

C1 08094

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

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM 03 21 YY 14

DATE WELL COMPLETED MM 03 20 YY 14

DEPTH OF WELL 22 340 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95-2634

OWNER Sharp A. Charles WELL SITE ADDRESS Old Frederick Rd TOWN Looksville SUBDIVISION Quarry Hill III SECTION LOT 4

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sandstone + gravel mix (0-96) and Gray Granite (96-340) with water at 66' 305'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD (Steel, Concrete, Plastic, Other) MAIN CASING TYPE (ST) Nominal diameter top (main) casing 6, Total depth of main casing 100

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

SCREEN RECORD (Steel, Brass, Plastic, Open Hole, Other) screen type or open hole (ST) insert appropriate code below

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 49 ft. WHEN PUMPING 254 ft. TYPE OF PUMP USED (for test) S submersible

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER 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 MSD 024

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD 024

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

DEPTH (nearest ft.)

Table with columns: 1-11, 15-17, 21, 23-24, 26, 30-32, 36, 38-39, 41, 45-47, 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

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 () below LAND SURFACE 2 (nearest foot)

LATITUDE 39.33758 LONGITUDE 77.01635 (DEFAULT COORD. WGS 84)

NOTES:

B 1	29563	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>5410223-C</i> please type	STATE PERMIT NUMBER HO-95-2634 <small>fill in this form completely</small>
------------	--------------	--------------------------------	--	---

OWNER INFORMATION

Date Received (APA) 01 13 14
8 MM 00 YY 13

Sharp Last Name A. Charles Owner First Name 34

4003 Jennings Chapel Rd Street or RFD 55

Brookville Town Md State 20833 Zip 76

LOCATION OF WELL

Howard COUNTY 21

Quartz Hill III SUBDIVISION 42

SECTION 44 45 LOT 4 48 50

Cookville NEAREST TOWN 71

DRILLER INFORMATION

Joseph & Mayne Driller's Name M S D 024 License No. 81

Joseph & Mayne Well Drilling Firm Name

5512 Ridge Rd Mt. Airy Md 21771 Address

Joseph & Mayne Signature 12-30-2013 Date

SOURCES OF DRILLING WATER

1. well

2. _____

3. _____

Old Frederick Rd STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 100 37 DISTANCE FROM ROAD ET

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: _____ PARCEL 401

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)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 1/27/14 Andrew Saint 1/27/15
43 MM DD YY 48 CO SIGNATURE 41 EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

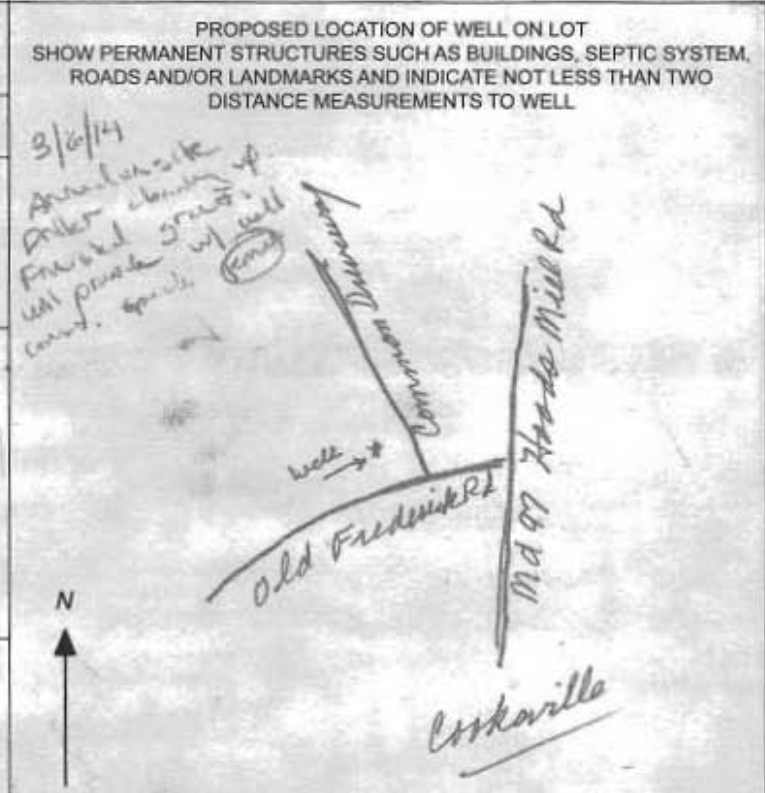
THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. HO-95-2634
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: _____ 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 - _____
Site Address: _____

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: _____	
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>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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: 10/19/2017 Date Insp. Approved: _____ Inspector: _____

