

05-400120

APPROVED  
12/24/86  
BH 38232  
P

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~

461-9933

## INDEXED

DATE SYSTEM APPROVED \_\_\_\_\_

INSPECTOR \_\_\_\_\_

Clause Cissel

IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland 21029 PHONE 854-2006

SUBDIVISION Dayton Meadows ROAD 13808 Dayton Meadows Ct LOT 13, Sec.1, Area 1

PROPERTY OWNER Mr. & Mrs. George Farfaras

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 2

TRENCHES - 190 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 4 feet below original grade. 4 1/2 feet of stone below distribution box.

LOCATION - Start the first trench 170 feet from the rear lot line and 100 feet from the right lot line as seen when facing the property from the Right-of-Way. Run trench(s) along contour toward right-rear of property.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY C. Williams DATE 8/12/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

ENCL. PERMIT SIGNED  
AND RETURNED 6/2/89  
Smith # 26 314

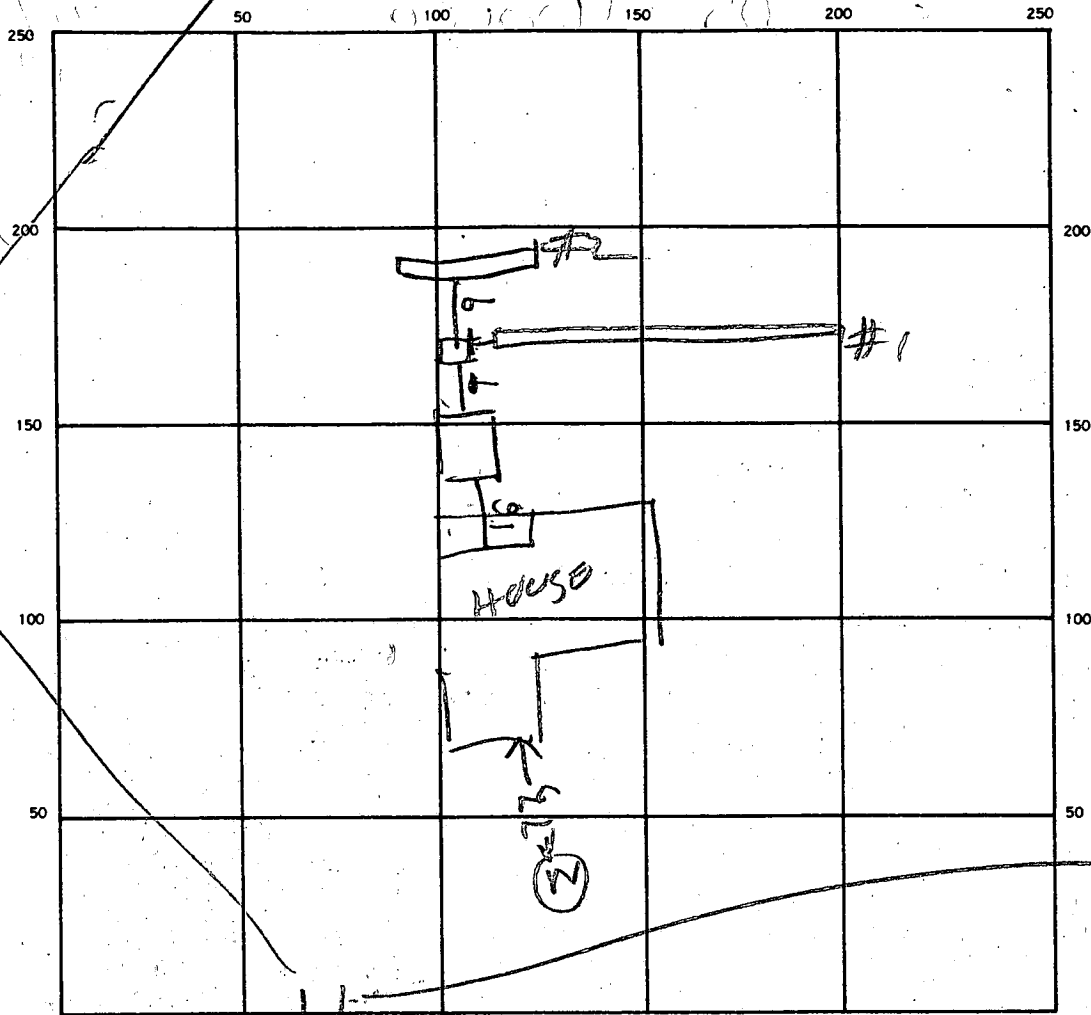
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

