

WATER WELL CONSTRUCTION STANDARDS

(For Wells Prior To 1980)

Reference Made in Health Department Memorandum Dated January 28, 2000

Name of Present Owner Danny Day

Address of Property 3055 Florence Rd. Woodbine, MD. 21797

Location of Property LOT: 20

Tax Map _____ Parcel No. _____

1. Depth of Well - 60' feet

2. Yield of Well - 6 gallons per minute
(Attach 3 hr. pump test data sheet or copy of well completion report)

3. Well terminates 2' inches above ground level.
(Must terminate 8 inches above ground level or 24 inches above flood plain level.)

4. How much and what type of casing is in well?
7'-6" Steel from 5' Below ground to 2' above ground
4" PVC Depth in Feet
From 5' Below ground to 27' Below ground
Steel + PVC Casing Type
(Well with less than 20 feet of casing must be tested for bacteria or sleeved to 20+ feet.)

5. Is the well grouted? Yes No
(If it cannot be determined that the well was grouted, well must be tested for bacteria contamination or sleeved and grouted.)

6. Does the well have an insect proof well cap? Yes No
(If well does not have insect proof cap, one must be installed on well.)

Lester C. Simmons Sr.
Well Driller's Signature

MWD 307
License Number

L.F. EASTERDAY Inc
Well Drilling Company

3/7/06
Date

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: Accel Plumbing Telephone #: 410-489-5550
Address: 4029 Marlfield Dr.
Brooksville MD 21223

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Richard Jung License# MPE 30049
*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: Danny D Day Telephone #: 240-388-0144
Subdivision: _____ Lot #: 20 Well Tag #: HO-existing Botag
Site Address: 3555 Florence Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>existing</u>	Make: <u>existing</u>	Two piece watertight cap: <u>yes</u>
Model #: _____	Model #: _____	Screened, vented well cap: <u>yes</u> (existing)
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>yes</u>

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>polyethylene</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>320</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u> OK
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <u>yes</u>

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: 7/30/07

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

Date Insp. Requested: _____ Date Insp. Approved: 7/30/07 Inspector: (KJ)
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 _____

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 #:	64654	Account #:	9526
Reference:	Danny Day	Company:	CASH ACCOUNT
Location:	3055 Florence Road Woodbine, MD 21797	Requested By:	John Komsa/ Day
Date/ Time Collected:	7/27/2007 1235	Source:	Well Water
Date/Time Rec'd:	7/27/2007 1330	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	J. Yeager 6176JY	pH:	4.9
		Well #:	No Tag

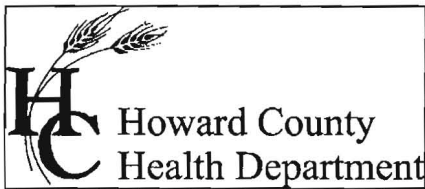
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/28/2007 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/28/2007 / 1000 / BCD
Nitrate	5.80	mg/L.	10	601	7/27/2007 / 1555 / AD/BD
Turbidity	0.90	NTU	<10	SM18 2130B	7/27/2007 / 1405 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimct	7/27/2007 / 1405 / AD/BD

NOTES

- 1 **Bypassed at time of sampling
- 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
- 8 Visual well check: Sealed, vented cap
- 9 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00158834

Date Reported: 7/30/2007



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

July 31, 2007

Danny D. Day
3055 Florence Road
Woodbine, MD 21797

FACSIMILE SENT 301-670-1595

RE: 3055 Florence Road
Woodbine, MD 21797
BP #: B00158834
Well Permit # No Tag

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 07/03/2007. Final approval of the well line connection to the dwelling was approved on 07/30/2007.**

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 No 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: 07/27/2007
Date of Well Completion: Unknown—Prior to 1980 (Brought up to code 03/07/06)

Approving Authority

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File