

C1 08077 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 13

ST/CO USE ONLY

DATE Received

MM 03 DD 21 YR 14

DATE WELL COMPLETED

MM 3 DD 21 YR 2014

Depth of Well

22 180 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-95-2637

OWNER

WELL SITE ADDRESS

SUBDIVISION

SECTION

LOT 7

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use  
additional sheets if needed)

FEET

FROM TO

check  
if water  
bearing

Sand Stone

0 36

Gray Granite

36 180

Water at 160

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS 12 NO. OF POUNDS 1128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 37 ft.  
(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST  
STEEL

CO  
CONCRETE

PL  
PLASTIC

OT  
OTHER

MAIN  
CASING  
TYPE  
PL

Nominal diameter  
top (main) casing  
(nearest inch) 6

Total depth  
of main casing  
(nearest foot) 40

OTHER CASING (if used)

diameter depth (feet)

inch from to

screen type  
or open hole

SCREEN RECORD

insert  
appropriate  
code  
below

ST  
STEEL

BR  
BRASS

HO  
OPEN  
HOLE

PL  
PLASTIC

OT  
OTHER

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 MSD 024

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD 027

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

C3

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 67 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 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)

CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

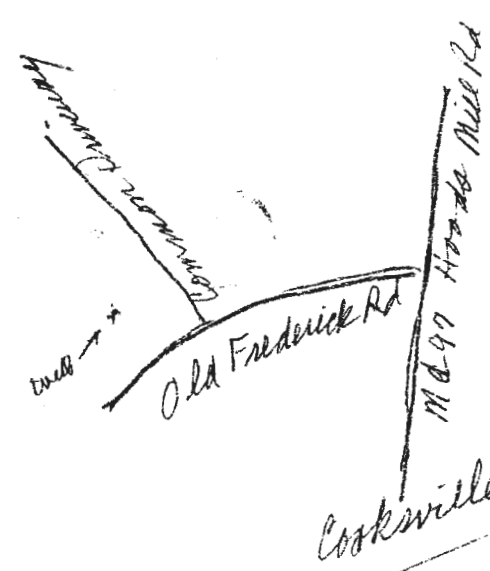
PUMP COLUMN LENGTH  
(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

LAND SURFACE 2 (nearest  
foot)

LATITUDE 39.33735  
LONGITUDE 77.01815  
(DEFAULT COORD. WGS 84)  
NOTES:

B 1	29559	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 546223-F please type	STATE PERMIT NUMBER HO-95-2637 fill in this form completely
Date Received (APA) 01 13 14 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name <u>Sharp</u>		Owner First Name <u>A. Charles</u>		
36 Street or RFD <u>4003 Jennings Chapel Rd</u>		55		
57 Town <u>Brownsville</u>		70 State <u>MD</u> 72 Zip <u>20833</u> 76		
DRILLER INFORMATION				
Driller's Name <u>Joseph &amp; Mayne</u>		76 License No. <u>M S D 024</u> 81		
Firm Name <u>Joseph &amp; Mayne Well Drilling</u>				
Address <u>5512 Ridge Rd Mt. Airy Md 21771</u>				
Signature <u>Joseph &amp; Mayne</u>		Date <u>12-30-2013</u>		
B 2 WELL INFORMATION				
1 2		APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 <u>500</u> 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<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"/> OPEN LOOP GEOTHERMAL				
<input type="checkbox"/> CLOSED LOOP GEOTHERMAL				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u>				
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)				
37 CABLE REVERSE-ROTARY DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
39 <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				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____ G _____				
PERMIT No. <u>HO-95-2637</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	LOCATION OF WELL
8 COUNTY <u>Howard</u> 21	
23 SUBDIVISION <u>Quartz Hill III</u> 42	
SECTION <u>44</u> 46 LOT <u>7</u> 48 50	
52 NEAREST TOWN <u>Cooksville</u> 71	
B 4	
SOURCES OF DRILLING WATER	
1. <u>well</u>	
2.	
3.	
11 STREET ADDRESS <u>Old Frederick Rd</u> 30	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST </div> <div style="text-align: center;"> 34 <u>150</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 </div> </div>	
TAX MAP: <u>8</u> BLK: _____ PARCEL <u>401</u>	
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
<u>Howard</u> COUNTY NAME COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>1/27/14</u> CO SIGNATURE <u>Andrew Reint</u> EXP. DATE <u>1/27/15</u> 43 MM DD YY 48	
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 	

## Well Permit No. HO - 95-2637

Subdivision Quartz Hill III

Well Driller Joseph L. Mayne

Lot 7 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_

Well Driller Joseph L. Mayne Owner Charles A. Sharp

Depth of well 180'

Distance of measuring point (M.P.) above ground 2

Static water level (S.W.L.) below M.P. 42'

Time pump started 8:00

Pumping rate 20 gpm

Total time 15 min to reach pumping water level 67 ft. below M.P.

