

Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
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www.hchealth.org
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Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – December 3, 2015

June 3, 2016

Homeowner
1390 Driver Road
Marriottsville, MD 21104

**RE: Webb Property
1390 Driver Road
Building Permit: B16000023
Well Permit: HO-73-3675**

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 **3/30/2016**. Final approval of the well line connection to the dwelling was granted on **4/15/2016**. The well construction was completed on **8/29/1980**. Water samples were collected on **5/20/2016**.

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-73-3675. 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 black ink, appearing to read "K. M. Wolf". The signature is written in a cursive style with a large initial "K" and a long horizontal stroke.

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

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

**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: REG WATER SYSTEMS Telephone #: 410-239-0700
Address: 3102 MAIN STREET
MANCHESTER, MD. 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): RICKEY L. ROOS, SR. License# PI-0141

***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.**

HORIZONS UNLIMITED
Name of Property Owner: WEBB Telephone #: 410-796-1333
Subdivision: N/A Lot #: 1047 Well Tag #: HO-73-3625
Site Address: 1390 DRIVER ROAD
MARTZEVILLE, MD. 21104

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFOSS</u>	Make: _____	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1054005-160</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>30</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>150'</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 <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLY</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>FERNCO</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.

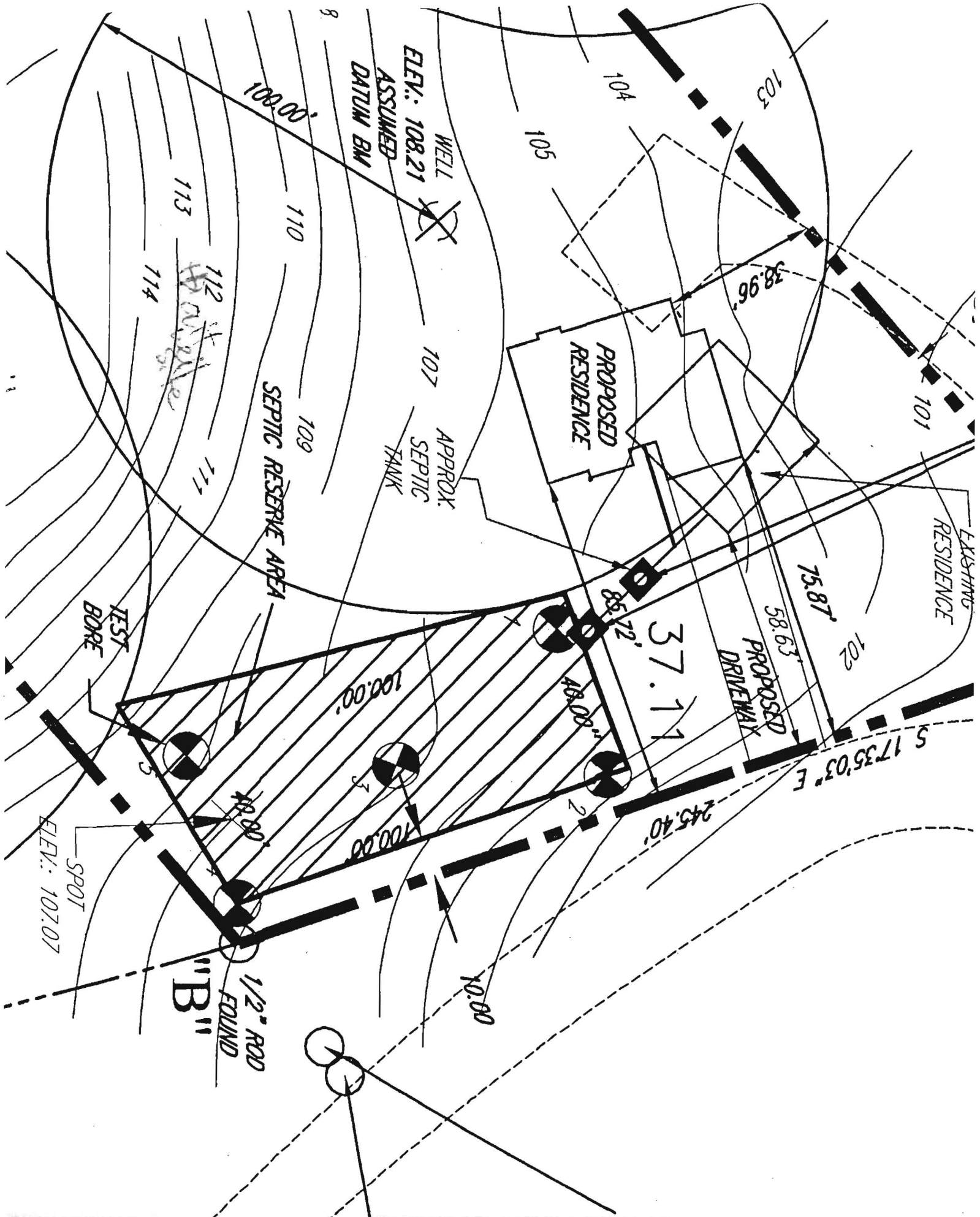
Signature of company representative responsible for installation: [Signature] date: 4/14/16

