

SEQUENCE NO. (MDE USE ONLY) 0668

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 OKK 11-19-01

DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 10/4/01 DEPTH OF WELL 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3207

OWNER Floyd Lane LLC last name first name STREET OR RFD Buckskin Wood Drive TOWN Elkport City SUBDIVISION Buckskin Ridge SECTION LOT 20

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. Includes handwritten entries: Sandy, sand, shaly, mica.

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 29 NO. OF POUNDS 2900 GALLONS OF WATER 174 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 75 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 61 Total depth of main casing (nearest foot) 98

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

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, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. Includes handwritten entries: 140, 96, 600.

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 204 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 49 ft. WHEN PUMPING 198 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES OR 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 2 (nearest) foot

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 MWD 040 DRILLERS SIGNATURE George F. Eusterman (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWDD 41

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) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

See plot

B 1 9246

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-94-3207

W 51531 please print or type

Date Received (APA) 06/25/01

OWNER INFORMATION 8637

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

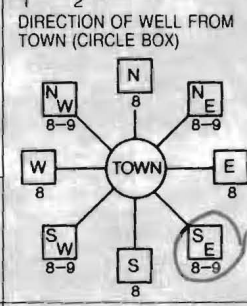
LOCATION OF WELL

Howard
Buckskin Ridge
20
Glenelg

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



Buckskin Wood Drive
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD
DISTANCE FROM ROAD Ft. 20

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE
DATE ISSUED 08/14/01
CO SIGNATURE EXP. DATE 0806 000

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

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

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 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

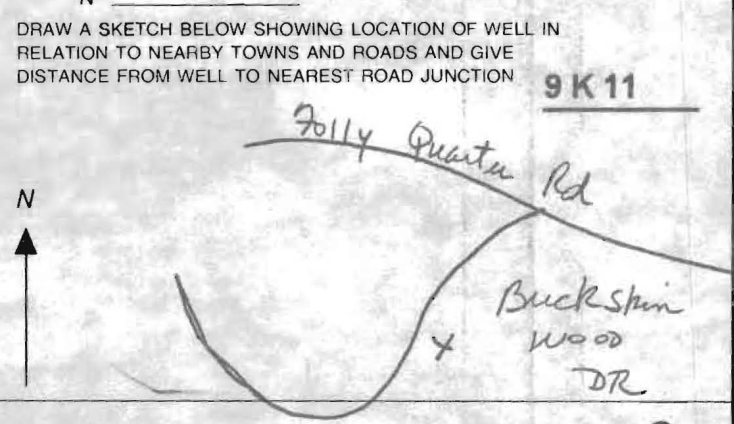
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER H02000G011(01)
PERMIT No. 10-94-3207

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
wells
WRITE THE BOX NUMBER FROM THE MAP HERE 8006

10/4/01
well 600'
Casing 98'
Annular
Bags
30' gravel line



SPECIAL CONDITIONS

10/10/01 12:00

(K6)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3207
 Location of property (road) Buckskin Wood Drive
 Subdivision Buckskin Ridge Lot 20 Block _____ Plat _____ Sec. _____
 Well Driller G. Easterday Owner Floyd Lane LLC

Depth of well 600 29pm
 Distance of measuring point (M.P.) above ground 2 FT
 Static water level (S.W.L.) below M.P. 49 FT

