

C1 0677

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

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

DATE WELL COMPLETED MM DD YY 9/13/01 15 20

Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-3216 28 29 30 31 32 33 34 35 36 37

OWNER Floyd Lane LLC last name first name STREET OR RFD Buckskin Wood Drive TOWN Ellicott City SUBDIVISION Buckskin Ridge SECTION LOT 47

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 19 NO. OF POUNDS 1900 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE St Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

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

SCREEN RECORD screen type or open hole insert appropriate code below (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T) DEPTH (nearest ft.) 1 2 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

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft. WHEN PUMPING 157 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) (A) above LAND SURFACE (B) below (nearest foot) 2

NUMBER OF UNSUCCESSFUL WELLS 0 WELL HYDROFRACTURED (Y) (N)

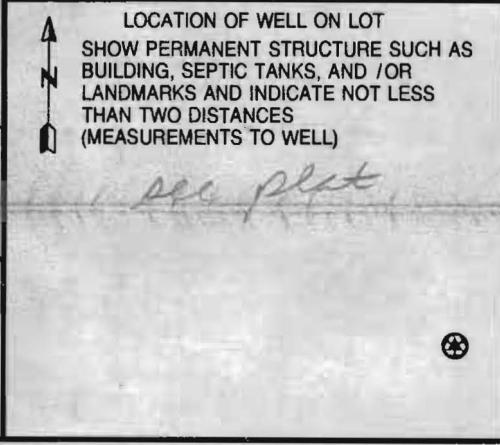
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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

DRILLERS LIC. NO. 1 MWD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD 038

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 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



B 1 9271

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3216

WS15311 please print or type

fill in this form completely

Date Received (APA)

8 MM DD YY 13

OWNER INFORMATION 8664

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

LOCATION OF WELL

Howard

CC#

8 COUNTY

21

Buckskin Ridge

23 SUBDIVISION 42

SECTION 44 46

LOT 47 48 50

Glenelg

52 NEAREST TOWN 71

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

DRILLER INFORMATION

George F. Easterday M W D 040 Driller's Name 76 License No. 81

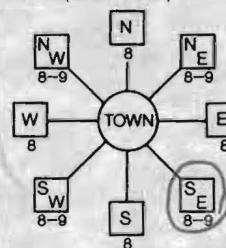
L. Franklin Easterday, Inc. Firm Name

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

George F. Easterday 6/25/2001 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

1 2



Buckskin Wood Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 20 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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 08/14/01 CO SIGNATURE EXP. DATE 08/13/02

NORTH GRID 519 000 EAST GRID 0806 000

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)

- 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

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

APPROP. PERMIT NUMBER HO 2000G011(01)

PERMIT No. HO-94-3216

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

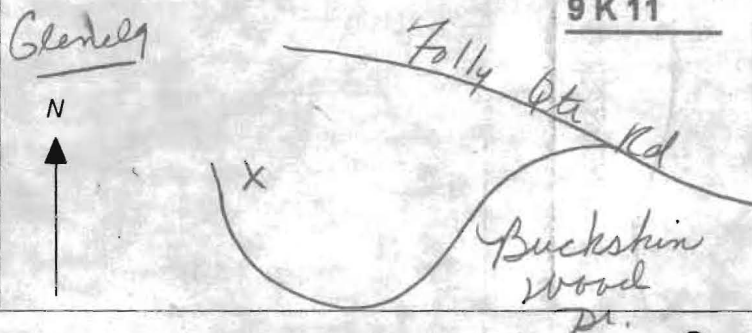
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

800c
510 9

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



Age \_\_\_\_\_ of \_\_\_\_\_  
Date \_\_\_\_\_

9/13/01 8:00

Review YG

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3216  
Location of property (road) Buckskin Wood Drive  
Subdivision Buckskin Ridge Lot 47 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller G. Easterday Owner Floyd Lane LLC

Depth of well 600 1 1/2  
Distance of measuring point (M.P.) above ground 1 1/2 FT  
Static water level (S.W.L.) below M.P. 37 FT

