

10/28/85
11/7/85
11/2/85 AM
11/2/85 ANYTIME

A APPROVED
11/13/85
RH

PERMIT

P 36144
A 34316

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-374472

ELLICOTT CITY
DISTRICT 5th
DATE 10/28/85

INDEXED

L & F

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 725-3392

SUBDIVISION Glenelg Manor II ROAD 12831 Folly Quarter Rd LOT 12-C

PROPERTY OWNER James Mead

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

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 3-3 1/2 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Start the first trench 180 feet from the (332.43 ft. long) sideline and 90 feet from the (150.00 ft. long) lot line that crosses the Gas Pipe Line. Continue to dig the trench on level ground running towards the approved percolation test area. Place the second trench parallel to and 10 feet away from the first trench. 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.

PLANS APPROVED BY Frank Skinner DATE 1/28/85

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.

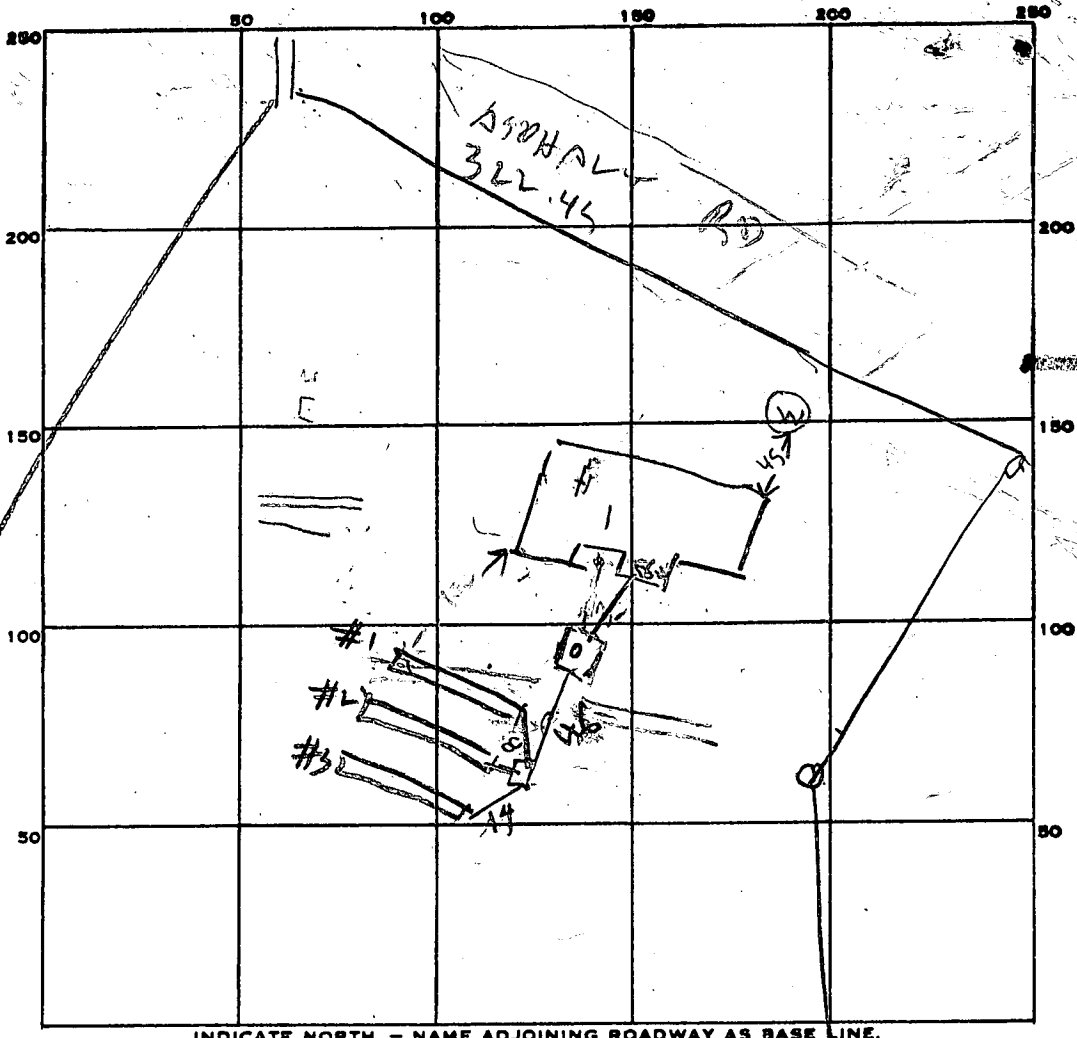
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS:

