

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: Joel Isaacs Plbg Srvc Telephone #: 410 442-5780
Address: PO Box 250 C# 410 365-1279
Lisbon, MD 21765

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Joel Isaacs, Sr. License# 4524

*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: Ryan Homes Telephone #: 410 982-5899
Subdivision: Burntwoods Manor Lot #: 0005 Well Tag #: HO-95-1093
Site Address: 3329 Secretariat way
Glenwood MD

Submersible Pump Data

Make: Grundfos

Model #: 3/4 HP

Pump Capacity 10 GPM

Well Yield: 15 GPM

Depth of well encountered at time of pump installation: 220 (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 ☒

Pitless Adapter

Make: Campbell

Model#: 1"

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 18" B.G.: ☒

Conduit secured to well cap: ☒

Piping to house

Type: Poly

PSI: 160 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒

Approximate length of sleeve: ☒

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

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

Date Insp. Requested: _____

Date Insp. Approved: 3/15/2011 BB

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely ☒

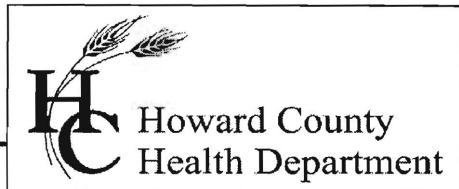
Elec. conduit extends at least 18" below grade attached to cap properly ☒

Safety rope installed inside of well casing ☒

Correct well tag attached properly and casing 3" above finished grade ☒

Water supply line sleeved adequately at house connection ☒

Adequate grout observed below pitless adapter ☒



Bureau of Environmental Health
7178 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

Peter Beilenson, M.D., M.P.H., Health Officer

May 2, 2011

Homeowner
3329 Secretariat Way
Glenwood, MD 21738

RE: Burntwoods Manor, Lot 5
3329 Secretariat Way
BP #: B10002108
Well Tag: HO-95-1093

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 04/27/2011. Final approval of the well line connection to the dwelling was approved on 03/15/2011.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

INTERIM CERTIFICATE OF POTABILITY

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-95-1093. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 04/25/2011
Date of Well Completion:

Approving Authority,

A handwritten signature in black ink that reads "Brian Baker". The signature is written in a cursive style with a large, prominent "B" and "B".

Brian Baker, R. S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
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 #: 79225 Account #: 6488
Reference: Ryan Homes Lot #5 Company: Hatfield's Equipment, Inc.
Location: 3329 Secretariat Way Requested By: Kenny Hatfield
Glenwood, MD 21738 Source: Well Water
Date/ Time Collected: 4/25/2011 1145 Site: Pressure Tank
Date/Time Rec'd: 4/25/2011 1230 Treatment: Reverse Osmosis**
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Yeager 6176JY Well #: HO-95-1093

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 4/26/2011 / 0800 / KME |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 4/26/2011 / 0800 / KME |
| Nitrate | <1.0 | mg/L | 10 | 601 | 4/26/2011 / 1000 / BCD |
| Turbidity | 6.27 | NTU | <10 | SM18 2130B | 4/26/2011 / 0820 / KME |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 4/26/2011 / 0825 / KME |

NOTES

- 1 **Sample collected prior to treatment
- 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 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit #: B1-0002108

Date Reported: 4/26/2011