

7/6/90
ON 7/19/90 ✓ call in
A.M. ←
P.M.

File

(1) P.C.O. c.B.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P. 43953

A. 34315

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-374898

DISTRICT 5th

DATE 05/18/90

DATE SYSTEM APPROVED 7/9/90

INSPECTOR C.B.

INDEXED

Paul Schissler/South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Glenelg Manor II ROAD 12885 Folly Quarter LOT 28B

PROPERTY OWNER Kenneth J. Gaertner

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

GARBAGE GRINDER? ~~YES~~ ~~NO~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

4 7/6/90 c.B.

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 225 feet from the North (284') lot line and 40 feet from the West (486.9') lot line. Run trenches along contour toward the Northwest part of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY _____ 10/24/89 REVISED _____ DATE 10/24/89

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 TWO YEARS

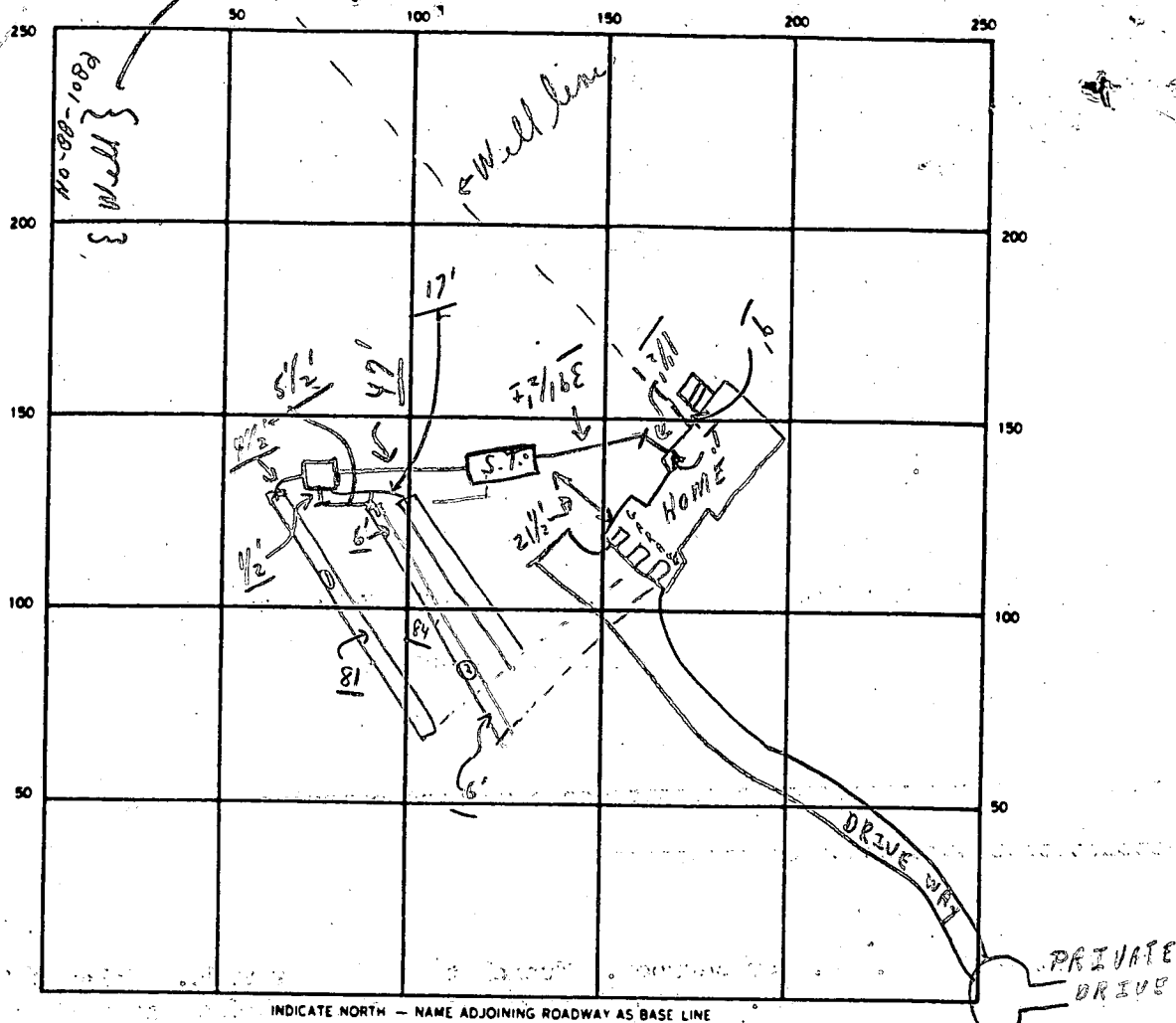
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

34315



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

FULLY QUARTER RD.

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffles in in)

DRAIN FIELD/TILE FIELD. DEPTH 5 + wavy FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 + wavy FT. TOTAL LENGTH 81 } 247 FT
84 }
82 }

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 741 + SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 741 + SQ. FT.

