

G1 0665

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 13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 9/21/01

Depth of Well 500

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3204

OWNER Floyd Lane LLC, STREET OR RFD Buckskin Wood Drive, TOWN Ellicott City, SUBDIVISION Buckskin Ridge, SECTION, LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Micaceous, Gray Micaceous, Fractured Zone, and Gray Micaceous.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: MAIN CASING TYPE (Steel), Nominal diameter top (main) casing (6 inches), Total depth of main casing (70 feet).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (Steel), SCREEN RECORD (Steel, Brass, Plastic, Open Hole, Other).

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (53 ft. before, 139 ft. when pumping), TYPE OF PUMP USED (Submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (Centrifugal), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (49).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (YES).

CIRCLE APPROPRIATE LETTER: A (Well abandoned), 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...

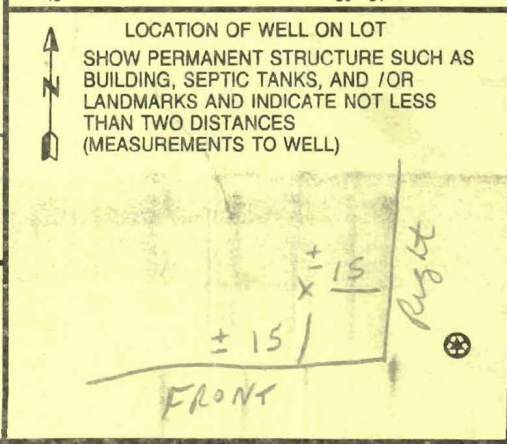
DRILLERS LIC. NO. 1 MWD 040, DRILLERS SIGNATURE (Bruce Thompson), LIC. NO. 1 MSD 038.

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

DEPTH (nearest ft.) table with columns for casing height and depth. Includes entries for 68 and 500.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL (YES).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 9232 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-94-3204 ✓
 1 2 3 6
 W515311 please print or type fill in this form completely 70 79

Date Received (APA) 09/28/01 OWNER INFORMATION **8623**
 8 MM DD YR 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
 8 COUNTY **Howard** CC# 21
 23 SUBDIVISION **Buckskin Ridge**
 SECTION 44 46 LOT 48 50 **6**
Glencly
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 M I
 73 76 77 78

DRILLER INFORMATION
George F. Easterday MW D **040**
 Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
 Signature George F. Easterday Date 6/25/2001

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH
 WEST EAST
 11 NEAR WHAT ROAD **Buckskin Wood Drive** 30
 34 30 37 DISTANCE FROM ROAD Ft. 38 39
 ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION
 APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12
 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

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

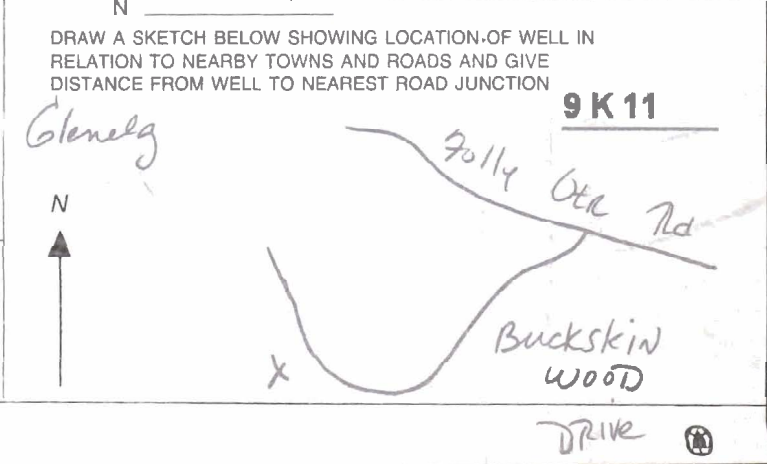
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME COUNTY NO 13
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 08/14/01
 CO SIGNATURE Douglas Clark EXP. DATE 08/13/02
 NORTH GRID 519 000 EAST GRID 0806 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
9/21/01 Grout X 8 A.M. No Insp.
 SOURCES OF DRILLING WATER
 1
 2. **wells**
 3
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 800
 N 518
 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER H02000G011(01)
 PERMIT No. HO-94-3204
 70 71 72 73-74 75 76 77 78 79

SPECIAL CONDITIONS
 APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Aug 05 2008 3:33PM HP LASERJET FAX

p. 1

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.

Company Name: Joel Isaacs Pllc Sinc Telephone #: 410 442-5780
Address: PO Box 250
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# MD 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 Builders Telephone #: 410 730-3939
Subdivision: Buckskin Ridge Lot #: 6 Well Tag #: HO-94-3804 ✓
Site Address: 4337 Buckskin Wood Dr.
Ellicott City MD 21042

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Franklin Make: Cambell Two piece watertight cap: ✓
Model #: 1 HP Model#: B-10X Screened, vented well cap: ✓
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing: ✓
Well Yield: 5 GPM NSF approved: ✓ Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 500 (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: PVC PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: 160 (160 psi min) Approximate length of sleeve: 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.

