

11/25/86 12:30 - 1 P.M. 04-312210

NEED FINAL Insp. House connect + c/o ST WATER samp. Request

PERMIT

C/10/82 JH

P 37944
A 34221

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXXXX~~
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 4th
DATE 10/30/86

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

Edmund Rhodes IS PERMITTED TO INSTALL X ALTER _____

ADDRESS _____ PHONE 253-3303

SUBDIVISION Poplar Heights ROAD 17024 Hardy Road LOT 37-40

PROPERTY OWNER Ralph Mayne

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 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 195 feet from the front lot line and 95 feet from the left lot line as seen when facing the lot from Hardy Road. Run trenches on contour toward right lot line. NOTE: May use approved elevation drawing to install system.

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. *OK/SA*

PLANS APPROVED BY S. Abel DATE 10/22/86

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.

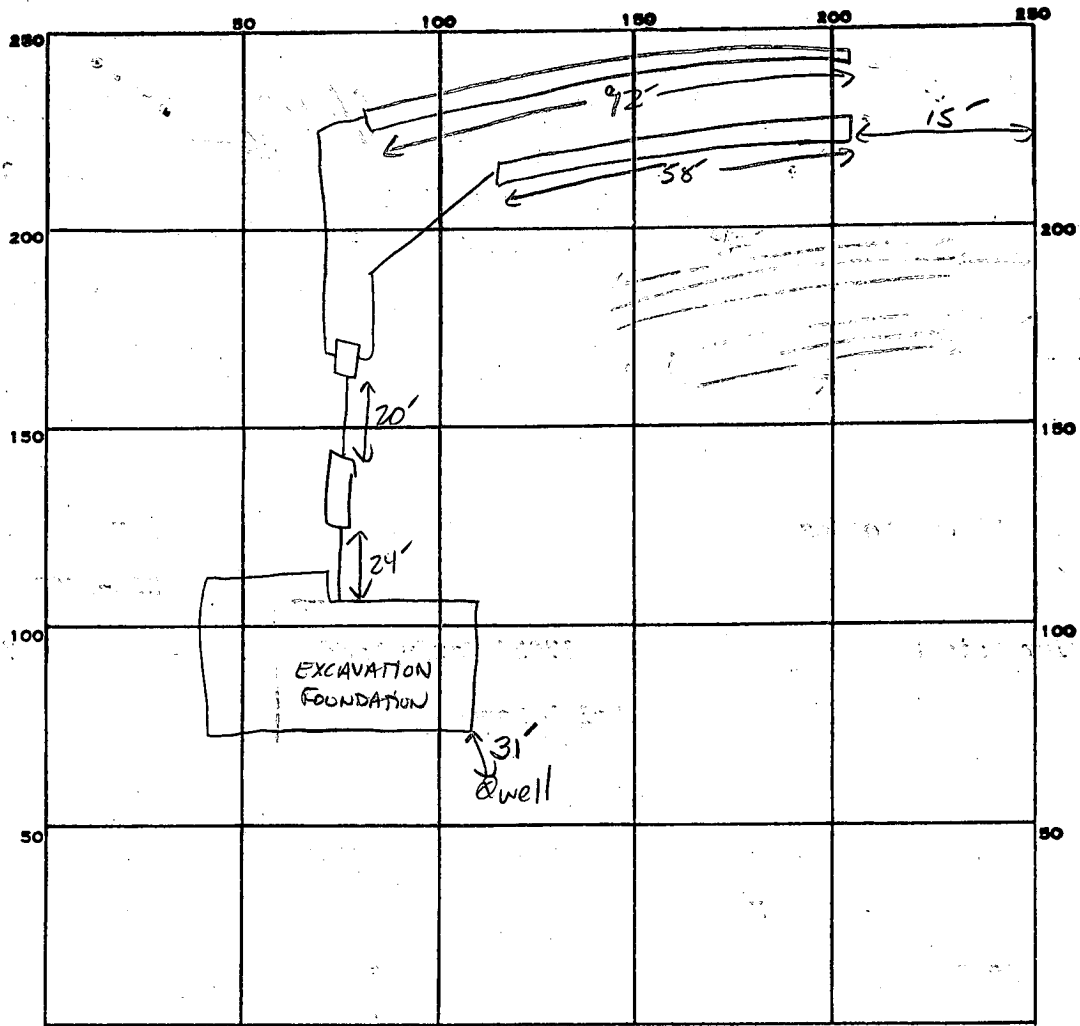
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 34221



195x95
150x4

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
HARDY Rd.