Additional - 1 Bedroom  
1 Family room EH - 2-1186

A 26630

12/24/86  
AM



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK: LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX: LEVEL \_\_\_\_\_

DRAIN FIELD/TILE FIELD: DEPTH  $\frac{\#1}{8} / \frac{\#2}{8}$  FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH  $\frac{\#1}{4} / \frac{\#2}{4}$  FT. TOTAL LENGTH  $\frac{\#1}{99} / \frac{\#2}{34}$  FT. INSTALLED / REQUIRED

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 598 SQ. FT. / 570

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 12/24/86 TRENCH LOCATION PROBABLY OK. CWSAID  
ONE INSPECTION OK BECAUSE RAIN TO DAY DEPTH OF  
STONE 4 FT BEACISSEL

DATE SYSTEM APPROVED 12/24/86 INSPECTOR Raymond Hodge

# DAYTON MEADOWS I

A 26630

SUBDIVISION:

LOT NUMBER: LOT 13

## DRY WELL OR DRY WELL AND TRENCH

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

190 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 8½ feet below original grade.

Effective area begins at 4 feet below original grade.

4½ 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 FIRST TRENCH 170' FROM THE  
REAR LOT LINE AND 100' FROM THE RIGHT LOT LINE  
AS SEEN WHEN FACING THE PROPERTY FROM  
THE RIGHT-OF-WAY. RUN TRENCH(S) ALONG CONTOUR  
TOWARD RIGHT-REAR OF PROPERTY.

8/12/86 CWilliams

3/17/86

# DAYTON MEADOWS

A 26630

SUBDIVISION:

SECT 1 AREA 1

LOT NUMBER: FINTRZ LOT 13

## DRY WELL OR DRY WELL AND TRENCH

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

187 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 8 1/2 feet below original grade.

Effective area begins at 4 feet below original grade.

4 1/2 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: BEGIN 1ST trench 190 ft down 430' LOT LINE (FROM BACK LOT CORNER) AND 60' OFF THE RIGHT (430' LOT LINE) AS SEEN WHEN FACING PROPERTY FROM DAYTON MEADOWS COURT. RUN TRENCHES ALONG CONTOUR TOWARDS THE CORNER OF THE 380' x 430' LOT LINES (RIGHT REAR CORNER). (Paw)

BEGIN 1ST TRENCH 170 From Rear

100 From RIGHT

PRELIMINARY

# APPLICATION

A 26630

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 8/16/77

TO: 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 William Mitchell Mr. + Mrs. George Farfaro

ADDRESS \_\_\_\_\_ PHONE Paul Kottis 421-9433

PROPERTY LOCATION:

**SECT. 1 AREA 1 FINAL # 13**

SUBDIVISION Dayton Meadows LOT NO. ~~NEW LOT 22~~ 3, Block C

ROAD AND DESCRIPTION Green Bridge Road 13808 Dayton Meadows Court

SIZE OF LOT 40,000sq. ft. TYPE BLDG. 3 or 4 bedrooms  
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 /s/ Paul Kottis

