

For 2/15/94 2/16 10:00  
3:00 P.M.

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-352998

P 49809

A 43836

DISTRICT 4th

DATE 12/23/93

DATE SYSTEM APPROVED 2/16/94

INSPECTOR M. Rifkin

#### HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

~~301-9933X~~ 313-2640

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Harrison's Forest LOT 1 ROAD 15440 Morgan Woodbine Road

PROPERTY OWNER Ray Fredrick/Kathleen Joy Facemiere

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 553.00' and 450.02' lot lines, place the distribution box 90 feet down the 450.02' lot line and 100 feet off this same lot line. Run trenches on contour away from the 450.02 lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 12/17/93 OK MR

PLANS APPROVED BY Mark Rifkin REVISED DATE 11/05/93

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)

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

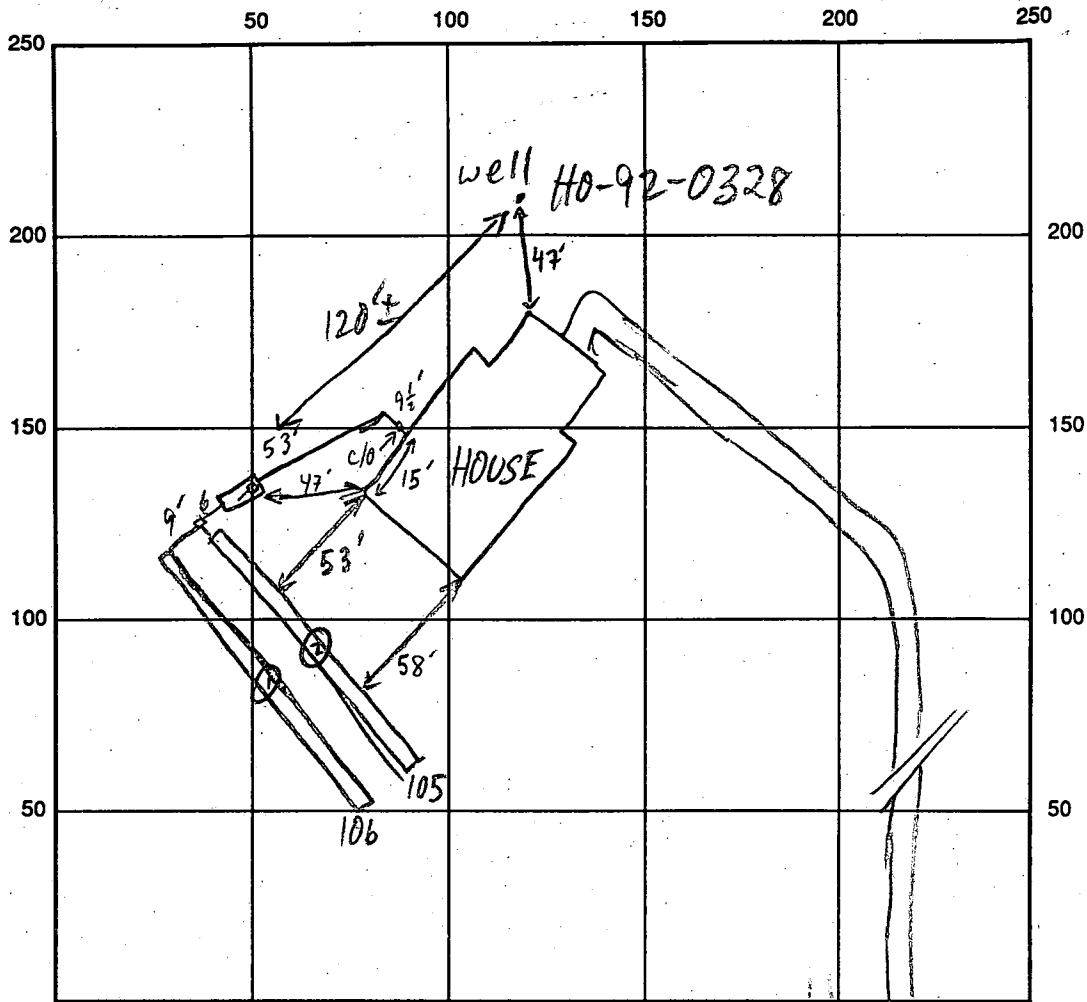
PERMIT VOID AFTER TWO YEARS

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 49836



MORGAN WOODBINE RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL - OK

CLEANOUTS INLINE & S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH  $\frac{1}{2}$   
8.5/8.5 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH  $\frac{1}{2}$   
4.5/4.5 FT.

EFFECTIVE GRAVEL DEPTH  $\frac{1}{2}$   
4/4 FT.

TOTAL LENGTH  $\frac{1}{2}$   
105 @ 105 FT.

NUMBER OF TRENCHES 2

ONE SIDEWALL/BOTTOM AREA  $\frac{1}{2}$   
424 @ 420 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 844 SQ. FT.

