

4/1/99
12-1
4/29/99
WPI anytime

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511460

A49645-D

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

04-359259

INDEXED

DISTRICT _____

DATE 3/12/99

DATE SYSTEM APPROVED 4/1/99

INSPECTOR Steven R. King

Fogle's Septic Clean IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION Cattail Woods, Sec. II LOT 23 ROAD 1704 Cattail Meadows Drive

PROPERTY OWNER Pulte Home Corporation

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 30 feet up the right lot line and 10 feet off that same lot line as seen when facing the lot from Cattail Meadows Drive. Run trenches on contour toward the left 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. 12/14/98 OK-AN

PLANS APPROVED BY Amy Mc Millen DATE 12-09-98

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

12-51067

APPLICATION

PERCOLATION TESTING

A 49645 D

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 4th

DATE 9/30/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Parcel 137, Inc. Rulte Home Corporation

~~15298 Union Chapel Road~~
ADDRESS Woodbine, MD 21797 PHONE (410) 442-2101

AGENT OR PROSPECTIVE BUYER Engineer: TSA Group, Inc.

ADDRESS 8480 Baltimore National Pike, Ste. 418
Ellicott City, MD 21043 PHONE (410) 465-6105

PROPERTY LOCATION:

SUBDIVISION Cattail Woods - Section 2 LOT NO. 23

ROAD AND DESCRIPTION End of Brittle Branch Way (1704 Cattail Meadows Drive)

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 Ac +/- TYPE BLDG. BLDG. PERMIT SIGNED AND RETURNED 12-9-93 Serial # B 08115287 Single Family Dwelling - 5 Room (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. Parcel 137, Inc. Bruce B. Benda President
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY # _____

SOIL PROFILE

0'

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 496450

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 9-27-93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Bruce Brendle

ADDRESS 15298 Union Chapel Rd PHONE _____

AGENT OR PROSPECTIVE BUYER Joint Venture

ADDRESS 1555 Union Chapel Rd PHONE _____

PROPERTY LOCATION:

SUBDIVISION Cattail Woods Sec II LOT NO. ~~24~~ 23

ROAD AND DESCRIPTION Rt 97 sid

TAX MAP 7 PARCEL # 137

SIZE OF LOT 1 ACRE 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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

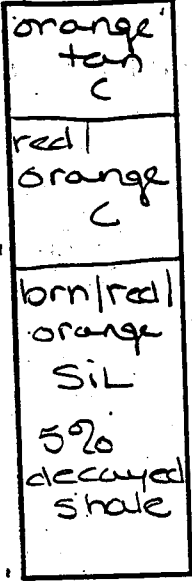
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

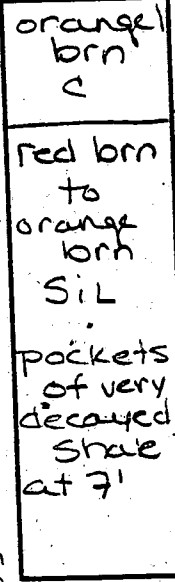
A49645D

COUNTY #

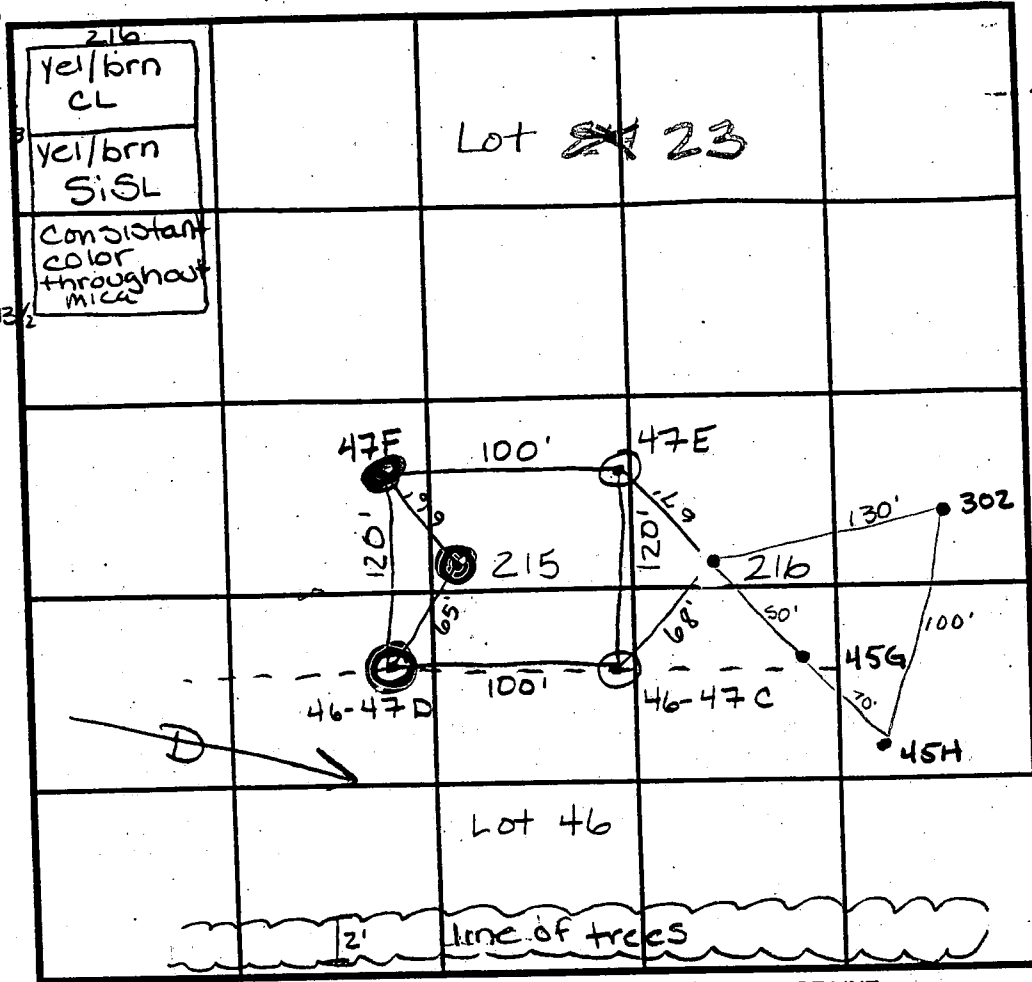
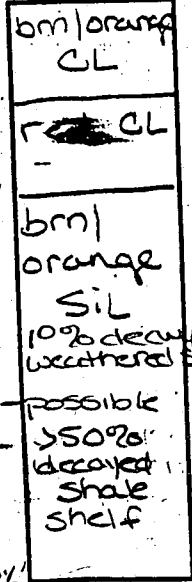
SOIL PROFILE
46-47 D



