

C 1 **49247** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 ST/CO USE ONLY
 DATE Received 01 23 17
 MM DD YY
 8 13 15 20

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0347
 28 29 30 31 32 33 34 35 36 37

OWNER LAND DESIGN + DEVELOPMENT
 WELL SITE ADDRESS MORGAN STATION RD TOWN WOODBINE
 SUBDIVISION FAIRLANE FARM SECTION _____ LOT 12

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
SOIL	0	5	
CLAY	5	19	
Brown Shale	19	82	
GRAY ROCK	82	500	✓
		131	✓
		415	✓

GROUTING RECORD YES NO
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS 30 NO. OF POUNDS 2700
 GALLONS OF WATER 180
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 52 ft. to 85 BOTTOM 58 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL **CO** CONCRETE
 PL PLASTIC **OT** OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 85
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole (insert appropriate code below)
 ST STEEL **BR** BRASS **HO** OPEN HOLE
 PL PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES NO
 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.

C 2 DEPTH (nearest ft.)
 1 2
HO 85 500
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

DRILLERS LIC. NO. M WD 355
 DRILLERS SIGNATURE _____
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. AWD 920
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) 6
 8 9
 PUMPING RATE (gal. per min.) 3.33
 11 15
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 51 ft.
 17 20
 WHEN PUMPING 145 ft.
 22 25
 TYPE OF PUMP USED (for test)
 A air **P** piston **T** turbine
 C centrifugal **R** rotary **O** other (describe below)
 J jet **S** submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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 (nearest foot)
 - below }

LATITUDE 3 934276
 LONGITUDE 77 04755
 (DEFAULT COORD. WGS 84)
 Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1 **38587**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
55734-K please type

STATE PERMIT NUMBER

70 **HO-15-0347** 79
fill in this form completely

Date Received (APA)

10/30/15

OWNER INFORMATION

8 MM DD YY 13
LAND DESIGN DEVELOPMENT
15 Last Name Owner First Name 34
5300 DORSEY HALL DR, Suite 102
36 Street or RFD 55
ELICOT CITY MD 2043
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

MICHAEL BARLOW M W D 355
Driller's Name 76 License No. 81
BARLOW WELL DRILLING
Firm Name
522 UNDERWOOD LANE 21014
Address
[Signature] **10/19/15**
Signature Date

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.)
8 12
5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)
14 20
750

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

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jettied & 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 2015G004(01)**
PERMIT No. **HO-15-0347**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

LOCATION OF WELL

HOWARD COUNTY 21
FAIRLANE FARM 23 SUBDIVISION 42
SECTION **12** LOT **12**
44 46 48 50
WOODBINE 52 NEAREST TOWN 71

B 4

SOURCES OF DRILLING WATER

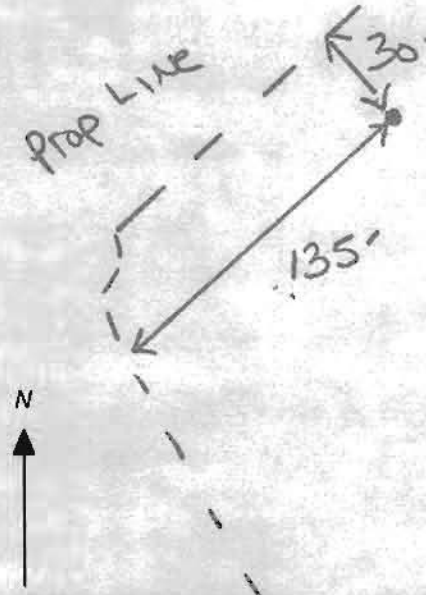
- 1. **WELL**
- 2.
- 3.

MORGAN STATION RD 11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **1000** 37
DISTANCE FROM ROAD **FT**
ENTER FT OR MI 38 39
TAX MAP: **8** BLK: **2** PARCEL **8**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. **13**
STATE SIGNATURE _____ INSERT S _____ 41
DATE ISSUED **11/14/16** **Sub. Cell.** **11/14/17**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
DNZ
DOY: 1/21/17

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



**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: Robert L. Feizer Co. Telephone #: 410-731-4655
Address: 5321 Barnett Avenue
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Joshua Henricks License# RI0173

***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: NV Homes Telephone #: 410-379-8258
Subdivision: Fairlane Farm Lot #: 12 Well Tag #: HO - 15 - 0347 ✓ 11/15/17
Site Address: 1531R Galaxy Drive
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Franklin</u>	Make: <u>Bushart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>5FR184-2W230</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>3.3</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>500</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, 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> N/A		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</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>Yes</u>

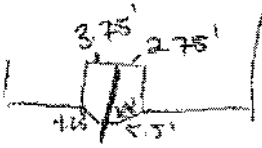
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Joshua Henricks date: October 26, 2017

