

5/8/91
2pm
5/9/91

PERMIT

03-312127

SEWAGE DISPOSAL SYSTEM

P 46730

A 36940

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

INDEXED

DATE 12/31/90

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE SYSTEM APPROVED 5-9-91

INSPECTOR D. Buggs

Wayde Souder, Wesmar Corporation IS PERMITTED TO INSTALL ALTER _____

ADDRESS 13990 Triadelphia Mill Road, Clarksville, Maryland PHONE 531-2166

SUBDIVISION Methodist Church Property LOT 2 ROAD 3308 Strabane Drive

PROPERTY OWNER Souder Builders, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 186

TRENCHES - Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 4 1/2 feet of stone below distribution pipe.

LOCATION - Beginning from the left front (110.35'/308.50') lot corner, place the distribution box 160 feet down the left (308.50') lot line and 130 feet off the left line as seen when facing property from Strabane Drive. Run trenches along contour towards front of the lot. JK R17 1/25/91

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

NOTE: MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC.

PLANS APPROVED BY Bert Nixon/Ray Hodges DATE 5/27/88-1/23/91

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)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

OLD PERMITS
AND RETURNED 600 127676
12/7/2000
DECK + GAZEBO

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

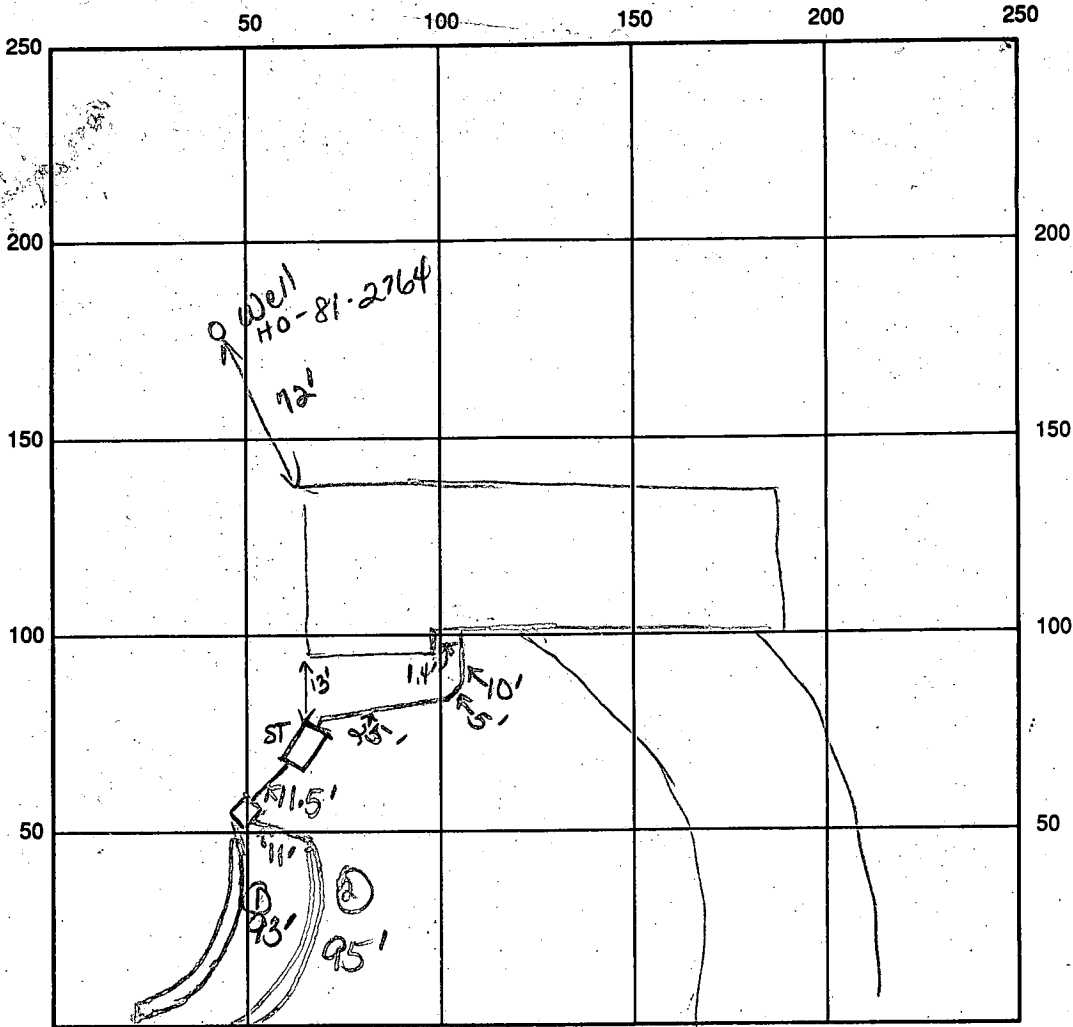
PERMIT VOID AFTER TWO YEARS

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 36940



