

12/22/88 ANYTHING

11/17/87
PM ANYTHING

HOUSE CONNECTION
1" SEPTIC CLEANOUT REQUIRED CW.

PERMIT

P 40364

A 26638

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 10/20/87

DATE SYSTEM APPROVED 2/29/88

INSPECTOR R J

05-400082

John Sakai & Associates

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 258-7414

SUBDIVISION Dayton Meadows ROAD 13832 Dayton Meadows Ct LOT 9, Sec.1, Area 1

PROPERTY OWNER Quentin Dolecek

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 244 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - NOTE: TRENCH LOCATION SHIFTED UPHILL APPROX. 25 FEET DUE TO SWALE ON LOWER-END OF PERC FIELD. Beginning from left corner (juncture 186.70 & 404.39') place 1st trench 85 feet down the left (404.39') lot line and 50 feet off the left lot line as seen when facing property from Dayton Meadow Court. Run trenches along contour towards the right (269.03') lot line. NOTE: Be sure to maintain 100 feet min. distance from well to septic.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. etc

PLANS APPROVED BY Bert Nixon DATE 1/16/87

COVER NO WORK UNTIL INSPECTED AND APPROVED. OK TO MOVE DISTRIBUTION BOX AS LONG AS TRENCHES ARE
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. IN CORRECT LOCATION

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.

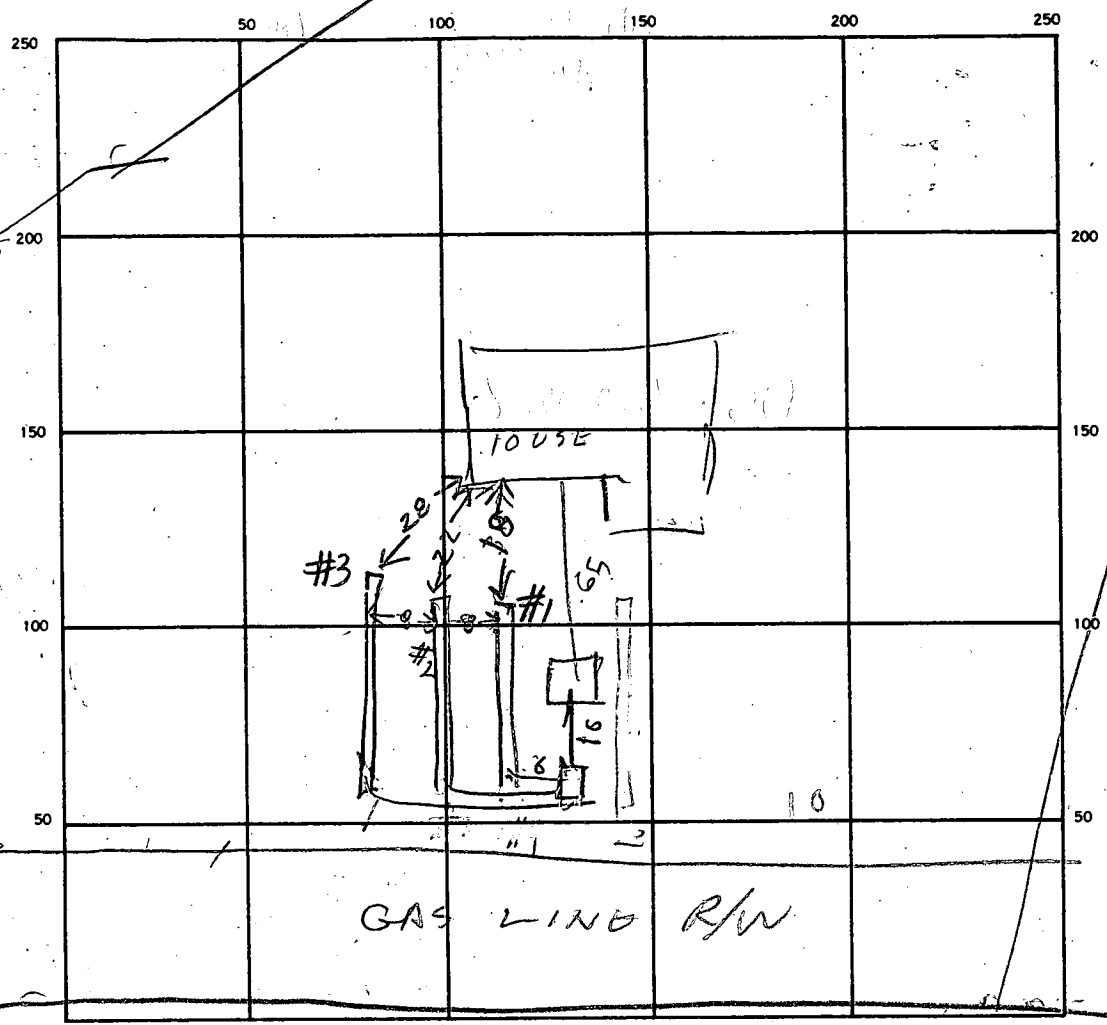
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A
26638



