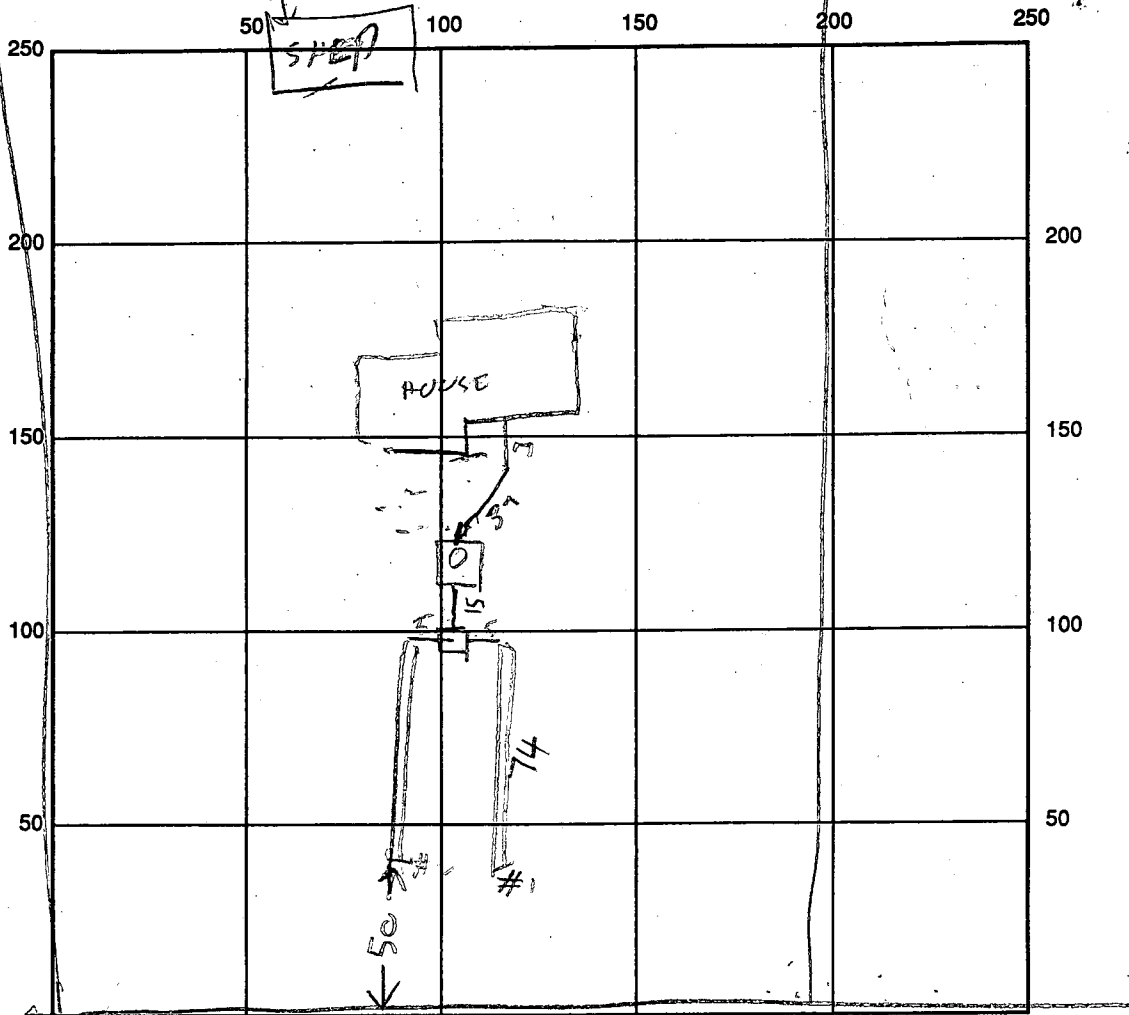


OK WPI BUT NO PERMIT PRESSURE TSNL NOTED
 FEELER



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 RW

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 5 1/2 FT. TOTAL LENGTH 7 1/2 FT. 14 5

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 7 1/2 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 1/4/93 TRENCHES FINISHED DURING INSPECTION OK TO COVER BIT

