

10/5/93 AM+PM  
4/6/94 11/80 P.C.O.  
4/12/94 J.S.A.P. (Contractor)  
F.O. House Construction

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

06/12 Partial → 4/6/94  
2' House  
Excavation  
only P.C.O.  
C.B.S.

195 2 P.C.O.  
C.B.S.  
P 49651  
A 41998

DISTRICT 5th

DATE 10/1/93

DATE SYSTEM APPROVED 4/12/94

INSPECTOR C.B.S.

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~11/80~~ 313-2640

### INDEXED

Paul Schissler/South Carroll Backhoe IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Deer Pond LOT 2 ROAD 7088 Pindell School Road

PROPERTY OWNER Greenfield Homes Bob Frederick  
1818 Liberty Road

ADDRESS Eldersburg, Maryland 21784

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 206

NOTE: SANITARIAN TO BE PRESENT PRIOR TO ANY EXCAVATION.  
RECOMMEND DUAL EFFLUENT PUMPS WITH CONTROLS AND ALARMS,  
1000 GALLON PUMP CHAMBER MINIMUM.

SEPTIC SYSTEM TRENCHES TO BE INSTALLED PRIOR TO BUILDING  
PERMIT ISSUANCE. RESTRICTED TO A MAXIMUM OF FOUR BEDROOMS.

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3.5 feet below original grade. 3.5 feet of stone below distribution pipe. (CW)

LOCATION:- From the end of the pipestem access, place the distribution box 118 feet down the left front (327.15') lot line and 125 feet off the same lot line as seen when facing the lot from the right-of-way. Run trenches along contour toward the right (435.06'/122.64') lot lines. Maintain a minimum of 100 feet to all neighboring wells. MAKE SURE TO STAY 100 FEET FROM EXISTING WELL (HO-81-0944) DOWNHILL FROM LOT 2 SEPTIC EASEMENT.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank: 9-30-93 JEN

PLANS APPROVED BY Jane Nadeau/C. Williams REVISED DATE 07/01/93

COVER NO WORK UNTIL INSPECTED AND APPROVED **BUILDING PERMIT SIGNED AND RETURNED 11-1802** 800139204 U6 PROPOSED TANK

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

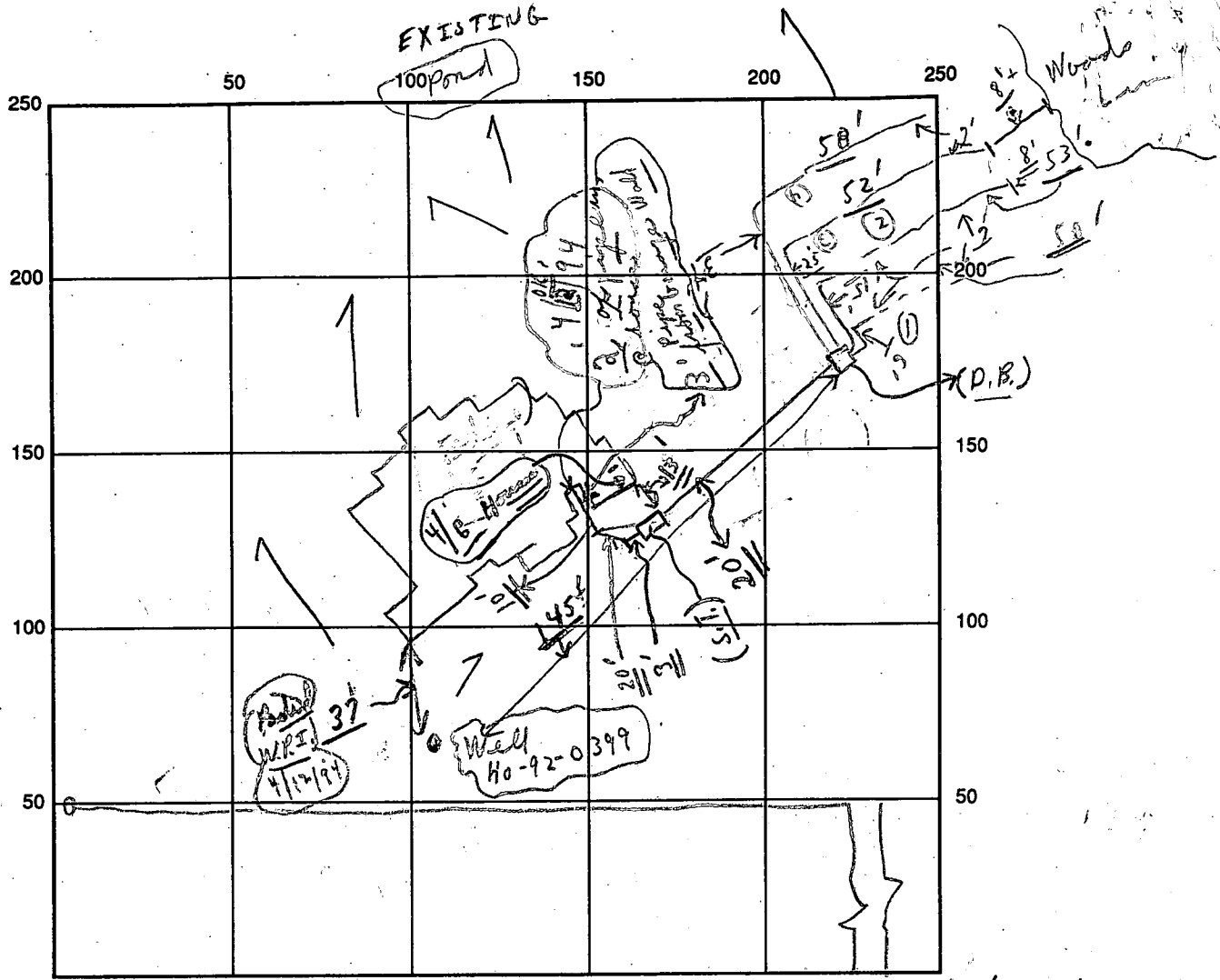
PERMIT VOID AFTER TWO YEARS

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED. *proper tank*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 41998  
86677



