

03-295109

11-21-86  
approved  
S. Abel

# PERMIT

P 37932

A 34236

## SEWAGE DISPOSAL SYSTEM MARYLAND STATE DEPARTMENT OF HEALTH\*

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330X  
461-9933

**ELLICOTT CITY**  
DISTRICT 3rd  
DATE 10/27/86

**INDEXED**

3 driveway on @  
young EAST PAST  
Wynfield.

Dave Hopkins IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION \_\_\_\_\_ ROAD 12121 Frederick Road LOT \_\_\_\_\_

PROPERTY OWNER Carl Saunders

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 - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the trench 62 feet from the back lot line as seen when facing the lot from Route 144 and 60 feet from the stake at the end of end of the right-of-way. Run thd trench along level ground toward Route 144.

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 TO CHANGE TO DIV. 15X15 w/ 6' STONE + 20' TRENCH w/ 6' STONE (130# BR)  
S. Abel

PLANS APPROVED BY Raymond Hodges DATE 9/10/84

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.

BUDG. PERMIT SIGNED  
AND RETURNED 4/20/89

Serial # 24731

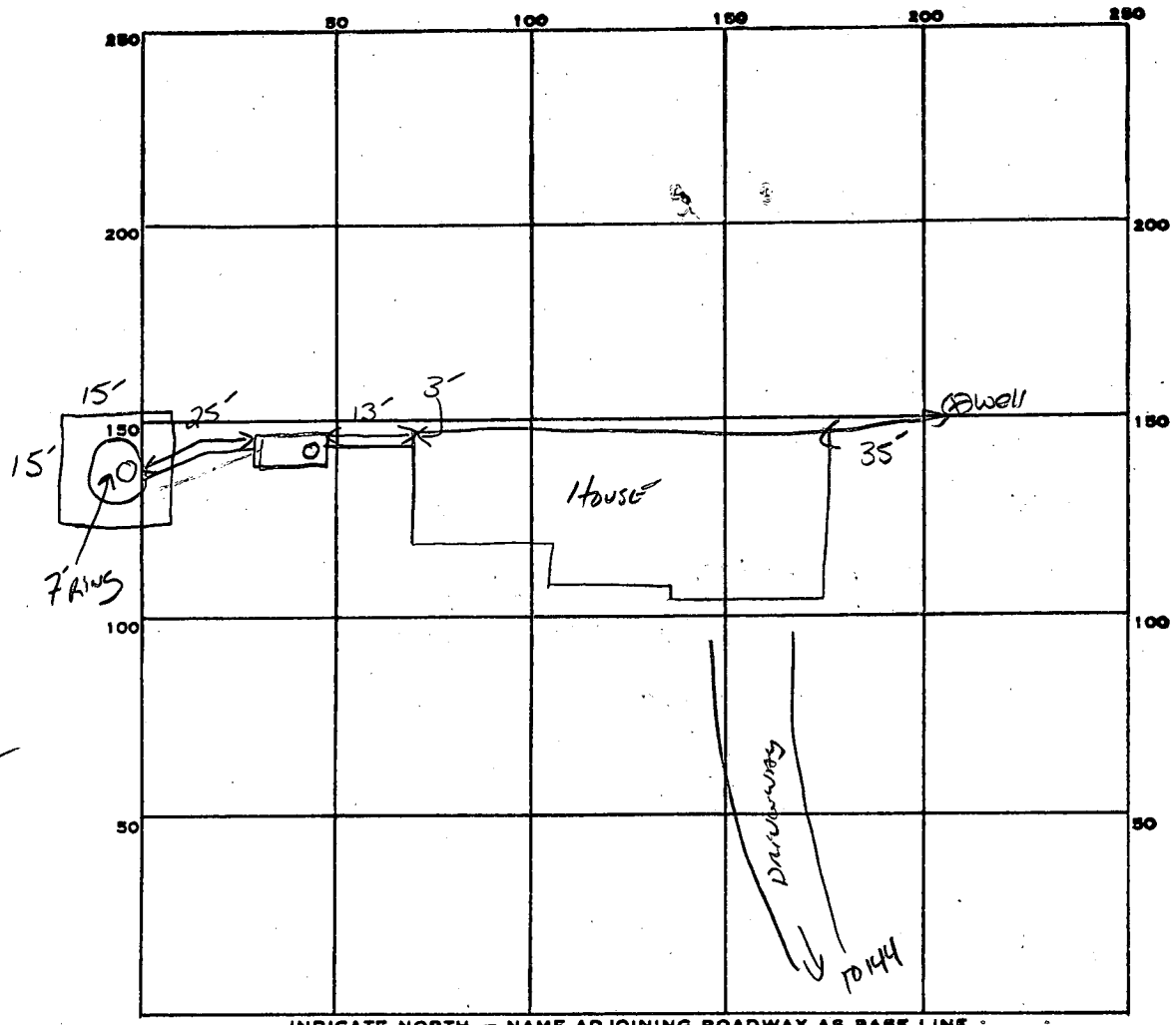
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 34236