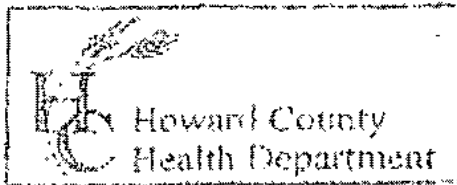
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 11/15/2017 Date Insp. Approved: 11/15/2017 Inspector: (Signature)

Inspection Data: Pitless adaptor watertight & water supply line at least 36" below grade	✓	47"
Two piece cap installed and attached to casing securely	✓	
Elec. conduit extends at least 18" below grade/attached to cap properly	✓	24"
Safety rope not outside of well cap/casing	✓	
Correct well tag attached properly and casing 8" above finished grade	✓	26"
Water supply line sleeved adequately at house connection	✓	19"
Adequate grout observed below pitless adapter	✓	



10' from top of casing to water line crown under rain leader
5.75'
* Sleeving under Drive way 2" Sch 40



5525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2608
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

Fair Lane Farm

TO ALL INTERESTED PARTIES Subdivision

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

- The well site has been staked by Fisher Collins + Carter
 (professional land surveyor or company employing professional land surveyors)
 on 3/29/16 (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 6/10/03

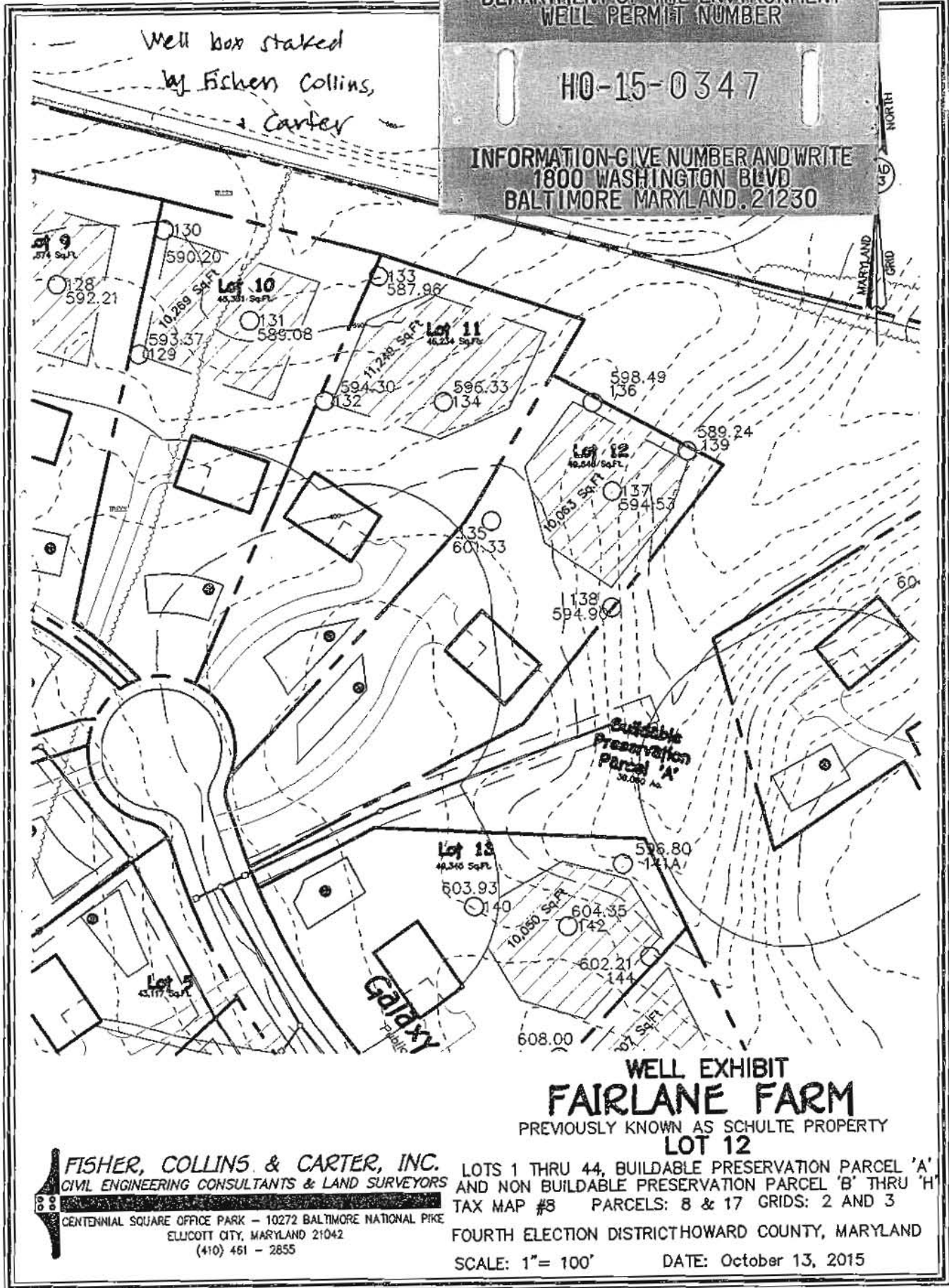
Well box approved
11/14/16 SC

Well box staked
by Fisher Collins,
& Carter

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-15-0347

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND. 21230



WELL EXHIBIT FAIRLANE FARM

PREVIOUSLY KNOWN AS SCHULTE PROPERTY

LOT 12

LOTS 1 THRU 44, BUILDABLE PRESERVATION PARCEL 'A'
AND NON BUILDABLE PRESERVATION PARCEL 'B' THRU 'H'
TAX MAP #8 PARCELS: 8 & 17 GRIDS: 2 AND 3

FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

DATE: October 13, 2015

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

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 #: 119221 Account #: 1920
Reference: Fairlane Farms Lot 12 Company: Robert L Feezer Co- New Homes
Location: 15316 Galaxy Drive Requested By: Rick Cross
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 1/3/2018 1210 Site: 2nd Floor Laundry Room
Date/Time Rec'd: 1/3/2018 1300 Treatment: Softener/Neutralizer**
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Yeager 6176JY Well #: HO-15-0347

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	1/4/2018 / 0815 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	1/4/2018 / 0815 / LLO

(Done after super chlorination)
(Krom)

NOTES

- 1 **Softener/Neutralizer unplugged at time of sampling
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 pH & Chlorine level tested on site
- 6 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory

Reason for Test : Use & Occupancy

Building Permit # : B17003023

Date Reported: 1/4/2018

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 #: 118936 Account #: 1920
Reference: Fairlane Farms Lot 12 Company: Robert L Feezer Co- New Homes
