

11/10/84
AND WPE 11/15/84

approved
11/15/84
C.W. [unclear]

PERMIT

P 34277

A 33117

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT 4th.

INDEXED

DATE 8/28/84

Frall Development IS PERMITTED TO INSTALL ALTER

ADDRESS Woodbine, MD PHONE _____

SUBDIVISION Wakefield Farm Estates ROAD 3320 Florence Rd. LOT out parcel

PROPERTY OWNER Mr. & Mrs. Michael Deming

ADDRESS 2619 Wellworth Way
West Friendship, Maryland 21764

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 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade with 6 feet of stone below distribution pipe. LOCATION: Start the trench 395 feet from the right (348.11 ft. long) side line and 70 feet from the rear (704.74 ft. long) lot line. Continue to dig the trench on level ground running towards the right rear corner of lot 4 Wakefield Farm Estates (re-sub, Lot 2) as seen when facing the lot from Florence Road. Note; No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for two inspections - before and after gravel is installed. Provide 6" - 8" diameter cl cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Frank Skinner DATE 5/2/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 33117

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33117

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4TH

DATE 9-7-83

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 MRS. ALBERT G. WARFIELD

ADDRESS 3300 FLORENCE RD. PHONE 442-2241

PROPERTY LOCATION:

SUBDIVISION MRS. ALBERT G. WARFIELD PROP. LOT NO. LOT 4 out parcel

ROAD AND DESCRIPTION FLORENCE RD. 1700' N.W. OF THE INTERSECTION
OF FLORENCE RD. & ED WARFIELD RD.

SIZE OF LOT 11 AC ± TYPE BLDG. SINGLE FAMILY DWELL.

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

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT Anthony J. Boyden

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

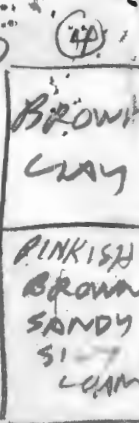
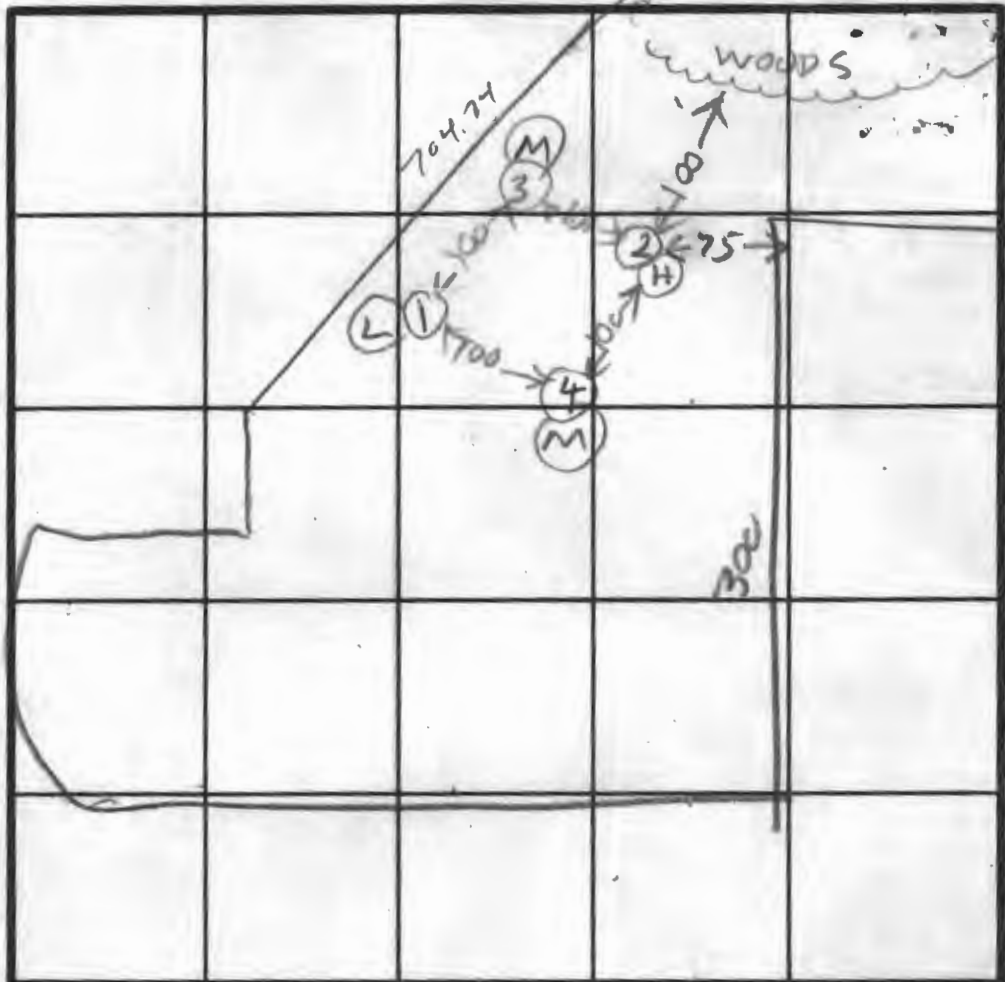
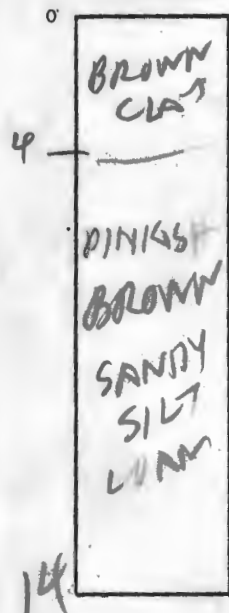
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

