

reb 6/7/2019

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration				
<b>Tax Exempt:</b>		<b>Special Tax Recapture:</b>							
<b>Exempt Class:</b>		AGRICULTURAL TRANSFER TAX							
<b>Account Identifier:</b>		District - 03 Account Number - 299996							
Owner Information									
<b>Owner Name:</b>		LLOYD THOMAS E TRUSTEE C/O ROBERT LLOYD		<b>Use:</b>		AGRICULTURAL			
<b>Mailing Address:</b>		344 MAPLE AVE W # 106 VIENNA VA 22180-5612		<b>Principal Residence:</b>		YES			
				<b>Deed Reference:</b>		/04568/ 00052			
Location & Structure Information									
<b>Premises Address:</b>		11820 CARROLL MILL RD ELLCOTT CITY 21042-0000		<b>Legal Description:</b>		PAR 3 26.015 AR 11820 CARROLL MILL RD ELLCOTT CITY			
<b>Map:</b>	<b>Grid:</b>	<b>Parcel:</b>	<b>Sub District:</b>	<b>Subdivision:</b>	<b>Section:</b>	<b>Block:</b>	<b>Lot:</b>	<b>Assessment Year:</b>	<b>Plat No:</b>
0023	0008	0018		2002			PAR 3	2019	Plat Ref:
<b>Special Tax Areas:</b>				<b>Town:</b>		NONE			
				<b>Ad Valorem:</b>		100			
				<b>Tax Class:</b>					
<b>Primary Structure Built</b>		<b>Above Grade Living Area</b>		<b>Finished Basement Area</b>		<b>Property Land Area</b>		<b>County Use</b>	
1985		1,680 SF				26.0100 AC			
<b>Stories</b>	<b>Basement</b>	<b>Type</b>	<b>Exterior</b>	<b>Full/Half Bath</b>	<b>Garage</b>	<b>Last Major Renovation</b>			
1	YES	STANDARD UNIT	FRAME	2 full					
Value Information									
		<b>Base Value</b>		<b>Value</b>		<b>Phase-in Assessments</b>			
				As of		As of		As of	
				01/01/2019		07/01/2018		07/01/2019	
<b>Land:</b>		135,300		247,300					
<b>Improvements</b>		117,200		132,600					
<b>Total:</b>		252,500		379,900		252,500		294,967	
<b>Preferential Land:</b>		7,300						7,300	
Transfer Information									
<b>Seller:</b> LLOYD THOMAS E & WF			<b>Date:</b> 12/31/1998			<b>Price:</b> \$0			
<b>Type:</b> NON-ARMS LENGTH OTHER			<b>Deed1:</b> /04568/ 00052			<b>Deed2:</b>			
<b>Seller:</b>			<b>Date:</b>			<b>Price:</b>			
<b>Type:</b>			<b>Deed1:</b>			<b>Deed2:</b>			
<b>Seller:</b>			<b>Date:</b>			<b>Price:</b>			
<b>Type:</b>			<b>Deed1:</b>			<b>Deed2:</b>			
Exemption Information									
<b>Partial Exempt Assessments:</b>		<b>Class</b>		07/01/2018		07/01/2019			
<b>County:</b>		000		0.00					
<b>State:</b>		000		0.00					
<b>Municipal:</b>		000		0.00 0.00		0.00 0.00			
<b>Tax Exempt:</b>		<b>Special Tax Recapture:</b>							
<b>Exempt Class:</b>		AGRICULTURAL TRANSFER TAX							
Homestead Application Information									
<b>Homestead Application Status:</b> No Application									
Homeowners' Tax Credit Application Information									

# APPLICATION

1:00 PM  
8/29/83  
8/12/83  
9:30  
cancel  
P.H.

A 33091

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

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

DISTRICT THIRD

DATE 8-5-83

2 1/2 - 3' max.  
Total 9' max.  
FF  
158 #  
FF

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 THOMAS E. LLOYD

ADDRESS 3716 COURT PLACE, ELLICOTT CITY PHONE 461-9400

PROPERTY LOCATION:  
SUBDIVISION FD LLOYD FARMS LOT NO. PARCEL 3  
PARCEL 2A

ROAD AND DESCRIPTION 3882 Folly Quarter Road

SIZE OF LOT 10.145 acres TYPE BLDG. 3 BR  
(NUMBER OF BEDROOMS)

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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Thomas E. Lloyd  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING 8/29/83 NO SUBDIVISION  
PERC HOLES O.K., PERC CERT PLAT  
NEEDED RH