130  
 3  
 390  
 390  
 30  
 5



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL 1000 GAL CLEANOUTS  DW + ST

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FE IN. TOTAL LENGTH 20 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 120 φ

SEEPAGE PITS, INSIDE DIAMETER 15X15 FT. DEPTH BELOW INLET 6 FT. 360

ABSORBENT AREA 480 SQ. FT.

REMARKS 11/21/86 -

C1 00896

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-34236

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 [ ] [ ] [ ] [ ] 13

15 C32782 20

22 245 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 HO-81-1360

OWNER SAUNDERS last name CARL first name STREET OR RFD 12117 RTE 144 TOWN WEST FRIENDSHIP SUBDIVISION MAP 16 P.24 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. Rows: Top Soil (0-2), Sandy (2-45), Sand Stone (45-50), Micka (50-90), Sand Stone (90-95), Micka (95-245)

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 59 ft.

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

MAIN CASING TYPE (PL) Nominal diameter (6) Total depth of main casing (60)

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

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

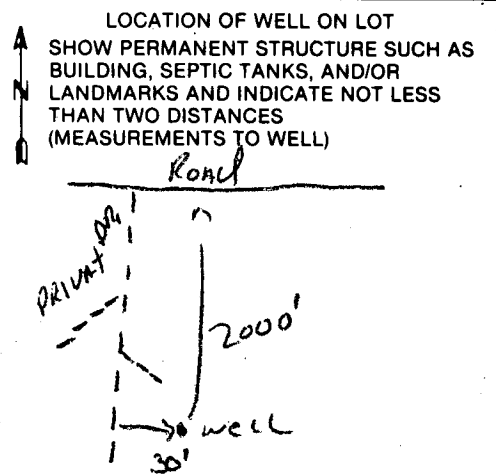
DEPTH (nearest ft.) 59 245

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) 6 PUMPING RATE (gal. per min. to nearest gal.) 3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 15 WHEN PUMPING 15C TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (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 (2) (nearest foot)



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. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ralph S. Mayne

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

DATE March 28, 1986

WELL YIELD TEST DATA SHEET - ~~PRINCE GEORGE~~ COUNTY

REVIEWED BY J. Hall *6/1/88*

Maryland Well Permit No. HO-81-1360 <sup>Howard</sup> Owner or Applicant CARL SANDERS  
 Location of Property (road) OFF MD 144 1 MILE EAST OF WEST FRIENDSHIP

Subdivision GEORGE SANDERS Prop. Lot      Block      Plat      Sec.     

Depth of Well 245 Height of Measuring Point Above Ground P.24

Static Water Level Below Measuring Point 45

*Pump started 9:45 - 45 min to reach 150 ft Pumping 10 GPM*

The first entry in the table must be when you begin the drawdown. Enter all appropriate information. Indicate when the drawdown phase ends and the recovery test begins.

TIME (CHRON.)	WATER LEVEL Below M.P.	PUMPING RATE		FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
		Time to fill I gal. bucket	Sec		
10:30	150 <i>ft</i>	20	Sec	<i>X</i>	3 GPM
10:45	150 <i>ft</i>	20	Sec		3 GPM
11:00	150 <i>ft</i>	20	Sec		3 GPM
11:15	150 <i>ft</i>	20	Sec		3 GPM
11:30	150 <i>ft</i>	20	Sec		3 GPM
11:45	150 <i>ft</i>	20	Sec		3 GPM
12:00	150 <i>ft</i>	20	Sec		3 GPM
12:15	150 <i>ft</i>	20	Sec		3 GPM
12:30	150 <i>ft</i>	20	Sec		3 GPM
12:45	150 <i>ft</i>	20	Sec		3 GPM
1:00	150 <i>ft</i>	20	Sec		3 GPM
1:15	150 <i>ft</i>	20	Sec		3 GPM
1:30	150 <i>ft</i>	20	Sec		3 GPM
1:45	150 <i>ft</i>	20	Sec		3 GPM
2:00	150 <i>ft</i>	20	Sec		3 GPM
2:15	150 <i>ft</i>	20	Sec		3 GPM
2:30	150 <i>ft</i>	20	Sec		3 GPM
2:45	150 <i>ft</i>	20	Sec		3 GPM
3:00	150 <i>ft</i>	20	Sec		3 GPM
3:15	150 <i>ft</i>	20	Sec		3 GPM
3:30	150 <i>ft</i>	20	Sec	3 GPM	
3:45	150 <i>ft</i>	20	Sec	3 GPM	
4:00	150 <i>ft</i>	20	Sec	3 GPM	
4:15	150 <i>ft</i>	20	Sec	3 GPM	
4:30	150 <i>ft</i>	20	Sec	3 GPM	

