

C1 651

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 9513357

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 8/22/05

Depth of Well 226.00 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-0074

OWNER: STS Corp, STREET OR RFD: Backskin Ridge Ct, TOWN: Ellwood City, SUBDIVISION: Backskin Park, SECTION: 22/16/73, LOT: 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown mica, Grey mica, Sand stone, Quartz, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 38, NO. OF POUNDS: 3800, GALLONS OF WATER: 228, DEPTH OF GROUT SEAL: 65 ft.

CASING RECORD: MAIN CASING TYPE: ST (STEEL), Nominal diameter: 6 inch, Total depth of main casing: 69 feet.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole: HO (OPEN HOLE), DEPTH (nearest ft.): 67.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED)

DRILLERS LIC. NO. 1: MWD 040, DRILLERS SIGNATURE: George F. Eisenberg, LIC. NO. 1: AWD 788

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

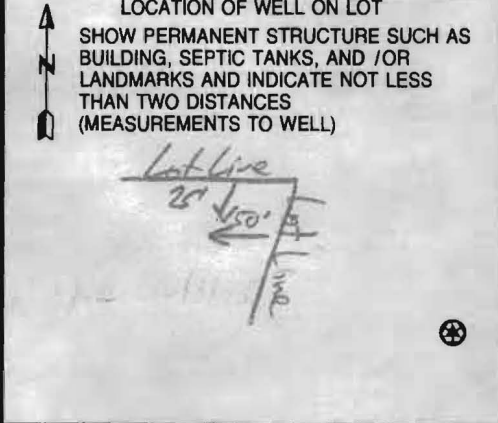
DEPTH (nearest ft.) table with columns 1-27 and rows A-N.

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

PUMPING TEST: HOURS PUMPED: 3, PUMPING RATE: 5 gal. per min., METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL: BEFORE PUMPING 31 ft., WHEN PUMPING 110 ft., TYPE OF PUMP USED: S (submersible)

PUMP INSTALLED: DRILLER INSTALLED PUMP: YES (NO), TYPE OF PUMP INSTALLED: S, CAPACITY: GALLONS PER MINUTE: 31, PUMP HORSE POWER: 37, PUMP COLUMN LENGTH: 43, CASING HEIGHT: 49 above LAND SURFACE



B 1 8943

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0074

522912

please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

JTS Copp
Last Name Owner First Name
8800 Centre Park Dr. S-112209
Columbia MD 21045
Town State Zip

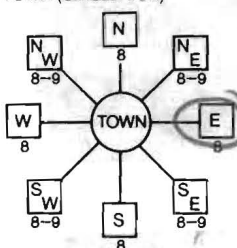
B 3 LOCATION OF WELL

Howard
COUNTY
Buckskin Oaks
SUBDIVISION
SECTION 44 46 LOT 3 48 50
Clements Ellsworth City
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) I M I

DRILLER INFORMATION

Ralph E Mayne MS D 117
Driller's Name License No.
Ralph E Mayne Inc
Firm Name
17024 Hardy Rd. Mt Airy MD 21771
Address
Ralph E Mayne 7-505
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Ridge Ct.
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 310
ENTER FT OR MI
TAX MAP: 22 BLK: 16 PARCEL 23

B 2 WELL INFORMATION
APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard
COUNTY NAME
AS13357
COUNTY NO.
STATE SIGNATURE
DATE ISSUED 7/26/05
CO SIGNATURE
NORTH GRID 519 000
EAST GRID 809 000

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

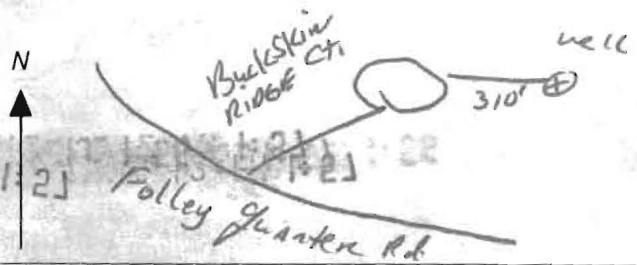
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER 1. well
WRITE THE BOX NUMBER FROM THE MAP HERE
E 520 805
N 809 519

