

C1 08080 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13

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

DATE WELL COMPLETED MM 3 DD 21 YY 2014

Depth of Well 180 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-95-2635

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, TOWN, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand, Gray Granite, and Water 100'.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 15, NO. OF POUNDS 110, GALLONS OF WATER 90, DEPTH OF GROUT SEAL 0 to 51 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing 6, Total depth of main casing 53.

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 51, 180.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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. 1 MSD 024, DRILLERS SIGNATURE Joseph A. Mayne

LIC. NO. 1 MSD 027, DRILLERS SIGNATURE Joseph A. Mayne

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

Table with columns: E, A, C, H, S, R, E, N and rows for slot size and diameter of screen.

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 20 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 42 ft. BEFORE PUMPING, 60 ft. WHEN PUMPING, 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) + above, - below, LAND SURFACE -2 (nearest foot).

LATITUDE 39.33725, LONGITUDE 77.01785 (DEFAULT COORD. WGS 84)

NOTES:

B 1 29556

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2635

540223-1 please type

fill in this form completely

Date Received (APA) 011314

OWNER INFORMATION

Sharp A. Charles 4003 Jennings Chapel Rd Brookville Md 20833

B 3

LOCATION OF WELL

Howard 8 COUNTY Quartz Hill III 23 SUBDIVISION SECTION 44 46 LOT 48 50 COOKSVILLE 52 NEAREST TOWN

DRILLER INFORMATION

Joseph L. Mayne MSD 024 76 License No. 81 Joseph L. Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771 12-30-2013

B 4

SOURCES OF DRILLING WATER

1. Well

Old Frederick Rd 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 75 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39

TAX MAP: 8 BLK: PARCEL 401

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. 8 500 12 AVERAGE DAILY QUANTITY NEEDED 14 GAL. PER DAY 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 ANDREW SCHEIT 1/27/14 1/27/15 DATE ISSUED EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

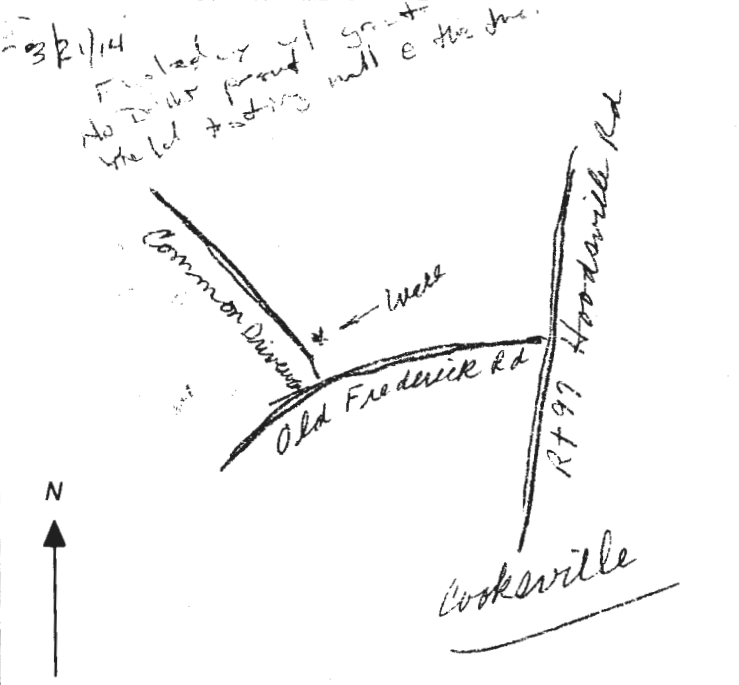
- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER G PERMIT No. HO-95-2635

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

not 1066

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2649 FAX: (410)313-2648
313-1771

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.
NORTHMINSTER, MD 21153

(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 Licensed 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: CATONSVILLE HOMES Telephone #: 410-447-2211
Subdivision: QUARTZ HILL III Lot #: 5 Well Tag #: HO-95-2635 (ST)
Site Address: 14550 Old Frederick Rd.
COOKSVILLE, MD 21723