PERMIT CARD _____

SEPTIC TANK, LEVEL CLEANOUTS 1ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 7' FT. TRENCH WIDTH 2 FT. INLET 3"

GRAVEL DEPTH 4 FE IN. TOTAL LENGTH 58 92 TOTAL 150 FT.

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA 600 ϕ

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

ABSORBENT AREA 600 SQ. FT.

REMARKS 11-25-86 - OK TO ADD STONE TO TRENCHES. S. Ahl

12-1-86 need 40 on ST before final. S. Ahl. needs house connect. S. Ahl

DATE SYSTEM APPROVED 6-10-87

INSPECTOR S. Ahl

SUBDIVISION: Poplar Heights

LOT NUMBER: 37-40

Hardy Rd.

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____ sq. ft./bedroom
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.

~~PERC RECORDS NOT LOCATED~~
~~WELL COMP. REPORT OK. PERC AREA~~
~~APPEARS REASONABLE AND~~
~~SPECS ON DRAWING OK~~

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.

OWNER RALPH MAGNE
17024 HARDY Rd.

TRENCHES

BLDG. PERMIT SIGNED
AND RETURNED 10-22-86
S. A. BPT # 8452

200 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 7 feet below original grade.

Effective area begins at 3 feet below original grade.

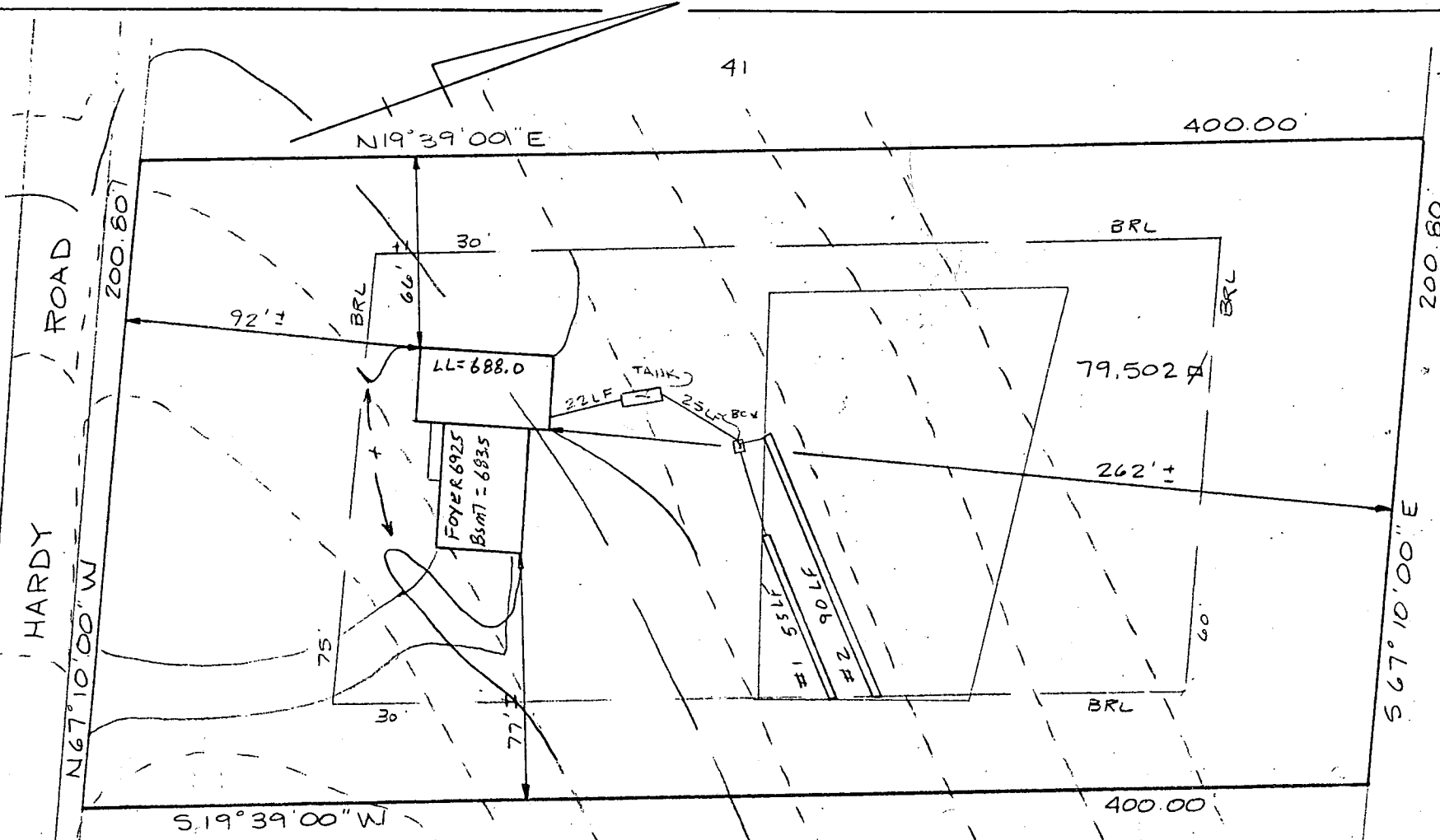
4 1/2 feet of stone below distribution pipe.

