

C1 **08096** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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**

ST/CO USE ONLY DATE RECEIVED MM **03** DD **21** YY **14** DATE WELL COMPLETED MM **3** DD **14** YEAR **2014** Depth of Well **500'** (TO NEAREST FOOT) APPROVED **AG** PERMIT NO. FROM "PERMIT TO DRILL WELL" **Ho-95-2638**

OWNER **Sharp A Charles** WELL SITE ADDRESS **Old Frederick Rd** TOWN **Cooksville** SUBDIVISION **Quartz Hill III** SECTION **111** LOT **Parcel A**

**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		check if water bearing
	FROM	TO	
Sand	0	37	
Gray Granite	37	500	
Water 380' - 440'			

**GROUTING RECORD** YES  NO   
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **10** NO. OF POUNDS **940**  
 GALLONS OF WATER **60**  
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **38** 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 **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **41**  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H C A S I N G

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER  
**C 2** DEPTH (nearest ft.)  
 1 **Ho** 2 **39** 3 **500**  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51

NUMBER OF UNSUCCESSFUL WELLS: **0**  
 WELL HYDROFRACTURED **Y** **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 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. **MSD024**  
 DRILLERS SIGNATURE **[Signature]**  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. **MSD022**

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

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN (NEAREST INCH) **56** **60**  
 from \_\_\_\_\_ to \_\_\_\_\_  
 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT E. IN BOX 68 **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

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min.) **1.2**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **46** ft.  
 WHEN PUMPING **376** 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**  
 (CIRCLE) (YES or 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 **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 } LAND SURFACE  
**-** below } **2** (nearest foot)

LATITUDE **39.33824**  
 LONGITUDE **77.01640**  
 (DEFAULT COORD. WGS 84)  
 NOTES:

B 1 29562  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2638

70 fill in this form completely 79

546223-G please type

Date Received (APA)

01 13 14  
8 MM DD YY 13

OWNER INFORMATION

Sharp A Charles  
15 Last Name Owner First Name 34

4003 Jennings Chapel Rd  
36 Street or RFD 55

Brookville Md 20833  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard  
8 COUNTY 21

Quartz Hill III  
23 SUBDIVISION 42

SECTION 44 46 LOT Parcel A  
48 50

Cooksville  
52 NEAREST TOWN 71

DRILLER INFORMATION

Joseph E Mayne M S D 024  
Driller's Name 76 License No. 81

Joseph E Mayne Well Drilling  
Firm Name

3512 Ridge Rd Mt. Airy Md 21771  
Address

Joseph E Mayne 12-30-2013  
Signature Date

B 4

SOURCES OF DRILLING WATER

- 1. Well
- 2.
- 3.

Old Frederick Rd  
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)



34 350 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39

TAX MAP: 8 BLK: PARCEL 401

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED 500  
(GAL. PER DAY) 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 13  
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED 01/27/14 Andrew Heint 01/27/15  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

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
- AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- 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
- 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 DEEPEMED AN EXISTING WELL

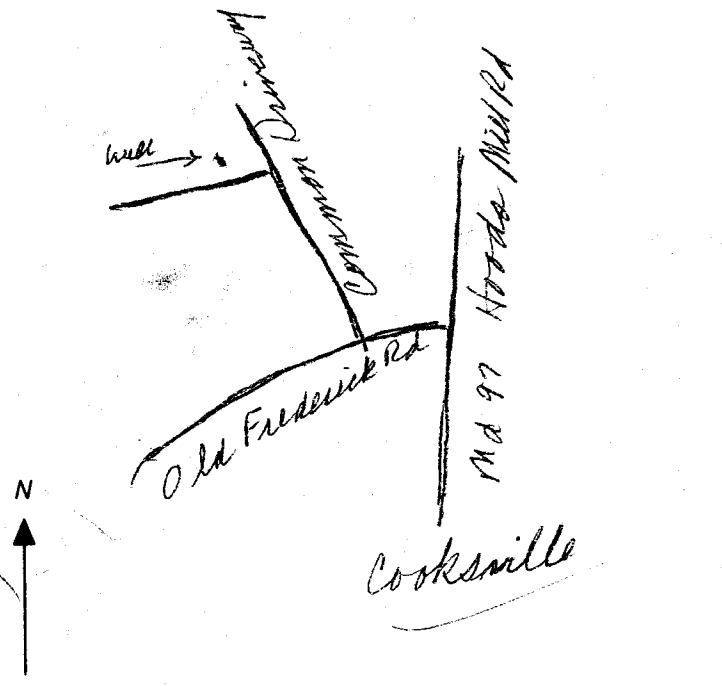
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER - - - - - G - - - - -

PERMIT No. HO-95-2638  
70 71 72 73 74 75 76 77 78 79

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2638  
 Location of property (road) Old Frederick Rd  
 Subdivision Quartz Hill III Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. Parcel A  
 Well Driller Joseph Maigne Owner Charles A. Sharp

Depth of well 500'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 46'