47 F



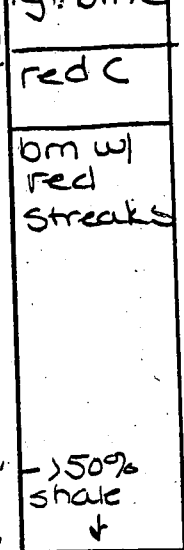
47 E



45 G

45 H

SOIL PROFILE
46-47 C



215

47 F

46-47 D

46-47 C

45 G

45 H

SOIL PROFILE
46-47 C

46-47 C

46-47 D

46-47 E

46-47 F

46-47 G

46-47 H

46-47 I

46-47 J

46-47 K

46-47 L

46-47 M

46-47 N

46-47 O

46-47 P

46-47 Q

46-47 R

46-47 S

46-47 T

46-47 U

46-47 V

46-47 W

46-47 X

46-47 Y

46-47 Z

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. ADJOINING EXISTING LOT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/17/93	46-47D	4 1/2' V12	11:42	>30 min			F
		6' V12	11:28	11:45	11:45	12:07	22 min
	47F	5' V13	11:22 ³⁰	11:25	11:25	11:33	8 min
	47E	4' V12 1/2	11:37 ³⁰	11:41	11:41	11:45	4 min
	46-47C	5' V13	10:37	10:53	10:53	10:15	23 min
3/15/94	215	Visual to	13'		water zone		F
3/15/94	(216)	Visual to	13 1/2'				OK
	(302)	3 1/2' V11 1/2	11:00 ³⁰	11:02	11:02	11:07	5 1/2 min
	(45G)	Visually					OK
	(45H)	Visually					OK

REMARKS shallow system only need to stay 25' off swale

TYPE OF SOIL Glendy Loam

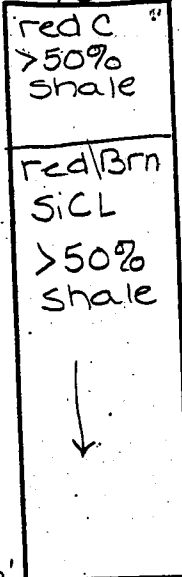
TESTED BY Craig Williams & Amy McMillen ALSO PRESENT Bobby Saunders

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH 3'

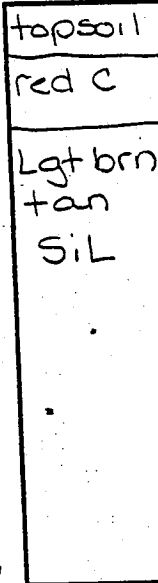
INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 180

COUNTY#

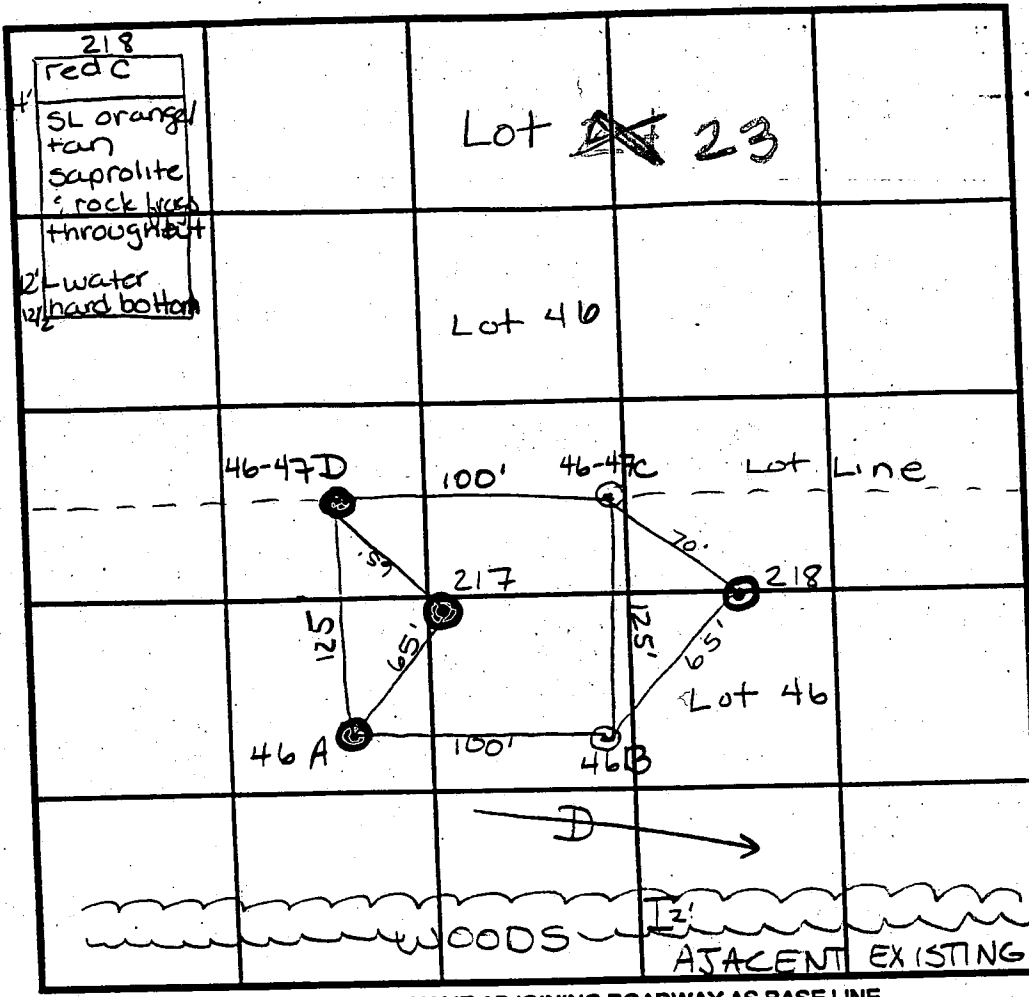
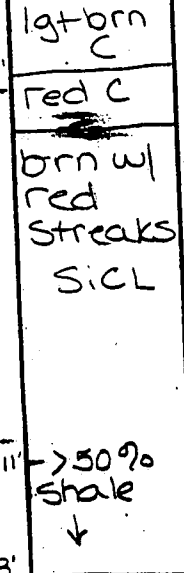
SOIL PROFILE
46A