3BK
W/O DISPOSAL

- 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: PLACE THE DISTRIBUTION BOX 195 FT FROM THE FRONT LOT LINE AND 95 FT FROM THE LEFT LOT LINE AS SEEN WITH FACING THE LOT FROM HARDY RD. RUN TRENCHES ON CONTOUR TOWARD RIGHT LOT LINE. 10/22/86 S. A. NOTE MAY USE APPROVED ELEVATION DRAWING TO INSTALL SYSTEM S.A.

REVISED AFTER REVIEWING PERCS 10/27/86 CWJ/DM



BLDG. PERMIT SIGNED AND RETURNED *9/22/86 S. M.*

BL#8452

PLOT PLAN
 LOTS 37,38,39,40
 TAX MAP 7 PARCEL 32
 POPLAR HEIGHTS
 ELECTION DISTRICT
 HOWARD COUNTY, MD.
 SCALE 1"=50' DATE 8/1/86

10/24/86
plumbing ok
S. M.
UK if Trench
only connect
S. M.

HOUSE:

FIRST FLOOR	<u>692.5</u> ✓
BASEMENT	<u>683.5</u> ✓
INVERT	<u>685.34</u> ✓
SEPTIC TANK: <i>No Basement on</i>	
EXISTING GRADE	<u>688.0</u> <i>GRAV.</i>
PROPOSED GRADE	<u>687.8</u> ✓
INVERT IN	<u>684.86</u> ✓
INVERT OUT	<u>684.61</u> ✓

DISTRIBUTION BOX:

EXISTING GRADE	<u>686.8</u> ✓
PROPOSED GRADE	<u>684.25</u> ✓
INVERT	<u>684.35</u> ✓
TRENCHES:	
#1	#2
55.0	90.0
2.0	2.0
684.0	683.4
679.0	678.4
5.0	5.0

CHANGE IN DEPTH
 1' LESS THAN PROPOSED HERE
 ADDITIONAL LENGTH REQ'D,
 10/27/86
C. Williams

C1 2887 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 A 34221

DATE RECEIVED

DATE WELL COMPLETED 032886

DEPTH OF WELL 125 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0715

OWNER MAYNE RALPH last name first name STREET OR RFD HARDY RD TOWN POPLAR SPRINGS SUBDIVISION POPLAR HEIGHTS SECTION LOT 37-40

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. Rows include Top So. L, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 11 NO. OF POUNDS 1100 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 42

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

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

DEPTH (nearest ft.) 40 90 125 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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. 302 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ralph E. Mayne

