

SYSTEM TO BE INSTALLED FIRST  
BEFORE BUILDING PERMIT CAN BE  
SIGNED.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

05-358477  
INDEXED

ELLICOTT CITY  
DISTRICT 5th

DATE 5/31/85

APPROVED 6/30/86  
Stayed  
P 35594  
A 34314

John Sakei and Associates

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Glenelg Manor II ROAD 12845 Folly Quarter Rd. LOT 26-D

PROPERTY OWNER Bob Hearle

ADDRESS 6135 Llanfair Drive, Columbia, Md. 21044

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1,000 GALLONS NUMBER OF BEDROOMS 3

180  
3  
540  
90  
61540  
540

**TRENCHES** - Trench to be 2 ft. wide. Inlet 3 ft. below original grade. Bottom maximum depth 9 ft. below original grade. Effective area begins at 3 ft. below original grade. 6 feet of stone below distribution pipe. Place distribution box 140 ft. from the front (401.2') lot line and 100 ft. from the right (749.8') lot line. Run trench(es) along level ground toward either side of perc area.

NOTE: No trench to exceed 100 feet in length.  
If more than one trench used, a distribution box is required.  
Trenches to be installed on level ground.  
Call for inspection of trench before gravel is installed.

180 sq. ft. sidewalk  
Area per bedroom.

Return to Frommelt after check out  
final - B.P. on hdd.

PLANS APPROVED BY Craig Williams DATE 2/22/85

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.

BLDG. PERMIT SIGNED  
AND RETURNED 4/21/85

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. Serial # 64683

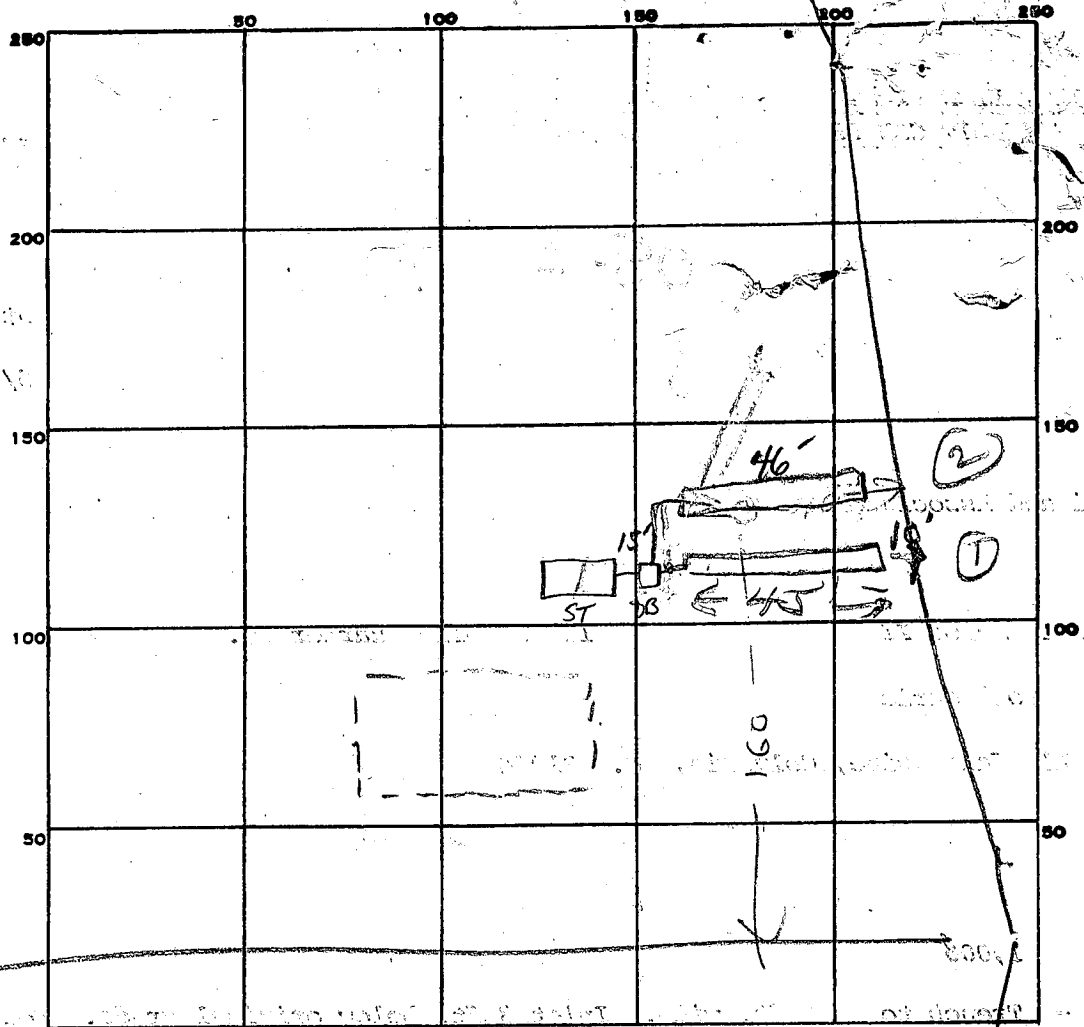
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

