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: Atlantic Blue Water Service Telephone #: 410-840-8112
Address: 1802 Baltimore Blvd
Westminster, MD 21157

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Mark P. Mather License# 23797
***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: Karen Cuviello Telephone #: 703-675-8194
Subdivision: _____ Lot #: _____ Well Tag # : HO -____-_____
Site Address: 43916 State Road 97
Brookeville, MD 20833

8/23/2018 ℄ TAG LESS

Submersible Pump Data	**Pitless Adapter**	**Well Cap and Electric Conduit**
Make: _____	Make: CAMPBELL	Two piece watertight cap: ✓
Model #: _____	Model#: PA 800	Screened, vented well cap: ✓
Pump Capacity _____ GPM	Depth: 42" (36" min) ✓	Cap secured to casing: ✓
Well Yield: _____GPM	NSF/WSC approved: ✓	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: _____(feet)		Conduit secured to well cap: ✓

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	**House Connection**
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____(160 psi min)	Approximate length of sleeve: _____
Depth of supply line: ___(36" min)	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] 8/13/18
Signature of company representative responsible for installation date

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

Date Insp. Requested: 08/16/2018 Date Insp. Approved: 08/23/2018 Inspector: ℄

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	✓ 42" 8/16/18℄
Two piece cap installed and attached to casing securely	✓
Elec. conduit extends at least 18" below grade/attached to cap properly	✓ NA" 8/16/18℄
Safety rope not seen outside of well cap/casing	✓
Correct well tag attached properly and casing 8" above finished grade	✓ 8/23/2018 0" 8/16/18℄
Water supply line sleeved adequately at house connection	N/A
Adequate grout observed below pitless adapter	✓

* 8/16/2018℄ Measurements from well cap @ grade

8/16/18℄ 6' to Floor 66" + extension

8/16/2018 ℄ CALLED CONTRACTOR TO CONFIRM CONDUIT IS SEALED. INSP. FAIL

PIT NOT FILLED.

(PM) CONTRACTOR CALLED + CONFIRMED CONDUIT IS SEALED. WELL LINE GOES THROUGH SIDE OF PIT AND INTO NEW HOLE INTO FOUNDATION. WELL LINE IS SLEEVED.

Bricker, Robert

From: Karen Cuviello <kcuviello@projection.com>
Sent: Tuesday, June 26, 2018 9:54 AM
To: Bricker, Robert
Subject: Fwd: Atlantic Blue Water Services, LLC Statement

Here is the work that was done.

Begin forwarded message:

From: Atlantic Blue Water Services <no_reply@watersoftware.com>
Date: June 19, 2018 at 5:03:18 PM EDT
To: <KCUVIELLO@PROJECTION.COM>
Subject: Atlantic Blue Water Services, LLC Statement
Reply-To: <info@atlanticbluewater.net>

Statement

Statement# 0-1
Date 06/19/18
Acct# 13092

Please remit to:
Atlantic Blue Water Services, LLC
1802 Baltimore Blvd.
Westminster, MD 21157
410-840-2583

For Service At:
KAREN CUVIELLO
4396 STATE ROAD 97
BROOKEVILLE , MD 20833

Date	Item#	Description	Amt	Tax	Total
		Beginning Balance			$0.00
06/19/18	LUM8S	1 STANDARD ULTRA VIOLET 8GPM w/ FILTER	$1,550.00	$0.00	$1,550.00
06/19/18	904	Credit Card	$-1,550.00	$0.00	$-1,550.00
				BALANCE DUE:	$0.00

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

MICROBIOLOGY * CHEMICAL * PHYSICAL * WATER ANALYSIS

1413 Old Taneytown Rd.
Westminster, MD 21158
MD State Certification #133

(410) 848-1014
(410) 876-4554
FAX (410) 848-0298

YOUR TEST DID NOT PASS BECAUSE OF THE FOLLOWING:

☑TOTAL COLIFORM BACTERIA

1) Evaluate construction of the well
2) Follow enclosed chlorination procedure
3) Have another water sample taken
4) Evaluate feasibility of public water
5) If bacteria is still present after repeated chlorinations and testing, and obvious source of contamination is eliminated, treatment device is allowed.

☑ FECAL COLIFORM BACTERIA

1) Evaluate construction of the well
2) Eliminate source of contamination
3) Evaluate feasibility of public water
4) Treatment devices are not allowed
5) A new well MAY have to be drilled

❑TURBIDITY IS OVER THE LIMIT

1) Evaluate construction of the well
2) Evaluate feasibility of public water
3) Test water for iron
4) Treatment device allowed
5) Water sample must be tested after treatment device installed and level must be below standard.

❑ NITRATE IS OVER THE LIMIT

1) See below *
2) Evaluate construction of the well
3) Evaluate feasibility of public water
4) Treatment device allowed
5) Water sample must be tested after treatment device installed and level must be below standard

*The chemical report of the water sample taken from your water supply yielded a reading of ____ mg/L (or parts per million) of nitrate nitrogen. A source of water containing nitrates in amounts above 10 PPM must not be used for infant's drinking water or in the feeding formula up to the age of 12 months. The reason for not giving water with a high nitrate content to a small baby is that these nitrates, in large amounts, have been associated with causing the infant's disease *Methamoglobinemia.* This is a form of cyanosis *(Blue Baby)* which is a serious condition. This condition is not to be confused with another "Blue Baby" condition, which is due to a heart defect.

It is recommended by the health department that:

1. This water is not to be used for children under 12 months of age.
2. If you do have a child less than 12 months of age, consult your physician.
3. If you or someone in your household is pregnant, consult your physician.