46B

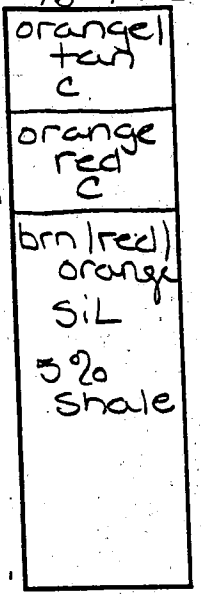


46-47C

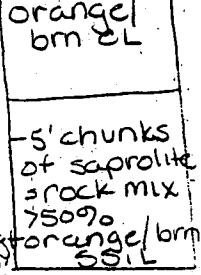


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
46-47D

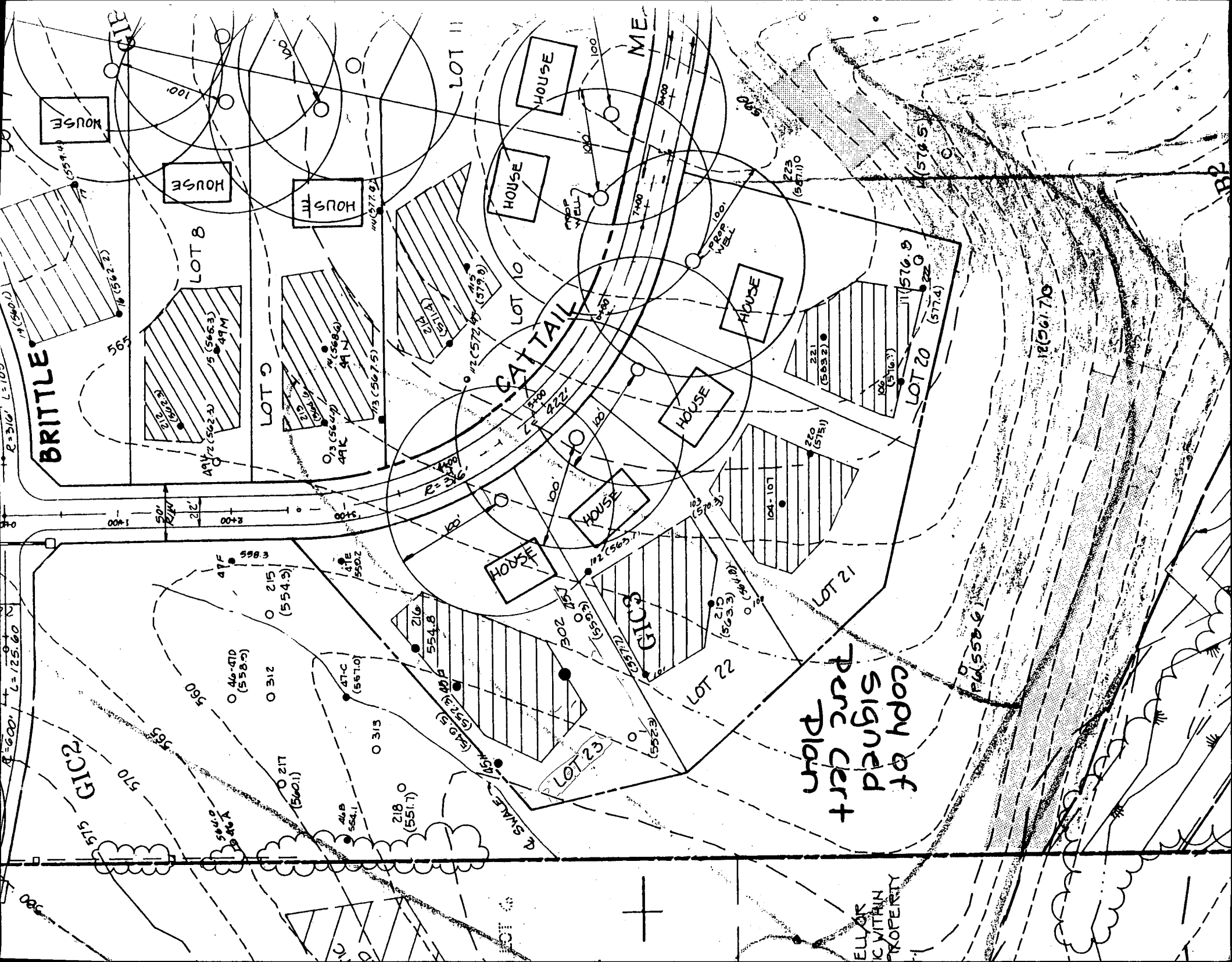


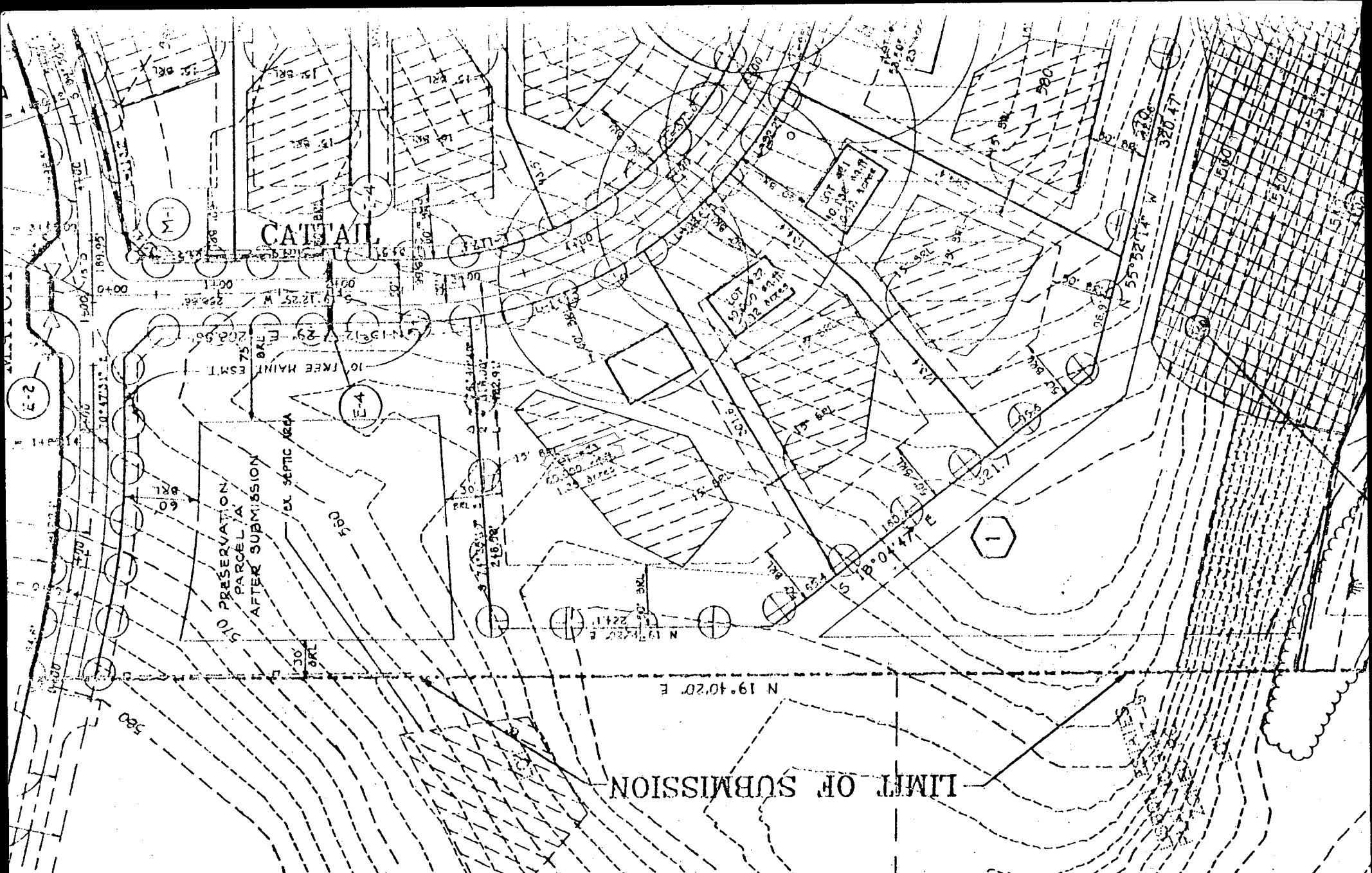
217



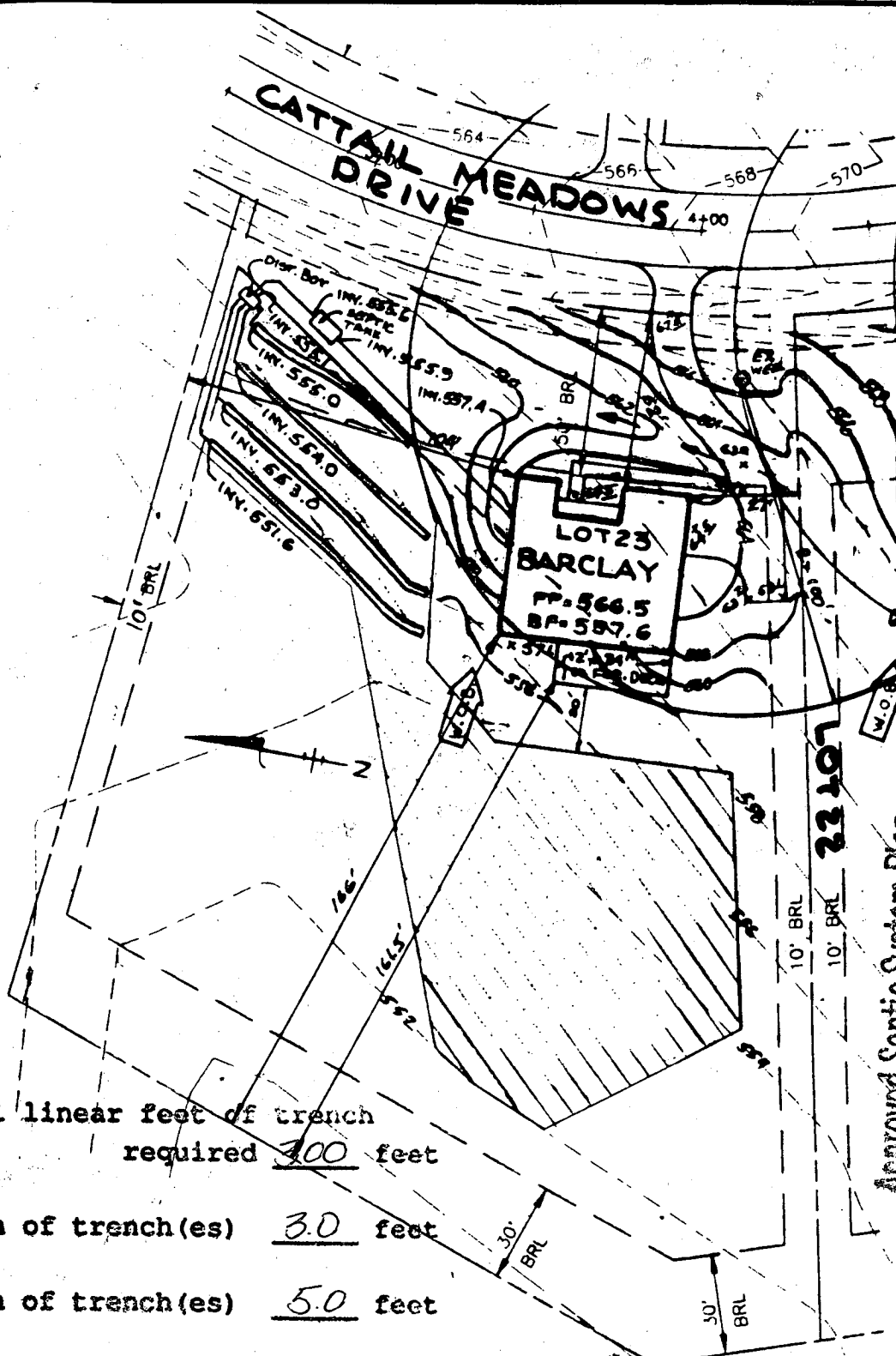
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
11/17/93	46A	Visual	to 12 1/2' >50% shale		—		F
	46B	4 1/2'	10:13 ¹⁵	10:22 ⁴⁵	10:22 ⁴⁵	10:39	17min
	46-47C	5'	10:37	10:53	10:53	11:15	23min
	46-47D	4 1/2'	10:42	>30min	—		F
		6'	11:28 ¹⁵	11:45	11:45	12:07	22min
3/15/94	217	Visual	to 12'		Failed - Rock		F
3/15/94	218	Visual	to 12'		Failed - need to stay 25' off		F

REMARKS Next to stay 25' off swale
 TYPE OF SOIL Glencol Loam
 TESTED BY CRAIG Williams & Amy McMillen ALSO PRESENT Bobby SAUNDERS
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____