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	48" 10/19/2017 (1)
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	20" 10/19/2017 (2)
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	11" 10/19/2017 (3)
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	~ 30' sleeve 10/19/2017 (4)
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	

(5) Shower Spec: 2" Coex Cellular Core PVC
SC4-40

10/19/2017 (5)
* 7.25' to TOW
215' x 6'

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 13, 2018

February 13, 2018

Homeowner
14534 Old Frederick Road
Cooksville, MD 21273

RE: Quartz Hill, Lot 4
14534 Old Frederick Road
Building Permit: B17002436
Well Permit: HO-95-2634

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 **10/4/2017**. Final approval of the well line connection to the dwelling was granted on **2/5/2018**. The well construction was completed on **3/6/2014**. Water samples were collected on **12/19/2017**.

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-95-2634. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

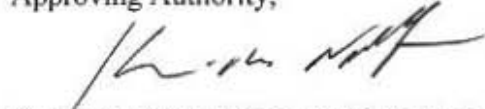
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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

JOSEPH L. MAYNE WELL DRILLING

5512 Ridge Road
MT. AIRY, MARYLAND 21771

2-5-2018

Catonsville Homes
11175 Stratfield Ct.
Marriottsville, Md. 21104

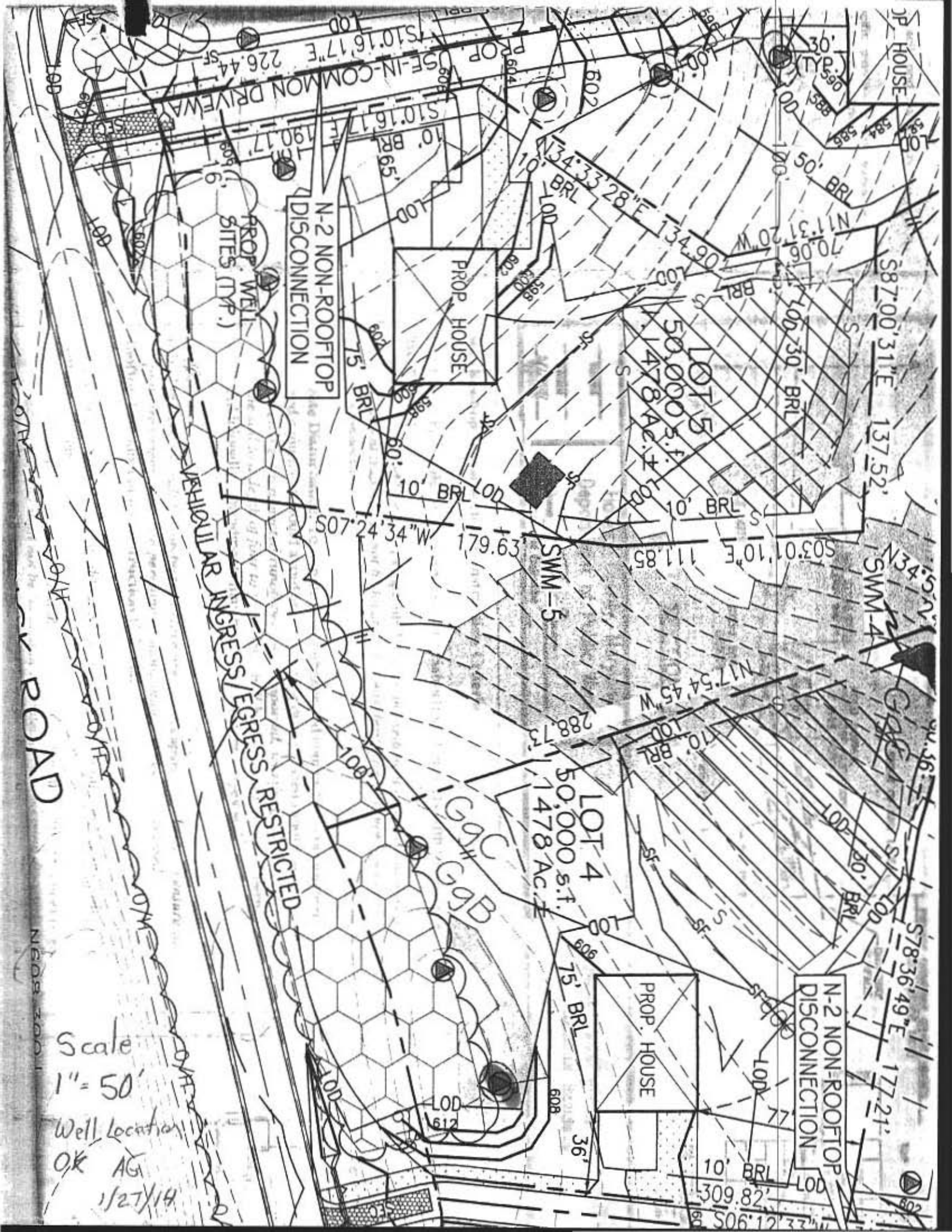
Re. Quartz Hill 111 Lot 4 Tag Ho-95-2634

We drilled 340 ft. well at Quartz Hill 111 Lot 4
Yield test and cement grout done 3-6-2014.