DATE SYSTEM APPROVED 1/4/93 INSPECTOR Raymond G. Dodge

SUBDIVISION: Allan Weintraub

LOT NUMBER: Parcel 8A

TEN OAKS FMS, DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____ sq. ft./bedroom
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES 180
~~163~~ sq. ft./bedroom

Trench to be 2 wide.
 Inlet 3.5 feet below original grade.
 Bottom maximum depth 8.5 feet below original grade.
 Effective area begins at 3.5 feet below original grade.
5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START THE TRENCH ¹⁰⁰ 730 FT FROM THE 217.94 FE LOT LINE AND ⁹⁰ 70 FE FROM THE 400 FE LOT LINE (LEFT LOT LINE AS SEEN WHEN FACING LOT FROM THE 217.94 FE LOT LINE). RUN TRENCH(S) ON LEVEL GROUND TOWARD THE ^{FRONT (217.94 FT)} RIGHT LOT LINE AS SEEN WHEN FACING LOT FROM THE 217.94 FE LOT LINE. SK.

10/26/92 REVISED RH

APPLICATION

A 26157

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

3 B.R. | 4 B.R. DISTRICT 5th
1000 gal. septical | 1250 gal. septic tank
DATE 6/21/77

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Drywell and trench system to have
181 SQ. FT. effective sidewall absorption area per bedroom to begin below the first
4 ft. of non-porous soil. Maximum depth permitted for drywell and trench is 9 ft.
below original grade. Place the drywell 30 ft. from the front (217.94 ft long)
property line and 70 ft. from the left (160 ft long) side line as seen
when facing the property from the 100 ft. wide common right-of-way off
Ten Oaks Road. Start the trench after a 5 foot earth buffer with the drywell
and proceed to dig at or level ground the necessary distance. NOTE: Call for
inspection of trenches before gravel is installed.

THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Allen Weintraub JACK + ANN SEROTA
ADDRESS @ Richard Hallowell Highland, Md. 20777 PHONE 301-434-8875 286-2988

PROPERTY LOCATION: _____
SUBDIVISION _____ LOT NO. Parcel 8A 2.090 ac.

ROAD AND DESCRIPTION At end of private road off west side of intersection of Ten Oaks Rd & Highland, Rd - 5th Dist.

SIZE OF LOT 2.090 ac., rec 712/154 on 2/15/75 TYPE BLDG. 4 bedrm single family dwg.
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE

SIGNATURE OF APPLICANT Richard Hallowell

APPROVED BY Frank Skinner FOR Drywell & trench DATE 2/17/78
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