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL 2000 CLEANOUTS SJT

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH	<u>8</u>	<u>8</u>	<u>8</u>	FT.	TRENCH WIDTH	<u>2</u>	<u>2</u>	<u>2</u>	FT.	INLET DEPTH	<u>3</u>	<u>3</u>	<u>3</u>	FT.
EFFECTIVE GRAVEL DEPTH	<u>5</u>	<u>5</u>	<u>5</u>	FT.	TOTAL LENGTH	<u>77</u>	<u>80</u>	<u>83</u>	FT.					
NUMBER OF TRENCHES	<u>3</u>				ONE SIDEWALL/BOTTOM AREA	<u>200</u>				INSTALLED		REQUIRED		
											<u>240</u>	<u>260</u>	<u>260</u>	<u>260</u>

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS 11/4/87 - LOCATION OK PER PLANS ADD STONE TO TRENCH #1 & CONTINUE WORK BIT
11/17/87 - OK TO COVER TRENCHES PUT CLEANOUT ON TANK & CONNECT TANK TO HOUSE. RH

R-2287 - CANNOT LOCATE PILE OUT OF HOUSE. CONNECT SYSTEM AND LEAVE

OPEN AT HOUSE + MARK FOR INSP. S.A.G. — 2/29/88 - SYSTEM FINISHED

DATE SYSTEM APPROVED 2/29/88 INSPECTOR Raymond Hodge

SUBDIVISION: DAYTON MEADOWS
SECT 1 AREA 1 FINAL
DAYTON MEADOWS CT.

LOT NUMBER: 9

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon <i>2000</i>	_____
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

200 sq. ft./bedroom
244 sq ft

Trench to be 2 wide.
 Inlet 4 feet below original grade.
 Bottom maximum depth 8 feet below original grade.
 Effective area begins at 4 feet below original grade.
4 feet of stone below distribution pipe.

4- yes.
S.A. Kai +
Asst. Eng.
 B.P. # 10639

- 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: NOTE: TRENCH LOCATION SHIFTED UPHILL APPROX. 25'
DUE TO SWALE ON LOWER END OF PERC FIELD.
BEGINNING FROM LEFT CORNER (JUNCTURE 186.70 + 404.39')
PLACE 1ST TRENCH 85' DOWN THE ^{LEFT} (404.39') LOT LINE AND
50' OFF THE LEFT LOT LINE AS SEEN WHEN FACING PROPERTY
FROM DAYTON MEADOW COURT. RUN TRENCHES ALONG
CONTOUR TOWARDS THE RIGHT (269.03') LOT LINE.
 NOTE: BE SURE TO MAINTAIN 100' MIN. DISTANCE FROM WELL TO SEPTIC.

PRELIMINARY

APPLICATION

A 26638

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 Quentin-Patricia Dolecek

Paul Kottis
421-9433

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Dayton Meadows LOT NO. II, Block C

ROAD AND DESCRIPTION Green Bridge Road 13832 Dayton Meadows Ct.

