

9/11/89 anything

05 407443 PERMIT

P 44918
A 35467

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 8/31/89

INDEXED

DATE SYSTEM APPROVED 9/1/89

INSPECTOR MRipkin

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Waterford ROAD 13125 Brighton Dam LOT 10, Section 2

PROPERTY OWNER Russ Alion

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 220 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 255 feet down the left (672.65') lot line and 185 feet off the left lot line as seen when facing the lot from Brighton Dam Road. Run trenches on contour front left lot corner.

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

PLANS APPROVED BY Sid Abel Updated DATE 12/20/88

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

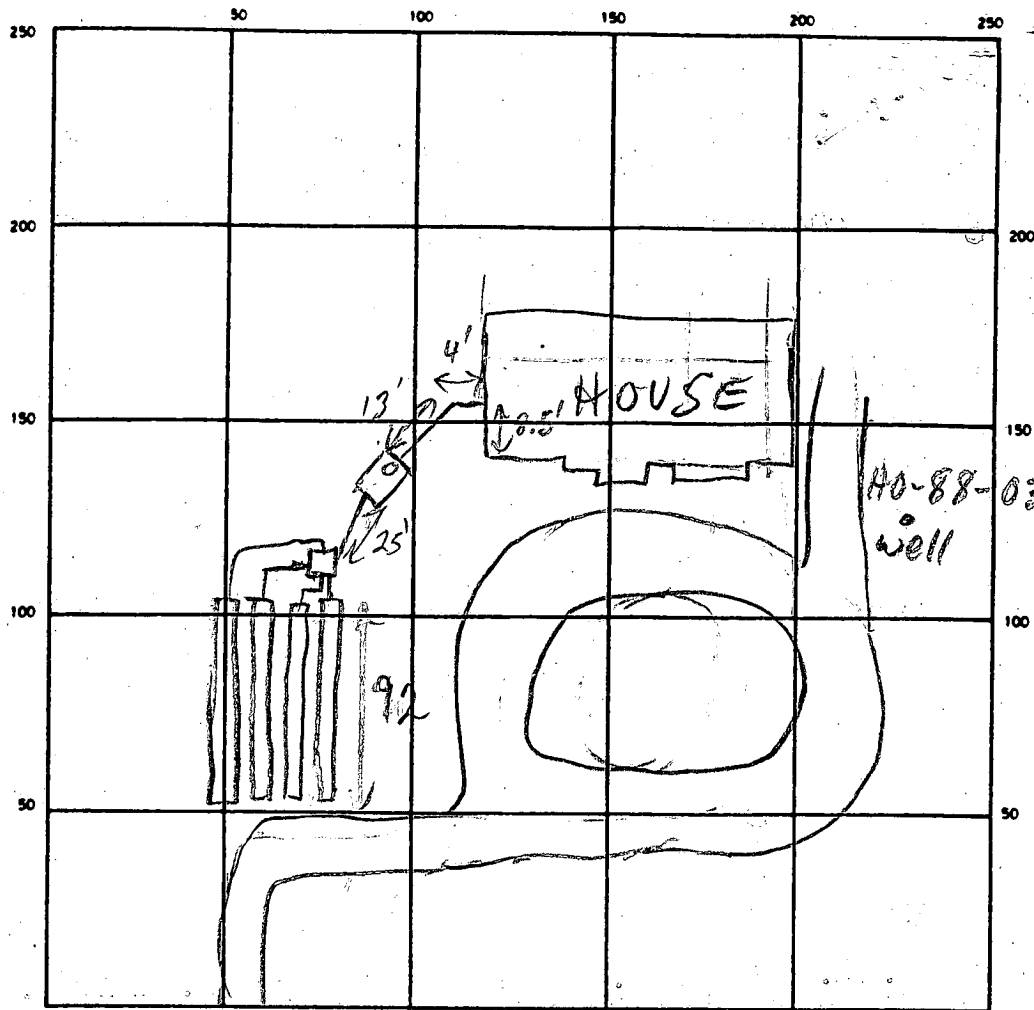
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BUDG. PERMIT SIGNED
AND RETURNED 9/1/89
Serial #29626

