

C1 6685 SEQUENCE NO. (MDE USE ONLY)

1 2 3 4 5
(THIS NUMBER IS BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER (13) A519052

ST/CO USE ONLY

DATE Received
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
15 9 26 05

Depth of Well

22 280 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

40 - 95 - 0102
28 29 30 31 32 33 34 35 36 37OWNER Mercer Homes
STREET OR RFD Ten Oaks Road
SUBDIVISION Gosselin Property SECTION LOT 6

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

check
if water
bearingSand 0 24
Gray Mica 24 280
Rock

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 252

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

60 61

63 64

66 70

OTHER CASING (if used)

diameter

depth (feet)

inch from to

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST

STEEL

BR

BRASS

HO

OPEN

PL

BRONZE

OT

HOLE

PLASTIC

OTHER

C 2 DEPTH (nearest ft.)

1 2 11 15 17 21

E 1 26 280

A 8 9 11 15 17 21

C 23 24 26 30 32 36

H 2

S 38 39 41 45 47 51

C 3

R 38 39 41 45 47 51

E

N

SLOT SIZE 1 2 3

DIAMETER (NEAREST INCH)

OF SCREEN 56 60

from to

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 22 ft.

WHEN PUMPING 212 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O (describe below)

J jet 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)

+ above LAND SURFACE

- below (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

Y

no

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
WELLI 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. 1 M SD 024

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1	8101	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <u>523218</u>	STATE PERMIT NUMBER <u>H0-95-0102</u> <small>fill in this form completely</small>
Date Received (APA) <u>8/28/2005</u>		OWNER INFORMATION		
8 MM DD YY 13				
15 Last Name <u>Mercer</u>		Owner <u>Custom Homes LLC</u>		34 First Name
36 Street or RFD <u>13787 Raven Mill Rd</u>		55		
57 Town <u>West Friendship Md</u>		70 State <u>21</u>	72 Zip <u>21794</u>	76
DRILLER INFORMATION				
Driller's Name <u>Joseph L. Mayra</u>		MS DOZY 76 License No. 81		
Firm Name <u>Joseph L. Mayra Well Drilling</u>				
Address <u>5512 Ridge Rd Mt Airy Md 21771</u>				
Signature <u>Joseph L. Mayra</u>		Date <u>8/25/05</u>		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		8 <u>4</u> 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 <u>500</u> 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET		24 28		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		NEAREST		
METHOD OF DRILLING (circle one)				
BORED (or Augered)		JETTED		Jettied & DRIVEN
30 <input checked="" type="checkbox"/> AIR-ROTARY	AIR-PERCussion	ROTARY (Hydraulic Rotary)		
37 <input type="checkbox"/> CABLE	REVerse-ROTary	DRive-POINT		
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> THIS WELL WILL DEEPEN 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. <u>H0-95-0102</u> 70 71 72 73 74 75 76 77 78 79				
B 3		LOCATION OF WELL		
8 COUNTY <u>Howard</u>		21		
23 SUBDIVISION <u>Robert L Gosselin Property</u>		42		
SECTION <u>44</u> <u>46</u>		LOT <u>6</u> <u>48</u> <u>50</u>		
52 NEAREST TOWN <u>Dayton</u>		71		
MILES FROM TOWN (enter 0 if in town) <u>1/2</u> M I		73 76 77 78		
B 4		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
1 2				
11 NEAR WHAT ROAD <u>Ten Oaks Road</u>		30		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		NORTH WEST EAST SOUTH		
34 <u>1,300</u> 37		DISTANCE FROM ROAD		
ENTER FT OR MI <u>FT</u>		38 39		
TAX MAP <u>28</u> BLK: <u>8</u> PARCEL <u>301</u>				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
<u>Howard (13) A519052</u>				
COUNTY NAME COUNTY NO.				
STATE SIGNATURE _____ INSERT S → 41				
DATE ISSUED <u>9/8/2005</u> <u>Brian Baker</u> <u>9/8/2006</u>				
43 MM DD YY 48 CO SIGNATURE EXP. DATE				
NORTH GRID <u>513</u> 0 0 0 55		EAST GRID <u>805</u> 0 0 0 63		
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. <u>well</u>				
2.				
3.				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E <u>805</u>				
N <u>513</u>				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

Well Permit No. HO - 95-0102
Location of property (road) Ten Oaks Road
Subdivision Gosselin Property Lot 6 Block Plat Sec.
Well Driller Joseph Mayhe Owner Mercer Homes

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm.
Total time 30 min to reach pumping water level 2 1/2 ft. below M.P.

