

SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER OK KS
11-19-01

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

DATE WELL COMPLETED MM DD YY
9/28/01

Depth of Well
600
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-3109

OWNER Floyd Lane LLC
 STREET OR RFD Buckskin Wood drive TOWN Ellicott City
 SUBDIVISION Buckskin Ridge SECTION _____ LOT 15

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
top soil	0	3	
Shaley	3	102	
Brown mica	102	145	
gray mica	145	400	
Small sand	400	405	✓
gray mica	405	600	

GROUTING RECORD yes no
 Y N
 WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 23 NO. OF POUNDS 2300
 GALLONS OF WATER 138
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 72 ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 110

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from to

SCREEN RECORD

screen type or open hole ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

(insert appropriate code below)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER

A 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 M WD 040
George F. Eastman
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 M WD 481

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

DEPTH (nearest ft.)

1	2	3	4	5	6
8	9	11	15	17	21
23	24	26	30	32	36
38	39	41	45	47	51

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

70 _____ 72 _____ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6
8 9

PUMPING RATE (gal. per min.) 1
11 15

METHOD USED TO MEASURE PUMPING RATE Pouchet

WATER LEVEL (distance from land surface)

BEFORE PUMPING 73 ft.
17 20

WHEN PUMPING 253 ft.
22 25

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 or NO) 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 29

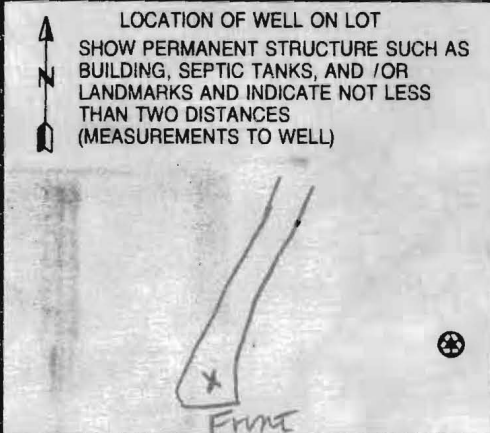
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
 - below } 2 (nearest foot)



B 1 9241

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-94-3169

W515311, please print or type

fill in this form completely

Date Received (APA)

06-28-01

OWNER INFORMATION

8632

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

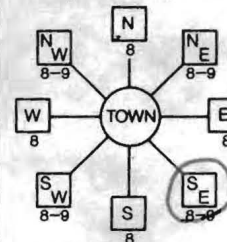
LOCATION OF WELL

Howard COUNTY
Buckskin Ridge
Glenelg
NEAREST TOWN

DRILLER INFORMATION

George F. Easterday M W D 040
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Wood Drive
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD
DISTANCE FROM ROAD
TAX MAP: BLK: PARCEL

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
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 COUNTY NAME
COUNTY NO. 13
STATE SIGNATURE
DATE ISSUED
CO SIGNATURE
EXP. DATE
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 Jettled & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

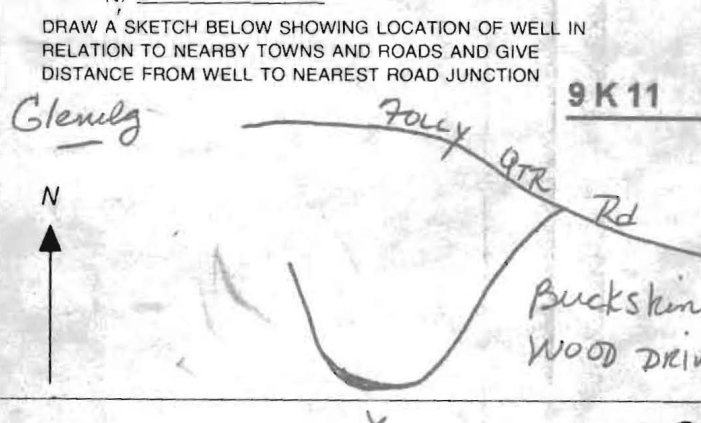
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

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. 40-94-3169

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
WRITE THE BOX NUMBER FROM THE MAP HERE



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Page _____ of _____
 Date _____

OCT 11 8:00

Review OK / KG

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3169
 Location of property (road) Buckskin wood Drive
 Subdivision Buckskin Ridge Lot 15 Block _____ Plat _____ Sec. _____
 Well Driller G. Easterday Owner Floyd Lane LLC

Depth of well 600 114
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 73'

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 159 gpm
 Total time 30 min to reach pumping water level 253' 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)	CALCULATED FLOW (gallons per minute)
8:45	253'	55 sec	Pump set at 390'	19 gpm
9:00	253'	55 sec	Kent V. Berry	19 gpm
9:15	253'	55 sec		19 gpm
9:30	253'	55 sec		19 gpm
9:45	253'	55 sec		19 gpm
10:00	254'	55 sec		19 gpm
10:15	255'	55 sec		19 gpm
10:30	255'	60 sec		19 gpm
10:45	255'	60 sec		19 gpm
11:01	254'	60 sec		19 gpm
11:15	254'	60 sec		19 gpm
11:30	254'	60 sec		19 gpm
11:45	254'	60 sec		19 gpm
12:00	254'	60 sec		19 gpm
12:15	254'	60 sec		19 gpm
12:30	254'	60 sec		19 gpm
12:45	253'	60 sec		19 gpm
1:00	253'	60 sec		19 gpm
1:15	253'	60 sec		19 gpm
1:30	253'	60 sec		19 gpm
1:45	253'	60 sec		19 gpm
2:00	253'	60 sec		19 gpm
2:15	253'	60 sec		19 gpm
2:30	253'	60 sec		19 gpm
HD-224 2:45	253'	60 sec		19 gpm