Location: 15316 Galaxy Drive Requested By: Rick Cross
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 12/18/2017 1238 Site: Pressure Tank ✓
Date/Time Rec'd: 12/18/2017 1600 Treatment: None — ✓
Chlorine ppm: Free: ND Total: ND pH: 6.7 -
Collected By: C. Mooshian 7268CM Well #: HO-15-0347 -

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM20 9223	12/19/2017 / 1100 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	12/19/2017 / 1100 / CCH
Nitrate	1.10	mg/L	10	601	12/19/2017 / 1000 / CRS
Turbidity	0.51	NTU	<10	SM20 2130B	12/19/2017 / 1030 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	12/19/2017 / 1030 / 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B17003023

Date Reported: 12/19/2017

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 #: 119119 Account #: 1920
Reference: Fairlane Farms Lot 12 Company: Robert L Feezer Co- New Homes
Location: 15316 Galaxy Drive Requested By: Rick Cross
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 12/26/2017 1400 Site: Powder Room Sink
Date/Time Rec'd: 12/26/2017 1515 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J.M. Robbins 5606JR Well #: HO-15-0347

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	12.4	MPN/ 100 ml	<1.0	SM20 9223	12/27/2017 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	12/27/2017 / 0930 / CCH

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B17003023

Date Reported: 12/27/2017

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 #: 119191 Account #: 1920
Reference: Fairlane Farms Lot 12 Company: Robert L Feezer Co- New Homes
Location: 15316 Galaxy Drive Requested By: Rick Cross
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 12/31/2017 1027 Site: Utility Sink
Date/Time Rec'd: 12/31/2017 1137 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: R. Ott 4269RO Well #: HO-15-0347

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223	1/1/2018 / 1145 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	1/1/2018 / 1145 / LLO

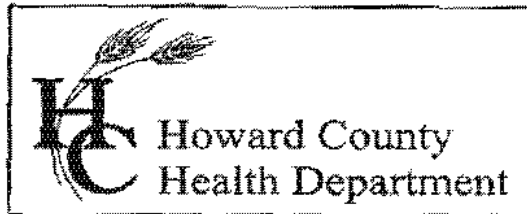
NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B17003023

Date Reported: 1/2/2018



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

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 4, 2018

January 4, 2018

Homeowner
15316 Galaxy Drive
Woodbine, MD 21797

**RE: Fairlane Farms, Lot 12
15316 Galaxy Drive
Building Permit: B17003023
Well Permit: HO-15-0347**

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 11/23/2017. Final approval of the well line connection to the dwelling was granted on 11/15/2017. The well construction was completed on 1/23/2017. Water samples were collected on 12/18/2017, 12/26/2017, 12/31/2017, 1/3/2017.

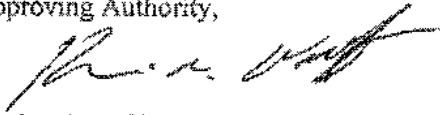
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-15-0347. 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,



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