

C1 8621

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 516057

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 06 21 07

Depth of Well 22 400 26 9/7/07 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0675

OWNER Bentley last name Bridalwreath Ct. first name O.K. TOWN SECTION LOT 22

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soil, soft shale, mud, Brown shale, soft shale, Coral Rock, Water at 150 + 375, Well # 1 - 40' mud, Well # 2 - 50' mud (Both holes Backfilled).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE (ST) Nominal diameter top (main) casing (6) Total depth of main casing (78)

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table for DEPTH with columns: 1-11, 12-17, 18-23, 24-29, 30-35, 36-41, 42-47, 48-53, 54-59, 60-65, 66-71, 72-77, 78-83, 84-89, 90-95, 96-101, 102-107, 108-113, 114-119, 120-125, 126-131, 132-137, 138-143, 144-149, 150-155, 156-161, 162-167, 168-173, 174-179, 180-185, 186-191, 192-197, 198-203, 204-209, 210-215, 216-221, 222-227, 228-233, 234-239, 240-245, 246-251, 252-257, 258-263, 264-269, 270-275, 276-281, 282-287, 288-293, 294-299, 300-305, 306-311, 312-317, 318-323, 324-329, 330-335, 336-341, 342-347, 348-353, 354-359, 360-365, 366-371, 372-377, 378-383, 384-389, 390-395, 396-401, 402-407, 408-413, 414-419, 420-425, 426-431, 432-437, 438-443, 444-449, 450-455, 456-461, 462-467, 468-473, 474-479, 480-485, 486-491, 492-497, 498-503, 504-509, 510-515, 516-521, 522-527, 528-533, 534-539, 540-545, 546-551, 552-557, 558-563, 564-569, 570-575, 576-581, 582-587, 588-593, 594-599, 600-605, 606-611, 612-617, 618-623, 624-629, 630-635, 636-641, 642-647, 648-653, 654-659, 660-665, 666-671, 672-677, 678-683, 684-689, 690-695, 696-701, 702-707, 708-713, 714-719, 720-725, 726-731, 732-737, 738-743, 744-749, 750-755, 756-761, 762-767, 768-773, 774-779, 780-785, 786-791, 792-797, 798-803, 804-809, 810-815, 816-821, 822-827, 828-833, 834-839, 840-845, 846-851, 852-857, 858-863, 864-869, 870-875, 876-881, 882-887, 888-893, 894-899, 900-905, 906-911, 912-917, 918-923, 924-929, 930-935, 936-941, 942-947, 948-953, 954-959, 960-965, 966-971, 972-977, 978-983, 984-989, 990-995, 996-1001, 1002-1007, 1008-1013, 1014-1019, 1020-1025, 1026-1031, 1032-1037, 1038-1043, 1044-1049, 1050-1055, 1056-1061, 1062-1067, 1068-1073, 1074-1079, 1080-1085, 1086-1091, 1092-1097, 1098-1103, 1104-1109, 1110-1115, 1116-1121, 1122-1127, 1128-1133, 1134-1139, 1140-1145, 1146-1151, 1152-1157, 1158-1163, 1164-1169, 1170-1175, 1176-1181, 1182-1187, 1188-1193, 1194-1199, 1200-1205, 1206-1211, 1212-1217, 1218-1223, 1224-1229, 1230-1235, 1236-1241, 1242-1247, 1248-1253, 1254-1259, 1260-1265, 1266-1271, 1272-1277, 1278-1283, 1284-1289, 1290-1295, 1296-1301, 1302-1307, 1308-1313, 1314-1319, 1320-1325, 1326-1331, 1332-1337, 1338-1343, 1344-1349, 1350-1355, 1356-1361, 1362-1367, 1368-1373, 1374-1379, 1380-1385, 1386-1391, 1392-1397, 1398-1403, 1404-1409, 