Cal 11820	SEQUENCE NO.	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN
CIT 4 1020	(MDE USE ONLY)	WELL COMPLETION REPORT	45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IT TO BE P	PUNCHED	FILL IN THIS FORM COMPLETELY	COUNTY
ST/CO USE ONLY	DATE WELL COMPL	ETED Depth of Well	PERMIT NO.
DATE Received	. My . DO Y	1 AP 12 /22 22 5 26	FROM "PERMIT TO DRILL WELL"  H B 18 0011
8 13	. 15	20 (TO NEAREST FOOT)	28 29 30 31 32 83 34 35 36 37
OWNER Hosha	tetler Ch	Stephen first name	<i>Y1</i>
WELL SITE ADDRESS SUBDIVISION	Sharp Farmy	SECTION TOWN	LOT 10
WELL		GROUTING RECORD yes no	C 3
Not required to		WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST
STATE THE KIND OF FORMA COLOR, DEPTH, THICKNES		TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FROM TO bearing	CEMENT C M BENTONITE CLAY B C	8 9
62.50	27.	NO. OF BAGS NO. OF POUNDS 45/56 04	PUMPING RATE (gai. per min.)
Mila Rock.	0 30	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket
Mica Kork	36 225 上海	from 6 ft. to 3 g ft.	WATER LEVEL (distance from land surface)
Harris Maria		(enter 0 if from surface)  CASING RECORD	BEFORE PUMPING 10 ft.
		types	SEI OTHER TOWN
	159	appropriate STEEL CONCRETE	WHEN PUMPING 106 ft.
Water ab		code below PLASTIC OTHER	TYPE OF PUMP USED (for test)
A. A.		MAIN Nominal diameter Total depth	A air P piston T turbine
48	0	CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe
* Driller	holicated,	St 6 40	27 below)
* Driller	+ fermont of	60 61 63 64 66 70 E OTHER CASING (if used)	J jet S submersible
0.75	7 1 - 1	diameter depth (feet)	21 21 3
38.		H inch from to	PUMP INSTALLED  DRILLER INSTALLED PUMP  YES  O
		S	(CIRCLE) (YES or NO)
		G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
		screen type SCREEN RECORD	TYPE OF PUMP INSTALLED
	14 ×	or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O)
V= + 1		appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
	1 1 4	below PL OT OTHER	(to nearest gallon) 31 35
	1 1	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER  37 41
NUMBER OF UNSUCCESS	FUL WELLS: 0	1 2	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	yes N	E 1 HO 39 225 A 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box
CIRCLE APPRO	PRIATE LETTER	C 2	above and enter casing height)  LAND SURFACE
A WELL WAS ABANDON WHEN THIS WELL WAS	NED AND SEALED	S 23 24 26 30 32 36	below (nearest)
E ELECTRIC LOG OBTAIN	NED	C 3 R 38 39 41 45 47 51	49 50 51 foot)
P TEST WELL CONVERTE		E SLOT SIZE 1 2 3	LATITUDE 3 9. 26 915
ACCORDANCE WITH COMAR 26.04	ELL HAS BEEN CONSTRUCTED IN 4.04 "WELL CONSTRUCTION" AND INDITIONS STATED IN THE ABOVE	DIAMÈTER (NEAREST	LONGITUDE 77.01462
CAPTIONED PERMIT, AND THAT	THE INFORMATION PRESENTED OMPLETE TO THE BEST OF MY	OF SCREEN 1NCH) 56 60	(DEFAULT COORD. WGS 84)
	ii CD 0 0 B	from to	Pursuant to \$10-624 of the State Govt. Article of the Maryand Code personal info. requested on
DRILLERS LIC. NO. 1	MPDOXI	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL	this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info.
DRILLERS SIGNATURE	ON APPLICATION	INSERT F IN BOX 68 68	may result in this form not being processed. You have the right to inspect, amend, or correct this
(MUST MATCH SIGNATURE		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	form. The Maryland Department of the Environment is subject to the Maryland Public
LIC, NO.1	D	T (E.R.O.S.) W Q	Information Act. This form may be made available on the Internet via MDE's website and is
SITE SUPERVISOR (sign.	of driller or journeyman	70 72 72 73	subject to inspection or copying, in whole or in part, by the pulic and other governmental
responsible for sitework if d		TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	agencies, if not protected by federal or state law.