BLDG. PERMIT SIGNED  
AND RETURNED 7/5/85  
Serial # 64892

# THIS IS NOT A PERMIT

*tenant house*

# APPLICATION

*Permit*

SEWAGE DISPOSAL TESTING

A 23001

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT THIRD

DATE 8-5-83

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 THOMAS E. LLOYD

ADDRESS 3714 COURT PLACE, ELLICOTT CITY PHONE 461-9400

PROPERTY LOCATION:

PARCEL 3

SUBDIVISION LLOYD FARMS LOT NO. 2A

ROAD AND DESCRIPTION Folly Quarter Road

SIZE OF LOT 10.145 acres TYPE BLDG. 3 BR  
(NUMBER OF BEDROOMS)

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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

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(SIGNATURE OF APPLICANT)

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REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

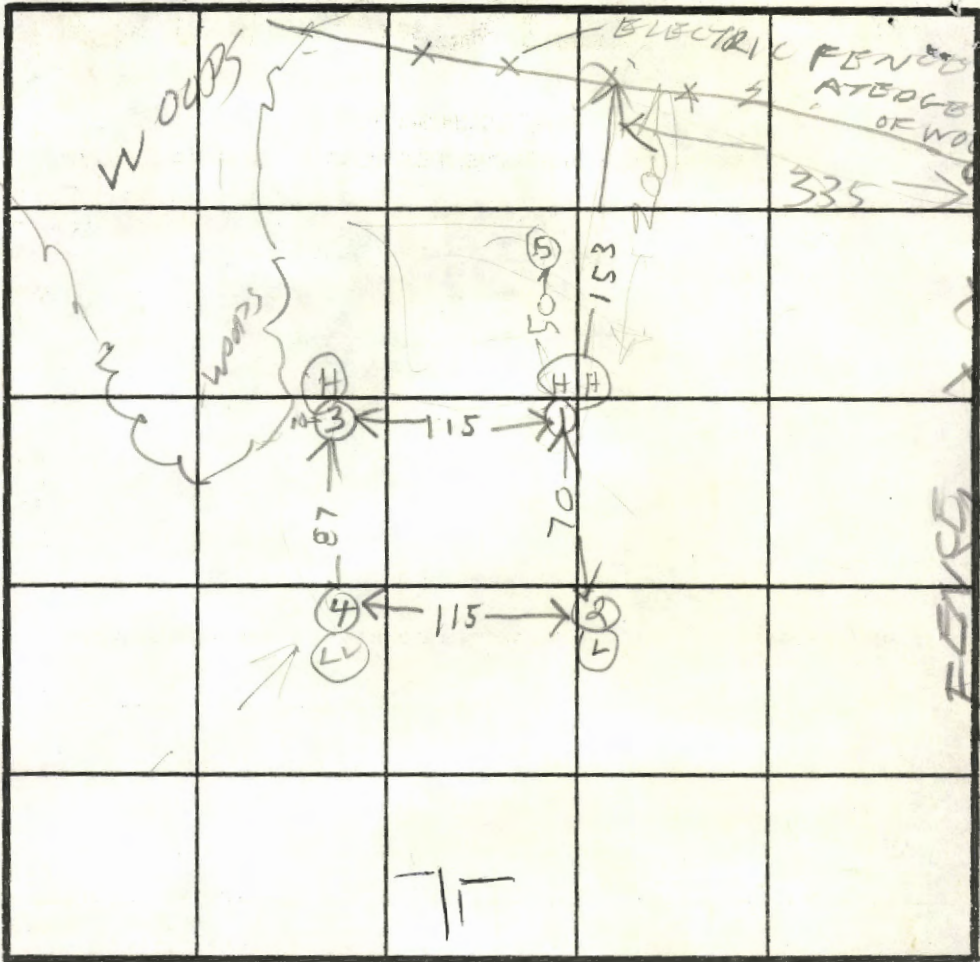
# THIS IS NOT A PERMIT

90

WOODS

①  
SOIL PROFILE

ALL TAN SAND



④

ALL BROWN & TAN SAND

⑤ = Slope found on June 85  
Not sure what it means

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

②  
BROWN CLAY  
BROWN SAND

③  
ALL TAN SAND

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/29/83	1S	2.5	119	122	122	127	5
	1V	14	LOOKS OK		OK		
	2S	6	123	127	127	133	6
	2D	9.5	124	127	127	133	6
	2V	14	LOOKS OK		OK		
	3V	13	LOOKS OK		OK		
	4S	2.5	131	142	142	151	9
	4D	6.5	139	142	142	146	4
	4V	13	LOOKS OK		OK		

