

05-402565

8/2/88
8/4/88 NBP
8/16/88

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 42247

A 35413

DISTRICT 5th

DATE 8/1/88

DATE SYSTEM APPROVED 8/16/88

INSPECTOR RH

INDEXED

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Md. 21029 PHONE 854-2006

SUBDIVISION Fox Hall Villas ✓ ROAD 13318 Elliott Drive LOT 17, Sec. 2

PROPERTY OWNER Charles J. Stevens

ADDRESS P. O. Box 1055, Clarksville, Md. 21029

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1,250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 187 sq. ft. absorbent sidewall area per bedroom. Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 3½ feet below original grade. 5 feet of stone below distribution pipe. NO TRENCH TO EXCEED 100 FEET IN LENGTH. IF MORE THAN ONE TRENCH USED, A DISTRIBUTION BOX IS REQUIRED. TRENCHES TO BE INSTALLED ON LEVEL GROUND. CALL FOR INSPECTION OF TRENCH BEFORE GRAVEL IS INSTALLED. Place the distribution box at a point 140 feet from the front lot line and 120 feet from the left side of the lot as seen when facting the lot from Elliott Drive. Run the trenches along contour towards the front of the lot. ok cw

PLANS APPROVED BY Raymond Hodges DATE 9/18/86

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.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

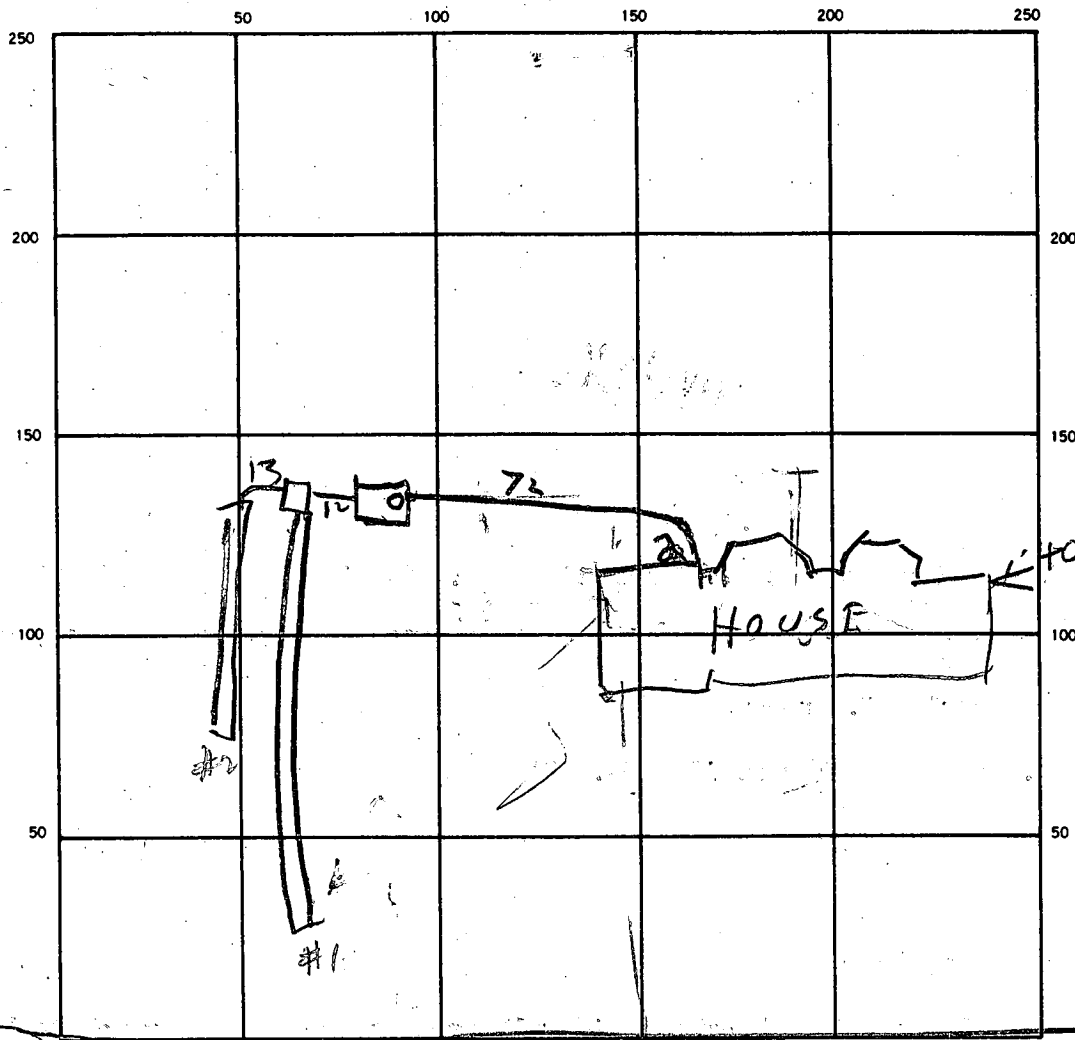
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35413



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

ELMOTT DRIVE

ST
PIPE BUT MANHOLE NEEDED

SEPTIC TANK, LEVEL OK 1500

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

DRAIN FIELD/TILE FIELD, DEPTH $\frac{1}{2}$ | $\frac{2}{2}$ FT. TRENCH WIDTH $\frac{1}{2}$ | $\frac{2}{2}$ FT. INLET DEPTH $\frac{1}{2}$ | $\frac{2}{2}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{5}$ | $\frac{2}{5}$ FT. TOTAL LENGTH $\frac{1}{97}$ | $\frac{2}{52}$ | TOTAL $\frac{1}{149}$

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA $\frac{1}{745}$ | $\frac{2}{790}$ SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/3/88 OK TO COVER HOUSE SEWER. ADD STONE TO TRENCHES & CALL R/H.