SIZE OF LOT 40,000 sq. 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 _____

B.L.P. # 10439
APP. 3-26-87
BLDG. PERMIT SIGNED
AND RETURNED 8/17/77
BT/SS39
11,000 gal
per year

THIS IS NOT A PERMIT

DAYTON MEADOWS
SECTION 1, AREA 1
LOT 11

DAYTON MEADOWS
SECTION 1, AREA 1
LOT 10

DAYTON MEADOWS
SECTION 1, AREA 1
LOT 5

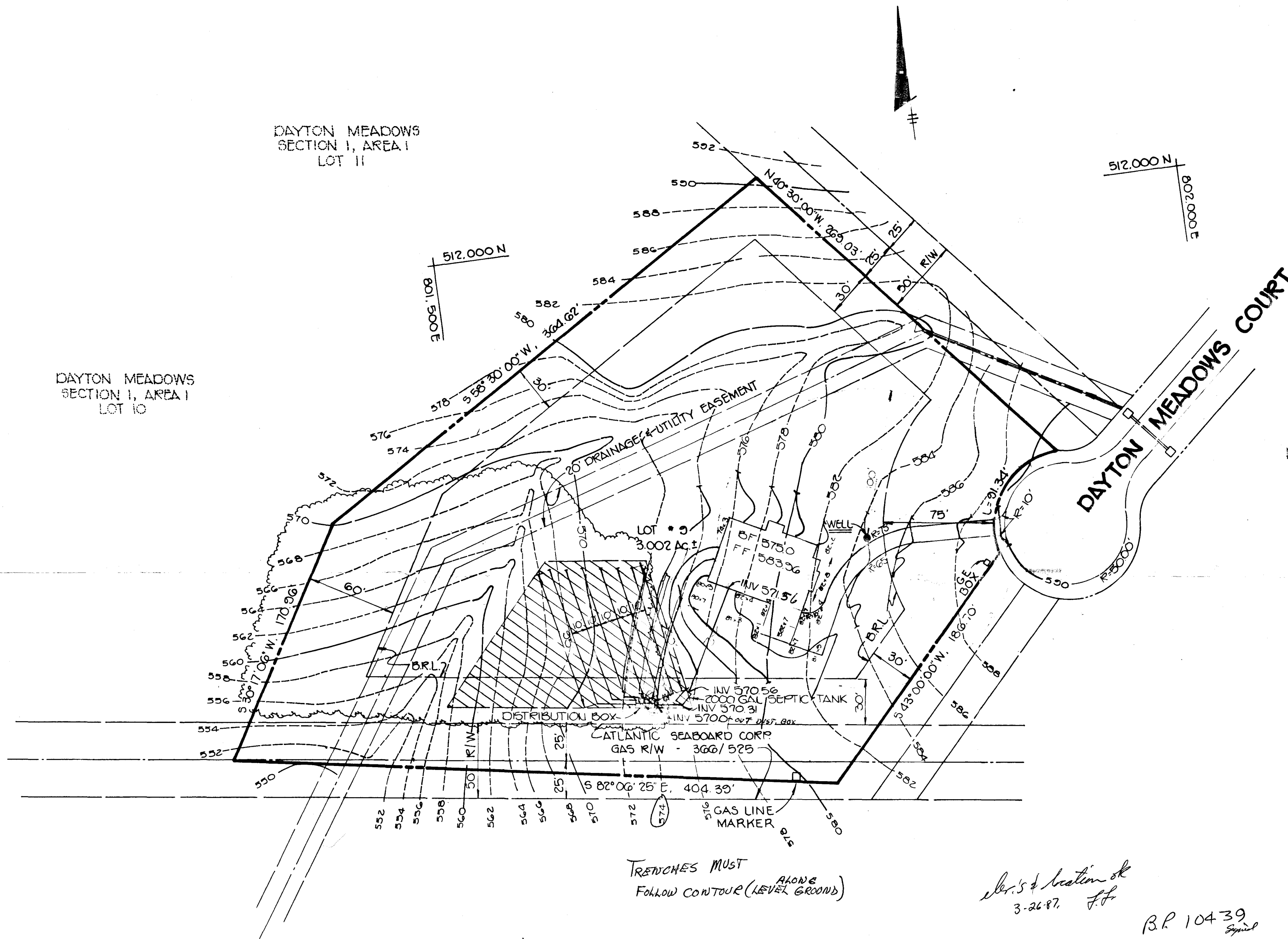
DAYTON MEADOWS
SECTION 1, AREA 1