SEPTIC TANK LEVEL OK 4/6/94 CLEANOUTS S.T. OK (4/6/94)

DISTRIBUTION BOX LEVEL OK (Baffle as in)

DRAIN FIELD/TITLE DEPTH 2' average TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 3 1/2 FT. TOTAL LENGTH 50' + 53' + 52' + 50' = 213 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 745 SQ. FT.

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

ABSORBENT AREA 745 SQ. FT. [ 1 trench done, 3 trenches seen at end ]

REMARKS: 10/5/93 Partial (A.M.) ok to continue; 10/5/93 later P.M. Note: No house for - dist. box & traps in + covered Partial

P.M. 10/5 Needs house; house connection; septic tank & pipe to D.B. from front to house. Partial CBS 4/6/94 ok to cover to 3' of house;

need a house connection - only; CBS - [Partial 4/6/94]; 4/12/94 Final,

4/6/94 No M.P.I. CBS 4/12/94 House connection complete.

DATE SYSTEM APPROVED 4/12/94 INSPECTOR Charles Bryan Street

Partial 4/12 W.P.I. - A house ok. pitless adapter covered with dirt, cap & well ok - Partial CBS

# APPLICATION

PERCOLATION TESTING

A 41998

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT 5TH

DATE 3-29-88

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 Peter Horowitz Bob Frederick

ADDRESS 7100 Pindell School Rd, Fulton, Md 20715 PHONE 301-596-2446 (301) 725-8445

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: Deer Pond

SUBDIVISION Horowitz Property LOT NO. 2 F-91-64

ROAD AND DESCRIPTION West of Pindell School Rd and South of Loganberry Lane (7088 Pindell School Road)

TAX MAP 41 PARCEL # 204

SIZE OF LOT 3.2 Ac ± TYPE BLDG Single Family Dwelling  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

[Signature]  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING: WET SEASON low hole visual. SAW

✓ Hole #2 low hole visual - 13' deep.

BLDG. PERMIT SIGNED  
AND RETURNED 10/25/83  
Serial # 50908-SFD  
4 Boms

# THIS IS NOT A PERMIT

HD-216



# APPLICATION

PERCOLATION TESTING

A 41998

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 Peter Horowitz

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: Deer Pond

SUBDIVISION Horowitz Property LOT NO. 2

ROAD AND DESCRIPTION West of Ardell School Road

TAX MAP 41 PARCEL # 204

SIZE OF LOT 3.2 ± TYPE BLDG SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING 3-28-89 wet season retest, Holding for perc hole locations and subdivision plat approval. JEN

