

C1 08092

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

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

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

DATE WELL COMPLETED MM DD YY 3 19 2014

Depth of Well 380 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95-2633

OWNER Sharp A Charles WELL SITE ADDRESS Old Frederick rd TOWN Cooksville SUBDIVISION Quarry Hill III SECTION LOT 3

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. Rows: Sand (0-55), Gray Granite (55-380), Water (300, 350).

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

MAIN CASING TYPE (ST, PL, CO, OT) Nominal diameter top (main) casing, Total depth of main casing

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

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

Table with columns: DEPTH (nearest ft.), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH)

C 3

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 49 ft. WHEN PUMPING 323 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)

LATITUDE 39.33846 LONGITUDE 77.01593 (DEFAULT COORD. WGS 84)

NOTES:

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 M SD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M SD 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 TELESCOPE CASING LOG INDICATOR OTHER DATA

<b>B 1</b>	<b>29560</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	STATE PERMIT NUMBER <b>HO-95-2633</b>
1 2 3 6			546223-B please type	70 fill in this form completely 79

**OWNER INFORMATION**

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

15 Last Name Sharp Owner A. Charles First Name A. Charles 34

36 4003 Jennings Chapel Rd Street or RFD 55

57 Brookerville Md 20833 Town 70 State 72 Zip 76

**B 3 LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION Quartz Hill 111 42

SECTION 44 46 LOT 3 48 50

52 NEAREST TOWN Cooksville 71

**DRILLER INFORMATION**

Driller's Name Joseph & Mayne M 5 D 0 2 4 76 License No. 81

Firm Name Joseph & Mayne Well Drilling

Address 5512 Ridge Rd Mt. Airy Md 21771

Signature Joseph & Mayne Date 12-30-2013

**B 4 SOURCES OF DRILLING WATER**

1. Well

11 STREET ADDRESS Old Frederick Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  EAST  
 SOUTH

34 325 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: \_\_\_\_\_ PARCEL 401

**B 2 WELL INFORMATION**

1 2 APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500  
(GAL. PER DAY) 14 20

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

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

**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

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
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)**

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

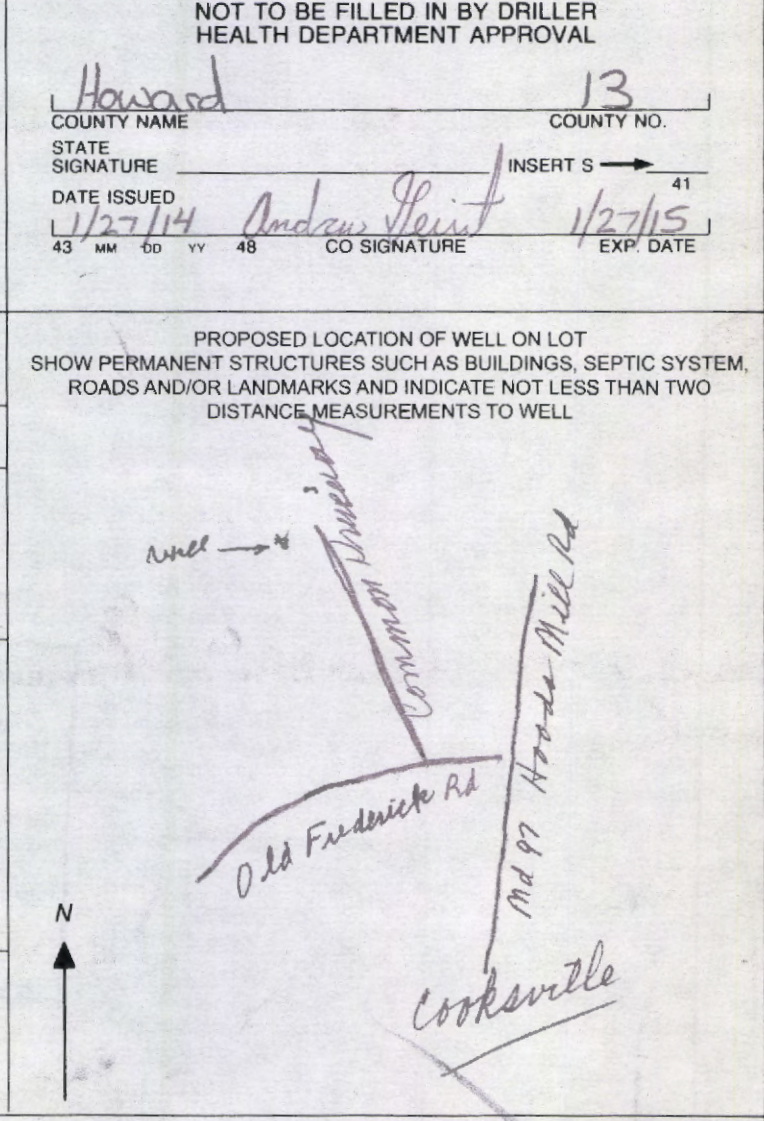
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_

PERMIT No. HO-95-2633  
70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS**

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



106 + 102 W.