Signed preliminary
Plan



Approved Septic System Plan
Howard County Health Department

Emily M. McCall
Signature
12/9/98
Date

Total linear feet of trench required 300 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

FF=566.5
BF=557.6

NOTE:

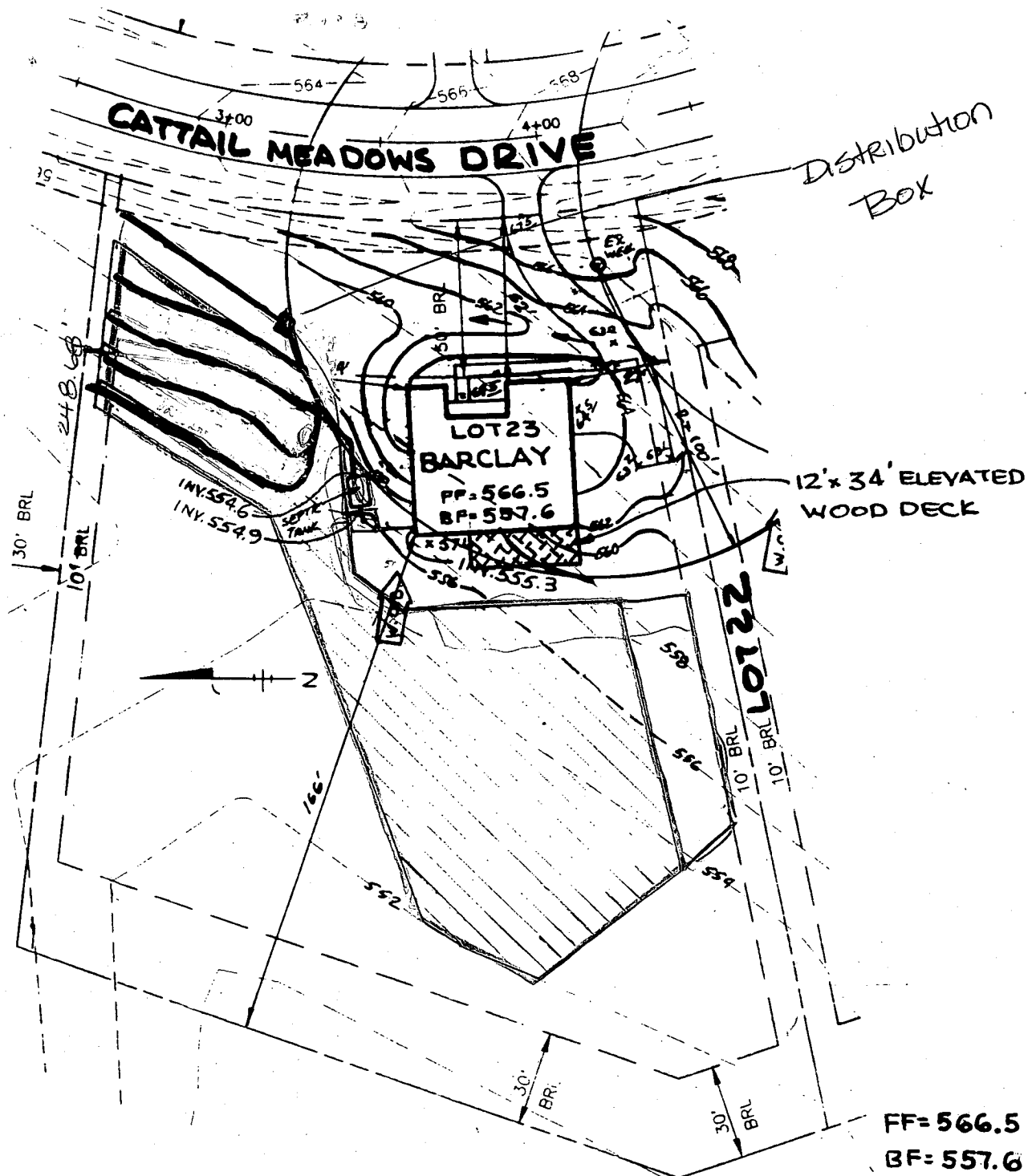
FOR SEDIMENT CONTROL FEATURES SEE APPROVED GRADING PLAN GP-97-130.

BENCHMARK ENGINEERING INC.
8480 BALTIMORE NATIONAL PIKE, SUITE 418
ELLCOTT CITY, MARYLAND 21043
(410) 465 - 8105

PLOT PLAN
CATTAIL WOODS

LOT 23
SECTION TWO, PARCEL 5

TAX MAP NO.7 PARCEL 137
PLAT NOS. 12500-12502
4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: DEC. 8, 1998



NOTE:

FOR SEDIMENT CONTROL FEATURES SEE APPROVED GRADING PLAN GP-97-130.

BENCHMARK ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE, SUITE 418
 ELLICOTT CITY, MARYLAND 21047
 (410) 465 - 6105

**PLOT PLAN
 CATTAIL WOODS**

**LOT 23
 SECTION TWO, PARCEL 5**

TAX MAP NO.7 PARCEL 137
 PLAT NOS. 12500-12502
 4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: **NOV. 23, 1998**

Pulte Home Corporation

743
GWP
DAM
SJS

December 6, 1996

Mr. Craig William's
Howard County
Bureau of Environmental Health
3525 Ellicott Mills Drive
Suite H
Ellicott City, MD 21043

RE: Cattail Woods

Dear Mr. William's

I want to thank you, and your staff for taking the time to meet with me today. In a follow up to the meeting I have enclosed a copy of the redlined septic areas proposed for lots as described below.

Lot #'s 40 & 41- Relocate the septic area forward on the lot as shown, this will require additional perc tests and I have located the proposed test locations. Please review to assure these will be adequate. Assuming the testing passes the septic fields should be adjusted as shown.

Lot # 36 - As currently planned the house is sited to, almost, the furthest part of the lot, restricting the use of the back yard. It appears there is adequate testing in the area of the proposed septic area, and no further testing is proposed. Please review the attached redline and advise if this is acceptable.

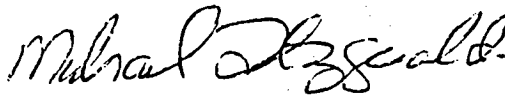
Lot # 23 - As currently designed the house would need to be located in a drainage swale. I would like to bring the house to the high side of the lot and reconfigure the septic area as shown, to accommodate the revised house siting. It appears there is adequate testing in the area of the proposed extension and no further testing is proposed. Please review and advise if the septic area may be revised as shown.