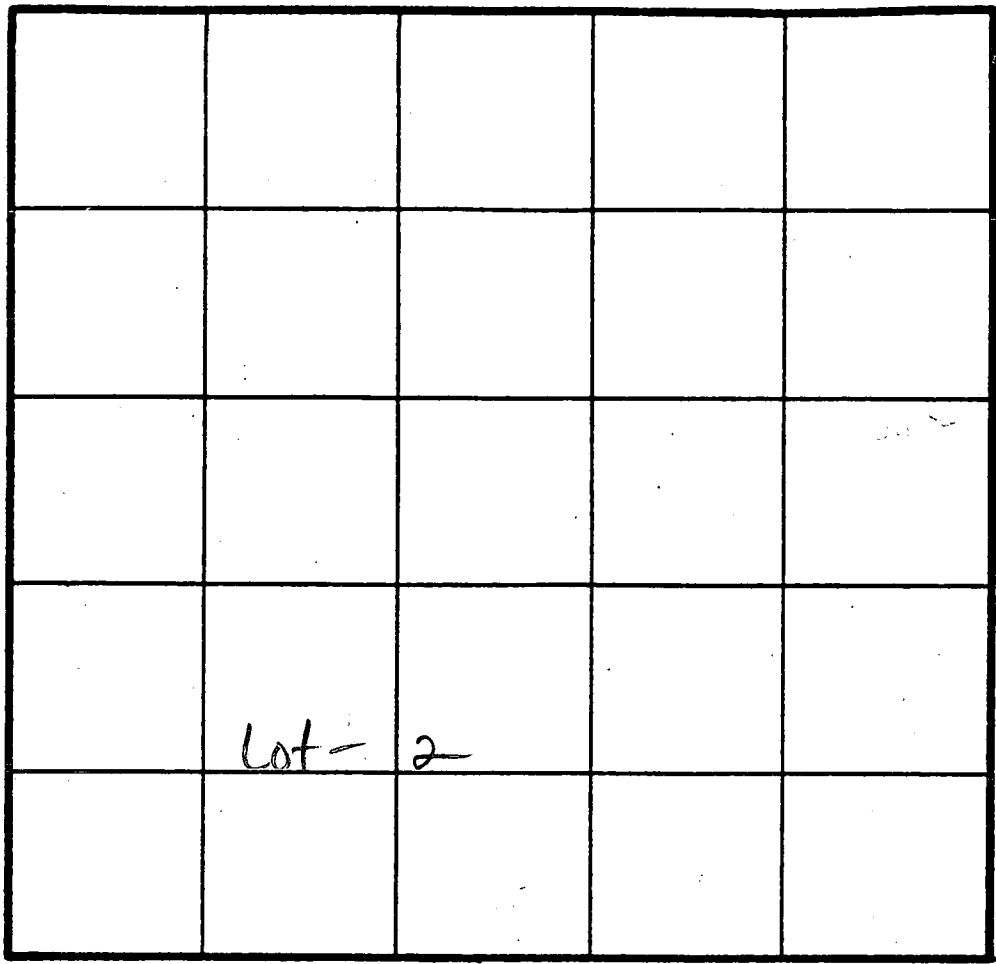
HD-216

# THIS IS NOT A PERMIT

A 41998

IA  
SOIL PROFILE

0-3.5 ed br  
s s c l m  
3.5-13.5 Tan mica  
s s c l m  
< 10%  
decomp.  
rock  
13.5 Bottom



$\bar{x} = 3 \text{ min}$   
Inlet = 3.5 ft  
Bottom = 13.5 ft  
180 sq ft / bed m

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-28-89	IA	13.5 V	(see profile - dry)				OK

REMARKS Low hole was dry.

TYPE OF SOIL \_\_\_\_\_

TESTED BY JENadeau

ALSO PRESENT Mr. Peter Horowitz

**B 1** **01102** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

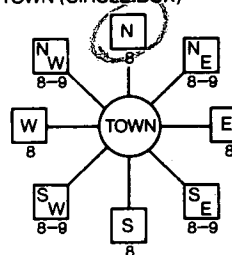
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type


STATE PERMIT NUMBER  
**HO-92-0399**  
 fill in this form completely

**Date Received (APA)**  
**06/19/93** OWNER INFORMATION  
**HOROWITZ** **PETER**  
 Last Name Owner First Name  
**VICOPINDELL SCHOOL RD**  
 Street or RFD  
**FULTON** **MD 20759**  
 Town State Zip

**B 3** LOCATION OF WELL  
**HOWARD** **DEER POND**  
 COUNTY  
~~HOROWITZ PROPERT~~  
 SUBDIVISION  
 SECTION **2** LOT **2**  
**FULTON**  
 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** M I

**DRILLER INFORMATION**  
**Joseph L. Mayne** **24**  
 Driller's Name License No. 80  
**Joseph L. Mayne Well Drilling**  
 Firm Name  
**5512 RIVER RD MT. AIRY MD. 21771**  
 Address  
**Joseph L. Mayne** **6/14/93**  
 Signature Date

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


**VicDell School RD.**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **900** FT OR MI **FF**

**B 2** 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  
**Howard** **A41998**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S  
 DATE ISSUED **070893** **Ch. Wilton** **7/7/94**  
 CO SIGNATURE EXP. DATE  
 NORTH GRID **489000** EAST GRID **0829000**

APPROXIMATE DEPTH OF WELL **300** FEET

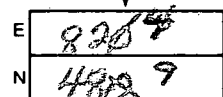
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

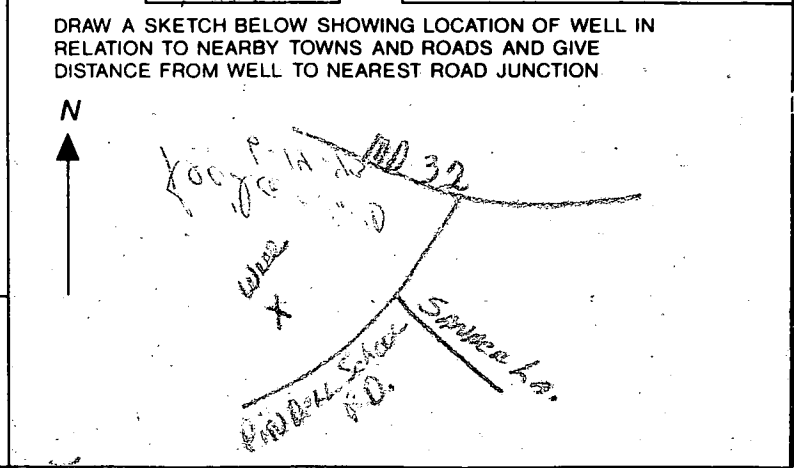
METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE REVerse-ROTary Drive-POINT  
 other \_\_\_\_\_

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 **GAP**  
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HO-92-0399**

SPECIAL CONDITIONS

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  




**FULTON**  
 COUNTY

C1 **7648** SEQUENCE NO. (DENV USE ONLY)  
 1 2 3  
 (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 **A41998**

ST/CO USE ONLY  
 DATE RECEIVED  
 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED  
**7/2/13**

Depth of Well  
 22 **480** 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-92-0399**

OWNER **HOROWITZ PETER**  
 last name first name  
 STREET OR RFD **PINELL STREET** TOWN **FELTON**  
 SUBDIVISION **DEER FOND** SECTION \_\_\_\_\_ LOT **2**

