

04-344375

APPROVED
12/24/86

PERMIT

P. 37950 RH

A. 35478

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT 4th

~~992-2000X~~

461-9933

INDEXED

{ I.C.O.P. issued only
Time expired }

DATE 10/31/86

Thomas G. Zinchiak IS PERMITTED TO INSTALL X ALTER

ADDRESS 16770 A. E. Mullinix Road, Woodbine, MD 21797 PHONE 854-6226

SUBDIVISION Warfield Partnership ROAD 16770 A. E. Mullinix Rd LOT 1

PROPERTY OWNER Thomas Zinchiak

16770 A. E. Mullinix Road

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 4 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Start the first trench 650 feet from the front lot line and 290 feet from the left lot line as seen when facing the property from A. E. Mullinix Road. Run trench(s) along contour toward front of property.

NOTE - NO TRENCH TO EXCEED 100 FEET IN LENGTH. IF MORE THAN ONE TRENCH USED, A DISTRIBUTION BOX IS REQUIRED. CALL FOR INSPECTION OF TRENCH(S) BEFORE AND AFTER GRAVEL IS INSTALLED. PROVIDE 6' - 8" DIAMETER CLEANOUT AND CAP TO GRADE OR ABOVE ON SEPTIC TANK.

Handwritten initials

PLANS APPROVED BY C. Williams DATE 7/30/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

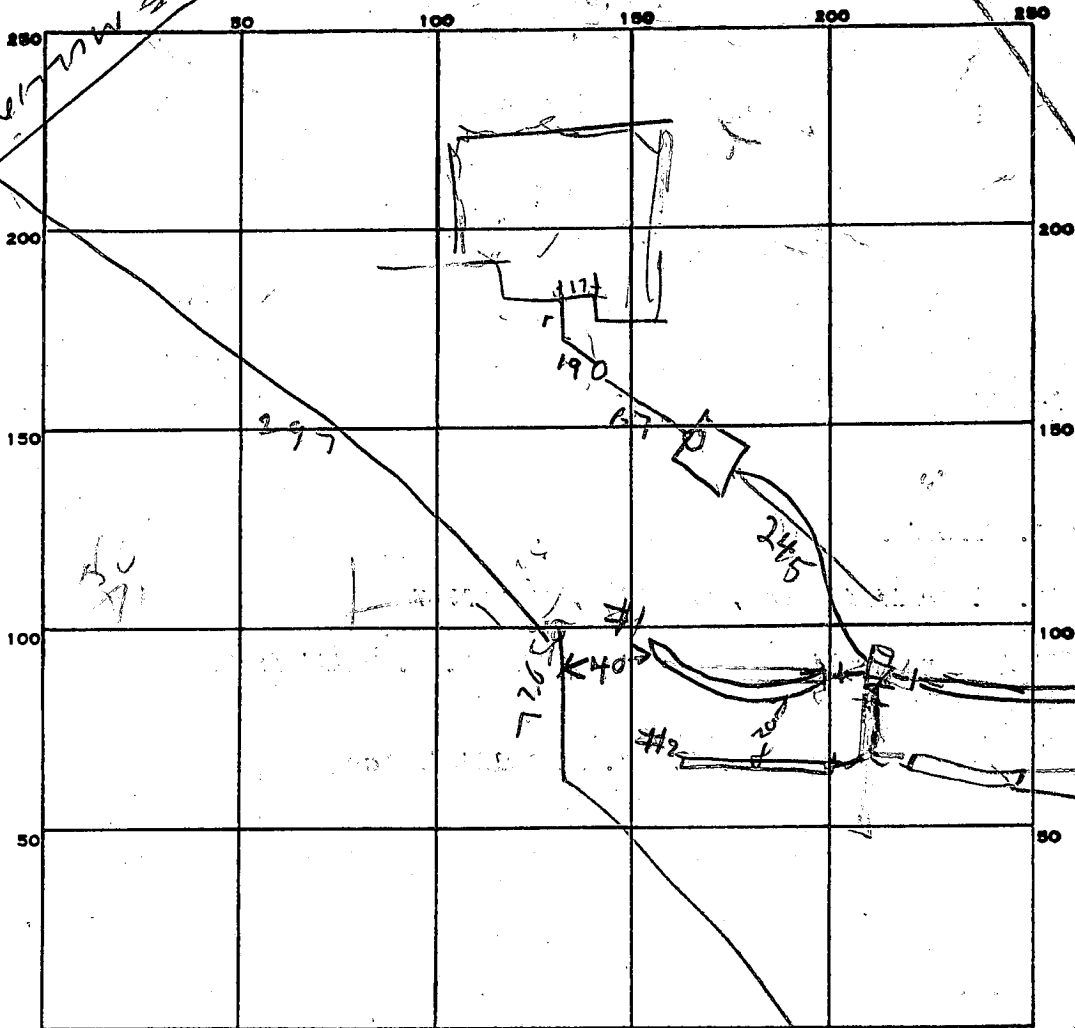
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