Lot # 7 - The Hamilton house currently sited on the lot will not accommodate first floor gravity service. Moving the house up hill will eliminate any usable rear yard. I would like to propose 3 additional perc test locations to give the lot flexibility for where the house may be set. I have shown a possible revised septic area and a possible house site which utilizes the lot better, in our opinion. Please review and let me know if the additional per test locations will be adequate for what is proposed.

Lot # 13 - As currently planned the house is sited to, almost, the furthest part of the lot, restricting the use of the back yard. It was recommended by your staff that a split septic field would be acceptable for this lot. As shown we will avoid the drainage swale which runs through the front property, which was of concern. It appears there is adequate testing in this area and no further testing is proposed. Please review the attached redline and advise if this is acceptable.

I believe that the changes proposed above will help the specific lots without jeopardizing any of the surrounding lots or codes. Thank you again for your time.

Sincerely,

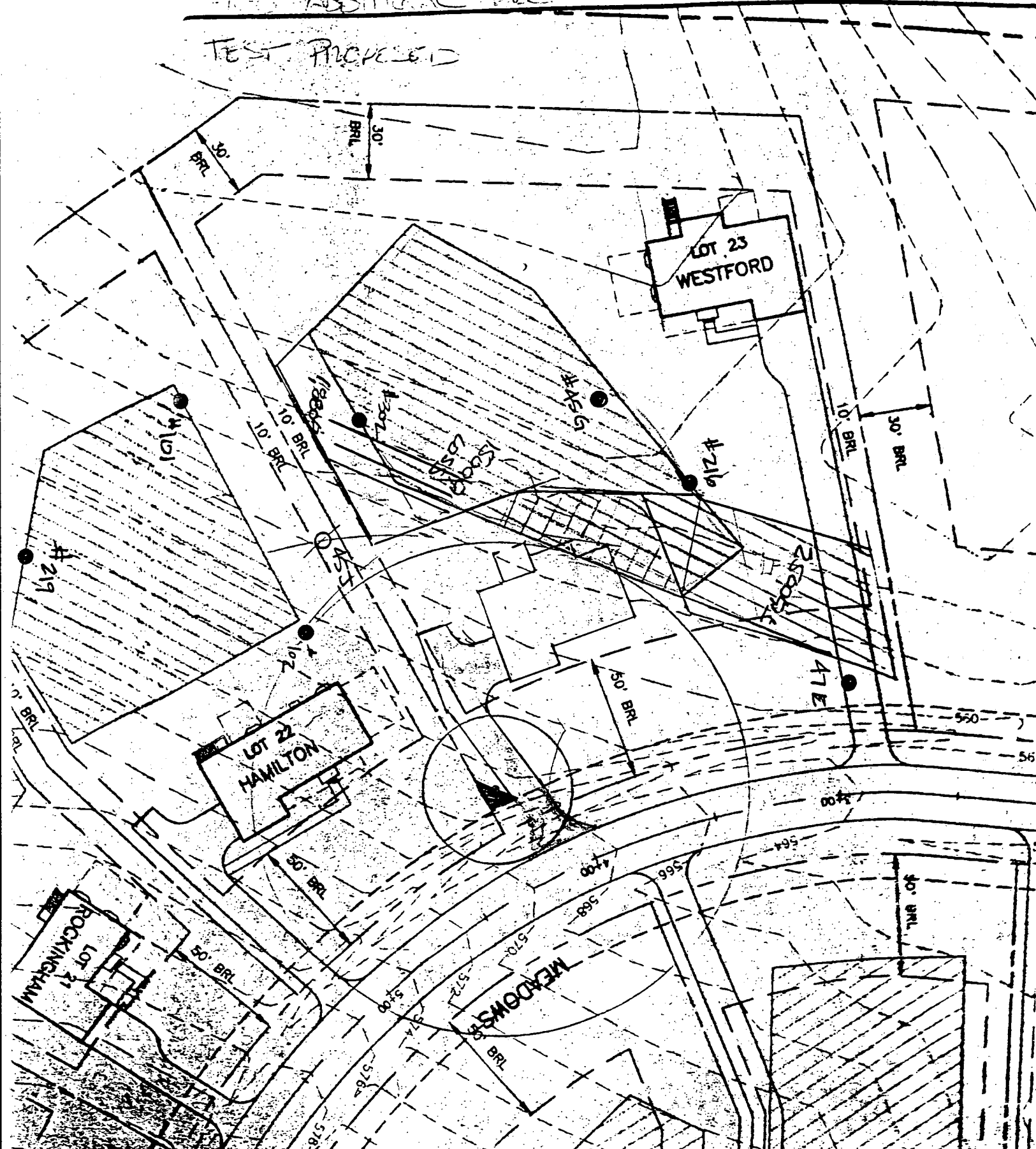
A handwritten signature in cursive script that reads "Michael Fitzgerald".

Michael Fitzgerald
Planning and Development Manager

cc: Mr. Steve Shipp, TSA
Mr. John Cook, Lebling-Petrella and Assoc'

NO ADDITIONAL FENCE

TEST PROPOSED





HOWARD COUNTY HEALTH DEPARTMENT

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

December 23, 1996

Mr. Michael Fitzgerald
Planning and Development Manager
1501 S. Edgewood Street, Suite K
Baltimore, Maryland 21227

RE: Cattail Woods. Several lots
Proposed septic area adjustments

Dear Mr. Fitzgerald:

This is in response to your letter December 6, 1996, explaining proposed septic area adjustments as discussed. Please review the following comments:

