

C1 0660

SEQUENCE NO. (MDE USE ONLY)

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER OR KG 11/5/01

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 9/13/01

Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3199

OWNER Floyd Lane LLC first name TOWN Ellicott City STREET OR RFD Buckskin Wood Drive SUBDIVISION Buckskin Ridge SECTION LOT 1

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Mica, Gray Mica, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 19 NO. OF POUNDS 1700

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (O) (T) Nominal diameter top (main) casing 6 Total depth of main casing 50

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T)

DEPTH (nearest ft.) HO 49 600

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M WD 040 DRILLERS SIGNATURE George F. Kesterling

LIC. NO. 1 MSD 038

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

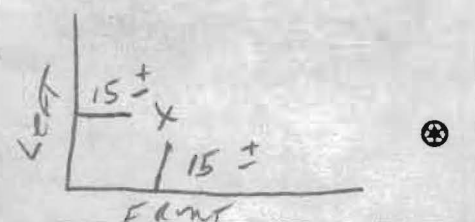
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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

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)



B 1	9227	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD - 94 - 3199 <small>fill in this form completely</small>
-----	------	--------------------------------	---	---

OWNER INFORMATION 8618

Date Received (APA) 08/18/01

Floyd Lane L L C

15 Last Name F. O. Box 999 Owner First Name 34

36 Street or RFD Columbia, Md 21044 55

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21 CC#

23 SUBDIVISION Buckskin Ridge 42

SECTION 44 46 LOT 1 48 50

52 NEAREST TOWN Glenelg 71

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

DRILLER INFORMATION

Driller's Name George F. Easterday M WD License No. 040 76 81

Firm Name L. Franklin Easterday, Inc.

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

Signature George F. Easterday Date 6/25/2001

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

B 4

1 2

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Buckskin Wood Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 30 37

DISTANCE FROM ROAD ENTER FT OR MI 30 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

B 2

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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 13

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → _____

DATE ISSUED 08/14/01 DATE EXPIRES 08/13/02

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 0519 000 EAST GRID 0806 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY Drive-POINT

other _____

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

39 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 _____ 52

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

APPROP. PERMIT NUMBER HD 20000011/01

PERMIT No. HD - 94 - 3199

70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. _____

2. wells

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

806

E _____ 000

510 9 ← 000

N _____

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

Glenelg 9K11

Folly GTR Rd

Buckskin Wood DR

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

9/3/01 12:30

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3199
 Location of property (road) Buckskin Wood Drive
 Subdivision Buckskin Ridge Lot 1 Block Plat Sec.
 Well Driller G. Easterday Owner Floyd Lane LLC

Depth of well 600 20gpm
 Distance of measuring point (M.P.) above ground 1 1/2 ft
 Static water level (S.W.L.) below M.P. 4 1/2 ft

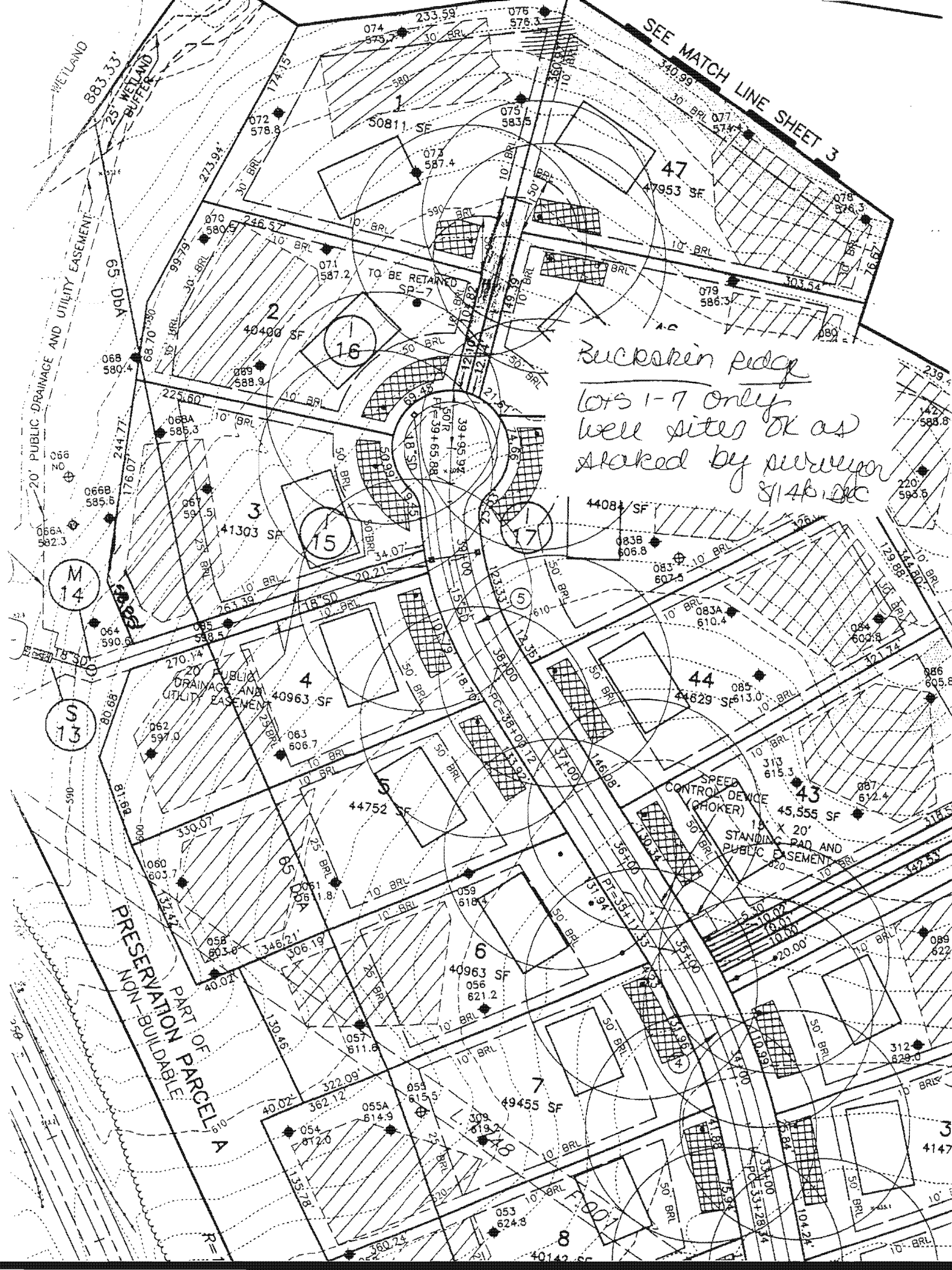
I. High rate pumping -- reservoir drawdown
 Time pump started 10:00 Pumping rate 15 GPM 12gpm
 Total time _____ to reach pumping water level _____ ft. below M.P.

