11/9/2005 / 1500 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	11/9/2005 / 1500 / BCD

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 # : B00152058

Date Reported: 11/10/2005