

C113485

SEQUENCE NO. (MDE USE ONLY)

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

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 433780

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 5 12 04

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3941

OWNER Kukwa Chester STREET OR RFD Buckskin Lake Dr TOWN Glenelg SUBDIVISION BUCKSKIN WOODS SECTION LOT 3

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Brown mica, Gray mica, Brown, Gray Limestone, White, Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 22 NO. OF POUNDS 2068 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 57 ft.

CASING RECORD

MAIN CASING TYPE ST PL 06 64 OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (insert appropriate code below) ST BR HO PL OT

Table with columns: E A C H S R C E E N, 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) 3/8 9 PUMPING RATE (gal. per min.) 20.11 15 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 32/17 20 ft. WHEN PUMPING 41/22 25 ft. 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 (CIRCLE) (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 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 02 (nearest foot)

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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [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 SD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

PRO LINE 1 3' Δ well 135 Buckskin Lake

B 1 9162

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3867

52000 please print or type

fill in this form completely

Date Received (APA)

2 23 03

OWNER INFORMATION

8 MM DD YY 13
15 Last Name First Name
36 Street or RFD
57 Town 70 State 72 Zip 76

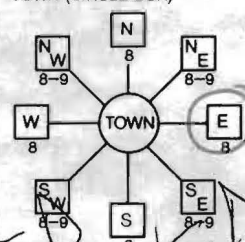
B 3 LOCATION OF WELL

8 COUNTY
23 SUBDIVISION
SECTION 44 46 LOT 3 50
52 NEAREST TOWN
MILES FROM TOWN

DRILLER INFORMATION

Driller's Name License No.
Firm Name
Address
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD
ENTER FT OR MI
TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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
COUNTY NAME COUNTY NO.
STATE SIGNATURE
DATE ISSUED
CO SIGNATURE EXP. DATE
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL
APPROXIMATE DIAMETER OF WELL

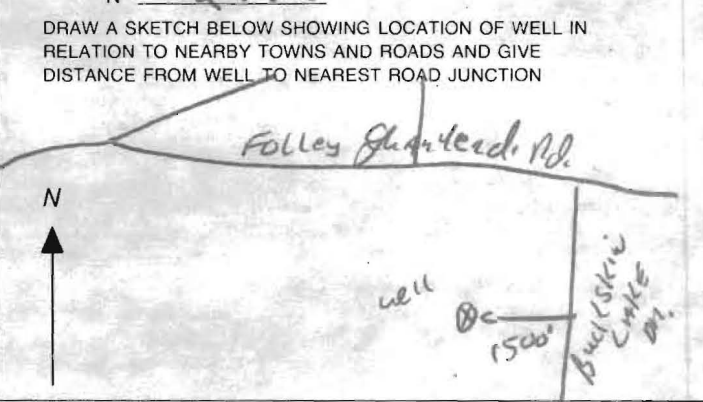
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
WRITE THE BOX NUMBER FROM THE MAP HERE

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL



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

APPROP. PERMIT NUMBER
PERMIT No.

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1. 5765

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-3941
fill in this form completely

Date Received (APA)

05 05 04

OWNER INFORMATION

Kukwa Chester
Last Name Owner First Name
107 HILTON AVE
Street or RFD
CATONSVILLE MD 21228
Town State Zip

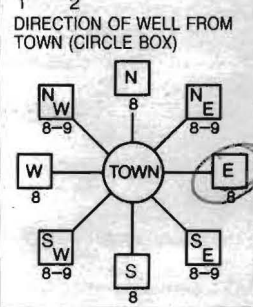
B 3 LOCATION OF WELL

Howard COUNTY
Buckskin Woods SUBDIVISION
SECTION 3 LOT 3
Glencly NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1 M I I

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name License No.
Fogles Well Drilling
Firm Name
580 Obrecht Rd.
Address
Call Sept 5-5-04
Signature Date

B 4



Buckskin Lake NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
34 1500 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 22 BLK: 21 PARCEL 526

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
- 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. A33780
STATE SIGNATURE _____ INSERT S
DATE ISSUED 050504 Mark Riffin 5/5/05
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 518 0 0 0 EAST GRID 0809 0 0 0
50 55 57 63

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

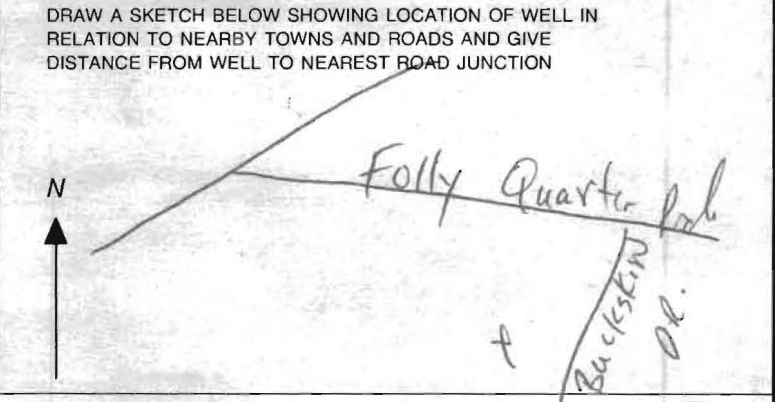
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
5/12/04 - 8 AM 7/6
SOURCES OF DRILLING WATER
1. Well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 809
N 518
000
000