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS. 570 gallon septic tank

A 35467



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 BRIGHTON DAM RD

SEPTIC TANK LEVEL 1500 GAL CLEANOUTS S.T. OK

DISTRIBUTION BOX LEVEL DK BAFFLE IN

DRAIN FIELD/TILE FIELD. DEPTH 6.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4 @ 92 368 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 1104 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS 9/1/89 ALL WORK OK TO COVER MR

DATE SYSTEM APPROVED M. Rifkin INSPECTOR M. Rifkin

A 35467

SUBDIVISION: WATERFORD

LOT NUMBER: 10

Sec. 2

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
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

220 sq. ft./bedroom

Trench to be 3.0 wide.

Inlet 4.5 feet below original grade.

5BR/1BP

Bottom maximum depth 6.5 feet below original grade.

Jack:

Effective area begins at 4.5 feet below original grade.

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 absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 255 FEET DOWN THE LEFT (672.65')

LOT LINE AND 185 FEET OFF THE LEFT LOT LINE AS SEEN WHEN FACING

THE LOT FROM BRIGHTON DAM Rd. RUN TRENCHES ON CONTOUR

FRONT LEFT LOT CORNER. 4-1-87 S. Alund

UPDATED 12/20/88 SA

APPLICATION

35467

* 34894

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

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

DATE 1-25-85

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.

Russ Alion 792-7772

PROPERTY OWNER Developer - Highland Development Corp.
ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION: WATERFORD Section # 2
SUBDIVISION Hampton Manor Estates LOT NO. 18 # 10
ROAD AND DESCRIPTION 13125 Brighton Dam Road

SIZE OF LOT 3 Acres TYPE BLDG. Single Family
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow tub. fields DATE 4-1-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-1-85 Perc. Satisfactory, Hold for certified Subdivision Plat Sabel
SHALLOW SYSTEM ONLY