REMARKS NEED BOUNDARY PLAT & PERC TEST PLAT

TYPE OF SOIL

TESTED BY RAYMOND HODGES

ALSO PRESENT R Fyock SKIP TOM LIND JR

EM-12-1079

SEQUENCE NO. (FOR USE ONLY)

# 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 33021

DATE Received  
8 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 13

DATE WELL COMPLETED  
15 070185 20

Depth of Well  
22 300 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40-81-1066  
28 29 30 31 32 33 34 35 36 37

OWNER Lloyd Thomas  
last name first name  
STREET OR RFD Carroll Mill Rd  
TOWN Mayfield  
SUBDIVISION tax map 23 Parcel 3 SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**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	1	
Red CLAY	1	3	
BR. mica	3	78	<input checked="" type="checkbox"/>
Blue mica	78	180	
White mica	180	185	<input checked="" type="checkbox"/>
Blue mica	185	300	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  
yes  Y 44 no  N 44  
TYPE OF GROUTING MATERIAL  
CEMENT  CM 45 46 BENTONITE CLAY  BC 45 46  
NO. OF BAGS 31 NO. OF POUNDS 3100  
GALLONS OF WATER 160  
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 STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
MAIN CASING TYPE  ST 60 61  
Nominal diameter top (main) casing (nearest inch) 6 63 64  
Total depth of main casing (nearest foot) 83 66 70

**OTHER CASING (if used)**  
EACH CASING 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

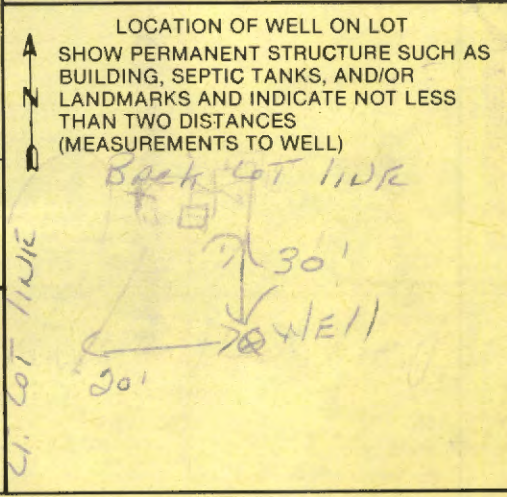
**SCREEN**  
DEPTH (nearest ft.)  
1 40 8 9 11 15 17 21  
2 81 23 24 26 30 32 36  
3 300 38 39 41 45 47 51  
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH) 56 60

GRAVEL PACK \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68  68

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

**PUMPING TEST**  
C 3  
1 2  
HOURS PUMPED (nearest hour) 3 8 9  
PUMPING RATE (gal. per min. to nearest gal.) 8 11 15  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 40 17 20  
WHEN PUMPING 186 22 25  
TYPE OF PUMP USED (for test)  
 A air 27  P piston 27  T turbine 27  
 C centrifugal 27  R rotary 27  O other (describe below) 27  
 J jet 27  S submersible 27

**PUMP INSTALLED**  
DRILLER WILL INSTALL PUMP YES  NO   
(CIRCLE) (YES or 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) \_\_\_\_\_ 31 35  
PUMP HORSE POWER \_\_\_\_\_ 37 41  
PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_ 43 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
 + above 49 } LAND SURFACE (nearest foot)  
 - below 49 }



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. 40  
George F. Eastday  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
Blane Lee Thomas  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**B 1** SEQUENCE NO. (OEP USE ONLY) **8722**

(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-81-1066**

fill in this form completely

**Date Received** 9:30 AM 7/1/85

**OWNER INFORMATION**

**15** Last Name **THOMAS** **Owner** **First Name**

**36** Street or RFD **FOULEY QUARTER RD.**

**57** Town **CITYMD21043** **70** State **72** **Zip** **76**

**B 3** **LOCATION OF WELL**

**8** COUNTY **ADARL** **21**

**23** SUBDIVISION **TAXMAP 23 PARCEL 3** **42**

**SECTION** **44** **46** **LOT** **48** **50**

**52** NEAREST TOWN **MD9E150** **71**

**MILES FROM TOWN** (enter 0 if in town) **8** **73** **MI** **76** **77** **78**

**DRILLER INFORMATION**

**Driller's Name** **George F. Easterday** **77** License No. **80**

**Firm Name** **Franklin Easterday, Inc.**

**Address** **1259 Brain Church Rd. Mt Airy, Md. 21771**

**Signature** **George F. Easterday** **Date** **6-6-85**

**B 4** **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**NEAR WHAT ROAD** **Carroll Hill Rd.** **11** **30**

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

**34** **2000** **37** **DISTANCE FROM ROAD**

**ENTER FT or MI** **FT** **38** **39**

**B 2** **WELL INFORMATION**

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

**AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)** **500** **14** **20**

**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)

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**COUNTY NAME** **HOWARD** **A33021** **COUNTY NO.**