REMARKS: 2/15/94 OK to continue. DKS/MR

2/16/94 OK TO COVER MR

DATE SYSTEM APPROVED

2/16/94

INSPECTOR

M. Rifkin

9/17/04

KN reviewed

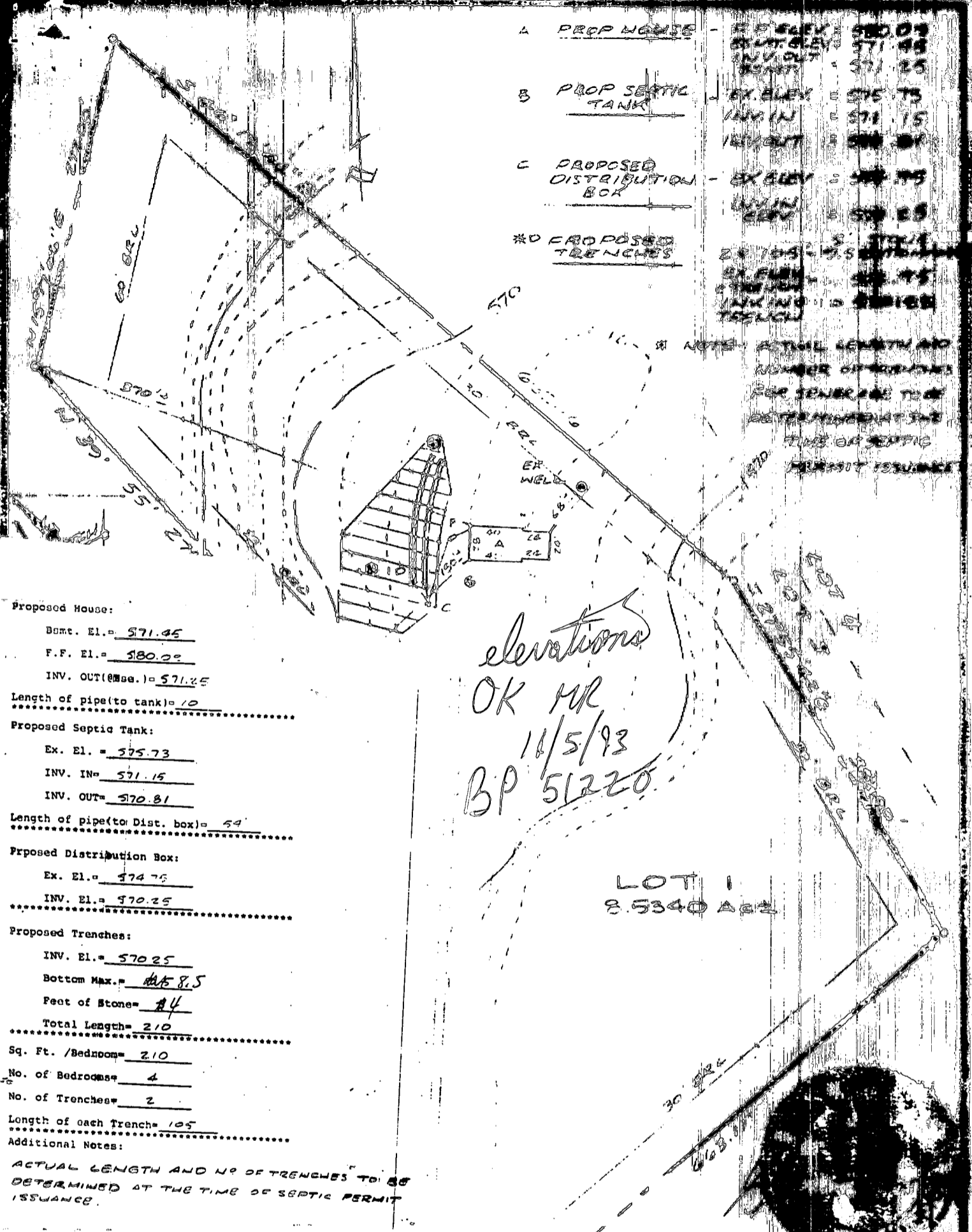
REGS: 20' sep from  
highest TRENCH - to pool

53' pool may  
come 33' from

house. BP to

come

KN



A	PROP WELLS	EX. ELEV = 580.09
		INV. ELEV = 571.48
		INV. OUT = 571.25
B	PROP SEPTIC TANK	EX. ELEV = 575.75
		INV. IN = 571.15
		INV. OUT = 570.81
C	PROPOSED DISTRIBUTION BOX	EX. ELEV = 574.75
		INV. ELEV = 570.25
*NO PROPOSED TRENCHES		

NOTE: ACTUAL LENGTH AND NUMBER OF TRENCHES FOR GENERATING THE PERMIT SHALL BE DETERMINED AT THE TIME OF SEPTIC PERMIT ISSUANCE.

*elevations OK MR 11/5/93 BP 51220*

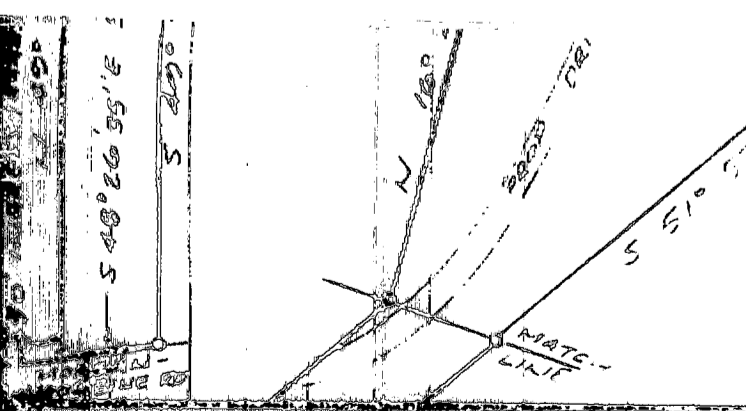
LOT 1  
2.5340 Acs



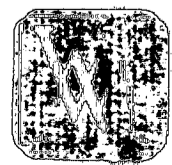
PLOT PLAN 10/15/93  
 LOT 1, SECTION ONE  
**HARRISON'S FOREST**  
 SITUATED ON WOODBINE ROAD  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE 1" = 100' SEPTEMBER 1993

- Proposed House:  
 Bmnt. El. = 571.45  
 F.F. El. = 580.09  
 INV. OUT (Base.) = 571.25  
 Length of pipe (to tank) = 10
- Proposed Septic Tank:  
 Ex. El. = 575.73  
 INV. IN = 571.15  
 INV. OUT = 570.81  
 Length of pipe (to Dist. box) = 59
- Proposed Distribution Box:  
 Ex. El. = 574.75  
 INV. El. = 570.25
- Proposed Trenches:  
 INV. El. = 570.25  
 Bottom Max. = 8.5  
 Feet of Stone = 4  
 Total Length = 210  
 Sq. Ft. / Bedroom = 210  
 No. of Bedrooms = 4  
 No. of Trenches = 2  
 Length of each Trench = 105

Additional Notes:  
 ACTUAL LENGTH AND NO OF TRENCHES TO BE DETERMINED AT THE TIME OF SEPTIC PERMIT ISSUANCE.



I HEREBY CERTIFY THIS PLAN TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY AND OF DATA FOUND AMONG THE PUBLIC RECORDS OF HOWARD COUNTY, MARYLAND.  
 PROJECT NO. 10190  
 SHEET NO. 03-3544



**VANMAR ASSOCIATES INC.**  
 Engineers · Surveyors · Planners  
 310 South Main Street, Suite 100, Annapolis, Maryland 21401  
 (301) 820-0300 (301) 820-0305

# APPLICATION

PERCOLATION TESTING

A 43836  
P \_\_\_\_\_

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

DISTRICT Fourth  
March 2, 1989  
DATE \_\_\_\_\_

112

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 Raul Harrison, Jr. RAY Frederick, KATHLEEN Joy FACEMINE

ADDRESS 6430 Woodbine Road, Woodbine, MD 21797 PHONE 489-5049

PROSPECTIVE BUYER Anchor Capital Group, Inc.

