

Attn: Stewart

**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 (N.D Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: EASTERDAY WELL & PUMP Telephone #: _____
Address: 9265 BROWN CHURCH RD
MT AIRY, MD 21771
301-831-5170

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

Name (Print): Jerry A. Miller III

Licensed Well Pump Installer

License# AWD817

*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: MB Vision, Inc. Telephone #: 301-252-1998
Subdivision: _____ Lot #: _____ Well Tag #: HO-73005
Site Address: 13941 Clarksville Pike
Hightstown, MD 20777

Submersible Pump Data

Make: Goulds
Model #: 13607
Pump Capacity: 13 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Martinson
Model#: P-10X
Depth: 3/4 (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: 60 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.6.4
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: PE
PSI: 200 (160 psi min)
Depth of supply line: 3/4 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5 ft
Sleeve caulked and sealed properly: yes

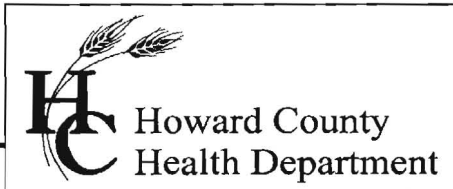
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Jerry A. Miller, III

4-29-09
date

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

Date Insp. Requested: _____ Date Insp. Approved: 5/20/09 Inspector: (KW)
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 seen outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade Tag to be ordered (Ka)
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 26, 2009

Homeowner
13941 Clarksville Pike
Highland, MD 20777

SENT VIA FACSIMILE 301-309-8820

RE: 13941 Rt. 108
BP #: B07004786
Well Permit # HO-73-0005

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 well line connection to the dwelling was approved on 5/20/2009.**

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.

TEMPORARY INTERIM CERTIFICATE OF POTABILITY

This is a **Temporary Deviation** to allow time for the builder (Bruce Coburn, Visnic Homes, inc.) to construct a retaining wall through the sewer force main. This sewer force main will be re-routed after construction of the wall dating the week of June 15th, 2009. See letter dated May 19th, 2009.

This temporary deviation is good for **30 days** to allow time for construction of the retaining wall and the installation of the new re-routed sewer force main. An Interim Certificate of Potability will be issued upon completion of this installation of the sewer force main.

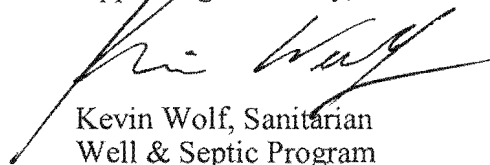
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-73-0005. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

The Health Department has no objection to the issuance of temporary Use and Occupancy for the above referenced property.

Date of Water Samples: 4/2/2009, 5/1/2009
Date of Well Completion: 7/14/1972

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", is written over the printed name.

Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

Case no = 301-2521998
 Lab 301-309-8820

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneystown Rd Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

| | | | |
|-----------------------|--|---------------|-----------------------|
| Laboratory ID #: | 70933 | Account #: | 1404 |
| Reference: | CWS/ MB Visnic | Company: | Carroll Water Systems |
| Location: | 13941 Clarksville Pike Highland, MD 20777 | Requested By: | Ron Smith |
| Date/ Time Collected: | 5/1/2009 1030 | Source: | Well Water |
| Date/Time Rec'd: | 5/1/2009 1144 | Site: | Kitchen Sink Tap |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | None |
| Collected By: | D. Willett 5925DW | pH: | 5.5 |
| | | Well #: | HO-73-0005 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-----------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 5/2/2009 / 1600 / CCH |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 5/2/2009 / 1600 / CCH |
| Nitrate | 3.28 | mg/L | 10 | 601 | 5/1/2009 / 1500 / CCH |
| Turbidity | 1.91 | NTU | <10 | SM18 2130B | 5/1/2009 / 1400 / CCH |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 5/1/2009 / 1515 / CCH |

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 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : B07004518