**OEP SIGNATURE** **Frank Shiner** **12/17/85** **STATE HEALTH INSERT S** **41**

**DATE ISSUED** **06/7/85**

**CO SIGNATURE** **EXP. DATE**

**NORTH GRID** **522000** **50** **55** **EAST GRID** **082100** **57** **63**

**APPROXIMATE DEPTH OF WELL** **200** **24** **26** **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**

- WELL**
- 
- 

**WRITE THE BOX NUMBER FROM THE MAP HERE**

**E** **820** **1**

**N** **520** **7**

**000** **000**

**7/1/85**  
**WELL GROUT ON SEE OTHER SIDE**  
**X WELL SIDE**

**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)** **41** \_\_\_\_\_ **52**

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

**N**

**Carroll Hill Rd.**

**Polly Quarter Rd.**

**WELL**

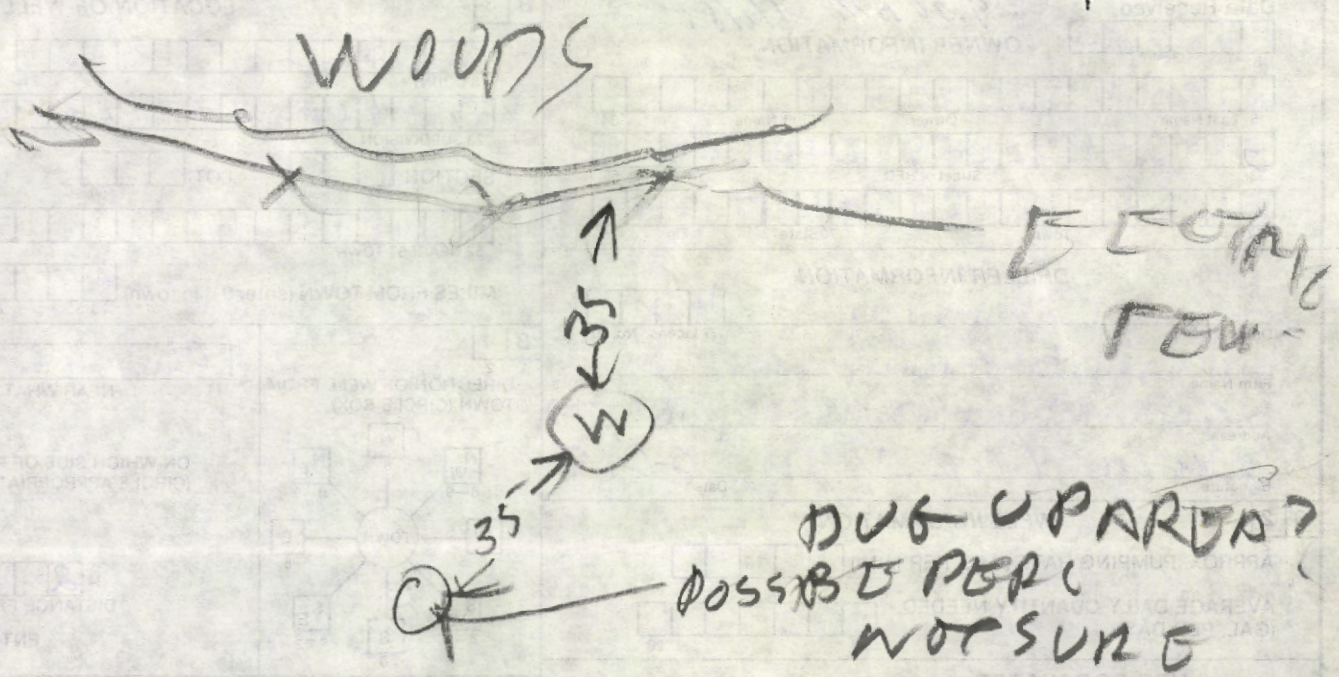
**Not to be filled in by driller (OEP USE ONLY)**