REMARKS Partial 7/6/90 Late P.M. - OK TO COVER FROM HOUSE TO DIST. BOX,
OK TO COVER #1 TRENCH AND #2 TRENCH AS FINISH ONLY.
7/9/90 -> CHECK #3 TRENCH. HOLD FOR A CALL; 7/9/90 OK TO
COVER ALL WORK AS FINISH #3 TRENCH - FINAL. C.B.D
Late P.M.
7/6 W.P.I. OK ON PITLESS ADAPTER & LINE - Final
 DATE SYSTEM APPROVED 7/9/90 INSPECTOR Charles Bryan Steak

GLENELO MANOR II
FULLY QUANTON RD -
COUNT 6

A 34315

SUBDIVISION:

LOT NUMBER: 28 B

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	Minimum Total Square Feet
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.

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

Trench to be 3 wide. 180 sq. ft./bedroom
Inlet 3 feet below original grade.
Bottom maximum depth 5 feet below original grade.
Effective area begins at 3 feet below original grade.
2 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 absorbent sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 225' FROM
THE NORTH (284') LOT LINE AND 40' FROM THE WEST (486.9')
LOT LINE, RUN TRENCHES ALONG CONTOUR TOWARD
THE NORTHWEST PART OF LOT.

REVISED 10/24/89 CWJ/lan

APPLICATION

SEWAGE DISPOSAL TESTING

A 34315

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

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 / Kenneth J. Gaertner

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor LOT NO. 28B

ROAD AND DESCRIPTION 12885 Folly Quarter Rd

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 _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

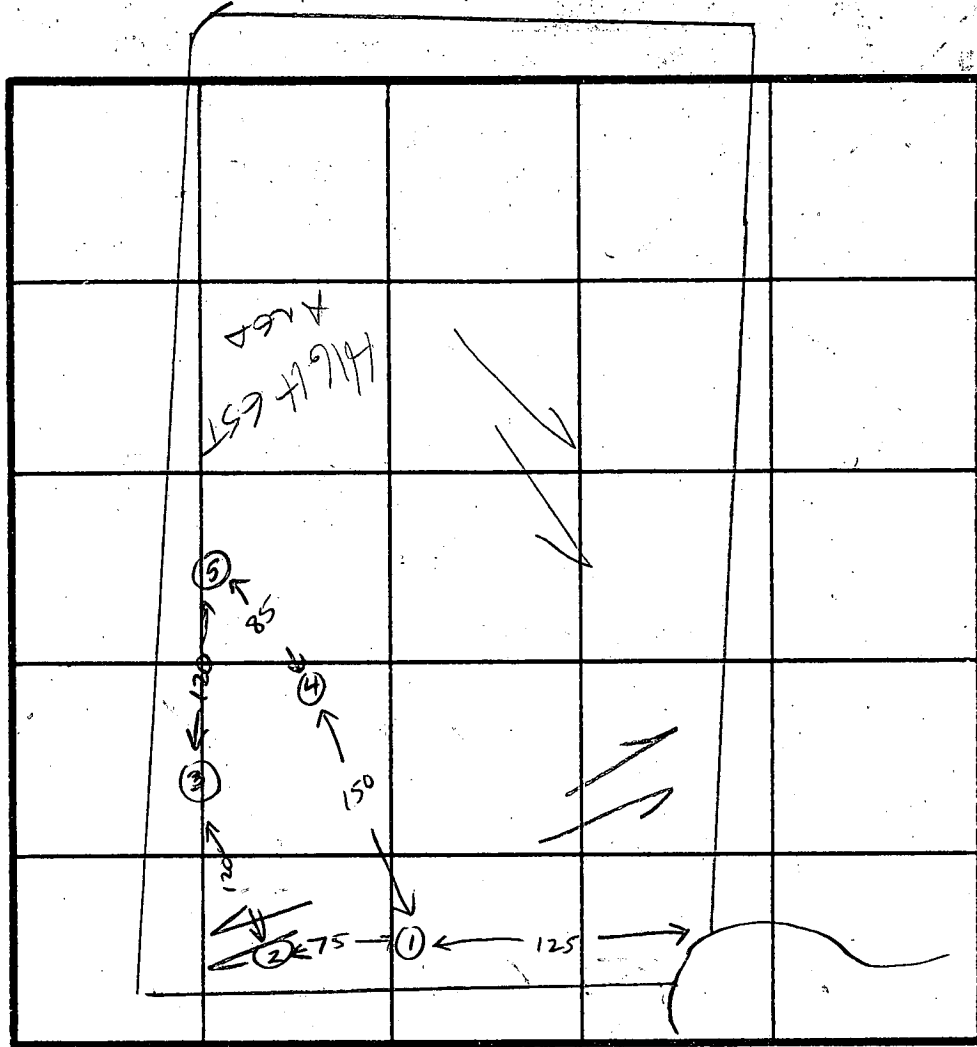
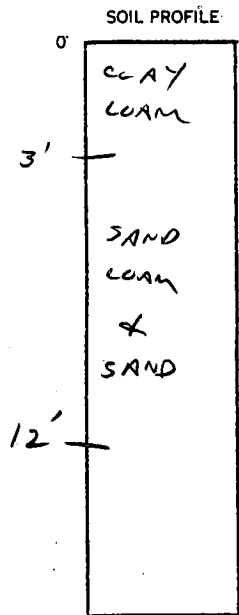
REASONS FOR REJECTION OR HOLDING _____

