

B 1 **1482** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **70** **79** **70** **94** **04** **12** **79**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

INDEXED
B 3 LOCATION OF WELL
 1 2 **Howard Rd**
 8 COUNTY 21
 23 SUBDIVISION **Wobodomark** 42
 SECTION 44 46 LOT 48 50
WEST FRIENDSHIP 71
 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **MI**
 73 76 77 78

OWNER INFORMATION
 Date Received (APA) **032395**
 8 13
PATEL ANDY
 15 Last Name 34 Owner First Name
12228 MT ALBERT RD
 36 Street or RFD 55
ELLICOTT CITY MD 21042
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION MSD/MGD/MWD
George F. Easterday **40**
 Driller's Name 77 License No. 80
G. F. Easterday Inc
 Firm Name
MT. ALBERT RD 21771
 Address
George F. Easterday **3/23/95**
 Signature Date

B 2 **WELL INFORMATION**
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 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)

APPROXIMATE DEPTH OF WELL **200** FEET
 24 28
 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**
 other _____

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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79** **52**

Not to be filled in by driller. (OEP USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 54 63
 FORCE **C** **D** WRITE INITIALS IN BOX PERMIT NO. **70** **71** **72** **73** **74** **75** **76** **77** **78** **79** **70** **94** **04** **12**

SPECIAL CONDITIONS
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 N W N E W E S W S S E
 8-9 8-9 8 8 8-9 8
 TOWN
 3 4 37
 11 30 **12228 Mt Albert Rd**
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 W **E**
 WEST SOUTH
 DISTANCE FROM ROAD **100**
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD **A-13-A**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **032395** **Charles Bryan Thomas** **3/23/96**
 43 48 CO SIGNATURE EAST EXP. DATE
 NORTH GRID **520000** EAST GRID **0810000**
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1 well 11st ~~well~~ WELL
 2 ABANDONED 8 BAGS NO GROUT
 3 GROUDED INSIDE & OUTSIDE WELL ONLY 55 FROM ADJACENT FROM THE MAP HERE
7 BAGS
 E **810**
 N **520**
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
WEST FRIENDSHIP
MT ALBERT
CARROLL MILL Rd
4-18-95 1:00 grout 6/29/95
6/29/95 OK TAG
NEW LOC
12 BAGS
40' CASING
37' OPEN
1 1/2' CASING
A.G.
411844A

C1 3666

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A-13-A

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 062995

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-99-0912

OWNER PATEL ANDY last name 12228 MT. ALBERT first name RD. TOWN W. FRIENDSHIP SUBDIVISION WOOD MARK SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top soil, Red clay, brown shale, mica, Opening, Quartz, Mica, Quartz, Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 12, NO. OF POUNDS 1200.

CASING RECORD: casing types insert appropriate code below. Includes ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE ST, diameter 6, total depth 40.

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

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 8 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 50, WHEN PUMPING 500, TYPE OF PUMP USED (for test) A (air).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (yes).

C2: DEPTH (nearest ft.) HO 38, 500. SCREEN: 1 HO 38, 500; 2; 3. SLOT SIZE 2, DIAMETER OF SCREEN (NEAREST INCH).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE 2 (nearest foot).

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.

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

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). well 35' x 35'. Drilled well let septic tank location because to neighbor septic. M.T. ALBLER RD.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT. DRILLERS IDENT. NO. 40. DRILLERS SIGNATURE. SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), (E.R.O.S.), W.Q. 74-75-76. TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

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

006301

Category Code: 41-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
 Field Record

SAMPLE TYPE:

Community
 Non-Community
 Non-Transient
 Private
 Check Sample
 Special

Source: Patel - Powder Room
 Location: 12228 Mt. Albert Rd
 Iced: Yes No am.
 Treated Yes No Time Collected 10:05 pm.
 Collector # 95-456 Bottle No. AH830
 Collector Name B. Canning County Howard

