

0658

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER K6 OK 7/11/01 13

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-3197

OWNER Floyd Lane LLC STREET OR RFD Buckskin Wood drive TOWN Ellicott City SUBDIVISION Buckskin Ridge SECTION LOT 37

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), CHECK IF WATER BEARING. Includes entries for Top Soil, Brown Shale, Brown Mica, Gray Mica, Fractured Zone, Gray Mica opening, and Gray Mica.

GROUTING RECORD section including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (26), NO. OF POUNDS (2600), GALLONS OF WATER (156), DEPTH OF GROUT SEAL (0 to 71 ft).

CASING RECORD section including: MAIN CASING TYPE (ST), Nominal diameter (6 inch), Total depth (80 ft).

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

SCREEN RECORD section including: screen type or open hole (ST, BR, HO), SLOT SIZE (1, 2, 3).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y.

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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...

DRILLERS LIC. NO. 1 MWD 040. DRILLERS SIGNATURE: George F. Eastwood. LIC. NO. 1 MSD 038. SITE SUPERVISOR: Bruce Thompson.

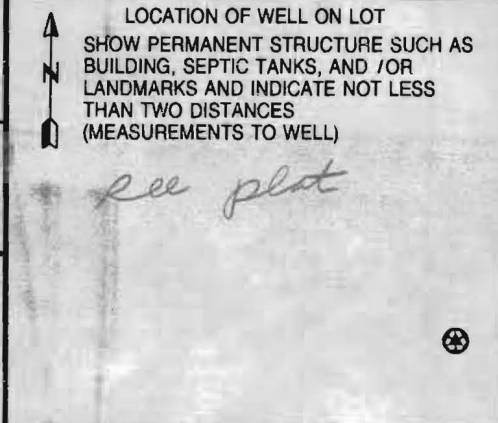
DEPTH (nearest ft.) table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76.

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

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

PUMPING TEST section including: PUMPING TEST, HOURS PUMPED (3), PUMPING RATE (15 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (65 ft before, 127 ft when pumping), TYPE OF PUMP USED (S - submersible).

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



B 1 9263

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-94-3197 fill in this form completely

W51531 please print or type

Date Received (APA)

08/28/01

OWNER INFORMATION

8654

Floyd Lane L L C

15 Last Name Owner First Name 34

P. O. Box 999

36 Street or RFD 55

Columbia, Md 21044

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard

8 COUNTY

CC#

21

Buckskin Ridge

23 SUBDIVISION 42

SECTION 44 46

LOT 37 48 50

Glenelg

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION

George F. Easterday

M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

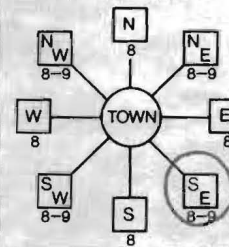
9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature: George F. Easterday Date: 6/25/2001

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

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

NORTH GRID 519 000 EAST GRID 0806 000

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
2.
3.

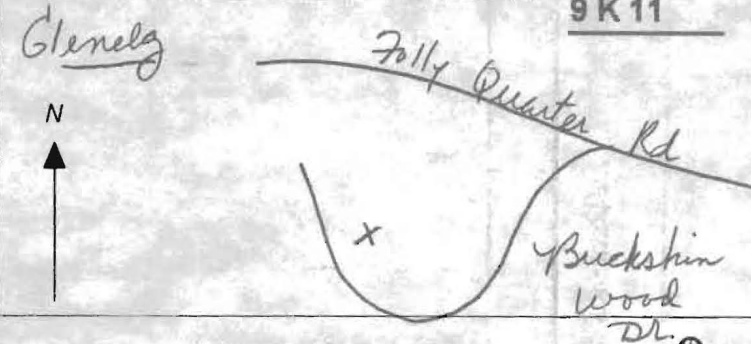
WRITE THE BOX NUMBER FROM THE MAP HERE

800C

510 9

Handwritten notes: 9/24/01 10:00, 9/24/01 No Insp., BB

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



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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM 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 H 0 2 0 0 0 G 0 1 1 (01)

PERMIT No. 40-94-3197

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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. FEEZER CO. INC Telephone #: 410-795-1405
Address: 1321 BARNETT AVENUE
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): ROBERT L. FEEZER 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 ISAACS PLUMBING Telephone #: 410-442-5780

Subdivision: BUCKSKIN RIDGE Lot #: 37 Well Tag #: HO-94-3197

Site Address: 4316 BUCKSKINWOOD DRIVE
ELLIOTT C H Y, MD. 21042

Submersible Pump Data

Make: STA-LITE
Model #: 5504E02HL
Pump Capacity 5 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: CAMPBELL
Model #: PA800
Depth: 42 (36" min)
NSF approved:

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 500 (feet)

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

Type: POLY
PSI: 200 (150 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 5'
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.