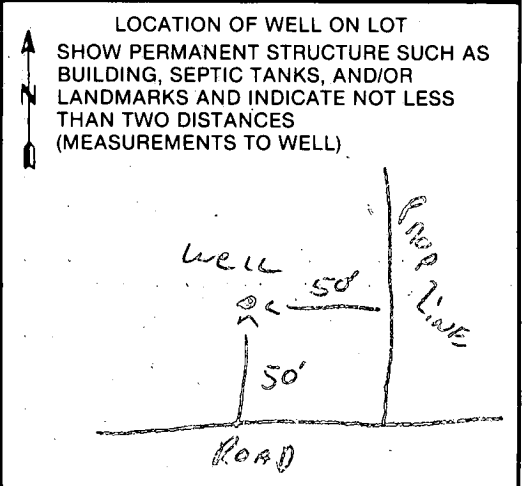
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 35 TYPE OF PUMP USED (for test) 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) LAND SURFACE



B 1- **2759** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COES 3-6 ON ALL CARDS)

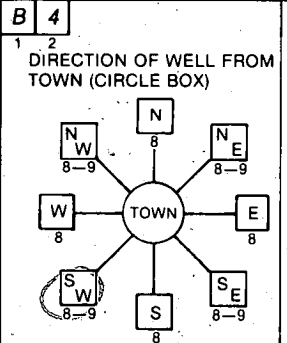
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-0715
 fill in this form completely

Date Received **090784**
 OWNER INFORMATION
MAYNE RALPH E.
 15 Last Name 34 Owner First Name
1848 ST MICHAELS RD
 36 Street or RFD 55
MT AIRY **MO 21151**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
POPLAR HEIGHTS
 23 SUBDIVISION 42
 SECTION **37** LOT **37**
 44 46 48 50
POPLAR SPRINGS
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** **M** **I**
 73 76 77 78

DRILLER INFORMATION
Ralph Mayne
 Driller's Name 77 License No. **80**
RALPH MAYNE (WELL DRILLING)
 Firm Name
9120 Brown Church Rd. Mt. Airy
 Address
Ralph E. Mayne **915184**
 Signature Date



HARVY RD.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 **50** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **50**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 34221 COUNTY NO.
 OEP SIGNATURE **Craig Williams** STATE HEALTH INSERT S
 DATE ISSUED **3/7/85**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **549 0 0 0** EAST GRID **0769 0 0 0**
 50 55 57 63

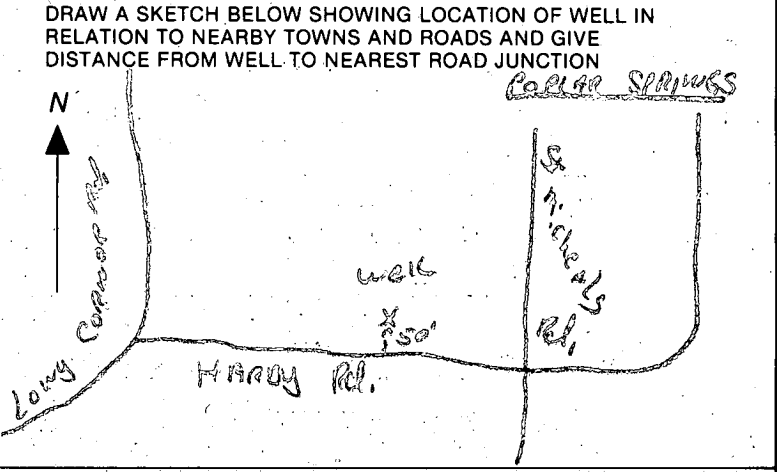
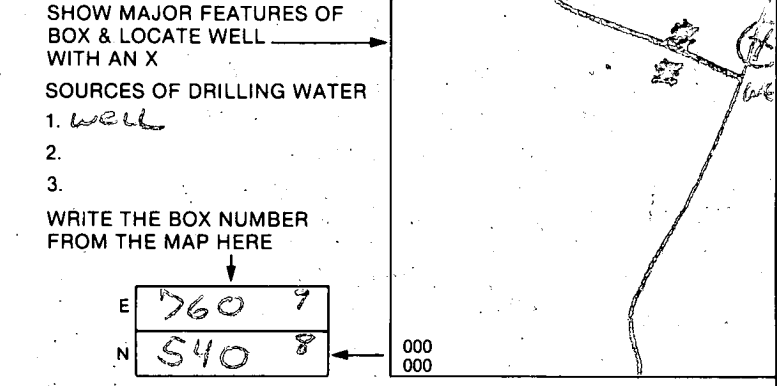
APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

