

7/22/91 ANYTIME

Tax ID - 04-350324

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME EXPIRED

P 4  
A 42103

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

FOR F.C.O.P.  
Compliance  
7/13/93  
C. Williams / C.B.D.

DATE 5/14/91  
DATE SYSTEM APPROVED 7/22/91

INSPECTOR M. Rifkin

INDEXED

Frall Developers, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-1866

SUBDIVISION Quail Meadows LOT 8 ROAD 16618 Bahner Court

PROPERTY OWNER Frall Developers, Inc. (Klosky)

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - As seen from Bahner Court, place distribution box 125' from rear lot line and 190' from right (962.88') lot line. Run first two trenches to right side of lot, additional trenches downhill of first two and in both directions. All trenches run on contour.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/19/91 RH

PLANS APPROVED BY Mark Rifkin cm DATE 04/10/91

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, 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)

**BUILDING PERMIT SIGNED AND RETURNED**

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 800136399 - 1 STORY ADDITION

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

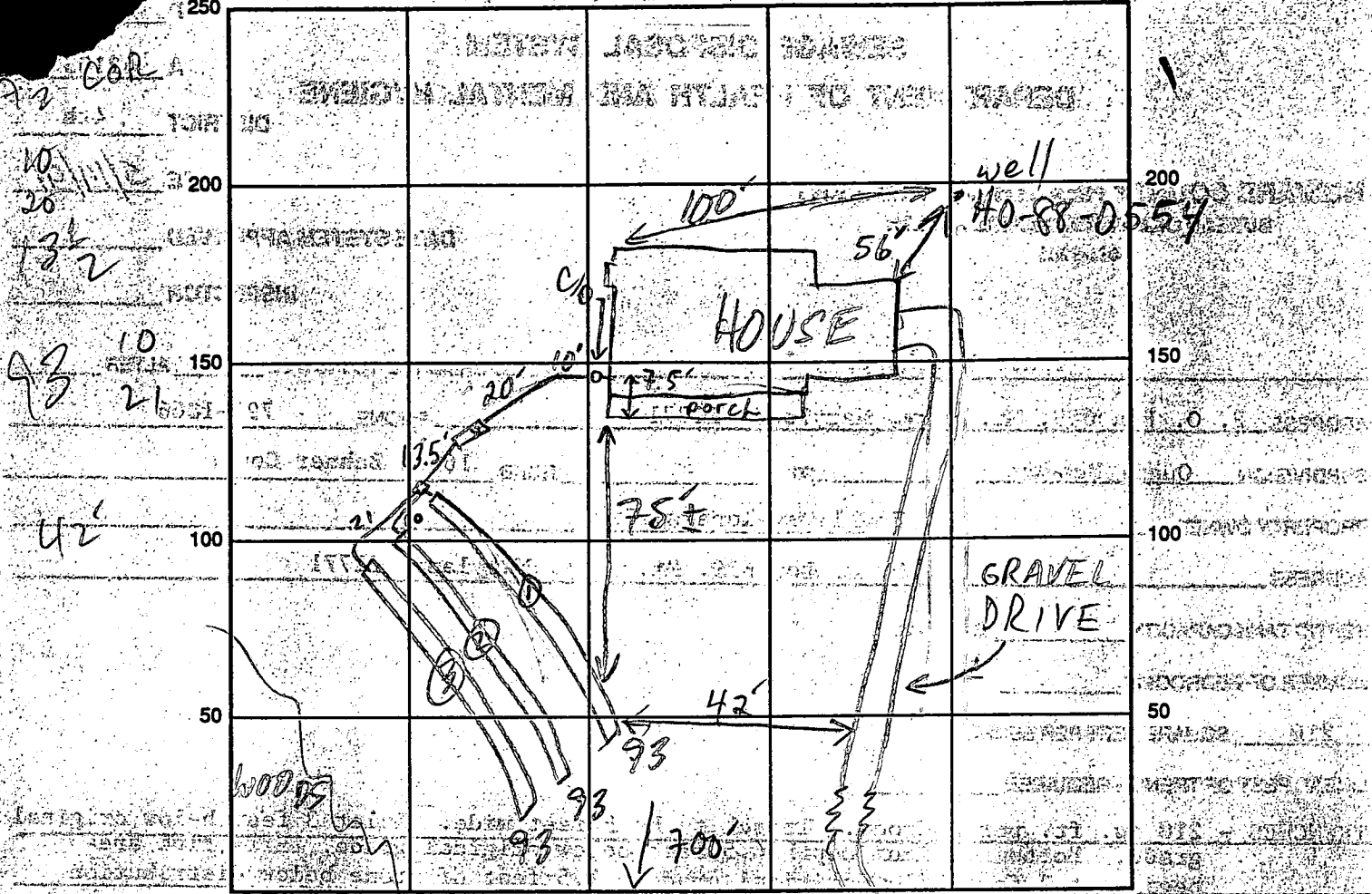
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 8 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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 42103



BANNER CT INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 3 @ 93' FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 3 @ 279 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 840 SQ. FT.