EH - 2-1082

A 34316



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL 2000

CLEANOUTS ST
OK

DISTRIBUTION BOX, LEVEL OK

TRENCH	#1	#2	#3	TRENCH WIDTH		
DEPTH	8.5	8	8.5	2	2	2
GRAVEL DEPTH	5	5	5	TOTAL LENGTH		
	71	74	73	218		

GRAVEL DEPTH	#1	#2	#3	TOTAL
	319	370	365	1104

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/29/85 - LOCATION OK FROM 322.45 LONG LOT LINE.

ADD STONE TO TRENCHES INSTALL TANK & PIPES & CALL RH
11/7/85 - 1104 SQ FT INSTALLED BUT 1104 SQ FT INSTALLED
TANK & HOUSE SEWER COVERED UNCOVER INLET & OUTLET
OF TANK & PART OF HOUSE SEWER NEAR HOUSE & CALL RH

OK TO COVER TRENCHES RH INLET & OUTLET OF TANK UNCOVER
& ALSO PART OF HOUSE SEWER

DATE SYSTEM APPROVED 11/12/85 INSPECTOR R. Dodge

SUBDIVISION: Glenely Manor II

LOT NUMBER: 12-C

DRY WELL OR DRY WELL AND TRENCH

		_____ 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 _____ 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

158 sq. ft./bedroom

Trench to be 2ft wide.
 Inlet 3 1/2 feet below original grade.
 Bottom maximum depth 8 1/2 feet below original grade.
 Effective area begins at 3-3/2 feet below original grade.
5 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: Start the first trench 180ft from the (332.43ft long) sideline and 90ft from the (150.00ft long) lot line that crosses the Gas Pipe Line. Continue to dig the trench on level ground running towards the approved percolation test area. Place the second trench parallel to and 10ft away from the first trench

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 343/6

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

Inlet 3 from app. drawing

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~~ James E. Meade

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor LOT NO. 12C

ROAD AND DESCRIPTION 12831 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 Frank Shinner FOR file field DATE 10/23/84

REJECTED BY _____ FOR _____ DATE _____

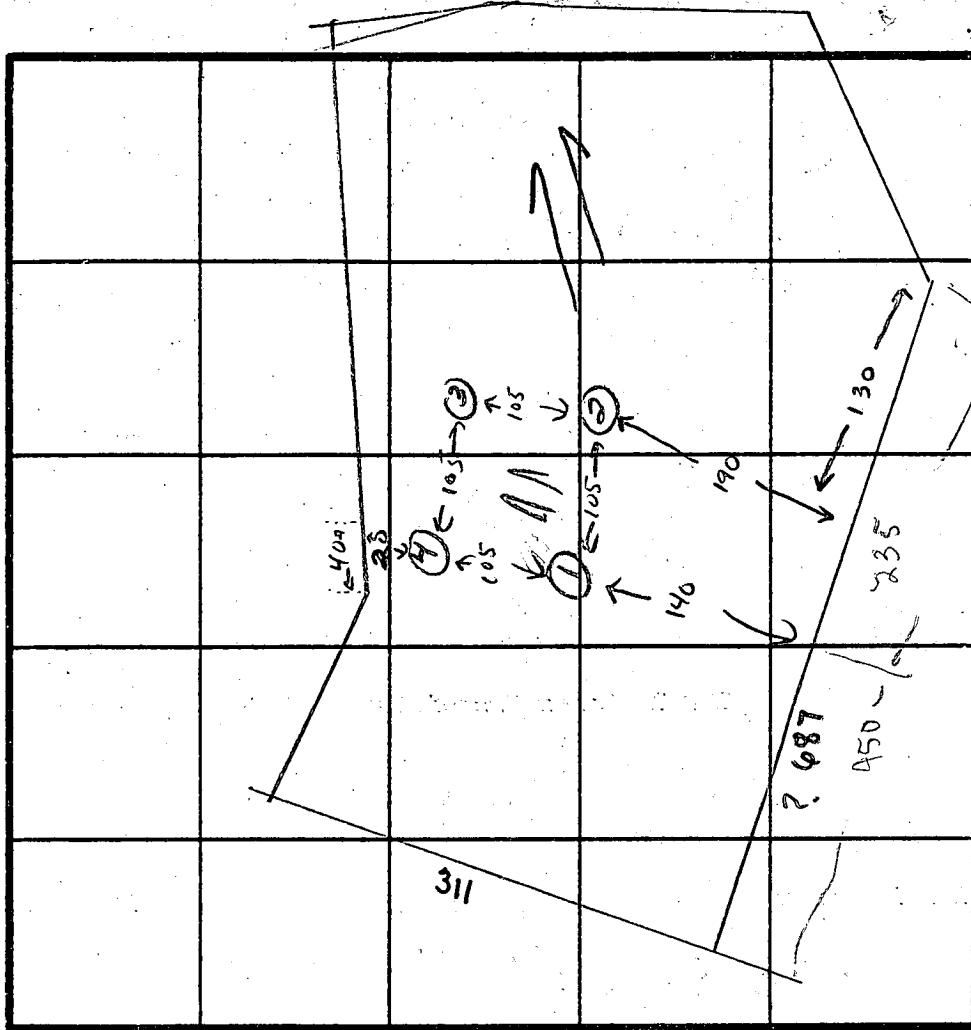
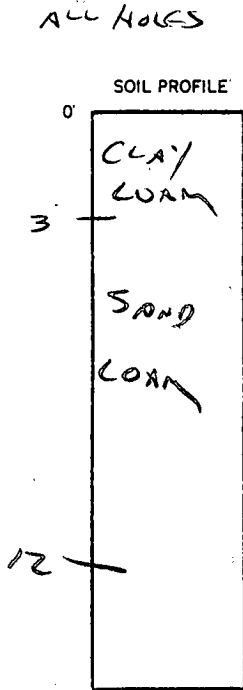
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING B.P.# 62686

