

C1 08180

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A-57611-D

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

DATE RECEIVED MM DD YY

10 09 12

22 225 26 (TO NEAREST FOOT)

11/2/2012 O.K. (PB)

FROM "PERMIT TO DRILL WELL" HO-95-2380

OWNER: Heritage Realty & Land Development. WELL SITE ADDRESS: Hardy Road (17257) TOWN: LISBON MD. SUBDIVISION: Spring Hollow SECTION: LOT 27

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 17 NO. OF POUNDS 1300

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40+ ft.

CASING RECORD

ST [X] CO [ ] PL [X] OT [ ]

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 77

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole HO [X] ST [ ] BR [ ] PL [ ]

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 Top Soil, Brown Slate, Blue Slate, etc.

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 46 ft.

WHEN PUMPING 60 ft.

TYPE OF PUMP USED (for test)

A [ ] P [ ] T [ ] C [ ] R [ ] O [ ] J [ ] S [ ]

PUMP INSTALLED

DRILLER INSTALLED PUMP YES [NO]

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above LAND SURFACE [-] below 2 (nearest foot)

LATITUDE 39.20.425

LONGITUDE 77.06.908

(DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M SD 112

DRILLERS SIGNATURE

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2 DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1	<b>14961</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 5380054 please type	STATE PERMIT NUMBER <b>HO-95-2380</b> <small>fill in this form completely</small>
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Date Received (APA) 07 04 12

**OWNER INFORMATION**

8 MM DD YY 13

15 Last Name Owner First Name 34

Heritage Realty & Land Devlop.

36 Street or RFD 55

PO Box 482

57 Town 70 State 72 Zip 76

Lis Bow MD MD 21765

**LOCATION OF WELL**

B 3

8 COUNTY 21

Howard

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Spring Hollow

27

52 NEAREST TOWN 71

Lisbow MD

**DRILLER INFORMATION**

Driller's Name 76 License No. 81

RAYH E. MAYNE M SD 112

Firm Name

RAYH E. MAYNE well DRILLING

Address

17024 Handy rd Mt. Airy MD 21071

Signature Date

[Signature] 8/30/12

**SOURCES OF DRILLING WATER**

B 4

1. well

11 STREET ADDRESS 30

(17259) Handy Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 35 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 7 BLK: 8 PARCEL 528

**WELL INFORMATION**

1 2

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

5

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

500

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

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

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

COUNTY NAME COUNTY NO.

Howard (13) A57611-D

STATE SIGNATURE INSERT S →

DATE ISSUED 41

9/17/2012 Brian Baker 9/17/2013

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6" 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

THIS WELL WILL DEEPEIN AN EXISTING WELL

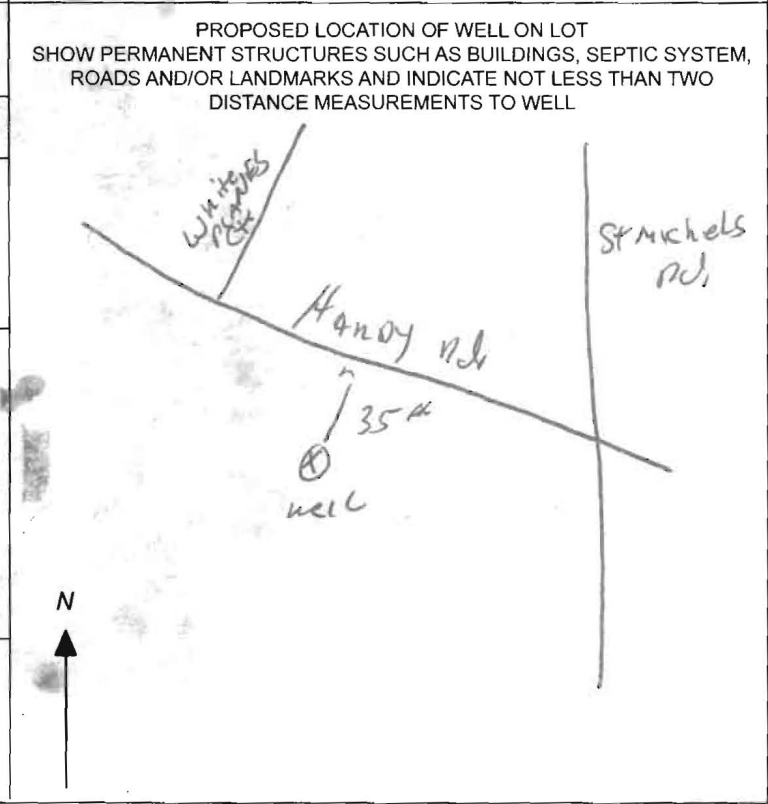
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER HO 1997G015

