

C 1 3851

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL CONSTRUCTION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A513357

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 240 (TO NEAREST FOOT)

PERMIT NO. H0-95-0075

OWNER JTS CORPORATION STREET OR RFD BUCKSKIN RIDGE CT TOWN ELLICOTT CITY

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y)

PUMPING TEST HOURS PUMPED 3

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

PUMPING RATE (gal. per min.) 15

DESCRIPTION (Use additional sheets if needed)

CEMENT NO. OF BAGS 30 NO. OF POUNDS 3000

METHOD USED TO MEASURE PUMPING RATE Bucket

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Topsoil, Brown mica, Grey mica, etc.

DEPTH OF GROUT SEAL (to nearest foot) from 0 to 40 ft.

WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft.

CASING RECORD casing types insert appropriate code below

WHEN PUMPING 90 ft.

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch): 6

TYPE OF PUMP USED (for test) S submersible

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

TYPE OF PUMP INSTALLED DRILLER INSTALLED PUMP YES NO

SCREEN RECORD screen type or open hole insert appropriate code below

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31

NUMBER OF UNSUCCESSFUL WELLS: 2

DEPTH (nearest ft.) 178

PUMP HORSE POWER 37

WELL HYDROFRACTURED Y

ACSH 8 9 11 15 17 21

PUMP COLUMN LENGTH (nearest ft.) 43

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

RC 23 24 26 30 32 36

CASING HEIGHT (circle appropriate box and enter casing height) + above

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

RC3 38 39 41 45 47 51

LAND SURFACE (nearest foot) 2

DRILLERS LIC. NO. 1 MWD 040 DRILLERS SIGNATURE

EEN SLOT SIZE 1 2 3

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)

LIC. NO. 1 MWD 788

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 8944  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

522912 please type

STATE PERMIT NUMBER

HO-95-0075  
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

JTS CORP  
15 Last Name Owner First Name 34  
8800 Centre Bank Dr, Suite 205  
36 Street or RFD 55  
Columbia MD 21045  
57 Town 70 State 72 Zip 76

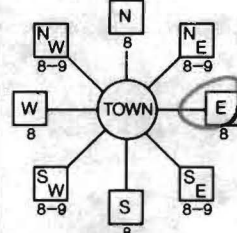
B 3 LOCATION OF WELL

Howard  
8 COUNTY 21  
Buck Skin OAKS  
23 SUBDIVISION 42  
SECTION 44 46 LOT 4 48 50  
Buck Skin OAKS GLENDA  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) I M I  
73 76 77 78

DRILLER INFORMATION

Ralph E. MAYNE MS D 117  
Driller's Name 76 License No. 81  
Ralph E. MAYNE Inc  
Firm Name  
17024 Hardy Rd. Mt Airy MD, 21771  
Address  
Ralph E. Mayne 7-5-05  
Signature Date

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



Buck Skin Ridge Ct,  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
34 500 37  
DISTANCE FROM ROAD 1/4  
ENTER FT OR MI 38 39  
TAX MAP: 22 BLK: 16 PARCEL 23

B 2 WELL INFORMATION  
1 2  
APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 500 12  
AVERAGE DAILY QUANTITY NEEDED  
(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 AS13357  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 7/26/05  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH 519 000 EAST 809 000  
GRID 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. well  
2.  
3.

METHOD OF DRILLING (circle one)

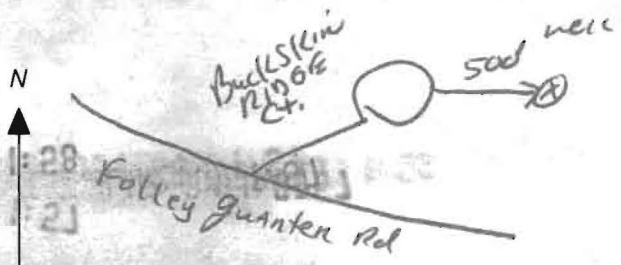
- BORED (or Augered)  JETTED  Jetted & DRIVEN
- AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)
- CABLE  REverse-ROTary  DRive-POINT
- other