It should be noted that boiling or disinfecting this water would not lower the nitrate content. Since nitrate levels in this area remain relatively stable, it should be understood that this problem should be considered permanent. There are treatment devices on the market (i.e.: reverse osmosis, de-ionizers) which reduce nitrate levels to acceptable levels. Consult your plumber or water treatment professional for more information.

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 #:	122362	Account #:	28530
Reference:	Karen Cuviello	Company:	CASH ACCOUNT
Location:	4396 Route 97	Requested By:	Karen Cuviello
	Brookeville, MD 20833	Source:	Well Water
Date/ Time Collected:	6/7/2018 1130	Site:	Bathroom Tap
Date/Time Rec'd:	6/7/2018 1226	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.7
Collected By:	J. Yeager 6176JY	Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	109.1	MPN/ 100 ml	<1.0	SM20 9223	6/8/2018 / 0930 / CRS
Bacteria, E. coli, MPN	8.7	MPN/ 100 ml	<1.0	SM20 9223	6/8/2018 / 0930 / CRS

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; N/A: Not Available
4. Visual well check: Sealed, vented cap
5. pH & Chlorine level tested on site

Reason for Test : Client's Information

Date Reported: 6/8/2018

MD State Certification # 133

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 #:	122827	Account #:	1045
Reference:	Karen Cuviello	Company:	Atlantic Blue Water Services
Location:	4396 State Road 97	Requested By:	Mark Mather
	Brookeville, MD 20833	Source:	Well Water
Date/ Time Collected:	6/21/2018 1345	Site:	Basement Kitchen Sink
Date/Time Rec'd:	6/22/2018 1400	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.0
Collected By:	C. Mike Crouse 6494CC	Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	6/23/2018 / 1500 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	6/23/2018 / 1500 / BCD

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; N/A: Not Available
4. pH tested on site; Chlorine level tested in lab
5. Sample collected by client, analyzed as received

Reason for Test : Re-finance

Date Reported: 6/25/2018

MD State Certification # 133

Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

Tom Sargent
4388 State Route 97
Brookeville, MD 20833

Reporting Date: 4/12/2013
Report #: K9426

Submitted Sample Address: 4396 State Route 97 ~~Brookeville, MD 20833~~
Submitted Sample Source: Bathroom sink
Date / Time Collected: 4/9/2013 10:15 AM
Sample Type: Drinking Water
Sampler/Company: D. Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: N/A

Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	**Absent**	Coliforms/100 ml	Present/Absent	Present	SM 9223B
E. Coli	**Absent**	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	**4.3**	mg/L	1.0	10	EPA 353.2
Sand	**Absent**	P/A	Present/Absent	Present	Visual
Turbidity	**0.8**	NTU	0.5	10	SM 2130B
pH	**5.7**	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H^+B

Notes:

1. Bacteriological analysis of this sample indicates this water is **safe** for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND – Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM – Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,

Christina Rodgers

C. Rodgers, Customer Service Representative

Reviewed by: SNB

SITE INSPECTION SHEET

OWNER: Karen Cuvielle PHONE #:

ADDRESS: 4396 Rt 97 CONTRACTOR:

Brookeville 20833 WELL TAG #:

SUBDIVISION: LOT: COUNTY #:

PROPOSAL: Pole Building proposed

LOCATION DIAGRAM

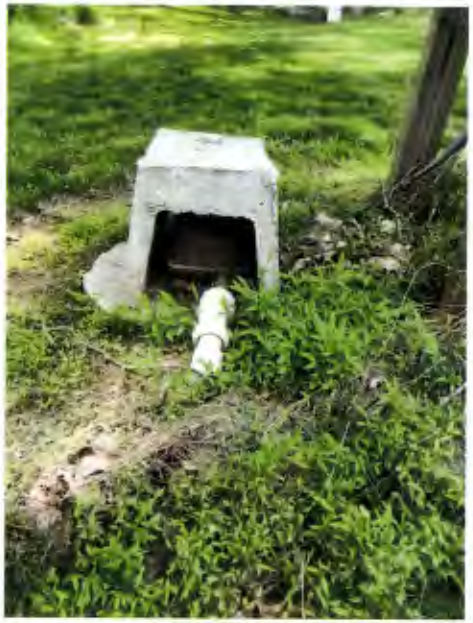
Hoot system indicator; "System OK"; no evidence of leaks to surface.

Photos attached

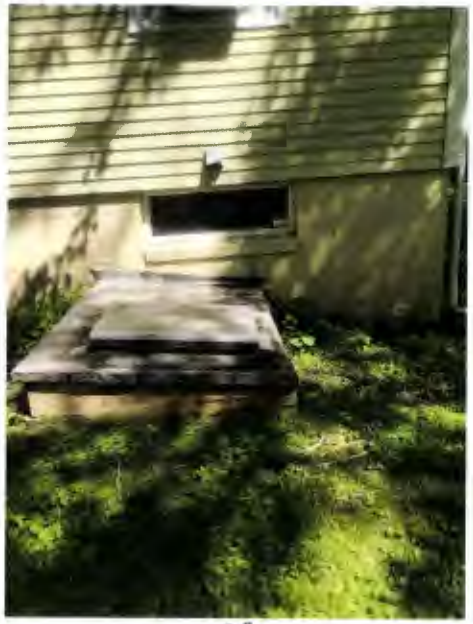
COMMENTS: Pit Well appears to be extension of house foundation. IT is ~5.5' to floor from soil grade. Floor is 'dry'. Well casing is 6" steel approx. 5 ft. from outer wall of structure. (Drilled well) Water lines emerge through top of cap

DATE: 5/23/2018 INSPECTOR: R Bricker

well pit



?Blower; air pump



well pit cover

BAT (HOOT) controller