

C1 00563

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE FILED 45 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER A-2210

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

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT) OK 22 26

PERMIT NO. FROM "PERMIT TO DRILL"

OWNER

STREET OR RFD

SUBDIVISION

W. B. BARRY (last name) GUILFORD RD (first name) TOWN CLARKSVILLE MAP 35 P. 353 SECTION LOT 6/7

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 FROM TO Check if water bearing

Table with 3 columns: Description, Feet From, Feet To. Includes entries for rolling ground, gravel, brown shale, gray sandstone, water, gray sandstone, water, gray sandstone, water, gray sandstone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES Y NO N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1470

GALLONS OF WATER 105 DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft. (enter 0 if from surface)

CASING RECORD

ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING Nominal diameter Total depth TYPE top (main) casing (nearest inch) of main casing (nearest foot)

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

SCREEN RECORD

ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

C2

DEPTH (nearest ft.) 58 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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) Air piston turbine centrifugal rotary other (describe below) jet submersible

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: 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)

CIRCLE APPROPRIATE LETTER 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. 007

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 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

fill in this form completely

OWNER INFORMATION

Date Received
 OWNER
 15 Last Name 13 Owner First Name 34
 Street or RFD 55
 Town 70 State 72 Zip 76

LOCATION OF WELL

COUNTY 21
 23 SUBDIVISION 42
 SECTION LOT MAP 35
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) M

DRILLER INFORMATION

Driller's Name License No. 80
 Firm Name
 Address
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N NE E SE S SW W

NW W SW

NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

DISTANCE FROM ROAD ENTER FT or MI

B 2 WELL INFORMATION

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

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

COUNTY NAME COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED CO SIGNATURE EXP. DATE
 NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL FEET
 APPROXIMATE DIAMETER OF WELL _____ 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.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

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)

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

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

APPROP. PERMIT NUMBER GAP
 FORCE WRITE INITIALS IN BOX PERMIT NO.

SPECIAL CONDITIONS

B 1 **7061** SEQUENCE NO. (DP 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

STATE PERMIT NUMBER
40-81-267
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **041188**
KLINKER ROBERT
 Last Name Owner First Name
9201 SILVER SPO
 Street or RFD
COLUMBIA **MD 21045**
 Town State Zip

LOCATION OF WELL
HOWARD COUNTY
SCOTT ACRES SUBDIVISION
 SECTION **11** LOT **2**
CLARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
 Driller's Name **Ralph Mayne** License No. **273**
 Firm Name **Ralph Mayne Well Drilling**
 Address **9120 Brown Branch Rd Mt Airy**
 Signature **Ralph Mayne** Date **3/29/88**

RT 32 NEAR WHAT ROAD
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **100** 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
 COUNTY NAME **HOWARD** COUNTY NO. **21**
 STATE SIGNATURE **William** INSERT S
 DATE ISSUED **050188** CO SIGNATURE **William** EXP. DATE **11/1/88**
 NORTH GRID **493000** EAST GRID **0822000**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

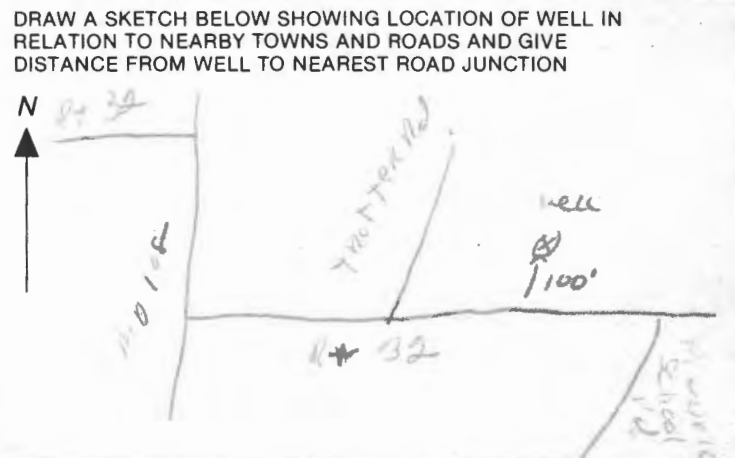
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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 **G A P**
 FORCE **CC** WRITE INITIALS IN BOX PERMIT No. **40-81-2675**

SPECIAL CONDITIONS **688-2716**

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
 E **820**
 N **490**
 000
 000
JE Nadeau



8/3/88 AM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # 42124
Date 7/12/88
Name of Installer ROBERT L. FEELER CO., INC. Telephone 781-4655
License Number 2122
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner ROBERT KLINKE Telephone 854-0001
Subdivision SCOTT ACRES Lot # Well Tag # 81-26-95
Site Address 6877 GUILFORD ROAD - RT. 32

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/3 1. Make RHEOMATIC
a. Deep well jet 2. RPM 3450 2. Model # 5490
b. Shallow well jet 3. Voltage 3. Depth 42"
c. Submersible a. 110
2. Make Goulds b. 220
3. Model # 78K3412
4. Capacity 7 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

Tank CATIVE AIR Piping Well data
1. Capacity WK-202 1. Type Poly. 1. Depth 105 ft.
2. Pressure relief valve? YES 2. Size 1" 2. Yield 50 GPM
3. NSF and/or BOCA Code approved YES 3. Static water level ? ft.
4. Depth of supply line 42" 4. Will water supply be disinfected by installer? YES

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: Richard L. Feeler R.L.F. Co., Inc.

