

5/29/91 pm
5/30/91 LATE AM
5/30/91 PM Wood

PERMIT

SEWAGE DISPOSAL SYSTEM

P 46746
A 36992

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX-TIME EXPIRED FOR F.C.O.P

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

COMPLIANCE

DATE 4/10/91

461-9933

DATE SYSTEM APPROVED 6-3-91

INDEXED

7/15/93

INSPECTOR JEN

C. Williams / C.B.J.

Whitworth Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland PHONE 854-2513

SUBDIVISION The Chase LOT 16 ROAD 11643 Masters Run

PROPERTY OWNER Dr. Mrs. William Flowers

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

340
31900 sq ft

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 260 feet from the front (200') lot line and 110 feet from the right (530') lot line as seen when facing the lot from Masters Run. Run trenches on contour toward right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 9/27/90 OK RH

PLANS APPROVED BY Sid Abel DATE 1/06/87

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

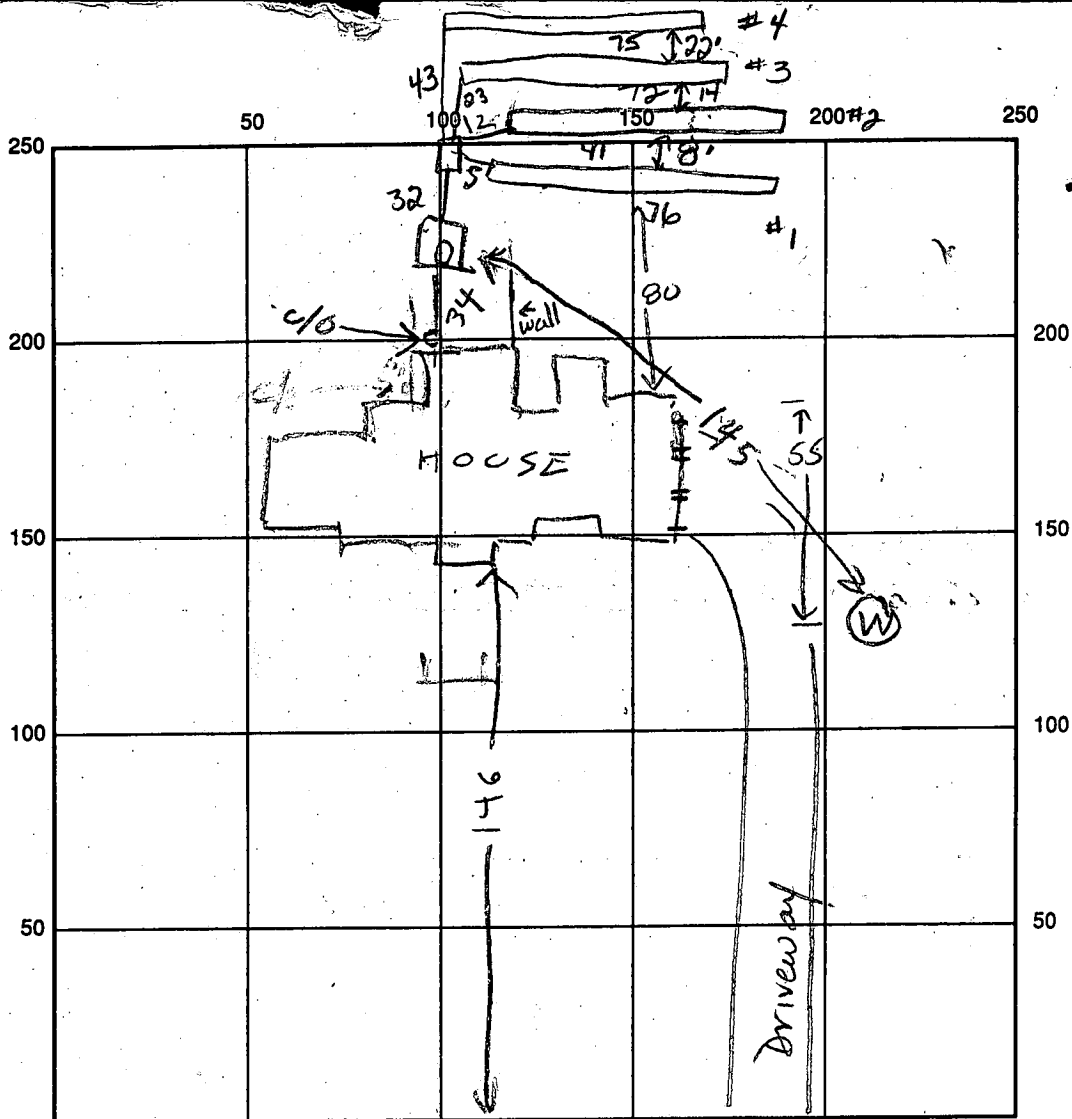
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT STOPPED
AND RETURNED 4/28/91
Serial # 36434
P.H.