REMARKS: 7/22/91 OK TO COVER ALL MRK

BUILDING PERMIT SIGNED

DATE SYSTEM APPROVED 7/22/91 INSPECTOR M. R. F. K. E. N.

# APPLICATION

PERCOLATION TESTING

A 42103  
P \_\_\_\_\_

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

DISTRICT 4TH.  
DATE 4/4/88

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 EDWARD J. AND PATRICIA KUNTZE Frall Developers Inc  
ADDRESS 2328 FLORENCE ROAD, WOODBINE, MD. 21797 PHONE 775-1866  
489-4969

PROSPECTIVE BUYER CARMAN ASSOCIATES  
ADDRESS P.O. BOX 122, ELLICOTT CITY, MARYLAND 21043 PHONE 442-5613

PROPERTY LOCATION: N/S MD. ROUTE 144 APPROX 1300' EAST OF WATERVILLE ROAD  
SUBDIVISION PROPERTY OF LAVINIA L. HOOD LOT NO. 8 on Final  
ROAD AND DESCRIPTION COURT 'A' 16618 Bahner Ct.

TAX MAP 7 PARCEL # 482

SIZE OF LOT 3 ACRES + 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]*  
CARMAN ASSOCIATES  
GENERAL PARTNER  
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abul FOR Standard Touch DATE 11-21-88