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



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

APPROP. PERMIT NUMBER
PERMIT No. HO-95-0074

SPECIAL CONDITIONS

8:00

8:30
Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0074
Location of property (road) Buckskin Ridge Ct
Subdivision Buckskin Oaks Lot 3 Block 16 Plat 22 Sec. 4 T. 73
Well Driller Ralph Magee Owner J. T. S. Corp

Depth of well 600 3rpm
Distance of measuring point (M.P.) above ground 2ft
Static water level (S.W.L.) below M.P. 31ft

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 15rpm
Total time 30min to reach pumping water level 108 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 3 gallon bucket	FLOW METER READING (if used) Pump set 380	CALCULATED FLOW (gallons per minute)
10:00	108	8 sec		7 gpm
10:15	108	8 sec		7 gpm
10:30	108	8 sec		7 gpm
10:45	108	8 sec		7 gpm
11:00	108	8 sec		7 gpm
11:15	108	9 sec		6.5 gpm
11:30	108	10 sec		6 gpm
11:45	108	12 sec		5 gpm
12:00	110	12 sec		5 gpm
12:15	110	12 sec		5 gpm
12:30	110	12 sec		5 gpm
12:45	110	12 sec		5 gpm
1:00	110	12 sec		5 gpm
1:15	110	12 sec		5 gpm
1:30	110	12 sec		5 gpm
1:45	110	12 sec		5 gpm
2:00	110	12 sec		5 gpm
2:15	110	12 sec		5 gpm
2:30	110	12 sec		5 gpm
2:45	110	12 sec		5 gpm
3:00	110	12 sec		5 gpm
3:15	110	12 sec		5 gpm
3:30	110	12 sec		5 gpm
3:45	110	12 sec		5 gpm
HD-224 4:01	110	12 sec		5 gpm

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 #: 410-781-4655
 Address: 6321 Barnett Ave
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 Freezer 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: NV Homes Telephone #: 410-379-5456
 Subdivision: Buck's Ridge Lot #: 3 Well Tag #: HO-95-0074 ✓
 Site Address: 13111 Bucks Ridge Ct
Ellicott City, md 21043

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Sta-Rite</u>	Make: <u>Campbell</u>	Two piece watertight cap: ✓
Model #: <u>SP4E02HL-03B</u>	Model #: <u>PT 800</u>	Screened, vented well cap: ✓
Pump Capacity: <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: ✓
Well Yield: <u>5</u> GPM	NSF approved: ✓	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: <u>600</u> (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 <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt: ✓		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: <u>260</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>43</u> (36" min)	Sleeve caulked and sealed properly: ✓

