

C1 0623

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER 13 OK KG 11-19-01

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

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

DATE WELL COMPLETED MM DD YY 10/12/01

Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3102

OWNER Floyd Lane LLC last name first name STREET OR RFD Buckskin Wood Drive TOWN Ellicott City SUBDIVISION Buckskin Ridge SECTION LOT 26

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, Sandy mica, Brown sand rock, Gray mica.

GROUTING RECORD yes no (Circle Appropriate Box)

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 17 NO. OF POUNDS 1700 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 53 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT)

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 58

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)

DEPTH (nearest ft.) (C2) 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 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

PUMPING TEST (C3)

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft. WHEN PUMPING 24 ft. 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 INSTALLED PUMP (CIRCLE) (YES or 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) (+) above ( ) below 2 (nearest foot)

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)

See plat

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. 1 M WD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M WD 041 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1	<b>9251</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type <b>W515311</b>	STATE PERMIT NUMBER <b>HO-94-3162</b> <small>fill in this form completely</small>
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Date Received (APA) **06-28-01** OWNER INFORMATION **8643**

8 MM DD YY 13

**Floyd Lane L L C**

15 Last Name Owner First Name 34

**P. O. Box 999**

36 Street or RFD 55

**Columbia, Md 21044**

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

**Howard** CC# 21

8 COUNTY

**Buckskin Ridge**

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50 **26**

**Glenely**

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I

73 76 77 78

**DRILLER INFORMATION**

**George F. Easterday** M W D **040**

Driller's Name 76 License No. 81

**L. Franklin Easterday, Inc.**

Firm Name

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

Address

*George F. Easterday* **6/25/2001**

Signature Date

B 4

1 2

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**Buckskin Wood Drive**

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **20** 37

DISTANCE FROM ROAD Ft. 38 39

ENTER FT OR MI

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION

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

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

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  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 **07-25-01** **07-24-02**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **519 000** EAST GRID **0806 000**

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST TOWN

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

10/12/01 **X**

**Groat**

8-9 A.M.

SOURCES OF DRILLING WATER

- wells**
- 600' well**
- 56 casing**
- 53' annular**
- 17 Bags cement**
- 30' grout line**

WRITE THE BOX NUMBER FROM THE MAP HERE

**800**

E 510.9

N \_\_\_\_\_

000 000

**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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

**9K11**

**Glenely**

**Folly QTR Rd**

**X**

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

APPROX. PERMIT NUMBER **HO 20 00 01 1**

PERMIT No. **HO-94-3162**

70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Page \_\_\_\_\_ of \_\_\_\_\_  
 Date \_\_\_\_\_

10/19/01  
 8:00  
 6 hr pump Review (KG)

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

Well Permit No. HO - 94-3162  
 Location of property (road) Buckskin Wood Drive  
 Subdivision Buckskin Ridge Lot 26 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller G. Easterday Owner Floyd Lane LLC

Depth of well 600 2gpm  
 Distance of measuring point (M.P.) above ground 2 FT  
 Static water level (S.W.L.) below M.P. 26 FT

Tested by  
 D. [unclear]

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

Time pump started 8:45 Pumping rate 12 GPM  
 Total time 4 min to reach pumping water level 246 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 set	CALCULATED FLOW (gallons per minute)
9:15	246 FT	18 Sec	385 FT	2 GPM
9:30	246 FT	18 Sec		2 GPM
9:45	246 FT	18 Sec		2 GPM
10:00	246 FT	18 Sec		2 GPM
10:15	246 FT	18 Sec		2 GPM
10:30	246 FT	18 Sec		2 GPM
10:45	246 FT	18 Sec		2 GPM
11:00	246 FT	18 Sec		2 GPM
11:15	246 FT	18 Sec		2 GPM
11:30	246 FT	18 Sec		2 GPM
11:45	246 FT	18 Sec		2 GPM
12:00	246 FT	18 Sec		2 GPM
12:15	246 FT	18 Sec		2 GPM
12:30	246 FT	18 Sec		2 GPM
12:45	246 FT	18 Sec		2 GPM
1:00	246 FT	18 Sec		2 GPM
1:15	246 FT	18 Sec		2 GPM
1:30	246 FT	18 Sec		2 GPM
1:45	246 FT	18 Sec		2 GPM
2:00	246 FT	18 Sec		2 GPM
2:15	246 FT	18 Sec		2 GPM
2:30	246 FT	18 Sec		2 GPM
2:45	246 FT	18 Sec		2 GPM
3:00	246 FT	18 Sec		2 GPM
3:15	246 FT	18 Sec		2 GPM
HD-224 3:30	246 FT	18 Sec	385 FT	2 GPM

