

0637

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)

COUNTY NUMBER

PERMIT NO. FROM "PERMIT TO DRILL WELL" 13 OK KG 11/19/01 HO-94-3176

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

MM DD YY 8 13

MM DD YY 10/1/01 15 20

22 600 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER Floyd Lane LLC STREET OR RFD Buckskin Wood Drive TOWN Ellicott City SUBDIVISION Buckskin Ridge SECTION LOT 33

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: Top soil, Shaley, Gray mica, Sand stone, Gray mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (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 ft. to 68 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE SF Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 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)

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 63 ft. WHEN PUMPING 220 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) 4 above LAND SURFACE below 2 (nearest foot)

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

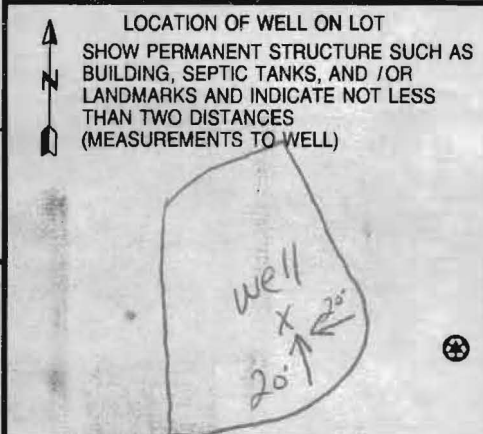
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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. MWD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MWD 401

DEPTH (nearest ft.) 68 600 A 8 9 11 15 17 21 C 23 24 26 30 32 36 R 38 39 41 45 47 51 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 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 9259

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3176

WS15311 please print or type

Date Received (APA)

06-28-01

OWNER INFORMATION

8650

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

B 3

Howard

LOCATION OF WELL

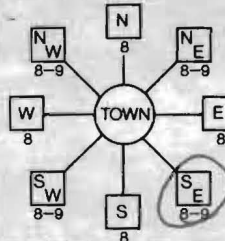
Buckskin Ridge
SUBDIVISION 33
SECTION 44 LOT 48
Glenelg
NEAREST TOWN
MILES FROM TOWN

DRILLER INFORMATION

George F. Easterday M W D 040
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
Signature: George F. Easterday Date: 6/25/2001

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Wood Drive

NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 20 FT
ENTER FT OR MI
TAX MAP: BLK: PARCEL

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 COUNTY NAME
13 COUNTY NO.
STATE SIGNATURE
DATE ISSUED
CO SIGNATURE
EXP. DATE
NORTH GRID 519 000 EAST GRID 0806 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

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

APPROX. PERMIT NUMBER
PERMIT No. HO-94-3176

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

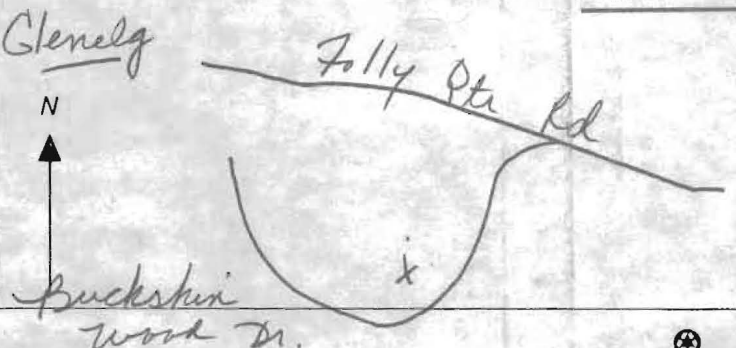
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

800L
510 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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

10/18/01

4:30

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3176  
 Location of property (road) Buckskin west Drive  
 Subdivision Buckskin Ridge Lot 33 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller G. Easterday Owner Floyd Lane LLC

Depth of well 600 - 700m  
 Distance of measuring point (M.P.) above ground 1 1/2 FT  
 Static water level (S.W.L.) below M.P. 63