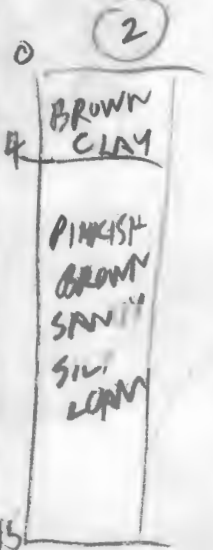
THIS IS NOT A PERMIT

Lot 4

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/15/83	1S	5	957	1001	1001	1002	7
	2D	9	957	1001	1001	1006	5
	IV	14	LOOKS	OK			
	2S	5	1009	1010	1010	1012	2
	2D	9	1009	1010	1010	1012	2
	2V	15	LOOKS	OK			
	3V	13	LOOKS	OK			
	4S	5	1018	1016	1016	1019	3
	4V	13	LOOKS	OK			

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. HODGES

BACKLOG JACK FLOCK
ALSO PRESENT ESSENCE BITNER
7303450

APPLICATION

Paul
9/15/83
9:30 A.M.

A 33117
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, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4TH
DATE 9-7-83

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 MRS ALBERT G. WARFIELD
ADDRESS 3300 FLORENCE RD. PHONE 442-2241

PROPERTY LOCATION
SUBDIVISION MRS ALBERT G. WARFIELD PROPERTY LOT NO. LOT ~~X~~ out parcel
ROAD AND DESCRIPTION FLORENCE RD. 1700' N.W. OF THE INTERSECTION
OF FLORENCE RD. & ED WARFIELD RD.
SIZE OF LOT 11 AC± TYPE BLDG. SINGLE FAMILY DWELL.

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

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT Anthony J. Bogdan

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/15/83 PERC OK HOLD FOR PLAT

BLDG. PERMIT SIGNED
AND RETURNED 5/21/84
Serial #59073
SFD.

THIS IS NOT A PERMIT

SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

~~12/24/84~~

3/18/88

PROPERTY OWNER Cindy Stungari DATE OF REQUEST 12/11/84

TELEPHONE 531-2115 NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS Send results to same address grey house in woods 2400' off Florence Rd. Signs says Frall Developers

NAME Stungari
ADDRESS 3320 Florence Road
Wilmington, MD

<u>SAMPLE TYPE</u>	<u>REASON FOR REQUEST</u>
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> Physician's Advice
<input checked="" type="checkbox"/> U & O	<input checked="" 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 ____/____/____

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: well off

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

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

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

ACTION: 12/2/84 12³⁰ No sample taken Chlorine still present ~10ppm. F.S.
12/11/84 - same as above JS

RESAMPLE COLLECTOR Stayer DATE 12/26/84

BACTERIA Y2576, pH 6.3, Free Cl⁻ 00, Res. Cl⁻ 00, TIME 10:10

CHEMICAL G27, Other _____

ACTION: (ICOP) C1, C4, (.05) C6

RESAMPLE COLLECTOR _____ DATE 3/18/85

BACTERIA 00309 pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME 11:15

ACTION: sample outside COP JS 3/22/85

RESAMPLE COLLECTOR _____ DATE ____/____/____

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

ACTION: _____

0017
 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 33117**

DATE Received: [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: **10/13/83**
 Depth of Well: **200** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **H0-81-0294**