COUNTY

D 1 Z A A 4 A SEQUENCE NO.	STATE OF MARYLAND	STATE PERMIT NUMBER
(MDE USE ONLY)	APPLICATION FOR PERMIT TO DRILL WELL	110 10 001
1 2 3	please type	He-18-00-1
		fill in this form completely
Date Received (APA)	B 3	LOCATION OF WELL
8 MM DD YY 13	Howard	_
Hoch atetler	Stanke 8 COUNTY	
15 Last Name Owner	First Name 34 Sharp F	arms
21501 Goshen Hunt	Lane 23 SUBDIVISION	42
36 Street or RFD	55 SECTION L	LOT 10
Carthersburg Md	20882-1017	40 00
	72 Zip 76 (2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7
DRILLER INFORMATION		
Driller's Name 7	M S D 0 2 7 B 4 B 4	A
A Land of modern the	SOURCES OF DRILLING WATER	3772 Share RI
Firm Name	Willing 1. Will	11 STREET ADDRESS 30
rein Rober Rd Mrt C:	m d 2/22/1 2.	KORTTA
ACCRES.	3.	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
There mare	4-15-2019	W 32 E
Signature	Date	34 2 60 37 SOUTH
B 2 WELL INFORMATION APPROX. PUMPING RATE		DISTANCE FROM ROAD
The same and the s	8 12	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED	500	TAX MAP: 21 BLK: 12 PARCEL 0200
(GAL. PER DAY) 14  USE FOR WATER (CIRCLE AP	20 NOT TO	BE FILLED IN BY DRILLER
DOMESTIC POTABLE SUPPLY & RESIDE	LIEAL TI	DEPARTMENT APPROVAL
IRRIGATION	1	
F FARMING (LIVESTOCK WATERING & AG		
IRRIGATION)	COUNTY NAME STATE	
P PUBLIC WATER SUPPLY WELL	SIGNATURE	INSERT S
P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING	DATE ISSUED	110-
O OPEN LOOP GEOTHERMAL	43 MM DD YY 48	CO SIGNATURE EXP. DATE
C CLOSED LOOP GEOTHERMAL		/ I I P
	DON 612 20 T	DOR: 6/14 DOY DOY: CAMBONG
4.1		ED LOCATION OF WELL ON LOT
APPROXIMATE DEPTH OF WELL 24	TEE!	CTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, MARKS AND INDICATE NOT LESS THAN TWO
	DIOTAN	CE MEASUREMENTS TO WELL
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	John Starter
METHOD OF DRILLING	(circle one)	16
BORED (or Augered) JETTED	Jetted & DRIVEN	0.60
30 AIR-ROTary) AIR-PERcussion	ROTARY (Hydraulic Rotary)	20
37 CABLE REVerse ROTary	DRive-POINT 3	
other.		3
REPLACEMENT OR DEEPE	ENED WELLS	-
(CIRCLE APPROPRIATE		SIL Kd
THIS WELL WILL NOT REPLACE AN EXIST	3 1 -54	Thank
THIS WELL WILL REPLACE A WELL THAT	WILL BE	A
THIS WELL WILL REPLACE A WELL THAT	WILL BE USED	
AS A STANDBY-CONTACT LOCAL APPROV		5
THIS WELL WILL DEEPEN AN EXISTING W	ELL	A S
PERMIT NUMBER OF WELL TO BE REPLACED O	HO CASINO	
(IF AVAILABLE) 41	Br (2) 191	19
Not to be filled in by driller (MDE OR C	COUNTY USE ONLY)	
	110 gpm	
APPROP. PERMIT NUMBER	G   State @ 10'	
HO	-18-0077	2.10
PERMIT No. 70 71 7	2 73 74 75 76 77 78 79	O-10
SPECIAL CONDITIONS	WELL BOX BORDERS WE	TIANN SOIL .
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED	NOW DOR LUFBERS WE	101123 3000