PERMIT No. HO-95-2380

70 71 72 73 74 75 76 77 78 79







7178 Columbia Gateway Dr., 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. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

<u>Spring Hollow</u>	<u>27</u>	<u>Hardy Road</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins, and Carter, Inc.,  
(professional land surveyor or company employing professional land surveyors)  
on 08/01/12 (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.

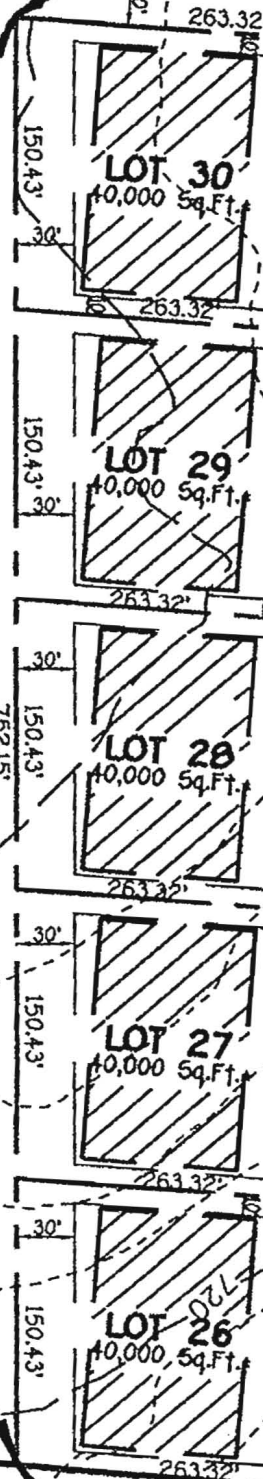
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