8/4/88 - TRENCHES OK TO COVER. TANK TOP IS 4 1/2 FT BELOW GRADE. MANHOLE NEEDED OR LOT MUST BE CUT 1/2 OVER TANK R/H 8/16/88 - MANHOLE INSTALLED

DATE SYSTEM APPROVED 8/16/88 INSPECTOR R. G. Hodges

WPI 8/8/88

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # 42299
Date 8/5/88

Name of Installer J.A. Smith + Co INC

Telephone 796-7532

License number 3581

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Charles Stevens

Telephone 551-5506

Subdivision FOX HILL VILLAS Lot # 17 Well tag # 10-81-2089

Site Address 13318 ELLIOTT DR.
CLARKSVILLE MD 21029

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

Motor

- 1. Horsepower 3/4
- 2. RPM 3450
- 3. Voltage 230
 - a. 110
 - b. 220

Pitless Adapter

- 1. Make MARLSON
- 2. Model # 6000
- 3. Depth 42"

2. Make GOULDS

3. Model # 7EH09412

4. Capacity 10 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

Tank

- 1. Capacity 20
- 2. Pressure relief valve? 75psi

Piping

- 1. Type Golden Jet 1/4" 160
- 2. Size 1"
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 42"

Well data

- 1. Depth 300 ft.
- 2. Yield 10 GPM
- 3. Static water level 32 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: J. A. Smith

Date: 8/3/88

8/8/88 - OK TO COVER OUTSIDE WORK R/A

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

Subdivisor: Fox Hall Villas
 Elliott Dr

A 35413

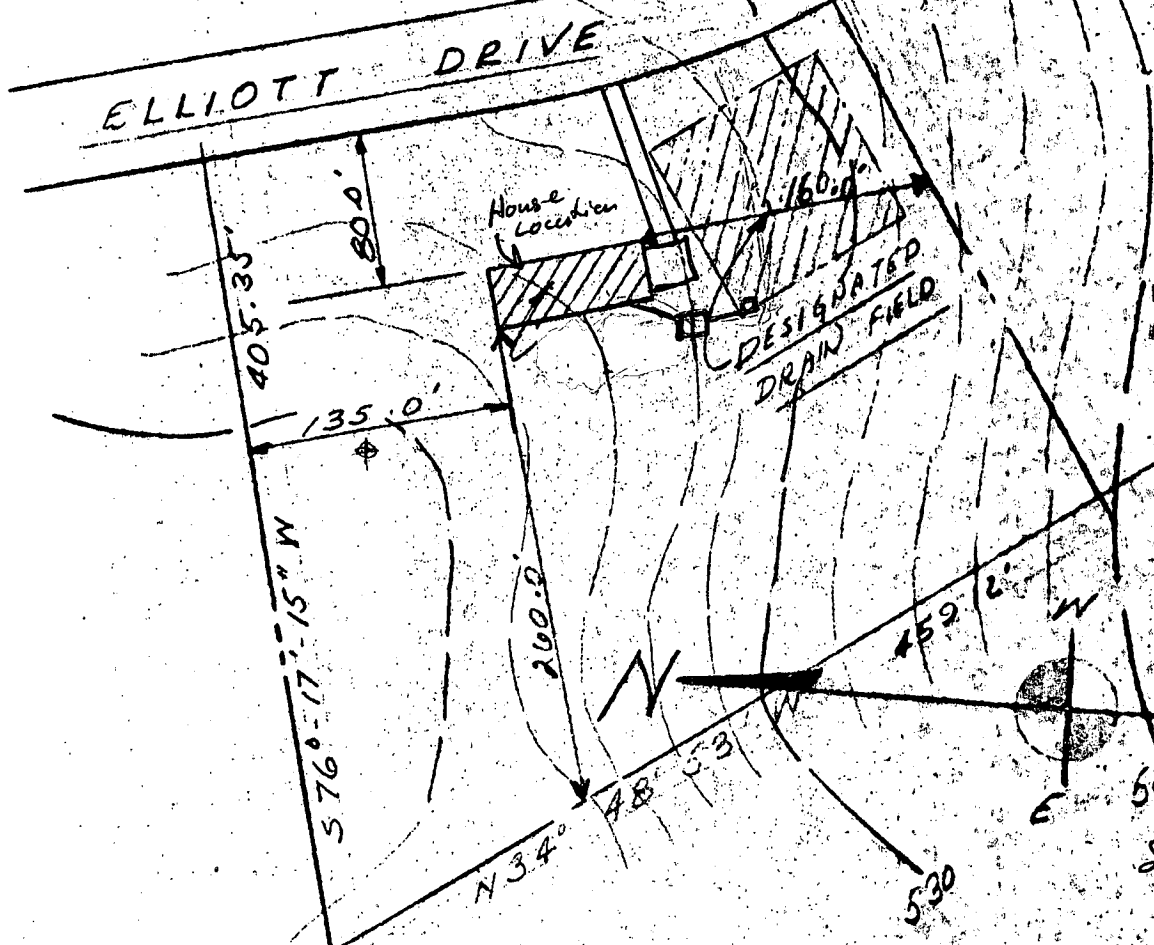
Lot # 17 Sect 2

- 77 elev 539' ✓
- BE elev 531' ✓
- Ino elev (out of) house 530' ⊕ BSMT
- Ino elev (into) Septic Tank ~~529.65~~ 529.625 ✓
- Ino elev (into) Septic Tank ~~528.9~~ 529.600 ✓
- Ino elev (into) Dist Tank ~~528.8~~ 529.350 ✓
- Ino elev (into) Trench ~~528.2~~ 529.0 ✓
- Exist Elev at Box 532.6 ✓
- Exist Elev at Trench 532.5 ✓

35-8.0

Bath to be roughed in Basement.