Lot #'s 40 and 41 - okay as proposed with additional test holes as indicated

Lot #36 - basic proposed adjustment okay with minor improvement

Lot #23 - to be corrected as shown on enclosed copy

Lot #7 - proposed test locations okay as indicated

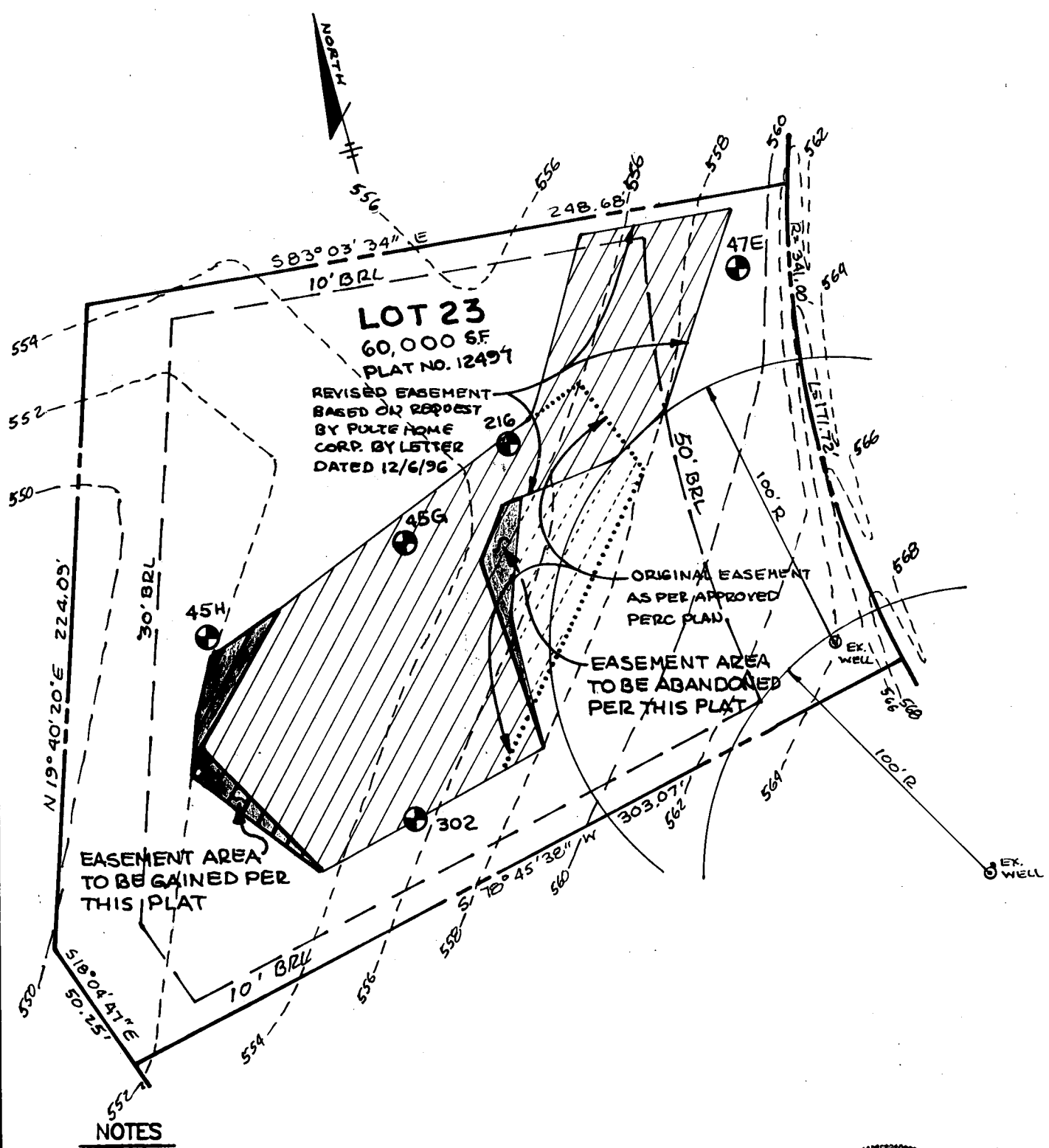
Lot #13 - adjustment okay as indicated

If you have any other questions or concerns, please contact myself or Ms. Donna Soe at the address below or by calling (410) 313-2640.

Sincerely,

Amy McMillen
Amy McMillen, R.S.
Water and Sewerage Program

Enclosure
ALM: dks
cc: files



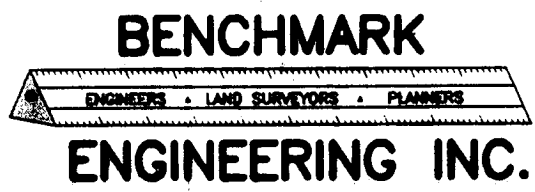
1. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCOACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. UNLESS OTHERWISE SHOWN, NO WELLS OR SEWERAGE EASEMENTS ARE LOCATED WITHIN 100 FEET OF THE PROPERTY.
4. PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED SHOWN AS



APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT

Joseph W. Bogalus 11-19-98
HOWARD COUNTY HEALTH OFFICER DATE

**CATTAIL WOODS
LOT 23**
MODIFIED SEWERAGE
EASEMENT PLAT
TAX MAP NO. 7
PARCEL 137
4TH ELECTION DISTRICT
HOWARD COUNTY, MD



C1 9544

SEQUENCE NO. (MDE 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 COLES: 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 49645-0

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

090997

302

10-94-1259

OWNER: Joint Venture Meadows; STREET OR RFD: Catfish Meadows; TOWN: Lisbon; SECTION: 2; LOT: 23

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Dirt, Soft Br. Shale, Blue Shale, Br. Shale, Blue & Br. Shale, Br. Shale, Blue Schist.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC); NO. OF BAGS: 42; NO. OF POUNDS: 348

CASING RECORD: casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

MAIN CASING TYPE: S, T; Nominal diameter top (main) casing: 6; Total depth of main casing: 131

OTHER CASING (if used) table with columns: diameter, depth (feet). Includes entries for PL 4 inch casing at depths 135, 225, 265.

SCREEN RECORD: screen type or open hole. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: Y (yes), N (no)

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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...

TYPE: MWD/MSD/MGD; DRILLERS LIC. NO.: MD256

Drillee Name: Dana Kyler Jr. II

DRILLERS SIGNATURE: Dana Kyler Jr. II; LIC. NO.: MD256

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

DEPTH (nearest ft.) grid: 1 2 5 1 3 5; 2 2 5 2 3 5; 2 5 5 2 6 5

GRAVEL PACK: from 24 to 302; IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C3

PUMPING TEST: HOURS PUMPED: 3; PUMPING RATE: 8.5; METHOD USED TO MEASURE PUMPING RATE: Submersible; TYPE OF PUMP USED: S (submersible)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (YES/NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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); LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Handwritten signature: Dana Kyler Jr. II

SEND REPORT TO:

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

HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 3525-H ELLICOTT MILLS DRIVE
 ELLICOTT CITY, MD 21043

C301019 8:10 8

WATER ANALYSIS

Do not write above this line.

