

6-25-85
Approved
Sabel

6/24/85
HPT

PERMIT

P 35591
A 34248

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-343797

ELLICOTT CITY
DISTRICT _____

INDEXED

DATE 5/29/85

Howard Thompson Builders, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 12436 Palermo Drive Silver Spring, MD 20904 PHONE 572-5337

SUBDIVISION Aintree Estates ROAD 6275 Firethorn Lane LOT 21

PROPERTY OWNER Howard & Molly Thompson

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

DRY WELL OR DRY WELL AND TRENCH - 125 sq. ft./bedroom. Inlet 4 feet below original grade.

Bottom maximum depth 10 feet below original grade. Effective area begins at 4 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 6 feet of stone below distribution pipe. LOCATION: Place drywell next to the high perc hole which is located approximately 125' from the back lot line and 175' from the left lot line as seen when facing the property from Firethorn Lane. Additional trench if required to run along contour toward left lot line.

PLANS APPROVED BY Craig Williams DATE 3/15/85

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.

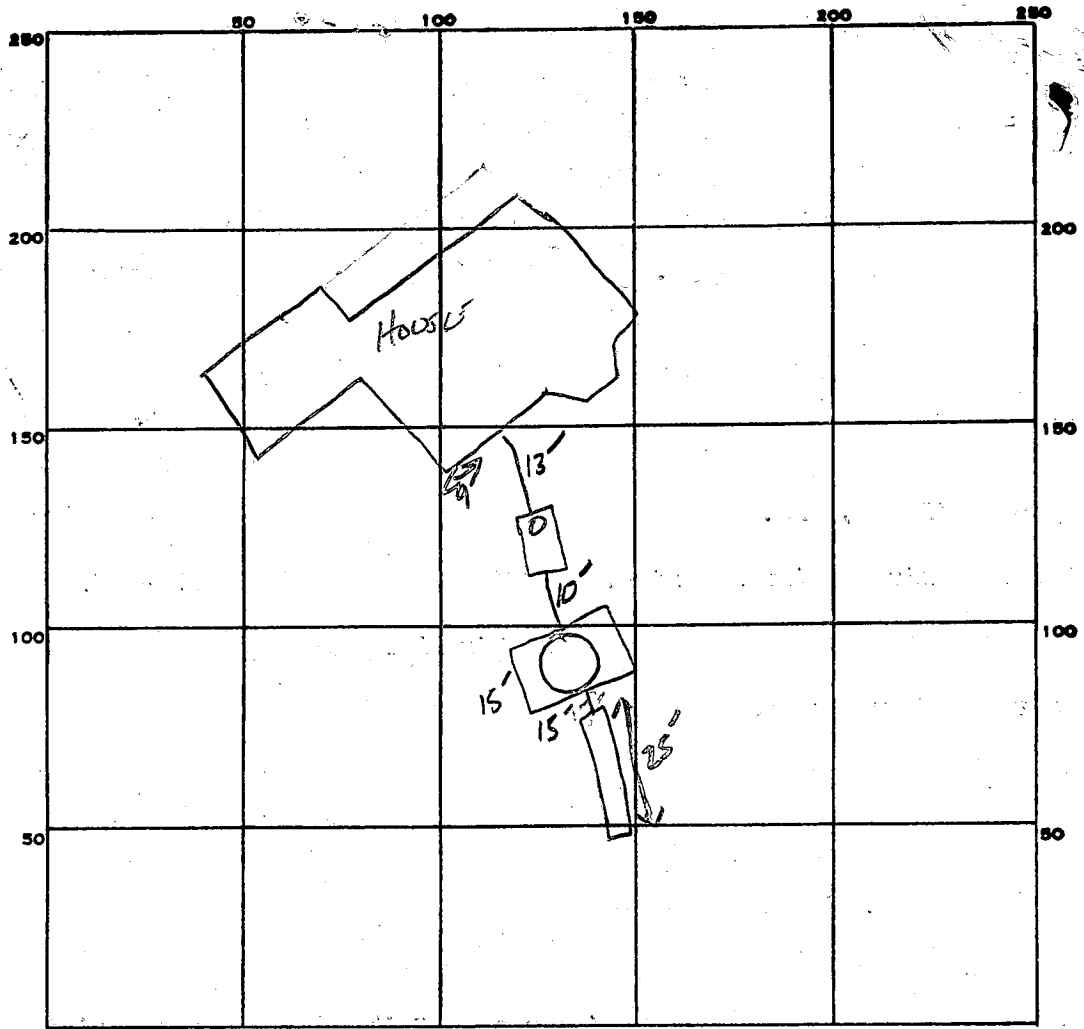
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 34248



