

prytime

2/13/85 - W.P.T. - 2/13/85

approved 2/14/86
C. Williams

PERMIT

P 30461

A 33786

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~
461-9933

05-374421

ELLICOTT CITY
DISTRICT 5th
DATE 1/27/86

INDEXED

Leonard E. Sutton Company IS PERMITTED TO INSTALL ALTER

ADDRESS 2209 Frederick Road, Catonsville, MD 21228 PHONE 744-4552

SUBDIVISION Glencly Manor II ROAD 12869 Folly Quarter Road DOT 11-B

PROPERTY OWNER Anthony Capitano (MR. CHARLES JAMES)

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 - 163 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 5 1/2 feet of stone below distribution pipe.

LOCATION: Start the first trench 185 feet from the right (298.00)ft. long) sideline and 70 feet from the rear (670 ft. long) lot line. Continue to dig the trench on level ground running towards the rear of the lot. Place the second trench parallel to and 12 feet downslope of the first trench.

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. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY F. Skinner BLDG. PERMIT SIGNED AND RETURNED 10/26/85
Additional stamped
DATE 10/14/85

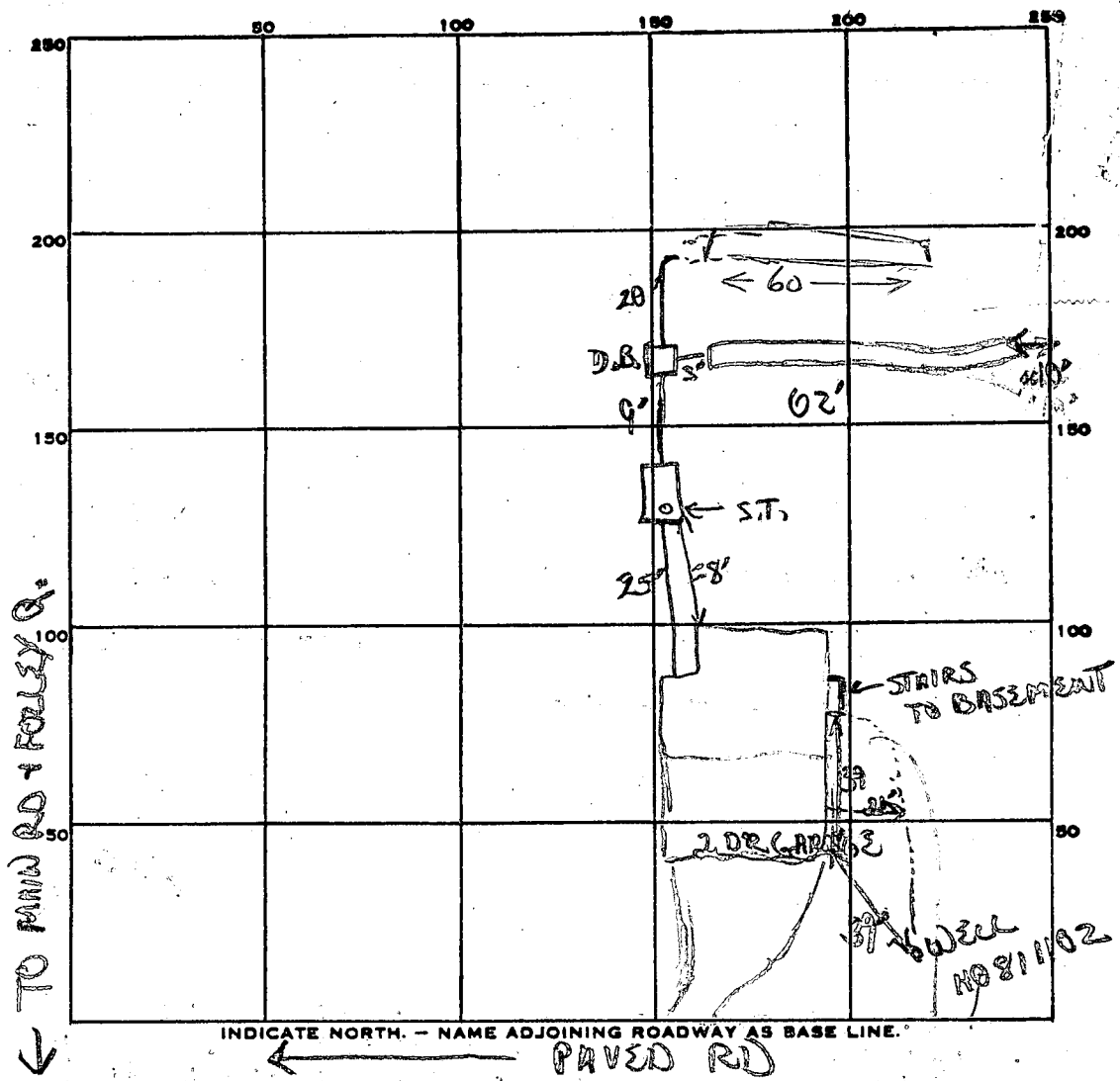
COVER NO WORK UNTIL INSPECTED AND APPROVED.
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.
PERMIT VOID AFTER THREE YEARS.
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