LAND DEDICATED TO COUNTY FOR

HARDY

ROAD



P-21

P-20

P-19

LAMBERT GREEN  
LOTS 1 - 4  
PLAT No. 10523

Note: A Lot Line Adjustment plat

7298.26

1695

1696

1237

23

24.1

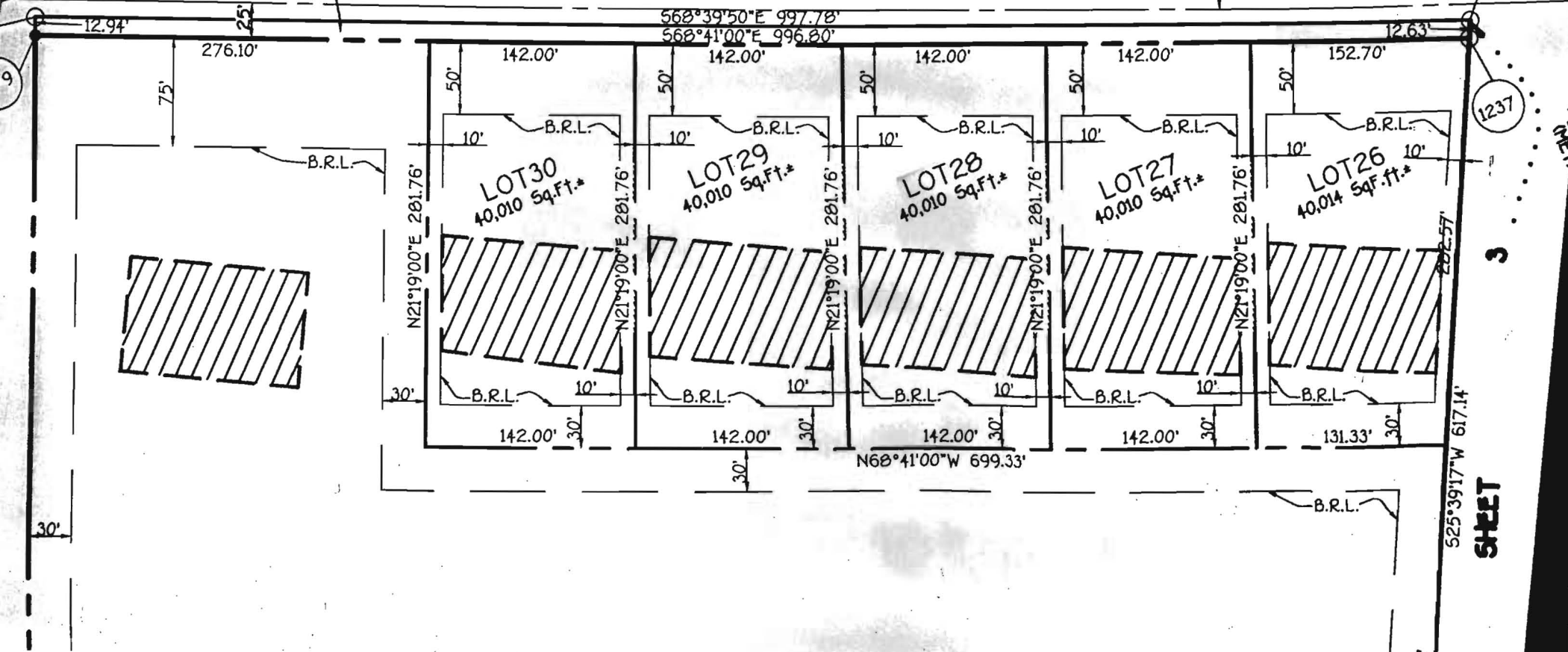
F-99-30

Land Dedicated To Howard County,  
Maryland For The Purpose Of A  
Public Roadway (0.292 Ac.±)

# HARDY ROAD

(LOCAL ROAD)

Existing Centerline  
Roadway



525°39'17"W 617.14'

SHEET

1237

980

F-99-30

Land Dedicated To Howard County,  
Maryland For The Purpose Of A  
Public Roadway (0.292 Ac.±)

# HARDY ROAD

(LOCAL ROAD)