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

A
36992



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Masters Run

OK

SEPTIC TANK LEVEL 2000 gal CLEANOUTS OK low stank, lat house

DISTRIBUTION BOX LEVEL OK (with baffle)

DRAIN FIELD TITLE DEPTH 75 7 3 FT. TRENCH WIDTH 3 FT. INLET DEPTH 55 55 35 FT.

EFFECTIVE GRAVEL DEPTH 15 15 15 FT. TOTAL LENGTH 76 77 72 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 216 231 SQ. FT. 216 225

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 900 SQ. FT.

REMARKS: 5/29/91 TANK LOCATION OK - 1" ADJUSTMENT TO TRENCH

5-30-91 OK to stone both trenches, add pipe & paper. Keep trenches 75 ft long maximum and on contour. JEN

5/30/91 OK TO COVER TRENCHES #1 & #2 DIG TRENCHES #3 & #4

6-3-91 OK to cover all work JEN

DATE SYSTEM APPROVED 6-3-91

INSPECTOR Jane E. Madigan

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

Receipt # 47159
Date 6/3/91

Name of Installer G. DONALD DEMENT

Telephone 301-384-6493

License Number 276

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner WILLIAM FLOWERS Telephone 730-1054
Subdivision THE CHASE Lot # 16 Well Tag # HO-88-2234
Site Address 11643 MASTERS RUN
ELLICOTT CITY 21043

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Myers
3. Model # 7
4. Capacity 6 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. RPM
3. Voltage
a. 110
b. 220

Pitless Adapter
1. Make MART
2. Model # BP1
3. Depth 54"

Tank
1. Capacity
2. Pressure relief valve? YES

Piping
1. Type Poly #160
2. Size 1
3. NSF and/or BOCA Code approved
4. Depth of supply line 54"

Well data
1. Depth 450ft.
2. Yield 8 GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? YES

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: G. Donald Dement

Date: 5-30-91

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

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

SERIAL NUMBER

34468

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

Call out
BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
11643 *Mosses Rd*
ELICOTT CITY, MARYLAND 21043

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

New Single Family Home w/
Attached 3 car garage

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
16	21			9		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
The Chase	K	29	511	651

OWNER'S NAME AND ADDRESS
DR/MS William Flowers
11076 OAKEN SHIELD CIRCLE
COLUMBIA, MD 21044

PHONE NO.
730 1054

OCCUPANT'S NAME AND ADDRESS
S.A.M.R.

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
STAN RYDER JR
8308 LINDA RD
BALT, MD 21207

PHONE NO.
521 - 2367

CONTRACTOR'S NAME AND ADDRESS
RCM Corporation
5520 CEDAR LA
COLUMBIA, MD 21044

PHONE NO.
301/995 0133

EXISTING USE	PROPOSED USE
VACANT LOT	Single Family Res

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
500,000		

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	104'	48'	19'6"

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS 5 ROOMS 3 1/2 BATHS 3 FIREPLACES 3			

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES

WATER	SEWER (SEPTIC)	GAS	ELECTRICITY	TYPE OF HEAT	AC
				H. Pump	X

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 Permit 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.

RCM Corp
SIGNATURE
8/17/90
DATE

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) _____

SDP # _____

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

FOR OFFICE USE ONLY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	8/10/90	<i>Craig W. ...</i>
FIRE PROTECTION		
STORM WATER 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

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

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

APPLICATION

PERCOLATION TESTING

A 36992

P _____

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

DISTRICT 5

DATE 5/15/86

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 Wayback Corporation Dr/mrs. William Flowers

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800 730-1054

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION The Chase - formerly The Paddock LOT NO. 1016 Prelim + Final Plans

ROAD AND DESCRIPTION Homewood Road - 11643 Masters Run

TAX MAP 29 PARCEL # 24

SIZE OF LOT: 3 acres TYPE BLDG: S.F.D.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow tile field DATE 1-6-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/26/86 Perc Satisfactory, Hold for Subdivision Plat; Shallow Syst.