I hereby certify that the yield test was conducted as described in State Health Department Regulations COMAR 10.17.13.07Q.

Signature of Well Driller 59 open *Casing 60 ft* *12/3/85*

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

Bottle Number: H9653 Name: CARL SAUNDERS County: HOWARD

Source of Sample: GEORGE SAUNDERS PARC. 24 RE144 Collector: S. Abel  
Street Town or City

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

Remarks: H0-81-1360

County: 13 Plant No. [ ] [ ] [ ] [ ] Sampling Station: [ ] [ ] [ ] [ ] Date Collected: 032786 Time: 1145 <sup>A</sup> <sub>M</sub> 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 <sub>3</sub> )	050		Cadmium	273	
Alkalinity (CO <sub>3</sub> )	060		Chromium	283	
pH*, Ca CO <sub>3</sub> SAT.	071		Lead	302	
Alkalinity, Ca CO <sub>3</sub> SAT.	080		Mercury	314	
Hardness	110		Selenium	323	
Ammonia-N	143		Silver	333	
<input checked="" type="checkbox"/> Nitrate-Nitrite N	162	<u>40.2</u>	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				

\* Results reported in units, all others in milligrams per liter (ppm)  
Date Received: \_\_\_\_\_ Date Reported: 7/27/86 Chemist: B. Solnick Lab No.: 11967

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

34236

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9833

New Installation   
Replacement

Receipt # 37969  
Date 10/31/86

Name of Installer J. Jos. Gantland Inc.

Telephone 875-2400

License number 1713

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Carl Saunders

Telephone 988-9205

Subdivision N/A Lot # N/A Well tag # - - -

Site Address 12121 Frederick Rd.

**Pump**

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

2. Make Goulds

3. Model # 10EJ05422

4. Capacity 10 GPM

5. Pump exceeds well capacity Yes  No

6. If Yes, is low pressure cutoff switch installed? Yes  No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other

**Motor**

1. Horsepower 1/2

2. RPM           

3. Voltage B  
 a. 110             
 b. 220

**Pitless Adapter**

1. Make HAWARD

2. Model # PT800

3. Depth           

**Tank**

1. Capacity 42 gal.

2. Pressure relief valve? 7.5 psi

**Piping**

1. Type PLASTIC

2. Size 1"

3. NSF and/or BOCA Code approved NSF

4. Depth of supply line           

**Well data**

1. Depth            ft.

2. Yield            GPM

3. Static water level            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: [Signature]

Date: 10/30/86

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

GEORGE NOBLE  
SAUNDERS RESIDUE

A 34236

SUBDIVISION:

LOT NUMBER:

DRY WELL OR DRY WELL AND TRENCH

125 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 2 1/2 feet below original grade.  
Bottom maximum depth 9 1/2 feet below original grade.  
Effective area begins at 2 1/2 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 7 feet of stone below distribution pipe.

OR

TRENCHES

158 sq. ft./bedroom

Trench to be 2 wide.  
Inlet 3 feet below original grade.  
Bottom maximum depth 9 feet below original grade.  
Effective area begins at 3 feet below original grade.  
6 feet of stone below distribution pipe.

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

LOCATION: 9/10/04 START THE TRENCH OR PLACE THE DRY WELL 62 FT FROM THE BACK LOT LINE AS SEEN WHEN FACING THE LOT FROM ROUTE 144 AND 60 FT FROM THE STAKE AT THE END OF THE RIGHT OF WAY RUN THE TRENCH ALONG LEVEL GROUND TOWARD ROUTE 144 R/H

*R.N. 6/1/84*  
*9:30 AM*

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34236  
P \_\_\_\_\_

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

*Return  
plat to owner  
make copy before  
going out into the  
field.*

DISTRICT Third  
DATE 8 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 George Noble Saunders Deborah & Carl Saunders

ADDRESS 12117 Fred Rd. Elllicott city 21043 PHONE 988 9205

*Send Specs for septic system*

PROPERTY LOCATION \_\_\_\_\_

SUBDIVISION & paper on how to draw LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION septic System Plans #12121 Frederick Rd.