**APPROP. PERMIT NUMBER** \_\_\_\_\_ **G A P** \_\_\_\_\_ **63**

**FORCE** **FS** **WRITE INITIALS IN BOX** **PERMIT No.** **HO-81-1066** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79**

**SPECIAL CONDITIONS**

M  
27

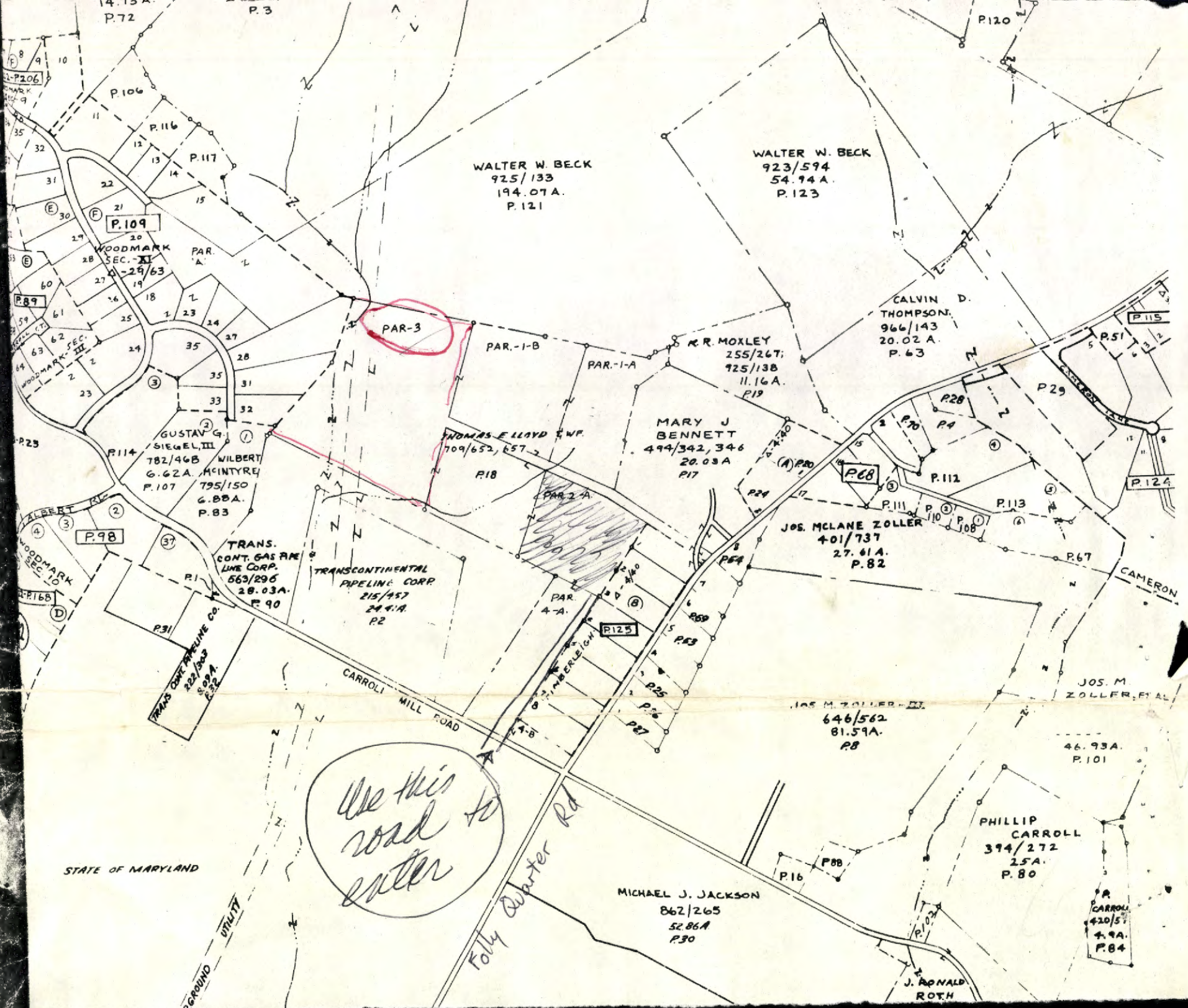


7/1/85

- ① 55 FT OPEN HOLE measurement with string
- ② 83 FT casing
- ③ LOCATION PRPB OK
- ④ Had to Leave Not sure # of bag
- ⑤ well grout to write down # of bags RA







