

5/14/85
12 NOON

approved
5/14/85
C. Williams

PERMIT

P 35497
A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT _____
DATE 5/14/85

INDEXED

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ ROAD 12570 Route 216 LOT _____

PROPERTY OWNER Richard Pue PHONE: 854-2567

ADDRESS 12570 Route 216
Highland, Maryland

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR.

PLANS APPROVED BY C. Williams DATE 5/13/85

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.

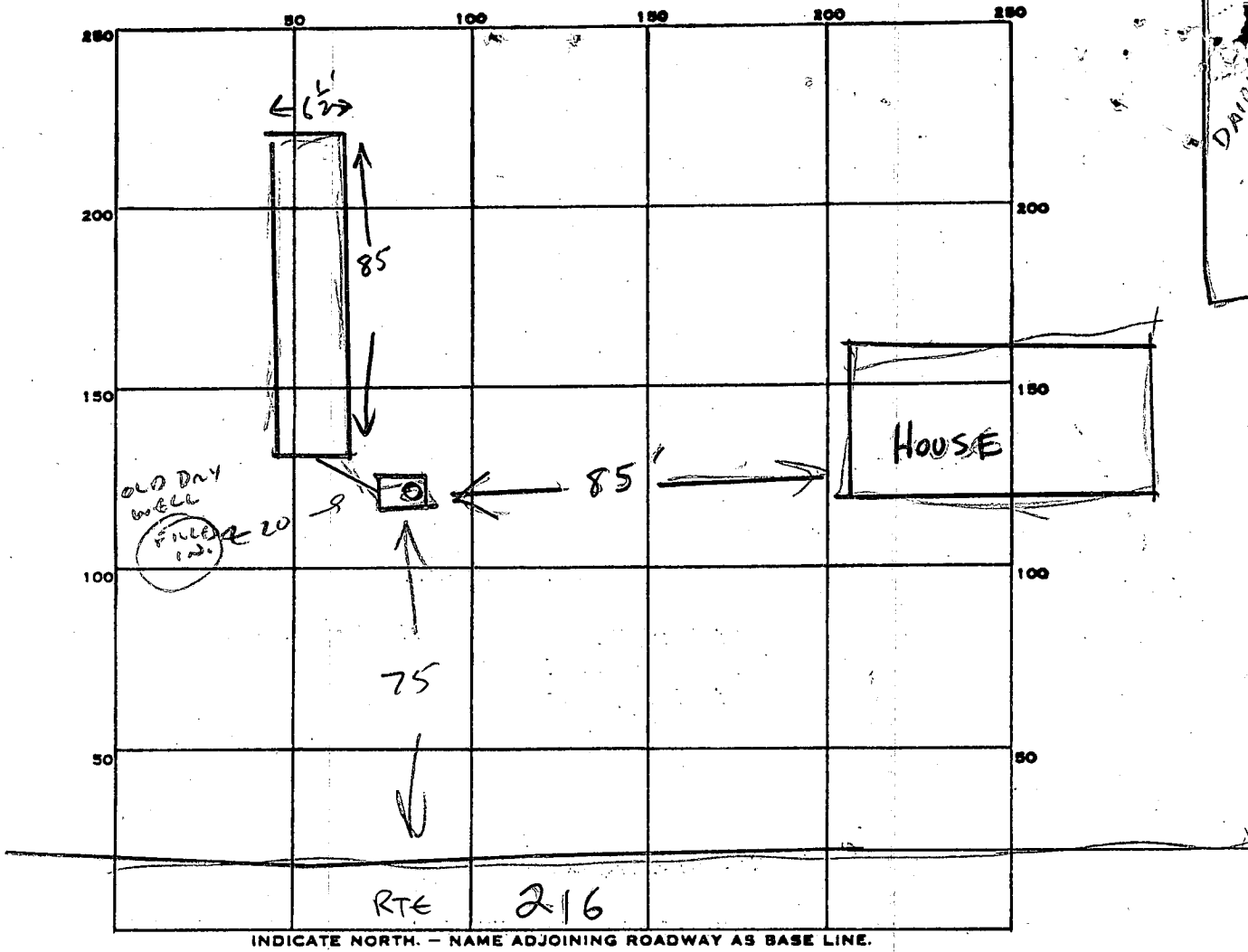
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P-35497



DAIRY FIELDS

PERMIT CARD _____

SEPTIC TANK, LEVEL EXISTING

CLEANOUTS

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 5' FT. BED TRENCH WIDTH 6 1/2 FT.