SIZE OF LOT 4.679 AC. TYPE BLDG. 3 Bd. Rancher  
(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.

APPROVED BY Raymond Hodges FOR Dry Well (SIGNATURE OF APPLICANT) DATE 9/10/84

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_  
BLDG. PERMIT SIGNED AND RETURNED 6/18/84  
SAVED 71132  
B.P. # 71132  
*app. 6-18-84.*

# 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 34236  
P \_\_\_\_\_

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

DISTRICT Third  
DATE 8/89

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 Noble Saunders

ADDRESS 12117 Fred Rd Ellicott city 21043 PHONE 988-9205

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. N/A

ROAD AND DESCRIPTION \_\_\_\_\_

SIZE OF LOT 4.679 AC. TYPE BLDG. 3 Bd. Rancher  
(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)

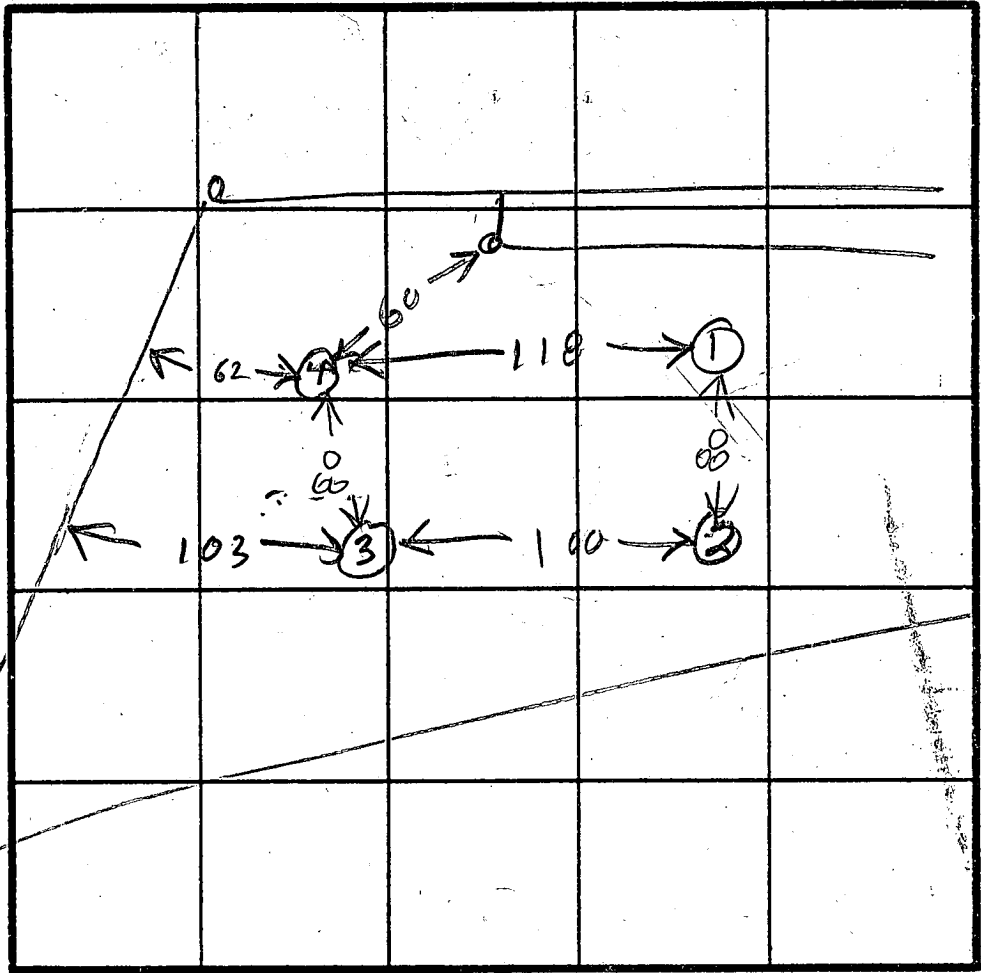
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