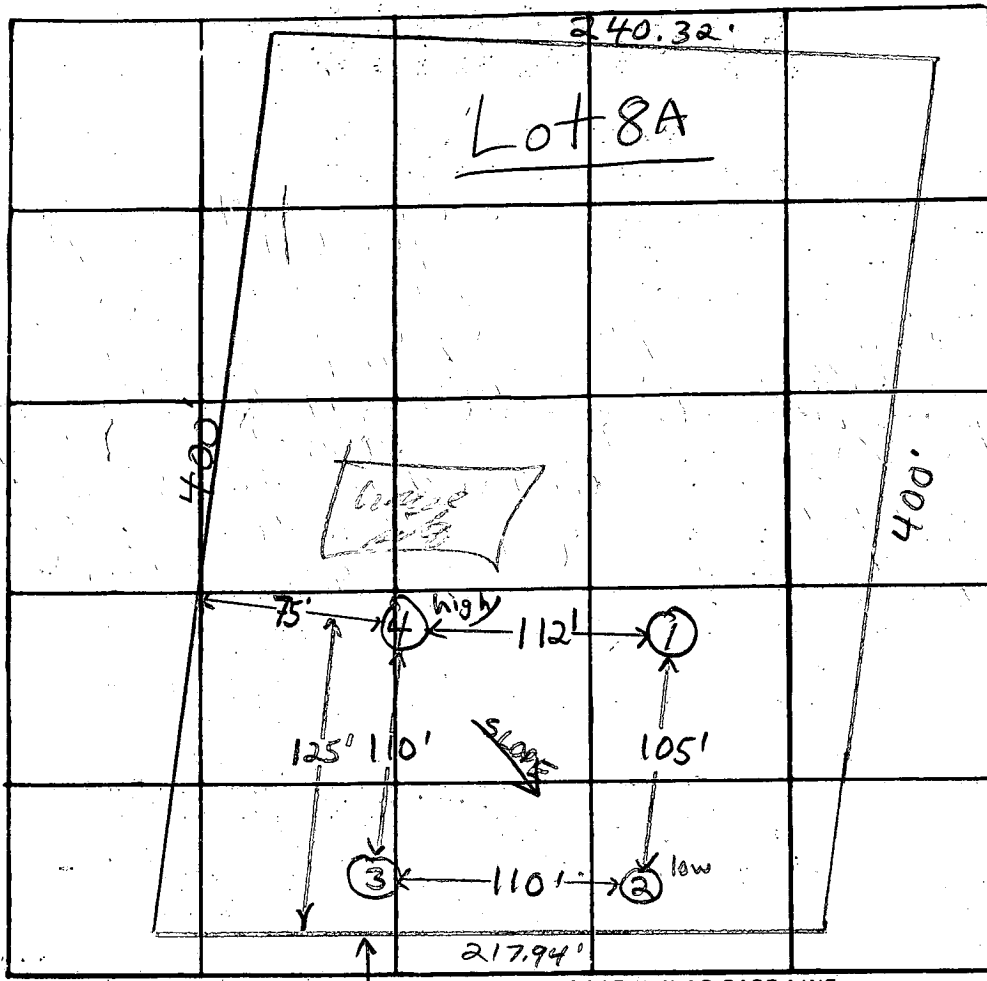
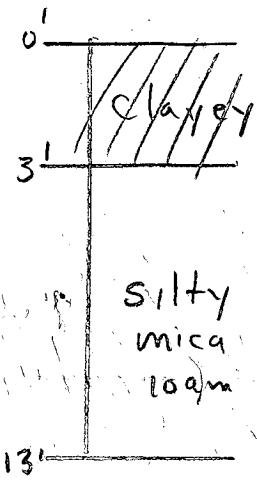
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/28/77 Hold for signed boundary plat see O.H. F.S.

BLDG. PERMIT SIGNED AND RETURNED 4/26/77
Serial # 45801-SFD
(4 Bedrooms)

THIS IS NOT A PERMIT

all holes



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE
100' R/W

̄ TIME 9min
INLET 3.5'
BOTTOM MAX 8.5'