CALL 992-3330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 33786



PERMIT CARD _____

SEPTIC TANK, LEVEL 1500 ✓ CLEANOUTS 50 ✓

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 1/2 IN. TOTAL LENGTH 62 + 60 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 342 + 30

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

ABSORBENT AREA 672 SQ. FT.

REMARKS 2/14/86 OK to add stone pipe paper to trench #1. OK to begin trench #2.

2/14/86 WORK COMPLETE. OK TO COVER. C.W.

DATE SYSTEM APPROVED 2/14/86 INSPECTOR CWILL

163
4
652
MIN

62
55
3100
342

672
342
5530

SUBDIVISION: Glenely Manor II

LOT NUMBER: 11-B

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

163 sq. ft./bedroom

Trench to be 2 ft. wide.
 Inlet 3 1/2 feet below original grade.
 Bottom maximum depth 9 feet below original grade.
 Effective area begins at 3 1/2 feet below original grade.
5 1/2 feet of stone below distribution pipe.

4-Bed.
NO

- 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 185 feet from the right (298.00 ft. long) sideline and 70 feet from the rear (670 ft long) lot line. Continue to dig the trench on level ground running towards the rear of the lot. Place the second trench parallel to and 12 feet downslope of the first trench.

B.P. 67286 signed
for 4 Bedrooms 10/14/85

APPLICATION

PRELIMINARY

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A A33786

P _____

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

DISTRICT 5th

DATE 4/13/84

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 Anthony Capitano

ADDRESS 12789 Folly Quarter Road, Ellicott City, Md. PHONE 531-5252
21043

PROPERTY LOCATION: GLENELG MANOR

SUBDIVISION Buckskin Farms LOT NO. 11B

ROAD AND DESCRIPTION Folly Quarter Road - ~~use entrance to Glenelg Dehydrators and lots are~~
~~located behind the old sawmill.~~

SIZE OF LOT (7) TYPE BLDG. 3 or 4 bedrooms 4 B.R.
(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/ Olen Ketterman for Lons M. Maisel
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