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

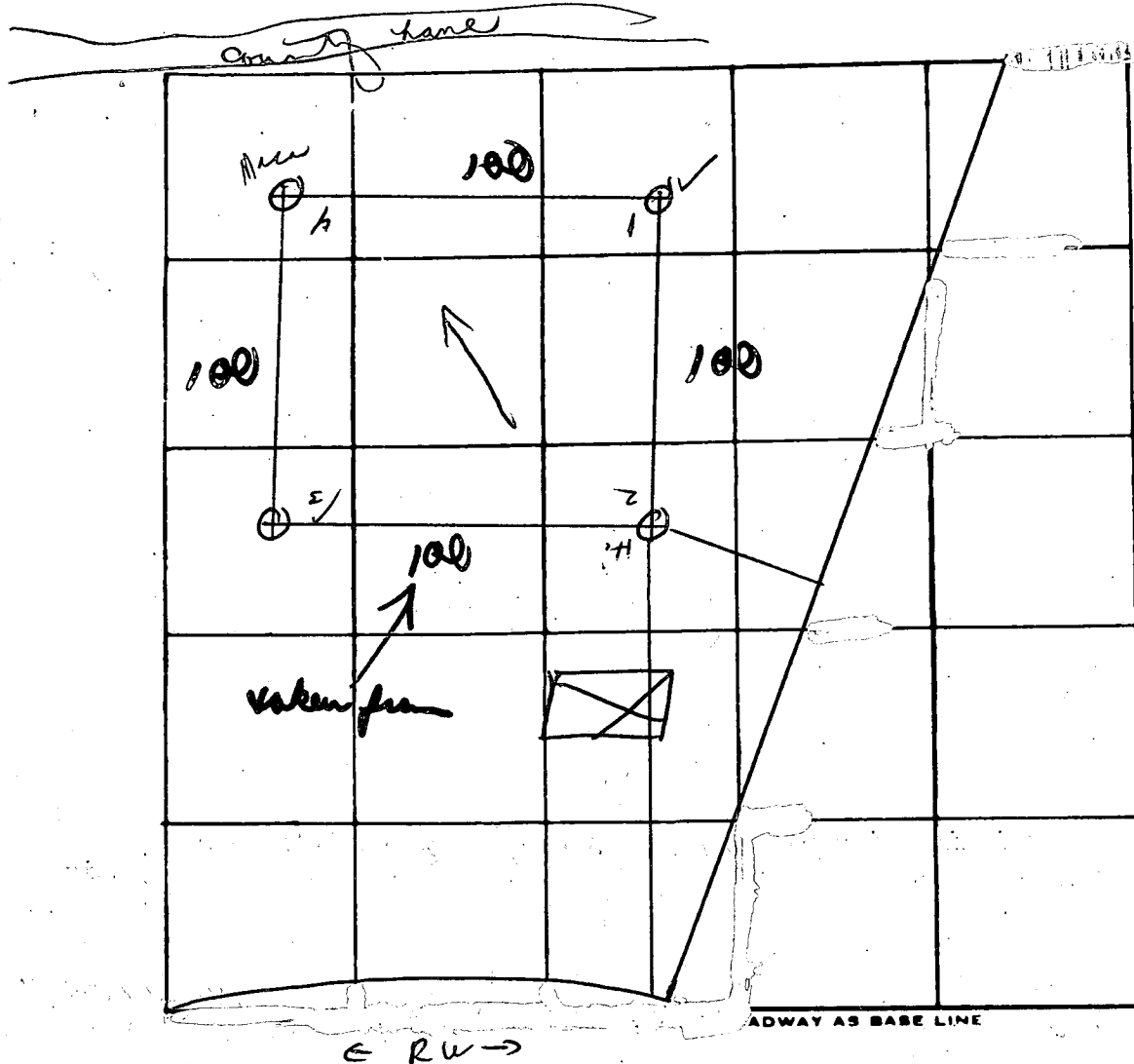
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED AND RETURNED 8/16/77  
Serial # 71577 S.F.D.

# THIS IS NOT A PERMIT



Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/25/77	1	3	11:06	11:10	11:10	11:20	10 in
	1A ✓	13	11:06	11:17	11:17	11:30	13 in
	Use 2	3 1/2	11:07	11:40	X: X	X: X	3/4" lower shelf
	2A	13 1/2	11:27	11:18	11:18	11:41	23
	3 ✓	12 1/2	vis	same			
	4	3	11:13	11:14	11:14	11:14	3/4" lower shelf
	4A	14	11:13	11:21	11:21	11:31	10 in
	2B	4	12:02	12:04	12:04	12:07	3 in
	4B	4	11:55	11:57	11:57	12:00	3 in

