

C1 08095

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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 3 13 2014

Depth of Well 22 320 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2631

OWNER Sharp A Charles WELL SITE ADDRESS Old Frederick Rd TOWN Cooksville SUBDIVISION Quartz Hill III SECTION LOT 1

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.

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. casing types insert appropriate code below. MAIN CASING TYPE (ST, PL), Nominal diameter, Total depth.

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

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

PUMPING TEST. C 3. HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED. DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

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...

DRILLERS LIC. NO. M SD 024. DRILLERS SIGNATURE (LARRY MAYNE). LIC. NO. M S D D 29.

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

DEPTH (nearest ft.) 81 320. A 8 9 11 15 17 21. C 2 23 24 26 30 32 36. S 3 38 39 41 45 47 51. E 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.

LATITUDE 3 9.33779. LONGITUDE 7 7.01607. (DEFAULT COORD. WGS 84) NOTES:

B 1 29564

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 546223

STATE PERMIT NUMBER

10-95-2631 fill in this form completely

Date Received (APA)

01 13 14

OWNER INFORMATION

Sharp, A. Charles 4003 Jennings Chapel Rd Brooksville Md 20833

B 3

LOCATION OF WELL

Howard County 21, Quarry Hill 111 Subdivision, Section 44 46, Lot 48 50, Nearest Town: Cooksville

DRILLER INFORMATION

Driller's Name: Joseph L. Maize, License No. M 5 D 024, Firm Name: Joseph L. Maize Well Drilling, Address: 5512 Ridge Rd Mt. Airy 21771, Signature: Joseph L. Maize, Date: 12-30-2013

B 4

SOURCES OF DRILLING WATER

1. well

Old Frederick Rd, Street Address, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 130 FT, ENTER FT OR MI, TAX MAP: 8 BLK: PARCEL 401

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

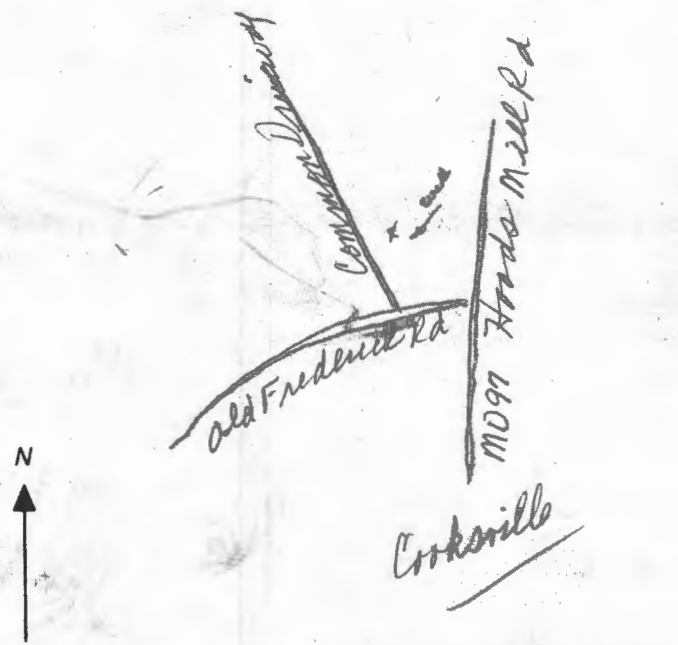
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County Name, 13 County No., STATE SIGNATURE, DATE ISSUED 1/27/14, CO SIGNATURE Andrew Heintz, EXP. DATE 1/27/15

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

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



APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTARY, Drive-POINT

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, 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

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

APPROX. PERMIT NUMBER G, PERMIT No. 10-95-2631

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: AMANTIC BLUE, LLC Telephone #: 410-840-2583
Address: 1802 KATHMARC BLVD
WELLSVILLE, 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): KIKY SWEENEY License# 70788

*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: Catonville Homes Telephone #: 410-442-2211
Subdivision: Quartz Hill III Lot #: 1 Well Tag #: HO-95-2631
Site Address: 14510 Old Frederick Rd
COOKSVILLE, MD 21773 ✓ 04/16/2019 (P)

Submersible Pump Data

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

Pitless Adapter

Make: Campbell
Model#: _____
Depth: 42" (36" min)
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:

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, Cable guards, or other acceptable method used— Must circle one

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

Piping to house

Type: PV
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

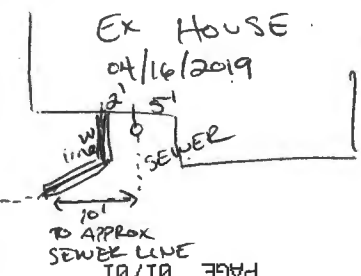
PVC sleeve to undisturbed soil at wall penetration:
Approximate length of sleeve: 20'
Sleeve caulked and sealed properly:

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: [Signature] date: 3/11/19

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

Date Insp. Requested: 04/16/2019 Date Insp. Approved: 04/16/2019 Inspector: (P)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 54" 04/16/2019 (P)
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 42" 04/16/2019 (P)
Safety rope not seen outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 10" 04/16/2019 (P)
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 15, 2020

September 16, 2019

Homeowner
14510 Old Frederick Road
Cooksville, MD 21723

RE: Quartz Hill, Lot 1
14510 Old Frederick Raod
Building Permit: B19000108
Well Permit: HO-95-2631

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 **4/2/2019**. Final approval of the well line connection to the dwelling was granted on **4/16/2019**. The well construction was completed on **3/13/2014**. Water samples were collected on **8/20/2019**.