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

EH - 2-1082

A 34314

2  
180  
3  
540



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL  1000 GAL CLEANOUTS STV

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 1/2 - 9' TRENCH WIDTH 2 FT. INLET at 3'

GRAVEL DEPTH 6 @ 6 FEET TOTAL LENGTH 91 FT. 91

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 546 546

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

ABSORBENT AREA 546 SQ. FT.

REMARKS 6/14/85 - LOCATION OK PER PLAN LENGTHEN  
TRENCH TO 90 FT & ADD STONE & FINISH JOB R/H  
6/14/84 - OWNER VISITED SITE TRENCH ON WRONG LOT  
2 PARTLY & SEPTIC CONTRACTOR DISCUSSED SITUATION  
WITH FS. DECIDED 2 SHORT TRENCHES R/H  
6/19/85 - OK & add stone in #2 trench & 6/20/85 S.A.  
 DATE SYSTEM APPROVED 6/30/86 INSPECTOR Stager



B 1 9592

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-0962

fill in this form completely

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

Date Received 4/17/85 9:30 AM

HEARLE ROBERT R

6135 L L A W F A Y R D R I V E

COLUMBIA MARYLAND 21074

LOCATION OF WELL

HOWARD COUNTY

GLENELG MANOR II

SECTION 44 46 LOT 260

GLENELG

MILES FROM TOWN (enter 0 if in town) 2 1/2 MI

DRILLER INFORMATION

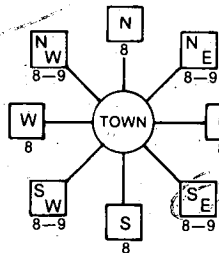
Joseph B. Wayne 238 77 License No. 80

Joseph B. Wayne WELL DRILLING

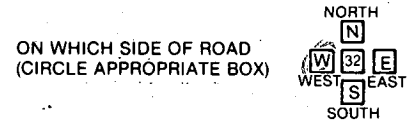
5512 Ridge Rd. Mt. Airy, Md. 21771

Joseph B. Wayne 3/11/85 Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Folly Duster Rd NEAR WHAT ROAD



50 DISTANCE FROM ROAD

ENTER FT or MI

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A34314 COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 040285 CO SIGNATURE EXP. DATE

NORTH GRID 514000 EAST GRID 0809000

APPROXIMATE DEPTH OF WELL 260 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
other

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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER GAP

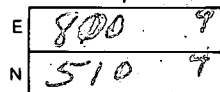
FORCE CW PERMIT NO. HO-81-0962

SPECIAL CONDITIONS

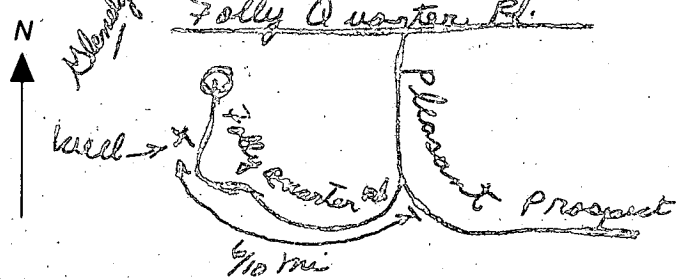
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

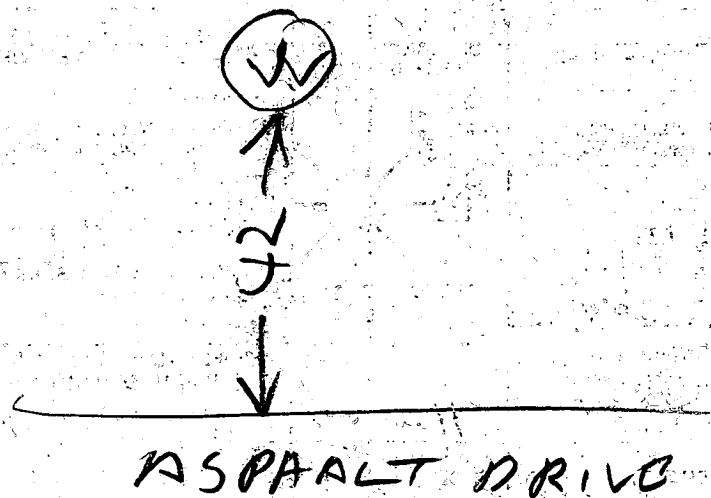
SOURCES OF DRILLING WATER 1. WELL

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





(1) 40 FT CASING 1 FT OUT OF GROUND

(2) ABOUT 30 FT OPEN HOLE STRING BROKE OK

(3) LOCATION OK

(4) BAG PUMPED IN. MARY  
THINKS IT MIGHT TAKE  
1 OR 2 MORE  
HAD TO LEAVE 100)  
A HONOR

SUBDIVISION: GLENELG MANOR II

LOT NUMBER: 26D

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	sq. ft./bedroom
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.  
 Bottom maximum depth \_\_\_\_\_ feet below original grade.  
 Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.  
 Inlet 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.