[illegible]

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

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**Must circle one:** Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95-2637  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_

Model #: \_\_\_\_\_

Pump Capacity \_\_\_\_\_

Well Yield: \_\_\_\_\_

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

**Must circle one:** Torque arrestors / Cable guards / Other acceptable method used

**Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing**

**Pitless Adapter**

Make: \_\_\_\_\_ +

Model#: \_\_\_\_\_

GPM Depth: \_\_\_\_\_ (36" min)

GPM NSF/WSC 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: \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_

PSI: \_\_\_\_\_ (160 psi min)

Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_

Length of sleeve (5' minimum from foundation): \_\_\_\_\_

Sleeve 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 \_\_\_\_\_

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

Date Insp. Requested: 03/18/2020 Date Insp. Approved: 03/18/2020 Inspector: \_\_\_\_\_

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

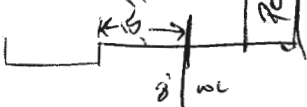
Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

52" 03/18/2020  
46" 03/18/2020  
29" 03/18/2020

(Revised form 10/24/2018)



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JANUARY 13, 2020**

July 13, 2020

Homeowner  
14562 Old Frederick Road  
Cooksville, MD 21723

**RE: Quartz Hill, Lot 7  
14562 Old Frederick Road  
Building Permit: B19004149  
Well Permit: HO-95-2637**

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 **2/28/2020**. Final approval of the well line connection to the dwelling was granted on **3/18/2020**. The well construction was completed on **3/24/2014**. Water samples were collected on **7/6/2020**.

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-95-2637. 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.**

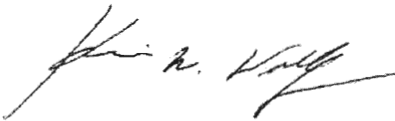
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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**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 #: 138301 Account #: 1045  
Reference: CBI Homes LLC Quartz Hill Lot 7 Company: Atlantic Blue Water Services  
Location: 14562 Old Frederick Road Requested By: Mark Mather  
Cooksville, MD 21723 Source: Well Water  
Date/ Time Collected: 7/6/2020 1415 Site: Laundry Room Faucet  
Date/Time Rec'd: 7/6/2020 1524 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.5  
Collected By: M. Mather 0258MM Well #: HO-95-2637

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/7/2020 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/7/2020 / 1000 / CRS
Nitrate	<1.0	mg/L	10	601	7/7/2020 / 0845 / CRS
Turbidity	8.15	NTU	<10	SM20 2130B	7/7/2020 / 0945 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	7/7/2020 / 1220 / 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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND = None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy  
Building Permit # : B19004149

Date Reported: 7/7/2020



ESMT #2  
468,165 s.f.  
10.7476 Ac. ±

N86°31'40"W  
31.00'

N57°11'36"E  
80.08'

N35°11'01"W  
141.53'

LOT 7  
50,000 s.f.  
1.1478 Ac. ±

S63°17'29"E  
59.92'

SWM-7

PROP HOUSE

PROP. 24' UIC  
DRIVEWAY & SWM  
ESMT.

GgB

PROP. SE-IN-COMMON DRIVEWAY

S10°16'17"E  
226.44'

S10°16'17"E  
190.17'

N-2 N  
DISC

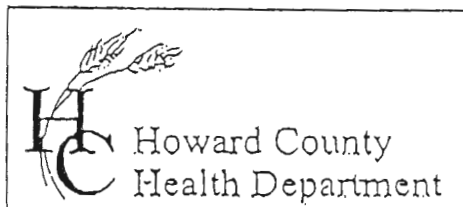
PRE  
SITE

Well  
locations  
OK  
AG  
1/27/14

Scale  
1"=50'







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#

Alt 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