

C1 00530

SEQUENCE NO. (OEP 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 A-33654

DATE Received 062384

DATE WELL COMPLETED 100686

Depth of Well 22 00 00 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-11-1472

OWNER: RASR BUCKSKIN LAKE DR first name B. TOWN GLENELG SUBDIVISION BUCKSKIN LAKES SECTION LOT 8

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: SAND Stone 0 46, GRAY Mud Rock 46 400, DRY Wells 300, 300' Filled in with cement + Drilling materials, 10 BAGS for 2 Dryholes.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 22 00 26

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

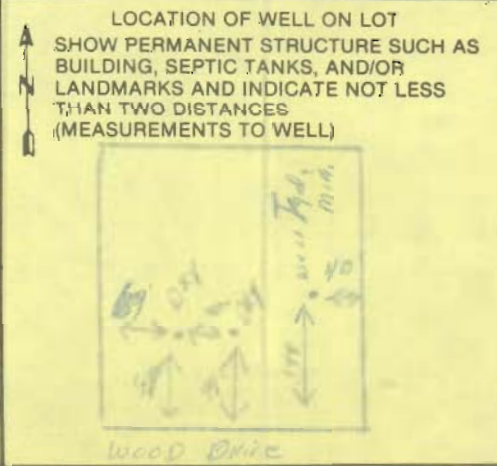
DEPTH (nearest ft.) 40 51 400 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT 'F' IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE Light WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



A 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 10.17.13 "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 IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 1047

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

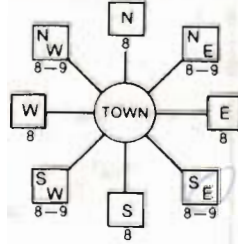
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

Driller's Name 77 License No. 80
Firm Name
Address
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
34 37 DISTANCE FROM ROAD
ENTER FT or MI 38 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. A-33654
OEP SIGNATURE STATE HEALTH INSERT S 41
DATE ISSUED
CO SIGNATURE EXP DATE
NORTH GRID 50 55 EAST GRID 57 63

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one)

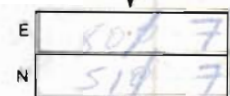
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary DRive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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

N



Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER 54 G A P 63

FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

Page _____ of _____
 Date 6/6/86

Review OK'd 8/18/86 (B2)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 1472
 Location of property (road) BUCKSKIN LAKE DR
 Subdivision BUCKSKIN WOODS LAKES Lot 8 Block _____ Plat _____ Sec. _____
 Well Driller JOSEPH MAYNE Owner BAER, B.

Depth of well 400'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 44'

I. High rate pumping -- reservoir drawdown
 Time pump started 8:30 Pumping rate 12
 Total time 45 min to reach pumping water level 299 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	139	5 sec		12
9:00	220	5		12
9:15	299	5		12
9:30	299	60		1
9:45	299	60		1
10:00	301	48		1 $\frac{1}{4}$
10:15	300	60		1
10:30	299	60		1
10:45	299	60		1
11:00	299	60		1
11:15	298	60		1
11:30	298	60		1
11:45	298	60		1
12:00	298	60		1
12:15	298	60		1
12:30	298	60		1
12:45	298	60		1
1:00	298	60		1
1:15	298	60		1
1:30	298	60		1
1:45	298	60		1
2:00	298	60		1
2:15	298	60		1
2:30	298	60		1
2:45	298	60		1
3:00	298	60		1

OK
 Sufficient
 vol

6/6/86 pump test only

open hole 42'

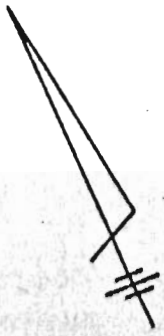
52' casing (1' above)

→ 11 bags cement
these
value

2 dry holes on lot
4/11/81
10 BAGS FOR DRY HOLES
5 AM

120 gal
sufficient
lot

507
120
381
254
127
15
254
44
298

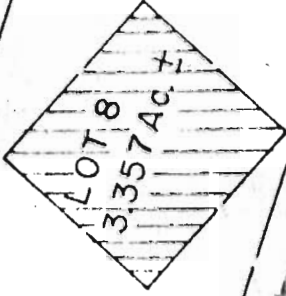


33

MATCH

PROPERTY OF
JOEL M. ABRAMSON AND
WILLIAM G. FLOYD & WIFE
1050/402

5/14/86
well site
OK'd
(Bn)



BRL

LOT 7
3.017 Ac. ±

BRL

BUCKSKIN

32

31

68

69

70

WOOD

DRIVE

67

66

65

AND
WIFE

50.00'

30'

BRL

75'

I.P.

R=1,190.33'
L=229.55'

L=383.45'

L=153.90'

I.P. N66°40'20"W

I.P. S66°40'20"E

R=1,140.33'

L=367.35'

L=147.35'

I.P. 88.52'

220.00'

75'

75'

60'

715.00'

30'

30'

30'

60'

60'

S 28°38'04"E
251.91'

542.3102'

R=500.00'