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS C/O on septic
 DISTRIBUTION BOX LEVEL Baffle is in
 DRAIN FIELD/TITLE DEPTH 8' FT. TRENCH WIDTH 2' FT. INLET DEPTH 3.5 FT.
 EFFECTIVE GRAVEL DEPTH 4.5' FT. TOTAL LENGTH 93' FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 846 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA SQ. FT.

REMARKS: 5-8-91 septic tank in and level; D.B. is not in OK to backfill from
Septic Tank to house. Continue work on trenches. D. Buggs
5/9/91 on #1 trench OK for cover D.B.

DATE SYSTEM APPROVED 5-9-91 INSPECTOR D. Buggs

5/27/86
9:30

APPLICATION

PERCOLATION TESTING

A 36940

P _____

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

DISTRICT _____

DATE 5/14/86

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 Glenelg United Methodist Church Souder Builders, Inc

ADDRESS 13900 Burnt Woods Rd., Glenelg, MD 21737 PHONE 489-7260 725-5722

PROSPECTIVE BUYER N/A

ADDRESS N/A PHONE N/A

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. 2

ROAD AND DESCRIPTION 3308 Strabane Drive (Dead End with "T" Turnaround off of Roscommon Drive)

TAX MAP 22 PARCEL # 33

SIZE OF LOT 3 + Acres TYPE BLDG. Single Family
(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. A.R. Bitter Agent for Glenelg United Methodist Church
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING S-27-86 Perc. Satisfactory; Hold for certified hole location, house + well site. S. Abm

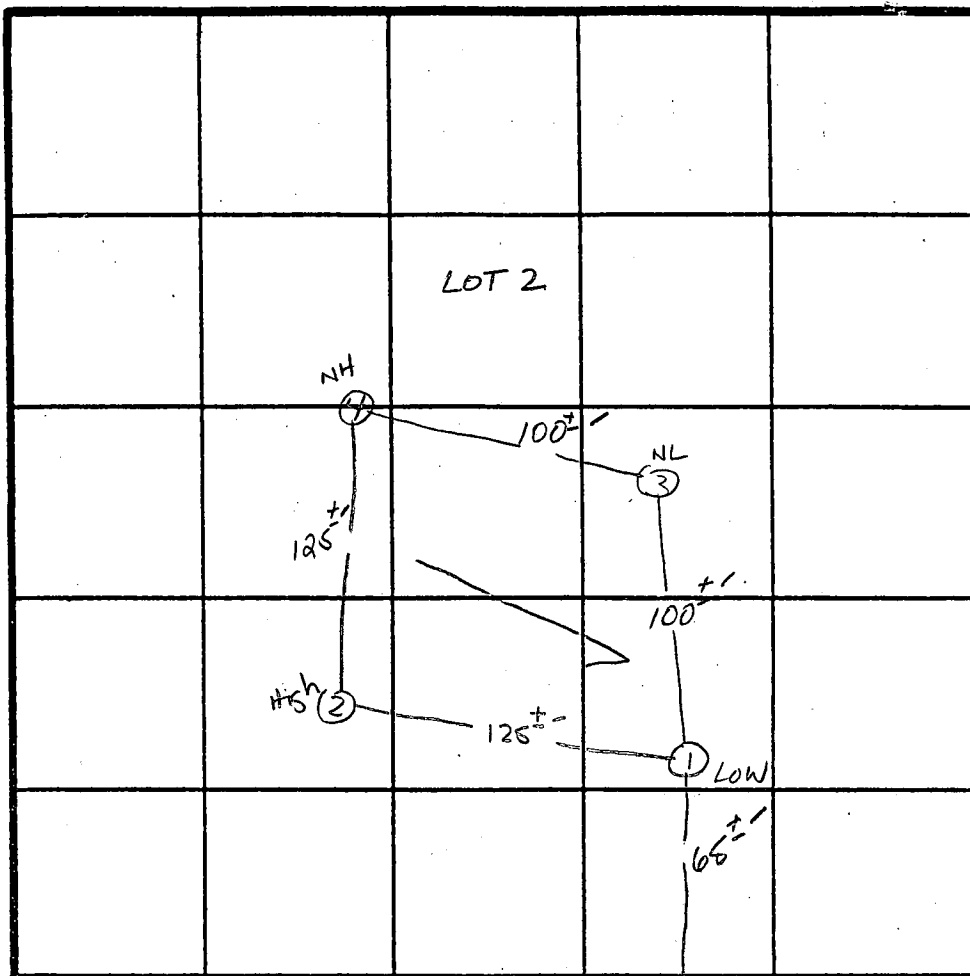
BLDG. PERMIT SIGNED AND RETURNED 1/24/91
Serial # 36128 - SFD