County: 13 Plant No. --- Sampling Station --- Date Collected 10/31/95

pH 7.0 Res. Cl: Free 00 Total 00 Card No. ---

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

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

PRESUMPTIVE P/A TEST*

ml. of Sample	100ml.
Gas. 24 hours	
Gas. 48 hours	

CONFIRMED P/A TEST

ml. of Sample	100ml.
Total Coliforms †	
Fecal Coliforms ‡	

** Presumptive Coliforms/100 ml. (Membrane Filter) = _____
 † Verified Total Coliforms/100ml. (Membrane Filter) = _____
 ‡ Verified Fecal Coliforms/100ml. (Membrane Filter) = _____
 Heterotrophic 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 Cumberland
 Cambridge Frederick
 Central Salisbury
 Cheverly
 Remarks _____

Date & Hour: 31 OCT 1995 14 42
 Recd. 31 OCT 1995 14 42
 Exam _____
 Rept. _____
 Bacteriologist C. Am

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER Patel DATE OF APPOINTMENT 10/31/95 10:30

ADDRESS 12228 Mt. Albert Rd

TELEPHONE NUMBER _____ NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS _____

SAMPLE TYPE

REASON FOR REQUEST

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

- New Residence
- Nitrate Monitoring
- Taste or Odor
- Replacement Well
- Other

SEPTIC SYSTEM: Approved Disapproved DATE ___/___/___

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE ___/___/___

SAMPLE FROM _____ BACTERIA _____ pH

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____

RESAMPLE COLLECTOR B. Canning TIME 10:05 DATE 10/31/95 10:30

SAMPLE FROM Powder Room # AH830 BACTERIA 7.0 pH

CHEMICAL 0.0 Free Cl 0.0 Res. Cl NITRATES OTHER

ACTION: _____

RESAMPLE COLLECTOR _____ TIME _____ DATE ___/___/___

SAMPLE FROM _____ BACTERIA _____ pH

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____

NAME
ADDRESS

**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

009589

Category Code 41°AC

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source <u>Water - Powder Room</u>		
Community <input type="checkbox"/>	Locations <u>12228 Mt. Airy Rd</u>		
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Time Collected <u>10:30</u>	
Non-Transient <input type="checkbox"/>	Treated Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Private <input checked="" type="checkbox"/>	Collector # <u>95-456</u>	Bottle No. <u>AQ529</u>	
Check Sample <input type="checkbox"/>	Collector Name <u>B. Panning</u>	County <u>Howard</u>	
Special <input type="checkbox"/>			

13	---	---	01 21 96
County	Plant No.	Sampling Station	Date Collected

pH 70 Res. Cl: Free 00 Total 00 Card No. --

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*

CONFIRMED MTF TEST

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

ml. of Sample	10 ml.								No. of Pos.
Coliforms †	-	-	-	-	-	-	-	-	0
Fecal Coliforms ‡									0

PRESUMPTIVE P/A TEST*

CONFIRMED P/A TEST

ml. of Sample	100ml.
Gas. 24 hours	
Gas. 48 hours	

ml. of Sample	100 ml.
Total Coliforms †	
Fecal Coliforms ‡	
E. Coli ***	

** Presumptive Coliforms/100 ml. (Membrane Filter) = _____
 † Verified Total Coliforms/100 ml. (Membrane Filter) =
 ‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) =
 Heterotrophic 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
 *** using ONPG-MUG at 35° C incubation

Date & Hour

24 JUN 83 12 57 Rec.d
24 JUN 83 14 Exam
25 JUN 83 15 Rept.

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 Coen

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER Ketan Patel DATE OF APPOINTMENT 01/24/96 ^{10:30}

ADDRESS 12228 Mt. Abernethy

TELEPHONE NUMBER _____ NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS _____

NAME _____
ADDRESS _____

<u>SAMPLE TYPE</u>	<u>REASON FOR REQUEST</u>
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> New Residence
<input type="checkbox"/> U & O	<input type="checkbox"/> Nitrate Monitoring
<input type="checkbox"/> Pond or Stream	<input type="checkbox"/> Taste or Odor
<input type="checkbox"/> Sewage	<input type="checkbox"/> Replacement Well
<input type="checkbox"/> Other	<input type="checkbox"/> Other