60
360 DW

360
360
740

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

ROW

PERMIT CARD

SEPTIC TANK, LEVEL 1500 GAL

CLEANOUTS 5

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH 10' FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FE FT. TOTAL LENGTH 25 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 150 SQ. FT.

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

ABSORBENT AREA 360 SQ. FT.

REMARKS 6-21-85 OK TO ADD STONE TO DW AND COVER FROM ST TO HOUSE, NEED HOUSE CONNECTION, OK TO ADD STONE AND COVER TRENCH AS NEEDED IN ORDER TO COMPLETE WORK DUE TO TIGHT AREA. SAKEL

6-25-85 OK TO COVER ALL WORK

DATE SYSTEM APPROVED 6-25-85

INSPECTOR SAKEL

SUBDIVISION: AINTREE ESTATES Sec 2

LOT NUMBER: 21

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 4 feet below original grade.

Bottom maximum depth 10 feet below original grade.

Effective area begins at 4 feet below original grade.

PLAN B.P. # 64896
AND RETURNED

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 6 feet of stone below distribution pipe.

TRENCHES

_____ sq. ft./bedroom

Trench to be _____ wide.

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

_____ 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: PLACE DRYWELL NEXT TO THE HIGH PERC HOLE
WHICH IS LOCATED APPROXIMATELY 125' FROM THE BACK LOT
LINE AND 175' FROM THE LEFT LOT LINE AS SEEN WHEN
FACING THE PROPERTY FROM FIRETHORN LANE.
ADDITIONAL TRENCH IF REQUIRED, TO RUN ALONG
CONTOUR TOWARD LEFT LOT LINE.
3/15/85 C. Williams

Permit 9/10/84
1:30 P.M.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34248

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5

DATE 8/15/84

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 Howard and Molly Thompson

ADDRESS 12436 Palermo Dr. PHONE 572-5337
Silver Spring, Md. 20904

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc. LOT NO. 21 Sec 2
6275
ROAD AND DESCRIPTION Firethorn Lane

SIZE OF LOT 194,780 sq. ft. TYPE BLDG. 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. Howard H. Thompson
(SIGNATURE OF APPLICANT)