1410-1415, 1416-1421, 1422-1427, 1428-1433, 1434-1439, 1440-1445, 1446-1451, 1452-1457, 1458-1463, 1464-1469, 1470-1475, 1476-1481, 1482-1487, 1488-1493, 1494-1499, 1500-1505, 1506-1511, 1512-1517, 1518-1523, 1524-1529, 1530-1535, 1536-1541, 1542-1547, 1548-1553, 1554-1559, 1560-1565, 1566-1571, 1572-1577, 1578-1583, 1584-1589, 1590-1595, 1596-1601, 1602-1607, 1608-1613, 1614-1619, 1620-1625, 1626-1631, 1632-1637, 1638-1643, 1644-1649, 1650-1655, 1656-1661, 1662-1667, 1668-1673, 1674-1679, 1680-1685, 1686-1691, 1692-1697, 1698-1703, 1704-1709, 1710-1715, 1716-1721, 1722-1727, 1728-1733, 1734-1739, 1740-1745, 1746-1751, 1752-1757, 1758-1763, 1764-1769, 1770-1775, 1776-1781, 1782-1787, 1788-1793, 1794-1799, 1800-1805, 1806-1811, 1812-1817, 1818-1823, 1824-1829, 1830-1835, 1836-1841, 1842-1847, 1848-1853, 1854-1859, 1860-1865, 1866-1871, 1872-1877, 1878-1883, 1884-1889, 1890-1895, 1896-1901, 1902-1907, 1908-1913, 1914-1919, 1920-1925, 1926-1931, 1932-1937, 1938-1943, 1944-1949, 1950-1955, 1956-1961, 1962-1967, 1968-1973, 1974-1979, 1980-1985, 1986-1991, 1992-1997, 1998-2003, 2004-2009, 2010-2015, 2016-2021, 2022-2027, 2028-2033, 2034-2039, 2040-2045, 2046-2051, 2052-2057, 2058-2063, 2064-2069, 2070-2075, 2076-2081, 2082-2087, 2088-2093, 2094-2099, 2100-2105, 2106-2111, 2112-2117, 2118-2123, 2124-2129, 2130-2135, 2136-2141, 2142-2147, 2148-2153, 2154-2159, 2160-2165, 2166-2171, 2172-2177, 2178-2183, 2184-2189, 2190-2195, 2196-2201, 2202-2207, 2208-2213, 2214-2219, 2220-2225, 2226-2231, 2232-2237, 2238-2243, 2244-2249, 2250-2255, 2256-2261, 2262-2267, 2268-2273, 2274-2279, 2280-2285, 2286-2291, 2292-2297, 2298-2303, 2304-2309, 2310-2315, 2316-2321, 2322-2327, 2328-2333, 2334-2339, 2340-2345, 2346-2351, 2352-2357, 2358-2363, 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5640-5645, 5646-5651, 5652-5657, 5658-5663, 5664-5669, 5670-5675, 5676-5681, 5682-5687, 5688-5693, 5694-5699, 5700-5705, 5706-5711, 5712-5717, 5718-5723, 5724-5729, 5730-5735, 5736-5741, 5742-5747, 5748-5753, 5754-5759, 5760-5765, 5766-5771, 5772-5777, 5778-5783, 5784-5789, 5790-5795, 5796-5801, 5802-5807, 5808-5813, 5814-5819, 5820-5825, 5826-5831, 5832-5837, 5838-5843, 5844-5849, 5850-5855, 5856-5861, 5862-5867, 5868-5873, 5874-5879, 5880-5885, 5886-5891, 5892-5897, 5898-5903, 5904-5909, 5910-5915, 5916-5921, 5922-5927, 5928-5933, 5934-5939, 5940-5945, 5946-5951, 5952-5957, 5958-5963, 5964-5969, 5970-5975, 5976-5981, 5982-5987, 5988-5993, 5994-5999, 6000-6005, 6006-6011, 6012-6017, 6018-6023, 6024-6029, 6030-6035, 6036-6041, 6042-6047, 6048-6053, 6054-6059, 6060-6065, 6066-6071, 6072-6077, 6078-6083, 6084-6089, 6090-6095, 6096-6101, 6102-6107, 6108-6113, 6114-6119, 6120-6125, 6126-6131, 6132-6137, 6138-6143, 6144-6149, 6150-6155, 6156-6161, 6162-6167, 6168-6173, 6174-6179, 6180-6185, 6186-6191, 6192-6197, 6198-6203, 6204-6209, 6210-6215, 6216-6221, 6222-6227, 6228-6233, 6234-6239, 6240-6245, 6246-6251, 6252-6257,