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

APPROP. PERMIT NUMBER 54 _____ GAP _____ 63
PERMIT No. 40-94-3941
70 71 72 73 74 75 76 77 78 79

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

7/20/05
Fax
8/29/05

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sykesville, 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): Allen Compton License# MSD009

*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: Sharon Lyons Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3941
Site Address: 4116 Buckskin Lake Dr

Submersible Pump Data

Make: Goodis
Model #: 5SB07422
Pump Capacity: 6 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Comball
Model#: N/A
Depth: 36 (36" min)
NSF 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
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 300 (feet)
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 NA

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 5
Sleeve caulked and 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: Allen Compton date: 7/28/05

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

Date Insp. Requested: 8/30/05 Date Insp. Approved: 8/30/05 Inspector: GAC
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 seen 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

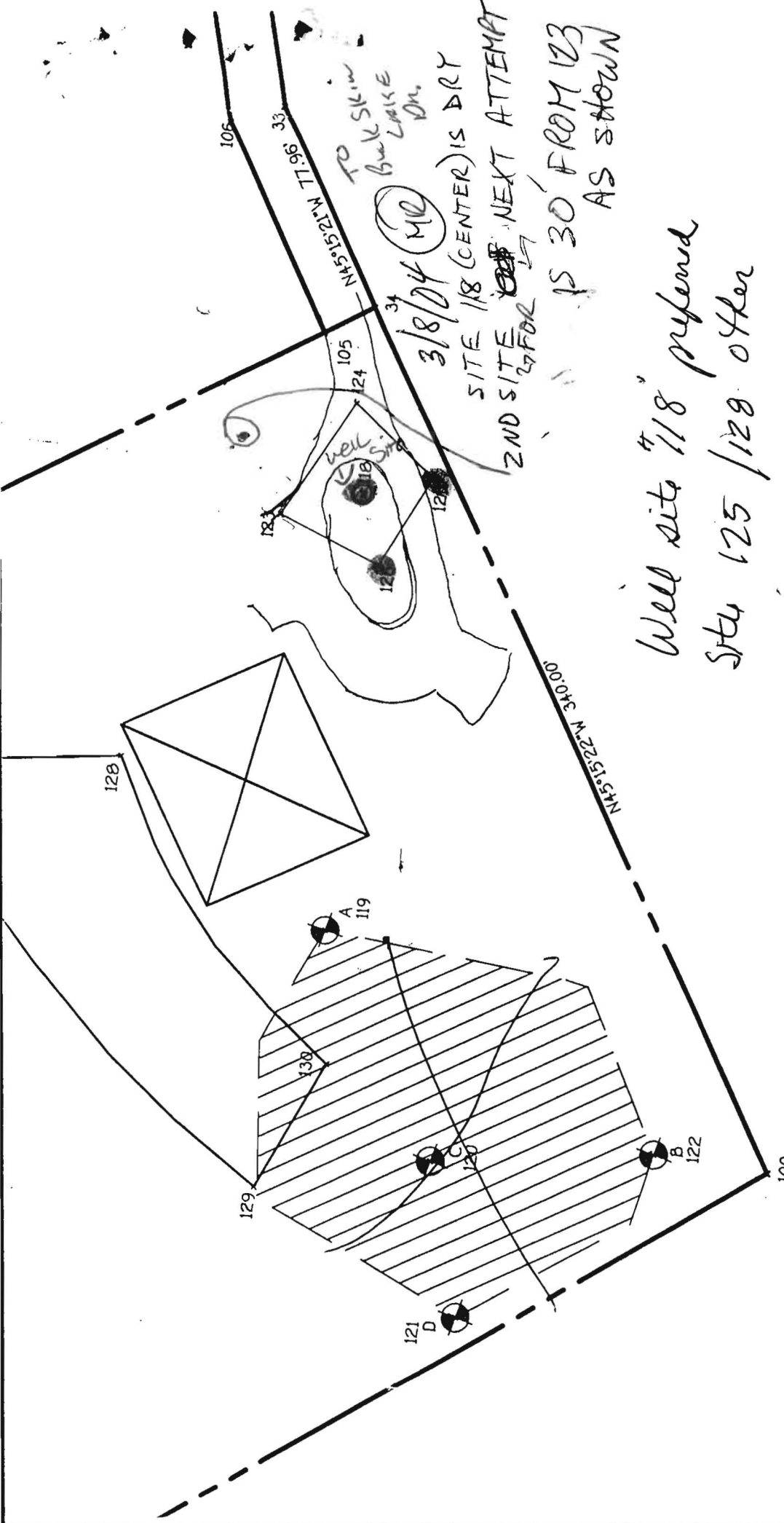
6/29/05
Need to
finish
installing
cap.
BB