*Sandy loam below*

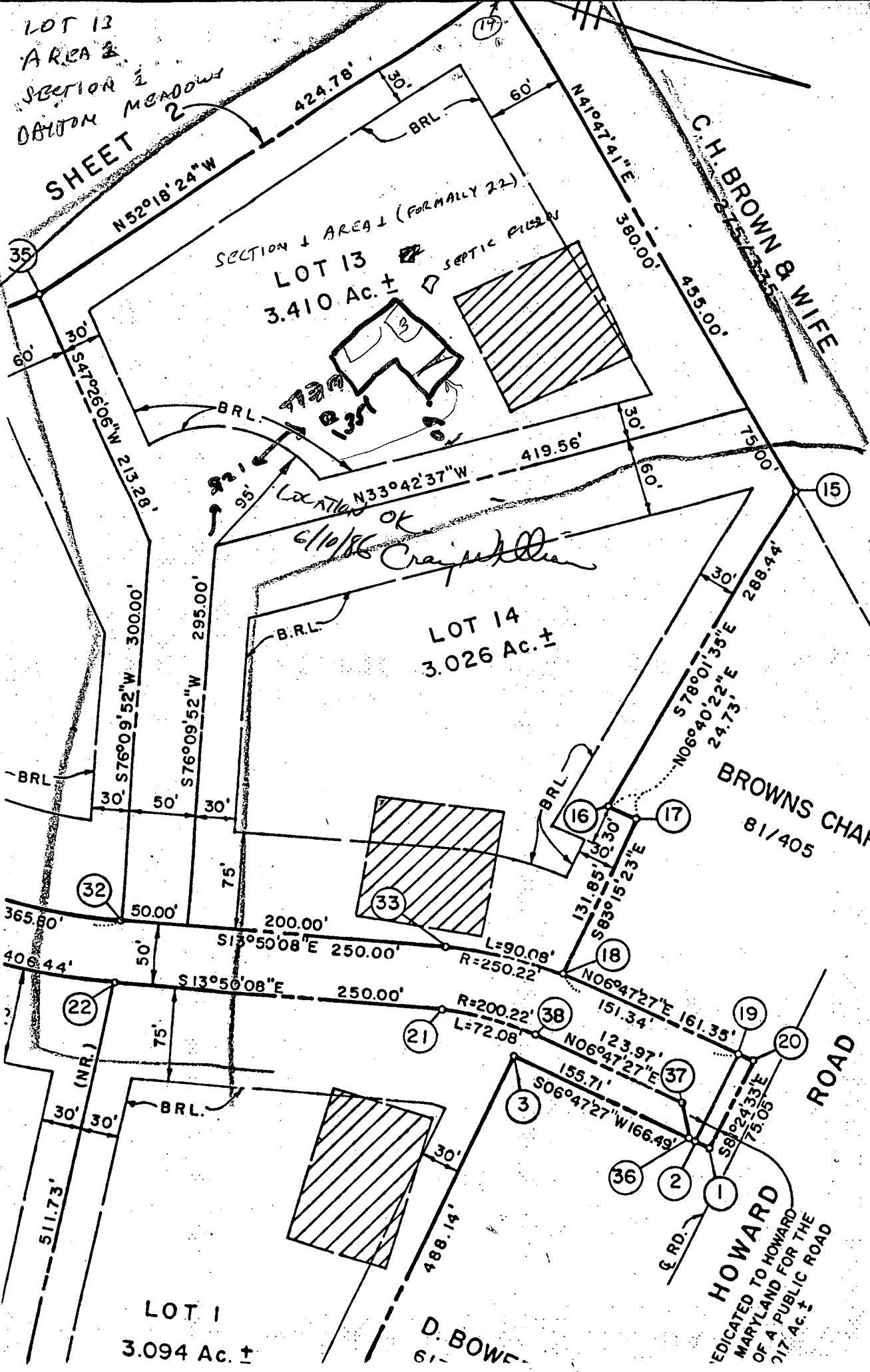
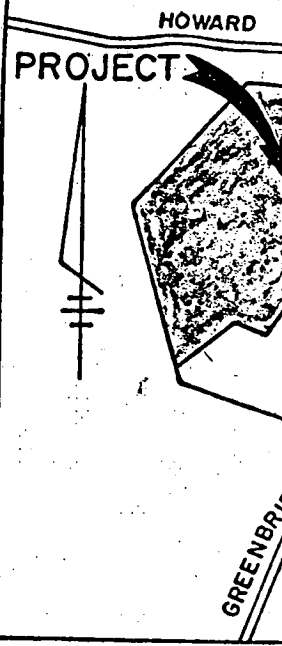
*X 10+ m/d but uneven therefore*

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY M / CBS ALSO PRESENT: Roti