BLDG. PERMIT, SIGNED
AND RETURNED 1-21-85

THIS IS NOT A PERMIT

LOT 12C



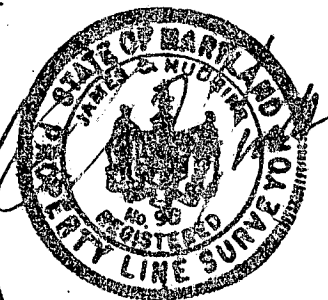
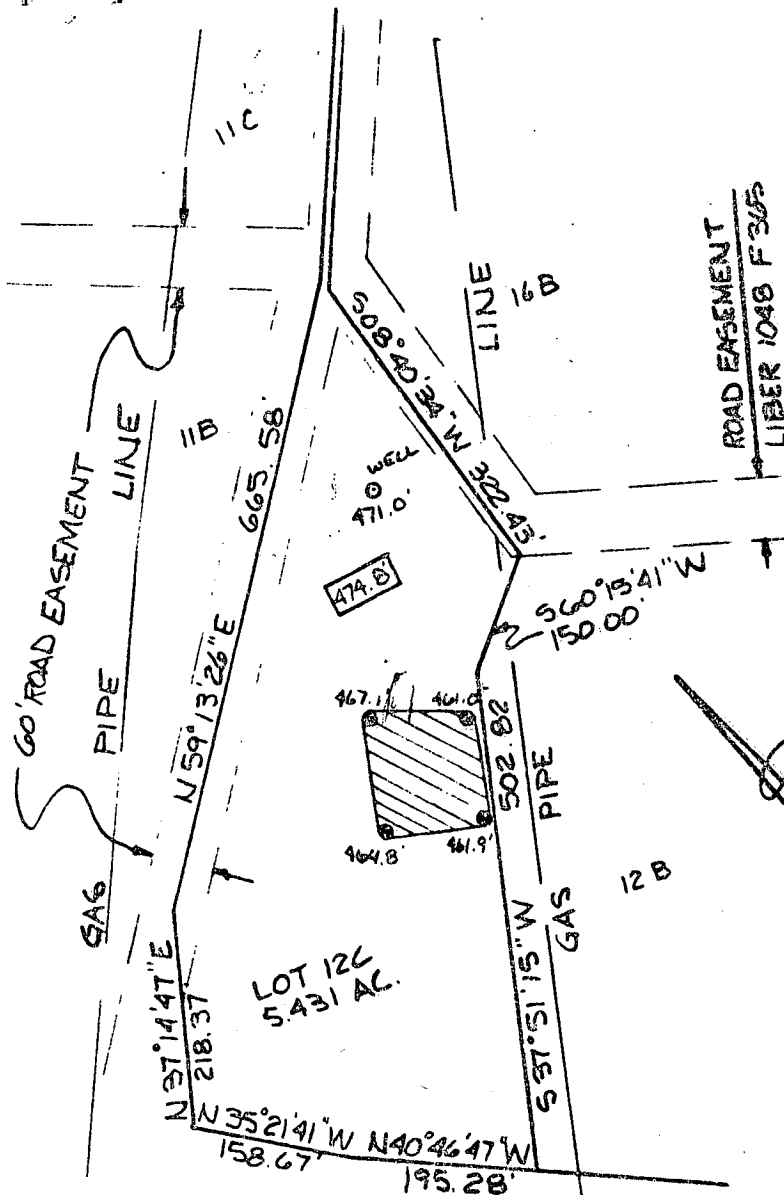
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-6-84	1	3 1/2 8	3:40	3:44	3:44	3:48	4 MIN
		12		SAND			
9-6-84	2	3 1/2 10	3:45	3:47	3:47	3:49	2 MIN
			COLLAPSING		SAND	-	
9-6-84	3	3 1/2 8 12	3:58	4:00	4:00	4:03	3 MIN
				SAND			
9-6-84	4	4 8 13	3:47	3:48	3:48	3:50	2 MIN
				SAND			