9/15/87
 elevations of
 changes
 shown
 SJK



BLDG. PERMIT SIGNED
 AND RETURNED 9/15/87

BP 14374

SJK

Sept 9, 1987

I certify that the above measurements are actual
 and correct for this property.

SITE PLAN Signed Charles T. Stevens

SCALE: 1" = 100'

A 35413

SUBDIVISION: FOX HALL VILLAS

LOT NUMBER: 17 Sect 2

ELLIOTT DRIVE
DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

187 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 3 1/2 feet below original grade.
 Bottom maximum depth 8 1/2 feet below original grade.
 Effective area begins at 3 1/2 feet below original grade.
11 1/2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: 9/18/86 - PLACE THE DISTRIBUTION BOX AT A POINT 140 FT FROM THE FRONT LOT LINE AND 120 FT FROM THE LEFT SIDE OF THE LOT AS SEEN WHEN FACING THE LOT FROM ELLIOTT DRIVE. RUN THE TRENCHES ALONG CONTOUR TOWARDS THE FRONT OF THE LOT PH

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35413

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 4-24-85

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 DAVID N. ELLIOTT Charles Stevens

ADDRESS 6581 COLUMBIA PIKE, COLUMBIA PHONE 997-5833

PROPERTY LOCATION:

SUBDIVISION FOXHALL VILLAS LOT NO. 17

ROAD AND DESCRIPTION 13318 ELLIOTT DRIVE
ROAD, CHARLESVILLE

SIZE OF LOT 3 acre TYPE BLDG. res. 3-4
(NUMBER OF BEDROOMS)

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. David N. Elliott
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodge FOR Tranebor DATE 9/18/86

REJECTED BY _____ FOR _____

HOLD PENDING FURTHER TESTS _____ BLDG. PERMIT SIGNED AND RETURNED 9/15/87 SP# 14374
DATE _____ SBW

REASONS FOR REJECTION OR HOLDING 5/9/85 Perc OK Hold for plat
9/25/85 Lot LINES TO BE CHANGED EXTRA P
PERC HOLES DUG CERTIFIED PLAT NEEDED BY
9/19/86 - SPECS WRITTEN BY

THIS IS NOT A PERMIT

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 _____

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35413

P _____

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PROPERTY OWNER DAVID N. ELLIOTT

ADDRESS 6501 COLUMBIA AVE, COLUMBIA PHONE 997-5833

PROPERTY LOCATION:

SUBDIVISION FOXHALL VILLAS LOT NO. 17

ROAD AND DESCRIPTION ELLIOTT DRIVE CLARKSVILLE

SIZE OF LOT 3 ACRES TYPE BLDG. 100 3-4
(NUMBER OF BEDROOMS)

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.

David N. Elliott
(SIGNATURE OF APPLICANT)

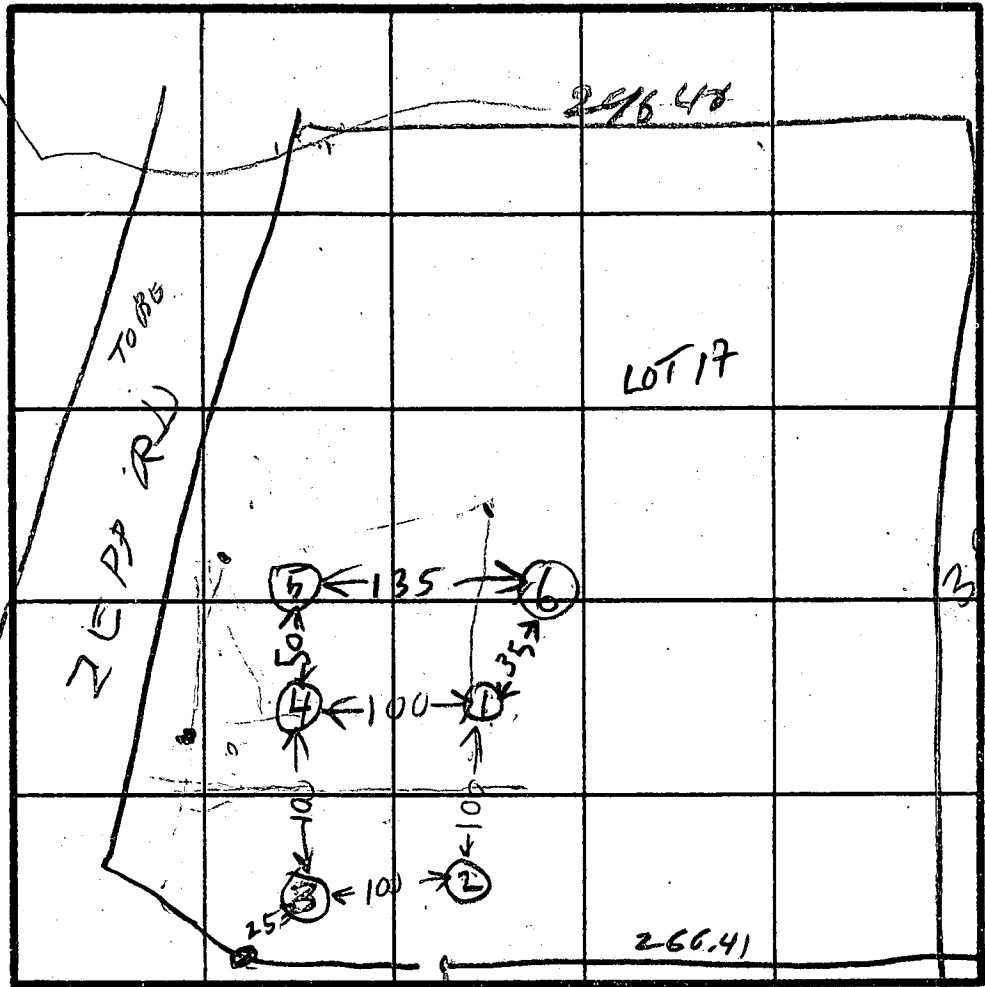
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLE ELEVATIONS
 HIGHEST (6)
 HIGHER (1)(2)
 LOW (3)(4)
 LOWEST (5)