THIS IS NOT A PERMIT

③ ④
① ②

SOIL PROFILE

0
4" A1-3
RED ORANGE
LOAMY
SAND w/
~9% CLAY
<10%
FRAGMENTS
3.5'
Yellow-Bk
stiff
SAND LOAMY
Highly
micaceous
<10%
FRAGMENTS
12-13'



x Perc TIME
7min
INLET 3.5'
BOTTOM 8'
180 #/BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
STRABANE CT END OF ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/27/86	1 S V	3.5 12	9:56	9:59	9:59	10:04	5 min
	2 S M	3.5 9	10:33	10:34	10:34	10:36	1.5 min
	2 V	13					3 min
	3 S V	4' 12	10:09	10:20	10:20	10:36	16 min
	4 S V	4.5 13	10:22	10:25	10:25	10:31	6 min

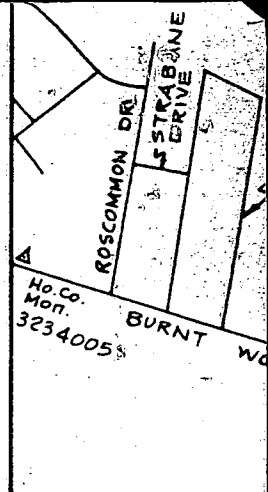
REMARKS HOLES LOCATED APPROX SAME AS PLATT

TYPE OF SOIL Sid Abol

MR. BITTNER / J. Fyock & Co.