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

HD-224

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: WTC Inc. P+H Telephone #: 410 489-4457
Address: 1820 Gullis Falls
Woodbine MD

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

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

Name (Print): William J. Cumberland License# 7979

*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: Lee Wilson Telephone #: _____
Subdivision: Gasslin Property Lot #: 6 Well Tag #: HO - _____
Site Address: 4731 Ten Oaks

Submersible Pump Data

Make: WYVCS
Model #: _____
Pump Capacity 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Harvard
Model #: _____
Depth: 60 (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: ✓

Depth of well encountered at time of pump installation: 280 (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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (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.

md
Signature of company representative responsible for installation

Oct 24 2011
date

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

**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: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95-0102
Site Address: 4731 Ten Oaks Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (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: _____

Depth of well encountered at time of pump installation: _____ (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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (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

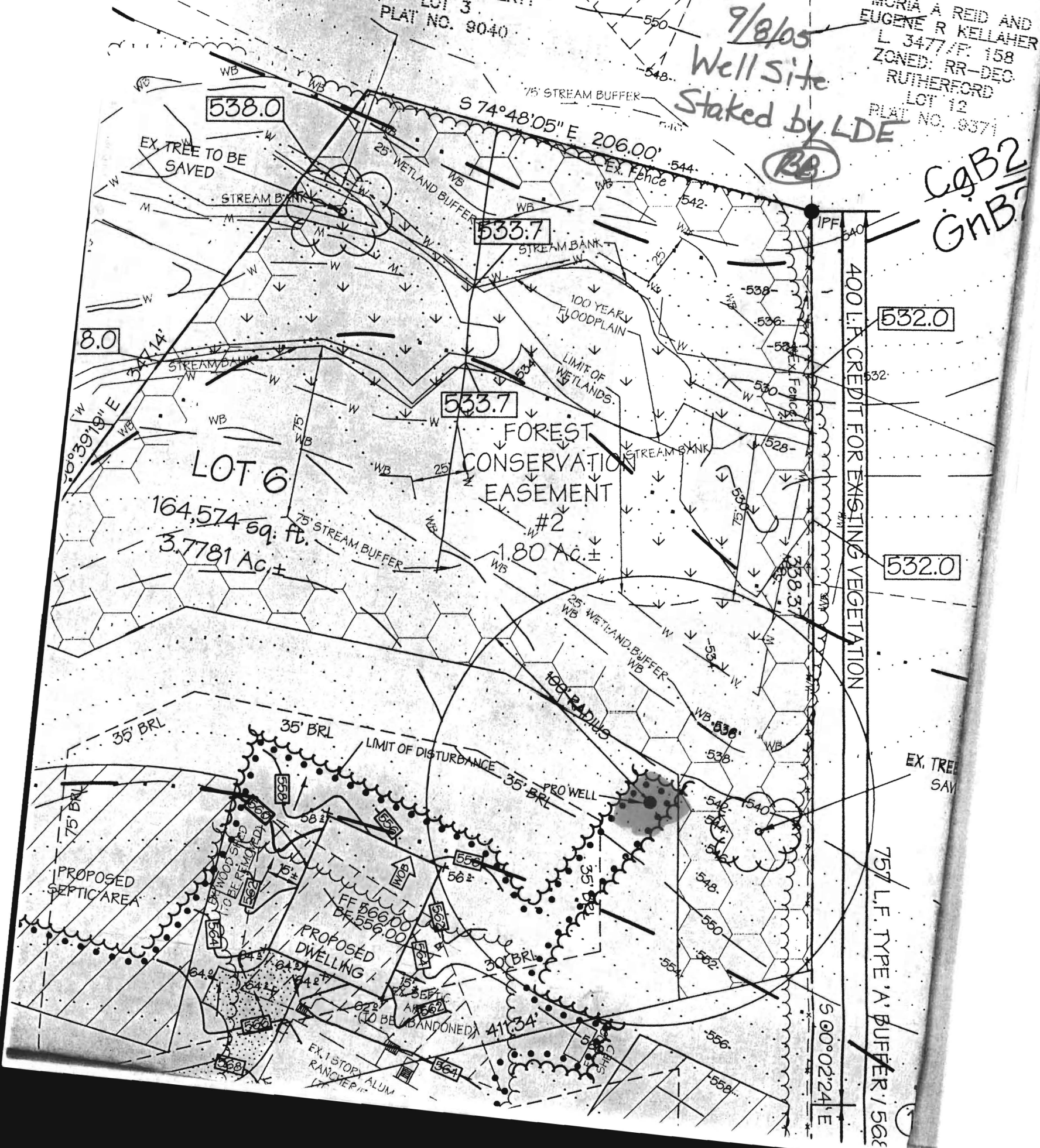
Date Insp. Requested: _____ Date Insp. Approved: (KJ) 8/10/11