only by S. Abel

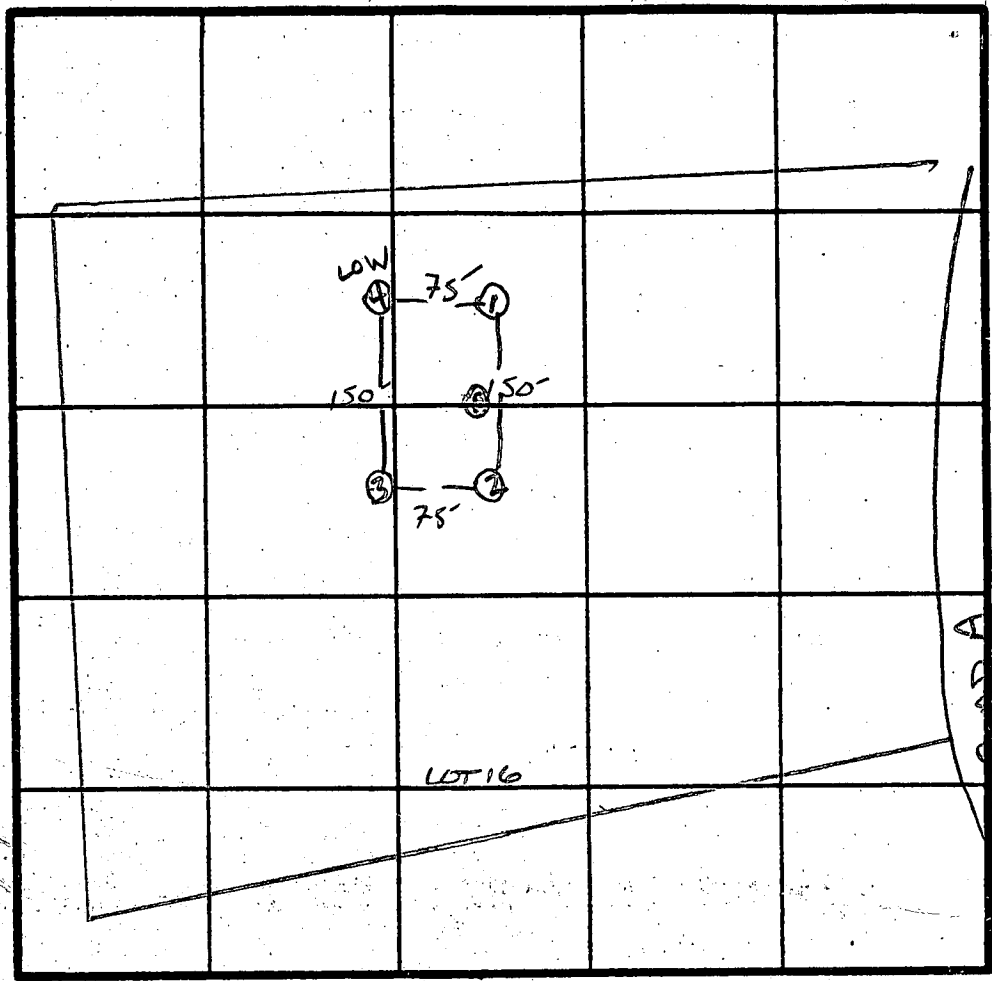
BUDG. PERMIT SIGNED
AND RETURNED 9/12/86
Jenial # 34418-SFD
5 Bedroom

THIS IS NOT A PERMIT



SOIL PROFILE

4" A-3
 Light Br.
 SAND LOAM
 VERY GRAVELY
 to mod.
 GRANELY
 610% CLAY
 25%
 FRAGMENTS
 4" Light Br.
 SAND LOAM
 40%
 FRAGMENTS
 12-14"



X PERC
 2 MIN
 INLET
 35
 BOTTOM
 5.0
 180 φ / BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ HOMEWOOD Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/26/86	1 S	3.5"	1:42	1:43	1:43	1:44	1 MIN	
	1 V	13"	UNIFORM SOIL STRUCTURE Below 3"					
	4 S	3.5"	1:46	1:47	1:47	1:49	2 MIN	
	4 V	14"	same as hole #1					
	3 S	3"	1:50	1:50:30	1:50:30	1:51:30	1 MIN	
	3 V	12"	same as #1 & 2					
	2 S	3"	1:52	1:53	1:53	1:56	3 MIN	
	2 M	x	same as on deep SABLE					
	2 V	x						
	5 V	13"	uniform soil below 3"					