Handwritten vertical text: A 35478



PERMIT CARD _____

SEPTIC TANK, LEVEL 1500

CLEANOUTS OK OK OK OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 7 FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH 3 FT IN. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 4 TOTAL BOTTOM AREA 735

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 12/24/86 LOCATION OK - TRENCH (1)(2) DUG ADD 3

CLEANOUTS BETWEEN TANK & TRENCH

12/23/86 - FINISH DIGGING TRENCH #4 & ADD STONE TO ALL

4 TRENCHES OK TO COVER TANK & HOUSE SEWER RH

12/24/86 TRENCH #4 EXTENDED, 3 CLEANOUT INSTALLED
STONE ADDED RH

DATE SYSTEM APPROVED 12/24/86

INSPECTOR Raymond Hodger

WARFIELD PARTNERSHIP

A 354.78

SUBDIVISION: A.E. MULLINX RD.

LOT NUMBER: 1

(THOMAS ZINCHAK) DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		<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

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 7 feet below original grade.

Effective area begins at 4 feet below original grade.

3 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: START THE FIRST TRENCH 650' FROM
THE FRONT LOT LINE AND 290' FROM THE LEFT
LOT LINE AS SEEN WHEN FACING THE PROPERTY
FROM A.E. MULLINX RD. RUN TRENCH(S) ALONG CONTOUR
TOWARD FRONT OF PROPERTY. 7/30/86 C. Williams

APPLICATION

①

5/10/85
9:30 AM

A 35478

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th

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

DATE 5/9/85

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 George A. Scangos/Leslie Scangos Wilson Thomas Zinchiak
216 Edgevale Road
ADDRESS Baltimore, Maryland 21210 PHONE Boender Associates - 465-7777

PROPERTY LOCATION:

SUBDIVISION Warfield Property LOT NO. 1
ROAD AND DESCRIPTION # 16770 A. E. Mullinix Road

SIZE OF LOT _____ TYPE BLDG. 3 or 4 Bedrooms
(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. /s/ Boender Associates
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-10-85 SATISFACTORY PERC. HOLD FOR CERTIFIED FIELD

LOCATION OF HOLE HOUSE AND WELL SITE. SMALL

B.P. # 72260
9-5-86

THIS IS NOT A PERMIT

LOT 1
14.091 AC.

JAMES F MORNINGSTAR & WF
2/1/69

THOMAS ZINCHIAK - OWNER

LOT 1 WARFIELD PARTNERSHIP
A/E. MULLINX RD
COPY OF SIGNED FINAL

LOT
8.567 AC

DEDICATED TO HOWARD
MARYLAND FOR THE
OF A PUBLIC ROAD -
50 AC.