Robert L. Feezer
Signature of company representative responsible for installation

date

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

Date Insp. Requested: 3/23/07

Date Insp. Approved: 3/23/07 KW

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

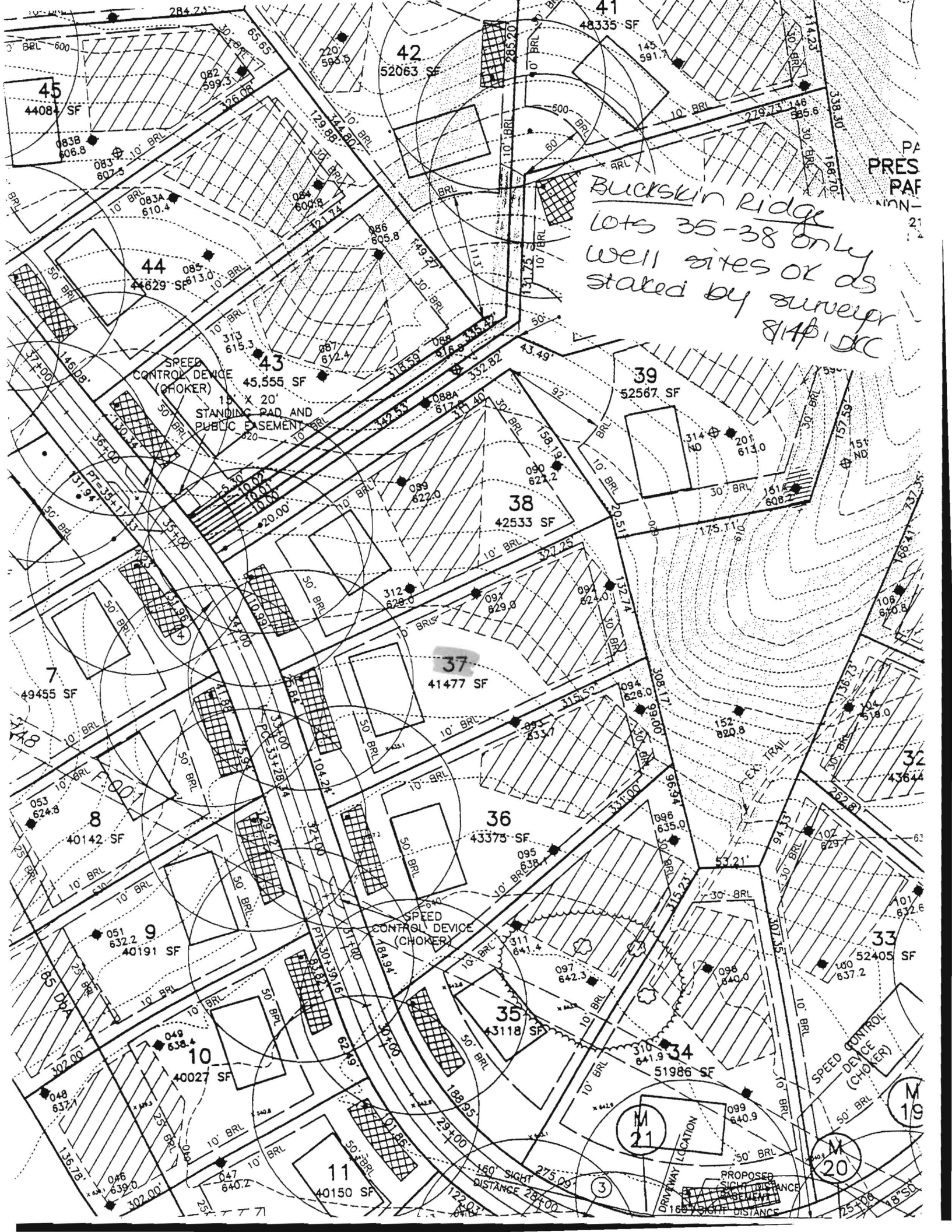
Elec. conduit extends at least 18" below grade/attached to cap properly

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



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Tancycotown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	62833	Account #:	1550
Reference:	Columbia Builders Lot 37	Company:	Columbia Builders
Location:	4316 Buckskinwood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/Time Collected:	4/20/2007 1155	Source:	Well Water
Date/Time Rec'd:	4/20/2007 1347	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.9
		Well #:	HO-94-3197

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM18 9223 B.	4/21/2007 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223 B.	4/21/2007 / 1000 / BCD
Nitrate	<1.0 ✓	mg/L	10	601	4/20/2007 / 1605 / BCD
Turbidity	4.40 ✓	NTU	<10	SM18 2130B	4/20/2007 / 1425 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	4/20/2007 / 1425 / AD/BD

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 # : B06007181

Date Reported: 4/23/2007

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 #:	62974	Account #:	1550
Reference:	Columbia Builders Lot 37	Company:	Columbia Builders
Location:	4316 Buckskinwood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	5/2/2007 1145	Source:	Well Water
Date/Time Rec'd:	5/2/2007 1326	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.7
		Well #:	HO-94-3197

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0 ✓	SM18 9223 B.	5/3/2007 / 0815 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0 ✓	SM18 9223 B.	5/3/2007 / 0815 / AD/BD

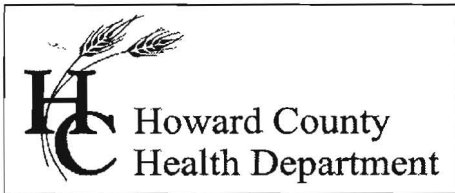
OK
(Signature)

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 tested on-site

Reason for Test : Use & Occupancy retest 62833
 Building Permit # : B06007181

Date Reported: 5/3/2007



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(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

May 10, 2007

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

RE: Buckskin Ridge, Lot 37
4316 Buckskin Wood Drive
Ellicott City, MD 21042
BP #: B06007181
Well Permit # HO-94-3197

Dear Sirs:

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 3/27/2007. Final approval of the well line connection to the dwelling was approved on 03/23/2007.**

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 # 94-3197. 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 Sample(s): 04/20/2007 & 05/02/2007
Date of Well Completion: 09/25/2001

Approving Authority,

Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File