BOG. PERMIT SIGNED
AND RETURNED 3/9/90
Serial # 31184 - 4 Bedroom
SFD

THIS IS NOT A PERMIT

LOT 28B

ALL HOLES



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-6-84	1	3 1/2 8 1/2	3:12	3:14	3:14	3:16	2 MIN V/S OK
		12	SOFT SANDSTONE BUTT				
9-6-84	2	4 8	3:13	3:17	3:17	3:24	7 MIN V/S OK
		13	SAND				
9-6-84	2ND HIGH 3	4 9	3:18	3:21	3:21	3:25	4 MIN V/S OK
		12	SAND				
9-6-84	4	3 1/2	3:20	3:21	3:21	3:23	2 MIN V/S OK
		10'	COLLAPSING SAND				
9-6-84	HIGH 5	3 1/2 12	3:22	3:24	3:24	3:29	5 MIN V/S OK
		12	SAND				

REMARKS LOT NEARLY LEVEL - RUN SYSTEM FROM HOLE 5 TO HOLE 3

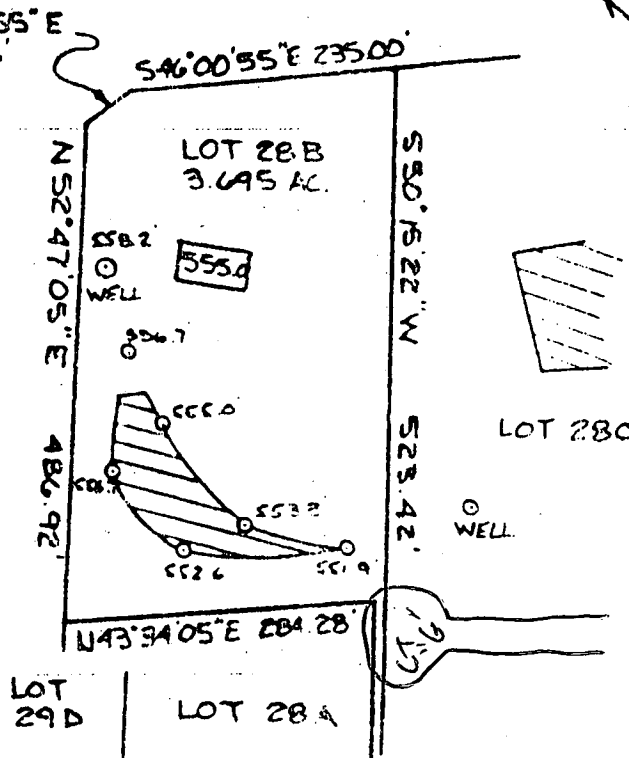
TYPE OF SOIL - MICA SAND


TESTED BY C. Williams

ALSO PRESENT KOTTERMEN

S. F. Contracting Inc
 Steve Forney
 442-1155 office
 370-0131 Truck
 442-1751 Home
 442-2571 - Trailer

Kenneth J. GAERTNER
 SUZANNE GAERTNER
 776-8306
 6303 Forest Mill Terrace
 Laurel MD
 20707



 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

Joyce M. Boyd A/C for F.S.
 County Health Officer

12/19/84
 Date

PERCOLATION TEST PLAT
 PARCEL 28B
 GLENELG MANOR
 SECTION TWO

5th Election District
 Howard County, Maryland
 Scale 1"=200'
 Date 9/19/84

NTT Associates
 101 Sterrett Place
 Columbia, MD 21044
 442 2031

B 1 **2039** SEQUENCE NO. (DP USE ONLY)

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN C.P.L.S. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

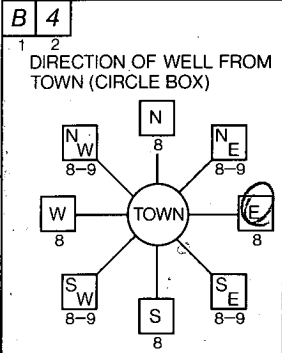
STATE PERMIT NUMBER
HO-88-1082
 70 fill in this form completely 79

Date Received (APA) **10/18/89**

OWNER INFORMATION
 8 13
GAERTNER **KENNETH**
 15 Last Name Owner First Name 34
6303 FOREST MILL TR.
 36 Street or RFD 55
1116 ML **MD 20707**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 1 2
HOWARD 21
 8 COUNTY
GLENELG MANOR 42
 23 SUBDIVISION
 SECTION **2** LOT **28B**
 44 46 48 50
GLENELG 71
 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** **M** **I**
 73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne **238**
 77 License No. 80
Joseph L. Mayne Well Drilling
 Firm Name
5512 Ridge Rd. Mt. Airy Md. 21771
 Address
Joseph L. Mayne **10/3/89**
 Signature Date



Court G 30
 11 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

400
 34 ~~325~~ 37
 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 1 2
 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 **A 34315**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **10/23/89** **Chris Wilton** **4/23/90**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **515000** EAST GRID **0810000**
 50 55 57 63

