

0663

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 OK 16 11/4/01

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3202

OWNER: Floyd Lane LLC; STREET OR RFD: Buckskin Wood Drive; TOWN: Ellicott City; SUBDIVISION: ... SECTION: ... LOT: ...

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Mica, Gray Mica, Brown Mica, Tan Mica, Gray Mica, Fractured Zone, Gray Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (25), NO. OF POUNDS (2500), GALLONS OF WATER (150), DEPTH OF GROUT SEAL (61 ft).

CASING RECORD: casing types insert appropriate code below (ST, PL, CO, OT).

MAIN CASING TYPE: ST, Nominal diameter top (main) casing (6), Total depth of main casing (70).

OTHER CASING (if used) table with columns: diameter, depth (feet).

SCREEN RECORD: screen type or open hole (ST, BR, HO), insert appropriate code below.

DEPTH (nearest ft.) table with columns: 1-11, 15-17, 21-25, 29-31, 35-37, 41-43, 47-49, 53-55, 59-61. Includes SLOT SIZE and DIAMETER OF SCREEN.

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (6), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (60 ft), TYPE OF PUMP USED (S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2).

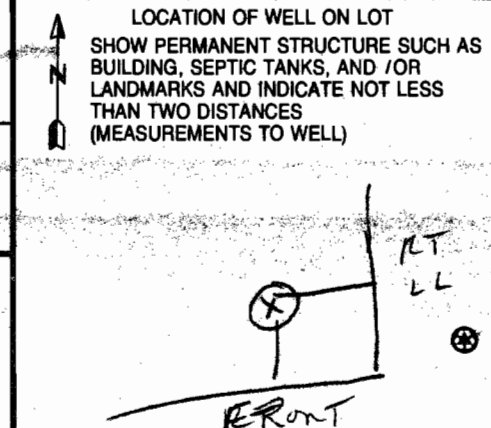
NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: Y; CIRCLE APPROPRIATE LETTER (A, E, P).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MWD 040; DRILLERS SIGNATURE: Bruce Thompson; LIC. NO. 1 038.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL (58).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 9230

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3202

311 W515313 please print or type

fill in this form completely

Date Received (APA)

08/28/01

OWNER INFORMATION

8621

Floyd Lane L L C

Last Name Owner First Name P. O. Box 999

Street or RFD Columbia, Md 21044

Town State Zip

B 3

LOCATION OF WELL

Howard

CC#

8 COUNTY 21

Buckskin Ridge

23 SUBDIVISION 42

SECTION LOT 4

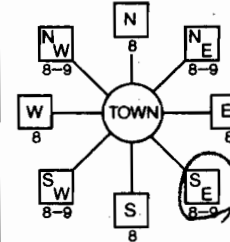
Glencelg

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I

B 4

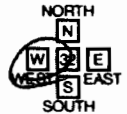
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Wood Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 30 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

DRILLER INFORMATION

George F. Easterday

M W D 040

Driller's Name License No.

L. Franklin Easterday, Inc.

Firm Name

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

Address

Signature Date 6/25/2001

B 2

WELL INFORMATION

5

APPROX. PUMPING RATE (GAL. PER MIN.)

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 08/28/01 CO SIGNATURE EXP. DATE

NORTH GRID 519 000 EAST GRID 0806 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT

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 DEEPEEN 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)

APPROX. PERMIT NUMBER HO 20000001 L(01)

PERMIT No. HO-94-3202

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

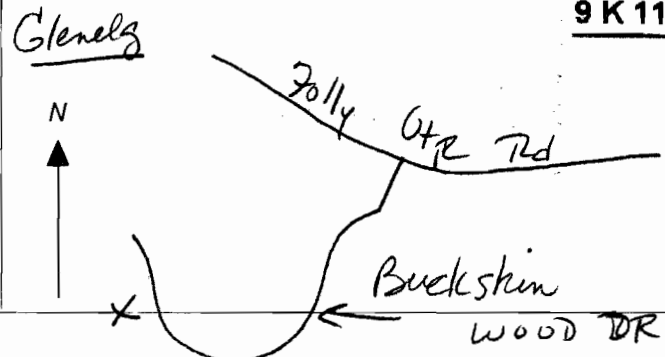
SOURCES OF DRILLING WATER

- wells

WRITE THE BOX NUMBER FROM THE MAP HERE

800 519 000 000

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



9 K 11





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: Joel Isaacs Pllc Stoc Telephone #: 410 442-5780  
 Address: PO Box 250 C 410 365-1279  
Lisbon MD 21765