Total 540 #  
 90' of trench

- 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 DISTRIBUTION BOX 140' FROM THE FRONT (401.2')  
LOT LINE AND 100' FROM THE RIGHT (749.8') LOT LINE.  
RUN TRENCH(S) ALONG LEVEL GROUND TOWARD EITHER SIDE  
OF PERC AREA. 2/22/85 CW [Signature]

# APPLICATION

SEWAGE DISPOSAL TESTING  
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34314  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th.

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

DATE 9/5/84

*Retest because incorrect lot line on first Perc BJT*

*RETEST AM/2/15/85*

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Glenelg Manor Associates

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor LOT NO. 26D

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

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. 3 or 4 Bedrooms  
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Glenelg Manor Associates

(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges FOR shallow trenches DATE 11/30/84

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

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

REASONS FOR REJECTION OR HOLDING 9/7/84 - Perc OK. But Hold for Certified Holes BJT 2/19/85 PERC OK  
HOLD FOR CERTIFIED HOLES

## THIS IS NOT A PERMIT



# APPLICATION

SEWAGE DISPOSAL TESTING  
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34314  
P \_\_\_\_\_

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

DISTRICT 5th.  
DATE 9/5/84

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 Glenelg Manor Associates

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor LOT NO. 26D

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

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. 3 or 4 Bedrooms  
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Glenelg Manor Associates

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR Shallow trenches DATE \_\_\_\_\_

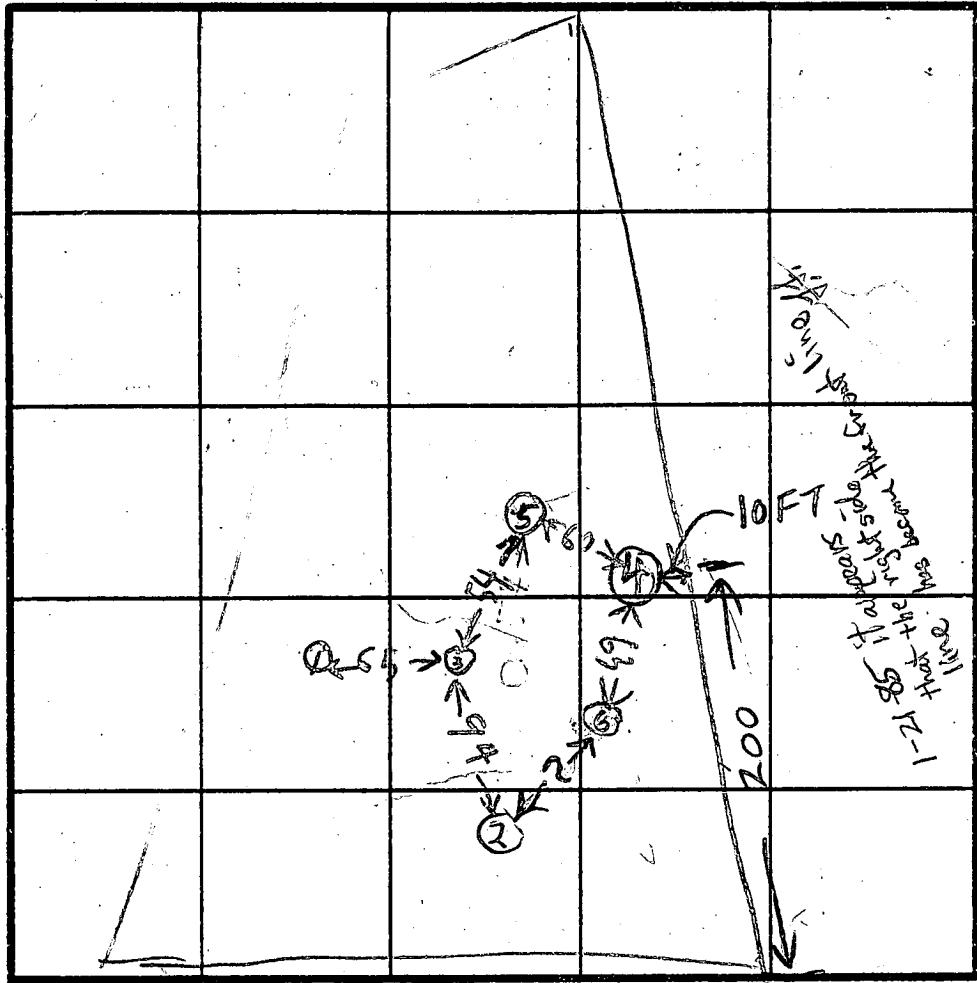
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