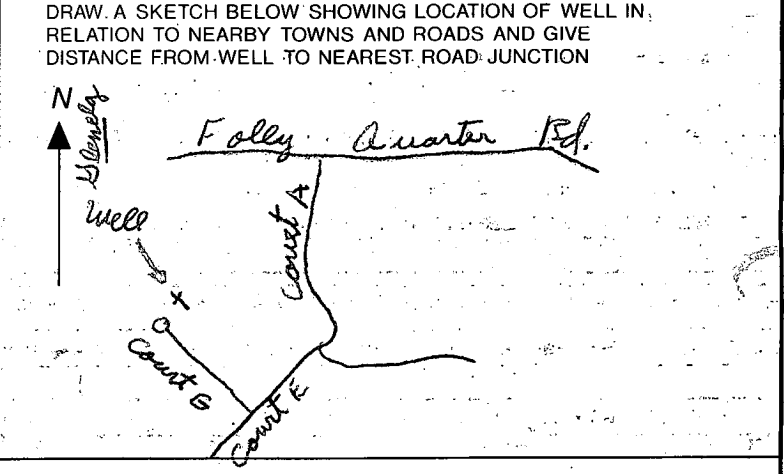
APPROXIMATE DEPTH OF WELL **260** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 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 810
 N 5105
 000 000

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 DEEPEM 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 _____
 54 63
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HO-88-1082**
 67 68 70 71 72 73 74 75 76 77 78 79

10/26/99

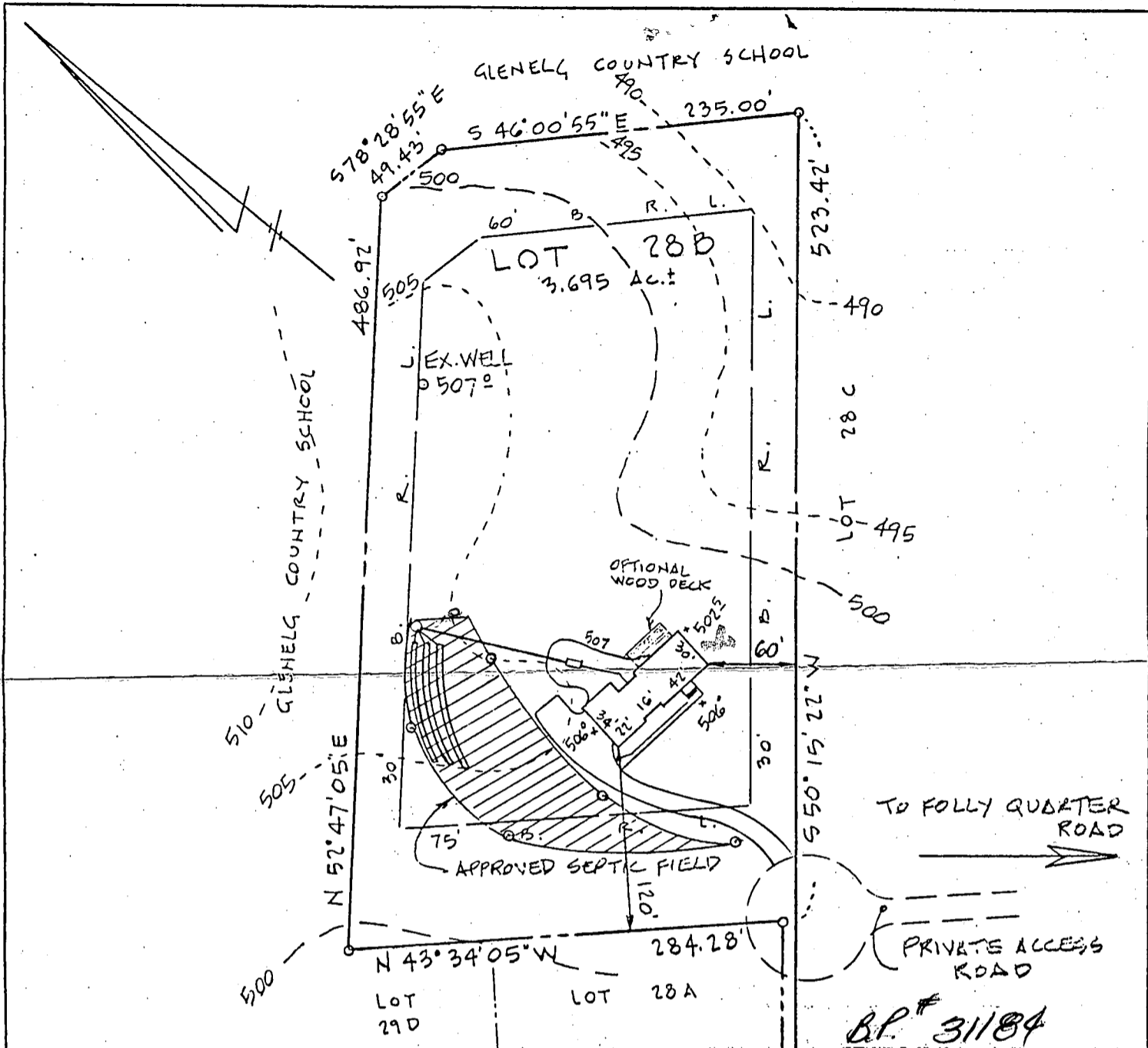
① 34 ft open hole

② 42 ft casing

③ 9 bags

④ Well Grout O/K Obtained
information from Judy No

BH



BP # 31184
12885 Folly Quarter Rd.