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 ✓ *Not Grouted*
Safety rope installed inside of well 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 ✓

9/8/05
Well Site
Staked by LDE
RB

MORIA A REID AND
EUGENE R KELLAHER
L 3477/F: 158
ZONED: RR-DEC
RUTHERFORD
LOT 12
PLAT NO. 9371

CgB2
GnB2





Howard County
Health Department

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – May 10, 2012

November 10, 2011

Homeowner
4731 Ten Oaks Rd.
Dayton, MD 21036

**RE: Gosselin Property, Lot 6
4731 Ten Oaks Rd.
Building Permit: B11000412
Well Permit: HO-95-0102**

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 **10/19/2011**. Final approval of the well line connection to the dwelling was granted on **8/10/2011**. The well construction was completed on **09/6/2005**. Water samples were collected on **11/3/2011**.

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. 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-95-0102. 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,

Heidi Scott, R.S.
Environmental Sanitarian
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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 82035 Account #: 4226
Reference: Nelson Residence Company: Viking Development Corporation
Location: 4731 Ten Oaks Road Requested By: Cary Cumberland
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 11/3/2011 0920 Site: Pressure Tank
Date/Time Rec'd: 11/3/2011 1158 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J.Yeager 6176JY Well #: HO-95-0102

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/4/2011 / 0830 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/4/2011 / 0830 / BCD

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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: Cap Appeared Satisfactory
- 5 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B-11000412

Date Reported: 11/4/2011



Howard County
Health Department

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

TEMPORARY INTERIM CERTIFICATE OF POTABILITY
TEMPORARY DEVIATION FOR BACTERIA

Expiration Date – November 11th, 2011

October 27th, 2011

Daniel & Jessica Nelson
4731 Ten Oaks Road
Dayton, MD 21036

**RE: Gosselin Property Lot 6
4731 Ten Oaks Road
Building Permit: B11000412
Well Permit: HO-95-0102**

Dear Homeowner:

This is to advise you that the septic system installation for the above referenced property has been inspected and approved. Final approval of the septic system was granted on **10/19/2011**. Final approval of the well line connection to the dwelling was granted on **8/10/2011**. The well construction was completed on **9/26/2005**. Water samples were collected on **10/19/2011 & 10/25/2011**.

The water sample results indicate that the water samples submitted for testing contained elevated levels of coliform bacteria at the time of sampling and are **NOT** bacteriologically safe for drinking.

This is a **temporary deviation** to allow for additional disinfection procedures as described in COMAR 26.04.04.07N. **It is recommended that bottled water be used for drinking and cooking during this time period.**

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that further disinfection of the well is conducted and a water test result from a state certified lab indicating that the water is **free from coliform bacteria** is submitted to this Department **within 15 days**.