8/3/88 Well Pump

Date: 7/18/88

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

Installation O.K. [Signature]

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

Lab No. CO141821268

WATER ANALYSIS

Bottle Number: 41482 Name: Robert Klinke County: Howard

Source of Sample: Swilford Rd (Rt 32) Collector: Nadeau
Street Town or City

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

Remarks: Scott Acres Lot-7 HD-81-2695

13 County
 Plant No.
 Sampling Station
 050488 Date Collected
 1100 AM Time
 Acid
 Iced

Field Data:
 pH*
 Chlorine Residual
 Free
 Total
 Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	00403			Arsenic	01002	
	Alkalinity (Total)	00410			Barium	01007	
	pH*, Ca CO ₃ SAT.	70311			Cadmium	01027	
	Alkalinity, Ca CO ₃ SAT.	74023			Chromium	01034	
	Hardness	00900			Lead	01051	
	Ammonia-N	00608			Mercury	71900	
✓	Nitrate-Nitrate N	00630	132		Selenium	01147	
	Nitrite N	00615			Silver	01077	
	MBAS	38260					
	Chloride	00940			Aluminum	01105	
	Fluoride	00951			Calcium	00916	
	Color*	00081			Copper	01042	
✓	Turbidity*	00076	08		Iron	01045	
	Conductance*, SPEC	00095			Magnesium	00927	
	Sulfate	00945			Manganese	01055	
	Total Solids	00500			Nickel	01067	
	Dissolved Solids	70300			Potassium	00937	
					Sodium	00929	
					Zinc	01092	

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

Date Received MAY 5 1988 Date Reported MAY 10 1988 Chemist W. B. Payne

SUBDIVISION: SCOTT ACRES

LOT NUMBER: 7

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

180 sq. ft./bedroom

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.

- 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 absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 135 FE DOWN THE RIGHT (821.98')
LOT LINE N/11D 40 FE OFF THE SAME LOT LINE AS SEEN WHEN
FACING THE LOT FROM GUILFORD RD. RUN TRENCHES ON CONTOUR
TOWARD LEFT AND RIGHT LOT LINES. 5-6-88 S.W.

ELIZABETH I. SCOTT

599/523

558° 44' 30" E

60.88'

587° 45' 22" E

203.12'

HUB

HUB

HUB

LOT 1

LOT 2

LOT 3

5.05 AC±

Note:

The lot shown hereon complies with minimum ownership width and lot area as required by the Maryland State Department of Health Regulations.

APPROVED:

Private Water & Private Sewer

J. P. O'Connell MD 11/14/25
County Health Officer Date

654.34

N19° 04' 52" E

519° 01' 50" W

LOT SURVEY

LOT 2

JOHN SCOTT PROPERTY

PLAT BOOK 30/23

5TH EL. DIST. HOWARD CO. MD

SCALE: 1"=100' Nov. 11, 1915

ROAD TO OPPOSITE
HALLS SHOP ROAD

150' E/W

N53° 35' W

85.52'

N87° 42' W

180.48'

ROUTE 29



TRIBBINS ASSOCIATES
281 JOSEPH SQUARE
COLUMBIA, MD 21044

Walter Park
WALTER PARK

LAP DIVISION-1967
ASSESS. & TAX.

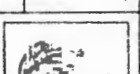
821

824

827

(41)

DEPT. OF ASSESSMENTS & TAXATION
PROPERTY MAP DIVISION
SUB-DIVISION BOUNDARY
CONTINUING OWNERSHIP - Z I E - Z
PARCEL NUMBER - P 3491 ASSIGNED TO IDENTIFY AND MORE
OWNERSHIP MUST BE PRECEDED BY MAP NUMBER
SCALE: 1" = 600'
REVISED TO FEB 1, '84
DATE 1227
LINES BY R.A.W.
LAST F. NO. 388-214
QUADRANGLE AD 6



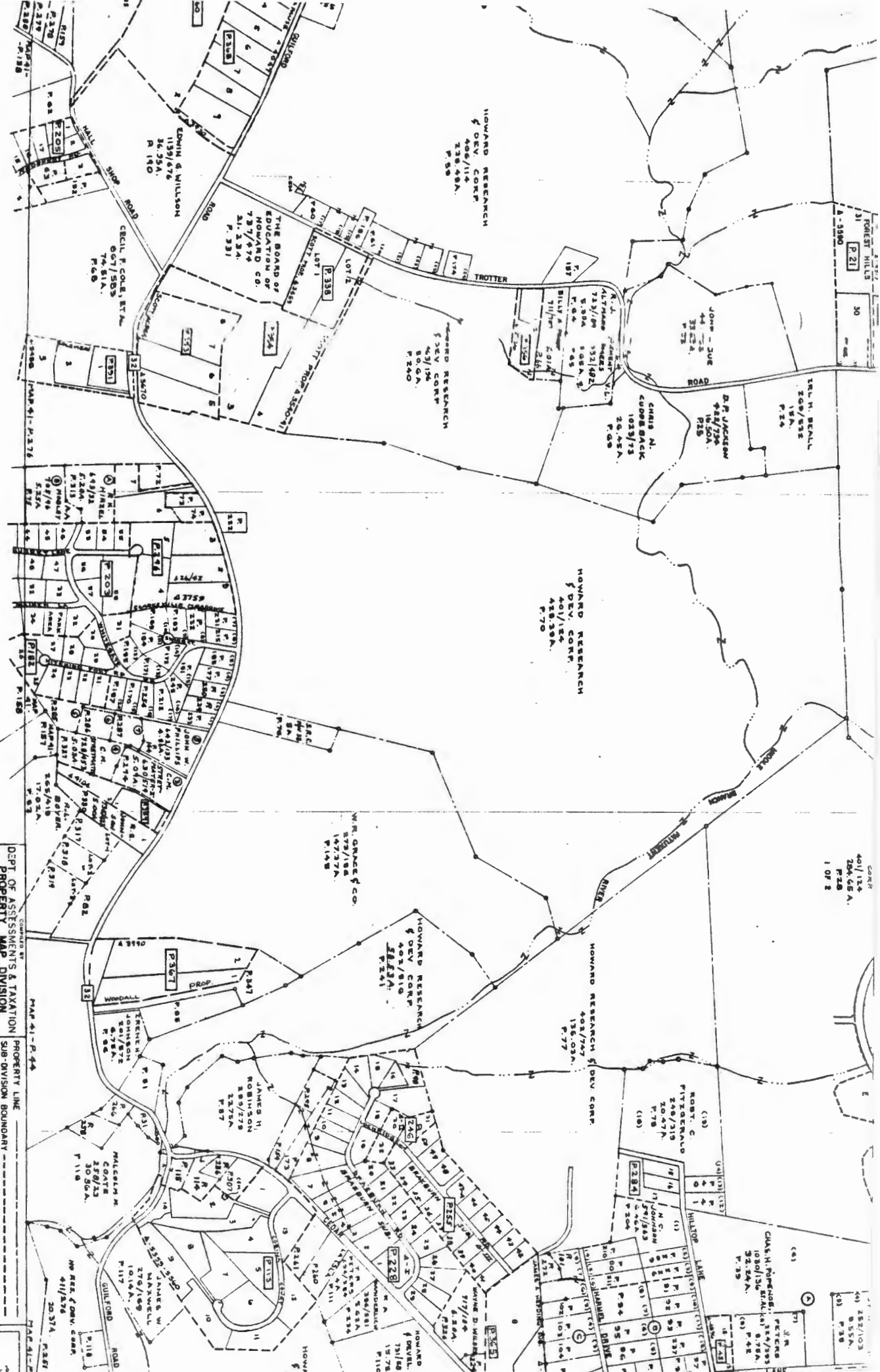
REVISED TO FEB 1, '84
LAP DIVISION-1967
ASSESS. & TAX.