ALSO PRESENT

11.18	20.41	N 74° 09' 04" E
44.72	66.67	S 08° 14' 44" W
11.18	20.41	N 57° 39' 36" W



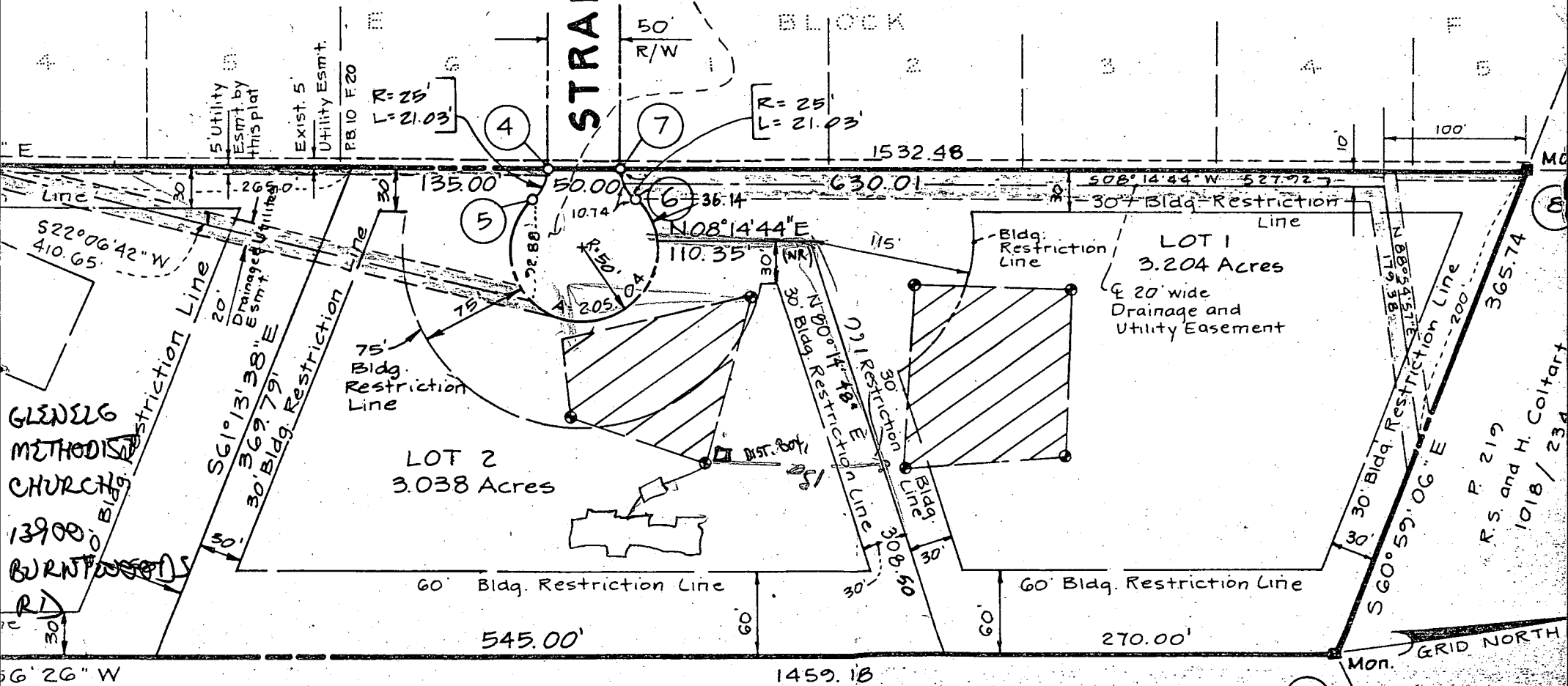
BURNT WOOD
PLAT BOOK 10

0.191 Acre (8,298.66 Sq. Ft.)
LAND DEDICATED TO HOWARD COUNTY,
MARYLAND FOR THE PURPOSE OF
A PUBLIC ROAD.

SECT. III
FOLIO 20

STRABANE DR.