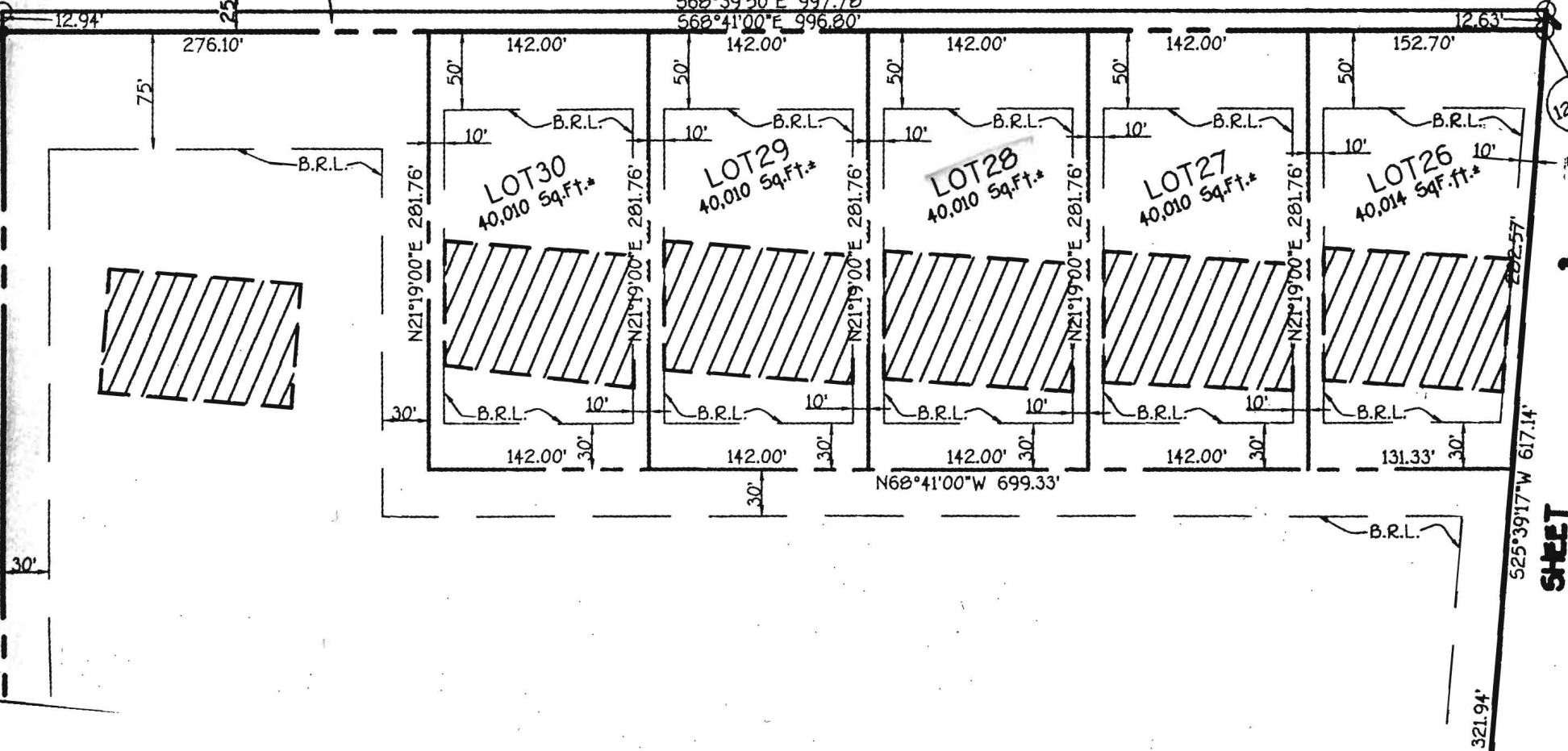
Existing Centerline  
Roadway

19

880

1237

3



525°39'17"W 617.14'

SHEET

321.94'

202.57'

N68°41'00"W 699.33'

N21°19'00"E 281.76'

N21°19'00"E 281.76'

N21°19'00"E 281.76'

N21°19'00"E 281.76'

N21°19'00"E 281.76'

568°39'50"E 997.78'  
568°41'00"E 996.80'

12.94'  
276.10'

12.63'

142.00'

142.00'

142.00'

142.00'

152.70'

LOT30  
40,010 Sq.Ft.±

LOT29  
40,010 Sq.Ft.±

LOT28  
40,010 Sq.Ft.±

LOT27  
40,010 Sq.Ft.±

LOT26  
40,014 Sq.Ft.±

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

B.R.L.

30'

B.R.L.

10'

B.R.L.

10'

B.R.L.

10'

B.R.L.

10'

B.R.L.

10'

142.00'

142.00'

142.00'