35

HOWARD COUNTY, MARYLAND

833 600 0 600 1200 1800 836 29

MAP NO. 29



401/134
294.65 A.
P.28
1 OF 2

401/134
855 A.
P.28

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 20, 1989

Mr. Robert Klinke
6877 Guilford Road
Clarksville, Maryland 21029

RE: Scott Acres, Lot 7
6877 Guilford Road
Well Permit #H0-81-2695

Dear Mr. Klinke:

A review of our records indicates that final satisfactory water samples were not obtained at the above referenced property. You are requested to contact this office at 461-9933 to arrange for those samples to be taken. These samples are required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A(1) which states that: "A person may not put into service a well or water supply system that may be used for human consumption unless a Certificate-of-Potability has first been issued for the well by the approving authority...".

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

You are 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.

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

Very truly yours,

A handwritten signature in cursive script that reads "Charles B. Streaker".

Charles B. Streaker, Sanitarian
Water and Sewerage Program

CBS:hs

Enclosure

Laboratory Administration
301 W. Foster St.
P.O. Box 2225, Baltimore, Maryland 21203
J. William Joseph, M.D., Director
Lab. No. 118013

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE: Community Non-Community Private Check Sample Special

Source: ROBERT KLUNKIE
Location: 6877 GUILFORD RD. (KITEMEN TAP)
Iced: Yes No
Treated: Yes No Time Collected: 10:17 am. pm.
Collector #: _____ Bottle No. VU-209
Collector Name: J. MENUSTIK County: HOWARD

County: 13 Plant No. + Sampling Station + Date Collected: 03 28 89

pH: 6.4 Res. Cl: Free 0.0 Total 0.0 Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

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

Presumptive Coliforms/100 ml. (Membrane Filter) =
 Verified Coliforms/100ml. (Membrane Filter) =

SPC Dil. 1:..... Col. Counted:
 Standard Plate Count $\frac{1}{ml}$.

- ** 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: 20 MAR 89 14 45 Recd.
20 MAR 89 14 45 MB Exam
20 MAR 89 14 45 Rep.

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"/>		

Remarks: _____
 Bacteriologist: _____

Lab No. _____

WATER ANALYSIS

Bottle Number: KL-687 Name: ROBERT KLUMBE County: HOWARD

Source of Sample: 6877 GUILFORD RD ^(MICHIGAN TAP) Collector: J. MENUSTIK

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

Remarks: _____

County: 1 3 Plant No. Sampling Station Date Collected Time Acid Iced

Field Data: pH* Chlorine Residual Free Total Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
✓ pH*	00403	7.9	Arsenic	01002	
✓ Alkalinity (Total)	00410	110	Barium	01007	
pH*, Ca CO ₃ SAT.	70311		Cadmium	01027	
Alkalinity, Ca CO ₃ SAT.	74023		Chromium	01034	
✓ Hardness	00900	194	Lead	01051	
Ammonia-N	00608		Mercury	71900	
✓ Nitrate-Nitrate N	00630	135	Selenium	01147	
Nitrite N	00615		Silver	01077	
MBAS	38260				
✓ Chloride	00940	36	Aluminum	01105	
Fluoride	00951		Calcium	00916	
Color*	00081		Copper	01042	
✓ Turbidity*	00076	1.1	Iron	01045	4005
Conductance*, SPEC	00095		Magnesium	00927	
Sulfate	00945		Manganese	01055	
Total Solids	00500		Nickel	01067	
Dissolved Solids	70300		Potassium	00937	
			Sodium	00929	
			Zinc	01092	

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

Date Received _____ Date Reported _____ Chemist _____

Water Sample Request

PROPERTY OWNER Robert Klinkle

DATE OF REQUEST 9/27/88

TELEPHONE 854-0001

NEW WELL NUMBER HD-81-2695

DIRECTIONS OR INSTRUCTIONS _____

NAME Robert Klinkle
ADDRESS 6877 Guilford Rd, Clarksville, MD 21029
Scott Acres Lot-7

SAMPLE TYPE

REASON FOR REQUEST

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

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

SETTLEMENT DATE / /

SEPTIC SYSTEM: Approved Disapproved DATE 7/26/88

CONDITION: A 22066

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR Univ. Micro TIME 11:30 DATE 9/15/88

BACTERIA _____, pH 7.0, Free Cl⁻ 0, Res. Cl⁻ 0, VOC _____

CHEMICAL _____, LEAD & COPPER _____, NITRATES 0.436 ppm, PESTICIDE _____

ACTION: ICOP issued 9-27-88 JEN

6/7 Send F.C.O.P. c.B.D.