LOT 13  
AREA 2  
SECTION 1  
DAYTON MEADOWS  
SHEET 2



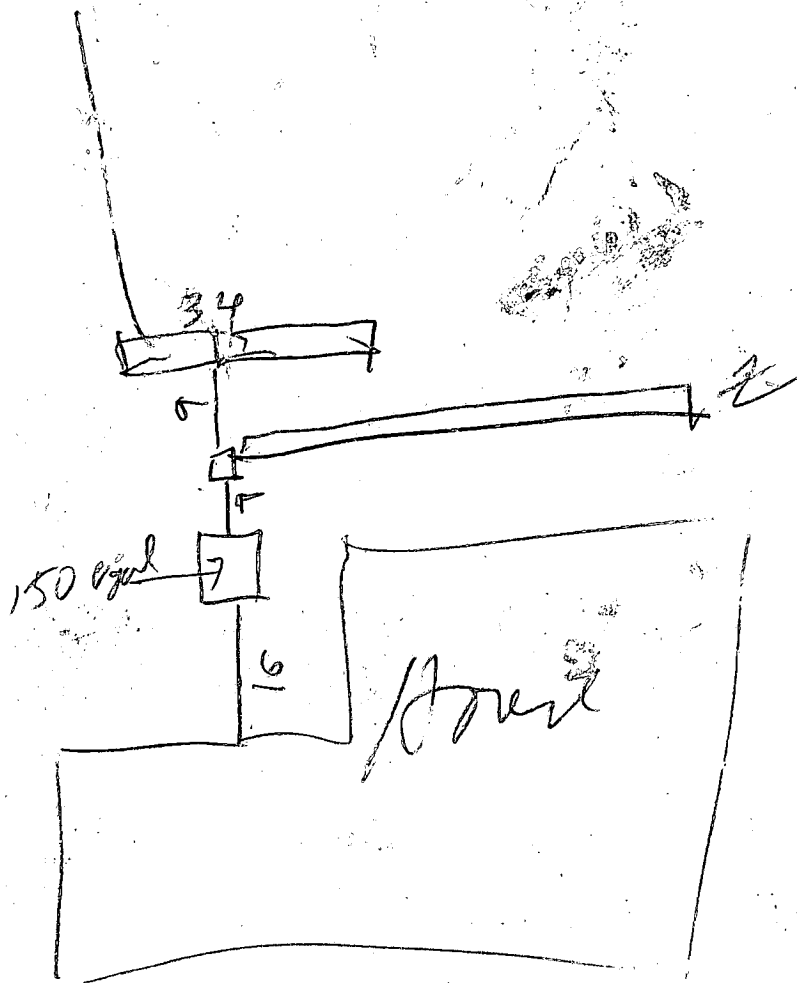
VIC  
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GENERAL NO

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38. STA. 2:



4ft cover



99ft  
4ft  
cover

$$\begin{array}{r} 133 \\ 4.5 \\ \hline 190 \\ 2 \\ \hline 380 \end{array}$$

$$\begin{array}{r} 532 \\ 665 \\ \hline 5985 \\ 1 \end{array}$$

$$\begin{array}{r} 190 \\ 3 \\ \hline 570 \end{array}$$

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

March 3, 1988

Mrs. Pam Farfaras  
13808 Dayton Meadows Court  
Dayton, Maryland 21036

RE: Dayton Meadows, Lot 13

Dear Mrs. Farfaras:

This is to advise you that the septic system was installed, inspected and approved on December 24, 1986.

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 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1537.

Date of Final Sampling  
October 15, 1987

Date of Acceptance  
November 5, 1987

*Jane E. Nadeau*

Jane Nadeau, Sanitarian  
Water and Sewerage Program

Water Sample Dates: 4/6/87  
10/15/87

JN:hs

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LABORATORIES ADMINISTRATION  
REPORT OF WATER ANALYSIS

Bottle Number: OC-103 Name: Pam Farfaras County: Howard

Source of Sample: 13808 Dayton Meadows Ct. Collector: J. Wadeau  
Street Town or City

Sample Type (Circle): Community Source  Non-Community Distribution  Private MCL  Emergency Recheck  Routine

Remarks: Dayton Meadows Lot 13 HO-81-1537  
outside tap

13 County  Plant No.  Sampling Station  101587 Date Collected  1106 AM Time  Acid  Iced

Field Data:  <6.8 pH\*  Chlorine Residual  0.0 Free  0.0 Total  Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
✓	pH*	011	6.2		Arsenic	253	
✓	Alkalinity (Total)	040	110		Barium	262	
	Alkalinity (HCO <sub>3</sub> )	050			Cadmium	273	
	Alkalinity (CO <sub>3</sub> )	060			Chromium	283	
	pH*, Ca CO <sub>3</sub> SAT.	071			Lead	302	
	Alkalinity, Ca CO <sub>3</sub> SAT	080			Mercury	314	
✓	Hardness	110	8		Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	3.7		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
✓	Chloride	091	4	✓	Iron	122	<10.05
	Fluoride	101			Magnesium	241	
✓	Color*	020	1		Manganese	133	
✓	Turbidity*	031	2.1		Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration  
201 W. Preston St.  
P.O. Box 2355, Baltimore, Maryland 21203  
J. Mehsen Joseph, Ph.D., Director

**BACTERIOLOGICAL DRINKING WATER REPORT**

Field Record

<b>SAMPLE TYPE:</b>	Source <u>Pam Favalas</u> <span style="float: right;"><i>sample bottle full</i></span>
Community <input type="checkbox"/>	Location: <u>13808 Dnyton Meadows Ct</u>
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Private <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>AH 927</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
Check Sample <input type="checkbox"/>	Collector # <u>87-0245</u> Bottle No. <u>11.06</u>
Special <input checked="" type="checkbox"/>	Collector Name <u>Jane Nadeau</u> County <u>Howard</u>

13  
County

---  
Plant No.

