

C1 0619

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)

COUNTY NUMBER

13 11/19/01 OK

ST/CO-USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Floyd Lane LLC, STREET OR RFD: Buckskin Wood Drive, TOWN: Ellicott City, SUBDIVISION: Buckskin Ridge, SECTION: , LOT: 22

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Mica, 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 top (main) casing, Total depth of main casing

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD screen type or open hole, insert appropriate code below, STEEL, BRASS, OPEN HOLE, PLASTIC, OTHER

DEPTH (nearest ft.) table with rows 1-11 and columns 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51

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

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 PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N), CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M WD 040, DRILLERS SIGNATURE, LIC. NO. 1 JS D 038

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

B 1 9248

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3158

W515311 please print or type

fill in this form completely

Date Received (APA)

06-28-01

OWNER INFORMATION

8639

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

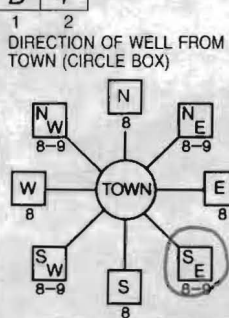
LOCATION OF WELL

Howard
Buckskin Ridge
Glenelg
NEAREST TOWN

DRILLER INFORMATION

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

Buckskin Wood Drive
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD
DISTANCE FROM ROAD



WELL INFORMATION
APPROX. PUMPING RATE
AVERAGE DAILY QUANTITY NEEDED

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

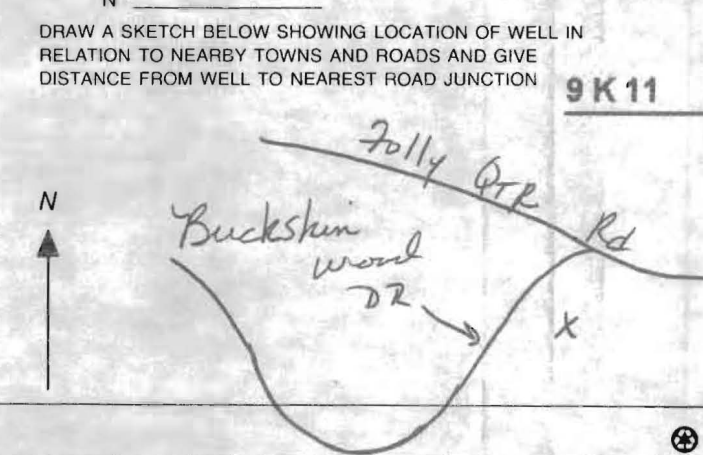
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard
COUNTY NAME
COUNTY NO.
STATE SIGNATURE
DATE ISSUED
CO SIGNATURE
EXP. DATE
NORTH GRID
EAST GRID

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

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
806L
5109

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)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM 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
PERMIT No. HO-94-3158

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

ge _____ of _____
Date _____

10-22-01
8:00

Final

Review

BB/KG

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3158
Location of property (road) Buckskin Wood Drive
Subdivision Buckskin Ridge Lot 22 Block _____ Plat _____ Sec. _____
Well Driller G. Easterday Owner Floyd Lane LLC

Depth of well 600 - 1 3/4
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 36'

I. High rate pumping -- reservoir drawdown

Time pump started 8:45 Pumping rate 15 gpm
Total time 30 min to reach pumping water level 232' 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 #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	232'	33 sec	Pump set at 390'	1.7 gpm
9:30	230'	33 sec	Kent V. Berry	1.7 gpm
9:45	230'	33 sec		1.7 gpm
10:00	229'	33 sec		1.7 gpm
10:15	228'	33 sec		1.7 gpm
10:30	227'	33 sec		1.7 gpm
10:45	227'	33 sec		1.7 gpm
11:00	227'	33 sec		1.7 gpm
11:15	227	33 sec		1.7 gpm
11:30	228	33 sec		1.7 gpm
11:45	228	33 sec		1.7 gpm
12:00	229	32 sec		1.7 gpm
12:15	230	33 sec		1.7 gpm
12:30	231	33 sec		1.7 gpm
12:45	231	33 sec		1.7 gpm
1:00	232	33 sec		1.7 gpm
1:15	233	33 sec		1.7 gpm
1:30	233	33 sec		1.7 gpm
1:45	233	37 sec		1.6 gpm
2:00	233	37 sec		1.6 gpm
2:15	233	37 sec		1.6 gpm
2:30	232	37 sec		1.6 gpm
2:45	232	37 sec		1.6 gpm
3:00	232	37 sec		1.6 gpm

HD-224 3:15 232 37 sec 1.4 gpm

**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. FREEZER CO INC Telephone #: 410-781-4655
Address: 6321 BARNETT AVENUE
SYKEVILLE, 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. FREEZER 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: BILL ISAACS DLB. Telephone #: 410-402-5780
Subdivision: BUCKSKIN RIDGE Lot #: 22 Well Tag #: HO-94-3158
Site Address: 4273 BUCKSKIN WOODS DR.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STALYTE</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SSPYE01AN</u>	Model #: <u>PA 800</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>1.6</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>1.00</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 <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt: <input checked="" type="checkbox"/>		

<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>6'</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, drainfield, 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. Freezer Date: 9/23/05