GRAVEL DEPTH 2 FT IN. TOTAL LENGTH 85 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 550

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

ABSORBENT AREA 550 SQ. FT.

REMARKS INSTALL BED 6 1/2' X 85' NO MORE THAN 5' DEEP WITH 2' STONE,

3
25
6 1/2
42
560
5552

DATE SYSTEM APPROVED 5/14/85

INSPECTOR CW Williams

FILE Emergency Well Permit DATE REPORTED 3/28/85
 PROPERTY OWNER Lansdale Pue PHONE NO. 854-2567
 P. O. ADDRESS 12570 Md. Rte. 216
 DIRECTIONS TO PROPERTY between Brown Bridge & Hall Shop Rds.

INFORMANT Mr. Pue has shallow well under porch that apparently has become contaminated with diesel fuel. He replaced a leaking tank ~ 3 years ago and within the last year has noticed a fuel odor in water.

CONDITION FOUND: 3/29/85 Visited site with Rockville Shinn Div. Milk Control, found a suitable well site & discussed well abandonment with Lansdale Pue & George Easterday. I will sample existing well still in use for dairy house for hydrocarbons on Mon. 4/1/85. Mr. Pue is responsible for sealing hand dug well which is 30 ft deep, has 7 ft of water (to 23' of surface) is terra cotta (glazed) lined ~ 24" in diameter. F.S.

ACTION TAKEN: 3/29/85 T.C. & Easterday's sec'y re. permit OK #15/HO-81-0949 F.S.
4/1/85 V.O.C. sample # F.S. 1 taken from dairy house sink top @ 10' F.S.
4/1/85 NEW WELL DOUBLE CASED; 56' CASING - JETTED TO 30' - 15 BAGS CEMENT - CW
4/29/85 T.C. & Lansdale Pue re. results of UOC testing; New well is in operation & must be tested soon F.S.

FINAL DISPOSITION:

Dairy House

SHOP

110'
proposed well

120'