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

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

REASONS FOR REJECTION OR HOLDING 10/25/88 Perc Satisfactory - hold for PCAT sub

BLDG. PERMIT SIGNED  
AND RETURNED 4/12/96  
Serial # 37206-SFD

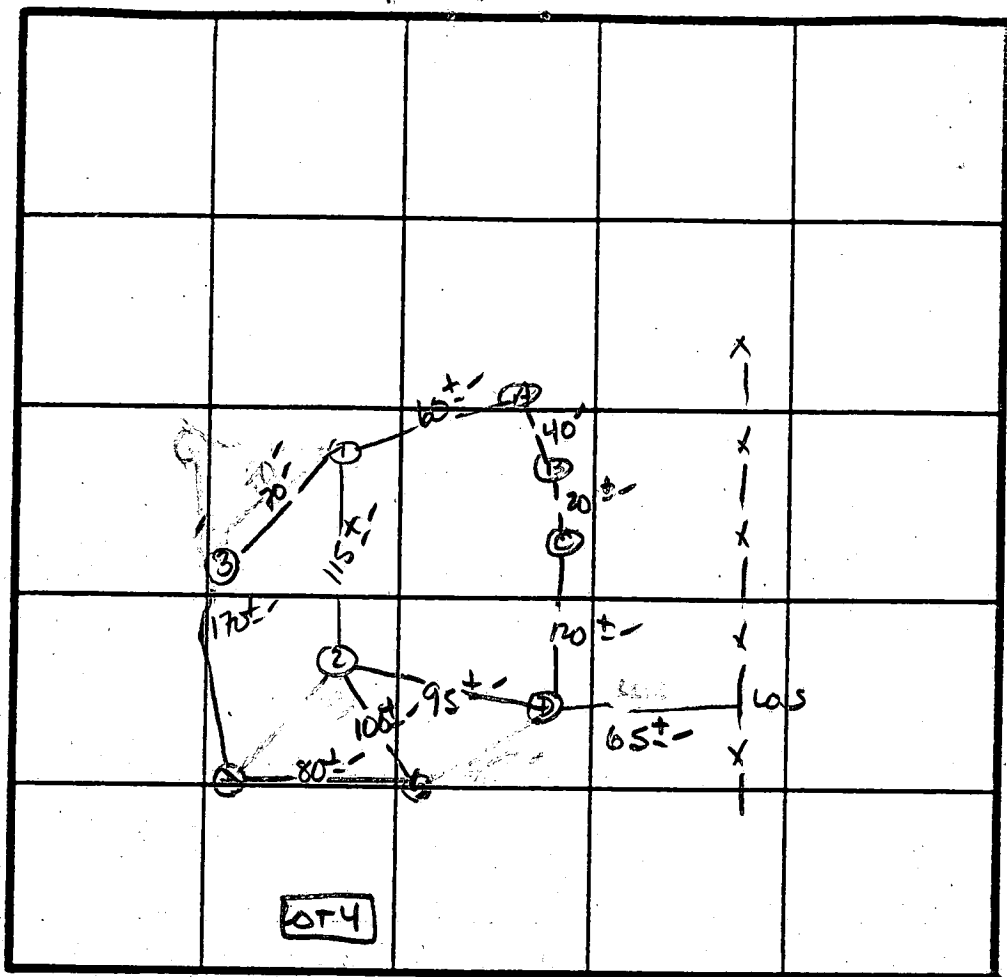
# THIS IS NOT A PERMIT

HD-216

53

① SOIL PROFILE

6"  
 AP  
 STRONG  
 BRN  
 Silty loam  
 (Clayey)  
 15-25%  
 FRAP  
 3"  
 STRONG  
 BROWN  
 Shaly  
 silt loam  
 35-50%  
 FRAP  
 12"



X PERC  
 4 MIN  
 2 1/2" Ø 10R  
 INLET 3"  
 BOTTOM 4.5"  
 (MAX)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

R2144

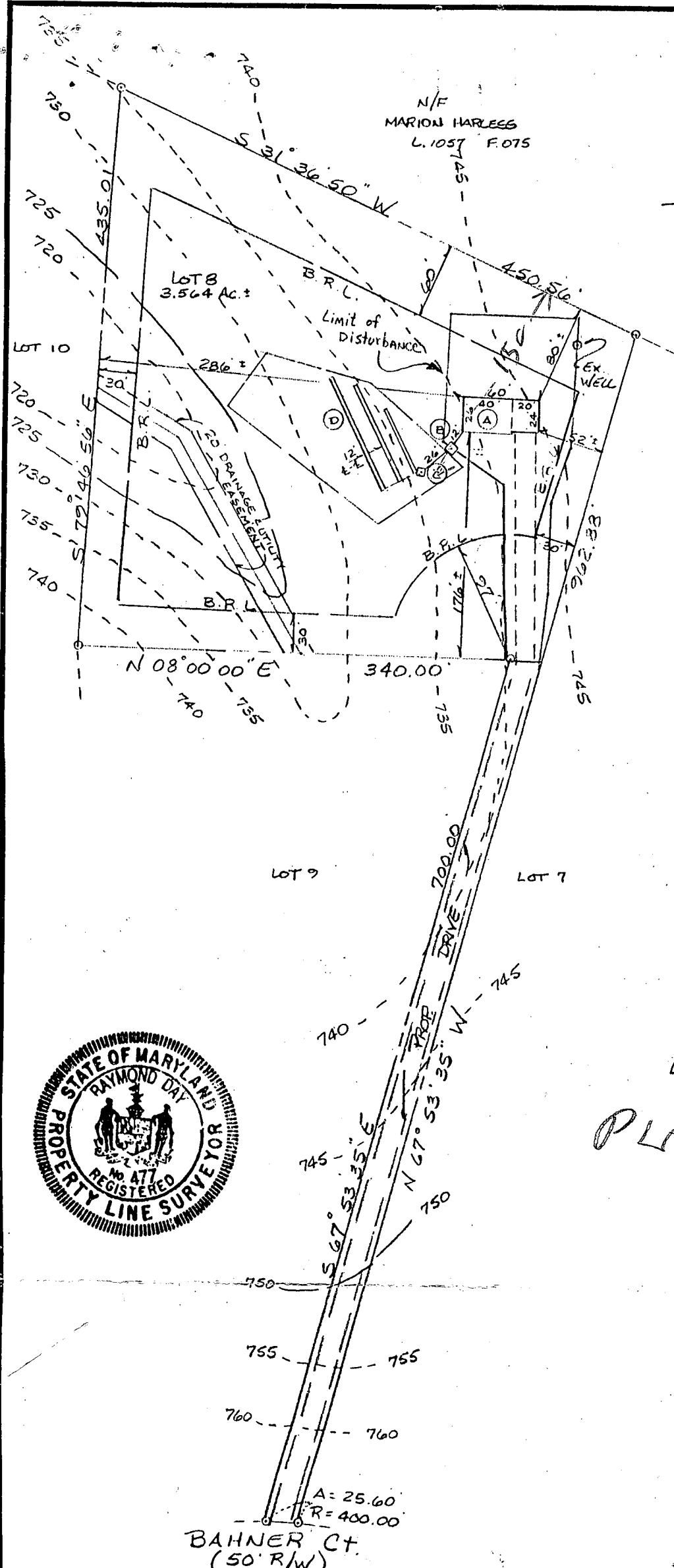
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/25/88	1S 1V	3" 12"	11:03 As profiled	11:05	11:05	11:08	3 MIN
	2S 2V	3.5" 11.5"	11:04 SIMILAR TO #1 w/ loss shale	11:06	11:06	11:09	3 MIN
	3S 3V	3.0" 11"	11:59 REFUSAL	2:02 MASSIVE AT 9.5-10.0'	2:02	2:09	7 MIN
	4S 4M	3.5" 8.0"	2:11 2:14	2:12 2:16	2:12 2:16	2:15 2:20	3 MIN 4 MIN
	4V	11.5"	25% FRAP	below 9.5-10'			
	5S 5V	4.0" 11.0"	2:09 REFUSAL	2:10	2:10	2:13	3 MIN
	A	STRUCTURE AT 8"					
	B	REFUSAL AT 5"					
	C	REFUSAL AT 9"					
	D	STRUCTURE AT 6"					