LOT 8

DAYTON MEADOWS
SECTION 1, AREA 1
LOT 6

DAYTON MEADOWS
SECTION 1, AREA 1 - LOT 9

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

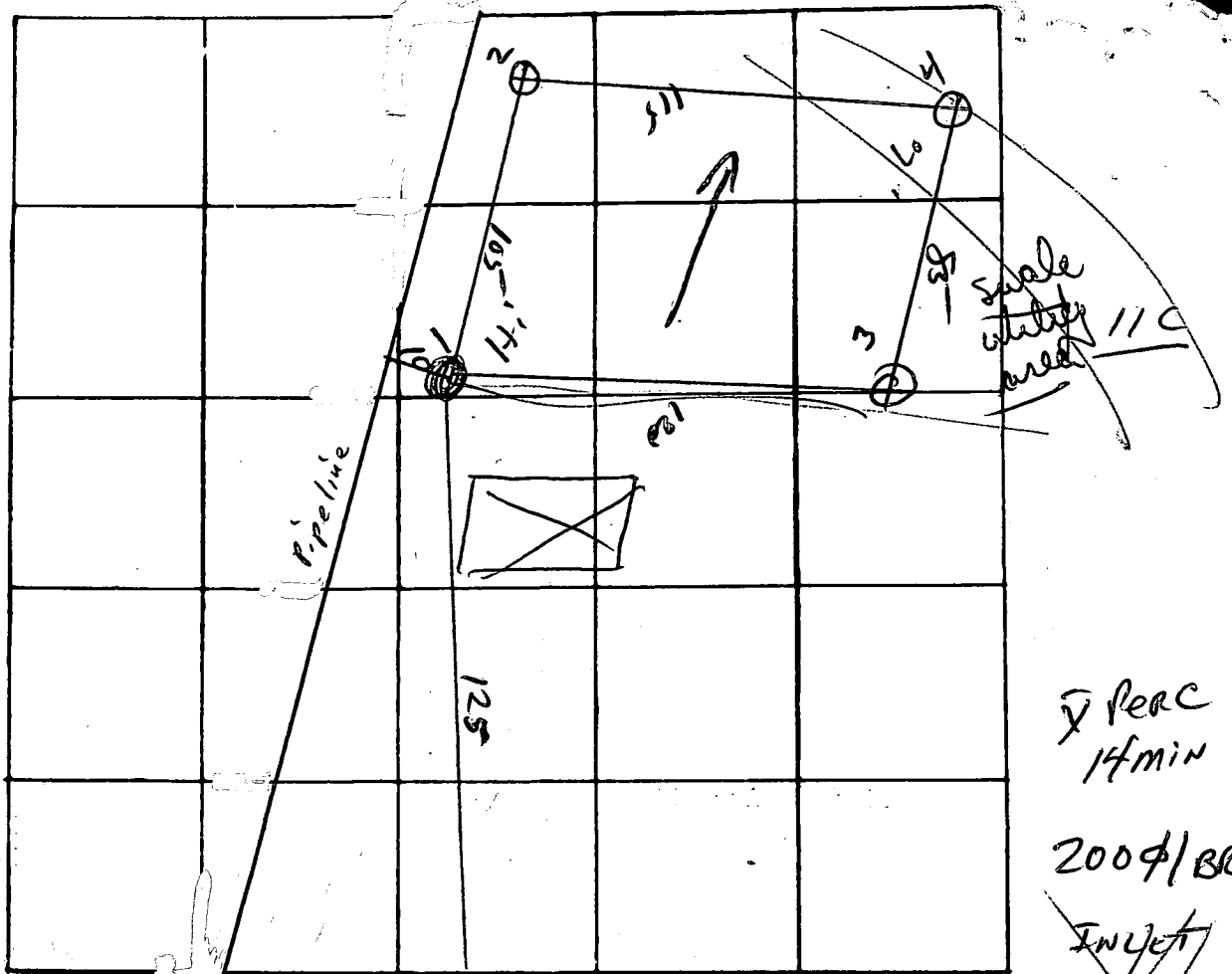
SCALE: 1" = 50'
DATE: JANUARY 27, 1967



TRENCHES MUST
FOLLOW CONTOUR ^{ALONG} (LEVEL GROUND)

*See location of
3-26-87 J.F.*

*BR 10439
Spind*



7 PERC
 14min
 2007/BR

~~INLET~~
~~4'~~

BOTTOM
 9'