REPLACEMENT OR 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 DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller. (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 54 63
 FORCE **QW** WRITE INITIALS IN BOX PERMIT No. **40-81-0715**
 67 68 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

APPLICATION

Prct.

*8/31/84
1:30 P.M.*

*9/4/84
9:30 A.M.*

SEWAGE DISPOSAL TESTING

A 34221

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 8/19/84

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.

~~Contract purchaser~~
~~PROPERTY OWNER~~

Ralph Mayne

ADDRESS 1348 St. Michaels Rd. PHONE 489-5066

PROPERTY LOCATION:

SUBDIVISION Poplar Heights LOT NO. 37 thru 40

ROAD AND DESCRIPTION _____

SIZE OF LOT 200' x 400' TYPE BLDG. 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.

Ralph E. Wayne

(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

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 54221

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4th

DATE 8/14/84

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 _____

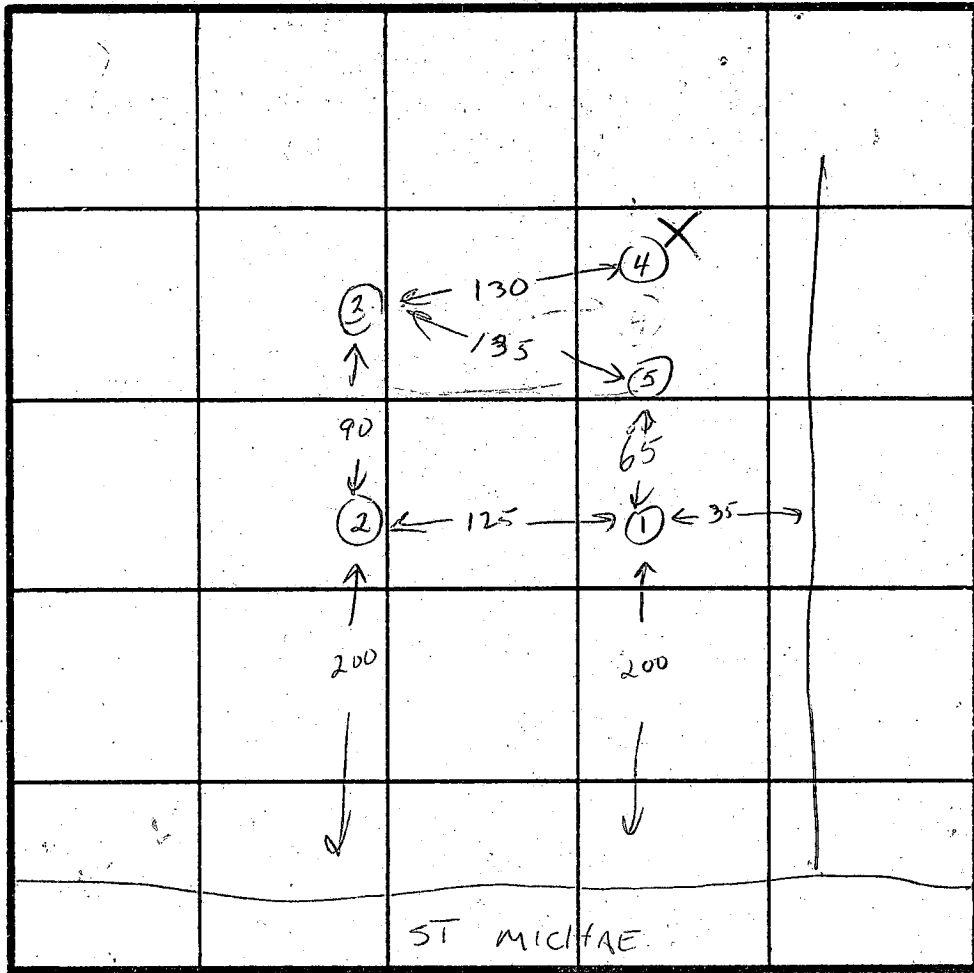
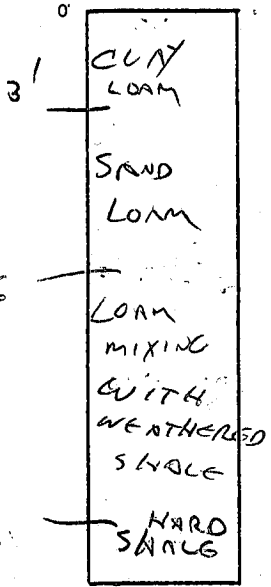
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