REMARKS Holes Diff Than Plat. Shallow Syst only

TYPE OF SOIL MANOR

TESTED BY S. Abel ALSO PRESENT Phil M. Anderson

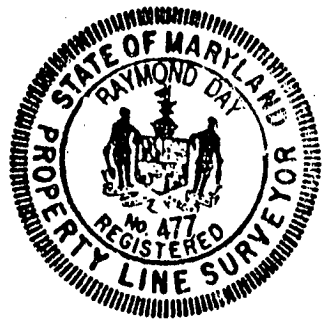
K. Cassel



- (A) = PROP. HOUSE  
F.F. ELEV. = 743.6  
BSMT. ELEV. = 735.1  
INV. ELEV. = 733.2
- (B) = PROP. SEPTIC TANK  
EX. ELEV. = 738.2  
INV. IN = 733.8  
INV. OUT = 733.5
- (C) = PROP. DIST. BOX  
EX. ELEV. = 735.2  
INV. ELEV. = 733.2
- (D) = PROP. TRENCHES  
INV. ELEV. = 732.9  
1.5' STONE, 4.5' BOTTOM MAX.  
LENGTH TO BE DETERMINED AT  
TIME OF SEPTIC PERMIT  
ISSUANCE.

4/12/91  
PLANS OK  
RIT

PLOT PLAN  
LOT 8  
QUAIL MEADOW  
SITUATED ON BANNER COURT  
ELECTION DISTRICT NO 4  
HOWARD COUNTY, MARYLAND  
SCALE: 1"=100' MARCH 1991