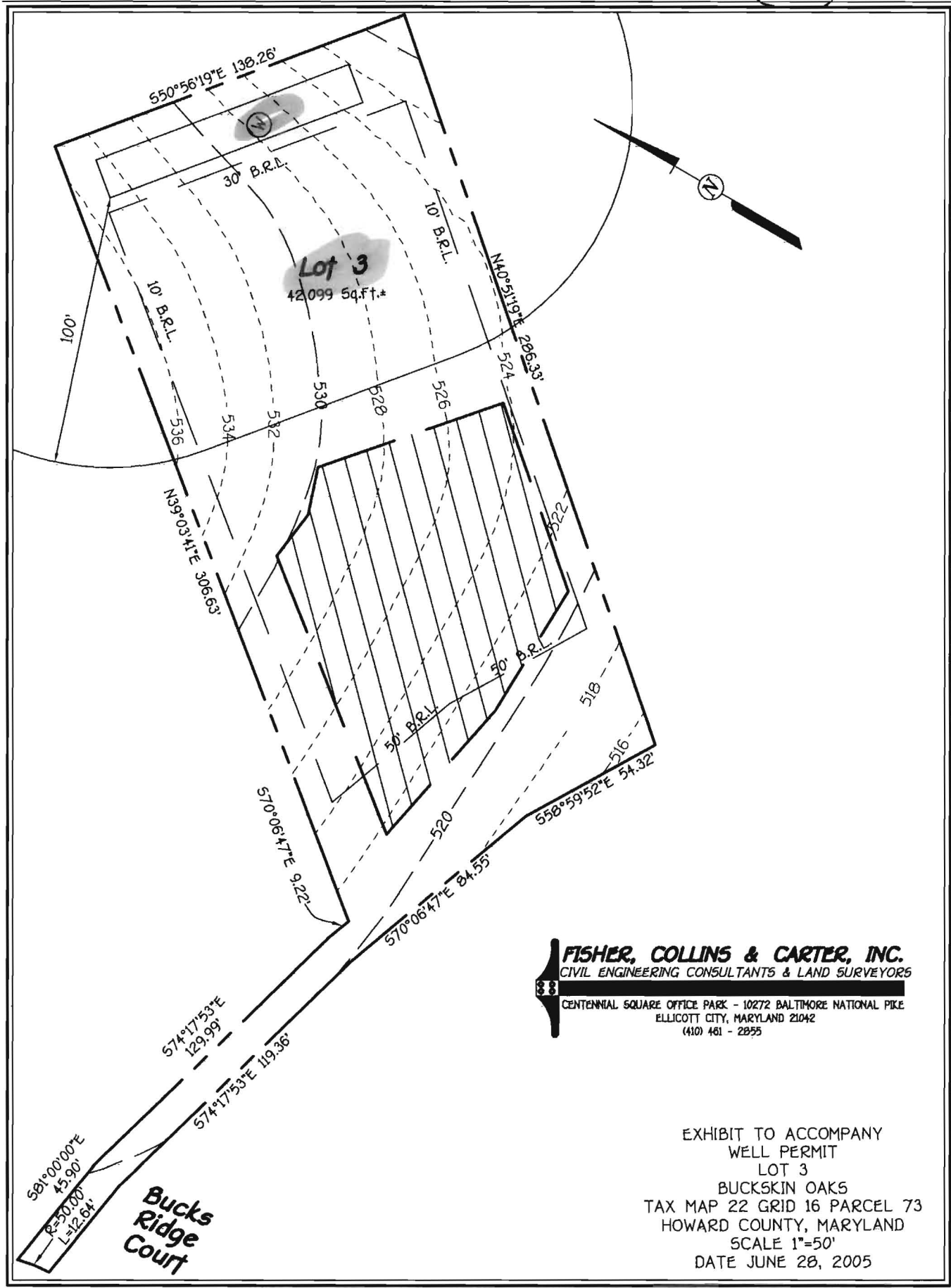
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

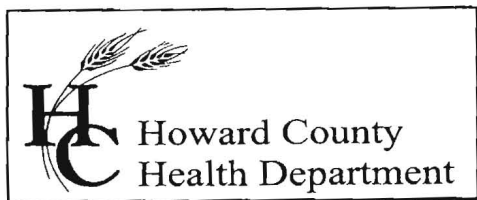
Signature of company representative responsible for installation: Robert L. Freezer Date: 12/8/06

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

Date Insp. Requested: 12/8/06 Date Insp. Approved: 12/20/06 (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 ✓

7/26/05 well site OK (sc)





Bureau of Environmental Health
7178 Columbia 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

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

January 19, 2007

Homeowner
13111 Bucks Ridge Court
Ellicott City, MD 21042

RE: Buckskin Oaks - Lot 3
13111 Bucks Ridge Court
BP # B006001496
Well Permit #HO-95-0074

Dear New Homeowner:

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 December 12, 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-95-0074. 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.**

Date of Water Sample Analysis: December 20 & 27, 2006 & January 5, 2007 + June 8, 2007