SOIL PROFILE
 0
 BROWN CLAY & TOP SOIL
 4
 BROWN SAND MICA LOAM
 13

(2)(3)
 BROWN CLAY
 2 1/2
 BROWN SAND LOAM & SOME SAPROLITE
 12 1/2

(4)(5)
 BROWN CLAY
 3
 BROWN SAND LOAM & SOME SAPROLITE
 12 1/2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
5/9/85	1S	4 1/2	110	117	117	127	10
	1V	13	LOOKS OK				
	2S	3 1/2	113	115	115	119	6
	2V	12 1/2	LOOKS OK				
	3S	3 1/2	122	123	123	125	2
	3V	12 1/2	LOOKS OK				
9/25/85	4S	4	128	137	137	153	16
	4V	12 1/2	LOOKS OK				
	5S	4	117	118	118	120	4
	5V	13	LOOKS OK				
	6S	4	126	130	130	132	2
	6V	4.5	LOOKS OK				

av
 level
 9 min
 max
 depth
 3 FT

REMARKS HOLES DUG PER SURVEYOR'S PLAN

TYPE OF SOIL
 TESTED BY R HODGES
 ALSO PRESENT EYOLR CO-JEFF & ROBER

C1 0387 SEQUENCE NO. (OEP 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 A35413

DATE Received

DATE WELL COMPLETED 060189

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-2089

OWNER STEVENS CHARLES STREET OR RFD 5 ELSTOTT DRIVE TOWN DAYTON SUBDIVISION FOX HALL VILLAS SECTION 2 LOT 17

WELL LOG table with columns: DESCRIPTION (SAND, GRAY MICA ROCK), FEET (FROM 0 TO 45, 45 TO 305), Check if water bearing.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 12, NO. OF POUNDS 1128, GALLONS OF WATER 72, DEPTH OF GROUT SEAL 42 ft.

CASING RECORD: MAIN CASING TYPE ST (STEEL), Nominal diameter 6 inch, Total depth of main casing 305 ft.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type HO (HOLE), insert appropriate code below.

DEPTH (nearest ft.) table with columns: EACH SCREEN, DEPTH (nearest ft.)

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE

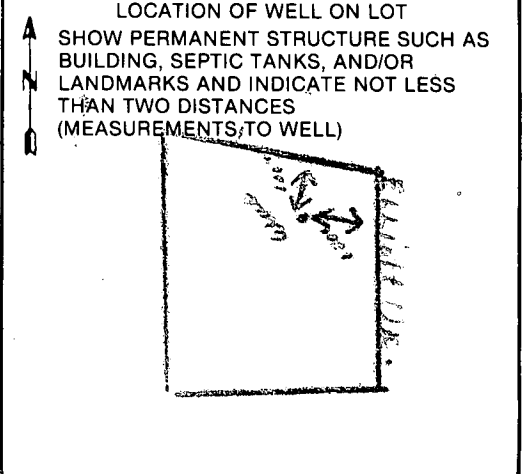
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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 3, PUMPING RATE 12 gal. per min., METHOD USED TO MEASURE PUMPING RATE bucket, WATER LEVEL 35 ft. BEFORE PUMPING, WHEN PUMPING 103 ft., TYPE OF PUMP USED S (submersible)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT



B 7 8262

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-2089

fill in this form completely

Date Received

8 13

OWNER INFORMATION

STEVENS CHARLES

P.C. BOX 1055

CLARKSVILLE MD 21029

B 3

LOCATION OF WELL

HOWARD

FOXHALL VILLES

SECTION 2 LOT 17

DAYTON

MILES FROM TOWN (enter 0 if in town) 3 MI

DRILLER INFORMATION

Joseph L. MAYNE 238

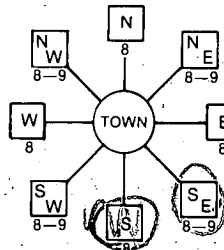
Joseph L. Mayne Well Drilling

5512 KILMER RD. Mt. Airy 21771

Signature Joseph L. Mayne 4/29/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ELLIOTT DRIVE

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 160

ENTER FT or MI 67

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only)
Farming (livestock watering & agricultural irrigation)
Industrial, commercial, state and federal gov. other (requires appropriation permit)
Public or private water company (requires appropriation permit and state health department approval)
Test/observation, monitoring (may require appropriation permit)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD

A35413

COUNTY NAME

COUNTY NO.