APPROVED BY CW FOR TRENCHES ON DW DATE 9/10/84

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

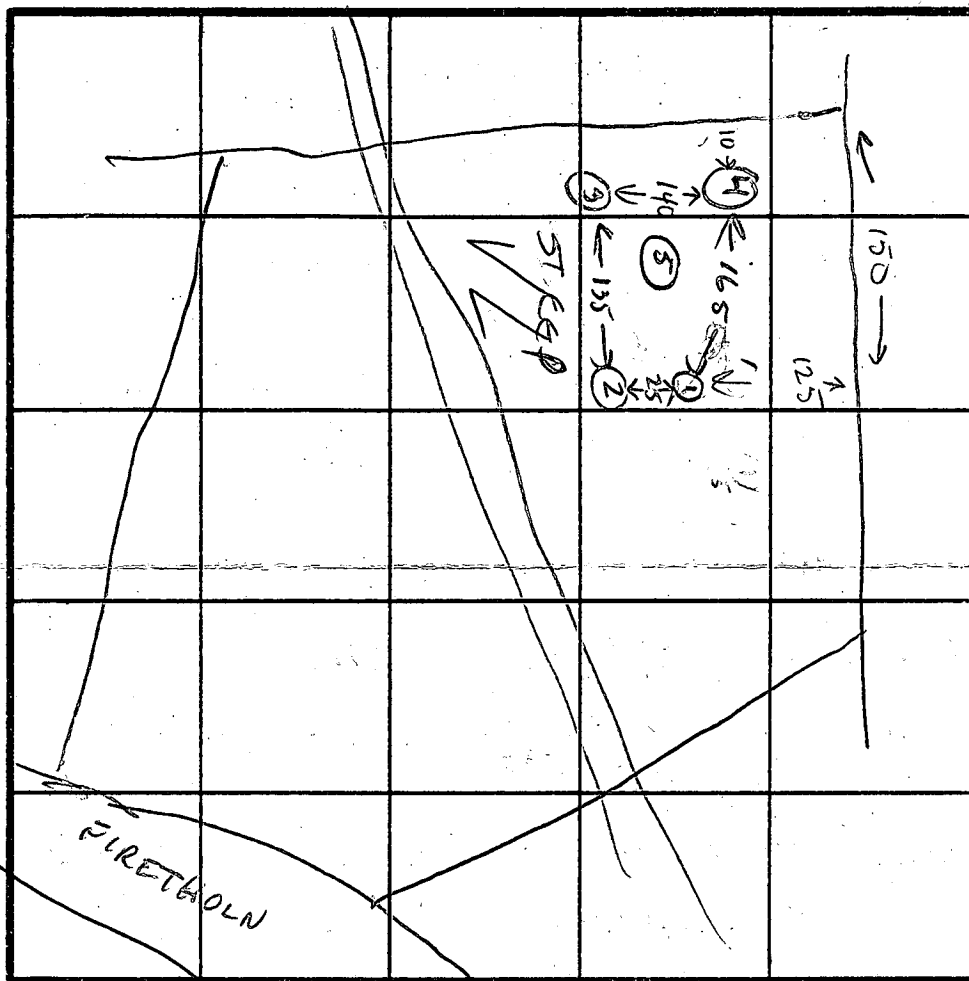
REASONS FOR REJECTION OR HOLDING CERTIFIED LOCATIONS WILL BE PROVIDED BEFORE
SEPTIC PERMIT ISSUED BUT OWNER REQUESTS B.P. BE RELEASED
IN ADVANCE OF THAT TIME. CW

BP 64896
AND RETURNED 6-9-85

THIS IS NOT A PERMIT

SOIL PROFILE

0
 3' CLAY LOAM
 MICA SAND LOAM & SOME WEATHERED SLIST
 12-14 SLIGHTLY HARD
 BOTTOM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9-10-84	1 HIGH HOLD	4 8 12	2:09	2:11	2:11	2:13	2 MIN	
			MICA SAND					
9-10-84	2 LOW HOLD	4 8 14	2:12 2:12	2:14 2:14	2:14 2:14	2:17 2:16	3 MIN	
			MICA SAND					
9-10-84	3	4 8 12	2:26	2:28	2:28	2:30	2 MIN	
			MICA SAND					
9-10-84	4	4 8 12	2:42	2:45	2:45	2:49	4 MIN	
			MICA SAND					
9-10-84	5	4 8 14	VIS OK					✓

REMARKS OWNER REQUESTS DRYWELL TO SAVE TREES

Daywell 4-10' LOCATE NEAR PERC HOLE

TYPE OF SOIL MICA-SAND

TESTED BY C. Williams

ALSO PRESENT THOMPSON

HEALTH AND ENVIRONMENTAL
 DIVISION
 801
 EH-12-108

APPLICATION

A 23280

Re-test
5/28/76
1:30

(2 holes, 13' deep per)
7.5 ft. apart

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 5/19/76

Septic tank 3 B.R. 1000 gal.
4 B.R. 1250 gal.

Drywell to have 125 sq. ft. effective sidewall absorption area per bedroom to begin below the first 3 ft. of non porous soil. Maximum depth permitted for drywell is 10 ft. below original grade. Place the drywell 140 ft. from the left side line and 280 ft. from the edge of the road, as seen when facing the property from Firethorn La.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

(manhole & catch basin)

Inlet mag. 3 ft B.O.G.