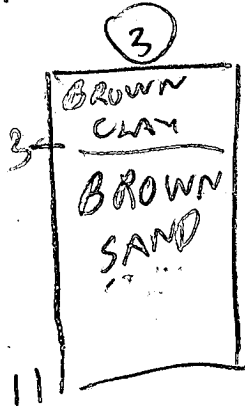
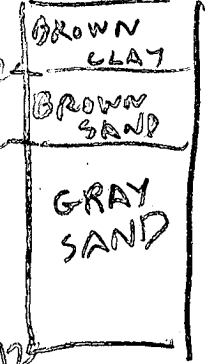
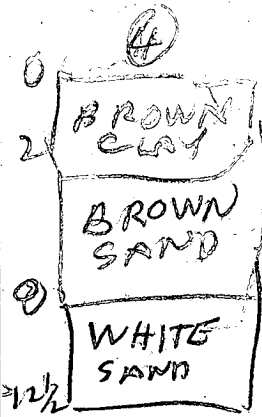
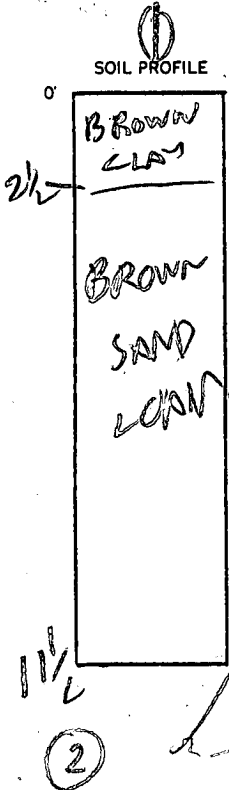
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
9/8/84	15	3	1025	1028	1028	1031	3
	10	8	1026	1028	1028	1031	3
9/6/84	1V	11 1/2	LOOKS OK				
	23	3 1/2	1035	1040	1040	1052	12
	2D	8	1032	1038	1038	1047	9
	2V	12	LOOKS OK				
	3S	4	1055	1058	1058	1103	5
	3H	8	1055	1058	1058	1103	5
	3V	11	LOOKS OK				
	4V	12 1/2	LOOKS OK				

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY R. HODGES

ALSO PRESENT H. SIKKOR JR. & SAUNDERS OWNERS

B 1 2389

SEQUENCE NO. (OEP USE ONLY)

1st STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-1360

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

please print or type

fill in this form completely

Date Received

1 2 3 4 5 6 7 8 9 10 11 12 13

OWNER INFORMATION

SAUNDERS CARL

12117 FREDERICK RD

FLLICOTH CITY MD 21043

B 3

LOCATION OF WELL

HOBARD

GEORGE SAUNDERS PROP

SECTION 44 46 LOT 48 50 P.24

WEST FRIENDSHIP

MILES FROM TOWN (enter 0 if in town) I M I

DRILLER INFORMATION

RALPH MAYNE 273

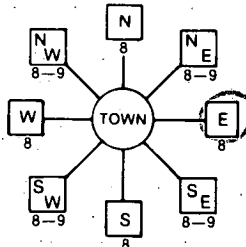
RALPH MAYNE (WELL DRILLING)

8120 Brown Church Rd. #A Annapolis

Ralph Mayne Feb 6, 1986

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD. 144 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



2000 DISTANCE FROM ROAD

ENTER FT or MI 1 1/2

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A34236

OEP SIGNATURE DATE ISSUED

022786 B. N. N... 08/27/86

NORTH GRID 532000 EAST GRID 0819000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

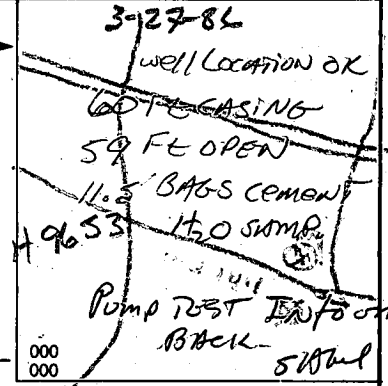
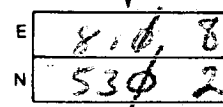
METHOD OF DRILLING (circle one)

- Bored (or Augered) Jetted Jetted & Driven
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary Drive-POINT