REMARKS RUN SYSTEM FROM HOLE 1 TO HOLE 2

TYPE OF SOIL MICA SAND

TESTED BY Culler ALSO PRESENT RETTERMEN



 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 M.D. per J.S.
County Health Officer

10/16/84
Date

PERCOLATION TEST PLAT
PARCEL 12 C
GLENELG MANOR SECTION II

5th Election District
Howard County, Maryland
Scale 1"=200'
Date 9/18/84

NTT Associates
101 Sterrett Place
Columbia, MD 21044
442 2031

B 1 **4840** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-0753
 fill in this form completely

Date Received **10/14/84 9:30 AM**
 OWNER INFORMATION
100184
Meade James
 Last Name Owner First Name
7510 Cherry Tree CR
 Street or RFD
Fulton **MD 20857**
 Town State Zip

B 3 LOCATION OF WELL
Howard
 COUNTY
Glenn
 SUBDIVISION
 SECTION **2** LOT **12C**
Glenn
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
George Easterday
 Driller's Name License No. **20**
L F Easterday Inc.
 Firm Name
9265 Brown Church Rd.
 Address
George T. Easterday **9/28/84**
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **Folly Quarter**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **400** FT
 ENTER FT or MI **FT**

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 COUNTY NAME
A34316 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____
 DATE ISSUED **100884** **Frank Shum** **4/8/84**
 NORTH GRID **514000** EAST GRID **0811000**

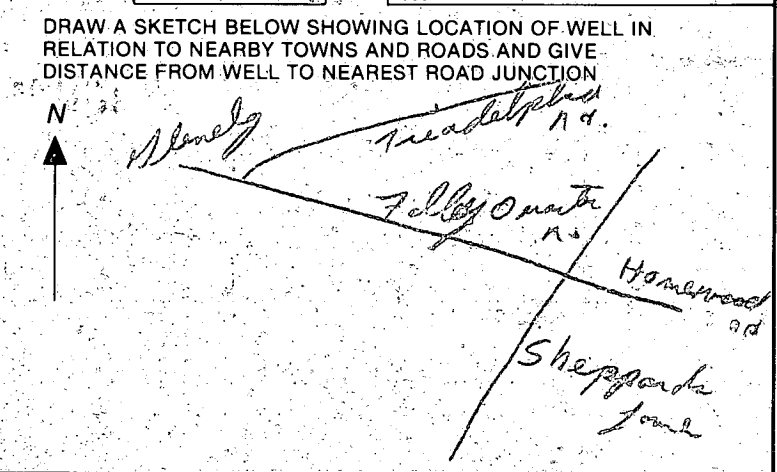
APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL _____ 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. **50' casing**
 2. **47' open**
 3. **12' bag cement**
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **810**
 N **510**
 Location OK
 tag + papers given to Easterday crew

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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **HO-81-0753**

SPECIAL CONDITIONS

C1 2939 SEQUENCE NO. (OEP USE ONLY)
 (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 34316