RD

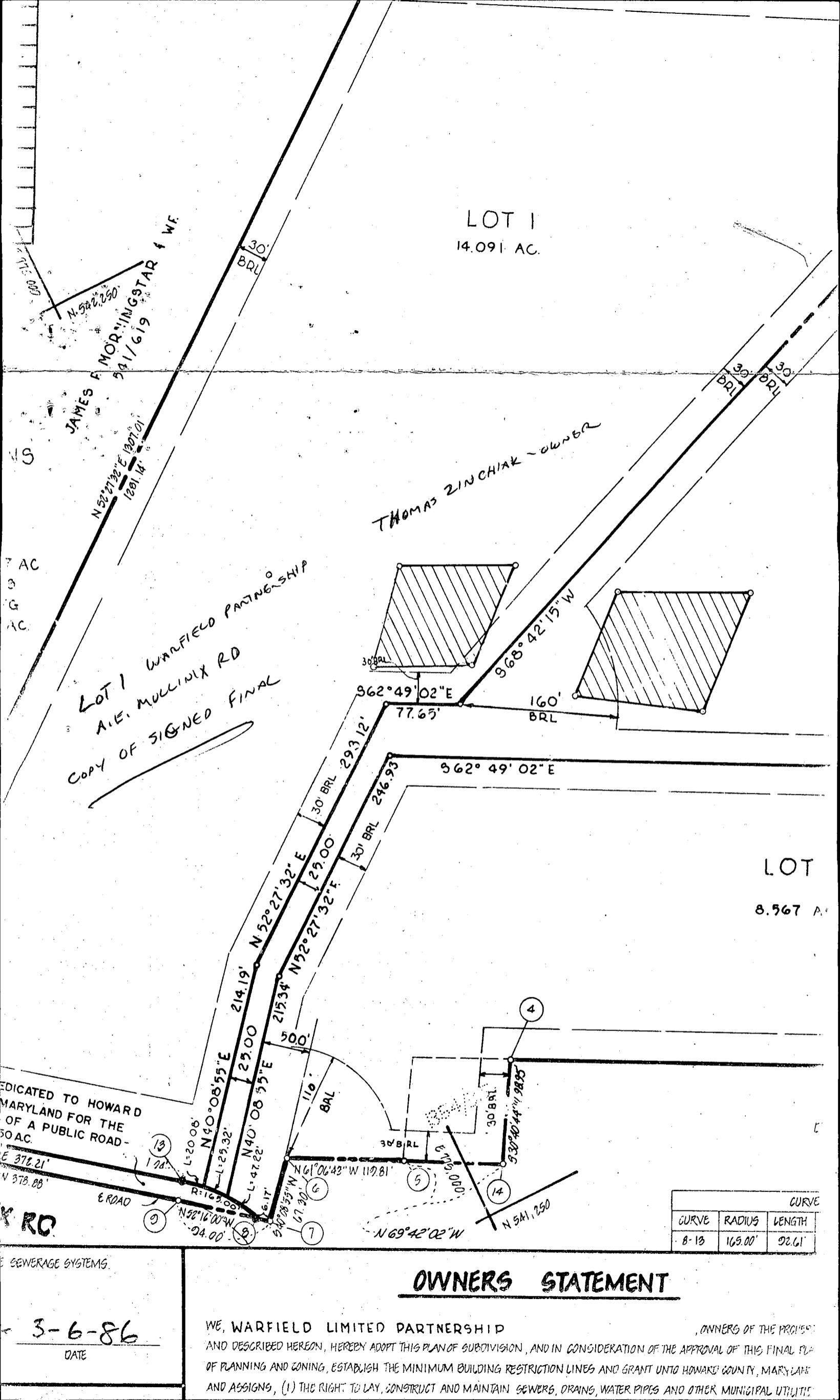
SEWERAGE SYSTEMS

3-6-86
DATE

OWNERS STATEMENT

WE, WARFIELD LIMITED PARTNERSHIP, OWNERS OF THE PROJECT AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAN OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES

CURVE		
CURVE	RADIUS	LENGTH
8-13	165.00'	92.61'



8/12/86

Location is just over
knoll near prop line
Appears similar to
that on plat

52' casing (2' above)

