

C1 0656 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 07K6 11/19/01

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED 9/28/01 Depth of Well 600 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3195

OWNER Floyd Lane LLC last name first name STREET OR RFD Buckskin Wood Drive TOWN Ellacott City SUBDIVISION Buckskin Ridge SECTION LOT 35

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Top soil, Shaley, Browns mica, Gray mica, Sand shale, Gray mica.

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 29 NO. OF POUNDS 2700 GALLONS OF WATER 174 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 79 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 63 64 Total depth of main casing (nearest foot) 86 66 70

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 77 ft. WHEN PUMPING 155 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) 49 above LAND SURFACE 49 below 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO Y N

CIRCLE APPROPRIATE LETTER 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 28.04.04 "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 240 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 481

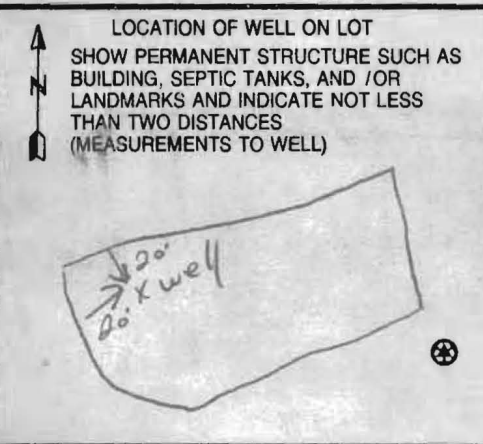
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.)

1 2 84 600 E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 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



B 1 9261

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

W515311 please print or type

HO-94-3195 fill in this form completely

Date Received (APA)

09/28/01

OWNER INFORMATION 8652

Floyd Lane L L C

P. O. Box 999

Columbia, Md 21044

Town State Zip

LOCATION OF WELL

Howard COUNTY

Buckskin Ridge

SECTION 44 46 LOT 48 50

Glenelg

NEAREST TOWN

MILES FROM TOWN

DRILLER INFORMATION

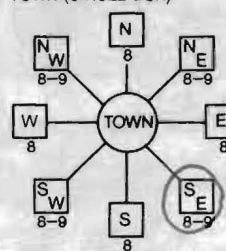
George F. Easterday MW D 040

L. Franklin Easterday, Inc.

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

Signature Date 6/25/2001

DIRECTION OF WELL FROM TOWN



Buckskin Wood Drive

ON WHICH SIDE OF ROAD

DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: BLK: PARCEL

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, 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

STATE SIGNATURE

DATE ISSUED

CO SIGNATURE

NORTH GRID EAST GRID

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 deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED

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

APPROP. PERMIT NUMBER

PERMIT No. HO-94-3195

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

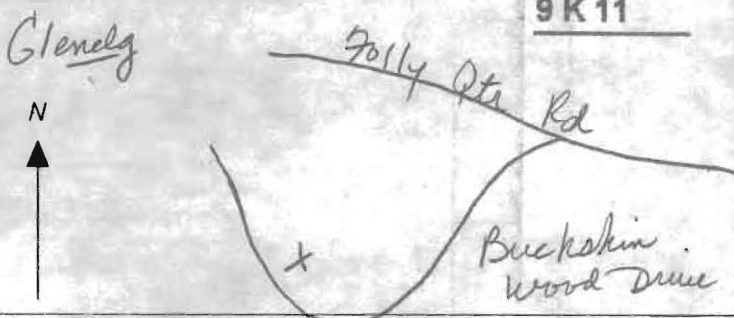
SOURCES OF DRILLING WATER

- Wells

WRITE THE BOX NUMBER FROM THE MAP HERE

800 9

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



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 #: 410-795-1405
Address: 16321 BARNETT AVENUE
SUKKESVILLE, 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 CO. 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: SOLO ISACCS Telephone #: 410-442-5780

Subdivision: BUCKSKIN RIDGE Lot #: 35 Well Tag #: HO-94-3195

Site Address: 4308 BUCKSKIN WOOD DRIVE
ELLCOTT CITY, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit

Make: STAATLITZ Make: CAMPBELL Two piece watertight cap:

Model #: SSP4EDWLL Model #: PA300 Screened, vented well cap:

Pump Capacity 5 GPM Depth: 42 (36" min) Cap secured to casing:

Well Yield: 10 GPM NSF approved: Conduit min 18" B.G.:

Depth of well encountered at time of pump installation: 60 (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

Type: POLY

PSI: 200 (160 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. Freezer
Signature of company representative responsible for installation

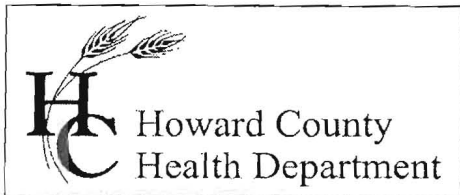
10/31/07
date

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

Date Insp. Requested: _____

Date Insp. Approved: 11/1/07 (RB)

- 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



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

February 20, 2007

Homeowner
4308 Buckskin Wood Drive
Ellicott City, MD 21042

SENT VIA FACSIMILE 410-992-3020

RE: Buckskin Ridge, Lot 35
4308 Buckskin Wood Drive
Ellicott City, MD 21042
BP #: B07002394
Well Permit # HO-94-3195

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 01/29/2008. Final approval of the well line connection to the dwelling was approved on 11/01/2007.**

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.