## THIS IS NOT A PERMIT

SOIL PROFILE



HOLE ELEVATION

④ = HIGHEST

① = LOWEST

⑥ = NEXT HIGH

⑤ = MEDIUM

③

② = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

B/W

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/7/84	1V	12	WATER		H FT		
	2S	3 1/2	338	344	344	350	6
	2V	13	LOOKS OK				
	3S	4	347	352	352	400	8
	3V	4	LOOKS OK				
	4S	4 1/2	407	400	400	411	3
	4V	13	LOOKS OK				
9/7/84	5S	3 1/2	420	421	421	423	2
	5V	11 1/2	LOOKS OK				
	6V	13	LOOKS OK				
2/19/85	7S	5	318	320	320	322	2
	7V	13	LOOKS OK BELOW				
	8S	5	325	326	326	328	2
	8V	13	LOOKS OK BELOW				

REMARKS

? = HEAVY WOODS BETWEEN HOLES ② & ⑥, ③

TYPE OF SOIL

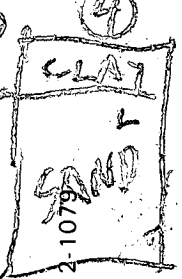
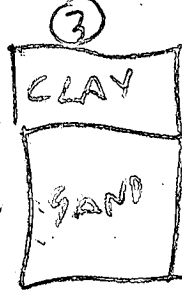
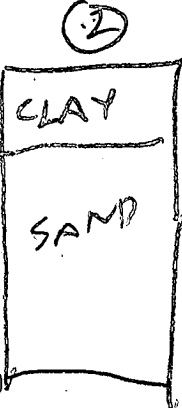
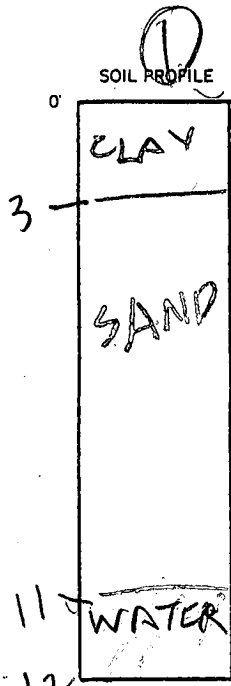
BACKHUE OKETTER MAN SR

TESTED BY

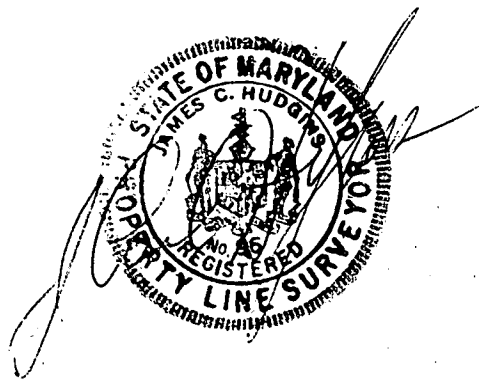
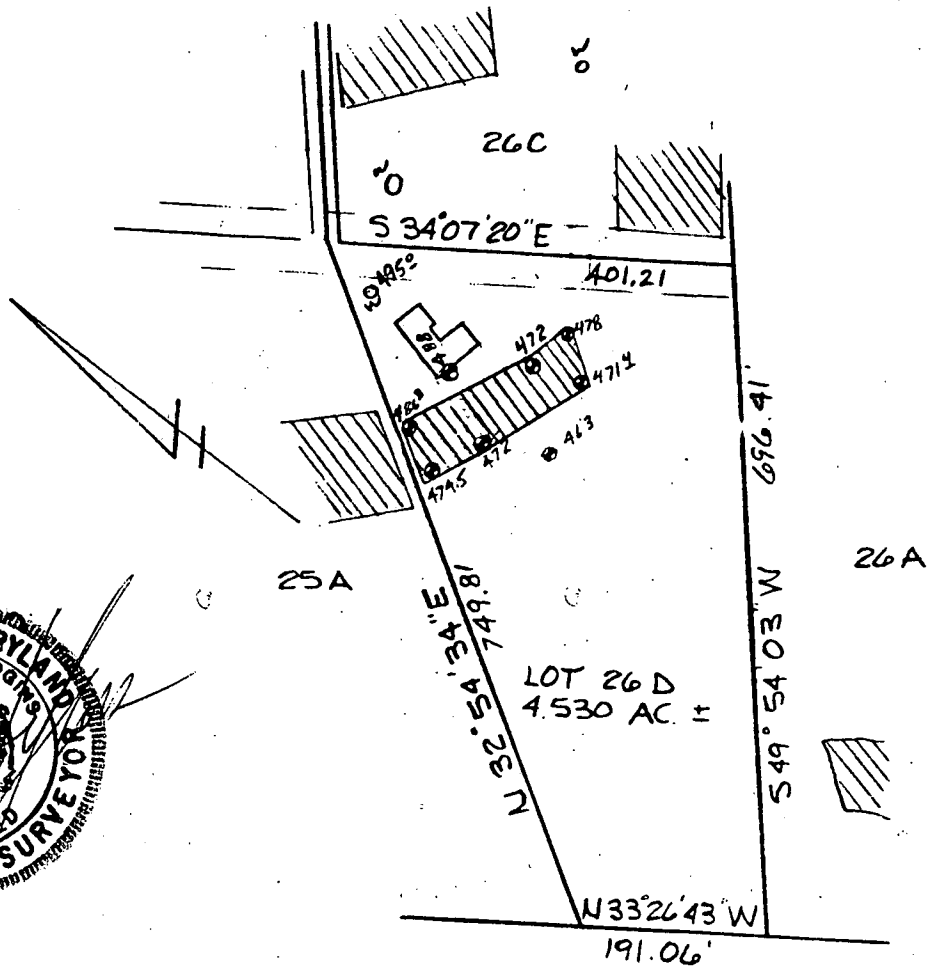
R HODGES