WRITE THE BOX NUMBER FROM THE MAP HERE  
E 520 809  
N 810 519  
000  
000

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (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



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

APPROX. PERMIT NUMBER \_\_\_\_\_  
PERMIT No. HO-95-0075  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Fogles Well Drilling LLC Telephone #: 443-609-4195  
Address: PO Box 202 J  
Woodbine, MO 21797

(Must circle one) Licensed Plumber  **Licensed Well Driller**  Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): David C Fogle License# MSD226

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Williamsburg Homes Telephone #: 410-977-3345  
Subdivision: Bucks in Oaks Lot #: 4 Well Tag #: HO-95-0075  
Site Address: 13105 Bucks Ridge Ct  
Elliot City, MO 21042

Submersible Pump Data

Make: Grundfos  
Model #: 1550E07-190  
Pump Capacity: 7 GPM  
Well Yield: 15 gpm GPM

Pitless Adapter

Make: Campbell  
Model #: N/A  
Depth: 36" (36" min)  
NSF/WSC approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 240 (feet) Conduit secured to well cap: YES

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used— Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing N/A

Piping to house

Type: 1" black poly pipe  
PSI: 110 (160 psi min)  
Depth of supply line: 42" (36" min)

House Connection

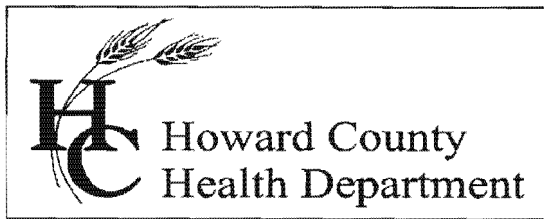
PVC sleeve to undisturbed soil at wall penetration: YES  
Length of sleeve (5' minimum from foundation): 5'  
Sleeve sealed properly: YES

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: David Fogle date: 5/1/14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/2/14 Inspector: (Kaw)  
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 25, 2015

July 25, 2014

Homeowner  
13105 Buckskin Ridge Dr.  
Ellicott City, Maryland 21042

RE: **Buckskin Oaks , Lot #4**  
**13105 Buckskin Ridge Dr.**  
**Building Permit: B13003820**  
**Well Permit: HO-95-0075**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **04/30/2014**. Final approval of the well line connection to the dwelling was granted on **05/02/2014**. The well construction was completed on **8/22/2005**. Water samples were collected on **7/21/2014**.

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. 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-95-0075. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

*Dana Bernard*

Dana Bernard, R.E.H.S  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

**FISHER, COLLINS  
& CARTER, INC.**

**CIVIL ENGINEERING CONSULTANTS  
and LAND SURVEYORS**

Terrell A. Fisher, P.E., L.S.  
Earl D. Collins, P.E.  
Charles J. Crovo, Sr., P.E., L.S.

Paul W. Kriebel, P.E.  
Mark L. Robel, P.L.S.  
Aldo M. Vitucci, P.E.

June 27, 2005

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Dr.  
Columbia, MD 21046-4544

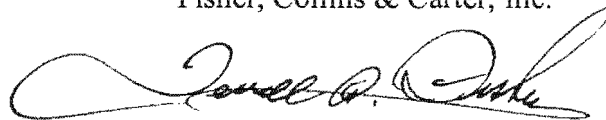
Attn: Mr. John Boris

RE: F-05-61  
Buckskin Oaks  
Well Stakeout Certification

Dear John:

This is to certify to Buckskin Oaks, LLC that the outline for the individual well boxes on Lots 1 thru 4 of the Buckskin Oaks subdivision have been staked via a field survey by Fisher, Collins & Carter, Inc. on June 23, 2005 based on the signed Preliminary Equivalent Sketch Plan (SP-01-05) signed by the Health Officer and does not require a site inspection.

Very truly yours,  
Fisher, Collins & Carter, Inc.