BLOCK

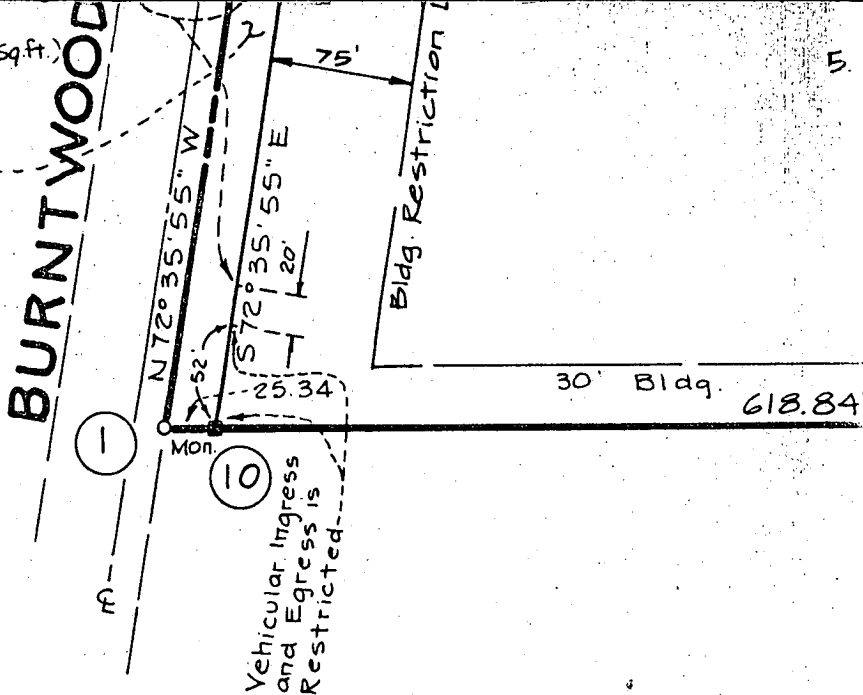


GLENELG
METHODIST
CHURCH
13900
BURNT WOODS
RD

P. 219
R.S. and H. Coltart
1018 / 234

9

0.203 Acre (8,854.64 sq.ft.)
 Land dedicated to
 Howard County,
 Maryland for the purpose
 of a public road.



N 52° 50' 00"
 E 801.500

TABULATION:

TOTAL NO. OF LOTS and/or PARCELS to be recorded.....	3
TOTAL AREA OF LOTS and/or PARCELS	11.474 Acres
TOTAL AREA OF ROADWAYS incl. widening strips	0.394 Acre
TOTAL AREA OF SUBDIVISION	11.868 Acres

APPROVED: FOR Private WATER & Private SEWERAGE SYSTEMS, IN CONFORMANCE WITH THE MASTER PLAN OF WATER AND SEWERAGE FOR HOWARD CO., HOWARD CO. DEPT. OF HEALTH & MENTAL HYGIENE.
[Signature]
 County Health Officer Date 2-18-88

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING.
[Signature]
 Director Date 2-24-88

APPROVED: FOR STORM DRAINAGE SYSTEMS, and PUBLIC ROADS, HOWARD CO. DEPT. OF PUBLIC WORKS.
[Signature]
 Director Date 1/20/88

I, (We) Glenn United M described hereon, here approval of this Final P Bldg. Restriction Lines the right to lay, construct utilities & services, in a easement areas shown t beds of the streets and for good and other valu. County, Md., to acquire floodplains, storm drain to require dedication of their construction, repair any kind shall be erected Owner Nancy L. A Witness Barbara

BRUNING 44-132 60780

APPLICATION

HOWARD COUNTY PERMIT APPLICATION

SERIAL NUMBER
36128

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
3308 Strabana Drive
Glencolg, Md. 20737

GRADING/SEDIMENT CONTROL YES NO SDF #

DESCRIPTION OF WORK AUTHORIZED
SFD -- 4 BR - 2 Full & 1/2 Baths.
2-Story, Full Basement, 2 car garage

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
2	3			1		

BUS DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Glencolg U.M. Church	R	22	3	6030

OWNER'S NAME AND ADDRESS PHONE NO.
 Souder Builders, Inc. 725-5772
 9335 Old Scaggsville Road
 Laurel, Md. 20723

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.
 Souder Builders, Inc. 725-5772
 9335 Old Scaggsville Road
 Laurel, Md. 20723

CONTRACTOR'S NAME AND ADDRESS PHONE NO.
 Souder Builders, Inc. 725-5772
 9335 Old Scaggsville Road
 Laurel, Md. 20723

EXISTING USE	PROPOSED USE
VACANT LOT	SFD

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
\$ 150,000.00	13-868744	

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			
FOOTINGS		FOUNDATION	S. WALLS

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.

[Signature]
 Sec. Treas SIGNATURE
 TITLE DATE 12/27/90

FOR OFFICE USE ONLY

W/S CODE

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD _____
 (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

DISTANCE IN FEET FROM SIDE STREET R/W LINE _____

TO SIDE BUILDING LINE _____
 DISTANCE IN FEET, REAR YD. REQUIRING SET _____

BACK _____ (CORNER LOT ONLY)

CONDITIONS (IF ANY) _____ SOP # _____

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	1/24/91	P. Hodges
FIRE PROTECTION		
STORMWATER MGMT		

CAUTION
 To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
 Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69
Revised

APPROVED _____ DATE _____

Distribution of Copies:
 White - Building Official
 Green - Planning & Zoning

Yellow - Engineering
 Pink - Health Dept
 Gold - S.M.A.