OEP SIGNATURE

STATE HEALTH INSERT S

DATE ISSUED

052687

BAW...

11/26/87

NORTH GRID 502000

EAST GRID 0807000

APPROXIMATE DEPTH OF WELL 260 FEET

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

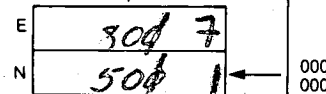
- This well will not replace an existing well
This well will replace a well that will be abandoned and sealed
This well will replace a well that will be used as a standby
This well will deepen an existing well
Permit number of well to be replaced or deepened (if available)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

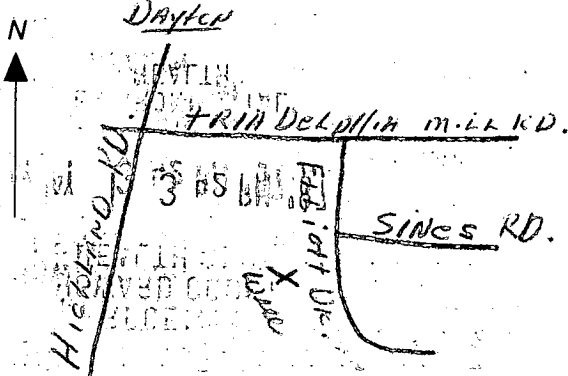
SOURCES OF DRILLING WATER

- 1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



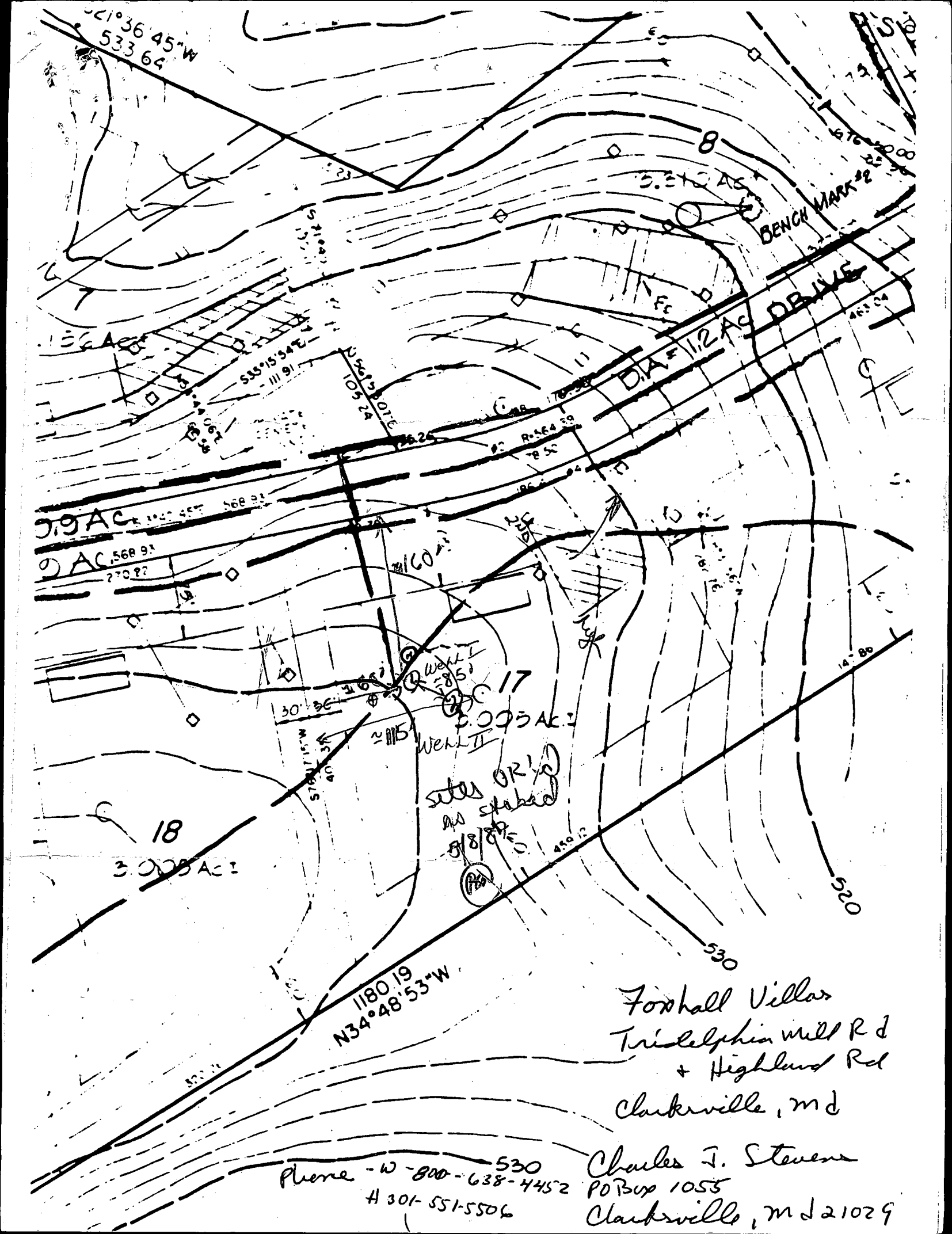
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