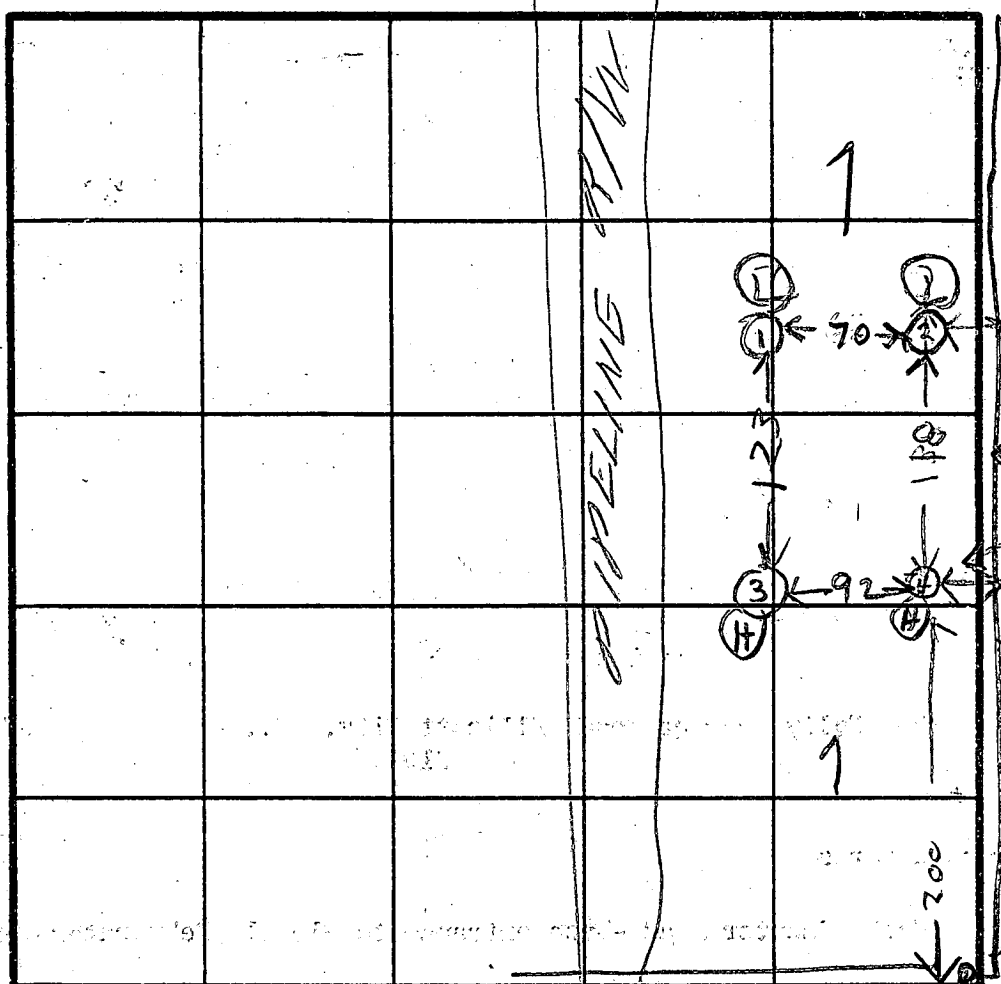
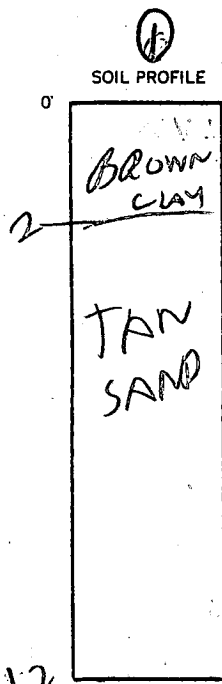
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/6/84 Perc OK Certify Holes

THIS IS NOT A PERMIT

WOODS

5.16
S. 10.16

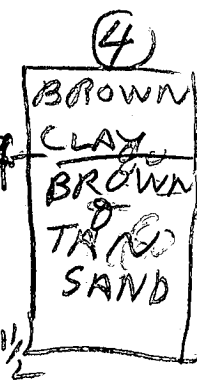
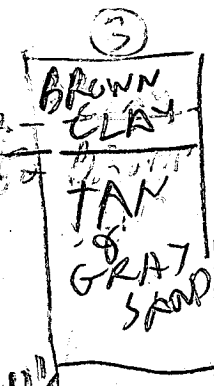
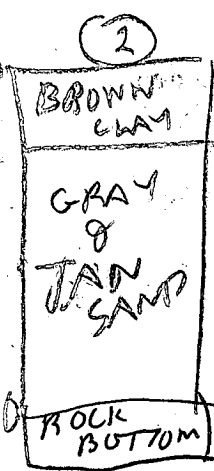


50
POLY STAKE
LOT 11B
LOT 27B
10
STAKE
LOT 11B & 27B

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DIRT TRAIL

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/6/84	1S	3 1/2	319	320	320	322	2
	1V	12	LOOKS		OK		
	2S	4 1/2	323	324	324	327	3
	2V	10	LOOKS		OK		
	3S	5 1/2	329	341	341	355	14
	3V	12 1/2	LOOKS		OK		
	4S	5	343	345	345	347	2
	4V	11 1/2	LOOKS				

