

**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: Do It Plumbing, LLC Telephone #: 240 382 8069
Address: 9955 oia mill rd
#1 rd. 21042

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

Name (Print): Diana G. Paul License# 21899

*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: TSP Telephone #: 410-880-0023
Subdivision: Walnut Creek Lot #: 22 Well Tag #: HO-94-4182
Site Address: 5106 Clay Circle NW
Ellicott City, Md. 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Meyer</u>	Make: <u>American Gravity</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>23452-12Phs-P4-2</u>	Model#: <u>PT800LF</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>12</u> GPM	Depth: <u>4-2</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>12</u> GPM	NSP/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>180</u> (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 <u>Cable guards</u> or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing NO</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>plastic 1/2"</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Length of sleeve(s) minimum from foundation: <u>10 ft</u>
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

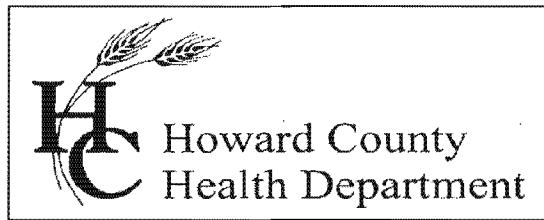
Oct 5, 2015
date

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

Date Insp. Requested: _____ Date Insp. Approved: 11/5/15 Inspector: (KW)

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

} OK



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 5, 2016

November 5, 2015

Homeowner
5106 Clay Circle Lane
Ellicott City, MD 21042

RE: Walnut Creek, Lot 22
5106 Clay Circle Lane
Building Permit: B14003220
Well Permit: HO-94-4182

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 **10/14/2015**. Final approval of the well line connection to the dwelling was granted on **11/5/2015**. The well construction was completed on **9/19/2006**. Water samples were collected on **10/21/2015**.

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.

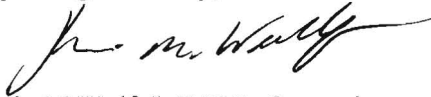
Gross Alpha and Beta samples were also collected on **5/22/2013**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and **Gross Beta** level of **4.0 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-94-4182. 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.**

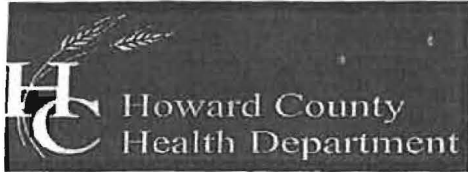
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", written in a cursive style.

Kevin M Wolf, L.E.H.S., Supervisor
Groundwater Management Section
Well & Septic Program

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



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

October 10, 2013

**Bassler Venture LLC
Attn. Tim Feaga
15950 North Avenue, P.O. Box 482
Lisbon, Maryland 21765**

**RE: Walnut Creek Lot 22
5106 Clay Circle Lane
Well Tag: HO - 94 - 4182**

Dear Mr. Feaga:

A sample was collected during a yield test on May 22, 2013 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of Gross Alpha and Gross Beta in the future well water supply. Gross Alpha and Gross Beta measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a Gross Alpha of $< 2.0 \pm 0.0$ picocuries/liter (pCi/L), while the Gross Beta level was $< 4.0 \pm 0.0$ pCi/L. The Gross Alpha result was below its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its targeted value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply meets EPA regulatory standards. Additional testing for these parameters will not be required to secure the future Use & Occupancy. Please note that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
cc: Well & Septic property 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

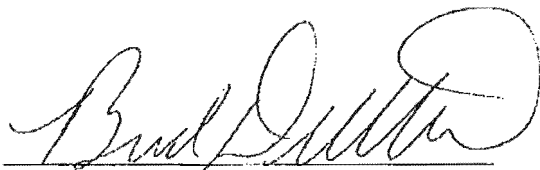
Laboratory ID #: 103824 Account #: 4035
 Reference: Walnut Creek Lot 22 Company: Trinity Quality Homes, Inc.
 Location: 5106 Clay Circle Lane Requested By: Michael Pfau
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 10/21/2015 1040 Site: Pressure Tank
 Date/Time Rec'd: 10/21/2015 1255 Treatment: Prior to Sediment Filter
 Chlorine ppm: Free: ND Total: ND pH: 7.2
 Collected By: J. Yeager 6176JY Well #: HO-94-4182

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/22/2015 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/22/2015 / 0800 / CCH
Nitrate	8.03	mg/L	10	601	10/21/2015 / 1400 / CRS
Turbidity	0.56	NTU	<10	SM18 2130B	10/21/2015 / 1440 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	10/21/2015 / 1440 / CRS

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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B14003220

Date Reported: 10/22/2015 Reviewed By: 

SEND REPORT TO: Bert + Nixon DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Howard Co. Env. Health
278 Columbia Gateway Dr. 201 W. Preston St., Baltimore, MD 21201
Columbia, MD 21046 Robert A. Myers, Ph.D., Director

Lab No.
 E002513 292

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut ~~Creek~~ Creek-Lot 22 County: Howard
 Sample Source: 5106 Clay Circle Ln. Location: HO-94-4182
 Radon-222 Bottle A 944182BB Radon-222 Field Blank Bottle A 4182
 Bottle B _____ Bottle B _____
 County 13 Plant No. _____

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: _____ Federal Project: _____
 Collector: B. Baker Telephone No.: (410) 313-2643
 Date Collected: 5/22/2013 Time Collected: 11:30 a.m. p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample collected during yield test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>2646</u>	<u>EPA 900.0</u>	<u>< 2.0</u>	<u>05/30/13</u>	<u>C. Watty Boyd</u>	<u>05/31/13</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>2646</u>	<u>"</u>	<u>< 4.0</u>	<u>"</u>	<u>"</u>	<u>"</u>
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							

Date Received: 5/29/13 Received By: C. Watty Boyd
 Data Release Signature: [Signature] Date: 6/3/13

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH < 2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

RECEIPT
 45166
 10/10/13

Tel. No.: (410) 767-5537 Fax No.: (410) 333-5373

SEND REPORT TO: Bert Nixon, DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Howard Co, Env. Health
778 Columbia Gateway Dr.
Columbia, MD 21046

Laboratories Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director

Lab No.
 0002545 839

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Walnut ~~Creek~~ Creek-Lot 22 County: Howard
 Sample Source: 5106 Clay Circle Ln. Location: HO-94-4182
(Well no., lab sink, sample tap, etc.)
 Radon-222 Bottle A 944182BB Radon-222 Field Blank Bottle A 4182
 Bottle B _____ Bottle B _____
 County 713 Plant No. _____

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: _____ Federal Project: _____
 Collector: B. Baker Telephone No.: (410) 313-2643
 Date Collected: 5/22/2013 Time Collected: 11:30 a.m. p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: Sample Collected During Yield Test

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	<u>2646</u>	<u>EPA 900.0</u>	<u>< 2.0</u>	<u>05/30/13</u>	<u>C. Watty-Boyd</u>	<u>05/31/13</u>
<input checked="" type="checkbox"/> Gross Beta	4100	<u>2646</u>	<u>"</u>	<u>< 4.0</u>	<u>"</u>	<u>"</u>	<u>"</u>
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							

Date Received: 5/29/13 Received By: C. Watty-Boyd
 Data Release Signature: [Signature] Date: 6/3/13

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>		
Sample pH < 2.0?	<input checked="" type="checkbox"/>		
Received within holding time?	<input checked="" type="checkbox"/>		

R3251PT
 45166
 10/10/13

• Tel. No.: (410) 767-5537 • Fax No.: (410) 333-5373