APPROP. PERMIT NUMBER GAP

FORCE IN BOX PERMIT No. 40-81-2089

SPECIAL CONDITIONS



Foxhall Villas
 Tridelphia Mill Rd
 + Highland Rd
 Clarksville, Md

Phone - W - 800 - 530
 638 - 4452
 H 301 - 551-5506

Charles J. Stevens
 PO Box 1055
 Clarksville, Md 21029

Copy made
3/9/89

CERTIFICATION OF WATER QUALITY

University Micro Reference Laboratory Inc.

611(P) Hammonds Ferry Road

Linthicum, MD 21090

(301) 789-3636

Certification #127

INVOICE NO: W- 1059.10

WORK- 730-9311
Home 596-9503

FIELD DATA

SOURCE: 13319 ELLIOTT DRIVE - CLARKSVILLE

COUNTY: HOWARD

ZIPCODE: 21029

Contact: STEVENS, CHARLES

Date: 02/16/89

Time: 10:45:00

PHONE: (301) 730-9311

Sampler: DJL

Sampler #: 89041M

Well #: NO TAG

Free Cl: 0

Total Cl: 0

pH: 7.2

SAMPLE DATA

Coliforms/100ml		N(NO3)	TURBIDITY	SAND	IRON	LEAD		
FECAL (2.2)	TOTAL (2.2)	0.249 mg/L	0.65 (Ntu)	0 mg/L	(0.05) mg/L		mg/L	mg/L

NPN PRESUMPTIVE						NPN CONFIRMED					Fecal Confirmed			
ml of Sample	10	10	10	10	10	ml of Sample	10	10	10	10	10	44.5 ° C		
GAS 24 hr.	N	N	N	N	N	GAS 24 hr.								
GAS 48 hr.	N	N	N	N	N	GAS 48 hr.								

	DATE	TIME
Received	02/16/89	12:30:00
Tested	02/16/89	12:45:00
Reported	02/19/89	11:00:00

R. D'AGOSTINO, PHD
(Microbiologist)

Microbiological analysis of sample tested indicates that it is SAFE for human consumption. ✓

Sample Analysis	42.00
Septic Testing	
Other Chemistry	
Consultation	
Total	\$ 42.00

MAIL TO:
CHARLES STEVENS
13319 ELLIOTT DR.
PO BOX 1055
CLARKSVILLE, 21029

TERMS: NET DUE UPON RECEIPT. PLEASE RETURN YELLOW COPY WITH YOUR REMITTANCE.

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

March 8, 1989

Mr. Charles Stevens
13318 Elliot Drive
Clarksville, Maryland 21029

RE: Fox Hall Villas
Lot 17, Section 2
13318 Elliot Drive

Dear Mr. Stevens:

This is to advise you that the septic system was installed, inspected and approved on August 16, 1988.

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-81-2089. 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 and the results submitted to the Howard County Health Department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

June 1, 1987
Date Well Approved

February 16, 1989
Date of Water Sample

Jane E. Nadeau
Approving Authority
Jane Nadeau, Sanitarian
Water and Sewerage Program

JN:JR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehseu Joseph, Ph.D., Director

Lab. No. 020674

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE: Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Check Sample <input type="checkbox"/> Special <input type="checkbox"/>	Source <u>CHARLES STEVENS</u>
	Location: <u>13318 ELLIOTT DR. (KITCHEN TAP)</u>
	Iced: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:23</u> <input type="checkbox"/> am. <input checked="" type="checkbox"/> pm.
	Collector # <u>89-122</u> Bottle No. <u>A0-764</u>
	Collector Name <u>MENUSTIK</u> County <u>HOWARD</u>

County <u>13</u>	Plant No. <u>---</u>	Sampling Station <u>---</u>	Date Collected <u>06 12 90</u>
pH <u>5.8</u>	Res. Cl: Free <u>00</u>	Total <u>00</u>	Card No. <u> </u>

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

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

CONFIRMED TEST

ml. of Sample	10ml.			
Coliforms †	+	-	-	-
Fecal Coliforms ‡	-	-	-	-

No. of Pos.
0
0

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =

SPC Dil. 1:..... Col. Counted:

Standard 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

Date & Hour: 12 JUN 90 13 32 Recd.
12 JUN 90 13 32 Exam
15 JUN 90 15 17 Rept.

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"/>		

Remarks _____
Bacteriologist Cosin

Water Sample Request

PROPERTY OWNER CHARLES STEVENS DATE OF REQUEST 2/16/89

TELEPHONE (W) 730-9311; (H) 596-9503 NEW WELL NUMBER NO-81-2089

DIRECTIONS OR INSTRUCTIONS _____

NAME CHARLES STEVENS
ADDRESS 13318 ELLIOTT DRIVE
CLARKSVILLE, MARYLAND 21029

SAMPLE TYPE

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

REASON FOR REQUEST

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE / /

SEPTIC SYSTEM: Approved Disapproved DATE 8/16/88

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____ A# 35413

FIRST SAMPLE COLLECTOR UNIVERSITY MICRO REF. LAB INC. TIME 10:45 DATE 2/16/89

BACTERIA W-1059.10, pH 7.2, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, VOC

CHEMICAL W-1059.16 LEAD & COPPER , NITRATES 0.249 PESTICIDE TURBIDITY 0.65

ACTION: I.C.O.P. ISSUED 3/8/89 J.E.N./
10/5 FOLLOW UP LETTER NEEDED C.B.D.

