

**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: WEW Plumbing Telephone #: 410-339-8390
Address: 1303 Allison Dr. C. 413-375-2033
Hamppstead, MD

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

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

Name (Print): Thomas Wollenweber License# 3314

*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: Lynn East Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - _____
Site Address: 13680 Bold Venture Dr.
Greenleaf, MD.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>EX</u>	Make: <u>EX</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>EX</u>	Model#: <u>EX</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>EX</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>7</u> GPM	NSF approved: <u>Yes</u>	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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt YES

Piping to house

Type: 1" Poly
PSI: 200 (160 psi min)
Depth of supply line: 48' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 95 FT.
Sleeve caulked and sealed properly: Yes

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.

Thomas Wollenweber 4-12-07
Signature of company representative responsible for installation date

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

Date Insp. Requested: 3/14/07 Date Insp. Approved: 4/12/07 (KW)
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 ✓

→ looped into new house and back out into Ex. Hole
3/14/07

A-12308

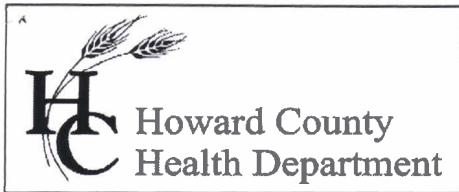
Gretchen B
Muller

ROUTE 32

PERFEKORN



WELL SITE OK
8-15-83 C. Williams



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

April 25, 2007

Lynn Eash
13680 Bold Venture Drive
Glenelg, MD 21737

SENT VIA FACSIMILE 410-997-4358

RE: The Paddocks, Parcel A
13680 Bold Venture Drive
Glenelg, MD 21737
BP #: B00158192
Well Permit # ~~Not Known~~ 10-91-0235

Dear Sirs:

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 02/27/2007. Final approval of the well line connection to the dwelling was approved on 04/12/2007.**

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 # Not Known. 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 Sample(s): 04/18/2007
Date of Well Completion: Not Known

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
W&W Plumbing and Heating
Attn: Laura
1202 Allview Drive
Hampstead, Maryland 21074

S/O Number: 63014
Report Date: April 19, 2007

Property Sampled: 13680 Bold Venture Drive

County: Howard
Subdivision: The Paddocks
Lot #: Par A
Tax Map #: 22
Parcel #: 141

Date/Time Collected: April 18, 2007 at 1010 am
Date/Time Received: April 18, 2007 at 2:30 pm

Sample Location: Power Room Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: Well not observed
Well Condition: Well condition undetermined

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	4.7 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
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.

FILE Replacement Well Siting DATE REPORTED 8-15-83

PROPERTY OWNER JOHN MOBBERLY

P. O. ADDRESS _____

DIRECTIONS TO PROPERTY "SUMMERHILL FARM" - PFEFFERKORN RD -
CLOSEST DRIVEWAY TO RT 32.

INFORMANT EASTERDAY

CONDITION FOUND: SPRING HOUSE IN DISREPAIR - OWNER STATES NEEDS MORE FLOW.
APPROVED SITE SHOWN ON REVERSE OF THIS PAGE. OWNER AWARE
OF RISKS INVOLVED IN DRILLING NEAR A BURIED GAS TANK.
OK TO PROCEED. 8-15-83 Craig Williams

ACTION TAKEN: _____

FINAL DISPOSITION: 9/19/83 Well completion report OK JES.