**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	
SAND Stone	0	22	
GRAY Mica Rock	22	310	
GRAY GRANITE	310	480	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **45** NO. OF POUNDS **650**  
 GALLONS OF WATER **42**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **24** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST CO**  
 STEEL CONCRETE  
**PL OT**  
 PLASTIC OTHER

**MAIN CASING TYPE**  
 Nominal diameter top (main) casing (nearest inch) **6**  
 Total depth of main casing (nearest foot) **27**

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

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

**C2**  
 DEPTH (nearest ft.)  
 1 **40** **25** **480**  
 2  
 3  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

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

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

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **104**  
 METHOD USED TO MEASURE PUMPING RATE **BUCKET**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **25**  
 WHEN PUMPING **333**  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP (CIRCLE) (YES OR NO) YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE (nearest foot)  
**-** below } **2**

**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)  
*See Attached Well location*

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 26.04.04 "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. **24**  
**Josiah Mayne**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Josiah Mayne 24**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 92-0399  
 Location of property (road) PINDALL SCHOOL RD  
 Subdivision DEER POND Lot 2 Block      Plat      Sec.       
 Well Driller JOE MAYNE Owner PETER HAROWITZ

Depth of well 480'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 25'

**I. High rate pumping -- reservoir drawdown**

Time pump started 7:30 Pumping rate 15 gpm  
 Total time 30 min to reach pumping water level 333 ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	154'	4 sec.		15 gal.
8:00	333	4		15
8:15	327	42		1.4
8:30	327	42		1.4
8:45	327	42		1.4
9:00	327	42		1.4
9:15	327	42		1.4
9:30	327	42		1.4
9:45	327	42		1.4
10:00	326	42		1.4
10:15	326	42		1.4
10:30	326	42		1.4
10:45	326	42		1.4
11:00	326	42		1.4
11:15	327	42		1.4
11:30	327	42		1.4
11:45	327	42		1.4
12:00	327	42		1.4
12:15	327	42		1.4
12:30	327	42		1.4
12:45	327	42		1.4
1:00	327	42		1.4
1:15	327	42		1.4
1:30	327	42		1.4
HD-224 1:45	327	42		1.4
2:00	327	42		1.4

## CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 252-7742

REPORT DATE: Oct 4, 1994

County Howard

Lab Number 94-4457

Sample iced Yes

Residual Cl<sub>2</sub> <0.1 mg/L

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Mr. Wayne Greenfield  
Greenfield Homes  
1818 Liberty Road  
Eldersburg, Maryland 21784

Property Sampled: U&O: 7088 Pindell School Road

Station Sampled: Kitchen tap

Tax Map #:

Date/Time Sampled: Oct 3, 1994 2:20 pm

Parcel #:

Owner, Telephone No.: M/M Frederick

Sampler: E. Hause #94-312

Subdivision Name: Deer Pond

Lot Number: 2

Building Permit No.:

Well Number: HO 92-0399

Observation: Satisfactory

## RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL	
Nitrate	✓ <1.0 mg/L as N	ISE	10.0 mg/L as N	Pass
Turbidity	✓ 1.2 NTU	EPA 180.1	10.0 NTU	Pass
pH	✓ 6.7 Units	EPA 150.1	6.5-8.5 Units	
Sand	Negative ✓		Negative	
Total Coliform	<b>PRESENT</b>	ONPG-MMO MUG	Absent	FAIL
Fecal Coliform	Absent ✓			

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was UNSAFE for drinking purposes.



Heather R. Beam

CASSELL TESTING, INC.  
ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 252-7742

REPORT DATE: Oct 7, 1994

County Howard

Lab Number 94-4540

Sample iced Yes  
Residual Cl<sub>2</sub> <0.1 mg/L

cc: County Health Dept. Yes

11 01411 0444 11 130 42  
**CERTIFICATE OF ANALYSIS**

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Mr. Wayne Greenfield  
Greenfield Homes  
1818 Liberty Road  
Eldersburg, Maryland 21784

Property Sampled: 7088 Pindell School Road, retest

Station Sampled: Kitchen tap

Tax Map #:

Date/Time Sampled: Oct 6, 1994 12:40 pm

Parcel #:

Owner, Telephone No.: M/M Frederick

Sampler: E. Hause #94-312

Subdivision Name: Deer Pond

Lot Number: 2

Building Permit No.:

Well Number: HO 92-0399

Observation: Satisfactory

**RESULTS OF ANALYSIS:**

Parameter	Result	Method	MCL
Total Coliform	<u>PRESENT</u>	ONPG-MMO MUG	Absent
Fecal Coliform	Absent		FAIL

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was **UNSAFE** for drinking purposes.



Heather R. Beam

\*Reg I COP

CASSELL TESTING, INC.  
ENVIRONMENTAL SAMPLING AND TESTING  
10940-BE AVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 252-7742

REPORT DATE: Oct 15, 1994

County Howard

Lab Number 94-4660

Sample Iced Yes  
Residual Cl<sub>2</sub> <0.1 mg/L

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Mr. Wayne Greenfield  
Greenfield Homes  
1818 Liberty Road  
Eldersburg, Maryland 21784

Property Sampled: U&O: 7088 Pindell School Road, retest

Station Sampled: Kitchen tap

Tax Map #:

Date/Time Sampled: Oct 14, 1994 12:45 pm

Parcel #:

Owner, Telephone No.: M/M Frederick

Sampler: D. Carpenter #93-140

Subdivision Name: Deer Pond

Lot Number: 2

Building Permit No.:

Well Number: HO 92-0399

Observation: Satisfactory

RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL
Total Coliform	Absent	ONPG-MMO MUG	Absent Pass

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was SAFE for drinking purposes.