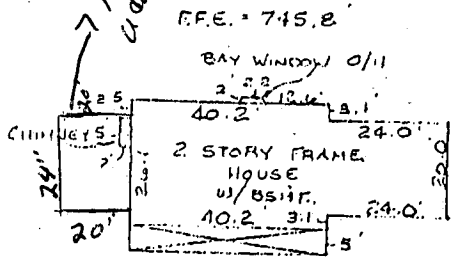
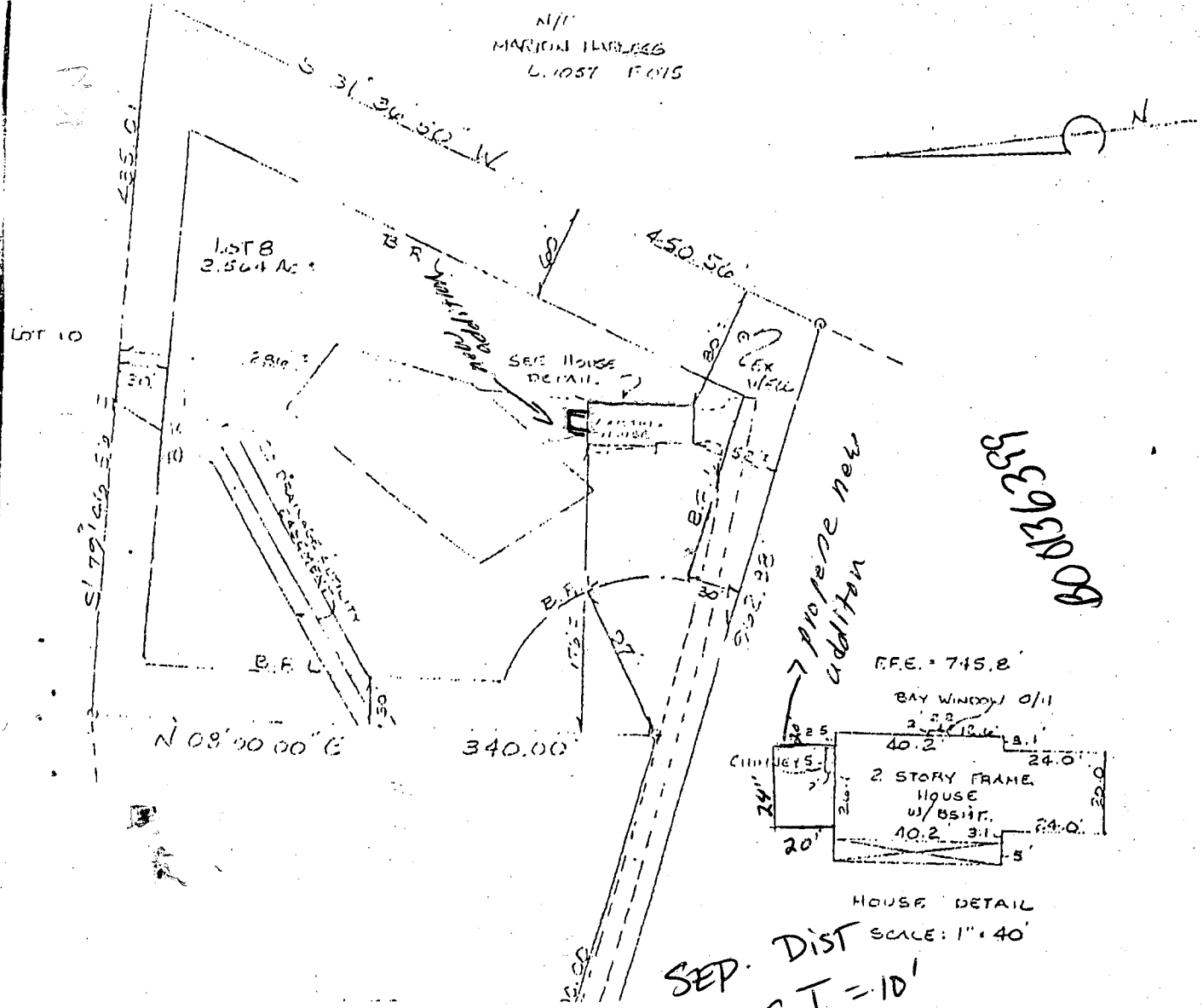
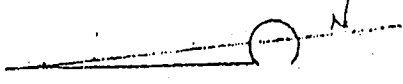


I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

LIBERTY SURVEY, INC.  
3020 BUFFALO ROAD  
NEW WINDSOR, MARYLAND  
1-301-875-2784 21776

REFERENCE	JOB NO.
PLAT # 2354	21-04

N/1  
MARION HARLES  
L. 1057 F. 015



F.F.E. = 745.8'