42' open hole

8 bags cement

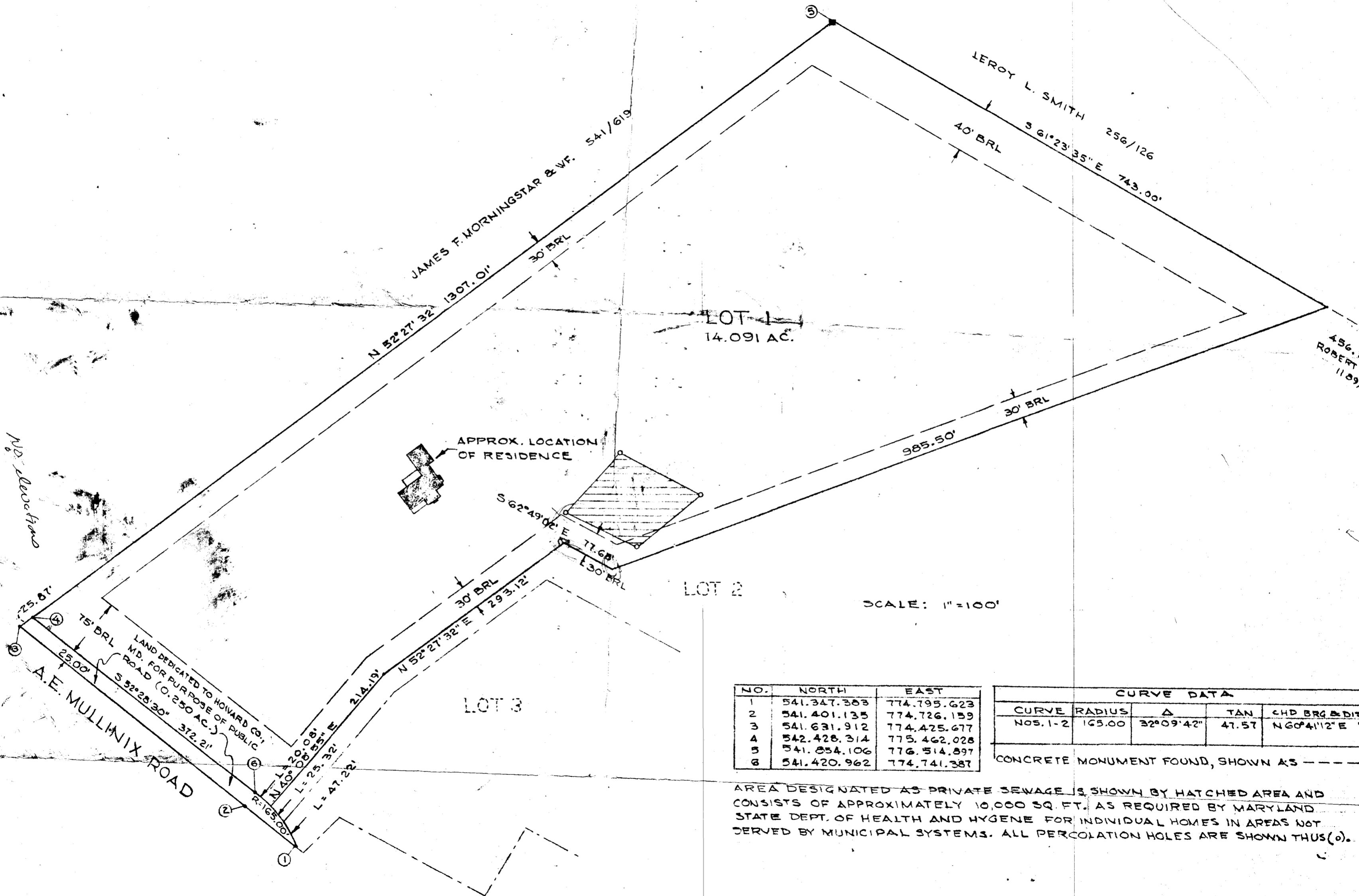
1 H₂O sample taken

(H 8829)

set to = 30'

left while
ground was
being
progress

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUL 25 9 40 AM '86
DIVISION OF
ENVIRONMENTAL
HEALTH



No. location

LOT 2

SCALE: 1"=100'

NO.	NORTH	EAST
1	541.347.303	774.795.623
2	541.401.135	774.726.159
3	541.631.912	774.425.677
4	542.428.314	775.462.028
5	541.854.106	776.514.897
6	541.420.962	774.741.387

CURVE DATA				
CURVE	RADIUS	Δ	TAN	CHD BRG & DIST
NOS. 1-2	165.00	32°09'42"	47.57	NG0°4'12" E 9

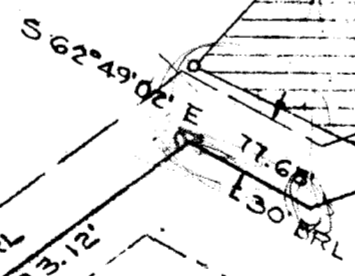
CONCRETE MONUMENT FOUND, SHOWN AS ---

AREA DESIGNATED AS PRIVATE SEWAGE IS SHOWN BY HATCHED AREA AND CONSISTS OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY MARYLAND STATE DEPT. OF HEALTH AND HYGENE FOR INDIVIDUAL HOMES IN AREAS NOT SERVED BY MUNICIPAL SYSTEMS. ALL PERCOLATION HOLES ARE SHOWN THUS (o).

LAND DEDICATED TO HOWARD CO. MD. FOR PURPOSE OF PUBLIC ROAD (0.250 AC.)