I. High rate pumping -- reservoir drawdown

Time pump started 11:00 Pumping rate 15 GPM  
 Total time 45 min to reach pumping water level 219 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 1 gallon bucket	FLOW-METER READING (if used) <i>Pump Shut</i>	CALCULATED FLOW (gallons per minute)
1145	219 FT	10 sec	385 FT	6
1200	219 FT	10 sec	                 	6
1215	219 FT	10 sec		6
1230	219 FT	10 sec		6
1245	219 FT	10 sec		6
1300	219 FT	10 sec		6
1315	219 FT	10 sec		6
1330	220 FT	10 sec		6
1345	220 FT	10 sec		6
1400	220 FT	10 sec		6
1415	220 FT	10 sec		6
1430	220 FT	10 sec	6	
1445	220 FT	10 sec	6	
1460	220 FT	10 sec	6	
1475	220 FT	10 sec	6	
1490	220 FT	10 sec	6	
1505	220 FT	10 sec	6	
1520	220 FT	10 sec	6	
1535	220 FT	10 sec	6	
1550	220 FT	10 sec	6	
1605	220 FT	10 sec	6	
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1635	220 FT	10 sec	6	
1650	220 FT	10 sec	6	
1665	220 FT	10 sec	6	
1680	220 FT	10 sec	6	
1695	220 FT	10 sec	6	
1710	220 FT	10 sec	6	
1725	220 FT	10 sec	6	
1740	220 FT	10 sec	6	
1755	220 FT	10 sec	6	
1770	220 FT	10 sec	6	
1785	220 FT	10 sec	6	
1800	220 FT	10 sec	6	
1815	220 FT	10 sec	6	
1830	220 FT	10 sec	6	
1845	220 FT	10 sec	6	
1860	220 FT	10 sec	6	
1875	220 FT	10 sec	6	
1890	220 FT	10 sec	6	
1905	220 FT	10 sec	6	
1920	220 FT	10 sec	6	
1935	220 FT	10 sec	6	
1950	220 FT	10 sec	6	
1965	220 FT	10 sec	6	
1980	220 FT	10 sec	6	
1995	220 FT	10 sec	6	
2010	220 FT	10 sec	6	
2025	220 FT	10 sec	6	
2040	220 FT	10 sec	6	
2055	220 FT	10 sec	6	
2070	220 FT	10 sec	6	
2085	220 FT	10 sec	6	
2100	220 FT	10 sec	6	
2115	220 FT	10 sec	6	
2130	220 FT	10 sec	6	
2145	220 FT	10 sec	6	
2160	220 FT	10 sec	6	
2175	220 FT	10 sec	6	
2190	220 FT	10 sec	6	
2205	220 FT	10 sec	6	
2220	220 FT	10 sec	6	
2235	220 FT	10 sec	6	
2250	220 FT	10 sec	6	
2265	220 FT	10 sec	6	
2280	220 FT	10 sec	6	
2295	220 FT	10 sec	6	
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5910	220 FT	10 sec	6	
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5970				



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 Telephone #: 410-781-4655  
Address: 6321 BARNETT AVENUE  
SHREVEPORT, MO 64784

(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 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 PUB. Telephone #: 410-442-5790  
Subdivision: BUCKSKIN RIDGE DEVELOPMENT Lot #: 33 Well Tag #: HO 94-3176  
Site Address: 4288 BUCKSKIN WOOD DRIVE  
ELLCOTT CITY, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STANLEY</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SSP4602AL</u>	Model #: <u>PA900</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>6</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>100</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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