ALSO PRESENT

CLAUDINS MEN



EH-12-1079  
55



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊕".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

PERCOLATION TEST PLAT  
 PARCEL 26D  
 GLENELG MANOR II  
 HIGHPOINT  
 5th Election District  
 Howard County, Maryland  
 Scale 1"=200'  
 Date 2/21/85

NTT Associates  
 101 Sterrett Place  
 Columbia, MD 21044  
 442 2031

County Health Officer \_\_\_\_\_ Date 2/22/85  
*SENT FOR SIGNATURE 2/22/85 CW*

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

Bottle Number: H9372 Name: ROBERT HEARLE County: HOWARD

Source of Sample: GLENELG MANOR II LOT 26 D Collector: HODGES  
Street Town or City

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

Remarks: H0810962 NITRATE  
FOLLY PORTER RD

13 County  Plant No.  Sampling Station 04 85 Date Collected  M Time  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	
✓	Nitrate-Nitrite N	162	<u>0.3</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					

10/29/85--(NOW)

WELL PUMP INSPECTION

Owner's Name: Bob Hearle

Address:

LOCATION OF PROPERTY: 12845 Jolly Quarter Rd.  
Glencly Manor - Lot 24-D WELL TAG NUMBER:

PLUMBER OR CERTIFIED PUMP INSTALLER: John M. Justice

Phone Number: 788-3289

License Number: 3189

Receipt Number: 35958 Date: 9-5-85

Comments: OK to Proceed.

10/29/85 Pump, pipes & lines installed. Pipes & lines 5 ft below grade. No work completed inside. JH

Date Well Pump Inspection Was Approved:

Inspector:

6730

PROPERTY OWNER HEARLE

DATE OF REQUEST 6/24/86

TELEPHONE 531-5790

NEW WELL NUMBER H0-81-0962

DIRECTIONS OR INSTRUCTIONS \_\_\_\_\_

NAME HEARLE  
ADDRESS 12845 Folly Quarter

SAMPLE TYPE

REASON FOR REQUEST

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE   /  /  

SEPTIC SYSTEM:  Approved  Disapproved DATE 6/30/86

CONDITION: A 34314

SUPPLY TYPE:  Drilled Well  Hand Dug  Spring  Public

CONDITION: \_\_\_\_\_

FIRST SAMPLE COLLECTOR RUBIN TIME 10:40 DATE 6/30/86

BACTERIA Z-448, pH 6.5, Free Cl<sup>-</sup> 0, Res. Cl<sup>-</sup> 0, VOC \_\_\_\_\_

CHEMICAL H-303, LEAD & COPPER \_\_\_\_\_, NITRATES \_\_\_\_\_, PESTICIDE \_\_\_\_\_

ACTION: 1 COP 7-14-86 JS

RESAMPLE COLLECTOR \_\_\_\_\_ DATE   /  /  

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

CHEMICAL \_\_\_\_\_, Other \_\_\_\_\_

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

RESAMPLE COLLECTOR \_\_\_\_\_ DATE   /  /  

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

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

RESAMPLE COLLECTOR \_\_\_\_\_ DATE   /  /  

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

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

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 **HEARLE 12845 FOLLY QUARTER RD**  
 Bottle No. **Z-448** Time Collected **10:40**  am  pm  
 Treated  Raw   
 Iced: Yes  No  Collector **RUBIN** County **HOWARD**

**113**          
 County Plant No. Sampling Station

**6 30 26**    
 Date Collected Card No

pH **6.5** Res. Cl: Free **40** 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.	No. of Pos.
Coliforms †	- - - - -	0
Fecal Coliforms ‡	- - - - -	

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: **JUL 30 1966** Hour: **5:00 pm** Exam:  am  pm  
 Rep: **JUL 30 1966** Bacteriologist: **RUBIN**

Remarks

Laboratory

Lab No.