SEPTIC DATA

HOUSE	FIN. FL.	509 [±]
"	BSMT	500 [±]
"	SEWER INV.	505 [±]
SEPTIC TANK	INV. IN.	504 [±]
"	INV. OUT	504 [±]
"	FIN. GR.	507 [±]
DISTR. BOX	INV. IN.	503 [±]
"	FIN. GR.	506 [±]
WELL	FIN. GR.	507 [±]

NOTE:
1. HOUSE TYPE: 2 STORY FRAME WITH FULL CONCRETE BASEMENT.

NOTE: TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

ENGINEER
JOHN L. SCHNEIDER P.E.
100 N. ROLLING ROAD
CATONSVILLE, MD. 21228
301-744-1945

GRADING STUDY

PARCEL 28B, GLENELG MANOR SECTION II
5th ELECTION DISTRICT
HOWARD COUNTY, MD.



SCALE 1"=100'

11/20/89

C1 1190 SEQUENCE NO. (DENV USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A 34315

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED 10 06 87

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-1082

OWNER GARDNER KIR
STREET OR RFD last name first name TOWN Glenwood
SUBDIVISION Section LOT 28B

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	
SAND Stone	0	37	
Grny Micaceous	37	185	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC
CEMENT NO. OF BAGS 9 NO. OF POUNDS 346
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 34 ft.

CASING RECORD
casing types insert appropriate code below
STEEL CO CONCRETE
PL OT PLASTIC OTHER
MAIN CASING TYPE ST 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
STEEL BR HO BRASS BRONZE OPEN HOLE
PL OT PLASTIC OTHER

C2

E A C H S C R E E N	DEPTH (nearest ft.)	
	from	to
1	40	185
2		
3		

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 26.04.04 "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.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

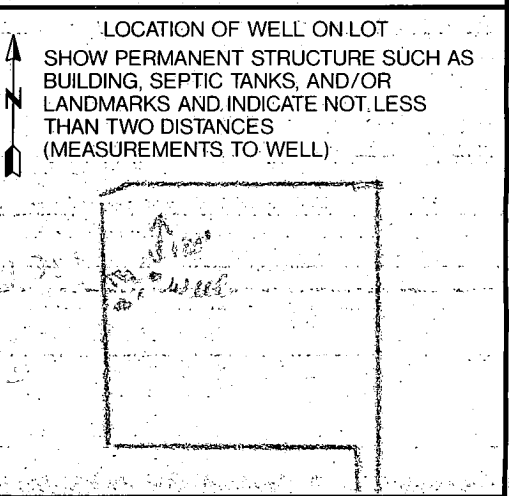
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) from to

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.) W Q
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.) 12
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 16 WHEN PUMPING 57
TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



7/6/90

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

7/6/90
Final
OK TO COVER
C.B.S.

APPLICATION FOR PITLESS ADAPTER, WELL LINE PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 45811
Date 04/20/90
Telephone 489-4029
~~442-1133~~

Name of Installer CLARKE P + H Inc

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner S.F. Contractor Inc Telephone 442-1133
Subdivision Glencly Manor Lot # 28-B Well Tag # 40-88-1082
Site Address 12885 Polly Quarter Rd

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # <u>PT 800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Boulders</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity _____ 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 <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity <u>66</u>	1. Type <u>Plastic</u>	1. Depth _____ ft.
2. Pressure relief valve? <u>75</u>	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/>

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: Kenneth C. Clarke

Date: 4-13-90

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

GAERTNER Water Sample Request

PROPERTY OWNER

~~J. Contractors~~ KENNETH

DATE OF REQUEST

08/16/90

TELEPHONE

531-6672

NEW WELL NUMBER

HO-88-1082

DIRECTIONS OR INSTRUCTIONS

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 07/09/90

CONDITION:

34315

SUPPLY TYPE:

Drilled Well

Hand Dug

Spring

Public

CONDITION:

FIRST SAMPLE

COLLECTOR

Cosell

TIME

2:40

DATE

08/06/90

BACTERIA

90-1828

PH

6.2

Free Cl⁻

0.0

Res. Cl⁻

0.0

Turbidity

1.3

CHEMICAL

90-1828

LEAD & COPPER

-

NITRATES

3.8

PESTICIDE

-

ACTION:

I COP issued August 16, 1990 re / c. B. de 9/6/90 and follow up letter, c. B. D.

RESAMPLE

COLLECTOR

MENUSTIK

DATE

10/02/90

BACTERIA

WW-545

PH

6.0

Free Cl⁻

0.0

Res. Cl⁻

0.0

TIME

10:15

CHEMICAL

Other

ACTION:

10/11/90 send F.C.O.P. CRV

RESAMPLE

COLLECTOR

DATE

BACTERIA

PH

Free Cl⁻

Res. Cl⁻

TIME

ACTION:

RESAMPLE

COLLECTOR

DATE

BACTERIA

PH

Free Cl⁻

Res. Cl⁻

TIME

ACTION:

ADDRESS

NAME

~~Charles W. Gaertner~~ GAERTNER, KENNETH
1885 Holly Quarter Road

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

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

005696

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:	Source: <u>KENNETH GAETNER</u>	
Community <input type="checkbox"/>	Location: <u>12885 FOLLY QTR. RD. (KITCHEN TAP)</u>	
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Private <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Time Collected: <u>11:15</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
Check Sample <input type="checkbox"/>	Collector #: <u>89-122</u>	Bottle No. <u>WW-545</u>
Special <input type="checkbox"/>	Collector Name: <u>MEJUSTIK</u>	County: <u>HOWARD</u>

County: <u>13</u>	Plant No. <u> </u>	Sampling Station <u> </u>	Date Collected: <u>10 02 90</u>
pH: <u>6.0</u>	Res. Cl. Free: <u>00</u>	Total: <u>0.0</u>	Card No. <u> </u>

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

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

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

1000

No. of Pos.
<u>0</u>

Presumptive Coliforms/100 ml. (Membrane Filter) =

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

SPC Dil. 1:..... Col. Counted:

Standard Plate Count §/ml.