RESAMPLE COLLECTOR _____ DATE 10/16/89

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

CHEMICAL _____, Other _____

ACTION: * B Please get to first

RESAMPLE COLLECTOR DATE 10/16/89

BACTERIA VV168, pH 6.6, Free Cl⁻ 00, Res. Cl⁻ 00, TIME 930

ACTION: 10/26 Send B-2. 1/24/90 C.B.D. ← 4/24 Fund

RESAMPLE COLLECTOR C.B.D. Melling DATE 5/3/90

BACTERIA AK674, pH 6.6, Free Cl⁻ 0, Res. Cl⁻ 0, TIME 830

ACTION: 5/14/90 send I.C.O.P. C.B.D. ← 5/18/90 send

follow up letter. C.B.D.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehseu Joseph, Ph.D., Director

007899

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source <u>CHARLES STEVENS</u>		
Community <input type="checkbox"/>	Location: <u>13318 ELLIOTT DR.</u>		
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>BOTH TAP</u>	
Private <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Time Collected <u>9:30</u>	<input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
Check Sample <input type="checkbox"/>	Collector # <u>#85 452</u>	Bottle No. <u>VV168</u>	
Special <input type="checkbox"/>	Collector Name <u>Huelskamp</u>	County <u>Howard</u>	

13
County

 | | |
Plant No.

 | | |
Sampling Station

10 16 89
Date Collected

pH 6.6

Res. Cl: Free 0.0

Total 0.0

Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

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

CONFIRMED TEST

ml. of Sample	10ml.				
Coliforms †	+	+	+	+	+
Fecal Coliforms ‡	-	-	-	-	-

No. of Pos.
5
0

Presumptive Coliforms/100 ml. (Membrane Filter) =

**
Verified Coliforms/100ml. (Membrane Filter) =

SPC Dil. 1:..... Col. Counted:

Standard 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

Date & Hour: 13 OCT 03 16 17

Recd.

15 OCT 03 16 17
Exam

19 OCT 03 15 17
Rept.

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"/> | | |

Remarks _____

Bacteriologist C. G. G.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehseu Joseph, Ph.D., Director

018334
Lab. No

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:	Source <u>Stevens</u>		
Community <input type="checkbox"/>	Location: <u>13318 Ellicott Dr.</u>		
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>BR</u>	<input type="checkbox"/> am.
Private <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Time Collected <u>830</u>	<input type="checkbox"/> pm.
Check Sample <input type="checkbox"/>	Collector # <u>89452</u>	Bottle No. <u>AK 674</u>	
Special <input type="checkbox"/>	Collector Name <u>Neelskamp</u>	County <u>Howard</u>	

13				5390
County	Plant No.	Sampling Station	Date Collected	

pH 66 Res. Cl: Free 0 Total 0 Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*					CONFIRMED TEST					No. of Pos.
ml. of Sample	10ml.				ml. of Sample	10ml.				
Gas, 24 hours					Coliforms †					0
Gas, 48 hours					Fecal Coliforms ‡					

Presumptive Coliforms/100 ml. (Membrane Filter) =
 **
 Verified Coliforms/100ml. (Membrane Filter) =
 SPC Dil. 1:..... Col. Counted:
 Standard 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

Date & Hour:

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"/>	
Remarks _____	

3 MAY 90 13 33 Recd.
3 MAY 90 13 33 Exam
7 MAY 90 08 58 Rept.

Bacteriologist Cron



HOWARD COUNTY HEALTH DEPARTMENT

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

June 21, 1990

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Charles Stevens
13318 Elliott Drive
Clarksville, Maryland 21029

Re: 13318 Elliott Drive
Well Permit No. HO-81-2089

Dear Mr. Stevens:

This is to advise you that the septic system was installed, inspected and approved on August 16, 1988.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

FINAL CERTIFICATION 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-81-2089.

June 12, 1990
Date of Final Sampling

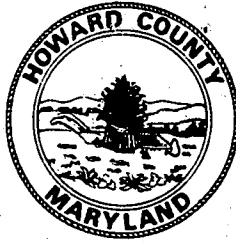
June 21, 1990
Date of Acceptance

Charles Streaker

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
May 3, 1990
June 12, 1990

CS:cm



HOWARD COUNTY HEALTH DEPARTMENT

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

May 14, 1990

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Charles Stevens
13318 Elliott Drive
Clarksville, Maryland 21029

Re: 13318 Elliott Drive
Well Permit No. HO-81-2089

Dear Mr. Stevens:

This is to advise you that the septic system was installed, inspected and approved on August 16, 1988.

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-81-2089. 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.

Unknown
Date Well Approved

May 3, 1990
Date of Water Sample

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

CBS:cm



HOWARD COUNTY HEALTH DEPARTMENT

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

April 24, 1990

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Charles Stevens
13318 Elliott Drive
Clarksville, Maryland 21029

RE: January 24, 1990
Bacteria Letter
13318 Elliott Drive
Well Permit No. HO-81-2089

SECOND NOTICE - FINAL

Dear Mr. Stevens:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some dangerous bacteria could enter your water supply at any time.