Submersible Pump Data

Make: Gaulds
Model #: _____
Pump Capacity: 7 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
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" R.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 180 (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: PV
PSI: 200 (160 psi min)
Depth of supply line: 30 (36" min)

House Connection

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

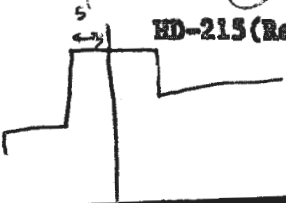
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] 12/19/2020
Signature of company representative responsible for installation date

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

Date Insp. Requested: 12/10/20 Date Insp. Approved: _____
Inspection Data: Pitless adapter and water supply line at least 36" below grade 55"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 36"
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade 5"
Water supply line sleeved adequately at house connection 6"
Adequate grout observed below pitless adapter

12/10/20 - 2 pm -
Well not ready



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 12, 2021

April 12, 2021

Homeowner
14550 Old Frederick Road
Cooksville, MD 21723

**RE: Quart Hill III, Lot 5
14550 Old Frederick Road
Building Permit: B20001652
Well Permit: HO-95-2635**

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 **1/19/2021**. Final approval of the well line connection to the dwelling was granted on **4/9/2021**. The well construction was completed on **3/21/2014**. Water samples were collected on **4/5/2021**.

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-95-2635. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

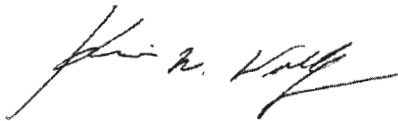
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

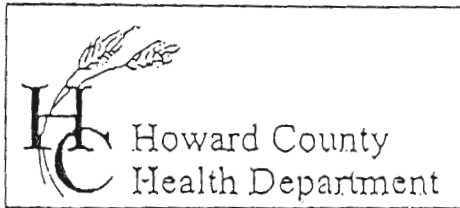
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



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

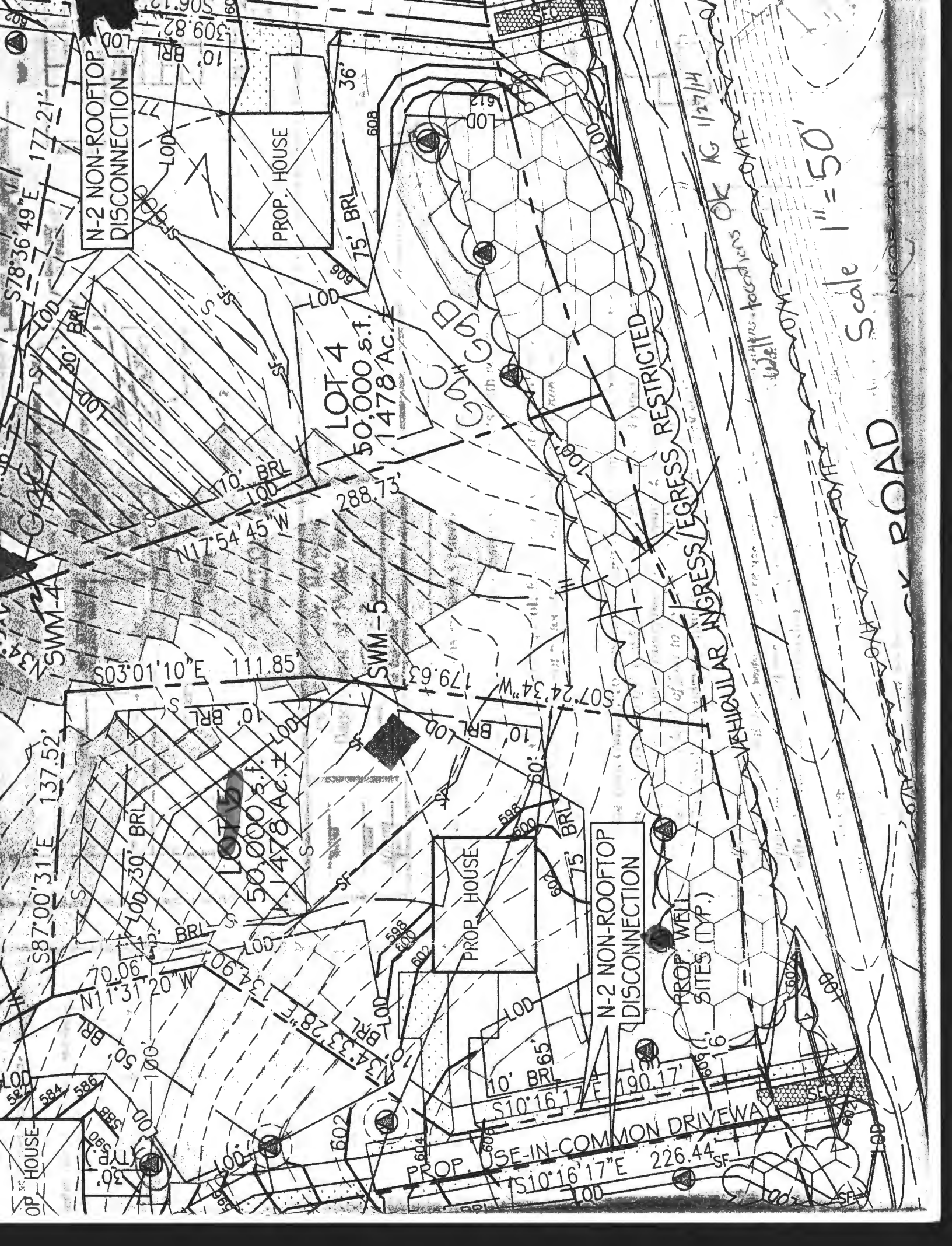
- The well site has been staked by KanMax Associates
 (professional land surveyor or company employing professional land surveyors)
 on Dec - 2013 (date) and does not require a site inspection.