MDE/WMA/PER.071

Page	•	of	
Date	6-	14-	2019

Review	

# FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 18-0071 Location of property (road) 3720 Sharp Subdivision Sharp Farms	Rd Lot 10 Block Owner Stephe	Plac	Sec.
Well Driller Joseph & Maigne In	_ Owner Stephe	n Hochster	les
Depth of well 225			
Distance of measuring point (H.P.) at			
Static water level (S.W.L.) below M.F			
I. High race pumping reservoir drawdown	٦		
Time pump started 7:30	Pumping ra	te 209 PM	n
	water level	106 ft. belo	OW M.P.
\ '			

II. Recovery pump test data - observations to be recorded every 15 minutes

1	TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER. READING	CALCULATED FLOS
1	minute in-	below M.P.	time to fill 8	(if used)	(gallons per
-	tervals		gallon bucket		minute)
	7:45	71 '	3 sec		20 9 PM
	8:00	106'	3 sec		205PM
	8:15	106'	4 sec		15 3 PM
	8:36	1061	4 sic		15 9 Pm
	8:45	106 *	4 300		15. 7 PM
	9:00	106	4 sec		15' 9PM
	7: 13	106'	4 suc	·.	15 9 Pm
	9:30	106	11 sec		15 9 Pm
	9:45	106	4 sec	·	15 3 m
	10:00	106	· . 4 se		15 9PM
	115	106	4 200		15. 98m
	16'30	100	4 sec		15 9Fm
	45	106	4 200		15 210
	1100	106	f ve		13 319
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Date	(9	14-	201	7

				•	
	Revi	<b>₽</b> 1./			
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			The second secon	 	

### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. Location of prope	40 - 18-0071 rcy, (road) 3720 Show	a Rd		
Subdivision	Sharp Farmer	Owner Stephen	Plat Sec	
Well Driller	Joseph & maine Ja	Owner Stephen	Hochsterles	
Distance o	ell 225 f measuring point (M.P.) er level (S.W.L.) below			
I., High race pu	mping reservoir drawd	own		
. Time pump s Total time	tarted 7:30 30 to reach pump	Pumping rate ing water level <u>/o</u> c	20 S Pm It, below H.P.	,

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15	WATER LEVEL	PUNPING RATE	PLOW METER. READING	CALCULATED
minute in-	below H.P.	time to fill 81	(if used)	(gallons p
tervals	7/ 1	gallon bucket'		minute)
9:45	106	3.sec	/	2051
		3 200		15 8
8:15	106	4 stc	. ,	15 5
8:56	1061	4 pre		
8:45	106+	4 sec		15 9
9:00	106	4 Res		15' 5
9: 13	106'	4 sec		15 9
9:30	106	4 sec		133
9:45	106	4 sec		15
- 10:00	106	4 se		15
10: 15	100	4 en		15"
16:30	104	4 sec		15
10:45	106 "	4 200		15 8
11:00	106	* se		15
·		,		
				· ·
			*,	
,				
	,			