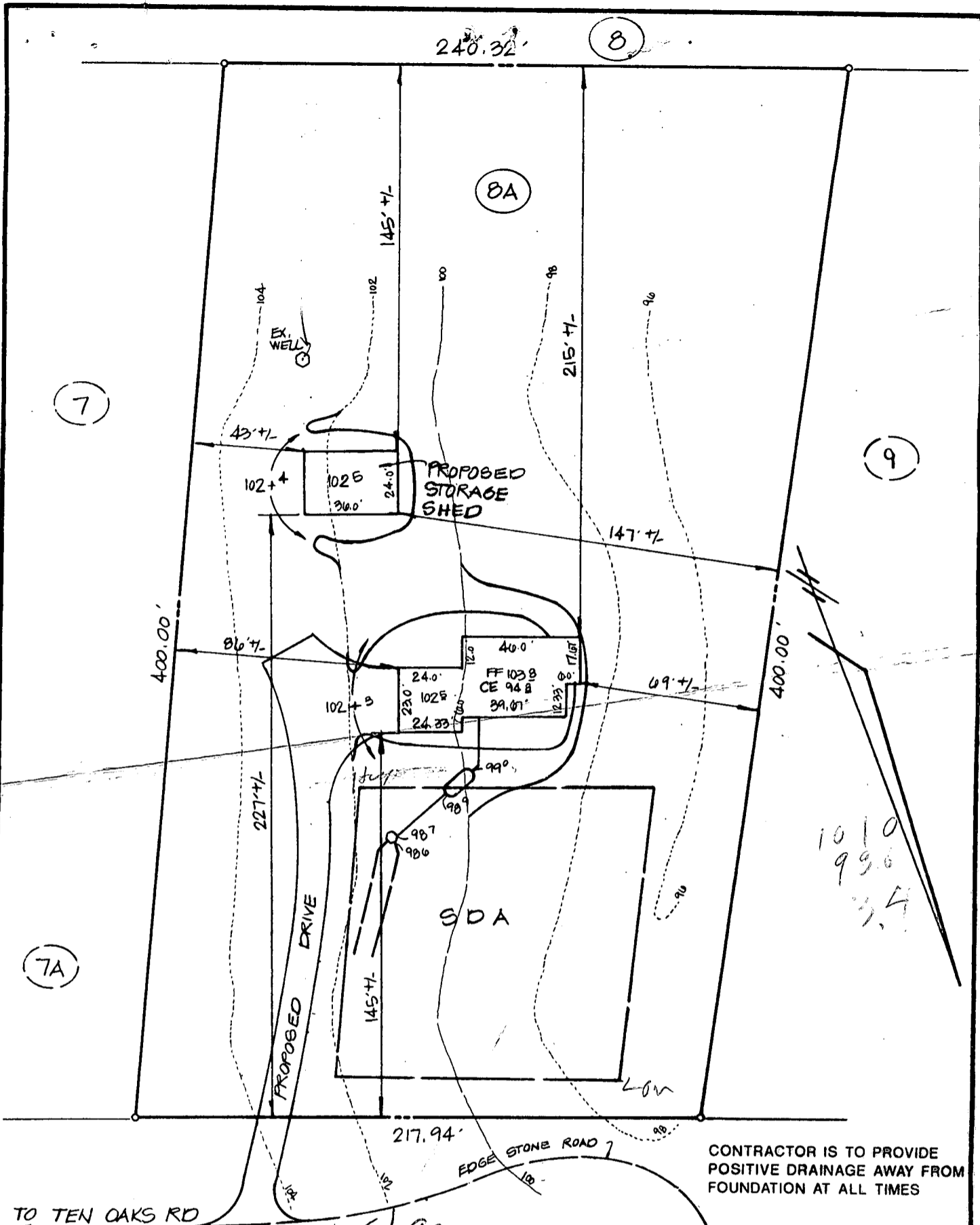
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/20/77	1	3 1/2'	3:30	3:34	3:34	3:39	5min	
	1A	12 1/2'	3:30	3:33	3:33	3:41	8min	
	2 low	3 1/2'	3:32	3:34	3:34	3:39	4min	
	2A	11 1/2'	3:32	3:34	3:34	3:38	4min	
	3	5'	3:40	3:46	3:46	4:10	24min	
	3A	13'	3:41	3:44	3:44	3:53	9min	
	4 high	12'	clayey to 4 1/2' silty mica loam below					

REMARKS ③④ same elevation

TYPE OF SOIL clayey to ~3-4'; silty mica loam below

TESTED BY F.S.

ALSO PRESENT: Fyock & Co.



1010
99.6
3.4

CONTRACTOR IS TO PROVIDE POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES

TO TEN OAKS RD

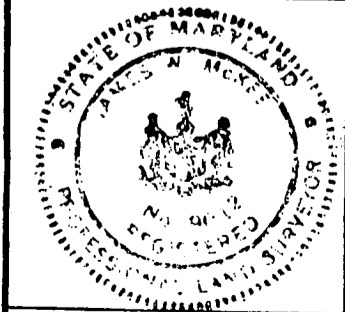
10/26/92
PLANS OK
BP 45801
RH

DISTURBED AREA
14,210 SF +/-

J.W.M.K.

5TH ELECT. DIST. HOWARD CO, MD

James W. McKee, MD Reg. 9012 Date



drawn: *BJ* designed:

SITE PLAN
LOT 8A PROPERTY OF ALAN WEINTRAUB

McKEE & ASSOCIATES, INC.