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 # gallon bucket	FLOW-METER-READING (if-used) Pump Set	CALCULATED FLOW (gallons per minute)
1000	46 FT	11 sec	385 FT	15 GPM
1015	80 FT	9 sec		15 GPM
1030	118 FT	9 sec		15 GPM
1045	140 FT	9 sec		15 GPM
1100	138 FT	9 sec		12 GPM
1115	145 FT	9 sec		12 GPM
1130	147 FT	9 sec		12 GPM
1145	150 FT	9 sec		12 GPM
1200	154 FT	9 sec		12 GPM
1215	155 FT	9 sec		12 GPM
1230	157 FT	9 sec		12 GPM
1245	159 FT	9 sec	12 GPM	
104	160 FT	9 sec	385 FT	12 GPM
TESTED BY <u>Dickie</u>				

SEE MATCH LINE SHEET 3

*Buckskin ridge
lots 1-7 only
well sites OK as
staked by surveyor
8/14/06*



WETLAND

25' WETLAND BUFFER

65' DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

PRESERVATION PARCEL A
NON-BUILDABLE

SPEED CONTROL DEVICE
(CHOKER)

15' X 20'
STANDING PAD AND
PUBLIC EASEMENT

TO BE RETAINED
SP-7

39+95.3 SF
PT-39+65.88

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

M 14

S 13

3
4147

3
4147

3
4147

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Joel Isaacs Plog Srvc Telephone #: 410 442-5780
Address: 643 E. Watersville Rd
Mt. Airy, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Joel Isaacs, Sr. License# 4524

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Columbia Bldrs, Inc. Telephone #: 410 365-1279 (C)
Subdivision: Buckskin Ridge Lot #: 1 Well Tag #: HO-94-3199
Site Address: 4357 Buckskin Wood Dr.
Ellicott City, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Mylers</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>3/4 HP</u>	Model#: <u>1"</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>8</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>580'</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors: Cable guards or other acceptable method used— Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

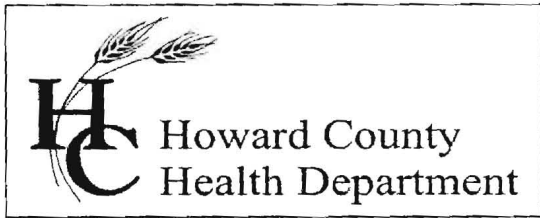
PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation): 10'
Sleeve sealed properly:

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: [Signature] date: 1-7-13

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

Date Insp. Requested: _____ Date Insp. Approved: 1/7/13 Inspector: (KW)
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 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



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – September 18, 2013

March 18, 2013

Homeowner
4357 Buckskin Wood Drive
Ellicott City, MD 21042

RE: Buckskin Ridge, Lot 1
4357 Buckskin Wood Drive
Building Permit: B12002741
Well Permit: HO-94-3199

Dear Homeowner:

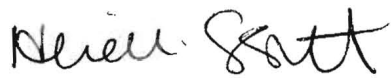
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **1/18/2013**. Final approval of the well line connection to the dwelling was granted on **1/7/2013**. The well construction was completed on **9/13/2001**. Water samples were collected on **3/15/2013**.

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. 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-94-3199. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink that reads "Heidi Scott". The signature is written in a cursive style with a large, prominent 'H' and 'S'.

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Tancoytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 88441 Account #: 1550
 Reference: Buckskin Ridge Lot 1 Company: Columbia Builders
 Location: 4357 Buckskin Wood Drive Requested By: Terry Brownley
 Ellicott City, MD 21042 Source: Well Water
 Date/Time Collected: 3/15/2013 1010 Site: Pressure Tank
 Date/Time Rec'd: 3/15/2013 1135 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 5.9
 Collected By: J. Yeager 6176JY Well #: HO-94-3199

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
✓ Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/16/2013 / 0845 / CCH
✓ Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/16/2013 / 0845 / CCH
✓ Nitrate	<1.0	mg/L	10	601	3/15/2013 / 1545 / CCH
✓ Turbidity	7.18	NTU	<10	SM18 2130B	3/15/2013 / 1520 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	3/15/2013 / 1520 / JKW

Results OK
 3/18/13
 HS

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 in lab; Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit #: B12002741

Date Reported: 3/18/2013