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-95-2631. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

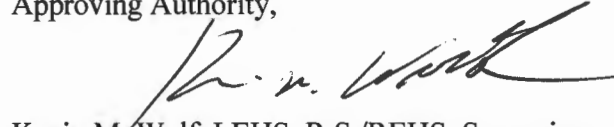
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

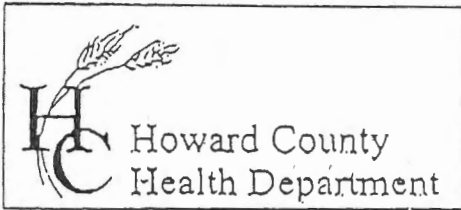
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

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



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#

Ald. Frederick Rd
 Road Name

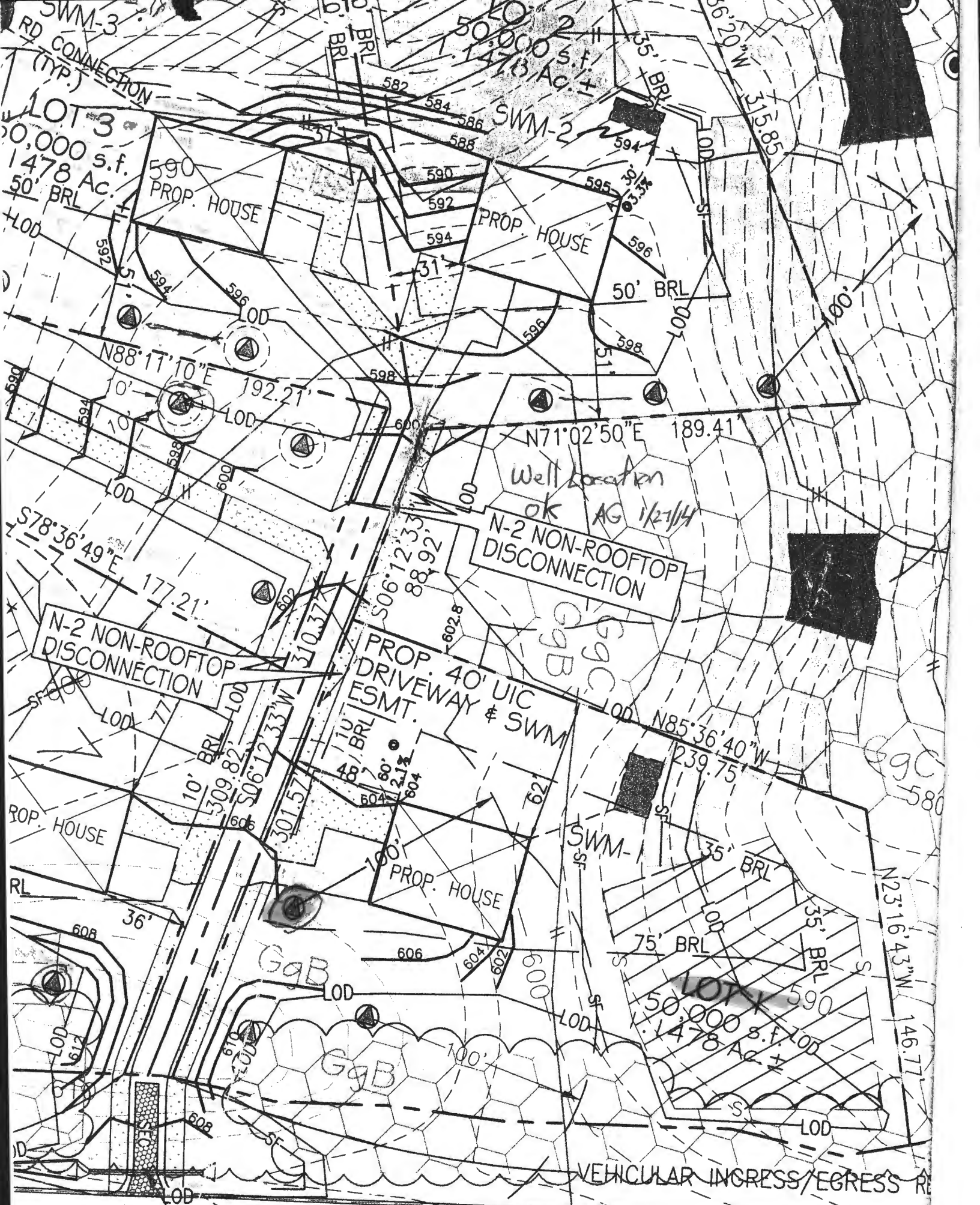
The well site has been staked by VanMar Associates
 (professional land surveyor or company employing professional land surveyors)
 on Dec - 2013 (date) and does not require a site inspection.

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



Scale 1" = 50'

VEHICULAR INGRESS/EGRESS R

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1443 Old Taneystown Rd. Westminster, MD (410) 848-7014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	132200	Account #:	1045
Reference:	Catonsville Homes	Company:	Atlantic Blue Water Services
Location:	14510 Old Frederick Road Cooksville, MD 21723	Requested By:	Mark Mather
Date/ Time Collected:	8/20/2019 1238	Source:	Well Water
Date/Time Rec'd:	8/20/2019 1420	Site:	1st Floor Powder
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mike Crouse 6494CC	pH:	6.2
		Well #:	HO-95-2631

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/21/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/21/2019 / 1000 / RER
Nitrate	2.08	mg/L	10	601	8/20/2019 / 1635 / RER
Turbidity	9.61	NTU	<10	SM20 2130B	8/20/2019 / 1700 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	8/20/2019 / 1700 / RER

NOTES

- 1 Revised report: Location address changed at request of client 8/22/19 CCH
- 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 Sample collected by client, analyzed as received
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH tested on site; Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : 19000108

Date Reported: 8/22/2019

MD State Certification # 133