A.E. MULLINIX ROAD

APPROX. LOCATION OF RESIDENCE



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 _____ Receipt # _____
 Replacement _____ Date _____

Name of Installer _____ Telephone _____

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

Name of Property Owner Thomas Zinchiak Telephone _____
 Subdivision Warfield LTD Lot # 1 Well Tag # HO-81-1615
 Site Address AF Mullinik Rd Woodbine

- | | | |
|--|---|---|
| Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ 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 _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 _____ | Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____ |
|--|---|---|

- | | | |
|---|--|---|
| Tank
1. Capacity _____
2. Pressure relief valve? _____ | Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____ | Well data
1. Depth <u>300</u> ft.
2. Yield <u>11</u> GPM
3. Static water level <u>35</u> ft.
4. Will water supply be disinfected by installer? _____ |
|---|--|---|

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: _____

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

C1 5246

SEQUENCE NO. (OEP USE ONLY)

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 35478

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 08/12/85

DEPTH OF WELL grid: 300

PERMIT NO. grid: 80-81-1615

OWNER: ZINCHIAK, last name; first name; STREET OR RFD: AE MULLINIX RD; TOWN: WOODBINE, MD; SUBDIVISION: WOODBINE LTD; SECTION: ; LOT: 1

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, FEET FROM, TO, Check if water bearing. Rows: BROWN SHALE (0-17), GREEN ROCK (17-42), BROWN SHALE (42-50), BLUE ROCK (50-300), Water @ 58, 185.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box)

TYPE OF GROUTING MATERIAL

CEMENT CM, BENTONITE CLAY BC

NO. OF BAGS 46, NO. OF POUNDS 1034

GALLONS OF WATER 66, DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 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, Total depth 52

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

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

SCREEN DEPTH (nearest ft.) grid: HO 300

CIRCLE APPROPRIATE LETTER 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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 303

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN 5 (NEAREST INCH)

GRAVEL PACK from to; 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) 3

PUMPING RATE (gal. per min. to nearest gal.) 11

METHOD USED TO MEASURE PUMPING RATE SUBMER.

WATER LEVEL (distance from land surface)

BEFORE PUMPING 3.5

WHEN PUMPING 5.9

TYPE OF PUMP USED (for test)

A air, P piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

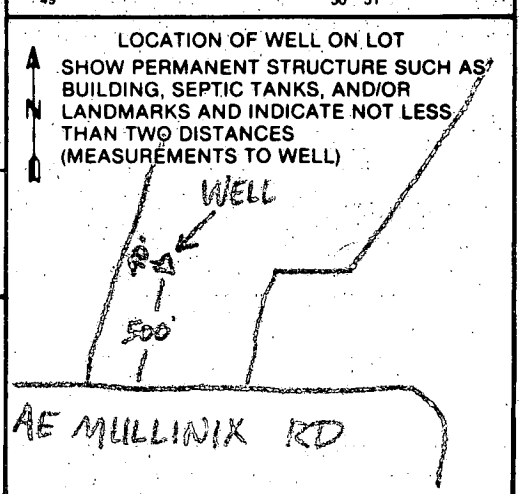
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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)



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

Bottle Number: N9829 Name: ZINCHIAK, THOMAS County: HOWARD

Source of Sample: WARFIELD LTD Street: LOT 1 A.Z. MULLINEX RD Collector: B. Nufon