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Charles F. McClure & Joyce H. McClure

ADDRESS 7400 Mink Hollow Road, Highland, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc. LOT NO. 21, Sec. 2

ROAD AND DESCRIPTION Firethorn Lane

SIZE OF LOT 194,780 sq. ft. TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT //s// Joyce H. McClure

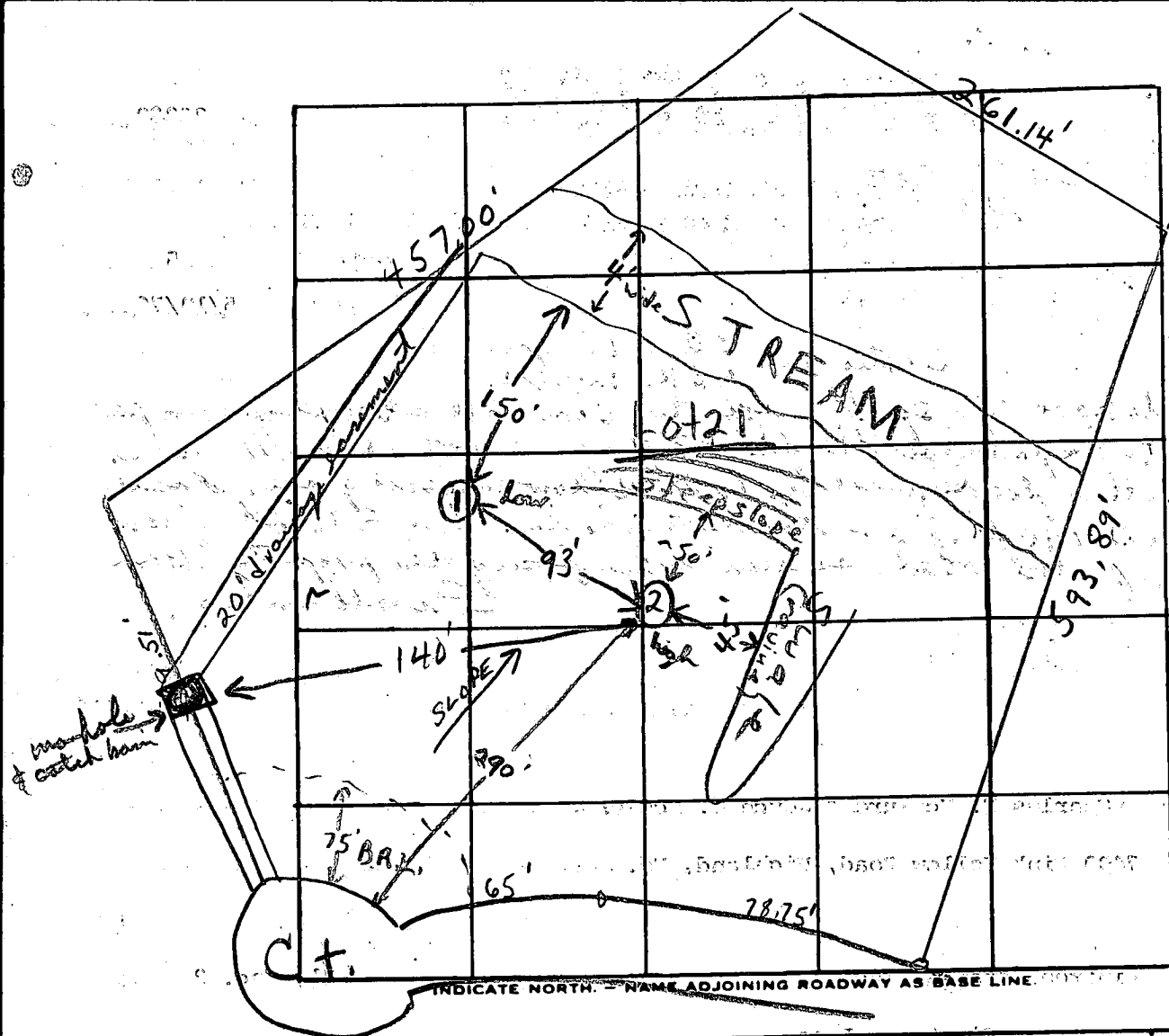
APPROVED BY Frank Shuman FOR Drywell DATE 5/1/76
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/28/76	1 low	3 1/2'	2:22	2:23	2:23	2:25	2 min	
	1A	11 1/2'	2:23	2:24	2:24	2:26	2 min	
	2 high	12'	Clayey to 2' mica loam below					

125 sq. ft. / B.R.
inlet 3'

REMARKS ~9' drop between (1) & (2)

TYPE OF SOIL clayey to 2' mica loam below

TESTED BY F.S.