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2648 FAX: (410)313-2648  
313-1741

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 25.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Atlantic River LLC Telephone #: 410 840 2583  
Address: 1802 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): Kirk Sweeney 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: Watonsville Homes Telephone #: 410 442-2211  
Subdivision: Quartz Hill III Lot #: 3 Well Tag #: HO-95-2633  
Site Address: 14522 Old Frederick Rd.  
Cooksville MD 21723

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: \_\_\_\_\_ Make: Comprell Two piece watertight cap:   
Model #: \_\_\_\_\_ Model#: \_\_\_\_\_ Screened, vented well cap:   
Pump Capacity \_\_\_\_\_ GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: \_\_\_\_\_ GPM NSF 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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

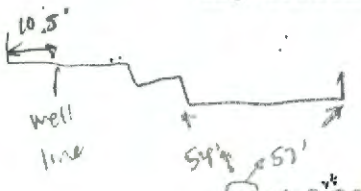
Flange to house House Connection  
Type: RDV PVC sleeved to undisturbed soil at wall penetration:   
PSI: 200 (160 psi min) Approximate length of sleeve: 20 ft.  
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

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] 2/26/19  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 3/7/19 Date Insp. Approved: 3/7/19 SC  
Inspection Data: Pitless adapter and 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 installed inside of well 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



HD-215 (Rev. 8/00)



540

GmB

VLB

S64°46'55"W 166.45'

S124.01'

42.43'

35' BRL

39°44'

BRL

LOD

LOT 2  
50,000 s.f.  
1.1478 Ac. ±

24 AA

N37°36'20"W

315.85'

SWM-3

RD CONNECTION  
(TYP.)

SWM-2

LOT 3

50,000 s.f.  
1.1478 Ac.  
50' BRL

PROP. HOUSE

PROP. HOUSE

50' BRL

N88°11'10"E 192.21'

N71°02'50"E 189.41'

Well location OK  
AG 1/27/14

N-2 NON-ROOFTOP  
DISCONNECTION

Scale 1"=50'

S78°36'49"E 177.21'

PROP. 40' UIC  
DRIVEWAY & SWM

N-2 NON-ROOFTOP  
DISCONNECTION

N85°36'40"  
239.75'

SWM-1

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – DECEMBER 13, 2019**

June 13, 2019

Homeowner  
14522 Old Frederick Road  
Cooksville, MD 21723

**RE: Quartz Hill, Lot 3**  
**14522 Old Frederick Raod**  
**Building Permit: B18003156**  
**Well Permit: HO-95-2633**

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 **3/28/2019**. Final approval of the well line connection to the dwelling was granted on **3/7/2019**. The well construction was completed on **3/19/2014**. Water samples were collected on **6/6/2019**.

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-95-2633. 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>



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

---

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 #: 130578 Account #: 1045  
Reference: Catonsville Homes Company: Atlantic Blue Water Services  
Location: 14522 Old Frederick Road Requested By: Mark Mather  
Cooksville, MD 21723 Source: Well Water  
Date/ Time Collected: 6/6/2019 1215 Site: 1st Floor Bathroom  
Date/Time Rec'd: 6/7/2019 0940 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.2  
Collected By: C. Mike Crouse 6494CC Well #: HO-95-2633

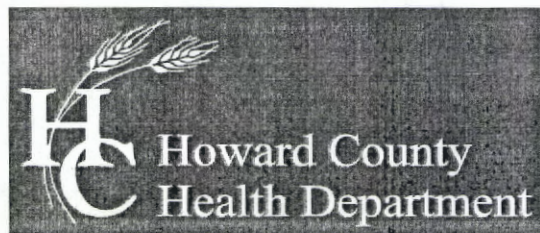
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/8/2019 / 0945 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	6/8/2019 / 0945 / RER
Nitrate	<1.0	mg/L	10	601	6/7/2019 / 1440 / RER
Turbidity	1.74	NTU	<10	SM20 2130B	6/7/2019 / 1530 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	6/7/2019 / 1530 / RER

### 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 # : B18003156

Date Reported: 6/10/2019



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

---

### MEMORANDUM

TO: File

FROM: Andrew Geisert  
Sanitarian Supervisor, Well & Septic Program  
Bureau of Environmental Health

DATE: March 26, 2014

RE: Quartz Hill III Subdivision, F-13-070

---

The Health Department has reviewed the above referenced well completion reports and has the following comment.

- Please be aware that due to the close proximity and low yields of the wells located on **Lot 3** (HO-95-2633, 4 gpm) and **Parcel A** (HO-95-2638, 1.2 gpm), the water quality may have a common influence.
- If water quality issues occur during the development and/or testing on either lot, please note that simultaneous treatment and/or yielding may be necessary.
- If further complications are encountered, please consult the Well and Septic Program.