RESAMPLE COLLECTOR _____ DATE / /

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

CHEMICAL _____, Other _____

ACTION: _____

RESAMPLE COLLECTOR _____ DATE / /

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

ACTION: _____

RESAMPLE COLLECTOR _____ DATE / /

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

ACTION: _____

W815.10

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- 815.10

FIELD DATA

SOURCE: 6877 GUILFORD RD	Date: 09/15/88	Sampler: RAD	Free Cl: 0
COUNTY: HOWARD	Time: 11:30:00	Sampler #: HB1286	Total Cl: 0
ZIPCODE: 21029	PHONE: (301) 688-7716	Well #: HO-81-2695	pH: 7.005
Contact: ROBERT KLINKE,			

SAMPLE DATA

Coliforms/100ml		N(N03)	TURBIDITY	SAND	IRON	LEAD		
FECAL	TOTAL	0.436	<0.1	0				
(2.2)	(2.2)	mg/L	(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	09/15/88	04:30:00	R. D'AGOSTINO
Tested	09/15/88	05:00:00	(Microbiologist)
Reported	09/17/88	03:00:00	

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

Sample Analysis	42.00
Septic Testing	
Other Chemistry	
Consultation	
CL2 9/6 & 9/2	30.00
Total	\$ 72.00

MAIL TO:
 SANDY SPRING NAT.
 BANK BEN CLEMENTS
 17801 GEORGIA AVE
 OLNEY, MD 20832 9/19

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

SID

5/21/86

854-0880

TIM SMOOT

BOTANICAL DECORATORS
6969 GUILFORD

~~MAINTAIN~~

CALLED ABOUT LIST OF WELL DRILLERS.

- SAID YOU WERE THERE TO PICK WELL SITE,
- HE WAS VAGUE ABOUT EXPANDING WATER USE OR REPLENISHING EXISTING SUPPLY.

QUESTION - WHAT DO WE KNOW ABOUT HIS APPROPRIATION PERMIT?

DO WE NEED AN UP DATED ONE.

PERMIT ~~IS~~ ISSUED NO-81-1481

AS EMERGENCY WELL - TO REICHART
APPLICATION "IN THE MAIL"

5-21-86 APPROPRIATION Permit sent.

5-15-86
2:00

FILE _____ DATE REPORTED _____

PROPERTY OWNER Tim Smoot PHONE NO. _____

P. O. ADDRESS BOTANICAL DECORATORS - GREENHOUSE Well site

DIRECTIONS TO PROPERTY 6969 Rt 32

^{INSPECTOR}
~~INFORMANT~~ Well site for new well seen + approved; NO IMPACT ON Proposed well
by existing septic system; 2 existing wells located as shown + SS c/o located as
shown. S. Abm

CONDITION FOUND: _____

ACTION TAKEN: _____

FINAL DISPOSITION: _____

5/26/88 10:00

PERMIT

P 4/680

SEWAGE DISPOSAL SYSTEM

A 22066

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 5/09/80

DATE SYSTEM APPROVED 7/26/88

INSPECTOR B J F

Maryland Master Builders

IS PERMITTED TO INSTALL ALTER

ADDRESS 12900 Brighton Dam Road, Clarksville, Maryland PHONE 854-0074

SUBDIVISION Scott Acres ROAD 6877 Guilford Road LOT 7

PROPERTY OWNER Robert Klinkle

ADDRESS _____

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

GARBAGE GRINDER? YES NO

BUILDING SUBMITTED HOUSE PLAN
SEE ATTACHMENT CONFIRMING
3 BR - NO DISPOSAL CW

SEPTIC TANK CAPACITY 1250 ¹⁵⁰ 2000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 220 sq. ft. per bedroom ¹⁵⁰ ~~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 - Place the distribution box 135 feet down the right (821.98') lot line and 40 feet off the same lot line as seen when facing the lot from Guilford Road. Run trenches on contour toward left and right lot lines.

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

PLANS APPROVED BY Sid Abel DATE 5/06/88

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(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

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.

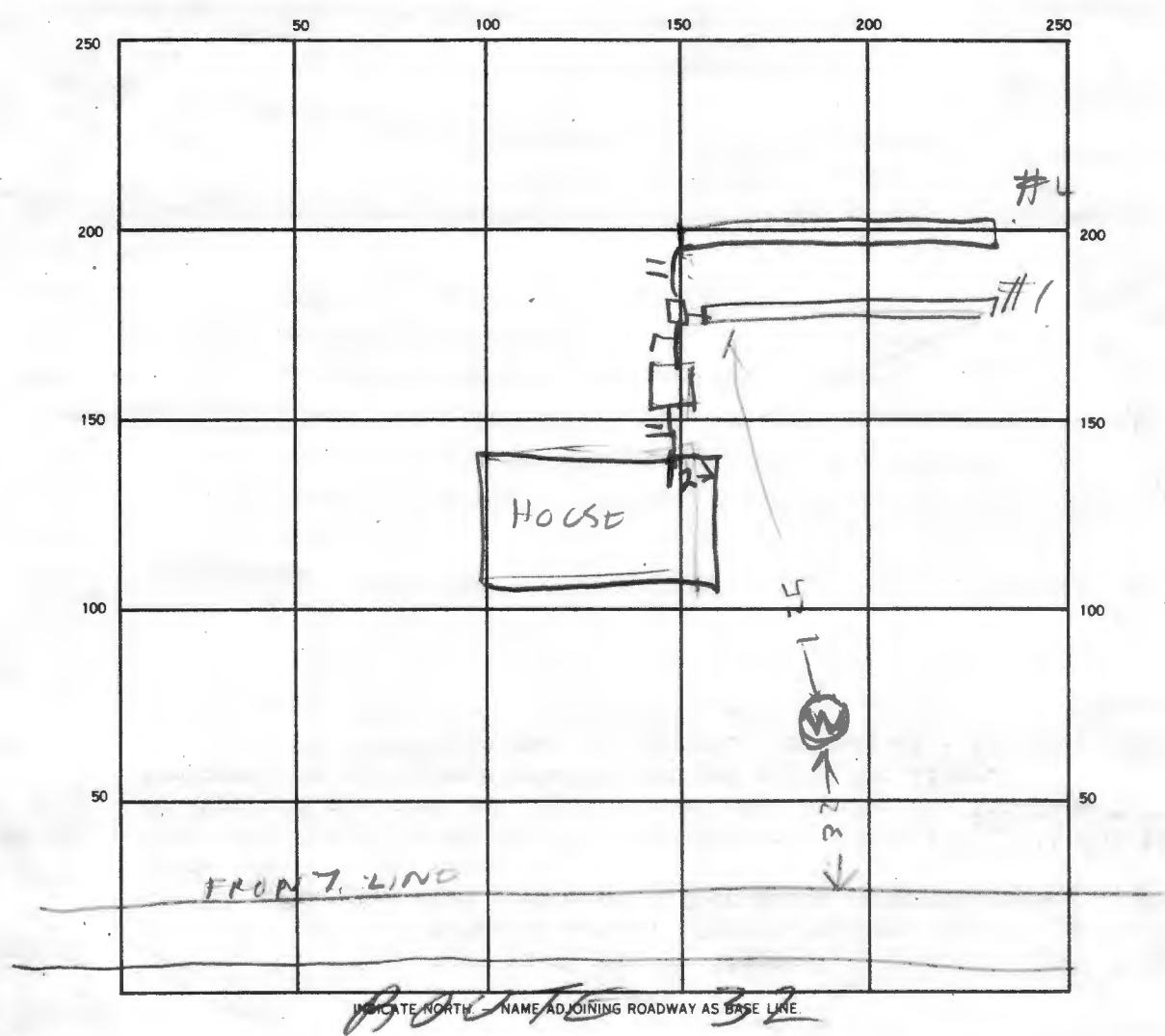
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



