

0664

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 11/19/01

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 9/21/01

DEPTH OF WELL 500

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3203

OWNER Floyd Lane LLC STREET OR RFD Buckskin Wood Drive TOWN Ellicott City SUBDIVISION Buckskin Ridge SECTION LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown shale, Brown Miac, Gray Miac, Fractured & mica w/Flint, Gray Miac, Opening, Gray Miac.

GROUTING RECORD form with fields for GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST, PL), Nominal diameter, Total depth, OTHER CASING (if used).

SCREEN RECORD form with fields for screen type (ST, BR, PL, HO, OT), DEPTH (nearest ft.), SLOT SIZE.

DEPTH (nearest ft.) table with columns for casing sections and their depths.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

WELL HYDROFRACTURED form with YES/NO options.

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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...

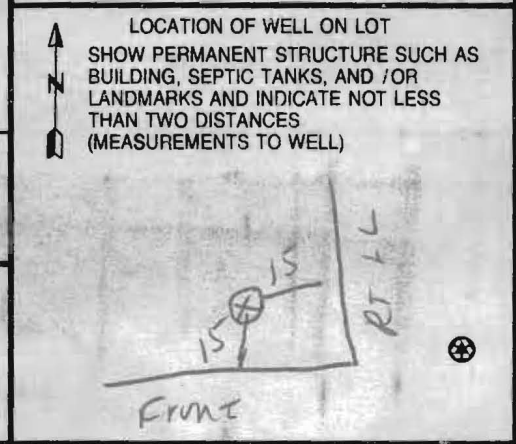
DRILLERS LIC. NO. MWD 040 DRILLERS SIGNATURE Gene F. Eusterman

LIC. NO. M2D 038 DRILLERS SIGNATURE Bruce Thompson

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 9231

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 3203

0515311 please print or type

fill in this form completely

Date Received (APA)

08/28/01

OWNER INFORMATION

8622

15 Last Name Floyd Lane L L C

Owner First Name 34

P. O. Box 999

36 Street or RFD Columbia, Md 21044

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard

CC#

8 COUNTY

21

Buckskin Ridge

23 SUBDIVISION

5

SECTION 44 46

LOT 48 50

Glenelg

52 NEAREST TOWN

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

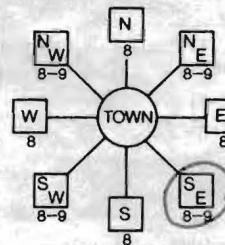
Address

George F. Easterday 6/25/2001

Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



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

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
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 08/31/02
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-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 (circled)
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 52

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

APPROP. PERMIT NUMBER HO 00000001 (01)

PERMIT No. HO - 94 - 3203

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

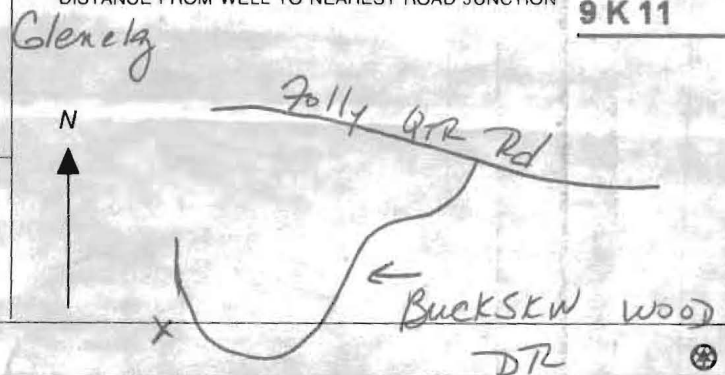
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8006
5109
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



Notes 6' trellis w/ cement covered on d

TO BE IN PROGRESS
8/23/06

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 #: 410-795-1405
Address: 6321 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. 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: JOEL BAACS Telephone #: _____
Subdivision: BUCKSKIN RIDGE Lot #: 5 Well Tag #: HO-94-3203
Site Address: 434 BUCKSKIN WOOD DR.
ELLICOTT CITY, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STADITE Make: CAMPBELL Two piece watertight cap:
Model #: SSP4E02AL Model #: 24800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 500 (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 of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

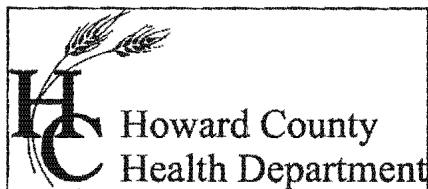
Piping to house House Connection
Type: POLY PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (150 psi min) Approximate length of sleeve: 6'
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

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.

Signature of company representative responsible for installation: Robert L. Freezer Date: 8/22/06

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

Date Insp. Requested: _____ Date Insp. Approved: 8/23/06 **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

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

12/19/2006

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

SENT VIA FACSIMILE 410-992-3020

RE: BP #: B00159420
Buckskin Ridge, Lot 5
4341 Buckskin Wood Drive
Ellicott City, MD 21042
Well Permit # HO-94-3203

To Whom It May Concern:

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 8/23/2006. Final approval of the well line connection to the dwelling was approved on 8/23/2006.**

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.

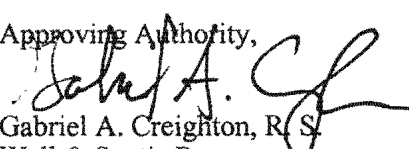
INTERIM CERTIFICATE OF POTABILITY

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-94-3203. 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: 12/05/2006 & 12/12/2006
Date of Well Completion: 09/21/2001

Approving Authority,


Gabriel A. Creighton, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

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 #:	61573	Account #:	1550
Reference:	Lot 5	Company:	Columbia Builders
Location:	4341 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	12/12/2006 1130	Source:	Well Water
Date/Time Rec'd:	12/12/2006 1405	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spin Down Separator**
Collected By:	J. Yeager 6176JY	pH:	7.0
		Well #:	HO-94-3203

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/13/2006 / 0900 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/13/2006 / 0900 / AD/BD

NOTES

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

Reason for Test : Use & Occupancy retest 61496

Building Permit # : B00159420

Date Reported: 12/13/2006

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 #:	61496	Account #:	1550
Reference:	Lot 5	Company:	Columbia Builders
Location:	4341 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/Time Collected:	12/5/2006 1020	Source:	Well Water
Date/Time Rec'd:	12/5/2006 1225	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.9
		Well #:	HO-94-3203

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM18 9223 B.	12/6/2006 / 0815 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/6/2006 / 0815 / AD/BD
Nitrate	<1.0	mg/L	10	601	12/5/2006 / 1250 / BCD
Turbidity	1.39	NTU	<10	SM18 2130B	12/5/2006 / 1250 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	12/5/2006 / 1250 / 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 # : B00159420

Date Reported: 12/6/2006