INLET 3 1/2
 MAY D. 5 1/2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
30 Aug	1	3 1/2	10:33	10:36	10:36	10:40	4
		13 1/2	"	10:40	10:40	10:46	6
	2	14	10:37	10:40	10:40	10:45	5
		4 1/2	"	10:51	10:52	11:29	28
	3	14	vi's		dry		
	4	4	10:52	11:03	11:08	11:36	28
		14	10:53	11:00	11:00	11:09	9

REMARKS 1/16/87 ALL REPAIR MAKE SYSTEMS SHALLOW; PART OF PERC IN/AROUND SWALE AREA

TYPE OF SOIL _____

TESTED BY M ALSO PRESENT: Kottis

B 1 3671 SEQUENCE NO. (OEP USE ONLY)
2 3 4 5 6
(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

MD-81-1869
70 fill in this form completely 79

Date Received 3/1/87

8 13

OWNER INFORMATION

DOLECEK QUENTIN

15 Last Name 34 Owner First Name
36 Street or RFD 55

BURTONSVILLE MD 20866
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Sandy B. Cochran 120
Driller's Name 77 License No. 80

G. Edgar Hays Sons' Corp.
Firm Name

12047 Falls Rd., Cockeysville 21030
Address

Signature Date 12-29-86

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750
14 20

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)

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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 _____

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 WRITE INITIALS IN BOX PERMIT No. MD-81-1869

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

HOWARD
8 COUNTY 21

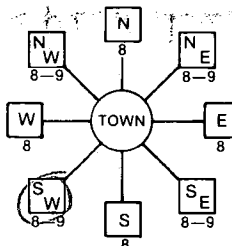
DAVTON MEADOWS
23 SUBDIVISION 42

SECTION 1 LOT 9 AREA 1
44 46 48 50

DAVTON
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 MI
73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



DAVTON MEADOWS CT OFF
LATHAM ROAD
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



90
34 37
DISTANCE FROM ROAD

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 26638
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 07/19/87
011987 R. W. [Signature] EXP. DATE
NORTH GRID 501000 EAST GRID 0811000
50 55 57 63

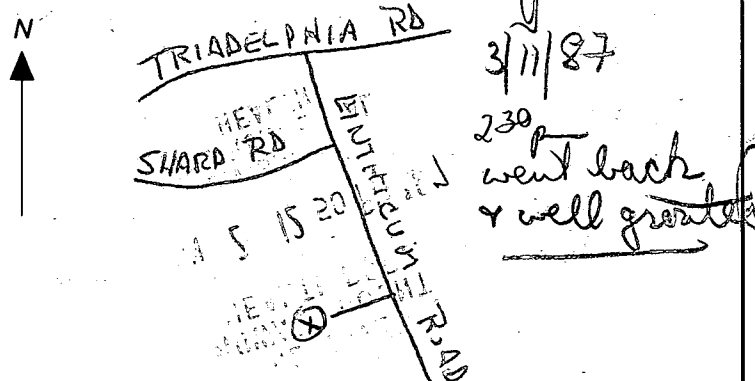
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

8081
5191

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



HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.R.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 23, 1989

Mr. Quentin Dolecek
13832 Dayton Meadows Court
Dayton, Maryland 21036

RE: Dayton Meadows, Lot 9
13832 Dayton Meadows Court
Well Permit #HO-81-1869

Dear Mr. Dolecek:

This is to advise you that the septic system was installed, inspected and approved on February 29, 1988.

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-81-1869.

Date of Final Sampling
March 14, 1989

Date of Acceptance
March 23, 1989

Charles B. Streaker
Charles B. Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates: 5/12/88
3/14/89

CBS:hs

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehser Joseph, Ph. D., Director

Lab. No. 017087

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE: Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Check Sample <input type="checkbox"/> Special <input type="checkbox"/>	Source <u>QUENTIN DOLECEK</u>
	Location: <u>13832 DAYTON MEADOWS CT. (KITCHEN TAP)</u>
	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Time Collected <u>10:25</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
	Collector # _____ Bottle No. <u>AD-720</u>
Collector Name <u>J. MEJUSLIK</u>	County <u>HOWARD</u>

<table border="1"> <tr><td>1</td><td>3</td></tr> </table> County	1	3	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> Plant No.					<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> Sampling Station					<table border="1"> <tr><td>03</td><td>14</td><td>89</td></tr> </table> Date Collected	03	14	89
1	3															
03	14	89														

pH

6	6
---	---

 Res. Cl: Free

0	0
---	---

 Total

6	0
---	---

 Card No.