OWNER: **Dunigan Mike** (last name, first name)
 STREET OR RFD: **Florence Road**
 TOWN: **Daisy**
 SUBDIVISION: **Albert G. Warfield property** SECTION: [] LOT: **4 out parcel**

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	
Top Soil	0	2	
Sandy	2	38	
Sand Stone	38	50	✓
Micka	50	75	
Sand Stone	75	80	✓
Micka	80	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** (YES) **N** (NO)
 TYPE OF GROUTING MATERIAL: CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS: **2** NO. OF POUNDS: **900**
 GALLONS OF WATER: **45**
 DEPTH OF GROUT SEAL (to nearest foot) from [] [] [] [] ft. to **40** ft.

CASING RECORD
 casing types insert appropriate code below
ST (STEEL) **CO** (CONCRETE) **PL** (PLASTIC) **OT** (OTHER)
 MAIN CASING TYPE: **PL** Nominal diameter: **6** Total depth top (main) casing (nearest inch): **48** (nearest foot): [] [] [] []

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

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

DEPTH (nearest ft.)
 EACH SCREEN: 1 **40** 2 **46** 3 **200**

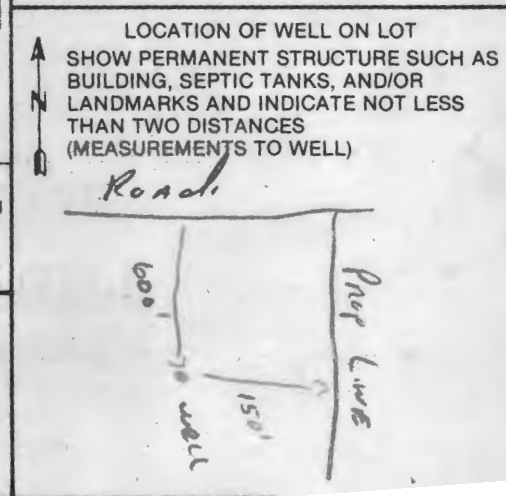
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 ELECTRIC LOG OBTAINED []
 TEST WELL CONVERTED TO PRODUCTION WELL []
 I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE PERMIT CAPTIONED PERMIT, AND THAT THE INFORMATION ENTERED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

GRAVEL PACK: [] from [] to []
 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 [] [] []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA [] [] []

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **45** WHEN PUMPING: **200**
 TYPE OF PUMP USED (for test): **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (CIRCLE) 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: []
 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) **2** **(-)** below }



DRILLER IDENT. NO. **273**
 DRILLER SIGNATURE: *[Signature]*
 SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): *[Signature]*

B 1 6906

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-0294

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

please print or type

fill in this form completely

Date Received

7 0 0 3 8 3

OWNER INFORMATION

OWNIBAM MIKE
2619 WELLWORTH WAY
W. FRIENDSHIP MD 21794

DRILLER INFORMATION

Ralph Mayne
Ralph Mayne (well Drilling)
9120 Brown Church Rd. Mt Airy
Ralph Mayne 9/28/83

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 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

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

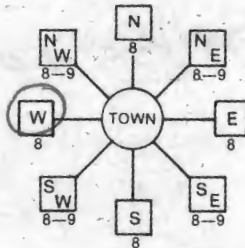
APPROP. PERMIT NUMBER GAP

FORCE FS PERMIT No. HO-81-0294

LOCATION OF WELL

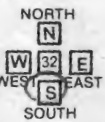
HOWARD
A. G. WARFIELD PROP
SECTION 44 46 LOT 48 50
04159
MILES FROM TOWN (enter 0 if in town) 6.7

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



FLORENCE RD
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 600 FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME
A33117 COUNTY NO.
DATE ISSUED 100683
CO SIGNATURE Frank Skinner
EXP. DATE 4/6/83