ADDRESS 133 Defense Highway, Annapolis, MD 21401 PHONE (301) 841-5510 715-0647

PROPERTY LOCATION:

SUBDIVISION Harrison's Farm Forest LOT NO. 8 Lot 1 on Record Plat recorded 2/3/92

ROAD AND DESCRIPTION Located @ Intersection of Morgan Station Road & Woodbine Morgan Road (15440 Morgan Woodbine Road)

TAX MAP 3 PARCEL # 10

SIZE OF LOT 79.36 Ac. TYPE BLDG. Single Family (SINGLE FAMILY DWELLING OR COMMERCIAL)  
BLDG. PERMIT SIGNED AND RETURNED 11/5/93 - SFD - 4Bino

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.

James Hanna  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING 5-30-89 Pending perc hole locations and subdivision plat approval. No house or well site without new lot lines. JEN

BLDG. PERMIT SIGNED AND RETURNED 11/5/93  
Serial # 57200 - SFD - 4Bino

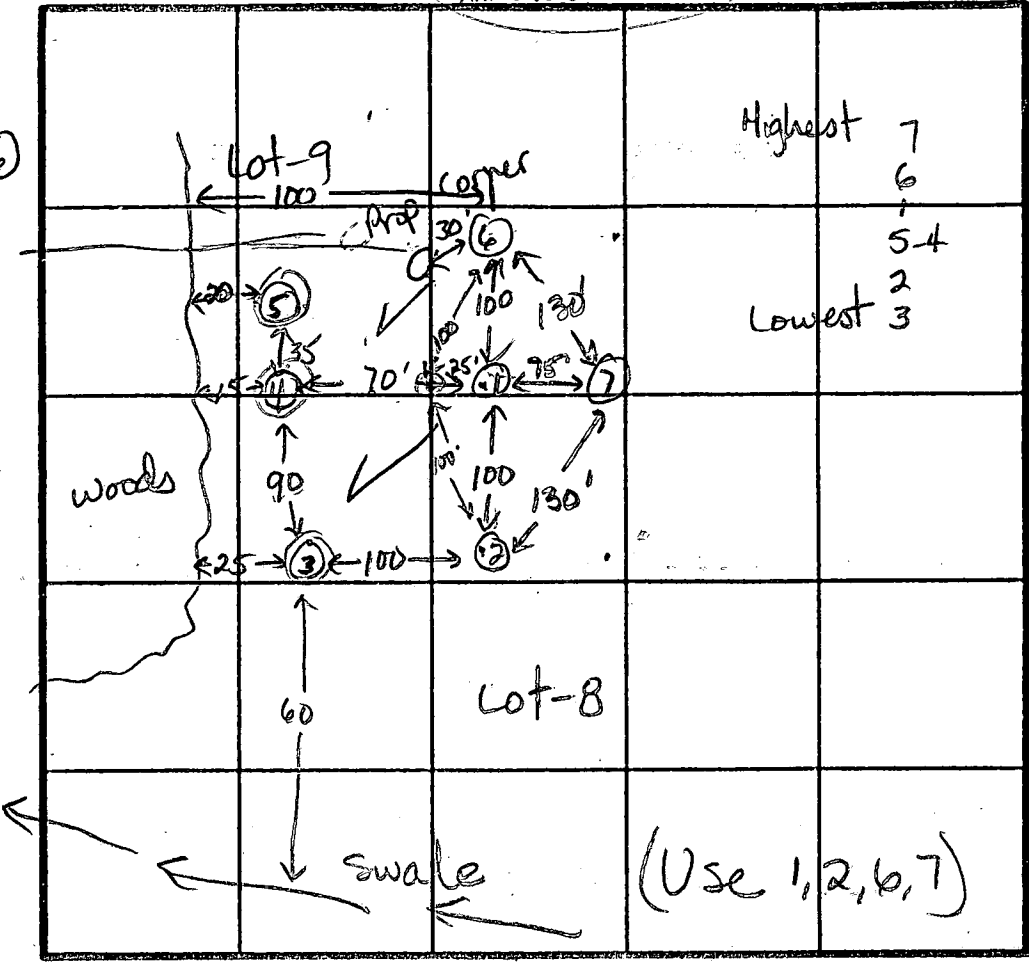
# THIS IS NOT A PERMIT

HD-216

A 43836

Now Lot 1  
Old FIMMIL  
HARRISON FOREST

SOIL PROFILE  
① ② ⑥  
0-5.0 Rd-br sil m  
5-13.0 Rd br sa sil m, some broken rock <25%  
13.0 Refusal



Highest 7  
6  
5-4  
Lowest 2  
3

③  
0-4.0 Rd-br sil m  
4-10.0 Rd-br sa sil m  
some decomp rock frag  
<35%  
slight structure at 6.5 ft  
Caved at 10.0 ft - bottom

④ ⑤  
0-10 Rd sil m  
1-4.5 Rd sil m  
480% large rx frags  
4.5 Refusal

xc = 10 min  
Inlet = 4.0 ft  
Bottom = 8.0 ft  
210 sq ft / bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-30-89	✓ 1	5.0 S 8.0 M	3:37 3:36	3:40 3:39	3:40 3:39	3:46 3:47	6 min 8 min
		13.0 D (Refusal at 13.0 ft)					OK
	✓ 2	5.0 S 8.0 M	3:42 3:43	3:50 3:44	3:50 3:44	4:00 4:00	10 min 16 min
		12.5 D (Clay to 4.0 ft <25% rx)					OK
	③	5.0 S 7.5 M	3:50:30 3:50:01	3:52:50	3:52:50	3:54:50 3:51:04	2 min 1 min
		12.0' D (slight struct at 6.5 ft, Caved 10)	3:51:26	3:51:56	3:51:56	3:54:00	2 min Marginal - No
	④	4.5 ✓ (Rock at 10 ft)					Failed
	⑤	10.0 ✓ (Clay to 4.0 ft, Struct at 4.0', Refusal)					Failed
	✓ 6	4.0 S 6.5 M	4:09:55 4:09:35	4:14 4:10:30	4:14 4:10:30	4:22 4:16	8 min 6 min
		11.5 D Bottom (4.5 ft clay)					OK

REMARKS: All holes moved from platted location except 1, 2, 3, 4  
OK to move 25 ft from #1 to obtain 10000 sq ft main area

TYPE OF SOIL: 0-4 Rd-br sil m, 4-12 Rd-br sa sil m <35% rx

TESTED BY: Jane E. Nadeau ALSO PRESENT: Dale Fogel

# APPLICATION

PERCOLATION TESTING

A 43836

P \_\_\_\_\_

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

2/2

DISTRICT 4th

DATE 3-2-89

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 Paul Harrison Jr.