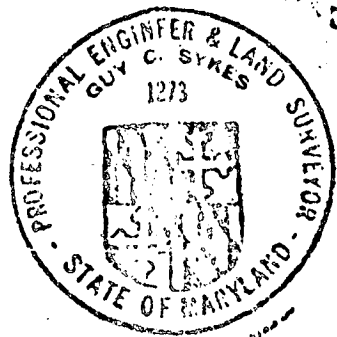
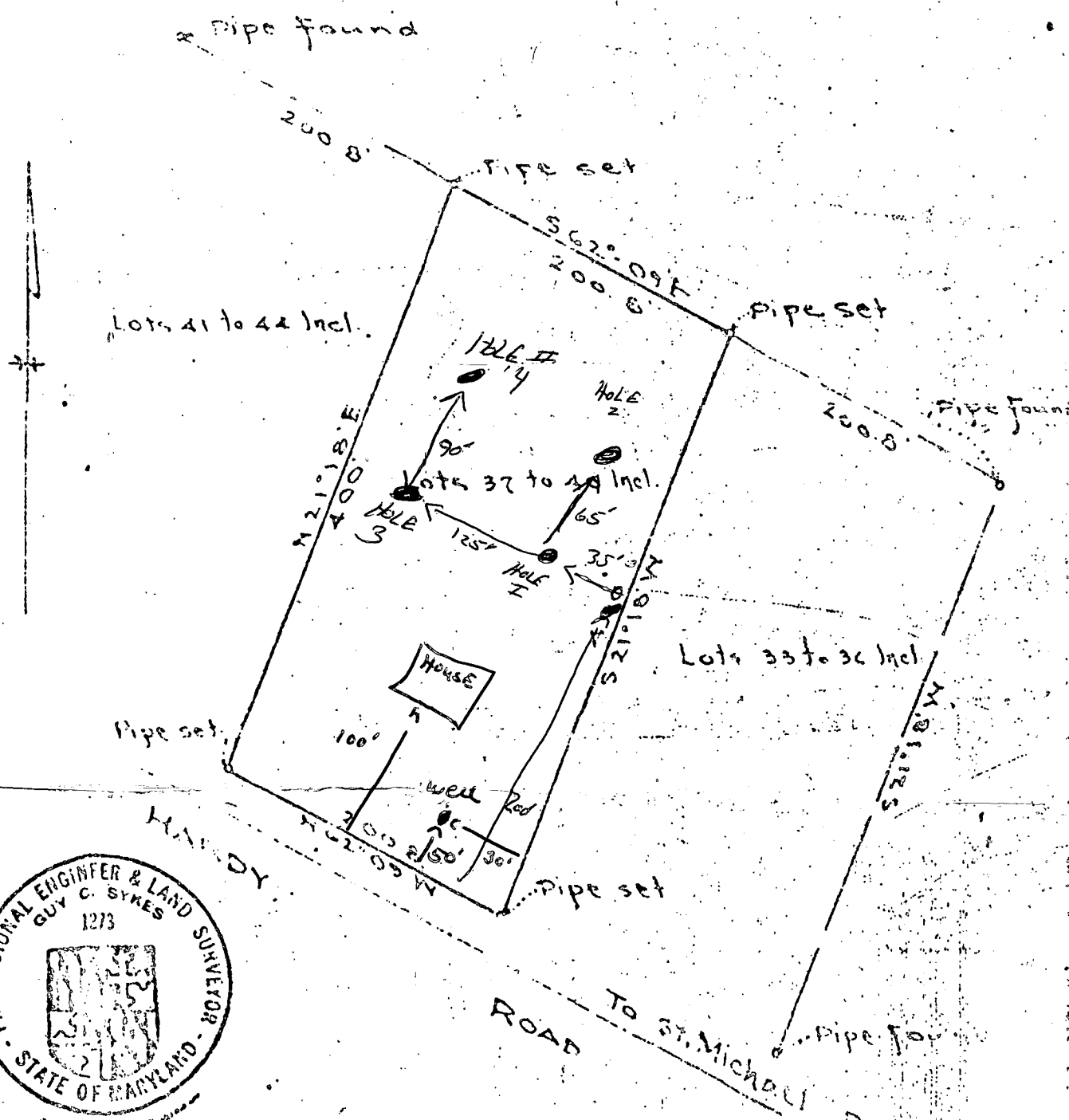
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	3 1/2	3:06	3:09	3:09	3:14	5 min
		10 1/2	HARD BOTTOM		SANDY SHALE		
	2	3 1/2	3:15	3:17	3:17	3:22	5 min
		11	HARD BOTTOM		SHALE		
	3	3 1/2	3:24	3:26	3:26	3:29	5 min
		11 1/2	HN				
	4	SHALE AT 5'					X