BLDG. PERMIT SIGNED
AND RETURNED 12-20-88

BP23051
SA

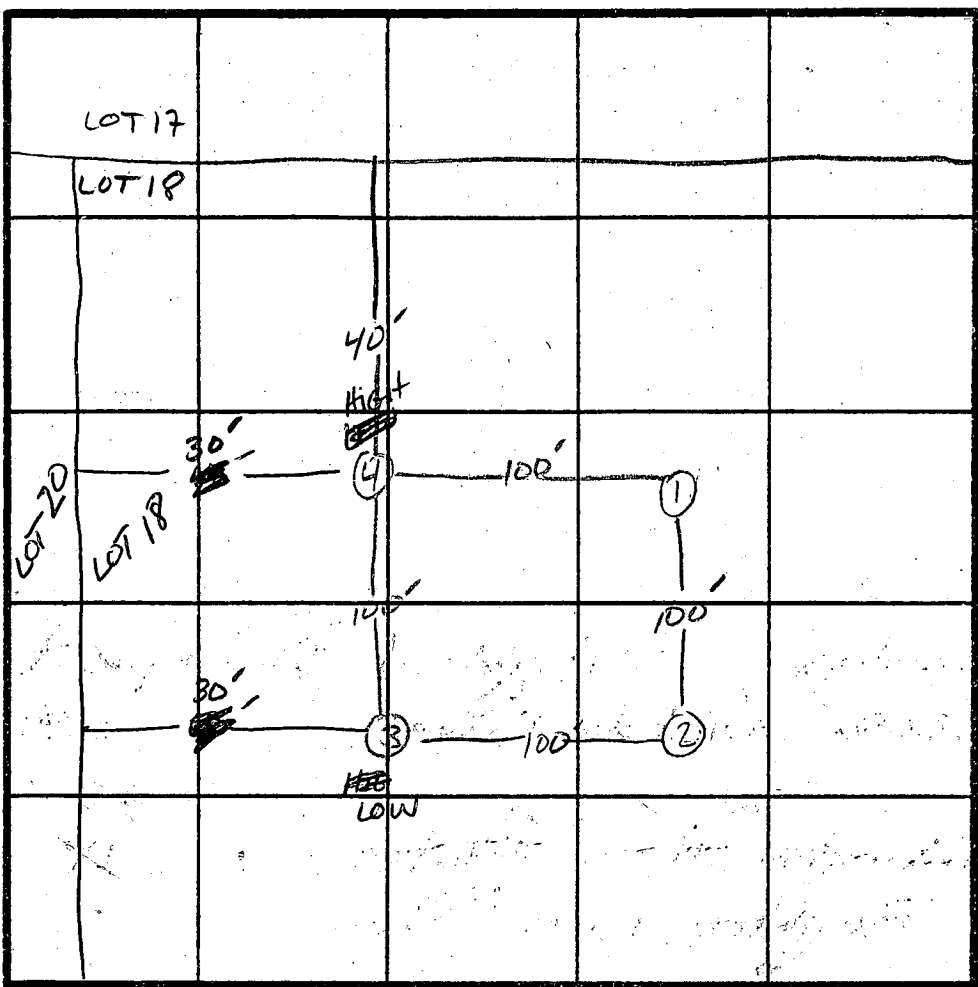
THIS IS NOT A PERMIT

① ② ③ ④
SOIL PROFILE

6" 0'
A1-3
RED BROWN
CLAY LOAM
210%
SAPROLITE

5'
BROWN
micaceous
SAND
LOAM
10-20%
SAPROLITE

13'



\bar{x} Perc Time
13 min
INLET 4.5'
BOTTOM 6.0'

④
6" A1-3
RED BROWN
CLAY LOAM
210%
SAPROLITE

4.5'
BROWN SH
SAND 210%
SAPROLITE

12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/1/85	1 S	5.5'	10:37	10:42	10:42	10:51	9min
	1 V	13'	UNIFORM	SOIL Below 5.5'			
	2 S	5'	10:39	10:43	10:43	10:55	12min
	2 V	12.5'	UNIFORM	SOIL STRUCTURE Below 5'			
	3 S	5'	10:42	10:46	10:46	10:50	4min
	3 V	12.5'	UNIFORM	SOIL STRUCTURE Below 5'			
	4 S	4.5'	10:46	11:00	11:00	11:25	25min
	4 V	17'	UNIFORM	SOIL STRUCTURE Below 4.5'			

REMARKS Deep Soil Dry - Shallow System only

TYPE OF SOIL _____

TESTED BY Sabel

LES, TERRY, DONNY
ALSO PRESENT

APPLICATION

35466
~~34892~~

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

DATE 1-25-85

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 Developer - Highland Development Corp.
ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION:
SUBDIVISION Huntington Manor Estates Section 4 LOT NO. 210
ROAD AND DESCRIPTION Brighton Dam Road

SIZE OF LOT 3 Acres TYPE BLDG. Single Family
(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.

(SIGNATURE OF APPLICANT)