ALSO PRESENT: W. Hopkins, Mr. & Mrs. McClure

Preliminary

5/13/76

13 ft. visual holes needed

APPLICATION

A 13912

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 3 bedrooms - 1000 gal
1200 gal.

DISTRICT 5

DATE 8/29/68

Dry well - 12" sq of absorb. side wall also per [unclear] to begin below the first 3 1/2 ft of spring ground. Max. depth permitted for dry well is 10 ft below original grade.

Place dry well about 10 ft from front lot line & 55 ft from left lot line as seen when facing lot from [unclear].

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Aintree Estates, Inc.

ADDRESS 301 Cedar St., N. W., Washington, D. C. PHONE HO 5-1636

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc. LOT NO. 21, Sec. 2

ROAD AND DESCRIPTION Unnamed road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 4.6 acres (160' x 592' x 268' x 462' x 384') TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Lloyd Booth

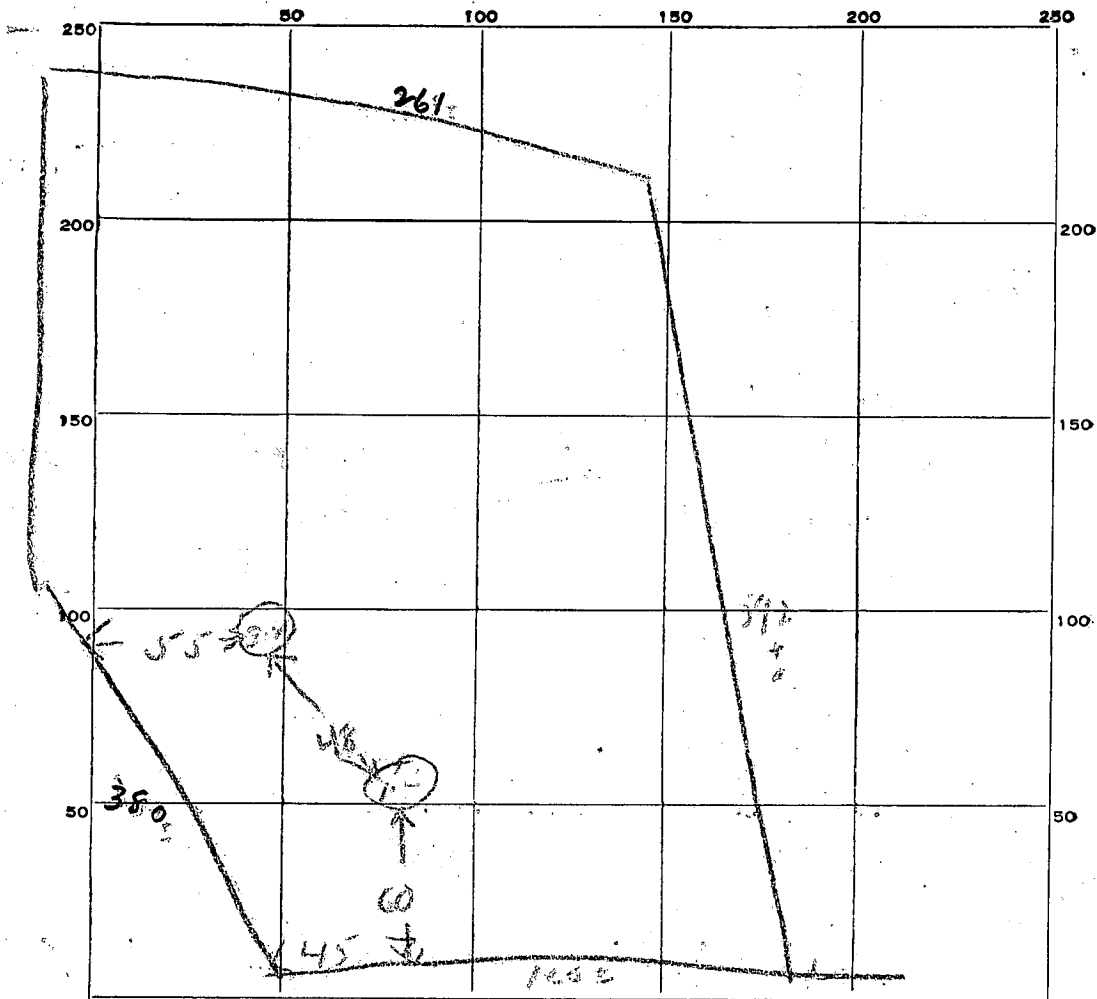
APPROVED BY D.W. Monaghan FOR Dry Well DATE 1-12-72
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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	
9/11/80	1	10 ft	11 21	11 22	11 23	11 27	5 min
	2	4 ft	11 22	11 24	11 24	11 27	3 min
	3	10 ft	11 22	11 24	11 24	11 28	4 min
	4	4 ft	11 23	11 25	11 25	11 29	4 min