---  
Sampling Station

10 15 87  
Date Collected

pH 6.8

Res. Cl: Free 00

Total 00

Card No.   

**LABORATORY RECORD**

Thiosulfate: Pres.  Absent  Undetermined

**PRESUMPTIVE TEST\***

ml. of Sample	10ml.				
Gas, 24 hours	-	-	-	-	-
Gas, 48 hours	-	-	-	-	-

**CONFIRMED TEST**

ml. of Sample	10ml.				
Coliforms †	-	-	-	-	-
Fecal Coliforms ‡	-	-	-	-	-

No. of Pos.
0

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =   

SPC Dilution: 1 - | Col. Counted:

Standard Plate Count §/ml.   

- \*\* using m Endo-Agar:LES at 35°C. incubation
- \* using Lauryl-Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour: 10-15-87 1:25 pm

Laboratory Central

10-15-87 1:50 pm  
Exam. CLS

10-19-87 10:40 am  
Rept. Caen

Remarks     
    
Lab No.

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

September 18, 1987

Occupant  
13808 Dayton Meadow Court  
Dayton, Maryland 21036

RE: Dayton Meadows, Lot 13

Dear Occupant:

A review of our records indicates that satisfactory water samples were not obtained prior to occupancy of the above referenced property. You are requested to contact this office at 461-9933 to arrange for those samples to be taken. These samples are required in order to comply with Maryland Well Construction Regulation (COMAR 10.17.13.09A(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 encouraged to call this office at 461-9933 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.

A sample from an outside tap is an acceptable alternate. If we do not receive your request to schedule an inside sample within the next few days, we will schedule an outside sample so that your sampling obligations may be satisfied.

If you have any questions relative to this matter, please call 461-9933.

Very truly yours,

A handwritten signature in cursive script that reads "Jane Nadeau/87A".

Jane Nadeau, Sanitarian  
Water and Sewerage Program

JN:hs

Enclosure

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

April 14, 1987

Mr. George Farfaras  
6113 Jerry's Drive  
Columbia, Maryland 21044

RE: Dayton Meadows - Lot 13  
13808 Dayton Meadow

Dear Mr. Farfaras:

This is to advise you that the septic system was installed, inspected and approved on December 24, 1986.

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 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HD-81-1537. 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 Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

April 6, 1987  
Date of Water Sample

June 26, 1986  
Date Well Approved:

Approving Authority  
Craig Williams, Director  
Water and Sewerage Program

CW:JR

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

Community..... Non-Community..... Private   
 Routine..... Check Sample..... Special   
 Source FARFARMS, 13808 DAYTON MEADOWS  
 Bottle No AC 944 Time Collected 11:30  am.  pm.  
 Treated..... 5.55 Raw   
 Iced: Yes  No  Collector STAYER County HOWARD

13 County 

--	--	--	--

 Plant No. 

--	--	--	--

 Sampling Station 

--	--	--	--

04 06 87 Date Collected 

--	--

 Card No.

pH 

--	--	--

 Res. Cl: Free 

--	--

 Total 

--	--

Laboratory Record

Thiosulfate: Pres.  Absent  Undetermined

**PRESUMPTIVE TEST\***

**CONFIRMED TEST**

ml. of Sample	10ml.					
Gas, 24 hours	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Gas, 48 hours	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					

ml. of Sample	10ml.					
Coliforms †	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Fecal Coliforms ‡	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					

No. of Pos.
0

Presumptive Coliforms/100ml. (Membrane Filter) =

\* \*

Verified Coliforms/100ml. (Membrane Filter) = 

--	--	--

SPC Dilution: 1 - | Col. Counted:

Standard Plate Count §/ml. 

