

Well Deviation Request Form for Certificates of Potability (COP)

(Per COMAR 26.04.04.30.J, any deviation must be submitted for approval)

Please ensure **all** water sample results have been submitted to the Health Department.

Applicant Requesting Deviation: _____

Phone Number: _____ E-mail: _____

Name of Property Owner: _____

Phone Number: _____ Email: _____

Property Address: _____

Subdivision Name: _____ Lot Number: _____

Well Tag Number: _____ Date of Request: _____

Building Permit Number: _____

Nitrate Treatment Request: Yes No

Please explain request for treatment: _____

UV Light Request: Yes No

List dates of all chlorinations: _____

Type of chlorine/disinfectant used: Liquid Powder Other: _____

Chlorination completed by: Home Owner Well Driller Plumber Other: _____

Any repairs made to the well casing or conduit: Yes No Date of repair: _____

Explain repairs: _____

Repairs completed by: Well Driller Plumber Other: _____

Other Treatment Request: Yes No

Please explain request for treatment and provide water sample results: _____

Any additional information or comments: _____

PLEASE NOTE: The property owner will be required to record the deviation on the deed. **Owner contact information must be provided in order to receive deviation approval.**

Health Department Use Only

More information needed: Yes No Date of Info request: _____

Information needed: _____

Request reviewed by: _____ Date: _____

Deviation request approved: Yes No