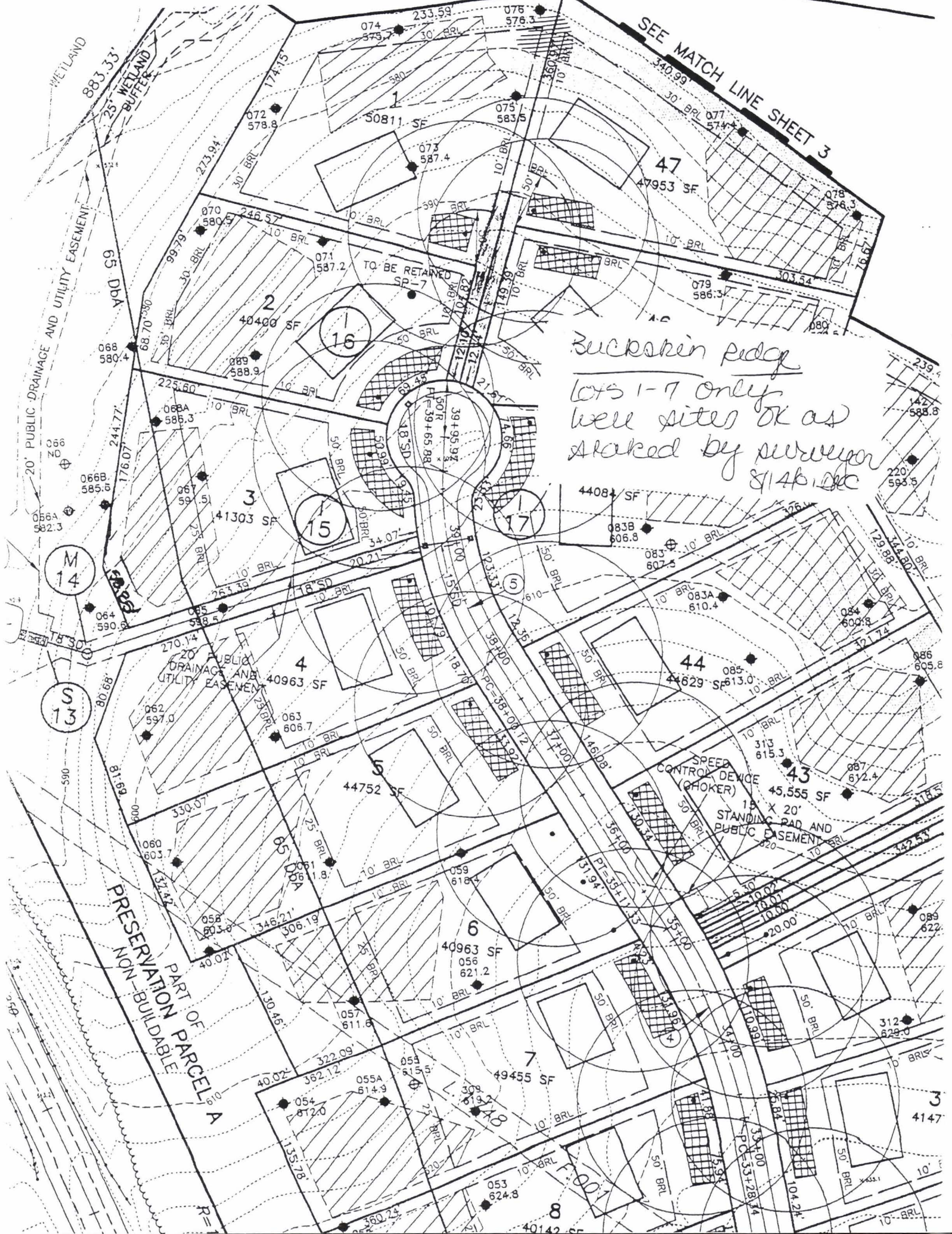
Signature of company representative responsible for installation: [Signature] date: 8-5-08

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

Date Insp. Requested: _____ Date Insp. Approved: 5/6/08 [Signature]
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 ✓

SEE MATCH LINE SHEET 3

Buckskin Ridge
lots 1-7 only
well sites OK as
staked by surveyor
8/14/08



PRESERVATION NON-BUILDABLE
PART OF PARCEL A

PUBLIC DRAINAGE AND UTILITY EASEMENT

SPEED CONTROL DEVICE (CHOKER)
15' X 20' STANDING PAD AND PUBLIC EASEMENT

TO BE RETAINED SP-7

M 14

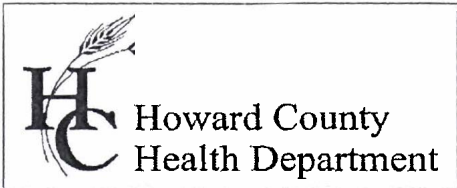
S 13

WETLAND
883.33'
25' WETLAND BUFFER

65' DBA
20' PUBLIC DRAINAGE AND UTILITY EASEMENT

350'

R=



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

August 6, 2008

Homeowner
4337 Buckskin Wood Drive
Ellicott City, MD 21042

SENT VIA FACSIMILE 410-992-3020

RE: Buckskin Ridge, Lot 6
4337 Buckskin Wood Drive
Ellicott City, MD 21042
BP #: B08000122
Well Permit # HO-94-3204

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 05/13/2008. Final approval of the well line connection to the dwelling was approved on 05/06/2008.**

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- 94-3204. 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): 08/04/2008
Date of Well Completion: 09/21/2001

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 #:	68305	Account #:	1550
Reference:	Columbia Builders Lot 6	Company:	Columbia Builders
Location:	4337 Buckskin Wood Drive Ellicott City, MD 21042	Requested By:	Terry Brownley
Date/ Time Collected:	8/4/2008 1047	Source:	Well Water
Date/Time Rec'd:	8/4/2008 1321	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	J. Yeager 6176JY	pH:	7.4
		Well #:	HO-94-3204

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/5/2008 / 0800 / AMD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/5/2008 / 0800 / AMD
Nitrate	<1.0	mg/L	10	601	8/5/2008 / 1525 / AMD
Turbidity	2.41	NTU	<10	SM18 2130B	8/5/2008 / 0935 / AMD
Sand	NS	mg/L	5	Visual/Gravimet	8/5/2008 / 0935 / AMD

NOTES

- 1 **Sample collected prior to Sediment Filter
- 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 # : B08-000122

Date Reported: 8/5/2008

MD State Certification # 133