--	--	--	--	--

- \* using m Endo-Agar LES at 35°C. Incubation
- \* using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

CRS  
230

Date & Hour: Recd. 7/25 11:30  am  pm Exam    am  pm  
 Rept. AC 944 1987  am  pm Bacteriologist    am  pm

Remarks CENTRAL Laboratory   Lab No. 10350

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LABORATORIES ADMINISTRATION  
REPORT OF WATER ANALYSIS

Sample Number: A 14 Name: FARRARAS County: HOWARD

Source of Sample: 13808 DAYTON MEADOWS Collector: STAYER  
Street Town or City

Sample Type (Circle): Community Source  Non-Community Distribution  **Private MCL**  Emergency Recheck  Routine

Remarks: HO 81-1537

County: 13 Plant No.:      Sampling Station:      Date Collected: 040687 Time: 1130A Acid:  Iced:

Field Data: pH:      Chlorine Residual: Free 00 Total 00 Specific Conductance:     

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
<input checked="" type="checkbox"/> pH*	011	6.1	Arsenic	253	
<input checked="" type="checkbox"/> Alkalinity (Total)	040	110	Barium	262	
Alkalinity (HCO <sub>3</sub> )	050		Cadmium	273	
Alkalinity (CO <sub>3</sub> )	060		Chromium	283	
pH*, Ca CO <sub>3</sub> SAT.	071		Lead	302	
Alkalinity, Ca CO <sub>3</sub> SAT	080		Mercury	314	
<input checked="" type="checkbox"/> Hardness	110	86	Selenium	323	
Ammonia-N	143		Silver	333	
<input checked="" type="checkbox"/> Nitrate-Nitrite N	162	36	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
<input checked="" type="checkbox"/> Chloride	091	62	Iron	122	10.05
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

\* Results reported in units, all others in milligrams per liter (ppm)

12955

Date Received: 8/10/87 Date Reported: 8/10/87 Chemist:      Lab No.

4/6

PROPERTY OWNER Pam FARFARAS DATE OF REQUEST 3 127 1987

TELEPHONE w 688-7809 George NEW WELL NUMBER 81-1537

DIRECTIONS OR INSTRUCTIONS Call results will make up 1 COP  
H 997-8735 H: 531-3711 W: 688-7136 Pam

Mail to: 6113 Jerry Dr  
21044

SAMPLE TYPE	REASON FOR REQUEST
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> Physician's Advice
<input type="checkbox"/> U & O	<input type="checkbox"/> New Residence
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Nitrate Monitoring
<input type="checkbox"/> Pond or Stream	<input type="checkbox"/> Taste or Odor
<input type="checkbox"/> Sewage	<input type="checkbox"/> Treatment System Necessity
<input type="checkbox"/> Other	<input type="checkbox"/> Plumbing or Well Repair
	<input type="checkbox"/> Replacement Well
	<input type="checkbox"/> Curiosity

SETTLEMENT DATE    /   /   

SEPTIC SYSTEM:  Approved  Disapproved DATE 12 124 186

CONDITION: A 26630

SUPPLY TYPE:  Drilled Well  Hand Dug  Spring  Public

CONDITION: Call 3/30 Call 3-30-87

FIRST SAMPLE COLLECTOR Stacy TIME 11:50 DATE 4/6 1987

BACTERIA AE944, PH    , Free Cl<sup>-</sup>    , Res. Cl<sup>-</sup>    , VOC    

CHEMICAL A14, LEAD & COPPER    , NITRATES    , PESTICIDE    

ACTION: Please call results needs for U&O

ICOP - 4-13-87

RESAMPLE COLLECTOR Jane Nadeau DATE 10/15/87

BACTERIA AB-913, PH 6.8, Free Cl<sup>-</sup> 0.0, Res. Cl<sup>-</sup> 0.0, TIME 11:06am

CHEMICAL OC103, Other    

ACTION: outside tap FCOP issued 11-5-87 JEN

RESAMPLE COLLECTOR     DATE    /   /   

BACTERIA    , PH    , Free Cl<sup>-</sup>    , Res. Cl<sup>-</sup>    , TIME    

ACTION:    

RESAMPLE COLLECTOR     DATE    /   /   

BACTERIA    , PH    , Free Cl<sup>-</sup>    , Res. Cl<sup>-</sup>    , TIME    

ACTION:    

ADDRESS 13808 Dayton Meadows Ct  
Pat 13 Drive Wm Behr - 1st Ave

NAME

4/6/87 / 10/15/87

top full

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER  
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL  
DRILLER:

My well driller is not to install the pump for my water well, and I  
hereby certify that it will be my responsibility to have a Pump Permit  
taken out by a registered master plumber or certified pump installer.  
It will be my responsibility to notify the Health Department before  
and during the installation so that inspections can be made by their  
representative. (Pursuant to Chapter XVII, of the Plumbing Code of  
Howard County.)