- ** using m Endo-Agar LES at 35°C incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C incubation
- † using Brilliant Green Lactose Bile Broth at 35°C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35°C incubation

Date & Hour:

-2 OCT 90 13

Recd.

-2 OCT 90 13

Exam

-4 OCT 90 14

Rept.

Laboratory

- | | |
|---|-------------------------------------|
| Annapolis <input type="checkbox"/> | Cumberland <input type="checkbox"/> |
| Cambridge <input type="checkbox"/> | Frederick <input type="checkbox"/> |
| Central <input checked="" type="checkbox"/> | Salisbury <input type="checkbox"/> |
| Cheverly <input type="checkbox"/> | |

Remarks _____

Bacteriologist Coon



HOWARD COUNTY HEALTH DEPARTMENT

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

August 16, 1990

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

SF Contractors
3368 Brantley Court
Glenwood, Maryland 21738

Re: Glenelg Manor - Lot 28 B
12885 Folly Quarter Road
Well Permit No. HO-88-1082

To Whom It May Concern:

This is to advise you that the septic system was installed, inspected and approved on July 9, 1990.

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

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-1082. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

October 26, 1989
Date Well Approved

August 13, 1990
Date of Water Sample

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

CBS:cm

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING®
22 WEST PADONIA ROAD, C245, TIMONIUM, MD 21093
(301) 252-7742

REPORT DATE: 8/2/90

County Howard

Lab Number 90-1692

Sample iced (Y) N
Residual Cl2 < 0.1 mg/L

cc: County Health Dept. (Y) N

CERTIFICATE OF ANALYSIS

REQUESTER: Mike King
SF Contractors
3368 Brantley Court
Glenwood, Md. 21738

Property Sampled: U&O: 12885 Folly Quarter Road

Station Sampled: Laundry tub tap Tax Map #:

Date/Time Sampled: 8/1/90 at 9:20 am Parcel #:

Owner, Telephone No.: Sampler: S. Shelley #90-155

Subdivision Name: Glen Elg Manor Lot Number: 28

Building Permit No.: 31184

Well Number: HO 88-1082 Observation: Cap loose

RESULTS OF ANALYSIS:

Analysis results for Nitrate (3.8 mg/L, PASS), Turbidity (1.3 NTU, PASS), pH (6.2 Units, 6.5-8.5 Units), and SAND (NEGATIVE).

COLIFORM BACTERIA (MPN/100 mL) results: Total (>16, 5 of 5 tube +, PASS), Fecal (<2.2, 0 of 5 tube +, FAIL).

MF Coliforms/100 mL result: < 1 Coliforms/100 mL (PASS/FAIL).

Based upon coliform bacteriological standards... UNSAFE for drinking purposes
* MCL = Maximum Contamination Level
NR = Not Requested

Signature of Sharon K. Cassell
Sharon K. Cassell MT (ASCP)
Certified Microbiologist
Certification No. 115

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
22 WEST PADONIA ROAD, C245, TIMONIUM, MD 21093
(301) 252-7742

REPORT DATE: 8/9/90

County Howard

Lab Number 90-1750

Sample iced Y N
Residual Cl₂ < 0.1 mg/L

cc: County Health Dept. Y N

CERTIFICATE OF ANALYSIS

REQUESTER: SF Contractors
3368 Brantley Court
Glenwood, Md. 21738
Attn: Steve Forney

Property Sampled: U&O: 12885 Folley Quarter Road

Station Sampled: Garage tub

Tax Map #: _____

Date/Time Sampled: 8/6/90 at 2:40 pm

Parcel #: _____

Owner, Telephone No.: _____

Sampler: S. Shelley #90-155

Subdivision Name: Glen Elg Manor

Lot Number: 28

Building Permit No.: 31184

Well Number: HO 88-1082

Observation: Cap Loose

RESULTS OF ANALYSIS:

Nitrate -N (mg/L)

NR 

10 mg/L *

Turbidity (NTU)

NR 

10 NTU *

pH (Units)


NR

6.5 - 8.5 Units

SAND

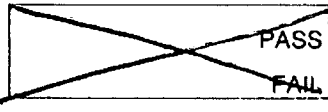
NEGATIVE

COLIFORM BACTERIA (MPN/100 mL)

5.1 Total (2 of 5 tube +) 
2.2 Fecal (0 of 5 tube +) FAIL

< 2.2 (0 of 5 tubes +) *

MF Coliforms/100 mL

 PASS
FAIL

< 1 Coliforms/100 mL *

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was UNSAFE for drinking purposes