--	--

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

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

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

No. of Pos.
0

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =

--	--	--

SPC Dil. 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

Laboratory

Annapolis	<input type="checkbox"/>	Cumberland	<input type="checkbox"/>
Cambridge	<input type="checkbox"/>	Frederick	<input type="checkbox"/>
Central	<input checked="" type="checkbox"/>	Salisbury	<input type="checkbox"/>
Cheverly	<input type="checkbox"/>		

Date & Hour: 16 MAR 89 16 33
 Recd.

16 MAR 89 16 33
 Exam.

16 MAR 89 16 00
 Rept.

Remarks _____
 Bacteriologist J. C. ...

CERTIFICATION OF WATER QUALITY

University Micro Reference Laboratory Inc.

611(P) Hammonds Ferry Road

Linthicum, MD 21090

(301) 789-3636

Certification #127

INVOICE NO: W- 606.10

FIELD DATA

SOURCE: LOT 9 DAYTON MEADOWS CT

COUNTY: HOWARD

ZIPCODE: 21737

Contact: O. DOLECEK,

Date: 05/12/88

Time: 11:00:00

PHONE: (301) 953-6616

Sampler: RAD

Sampler #: HB1286

Well #: N/A

Free Cl: 0

Total Cl: 0

pH: 7.626

SAMPLE DATA

Coliforms/100ml		N(NO3)	TURBIDITY	SAND	IRON	LEAD		
FECAL (2.2)	TOTAL (2.2)	0.177 mg/L	24 (Ntu)	0 mg/l.	mg/L	mg/L	mg/l.	mg/l.

MPN PRESUMPTIVE						MPN CONFIRMED					Fecal Confirmed			
ml of Sample	10	10	10	10	10	ml of Sample	10	10	10	10	10	44.5 °C		
GAS 24 hr.	N	N	N	N	N	GAS 24 hr.								
GAS 48 hr.	N	N	N	N	N	GAS 48 hr.								

	DATE	TIME
Received	05/12/88	11:00:00
Tested	05/12/88	01:00:00
Reported	05/14/88	10:04:00

R. D'AGOSTINO
(Microbiologist)

Microbiological analysis of sample tested indicates that it is SAFE for human consumption.

Sample Analysis	42.00
Septic Testing	
Other Chemistry	
Consultation	
total	\$ 42.00

PICKED UP
05/16/88

TERMS: NET DUE UPON RECEIPT. PLEASE RETURN YELLOW COPY WITH YOUR REMITTANCE.

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

May 16, 1988

Mr. and Mrs. Quentin Dolecek
13832 Dayton Meadows Court
Dayton, Maryland 21036

RE: Dayton Meadows - Lot 9
Section 1, Area 1
13832 Dayton Meadows Court

Dear Mr. and Mrs. Dolecek:

This is to advise you that the septic system was installed, inspected and approved on February 29, 1988.

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.

The turbidity level of 24 NTU's is well above the recommended level. The most likely cause of the excessive turbidity is high iron content which is a correctable condition.

A Temporary Deviation to the maximum turbidity level is hereby granted; the condition must be corrected by whatever means appropriate prior to follow-up sampling for the Final Certificate of Potability.

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) HO-81-1869. 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.

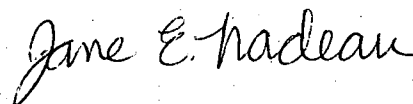
Mr. and Mrs. Dolecek
(Continued)

May 16, 1988

This certificate may become final upon completion of the final bacteriological test which is to be taken and the results submitted to the Howard County Health Department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

May 12, 1988
Date of Water Sample

March 25, 1987
Date Well Approved:



Approving Authority
Jane Nadeau, Sanitarian
Water and Sewerage Program

JN:JR

CERTIFICATION OF WATER QUALITY

University Micro Reference Laboratory Inc.