CIVIL ENGINEERS - LAND SURVEYORS
SHAWAN PLACE
5 SHAWAN ROAD HUNT VALLEY, MD 21030
301-527-1555

scale:
1" = 50'
date:
10-15-92
job no.:
JR-10

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELICOTT CITY, MARYLAND 21043

SERIAL NUMBER

45800

45801

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

5489 HARRIS FARM LANE
CLARKSVILLE, MD 21027

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED

BUILDING AND FINISHING
FAMILY DWELLING - 2 STORY
WITH FULL BASEMENT REAR
TWO CAR GARAGE FIVE BEDROOMS
FR 2 1/2 BATHS - OPTIONAL ROOM IN BATH

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
87				20	712	154

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
	RK	28	5	

OWNER NAME AND ADDRESS
JACK RAYN
3089 HARRIS FARM LANE
CLARKSVILLE, MD 21027

PHONE NO.
(301) 434-8873

OCCUPANT'S NAME AND ADDRESS
SAME

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
NONE

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
JEFF HODGE
315 S. GREEN AVE
SAPPHIRE, MD 21254

PHONE NO.
(301) 433-2210

EXISTING USE
VACANT LOT

PROPOSED USE
SINGLE FAMILY DWELLING

EST. CONSTRUCTION COST
\$110,000

LICENSE NUMBER

PERMIT FEE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			
FOOTINGS	FOUNDATION	S. WALLS	

UTILITIES
WATER/WELL SEWER/SEPTIC GAS ELECTRICITY TYPE OF HEAT HP AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

CONTRACTOR SIGNATURE
JEFF HODGE
TITLE
DATE 10-15-92

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	10/26/92	B. Hodge
FIRE PROTECTION		
STORM WATER MGM.		

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-66-501

APPROVED _____ DATE _____

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept
Gold - S.H.A.

B 1 1344

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

40-88-0175

fill in this form completely

Date Received (APA)

090788

OWNER INFORMATION

WELLS WELLS RICKARD

10 B-YR28

5 HUNDY SPRING MD 20860

B 3

LOCATION OF WELL

HOWARD

FEN OAKS FARMS

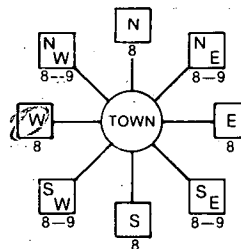
SECTION LOT 8A

CLARKSVILLE

MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Harris Farm Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



250 DISTANCE FROM ROAD

ENTER FT or MI FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only)
Farming (livestock watering & agricultural irrigation)
Industrial, commercial, state and federal gov. other (requires appropriation permit)
Public or private water company (requires appropriation permit and state health department approval)
Test, observation, monitoring (may require appropriation permit)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A#26157 COUNTY NO.

STATE SIGNATURE DATE ISSUED

090888 Charles E. ... 3/08/89

NORTH GRID 506000 EAST GRID 0804000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE INITIALS PERMIT NO. 40-88-0175

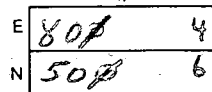
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

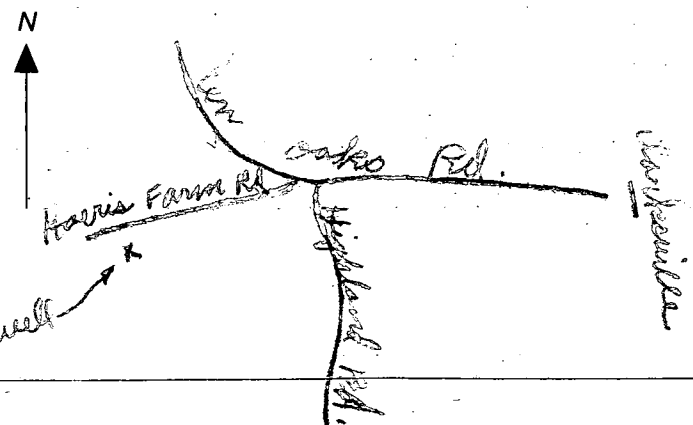
- 1. Wells
2.
3.