* MCL = Maximum Contamination Level
NR = Not Requested

Sharon K. Cassell
Sharon K. Cassell MT (ASCP) CK
Certified Microbiologist
Certification No. 115

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
22 WEST PADONIA ROAD, C245, TIMONIUM, MD 21093
(301) 252-7742

REPORT DATE: 8/15/90

County Howard

Lab Number 90-1828

Sample Iced Y N
Residual Cl₂ < 0.1 mg/L

cc: County Health Dept. Y N

CERTIFICATE OF ANALYSIS

REQUESTER: SF Contractors
3368 Brantley Court
Glenwood, Md. 21738

Property Sampled: U&O: 12885 Folly Quarter Road

Station Sampled: Tap in garage

Tax Map #: _____

Date/Time Sampled: 8/13/90 at 9:30 am

Parcel #: _____

Owner, Telephone No.: _____

Sampler: S. Cassell #084

Subdivision Name: Glen Elg Manor

Lot Number: 28

Building Permit No.: 31184

Well Number: HO 88-1082

Observation: Satisfactory

RESULTS OF ANALYSIS:

Nitrate --N (mg/L)

NR

10 mg/L *

Turbidity (NTU)

NR

10 NTU *

pH (Units)

NR

6.5 - 8.5 Units

SAND

NEGATIVE

COLIFORM BACTERIA (MPN/100 mL)

< 2.2 Total (0 of 5 tube +) PASS
~~Focal (--- of 5 tube +)~~ FAIL

< 2.2 (0 of 5 tubes +) *

MF Coliforms/100 mL

~~PASS~~
~~FAIL~~

< 1 Coliforms/100 mL *

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected this water sample was SAFE for drinking purposes.

* MCL = Maximum Contamination Level
NR = Not Requested

Sharon K. Cassell MT (ASCP)
Certified Microbiologist
Certification No. 115



HOWARD COUNTY HEALTH DEPARTMENT

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

October 12, 1990

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Kenneth Gaertner
12885 Folly Quarter Road
Glenelg, Maryland 21737

Re: Glenelg Manor - Lot 28B
12885 Folly Quarter Road
Well Permit No. HO-88-1082

To Whom It May Concern:

This is to advise you that the septic system was installed, inspected and approved on July 9, 1990.

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

FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-1082.

October 2, 1990
Date of Final Sampling

October 12, 1990
Date of Acceptance

Charles Streaker

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
July 26, 1990
September 26, 1990

CS:cm



HOWARD COUNTY HEALTH DEPARTMENT

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

34315

August 13, 1990
Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Mike King
SF Contractors
3368 Brantley Court
Glenwood, Maryland 21738

RE: Glenelg Manor II - Lot 28
12885 Folly Quarter Road
Well Permit No. HO-88-1082

Dear Mr. King:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some dangerous bacteria could enter your water supply at any time.

It is recommended that the well casing, seal or cap and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. The Health Department should be contacted to arrange follow-up testing to insure sterility.

If further information is needed, please call 461-9933 between 8:30 a.m. and 4:30 p.m.

Very truly yours,

Charles B. Streaker

Charles B. Streaker, Sanitarian
Water and Sewerage Program

CBS:cm

Enclosure

File I.C.O.P. 8/16/90

CASSELL TESTING, INC.
 ENVIRONMENTAL SAMPLING AND TESTING
 22 WEST PADONIA ROAD, C245, TIMONIUM, MD 21093
 (301) 252-7742

REPORT DATE: 8/2/90

County Howard

Lab Number 90-1692

Sample iced Y N
 Residual Cl₂ < 0.1 mg/L

cc: County Health Dept. Y N

CERTIFICATE OF ANALYSIS

REQUESTER: Mike King
SF Contractors
3368 Brantley Court
Glenwood, Md. 21738

Property Sampled: U&O: 12885 Foaly Quarter Road

Station Sampled: Laundry tub tap

Tax Map #: _____

Date/Time Sampled: 8/1/90 at 9:20 am

Parcel #: _____

Owner, Telephone No.: _____

Sampler: S. Shelley #90-155

Subdivision Name: Glen Elg Manor

Lot Number: 28

Building Permit No.: 31184

Well Number: HO 88-1082

Observation: Cap loose

RESULTS OF ANALYSIS:

Nitrate -N (mg/L)

3.8 PASS FAIL

10 mg/L *

Turbidity (NTU) ✓

1.3 PASS FAIL

10 NTU *

pH (Units)

6.2

6.5 - 8.5 Units

SAND

NEGATIVE

COLIFORM BACTERIA (MPN/100 mL)

>16 Total (5 of 5 tube +)

<2.2 Fecal (0 of 5 tube +)

< 2.2 (0 of 5 tubes +) *

B2
 PASS
 FAIL
 8/13

MF Coliforms/100 mL

~~_____ PASS FAIL~~

< 1 Coliforms/100 mL *

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was ~~SAFE~~ **UNSAFE** for drinking purposes.

* MCL = Maximum Contamination Level
 NR = Not Requested

Sharon K. Cassell
 Sharon K. Cassell MT (ASCP)
 Certified Microbiologist
 Certification No. 115

Water Sample Request

[8/13/90] Crystal - we need more information on this tanks C.B.D.