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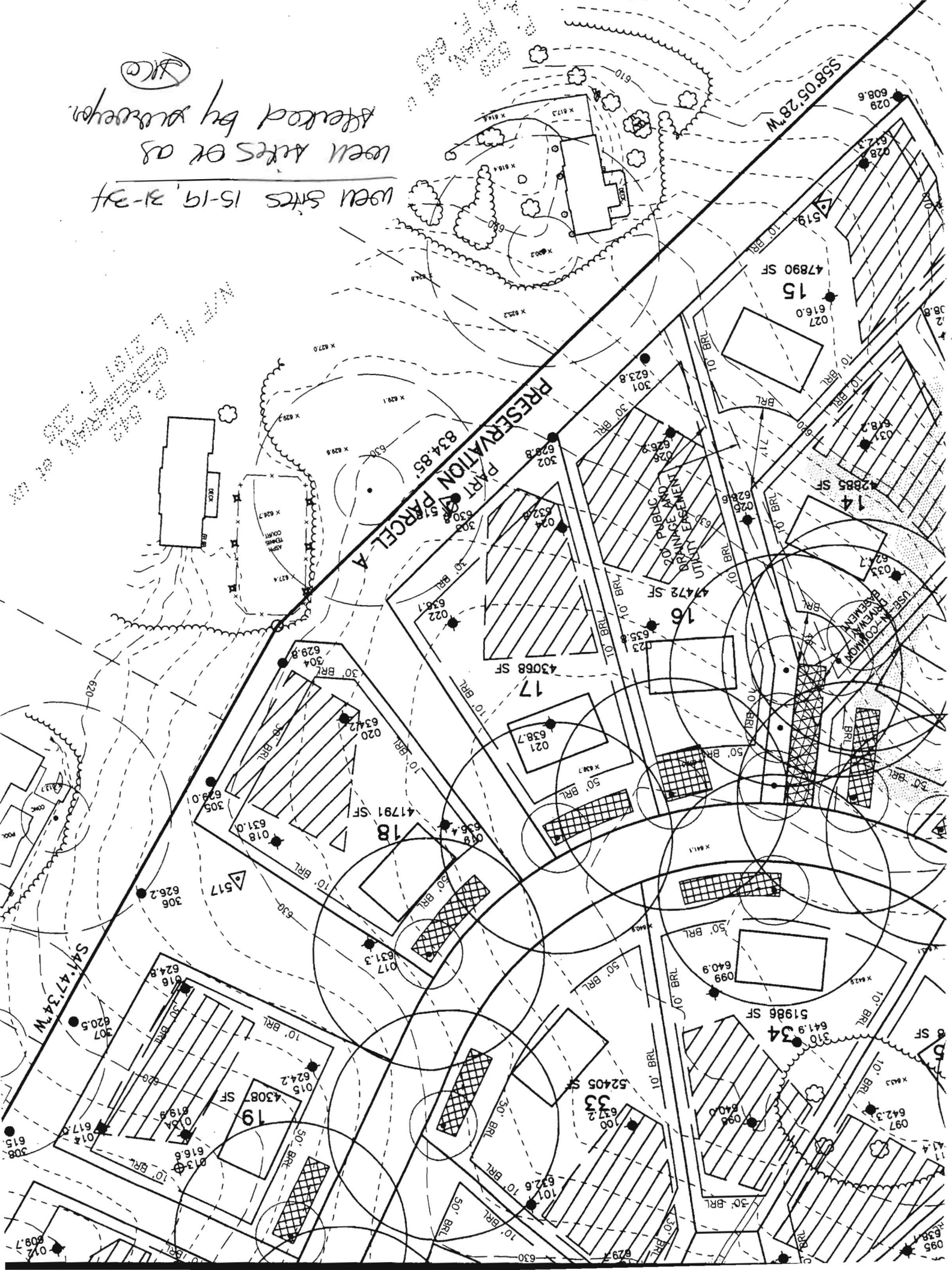
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8:45	253'	55 sec	Pump SET @ 390' Kent V. Berry	1 gpm
				↓
10:15	255'	55 sec		
11:01	254'	60 sec		

Well sites or as
 affected by surveyor
 Well sites 15-19, 31-34
 (10)



THE STATE OF TEXAS
 COUNTY OF DALLAS
 DISTRICT OF 10
 SURVEYOR
 2010

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Deas Brown
P.O. Box 882
Glenelg, MD 21737

Reporting Date: 10/28/2014
Report #: M2252

Submitted Sample Address: Buckskin Lake, 4301 Buckskin Wood Drive, Ellicott City, MD 21042
Submitted Sample Source: Bathroom Sink
Date / Time Collected: 10/27/2014 09:15 AM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn ✓
Well #: HO-94-3169 HO-94-6169

well tag incorrect
WTL to confirm & send corrected report

Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
E. Coli	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates	ND	mg/L	0.5	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	1.5	NTU	0.5	10	SM 2130B
pH	8.1	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B

RCB
06/24

Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- Analyzed by 214.
- SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,

Christina Rodgers

C. Rodgers, Customer Service Representative

Reviewed by: *RB*