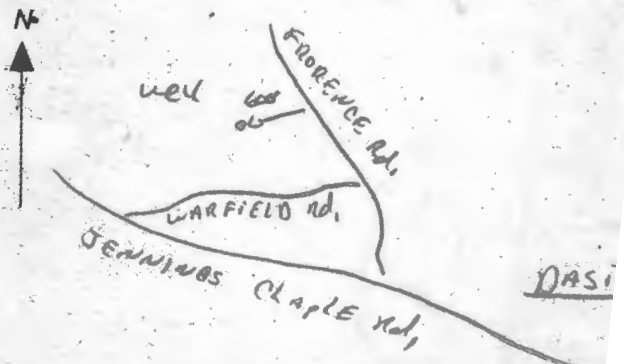
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

530 2

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



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

Bottle Number: H9428 Name: MIKE DUVIEM County: HOWARD

Source of Sample: AG WARFIELD PROP Lot 40^{sub parcel} Collector: HODGES
Street Town or City

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

Remarks: FLORENCE RD + ED WARFIELD RD
HO 81 0294

County: 13 Plant No. [] [] [] [] Sampling Station: [] [] [] [] Date Collected: 101483 Time: 10A 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	<u>0.5</u>		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)

JAMES L. SOLBICE, Ph.D. 05091

Date Received: OCT 17 1983 Date Reported: _____ Chemist: ES Lab No. _____

January 7, 1985

Mr. & Mrs. Dunigan
3320 Florence Road
Woodbine, Maryland 21797

Dear Mr. & Mrs. Dunigan:

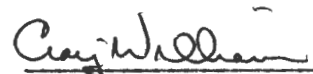
The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

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) HO-81-0294. 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.

December 26, 1984
Date


Approving Authority
Craig Williams,
Acting Director
Water and Sewerage Program

CW/JS:jr

Well Approved: 10/14/83
Septic Approved: 11/15/84

Mr. & Mrs. Dunigan (Continued)
January 7, 1985

page 2

The sample submitted for chemical testing indicates your water to be soft (low mineral content) and acidic, a condition which is probably corrosive to your plumbing. (See attached note.)

Iron levels were .05 parts per million. Iron content in excess of 0.3 parts per million can cause staining to clothing during washing and to plumbing fixtures. Excess iron may impart a disagreeable taste and/or odor to your water, and may be removed by appropriate filtering equipment.

All other factors tested were within limits recommended for a good water supply.

A copy of the report is enclosed for your information. If there are further questions relating to this report, please call 461-9933 between 8:30 a.m. and 4:30 p.m.

Very truly yours,



Craig Williams, Acting Director
Water and Sewerage Program

CR/JS: jr

Enclosures

Michael J. & Cynthia W. Dunigan Prop.

A 33117

SUBDIVISION: (Wakefield Farm Estates) LOT NUMBER: (4) out parcel

liber 1207
folio 439

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<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

158 sq. ft./bedroom

Trench to be 2 ft. wide.

Inlet 4 feet below original grade.

Bottom maximum depth 10 feet below original grade.

Effective area begins at 4 feet below original grade.

6 feet of stone below distribution pipe.

*3 Bedroom
N.W.*

- 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 395ft. from the right (348.11ft. long) side line and 70ft. from the rear (704.74ft. long) lot line. Continue to dig the trench on level ground running towards the right rear corner of lot 4 Wakefield Farm Estates (re-sub lot 2) as seen when facing the lot from Florence Rd.

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 DUNIFAN, 3320 FLORENCE RD.
 Bottle No. 00 309 Time Collected 11 15
 Treated Raw
 Iscd: Yes No Collector STAYAR County HOWARD

113

County

Plant No.

Sampling Station

031885

Date Collected

Card No.

pH

Res. Cl: Free

Total

Laboratory Record

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

ml. of Sample	10ml.	ml. of Sample	10ml.	No. of Pos.
Gas, 24 hours	<u> </u>	Coliforms †	<u> </u>	<u>0</u>
Gas, 48 hours	<u> </u>	Fecal Coliforms ‡	<u> </u>	

Coliforms/100 ml. (Membrane Filter) =

Dilution: 1- | Col. Counted:

Standard Plate Count #/ml.

- ** using m Endo Agar LES at 35°C. incubation
- * using Lysyl 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: Recd. Exam.

Rept. MAR 20 1985 2 Bacteriologist

Remarks

Laboratory

Lab No.