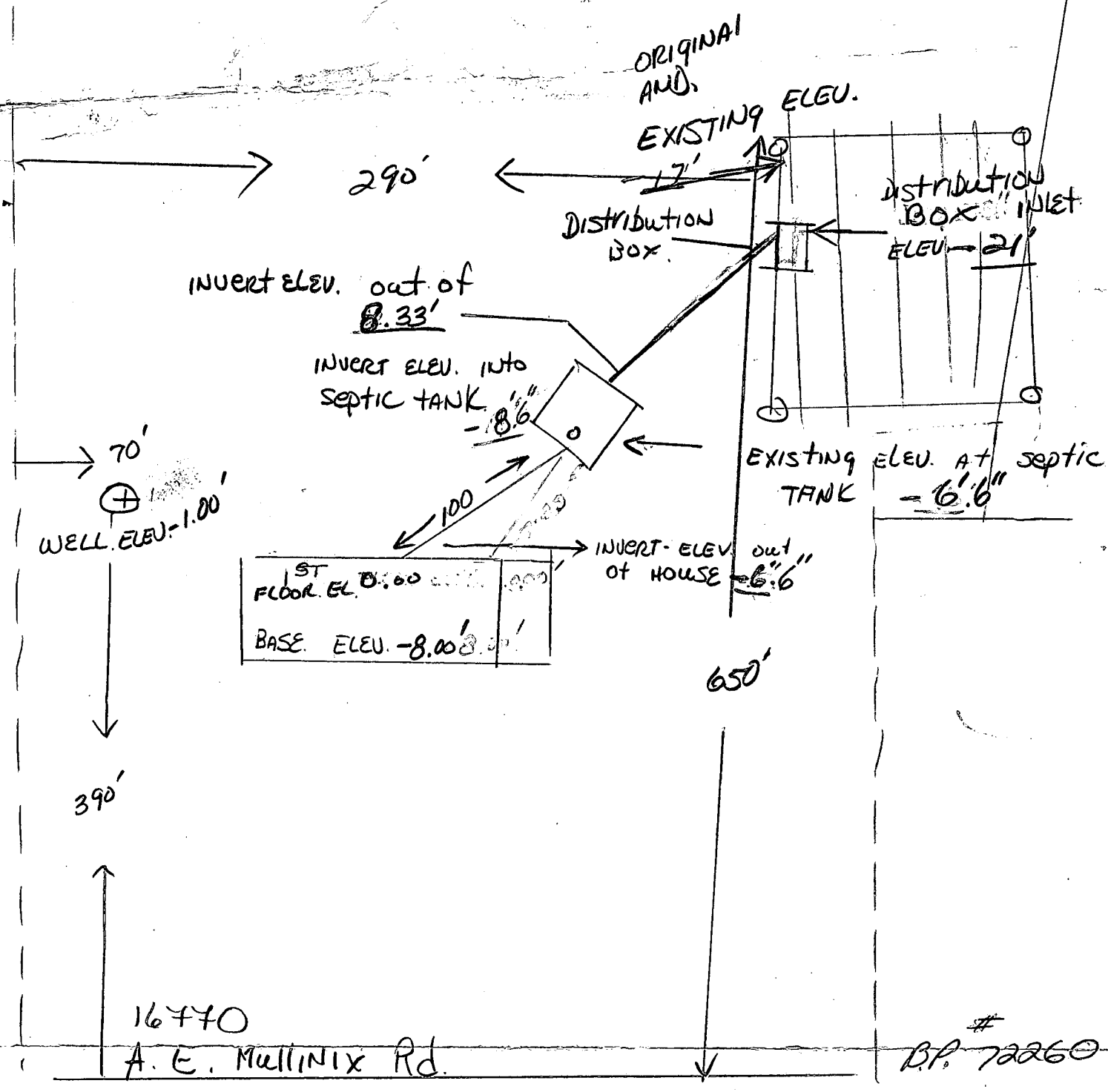
Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: (WELL) HO 811615

County: 13 Plant No. Sampling Station Date Collected: 08/12/86 Time: M Acid Iced

Field Data: pH* Chlorine Residual Free Total Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			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	7.2		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	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					



I certify the ABOVE MEASUREMENTS AND ELEVATIONS ARE actual & correct for this property

Thomas Zinchiak

Water Sample Request

PROPERTY OWNER Zinchiak

DATE OF REQUEST 6 / 9 / 88

TELEPHONE _____

NEW WELL NUMBER HW 81-1615

DIRECTIONS OR INSTRUCTIONS _____

NAME
ADDRESS

Thomas Zinchiak
Welford Partnership Lot 1
16770 A. E. Mullnix Rd

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 12 / 24 / 82

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR Univ. Micro Ref TIME 9:45 am DATE 5 / 18 / 88

BACTERIA _____, pH 7.2, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, VOC _____