c 1 41820	MDE	IENCE NO. USE ONLY)	STATE OF MARYLAN	D	THIS REPORT MUST BE SUBMITTED WITHIN	
1 2 3		552 572.7	WELL COMPLETION REPO	PAT	45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO B			FILL IN THIS FORM COMPLETEL	ĽY	COUNTY NUMBER	
IN COLS, 3-6 ON ALL C ST/CO'USE ONLY		VELL COMPL	PLEASE TYPE ETED Depth of Well		PERMIT NO.	
DATE Received	DATEV	00 1	Series Septit of Weil		FROM "PERMIT TO DRILL WELL"	
B 13	15	14 20	20 TO NEAREST FOOT)	28	28 26 30 31 32 33 34 35 36 47	
	1		7/4	,	20 20 07 02 00 07	
	estetle	120 She	nn Rd Brit name TC	53444	Hlenely	
WELL SITE ADDRESS	Shorn	Farme		DWN	LOT 10	
SUBDIVISION	ELL LOG	I W DMW	SECTION	RO.		
<del>, , , , , , , , , , , , , , , , , , , </del>	ed for driven wells			7) N	<u>Ç[3]</u>	
		ATED. THEIR	(Circle Appropriate Box)	A 44	PUMPING TEST	
STATE THE KIND OF PO COLOR, DEPTH, THICK	100	R BEARING chack	TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY		HOURS PUMPED (nearest hour)	
DESCRIPTION (Use additional sheets if needed)	FROM	if water bearing			15	
0 1	5 3		NO. OF BAGS NO. OF POUNDS SALLONS OF WATER	1504	PUMPING RATE (gal. per min.)	
Sand Mica Rock	0	٠	GALLONS OF WATER 9 6 DEPTH OF GROUT SEAL (to nearest foot)		METHOD USED TO MEASURE PUMPING RATE Bucket	
Rest	36 2	25 1	from O to 38 to 38 to 54 BOTTON		meral of the state	
Mica noch	36			M 58 ft.	WATER LEVEL (distance from land surface)	
			(enter 0 if from surface)		BEFORE PUMPING 17 20 tt.	
1	ļ		( buses )	(A)(A)		
	1		/ insert \  5	CONCRETE	WHEN PUMPING 106 tt.	
Water ab	, 75 , 130		code	OT	TYPE OF PUMP USED (for test)	
Water			below PLASTIC	OTHER		
			MAIN Nominal diameter Total d			
1	1 1	İ	CASING top (main) casing of main of TYPE (nearest inch)! (nearest		C centrifugal R rotary O other (describe	
			5t 6 40	,	27 below)	
			60 61 83 84 86	70.	J jet S aubmersible	
1			E OTHER CASING (if used) A diameter depth (fe		27 27	
	1 1		C diameter depth (16	to	DI ISAD INICYALI ED	
			C		PUMP INSTALLED  DRILLER INSTALLED PUMP YES (NO)	
			S	- 1	(CIRCLE) (YES or NO)	
			Ğ — — — — — — — — — — — — — — — — — — —		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
	1 1		screen type SCREEN RECORD		TYPE OF PUMP INSTALLED	
	1 1		i and the second	HO	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29,	
			insert STEEL, BRASS	OPEN	CAPACITY:	
		1	code	OT	GALLONS PER MINUTE (to nearest gallon) S1 36	
			below	OTHER	(10 Housest Smill)	
					PUMP HORSE POWER	
NUMBER OF UNSUCCE	ESSFUL WELLS:	0.	C 2 DEPTH (nearest ft.)	1	PUMP COLUMN LENGTH (nearest ft.)	
	уеь	/TO	1 Ho 39 225	<u> </u>	CASING HEIGHT (circle appropriate box	
WELL HYDROFRACTU	RED Y	(N)	A 8 9 41 15 17	21	and enter casing height)	
CIRCLE APP	ROPRIATE LETTE	R	C 2 H 23 24 26 30 32	36	LAND SURFACE	
A WELL WAS ABAN	NDONED AND SEAL	ED	8 C 9		below 2 (nearest)	
E ELECTRIC LOG OB	TAINED		R 38 .99 41 46 47	51	49 50 51	
P TEST WELL CONVE	ERTED TO PRODUC	CTION	E	- 1	LATITUDE 3 9 . 2 6 9 1 5_	
LHEREBY CERTIFY THAT THE	IS WELL HAS BEEN C	ONSTRUCTED IN	N DIAMETER (NEARE		LONGITUDE 77. 01462	
ACCORDANCE WITH COMAR IN CONFORMANCE WITH ALL CAPTIONED PERMIT, AND T	L CONDITIONS STATE	D IN THE ABOVE	OF SCREEN INCH)	201	(DEFAULT COORD, WGS 84)	
HEREIN IS ACCURATE AND KNOWLEDGE.	COMPLETE TO TH	E BEST OF MY	56 80 1rom to		Pursuant to \$10-624 of the State Govt. Article of	
DD#11500110 110	MEDO	27			the Maryand Code personal info. requested on this form is used in processing this form pursuant	
DBILLERS LIC. NO.		<del>+</del> +	GRAVEL PACK IF WELL DRILLED WAS BE DWING WELL		to COMAR 26,04.04. Pailure to provide the info.	
DAILLERS SIGNATURE			WAS FLOWING WELL INSERT F IN BOX 56 88		may result in this form not being processed. You have the right to inspect, amend, or correct this	
(MUST MATCH SIGNAT	URE ON APPLICATIO	N)	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		form. The Maryland Department of the	
LIC. NO.	D_	1		wa	Environment is subject to the Maryland Public Information Act. This form may be made	
1			-		evailable on the Internet via MDE's website and is subject to inspection or copying, in whole or in	
SITE SUPERVISOR (si	ign, of driller or inc	meyman	70 72 74	75 78	part, by the pulic and other governmental	
responsible for sitework			TELESCOPE LOG	HER DATA	agencies, if not protected by federal or state law.	





