

C1 08093 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received MM 03 DD 21 YY 14

DATE WELL COMPLETED MM 03 DD 13 YY 2014

Depth of Well 180' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho 95-2632

OWNER Charles WELL SITE ADDRESS 1401 Old Frederick Rd TOWN Crooksville SUBDIVISION Quartz Hill III SECTION LOT 2

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Sand Stone (0-39), Gray Granite (39-180), and Water (150').

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 10 NO. OF POUNDS 940 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 41 ft.

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 43

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

SCREEN RECORD screen type or open hole (insert appropriate code below)

DEPTH (nearest ft.) 180

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 49 ft. WHEN PUMPING 55 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) LAND SURFACE 2 (nearest foot)

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 WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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 SD 0247 DRILLERS SIGNATURE James & Mayne

LIC. NO. 1 MSD 0217 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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.33832 LONGITUDE 77.01594 (DEFAULT COORD. WGS 84) NOTES:

B 1 29555

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2632

fill in this form completely

5460223-1 please type

Date Received (APA)

01 13 14

OWNER INFORMATION

15 Last Name: Sharp, 34 First Name: Charles, 36 Street or Rd: 4003 Jennings Chapel Rd, 57 Town: Brooksville, 70 State: Md, 72 Zip: 20833

B 3

LOCATION OF WELL

8 COUNTY: Howard, 21, 23 SUBDIVISION: Quant Hill III, 42, SECTION: 44 46, LOT: 2, 48 50, 52 NEAREST TOWN: Cooksville, 71

DRILLER INFORMATION

76 Driller's Name: Joseph L Mayne M SD 024, 81 License No., Firm Name: Joseph L Mayne Well Drilling, Address: 5512 Ridge Rd Mt. Airy Md 21771, Signature: Joseph L Mayne, Date: 12-30-2013

B 4

SOURCES OF DRILLING WATER

1. well, 2., 3.

11 STREET ADDRESS: Old Frederick Rd, 30, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH, 34 37 DISTANCE FROM ROAD: 220 FT, ENTER FT OR MI: 38 39, TAX MAP: 8 BLK: PARCEL 401

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5, 8 12, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500, 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- 22 [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), [I] INDUSTRIAL, COMMERCIAL, DEWATERING, [P] PUBLIC WATER SUPPLY WELL, [T] TEST, OBSERVATION, MONITORING, [O] OPEN LOOP GEOTHERMAL, [C] CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, 13, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED: 1/27/14, CO SIGNATURE: Andrew Gent, EXP. DATE: 1/27/15

APPROXIMATE DEPTH OF WELL: 300 FEET, 24 28

APPROXIMATE DIAMETER OF WELL: 6, NEAREST INCH

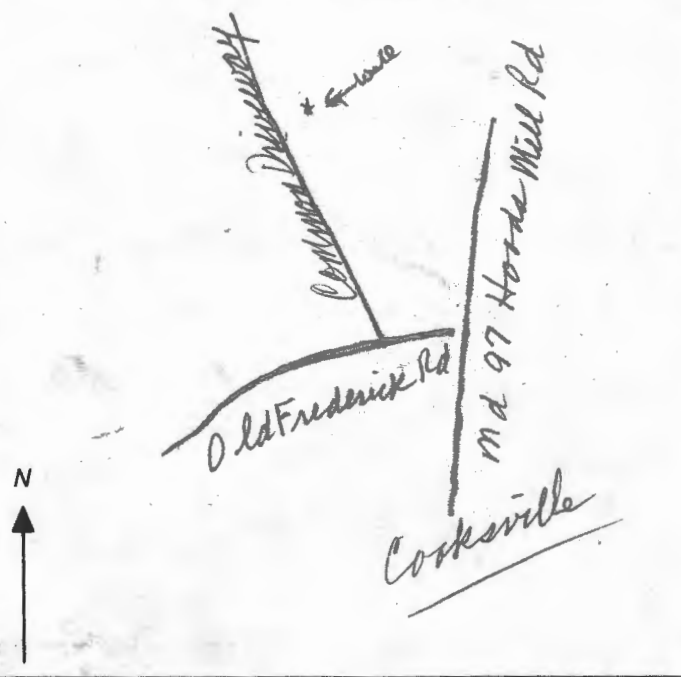
METHOD OF DRILLING (circle one)

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)

- 39 [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL, [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, [D] THIS WELL WILL DEEPEM AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): 41 52

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



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

APPROP. PERMIT NUMBER: G, PERMIT No.: HO-95-2632, 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2632
 Location of property (road) Old Frederick Rd
 Subdivision Quartz Hill III Lot 2 Block Plat Sec.
 Well Driller Joseph M. Aigne Owner Charles Sharp
 Depth of well 180'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 49'