It is recommended that the well casing, seal or cap and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. The Health Department should be contacted to arrange follow-up testing to insure sterility.

If further information is needed, please call 461-9933 between 8:30 a.m. and 4:30 p.m.

Very truly yours,

Charles B. Streaker, Sanitarian
Water and Sewerage Program

CBS:cm

Enclosure



HOWARD COUNTY HEALTH DEPARTMENT

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

January 24, 1990

Reply to:
Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Charles Stevens
13318 Elliott Drive
Clarksville, Maryland 21029

RE: Stevens Property
13318 Elliott Drive
Well Permit No. HO-81-2089

SECOND NOTICE

Dear Mr. Stevens:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some dangerous bacteria could enter your water supply at any time.

It is recommended that the well casing, seal or cap and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. The Health Department should be contacted to arrange follow-up testing to insure sterility.

If further information is needed, please call 461-9933 between 8:30 a.m. and 4:30 p.m.

Very truly yours,

Charles B. Streaker

Charles B. Streaker, Sanitarian
Water and Sewerage Program

CBS:cm

Enclosure



HOWARD COUNTY HEALTH DEPARTMENT

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

October 30, 1989

Reply to:
Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Charles Stevens
13318 Elliott Drive
Clarksville, Maryland 21029

RE: Stevens Property
13318 Elliott Drive
Well Permit #HO-81-2089

Dear Mr. Stevens:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some dangerous bacteria could enter your water supply at any time.

It is recommended that the well casing, seal or cap and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. The Health Department should be contacted to arrange follow-up testing to insure sterility.

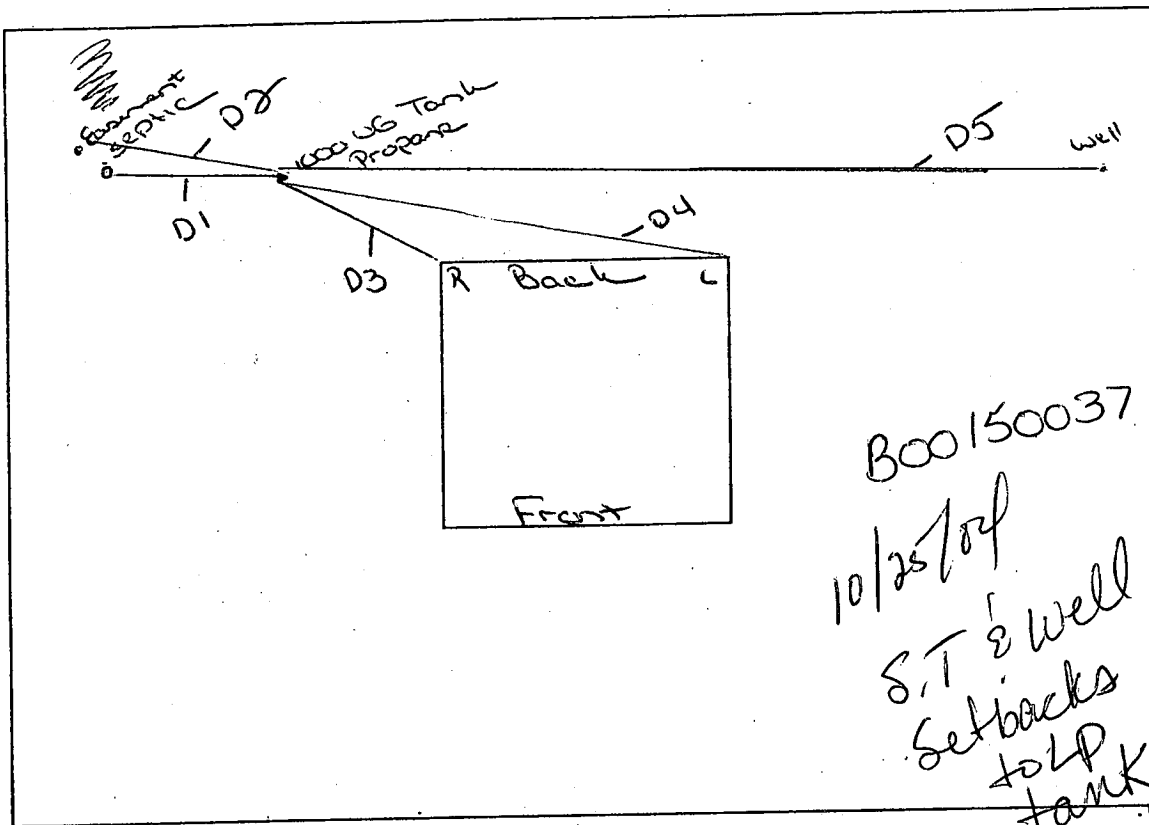
If further information is needed, please call 461-9933 between 8:30 a.m. and 4:30 p.m.

Very truly yours,

Charles B. Streaker, Sanitarian
Water and Sewerage Program

CBS:cm

Enclosure



CUSTOMER NAME: Hye Kim

ADDRESS: 13318 Elliott Dr SW / Clarksville, MD 21029

SCALE: 1" = 25 ft

D1 - TANK TO SEPTIC 25

D2 - TANK TO SEPTIC EASEMENT 30

D3 - TANK TO HOUSE - RIGHT 25

D4 - TANK TO HOUSE - LEFT 75

D5 - TANK TO WELL 115

TANK SIZE 1000 US

TANK DIMENSIONS 18x4

KN