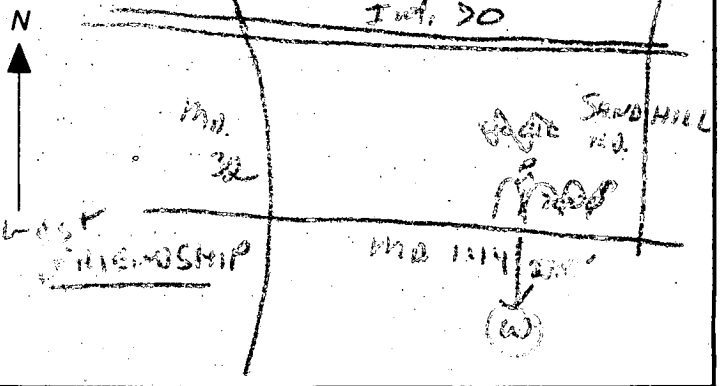
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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



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 GAP

FORCE WRITE INITIALS IN BOX PERMIT NO. HO-81-1360

SPECIAL CONDITIONS

Depth 2.45'  
START 9:45

MP ABOVE GROUND 2'  
RATE 10 GPM 45 MIN 150 FT

SWL 45'

11:45	150'	20 sec	3 GPM
12:00	150'	20 sec	3
12:15	150'	20 sec	3

12:30 → equipment failure - Retest on Friday 3-28-84

105	120
53	60
158	
360	
518	OK

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
FEB 20 2 01 PM '84  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

PROPERTY OWNER SALUNDERS DATE OF REQUEST 1/20/87  
TELEPHONE \_\_\_\_\_ NEW WELL NUMBER 40-81-136b  
DIRECTIONS OR INSTRUCTIONS \_\_\_\_\_

NAME S. Saunders  
ADDRESS 12121 RT 144  
E. C. Md. 21043

1 letter mailed to  
W. Friendship, Md.  
SAMPLE TYPE \_\_\_\_\_ REASON FOR REQUEST \_\_\_\_\_  
 Health Hazard  Physician's Advice  
 U & O  New Residence  
 Real Estate  Nitrate Monitoring  
 Pond or Stream  Taste or Odor  
 Sewage  Treatment System Necessity  
 Other  Plumbing or Well Repair  
 Replacement Well  
 Curiosity

SETTLEMENT DATE 1/1/  
SEPTIC SYSTEM:  Approved  Disapproved DATE 11/21/86  
CONDITION: A 34236

SUPPLY TYPE:  Drilled Well  Hand Dug  Spring  Public  
CONDITION: 1 COP - 1-27-87 Delmarva

FIRST SAMPLE COLLECTOR L. Clark TIME 10:08 DATE 9/14/85  
 BACTERIA 20468, pH 5.3, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, VOC \_\_\_\_\_  
 CHEMICAL SE0214, LEAD & COPPER \_\_\_\_\_, NITRATES \_\_\_\_\_, PESTICIDE \_\_\_\_\_  
ACTION: outside tap FCOP issued 10-15-87 JEN

RESAMPLE COLLECTOR \_\_\_\_\_ DATE 1/1/  
BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_  
CHEMICAL \_\_\_\_\_, Other \_\_\_\_\_

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR \_\_\_\_\_ DATE 1/1/  
BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR \_\_\_\_\_ DATE 1/1/  
BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

INVOICE NO.

W 22670

PEEMT  
71132

CERTIFICATE OF ANALYSIS

DELMARVA LABORATORIES, INC.  
Annapolis—Salisbury—Timonium

U90

Annapolis: (301) 269-7755  
Eastern Shore: (301) 546-1318  
Timonium: (301) 628-2855

FIELD RECORD community   
non-community   
private

Sample Source: 12121

FREDERICK RD

W. FRIENDSHIP 21043

BERNARD CONST.

489-7621

Well No. H081 1360

This Sample Was Taken From a Tap On The Property By Delmarva Labs, Inc.

Construction

Satisfactory   
Unsatisfactory   
Not Determined

Date 1-20-87

Time 1030

Iced yes   
no

pH 5.7

Free Cl 0

Total Cl 0

County HOWARD

Bottle No. 22670 Collector: O. Law 86169

LABORATORY RECORD

Presumptive Bacteriological Test

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

Confirmed Bacteriological Test

ml. of Sample	10ml.				
Coliforms					
Fecal Coliforms					

N(NO <sub>3</sub> ) (mg/l)	Sand	Turbidity (NTU)	(mg/l)	(mg/l)	(mg/l)	Coliforms/100 ml.	
						Fecal	Total
0.26	NONE	<1					

Date Time

Received: 1-21-87 7:00 PM

Examined: 1-21-87 8AM

Reported: 1-23-87 8AM

*J. J. [Signature]*  
Analyst

Bacteriological analysis of this sample indicates the water is safe for human consumption. Thiosulfate Present   
unsafe Absent

# 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

January 27, 1987

Carl Saunders  
12121 Frederick Road  
W. Friendship, MD 21043

Dear Mr. Saunders:

This is to advise you that the septic system was installed, inspected and approved on October 27, 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-81-1360. 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 10.176.13.10.