We pumped 27 bags of cement to 86 ft. open hole
around the well casing. We jetted cement from 60 . to 86 ft.
Lot 4 Quartz ¹¹¹ was drilled and grouted to currant standards
of Comar 26.04.04.

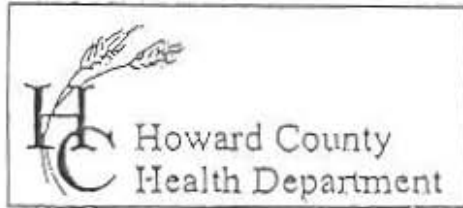
Sincerely

Joseph L. Mayne
Joseph L. Mayne Jr



Scale
1" = 50'

Well Location
OK AG
1/27/14



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 Old Frederick Rd
 Subdivision/Property Name Lot# Road Name

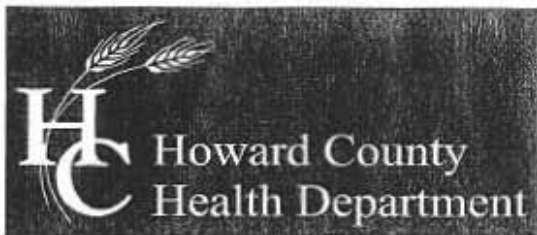
The well site has been staked by VanMan Associates
 (professional land surveyor or company employing professional land surveyors)
 on Dec - 2013 (date) and does not require a site inspection.

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



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

January 4, 2018

Catonsville Homes
11175 Stratfield Court
Marriottsville, MD 21104

Re: Water sample results for 14534 Old Frederick Road

Dear Catonsville Homes,

The Health Department received results from the testing for sodium, chloride, and total dissolved solids (TDS) from the well at Brighton Mill II Parcel A.

Elevated sodium levels in drinking water could affect individuals on low-salt diets. The action level for sodium is 20 milligrams per liter (mg/L); **sodium from the well measured 32.04 mg/L.**

Chloride and TDS are both considered secondary contaminants, meaning high concentrations can affect taste, color, odor, or corrosive properties of water but present no risk to health. The secondary maximum contaminant level for chloride is 250 mg/L; **chloride from the well measured 120 mg/L.** The secondary maximum contaminant level for TDS is 500 mg/L; **TDS from the well measured 293 mg/L.**

Sodium, chloride, and TDS are all secondary contaminants and will not affect the issuance of a Certificate of Potability for the well. Given the elevated levels of sodium, the builder or future homeowner may want to consult a plumber and/or water treatment company to discuss options. Please be aware that any backwash generated from a treatment system must be disposed of in a subsurface disposal system. Prior to installing a system that generates backwash, please contact the Health Department to ensure that all regulatory requirements are met.

Feel free to contact me at the number or email below with any questions regarding the results of water sampling.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: File

Send Report To: Bert Nixon

State of Maryland
DHMH - Laboratories Administration

Division of Environmental Sciences

TRACE METALS LABORATORY

1770 Ashland Avenue
Baltimore, Maryland 21205

Howard County Health Dept
Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045


E18002305001
Received: 12/20/2017
Metals
HO-95-2634

LABORATORY ANALYSIS REQUEST

Do not write above this line

Please Print

Sample ID No: HO-95-2634 Site Name: Quartz Hill - Lot 4 County: Howard

Sample Source: 14534 Old Frederick Rd. Cooksville Collector: S. Collins
Street Town or City Name

Date Collected: 12/19/2017 Time Collected: 12 a.m. (p.m.) Phone #: 410-312-6287

Sample Preserved By: Field ESRL WMRL Central Lab
Preservative Used: HNO₃ _____ mL pH: <2

Sample Type: Drinking Water Landfill Source (Raw Water) Liquid
Data Category: Community Stream Distribution (Treated) Solid
Code Non-Community Sediment Other _____
4F Private

Specify Program: SDWA NPDES CWA RCRA Consumer Products Other _____

Type of Sample Preparation: Total Metals Total Metals TCLP Dissolved Metals
(field preparation required)