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 150 GPM  
Total time 15 min to reach pumping water level 155 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 5 gallon bucket	FLOW METER READING (if used) Pump GPM	CALCULATED FLOW (gallons per minute)
9:15	155 FT	40 sec	385 FT	1 1/2 GPM
9:30	155 FT	40 sec		1 1/2 GPM
9:45	155 FT	40 sec		1 1/2 GPM
10:00	155 FT	40 sec		1 1/2 GPM
10:15	155 FT	40 sec		1 1/2 GPM
10:30	155 FT	40 sec		1 1/2 GPM
10:45	155 FT	40 sec		1 1/2 GPM
11:00	155 FT	40 sec		1 1/2 GPM
11:15	155 FT	40 sec		1 1/2 GPM
11:30	156 FT	40 sec		1 1/2 GPM
11:45	156 FT	40 sec		1 1/2 GPM
12:00	156 FT	40 sec		1 1/2 GPM
12:15	156 FT	40 sec		1 1/2 GPM
12:30	156 FT	40 sec		1 1/2 GPM
12:45	156 FT	40 sec		1 1/2 GPM
1:00	156 FT	40 sec		1 1/2 GPM
1:15	156 FT	40 sec		1 1/2 GPM
1:30	157 FT	40 sec		1 1/2 GPM
1:45	157 FT	40 sec		1 1/2 GPM
2:00	157 FT	40 sec		1 1/2 GPM
2:15	157 FT	40 sec		1 1/2 GPM
2:30	157 FT	40 sec		1 1/2 GPM
2:45	157 FT	40 sec		1 1/2 GPM
3:00	157 FT	40 sec		1 1/2 GPM
HD-224 3:15	157 FT	40 sec	385 FT	1 1/2 GPM

TESTED BY DICK'S

40' Pipe 1 1/2 GPM 600'



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 #: 410-795-1405  
Address: 6324 BARNETT AVENUE  
SYKESVILLE, MD 21794

(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: JOE ISAACS PLUMBING Telephone #: 410-442-5780  
Subdivision: BUCKSKIN RIDGE Lot #: 47 Well Tag #: HO-94-3216  
Site Address: 4356 BUCKSKIN WOOD DRIVE  
ELLCOTT CITY, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: STALITE Make: CAMPBELL Two piece watertight cap:   
Model #: SSPHED2HL Model#: PA800 Screened, vented well cap:   
Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing:   
Well Yield: 1.5 GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 600 (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.

Robert L. Feezer 10/12/06  
Signature of company representative responsible for installation date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: (KW) 10/13/06  
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 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



**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 #: 62280 Account #: 1550  
 Reference: Lakeview at Buckskin Lake Lot 47 Company: Columbia Builders  
 Location: 4356 Buckskin Wood Drive Requested By: Terry Brownley  
 Ellicott City, MD 21042 Source: Well Water  
 Date/ Time Collected: 2/19/2007 1142 Site: Pressure Tank  
 Date/Time Rec'd: 2/19/2007 1430 Treatment: Sediment Filter\*\*  
 Chlorine ppm: Free: ND Total: ND pH: 7.4  
 Collected By: C. Mooshian 7268CM Well #: HO-94-3216

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/20/2007 / 0900 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/20/2007 / 0900 / AD/BD
Nitrate	<1.0	mg/L	10	601	2/19/2007 / 1430 / BCD
Turbidity	2.29	NTU	<10	SM18 2130B	2/20/2007 / 0820 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimct	2/20/2007 / 0820 / AD/BD

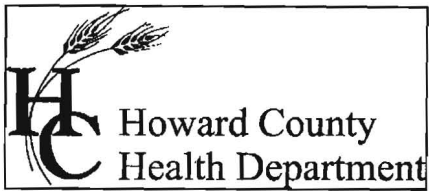
OK

**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:
- 9 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B06000873

Date Reported: 2/20/2007



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

February 21, 2007

Homeowner  
4356 Buckskin Wood Drive  
Ellicott City, MD 21042

RE: Buckskin Ridge, Lot 47  
4356 Buckskin Wood Dr.  
Ellicott City, MD 21042  
BP #: B06000873  
HO-94-3216

Dear Sir/Madam:

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 10/31/2006. Final approval of the well line connection to the dwelling was approved on 10/13/2006.**

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.

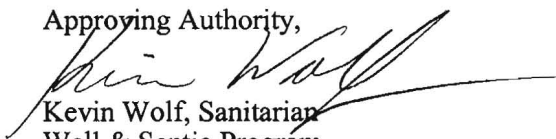
#### INTERIM CERTIFICATE OF POTABILITY

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-94-3216. 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: 02/19/2007  
Date of Well Completion: 09/13/2001

Approving Authority,

  
Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File