*Sharon K. Cassell*  
Sharon K. Cassell

\* MCL = Maximum Contamination



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## HOWARD COUNTY HEALTH DEPARTMENT

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

October 18, 1994

Mr. Wayne Greenfield  
Greenfield Homes  
1818 Liberty Road  
Eldersburg, MD 21784

RE: Deer Pond, Lot #2  
7088 Pindell School Rd.  
Well Tag #HO-92-0399

Dear Mr. Greenfield:

This is to advise you that the septic system was installed, inspected and approved on April 12, 1994.

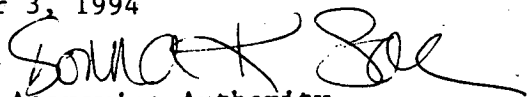
The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

### 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-92-0399. 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.

Date of water sample: October 14, 1994 & October 3, 1994  
Date well approved: July 21, 1993

  
Approving Authority  
Donna K. Soe, Sanitarian  
Water and Sewerage Program

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

011077

Category Code 4F-4C

Lab. No. \_\_\_\_\_

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

<b>SAMPLE TYPE:</b> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Non-Transient <input type="checkbox"/> Private <input checked="" type="checkbox"/> Check Sample <input type="checkbox"/> Special <input type="checkbox"/>	Source <u>Frederick</u>
	Location: <u>7088 Pindell School Rd</u>
	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <span style="float:right"><input checked="" type="checkbox"/> am</span>
	Treated Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <span style="float:right"><input type="checkbox"/> pm</span>
	Collector # _____ Bottle No. <u>AQ-767</u>
	Collector Name <u>G SAVAGE</u> County <u>Howard</u>
Time Collected <u>8:59</u>	

13	— — — —	— — — —	02/01/95
County	Plant No.	Sampling Station	Date Collected

pH 7.66 Res. Cl: Free 00 Total 00 Card No. +

**LABORATORY RECORD**

Thiosulfate: Pres.  Absent  Undetermined

**PRESUMPTIVE MTF TEST\***

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

**CONFIRMED MTF TEST**

ml. of Sample	10 ml.										No. of Pos.
Coliforms †	—	—	—	—	—	—	—	—	—	—	0
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

Date & Hour	Exam	Rept.	Laboratory
-1 FEB 95 13 10	Exam	Rept.	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"/>
-1 FEB 95 13 10	Exam	Rept.	Remarks
-5 FEB 95 08 52	Exam	Rept.	Coasi



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## HOWARD COUNTY HEALTH DEPARTMENT

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

February 10, 1995

Mr. Bob Frederick  
7088 Pindell School Road  
Fulton, MD 20759

RE: Deer Pond, Lot #2  
7088 Pindell School Road  
Well Permit #HO-92-0399

Dear Mr. Frederick:

This is to advise you that the septic system was installed, inspected and approved on April 12, 1994.

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-92-0399.