REMARKS HOLES PER. PEAT, Shallow Syst. only

TYPE OF SOIL MANDR GRAVELY LOAM

S. AM

JEFF. MATT, DDB, WAD

EH-12-1079

Revised See Later Plans

Flowers Residence
Lot 16, The Chase
11643 MASTERS RUN
Parcel 24
Block 8

Write Exact
Trench Length to
be determined
at time of Permit
issuance

GROUND ELEVATIONS
MUST BE SHOWN

INTO FIELD - 87.5
OUT OF TANK - 88.5
INTO TANK - 89.0
OUT OF HOUSE - 91.0
BSMT ELEV - 93.0

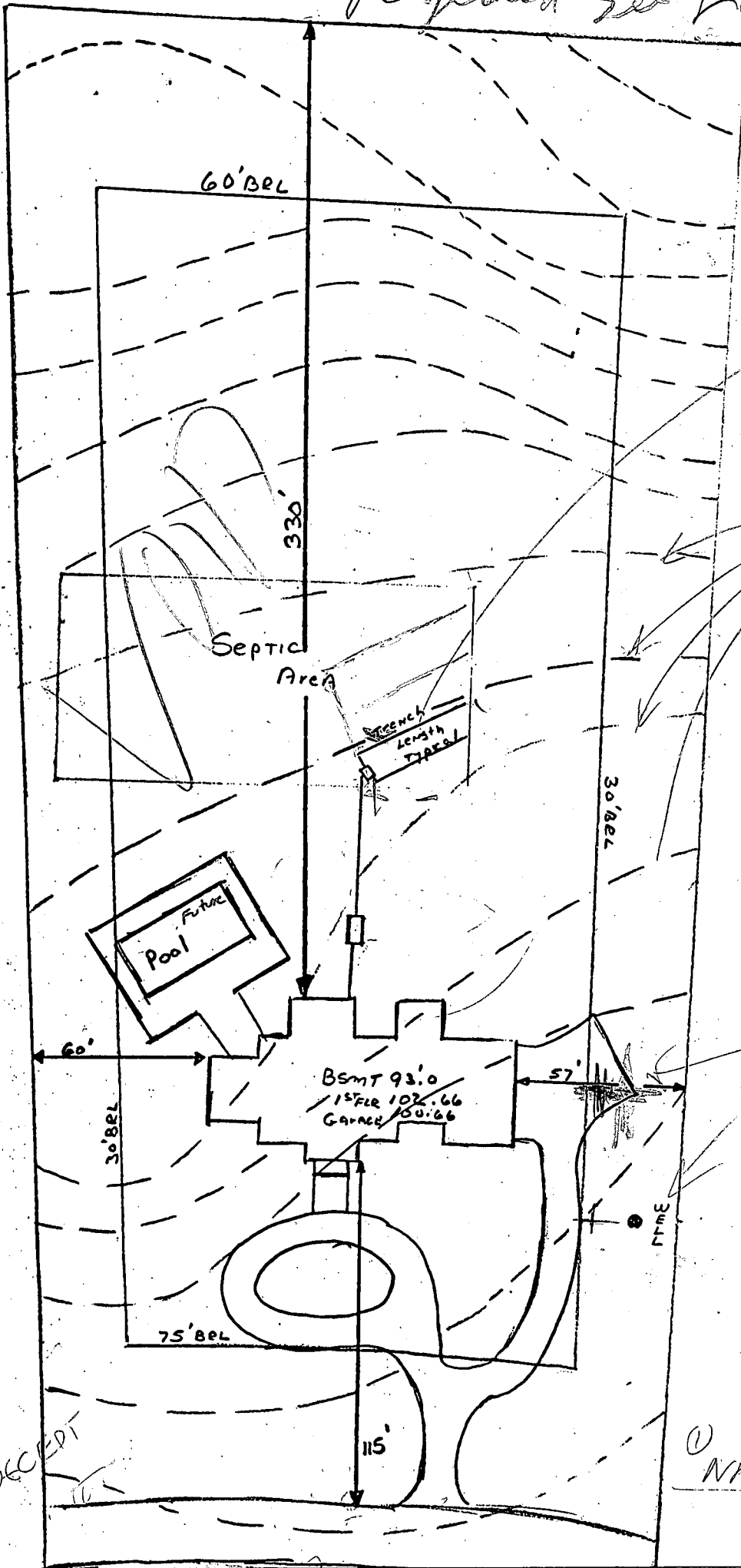
① NOT SURE IF
WELL WAS
DRILL 105 FT
FROM FRONT
OR 145 FT
FROM FRONT