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

Bottle Number: H-303 Name: HEARLE County: HOWARD

Source of Sample: 12845 FOLLY QUARTER RD Collector: RUBIN  
Street Town or City

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

Remarks: H6 - B1 - 0962

County: 13 Plant No.            Sampling Station            Date Collected: 063086 Time: 1040 AM Acid  Iced   
Field Data: pH\* 6.5 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	51	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	56	Selenium	323	
Ammonia-N	143		Silver	333	
Nitrate-Nitrite N	162	110	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	091	111	Iron	122	10.10
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				

INVOICE NO.

W 15561

# CERTIFICATE OF ANALYSIS

DELMARVA LABORATORIES, INC.  
Annapolis—Salisbury—Timonium

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

### FIELD RECORD

Sample Source: LOT 26 D  
13845 Yolley Quarter  
Rd  
New City Manor Est.

community   
non-community   
private   
Date 2-10-86  
Time 8:30  
Iced  yes  no

pH \_\_\_\_\_

Well No. H081-0962

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

Construction  Satisfactory  
 Unsatisfactory  
 Not Determined

Free Cl 0.0

Total Cl 0.0

County Howard  
1016

Bottle No. 15561 Collector W. Anderson

### 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/100ml.	
						Fecal	Total
<u>BACTERIAL ONLY</u>							

Date \_\_\_\_\_ Time \_\_\_\_\_  
Received: 2/11/86 7:45 AM  
Examined: 2/11/86 7:45 AM  
Reported: 2/13/86 7:45 AM

W. Anderson  
Analyst:

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

August 11, 1986

Mr. Bob Hearle  
12845 Folly Quarter Road  
Glenelg, Maryland 21737

Dear Mr. Hearle:

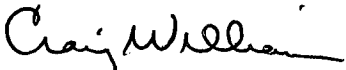
The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

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-81-0962.

June 30, 1986  
Date of Final Sampling

July 14, 1986  
Date of Acceptance

  
\_\_\_\_\_  
Craig Williams, Director  
Water and Sewerage Program

CW/JS:JR

Date Well Approved: 4/17/85  
Date Septic Approved: 6/30/86  
Water Sample Dates: 2/10/86  
6/30/86

C1 **9500** (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **04683**

SEQUENCE NO. (OEP USE ONLY)

**STATE OF MARYLAND WELL COMPLETION REPORT**  
FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER **A34314**

DATE Received

DATE WELL COMPLETED **04/17/85**

Depth of Well **265** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-0762**

OWNER **HEARLE ROBERT** last name first name  
STREET OR RFD **FOLLY QUARTER RD** TOWN **GLENELL**  
SUBDIVISION **GLENELL MANOR II** SECTION **LOT 26D**

**WELL LOG**  
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Brown Shale	0	36	
Gray micaceous	36	285	<input checked="" type="checkbox"/>

**GROUTING RECORD**  
WELL HAS BEEN GROUTED  YES  NO  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL:  
CEMENT  BENTONITE CLAY   
NO. OF BAGS **9** NO. OF POUNDS **346**

GALLONS OF WATER  
DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **32** ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below

STEEL  CONCRETE   
PLASTIC  OTHER

MAIN CASING TYPE **S7** Nominal diameter **6** Total depth of main casing **40**  
(nearest inch) (nearest foot)

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

**SCREEN RECORD**  
screen type or open hole insert appropriate code below

STEEL  BRASS  OPEN HOLE   
PLASTIC  OTHER

**C2**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<b>40</b>	<b>265</b>
2		
3		

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

**GRAVEL PACK** from to  
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

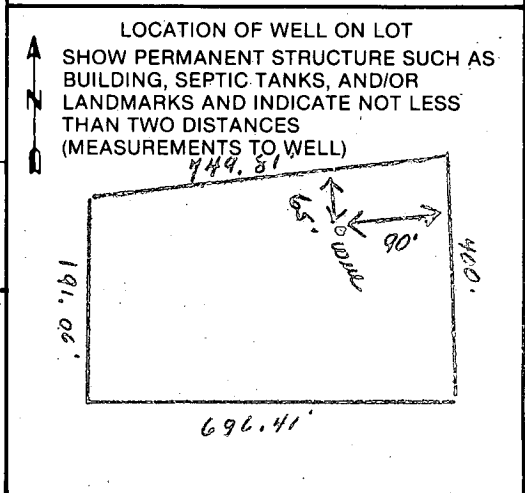
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) WQ  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**  
HOURS PUMPED (nearest hour) **3**  
PUMPING RATE (gal. per min. to nearest gal.) **4**  
METHOD USED TO MEASURE PUMPING RATE **bucket**  
WATER LEVEL (distance from land surface) BEFORE PUMPING **28**  
WHEN PUMPING **136**  
TYPE OF PUMP USED (for test)  
 air  piston  turbine  
 centrifugal  rotary  other (describe below)  
 jet  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 } LAND SURFACE  
 below }  (nearest foot)