ADDRESS 6430 Woodbine Road PHONE 489-5049

PROSPECTIVE BUYER Anchor Capital Group, Inc.

ADDRESS 133 Defense Highway PHONE 841-5510  
Annapolis, MD 21401

PROPERTY LOCATION:

SUBDIVISION Harrison Property LOT NO. 8

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP 3 PARCEL # 10

SIZE OF LOT \_\_\_\_\_ 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 \_\_\_\_\_

HD-216

# THIS IS NOT A PERMIT

A 43836

⑦

SOIL PROFILE

0-4.0 Rd-br si  
cl lm

4.0-12.0 Rd-br,  
sa si lm  
<50%  
broken  
rock

12.0 Bottom


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

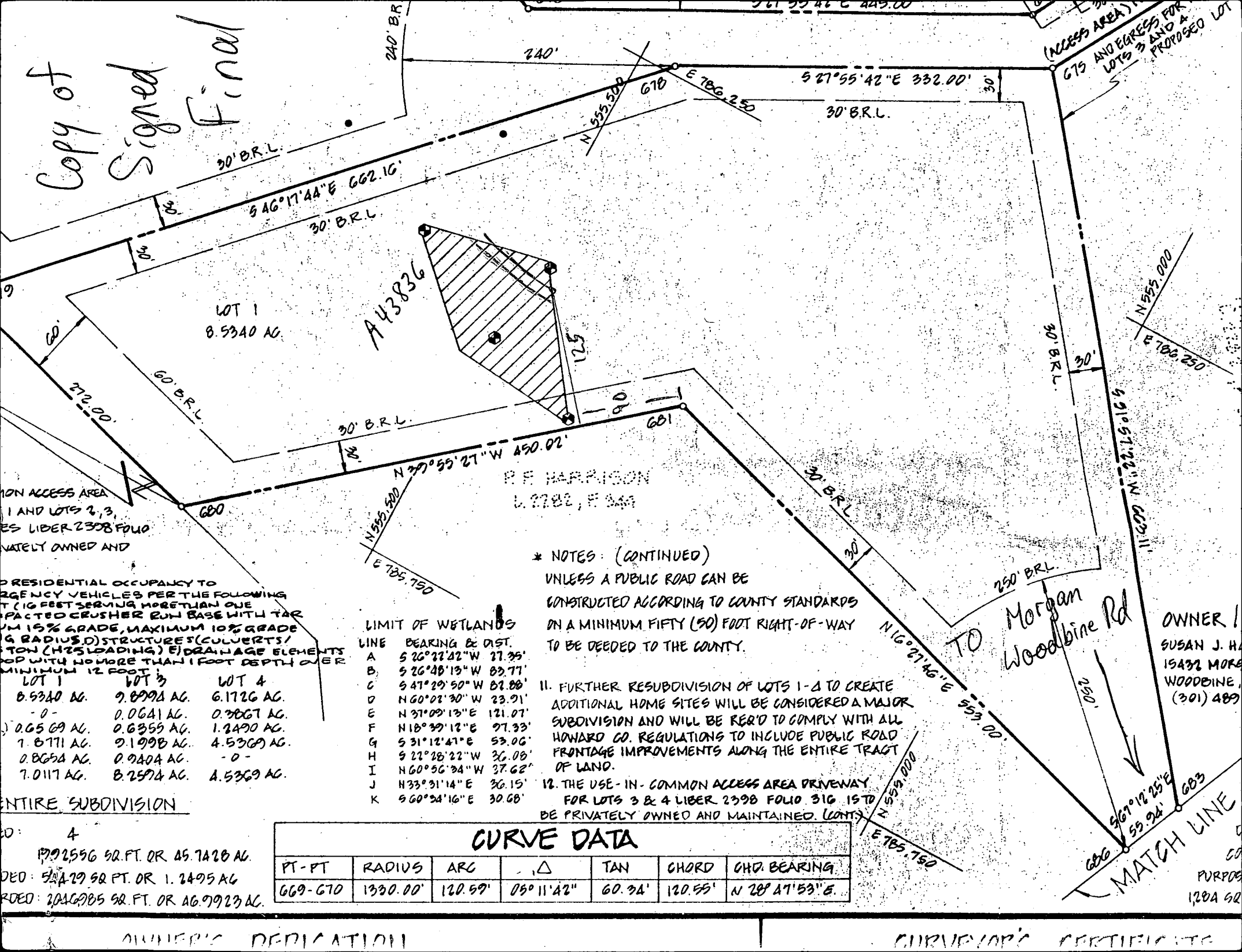
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-30-89	✓ 7	4.5 S 8.0 M	4:30 4:36	4:32 4:46	4:32 4:46	4:39 4:56	7 min 10 min
↓		12.0 D	Bottom (see profile)				ok

REMARKS \_\_\_\_\_

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

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

Copy of Signed Final



\* NOTES: (CONTINUED)

UNLESS A PUBLIC ROAD CAN BE CONSTRUCTED ACCORDING TO COUNTY STANDARDS ON A MINIMUM FIFTY (50) FOOT RIGHT-OF-WAY TO BE DEEDED TO THE COUNTY.

11. FURTHER RESUBDIVISION OF LOTS 1-4 TO CREATE ADDITIONAL HOME SITES WILL BE CONSIDERED A MAJOR SUBDIVISION AND WILL BE REQ'D TO COMPLY WITH ALL HOWARD CO. REGULATIONS TO INCLUDE PUBLIC ROAD FRONTAGE IMPROVEMENTS ALONG THE ENTIRE TRACT OF LAND.

