

B 1 2916 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-0726

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

please print or type

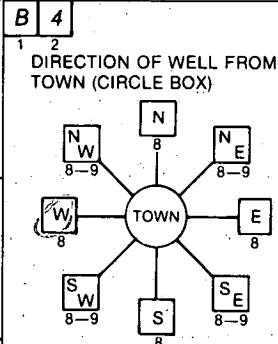
fill in this form completely

Date Received 9/25/84 9:30 AM

OWNER INFORMATION: Last Name HOFFMAN, First Name Hattie, Street or RFD 21061A, Town ANNAPOLIS, State 72, Zip 21403

LOCATION OF WELL: COUNTY 8, SUBDIVISION 23, SECTION 44, LOT 48, NEAREST TOWN GUILFORD, MILES FROM TOWN 0 MI

DRILLER INFORMATION: Driller's Name Joseph L. Morgan, License No. 238, Firm Name Joseph L. Morgan, Address 5513 Ridge Rd. Mt. Airy, Md. 21771, Signature, Date 9/28/84



DIRECTION OF WELL FROM TOWN (CIRCLE BOX) W, S. NEAR WHAT ROAD Carterville Lane. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST. DISTANCE FROM ROAD 110 FT.

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL. COUNTY NAME HOWARD, COUNTY NO. W84901, OEP SIGNATURE Frank Skinn, DATE ISSUED 09/17/84, EXP. DATE 3/17/85, NORTH GRID 486000, EAST GRID 0846000

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)

APPROXIMATE DEPTH OF WELL 140 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

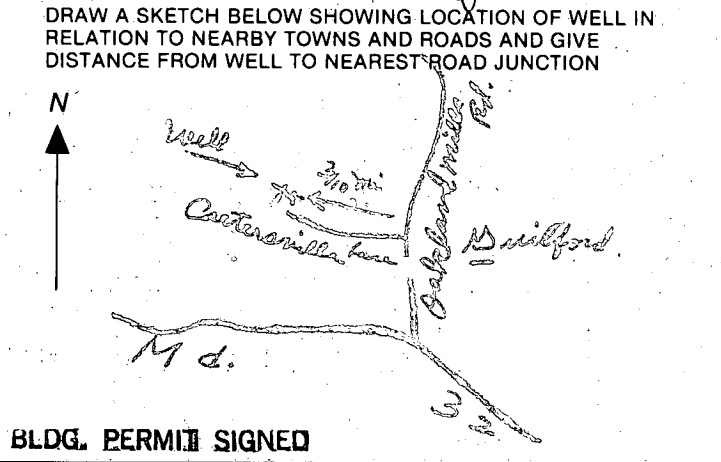
METHOD OF DRILLING (circle one): BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTary, AIR-PERcussion, ROTARY (Hydraulic Rotary), CABLE, REVerse-ROTary, Drive-POINT, other

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 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. 40-81-0726

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. Location OK, 22' casing, 18' open, 5' cap cement, 9/25/84 approval for well of Frank Skinn



BLDG. PERMIT SIGNED AND RETURNED 11-9-95 Serial # 62483 HEALTH Addition - 2 story addition w/ Garage

C1 **2908** (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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 **W 34301**

DATE Received
 [] [] [] [] [] []

DATE WELL COMPLETED
09 25 84

Depth of Well
245 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-81-0726

OWNER **Thomas Hattie**
 last name first name
 STREET OR RFD **Cartersville Rd.** TOWN **Guilford**
 SUBDIVISION **Tax map 42, parcel 317** SECTION LOT

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	
<i>Brown shale</i>	0	5	
<i>Gray granite</i>	5	245	<input checked="" type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **5** NO. OF POUNDS **470**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **19** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter **6** inch top (main) casing (nearest inch) Total depth of main casing (nearest foot) **22**
 TYPE **ST** **6** **22**

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

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	40	21
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 **18**
 WHEN PUMPING **150**
 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)
+ above LAND SURFACE (nearest foot)
- below