Well = Relative Elev of 100'00

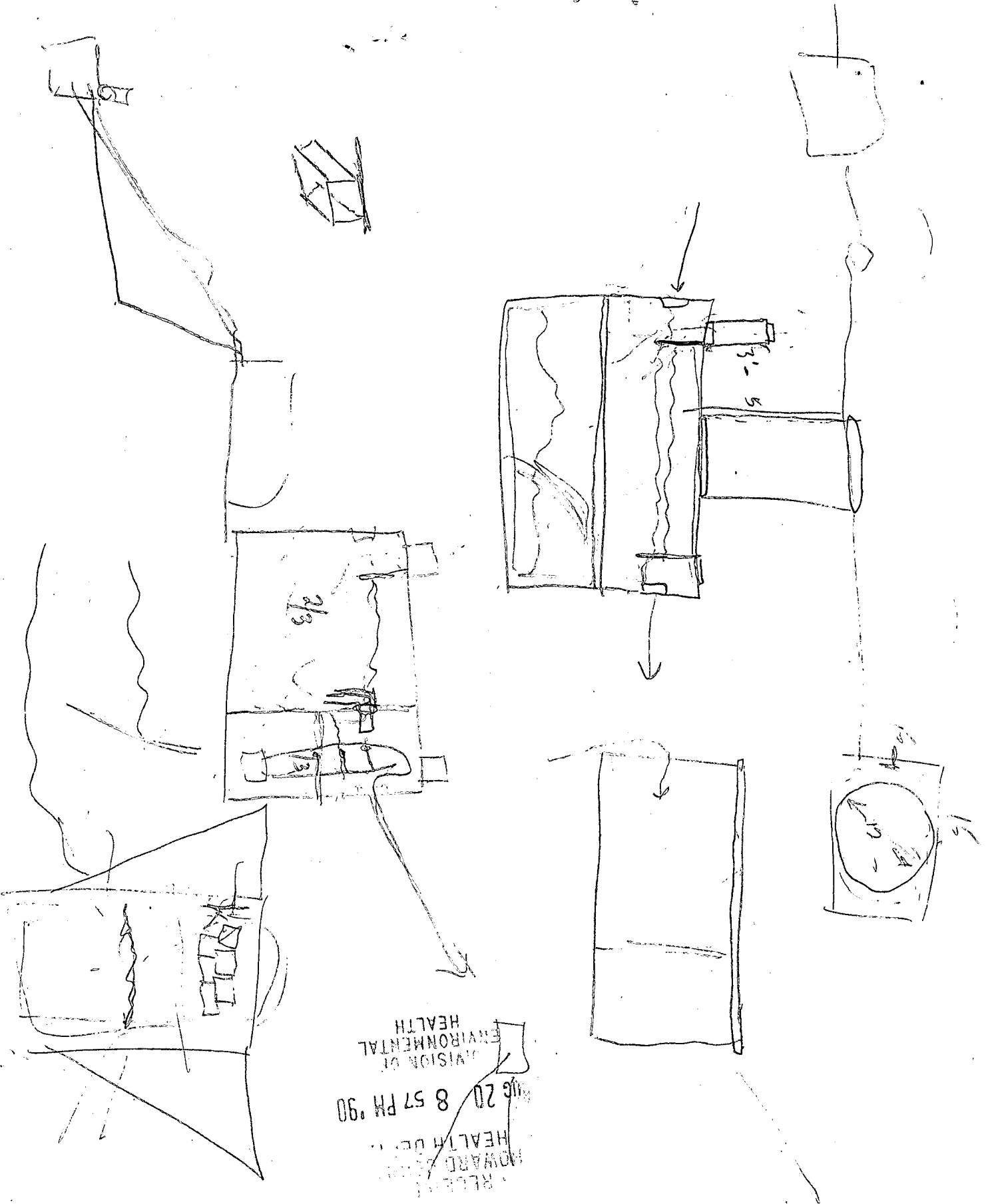
SCALE 1" = 50'

CONTOUR
INTERVAL = 2'

① NAME OF PERSON WHO
DREW PLANS



RECEIPT
16



RECEIVED
 HOWARD Z...
 HEALTH DEPT.
 JUN 20 8 57 PM '90
 DIVISION OF
 ENVIRONMENTAL
 HEALTH

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2234
 Location of property (road) Masters Run
 Subdivision The Chase Lot 16 Block Plat Sec.
 Well Driller Joseph Mayne Owner Monte Greenbaum