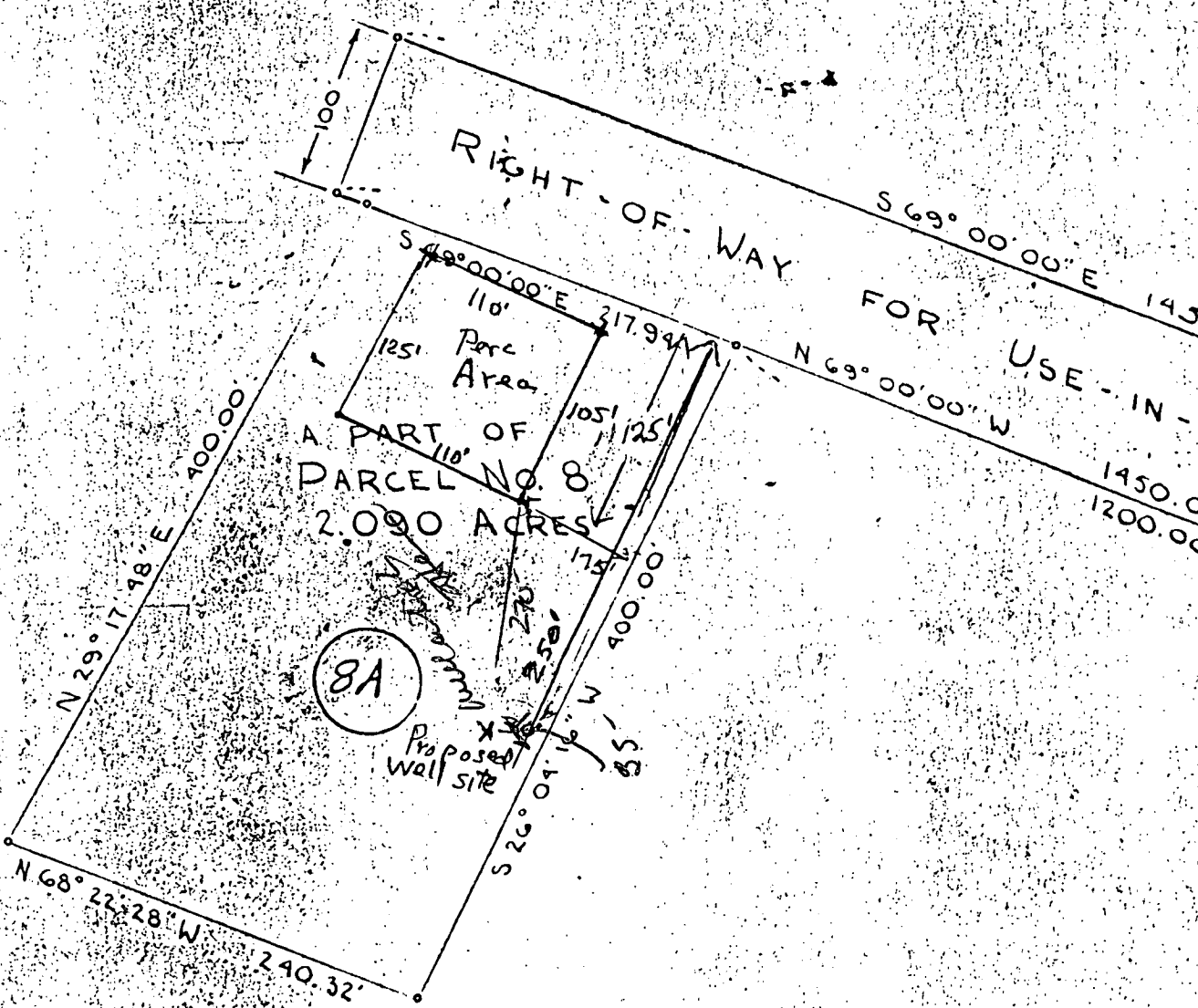
WRITE THE BOX NUMBER FROM THE MAP HERE



Grout noted 1 Well built
Bags of cement
Well grout - gone
84' casing
2' casing above ground. C.P.S.
sh - V on top of site

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION





D.L.A.
OF
PA
AL
FIFTH
O
SCA

Note: The lot shown hereon complies with the minimum ownership & lot area as required by the Maryland State Dept. of Health & Mental Hygiene.