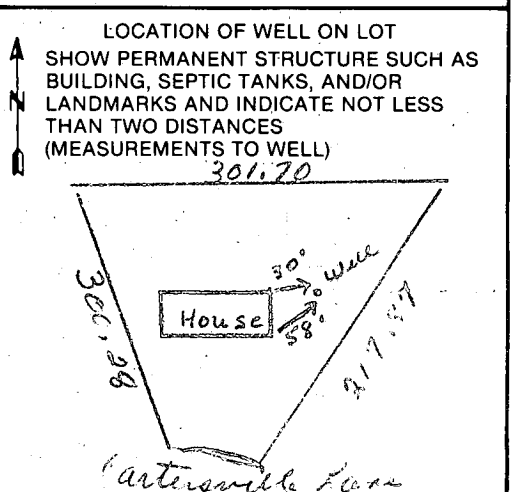
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. **238**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
James W. Morgan

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



4/2/85 (AM)

Howard County Health Dept.
P. O. Box 476
Ellicott City, Maryland 21043

WELL PUMP INSPECTION

Owner's Name: HATTIE H. THOMAS
Address: 7085 ROUTE
COLUMBIA, MD 21046

Location of Property: 9276 CARTERSVILLE RD
COLUMBIA, MD 21046
Well Tag Number: 81-0726

Plumber or Certified Pump Installer:
ROBT. SISLER T/A PROFESSIONAL PLUMBING
& HEATING SERVICE, INC.
Phone Number: 247-4908
License Number: 5559

Receipt Number: 35205
Date: 4/1/85

Comments: OK TO PROCEED W/INSTALLATION 4/1/85 CWJ

Inspection: all work completed inside + outside
house. Pitless 3 1/2 ft below grade.
PRV installed on tank.

Date Well Pump Inspection was approved: 4/3/85

Inspector: Stayer

11

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

Bottle Number: H 9754 Name: Hattie Thomas County: Howard

Source of Sample: Carterville Lane Street Town or City Collector: Stayer

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

Remarks: HO 81-0726

13 County Plant No. Sampling Station 092584 Date Collected 1040 Time Acid Iced

Field Data: pH* Chlorine Residual Total Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011		Arsenic	253	
Alkalinity (Total)	040		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		Selenium	323	
Ammonia-N	143		Silver	333	
Nitrate-Nitrite N	162	<u>2.5</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				

(Take back outside) For 9/25
9-12

PROPERTY OWNER Hattie Thomas

DATE OF REQUEST 12 / 27 / 85

TELEPHONE 531-5984

NEW WELL NUMBER 81-0726

DIRECTIONS OR INSTRUCTIONS Has public sewer and private water 9-28-88 JEN

Replacement Well

NAME Hattie Thomas
ADDRESS 9274 Cartersville Lane Road

Clarksville Maryland 21029
Guilford Well Co. 31046

SAMPLE TYPE

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

REASON FOR REQUEST

- 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:

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION:

FIRST SAMPLE COLLECTOR TIME DATE / /

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

CHEMICAL , LEAD & COPPER , NITRATES , PESTICIDE

ACTION:

RESAMPLE COLLECTOR Guilford DATE 10 / 24 / 88

BACTERIA AT20, pH 7.5, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, TIME 10:50

CHEMICAL 25, Other

ACTION: order for COP issued 12-27-88 JEN

RESAMPLE COLLECTOR Back on 9/25 DATE / /

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

ACTION: 1/C on 9/22/89 to Mr Thomas. C.B.D.

RESAMPLE COLLECTOR HUELSKAMP DATE 09 / 25 / 89

BACTERIA AI-212, pH 5.2, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, TIME 11:25

ACTION: 10/4/89 send F.C.O.P. C.B.D. (No records)

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

December 30, 1988

Ms. Hattie Thomas
9274 Cartersville Road
Columbia, Maryland 21046

RE: Replacement Well
Well Tag Number: HO-81-0726
9274 Cartersville Road

Dear Ms. Thomas:

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-81-0726. 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 and the results submitted to the Howard County Health Department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

September 25, 1984
Date Well Approved

October 24, 1988
Date of Water Sample

Jane E. Nadeau

Approving Authority
Jane Nadeau, Sanitarian
Water and Sewerage Program

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21209
J. Mehser Joseph, Ph.D., Director