611(P) Hammonds Ferry Road

Linthicum, MD 21090

(301) 789-3636

Certification #127

INVOICE NO: W- 606.10

FIELD DATA

SOURCE: LOT 9 DAYTON MEADOWS CT

COUNTY: HOWARD

ZIPCODE: 21737

Contact: Q. DOLECEK,

Date: 05/12/88

Time: 11:00:00

PHONE: (301) 953-6616

Sampler: RAD

Sampler #: HB1286

Well #: N/A

Free Cl: 0

Total Cl: 0

pH:

SAMPLE DATA

Coliforms/100ml		N(NO3)	TURBIDITY	SAND	IRON	LEAD		
FECAL (2.2)	TOTAL (2.2)	mg/L	24 (Ntu)	mg/L	mg/L	mg/L	mg/L	mg/L

MPN PRESUMPTIVE						MPN CONFIRMED					Fecal Confirmed				
ml of Sample	10	10	10	10	10	ml of Sample	10	10	10	10	10	44.5 °C			
GAS 24 hr.	N	N	N	N	N	GAS 24 hr.									
GAS 48 hr	N	N	N	N	N	GAS 48 hr.									

	DATE	TIME
Received	05/12/88	11:00:00
Tested	05/12/88	01:00:00
Reported	05/14/88	10:04:00

R. D'AGOSTINO
(Microbiologist)

Microbiological analysis of sample tested indicates that it is SAFE for human consumption. ✓

Sample Analysis	42.00
Septic Testing	
Other Chemistry	
Consultation	
Total	\$ 42.00

PICKED UP
05/16/88

TERMS: NET DUE UPON RECEIPT. PLEASE RETURN YELLOW COPY WITH YOUR REMITTANCE.

Water Sample Request

3/14
10-12

PROPERTY OWNER Dolecek DATE OF REQUEST 5/14/88
TELEPHONE 953-6613 NEW WELL NUMBER H0 81-1869

DIRECTIONS OR INSTRUCTIONS _____

NAME Quentin Dolecek DOLECEK
ADDRESS 13832 Dayton Meadows Ct Dayton, Michigan 45429

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

SETTLEMENT DATE / /
SEPTIC SYSTEM: Approved Disapproved DATE 2/29/88

CONDITION: _____
SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: A#26638
FIRST SAMPLE COLLECTOR Univ. Micro Lab TIME 11:00 DATE 5/17/88

BACTERIA _____, pH _____, Free Cl⁻ 0, Res. Cl⁻ 0, VOC _____
 CHEMICAL _____, LEAD & COPPER _____, NITRATES _____, PESTICIDE Turb 24 NTU

ACTION: 1 COP issued 5/16/88

RESAMPLE COLLECTOR J. MENUSTIK DATE 03/14/89
 BACTERIA AD-720, pH 6.4, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, TIME 10:25AM

CHEMICAL PG-506, Other _____, Bacteria is ok
ACTION: 3/9 T/C Water clear per Mrs. Dolecek; 3/23/89 F.C.O.P.C.B.A. {Bacteria ok}

RESAMPLE COLLECTOR 3/28 sent F.C.O.P.C.B.A. DATE / /
BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

RESAMPLE COLLECTOR _____ DATE / /
BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

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

Bottle Number: H 1030 Name: DAYTON MEADOWS County: HOWARD

Source of Sample: DAYTON MEADOW CT LOT 9 Collector: STAYRA
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution **Private MCL** Emergency Recheck Routine
 Remarks: H0 81-1869

County
 Plant No.
 Sampling Station
 Date Collected
 Time ^A M
 Acid
 Iced
 Field Data:
 pH*
 Chlorine Residual
 Free
 Total
 Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	104		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	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)

C1 **3812** SEQUENCE NO. (OEP USE ONLY)
 (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-26638**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **03 25 87** Depth of Well **200** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-1867**

OWNER **DOZECHEK** **QUENTIN** (last name) (first name)
 STREET OR RFD **DRYTON MEADOWS CT.** TOWN **DAYTON**
 SUBDIVISION **DAYTON MEADOWS** SECTION **1** AREA **1** LOT **9**

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	
OVERBURDEN	0	20	
SHALE EARTH	20	48	
GRAY ROCK	48	200	X

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **11** NO. OF POUNDS **1100**
 GALLONS OF WATER **60**
 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** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **50**

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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. **120**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE **2**
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 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.) **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.) **60**
 METHOD USED TO MEASURE PUMPING RATE **SUBMERSIBLE**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **91** WHEN PUMPING **135**
 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 **-** below } 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).