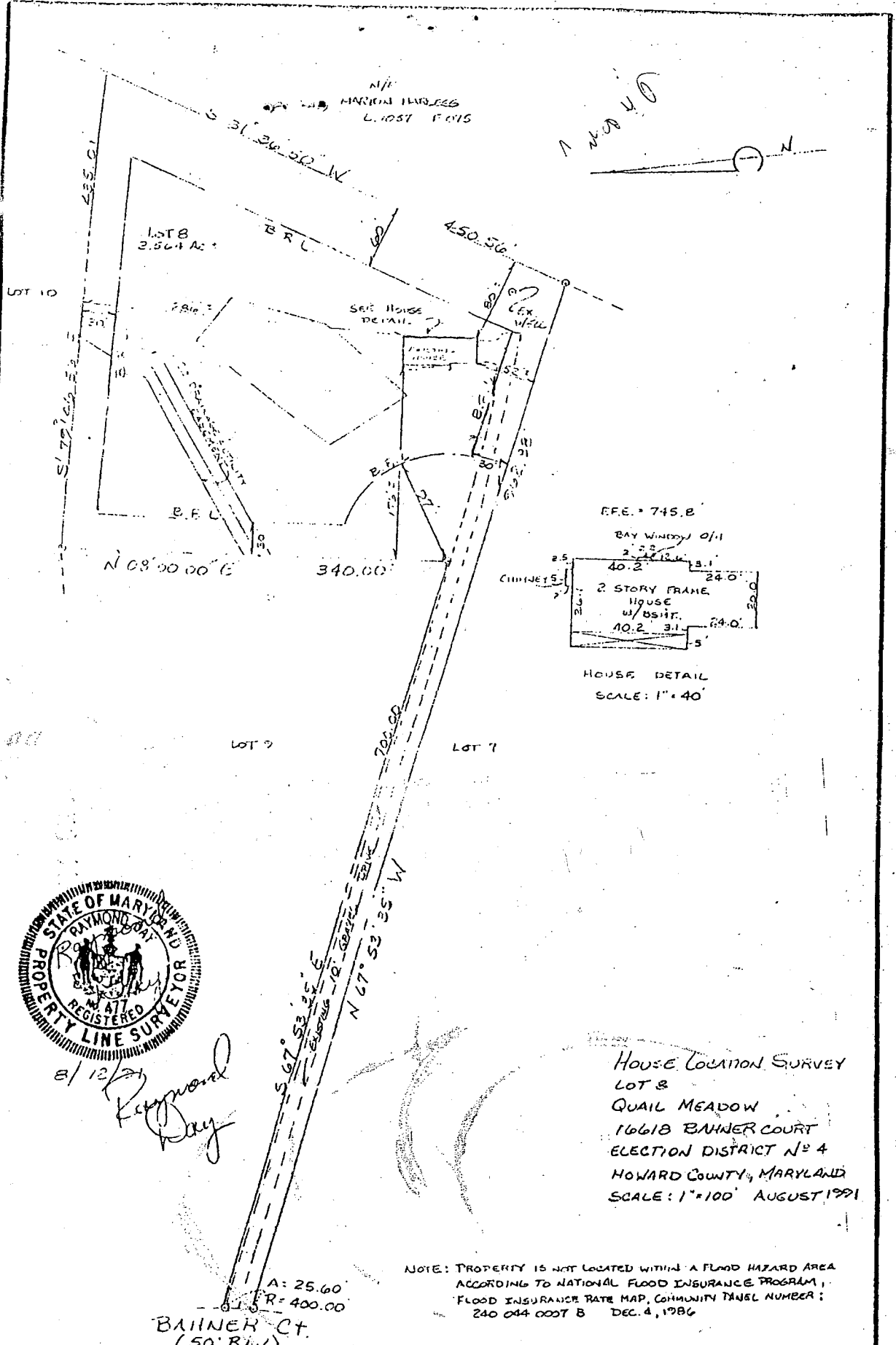
HOUSE DETAIL

SCALE: 1" = 40'

SEP. DIST TO S.T. = 10'

well location  
O.K.  
5/24/02 KN

5/24/02 KN



8/12/91  
Raymond Ray

HOUSE LOCATION SURVEY  
LOT 8  
QUAIL MEADOW  
10618 BANNER COURT  
ELECTION DISTRICT N° 4  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 100' AUGUST 1991

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT  
OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG  
THE LAND RECORDS OF HOWARD COUNTY,  
MARYLAND, AS REFERENCED HEREON.

LIBERTY SURVEY, INC.  
5000 BUFFALO ROAD  
NEW WINDSOR, MARYLAND  
301-875-2784

REFERENCE	JOB NO.
PLAT # 2354	21-04

21776

C1 2/11

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-42103

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER: CHIMNEY ASSOCIATES, STREET OR RFD: BAYVIEW CT, TOWN: LISBON, SUBDIVISION: G.A. MEADOWS, SECTION, LOT: X8

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Brown Sand and Blue rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 7, NO. OF POUNDS: 658.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE: ST, Nominal diameter: 1, Total depth of main casing: 29.