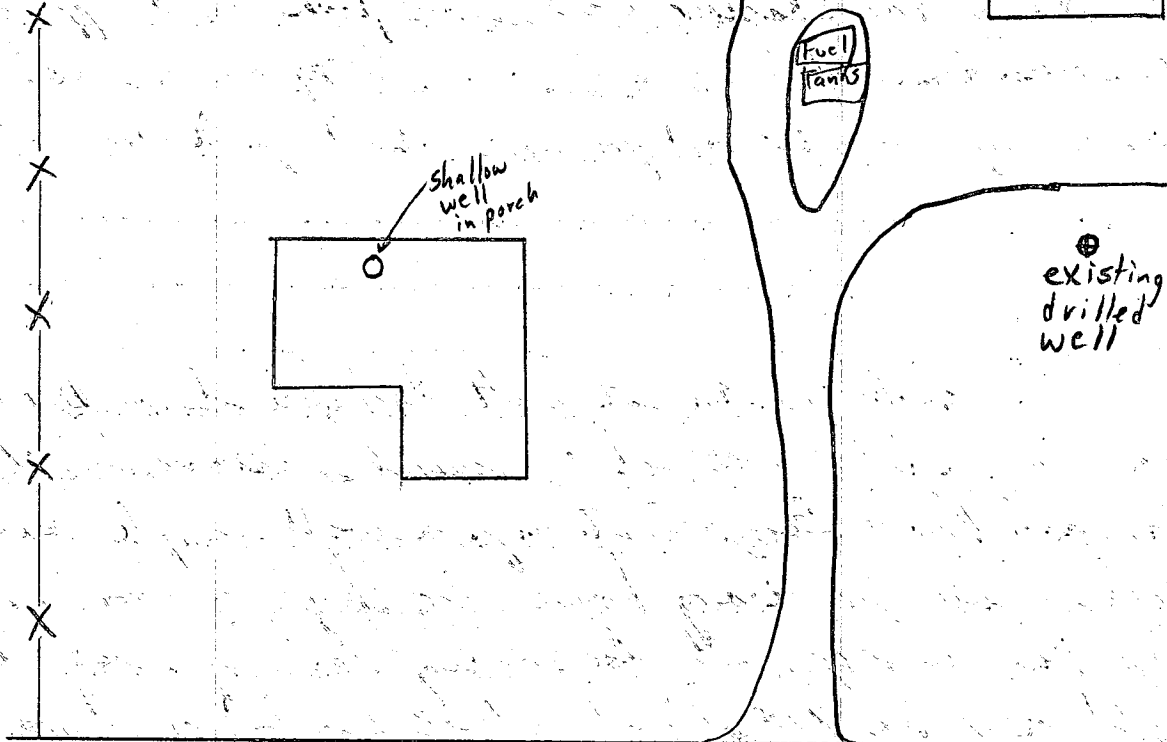
Fuel Tanks

shallow well in porch

existing drilled well

septic tank

MD. Rte 216



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LABORATORIES ADMINISTRATION
TRACE ORGANICS LABORATORY
VOLATILE ORGANICS ANALYSIS

BOTTLE NUMBER F.S.1

HOWARD
Name of County

SOURCE OF SAMPLE Lansdale Pvc, 12570 Md Rte. 216 COLLECTOR SKINNER

SAMPLE TYPE: _____ DISTRIBUTION _____ SOURCE _____ OTHER Private drilled well
 Community _____ noncommunity _____ private X (specify) distribution system
 Landfill observation well _____ stream _____ tidal waters _____
 Industrial effluent _____ STP sampling station _____ STP effluent _____
 Chlorinated _____ preserved with thiosulfate _____
 Reason for submitting sample: Trihalomethane Survey _____

Suspected Industrial Chemical Contamination _____

Suspected Petroleum (gasoline, etc.) Contamination X

Other (specify) _____

REMARKS: Please check for gas & diesel fuel. Well is near site of leaking underground storage tank that has been replaced.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
		1	3								0	4	0	1	8	5		
TRANS TYPE			COUNTY			PLANT NO			SAMPLING STATION			DATE COLLECTED					CARD NO	
20	21	22	FIELD RESID: CHLORINE: FREE				23	24	TOTAL		25	26						
FIELD pH																		

Purgeable Halocarbons (EPA 601)

Chloromethane	<1
Bromomethane	
Dichlorodifluoromethane	
Vinyl chloride	
Chloroethane	
Methylene chloride	
Trichlorofluoromethane	
1,1-Dichloroethene	
1,1-Dichloroethane	
trans-1,2-Dichloroethene	
Chloroform	
1,2-Dichloroethane	
1,1,1-Trichloroethane	
Carbon Tetrachloride	
Bromodichloromethane	
1,2-Dichloropropane	

trans-1,3-Dichloropropene	<1
Trichloroethene	
Dibromochloromethane	
1,1,2-Trichloroethane	
cis-1,3-Dichloropropene	
2-Chloroethylvinylether	
Bromoform	
1,1,2,2-Tetrachloroethane	
Tetrachloroethene	
Chlorobenzene	
Total Trihalomethanes	

Other Purgeable Organics:

Purgeable Aromatics (EPA 602)

Benzene	<1
Toluene	
Ethylbenzene	
Total Xylenes	<2
Total Purgeable Hydrocarbons	
Tetrahydrofuran	
Methylethylketone	
(2-Butanone) (MEK)	
Methylisobutylketone (MIBK)	

Results reported in micrograms per liter (parts per billion)

DATE RECEIVED APR 1 1985

DATE REPORTED APR 15 1985

CHEMIST Wall

LAB. NO. 012875

B 1 8655

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER 40-81-09497

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

please print or type

fill in this form completely

Date Received

02/07/85

OWNER INFORMATION

Owner: Puelance, First Name: [blank], Street or RFD: 12570 Rt 216, Town: Highland, State: Md, Zip: [blank]

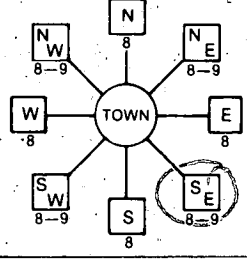
B 3

LOCATION OF WELL

8 COUNTY: Howard, 23 SUBDIVISION: TAXMAP 40 PARCEL 97, SECTION: [blank], LOT: [blank], 52 NEAREST TOWN: Highland, MILES FROM TOWN: 1.1

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Rt 216

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 150 FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD, COUNTY NO.: P35497, OEP SIGNATURE: Frank Sherrin, DATE ISSUED: 03/29/85, EXP. DATE: 9/29/85, NORTH GRID: 486000, EAST GRID: 0814000