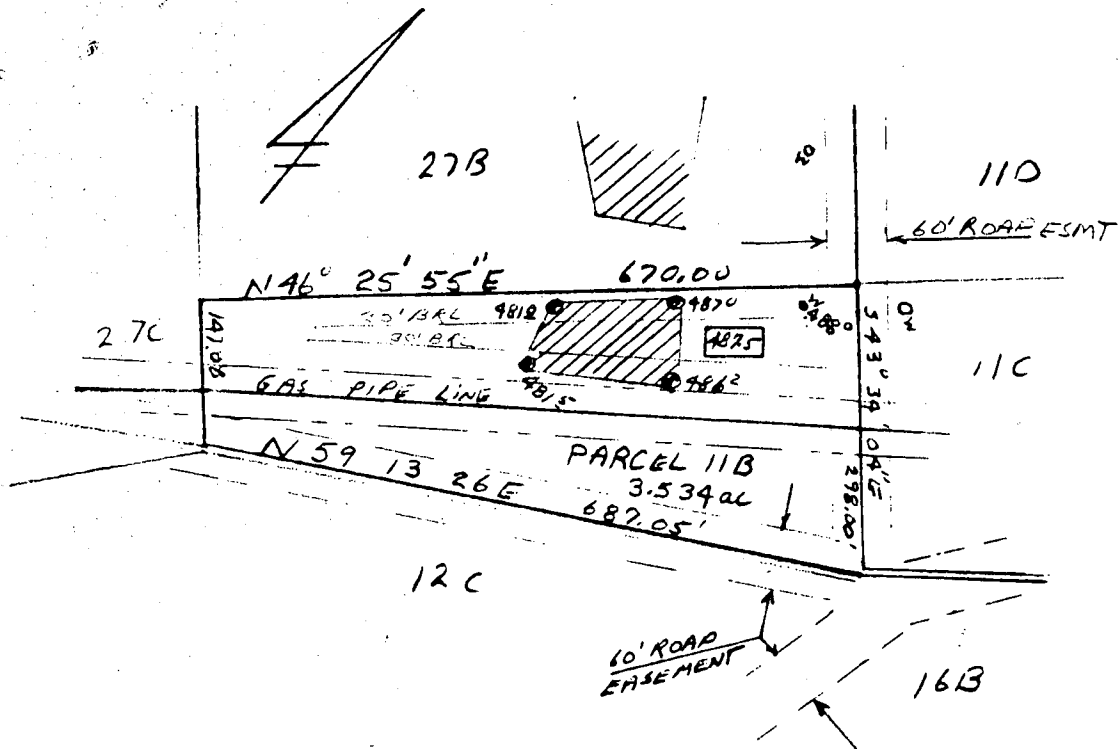


REMARKS _____

TYPE OF SOIL _____


TESTED BY R. HODGES

ALSO PRESENT OKETTERMAN



PERCOLATION TEST PLAT
 PARCEL 11B
 GLENELG MANOR II

5th Election District
 Howard County, Maryland
 Scale 1"=200'
 Date 4/2/85

 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. Boyle M.O. for F.S.
 County Health Officer