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): Joel Isaacs License# 4524

\*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: Columbia Bldrs, Inc Telephone #: 410 730-3939  
 Subdivision: Lakeview at Buckskin Lot #: 4 Well Tag #: HO-94-3202  
 Site Address: 4345 Buckskin Wood Dr.  
EC, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>Cambel</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>3/4 HP</u>	Model#: <u>1"</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>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>500</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 Cable guards are required – Must circle one  
 Safety rope, if used, attached to inside of well casing with eye bolt

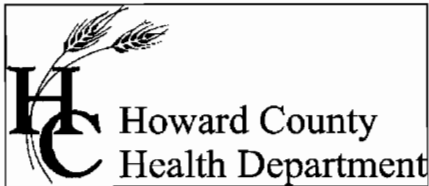
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve (5 foot minimum): <u>10'</u> <input checked="" type="checkbox"/>
Depth of supply line: <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, 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: [Signature] date: 9-3-08

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

Date Insp. Requested: 9/4/08 Date Insp. Approved: 9/4/08 (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 grout observed below pitless adapter



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

Peter L. Beilenson, M.D., M.P.H., Health Officer

December 2, 2008

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

SENT VIA FACSIMILE 410-992-3020

RE: Buckskin Ridge, Lot 4  
4345 Buckskin Wood Drive  
Ellicott City, MD 21042  
BP# B08000946  
Well Tag #: HO-94-3202

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 08/22/2008. Final approval of the well line connection to the dwelling was approved on 09/04/2008.**

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-94-3202. 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: 11/25/2008  
Date of Well Completion: 09/18/2001

Approving Authority,

*Brian Baker*  
Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**FOUNTAIN ANALYTICAL SERVICES, INC.**  
 1413 Old Maneytown Rd., West Chester, OH 41090-0226 Tel: (614) 854-8554 Fax: (614) 848-0250

**SUPPORT ANALYSIS**

Laboratory ID #: 3959  
 Reference: Lakeview at Bucks in Lake Lot 4  
 Location: 4845 Bucks in Lake Drive  
 Date/Time Collected: 11/25/2008  
 Date/Time Rec'd: 11/25/2008  
 Chlorine ppm: Free: ND Total: ND  
 Collected By: C. Miller 0547CH

Account #: 150  
 Company: Columbia Builders  
 Site: 4845 Bucks in Lake Drive  
 Sample: Tap Water  
 Site: Pressure Tank  
 Temperature: None  
 pH: 7.8  
 Water: 10-94-3202

PARAMETERS	TEST	RESULTS	UNITS	STATUS	REMARKS
Bacteria, Coliform (Total) MPN	1	NS	MPN/100ml	ND	26/3008 / 1035 / CCH
Bacteria, E. coli MPN	2	NS	MPN/100ml	ND	26/3008 / 1035 / CCH
Nitrate	3	NS	mg/L	ND	26/3008 / 1400 / CCH
Turbidity	4	NS	NTU	ND	Visual / Gravimetric 26/3008 / 1035 / CCH
Sand	5	NS	mg/L	ND	Visual / Gravimetric 26/3008 / 1035 / CCH

**NOTES**

- 1 mg/L = milligram per liter
  - 2 MPN/100ml = most probable number of bacteria per 100 ml of water
  - 3 NS = None Seen (NS Method)
  - 4 NTU = Nephelometric turbidity
  - 5 Results less than or with the relevant range are considered satisfactory with possible water utility at time of sampling.
  - 6 ND:None Detected
  - 7 Visual w/checked Residual Chlorine
  - 8 pH tested on-site
- Reason for Test: Check and Report  
 Building Permitted: 058701440

Date Reported: 12/02/2008