

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
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

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

## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – April 30, 2014**

October 30, 2013

Homeowner  
15289 Sweetbay Street  
Woodbine, Maryland, 21797

**RE: Belle Haven, Lot #46  
15289 Sweetbay Street  
Building Permit: B13001654  
Well Permit: HO-95-0654**

Dear Homeowner:

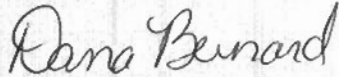
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **10-1-2013**. Final approval of the well line connection to the dwelling was granted on **8-16-2013**. The well construction was completed on **06-29-2007**. Water samples were collected on **10-25-2013**.

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-95-0654. 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>

Approving Authority,

A handwritten signature in cursive script that reads "Dana Bernard".

Dana Bernard, REHS/RS  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

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HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648

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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: Northern Virginia Drilling Telephone #: 703-361-6859  
Address: 11351 Industrial Rd. 8  
MANASSAS VA 20109

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): SHAWN MILLER License# MSD216

\*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: K. Homanian Homes Telephone #: 240-882-7662  
Subdivision: Belle Haven Lot #: 46 Well Tag #: HO-95-0654  
Site Address: 15289 Sweetbay St.  
Woodbine, MD 21797

Submersible Pump Data

Make: Flint and Walling

Model #: 4F10S10

Pump Capacity: 10 GPM

Well Yield: 13.6 GPM

Depth of well encountered at time of pump installation: 300 (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 ✓

Pitless Adapter

Make: Boshart

Model#: P10055

Depth: 36" (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: ✓

Piping to house

Type: Polyethylene

PSI: 200 (160 psi min)

Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓

Length of sleeve (5" minimum from foundation): 10"

Sleeve 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: Shawn Miller date: 8-8-13

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

COPY

## REPORT OF ANALYSIS

|                       |                        |               |                            |
|-----------------------|------------------------|---------------|----------------------------|
| Laboratory ID #:      | 91681                  | Account #:    | 3192                       |
| Reference:            | Belle Haven Lot 46     | Company:      | Northern Virginia Drilling |
| Location:             | 15289 Sweet Bay Street | Requested By: | Dick Trelease              |
|                       | Woodbine, MD 21797     | Source:       | Well Water                 |
| Date/ Time Collected: | 10/25/2013 1140        | Site:         | Kitchen Sink Tap           |
| Date/Time Rec'd:      | 10/25/2013 1400        | Treatment:    | None                       |
| Chlorine ppm:         | Free: ND Total: ND     | pH:           | 5.7                        |
| Collected By:         | J. Yeager 6176JY       | Well #:       | HO-95-0654                 |

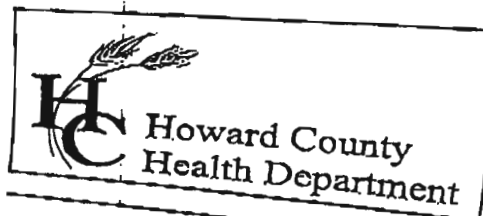
|                                |      |             |      |                    |                         |
|--------------------------------|------|-------------|------|--------------------|-------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223          | 10/26/2013 / 1000 / CWM |
| Bacteria, E. coli, MPN         | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223          | 10/26/2013 / 1000 / CWM |
| Nitrate                        | 7.25 | mg/L        | 10   | 601                | 10/25/2013 / 1600 / CRS |
| Turbidity                      | 1.77 | NTU         | <10  | SM18 2130B         | 10/25/2013 / 1630 / CRS |
| Sand                           | NS   | mg/L        | 5    | Visual/Gravimetric | 10/25/2013 / 1630 / 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 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 ND:None Detected
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : B13001654

Date Reported: 10/28/2013



7178 Columbia Gateway Drive, Columbia, MD 21046  
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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:       | Lots |                   |
|---------------------------|------|-------------------|
| Subdivision/Property Name | Lot# | Road Name         |
| Belle Haven Estates       | 1-46 | Union Chapel Road |

☒ The well site has been staked by DMW, Inc 410-296-3333  
(professional land surveyor or company employing professional land surveyors)  
on 12/29/06 (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