I. High rate pumping -- reservoir drawdown

Time pump started 7:15 Pumping rate 20 gpm  
 Total time 30 min to reach pumping water level 376 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>81</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:30	212	3 sec	N/A	20 gpm
7:45	376	4		15
8:00	376	50 sec		1.2
8:15	376	50		1.2
8:30	376	50		1.2
8:45	376	50		1.2
9:00	375	50		1.2
9:15	375	50		1.2
9:30	375	50		1.2
9:45	375	50		1.2
10:00	375	50		1.2
10:15	375	50		1.2
10:30	375	50		1.2
10:45	374	50		1.2
11:00	374	50		1.2
11:15	374	50		1.2
11:30	374	50		1.2
11:45	374	50		1.2
12:00	374	50		1.2
12:15	374	50		1.2
12:30	374	50		1.2
12:45	374	50		1.2
1:00	374	50		1.2
1:15	374	50		1.2
1:30	374	50		1.2
1:45	374	50		1.2

9/21 9:28am. faxed.  
INSPECTION SCHEDULED FOR 9/21

NOT 1066

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648  
373-1771**

**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: ATLANTIC BLUE LLC Telephone #: 410-840-2583  
Address: 1802 BALTIMORE BLVD  
LIVERMINTON, 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 Sweetney 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: CYTONVILLE HOMES Telephone #: 410-442-2211  
Subdivision: SWARTZ HILL III Lot #: A Well Tag #: HO-95-2638 (ST)  
Site Address: 14528 Old Frederick Rd.  
LOOKSVILLE, MD 21723

**Submersible Pump Data**

Make: Goulds  
Model #: \_\_\_\_\_  
Pump Capacity 7 GPM  
Well Yield: 1.2 GPM

**Pitless Adapter**

Make: Campco II  
Model#: \_\_\_\_\_  
Depth: 42" (36" min)  
NSF approved: ✓

**Well Cap and Electric Conduit**

Two piece watertight cap: ✓  
Screened, vented well cap: ✓  
Cap secured to casing: ✓  
Conduit min 1 1/2" B.G.: ✓  
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 510 (feet)

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 N/A

**Piping to house**

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

**House Connection**

PVC sleeved 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: \_\_\_\_\_ date: 9/21/2020

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

Date Insp. Requested: 9/22/2020 Date Insp. Approved: 9/22/2020 (ST)  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓ 42"  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 31"  
Safety rope installed inside of well casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 13"  
Water supply line sleeved adequately at house connection ✓ 5'  
Adequate grout observed below pitless adapter ✓



**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JUNE 21, 2021**

December 21, 2020

Homeowner  
14528 Old Frederick Road  
Cooksville, MD 21723

**RE: Quart Hill III, Pres. P. A**  
**14528 Old Frederick Road**  
**Building Permit: B20000838**  
**Well Permit: HO-95-2638**

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 **11/7/2020**. Final approval of the well line connection to the dwelling was granted on **9/22/2020**. The well construction was completed on **3/14/2020**. Water samples were collected on **12/10/2020, 12/16/2020**.

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-95-2638. 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.**

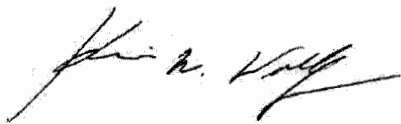
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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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

## REPORT OF ANALYSIS

Laboratory ID #: 141738 Account #: 1045  
Reference: CBI Lot A Company: Atlantic Blue Water Services  
Location: 14528 Old Frederick Road Requested By: Mark Mather  
Cooksville, MD 21723 Source: Well Water  
Date/ Time Collected: 12/10/2020 1000 Site: Well Tank  
Date/Time Rec'd: 12/10/2020 1153 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.3  
Collected By: M. Mather 0258MM Well #: HO-95-2638

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	16.4	MPN/ 100 ml	<1.0	SM20 9223B	12/11/2020 / 0930 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/11/2020 / 0930 / LLO
Nitrate	<1.0	mg/L	10	601	12/10/2020 / 1650 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	12/10/2020 / 1700 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	12/10/2020 / 1700 / 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 # : B200000838

Date Reported: 12/11/2020

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

## REPORT OF ANALYSIS

Laboratory ID #: 141849 Account #: 1045  
Reference: CBI Lot A Company: Atlantic Blue Water Services  
Location: 14528 Old Frederick Road Requested By: Mark Mather  
Cooksville, MD 21723 Source: Well Water  
Date/ Time Collected: 12/16/2020 1400 Site: Bathroom Sink  
Date/Time Rec'd: 12/17/2020 1342 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.8  
Collected By: K. Sweeney 0280KS Well #: HO-95-2638

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/18/2020 / 0930 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/18/2020 / 0930 / LLO

### NOTES:

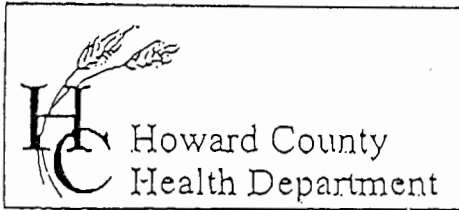
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- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B200000838

Date Reported: 12/18/2020





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: X-8-  
Quartz Hill III      Old Frederick Rd  
 Subdivision/Property Name Lot# 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*



**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](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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**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

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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.