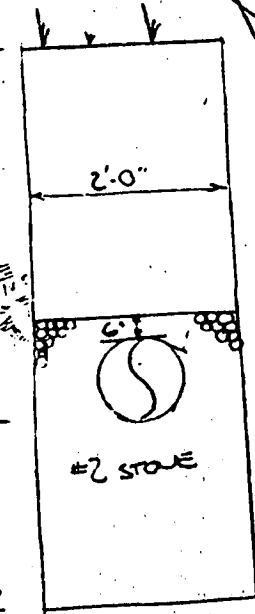
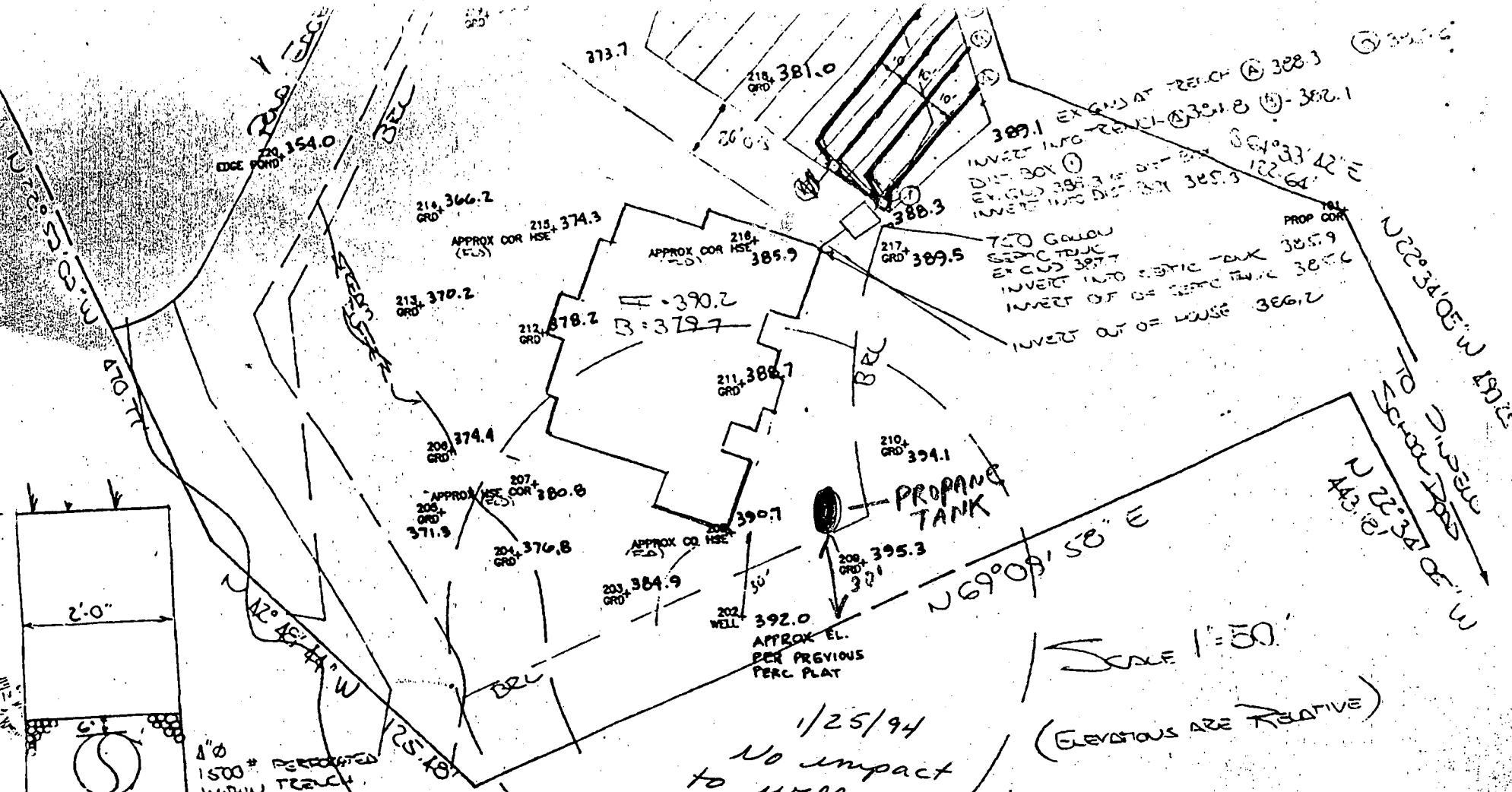
Date of Final Sampling: February 1, 1995  
Date of Well Approval: July 21, 1993

Approving Authority

Donna K. Soe, Sanitarian  
Water and Sewerage Program

Water Sample Dates: February 1, 1995  
October 14, 1994  
October 3, 1994

DKS



4" @ 1500' W.P.U.L. TRACK

**Comments:** 5/21/94

**Date:** 1/24/94

**REVISED**

1/25/94  
 No impact  
 to well or  
 septic. OK to  
 proceed.

SCALE 1"=50'  
 (ELEVATIONS ARE RELATIVE)

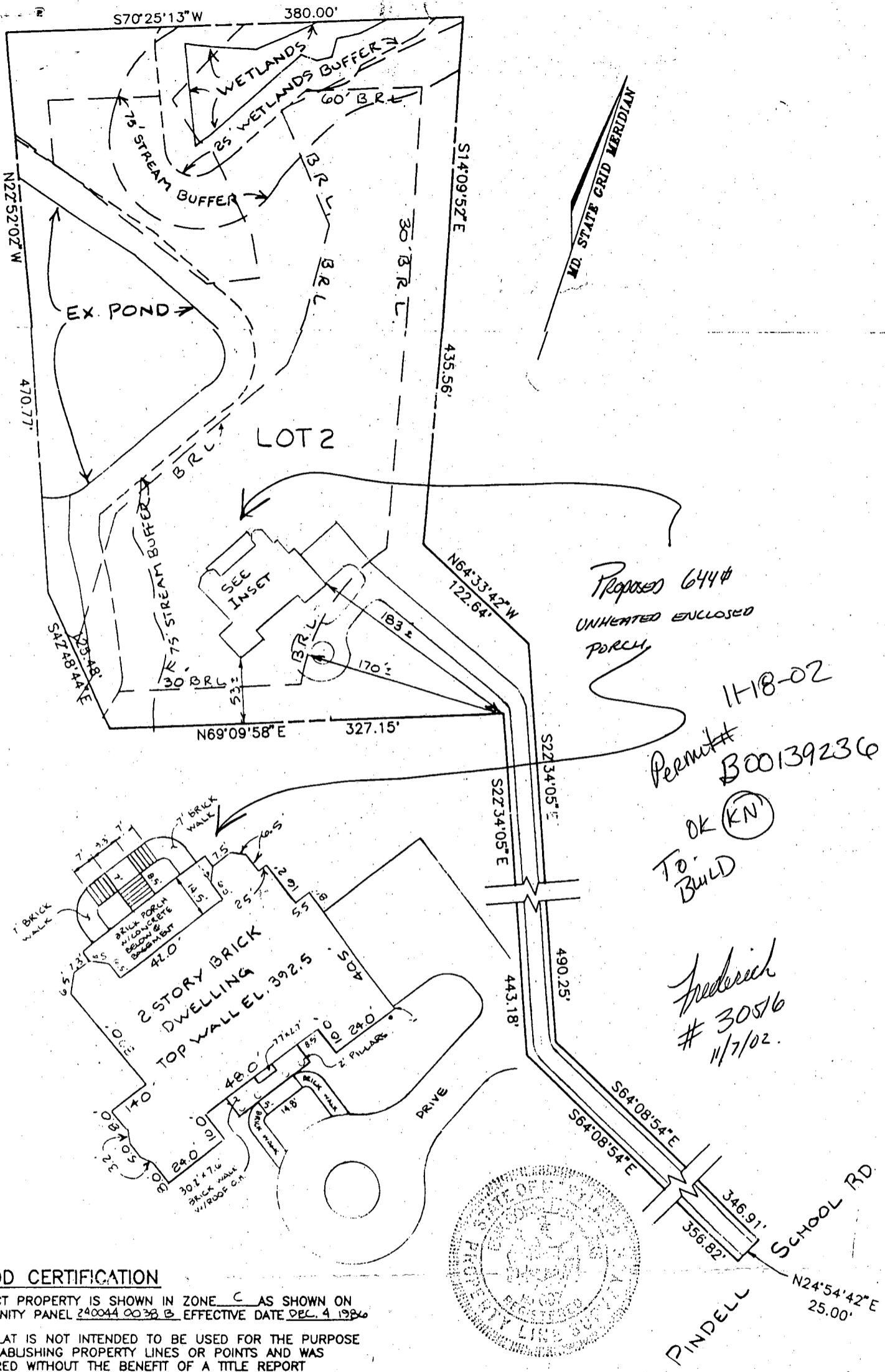
4 bedrooms x 180 sq ft = 720  
 720 / 3.5 = 206 sq ft req'd.  
 + 235 sq ft provided