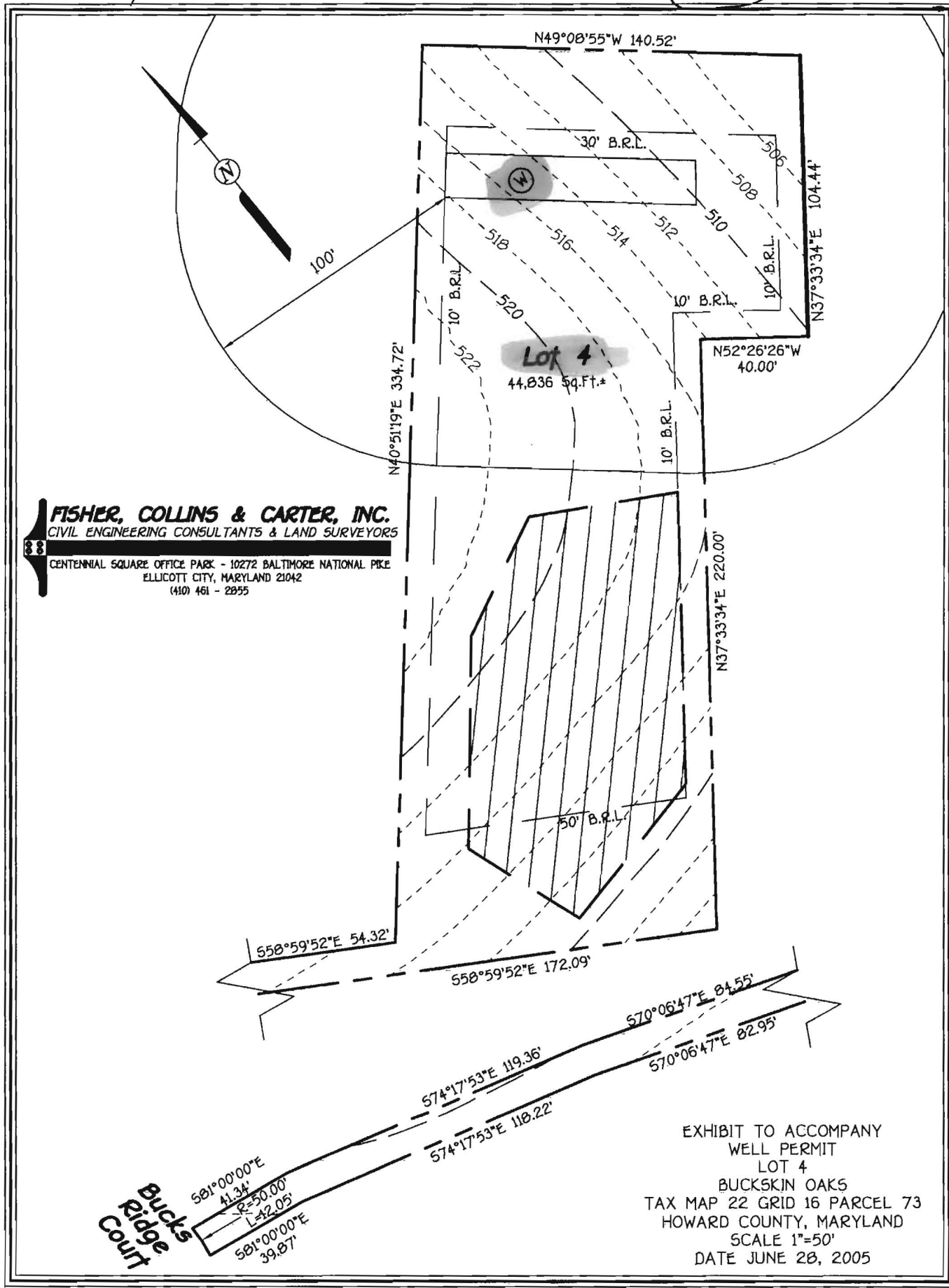


Terrell A. Fisher, P.E., L.S.