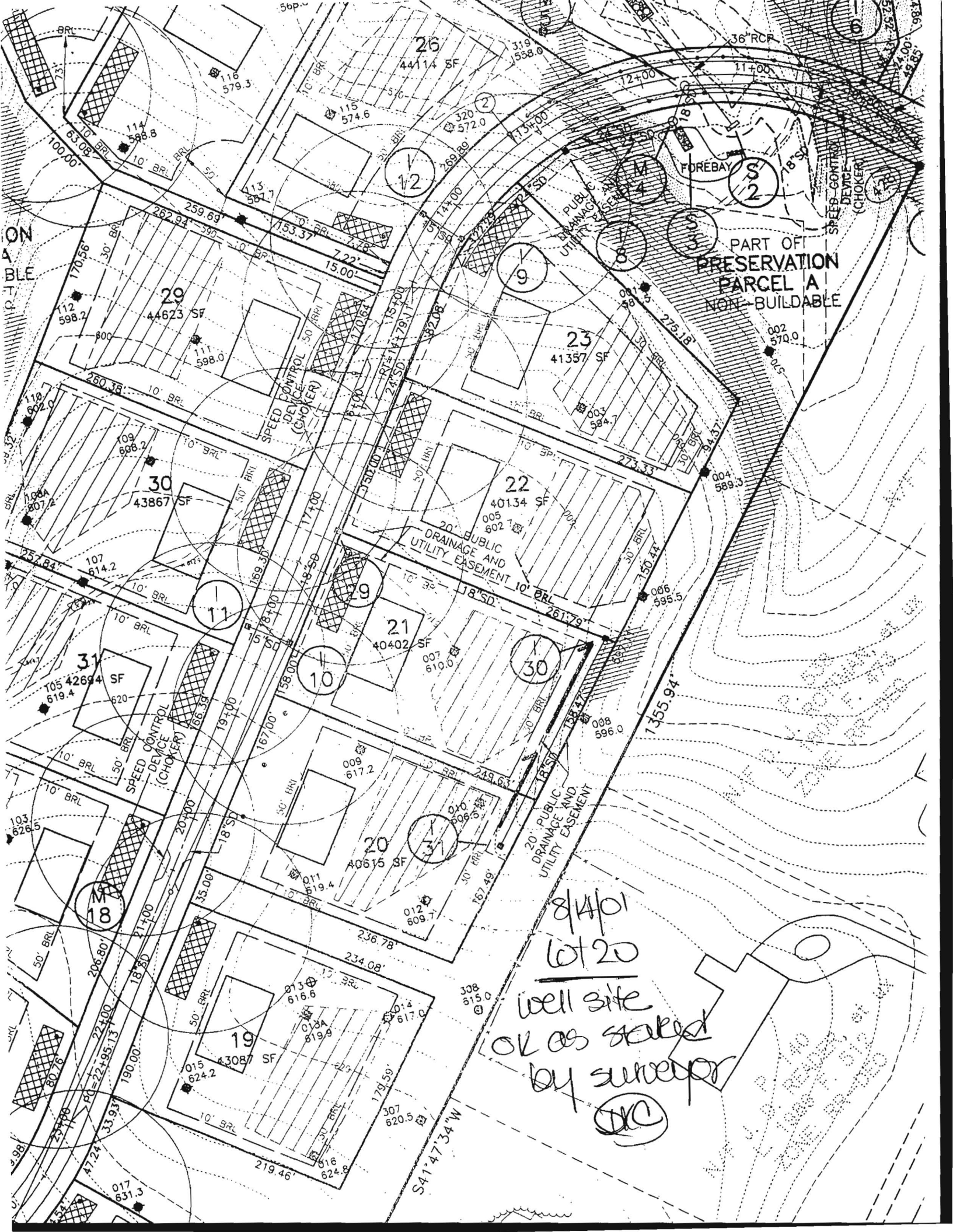
I. High rate pumping -- reservoir drawdown

Time pump started 12:00 pm Pumping rate 156 GPM
 Total time 30 min to reach pumping water level 197 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 8 gallon bucket	FLOW METER READING (if used) Pump Set	CALCULATED FLOW (gallons per minute)
12:30	197 FT	25 sec	385 FT	2.4 GPM
12:45	197 FT	25 sec		2.4 GPM
1:00	197 FT	25 sec		2.4 GPM
1:15	197 FT	25 sec		2.4 GPM
1:30	197 FT	25 sec		2.4 GPM
1:45	197 FT	25 sec		2.4 GPM
2:00	197 FT	25 sec		2.4 GPM
2:15	197 FT	25 sec		2.4 GPM
2:30	197 FT	25 sec		2.4 GPM
2:45	197 FT	25 sec		2.4 GPM
3:00	197 FT	25 sec		2.4 GPM
3:15	197 FT	25 sec		2.4 GPM
3:30	197 FT	25 sec		2.4 GPM
3:45	197 FT	25 sec		2.4 GPM
4:00	198 FT	25 sec		2.4 GPM
4:15	198 FT	25 sec		2.4 GPM
4:30	198 FT	25 sec		2.4 GPM
4:45	198 FT	25 sec		2.4 GPM
5:00	198 FT	25 sec		2.4 GPM
5:15	198 FT	25 sec		2.4 GPM
5:30	198 FT	25 sec		2.4 GPM
5:45	198 FT	25 sec		2.4 GPM
6:00	198 FT	25 sec		2.4 GPM
6:15	198 FT	25 sec		2.4 GPM
HD-224 6:30	198 FT	25 sec	385 FT	2.4 GPM