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 200

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)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- [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 DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): [blank]

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

APPROP. PERMIT NUMBER: GAP

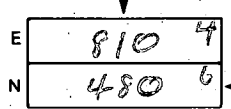
FORCE INITIALS IN BOX: FS, PERMIT No.: 40-81-09497

SPECIAL CONDITIONS

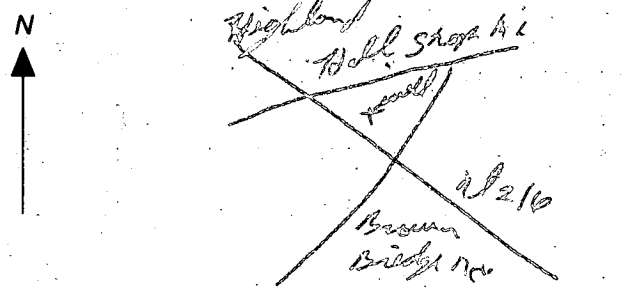
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER: 1. well

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



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

Lab No. Date Received

CO13283 25 89
Do not write above this line.

WATER ANALYSIS

Bottle Number: PE-125 Name: RICHARD PUE County: HOWARD
Source of Sample: 12570 Rt. 216 (BATHROOM TAP) Street Town or City Collector: J. MENUSTIK 461-9934
(include telephone Number)
Sample Types (Circle): Drinking Water Community (Public Treated) Source (Raw Water) Emergency
Landfill Non-Community (Pub. Untreated) Distribution (Treated) Routine
Stream Private MCL Recheck
Other Other

Remarks: HO-81-0949

County: 13 Plant No. Sampling Station: 042589 Date & Time are Required for Valid Samples: 1035 Iced Acid Type of Acid:
Field Data: pH* 5.4 Chlorine Residual: 0.0 Free: 0.0 Total: 0.0 Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
<input checked="" type="checkbox"/> pH*	00403	<u>6.3</u>	Arsenic	01002	
<input checked="" type="checkbox"/> Alkalinity (Total)	00410	<u>13</u>	Barium	01007	
pH*, Ca CO ₃ SAT.	70311		Cadmium	01027	
Alkalinity, Ca CO ₃ SAT.	74023		Chromium	01034	
<input checked="" type="checkbox"/> Hardness	00900	<u>125</u>	Lead	01051	
<u>Ammonia-N</u>	00608		Mercury	71900	
<input checked="" type="checkbox"/> Nitrate-Nitrate N	00630	<u>265</u>	Selenium	01147	
Nitrite N	00615		Silver	01077	
MBAS	38260				
<input checked="" type="checkbox"/> Chloride	00940	<u>21</u>	Aluminum	01105	
Fluoride	00951		Calcium	00916	
Color*	00081		Copper	01042	
<input checked="" type="checkbox"/> Turbidity*	00076	<u><0.5</u>	<input checked="" type="checkbox"/> Iron	01045	<u><0.05</u>
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: _____ Date Reported: MAY 05 1989 Chemist: DAVID A. SEVDALIAN

C1 3608 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 P 35497

DATE RECEIVED DATE WELL COMPLETED 090285

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0949

OWNER Rue Lance STREET OR RFD 12570 RT 216 TOWN SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: TOP soil, Clay, Shaley, Sand stone, Flint, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 1500

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 56

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

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

DEPTH (nearest ft.) H 0 54 200

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. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) 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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

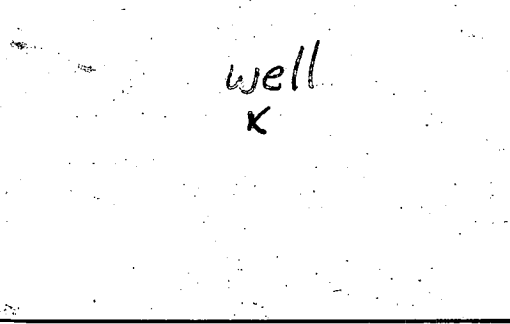
PUMPING TEST

HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min. to nearest gal.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 55 WHEN PUMPING 300 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 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot)

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)



20 GPM

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

Laboratories Administration

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

019903

Lab. No. _____

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>RICHARD PUE</u>
	Location: <u>12570 RT. 216</u> (<u>BATHROOM TAP</u>)
	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:35</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
	Collector # <u>89-122</u> Bottle No. <u>XX-662</u>
	Collector Name <u>J. MENUSTIK</u> County <u>HOWARD</u>

13 County	Plant No.	Sampling Station	04 25 89 Date Collected
--------------	-----------	------------------	----------------------------

pH 5.4 Res. Cl: Free 0.0 Total 0.0 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:

25 APR 89 14 27

Recd.