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

### **MEMORANDUM**

TO:

Department of Planning and Zoning

Attn: Kent Sheubrooks **Planning Manager** 

FROM:

Joseph Cabahug
Licensed Environmental Health Specialist 001997

**Howard County Health Department** 

Well & Septic Program

RE:

Nicholas Sharp, Sharp Farms - Lot 10 (3720 Sharp Road)

F-19-048

DATE:

06/28/2019

The wells for the Nicholas Sharp, Sharp Farms - Lot 10 subdivision have been drilled and received preliminary approval by the Health Department. The recordation of plat F-19-048 should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite.

If there are any questions, please contact me at 410-313-2643.

CC: File



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

### INTERIM CERTIFICATE OF POTABILITY

Expiration Date - DECEMBER 30, 2020

June 30, 2020

Homeowner 3720 Sharp Road Glenwood, MD 21738

RE:

Sharp Property, Lot 10

3720 Sharp Road

Building Permit: B19003473 Well Permit: HO-18-0071

#### 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 3/20/2020. Final approval of the well line connection to the dwelling was granted on 2/13/2020. The well construction was completed on 6/14/2019. Water samples were collected on 6/22/2020.

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-18-0071. 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

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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

In closing, please refer to our "<u>Homeowner Fact Sheet</u>" 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

hin Kall

Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits

Community Hygiene Program

File



3020 Ventrie Court ● P.O. BOX 245 ● Myeraville, MD 21773 ● 800-332-3340 ● FAX 301-293-2365 www.fredericktownelabs.com • info@fredericktownelabs.com

## **Certificate of Analysis**

Acct. No. 10969 - 4-1 Field Record

Site visit performed on: Monday, June 22, 2020

7:15 AM

by: Cristy Phelps

State ID No. 0632CP

Affiliation: Fredericktowne Labs, Inc.

Property Owner:

**Crosen Homes** 

Property Address: 3720 Sharp Road

Glenwood, MD 21738

Sample Source:

Pressure Tank

Treatment Devices Noted: No Treatment Devices

Well No.: HO-18-0071

Field pH: 7.7

Free Res. Cl.: <0.1 mg/l

Temp: 14.1° C

## Laboratory Report

Sample Received at laboratory: 6/22/2020

8:10 AM

Bacteriological results:

-Start -

Fnd -

Total Colif. (/100ml)

E.coli.(/100ml)

Time Date

Time

<1

Method

Analyst

06/22/20-11:25

06/23/20-06:37

9223B

KB

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

#### Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	<u>Analyst</u>
Nitrate-Nitrogen	5.8 mg/l	10	6/22/2020	300.0	SR
Sand	<2 mg/l	5	6/23/2020	0.065mmFilter	KB
Turbidity	4.5 NTU'	<10	6/22/2020	180.1	KB



3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2386 www.fredericktownelabs.com • info@fredericktownelabs.com

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Bacteriological results:

-Start

End -

Total Colif. (/100ml)

E.coli.(/100ml)

<1

Time 06/22/20-11:25

06/23/20-06:37

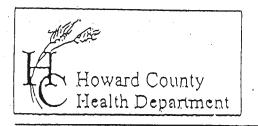
Method 9223B

Analyst KB

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### **Inorganic Chemical results:**

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	5.8 mg/l	10	6/22/2020	300.0	SR
Sand	<2 mg/l	5	6/23/2020	0.065mmFilter	KB
Turbidity	4.5 NTU'	<10	6/22/2020	180.1	KB



7178 Columbia Galeway 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 pennit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Sharp Farms 10 3720 Sharp Rd
Subdivision/Property Name Lot# Road Name

The well site has been staked by <u>Fisher Collins a Carta</u> (professional land surveyor or company employing professional land surveyors) on <u>Apr. 2019</u> (date) and does not require a site inspection.

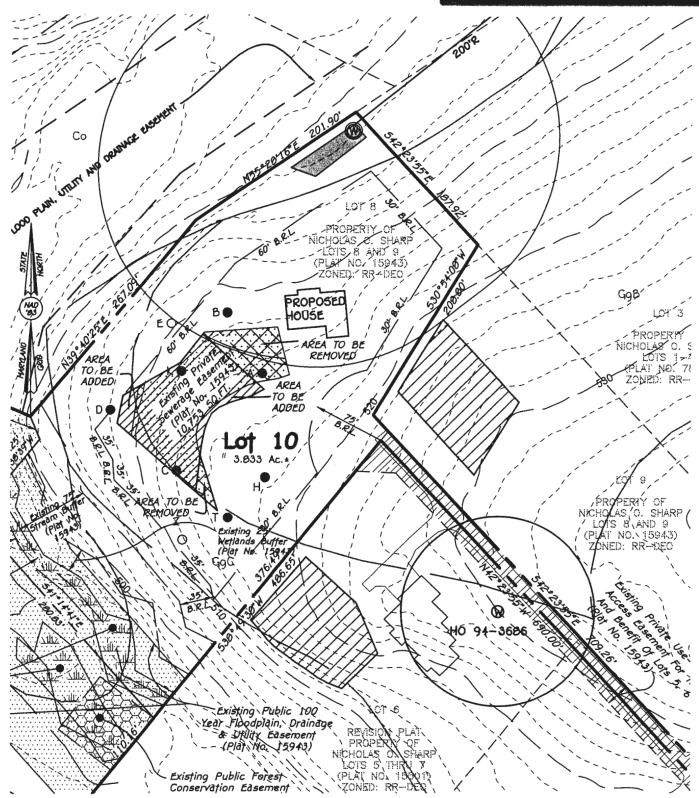
Of The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

APPROVED 5/14/2019 @001997 STAKED BY FCC HO-18-0071







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: CARS UP PUMP & WT, U Telephone #: 4117 795 5670  Address: Story Oby (Wt Ro)  Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer  License # and name of individual responsible for the field installation:  Name (Print): Licensed   MSD 22 (  *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: (YOSP) Flores Telephone #: 443-324-4775
Name of Property Owner: (Y050 H000 Telephone #: 443-324-4775  Subdivision: Lot #: Well Tag #: HO - 18 - 00 7/  Site Address: 3720 Sharp Rd  (51000000, MO 217538
Submersible Pump Data  Make: M
Piping to house Type: 1'' ON PIPE PSI: 20 (160 psi min) Depth of supply line: 36 (36" min)  House Connection PVC sleeve to undisturbed soil at wall penetration: 45 Length of sleeve(5' minimum from foundation): 45 Sleeve sealed properly: 465
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 <u>cannot</u> be accomplished, contact this office for approval prior to installation.  Signature of company representative responsible for installation date
Date Insp. Requested: (2/13/2000) Date Insp. Approved: (2/13/2000) Inspector: Inspection Data: Pitles's 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  (Revised form 10/24/2018)