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

Bottle Number: G 27 Name: CINDY DUNIGAN County: HOWARD

Source of Sample: 3320 FLORENCE RD Street Town or City Collector: STAYER

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

Remarks: _____

13 County
 Plant No.
 Sampling Station
 122687 Date Collected
 10/0 M Time
 Acid
 Iced
 Field Data:
 6.3 pH*
 Chlorine Residual
 Free
 Total
 Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
✓	pH*	011	6.8		Arsenic	253	
✓	Alkalinity (Total)	040	32		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	23		Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	6.8		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
✓	Chloride	091	2	←	Iron	122	40.05
	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)
 Date Received: DEC 27 1984 Date Reported: JAN 3 1984 Bruce Solnick, Ph.D. Chemist Lab No. 008728
 DHMH 90-A 10/82 50M

461-9933

April 11, 1985

Mr. & Mrs. Michael Dunigan
3320 Florence Road
Woodbine, Maryland 21797

Dear Mr. & Mrs. Dunigan:

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-81-0294.

March 18, 1985
Date of Final Sampling

March 22, 1985
Date of Acceptance

CW?JS:jr

Craig Williams, Acting Director
Water and Sewerage Program

Well Approved: 10/04/83
Septic Approved: 11/15/84

Water Sample Dates: 12/26/85
03/18/85

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 **DUNIGAN 3320 FARRUCE RD.**
 Bottle No. **YY 576** Time Collected **10:10**
 Treated Raw
 Iced: Yes No Collector **STAYER** County **HOWARD**

County Plant No. Sampling Station
 Date Collected Card No.
 pH Res. Cl: Free Total

Laboratory Record

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

ml. of Sample	10ml.	ml. of Sample	10ml.	No. of Pos.
Gas, 24 hours	- - - - -	Coliforms †	- - - - -	0
Gas, 48 hours	- - - - -	Fecal Coliforms ‡	- - - - -	

Coliforms/100 ml. (Membrane Filter) =

Dilution: 1- | Col. Counted:

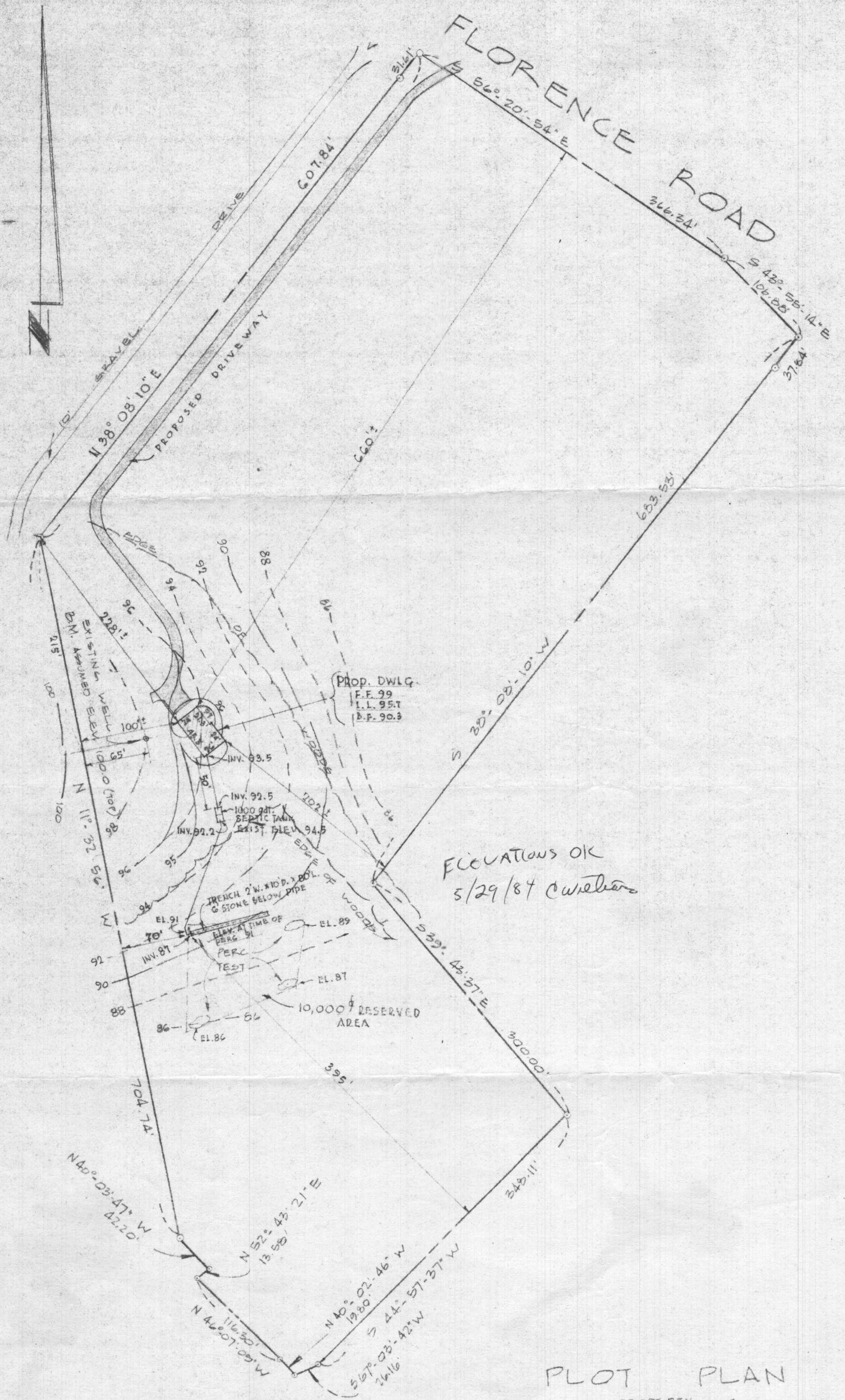
Standard Plate Count #/ml.