I. High rate pumping -- reservoir drawdown

Time pump started 7:15 Pumping rate 20 gpm
 Total time 15 min to reach pumping water level 55' 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)
7:30	55'	3 sec		20 <i>gpm</i>
7:45	55'	3		20
8:00	55'	3		20
8:15	55'	3		20
8:30	55'	3		20
8:45	55'	3		20
9:00	55'	3		20
9:15	55'	3		20
9:30	55'	3		20
9:45	55'	3		20
10:00	55'	3		20
10:15	55'	3		20
10:30	55'	3		20

not 1024

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640- FAX: (410)313-2648
313-1771

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: ATLANTIC BLUE LLC Telephone #: 410-840-2583
Address: 1902 Baltimore Blvd.
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): MIKE SWENSON License# 70788

*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: CYTON VILL. HOMES Telephone #: 410-442-2811
Subdivision: QUARRY HILL III Lot #: 2 Well Tag #: HO-95-2632/
Site Address: 14516 Old Fredrick Road
LOOKSVILLE, MD 21723 08/22/2019 ⊕

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
Model#: _____
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 1 1/2" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: _____ (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: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 20'
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

date

8/13/19

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

Date Insp. Requested: 08/22/2019

Date Insp. Approved: 08/22/2019

Inspection Data: Pitless adapter and water supply line at least 36" below grade

54" 08/22/2019 ⊕
12" 08/22/2019 ⊕
27" 08/22/2019 ⊕
19' 08/22/2019 ⊕

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 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

EX HOUSE
08/23/2019 ⊕

HD-215 (Rev. 8/00)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 10, 2020

December 10, 2019

Homeowner
14516 Old Frederick Road
Cooksville, MD 21723

RE: Quartz Hill, Lot 2
14516 Old Frederick Raod
Building Permit: B19001071
Well Permit: HO-95-2632

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 **9/10/2019**. Final approval of the well line connection to the dwelling was granted on **8/22/2019**. The well construction was completed on **3/13/2014**. Water samples were collected on **12/3/2019**.

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-95-2632. 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>

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

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

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, 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 #: 134419 Account #: 1045
Reference: CBI Homes LLC. Company: Atlantic Blue Water Services
Location: 14516 Old Frederick Road Requested By: Mark Mather
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 12/3/2019 1140 Site: Powder Room
Date/Time Rec'd: 12/3/2019 1515 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: C. Mike Crouse 6494CC Well #: HO-95-2632

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/4/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/4/2019 / 1000 / RER
Nitrate	4.65	mg/L	10	601	12/3/2019 / 1630 / RER
Turbidity	0.85	NTU	<10	SM20 2130B	12/3/2019 / 1650 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	12/3/2019 / 1650 / RER

OK

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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH tested on site; Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B19001071

Date Reported: 12/4/2019

540

GmB

VLB

B7M



S64°46'55"W 166.45'
 S124.01'
 42.43'
 24.49'
 24.49'
 24.49'

9°44'

SWM-3

RD CONNECTION
 (TYP.)

LOT 3

50,000 s.f.
 1.478 Ac.
 50' BRL

PROP. HOUSE

SWM-2

50,000 s.f.
 1.478 Ac. ±

PROP. HOUSE

Scale 1" = 50'
 S78°36'49"E 177.21'

N-2 NON-ROOFTOP
 DISCONNECTION

N-2 NON-ROOFTOP
 DISCONNECTION

PROP. 40' UIC
 DRIVEWAY & SWM
 ESMT.

Well location OK
 AG 1/27/14

SWM-1

2°04'02"E
 30.36'

30' BRL

S78°36'49"E 177.21'

177.21'

S06°12'33"
 88.92'

602.8

PROP. 40' UIC
 DRIVEWAY & SWM
 ESMT.

N85°36'40"
 239.75'

239.75'

30' BRL

S78°36'49"E 177.21'

N-2 NON-ROOFTOP
 DISCONNECTION

PROP. 40' UIC
 DRIVEWAY & SWM
 ESMT.

N-2 NON-ROOFTOP
 DISCONNECTION

SWM-1

2°04'02"E
 30.36'

30' BRL

S78°36'49"E 177.21'

177.21'

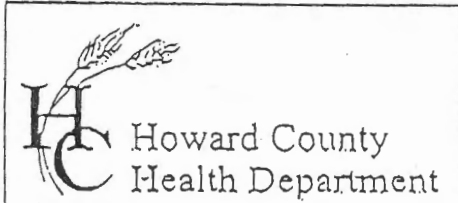
S06°12'33"
 88.92'

602.8

PROP. 40' UIC
 DRIVEWAY & SWM
 ESMT.

N85°36'40"
 239.75'

239.75'



7178 Columbia 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

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

*8-

Quartz Hill III
 Subdivision/Property Name

Lot#

Old Frederick Rd
 Road Name

The well site has been staked by VanMar Associates
 (professional land surveyor or company employing professional land surveyors)
 on Dec - 2013 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Charles Sharp