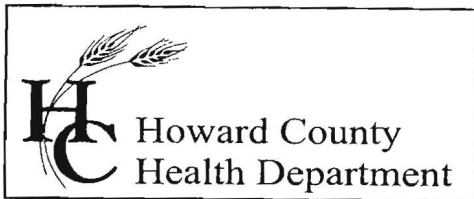
Date of Well Completion: August 22, 2005

Approving Authority

Brian Baker, R.S.
Well and Septic Program

BB

cc: Building Inspector's Office
File



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7178 Columbia Gateway Drive, Columbia, MD 21046
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website: www.hchealth.org

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

December 28, 2006

Homeowner
13111 Bucks Ridge Court
Ellicott City, MD 21042

RE: Buckskin Oaks – Lot 3
13111 Bucks Ridge Court
BP# B006001496
Well Permit #HO-95-0074

Dear New Homeowner:

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 December 12, 2006.

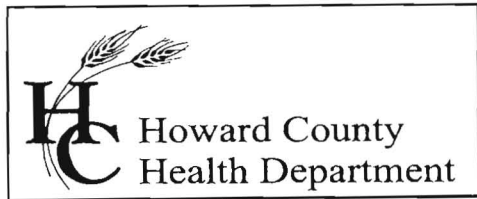
This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability requirements to be brought into compliance with these regulations.

This deviation requests that bottled water shall be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N. **Documentation of a bacteria level below the limit is to be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to:

- a) accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a and issue a standard Interim Certificate of Potability or
- b) issue a Permanent Deviation under the condition that prior health department approval has been granted in order to install an ultraviolet light or other suitable disinfection system or
- c) issue an order that the well is abandoned and sealed

Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.



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website: www.hchealth.org

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

Fifteen Day Temporary Deviation for Bacteria

Date of Well Completion: August 22, 2005
(HO-95-0074)

Date of Water Sample(s): December 20 & December 27, 2006

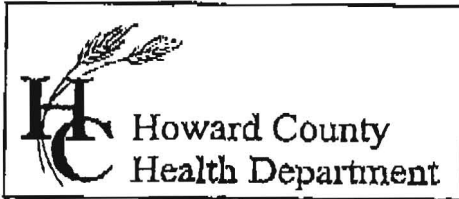
Approving Authority

Brian Baker

Brian Baker, R.S.

Well and Septic Program

cc: Building Inspector
File



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 website: www.hchealth.org

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

REQUEST FOR TEMPORARY DEVIATION TO
 BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 12/28 WELL PERMIT #: HO - 95 - 0074

PROPERTY OWNER: Olopadic + Olanisakin
 SUBDIVISION & LOT #: _____
 PROPERTY ADDRESS: Buckskin Oaks - Lot 3
13111 Buckskin Ridge Court

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

Chlorinated well 2 times

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

Pressure chlorination of well and all maintenance necessary to recirculate + run all the well.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 95 - 0074 will be bacteriologically free resulting from approved disinfection procedures.
- 2) If condition #1 is not met through disinfection techniques, then either:
 - a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED** (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)

CERTIFICATE OF ANALYSIS



Requester:
 NV Homes, Inc
 Attn: Buddy
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 63815
Report Date: June 14, 2007

Trace Laboratories, Inc.
 Maryland

5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email: tracelab@connex.net
www.tracelabs.com

Property Sampled: 13111 Bucks Ridge, 21042

County: Howard
Subdivision: Buckskin Oaks **Tax Map #:** 22
Lot #: 3 **Parcel #:** 569
Building Permit #: Not provided

Date/Time Collected: June 8, 2007 at 9:43 am
Date/Time Received: June 8, 2007 at 2:30 pm

Maryland State Certified
 Water Quality Laboratory
 No. 318

Sample Location: Pressure Tank Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0074
Well Condition: 2-Piece Cap
 Satisfactory

ISO 9001:2000



Water Conditioning/Treatment: None



Cert No. C2005-01504

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Iron	0.12 mg/L	EPA 200.8	*0.3 mg/L	***
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
 Allison R. Milburn
 Manager- Drinking Water Testing