12. THE USE-IN-COMMON ACCESS AREA DRIVEWAY FOR LOTS 3 & 4 LIBER 2398 FOLIO 316 15TD BE PRIVATELY OWNED AND MAINTAINED. (CONT)

LIMIT OF WETLANDS

LINE	BEARING & DIST.
A	S 26° 27' 22" W 27.95'
B	S 26° 48' 13" W 89.77'
C	S 47° 29' 50" W 82.88'
D	N 60° 02' 30" W 23.91'
E	N 37° 09' 13" E 121.07'
F	N 18° 39' 12" E 97.33'
G	S 31° 12' 47" E 53.06'
H	S 22° 28' 22" W 36.08'
I	N 60° 56' 34" W 37.62'
J	N 33° 31' 14" E 36.15'
K	S 60° 24' 16" E 30.68'

CURVE DATA

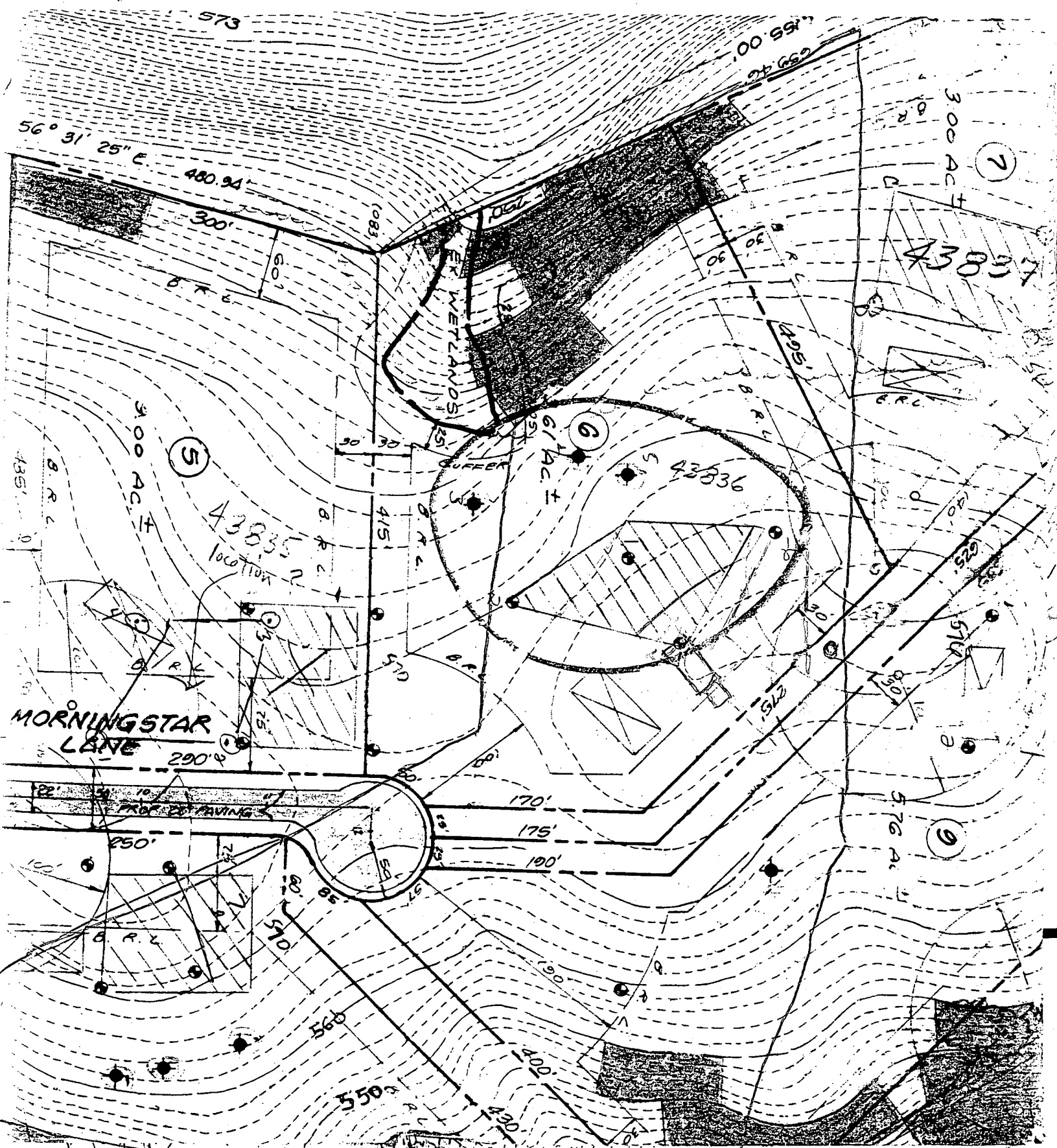
PT-PT	RADIUS	ARC	Δ	TAN	CHORD	CHD. BEARING
G69-G70	1330.00'	120.59'	050° 11' 42"	60.34'	120.55'	N 28° 47' 53" E

ENTIRE SUBDIVISION

4  
 197,255.96 SQ. FT. OR 45.7428 AC.  
 DEED: 51A-29 SQ. FT. OR 1.2495 AC.  
 DEED: 20A-985 SQ. FT. OR 46.9923 AC.

OWNER'S DEDICATION

CURVE DATA CERTIFICATE



Copy of Unsigned Prelim  
 Do NOT use for lot lines

Signed Final  
 Lot Lines

C1 **7826** SEQUENCE NO. (DENV USE ONLY)  
 (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 **A43736**

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
**041273**

Depth of Well  
 22 **245** 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**70-92-032P**

OWNER **Blevins** last name **Henry** first name  
 STREET OR RFD **Morgan Whodine Rd** TOWN **Wood Line**  
 SUBDIVISION **HARRISON'S FOREST** SECTION \_\_\_\_\_ LOT **1**

**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	
<b>BROWN SHALE</b>	<b>0</b>	<b>73</b>	
<b>Blue Rock</b>	<b>73</b>	<b>245</b>	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **17** NO. OF POUNDS **1578**  
 GALLONS OF WATER **102**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **65** 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 **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **76**  
 EACH CASING

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

**C2**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<b>75</b>	<b>245</b>
2		
3		

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

**C3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **15**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **42**  
 WHEN PUMPING **70**  
 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 **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 }

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. **238**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