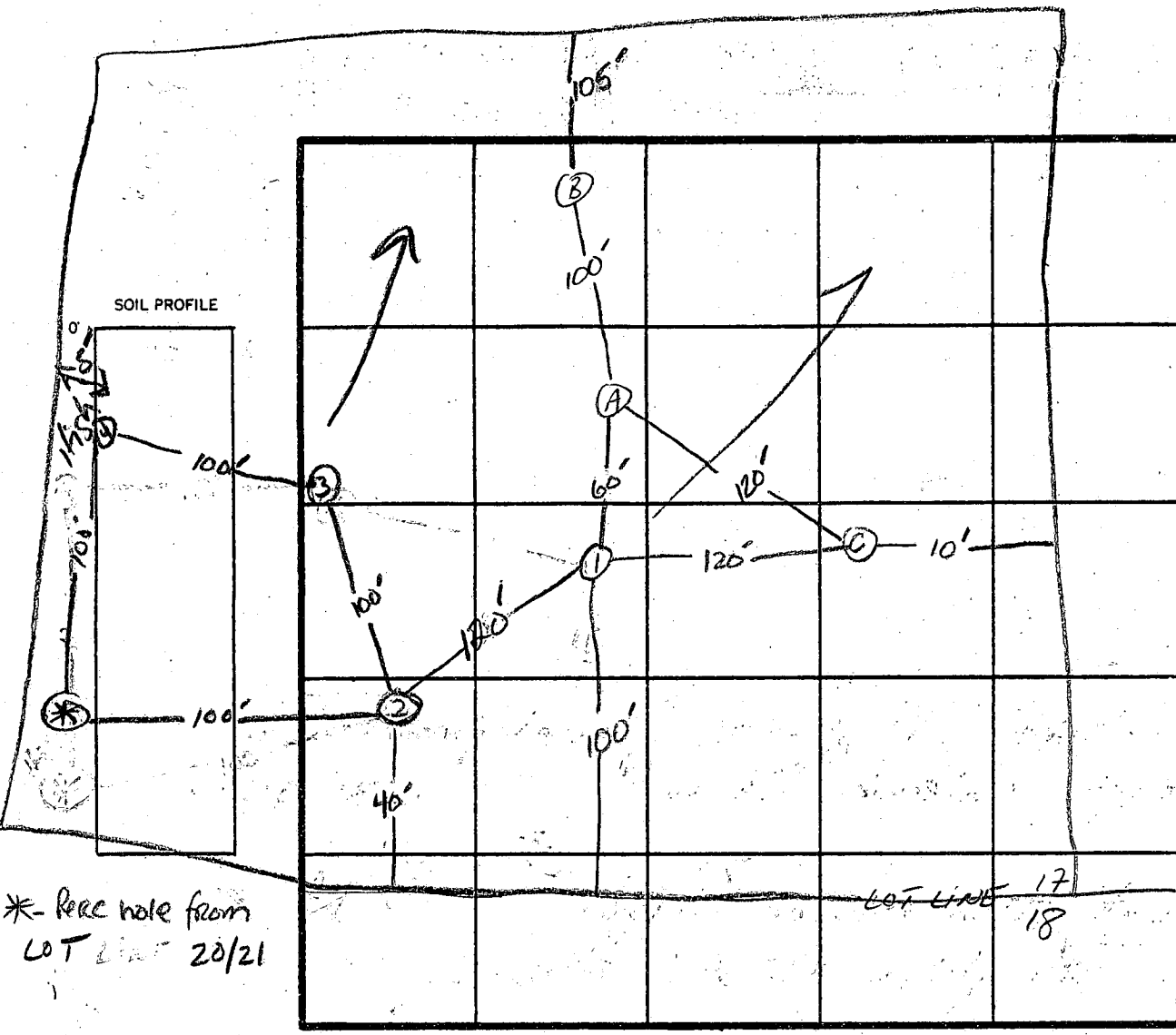
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-1-85 PERC. SATISFACTORY; NO HOUSE SIDE OR WELL SIDE POSSIBLE AS PERCED, NEEDS RE-ENGINEERING; HOLD FOR CERTIFIED SUBDIVISION PERC. SMOG SHALLOW SYSTEM ONLY S.A.B.L

THIS IS NOT A PERMIT



* Perc hole from LOT 20/21

X Perc Time
5min
INLET 3.5'
BOTTOM 5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
BRIGHTON DAM Rd

6" A1-3
ORANGE BROWN CLAY LOAM
210% SAPROLITE
4.5' BROWN/WHITE MICACIOUS SILT SAND
110% SAPROLITE
13'