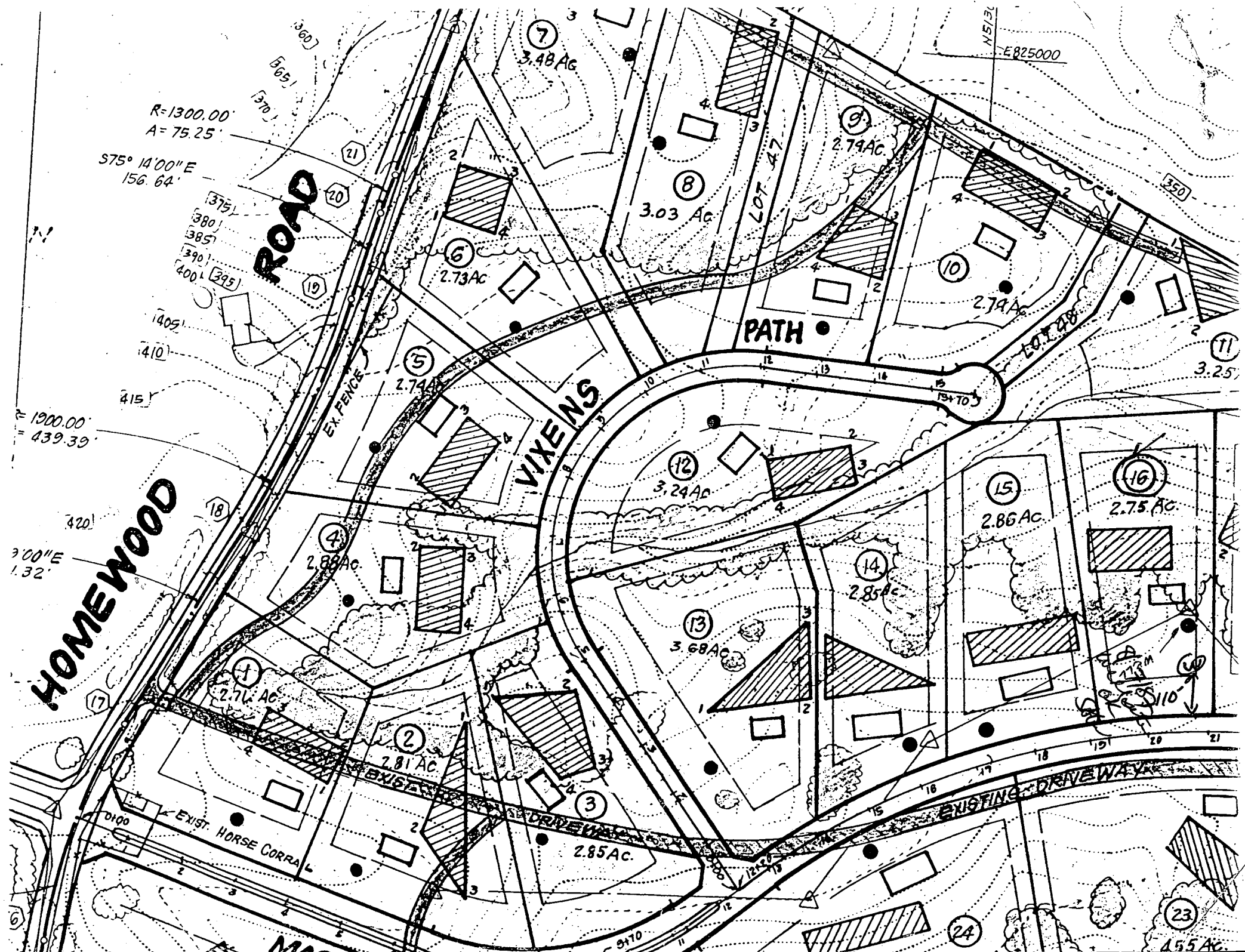
Depth of well 505'
 Distance of measuring point (M.P.) above ground 1 1/2
 Static water level (S.W.L.) below M.P. 36'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 12
 Total time 45 min. to reach pumping water level 250 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 4 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	120'	50 sec.		12
8:00	180	5		12
8:15	250	5		12
8:30	250	25		2 2/3
8:45	250	25		2 2/3
9:00	250	25		2 2/3
9:15	250	25		2 2/3
9:30	250	25		2 2/3
9:45	250	25		2 2/3
10:00	250	25		2 2/3
10:15	250	25		2 2/3
10:30	250	25		2 2/3
10:45	250	25		2 2/3
11:00	250	25		2 2/3
11:15	250	25		2 2/3
11:30	250	25		2 2/3
11:45	250	25		2 2/3
12:00	251	25		2 2/3
12:15	251	25		2 2/3
12:30	251	25		2 2/3
12:45	251	25		2 2/3
1:00	251	25		2 2/3
1:15	251	25		2 2/3
1:30	251	25		2 2/3
1:45	251	25		2 2/3
2:00	251	25		2 2/3
2:15	251	25		2 2/3



B 1 3344

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-2234

fill in this form completely

Date Received

8 13

OWNER INFORMATION

GREENBAUM D. MONTE

7112 RIVERS EDGE RD

COLUMBIA MD 21044

B 3

LOCATION OF WELL

HOWARD COUNTY

THE CHASE

SECTION LOT 16

ELLERBT CITY

MILES FROM TOWN 1 MI

DRILLER INFORMATION

Driller's Name License No. 80

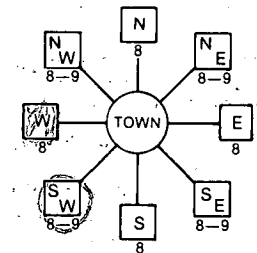
Firm Name

Address

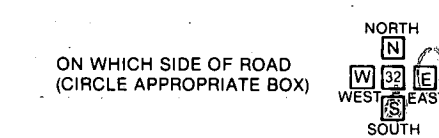
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD



DISTANCE FROM ROAD ENTER FT or MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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. A36992

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 08/18/88 CO SIGNATURE EXP. DATE 02/18/89

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 260 FEET

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

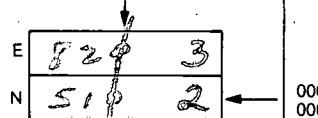
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

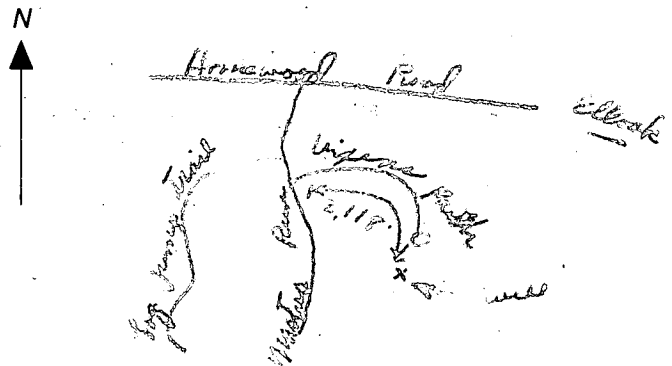
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- 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



Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE INITIALS PERMIT NO. HO-81-2234

SPECIAL CONDITIONS

e/26/e7

- ① WELL GROUT ALREADY STARTED
GOT INFORMATION FROM JOHN
- ② 42F7 PIPE
- ③ 35F7 OPEN HOLE
- ④ 22 BAGS
- ⑤ WELL OK

Bjt

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H-1158 Name: Monte Greenbaum County: Howard

Source of Sample: The Chase Lot 16 Street Town or City Collector: R. Hodges

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine
Remarks: Masters Run HD-81-2234

County: 13 Plant No. Sampling Station Date Collected: 082587 Time: 1200 P M Acid Iced
Field Data: pH* Chlorine Residual Free Total Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011	7.8	Arsenic	253	
Alkalinity (Total)	040	162	Barium	262	
Alkalinity (HCO ₃)	050		Cadmium	273	
Alkalinity (CO ₃)	060		Chromium	283	
pH*, Ca CO ₃ SAT.	071		Lead	302	
Alkalinity, Ca CO ₃ SAT	080		Mercury	314	
Hardness	110		Selenium	323	
Ammonia-N	143		Silver	333	
Nitrate-Nitrite N	162	4.02	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	091		Iron	422	
Fluoride	101		Magnesium	241	
Color*	020		Manganese	*133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

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

Date Received _____ Date Reported SEP 1 1987 Chemist MISS L. B... Lab No. 02926

INVOICE NO.
T 5944

Permit #134468

LT. 16

CERTIFICATE OF ANALYSIS

WATER TESTING LABORATORIES OF MARYLAND, INC.

Annapolis — Timonium — Severna Park — Elkton

TOLL FREE: 1-800-635-0645

U-10

ANNAPOLIS: (301) 269-7755
BELAIR: (301) 838-8411
ELKTON: (301) 398-2413
SEVERNA PARK: (301) 647-7737
TIMONIUM: (301) 628-2855
WESTMINISTER: (301) 876-2035

FIELD RECORD

Sample Source: Laundry Tub
11643 MASTERS RD
ELLICOTT CITY, MD
RTM CORP

community
non-community
private

Date 8-15-91

Time 10:16

Iced yes
no

pH 7.3

Free Cl 0

Total Cl 0

County How

Well No. HO-81-2234

This Sample Was Taken From a Tap On The Property by Water Testing Laboratories of Maryland, Inc.

Construction Satisfactory
Unsatisfactory
Not Determined

Bottle No. 5944 Collector J. Dehart 89-0397M

LABORATORY RECORD

Presumptive Bacteriological Test

ml. of Sample	10ml.				
Gas, 24 hours	-	-	-	-	-
Gas, 48 hours	-	-	-	-	-

Confirmed Bacteriological Test

ml. of Sample	10ml.				
Coliforms					
Fecal Coliforms					

N(NO ₃) (mg/l)	Sand	Turbidity (NTU)	(mg/l)	(mg/l)	(mg/l)	Coliforms/100ml.	
						Fecal	Total
<u>5.63</u>	<u>None</u>	<u>8.81</u>					

Received: 8-15-91 Time 3:14
Examined: 8-15-91 Time 3:30
Reported: 8-17-91 Time 4

[Signature]
Analyst

Bacteriological analysis of this sample indicates the water is safe for human consumption.

Thiosulfate Present
Absent



HOWARD COUNTY HEALTH DEPARTMENT

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

August 21, 1991

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

RCM Corporation
5520 Cedar Lane
Columbia, Maryland 21044

Re: The Chase - Lot 16
11643 Masters Run
Well Permit No. HO-81-2234

To Whom It May Concern:

This is to advise you that the septic system was installed, inspected and approved on June 3, 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.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-2234. 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.