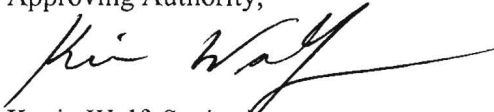
INTERIM CERTIFICATE OF POTABILITY

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 #HO- 94-3195. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

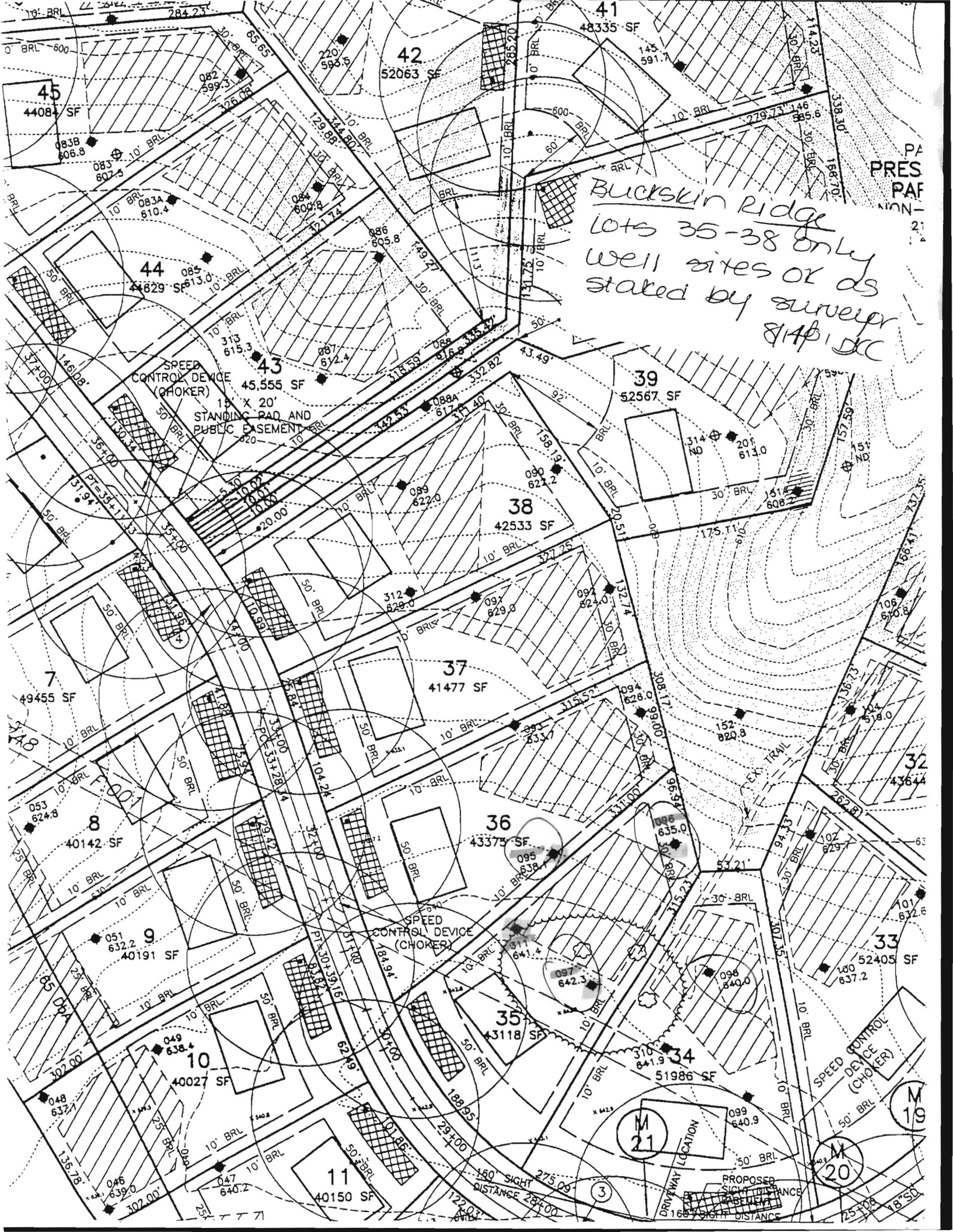
Date of Water Sample(s): 02/18/2008
Date of Well Completion: 09/28/2001

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



PA
PRES
PAF
NON-
21

*Buckskin Ridge
Lots 35-38 only
well sites OR as
stated by surveyor
8/14/00*

44
44629 SF
SPEED CONTROL DEVICE (CHOKER)
18' X 20' STANDING PAD AND PUBLIC EASEMENT

9
40191 SF
SPEED CONTROL DEVICE (CHOKER)

M 21
DRIVEWAY LOCATION

M 19
SPEED CONTROL DEVICE (CHOKER)

M 20
PROPOSED SIGHT TRIANGLE
160' SIGHT DISTANCE
18" SD

42
52063 SF

41
48335 SF

45
44084 SF

39
52567 SF

38
42533 SF

37
41477 SF

36
43375 SF

35
43118 SF

34
51986 SF

32
43644 SF

33
52405 SF

11
40150 SF

7
49455 SF

8
40142 SF

10
40027 SF

10
40027 SF

11
40150 SF

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 #:	66687	Account #:	1550
Reference:	Lot 35	Company:	Columbia Builders
Location:	4308 Buckskinwood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	2/18/2008 1158	Source:	Well Water
Date/Time Rec'd:	2/18/2008 1325	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Spin Down Separator**
Collected By:	J. Yeager 6176JY	pH:	6.9
		Well #:	HO-94-3195

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/19/2008 / 0840 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	2/19/2008 / 0840 / AD/BD
Nitrate	<1.0	mg/L	10	601	2/19/2008 / 1515 / AD/BD
Turbidity	1.01	NTU	<10	SM18 2130B	2/19/2008 / 0905 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	2/19/2008 / 0905 / AD/BD

NOTES

- **Sample collected prior to Spin Down Separator
- mg/L = milligrams per liter (also, parts per million)
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- NS = None Seen (NS indicates less than 5 mg/L)
- NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND:None Detected
- Visual well check: Scaled, vented cap
- pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B07002394

Date Reported: 2/19/2008