WO #30716  
c.c. Mr. J. Thomas Scrivener

7/26/05 well site OK (C)



K:\Drawings 3\30716 FOLLY QUARTER ROAD\Exhibits\30716 Well Lot 4.dwg, 6/28/2005 10:24:39 AM

# 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 #: 95260 Account #: 4470  
Reference: Williamsburg Homes LLC Company: Williamsburg Homes LLC  
Location: 13105 Bucks Ridge Court Requested By: Bob Corbett  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 7/21/2014 1245 Site: Pressure Tank  
Date/Time Rec'd: 7/21/2014 1530 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.9  
Collected By: C. Mooshian 7268CM Well #: HO-95-0075

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/22/2014 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/22/2014 / 1030 / LLO

*OK  
DB  
7-25-14*

### 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 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : 13003820

Date Reported: 7/23/2014

# 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 #: 94681 Account #: 4470  
Reference: Williamsburg Homes LLC Company: Williamsburg Homes LLC  
Location: 13105 Bucks Ridge Court Requested By: Bob Corbett  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 6/16/2014 0955 Site: Pressure Tank  
Date/Time Rec'd: 6/16/2014 1220 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.3  
Collected By: R. Ott 4269RO Well #: HO-95-0075

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	62.4	MPN/ 100 ml	<1.0	SM18 9223	6/17/2014 / 0900 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/17/2014 / 0900 / LLO
Nitrate	1.92	mg/L	10	601	6/17/2014 / 1300 / CCH
Turbidity	17.00	NTU	<10	SM18 2130B	6/17/2014 / 0822 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	6/17/2014 / 0822 / JKW

NOT OK  
6-24-14  
EBO

### 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 & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : 13003820

Date Reported: 6/17/2014

# 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 #: 95058 Account #: 4470  
Reference: Williamsburg Homes LLC Company: Williamsburg Homes LLC  
Location: 13105 Bucks Ridge Court Requested By: Bob Corbett  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 7/7/2014 1053 Site: Pressure Tank  
Date/Time Rec'd: 7/7/2014 1413 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.2  
Collected By: R. Ott 4269RO Well #: HO-95-0075

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223	7/8/2014 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/8/2014 / 1000 / LLO

NO  
OK  
DB  
7-24-14

### 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 & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 13003820

Date Reported: 7/8/2014

# 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 #: 94919 Account #: 4470  
Reference: Williamsburg Homes LLC Company: Williamsburg Homes LLC  
Location: 13105 Bucks Ridge Court Requested By: Bob Corbett  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 6/27/2014 1020 Site: Pressure Tank  
Date/Time Rec'd: 6/27/2014 1135 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.2  
Collected By: B. Dutterer 4717BD Well #: HO-95-0075

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	5.3	MPN/ 100 ml	<1.0	SM18 9223	6/28/2014 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/28/2014 / 1000 / BCD
Turbidity	4.01	NTU	<10	SM18 2130B	6/27/2014 / 1130 / CCH

7-24-14

### NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NTU = Nephelometric Turbidity Units
- 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 & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 13003820

Date Reported: 6/30/2014

**MANOR DRILLING INC.**

2800 MONKTON RD.  
MONKTON MD. 21111

410-471-9224 OFFICE 443-821-1350 (RAY)  
443-821-3200 (STACY)

PLEASE Transfer 5 permits Lots 1-4,  
AND parcel A Folly Quarter rd. Byerskin  
OAKS. TO George EASTERday. License  
# MWJ 040.

From MAX STACY Jones of Manor Drilling  
Inc. License # MWJ 549. THANK YOU.

Max Stacy Jones

July 27, 2005

I Stacy Jones of Manor Well Drilling

except 3 wells for J.T.S. Corp.

at Buckskin Oaks


Lot's 1, 2, 3, 4, Preservation Parcel A  
from Ralph Wayne Well Drilling

Max Stacy Jones

MWD 549

July 27, 2005

I  
Ralph MAYNE well DRILLING  
WANT TO TRANSFER Lot's I, 2, 3, 4,  
& Preservation Parcel A TO  
MANOR well DRILLING, (STACEY JONES) MWD  
549  
Sub Buckskin OAK'S FOR J.T.S. CORP.

  
MSD 117

Ralph  
cell 443-277-9527