

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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www.hchealth.org

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

June 12, 2024

RE: **Replacement Well Line Sampling**

Roberta Devers
11859 Scaggsville Road
Fulton, MD 20759
Well- No Tag

Dear Roberta Devers,

According to our records, your replacement well line was connected 6/12/2024. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-1789. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

If you have any questions or would like to discuss these matters further, please call me at (410) 313-1789. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in black ink, appearing to read 'Shepsura Page', written in a cursive style.

Shepsura Page
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

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

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: WARTRE PLUMBING Telephone #: 301-421-9088
 Address: 212 WOODVILLE RD
BY ALVA MD, 21571

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

Name (Print): BEN WARTRE DR License# 17494

***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: ROBERTA DEVEDS Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO-119-735312
 Site Address: 11859 SCAGGSVILLE RD

Ex^o Submersible Pump Data

Make: =
 Model #: =
 Pump Capacity -
 Well Yield: -
 Depth of well encountered at time of pump installation: _____ (feet)

Ex^o Pitless Adapter

Make: = +
 Model #: =
 GPM Depth: - (36" min)
 GPM 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:

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: POLYETHYLENE
 PSI: 200 (160 psi min)
 Depth of supply line: 48" (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.

Ben J. [Signature]
 Signature of company representative responsible for installation

JUNE 12, 2024
 date

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

Date Insp. Requested: 6/11/2024 Date Insp. Approved: 6/12/2024 Inspector: [Signature]
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 3'-4"
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly 34"
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and casing 8" above finished grade 2'
 Water supply line sleeved adequately at house connection 6"
 Adequate grout observed below pitless adapter

(Revised form 10/24/2018)

SITE INSPECTION SHEET

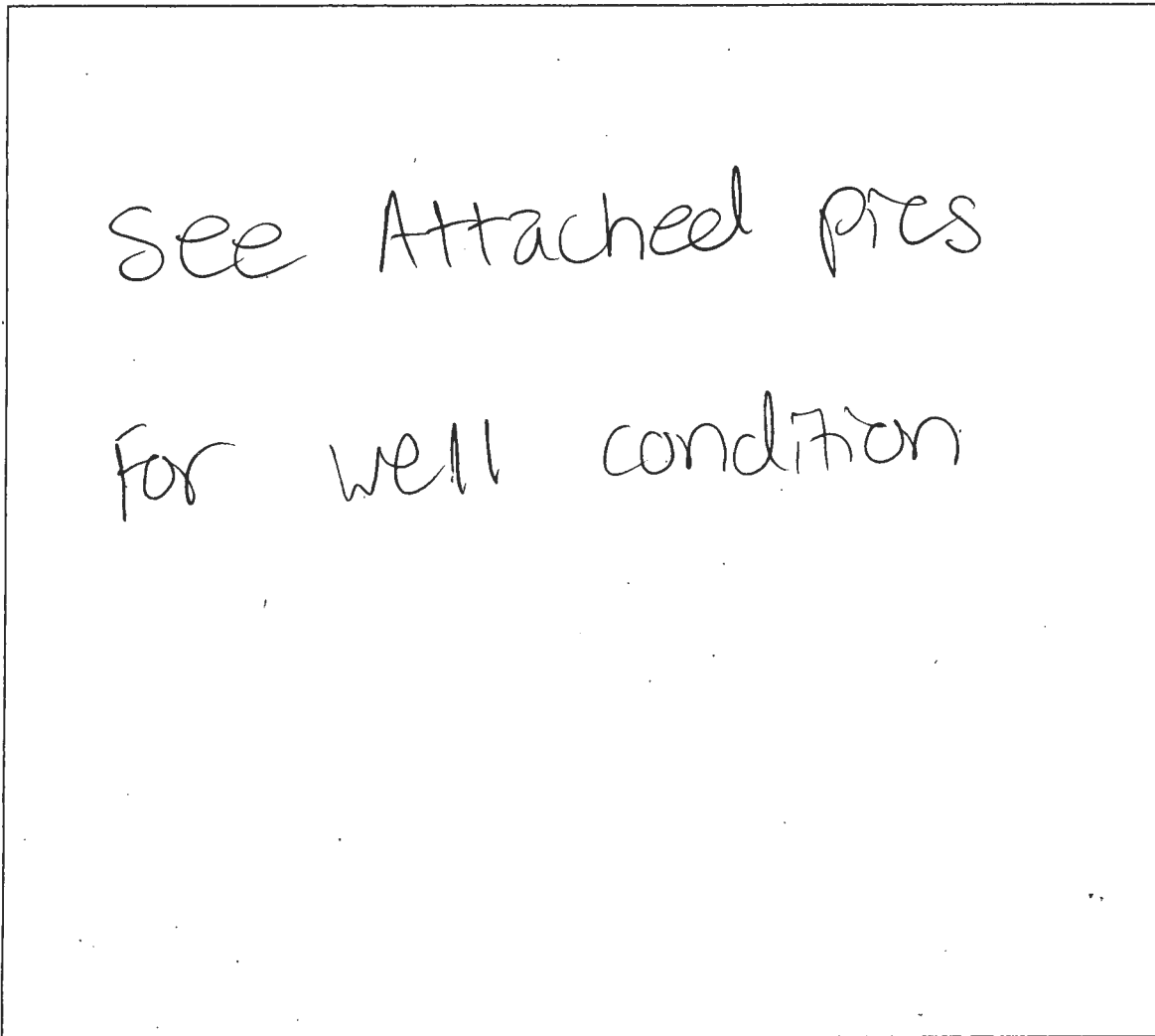
OWNER: Roberta & Terry Devers PHONE #: _____

ADDRESS: 11859 Scaggsville Rd. CONTRACTOR: Benjamin F. Gurtrell & Sons
Fulton MD 20759 WELL TAG #: _____ Plumbing & Heating

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Well in unsatisfactory condition. No cap attached,
well line running above ground.

LOCATION DIAGRAM



COMMENTS: 6/4/2024 - Inspector drove by site saw well cap w/ big over
top. Spoke w/ homeowner of 11859 Scaggsville Rd, Roberta Devers.
Roberta gave contact of plumber currently working on well. Plumber
stated well line broke. line rerouted above ground w/ big securing line
to casing as temporary solution. Plumber stated well line to be reconnected.

DATE: 6/4/2024 INSPECTOR: S. Page / M. Burns

Reinspect for connection. (SPTMB)



6/4/2024 - well casing @ 11859 Scaggsville rd.
Bag used to cover well, well line running
above ground to house. (SP)