10/10/01 12:00



PART OF PRESERVATION PARCEL A NON-BUILDABLE

SPEED CONTROL DEVICE (CHOKER)

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

8/4/01
 Lot 20
 well site
 OK as stated
 by surveyor
 JDC

29
 44623 SF

30
 43867 SF

31
 105 42694 SF
 619.4

19
 43087 SF

21
 40402 SF

20
 40615 SF

22
 40134 SF

23
 41357 SF

26
 44114 SF

ON A B L E

S41°47'34"W

FOREBAY

SPEED CONTROL DEVICE (CHOKER)

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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 #: 410-781-4655
Address: 632 BALWELL AVENUE
SYKEVILLE, 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 #: _____
Subdivision: BUCKSKIN RIDGE Lot #: 20 Well Tag #: HO-94-3207
Site Address: 4281 BUCKSKIN WOOD DRIVE
ELICOTT CITY, MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STABITE Make: CAMPBELL Two piece watertight cap:
Model #: SSP4ED211 Model #: PA800 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 2.4 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 100 (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 ~~or~~ 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: PEX PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 5'
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 Feezer date: 4/20/04

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

Date Insp. Requested: _____ Date Insp. Approved: 4/24/2006 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
COVERED - 5' sleeve
5' per
Rusty @ Feezers

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 #:	59986	Account #:	1550
Reference:	Lot 20	Company:	Columbia Builders
Location:	4281 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	7/31/2006 0940	Source:	Well Water
Date/Time Rec'd:	7/31/2006 1250	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.7
		Well #:	HO-94-3207

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Turbidity	3.01	NTU	<10	SM18 2130B	7/31/2006 / 1345 / GN

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 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00157602

Date Reported: 8/1/2006



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

August 1, 2006

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

SENT VIA FACSIMILE 410-992-3020

RE: Buckskin Ridge, Lot 20
4281 Buckskin Wood Drive
Ellicott City, MD 21043-2
BP #: B00157602
Well Permit # HO-94-3207

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 06/01/2006. Final approval of the well line connection to the dwelling was approved on 04/24/2006.**

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.

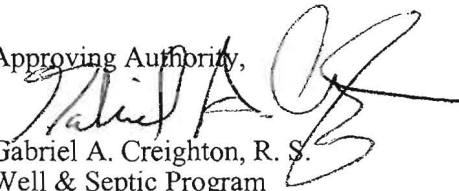
INTERIM CERTIFICATE OF POTABILITY

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-94-3207. 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: 07/27/2006 & 07/31/2006
Date of Well Completion: 10/04/2001

Approving Authority,


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

cc: Building Inspector's Office
Community Health Services
File

copy to Deo Bessu 410-992-3020

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 #:	59947	Account #:	1550
Reference:	Lot 20	Company:	Columbia Builders
Location:	4281 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	7/27/2006 1225	Source:	Well Water
Date/Time Rec'd:	7/27/2006 1348	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	7.0
		Well #:	HO-94-3207

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/28/2006 / 0830 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/28/2006 / 0830 / AMD/BCD
Nitrate	<1.0	mg/L	10	601	7/27/2006 / 1505 / BCD
Turbidity	10.9	NTU	<10	SM18 2130B	7/27/2006 / 1415 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	7/27/2006 / 1500 / 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: Scaled, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00157602

 Date Reported: 7/28/2006