06294
Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE: Community <input checked="" type="checkbox"/> Non-Community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Check Sample <input type="checkbox"/> Special <input type="checkbox"/>	Source: <u>Hattie Thomas</u>
	Location: <u>9274 Carterville</u>
	Iced: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected: <u>1125</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
	Collector #: _____ Bottle No. <u>AE 212</u>
	Collector Name: <u>Neelshang</u> County: <u>Howard</u>

<u>13</u> County	Plant No. <input type="text"/>	Sampling Station <input type="text"/>	<u>92589</u> Date Collected
---------------------	--------------------------------	---------------------------------------	--------------------------------

pH 8.2 Res. Cl: Free 0.0 Total 0.0 Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

ml. of Sample	10ml.
Gas, 24 hours	<input type="checkbox"/>
Gas, 48 hours	<input type="checkbox"/>

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

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:
25 SEP 89 14 Recd.
25 SEP 89 14 Exam.
27 SEP 89 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., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

October 6, 1989

Ms. Hattie H. Thomas
9274 Cartersville Road
Columbia, Maryland 21046

RE: Replacement Well
9274 Cartersville Road
Well Permit No. Ho-81-0726

Dear Ms. Thomas:

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 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0726.

September 25, 1989
Date of Final Sampling

October 6, 1989
Date of Acceptance

A handwritten signature in cursive script that reads "Charles Streaker".

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
October 24, 1988
September 25, 1989

CS:cm

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehsen Joseph, Ph.D., Director

Lab No. 6005390 02: 8

WATER ANALYSIS

Bottle Number: 25 Name: Thomas County: Howard

Source of Sample: 9274 Cartersville RD Collector: Gardner
 Street Town or City

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

Remarks: Outside

County: 13 Plant No. --- Sampling Station --- Date Collected 10 24 88 Time 1050 Acid Iced

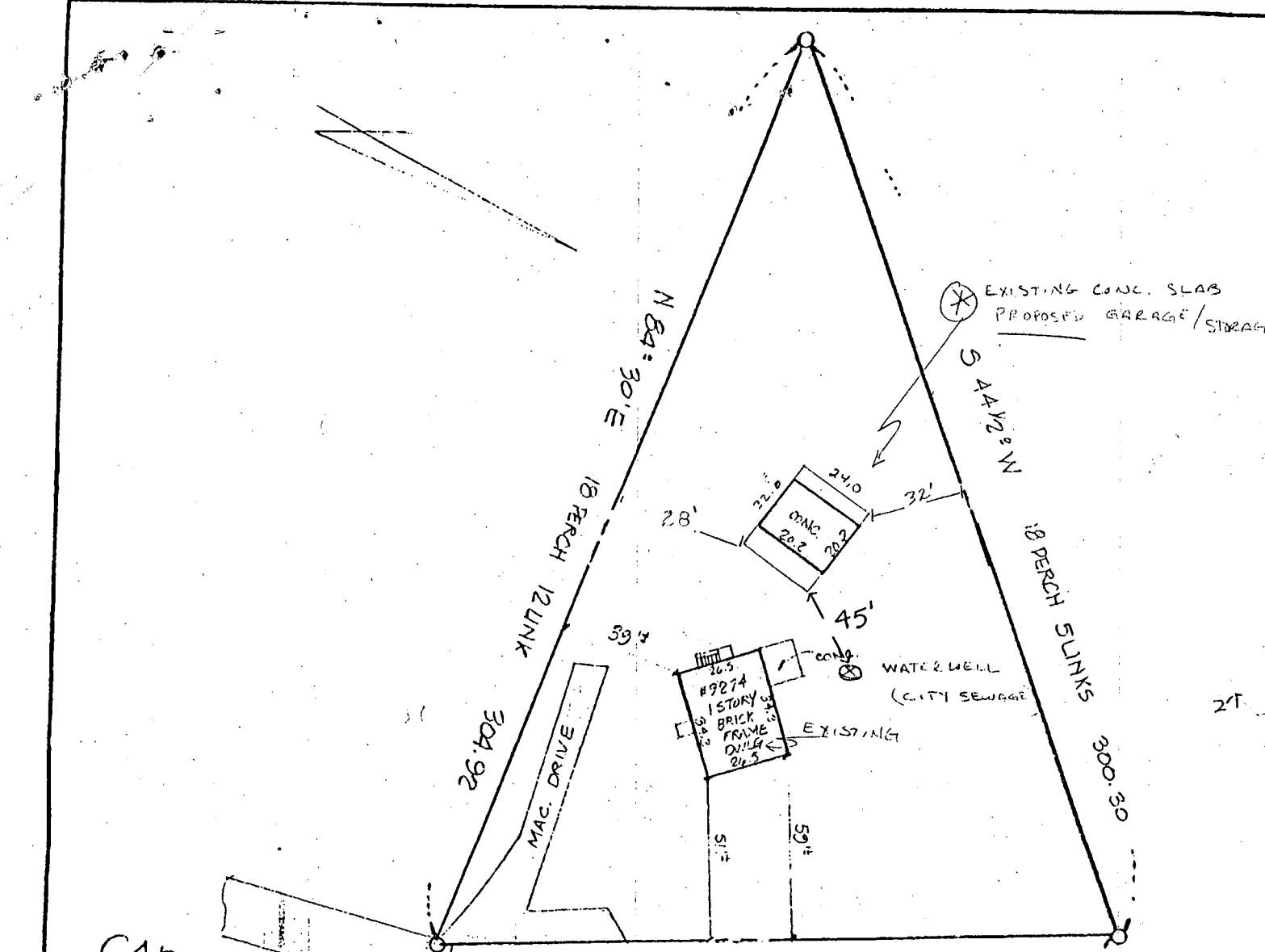
Field Data: pH* 07.5 Chlorine Residual 0.0 Free 0.0 Total 0.0 Specific Conductance ---

