

<b>C 1</b> - 0626	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER <u>OK KG</u> <u>13 11-19-01</u>	
ST/CO USE ONLY DATE RECEIVED MM DD YY	DATE WELL COMPLETED MM DD YY	Depth of Well 22 <u>600</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-94-3165</u>
OWNER <u>Floyd Lane LLC</u>		TOWN <u>Ellicott City</u>	
STREET OR RFD <u>Buckskin Wood Drive</u>		SECTION <u>29</u>	
SUBDIVISION <u>Buckskin Ridge</u>		LOT <u>29</u>	

  

<b>WELL LOG</b> Not required for driven wells	<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>C 3</b> <b>PUMPING TEST</b>
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC NO. OF BAGS <u>25</u> NO. OF POUNDS <u>2500</u> GALLONS OF WATER <u>150</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP ft. to <u>85</u> BOTTOM ft. (enter 0 if from surface)	HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>4</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>28</u> ft. WHEN PUMPING <u>255</u> ft. TYPE OF PUMP USED (for test) <input type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible
DESCRIPTION (Use additional sheets if needed)	<b>CASING RECORD</b> casing types insert appropriate code below <input checked="" type="checkbox"/> SP STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>90</u>	<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> above } LAND SURFACE <input type="checkbox"/> below } <u>2</u> (nearest foot)
FEET FROM TO check if water bearing	<b>OTHER CASING (if used)</b> EACH CASING diameter inch depth (feet) from to	<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <input type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER
<u>Top Soil 0 2</u> <u>sandy 2 86</u> <u>sand stone 86 88</u> <u>ls gray mica 88 600</u>	<b>DEPTH (nearest ft.)</b> E 1 8 9 11 15 17 21 A 2 23 24 26 30 32 36 H 3 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u> from to	<b>LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND FOR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) <u>see plot</u>
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>	<b>WELL HYDROFRACTURED</b> yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> N	<b>MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)</b> T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA
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. <u>M WD 040</u> <u>George F. Eastenbury</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>	
LIC. NO. <u>M WD 041</u> <u>George F. Eastenbury</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		

B 1	<b>9254</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W515311</i> please print or type	STATE PERMIT NUMBER <b>HO-94-3165</b> <small>fill in this form completely</small>
Date Received (APA) <b>06-28-01</b>		OWNER INFORMATION <b>8646</b>		
Floyd Lane LLC		Howard		
15 Last Name: <b>P. O. Box 999</b> Owner First Name: _____		8 COUNTY: <b>Buckskin Ridge</b>		
36 Columbia, Md 21044 Street or RFD		29 SUBDIVISION		
57 Town: _____ State: _____ Zip: _____		SECTION: <b>Glencig</b> LOT: <b>29</b>		
DRILLER INFORMATION		52 NEAREST TOWN		
<b>George F. Easterday</b> M W D <b>040</b>		MILES FROM TOWN (enter 0 if in town) <b>1</b> M I		
Driller's Name: <b>L. Franklin Easterday, Inc.</b> License No. <b>81</b>		B 4		
Firm Name: <b>9265 Brown Church Rd., MT. Airy, Md. 21771</b>		1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
Address: <i>George F. Easterday</i> <b>6/25/2001</b>		11 NEAR WHAT ROAD: <b>Buckskin Wood Drive</b>		
Signature: _____ Date: _____		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
B 2 WELL INFORMATION		34 <b>20</b> 37 DISTANCE FROM ROAD Ft.		
APPROX. PUMPING RATE (GAL PER MIN.) <b>5</b>		ENTER FT OR MI 38 39		
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) <b>500</b>		TAX MAP: _____ BLK: _____ PARCEL: _____		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION		<b>Howard</b> COUNTY NAME COUNTY NO. <b>13</b>		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		STATE SIGNATURE _____ INSERT S _____		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING		DATE ISSUED <b>07-25-01</b> EXP. DATE <b>07-24-02</b>		
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL		43 MM 00 YY 48 CO SIGNATURE _____		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING		NORTH GRID <b>519 000</b> EAST GRID <b>0806 000</b>		
<input type="checkbox"/> GEO-THERMAL		50 55 57 63		
APPROXIMATE DEPTH OF WELL <b>300</b> FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL <b>6</b> INCH		10/12/01 <b>X</b> Grant 8-9 a.m. <b>(50)</b> 600' well 90' casing 88" annular 24 bags cement 30' grout line		
METHOD OF DRILLING (circle one)		SOURCES OF DRILLING WATER		
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & <input type="checkbox"/> DRIVEN		1. wells		
<input checked="" type="checkbox"/> AIR ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)		2. _____		
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT		3. _____		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		WRITE THE BOX NUMBER FROM THE MAP HERE		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		<b>800 6</b>		
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		E <b>5109</b>		
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS		N _____		
<input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION: <b>9K11</b>		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		Glencig		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		Folly Gr. Rd		
APPROX. PERMIT NUMBER <b>HO20000011</b>		Buckskin wood Dr.		
PERMIT No. <b>HO-94-3165</b>		N ↑		
SPECIAL CONDITIONS		_____		



10/19/01  
 8:00

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-3105  
 Location of property (road) Buckskin Wood Drive  
 Subdivision Buckskin Ridge Lot 29 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller G. Easterday Owner Floyd Lane LLC

Depth of well 600 39PM  
 Distance of measuring point (M.P.) above ground 2 FT  
 Static water level (S.W.L.) below M.P. 2.8 FT

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:30 Pumping rate 15 GPM  
 Total time 45 min to reach pumping water level 252 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 5 gallon bucket	FLOW METER READING (if used) Pump cet	CALCULATED FLOW (gallons per minute)
9:15	255 FT	15 Sec	385 FT	4 GPM
9:30	255 FT	15 Sec		4 GPM
9:45	255 FT	15 Sec		4 GPM
10:00	255 FT	15 Sec		4 GPM
10:15	255 FT	15 Sec		4 GPM
10:30	255 FT	15 Sec		4 GPM
10:45	255 FT	15 Sec		4 GPM
11:00	255 FT	15 Sec		4 GPM
11:15	255 FT	15 Sec		4 GPM
11:30	255 FT	15 Sec		4 GPM
11:45	255 FT	15 Sec		4 GPM
12:00	255 FT	15 Sec		4 GPM
12:15	255 FT	15 Sec		4 GPM
12:30				
12:45				
1:00				
1:15	TESTED BY DICKS			
1:30				
1:45				
2:00				
2:15				
2:30				
2:45				
3:00				

4/15/03 Amtime

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: RL Feezer Co., Inc Telephone #: 410-781-4655  
Address: 6321 Barnett Ave  
Sylva, Ind. 2784

(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 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 Isaac Plbg Telephone #: 410-442-5780  
Subdivision: \_\_\_\_\_ Lot #: 29 Well Tag #: HO-94-245  
Site Address: 4272 Buckskin Wood Drive 94-3165  
Ellicott City, Md 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Sprite Make: Campbell Two piece watertight cap:   
Model #: SP4E02HL Model#: 28000 Screened, vented well cap:   
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: 1 GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 600 (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: 1" POLY PVC sleeved to undisturbed soil at wall penetration:   
PSI: 160 (160 psi min) Approximate length of sleeve: 5'  
Depth of supply line:  (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: 4/14/03

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/15/03 (SO)  
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