SOIL AUGER FINDING _____

TESTED BY _____

REMARKS _____

21 min

B 1 **3337** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-0943
 fill in this form completely

Date Received **5/28/85** **9:30 AM**
032885 OWNER INFORMATION
 15 Last Name **HOMERSON** Owner **HOWARD** First Name
 36 **12436 PALERMO DRIVE** Street or RFD
 57 **SILVER SPRING MD 20904** Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY **HOWARD** 21
 23 SUBDIVISION **Aintree Estates** 42
 SECTION **44** 46 LOT **21** 50
 52 NEAREST TOWN **BRIGHTON** 71
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI 73 76 77 78

DRILLER INFORMATION
 Driller's Name **Joseph L. Mayne** 77 License No. **80**
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 P. Doe Rd. Mt. Airy, Md. 21771**
 Signature **Joseph L. Mayne** Date **3/18/85**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NEAR WHAT ROAD **Firethorn Lane** 30
 NORTH SOUTH WEST EAST
 DISTANCE FROM ROAD **650** 37
 ENTER FT or MI **FT** 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
 COUNTY NAME **HOWARD** COUNTY NO. **A34242**
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED **032885** CO SIGNATURE **Chris Wilkin** EXP. DATE **9/28/85**
 NORTH GRID **498000** EAST GRID **0801000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET 24 28

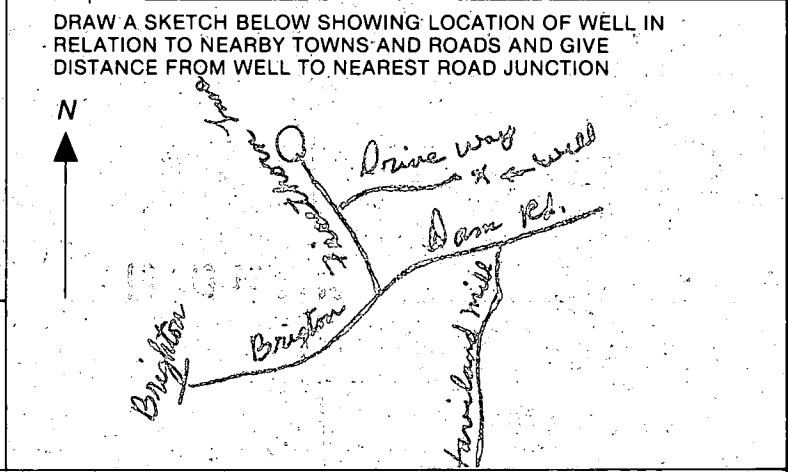
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **800**
 N **490**
 000 000

no opportunity to make insp. 5/28/85
 Per MAYNE
 63 FT CASING
 45' FT OPEN ANNULAR SPACE
 14 BAGS CEMENT
 SAGU

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) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **EW** WRITE INITIALS IN BOX PERMIT No. **40-81-0943**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

6-25-85

WPI

PRESS 3'9" below GRADE

WELL LINE 3.5-4' below GRADE

PRESSURE TANK NOT INSTALLED

SMBel

July 7, 1986

Mr. & Mrs. Thompson
6275 Firethorn Lane
Clarksville, Maryland 21029

Dear Mr. & Mrs. Thompson:

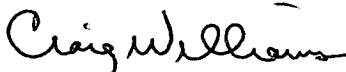
The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

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-81-0943.