SEPTIC SYSTEM: Approved Disapproved DATE ___/___/___

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE ___/___/___

SAMPLE FROM _____ BACTERIA _____ pH _____

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____

RESAMPLE COLLECTOR B. Canning TIME 10:20 DATE 01/24/96 ^{10:30}

SAMPLE FROM Powder Room # A0529 BACTERIA 7.0 pH

CHEMICAL 0.0 Free Cl 0.0 Res. Cl NITRATES OTHER

ACTION: _____

RESAMPLE COLLECTOR _____ TIME _____ DATE ___/___/___

SAMPLE FROM _____ BACTERIA _____ pH _____

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____



HOWARD COUNTY HEALTH DEPARTMENT

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

November 2, 1995

Mr. Andy Patel
12228 Mt. Albert Road
Ellicott City, Maryland 21042

RE: **REPLACEMENT WELL**
Woodmark
12228 Mt. Albert Road
Well Permit #HO-94-0412

Dear Mr. Patel:

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 #HO-94-0412. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this water 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.

Date of Water Sample: October 31, 1995
Date of Well Completion: June 29, 1995

Approving Authority

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS



HOWARD COUNTY HEALTH DEPARTMENT

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

February 2, 1996

Mr. Andy Patel
12228 Mt. Albert Road
Ellicott City, Maryland 21042

RE: REPLACEMENT WELL
12228 Mt. Albert Road
Well Permit #HO-94-0412

Dear Mr. Patel:

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 #HO-94-0412.

Dates of Water Samples: October 31, 1995
 January 24, 1996

Date of Well Completion: June 29, 1995

Approving Authority


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: file

PERMIT

P 25470

A 15817

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

COPY OF SEPTIC FOR LOT INDEXED TO RIGHT OF 12228

DATE 3/23/77

Sadler Plumbing & Heating

IS PERMITTED TO INSTALL ALTER

ADDRESS 4012 Benson Avenue, Baltimore, Md. 21227

PHONE

SHOWING SEPTIC 50' 60' FROM APPROX WELLSITE

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Woodmark

ROAD Mount Albert Road

LOT 61, Blk. C, Sec. 7

PROPERTY OWNER ~~Mark Wakefield~~ Frank Campitelli

ADDRESS Carroll Mill Road, Ellicott City, Md.

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL-480 sq. feet sidewall area. Place the dry well 75 feet from the front lot line and 30 feet from the left side of the lot as seen when facing the lot from Mt. Albert Road. Dry Well inlet to be no deeper than 3 feet and dry well bottom to be no deeper than 11 feet below original grade. Man Hole to grade on septic tank if over 3 feet deep.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. 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 ACCEPTED.

PLANS APPROVED BY Raymond Hodges

DATE 6/25/73

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BLDG. PERMIT SIGNED AND RETURNED

4/10/77
Smith 4617
P.M.

MI 908

A 15817

4/20/95

Mr. C. "W."

This is in an old section of Woodmark where mostly 2 hole - perc was done years ago. It may be advantageous to require a "UV" device or "chlorinator" on Patel's new water well as an extra health + safety measure.

We went for water where on near water well area of lot on other side of street. Please note "Patel" + Easturday CB → @ site
3/23/95 + verbally agreed to water well site

Howard County Health Department

To: BRYAN of

over
to Mr. "C."
William

How CAN THE
ADDRESS BE FOUND,

THEN (THE TAX MAP
CAN GIVE US
THE LOT #

THEN WE WILL KNOW
THE LOT FILE TRULY CANNOT
BE FOUND

From: _____

Date: Tax (Cuba) 4/19

HD-170

[over 4/20]
more info!!

4/19/95 RECORD OF ^{TELEPHONE} CONVERSATION WITH
MR. PATEL -

HIS RECENTLY PERMITTED REPLACEMENT WELL
HAD BEEN DISCOVERED ^{BY OUR INSPECTOR} TO BE 60' FROM
A NEIGHBORING SEPTIC TANK.