Marks-Vogel Associates, Inc.  
 Engineers • Surveyors • Planners

4704 Yorkshire Drive

Telephone and Fax  
 (714) 441-6000

Prepared For:  
 GREATER HOMES  
 218 LIBERTY ROAD



Proposed 644#  
UNHEATED ENCLOSED  
PORCH

Permit # 11-18-02  
B00139236

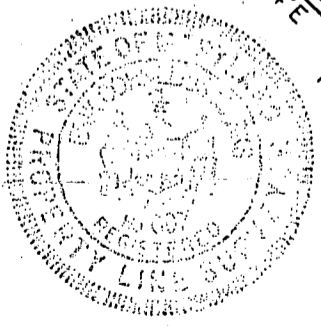
To OK (KN)  
Build

Fredrich  
# 305/6  
11/7/02.

**FLOOD CERTIFICATION**

SUBJECT PROPERTY IS SHOWN IN ZONE C AS SHOWN ON COMMUNITY PANEL 240044 0038 B EFFECTIVE DATE DEC. 4 1986

THIS PLAT IS NOT INTENDED TO BE USED FOR THE PURPOSE OF ESTABLISHING PROPERTY LINES OR POINTS AND WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT



<b>RECORD REFERENCES</b>
LIBER/FOLIO _____
PLAT BOOK _____
PLAT NO./FOLIO <u>10762/</u>
SCALE <u>1" = 100'</u>
DATE <u>7/27/14</u>

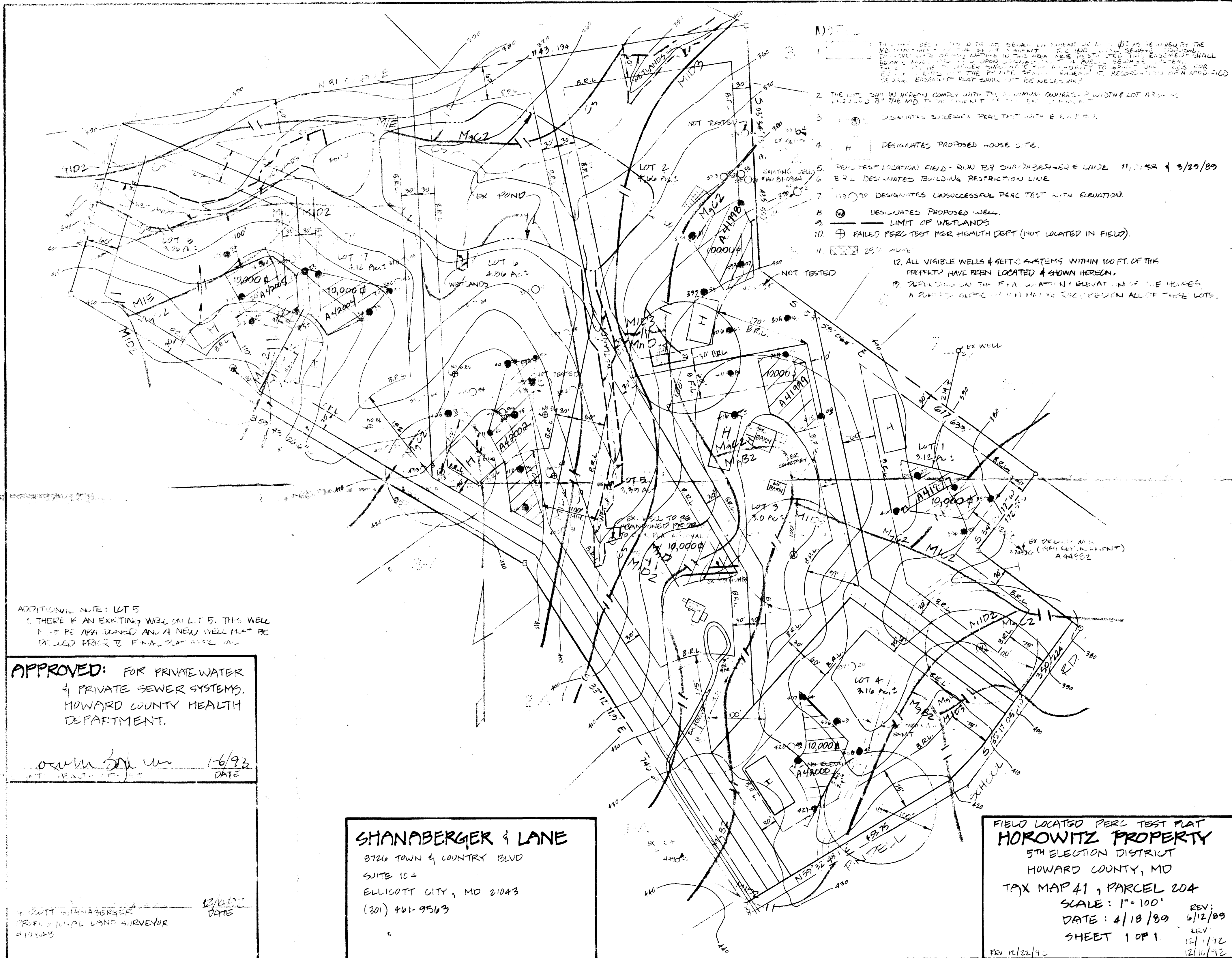
FINAL LOCATION OF  
**LOT 2, DEER POND**  
5th ELECTION DIST.  
HOWARD Co. MARYLAND