May 13, 1986
Date of Final Sampling

May 23, 1986
Date of Acceptance


Craig Williams, Director
Water and Sewerage Program

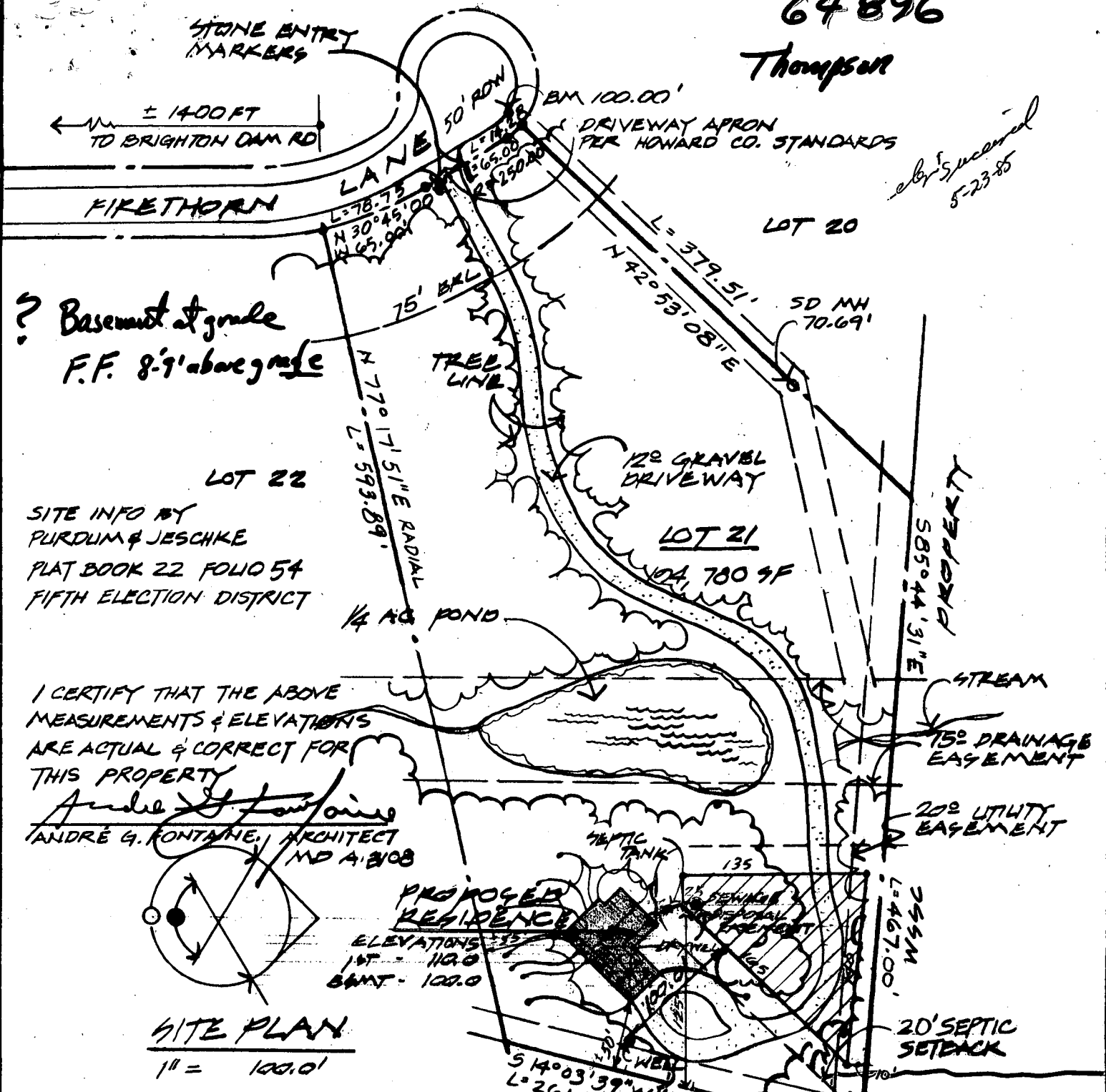
CW/JS:JR

Date Well Approved: 5/23/85
Date Septic Approved: 6/25/85
Water Sample Dates: 3/18/86
5/13/86