B 1 **7050**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

HO-811-2764

fill in this form completely

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

Date Received (APA)

012885

OWNER INFORMATION

SOLDER BUILDER INC

9335 OLD SCAGYVILLE

LAUREL MD 20702

DRILLER INFORMATION

Ralph MAYNE License No. **273**

Ralph MAYNE Well Drilling

9120 Brown Church Rd. Mt Airy

Ralph Mayne Date **4/11/88**

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)

APPROXIMATE DEPTH OF WELL **150** 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

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 **G A P**

FORCE **GA** INITIALS IN BOX PERMIT NO. **HO-811-2764**

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD COUNTY

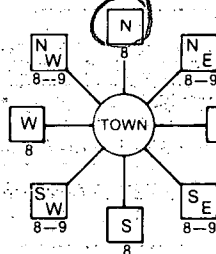
METHODS + CH PROP SUBDIVISION

SECTION **2** LOT **(P/O P. 33)**

GLENDLE NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



STARRHART DRIVE NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **230** FT or MI

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **A36940** COUNTY NO.

STATE SIGNATURE **B. Nelson** DATE ISSUED **11/26/88**

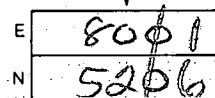
852688 CO SIGNATURE **B. Nelson** EXP. DATE

NORTH GRID **526000** EAST GRID **0801000**

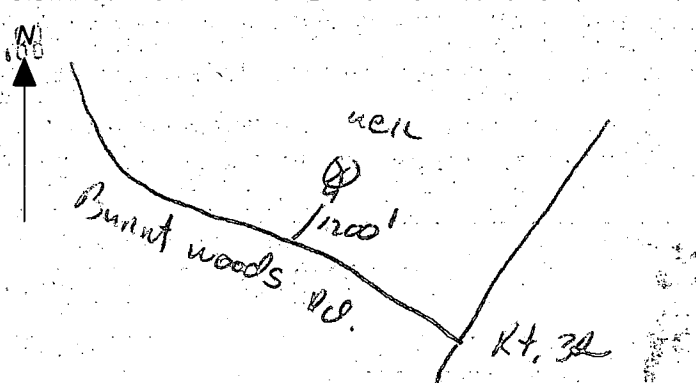
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- 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



11/23/88
1139 AM

① LOCATION LOOKS OK PER PLAN

② 110 FT PIPE

③ 50 FT OPEN HOLE

④ 16 BAGS

⑤ WELL OIL

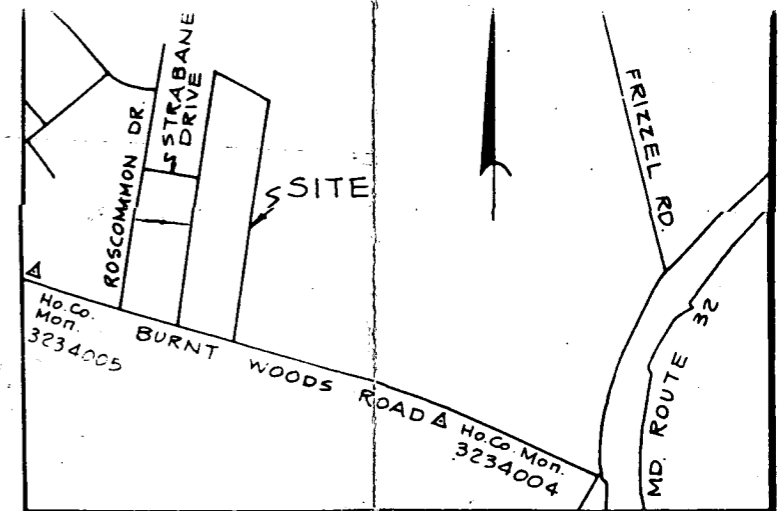
⑥ BUMPS 100 FT BELOW
GRADE

⑦ ALREADY PUMPED & GRAVITY
INFORMATION FROM GRAVITY

RECEIVED
HOWARD COUNTY
HEALTH DEPARTMENT
NOV 27 8 42 AM '88

J. Hoyle

67	S 08-14-44 W
41	N 57-39-36 W



GLENELG UNITED METHODIST CHURCH PROPERTY

FOR: SOUDER BUILDERS, INC.