**MARKS-VOGEL ASSOCIATES, INC.**  
CONSULTING ENGINEERS-SURVEYORS-PLANNERS  
3691 PARK AVE. #101 ELLICOTT CITY, MD 21043  
TELEPHONE (410)461-5828 FAX (410)465-3966

I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

*Erik G. Marks*  
ERIK G. MARKS R.P.L.S. #607





- NOTES
1. THE LOTS BEING A PRIVATE SEWER SYSTEM OR AS REQUIRED BY THE MD DEPARTMENT OF THE STATE DEPARTMENT FOR WETLANDS SHALL BE SUBJECT TO THE STATE DEPARTMENT FOR WETLANDS. THE ENGINEER SHALL BE RESPONSIBLE FOR OBTAINING NECESSARY PERMITS FROM THE STATE DEPARTMENT FOR WETLANDS. THE ENGINEER SHALL BE RESPONSIBLE FOR OBTAINING NECESSARY PERMITS FROM THE STATE DEPARTMENT FOR WETLANDS.
  2. THE LOTS SHOULD COMPLY WITH THE ADJACENT OWNERS' BOUNDARY LOT AREA AS REQUIRED BY THE MD DEPARTMENT OF THE STATE DEPARTMENT FOR WETLANDS.
  3. (⊙) DESIGNATES SUCCESSFUL PERC TEST WITH ELEVATION.
  4. (H) DESIGNATES PROPOSED HOUSE SITE.
  5. PERC TEST LOCATION FIELD - DRAW BY SHANABERGER & LANE 11, 1989 & 3/23/89
  6. BRL DESIGNATES BUILDING RESTRICTION LINE
  7. (⊕) DESIGNATES UNSUCCESSFUL PERC TEST WITH ELEVATION
  8. (⊙) DESIGNATES PROPOSED WELL.
  9. (---) LIMIT OF WETLANDS
  10. (⊕) FAILED PERC TEST PER HEALTH DEPT (NOT LOCATED IN FIELD).
  11. (---) 25% SLOPE
  12. ALL VISIBLE WELLS & SEPTIC SYSTEMS WITHIN 100 FT. OF THIS PROPERTY HAVE BEEN LOCATED & SHOWN HEREON.
  13. DEPENDING ON THE FINAL PLANNING ELEVATION OF THE HOUSE, A PRIVATE SEPTIC SYSTEM MAY BE REQUIRED ON ALL OF THESE LOTS.

ADDITIONAL NOTE: LOT 5  
 1. THERE IS AN EXISTING WELL ON LOT 5. THIS WELL MUST BE ABANDONED AND A NEW WELL MUST BE DRILLED PRIOR TO FINAL PLANNING.

**APPROVED:** FOR PRIVATE WATER & PRIVATE SEWER SYSTEMS.  
 HOWARD COUNTY HEALTH DEPARTMENT.

*Scott Shanaberger* 1/6/93  
 DATE

**SHANABERGER & LANE**  
 8726 TOWN & COUNTRY BLVD  
 SUITE 104  
 ELLICOTT CITY, MD 21043  
 (301) 461-9563

FIELD LOCATED PERC TEST PLAT  
**HOROWITZ PROPERTY**  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MD  
 TAX MAP 41, PARCEL 204  
 SCALE: 1" = 100'  
 DATE: 4/18/89  
 SHEET 1 OF 1

REV: 6/12/89  
 REV: 12/1/92  
 REV: 12/16/92

SCOTT SHANABERGER  
 PROFESSIONAL LAND SURVEYOR  
 #10343

12/16/92  
 DATE