64896

Thompson

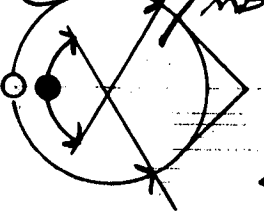
elby's success
5-23-85



? Basement at grade
F.F. 8'-9" above grade

SITE INFO BY
PURDUM & JESCHKE
PLAT BOOK 22 FOLIO 54
FIFTH ELECTION DISTRICT

I CERTIFY THAT THE ABOVE
MEASUREMENTS & ELEVATIONS
ARE ACTUAL & CORRECT FOR
THIS PROPERTY
Andre G. Fontaine
ANDRÉ G. FONTAINE, ARCHITECT
MD A 2108



SITE PLAN

1" = 100.0'
MAY 15, 1985

PROPOSED RESIDENCE FOR
MR & MRS HOWARD THOMPSON
LOT 21 6275 FIRETHORN LANE
AINTREE ESTATES SECTION TWO
HOWARD COUNTY, MARYLAND

ANDRE G. FONTAINE, ARCHITECT
COLUMBIA, MD. 301.997.2296

SEPTIC SYSTEM INFORMATION	
INVERT @ HOUSE	96.75
SEPTIC TANK (1250 GALL)	
EXISTG ELEV	101.0
INLET INV.	96.54
OUTLET INV.	96.20
SLEEPE PIT	
EXISTG ELEV	100.0
INLET INV.	96.0
MAX DEPTH	86.0

(6)

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 Thompson, 6415 ...
 Bottle No. XX 714 Time Collected 11:00 am pm
 Treated Raw
 Iced: Yes No Collector ... County Howard

13 County Plant No. Sampling Station

03 18 86 Date Collected Card No.

pH 6.0 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.
0

Coliforms/100 ml. (Membrane Filter) =

Dilution: 1- | Col. Counted:

Standard Plate Count $\frac{s}{ml}$.

- * 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: Recd MAR 18 1986 am pm Exam MAR 18 1986 am pm
 Rept. MAR 20 1986 340 Bacteriologist C. ...

Remarks CENTRAL Laboratory 1054 Lab No.

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

Bottle Number: M 59 Name: J THOMPSON County: HOWARD

Source of Sample: 6275 FIREHORN RD Collector: STYER
Street Town or City

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

Remarks: H081-0943

County: 13 Plant No. Sampling Station Date Collected 03/18/84 Time 11:00 AM Acid Iced

Field Data: pH* 6.0 Chlorine Residual 0.0 Free 0.0 Total 0.0 Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011	6.7		Arsenic	253	
✓	Alkalinity (Total)	040	37		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	26		Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	402		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
✓	Chloride	091	7	✓	Iron	122	0.10
	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 Bruce L. Patrick Lab No. 11450

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 THOMPSON, 6225 FIRETHORN EA
 Bottle No. AB 146 Time Collected 11:00 am pm
 Treated SAF Raw
 Iced: Yes No Collector STANER County HOWARD

13 County Plant No. Sampling Station
05 13 86 Date Collected Card No.
 pH 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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Gas, 48 hours	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

ml. of Sample	10ml.
Coliforms †	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fecal Coliforms ‡	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

No. of Pos.
0

Coliforms/100 ml. (Membrane Filter) =

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: Recd. MAY 13 1986 am pm Exam MAY 13 1986 am pm
 Rept. MAY 15 1986 240 Bacteriologist Cosin

Remarks
 CENTRAL Laboratory Lab No. 41023

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

Bottle Number: M023 Name: THOMPSON County: HOWARD

Source of Sample: PO BOX 476 Street: _____ Town or City: _____ Collector: STARK

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

Remarks: _____

County: 13 Plant No.: _____ Sampling Station: _____ Date Collected: 05/28/86 Time: 11:00 AM Acid: Iced:

Field Data: pH*: _____ Chlorine Residual: 0.0 Free: 0.0 Total: 0.0 Specific Conductance: _____

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011	7.8	Arsenic	253	
Alkalinity (Total)	040	215	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	161	Selenium	323	
Ammonia-N	143		Silver	333	
Nitrate-Nitrite N	162	<0.2	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	091	71	Iron	122	<0.10
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	0.01
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