6" A1-3
BROWN CLAY <10% SAPROLITE
2.5' Yellow Grey Silty SAND <10% SAPROLITE
13'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/1/85	1	WATER AT 10' CLAY TO 6'	ABANDONED				
	2	5'	3:53	3:54:30	3:54:30	3:59	4.5'
	3	13' UNIFORM SOIL STRUCTURE below	4:00	4:01	4:01	4:03	2min
	4	2.5' UNIFORM SOIL STRUCTURE below	4:03	4:04	4:04	4:05	1min
	HOLE 2 LOT 20 TIME 9min		NO WATER				
5/1/85	A	12' WATER AT 8.5'	ABANDONED				
	B	WATER AT 8' MOTTLED AT 5.5'	CLAY TO 5.5'				
	C	WATER AT 10' CLAY TO 5'	ABANDONED				

REMARKS NO MOUSE SITE OR WELL SITE HIGHER THAN PERC. AREA. Deep SHALLOW SYSTEM ONLY

TYPE OF SOIL Soil Dry

TESTED BY Sabel

TERRY, DOWNY, LES
ALSO PRESENT

EH-12-1079

B 1 7936

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0321

fill in this form completely

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

please print or type

Date Received (APA)

1/15/88

OWNER INFORMATION

BYRON BULLOCK

ROBERT

CLARKSVILLE

70 State 72 Zip 76

DRILLER INFORMATION

Joseph T. Mayhew 77 License No. 80

Firm Name

Address

Signature Date

B 3

LOCATION OF WELL

HOWARD

WYLERFORD

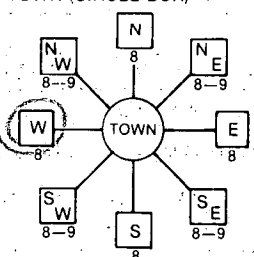
SECTION 2 LOT 10

CLARKSVILLE

MILES FROM TOWN (enter 0 if in town) MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BRICKTON DAM RD.

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST SOUTH NORTH

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A#35467 COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 1/25/88

CO SIGNATURE EXP. DATE

NORTH GRID 498000 EAST GRID 0819000

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL 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)

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

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

APPROP. PERMIT NUMBER

FORCE INITIALS IN BOX PERMIT No. 40-88-0321

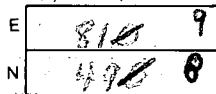
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

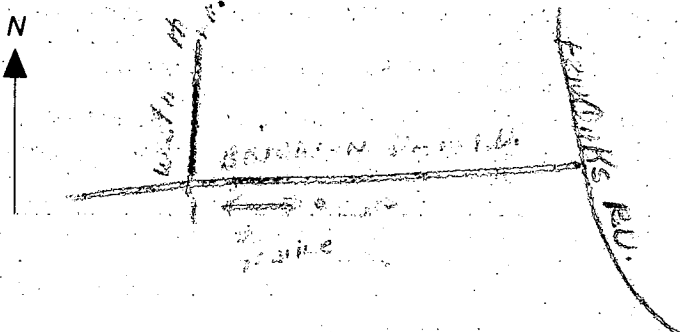
SOURCES OF DRILLING WATER

- 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



C1 **6649** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A# 35467**

DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED: **12/1/88** Depth of Well: **205** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **40-88-0321**

OWNER: **BYRON BUILDERS** last name: **BRIGHTON** first name: **DAM RD.** TOWN: **CLARKSVILLE**
 STREET OR RFD: SUBDIVISION: **WATERFORD** SECTION: **2** LOT: **10**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
<i>Sand</i>	0	65	
<i>Gravelly Sand</i>	65	205	<input checked="" type="checkbox"/>

GROUTING RECORD (yes no)
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 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 (to nearest foot): from **0** ft. to **45** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below:
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE: **ST** Nominal diameter: **6** inch Total depth of main casing: **211** (nearest foot)