B 1	<b>9171</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	STATE PERMIT NUMBER <b>HO-95-0675</b> <small>fill in this form completely</small>
1 2 3 6			<b>526193</b> please type	70 79

**OWNER INFORMATION**

Date Received (APA) 7/19/07  
8 MM DD YY 13

Grayson Homes  
15 Last Name Owner First Name 34

9025 Chevrolet Drive  
36 Street or RFD 55

Ellicott City MD 21043  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

Howard  
8 COUNTY 21

Belle Haven Est  
23 SUBDIVISION 42

SECTION 44 46 LOT 22 48 50

Woodbine  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I I  
73 76 77 78

**DRILLER INFORMATION**

Michael D. Isom M S D 162  
76 License No. 81

G. Edgar Harr Sons' corp.  
Firm Name

12047 Falls Road, Cockeysville 21030  
Address

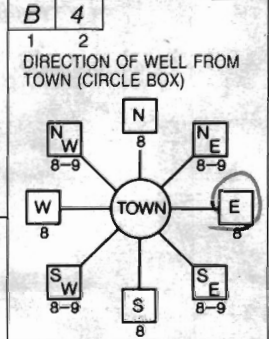
12/26/06  
Signature Date

**WELL INFORMATION**

Union Chapel Road  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N WEST W EAST E SOUTH S  
260  
34 200 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39 FT

TAX MAP: 14 BLK: 10 PARCEL 66



**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750  
14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard (13) A 516057  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 2/23/07 Hein Valf 2/23/08  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 530 000 EAST GRID 0786 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REverse-ROTary DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

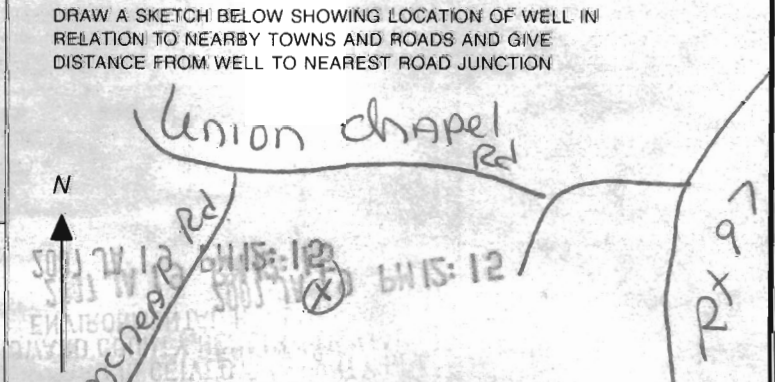
E 7806 000 000

N 530 ←

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER HO 2007 G002

PERMIT No. HO-95-0675  
70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS** Drill wells Re P' Plan signed 8/21/06

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Bentley's Telephone #: 301-428-3900  
Address: 2347 Frederick Rd  
Charlestown

(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# 200

**\*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: K-Hov Telephone #: \_\_\_\_\_  
Subdivision: Bellhaven Lot #: 22 Well Tag #: HO-95-0675  
Site Address: 2807 Bridal Reef Ct Howard County  
MD

**Submersible Pump Data**

Make: Grundfos  
Model #: PB5074222  
Pump Capacity 10 GPM  
Well Yield: 50 GPM

**Pitless Adapter**

Make: Campbell  
Model #: PN50155  
Depth: 42" (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: \_\_\_\_\_

*Replace at pump setting time*

Depth of well encountered at time of pump installation: 200 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
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: 1/4" Pvc  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve (5' minimum from foundation): 4052  
Sleeve sealed properly: yes UNDERFOOTER/SLAB

**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: 2-10-13

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

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 outside of well cap/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