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
✓ pH*	00403	<u>7.6</u>	Arsenic	01002	
✓ Alkalinity (Total)	00410	<u>117</u>	Barium	01007	
pH*, Ca CO ₃ SAT.	70311		Cadmium	01027	
Alkalinity, Ca CO ₃ SAT.	74023		Chromium	01034	
✓ Hardness	00900	<u>137</u>	Lead	01051	
Ammonia-N	00608		Mercury	71900	
✓ Nitrate-Nitrate N	00630	<u>06</u>	Selenium	01147	
Nitrite N	00615		Silver	01077	
MBAS	38260				
✓ Chloride	00940	<u>15</u>	Aluminum	01105	
Fluoride	00951		✓ Calcium	00916	<u>423</u>
Color*	00081		Copper	01042	
✓ Turbidity*	00076	<u><0.5</u>	Iron	01045	
Conductance*, SPEC	00095		Magnesium	00927	
Sulfate	00945		Manganese	01055	
Total Solids	00500		Nickel	01067	
Dissolved Solids	70300		Potassium	00937	
			Sodium	00929	
			Zinc	01092	

*Results reported in units, all others in milligrams per liter (ppm)

DAVID A. SEVDALIAN

Date Received _____ Date Reported NOV 29 1988 Chemist _____



CARTERSVILLE ROAD

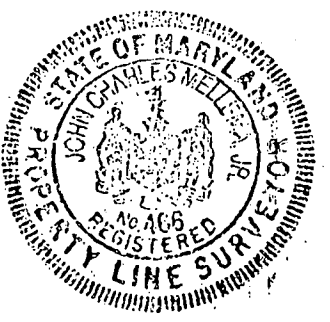
2/21/92
 OK TO SIGN BP 46675
 C R H

Subject property is shown in Zone C R H
 on the National Flood Insurance Program
 Flood Insurance Rate Map of HOWARD
 County, Maryland, Parcel # 43 OF 45
 Community Panel # 240044-0013B
 Effective Date: DEC. 1, 1986

I HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF THIS LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND THAT THEY ARE LOCATED AS SHOWN.