Remarks: Sample collected from pressure tank

✓	Element	Lab Use	✓	Element	Lab Use	✓	Element	Lab Use
	Antimony (Sb)			Aluminum (Al)			Uranium (U)	
	Arsenic (As)			Calcium (Ca)			Vanadium (V)	
	Barium (Ba)			Cobalt (Co)			Zinc (Zn)	
	Beryllium (Be)			Copper (Cu)				
	Cadmium (Cd)			Iron (Fe)				
	Chromium (Cr)			Lead (Pb)				
	Mercury (Hg)			Magnesium (Mg)				
	Nickel (Ni)			Manganese (Mn)				
	Selenium (Se)			Molybdenum (Mo)				
✓	Sodium (Na)	<u>SHS</u>		Potassium (K)				
	Thallium (Tl)			Silver (Ag)				

Lab Supervisor: _____ Date Reported: ____/____/____

•Phone: (443) 681 - 4596

•Fax: (443) 681 - 4507



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E18002305 Date Coll.: 12/11/2017 Date Received: 12/20/2017 Submitted By: Collins

Field ID: HO-95-2634
Lab No.: E18002305001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	32.04	ppm	12/21/2017

Comments:

Approved by: Yingtao Chai

Approval date: 12/22/2017

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

- Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No E18002308 Date Coll. 12/19/2017 Date Received: 12/20/2017 Submitted By: S. Collins

Field ID: HO-95-2634
Lab No.: E18002308001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	120	mg/L	12/22/2017
Total Dissolved Solids	SM 2540C	293	mg/L	12/20/2017

Comments:

Approved by:

Approval date: 12/29/2017

*The following methods are included in our A2LA Scope of Accreditation. EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

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 #:	119005	Account #:	1045
Reference:	Quartz Hill Lot 4	Company:	Atlantic Blue Water Services
Location:	14534 Old Frederick Road Cooksville, MD 21723	Requested By:	Mark Mather
Date/ Time Collected:	12/19/2017 1045	Source:	Well Water
Date/Time Rec'd:	12/19/2017 1550	Site:	Well Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	M. Mather 3480MM	pH:	5.5
		Well #:	HO-95-2634

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sodium	33.5	mg/L	---	200.7	12/22/2017 / 1056 / DAG

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Sodium Detection Limit: 0.50 mg/L
- 3 Sub-contracted to Reference Lab #128
- 4 ND:None Detected
- 5 Sample collected by client, analyzed as received
- 6 pH and Chlorine level tested in lab

Reason for Test : Client's InformationDate Reported: 12/28/2017

Wolf, Kevin

From: Wolf, Kevin
Sent: Friday, January 05, 2018 11:58 AM
To: grego1204@aol.com
Subject: RE: 14534 Old Frederick Road

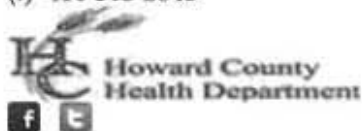
Greg,
I spoke with MDE on the well issue out here. There is really not much we can do this point. However, in lieu of these circumstances, please have the well Driller submit a letter of satisfaction stating that the well was and is constructed per current well construction regulations.

From: Wolf, Kevin
Sent: Friday, January 05, 2018 9:13 AM
To: grego1204@aol.com
Subject: 14534 Old Frederick Road

Greg,
I am currently in communication with MDE about this well issue. Ill let you know something today

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



kwolf@howardcountymd.gov

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

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 #: 119003 Account #: 1045
Reference: Quartz Hill Lot 4 Company: Atlantic Blue Water Services
Location: 14534 Old Frederick Road Requested By: Mark Mather
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 12/19/2017 1045 Site: Well Tank
Date/Time Rec'd: 12/19/2017 1550 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.5
Collected By: M. Mather 3480MM Well #: HO-95-2634

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	12/20/2017 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	12/20/2017 / 1030 / CCH
Nitrate	2.12	mg/L	10	601	12/19/2017 / 1620 / CRS
Turbidity	7.76	NTU	<10	SM20 2130B	12/19/2017 / 1630 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	12/19/2017 / 1630 / CRS

OK
K.M.

NOTES

- 1 Report Revised to correct the spelling on the reference line 12/21/17 LLO
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B17002436

Date Reported: 12/21/2017

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/18/14	Grout suspicious cured on outside, uncured on inside. Called contractor to excavate along casing. (S)
12/12/17	On site w/ Greg from Catonsville Homes + Dwayne from WTC to dig near casing. Dug down to 10', solid grout 0-3' but powdery 3-10'. Grout may not be solid below 10'. Joe Mayne (driller) stopped by and thought it may be related to grout mix sent pic + info to John Boris and he didn't have any recommendations. May need to seal well + drill another. (S)
12/19/17	Two pipes daylight just above trenches. Spoke with builder - these are from the drain tiles but roof leaders. (S)
1/5/18	John Boris notified spoke on phone about situation of grout not cured. Nothing could really be done at this time. Told to inform well driller to work better subsiding the well construction and to have them discuss w/ us about grout specifications.