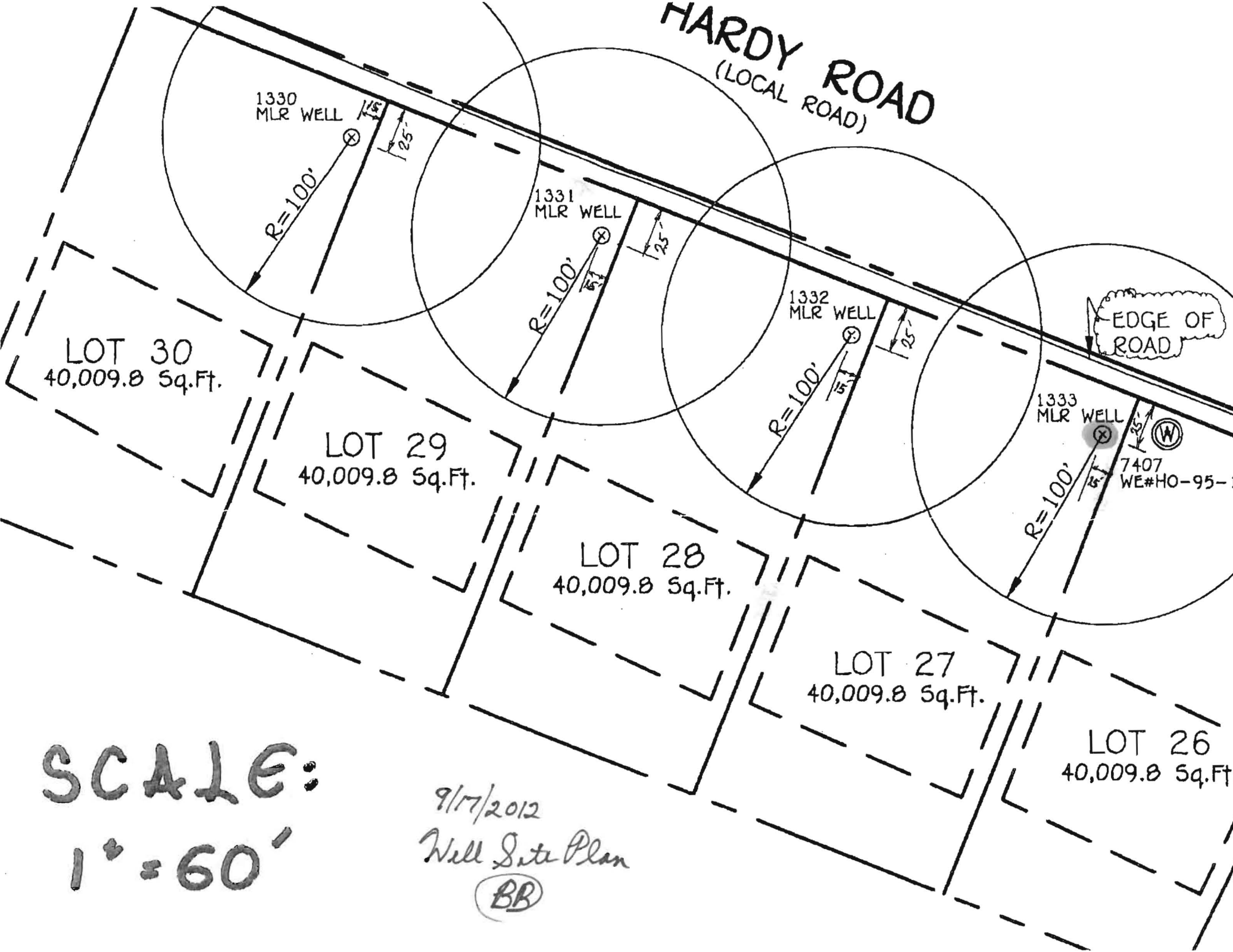
142.00'

131.33'

30'

B.R.L.

# HARDY ROAD (LOCAL ROAD)



1330  
MLR WELL

R=100'

1331  
MLR WELL

R=100'

1332  
MLR WELL

R=100'

1333  
MLR WELL

R=100'

(W)

7407  
WE#HO-95-1

LOT 30  
40,009.8 Sq.Ft.

LOT 29  
40,009.8 Sq.Ft.

LOT 28  
40,009.8 Sq.Ft.

LOT 27  
40,009.8 Sq.Ft.

LOT 26  
40,009.8 Sq.Ft.

SCALE:  
1" = 60'

9/17/2012  
Well Site Plan  
(BB)

\* 17259  
 Harold Rd  
 Lot # 27

HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH  
 WELL & SEPTIC PROGRAM  
 TEL: (410)313-1771 FAX: (410)313-2648

contractor Name  
 Cumberland  
 301-252-1123

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 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: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_ - \_\_\_\_  
 Site Address: \_\_\_\_\_

Submersible Pump Data

Make: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_ GPM  
 Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
 Model#: \_\_\_\_\_  
 Depth: \_\_\_\_\_ (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: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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: \_\_\_\_\_  
 PSI: \_\_\_\_\_ (160 psi min)  
 Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
 Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
 Sleeve 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: 3/27/14 Date Insp. Approved: 3/27/14 Inspector: AG  
 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

\* Approved  
 AG

# Well Line Inspection Checklist

- Date of the **Requested Inspection**
- Date of the **Actual Inspection**
- Date of **Final Approval**
- Did the Contractor complete the top portion of the sheet **PRIOR** to inspection?

## 1. Is the **Pitless Adaptor** watertight?

- Does the curve in the adaptor match the curve of the casing at the point of contact (seal/gasket)
- Is the adaptor Lead-free Brass or Stainless Steel
- Does the adaptor have a seal/gasket
- Is the water line securely fastened to the adaptor
- Is there an undercut beneath the adaptor
  - Was it filled with back fill or gravel?
- Is the adaptor at least 36 inches below grade

## 2. Is the **Well Cap** on?

- Is it tight and secure
- Are the bolts snug
- Does the cap have a vent/screen
- Does the cap have a place for electrical conduit
- Is the cap a two piece design (top and bottom)

## 3. Is the **Electrical Conduit** installed?

- Does the conduit extend at least 18 inches below grade
- Is the conduit glued into the coupling
- Is the conduit secure in the cap