2/11/2013 (BB)  
Not Finished  
Under Footer

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Ben Lewis Plumbing Telephone #: 301-428-3900  
Address: 23407 Frederick Rd.  
Clarksville, MD 20871

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

Name (Print): CHRIS BLAIR License# 10610

\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Bellhaven Lot #: 22 Well Tag #: HO-95-0675  
Site Address: 2807 BEDFORDWOOD CT  
ROCKVILLE MD

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7G507422C</u>	Model#: <u>B-10X</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42" (36" min)</u>	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>310'</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

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

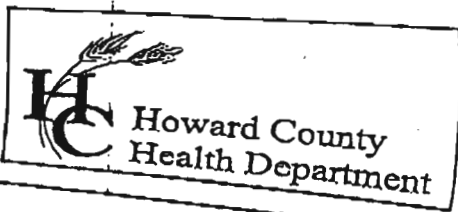
<b>Piping to house</b>	<b>House Connection</b>
Type: <u>1" Pep Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>50'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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: Chris R Blair date: 5/20/13

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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 outside of well cap/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 \_\_\_\_\_



7178 Columbia Gateway Drive, Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2640  
 TDD (410) 313-2323 Toll Free 1-866-313-2640  
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

**TO ALL INTERESTED PARTIES**

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

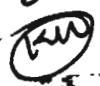
Well Site Location:	lots	
Belle Haven Estates	1-46	union chapel road
<b>Subdivision/Property Name</b>	<b>Lot#</b>	<b>Road Name</b>

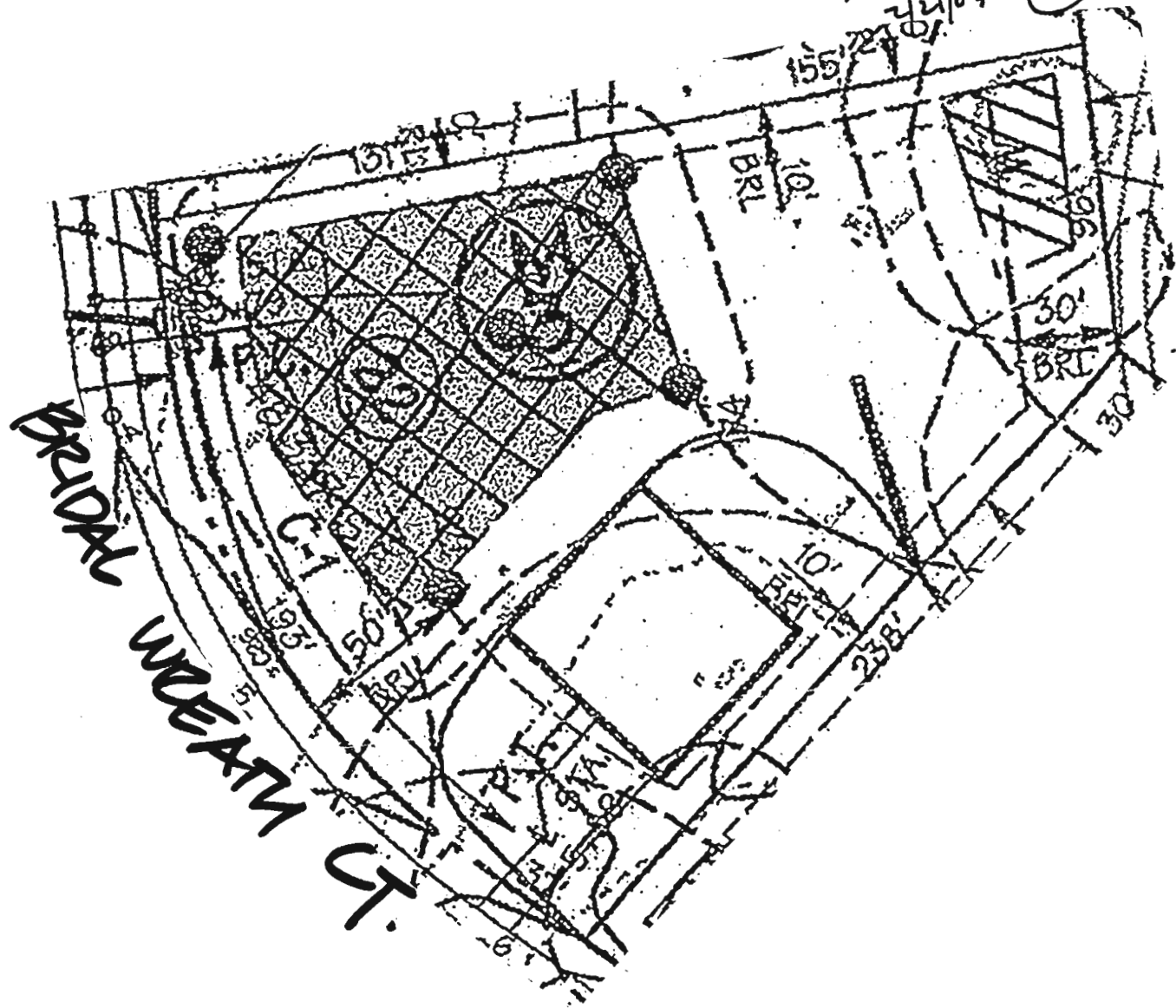
The well site has been staked by DMW, Inc 410-296-3333,  
 (professional land surveyor or company employing professional land surveyors)  
 on 12/29/06 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

