

Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date - NOVEMBER 24, 2021

May 24, 2021

Homeowner 12225 Mayapple Drive West Friendship, MD 21794

RE: Walker Meadows, Lot 28

12225 Mayapple Drive Building Permit: B20004295 Well Permit: HO-17-0274

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 5/19/2021. Final approval of the well line connection to the dwelling was granted on 3/23/2021. The well construction was completed on 5/14/2018. Water samples were collected on 5/11/2021.

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-17-0274. 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

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor

- R. Wall

Groundwater Management Section

Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits

Community Hygiene Program

File

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

POURTIAND VAILLEDY ARRANDYD CAND LABORATIOROY, INC.

1413 Old Taneytown Rd: Westimuster: MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:

144359

Reference:

Schooley Mill Lot 2

Location:

7414 Haven Court

Highland, MD 20777

Date/ Time Collected: 5/7/2021

Chlorine ppm:

Collected By:

R. Ott

Date/Time Rec'd:

5/7/2021 Free: ND

Total: ND 0266RO

0935

1209

Account #:

4470

Company:

Williamsburg Homes LLC

Requested By: Bill McBride

Source:

Well Water

Site:

Pressure Tank

Treatment:

None 6.8

pH: Well#:

HO-17-0186

PARAMETERS	RESULT	SUNITS	REFERENCI	E METHOD	DATE/TIME/ANALYST
Turbidity	10.0	NTU	<10	SM20 2130B	5/7/2021 / 1500 / TSD

NOTES:

- 1 NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 2 sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test:

Use & Occupancy

Building Permit #:

200003291

Date Reported:

5/11/2021

FOUNTAIN VALUEY ANALYINGAL LABORATORY, INC.

1413 Old Taneytown Rd.: Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:

144514

Account #:

1933

Reference:

Schooley Mill Lot 2 7414 Haven Court

Company: Requested By: Fogle's Well Pump & Treatment

Location:

7414 Haven Court Fulton, MD 20759

Source:

Dave Fogle Well Water

Date/ Time Collected: 5/13/2021

3/2021 1325

Site:

Kitchen Sink

Date/Time Rec'd:

5/13/2021

1446 Treatment:

None

Chlorine ppm:

Free: ND

Total: ND

pH:

6.4

Collected By:

J. Evans

0309JE

Well#:

HO-17-0186

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD DA	TE/TIME/ANALYST
Iron	0.54	mg/L	0.3*	FR, 45 (126)	5/14/2021 / 0930 / TSD
Turbidity	9.69	NTU	<10	SM20 2130B	5/13/2021 / 1610 / TSD

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND = None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test:

Use & Occupancy

Building Permit #:

200003291

Date Reported: 5/14/2021

bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

Facebook: www.facebook.com/hocohealth

-							
RECEIPT D	ATE: ONS	ITE SEWAGE DISPOSA	L SYSTEM	Р			
APPROVAL D	ATE: PI	ERMIT: CONST	RUCTION	Α			
PROPERTY AL	DRESS: 12225 MAYAP	PPLE DRIVE, SYKESVILLE, MD 2	1784				
				03-601586			
CONTRACTOR: SOUTH CARROLL BACKHOE, INC. EMAIL:							
CONTRACTOR ADDRESS: 4410 SALEM BOTTOM ROAD, WESTMINSTER, MD 21157 PHONE: (410)875-4197							
PROPERTY OWNER: NVR, INC. EMAIL: janastas@nvrinc.com							
OWNER ADDRE	SS: 9720 PATUXENT WO	OODS DRIVE, COLUMBIA, MD	21046 PHONE:	(410)379-5956			
SEPTIC TANK SI	ZE (GALLONS): 2000	TANK MANUFACT	TURER: Babylon Vault				
PUMP MODEL:	n.a.	PUMP SIZE n.a.	PUMP TANK CAPACITY:	n.a.			
DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 6 APPLICATION RATE: 1.2							
	LINEAR FEET REQUIRED:	104	INLET DEPT	H: 2.0			
TRENCHES:	TRENCH WIDTH:	3	MAXIMUM BOTTOM DEPT	н: 6.0			
	MINIMUM SPACE						
BETWEEN TRENCHES: 11 EFFECTIVE AREA BEGINNING DEPTH: 2.0 LOCATION: PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.							
INSTALL THE SHC WITH AT LEAST TWO CLEANOUTS, PER PLAN. NOTES:							
ISSUED BY:	R BRICKER	ISSUE DATE:	EXPIRATION	N DATE:			
NOTE: CONT	RACTOR MUST SCHEDULE A	PRE-CONSTRUCTION INSPECTIO	N PRIOR TO BEGINNING ANY I	NSTALLATION			
NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING							
NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.							
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS							
NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM ELECTRICAL PERMIT ISSUED E n.a.							
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA							
NOTE: ALL PANOTE: MANINOTE: AN EL	HOLE RISERS REQUIRED ON A LECTRICAL PERMIT IS REQUIR BELECTRICAL PERMIT ISSUED RECOMMENDS SEPTIC TANK	ALL SEPTIC TANKS AND PUMP CHA RED FOR INSTALLATION OF ANY E E_n.a. (S, BAT, AND OTHER PRETREATM	MBERS LECTRICAL COMPONENTS OF ENT UNITS BE PUMPED AT A F	THE SYSTEM			

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.
CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

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