John C. Mellema Jr. 4-29-92

LIBER 2077 FOLIO 524
 CASE # 50791 LL



THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES

LOCATION SURVEY

9274 CARTERSVILLE RD. N HOWARD COUNTY MD

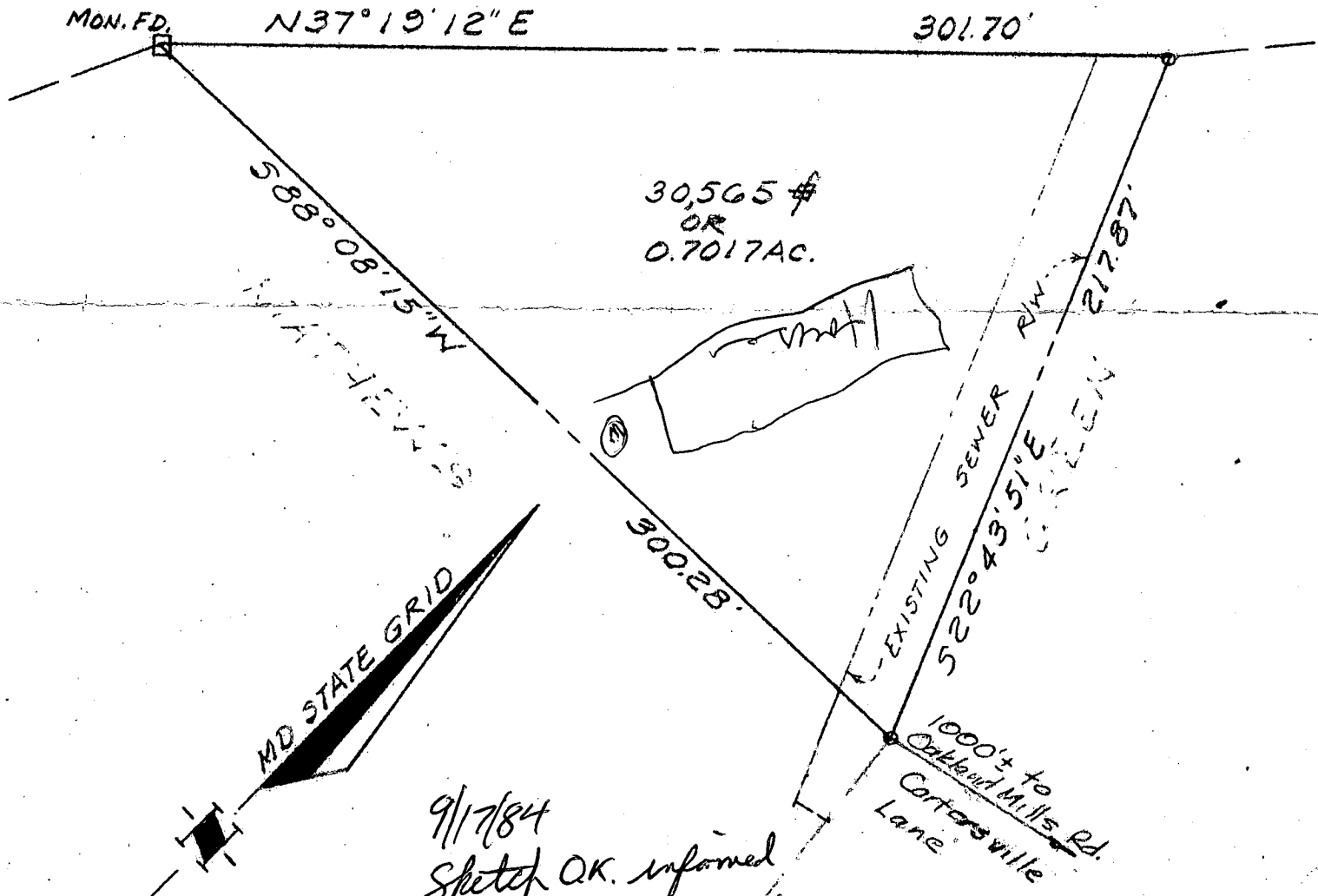
JOHN C. MELLEMA SR., INC.
 LAND SURVEYORS

5313 EAST DRIVE BALTIMORE, MARYLAND 21227 (301) 247-7488

SCALE:
 1" = 50'
 DATE:
 4-29-92
 JOB NO:
 92624

LOT 1
COLUMBIA
"EGU SUBDIVISION"

HO-81-0726
Hattie Thomas



9/17/84
 Sketch OK. informed
 Melvin Hickman via phone
 that well must be at least
 10' from lot lines & 30' from
 house & F. Shuman

PREPARED FOR
IRVING THOMAS
 COLUMBIA
 6TH ELECTION DISTRICT
 HOWARD COUNTY, MD.