DATE RECEIVED [] DATE WELL COMPLETED 101684 Depth of Well 360 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0753

OWNER Meade James last name first name
 STREET OR RFD Folly Quarter Road TOWN Glenely
 SUBDIVISION Glenely Manor SECTION 2 LOT 12-C

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	
To soil	0	2	
Clay	2	5	
Shaley	5	12	
brown slate	12	42	
Granite	42	55	
Flint	55	57	✓
Granite	55	230	
Flint	230	235	✓
granite	235	330	
Flint	330	335	✓
Granite	335	360	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 12 NO. OF POUNDS 1200
 GALLONS OF WATER 60
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

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

MAIN CASING TYPE ST G 50
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 50

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

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

C2
 DEPTH (nearest ft.) HO 48 360
 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
 TELESCOPE CASING LOG INDICATOR OTHER DATA

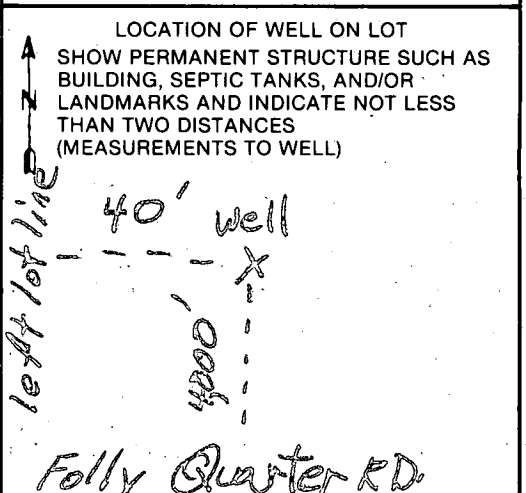
C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 43
 WHEN PUMPING 183
 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED
 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE 2 (nearest foot)
 - below }

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. 40
 DRILLERS SIGNATURE George J. Gaster
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



James E. Meade

MEADE ENTERPRISES

7510 CHERRY TREE DR.

FULTON, MARYLAND 20759

776-6806

September 24, 1984

Mr. Frank Skinner
Howard County Environmental Health Dept.
P.O. Box 476
Ellicott City, Maryland 21043

Dear Mr. Skinner:

This letter is related to modified lot 12-C Glenelg Manor Estates. The Developer located the street approximately 40 feet onto modified lot 12-C, and this has caused problems in the resiting of the house.

I am hereby requesting prior approval, at this resiting of the house, so the ABSORPTION TRENCH SYSTEM invert inlet can be located 3.3 feet below grade rather than 3 feet below grade. Lowering the inlet into the ABSORPTION TRENCH SYSTEM will allow a walk-out basement with gravity drain (See attached drawing).

