

C1 0208

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

451-3357

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
02 26 06

Depth of Well

22 360 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

110-95-0426

28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

JTS Corp.
last name Buckskin Ridge Ct.

first name

TOWN

Glenelg

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOcheck
if water
bearing

Top Soil

0 2

Sandy

2 40

Sand Stone

40 45

MICKA

45 75

Sand Stone

75 80

MICKA

80 160

Flint Rock

160 165

MICKA

165 360

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 20

NO. OF POUNDS 2000

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST

6

51

60 61

63 64

66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole

SCREEN RECORD

insert
appropriate
code
below

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

PL

OT

PLASTIC

OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

22 23 24 25 26 27 28 29 30 31 32 33 34 35 36

37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

52 53 54 55 56 57 58 59 60 61 62 63 64 65 66

67 68 69 70 71 72 73 74 75 76 77 78 79 80

81 82 83 84 85 86 87 88 89 90 91 92 93 94 95

96 97 98 99 100

101 102 103 104 105 106 107 108 109 110

111 112 113 114 115 116 117 118 119 120

121 122 123 124 125 126 127 128 129 130

131 132 133 134 135 136 137 138 139 140

141 142 143 144 145 146 147 148 149 150

151 152 153 154 155 156 157 158 159 160

161 162 163 164 165 166 167 168 169 170

171 172 173 174 175 176 177 178 179 180

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

Y

no

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
WELLI 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 S D 118

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

D

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

4.6

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

32 ft.

WHEN PUMPING

95 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)

YES 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)

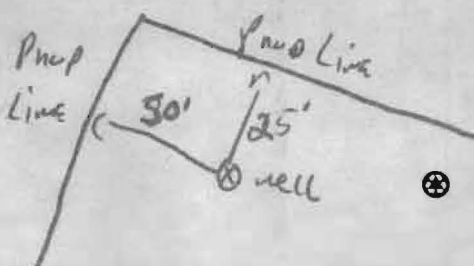
+ above

LAND SURFACE

- 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)

B 1	0989	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-95-0426 <small>fill in this form completely</small>
Date Received (APA)		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name Owner First Name 34		
36 Street or RFD 55		57 Town 70 State 72 Zip 76		
DRILLER INFORMATION		LOCATION OF WELL		
76 Driller's Name License No. 81		8 COUNTY 21		
Firm Name		23 SUBDIVISION 42		
Address		SECTION 44 46 LOT 48 50		
Signature Date		52 NEAREST TOWN 71		
B 2 WELL INFORMATION		B 3		
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		DISTANCE FROM ROAD ENTER FT OR MI 38 39		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		TAX MAP: 22 BLK: 16 PARCEL 23		
APPROXIMATE DEPTH OF WELL 24 28 FEET		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		COUNTY NAME COUNTY NO.		
METHOD OF DRILLING (circle one)		STATE SIGNATURE INSERT S →		
BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT other _____		DATE ISSUED 6/23/06 CO SIGNATURE EXP. DATE 6/24/07		
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)		NORTH GRID 50 55 EAST GRID 57 63		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52		SOURCES OF DRILLING WATER		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		1. well		
APPROX. PERMIT NUMBER		2.		
PERMIT No. HO-95-0426		3.		
SPECIAL CONDITIONS		WRITE THE BOX NUMBER FROM THE MAP HERE		
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED		E 520 809		
		N 510 519		
		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 Buckskin Lake 400 FULLY GUARANTEED Rd		

Well box and Well site for lot 1 must be staked prior to drilling. Existing Well HO-95-0072 Must be sealed prior to approval of this well

Well Permit No. HO - 95-0426
Location of property (road) Buckskin Ridge Ct (off Folly Str.)
Subdivision Buckskin Oaks Lot 1 Block Plat Sec.
Well Driller R. Mayne Owner JTS Corp.

Depth of well 360'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 32'

Time pump started 8:30 Pumping rate 12 gpm
Total time 15 min to reach pumping water level ft. below M.P.