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

PLAN SHOWING
 LOTS 37 TO 40, INCL.
 IN
 POPLAR HEIGHTS SUBDIVISION
 FOURTH DISTRICT OF HOWARD COUNTY, MD.
 SCALE: 1" = 100' JULY 1960.



Guy C. Sykes, Registered Professional Engineer

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Community Non-Community Private
 Routine Check Sample Special
 Source MAYNE 17024 Howards Rd
 Bottle No 5068 Time Collected 10:15 am. pm.
 Treated Raw
 Iced Yes No Collector STAYSON County HOWARD

13
County

5068
Plant No.

13
Sampling Station

0202
Date Collected

00
Card No.

pH 7.0

Res. Cl: Free 0.0

Total 0.0

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.
<u>0</u>

Presumptive Coliforms/100ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) = 000

SPC Dilution: 1 - | Col. Counted:

Standard Plate Count $\$/ml.$ 00000

- ** 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

CRS
255

Date & Hour: Recd. am pm Exam am pm
 Rept. 2:30 am Bacteriologist Case
 Remarks 20201

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

Bottle Number: M 42 Name: R. MAYNE County: Howard

Source of Sample: 17024 Harro RD
Street Town or City Collector: SPURGE

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

Remarks: _____

Field Data:

County: 13 Plant No. Sampling Station Date Collected 052687 Time 1015 A M Acid Iced

pH* Chlorine Residual Free Total Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011	<u>6.6</u>	Arsenic	253	
Alkalinity (Total)	040	<u>26</u>	Barium	262	
Alkalinity (HCO ₃)	050		Cadmium	273	
Alkalinity (CO ₂)	060		Chromium	283	
pH*, Ca CO ₃ SAT.	071		Lead	302	
Alkalinity, Ca CO ₃ SAT	080		Mercury	314	
Hardness	110	<u>39</u>	Selenium	323	
Ammonia-N	143		Silver	333	
Nitrate-Nitrite N	162	<u>55</u>	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	091	<u>9</u>	Iron	122	<u>1005</u>
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

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

Date Received: _____ Date Reported: _____ Chemist: _____ Lab No. 15349

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 25, 1987

Mr. Ralph Mayne
17024 Hardy Road
Mt. Airy, Maryland 21771

Dear Mr. Mayne:

This is to advise you that the septic system was installed, inspected and approved on June 10, 1987.

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-81-0715. 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 by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

May 26, 1987
Date of Water Sample

March 28, 1986
Date Well Approved:

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

CW:JR