725-5772

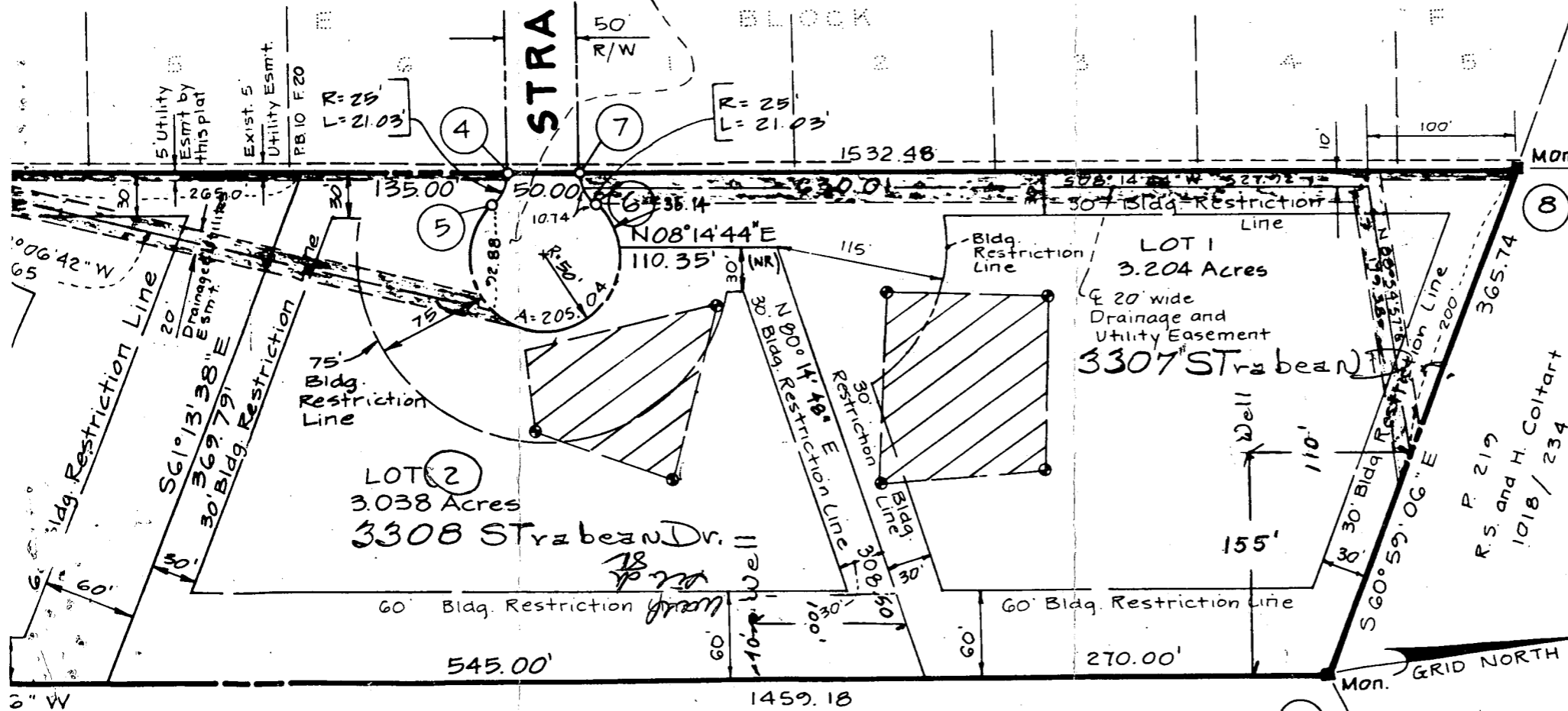
0.191 Acre (8,298.66 Sq. Ft.)
LAND DEDICATED TO HOWARD COUNTY,
MARYLAND FOR THE PURPOSE OF
A PUBLIC ROAD.