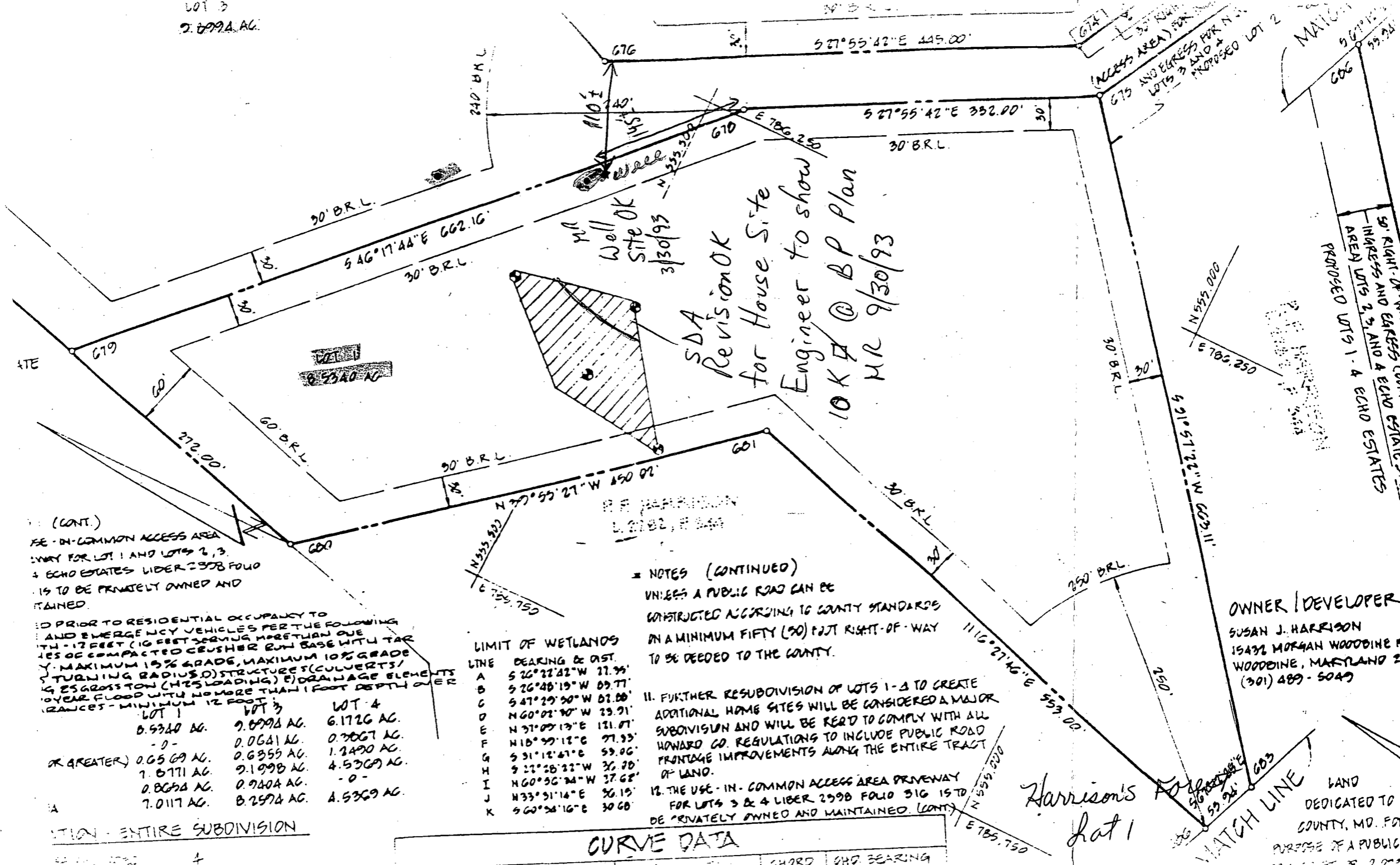
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 74 75 76  
**70** **72** \_\_\_\_\_

TELESCOPE CASING LOG INDICATOR OTHER DATA

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



LOT 3  
0.6998 AC.



(CONT.)

USE - IN-COMMON ACCESS AREA  
 DRIVEWAY FOR LOT 1 AND LOTS 2, 3,  
 4 ECHO ESTATES UNDER 1998 FOLIO  
 IS TO BE PRIVATELY OWNED AND  
 MAINTAINED.

BEFORE PRIOR TO RESIDENTIAL OCCUPANCY TO  
 AND EMERGENCY VEHICLES PER THE FOLLOWING  
 WITH - 12 FEET (10 FEET SERVING MORE THAN ONE  
 LANE OF COMPACTED CRUSHER RUN BASE WITH TAR  
 Y - MAXIMUM 15% GRADE, MAXIMUM 10% GRADE  
 TURNING RADIUS (D) STRUCTURES (CULVERTS/  
 GROSS TON (H) SLOPING) E) DRAINAGE ELEMENTS  
 YEAR FLOOD WITH NO MORE THAN 1 FOOT DEPTH OVER  
 SPACES - MINIMUM 12 FOOT

LOT 1	LOT 2	LOT 3	LOT 4
0.5340 AC.	0.6998 AC.	0.6998 AC.	6.1726 AC.
- 0 -	0.0641 AC.	0.3067 AC.	0.3067 AC.
OR GREATER) 0.6569 AC.	0.6955 AC.	1.2490 AC.	1.2490 AC.
7.0771 AC.	0.1998 AC.	4.5369 AC.	4.5369 AC.
0.8658 AC.	0.7404 AC.	- 0 -	- 0 -
7.0117 AC.	0.2574 AC.	A.5369 AC.	A.5369 AC.

ENTIRE SUBDIVISION

3000000 4  
 3000000 32 FT. OR 1.2498 AC  
 3000000 32 FT. OR 1.2498 AC

**LIMIT OF WETLANDS**

LINE	BEARING & DIST.
A	S 26° 22' 42" W 27.95'
B	S 26° 40' 15" W 09.77'
C	S 47° 29' 30" W 02.00'
D	N 60° 02' 30" W 29.91'
E	N 91° 09' 13" E 171.07'
F	N 18° 39' 12" E 77.93'
G	S 31° 12' 47" E 59.06'
H	S 27° 28' 22" W 36.70'
I	N 60° 36' 34" W 37.68'
J	N 33° 31' 14" E 36.15'
K	S 60° 28' 16" E 30.60'

**NOTES (CONTINUED)**

UNLESS A PUBLIC ROAD CAN BE  
 CONSTRUCTED ACCORDING TO COUNTY STANDARDS  
 ON A MINIMUM FIFTY (50) FOOT RIGHT-OF-WAY  
 TO BE DEEDED TO THE COUNTY.

11. FURTHER RESUBDIVISION OF LOTS 1-3 TO CREATE  
 ADDITIONAL HOME SITES WILL BE CONSIDERED A MAJOR  
 SUBDIVISION AND WILL BE REQUIRED TO COMPLY WITH ALL  
 HOWARD CO. REGULATIONS TO INCLUDE PUBLIC ROAD  
 FRONTAGE IMPROVEMENTS ALONG THE ENTIRE TRACT  
 OF LAND.

12. THE USE - IN-COMMON ACCESS AREA DRIVEWAY  
 FOR LOTS 3 & 4 UNDER 1998 FOLIO 316 1578  
 BE PRIVATELY OWNED AND MAINTAINED. (CONT.)