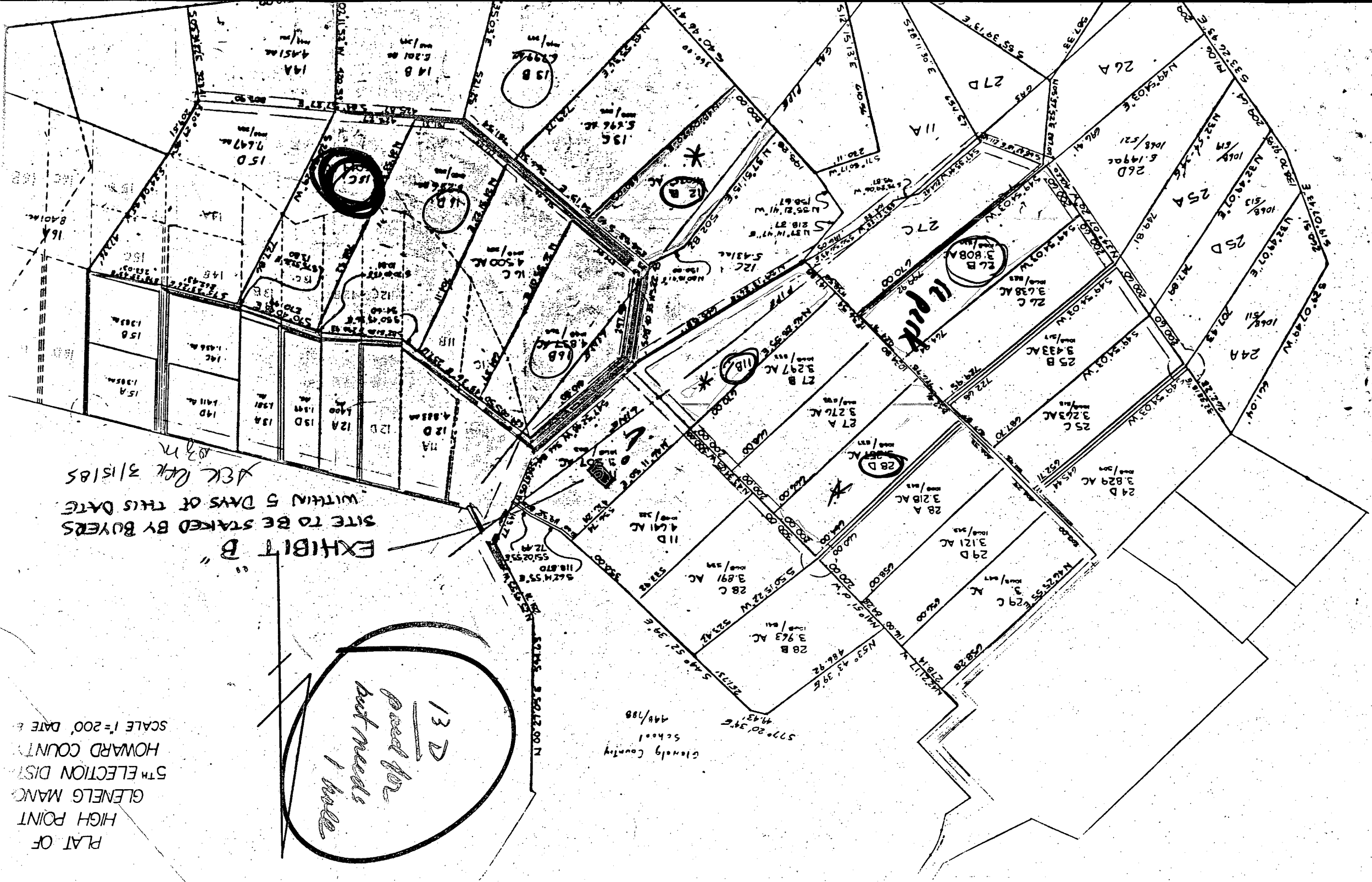
7/17/85
 Date

NTT Associates
 101 Sterrett Place
 Columbia, MD 21044
 442 2031

PLAT OF
HIGH POINT
GLENELG MANOR
5TH ELECTION DISTRICT
HOWARD COUNTY
SCALE 1"=200' DATE

13 D
good for
but needs
1 hole

EXHIBIT B
SITE TO BE STAKED BY BUYERS
WITHIN 5 DAYS OF THIS DATE
ABC OK 3/15/85



Glenn County
School
448/188

park

13 C

15 B

16 B

17 B

28 D

28 B

26 D

24 A

25 D

25 A

27 D

29 D

28 A

28 C

25 B

25 C

25 D

25 A

25 B

25 C

25 D

25 A

25 B

25 C

25 D

B 1 8925

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-1102

fill in this form completely

Date Received 7/31/85 10:30

OWNER INFORMATION

CARITAVOS CONST

12741 FOLLEY QUARTER

ELLICOTT CITY MD 21043

B 3

LOCATION OF WELL

HOWARD COUNTY

HIGH POTENTIAL GLENELG MNR

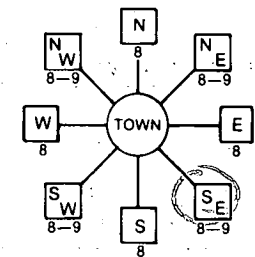
SECTION 44 46 LOT 11B

GLENELG

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



FOLLY QUARTER RD NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



3000 DISTANCE FROM ROAD

ENTER FT or MI

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 A33786 COUNTY NO.