- ** 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: Recd. **DEC 28 1984** 330 Exam. **DEC**
 Rept. **215** Bacteriologist **Coan**

Remarks

Laboratory Lab No.



ELEVATIONS OK
5/29/87 *Curelano*

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.

SIGNED: *Gregory S. Viskina*

W. T. SADLER
SURVEYORS
507 MAIN STREET
REISTERSTOWN, MD.
21136

PLOT PLAN

PROPERTY OF
MICHAEL & CYNTHIA DUNIGAN
3320 FLORENCE ROAD
HOWARD COUNTY, MARYLAND

SCALE: 1" = 100' DATE: APRIL 1984
LIBER 1207, FOLIO 439

MB 5/31/2019

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration				
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		AGRICULTURAL TRANSFER TAX							
Account Identifier:		District - 04 Account Number - 343131							
Owner Information									
Owner Name:		DUNIGAN MICHAEL J DEGGES CATHERINE A T/C			Use:		AGRICULTURAL		
Mailing Address:		3320 FLORENCE RD WOODBINE MD 21797-7829			Principal Residence:		YES		
					Deed Reference:		/09291/ 00336		
Location & Structure Information									
Premises Address:		3320 SW FLORENCE RD WOODBINE 21797-0000			Legal Description:		11.567 A 3320 FLORENCE RD WOODBINE		
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0013	0016	0315		0000				2017	Plat Ref:
Special Tax Areas:				Town:		NONE			
				Ad Valorem:		100			
				Tax Class:					
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use	
1985		1,752 SF				11.5600 AC			
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation			
2	NO	SPLIT LEVEL	SIDING	2 full					
Value Information									
		Base Value		Value		Phase-in Assessments			
				As of		As of		As of	
				01/01/2017		07/01/2018		07/01/2019	
Land:		217,700		205,200					
Improvements		133,700		85,000					
Total:		351,400		290,200		290,200		290,200	
Preferential Land:		5,200						5,200	
Transfer Information									
Seller: DUNIGAN MICHAEL J				Date: 06/30/2005		Price: \$0			
Type: NON-ARMS LENGTH OTHER				Deed1: /09291/ 00336		Deed2:			
Seller: DUNIGAN MICHAEL J				Date: 08/28/2000		Price: \$0			
Type: NON-ARMS LENGTH OTHER				Deed1: /05185/ 00536		Deed2:			
Seller: DUNIGAN MICHAEL J				Date: 08/28/2000		Price: \$0			
Type: NON-ARMS LENGTH OTHER				Deed1: /05185/ 00532		Deed2:			
Exemption Information									
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019			
County:		000		0.00					
State:		000		0.00					
Municipal:		000		0.00 0.00		0.00 0.00			
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		AGRICULTURAL TRANSFER TAX							
Homestead Application Information									
Homestead Application Status: Approved 06/26/2008									
Homeowners' Tax Credit Application Information									

1. This screen allows you to search the Real Property database and display property records.
2. Click [here](#) for a glossary of terms.
3. Deleted accounts can only be selected by Property Account Identifier.
4. The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.