Sincerely,

James E. Meade
James E. Meade

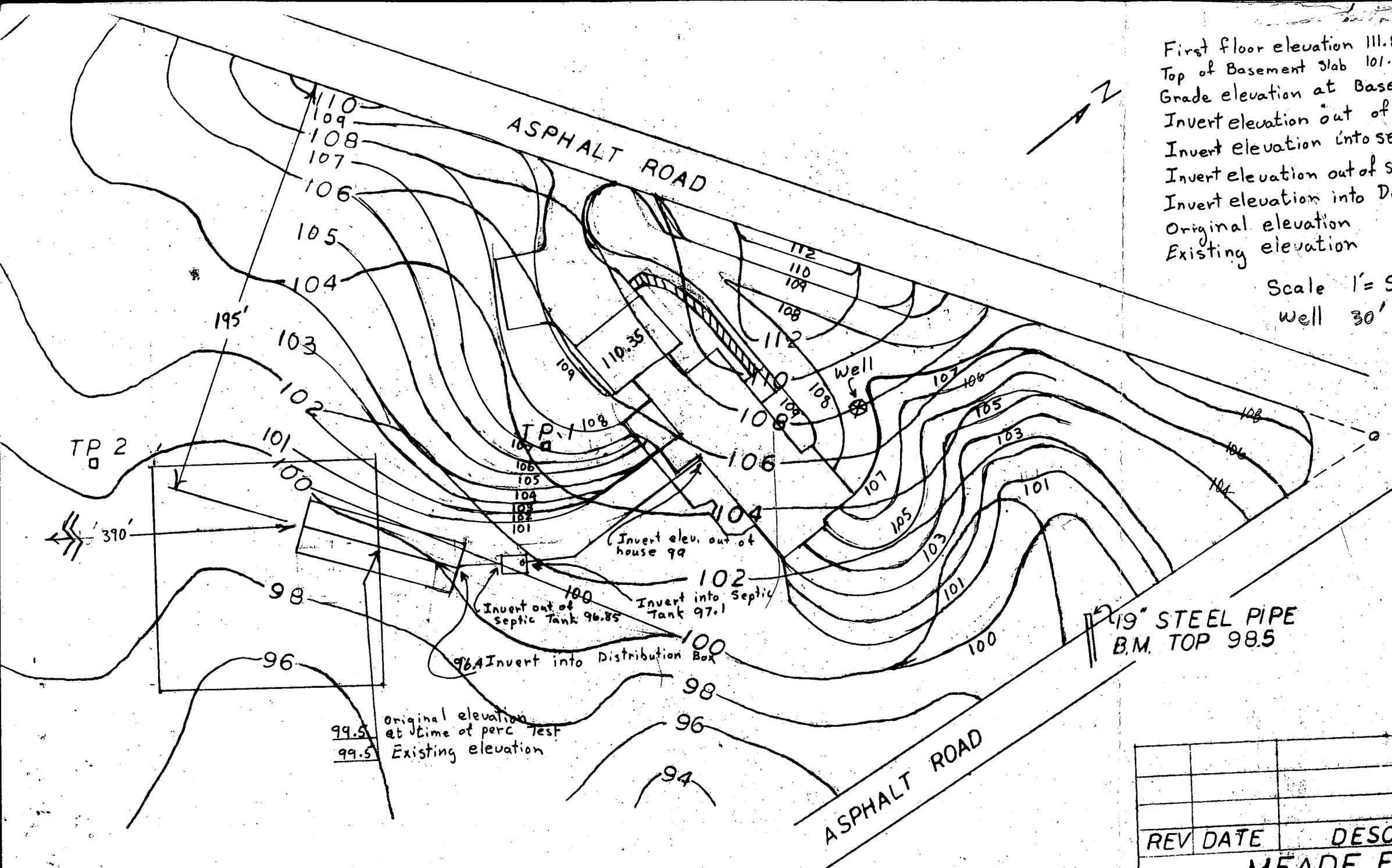
Date: 9/24/84

Dear Mr. Meade:

Your above request is hereby approved by the Howard County Environmental Health Department.

Sincerely,

Frank Skinner
Frank Skinner



First floor elevation 111.8
 Top of Basement Slab 101.67
 Grade elevation at Basement 101
 Invert elevation out of house 99
 Invert elevation into septic tank 97.1
 Invert elevation out of septic tank 96.85
 Invert elevation into Distribution Box 96.4
 Original elevation 99.5
 Existing elevation 99.5

Scale 1" = 50'
 well 30' from House

9/24/84
 Sketched OK
 JS

original elevation at time of perc test 99.5
 Existing elevation 99.5

19" STEEL PIPE
 B.M. TOP 98.5

REV	DATE	DESCRIPTION
		MEADE ENTERPRISE
		FULTON, MARYLAND

PROPERTY OWNER James Mead DATE OF REQUEST 6 / 13 / 86

TELEPHONE 202-272-8025 NEW WELL NUMBER 81-0753

DIRECTIONS OR INSTRUCTIONS _____

Needs sand sample taken ASAP

NAME James Mead
ADDRESS 12831 Folly Quarter Road
Lot 12-C Glenely Manor II

<u>SAMPLE TYPE</u>	<u>REASON FOR REQUEST</u>
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> Physician's Advice
<input checked="" type="checkbox"/> U & O	<input checked="" type="checkbox"/> New Residence
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Nitrate Monitoring
<input type="checkbox"/> Pond or Stream	<input type="checkbox"/> Taste or Odor
<input type="checkbox"/> Sewage	<input type="checkbox"/> Treatment System Necessity
<input type="checkbox"/> Other	<input type="checkbox"/> Plumbing or Well Repair
	<input type="checkbox"/> Replacement Well
	<input type="checkbox"/> Curiosity

SETTLEMENT DATE 1 / 1

SEPTIC SYSTEM: Approved Disapproved DATE 11/13/85

CONDITION: A34316

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE 1 / 1

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

CHEMICAL _____, LEAD & COPPER _____, NITRATES _____, PESTICIDE _____

ACTION: (I.C.O.P) per C.W. - 6/19/85

RESAMPLE COLLECTOR Stamp DATE 11/20/86

BACTERIA MM514, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

CHEMICAL _____, Other _____

ACTION: COP 11-25-86 JS

RESAMPLE COLLECTOR _____ DATE 1 / 1

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

ACTION: _____

RESAMPLE COLLECTOR _____ DATE 1 / 1

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

ACTION: _____

INVOICE NO.