HD-224

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: July 26 2006 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: PAUL E. MAYNE

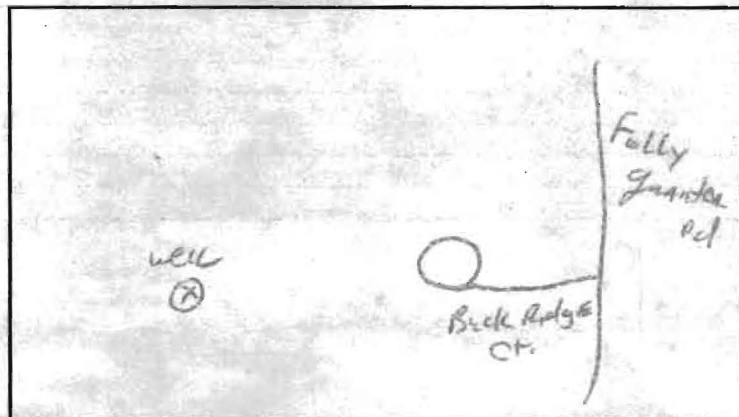
WELL DRILLERS LICENSE NUMBER: 117

CIRCLE: MWD MSD MGD

* OWNER'S NAME: J.T.S. Corp.

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: GLENELG
TAX MAP 22 BLOCK 16 PARCEL 7B
SUBDIVISION: Buck Skin Oaks
SECTION: 1 LOT: 1
NEAREST ROAD: Buck Ridge Cr.



TYPE OF WELL BEING ABANDONED:

☒ DRIED
☐ BORED/AUGERED ☐ PITTED
☐ OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Blue Stone	300	0
Cement	60	0

VOLUME OF MATERIAL USED

15 bags Cement

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 1/8 INCHES IN DIAMETER

* DEPTH OF WELL: 300 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 1

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 117

MWD/MSD/MGD 7/26/06

CIRCLE ONE

DATE

DENV 828 JULY 1997

2) COUNTY ENVIRONMENTAL AGENCY

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Fogge's Well Drilling LLC Telephone #: 410-795-5670
Address: PO Box 202
Woodbine, MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): David C. Fogge License #: MSD226

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Williamsburg Group Telephone #: 443-745-0399
Subdivision: Buckskin Oaks Lot #: 1 Well Tag #: HO-95-0426V
Site Address: 13116 Bucks Ridge Ct
Ellicott City, MD 21042

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Gundfos</u>	Make: <u>Ampbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155QED7-180</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>4.6</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>360</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> <u>N/A</u>		

Piping to house	House Connection
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

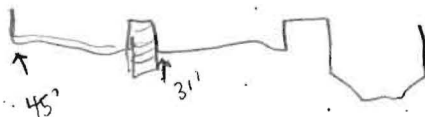
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

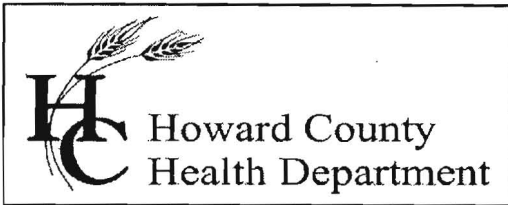
Signature of company representative responsible for installation: David Fogge

date: 11/24/15

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

Date Insp. Requested: 11/25/15 Date Insp. Approved: 11/25/15 Inspector: SC
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 29, 2016

February 29, 2016

Homeowner

13116 Bucks Ridge Court

Ellicott City, MD 21042

RE: Buckskin Oaks, Lot 1
13116 Bucks Ridge Court
Building Permit: B13003821
Well Permit: HO-95-~~0245~~
0426

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **11/25/2015**. Final approval of the well line connection to the dwelling was granted on **11/25/2015**. The well construction was completed on **7/26/2006**. Water samples were collected on **2/24/2016**.

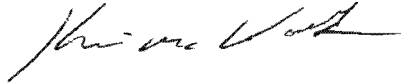
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0246. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", written in a cursive style.