SEPTIC TANK LEVEL 1000 CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 1 2 / 8 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 1 2 / 3.5 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1 2 / 4 4 FT. TOTAL LENGTH 1 2 / 70 70 FT.

TOTAL INSTALL	TOTAL AREA REQUIRED
<u>360</u>	<u>540</u>

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 1 2 / 280 280 FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/26/88 LOCATION OK TRENCH #1 OK

TRENCH #1 DUG FINISH TRENCH #1 DIG TRENCH #2

LEAVE END OPEN FOR DEPTH MEASUREMENT RH

7/26/88 2:09 P.M. TRENCHES FINISHED & TANK CONNECTED RH

DATE SYSTEM APPROVED 7/26/88 INSPECTOR Raymond Hodge

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 27, 1988

Robert Klinke
6877 Guilford Road
Clarksville, Maryland 21029

Re: Scott Acres - Lot 7
6877 Guilford Road

Dear Mr. Klinke:

This is to advise you that the septic system was installed, inspected and approved on July 26, 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.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-2695. 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 26.04.04.09.

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 26.04.04.10.

September 15, 1988
Date of Water Sample

May 4, 1988
Date Well Approved:

Jane E. Nadeau

Approving Authority
Jane Nadeau, Sanitarian
Water and Sewage Program

JN:mm

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

June 7, 1989

Mr. Robert Klinkle
6877 Guilford Road
Clarksville, Maryland 21029

Re: Scott Acres - Lot 7
6877 Guilford Road
Well Permit #HO-81-2695

Dear Mr. Klinkle:

This is to advise you that the septic system was installed, inspected and approved on July 26, 1988.

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

FINAL CERTIFICATION 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-81-2695.

March 28, 1989
Date of Final Sampling

June 7, 1989
Date of Acceptance

Charles B. Streaker
Sanitarian
Water and Sewerage Program

Water Sample Dates:
September 15, 1988
March 28, 1989

CBS/cm



HOWARD COUNTY HEALTH DEPARTMENT

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

June 21, 1995

Mr. Bruce Burton
c/o Land Design Engineering
8835 Columbia 100 Parkway
Unit N
Columbia, MD 21045

RE: Well & Septic Abandonment
Scott Acres, Lots 5 & 7

Dear Mr. Burton,

This office is in receipt of a copy of the signed sketch plan for the above-referenced subdivision. Proper abandonment of all existing wells and septic systems on the property is required.

The well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection; but, the driller must then file an abandonment report with this office. If this well abandonment is performed by any other private party, the work must be inspected and approved by a sanitarian from this office.

Well abandonment entails cutting the casing two or three feet below grade and introducing clean, non-organic material (gravel, cement, etc) into the well to a point below the bottom of the casing. Cement is then added to the top of the cut casing, and the site is backfilled. Well location information and a copy of the completion report for each of the four known wells on site is enclosed; well depth and casing depth are circled for each.

Septic system abandonment can be performed by any party, preferably under inspection by a sanitarian from this office. Septic system abandonment entails pumping any remaining sewage in the septic tank, which is then collapsed and backfilled. According to the enclosed copies of septic system diagrams, each address has one septic tank; the Botanical Decorators also has a drywell, which would also be pumped of any remaining sewage, collapsed and backfilled.

To schedule an inspection, or if you have any questions, please call me at 313-2640. Thank you for your attention to this matter.

