

C 1- 0663 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 DC 16 11/1/01

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 9/18/01

Depth of Well 22 500 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3202

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

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Mica, Gray Mica, Brown Mica, Tan Mica, Gray Mica, Fractured Zone, Gray Mica.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (25), NO. OF POUNDS (2500), GALLONS OF WATER (150), DEPTH OF GROUT SEAL (61 ft).

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (70).

OTHER CASING (if used) Form: diameter, depth (feet) from to.

SCREEN RECORD Form: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) (68), SLOT SIZE (1, 2, 3), DIAMETER OF SCREEN (60).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

- 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...

DRILLERS LIC. NO. 1 MWD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MWD 038

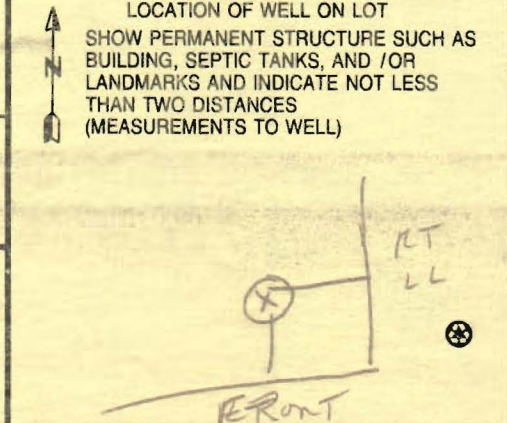
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 Form: HOURS PUMPED (3), PUMPING RATE (6 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (60 ft), WHEN PUMPING (167 ft), TYPE OF PUMP USED (S submersible)

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (2) (nearest foot)



B 1 9230

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3202 fill in this form completely

W515313 please print or type

Date Received (APA)

8/28/01

OWNER INFORMATION

8621

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

B 3

LOCATION OF WELL

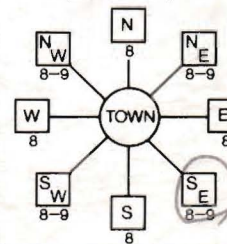
Howard COUNTY Buckskin Ridge Glenelg NEAREST TOWN

DRILLER INFORMATION

George F. Easterday M W D 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Buckskin Wood Drive NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 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 COUNTY NO. 13 STATE SIGNATURE DATE ISSUED 08/13/01 CO SIGNATURE EXP. DATE 08/13/01

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

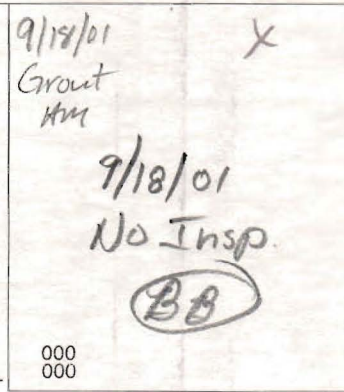
METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary JETTED 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells 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

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

APPROP. PERMIT NUMBER HO 20000001 (01) PERMIT No. HO-94-3202

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 Pllg Stoc 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 Bldrs, Inc Telephone #: 410 730-3939
 Subdivision: Lakeview at Buckskin Lot #: 4 Well Tag #: HO-94-3202
 Site Address: 4345 Buckskin Wood Dr.
EC, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Plyers</u>	Make: <u>Cambel</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>3/4 HP</u>	Model#: <u>1"</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>500</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

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'

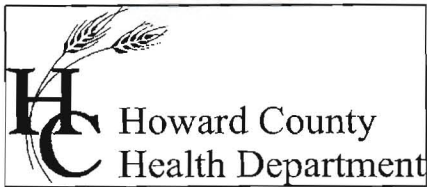
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

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: 9/4/08 Date Insp. Approved: 9/4/08 (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 grout observed below pitless adapter



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

December 2, 2008

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

SENT VIA FACSIMILE 410-992-3020

RE: Buckskin Ridge, Lot 4
4345 Buckskin Wood Drive
Ellicott City, MD 21042
BP# B08000946
Well Tag #: HO-94-3202

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 08/22/2008. Final approval of the well line connection to the dwelling was approved on 09/04/2008.**

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-94-3202. 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: 11/25/2008
Date of Well Completion: 09/18/2001

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1403 Old Laneysown Rd., Westminister, MD (410) 348-1044 (301) 878-4554 FAX (410) 348-0398

REPORT OF ANALYSIS

Laboratory ID #: 69591
 Reference: Lakeview at Buckskin Lake Lot 4
 Location: 4545 Buckskin Wood Drive
 Elberton, MD 21022
 Date/Time Collected: 11/25/2008 12:10
 Date/Time Rec'd: 11/25/2008 1508
 Chlorine ppm: Free: ND Total: ND
 Collected By: C. Rolland 0547CH
 Address #: 1350
 Company: Columbia Builders
 Requested By: Terry Brown
 Source: Well water
 Site: Pressure Tank
 Treatment: None
 pH: 6.5
 Well #: MC-94-3202

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<	MPN/100 ml	< 5	SM 9223	11/26/2008 / 0930 / CCH
Bacteria, E. coli, MPN	<	MPN/100 ml	< 1	SM 9223	11/26/2008 / 0930 / CCH
Nitrate	<	mg/L	50		11/26/2008 / 1400 / CCH
Turbidity	2.0	NTU	< 5	SM 2130B	11/26/2008 / 1030 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	11/26/2008 / 1035 / CCH

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: Sealer intact, no cap.
- 8 pH tested on-site.

Reason for Test: Use as Occupant
 Building Permit #: 308001546

Date Reported: 12/2/2008