SCALE: 1"=50' NOV. 19, 1979

Surveyors Certificate

I hereby certify that a careful transit-tape survey has been made of the property and improvements shown hereon and that they are as shown and that there are no encroachments except as shown.

J. E. Clark 11-24-79
 Registered Land Surveyor Md. 4379

BLDG. PERMIT SIGNED
 AND RETURNED 10/10/84
Seal # 0/285 SFD.

PREPARED BY
THE J.E. CLARK CO.
 LAUREL, MD.

Hattie Thomas
7085 Rt 29
Columbia Md

531-5984

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
MAY 30 9 35 AM '81
DIVISION OF
ENVIRONMENTAL
HEALTH

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

003011
Lab. No.

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

Thomas

SAMPLE TYPE: Source

Community Location: 9274 Cartersville Rd

Non-Community Iced: Yes No

Private Treated: Yes No Time Collected 1050 am. pm.

Check Sample Collector # Bottle No. AI 20

Special Collector Name Garofalo County Howard

County 13 Plant No. Sampling Station Date Collected 10 29 88

pH 7.15 Res. Cl: Free 0.0 Total 0.0 Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

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

ml. of Sample	10ml.			
Coliforms †	-	-	-	-
Fecal Coliforms ‡	-	-	-	-

No. of Pos.
0

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =

SPC 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: 21 OCT 1988 14

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"/> | | |

Recd. LP/R

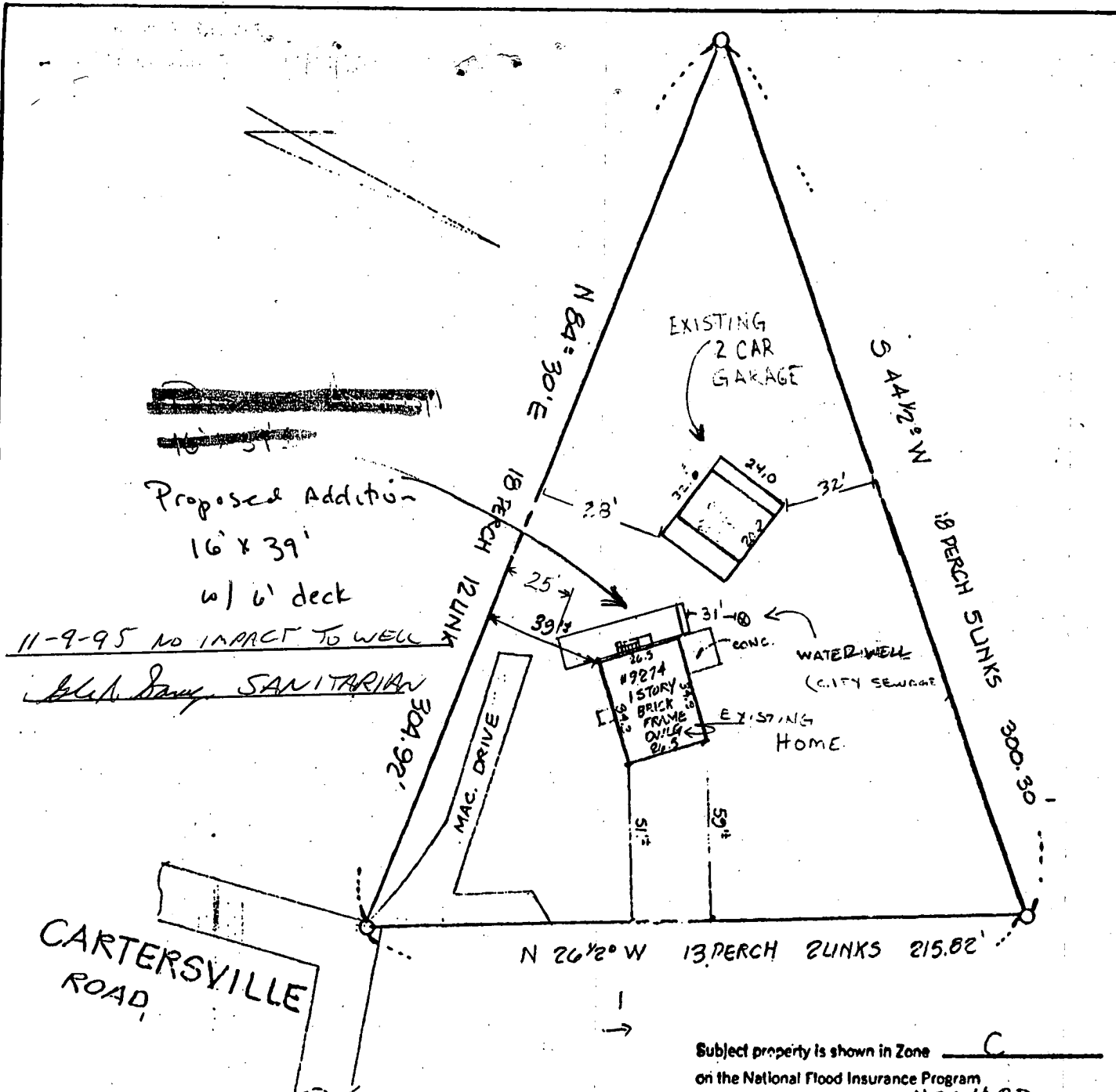
Exam LP/R

Remarks

Rept.

Bacteriologist

COUNTY COPY



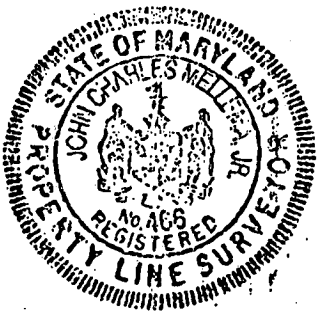
Proposed Addition
 16' x 39'
 w/ 6' deck
 11-9-95 NO IMPACT TO WELL
 SANITARIAN

Subject property is shown in Zone C
 on the National Flood Insurance Program
 Flood Insurance Rate Map of HOWARD
 County, Maryland, Parcel # 43 OF 45
 Community Panel # 240044 0013 B
 Effective Date: DEC. 1, 1986

I HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF THIS LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND THAT THEY ARE LOCATED AS SHOWN.