**CURVE DATA**

PT-PT	RADIUS	ARC	Δ	CHORD	CHORD BEARING
669-670	1000.00'	100.00'	75° 11' 45"	50.00'	N 28° 47' 59" E

**OWNER / DEVELOPER**  
 SUSAN J. HARRISON  
 15438 MORGAN WOODBINE R  
 WOODBINE, MARYLAND 2  
 (301) 489-5049

Harrison's  
 Lot 1

WATCH LINE

LAND  
 DEDICATED TO  
 COUNTY, MD. FOR  
 PURPOSE OF A PUBLIC  
 ROAD 32 FT. OR 2.000

B 1 7312 SEQUENCE NO. (DP USE ONLY)  
1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6, ON ALL CARDS)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
H0-92-032P  
70 fill in this form completely 79

Date Received (APA) 02/16/93  
OWNER INFORMATION  
8 13  
B L E W I N S H E N R Y  
15 Last Name Owner First Name 34  
36 00 W A T E R S V I L L E R D  
57 Mt. Airy 70 State 72 Zip 76

B 3 LOCATION OF WELL  
1 2  
H O W A R D  
8 COUNTY 21  
H A R R I S O N ' S F O R E S T  
23 SUBDIVISION 42  
SECTION 1 44 46 LOT 1 48 50  
W O O D B I N E  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 1 M I  
73 76 77 78

DRILLER INFORMATION  
Joseph L. Mayne 238  
Driller's Name License No. 80  
Joseph L. Mayne Well Drilling  
Firm Name  
5512 Ridge Rd. Mt. Airy 2171  
Address  
Signature Date 2/16/93

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
1 2  
NORTH  
W 8-9 E 8-9  
TOWN  
S W 8-9 S 8-9  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
W 32 E  
WEST 32 EAST  
SOUTH  
34 700 37  
DISTANCE FROM ROAD  
ENTER FT or MI FT  
38 39

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard A 43836  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE DATE ISSUED INSERT S  
033193 Mark E. Rilkim 9/30/93  
43 48 CO SIGNATURE EXP. DATE  
NORTH GRID 556000 EAST GRID 0786000  
50 55 57 63

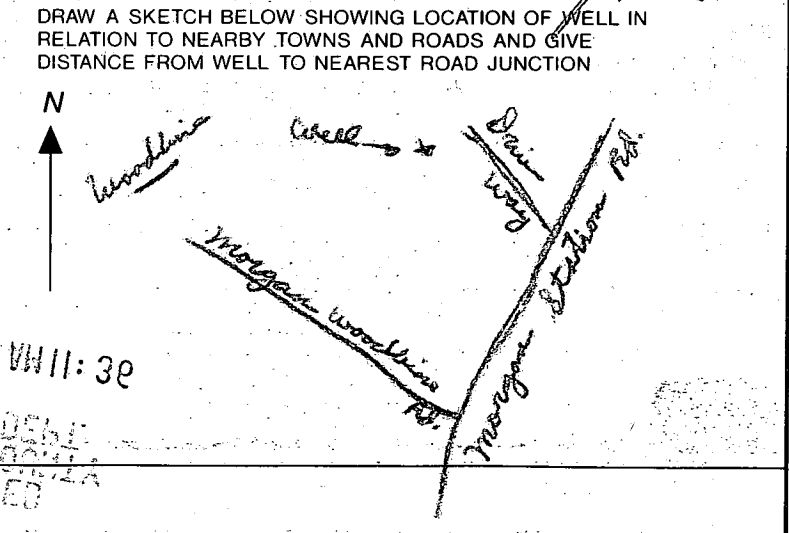
APPROXIMATE DEPTH OF WELL 280 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. well  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 78X6  
N 55X6  
000  
000  
4-12-93 10:00+ Grout #1  
#2 all done 10:00-  
17 bags of cement  
26' casing x  
65' Open-grout  
2' casing above  
grout  
V on top of site

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
D THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER 54 GAP 63  
FORCE MR WRITE INITIALS IN BOX PERMIT No. H0-92-032P  
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



**Environmental Testing Lab, Inc.**  
 1993 Moreland Parkway, #203  
 Annapolis, Maryland 21401  
 1-800-222-4833

State Certified Water Quality Laboratory  
Certification #106

Kathy Facemire  
 8794 Cloudleap Court  
 Columbia, MD 21045

06/14/94

CASE#: 942690

RE: 15440 Woodbine-Morgan Road  
 Woodbine, MD 21797

DATE COLLECTED: 06/13/94  
 DATE TESTED: 06/14/94

HO-92-0328

**Chemical Test**

**Results**

**FHA/HUD/EPA Acceptance Values**

✓ pH	6.00	Between 6.5 and 8.5 units
✓ Iron	0.00 ppm	Less than 0.3 ppm
<del>✗ Nitrate</del>	<del>greater than 10 ppm</del>	<del>10 ppm or less</del>
✓ Turbidity	less than 1.0 NTU	Less than 1.0 NTUs
✓ Sand	0.00 gpg	Less than 5 gpg

TECHNICIAN: G. Turlington  
 CERTIFICATION #: 92-552  
 ANALYST SP

We do not issue a "pass" or "fail" determination on chemical results. The EPA classifies contaminants as "Primary" or "Secondary." "Primary" contaminants, such as Lead and Nitrate, pose a health threat when they exceed the FHA/HUD/EPA acceptance values. "Secondary" contaminants pose no health threat and are a reflection of the aesthetic quality of the water. If we can be of any help in explaining your results further please feel free to contact us at the above number or call the EPA sponsored "Safe Drinking Water Hot Line" 1-800-426-4791.

*Susan Pearce*  
 Susan Pearce  
 Laboratory Supervisor



**Environmental Testing Lab, Inc.**  
1993 Moreland Parkway, #203  
Annapolis, Maryland 21401  
1-800-222-4833

State Certified Water Quality Laboratory  
Certification #106

Kathy Facemire  
8794 Cloudleap Court  
Columbia, MD 21045

06/14/94

CASE#: 942690

RE: 15440 Woodbine-Morgan Road  
Woodbine, MD 21797  
HO-92-0328

DATE COLLECTED: 06/13/94  
DATE TESTED: 06/13/94

**BACTERIOLOGICAL TEST RESULTS**

ONPG MMO-MUG Determination  
Presence-Absence

- ✓ Results: PASSED, coliform bacteria absent.
- ✓ This sample was collected and delivered to this laboratory by a state certified technician.
- ✓ The sample tested negative for chlorine.
- ✓ No coliform bacteria were found using the ONPG MMO-MUG Determination test as prescribed by the State of Maryland Health Department.
- ✓ TECHNICIAN: G. Turlington  
CERTIFICATION #: 92-552  
ANALYST SP

*Susan Pearce*  
Susan Pearce  
Laboratory Supervisor



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## HOWARD COUNTY HEALTH DEPARTMENT

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

June 15, 1994

Mr. and Mrs. R.F. Facemire  
15440 Morgan-Woodbine Rd.  
Woodbine, Maryland 21797

RE: Harrison's Forest Lot #1  
15440 Morgan-Woodbine Rd.  
Well Tag HO-92-0328

Dear Mr. and Mrs. R.F. Facemire:

This is to advise you that the septic system was installed, inspected and approved on February 16, 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.