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

Date Insp. Requested: _____ Date Insp. Approved: 1/10/2006 **BB**

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"/>

LINE - Si.
NOW
A
BUILDABLE

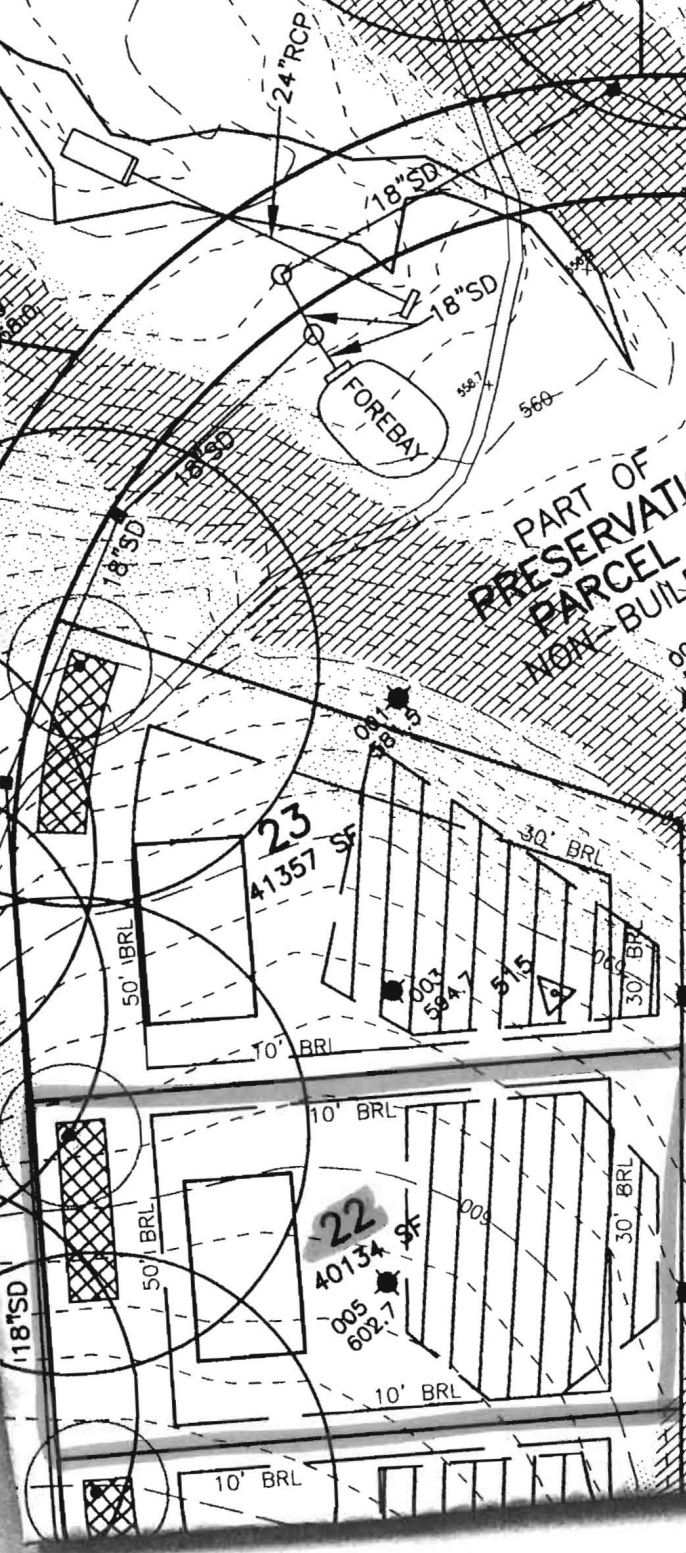
PART

N48°12'26"W

S48°12'26"E

PART OF
PRESERVATION
PARCEL A
NON-BUILDABLE

FOREBAY



7/20/01
well site
OK as stated
GRO

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 #:	57692	Account #:	1550
Reference:	Buckskin Lake Lot 22	Company:	Columbia Builders
Location:	4273 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	1/5/2006 1039	Source:	Well Water
Date/Time Rec'd:	1/5/2006 1228	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spin Down Separator**
Collected By:	J.Yeager 6176JY	pH:	6.7
		Well #:	HO-94-3158

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/6/2006 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/6/2006 / 0815 / CCH

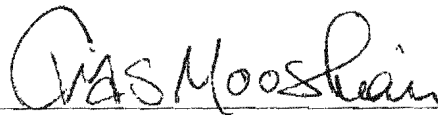
NOTES

- 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 57500
 Building Permit # : B00153889

Date Reported: 1/6/2006

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 #:	57202	Account #:	1550
Reference:	Buckskin Lake Lot 22	Company:	Columbia Builders
Location:	4273 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	11/21/2005 1013	Source:	Well Water
Date/Time Rec'd:	11/21/2005 1451	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spin Down Separator**
Collected By:	J.Yeager 6176JY	pH:	6.8
		Well #:	HO-94-3158

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM18 9223 B.	11/22/2005 / 0930 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/22/2005 / 0930 / BCD
Nitrate	<1.0	mg/L	10	601	11/22/2005 / 1300 / BCD
Turbidity	1.39	NTU	<10	SM18 2130B	11/22/2005 / 1305 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	11/22/2005 / 1305 / BCD

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 # : B00153889

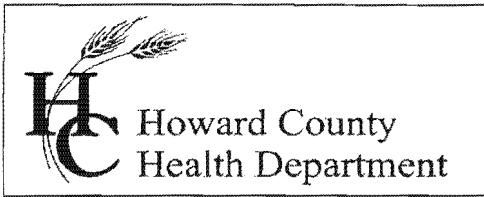
Date Reported: 11/22/2005

Laboratory Director: _____



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

MD State Certification # 133



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

1/11/2006

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

SENT VIA FACSIMILE 410-992-3020

RE: Buckskin Ridge, Lot 22
4273 Buckskin Wood Drive
Ellicott City, MD 21043
BP #: B00153889
Well Permit # HO-94-3158

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 9/21/2005. Final approval of the well line connection to the dwelling was approved on 1/10/2006.**

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-94-3158. 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: 11/21/2005 & 1/5/2006
Date of Well Completion: 10/22/2001

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File