T/C TO B. BURTON: NO PLAT SIG
w/o ABANDONMENT
T/C w/ N. LIPARINI: UPDATE
ON ABANDONMENT; HE WILL
REQUEST INSP
MR
cc: File

Very truly yours,
Mark E. Rifkin
Mark Rifkin, R.S.
Water & Sewerage Program

Enclosures

Bureau of Environmental Health

3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644

Food Protection Program (410) 313-2642 TDD (410) 313-2323

HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
Division of Land Development and Research

DATE: 6/20/95 P&Z File No. 5-95-12

Department of Planning and Zoning

- Transportation Planning
- Comprehensive Planning and Zoning Administration
- Research/Historic Preservation
- Address Coordinator
- Agricultural Preservation
- 106 File

Agencies

- | | | |
|--|--------------------|--|
| <input type="checkbox"/> Bureau of Engineering, DPW | <u>Canoll Blaz</u> | <input type="checkbox"/> Tax Assessment |
| <input type="checkbox"/> Soil Conservation District | | <input type="checkbox"/> C & P |
| <input type="checkbox"/> Department of Inspections, Licenses & Permits | | <input type="checkbox"/> B G & E |
| <input type="checkbox"/> Department of Fire and Rescue Services | | <input type="checkbox"/> Department of Natural Resources |
| <input type="checkbox"/> State Highway Administration | | <input type="checkbox"/> Cable TV |
| <input checked="" type="checkbox"/> Bureau of Environmental Health | | <input type="checkbox"/> Police |
| <input type="checkbox"/> Public School System | | <input type="checkbox"/> MTA |
| <input type="checkbox"/> Recreation and Parks | | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Forest Conservation Planner | | |

RE: SCOTT ACRES LOTS 5, 6 AND 7

ENCLOSED FOR YOUR: Signature Approval Review and Comments Files

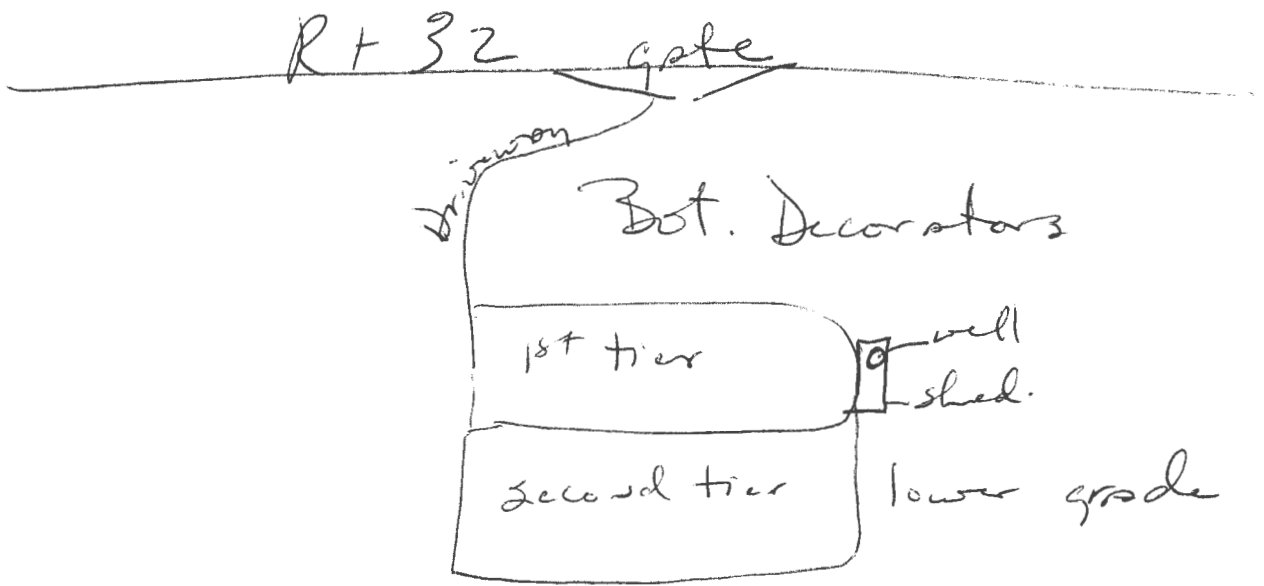
THE ENCLOSED: Original

<u>Plans</u>	<u>No. of Sheets</u>	<u>Supplemental Documents</u>
<input checked="" type="checkbox"/> Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Wetlands Report
<input type="checkbox"/> Prel Equiv Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Soils/Topo Map/Drain Area Map
<input type="checkbox"/> Preliminary Plan	<input type="checkbox"/>	<input type="checkbox"/> FSD/FCP/Worksheet and Application
<input type="checkbox"/> Final Plat	<input type="checkbox"/>	<input type="checkbox"/> Declaration of Intent
<input type="checkbox"/> Final Constr Plans (RDS)	<input type="checkbox"/>	<input type="checkbox"/> Prel/Final Drainage and/or
<input type="checkbox"/> Final Development Plan	<input type="checkbox"/>	<input type="checkbox"/> Computation/Pond Safety Comps
<input type="checkbox"/> Site Development Plan	<input type="checkbox"/>	<input type="checkbox"/> Preliminary Road Profiles
<input type="checkbox"/> Waiver Petition Applic/Exhibit	<input type="checkbox"/>	<input type="checkbox"/> APFO Roads Test/Mitigation Plan
<input type="checkbox"/> Planning Board Applic	<input type="checkbox"/>	<input type="checkbox"/> Traffic Study/Noise Study
<input type="checkbox"/> ASDP/CSDP Application	<input type="checkbox"/>	<input type="checkbox"/> Sight Distance Analysis
<input type="checkbox"/> Landscaping Plan	<input type="checkbox"/>	<input type="checkbox"/> Floodplain Study
<input type="checkbox"/> Grading Plan	<input type="checkbox"/>	<input type="checkbox"/> Stormwater Management
<input type="checkbox"/> Response Letter	<input type="checkbox"/>	<input type="checkbox"/> Industrial Waste Survey
<input type="checkbox"/> Perc Plat	<input type="checkbox"/>	<input type="checkbox"/> Road Poster Form Letter
<input type="checkbox"/> Scenic Road Exhibits	<input type="checkbox"/>	<input type="checkbox"/> DPW Fee Receipt/Deeds
		<input type="checkbox"/> DPW Cost Estimate
		<input type="checkbox"/> DPW Application

WAS: Received Tentatively Approved Recorded
 Received and Revised Approved On 6/15/95

COMMENTS: _____ SRC/COMMENTS DUE BY: _____

Check, initial and return to the Department of Planning and Zoning if plan is approved with no comments.