HE IS ASKING WHAT IS OUR DECISION ON THE
SERVICEABILITY OF THIS WELL.

HE SPECIFICALLY STATES THAT HE IS NOT
REQUESTING TO UTILIZE THE WELL. HE WANTS TO
KNOW THAT WE WILL PAY FOR ANOTHER.

I ADVISED HIM THAT A PROPOSED WELL LOCATION
WAS THE APPLICANT'S RESPONSIBILITY. OUR APPROVAL
WAS BASED UPON THE EVIDENCE PRESENTED.

NEITHER HE NOR OUR INSPECTOR HAD DISCOVERED
THE PRESENCE OF THE NEIGHBORING SEPTIC TANK WHEN
THE WELL SITE WAS APPROVED.

WE WOULD AGREE TO A NEW WELL SITE FURTHER
FROM THE TANK THAT IS OF CONCERN. WE WERE
WORKING TO FIND FURTHER INFORMATION ABOUT THE
LOCATION OF THE DISPOSAL FIELD BEFORE MAKING A
FINAL COMMENT ON THE SUITABILITY OF THE CURRENT WELL.

(CW)



HOWARD COUNTY HEALTH DEPARTMENT

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

May 19, 1995

Mr. Andy Patel
12228 Mt. Albert Road
Ellicott City, Maryland 21042

RE: Replacement Well
Well Permit No. HO-94-0412
Woodmark Subdivision - Lot 61
12228 Mt. Albert Road

Dear Mr. Patel:

On March 23, 1995, a sanitarian from this office met you and your well driller at the above referenced property in response to a well permit application for construction of a replacement well. At that time, the well location you proposed was approved.

During construction of the well, a concern was raised as to the proximity of the well to a neighboring septic system. Further investigation reveals that the position of this water well is 50 - 60 feet from the drywell (septic disposal field) on the neighboring property.

While 100 feet separation from wells to septics is generally recommended, 50 feet separation has been past practice on many older subdivision created in the 1960's and 1970's. Hundreds of such sites exist in the county with no known adverse consequence.

In review of your particular situation, the landscape position places the well out of direct drainage path from the septic. The drainage pattern suggests the flow of sewage to be away from, rather than towards this well. Our experience has been that direction of groundwater flow is more significant in predicting future integrity of the water supply than strict adherence to any particular distance criteria.

With this information in mind, we continue to believe this well location to be suitable.

Mr..Andy Patel

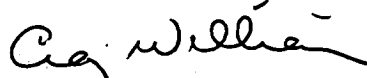
- 2 -

May 19, 1995

However, if you continue to have concerns and wish to accept the driller's suggestion for further investigation of the conditions of the well prior to connection, this would be an acceptable course of action.

If you have any questions relative to this matter, please call me at 313-2640.

Very truly yours,



Craig Williams, Program Director
Water and Sewerage Program

CW: jr

cc: George Easterday
Frank Skinner, Director
File

6/29/95 MARK RIFKIN REPORTS
NEW LOCATION APPROVED
AND DRILLED.

1ST REPLACEMENT WELL, WHICH CONCERNED MR PATEL
BECAUSE OF LOCATION, HAS BEEN
ABANDONED AND SEALED BY DRILLER THIS DATE.

(CW)