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

Date Insp. Requested: 4/14/16 Date Insp. Approved: 4/15/16 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>





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 #: 107492 Account #: 3537
Reference: Bill Gmeinwieser Sr. Company: R & G Water Systems
Location: 1390 Driver Road Requested By: Ricky Roos
Marriottsville, MD 21104 Source: Well Water
Date/ Time Collected: 5/20/2016 1100 Site: Hose Bib
Date/Time Rec'd: 5/20/2016 1145 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.3
Collected By: A. Berchock 1223AB Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, P/A	Absent	Total Coliform	Absent	SM18 9223	5/21/2016 / 0830 / CCH
Bacteria, E. coli, P/A	Absent	E. coli	Absent	SM18 9223	5/21/2016 / 0830 / CCH
Nitrate	2.42	mg/L	10	601	5/20/2016 / 1615 / CRS
Turbidity	1.49	NTU	<10	SM18 2130B	5/20/2016 / 1645 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/20/2016 / 1645 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 NS = None Seen (NS indicates less than 5 mg/L)
- 3 NTU = Nephelometric Turbidity Units
- 4 P/A= Presence or Absence of Coliform Bacteria
- 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; N/A: Not Available
- 7 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Real Estate

Date Reported: 5/23/2016

HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043

Residential New Single Family Dwelling Permit

PERMIT NUMBER: B16000023

APPLICATION DATE: 12/18/2015

ISSUE DATE: 2/10/2016

SITE ADDRESS:

1390 DRIVER RD
MARRIOTTSVILLE, MD 21104

PROPERTY OWNER INFO:

WEBB PATTIE
1390 DRIVER ROAD
MARRIOTTSVILLE, MD 21104
Phone #: 410-230-0980

Subdivision:

Lot No.: Tax Map: 10 Grid: 10-10

ADC Map: 4694-F7 SDP No.: Zoning: RC-DEO Census Tract: 603000

DESCRIPTION OF WORK:

SFD/ CUSTOM/ 1 STORY FULL BASEMENT 6R, 2FB, 1FP 2 CAR GARAGE (3BR) PORCH ENERGY CODE PRESCRIPTIVE

PRIMARY CONTRACTOR INFO:

Contractor License No.: 1369

License Address: HORIZONS UNLIMITED HOME
IMPROVEMENTS, INC.
BILL GMEINWIESER SR
7387 WASHINGTON BLVD STE 104

Phone #: ELKRIDGE, MD 21075
410-796-1333

PRIMARY CONTACT INFO:

Contact Type: CONTACT

HORIZONS UNLIMITED HOME
IMPROVEMENTS, INC.

7387 WASHINGTON BLVD STE 104
ELKRIDGE, MD 21075

410-796-1333

Phone #:

Building/Lot Characteristics

Legal Description: 7 A[]DRIVER RD[]MARRIOTTSVILLE

Existing Use: Vacant Lot

Water Supply: Private

Height:

Sewage Disposal: Private

Basement: Unfinished

SF # of Bedrooms: 3

SF # of Full Baths: 2

SF # of Half Baths:

Zoning Setback Requirements:

Front - Proposed:	77.73	Required:	75
Rear - Proposed:	n/a	Required:	60
Side - Proposed:	33.23	Required:	30
Side Street - Proposed:	n/a	Required:	n/a

Permit Fees:

Total Fees Invoiced:	\$8,323.40
Total Fees Paid:	\$8,323.40
Balance Due:	\$0.00

Meets Minimum Required Setbacks?: Yes Lot Coverage for NT Zoning:

To schedule an inspection or check the results of an inspection please call (410) 313-3800

APPROVED BY THE DIRECTOR OF INSPECTIONS, LICENSES AND PERMITS - BUILDING OFFICIAL