Approved: Private Water & Private Sewer

Jaym Douglas 9-29-77

C1 **0508** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A# 26157**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **09 26 88** Depth of Well **305** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-88-0175**

OWNER **HALLO WELL RICHARD**
 STREET OR RFD last name **HARRIS FARM RD** first name TOWN **CLARKSVILLE**
 SUBDIVISION **TEN OAKS FARMS** SECTION **-** LOT **8A**

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	
SANDstone	0	76	
Grey Mica Rock	76	305	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **1850**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** STEEL CONCRETE
PL **OT** PLASTIC OTHER

MAIN CASING TYPE **ST** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **34**

OTHER CASING (if used)
 diameter inch depth (feet) from to

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN **H0** **32** **305**

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 10.17.13 "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.

DRILLERS IDENT. NO. **738**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 from to

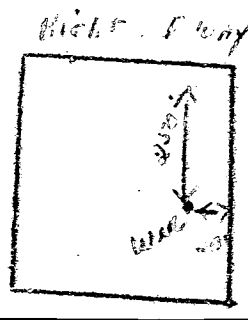
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **Puck**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **25**
 WHEN PUMPING **004**
 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 WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] []
 PUMP HORSE POWER [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above } LAND SURFACE (nearest foot) **A**
 (-) below }

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 410-9933

APPLICATION FOR PITNESS ADAPTER, WELL PUMP AND PRODSURE PLAIN INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date 1/7/93

Name of Installer ROBT. L. FEELER Co.

Telephone 781-4613

License Number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner JACK SEROTA Telephone 795-1405

Subdivision HERNDON Lot # 8A Well Tag # 110-28 0175

Site Address 5487 HERNDON PARK RD.

Pump ALLAN WEINTRAUB

- | | | |
|---|--|--------------------------|
| 1. Type | Motor | Pitless Adapter |
| a. Deep well jet _____ | 1. Horsepower <u>1/2</u> | 1. Make <u>CANTOR</u> |
| b. Shallow well jet _____ | 2. RPM <u>3450</u> | 2. Model # <u>DTB-10</u> |
| c. Submersible <input checked="" type="checkbox"/> | 3. Voltage _____ | 3. Depth <u>42" ±</u> |
| 2. Make <u>Deming (Eiswald)</u> | a. 110 _____ | |
| 3. Model # <u>3XLD</u> | b. 220 <input checked="" type="checkbox"/> | |
| 4. Capacity <u>5</u> GPM | | |
| 5. Pump exceeds well capacity Yes _____ No _____ ? | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/> | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____ | | |

Tank CAPTIVE AIR

- | | | |
|--------------------------------------|--|---|
| 1. Capacity <u>WX203</u> | Piping | Well data |
| 2. Pressure relief valve? <u>YES</u> | 1. Type <u>POLY</u> | 1. Depth <u>302 ft.</u> |
| | 2. Size <u>1"</u> | 2. Yield <u>7</u> GPM |
| | 3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/> | 3. Static water level <u>7</u> ft |
| | 4. Depth of supply line <u>42" ±</u> | 4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/> |

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void)

All information given above is true to the best of my knowledge

Signature of Applicant: [Signature]

Date: 1/7/93

Notes: A notation indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

1/8/93 OK WPT Pressure tank not installed B.J.

Water Sample Request

PROPERTY OWNER JACK SEROTA DATE OF REQUEST 8/16/93

8:30

TELEPHONE (W) 410-531-2468 NEW WELL NUMBER HO-88-0175

DIRECTIONS OR INSTRUCTIONS _____

NAME Jack Serota
ADDRESS 5489 Morris Farm Lane

SAMPLE TYPE

REASON FOR REQUEST

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE / /

SEPTIC SYSTEM: Approved Disapproved DATE / /

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE / /

BACTERIA _____, PH _____, Free Cl⁻ _____, Res. Cl⁻ _____, VOC _____

CHEMICAL _____, LEAD & COPPER _____, NITRATES _____, PESTICIDE _____

ACTION: See other pages

RESAMPLE COLLECTOR B. Canning DATE 8/16/93

8:30

BACTERIA # AX651, PH 7.2, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, TIME 9:45

~~CHEMICAL~~ _____, Other _____

ACTION: Source - Kitchen Tap

RESAMPLE COLLECTOR _____ DATE / /

BACTERIA _____, PH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

RESAMPLE COLLECTOR _____ DATE / /

BACTERIA _____, PH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030
(410) 252-7742