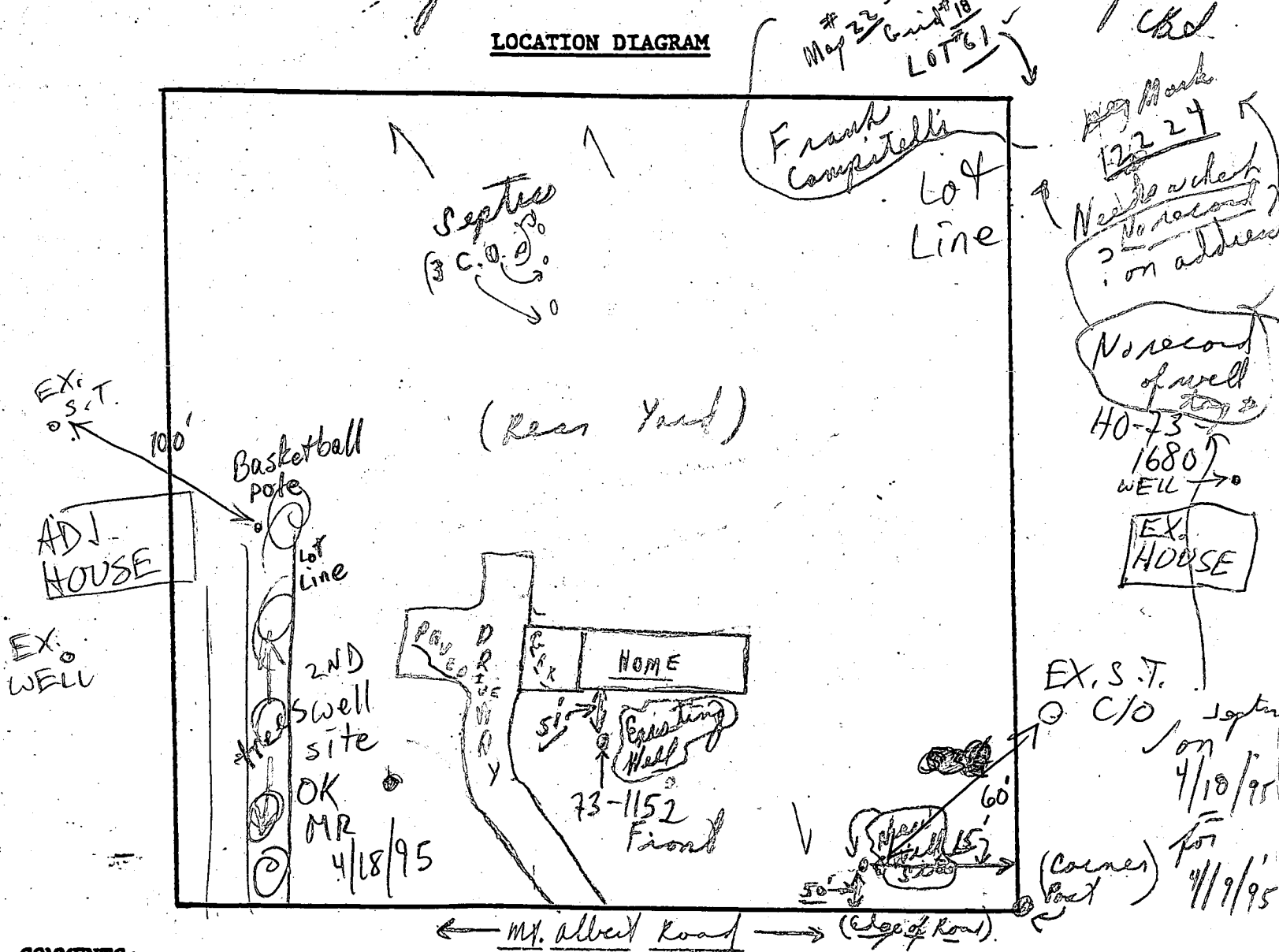
SITE INSPECTION SHEET

OWNER: PATÉC 988-9129
 ADDRESS: 1228 MT ALBERT RD

DATE REQUESTED: 3/23/95
 DRILLER: G. EASTERDAY
 WELL TAG # HO-94-0412 *Later P.M.*
 COUNTY: HOWARD

PROPOSAL: (1) New well to be primary water well.
(2) existing water well at a back up.

LOCATION DIAGRAM



COMMENTS: 3/23 Fluctuating water yield per owner Mr. Patel - New well site approved as per above & site by C/S
New well site tested.

DATE: 3/23/95 (Early P.M.) INSPECTOR: C. B. V. Truck
at site G. Easterday
Mr. Patel