

**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 - _____
Site Address: 17006 Hardy Road

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM
Depth of well encountered at time of pump installation: _____ (feet)

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: _____

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.

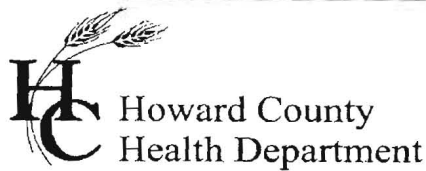
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 No Tag
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

6/24/09
BB

Pit Well - Grouting
Not Observable →
(Poured Concrete Around Casing Below Pitless)



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

7/21/09

Ellen and Joseph Sullivan
17006 Hardy Road
Mt. Airy, Maryland 21771
Faxed to 443-663-6978

RE: Poplar Heights, Lots 28-30
17006 Hardy Road
Map 7, Grid 8, Parcel 35
BP # B07001292

Dear Sir/Madam:

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 5/27/08. Final approval of the well line connection to the dwelling was approved on 6/24/09.**

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.

INTERIM CERTIFICATE OF POTABILITY

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 (Unknown tag #). 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) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 7/17/09

Approving Authority,

Stuart F. Oster, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
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 #: 72000 Account #: 11398
 Reference: Joe Sullivan Company: CASH ACCOUNT
 Location: 17006 Hardy Road Requested By: Joe Sullivan
 Mount Airy, MD 21771 Source: Well Water
 Date/ Time Collected: 7/17/2009 1202 Site: Powder Room
 Date/Time Rec'd: 7/17/2009 1515 Treatment: Sediment Filters**
 Chlorine ppm: Free: ND Total: ND pH: 5.1
 Collected By: C. Mooshian 7268CM Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/18/2009 / 0930 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/18/2009 / 0930 / BCD
Nitrate	4.39	mg/L	10	601	7/17/2009 / 1600 / CCH
Turbidity	0.48	NTU	<10	SM18 2130B	7/17/2009 / 1545 / CCH
Sand	NS	mg/L	5	Visual/Gravimctr	7/17/2009 / 1550 / CCH

NOTES

- 1 **Treatment bypassed
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND = None Detected; N/A: Not Available
- 8 Sample collected by client, analyzed as received
- 9 pH and Chlorine level tested in lab

Reason for Test : HoCHD

Date Reported: 7/20/2009

MD State Certification # 133

Post-It® Fax Note	7671	Date	7/20/09	# of pages	1
To	Stewart	From	Cass		
Co./Dept.	HoCHD	Co.	FVAL		
Phone #		Phone #	410-848-1014		
Fax #		Fax #			

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4534 Fax: (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	71068	Account #:	11398
Reference:	Joe Sullivan	Company:	CASH ACCOUNT
Location:	17006 Hardy Road	Requested By:	Joe Sullivan
	Mount Airy, MD 21771	Source:	Well Water
Date/ Time Collected:	5/13/2009 1010	Site:	Outside Hose Bib
Date/Time Rec'd:	5/13/2009 1135	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.2
Collected By:	J.Yeager 6176JY	Well #:	N/A

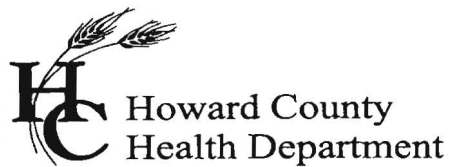
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE / TIME / ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/14/2009 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/14/2009 / 1000 / BCD

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; N/A: Not Available
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

Reason for Test : HoCHD

Date Reported: 5/14/2009



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website: www.hchealth.org

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

May 28, 2009

MEMORANDUM

TO: Joseph and Ellen Sullivan
17006 Hardy Road
Mt. Airy, Maryland 21771
Faxed to 443-663-6980

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

RE: Poplar Heights, Lots 28-30
17006 Hardy Road
Mt. Airy – 1.37 Ac.
Map 7, Grid 8, Parcel 35

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. The existing well may be utilized for replacement house. By accepting this demolition recommendation, you agree to the following conditions set forth by the Health Department:

The well (Unknown tag number) will have to meet current COMAR (26.04.04) construction standards before they can be reconnected to the new house.

The septic system for the existing house has been properly abandoned and documentation submitted.

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. If any other wells or septic systems are found during site work, please notify this office immediately.

C: File

January 27, 2008

Howard County Department of Planning and Zoning
RE: Plat #19673
Permit #B-07001292

To Whom it may Concern:

This letter is to inform the above department of our intent to reside in the existing dwelling during the construction of the new home. The existing home will be demolished when new home is complete.