PROPERTY OWNER Mike King

DATE OF REQUEST 8/2/90

TELEPHONE _____

NEW WELL NUMBER HO-88-1082

DIRECTIONS OR INSTRUCTIONS Send to S.F. Contractors

3368 Bramblewood Court
Greenwood, Md.

NAME M. KING, S.F. CONTRACTORS
ADDRESS 12885 FIELD QUARTER ROAD
LOT 28 GREENEG MADOR

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 / /

CONDITION: A**

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR Cassell Testy TIME 9:20 DATE 8/1/90

BACTERIA 90-1692, pH 6.2, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, voc _____

CHEMICAL 90-1692, LEAD & COPPER _____, NITRATES 3.8, Turbidity 1.3, PESTICIDE _____

ACTION: 8/13/90 send "B2s" (Hold, need more information)
→ C.B.D.

RESAMPLE COLLECTOR _____ DATE _____

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

_____ CHEMICAL _____, Other _____

ACTION: 2nd sample - OK File I.C.O.P. issued

RESAMPLE COLLECTOR _____ DATE _____

_____ BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

RESAMPLE COLLECTOR _____ DATE _____

_____ BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

with OK 8/16/90 C.B.D.

CASSELL TESTING, INC.
 ENVIRONMENTAL SAMPLING AND TESTING
 22 WEST PADONIA ROAD, C245, TIMONIUM, MD 21093
 (301) 252-7742

9/5/90
 (Extra copy)
 8/9/90 I.C.O.P.
 See 8/15/90 actual date 8/16/90
 c.B.R.

REPORT DATE: 8/9/90
 County: Howard
 Lab Number: 90-1750

CERTIFICATE OF ANALYSIS

REQUESTER: SF Contractors
3368 Brantley Court
Glenwood, Md. 21738
Attn: Steve Forney

Sample iced Y N
 Residual Cl₂ < 0.1 mg/L
 cc: County Health Dept. Y N

Property Sampled: U&O: 12885 Folley Quarter Road
 Station Sampled: Garage tub
 Date/Time Sampled: 8/6/90 at 2:40 pm
 Owner, Telephone No.: _____
 Subdivision Name: Glen Elg Manor
 Building Permit No.: 31184
 Well Number: HO 88-1082
 Tax Map #: _____
 Parcel #: _____
 Sampler: S. Shelley #90-155
 Lot Number: 28
 Observation: Cap Loose

RESULTS OF ANALYSIS:

Nitrate -N (mg/L) NR <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL 10 mg/L *	Turbidity (NTU) NR <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL 10 NTU *	pH (Units) NR 6.5 - 8.5 Units	SAND NEGATIVE
--	---	-------------------------------------	------------------

COLIFORM BACTERIA (MPN/100 mL) *"B2"*
5.1 Total (2 of 5 tube +) PASS
<2.2 Fecal (0 of 5 tube +) FAIL
 < 2.2 (0 of 5 tubes +) *

MF Coliforms/100 mL
~~_____~~ PASS
~~_____~~ FAIL
 < 1 Coliforms/100 mL *

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was ~~SAFE~~ **UNSAFE** for drinking purposes.
 * MCL = Maximum Contamination Level
 NR = Not Requested

Sharon K. Cassell
 Sharon-K. Cassell MT (ASCP)
 Certified Microbiologist
 Certification No. 115
 CK

CASSELL TESTING, INC.
 ENVIRONMENTAL SAMPLING AND TESTING
 22 WEST PADONIA ROAD, C245, TIMONIUM, MD 21093
 (301) 252-7742

9/5/90 File
 (Extra)
 copy

REPORT DATE: 8/15/90 I.C.O.P.
issued

County Howard 8/16/90
 Lab Number 90-1828 c.B.D.

CERTIFICATE OF ANALYSIS

REQUESTER: SF Contractors
3368 Brantley Court
Glenwood, Md. 21738

Sample iced (Y) N
 Residual Cl₂ < 0.1 mg/L
 cc: County Health Dept. (Y) N

Property Sampled: U&O: 12885 Folly Quarter Road ✓

Station Sampled: Tap in garage

Tax Map #: _____

Date/Time Sampled: 8/13/90 at 9:30 am.

Parcel #: _____

Owner, Telephone No.: _____

Sampler: S. Cassell #084

Subdivision Name: Glen Elg Manor ✓

Lot Number: 28

Building Permit No.: 31184

Well Number: HO 88-1082 ✓

Observation: Satisfactory

RESULTS OF ANALYSIS:

Nitrate -N (mg/L)	Turbidity (NTU)	pH (Units)	SAND
NR PASS 10 mg/L	NR PASS 10 NTU	NR 6.5 - 8.5 Units	NEGATIVE

COLIFORM BACTERIA (MPN/100 mL) ✓

< 2.2 Total (0 of 5 tube +) PASS
Ecological (0 of 5 tube +) FAIL

< 2.2 (0 of 5 tubes +)

MF Coliforms/100 mL

_____ PASS
_____ FAIL

< 1 Coliforms/100 mL *

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was **SAFE/UNSAFE** for drinking purposes.
 * MCL = Maximum Contamination Level
 NR = Not Requested

RECEIVED
 SEP 11 1990
 SEP 28 1990
 SEP 28 1990
 SEP 28 1990
 Sharon K. Cassell
 Sharon K. Cassell MT (ASCP)
 Certified Microbiologist
 Certification No. 115