SECT. III
FOLIO 20

BURNTWOOD
PLAT BOOK 10

VICINITY MAP
Scale: 1" = 1200'

P 148
D.L. and M.L. Shenot
1058/83



GRID NORTH

N526

C1 9546

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 A36940

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

Grid for date well completed

Grid for depth of well

Grid for permit number

OWNER BUILDERS INC. last name STRABANE first name SMITHERS TOWN GLENELG SUBDIVISION METHODIST CHURCH PROP. SECTION MAP 22 P/O P.33 LOT 2

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

NO. OF BAGS 16 NO. OF POUNDS 1600 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

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

MAIN CASING Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) PL 6 120

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

Table for screen depth with columns for depth (nearest ft.) and rows for each screen.

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 10.17.13 "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. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 2 DIAMETER OF SCREEN (NEAREST INCH) from to

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

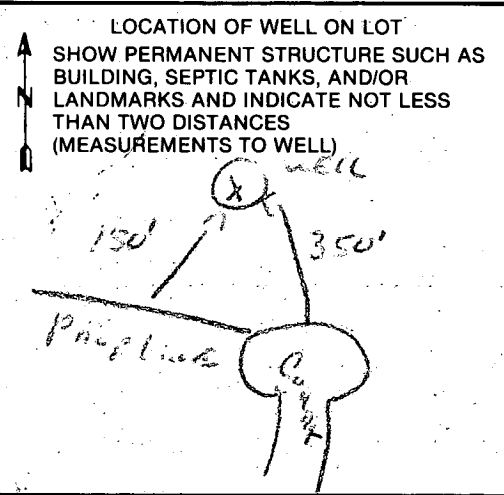
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other (describe below) jet submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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: 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 below LAND SURFACE (nearest foot)



COUNTY

5/14/91

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Name of Installer Allen M. VANSANT, INC Telephone 442-2221
License Number 1862 Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner SOULDER BLDGS INC Telephone 725-5112
Subdivision GLENELS UNITED METH Church Lot # 2 Well Tag # 40-81-2764
Site Address 3308 STRABANE DR

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Goulds
3. Model # SRS 05 4 1/2
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes No
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 Cable guards Other

Motor
1. Horsepower 1/2
2. RPM
3. Voltage
a. 110
b. 220

Pitless Adapter
1. Make Hannand
2. Model #
3. Depth 3 FT

Tank
1. Capacity 42
2. Pressure relief valve? yes

Piping
1. Type #160 LB
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 3 FT

Well data
1. Depth 205 ft.
2. Yield 9 GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? no

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.

Signature of Applicant: _____

Date: APRIL 2, 1991

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

HD-215 5/14/91 - OK TO GO OUTSIDE
WORK PRESSURE TANK NOT YET INSTALLED
RECEIVED

**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

Category Code 4F-4C

Lab. No. 003608

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source RUCHANAN

Location 3308 STRABANE DR.

Iced: Yes No

Treated: Yes No

Time Collected 10:45 am. pm.

Collector # N/A Bottle No. = XX 862

Collector Name R Pinkley County HOWARD

@ upstairs Bathroom Daedel

County 13 Plant No. --- Sampling Station --- Date Collected 08 26 92

pH 05.2 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	26 AUG 92 13 42	Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>
Recd.	25 AUG 92 13 42	Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>
Exam	31 AUG 92 08 44	Central <input checked="" type="checkbox"/>	Salisbury <input type="checkbox"/>
Rept.		Cheverly <input type="checkbox"/>	

Remarks _____

Bacteriologist Coan



HOWARD COUNTY HEALTH DEPARTMENT

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

*Reply to: Charles B. Streaker
313-2640 or 313-2641*

September 4, 1992

Souder Builders
9335 Old Scaggsville Road
Laurel, Maryland 20723

RE: Lot 2, Methodist Church Property
3308 Strabane Drive
Well Permit HO-81-2764

Dear Sir:

This is to advise you that the septic system was installed, inspected and approved on May 9, 1991.

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(s) HO-81-2764.

August 26, 1992
Date of Final Sampling

September 4, 1992
Date of Acceptance

Charles B. Streaker R.S.
Approving Authority
Charles B. Streaker, R.S.
Water and Sewerage Program

Water Sample Dates:
April 3, 1992
August 26, 1992

✓
CBS:hs

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 313-2640 Community Environmental Health 313-2642
Technical Services 313-2644 Director 313-2645 TDD 313-2323