HD-215

Well Barrier Needed GAC

Rev. 12/00

To be fixed as of 9/1/05
Per conversation over telephone w/ Troy (builder)



3/8/04 MR
 SITE 118 (CENTER) IS DRY
 2ND SITE FOR NEXT ATTEMPT
 IS 30' FROM 123
 AS SHOWN

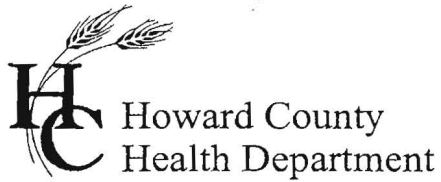
Well site "118" preferred
 Sits 125 / 128 other

All well sites have
 been staked in field
 by FCC

ALL SITES OK NO/NSP
 MR 1/9/04

5/4/04

Ralph Wayne drilled
 two ~~three~~ dry holes in/near
 approved well site area. He returned
 the permit and tag. Builder/owner
 will have to hire new driller and ~~scope~~
 new well site - possibly across stream. (BB)
 Depends on neighboring septic easements. (BB)




3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

October 26, 2004

TO: Cindy Hamilton
Chief, Division of Land Development

FROM: Kacie Noonan, R.S. 
Well and Septic Program
Development Coordination Section

RE: File Number: WP-05-031
Title: Buckskin Woods, Lots 65 & 66

The following comments apply to the Board of Appeals case requesting a waiver from setback requirements, section code 16.120(b)(6)(iv). **The Health Department has no objections to the waiver.**

KN

FILE COPY

JAB

BUCKSIN WOODS, LOT 3

TO: DAMON COGAR

Invert out of house - 540

6/30/04

D-Box elev. 538 ← Will need fill to cover. - Please make the changes

High trench elev. 538

Thanks

D-Box Invert in: 538.3

Reviewed By: K. Bell

D-Box Invert out: 538.2

Tank Elev. 540.2

Invert in tank: 539.4

Invert at tank: 539.1

ACCESS EASEMENT RECORDED WITH LAND RECORDS -
COPY SUBMITTED TO HEALTH DEPT. WITH RECORDED LIBER FORM

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 #: 56163 Account #: 1930
Reference: Lyons Company: Fogle's Well Drilling
Location: 4216 Buckskin Lake Drive Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 08/26/05 0900 Site: Kitchen Sink Tap
Date/Time Rec'd: 08/26/05 1150 Treatment: Neutralizer/Softener
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3941

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.46	NTU	<10	SM18 2130B	08/26/05 / 1350 / C.Holland

NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 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 Sample collected by client, analyzed as received
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 56106
Building Permit # : 00146447

Date Reported: 08/26/05

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Taneytown Rd. Westminster, MD (301) 338-1014 (410) 848-0298 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 56106 Account #: 1930
 Reference: Lynes Company: Fogle's Well Drilling
 Location: 4216 Buckskin Lake Drive Requested By: Dave Fogle
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 08/22/05 1000 Site: Well Tank
 Date/Time Rec'd: 08/22/05 1530 Treatment: Neutralizer/Softener
 Chlorine ppm: Free: ND Total: ND pH: 6.1
 Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3941

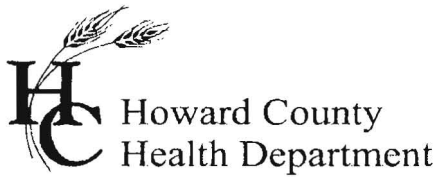
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	08/23/05 / 1010 / C.Holland
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	08/23/05 / 1010 / C.Holland
Nitrate	2.77	mg/L	10	601	08/23/05 / 0900 / B. Dutterer
Turbidity	18.1	NTU	<10	SM18 2130B	08/23/05 / 0915 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	08/23/05 / 0915 / B. Dutterer

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 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : 00146447

Date Reported: 08/23/05



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

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

September 1, 2005

Chester Kukwa
4216 Buckskin Lake Drive
Ellicott City, MD 21042

FACSIMILE SENT 410-573-4773

RE: Buckskin Woods, Lot 3
4216 Buckskin Lake Drive
Ellicott City, MD 21042
BP #: B00146447
Well Permit # HO-94-3941

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 07/22/2005. Final approval of the well line connection to the dwelling was approved on 08/30/2005.**

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-94-3941. 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: 08/22/2005 & 8/26/2005
Date of Well Completion: 05/12/2004

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File