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

SCREEN RECORD: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT)

DEPTH (nearest ft.) grid for EACH SCREEN

A CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 248

DRILLERS SIGNATURE

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

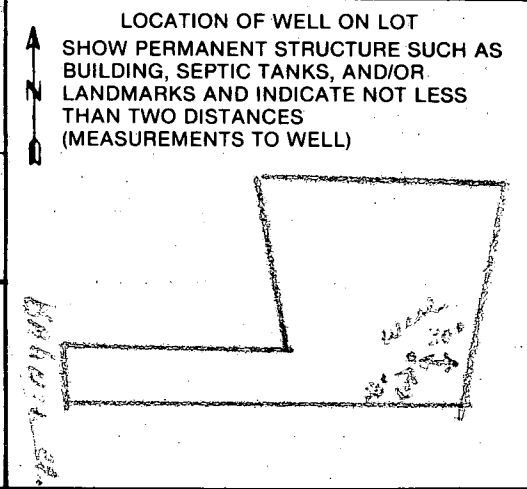
SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) grid

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.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min. to nearest gal.) 206, METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 46, WHEN PUMPING 269, TYPE OF PUMP USED (for test): S submersible

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



B 1 **2225** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

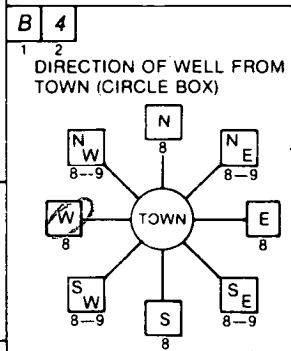
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-88-0554**  
 fill in this form completely

Date Received (APA) **04/12/89**  
 OWNER INFORMATION  
**CARMAN ASSOCIATES**  
 Last Name Owner First Name  
**PO BOX 122**  
 Street or RFD  
**ELLICOTT CITY MD 21043**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**CHATELAIN WOODS** SUBDIVISION  
 SECTION **48** LOT **X8**  
**LISKOW** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI

DRILLER INFORMATION  
**Joseph L. Mayne** License No. **238**  
**Joseph L. Mayne Well Drilling**  
 Firm Name  
**5519 Spring Rd. Mt Airy MD 21771**  
 Address  
**Joseph L. Mayne** Date **4/12/89**  
 Signature



**Bahner Court** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH WEST EAST SOUTH  
**940** DISTANCE FROM ROAD  
 ENTER FT or MI **FT**

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** COUNTY NAME **A 42103** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **04/18/89** CO SIGNATURE **S. Aluf** EXP. DATE **10-17-89**  
 NORTH GRID **549000** EAST GRID **0775000**

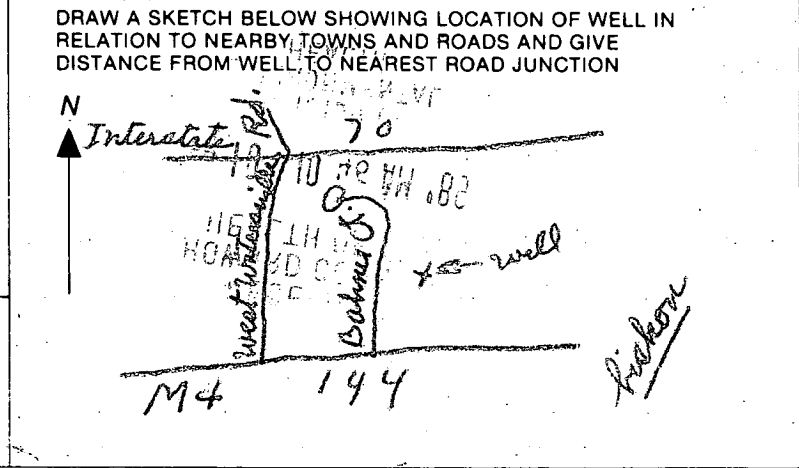
APPROXIMATE DEPTH OF WELL **240** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

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

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

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 **JA** WRITE INITIALS IN BOX PERMIT No. **40-88-0554**

SPECIAL CONDITIONS

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. Date Received

C203196 810 89

WATER ANALYSIS

Do not write above this line.

Bottle Number: BC 16618 Name: FRALL DEV; OR KLOSKEY - OWNER County: HOWARD  
Source of Sample: Kitchen tap 16618 BAHNER COURT POPLAR Collector: C.B. STREAKER  
Street Town or City Springs (include telephone Number) 461-9933 B.C.A.  
Sample Types (Circle): Drinking Water Community Source (Raw Water) Emergency Routine  
Landfill Non-Community Distribution (Treated) Recheck  
(Circle): Stream Private Other MCL Special  
Other

Remarks: NO - (TAP) NITRATE MONITORING - RESIDENTIAL

County: 13 Plant No. [graph] Sampling Station [graph] Date Collected 100991 Date & Time are Required for Valid Samples 1005 Iced [x] Acid [ ] Type of Acid: [ ]