well site OK  
 staked by DMW  
 2/21/07 



BELLE HAVEN ESTATES

LOT 22

**DMW**

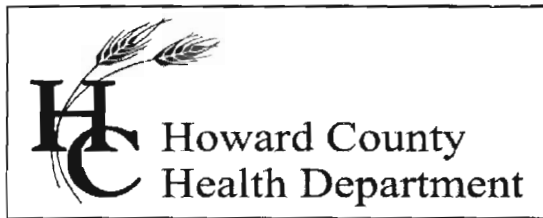
Daft-McCune-Walker, Inc.  
 200 East Pennsylvania Avenue  
 Towson, Maryland 21286  
 (410) 296-3333  
 Fax 296-4705

A Team of Land Planners,  
 Landscape Architects,  
 Engineers, Surveyors &  
 Environmental Professionals

Job No. 01067	Scale: 1"=50'	Date: 12/26/06	Drawn By: MDT
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N:\01067\01067F\Lot Wells\FINAL\Lot22.dgn

Tue Feb 13 10:40:39 2007



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 7, 2013

6/7/2013

Homeowner  
2807 Bridalwreath Court  
Woodbine, MD 21797

**RE: Belle Haven Estates, Lot 22  
2807 Bridalwreath Court  
Building Permit: B12003501  
Well Permit: HO-95-0675**

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 **4/19/2013**. Final approval of the well line connection to the dwelling was granted on **2/11/2013**. The well construction was completed on **6/27/2007**. Water samples were collected on **5/23/2013**.

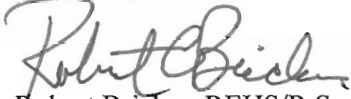
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0675. 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,

A handwritten signature in cursive script, appearing to read "Robert Bricker".

Robert Bricker, REHS/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 #: 89329 Account #: 17135  
Reference: Ben Lewis Plumbing Company: CASH ACCOUNT  
Location: 2807 Bridalwreath Court Woodbine, MD 21797 Requested By: Ben Lewis Plumbing  
Source: Well Water  
Date/ Time Collected: 5/23/2013 1115 Site: Basement Lav. Bathroom Tap  
Date/Time Rec'd: 5/23/2013 1300 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.6  
Collected By: C. Blair 1430CB Well #: HO-95-0675

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/24/2013 / 0915 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/24/2013 / 0915 / LLO
Nitrate	7.82	mg/L	10	601	5/23/2013 / 1600 / CCH
Turbidity	0.39	NTU	<10	SM18 2130B	5/23/2013 / 1445 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	5/23/2013 / 1448 / JKW

'OK' RUB 6/2/13

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

Reason for Test : Use & Occupancy

Building Permit # : B12003501

Date Reported: 5/24/2013