REPORT DATE: Mar 23, 1993

County Howard

Lab Number 93-0973

Sample iced Yes

Residual Cl₂ <0.1 mg/L

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Mr. Jeff Rogers
1315 Walker Avenue
Baltimore, Maryland 21239

Property Sampled: U&O: 5489 Harris Farm Lane

Station Sampled: Kitchen tap

Tax Map #:

Date/Time Sampled: Mar 22, 1993 11:50 am

Parcel #:

Owner, Telephone No.: Jack Serota

Sampler: P. Kellner #92-245

Subdivision Name: Ten Oaks Farm

Lot Number: 8 A

Building Permit No.: 45801

Well Number: HO-88-0175

Observation: Satisfactory

RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL	
Nitrate	✓ 0.8 mg/L as N	ISE	10.0 mg/L as N	Pass
Turbidity	✓ 6.1 NTU	EPA 180.1	10.0 NTU	Pass
pH	✓ 7.2 Units	EPA 150.1	6.5-8.5 Units	
Sand	Negative		Negative	
Total Coliform	✓ Absent	ONPG-MMO MUG	Absent	Pass

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was SAFE ✓ for drinking purposes.

dh
CBd
3/24/93

Heather R. Beam

Heather R. Beam



3/24 To: Mr. Smoot

Need

typed.

Thanks

C.B.S.

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

Charles B. Streaker
Reply to: 313-2640 or 313-2641

March 24, 1993

Mr. Jack Mesota
5489 Hassis Farm Lane
Clarksville, Maryland

21029

RE:

LOT # 8A Ten Oaks Farm
5489 Hassis Farm Lane
Well Tag # HO-88-0175

Dear Sir:

This is to advise you that the septic system was installed, inspected and approved on January 4, 1993.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-0175. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

March 22, 1993
Date of Water Sample

September 26, 1988
Date Well Approved

Charles B. Streaker
Approving Authority
Charles B. Streaker, R.S. R.S.
Water and Sewerage Program

CBS:hs



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

July 22, 1993

Reply to: Charles Streaker
313-2640 or 313-2641

Mr. and Mrs. Jack Serota
5489 Harris Farm Lane
Clarksville, Maryland 20129

RE: Ten Oaks Farm S/D - Lot 8A
5489 Harris Farm Lane
Well Tag Number: HO-88-0175

Dear Mr. and Mrs. Serota:

A review of our records indicates that final satisfactory water samples were not obtained at the above referenced property. You are requested to contact this office at 313-2640 to arrange for those samples to be taken. These samples are required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A) (1) which states that: "A person may not put into service a well or water supply system that may be used for human consumption unless a Certificate-of-Potability has first been issued for the well by the approving authority..."

An Interim Certificate-of-Potability was issued based on one satisfactory water sample. The enclosed copy of that Interim Certificate stipulates that a second safe sample be obtained. The purpose of the second sample is to assure that the well is not vulnerable to re-contamination.

You are requested to call this office at 313-2640 to arrange an appointment for the second sample from an inside tap which is the most reliable location from which to obtain a safe sample.

Presently there is no charge for this service.

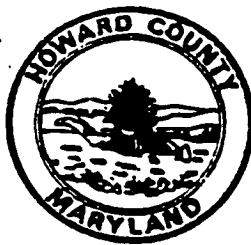
Very truly yours,

Charles B. Streaker, R. S.
Water and Sewerage Program

CBS:jr

Enclosure

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 313-2640 Community Environmental Health 313-2642
Technical Services 313-2644 Director 313-2645 TDD 313-2323



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 24, 1993

Reply to:

Mr. Jack Serota
5489 Harris Farm Lane
Clarksville, Maryland
21029

RE: LOT 8A Ten Oaks Farm s/o
5489 Harris Farm Lane
Well permit # HO-88-0175

Dear Sir,

This is to advise you that the septic system was installed, inspected and approved on January 4, 1993.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-0175.

August 16, 1993
Date of Final Sampling

August 24, 1993
Date of Acceptance
Charles Streaker
Charles Streaker R.S.
Approving Authority
Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
March 22, 1993
August 16, 1993

CS/