25 APR 89 14 27

Exam

27 APR 89 14 53

Rept.

Laboratory

- 1111
- | | | |
|---------------------------------------------|-----------|-------------------------------------|
| Annapolis <input type="checkbox"/> | <u>30</u> | 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 SEE REPORT

Bacteriologist Coan

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 8, 1989

Mr. Richard Pue
12570 Route 216
Highland, Maryland 20777

Re: 12570 Route 216
Well Permit# HO-81-0949

Dear Mr. Pue:

This is to advise you that the septic system was installed, inspected and approved on May 14, 1985.

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-81-0949. 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.

April 2, 1985
Date Well Approved

April 25, 1989
Date of Water Sample

Charles B. Streaker

Approving Authority
Charles B. Streaker, Sanitarian
Water and Sewage Program

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 10, 1989

Mr. Richard Pue
12570 Route 216
Highland, Maryland 21794

Re: 12570 Route 216
Well Permit# HO-81-0949

Dear Mr. Pue:

This is to advise you that the septic system was installed, inspected and approved on May 14, 1985.

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.

The nitrate sample result was previously documented to be 26.5 parts per million. A nitrate device has not been installed to treat the excessive nitrate contamination.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a temporary deviation to that section of the regulation on condition that the nitrate removal system is installed within a period of 30 days and the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence. You must supply this department with a copy of that contract.
2. It is recommended that a yearly nitrate analysis be performed.
3. If, in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY

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April 2, 1985
Date Well Approved

April 25, 1989
Date of Water Sample

Charles B. Streaker

Approving Authority
Charles B. Streaker
Water and Sewerage Program

CBS:cm

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

Lab No. Date Received

CO1448-248

Do not write above this line.

WATER ANALYSIS

Bottle Number: PE-125 Name: RICHARD RUE County: HOWARD

Source of Sample: 12570 Rt. 216 Street Town or City Collector: J. MENUSTIK
 (include telephone Number 461-9933)

Sample Types (Circle):
 Drinking Water Community (Public Treated) Source (Raw Water) Emergency
 Landfill Non-Community (Pub. Untreated) Distribution (Treated) Routine
 Stream Private MCL Recheck
 Other Other

Remarks: HO-81-0949

County: 13 Plant No. Sampling Station Date Collected: 052489 Date & Time are Required for Valid Samples Time: 0942 Iced Acid Type of Acid: _____

Field Data: pH* Chlorine Residual Free Total Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
<input checked="" type="checkbox"/> pH*	00403	6.0	Arsenic	01002	
<input checked="" type="checkbox"/> Alkalinity (Total)	00410	116	Barium	01007	
pH*, Ca CO ₃ SAT.	70311		Cadmium	01027	
Alkalinity, Ca CO ₃ SAT.	74023		Chromium	01034	
<input checked="" type="checkbox"/> Hardness	00900	129	Lead	01051	
Ammonia-N	00608		Mercury	71900	
<input checked="" type="checkbox"/> Nitrate-Nitrate N	00630	34	Selenium	01147	
Nitrite N	00615		Silver	01077	
MBAS	38260				
<input checked="" type="checkbox"/> Chloride	00940	86	Aluminum	01105	
Fluoride	00951		Calcium	00916	
Color*	00081		Copper	01042	
<input checked="" type="checkbox"/> Turbidity*	00076	<0.5	<input checked="" type="checkbox"/> Iron	01045	<0.05
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 _____ Date Reported 6/12/89 Chemist DS

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

June 29, 1989

Mr. Richard Pue
12570 Route 216
Highland, Maryland 21794

RE: 12570 Route 216
Well Permit No. HO-81-0949

Dear Mr. Pue:

The water sample taken showed an above normal nitrate-nitrogen concentration. A copy of the test results is enclosed. This problem is potentially correctable with the use of a suitable treatment nitrate unit.

Approval of this water supply at the time sampling for use and occupancy will depend on the installation of an nitrate removal system. This device should bring the water supply in compliance with the State Regulations.