14.15A  
P.72 P.3

P120

WALTER W. BECK  
925/133  
194.07A.  
P.121

WALTER W. BECK  
923/594  
54.94A.  
P.123

P.109

WOODMARK  
SEC. XI  
1-29/63

PAR-3

PAR-1-B

PAR-1-A

CALVIN D. THOMPSON  
966/143  
20.02 A.  
P.63

K.R. MOXLEY  
255/267;  
925/138  
11.16A.  
P.19

GUSTAV G. SIEGEL, III  
782/46B  
G. G. 2A. MCINTYRE  
795/150  
G. BDA.  
P.83

THOMAS E. LLOYD & W.F.  
709/652, 657

MARY J. BENNETT  
444/342, 346  
20.03A  
P.17

JOS. McLANE ZOLLER  
401/737  
27.61A.  
P.82

TRANS. GAS PIPE  
LINE CORP.  
563/296  
28.03A.  
P.90

TRANSCONTINENTAL  
PIPELINE CORP.  
215/457  
24.41A.  
P.2

JOS. M. ZOLLER - JR.  
646/562  
81.59A.  
P.8

JOS. M. ZOLLER, ET AL  
46.93A.  
P.101

STATE OF MARYLAND

Use this road to enter

MICHAEL J. JACKSON  
862/265  
52.86A  
P.30

PHILLIP CARROLL  
394/272  
15A.  
P.80

J. RONALD ROTH

PHILIP CARROLL  
420/57  
4.9A.  
P.84

GROUND UTILITY

Folly Quarter Rd

CARROLL MILL ROAD

CAMERON

ALBERT

WOODMARK SEC. 10

TRANS. PIPELINE CO.  
223/263  
P.92

P.89

P.98

P.125

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P.124

P.115

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SUBDIVISION:

FOLLY QUINER RD

LOT NUMBER: PARCEL 3

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 wide.

Inlet 2.5-3 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 2.5 feet below original grade.

6.5-7 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: 7/10/85 PLACE TRENCH BETWEEN HIGH PERC HOLE #1 & HIGH PERC HOLE #3 PER REVISED SEWAGE DISPOSAL PLAN OF JUNE 1985. THESE PERC HOLES ARE NUMBERED THE SAME AS THOSE ON THE PERC TEST OF AUG 83 RHODGES

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

Bottle Number: H 9450 Name: THOMAS LLOYD County: HOWARD

Source of Sample: T. LLOYD FARM PARCEL 3 Collector: HODGES  
Street Town or City

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

Remarks: CARROLL MILL RD WELL # HO 811066

County: 13 Plant No.:      Sampling Station:      Date Collected: 070185 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 <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			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	9.8		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)  
Date Received: JUL 2 1985 Date Reported: JUL 8 1985 Chemist: L. Pollock Lab No.: 000106

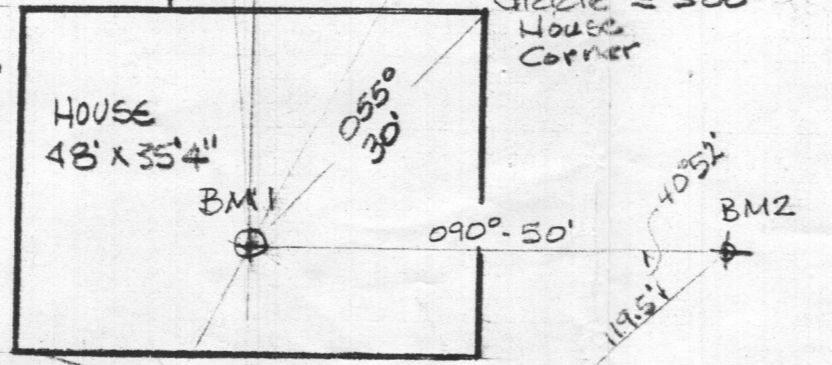
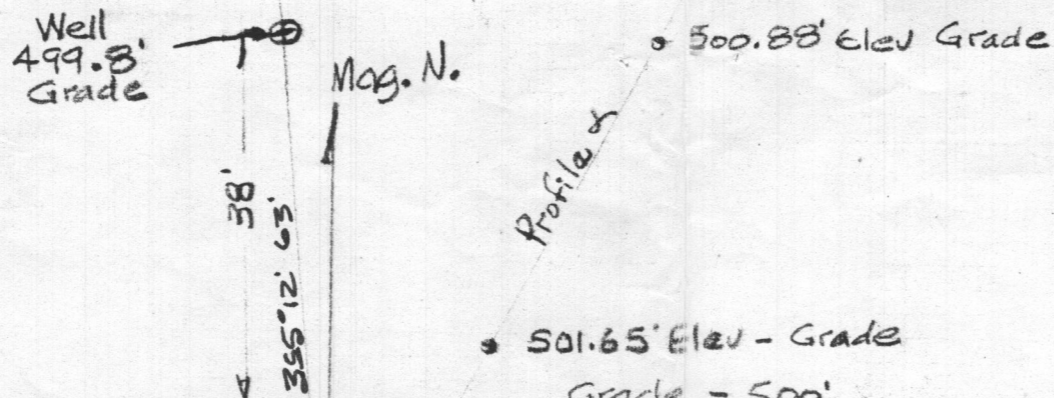
Scale 1" = 20'