MCL=Maximum Contamination Level
 *SMCL=Secondary Maximum Contamination Level
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

CERTIFICATE OF ANALYSIS



Requester:
NV Homes, Inc
Attn: Buddy
6085 Marshalee Drive Suite 130
Elkridge, Maryland 21075

S/O Number: 61507
Report Date: January 8, 2007

TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Property Sampled: 13111 Bucks Ridge Court, Retest #2

County: Howard
Subdivision: Bucks Ridge
Lot #: 3
Building Permit #: B06001492
Tax Map #: 22
Parcel #: 569

Date/Time Collected: January 5, 2007 at 10:35 am
Date/Time Received: January 5, 2007 at 2:15 pm

Sample Location: Master Bath, Right Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0074
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Neutralizer(Bypassed)

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Heather R. Beam
Manager- Drinking Water Testing

MCL=Maximum Contamination Level

CERTIFICATE OF ANALYSIS



TRACE LABORATORIES
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

Requester:
NV Homes, Inc
Attn: Buddy
6085 Marshalee Drive Suite 130
Elkridge, Maryland 21075

S/O Number: 61403
Report Date: December 28, 2006

Property Sampled: 13111 Bucks Ridge Court, Retest #1

County: Howard
Subdivision: Bucks Ridge
Lot #: 3
Building Permit #: B06001492
Tax Map #: 22
Parcel #: 569

Date/Time Collected: December 27, 2006 at 12:00 n
Date/Time Received: December 27, 2006 at 1:30 pm

Sample Location: Pressure Tank Tap
Sampler ID: 9813AM
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0074
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

Heather R. Beam
Manager- Drinking Water Testing

MCL=Maximum Contamination Level

CERTIFICATE OF ANALYSIS



Requester:
 NV Homes, Inc
 Attn: Buddy
 6085 Marshalee Drive Suite 130
 Elkridge, Maryland 21075

S/O Number: 61356
Report Date: December 21, 2006

TRACE LABORATORIES
 5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email:
 tracelab@connext.net
 www.tracelabs.com

Property Sampled: 13111 Bucks Ridge Court

County: Howard
Subdivision: Bucks Ridge
Lot #: 3
Building Permit #: B06001492
Tax Map #: 22
Parcel #: 569


Date/Time Collected: December 20, 2006 at 11:15 am
Date/Time Received: December 20, 2006 at 2:10 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0074
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.5 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	8.8 NTU	EPA 180.1	10 NTU	Pass
pH	6.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	


 Heather R. Beam
 Manager- Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

Maryland State Certified
 Water Quality Laboratory
 No. 318

**FISHER, COLLINS
& CARTER, INC.**

**CIVIL ENGINEERING CONSULTANTS
and LAND SURVEYORS**

Terrell A. Fisher, P.E., L.S.
Earl D. Collins, P.E.
Charles J. Crovo, Sr., P.E., L.S.

Paul W. Kriebel, P.E.
Mark L. Robel, P.L.S.
Aldo M. Vitucci, P.E.

June 27, 2005

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Dr.
Columbia, MD 21046-4544

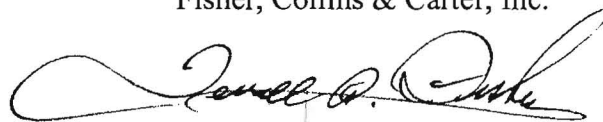
Attn: Mr. John Boris

RE: F-05-61
Buckskin Oaks
Well Stakeout Certification

Dear John:

This is to certify to Buckskin Oaks, LLC that the outline for the individual well boxes on Lots 1 thru 4 of the Buckskin Oaks subdivision have been staked via a field survey by Fisher, Collins & Carter, Inc. on June 23, 2005 based on the signed Preliminary Equivalent Sketch Plan (SP-01-05) signed by the Health Officer and does not require a site inspection.

Very truly yours,
Fisher, Collins & Carter, Inc.



Terrell A. Fisher, P.E., L.S.



WO #30716
c.c. Mr. J. Thomas Scrivener