George J. J. J.  
(Name)

6112 JERRY'S DRIVE  
(Address)

\_\_\_\_\_  
(OEP Well Permit Number)

\_\_\_\_\_  
(Date)

10/15/86  
WPI

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

New Installation \_\_\_\_\_ Receipt # \_\_\_\_\_  
 Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer \_\_\_\_\_ Telephone \_\_\_\_\_

License number \_\_\_\_\_  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
 Subdivision DAYTON MEADOWS Lot # 13 Well tag # HO-81-1537  
 Site Address 13808 DAYTON MEADOWS Ct.

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

10/15/86 Pitless Installed AT 36" WELL LINE 36-44" below GRADE; NO INSIDE PUMP-

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: \_\_\_\_\_

Date: \_\_\_\_\_

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

10/15/86  
WPI

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3525-H Ellicott Mills Drive  
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License number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

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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: \_\_\_\_\_

Date: \_\_\_\_\_

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

C1 2585 SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT WILL BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 26630

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20 CB2686

22 26 205

28 37 40-81-1537

OWNER FALFARRAS GEORGE last name first name STREET OR RFD HOWARD RD TOWN DAYTON SUBDIVISION DAYTON MEADOWS SECTION I LOT 13

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows: Top Soil (0-2), Sandy (2-30), Sand Stone (30-45), MICKA (45-90), Sand Stone (90-95), MICKA (95-205)

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 10 NO. OF POUNDS 1000 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD

MAIN CASING TYPE PL diameter 6 Total depth of main casing 42

OTHER CASING (if used)

SCREEN RECORD screen type or open hole (HO) insert appropriate code below

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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 OTHER DATA

C 3

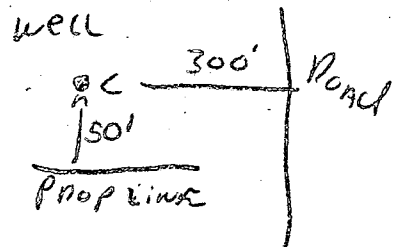
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 4 WHEN PUMPING 65 TYPE OF PUMP USED (for test) C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

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)





**B 1** 0579 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND PERMIT TO DRILL WELL**  
 please print or type

OEP PERMIT NUMBER  
HO-81-1537  
 fill in this form completely

**OWNER INFORMATION**  
 Date Received 6/26/86  
672110  
FARFARAS GEORGE  
6113 JEROMS DR  
COLUMBIA MD 21044

**LOCATION OF WELL**  
HOWARD  
DAYTON MEADOWS  
 SECTION 1 LOT 13  
DAYTON  
 MILES FROM TOWN (enter 0 if in town) 1 MI

**DRILLER INFORMATION**  
Ralph Mayne  
Ralph Mayne (well drilling)  
9170 Browns Church Rd. W. Day  
Ralph Mayne 5/22/86

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 NEAR WHAT ROAD Howard Rd.  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD 300  
 ENTER FT or MI FT

**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 AD2630 COUNTY NO.  
 OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S  
 DATE ISSUED 06/10/86 CO SIGNATURE \_\_\_\_\_ EXP. DATE 12/1/86  
 NORTH GRID 512000 EAST GRID 0801000

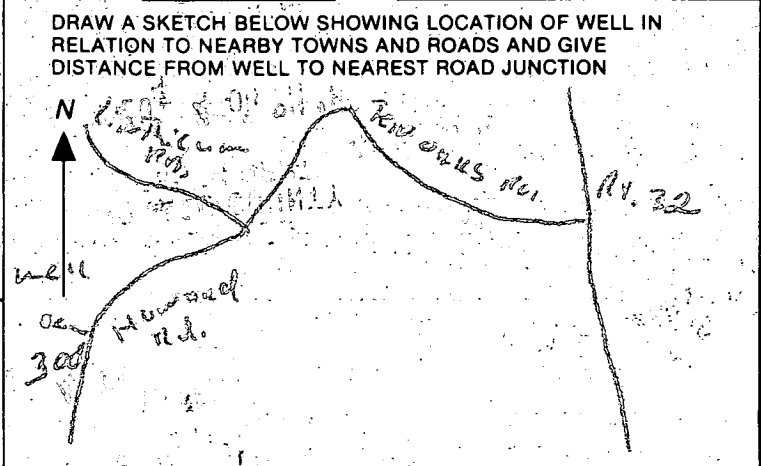
APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT  
 other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER:  
 1. well  
 2.   
 3.   
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 000  
000

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



**Not to be filled in by driller (OEP USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE FE WRITE INITIALS IN BOX PERMIT NO. 1103-01-1537

**SPECIAL CONDITIONS**