OTHER CASING (if used)
 diameter inch depth (feet) from to
 [] [] [] [] [] []

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN: **1** **40** **205**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN: [] [] [] [] (NEAREST INCH)
 from [] to []

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. **238**
 DRILLERS SIGNATURE: *James P. ...*
 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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour): **3**
 PUMPING RATE (gal. per min. to nearest gal.): **12**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **27** WHEN PUMPING: **47**
 TYPE OF PUMP USED (for test): **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (YES or NO) 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: **S**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon): [] [] [] [] [] []
 PUMP HORSE POWER: [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.): [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height): **+** above } LAND SURFACE (nearest foot): **1**
- below }

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)
 Proposed House

10/12/89

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 X Replacement _____ Receipt # 45046
Date 10/11/89
Name of Installer FEAGIA Plumbing & Htg Telephone _____
License Number 6318 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner Russ Alion Telephone 792-7777
Subdivision Waterford Lot # 10 Well Tag # HD-88-832
Site Address 13125 Brighton Dr Rd

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/4 1. Make _____
a. Deep well jet _____ 2. RPM 1700 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible X a. 110 _____
2. Make Goolds b. 220 X
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No X
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 X

Tank Piping Well data
1. Capacity 82 1. Type PLASTIC 1. Depth _____ ft.
2. Pressure relief valve? YES 2. Size 1/2 2. Yield _____ GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line 208 4. Will water supply be disinfected by installer? _____

P.A. OK @ 3' B-G.
MR 10/12/89

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: [Signature]
Date: 10/11/89

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

Water Sample Request

PROPERTY OWNER

BYRON BUILDERS

DATE OF REQUEST

11/15/89

11/17/89

TELEPHONE

RUSS OR ALION

NEW WELL NUMBER

H0-88-0321

DIRECTIONS OR INSTRUCTIONS

ADDRESS

NAME

ALION
BYRON BUILDERS
13125 BRIGHTON DRM ROAD
LOT #10 Sec 2 WATERFORD

SAMPLE TYPE

REASON FOR REQUEST

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

- 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

CONDITION:

A# 35467

SUPPLY TYPE:

Drilled Well Hand Dug Spring Public

CONDITION:

FIRST SAMPLE

COLLECTOR CASSELL TIME 10.55 DATE 11/15/89

89-3565 TESTING, INC

BACTERIA 89-3652, pH 6.1, Free Cl⁻ 0, Res. Cl⁻ 0, VOC

89-3565

CHEMICAL 89-3652, LEAD & COPPER, NITRATES 1.6, TURBIDITY 6.1, PESTICIDE

ACTION:

11/28/89 Vendor B2 I.C.O.P. C.B.A. *

RESAMPLE

COLLECTOR CASSELL TESTING, INC DATE 12/8/89

BACTERIA 89-3790, pH, Free Cl⁻ <0.1, Res. Cl⁻ <0.1, TIME

CHEMICAL, Other

ACTION:

12/12/89 Vendor I.C.O.P. C.B.A. → 3/1/90 FOLLOW UP LETTER

RESAMPLE

COLLECTOR C.B. Sheeh DATE 3/28/90

BACTERIA 89-429, pH 5.9, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, TIME 10:06

samples from patches

ACTION:

3/29/90 Vendor F.C.O.P. C.B.A.