Date of Water Sample  
January 20, 1987

Date Well Approved:  
March 27, 1986

*Craig Williams* / *BA*

Approving Authority  
Craig Williams, Director  
Water and Sewerage Program

CW:VF

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

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

<b>SAMPLE TYPE:</b>	Source <u>Beal Sounding Waste Tank</u>		
Community <input type="checkbox"/>	Location: <u>12121 Rt 191</u>		
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Time Collected <u>1:58</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.	
Private <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Collector # _____	
Check Sample <input type="checkbox"/>	Collector Name <u>L. Clark</u>	Bottle No. <u>468</u>	County <u>Howard</u>
Special <input checked="" type="checkbox"/>	Collector Name <u>L. Clark</u>		

13  
County

Plant No.

Sampling Station

9 14 87  
Date Collected

pH 7.2

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 Dilution: 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: 9-14-87 2:10 pm Laboratory: W. Field

Recd. 9-14-87 2:10 pm Remarks \_\_\_\_\_

Exam 9-14-87 2:40 pm CLS \_\_\_\_\_

Rept. 9-16-87 3:45 pm Lab No. 585

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

Bottle Number: SE 0214 Name: Cecil Saunders County: Harwood

Source of Sample: 12121 Rt 144 Elliot Ct Md Collector: L Clark  
Street Town or City

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

Remarks: outside Tap

Field Data:  
 12 County     Plant No.     Sampling Station     091987 Date Collected     1008 AM Time     Acid     Iced  
 pH\* 5.3     Chlorine Residual     Free     Total     Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011	6.2	Arsenic	253	
Alkalinity (Total)	040	118	Barium	262	
Alkalinity (HCO <sub>3</sub> )	050		Cadmium	273	
Alkalinity (CO <sub>3</sub> )	060		Chromium	283	
pH*, Ca CO <sub>3</sub> SAT.	071		Lead	302	2.00
Alkalinity, Ca CO <sub>3</sub> SAT	080		Mercury	314	
Hardness	110	7	Selenium	323	
Ammonia-N	143		Silver	333	
Nitrate-Nitrite N	162	1.02	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	091	125	Iron	122	2.00
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: SEP 14 1987 Date Reported: SEP 14 1987 Chemist: \_\_\_\_\_ Lab No: 03850

# 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  
January 29, 1988

Mr. & Mrs. Carl Saunders  
12121 Route 144  
West Friendship, Maryland 21794

Dear Mr. & Mrs. Saunders:

This is to advise you that the septic system was installed, inspected and approved on October 27, 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.

## FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1360.

September 14, 1987  
Date of Final Sampling

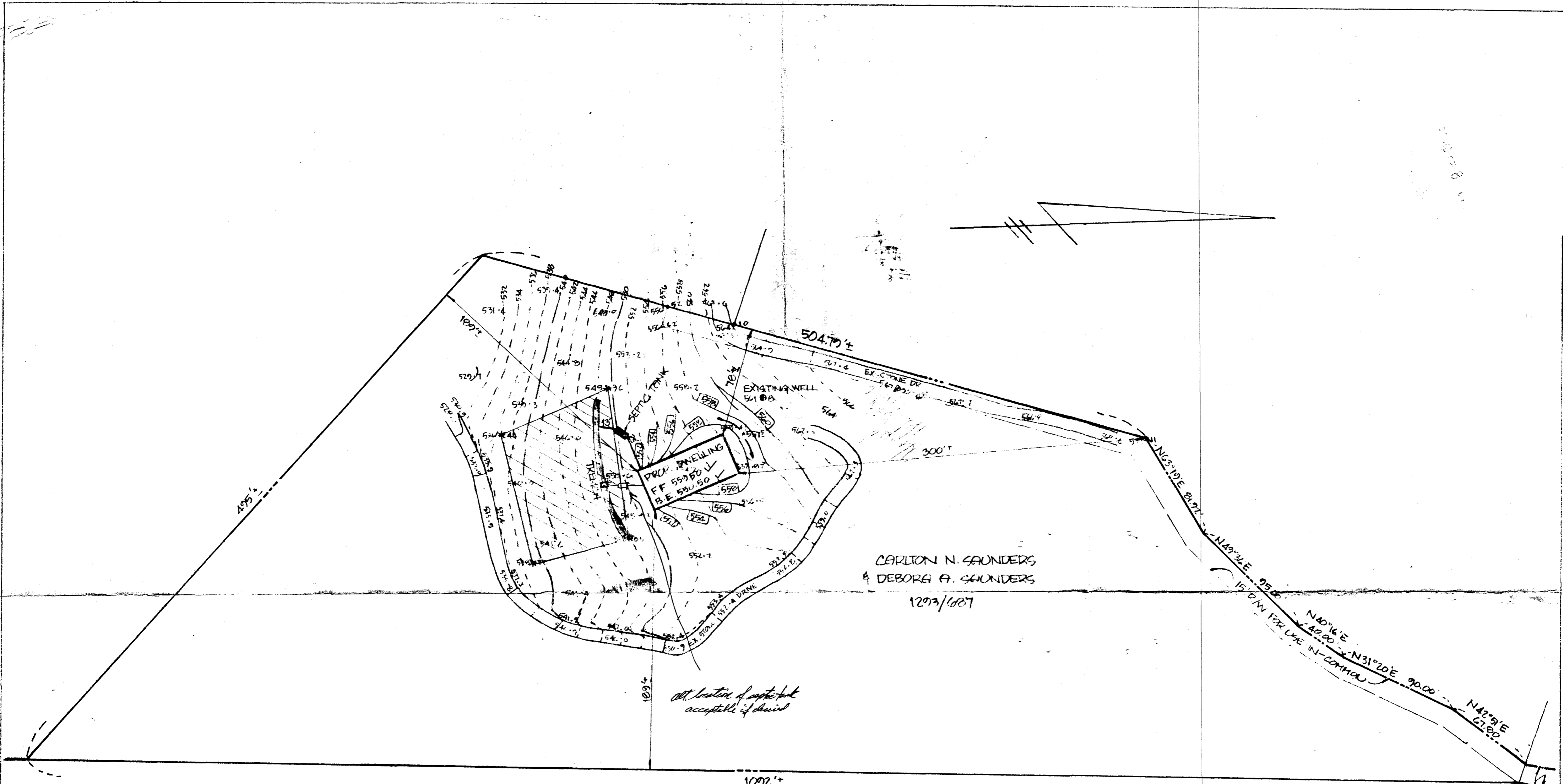
October 15, 1987  
Date of Acceptance

*Jane E. Nadeau*

Jane Nadeau, Sanitarian  
Water and Sewerage Program

Water Sample Dates:  
January 20, 1987  
September 14, 1987

JN:JR



CARLTON N. SAUNDERS  
 & DEBORAH A. SAUNDERS  
 1203/607

alt. location of septic tank  
 acceptable if desired

**SEPTIC SYSTEM DATA**

- INVERT @ HOUSE: 547.50 ✓
- SEPTIC TANK (1000-GAL.)
  - EX. GR. 550.5 ✓
  - FIN. GR. 550.5 ✓
  - INV. IN 547.00 ✓
  - INV. OUT 546.75 ✓
- TRENCH (2' x 70')
  - EX. GR. 548.0 ✓
  - FIN. GR. 548.0 ✓
  - INV. IN 545.5 X 545
  - BOTTOM OF STONE 538.5 X 539

Specs change by  
 S. Adair  
 6" stone 48" - 1 106" TRENCH

- 10,000# PRIVATE SEPTIC ESMT.
- DESIGNATES FIELD-LOCATED PERC TEST & ELEV.
- DESIGNATES EX. WELL
- 552--- EXISTING CONTOURS
- PROPOSED CONTOURS

NOTE: FIELD-DWN TOPOGRAPHY 6/86 BASED ON ASSUMED ELEV 563.71 ON WELL CAP

158' φ / 18" 3'-6"  
 B.P. # 71132  
 Saunders

15' R/W RES. (TO RTE. 144)  
 198/462

SITE PLAN & GRADING STUDY  
 SAUNDERS RESIDENCE  
 12121 FREDERICK ROAD  
 3RD ELECTION DISTRICT  
 HOWARD COUNTY, MD  
 SCALE: 1"=50' 6/6/1986

SHANABERGER & LANE  
 8726 TOWN & COUNTRY BLVD.  
 SUITE 203  
 ELLICOTT CITY, MD. 21043  
 (301) 461-9563