Kevin M. Wolf, LEHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
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 #: 105812 Account #: 4470
Reference: Williamsburg Homes Lot 1 Company: Williamsburg Homes LLC
Location: 13116 Bucks Ridge Court Requested By: Bob Corbett
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 2/24/2016 1101 Site: Laundry Room Utility Sink
Date/Time Rec'd: 2/24/2016 1305 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Yeager 6176JY Well #: HO-95-0426

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/25/2016 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/25/2016 / 1030 / CCH
Nitrate	3.06	mg/L	10	601	2/24/2016 / 1610 / CRS
Turbidity	5.06	NTU	<10	SM18 2130B	2/24/2016 / 1630 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	2/24/2016 / 1630 / CRS

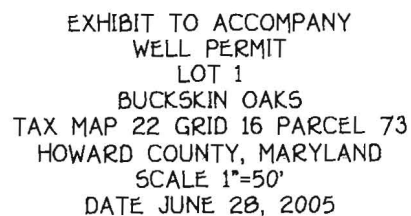
NOTES

- 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: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 13003821

Date Reported: 2/25/2016

K:\Drawings 3\30716 FOLLY QUARTER ROAD\Exhibits\30716 Well Lot 1.dwg, 6/28/2005 9:14:23 AM



MANOR DRILLING INC.

2800 MONKTON RD.
MONKTON MD. 21111

410-471-9224 OFFICE 443-821-1360 (RAY)
443-821-3200 (STACY)

PLEASE Transfer 5 permits Lots 1-4,
AND Parcel A Folly Quarter Rd. Buckskin
OAKS. To George EASTERday. License
MWJ 040.

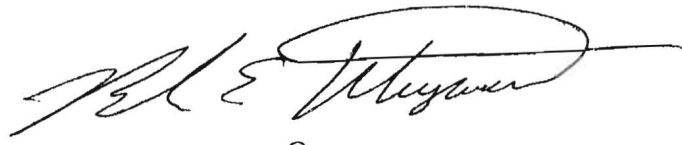
From MAX STACY Jones of Manor Drilling
Inc. License # MWJ 549. Thank You.

Max & Stacy Jones

July 27, 2005

I

Ralph MAYNE well DRILLING
WANT TO TRANSFER Lot's I, 2, 3, 4,
E Preservation Parcel A TO
MANOR well DRILLING, (STACEY JONES) MWD
549
Sub Buckskin OAKS FOR J.T.S. CORP.


MSD 117

Ralph

cell 443-277-9527

July 27, 2005

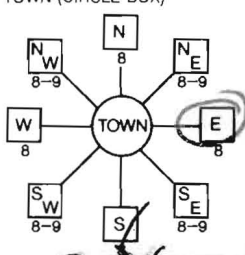
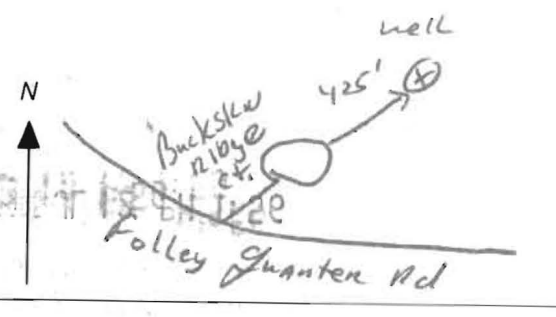
I Stacy Jones of Manor Well Drilling

Except 5 wells for O.T.S. Corp.

At Buckskin Oaks

Lot's 1, 2, 3, 4, Preservation Parcel A
from Ralph Wayne Well Drilling

Max Stacy Jones
mwd 549

B 1	8945	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 522912	STATE PERMIT NUMBER HO-95-0072 <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13 J.T.S Corp		OWNER INFORMATION 15 Last Name Owner First Name 34 8800 Centre Park Dr. Suite 209 36 Street or RFD 55 Columbia Md. 21045 57 Town 70 State 72 Zip 76		
DRILLER INFORMATION Driller's Name 76 License No. 81 Ralph E. Mayne Inc Firm Name Address 17024 Hardy Rd Mt Airy Md. 21771 Signature Date Ralph E. Mayne 7-5-05		B 3 LOCATION OF WELL 8 COUNTY 21 Howard 23 SUBDIVISION 42 Buck Skin OAKS SECTION 44 46 LOT 48 50 I 52 NEAREST TOWN 71 Glenview Ellicott City MILES FROM TOWN (enter 0 if in town) 73 76 77 78 I		
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD 30 Buckskin Ridge Ct. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 425 37 4 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 22 BLK: 16 PARCEL 23		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED 7/26/05 Start 8/25 7/26/06 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 519 0 0 0 EAST GRID 809 0 0 0 50 55 57 63		
APPROXIMATE DEPTH OF WELL 150 FEET 24 28		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		SOURCES OF DRILLING WATER 1. well 2. 3.		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <input checked="" type="radio"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <input type="radio"/> CABLE <input type="radio"/> REVerse-ROTary <input type="radio"/> Drive-POINT other		WRITE THE BOX NUMBER FROM THE MAP HERE E 52809 N 87009-519		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> D THIS WELL WILL DEEPEN 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 		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER G PERMIT No. HO-95-0072 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.</small>				