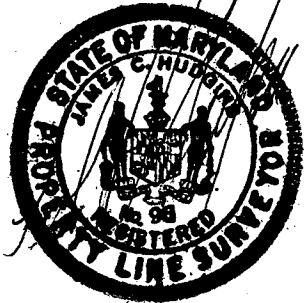
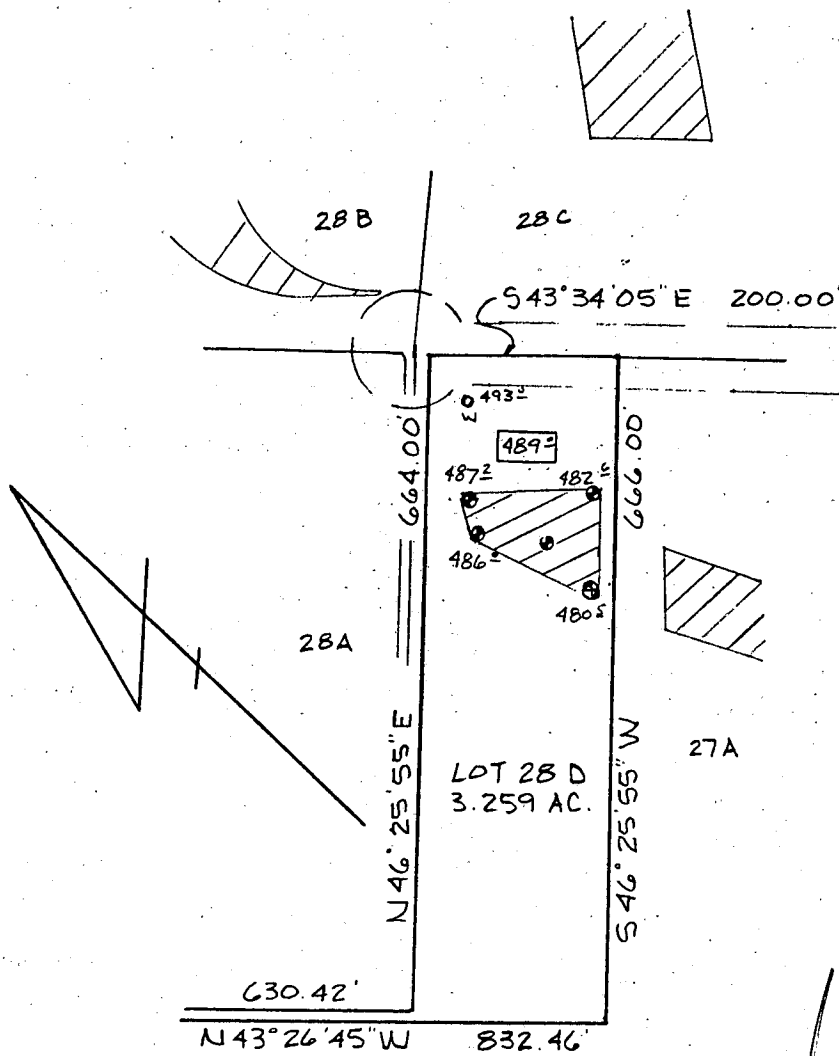
CIRCLE APPROPRIATE LETTER  
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
E ELECTRIC LOG OBTAINED  
P TEST WELL CONVERTED TO PRODUCTION WELL


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. **238**  
**Joseph L. Morgan**  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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





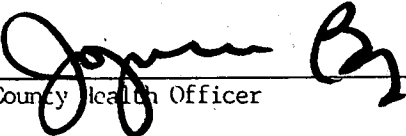
 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "⊕".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