The nitrate sample result was previously documented to be 10.2 + parts per million. A nitrate device has not been installed to treat the excessive nitrate contamination.

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 temporary deviation to that section of the regulation on condition that the nitrate removal system is installed within a period of 30 days and the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.



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## HOWARD COUNTY HEALTH DEPARTMENT

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

- 2 -

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence. You must supply this department with a copy of that contract.
2. It is recommended that a yearly nitrate analysis be performed.
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.

### INTERIM CERTIFICATE OF POTABILITY

The 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-92-0328. 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 Well Approved: April 12, 1993

Date of Water Sample: June 13, 1994

Approving Authority

*Charles Streaker, JEN*

Charles Streaker R.S.

Water and Sewerage Program

CS/bc

3300463 #29 8

WATER ANALYSIS

Do not write above this line.

S  
A  
M  
P  
L  
E  
I  
D

Bottle Number HO-13-028 Name Fred Facevine County Howard County Code 13

Source 15440 Morgan-Woodbine Rd. Woodbine Date Category Code 4 F

Collected: Date 7/28/94 Time 9:30 Collector & Phone B. Canning 313-2640 Submitter Code     

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Federal Project S

F  
I  
E  
L  
D

Plant No.      Sampling Station      Preservation: Iced  Acid  Type of Acid H2SO4

pH 7.0 Chlorine: Free 0.0 Total 0.0 Specific Conductance     

Notes to Lab/Remarks: 2<sup>+</sup> Eyedroppers H2SO4 Added JLL

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO <sub>3</sub> Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrate, N	00630		L	0.2	7-29-94	BR
	pH*, Ca CO <sub>3</sub> SAT	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

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

Number of Tests Requested 01

Section Chief Asoka I. Katumuluwa

Date Reported     

AUG 2 1994

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

94 AUG -5 AM 11:49

Partial List of Submitter Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1-30	County Codes	53	Chesapeake Bay & Special Projects
41	Individual Septics & Wells Program	59	Standard & Certification Program
42	Water Supply Program	63	Division of Food Control
43	Recreational Sanitation & Migrant Camps, DHMH	64	Engineering & Maintenance, DHMH
44	STP Inspection Division	65	Division of Community Services
45	Hazardous & Solid Waste Admin. (Landfill Samples)	66	Office of Attorney General
46	Pre-Treatment Enforcement Division	67	Dept. of General Services
48	Licensing and Certification, DHMH	77	E.P.A.
52	Water Quality Monitoring Program	91	State Highway Administration
		96	L.U.S.T./U.S.T./CERCLA
		99	Unknown

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

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
S	Safe Drinking Water Act (SDWA)	N	National Pollution Discharge Elimination System (NPDES)
R	Resource Conservation and Recovery Act (RCRA)	M	Miscellaneous (Other)

Partial List of Data Category Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1F	Sediment Samples	2F	Innovative Disposal
2A	Industrial Effluents/Compliance	5A	Solid Waste/Landfills
2B	Industrial Grab	5B	Kidney Dialysis
2C	Municipal Compliance	5C	Commercial Bottled Waters
2D	Municipal Grab	5D	Misc. Wastewaters
4A	MCL Surveys	5E	Misc. River/Stream
4B	Routine Monitoring & Other Communities	5F	Misc. Drinking Water
4D	Potable - County Community	5G	Swimming Pools
4E	Potable - Non Community	5H	Marine or Estuarine Natural Bathing Areas
4F	Potable - Private Wells		
4G	Real Estate Trans./Charge Samples		

Partial List of Error Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
A	Laboratory Accident	J	Wrong sample type
C	Mechanical/Materials failure	RR	No sample received
D	Insufficient Sample	X	Improper preservation
E	Sample past holding time	LL	Mislabeled sample

**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

**001628**

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 Fred Faremore Kitchen Tap  
 Location: 15440 Morgan-Woodbine Rd.  
 Iced: Yes  No   am.  
 Treated: Yes  No  Time Collected 9:25  pm.  
 Collector # \_\_\_\_\_ Bottle No. AP 790  
 Collector Name B. Panning County Howard

County 13 Plant No. --- Sampling Station --- Date Collected 07 28 94

pH 7.0 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

Laboratory

Date & Hour 20 JUL 94 12:30 AP 790 - Annapolis  Cumberland   
 Cambridge  Frederick   
 Recd. Central  Salisbury   
 Cheverly   
 Exam \_\_\_\_\_ Remarks \_\_\_\_\_  
 Rept. \_\_\_\_\_  
 Bacteriologist Caorn

(3)

**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

001626

Category Code 4F-4C

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

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

**SAMPLE TYPE:**

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source Fred Facevine - Kitchen Tap

Location 15440 Morgan-Wadbine Rd

Iced: Yes  No   am.

Treated Yes  No  Time Collected 9:30  pm.

Collector # \_\_\_\_\_ Bottle No. 00-2406 (Treated)

Collector Name B. Canning County Howard

County 13 Plant No.      Sampling Station      Date Collected 7 28 94

pH 7.0 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 ‡	-	-	-	-	-	-	-	-	-	-	

**PRESUMPTIVE P/A TEST\***

**CONFIRMED P/A TEST**

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

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 | <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"/>            |            |                          |

Date & Hour

28 JUL 94 12 39 LP Rectd.

20 JUL 94 12 35 LP Exam

30 JUL 94 13 42

Remarks \_\_\_\_\_

Rept. \_\_\_\_\_

Bacteriologist Canna



## HOWARD COUNTY HEALTH DEPARTMENT

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

August 8, 1994

Mr. Fred Facemire  
15440 Morgan-Woodbine Road  
Woodbine, Maryland 21797

RE: Harrison's Forest, Lot #1  
15440 Morgan-Woodbine Road  
Well Permit #HQ-92-0328  
With Nitrate Treatment Device

Dear Mr. Facemire:

This is to advise you that the septic system was installed, inspected and approved on February 16, 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 HQ-92-0328.

Date of Final Sampling: July 28, 1994  
Date of Well Approval: April 12, 1993

Approving Authority

Donna K. Soe, Sanitarian  
Water and Sewerage Program

Water Sample Dates: June 13, 1994  
July 28, 1994

DKS

cc: file