- 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'

SKY ROAD

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 143726 Account #: 1045
Reference: CBI Homes #5 Company: Atlantic Blue Water Services
Location: 14550 Old Frederick Road Requested By: Mark Mather
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 4/5/2021 1435 Site: Powder Room
Date/Time Rec'd: 4/5/2021 1540 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.4
Collected By: C. Hartman 0713CH Well #: N/A

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-----------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 4/6/2021 / 1000 / CRS |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 4/6/2021 / 1000 / CRS |
| Iron | 0.05 | mg/L | 0.3* | FR, 45 (126) | 4/6/2021 / 1550 / CRS |
| Nitrate | 1.64 | mg/L | 10 | 601 | 4/6/2021 / 1200 / CRS |
| Sand | ND | mg/L | 5 | Visual/Gravimetric | 4/6/2021 / 1300 / CRS |
| Turbidity | 0.45 | NTU | <10 | SM20 2130B | 4/6/2021 / 1230 / CRS |

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 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 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; N/A: Not Available
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Date Reported: 4/7/2021

10/1066

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Address: 1802 BALTIMORE BLVD.
WICKHAMPTON, 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 Licensed 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: CATONSVILLE HOMES Telephone #: 410-442-2211
Subdivision: QUARTZ HILL #2 Lot #: 5 Well Tag #: HO-95-2435
Site Address: 14550 Old Frederick Rd.
COOKSVILLE, MD 21723

04/12/2021

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GAULDS Make: Campbell Two piece watertight cap:
Model #: _____ Model #: _____ Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 20 GPM NSF approved: _____ Conduit min 1 1/2" R.G.:
Depth of well encountered at time of pump installation: 180 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.2.4
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 House Connection
Type: RAIN PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 20'
Depth of supply line: 2' (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] 12/9/2020
Signature of company representative responsible for installation date

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

Date Insp. Requested: 12/10/20 Date Insp. Approved: 04/12/2021
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Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade 5" 22" 04/12/2021
Water supply line sleeved adequately at house connection 6"
Adequate grout observed below pitless adapter

12/10/20 - 2 pm -
w/ll not ready
no pitless or
well line yet. (2x)