By the end of the interim period, a determination shall be made by the Health Department whether to:

- a) Accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B and issue a standard Interim Certificate of Potability **or**
- b) Grant approval to install an ultraviolet light or other suitable disinfection system and issue a Permanent Deviation to the Interim Certificate of Potability **or**
- c) Issue an order that the well is abandoned and sealed

This Temporary Interim Certificate of Potability will expire **15 days** from the date of issuance. **Failure to submit the required water test results and obtain an Interim Certificate of Potability before the expiration date 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 water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

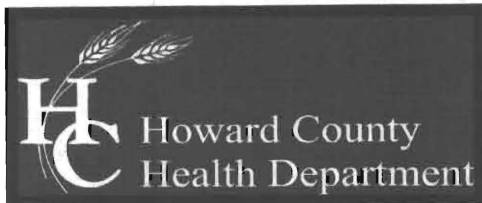
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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website: www.hchealth.org

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

REQUEST FOR TEMPORARY DEVIATION TO
BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 27 Oct 2011 WELL PERMIT #: HO - 95 - 0102

PROPERTY OWNER: Daniel L and Jessica C Nelson

SUBDIVISION & LOT #:

PROPERTY ADDRESS: ROBERT L GOSSELIN PROP Lot 6
4731 Ten Oaks Road, Dayton, MD 21036

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

Well has been disinfected and tested for bacteria on two occasions. Both tests came
back positive for coliform bacteria.

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

The well is being disinfected a 3rd time and will be tested as soon as feasible. If the
bacteria remains, the well driller and plumber who connected to the well will both be
brought in to inspect the system, check installation of all components and resolve any
issues identified. The well will then be retested for bacteria.

CONDITIONS:

1) Within fifteen (15) days, the well installed under permit # HO - 95 - 0102 will meet the bacteria standard resulting from approved disinfection procedures.

2) If condition #1 is not met through disinfection techniques, then either:

- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**

OR

- b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3 a be granted for the well installed under permit # HO - 95 - 0102. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [Person(s) who intend to live in the dwelling]



DANIEL LEE NELSON



JESSICA NELSON

Prospective Owner's Day Time Phone Number(s)

240-295-2808

410-218-1957

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 #: 81885 Account #: 4226
Reference: Nelson Residence Company: Viking Development Corporation
Location: 4731 Ten Oaks Road Requested By: Cary Cumberland
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 10/25/2011 1138 Site: Pressure Tank
Date/Time Rec'd: 10/25/2011 1228 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J.Yeager 6176JY Well #: HO-95-0102

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	28.8	MPN/ 100 ml	<1.0	SM18 9223	10/26/2011 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/26/2011 / 0815 / CCH

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 on site

Reason for Test : Use & Occupancy

Building Permit # : B-11000412

Date Reported: 10/26/2011

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 #:	81803	Account #:	4226
Reference:	Nelson Residence	Company:	Viking Development Corporation
Location:	4731 Ten Oaks Road	Requested By:	Cary Cumberland
	Dayton, MD 21036	Source:	Well Water
Date/ Time Collected:	10/19/2011 1120	Site:	Pressure Tank
Date/Time Rec'd:	10/19/2011 1303	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.9
Collected By:	J.Yeager 6176JY	Well #:	HO-95-0102

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	6.4	MPN/ 100 ml	<1.0	SM18 9223	10/20/2011 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/20/2011 / 0815 / CCH
Nitrate	<1.0	mg/L	10	601	10/19/2011 / 1600 / CCH
Turbidity	0.94	NTU	<10	SM18 2130B	10/19/2011 / 1550 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	10/19/2011 / 1550 / KME

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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B-11000412

Date Reported: 10/20/2011



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by LDE INC on 8-18-05 and is ready for site inspection.
- ☐ _____ will call the Health Department for a time to meet in the field to verify a well location.
- ☒ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

*Lots 5, 6, Robert L. Gosselin Property
Mercer Custom Homes*