### Bureau of Environmental Health

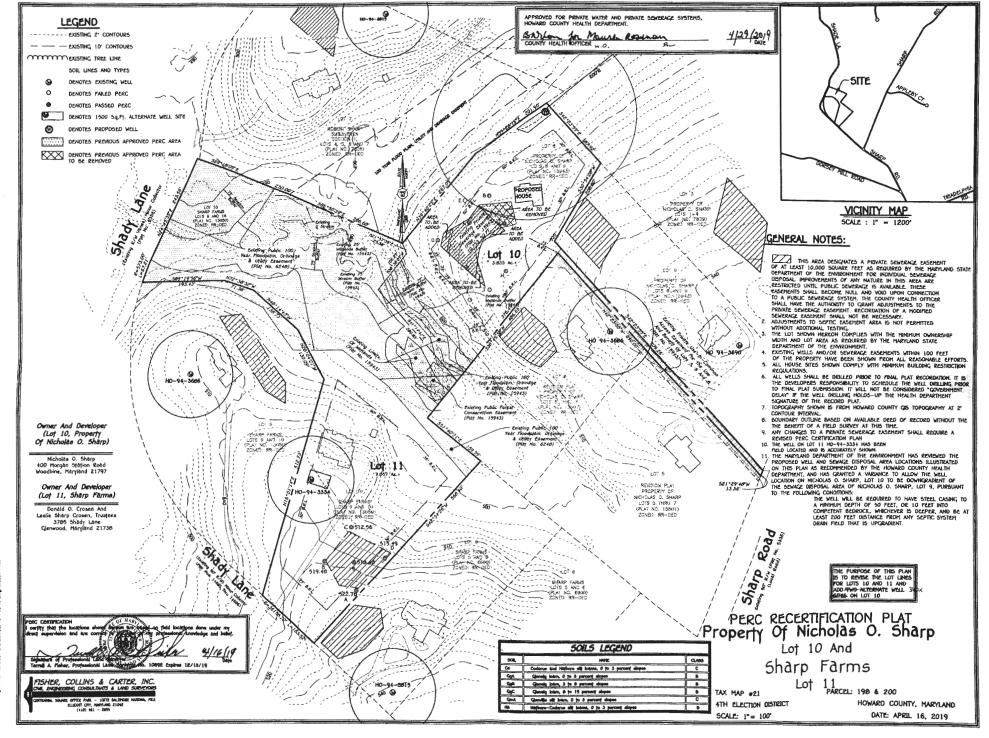
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Maura J. Rossman, M.D., Health Officer

# APPLICATION FOR VARIANCE TO COMAR ONSITE WATER/SEWER FOR MDE APPROVAL

Date Submitted 3/29/2019					
3720 NW SHARP RD GLENWOO	D 21738				
Property Address					
NICHOLAS O SHARP	10	0 21	12	200	363132
Subdivision	to	ot Tax Map	Grid	Parcel	Tax Account #
Provide a brief site history including p County (subdivision plans, perc test a Health File-59308, Record Plat 15	pplications, Building	Permit applica	tions):		
In the area below, list the specific sec being requested and provide a brief's requested (Attach a separate sheet if Regulation Section	summary of the regu f necessary). Summary and Exp	ulation and an explanation	xplanatio	n of why t	he variance is being
1. COMAR 26.04.02.05.B.(2)	Specifies that on				
	downgradient fro	om a private w	SDA	·-lot	10 well is 200
2.					
Nich Shays					
Property Owner's Signature					
• • • • • • • • • • • • • • • • • • • •	Health Departr	ment Use Or	ily		
Reviewed by  HCHD Staff			Date		
Recommendation: [X] Re	commended	[ ] Not R	ecomme	nded	
	Me C		4/2	3/19	
HCHD Supervis	sor		Date		
Comments/Conditions: - st	eel casing	50 depol	nor	10'm	to competent
	· way				
Approved by: Steve K	reig-see affair	nched	Date	3/19	



SDSKPROJ61720/dwg/61720 Revised Perc Cert Let 10 4-16-19 June Model 1-100