All Bearings BMI Mag. North  
Variation = 10° W 6-13-85

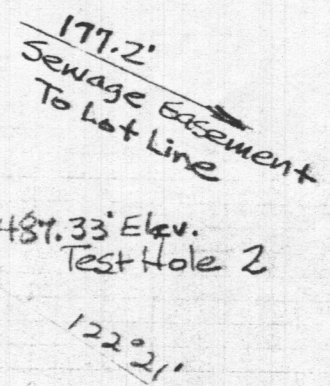
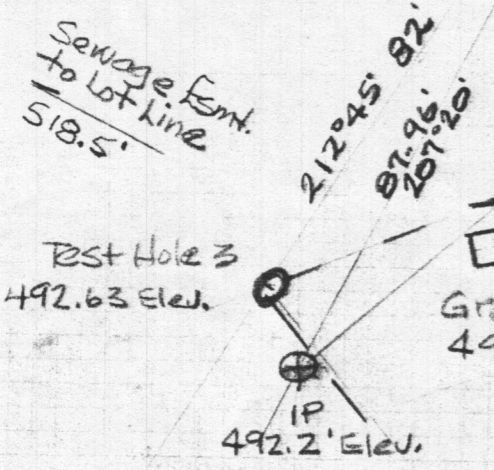
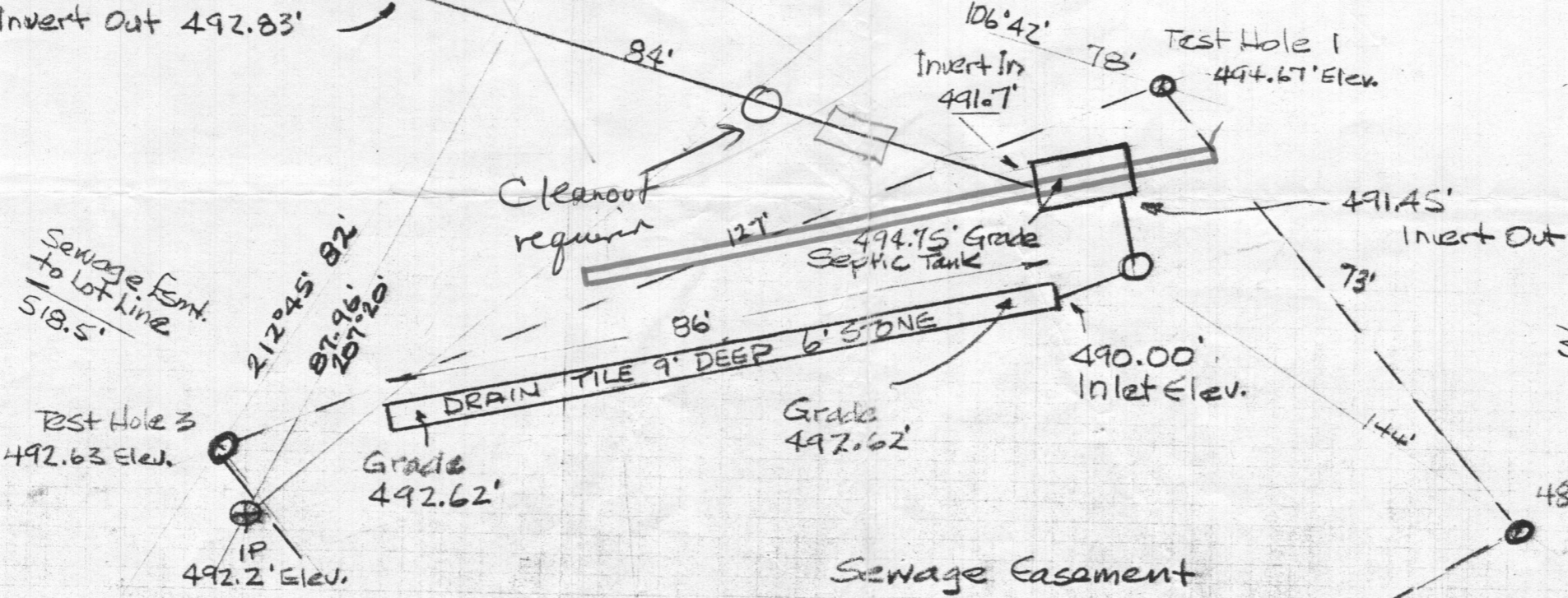
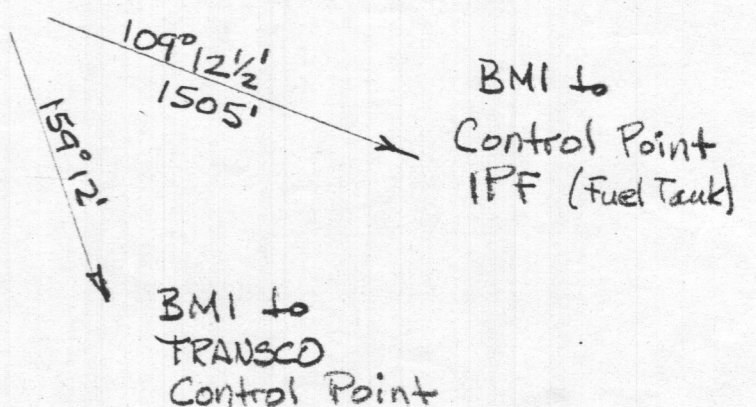
6/17/85  
Sketch of  
P.S.