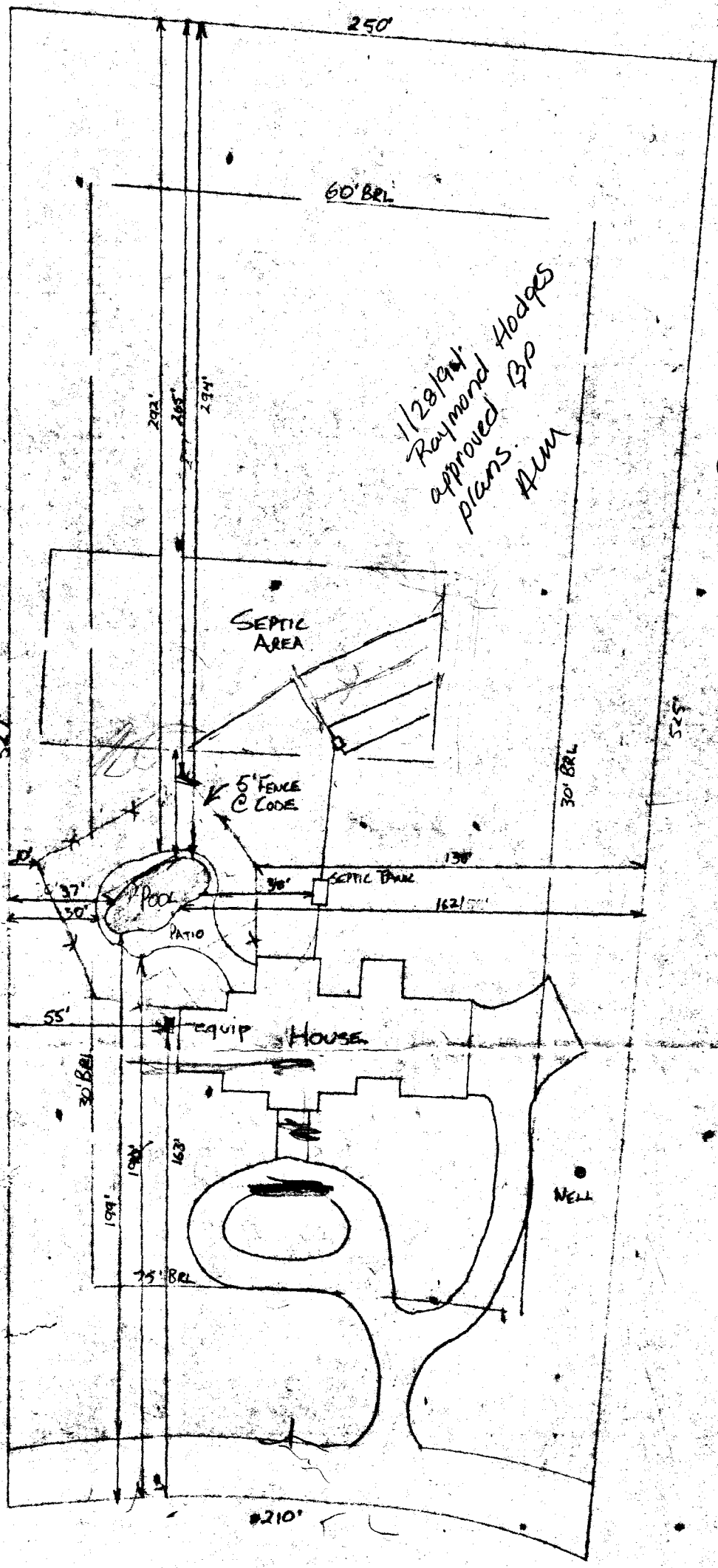
This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

August 25, 1987
Date Well Approved

August 15, 1991
Date of Water Sample

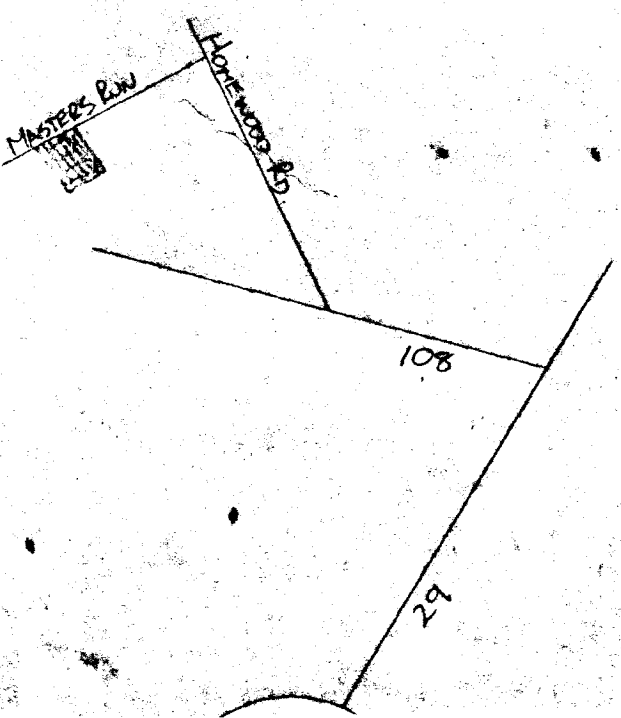
Charles Streaker
Approving Authority
Charles Streaker, Sanitarian
Water and Sewerage Program

CBS:cm



1/28/94
Raymond Hodges
approved BPO
Plans
ALM

FLOWERS RESIDENCE
LOT 16
"THE CHASE"
SCALE 1"=50'



ANY GRADING IF REQUIRED OVER _____ HOURS TO BE PAID AT THE RATE OF \$85.00 PER HOUR. GRADING TO BE ROUGH GRADING ONLY.

CONSTRUCTION OFFICE HOURS
MON-FRI 9-5
(703) 451-9454

Buyer to Finalize Deck Size with Deck Contractor and Understands Additional Footage Above Amount Quoted on