OEP SIGNATURE DATE ISSUED 07/17/85

CO SIGNATURE EXP. DATE

NORTH GRID 515000 EAST GRID 0811000

APPROXIMATE DEPTH OF WELL 150 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well
This well will replace a well that will be abandoned and sealed
This well will replace a well that will be used as a standby
This well will deepen an existing well

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

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

APPROP. PERMIT NUMBER GAP

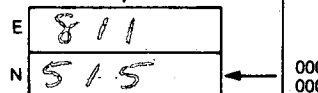
FORCE CW WRITE INITIALS IN BOX PERMIT No. HO-81-1102

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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



LOCATION OK
GRADED BEFORE I ARRIVED
11 BAGS CEMENT CW
7-31-85

C1 2376 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 33786

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 073085 Depth of Well 22 400 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-1102

OWNER CAPITANO CONSTRUCTION CO. last name first name TOWN GLENELG
 STREET OR RD. 12741 FOLLY QUARTER RD. TOWN GLENELG
 SUBDIVISION GLENELG MANOR II SECTION LOT 11B

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	
Top Soil	0	2	
Sandy	2	30	
Sand Stone	30	40	✓
Micka	40	55	
Sand Stone	55	60	✓
Micka	60	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 11 NO. OF POUNDS 1100
 GALLONS OF WATER 66
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 72 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 PL 60 61 4 63 64 4.5 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

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

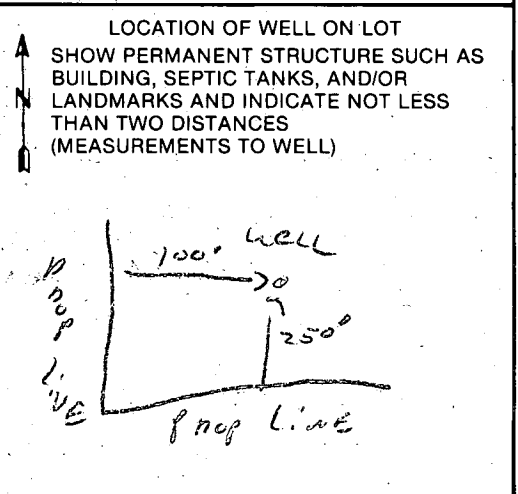
C2
 DEPTH (nearest ft.)
 1 HO 43 200
 2
 3
 E A C H S C R E E N
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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.) 1
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 40 WHEN PUMPING 50
 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) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot) 50 51



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. 2230
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ralph E. Maguire
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

Bottle Number: H 9470 Name: CAPITANO CONSTRUCTION County: HOWARD

Source of Sample: GREENG MASON HB FOLLY QUARTER RD-EC Collector: C Waller
Street Town or City

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

Remarks: HO-81-1102

County: 13 Plant No. Sampling Station Date Collected 073185 Time 1130 AM 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 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>113</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					

* Results reported in units, all others in milligrams per liter (ppm) 001449

August 30, 1985

Mr. A. W. Capitano
12741 Folly Quarter Road
Ellicott City, Maryland 21043

RE: Well Tag Number -
HO-81-1102
Glennly Manor - Lot 11B

Dear Mr. Capitano:

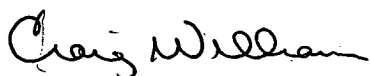
The water sample recently submitted for testing from the above referenced water supply revealed that nitrate-nitrogen was present at a concentration of 11.3 parts per million. COMAR 10.17.13.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This Department will grant a Permanent Deviation from that regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