John C. Mellema Jr. 4.29.92

.70 ACRE
 LIBER 2077 FOUO 524
 CASE # 50791 LL



THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES

LOCATION SURVEY

9274 CARTERSVILLE RD. ~ HOWARD COUNTY MD

JOHN C. MELLEMA SR., INC.
 LAND SURVEYORS

5313 EAST DRIVE BALTIMORE, MARYLAND 21227 (301) 247-7488

SCALE:	1" = 50'
DATE:	4-29-92
JOB NO:	92624

AP/02
Call name

16825

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

62483

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

9274 CANTERSVILLE RD
Columbia md 21046

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED

2 STORY ADDITION w/
GARAGE + BSMT + SHALL
ABOVE GARAGE DECK @ REAR
16'x39'

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLO
	40			10		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
		42	42	06	6067.3	

OWNER NAME AND ADDRESS PHONE NO.

DAVID E SCHUSTER 3018540720
9274 CANTERSVILLE RD COLUMBIA MD 21046

OCCUPANT'S NAME AND ADDRESS PHONE NO.

SAME

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

OWNER

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

OWNER

EXISTING USE PROPOSED USE

SE Dwelling Addition for SAME

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

\$30,000

W/S CODE FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE (DISTANCE IN FEET, REAR YD. REQUIRING SET)

BACK (CORNER LOT ONLY) SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

SIZE OF BLDG. FRONT DEPTH HEIGHT

TYPE OF BLDG. AREA VOLUME ROOF

B. ROOMS
ROOMS
BATHS
FIREPLACES

FOOTINGS FOUNDATION S. WALLS

UTILITIES
WATER/WELL SEWER/SEPTIC GAS ELECTRICITY TYPE OF HEAT ELEC AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

David E Schuster
OWNER 11/21/95
SIGNATURE DATE

FUNCTION: DATE SIGNATURE APPROVAL

ZONING/PLANNING:

SHA

SEDIMENT/GRADING

BUILDING OFFICIAL:

WATER & SEWER

HEALTH DEPT.: 11/21/95 [Signature]

FIRE PROTECTION

STORM WATER MGMT:

APPROVED DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.