

CUMBERLAND AND CO., INC.
Plumbing and Mechanical Contractors
16391 A.E. Mullinix Road
Woodbine, Maryland 21797
Telephone: 301-854-6838
Fax: 301-854-6325

FACSIMILIE TRANSMISSION FORM

DATE: 9-29-09

FROM: Kelly Cumberland 301-252-1123

PLEASE DELIVER THIS TRANSMISSION TO: Mary Lou

AT: HC HD

FAX NO.: 410-313-2648

TOTAL PAGES FOLLOWING THIS COVER SHEET: 1

COMMENTS: well pump & pitless info for
13301 Wicklow Pl, Clarksville

If for any reason you do not receive the correct number of pages, please call our office back immediately at the above telephone number. Thank you.

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: Cumberland Co. Inc Telephone #: 301-854-1838
Address: 16391 AE Mullinix Rd
Woodbine MD 21797

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

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

Name (Print): Kelly Cumberland License# 61417

*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: ASTGA, AHMED Telephone #: 301-529-4875
Subdivision: Waterford Lot #: _____ Well Tag #: HO 88-0015
Site Address: 3301 Wicklow Pl.
Clarksville MD

Submersible Pump Data

Make: MGERS

Model #: 25152-SP1US-P4

Pump Capacity: 8 GPM

Well Yield: 11 GPM

Depth of well encountered at time of pump installation: 25 (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 X

Pitless Adapter

Make: FORD

Model#: 1"

Depth: 18" (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 1"

PSI: 200 (160 psi min)

Depth of supply line: 18 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes

Approximate length of sleeve: 6'

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: [Signature]

date: 9-27-09

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 _____

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Company Name: _____ Telephone #: _____
Address: _____

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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 - ~~88~~ - 0015
Site Address: 1330 Wicklow Place

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: 5/21/09 RB

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
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

October 7, 2009

Homeowner
13301 Wicklow Place
Clarksville, MD 21029

RE: Waterford II, Lot 3
13301 Wicklow Place Road
BP #: B08001677
Well Permit # HO-88-0015

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 05/07/2009.**
Final approval of the well line connection to the dwelling was approved on 05/21/2009.

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 additional time for radium testing to be done, and if needed appropriate treatment installed so that levels meet EPA recommendations.

This temporary deviation is good for **30 days** to allow time for radium testing. An Interim Certificate of Potability will be issued upon submission of a water sample report that documents a **Gross Alpha, Gross Beta, short and long term (Before treatment)**.

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-88-0015. 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.

DILPV

RAHMAN @ RAHMAN
CONSTRUCTION.COM ✓

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.**

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

Date of Water Samples: 09/28/2009 & 10/05/2009
Date of Radium Tests: **GROSS ALPHA, GROSS BETA (Short and Long term pre-treatment)**
Date of Well Completion: 07/13/1988

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



TRACE LABORATORIES, INC
A Methode Electronics, Inc. Company
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
Cumberland Development
Attn: Kelly
16391 A.E. Mullinix Road
Woodbine, Maryland 21797

S/O Number: 74320
Report Date: October 6, 2009

Property Sampled: 13301 Wicklow Place, Retest

County: Howard
Subdivision: Waterford
Lot #: 3
Building Permit #: Not Provided
Tax Map #: 34
Parcel #: 261

Date/Time Collected: October 5, 2009 at 1:30 pm
Date/Time Received: October 5, 2009 at 2:51 pm

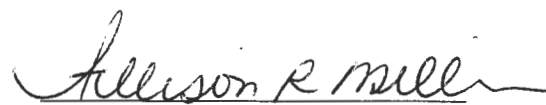
Sample Location: Pressure Tank Tap
Sampler ID: 0095JF

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-88-0015
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter, Neutralizer

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass


Allison R. Milburn
Manager-Drinking Water Testing



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County:

Howard

Subdivision:

Waterford

Tax Map #:

34

Lot #:

3

Parcel #:

261

Building Permit #:

Not Provided

Date/Time Collected:

September 28, 2009 at 12:05 pm

Date/Time Received:

September 28, 2009 at 1:54 pm

Sample Location:

Pressure Tank Tap

Samples Iced: Yes**Sampler ID:**

9813AM

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number:

HO-88-0015

Well Condition:

2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.3 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	2.3 NTU	EPA 180.1	10 NTU	Pass
pH	6.4 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	Absent	SM 9223B	Absent	

Allison R. Milburn

Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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County: Howard
Subdivision: Waterford
Lot #: 3
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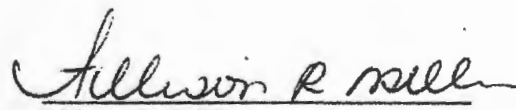
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Sampler ID: 9813AM

Samples Iced: Yes
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Well Tag Number: HO-88-0015
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Water Conditioning/Treatment: Sediment Filter

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Woodbine, Maryland 21797

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Subdivision: Waterford
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Well Condition: 2-Piece Cap
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PARAMETER	RESULT	METHOD	MCL	
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A handwritten signature in cursive script, reading "Allison R. Milburn".
Allison R. Milburn
Manager-Drinking Water Testing

Mr. Raman 202 528 2131

needs results of H₂O sampling
sent to Mr. Frye in Insp.
so he can get the USO for

(330) Wicklow Place
Clarksville 21029



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34

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Well Condition:

2-Piece Cap

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Water Conditioning/Treatment: Sediment Filter

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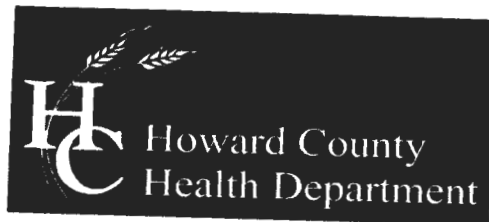
Allison R. Milburn

Manager-Drinking Water Testing

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(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

December 28, 2007

MEMORANDUM

TO: Asiya Ahmed
13301 Wicklow Place
Clarksville, Maryland 21029
Attn: Afiquir Rahman

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

RE: 13301 Wicklow Place
Waterford Sec 2
Map 34, Grid 9, Parcel 261, Lot 3
(Demolition of house destroyed by fire)

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. The existing well and septic trenches will be utilized for the replacement house. By accepting this recommendation, the owner/contractor must agree to the following conditions set forth by the Health Department:

Before demolition, the well and septic system that served the current house must be properly disconnected and sealed off. Also, protective devices must be placed around them to prevent any damage. These precautions should remain in place during the demolition and construction phases. The well (HO-88-0015) can be reconnected to the new house.

A new septic permit covering proper sizing of the system, possible new tank installation, hook up to the existing trenches and the house connection will need to be obtained. 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: File

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

DEC 20 2007

RECEIVED

To Stuart
Date 12/20 Time 11:21 ☐ AM ☒ PM

WHILE YOU WERE OUT

M. Rahman - Afique
of _____

Phone (202) 528-5131
Area Code Number Extension

TELEPHONED	<input type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>

PLEASE CALL	<input checked="" type="checkbox"/>
WILL CALL AGAIN	<input type="checkbox"/>
URGENT	<input type="checkbox"/>

RETURNED YOUR CALL ☐

Message

RE hour Demo
at Wickhollow place
Clark (suite MD)

Operator



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EFFICIENCY®

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#23-000