CHEMICAL _____, LEAD & COPPER _____, NITRATES 0.80, PESTICIDE _____

ACTION: KOP issued 5/24/88

RESAMPLE COLLECTOR Garfel DATE 8 / 10 / 88

BACTERIA AF805, pH 7.3, Free Cl⁻ 00, Res. Cl⁻ 00, TIME 1000

CHEMICAL AE100, Other Rechlorinate

ACTION: be thrown back. Pos. 8-29-88. SEN Letter sent 9-30-88 SEN

RESAMPLE COLLECTOR _____ DATE / /

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

ACTION: _____

RESAMPLE COLLECTOR _____ DATE / /

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

ACTION: _____

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- 638.10

FIELD DATA

SOURCE: 16770 A.E. MULLINIX ROAD - WOODBINE

COUNTY: HOWARD

ZIPCODE: 21797

Contact: ZINCHIAK, THOMAS

Date: 05/18/88

Time: 09:45:00

PHONE: (301) 854-6226

Sampler: RAD

Sampler #: HB1286

Well #: NO TAG

Free Cl: 0

Total Cl: 0

pH: 7.243

SAMPLE DATA

Coliforms/100ml		N(NO3)	TURBIDITY	SAND	IRON	LEAD		
FECAL (2.2)	TOTAL (2.2)	0.799 mg/L	0.5 (Ntu)	0 mg/L	mg/L	mg/L	mg/L	mg/L

NPN PRESUMPTIVE					MPN CONFIRMED					Fecal Confirmed	
ml of Sample	10	10	10	10	10	ml of Sample	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	05/18/88	09:45:00
Tested	05/18/88	10:15:00
Reported	05/20/88	10:25:00

R.D. AGOSTINO
(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 HOWARD CO
HEALTH DEPT
CC MS. ZINCHIAK
BLDG PERMIT 72260

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

May 24, 1988

Mr. Thomas Zinchiak
16770 A. E. Mullinix Road
Woodbine, Maryland 21797

RE: Warfield Partnership - Lot 1
16770 A. E. Mullinix Road

Dear Mr. Zinchiak:

This is to advise you that the septic system was installed, inspected and approved on December 24, 1986.

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 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1615. 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 10.17.13.09.

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 10.17.13.10.

May 18, 1988
Date of Water Sample

August 12, 1986
Date Well Approved:

Jane E. Nadeau

Approving Authority
Jane Nadeau, Sanitarian
Water and Sewerage Program

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

003656

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE: _____ Source: Zinchar

Community Location: 16770 A.E. Miller Rd

Non-Community Iced: Yes No

Private Treated: Yes No Time Collected: 1000 am. pm.

Check Sample Collector #: _____ Bottle No. AF 8 35

Special Collector Name: Castro County: Howard

County:

Plant No.

Sampling Station

Date Collected

pH

Res. Cl: Free

Total

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.
2
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

Laboratory

- Annapolis Cumberland
- Cambridge Frederick
- Central Salisbury
- Cheverly

Date & Hour: 10 AUG 80 14 37 Recd.

10 AUG 80 15 37 Exam

12 AUG 80 08 16 Rept.

Remarks _____
Bacteriologist Cash

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

C0018672238

Lab No. _____

WATER ANALYSIS

Bottle Number: AE100 Name: Zinck County: Howard

Source of Sample: 16770 A.F. Mullins RD Collector: Garfield
 Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: Bathroom

County: 13 Plant No.: --- Sampling Station: --- Date Collected: 08/10/88 Time: 1000 Acid: Iced:
 Field Data: pH*: 073 Chlorine Residual: 00 Free: 00 Total: 00 Specific Conductance: ---

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	00403	6.5	Arsenic	01002	
Alkalinity (Total)	00410	13	Barium	01007	
pH*, Ca CO ₃ SAT.	70311		Cadmium	01027	
Alkalinity, Ca CO ₃ SAT.	74023		Chromium	01034	
Hardness	00900	45	Lead	01051	
Ammonia-N	00608		Mercury	71900	
Nitrate-Nitrate N	00630	74	Selenium	01147	
Nitrite N	00615		Silver	01077	
MBAS	38260				
Chloride	00940	6	Aluminum	01105	
Fluoride	00951		Calcium	00916	
Color*	00081		Copper	01042	
Turbidity*	00076	11	Iron	01045	0.15
Conductance*, SPEC	00095		Magnesium	00927	
Sulfate	00945		Manganese	01055	
Total Solids	00500		Nickel	01067	
Dissolved Solids	70300		Potassium	00937	
			Sodium	00929	
			Zinc	01092	

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

Date Received AUG 11 1988 Date Reported AUG 18 1988 Chemist I. S. Payne

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

September 29, 1988

Mr. Thomas Zinchiak
16770 A.E. Mullinix Road
Woodbine, Maryland 21797

RE: Warfield Partnership - Lot 1
16770 A. E. Mullinix Road

Dear Mr. Zinchiak:

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,

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

JN:mmn

Enclosures