First Floor Elev. = 503.75'  
Basement Floor Elev. = 494.79'  
BMI Grade = 499.17

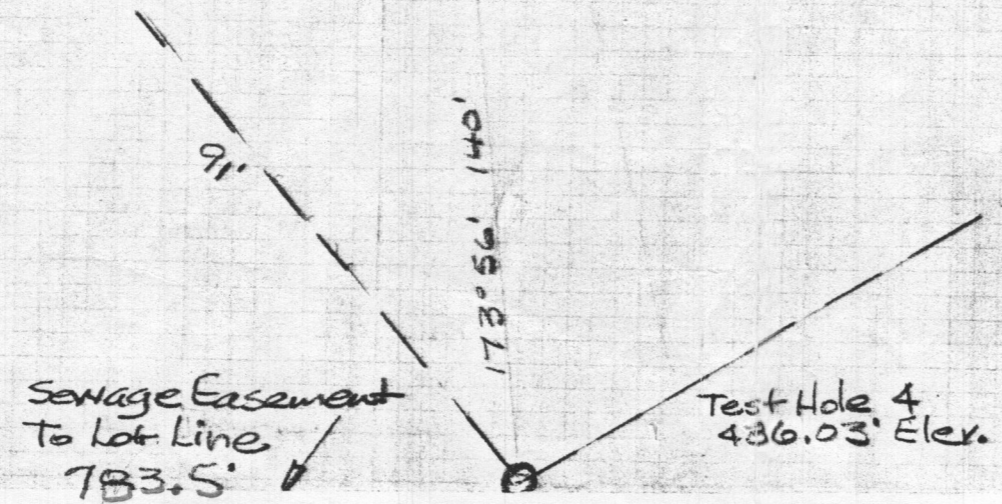
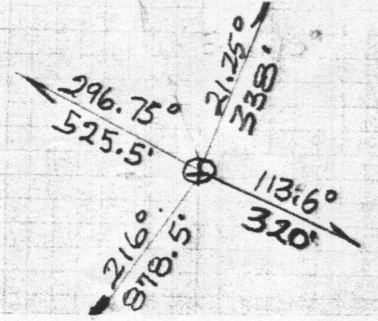
Footer Bottom 493.33'  
Invert Out 492.83'



347.5' Sewage Easement to Lot Line



LOT LINES FROM BENCH MARK (BMI)



REVISED SEWAGE DISPOSAL PLAN  
June 15, 1985  
TENANT HOUSE - PARCEL NO. 3  
THOMAS E. & MARION J. LLOYD  
Scale 1" = 20'  
Assumed Bench Mark Elevation = 500 ft.  
I CERTIFY THAT THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.  
*J. Lloyd*