The nitrate-nitrogen level was present at a concentration of 34.0 parts per million. COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This department will grant a Permanent Deviation from that provision of the regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

1. Within six months, you must have your water re-tested to insure that the install nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.

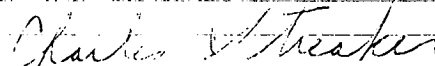
June 29, 1989

2. There must be continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
3. If in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

If the above conditions are not improved by the installation of this treatment device, then reconstruction or replacement of the well will be required.

If you have any questions relative to this matter, or if this device has been installed and you are ready for resampling, please call me at 461-9933.

Very truly yours,



Charles Streaker, Sanitarian
Water and Sewerage Program

CB/cni

Enclosure

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

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

003063

Lab. No _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE: Source RICHARD RUE

Community Location: 12570 Rt. 216 (KITCHEN TAP)

Non-Community Iced: Yes No

Private Treated: Yes No Time Collected 10:34 am. pm.

Check Sample Collector # 89-122 Bottle No. AC-309

Special Collector Name J. MENCUSTIK County HOWARD

13
County

Plant No.

Sampling Station

08 09 89
Date Collected

pH 5.2

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.
<u>1</u>
<u>0</u>

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:

9 AUG 89 14 13 Recd.

9 AUG 89 14 51 pk

Exam

14 AUG 89 09 16

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 Caan

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

August 16, 1989

Mr. Richard Pue
12570 Route 216
Highland, Maryland 21794

Re: 12570 Route 216
Well Permit No. HO-81-0949

Dear Mr. Pue:

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 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,

A handwritten signature in cursive script, appearing to read "Charles Streaker".

Charles Streaker, Sanitarian
Water and Sewerage Program

CS:cm

Enclosure

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

017177

Lab. No _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:	Source <u>POE</u>
	Community <input type="checkbox"/> Location: <u>12570 Rt 216</u>
	Non-Community <input type="checkbox"/> Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>outside</u>
	Private <input checked="" type="checkbox"/> Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected: <u>830</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
	Check Sample <input type="checkbox"/> Collector #: <u>89452</u> Bottle No: <u>A0804</u>
	Special <input type="checkbox"/> Collector Name: <u>Henderson</u> County: <u>Howard</u>

13						4	16	90
County	Plant No.	Sampling Station	Date Collected					

pH Res. Cl: Free Total 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: 16 APR 90 14 44

Recd. 44

16 APR 90 14 44 PK

Exam _____

18 APR 90 14 46

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 Coan



HOWARD COUNTY HEALTH DEPARTMENT

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

April 26, 1990

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Richard Pue
12570 Route 216
Highland, Maryland 20777

Re: 12570 Route 216
Well Permit No. HO-81-0949

Dear Mr. Pue:

This is to advise you that the septic system was installed, inspected and approved on May 14, 1985.

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-81-0949. 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.

April 2, 1985
Date Well Approved

April 16, 1990
Date of Water Sample

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

CBS:cm

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

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

021146

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source: <u>POE</u>		
Community <input type="checkbox"/>	Location: <u>12570 Rt 216</u>		
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>outside</u>	
Private <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Time Collected: <u>830</u>	<input type="checkbox"/> am. <input type="checkbox"/> pm.
Check Sample <input type="checkbox"/>	Collector #: <u>89452</u>	Bottle No. <u>JJ44</u>	
Special <input type="checkbox"/>	Collector Name: <u>Muehlshamp</u>	County: <u>Howard</u>	

13

County

Plant No.

Sampling Station

6 18 90

Date Collected

pH

5.2

Res. Cl: Free

0

Total

Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

ml. of Sample	10ml.
Gas, 24 hours	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
Gas, 48 hours	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

CONFIRMED TEST

ml. of Sample	10ml.
Coliforms †	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
Fecal Coliforms ‡	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

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:

18 JUN 90 13 32

Recd.

18 JUN 90 13 32

Exam

20 JUN 90 14 23

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 Coan



HOWARD COUNTY HEALTH DEPARTMENT

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

July 2, 1990

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Richard Pue
12570 Route 216
Highland, Maryland 20777

Re: 12570 Route 216
Well Permit No. HO-81-0949

Dear Mr. Pue:

This is to advise you that the septic system was installed, inspected and approved on May 14, 1985.

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-81-0949.

June 18, 1990
Date of Final Sampling

July 2, 1990
Date of Acceptance

Charles Streaker

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
April 16, 1990
June 18, 1990

CS:cm