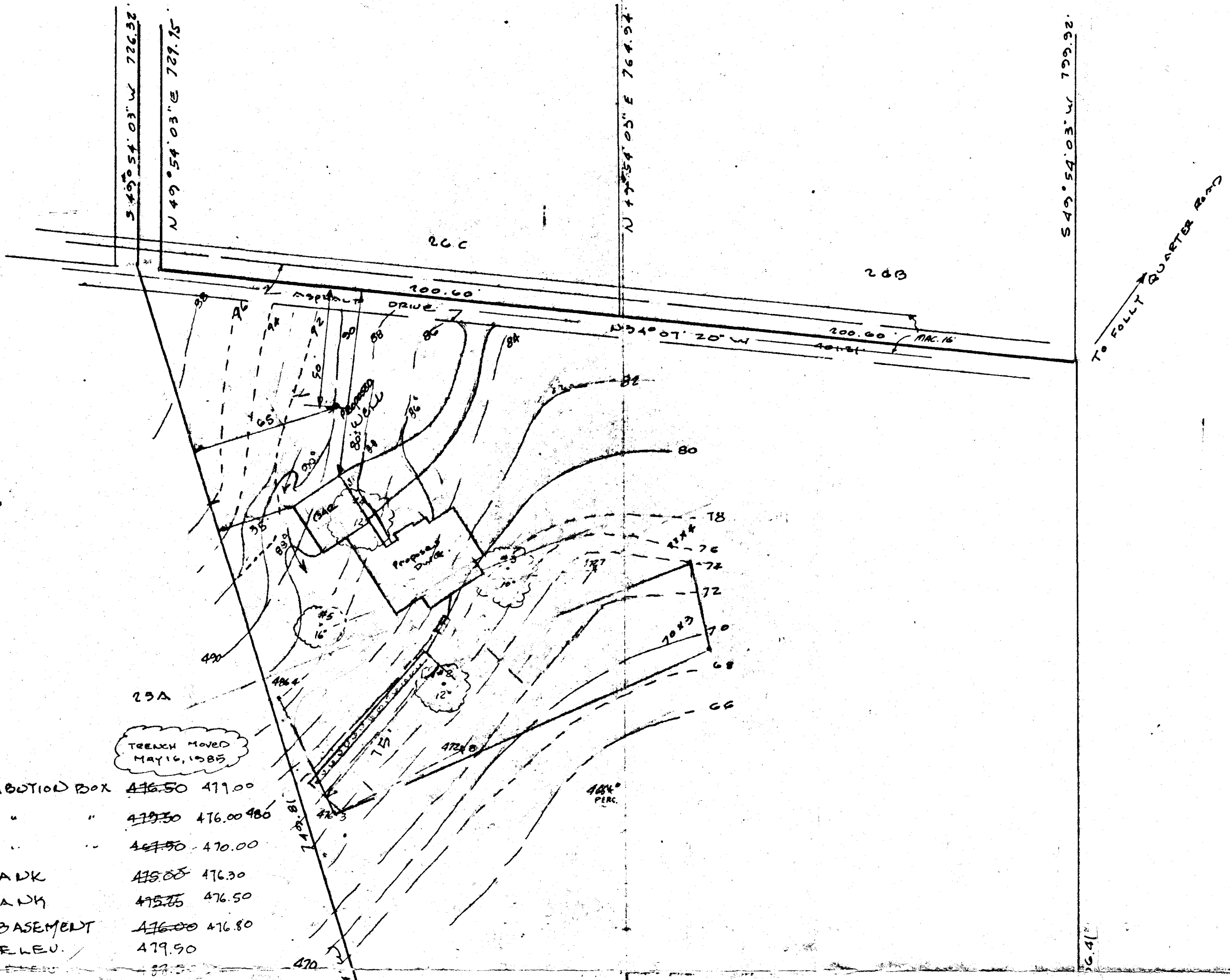
  
County Health Officer

5-29-81  
Date

PERCOLATION TEST PLAT  
PARCEL 28D  
GLENELG MANOR II

5th Election District  
Howard County, Maryland  
Scale 1"=200'  
Date 5/16/85

NTT Associates  
101 Sterrett Place  
Columbia, MD 21044  
442 2031



FIN. GRADE DISTRIBUTION BOX

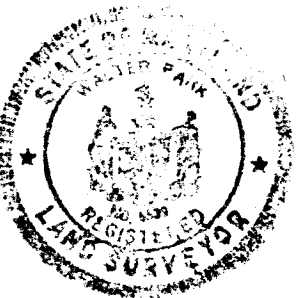
INVERT	476.50	477.00
BOTTOM STONE	477.50	470.00
INVERT OUT TANK	475.00	476.30
INVERT IN TANK	475.75	476.50
INVERT AT BASEMENT	476.00	476.80
BASEMENT ELEU.	479.50	
EST. CONC. FLOOR	477.50	
DRIVE ELEU	488.00	

PROPOSED WELL ELEU. 490.00

**HIGH POINT GLENELG MANOR II**

PARCEL 26D  
 5th ELECTION DISTRICT  
 HOWARD COUNTY, MD  
 SCALE 1" = 40' MAR. 7, 1985

*Revised  
 received 5/27/85*



HUCKINS ASSOCIATES, INC.  
 SUITE 231, JOSEPH SQUARE  
 5485 HARPERS FARM ROAD  
 COLUMBIA, MD 21044

HEALTH DEPT