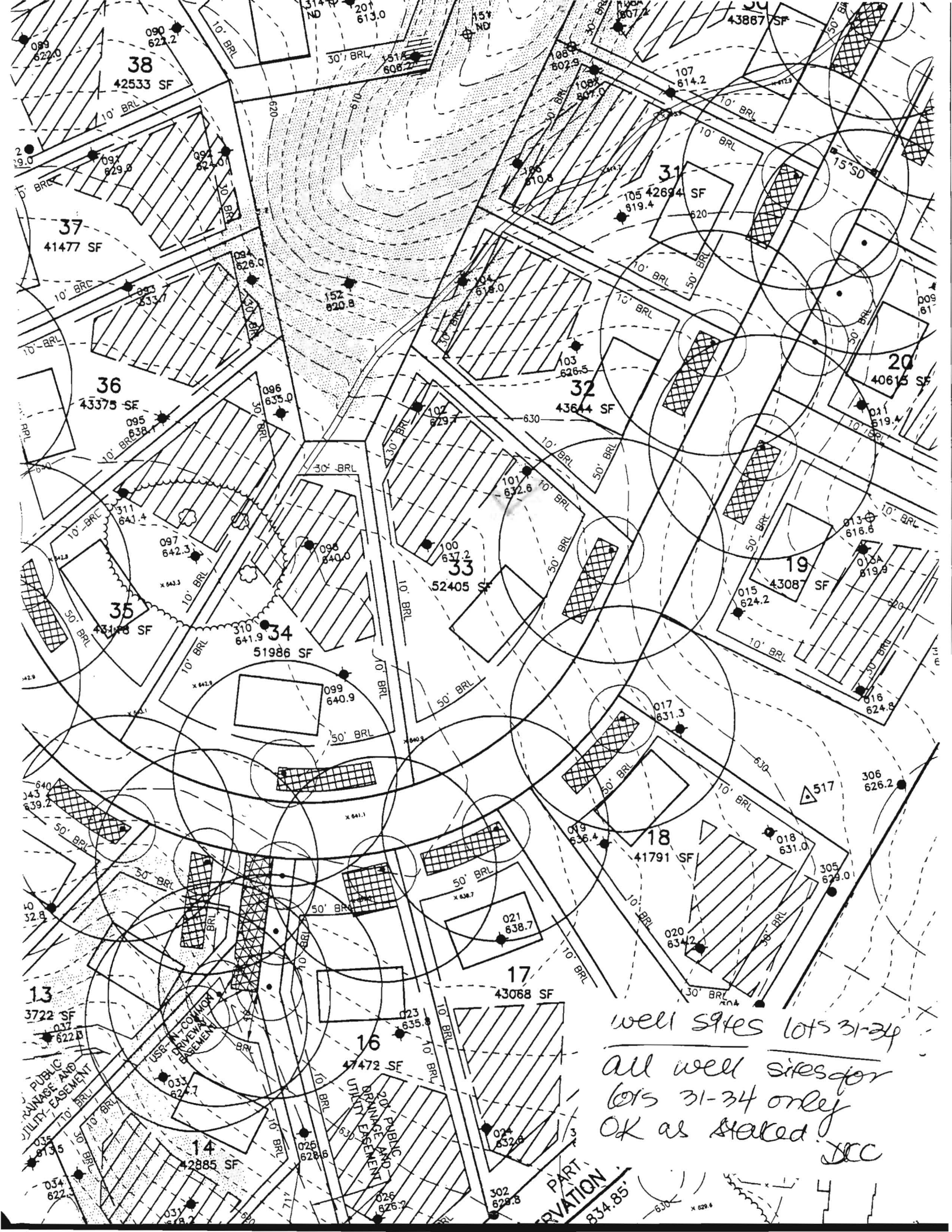
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>6</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: 12/21/05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/22/05 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 grommet observed below pitless adapter



well sites lots 31-34  
 all well sites for  
 lots 31-34 only  
 OK as stated JCC

PART 834.85

**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 #:	58593	Account #:	1550
Reference:	Lakeview at Buckskin Lake Lot 33	Company:	Columbia Builders
Location:	4288 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	3/29/2006 0950	Source:	Well Water
Date/Time Rec'd:	3/29/2006 1300	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	B. Dutterer 4717BD	pH:	7.2
		Well #:	HO-94-3176

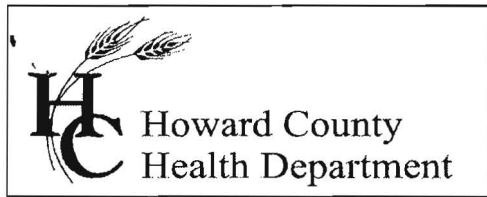
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/30/2006 / 0840 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/30/2006 / 0840 / AMD/BCD
Nitrate	<1.0	mg/L	10	601	3/30/2006 / 0850 / BCD
Turbidity	1.82	NTU	<10	SM18 2130B	3/30/2006 / 0915 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	3/30/2006 / 0915 / AMD/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: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B00155547

Date Reported: 3/30/2006



7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

**Pennv E. Borenstein. M.D.. M.P.H.. Health Officer**

March 31, 2006

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

RE: Buckskin Ridge, Lot 33  
4288 Buckskin Wood Drive  
Ellicott City, MD 21043  
BP #: B00155547  
Well Permit # HO-94-3176

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 12/20/2005. Final approval of the well line connection to the dwelling was approved on 12/22/2005.**

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-94-3176. 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: 03/29/2006  
Date of Well Completion: 10/01/2001

Approving Authority:

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File