S
A
M
P
L
E
I
D

Bottle Number H0-2806 Name Joint Venture County Howard County Code 13

Source Cattail Woods II - Lot 23 Cattail Meadows Drive Data Category Code 4F

Collected: Date 9/9/97 Time 12:15 Collector & Phone Kim Maiste 313-2640 Submitter Code /

CHECK (one per box)

<input type="checkbox"/> 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 checked="" type="checkbox"/> Distribution (treated)	<input type="checkbox"/> Routine
<input type="checkbox"/> Stream	<input checked="" type="checkbox"/> Private	<input type="checkbox"/> MCL	<input checked="" type="checkbox"/> Recheck
<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Special

Federal Project S

F
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L
D

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

pH [] [] [] Chlorine: Free [] [] Total [] [] Specific Conductance [] [] [] []

Notes to Lab/Remarks: H0-94-1259 *JLS*

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
<input checked="" type="checkbox"/>	Nitrate - Nitrite, N	00630			<u>0.7</u>	<u>9-11-97</u>	<u>Bre</u>
	pH*, Ca CO ₃ 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
 DHMH 90-A 10/93

Section Chief Asoka I. Katumuluwa
 SUBMITTER'S COPY

Date Reported SEP 12 1997

Partial List of Submitter Codes

HOWARD COUNTY DEPT. OF ENVIRONMENTAL HEALTH
 1997 SEP 18 P 2/21

<u>Code Description</u>	<u>Code Description</u>
1-30 County Codes	53 Chesapeake Bay & Special Projects
41 Individual Septics & Wells Program	59 Standards & 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 Description</u>	<u>Code 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 Description</u>	<u>Code 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 Description</u>	<u>Code 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

B 1 **8733** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

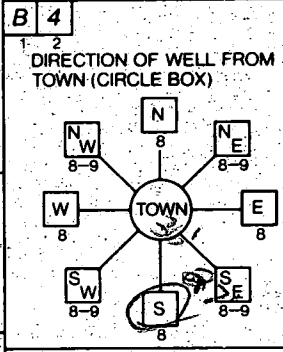
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1259
 fill in this form completely

Date Received (APA) **080497**
 OWNER INFORMATION
McMURKE JOINT 2006
 15 Last Name Owner First Name 34
15555 UNION CHAPEL RD
 36 Street or RFD 55
WOODBINE Md 21797
 57 town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD 8 COUNTY 21
CATTAIL WOODS 23 SUBDIVISION 42
 SECTION LOT **23**
LISBON 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** MI
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
DANA KYRCH SRTI 256
 Driller's Name 77 License No. 80
Westminster Rotary Well Drilling
 Firm Name
P.O. Box 861 Westminster, Md
 Address
Dana Kyrch SRTI 7-29-97
 Signature Date



CATTAIL Meadows 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 SOUTH NORTH
 DISTANCE FROM ROAD **25**
 34 37
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: **7** BLK: _____ PARCEL **137**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **6**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **420**
 14 20

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 COUNTY NO.
 STATE SIGNATURE **Kimberly Maisto** INSERT S
 DATE ISSUED **0811197** EXP. DATE **8/11/98**
 43 48 CO SIGNATURE 41
 NORTH GRID **542000** EAST GRID **0781000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **220** FEET
 24 28

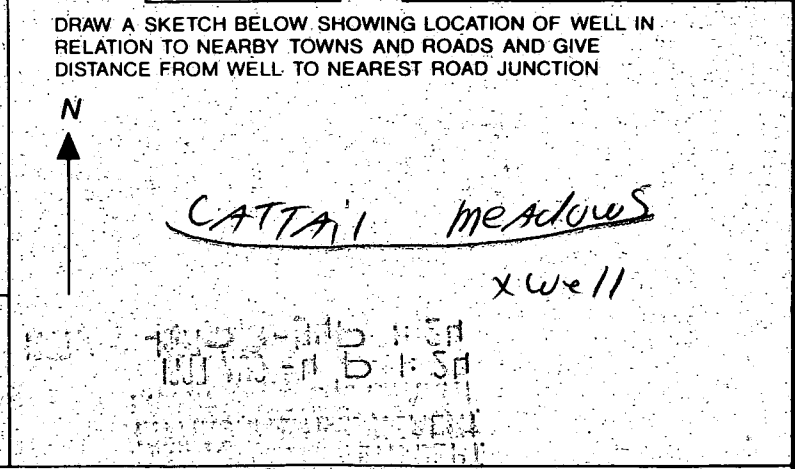
APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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 (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **KM** WRITE INITIALS IN BOX 67 68 PERMIT No. **HO-94-1259**
 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **CITY**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 N **781**
 E **542**
 000 000



ATTN: AMY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 5/17/99

Name of Installer R.M.R. PLUMBING INC.

Telephone 410 531-2987

License Number 4605
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner PULTE HOMES Telephone 410 644-5603
Subdivision CATTAIL WOODS Lot # 23 Well Tag # HO-94-1259
Site Address 1704 CATTAIL MEADOWS DR.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>CARBIDE</u>
a. Deep well jet _____	2. RPM <u>3450</u>	2. Model # <u>300P</u>
b. Shallow well jet _____	3. Voltage <u>230</u>	3. Depth <u>42'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>TRACUZZI</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>24450-7857</u>		
4. Capacity <u>7</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other _____		

Tank <u>WX203</u>	Piping	Well data
1. Capacity <u>32 GAL EQUIVALENT TO A 60 GAL.</u>	1. Type <u>WELL TUBING</u>	1. Depth <u>302</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>8.5</u> GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level <u>28'</u> ft.
	4. Depth of supply line <u>45"</u>	4. Will water supply be disinfected by installer? <u>NO</u>

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
WPI OK
5/21/99
Signature of Applicant: _____
Date: 5/17/99

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

5/3/99
pump rope resolved
SRK
grading still an
issue so now AS approval
5/3/99 SRK



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

April 30, 1999

Mary A. Daniels
Construction Administrative Assistant
Pulte Home Corporation
1501 S. Edgewood St., #K
Baltimore, MD. 21227

RE: Cattail Woods II, Lot 23, 33
Cattail Meadows Drive
Lot 23 Well Tag # HO-94-1259
Lot 33-Well Tag #HO-94-0371

Dear Ms. Daniels:

On April 29, 1999 a well pump/line installation inspection was performed on the above referenced properties. The two-piece cap was not installed properly as evidenced by the pump rope protruding through the well caps. Please contact your well pump installer to have this corrected. Also we are unable to locate records of the health department permit for the well line installation on the above referenced properties. Please have your plumber submit these forms for these lots.

On Lot 23, the height of the well casing above grade was observed to be approximately four inches. According to Code of Maryland Regulations, COMAR 26.04.04.07D(3)(c), "a minimum of 8 (eight) inches of the casing length shall extend above ground level after final grading." After final grading is completed, please make certain that the well casing meets the COMAR standard explained above. On lot 33, the assigned well tag number referenced above does not match the tag on the well which is HO-94-0380.

When all of these above items are corrected please request an inspection. Please feel free to contact me if you have any questions. Thank you for your cooperation in this matter.

Very truly yours,
Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK

cc:

File ✓