Thank You,

Joseph and Ellen Sullivan
17006 Hardy Rd.
Mt Airy, MD 21771

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/25/2007	<p>A site inspection was conducted specifically to document the status of the existing well.</p>
	<p>The well casing has been extended to a height of about 19" to 22" above soil surface.</p>
	<p>The cap appears to be of temporary intent, as it is a one piece "insert" with a metal top. The well line runs through this insert to a pump sitting on a cart (5' away).</p>
	<p>The condition of tightness could not be checked on this day. The well pit is covered by several overlapping sheets of 1/2" plywood.</p> <p style="text-align: right;">RB</p>
10/21/08	<p>Well satisfactory but house connection not made yet. BB Propane tank is 80' from well. BB</p>

Robert

HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
Division of Land Development

DATE: 9/25/07

DPZ File No. F-08-03

Department of Planning and Zoning

- Transportation Planning
- Historic Preservation
- Public Service and Zoning Administration 4
- Research RETURN 2
- Address Coordinator

- Environmental and Community Planning (Ag Pres/Route 1)
- Development Engineering Division
- Other
- File

Agencies

- Soil Conservation District
- Department of Inspections, Licenses & Permits
- Department of Fire and Rescue Services
- State Highway Administration
- Health Department
- Public School System
- Recreation and Parks
- WSSC
- MD Aviation Administration

- Tax Assessment
- Verizon
- BGE
- Cable TV
- Police
- MTA
- Finance
- DPW, Real Estate Services
- DPW, Construction and Inspection
- DPW, Bureau of Utilities

RE: ? Poplar POPULAR HEIGHTS

ENCLOSED FOR YOUR → Signature Approval Review & Comments Files

THE ENCLOSED → Original Pre-Packaged Plan Set

Plans	# of Sheets	Supplemental Documents
<input type="checkbox"/> Sketch Plan	_____	<input type="checkbox"/> Wetlands Report
<input type="checkbox"/> Prel Equiv Sketch Plan	_____	<input type="checkbox"/> Soils/Topo Map/Drain Area Map
<input type="checkbox"/> Preliminary Plan	_____	<input type="checkbox"/> FSD/FCP/Worksheet and Application
<input type="checkbox"/> Final Plat/Plat of Easement/RE Plat	_____	<input type="checkbox"/> Declaration of Intent (Forest Cons)
<input type="checkbox"/> Final Constr Plans (RDS)	_____	<input type="checkbox"/> Drainage and/or Computation/Pond Safety Comps
<input type="checkbox"/> Final Development Plan	_____	<input type="checkbox"/> Preliminary Road Profiles
<input type="checkbox"/> Site Development Plan	_____	<input type="checkbox"/> APFO Roads Test/Mitigation Plan/Traffic Study
<input type="checkbox"/> Landscape Plan/Supplemental Plan	_____	<input type="checkbox"/> Noise Study
<input type="checkbox"/> Grading Plan	_____	<input type="checkbox"/> Sight Distance Analysis/Speed Flow Study
<input type="checkbox"/> House Type Revision/Walk-Thru Red-Line	_____	<input type="checkbox"/> Floodplain Study
<input type="checkbox"/> Water and Sewer Plan	_____	<input type="checkbox"/> Stormwater Management Comps/Geo-Tech Report
Applications		<input type="checkbox"/> Industrial Waste Survey (DPW)
<input type="checkbox"/> Waiver Petition Applic/Exhibit	_____	<input type="checkbox"/> Road Poster Form Letter
<input type="checkbox"/> Planning Board Application	_____	<input type="checkbox"/> Response Letter
<input type="checkbox"/> ASDP/CSDP Application	_____	<input type="checkbox"/> Perc Plat
<input type="checkbox"/> DED Application/Checklist	_____	<input type="checkbox"/> Scenic Road Exhibits
<input type="checkbox"/> DED Fee Receipt/Deeds/Cost Estimate	_____	<input type="checkbox"/> Deeds
		<input type="checkbox"/> Photographs
		<input type="checkbox"/> Retaining Wall Comps/Details
		<input type="checkbox"/> Poster/Community or HDC Meeting Information
		<input type="checkbox"/> Route 1 Details/Summary

WAS: Received Tentatively Approved Recorded

Received and Revised Approved On 9/25/07

COMMENTS: May be approved with direct Submittals SRC/Comments Due By: 10/2/07
Notes required for specific contingencies ref

Check, initial and return to the Department of Planning and Zoning if plan is approved with no comments.

DPZ STAFF INITIALS g

Ralph Mayne Well Drilling

17024 Hardy Rd., Mt. Airy, MD 21771

Phone: 410-489-4939

Fax: 410-489-5777

TO Howard County Health Dept.
Environment Mental Health

REFR JOE SULLAVEN
17006 HARDY Rd.
MT Airy MD 21771

UP GRADE EX. WELL TO 1/2 FT ABOVE GROUND LEVEL
BY WELDING STEEL CASING TO EX CASING.
Supply with a new well CAP.
Any question PLEASE CALL (443-538-1040)

Thank you

Ralph Mayne

Sept. 28, 2007

P.S. PLEASE Put in
MD SULLAVEN'S FILE

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