## 4. Is the **Safety Rope** NOT outside of the well cap/casing?

## 5. Is the **Well Tag** attached to the casing?

- Is the tag attached correctly (1/2 inch stainless steel band, or equivalent)
- Is the tag number correct
- Is the tag at least 8 inches above final grade

## 6. Is the **Water Supply Line** connected?

- Is it at least 36 inches below grade
- Is the trench bedded with gravel in necessary
- Is the water line sleeved adequately into the house
- Is the sleeve extended to at least 5 feet from any foundation
- Is the water line into the foundation sidewall or under the foundation floor
  - \*If under foundation floor, line is not required to be sleeved at connection point\**
- Is the connection point waterproofed (ex. Tar)

## 7. Is the **Casing Properly/Adequately Grouted**?

- Is there a visible open annular spacing
- Is there grout at the site of water line service, or up to grounds surface
- Is there at least 2 inches around the nominal casing size
- Is the grout continuous and uniform

**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: Cumberland Co. Inc. Telephone #: 301-854-6838  
Address: 16391 A.E. Mullinix Rd  
Woodsboro MD 21797

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

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

Name (Print): Kelly Cumberland License# 61417

\*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: John Belcher Telephone #: 301-854-6838  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO 95-2380  
Site Address: 17259 Hardy Rd Mt Airy MD  
21771

Submersible Pump Data

Make: Miyers  
Model #: JST52-8  
Pump Capacity 5 GPM  
Well Yield: 6 GPM

Pitless Adapter

Make: Harvard  
Model #: 1"  
Depth: 48" (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:

Depth of well encountered at time of pump installation: 350 (feet)

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

House Connection

PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 86"  
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: Kelly Cumberland date: 8-6-14

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 \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

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Woodbine MD 21797

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Site Address: 17254 Hardy Rd Mt Airy MD  
21771

Submersible Pump Data

Make: Myers  
Model #: JOST 52-8  
Pump Capacity 5 GPM  
Well Yield: 6 GPM

Pitless Adapter

Make: Harvard  
Model #: 1"  
Depth: 48" (36" min)  
NSF approved:

Well Cap and Electric Conduit

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Screened, vented well cap:   
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Conduit secured to well cap:

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Signature of company representative responsible for installation: Kelly Cumberland date: 8-6-14

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

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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 \_\_\_\_\_



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Cumberland Development
16391 A.E. Mullinix Road
Glenwood Maryland 21797

S/O Number: 94044

Report Date: August 8, 2014

Property Sampled: 17259 Hardy Road, 21771
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004529
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Spring Hollow RSB

Lot #: 27

Date/Time Collected in Field: August 7, 2014 12:40 pm

Date/Time Received in Lab: August 7, 2014 4:07 pm

Well Tag #: HO-95-2380

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

Table with 5 columns: PARAMETER, METHOD, MCL/\*SMCL, RESULT, COMMENT. Rows include Total Coliform, E. coli, Nitrate, Turbidity, pH (Field), and Sand.

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

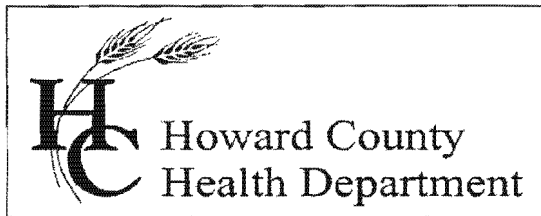
Handwritten signature: OK reB, 8/11/14

Handwritten signature: Katherine C. Higgs
Katherine C. Higgs
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-1771 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – FEBRUARY 15, 2015**

August 15, 2014

Homeowner  
17259 Hardy Raod  
Mt. Airy, MD 21771

RE: Spring Hollow, Lot 27  
17259 Hardy Road  
Building Permit: B13004529  
Well Permit: HO-95-2380

Dear Homeowner:

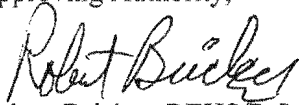
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/13/2014**. Final approval of the well line connection to the dwelling was granted on **3/27/2014**. The well construction was completed on **10/9/2012**. Water samples were collected on **8/7/2014**.

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-95-2380. 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 that reads "Robert Bricker".

Robert Bricker, REHS/R.S., L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File