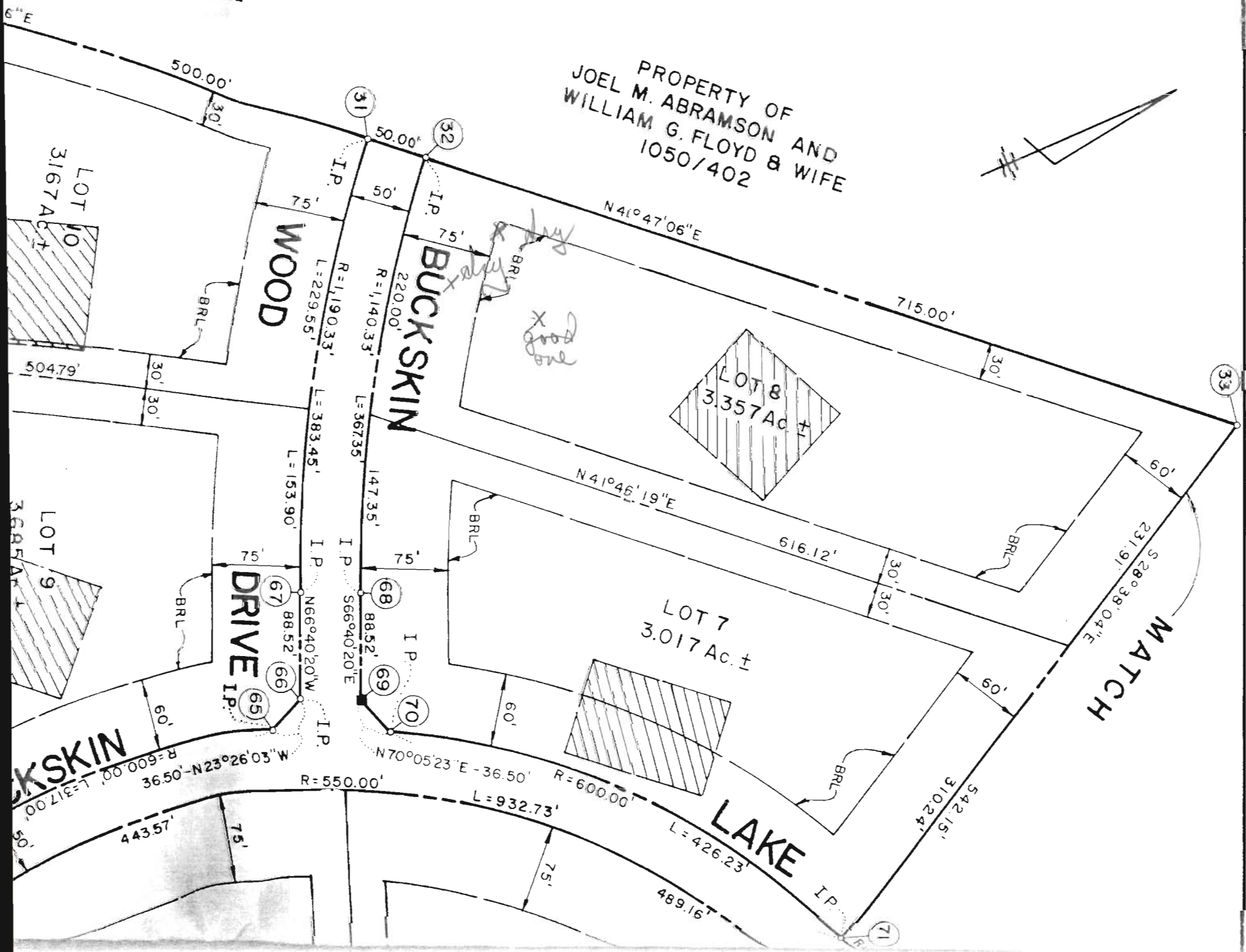
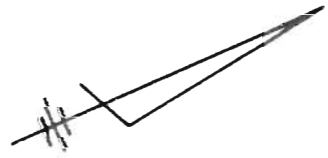
L=372.77'

N 25°16'03"W
L=251.91'

R=500.00'

FLOYD AND
WIFE
1252/677

PROPERTY OF
JOEL M. ABRAMSON AND
WILLIAM G. FLOYD & WIFE
1050/402



WOOD

BUCKSKIN

LAKE

MATCH

LOT 8
3.357 Ac. ±

LOT 7
3.017 Ac. ±

LOT 10
3.167 Ac. ±

LOT 9
3.685 Ac. ±

DRIVE

BUCKSKIN

443.57'

75'

75'

R=550.00'

L=932.73'

489.16'

L=426.23'

542.15'
310.24'

500.00'

30'

75'

50'

75'

N41°47'06"E

715.00'

30'

N41°46'19"E

616.12'

30'

60'

S28°38'04"E
231.91'

L=153.90'

L=367.35'

L=147.35'

75'

60'

60'

60'

N70°05'23"E - 36.50'

R=600.00'

36.50'-N23°26'03"W

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60'

60'

N70°05'23"E - 36.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H9736 Name: BAER, B. County: HOWARD

Source of Sample: (WELL) LOT 8 BUCKSKIN LAKES BUCKSKIN LAKE DR. Collector: B NIXON
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: HO 81 1472

County: 13 Plant No. [] [] [] [] Sampling Station: [] [] [] [] Date Collected: 060686 Time: 11 A M Acid: [] Iced: []

Field Data: pH* [] [] Chlorine Residual: [] Free: [] Total: [] Specific Conductance: [] [] [] []

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	<u>40.2</u>		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

* Results reported in units, all others in milligrams per liter (ppm)

Date Received: _____ Date Reported: JUN 11 1986 Chemist: _____ Lab No. 15726

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Inbeborg A ^{Baer}~~Bear~~
Rosinco, Inc.
Rosinco Inc. a MD Corp.
(Name) *August 14, 1972*

11800 Homewood Road Ellicott City, MD 21043
(Address)

HO 81 1472
(OEP Well Permit Number)

5/14/86
(Date)

M. Baer 992-4336