410-~~730~~
715-0681

Nick Liparini
Broadly Developing Co.
Lot 1 Improvements Corp.
8835 → Col 100 Parkway
Col. Md 21045
410-730-0870
fax 715-0681

PERMIT

P _____

A _____

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT _____

~~992-2330~~

DATE _____

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER _____

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

PLANS APPROVED BY _____ DATE _____

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.

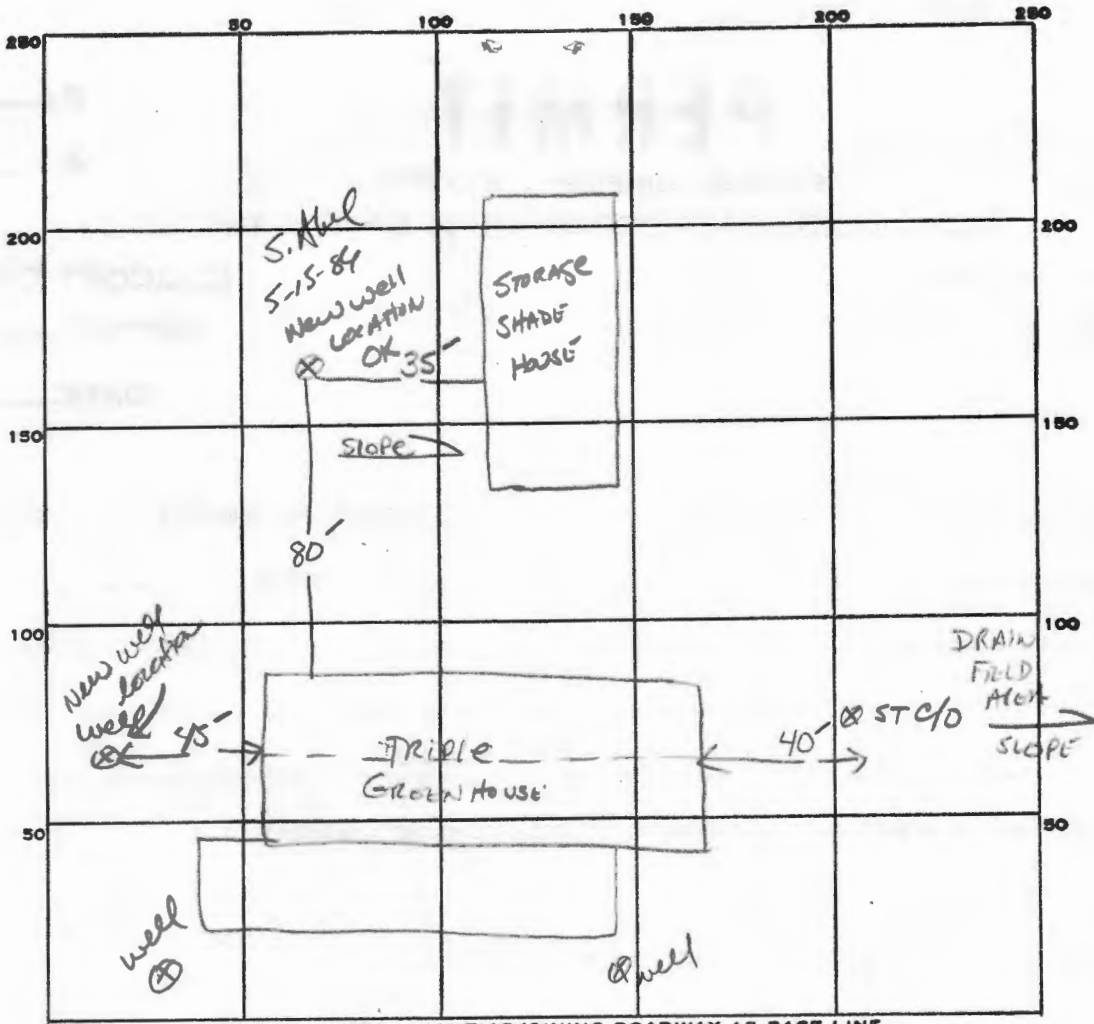
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED

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

*CALL ~~992-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 32

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

FILE _____ DATE REPORTED _____

PROPERTY OWNER BOTANICAL DECORATORS PHONE NO. _____

F. O. ADDRESS 6969 Guilford Rd. (Rt 32)

DIRECTIONS TO PROPERTY _____

INFORMANT EMERGENCY Well GROUT

60 FE of CASING

STATIC WATER LEVEL 35'

35 FE of OPEN HOLE

280 FE DEEP

Well location.

6 GPM Yield.

CONDITION FOUND: _____

ACTION TAKEN: _____

FINAL DISPOSITION: _____

FILE Emergency Well DATE REPORTED August 5, 1983
PROPERTY OWNER Ethan Phone. 854-8880
P. O. ADDRESS Botanical Secretaries
DIRECTIONS TO PROPERTY 115 ACRES lot 5 - Darry Wood A 22186

INFORMANT Water table has fallen will pumping air!
Message was from Tony Bosman's office

CONDITION FOUND: 1 DRY WELL; 1 FUNCTIONAL WELL.

ACTION TAKEN: RECOMMENDED THEY CONSULT WELL DRILLER ABOUT
RECONSTRUCTING WELL. IF THAT IS NOT FEASIBLE; APPROVED
NEW WELL SITE AT SPOT PREVIOUSLY APPROVED BY RH 6/81 WHICH
IS BEHIND LEFT HALF OF EXISTING RETAIL WAREHOUSE 400 FT FROM SEPTIC RESERVE.
8-8-83 CW Wilson

FINAL DISPOSITION: _____

To whom it may concern:

The Final Plat for Elizabeths Scott property is unacceptable for the following reason.

Lot 4.

Penetration area is too close to the road, and is probably impinging upon the existing green house. The lot was retested and the area moved back towards the rear of the lot.

D. J. Smith
2/3/19.

PRELIMINARY

APPLICATION

A 22066

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

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

S.T.