RESAMPLE

COLLECTOR DATE

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

ACTION:

CASSELL TESTING, INC.
 ENVIRONMENTAL SAMPLING AND TESTING
 1015 TRICKLING BROOK ROAD, HUNT VALLEY, MD 21030
 (301) 628-1950

DATE: 11/27/89
 6011A

CERTIFICATE OF ANALYSIS

REQUESTER: **Byron Builders**
 5397 Twin Knolls Road
 Columbia, Md. 21045
 Attn: Bev

County Howard
 Lab Number 89-3652
 Sample iced Y N
 Residual Cl₂ <0.1 mg/L

ADDRESS SAMPLED: **U&O! 13125 Brighton Dam Road**
 STATION SAMPLED: **Kitchen tap**
 DATE/TIME COLLECTED: **11/21/89 at 11:30 a.m.**
 CERTIFIED COLLECTOR: **R. Moon #86-150**
 SUBDIVISION NAME:
 LOT NUMBER: **10**
 B. PERMIT NUMBER:
 WELL NUMBER: **H0 88-0321**
 WELL OBSERVATION: **Satisfactory**
 OWNER, TELE. NO.:

PARAMETERS:	RESULTS:	Pass/Fail	* MCL
Nitrate-N (mg/L)	*	Pass/Fail	10 mg/L
Turbidity (NTU)	*	Pass/Fail	10 NTU
pH (Unit)	*		(6.5 - 8.5)
Sand	1.07	Pass/Fail	
Coliform bacteria (MPN/100 mL)	16 total coliforms (4 of 5 tubes +) <2.2 fecal coliforms (0 of 5 tubes +)	Pass/Fail	<2.2 (0 tubes +)

* Not Requested

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was safe/unsafe for drinking purposes.

Sharon K. Cassell
 Sharon K. Cassell MT (ASCP)
 Certified Microbiologist
 Certification No. 115

* MCL (Maximum Contamination Level)
 cc: County Health Dept. Y N

CASSELL TESTING, INC.
ENVIRONMENTAL SAMPLING AND TESTING
1015 TRICKLING BROOK ROAD, HUNT VALLEY, MD 21030
(301) 628-1950

DATE: 11/17/89

CERTIFICATE OF ANALYSIS

REQUESTER: Byron Builders
5397 Twin Knolls Road
Columbia, Md. 21045

County Howard

Lab Number 89-3565

Attn: Bob

Sample iced Y N
Residual Cl₂ <0.1 mg/L

ADDRESS SAMPLED: U&O: 13125 Brighton Dam Road

STATION SAMPLED: Hose from pressure tank

DATE/TIME COLLECTED: 11/15/89 at 10:55 a.m.

CERTIFIED COLLECTOR: R. Moon #86-150

SUBDIVISION NAME:
LOT NUMBER: 10

B. PERMIT NUMBER:
WELL NUMBER: HO 88-0321
WELL OBSERVATION: Satisfactory
OWNER, TELE. NO.:

PARAMETERS:	RESULTS:	Pass/Fail	* MCL
Nitrate-N (mg/L)	1.6	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	10 mg/L
Turbidity (NTU)	6.1	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	10 NTU
pH (Unit)	6.1		(6.5 - 8.5)
Sand	Negative	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	
Coliform bacteria (MPN/100 mL)	>16 Total Coliforms (5 of 5 tubes +) <2.2 Fecal Coliforms (0 of 5 tubes +)	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	<2.2 (0 tubes +)

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was safe unsafe for drinking purposes.

Sharon K. Cassell
Sharon K. Cassell MT (ASCP)
Certified Microbiologist
Certification No. 115

* MCL (Maximum Contamination Level)

cc: County Health Dept. Y N



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
November 30, 1989

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

Bryon Builders
Attn: Bob
5397 Twin Knolls Road
Columbia, Maryland 21045

RE: 13125 Brighton Dam Road
Well Permit # HO-88-0321

Dear Bob:

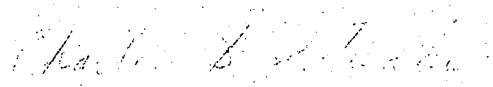
The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some dangerous bacteria could enter your water supply at any time.