Submitter Code (if different than County Code) [ ] S Federal Project: [ ] Field Data: [ ] pH\* [ ] Chlorine Free 0.0 Residual Total 0.0 Specific Conductance [graph]

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	00403	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Arsenic	01002	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Alkalinity (Total)	00410	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Barium	01007	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
pH*, Ca CO <sub>3</sub> SAT.	70311	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Cadmium	01027	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Alkalinity, Ca CO <sub>3</sub> SAT.	74023	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Chromium	01034	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Hardness	00900	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Lead	01051	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Ammonia-N	00608	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Mercury	71900	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<u>Nitrate-Nitrite N</u> <u>10/11/91</u>	<u>00630</u>	<u>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</u>	Selenium	01147	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Nitrite N	00615	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Silver	01077	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
MBAS	38260	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Aluminum	01105	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Chloride	00940	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Calcium	00916	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Fluoride	00951	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Copper	01042	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Color*	00081	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Iron	01045	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Turbidity*	00076	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Magnesium	00927	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Conductance*, SPEC	00095	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Manganese	01055	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Sulfate	00945	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Nickel	01067	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Total Solids	00500	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Potassium	00937	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Dissolved Solids	70300	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Sodium	00929	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
			Zinc	01092	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

RECEIVED  
OCT 22 1991

**Partial List of Data Category Codes  
for use with form DHMH 90A & B**

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1F	Sediment Samples	5A	Solid Waste
2E	Innovative Disposal	5B	Kidney Dialysis
4D	POTABLE: Community	5C	Commercial Waters
4E	POTABLE: Non-Community	5D	Misc. Wastewater
4F	POTABLE: Private Wells	5E	Misc. River/Stream
4G	Real Estate Transaction	5F	Misc. Drinking Water

For routine purposes, MDE personnel have an additional list of categories and will generally not use those listed here.

**Partial List of Submitter Codes  
for use with form DHMH 90A & B**

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1 - 30	County Codes	53	Chesa. Bay & Special Proj.
41	Div. Residential Sanitation	59	Stds. & Certification Div.
42	Div. Water Supplies	63	Div. Food Control
43	Recreational Sanitation	64	Engineering & Maintenance
44	STP Inspection Division	65	Div. of Community Services
45	Waste Management Admin. (Landfill Samples)	66	Office/Attorney General
46	Waste Management/Pre-Treat.	67	Dept. General Services
47	Toxic Substances Control	77	E.P.A.
48	Licensing and Certification	91	State Highway Admin.
51	Div. Technical Analysis	96	L.U.S.T. / U.S.T.
52	Water Quality Monitoring/MDE	97	Lead-in-Soil Project
		99	Unknown

**Codes for Federally Funded Projects  
(leave blank if not federal)**

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
S	Safe Drinking Water Act (S.D.W.A.)	N	National Point Dis- charge Elimination System (N.P.D.E.S.)
R	Resource Conservation and Recovery Act (R.C.R.A.)		Miscellaneous (Other)

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HOWARD COUNTY  
HEALTH DEPT.  
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## HOWARD COUNTY HEALTH DEPARTMENT

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

October 28, 1991

*Reply to:*

Frall Developers, Inc.  
P. O. Box 659  
Mt. Airy, Maryland 21771

Re: Quail Meadow  
16618 Bahner Court  
Well Tag No. Unknown

To Whom It May Concern,

At the time of the nitrate monitoring on the above referenced lot, the water sample taken showed an above normal nitrate-nitrogen concentration. A copy of the test results is enclosed. This problem is potentially correctable with the use of a suitable treatment nitrate unit.

Approval of this water supply at the time sampling for use and occupancy will depend on the installation of an nitrate removal system. This device should bring the water supply in compliance with the State Regulations.

The nitrate-nitrogen level was present at a concentration of 11.5 parts per million. COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This department will grant a Permanent Deviation from that provision of the regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate Potability can be issued:

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Bureau of Environmental Health  
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544  
Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944  
Technical Services 461-9955 Director 461-9956 TDD 313-2323

October 28, 1991

1. Within six months, you must have your water re-tested to insure that the install nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.
2. There must be continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
3. If in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

If the above conditions are not improved by the installation of this treatment device, then reconstruction or replacement of the well will be required.

If you have any questions relative to this matter, or if this device has been installed and you are ready for resampling, please call me at 461-9933.

Very truly yours,



Charles Streaker, Sanitarian  
Water and Sewerage Program

✓  
CS:cm

Enclosure

cc: Klosky Residence