W 17874

CERTIFICATE OF ANALYSIS

DELMARVA LABORATORIES, INC.
Annapolis—Salisbury—Timonium

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

©
U90

FIELD RECORD

Sample Source: 12831
FULLEY QUARTER RD
GLENN ELLIOTT MANOR

community
non-community
private

Date 6-4-86
Time 930

Iced yes
 no

pH 5.9

Free Cl 0

Total Cl 0

County HOWARD

J. MEAD
Well No. H081 0753

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

Construction Satisfactory
Unsatisfactory
Not Determined

Bottle No. 17874 Collector J. R. Lee

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 ₃) (mg/l)	Sand	Turbidity (NTU)	(mg/l)	(mg/l)	(mg/l)	Coliforms/100 ml.	
						Fecal	Total
<u>8.5</u>	<u>None</u>	<u><0.1</u>					

Date _____ Time _____

Received: 6-5-86 SM

Examined: 6-5-86 SL

Reported: 6-17-86 SM

Michael J. ...
Analyst

Bacteriological analysis of this sample indicates the water is safe for human consumption.

Thiosulfate Present _____
Absent _____

INVOICE NO.

W 17874

CERTIFICATE OF ANALYSIS

DELMARVA LABORATORIES, INC.
Annapolis - Salisbury - Timonium

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

U90

FIELD RECORD

Sample Source: 12831
FOLLEY QUARTER RD
GLEN ELG MANOR

community
non-community
private

Date 6-4-86

Time 930

Iced yes
no

pH 5.9

Free Cl 0

Total Cl 0

County HOWARD

J. MGAID
Well No. H081 0753

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

Construction Satisfactory
Unsatisfactory
Not Determined

Bottle No. 17874 Collector J. R. Lu

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 ₃) (mg/l)	Sand	Turbidity (NTU)	(mg/l)	(mg/l)	(mg/l)	Coliforms/100 ml.	
						Fecal	Total
8.5	NOUE	<0.1					

Date _____ Time _____
Received: 6-5-86 8AM
Examined: 6-5-86 8:10 AM
Reported: 6-7-86 8:30 AM
Analyst [Signature]

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

James E. Meade

P.O. Box 259

Fulton, Md. 20759

202-272-8625 - office

June 13, 1986

Mr. James Mead
12831 Folly Quarter Road
Ellicott City, Maryland 21043

Dear Mr. Mead:

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-81-0753. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

June 4, 1986
Date

Craig Williams
Approving Authority
Craig Williams, Director
Water and Sewerage Program

CW/JS:JR

Date Well Approved: 10/16/84
Date Septic Approved: 11/13/85

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratory Administration

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

Community Non-Community Private
 Routine Check Sample Special
 Source: MEAD (283) PINEY SPRING
 Bottle No. MM 51 Time Collected 10:30 am pm
 Treated Raw
 Recd. Yes No Collector: [Signature] County: HOWARD

Count: [23] Plant No. [] Sampling Station []

Date Collected: [11/2/86] Card No. []

pH [] Res. Cl. Free [00] Total [00]

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/100ml. (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

CL5
345

Date & Hour Recd. NOV 20 1986 am pm Exam NOV 20 1986 am pm
 Rept. NOV 22 1986 am pm Bacteriologist [Signature]

Remarks: [] [] [] []

CENTRAL

Laboratory

Lab No. 1-325

December 19, 1986

Mr. James Mead
12831 Folly Quarter Road
Ellicott City, Maryland 21043

Dear Mr. Mead:

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-81-0753.

November 20, 1986
Date of Final Sampling

November 25, 1986
Date of Acceptance

Craig Williams

Craig Williams, Director
Water and Sewerage Program

CW/JS:JR

Date Well Approved: 10/16/84
Date Septic Approved: 11/13/85

Water Sample Dates: 6/04/86
11/20/86