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

CASSELL TESTING, INC.
ENVIRONMENTAL SAMPLING AND TESTING
1015 TRICKLING BROOK ROAD, HUNT VALLEY, MD 21030
(301) 628-1950

DATE: 12/8/89

CERTIFICATE OF ANALYSIS

REQUESTER: Byron Builders
5397 Twin Knolls Road
Columbia, Md. 21045

County Howard

Lab Number 89-3790

Attn: Bob

Sample iced Y N
Residual Cl₂ <0.1 mg/L

ADDRESS SAMPLED: U&O: 13125 Brighton Dam Road ✓

STATION SAMPLED: Kitchen tap

DATE/TIME COLLECTED: 12/6/89 at 10:00 a.m.

CERTIFIED COLLECTOR: R, Moon #86-150

SUBDIVISION NAME:

LOT NUMBER: 10

B. PERMIT NUMBER:

WELL NUMBER: HO 88-0321 ✓

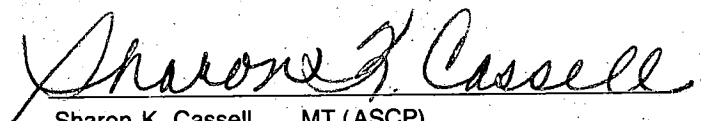
WELL OBSERVATION: Satisfactory

OWNER, TELE. NO.:

PARAMETERS:	RESULTS:	Pass/Fail	* MCL
Nitrate-N (mg/L)	*	Pass/Fail	10 mg/L
Turbidity (NTU)	*	Pass/Fail	10 NTU
pH (Unit)	*		(6.5 - 8.5)
Sand	*	Pass/Fail	
Coliform bacteria (MPN/100 mL)	<2.2 (0 of 5 tubes +)	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	<2.2 (0 tubes +)

* Not Requested

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was safe for drinking purposes.



Sharon K. Cassell MT (ASCP)
Certified Microbiologist
Certification No. 115

* MCL (Maximum Contamination Level)

cc: County Health Dept. Y N



HOWARD COUNTY HEALTH DEPARTMENT

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

December 12, 1989

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Bryon Builders
5397 Twin Knolls Road
Columbia, Maryland 21045

Attn: Bob

Re: Waterford - Lot 10, Sec. 2
13125 Brighton Dam Road
Well Permit No. HO-88-0321

Dear Bob:

This is to advise you that the septic system was installed, inspected and approved on September 1, 1989.

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-88-0321. 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.

December 1, 1988
Date Well Approved

December 6, 1989
Date of Water Sample

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

CBS:cmr

Bureau of Environmental Health

3525 Ellicott Mills Drive Ellicott City, Maryland 21043-4544

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

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

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

015921
Lab. No.

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE: ACTION
Source: 13125 BRIGHTON DAM RD. -
Location: LOT 10, SEC. 2, WATERFORD - KITCHEN
Community Iced: Yes No
Non-Community Treated: Yes No Time Collected: 10:05 am. pm.
Private Collector #: N/A Bottle No. 00-429
Check Sample Collector Name: C. B. STREAPER County: HOWARD
Special

County: 13 Plant No. --- Sampling Station --- Date Collected: 3 22 90

pH 059 Res. Cl. Free 00 Total 00 Card No. ---

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

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

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

No. of Pos.
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:
22 MAR 90 13 28 Recd.
22 MAR 90 13 28 3M Exam
26 MAR 90 11 32 Rept.

Laboratory

Annapolis Cumberland
Cambridge Frederick
Central Salisbury
Cheverly

Remarks _____
Bacteriologist Caan



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
April 2, 1990

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

Alion Residence
13125 Brighton Dam Road
Clarksville, Maryland 21029

Re: Waterford - Lot 10, Sec. 2
13125 Brighton Dam Road
Well Permit No. HO-88-0321

To Whom It May Concern:

This is to advise you that the septic system was installed, inspected and approved on September 1, 1989.

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-88-0321.

March 22, 1990
Date of Final Sampling

April 2, 1990
Date of Acceptance

Charles Streaker

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
December 8, 1989
March 22, 1990

CS:cm