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: Joel Isaacs Pbg. Srvc Telephone #: 410 442-5780  
 Address: PO Box 250 C 410 365-1279  
Lisbon, MD 21765

(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 License# 4524

\*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: Columbia Blots, Inc. Telephone #: 410 730-3939  
 Subdivision: Lakeview at Baskskin Lot #: 2C Well Tag #: HO-94-3162  
 Site Address: 4260 Baskskin Wood Dr.  
EC, MD 21042

Submersible Pump Data

Make: Myers  
 Model #: 1 HP  
 Pump Capacity 5 GPM  
 Well Yield: 3 GPM

Pitless Adapter

Make: Cambell  
 Model #: 1"  
 Depth: 42" (36" min)  
 NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:   
 Screened, vented well cap:   
 Cap secured to casing:   
 Conduit min 18" B.G.:   
 Conduit secured to well cap:

Depth of well encountered at time of pump installation: 600 (feet)  
 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: 160 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:   
 Approximate length of sleeve (5 foot minimum): 10'

Depth of supply line: 42 (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: [Signature] date: 9-3-08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: OK KU  
 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

10/22/08  
[Signature]  
 Have Sleeved Further

7209

well site of  
as shown

SEE MATCH LINE SHEET 2  
PART OF PRESERVATION  
PARCEL A  
NON-BUILDABLE



PART OF PRESERVATION  
PARCEL A  
NON-BUILDABLE  
221,334 SQ. FT.  
OR 44.1078 AC.

157  
MD

53239 SF

PART OF PRESERVATION PARCEL A NON-BUILDABLE

27

59106 SF

26

44114 SF

S 1

29

44623 SF

PART OF PRESERVATION PARCEL A NON-BUILDABLE

23

41357 SF

30

43867 SF

22

40134 SF

11

21

40402 SF

30

20

40615 SF

19

43087 SF

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

SPEED CONTROL DEVICE (CHOKER)

SPEED CONTROL DEVICE (CHOKER)

SPEED CONTROL DEVICE (CHOKER)

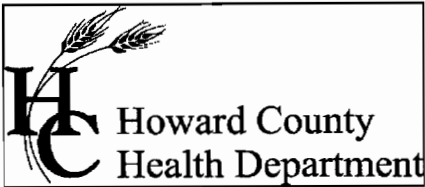
SPEED CONTROL DEVICE (CHOKER)

SPEED CONTROL DEVICE (CHOKER)

FOREBAY

SPEED CONTROL DEVICE (CHOKER)





Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(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

October 27, 2008

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

SENT VIA FACSIMILE 410-992-3020

RE: Buckskin Ridge, Lot 26  
4260 Buckskin Wood Drive  
Ellicott City, MD 21042  
BP# B08000103  
Well Tag #: HO-94-3162

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 08/13/2008. Final approval of the well line connection to the dwelling was approved on 10/22/2008.**

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-94-3162. 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: 09/22/2008  
Date of Well Completion: 10/12/2001

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# 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 #: 68798 Account #: 1550  
Reference: Lot 26 Company: Columbia Builders  
Location: 4260 Buckskin Wood Drive Requested By: Terry Brownley  
Ellicott City, MD 21042 Source: Well Water  
Date/ Time Collected: 9/22/2008 1111 Site: Pressure Tank  
Date/Time Rec'd: 9/22/2008 1215 Treatment: Spin Down Separator\*\*  
Chlorine ppm: Free: ND Total: ND pH: 6.7  
Collected By: J. Yeager 6176JY Well #: HO-94-3162

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/23/2008 / 0800 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/23/2008 / 0800 / BCD
Nitrate	<1.0	mg/L	10	601	9/23/2008 / 1410 / AMD
Turbidity	7.60	NTU	<10	SM18 2130B	9/23/2008 / 1100 / AMD
Sand	NS	mg/L	5	Visual/Gravimetr	9/23/2008 / 1100 / AMD

### NOTES

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

Reason for Test : Use & Occupancy  
Building Permit # : B08000103

Date Reported: 9/23/2008

MD State Certification # 133