DATE 9/2/75

3 BR - 1000 gal
4 BR - 1250 gal

The D.W. will be located 180 ft. in from the center of the road and 25 ft in from the right side line as seen from the road. The D.W. will be 10' x 10' square, with the invert at 3' below O.G. and a max depth of 10' for a min. absorbant sidewall area of 280 sq ft. The trench will begin 5' off of the D.W., and will be 2' wide & 10' deep, with 7' of stone. The trench will be { (3 BR) - 25 ft long } and follow the contour of the land. { (4 BR) - 45 ft long } * Note: 2 trenches permitted if 1 is considered too long.

TO: THE COUNTY HEALTH OFFICER Install system before B.P. is issued. 4/6/75 2 inspections R.M.

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

ROBERT KLINKLE

PROPERTY OWNER Scott property (Charles & Mildred Rositsky - Contract Purchaser)

ADDRESS 6313 Frederick Road, Catonsville, Md. 21228 PHONE 788-9583

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2nd lot 7

ROAD AND DESCRIPTION Route 32 6877 Guilford Rd.

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedroom
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 [Signature]

APPROVED BY [Signature] FOR DW & Trench DATE 11/3/75
(KIND OF SYSTEM)

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

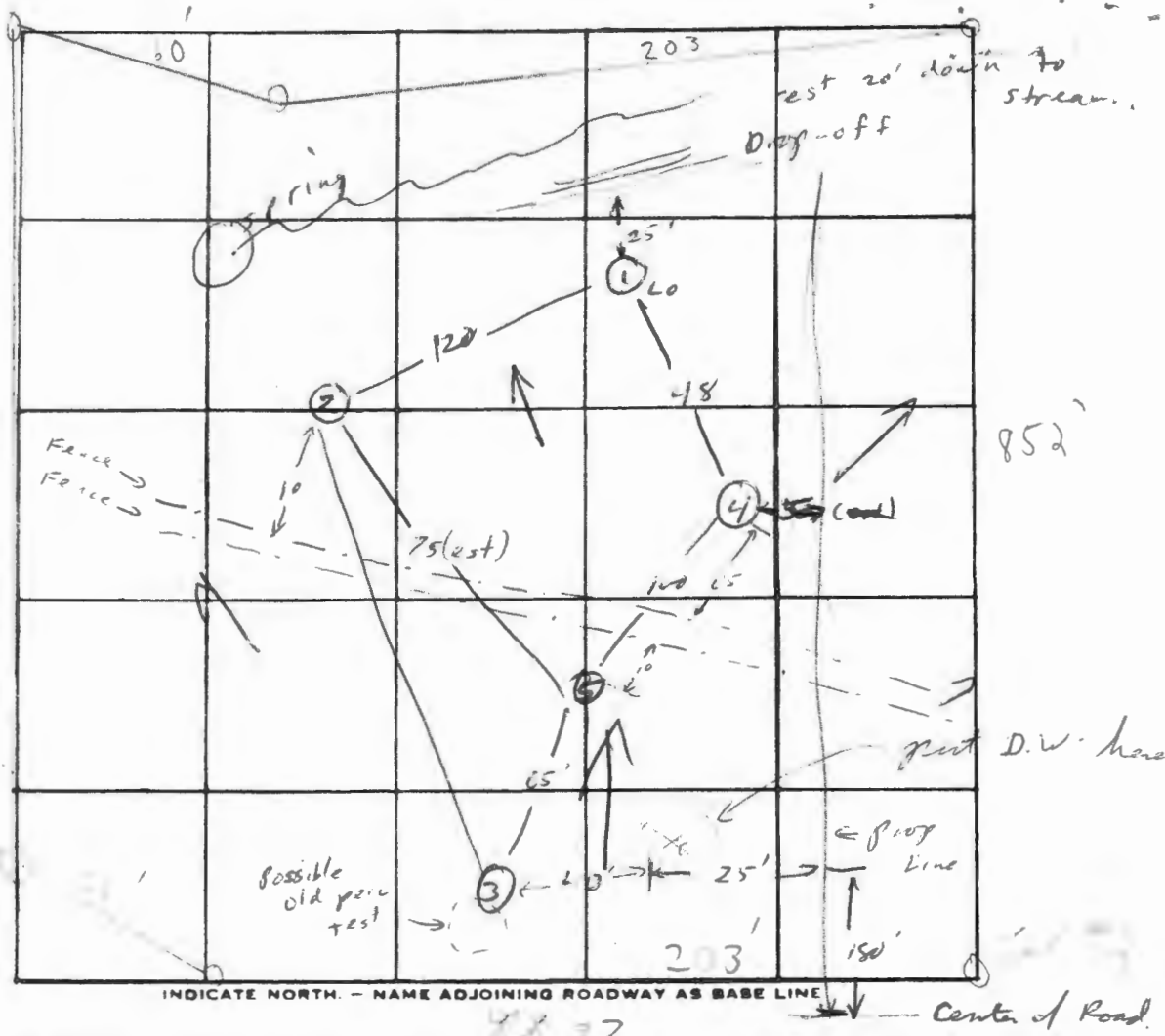
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Hold for individual plats 11/4/75
R.M.

BLDG. PERMIT SIGNED AND RETURNED 5-6-86

BP18377
SMW

THIS IS NOT A PERMIT



$(\bar{t} = 11)$
 min @ $2\frac{1}{2}$

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/29/75	1	2	12:03	12:04	12:04	12:05	1
	1A	11½	12:00	12:03	12:03	12:05	5
	2	12½	12:20	12:21	12:21	12:27	6
	2A	2½	12:21	12:23	12:23	12:27	4
	3	2'	1:44	1:50	1:50	1:59	9
	3A	12	1:42	1:44	1:44	1:55	11
	4	11½	Visual		Same		
	5	12	vis		Same		

REMARKS _____

TYPE OF SOIL sandy loam 0-12' all holes

TESTED BY R M

ALSO PRESENT: Burb

HANDDIG WELLS:

Clean, non-organic material
(as below), to point
~5' from fin. grade,
then 3' min. cement
cap, then collapse any
pit structure above grade
& cover