Date Reported: 5/4/2009

04/29/2009 14:50 FAX



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0808

**REPORT OF EXAMINATION
OF A WATER SAMPLE**

MD Cert. #102

VA Cert. #00080 PA Cert #68-189

TO: Mr. Jerry Miller
Easterday Well & Pump
9265 Brown Church Road
Mt. Airy, MD 21771

Sample Ident. No.: 902-9094
Type of Water: Drinking Water
Date (Time) Collected: 04-02-09 (1300)
Date (Time) Received: 04-02-09 (1530)
Date (Time) Examined: 04-02-09 (1530)

| | | | |
|--------------------------|------------------------|-----------------------------|---------------|
| Nature of Submission: | Routine | Sample Preservation Method: | Refrigeration |
| Name of Sample Source: | Well | Source Type: | Well |
| Mun., Inst., Co., Owner: | MB Uisnic Inc | Chlorine Residual: | |
| Address: | 13941 Clarksville Pike | Disinfection: | None |
| City, County: | Clarksville | | |
| State, Zip Code: | MD 21029 | | |

Collector's Name: Jerry Miller Affiliation: Easterday Well & Pump

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

| | | | | |
|-------------------------|----------------|----------------------|----------------|----------------|
| DESCRIPTION OF SAMPLE | TOTAL COLIFORM | E. COLI | TOTAL BACTERIA | NITRATE (as N) |
| DRINKING WATER | Absent** | Absent | | 3.8 mg/L** |
| EXAMINATION METHOD USED | Collert | Collert | SM 9215 | SM4500NO: -E |
| THIOSULFATE IN SAMPLE: | Present | SAMPLE HOLDING TIME: | Not Exceeded | |

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION

| DILUTION FACTOR | 10 ⁻¹ | 10 ⁻² | 10 ⁻³ | 10 ⁻⁴ | 10 ⁻⁵ | 10 ⁻⁶ |
|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| STANDARD PORTION (mL) | 10 | 1 | 1 | 1 | 1 | 1 |
| PRESUMPTIVE | | | | | | |
| TEST * | | | | | | |
| COLIFORM | | | | | | |
| CONFIRMED | | | | | | |
| TEST | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

* LAURYL SULFATE @ 35° C #BGB BROTH @ 35° C #EC MEDIUM @ 44.5° C

REMARKS and OTHER INFORMATION: **This sample meets the federal/state Safe Drinking Water Act standards of no coliform bacteria per 100 milliliters and less than 10 milligrams nitrate nitrogen per liter. Please see note on back of form regarding sampling date.

BACTERIOLOGIST'S SIGNATURE

BACTERIOLOGIST'S NAME

DATE

Julie M. Patel

Julie M. Patel

4-4/29/09 to [signature]



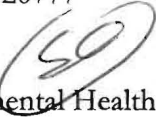
Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

November 1, 2007

MEMORANDUM

TO: Darryl F. Britt
Lawanda R. Britt
13941 Clarksville Pike
Highland, Maryland 20777

FROM: Stuart F. Oster, R.S. 
Bureau of Environmental Health
Well and Septic Program

RE: 13941 Clarksville Pike
Highland, Maryland 20777
Lot 8, 5.697 Acre
Map 40, Grid 15, Parcel 412
PC 527206

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. The existing well (HO-73-0005) will be utilized for the replacement house. By accepting this recommendation, the builder agrees with the following conditions set forth by the Health Department:

Before demolition, the well that served the current house must be properly disconnected and sealed off. Also, protective devices placed around it to prevent any damage. These precautions should remain in place during the demolition and construction phases. The well can be reconnected to the new house.

The existing septic system tank and drain field will need to be properly abandoned; i.e. pumped, collapsed and filled in with clean fill. A new 10,000 Sq. Ft. septic reserve area has been established.

A new septic permit will need to be obtained as well as a well inspection will be required for final approval when reconnecting to the new house. Additionally, applicable water tests for issuance of an ICOP will be needed.

C: Mike Micek, Visnic Custom Builders, Faxed to 301-309-8820
File