61 6649		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.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER		A513357	
ST/CO USE ONLY DATE Received MM DD YY 8 13 13		DATE WELL COMPLETED MM DD YY 8/15/05		Depth of Well 22 26 200 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0072	
OWNER last name first name TTS Corp Buckle Ridge Ct		TOWN Ethelton		SUBDIVISION Buckle Ridge		SECTION LOT 22 14 23 1	
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 21 NO. OF POUNDS 2100 GALLONS OF WATER 126 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 222 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			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 52 OTHER CASING (if used) diameter depth (feet) from to		PUMP INSTALLED DRILLER INSTALLED PUMP (YES or NO) YES 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 LAND SURFACE (nearest foot) 2			
TO BE Abandoned Not on property		SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN PLASTIC BRONZE HOLE OTHER DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to		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)			
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes no Y N		C 2 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to		C 2 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to	
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 240 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 A 40 788		SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)	

Well Permit No. HO - 95-0072
Location of property (road) Buckskin Ridge Ct
Subdivision Buckskin Oaks Lot 1 Block 16 Plat 22 Sec. 4 73
Well Driller Ralph Mynoe Owner J. T. S. Corp
Depth of well 300 4-5
Distance of measuring point (M.P.) above ground 1.5ft
Static water level (S.W.L.) below M.P. 29

Time pump started 9:30 Pumping rate 15 gpm
Total time 45 min to reach pumping water level ft. below M.P.

HD-224

Well Permit No. HO - 95-0072
Location of property (road) Brackett Ridge Ct
Subdivision Brackett Oaks Lot 1 Block 16 Plat 22 Sec. 4 73
Well Driller Ralph Payne Owner T. T. S. Corp

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

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

**FISHER, COLLINS
& CARTER, INC.**

**CIVIL ENGINEERING CONSULTANTS
and LAND SURVEYORS**

Terrell A. Fisher, P.E., L.S.
Earl D. Collins, P.E.
Charles J. Crovo, Sr., P.E., L.S.

Paul W. Kriebel, P.E.
Mark L. Robel, P.L.S.
Aldo M. Vitucci, P.E.

June 27, 2005

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Dr.
Columbia, MD 21046-4544

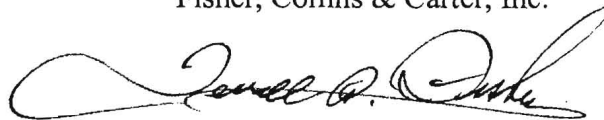
Attn: Mr. John Boris

RE: F-05-61
Buckskin Oaks
Well Stakeout Certification

Dear John:

This is to certify to Buckskin Oaks, LLC that the outline for the individual well boxes on Lots 1 thru 4 of the Buckskin Oaks subdivision have been staked via a field survey by Fisher, Collins & Carter, Inc. on June 23, 2005 based on the signed Preliminary Equivalent Sketch Plan (SP-01-05) signed by the Health Officer and does not require a site inspection.

Very truly yours,
Fisher, Collins & Carter, Inc.



Terrell A. Fisher, P.E., L.S.



WO #30716
c.c. Mr. J. Thomas Scrivener

Spoke to Marc Robel (FCC Inc.) on 6/19/06

Notes:

Well is off of the property and must be abandoned prior to bldg permit approval and issuance of a septic system installation permit.

N. Davis