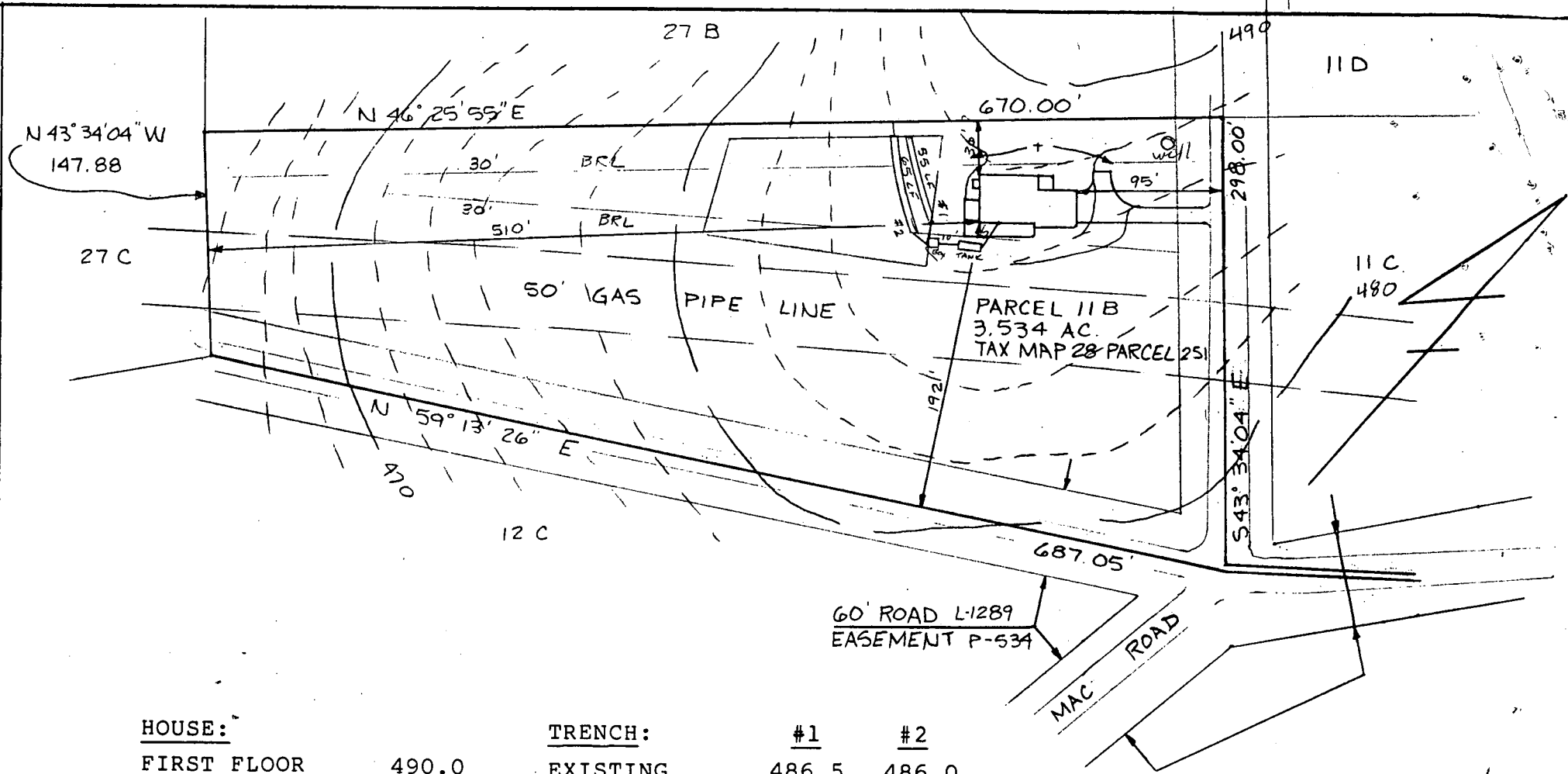
1. Within six months, you must have your water re-tested to insure that the installed nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.
2. There must be a continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
3. If in the future, you decide to sell or rent you home, you must make any potential buyer/tenant aware of the above condition.

If you have any questions relative to this matter, or if the device has been installed and you are ready for resampling, please call me at 461-9933.

Very truly yours,


Craig Williams, Director
Water and Sewerage Program

CW:JR



<u>HOUSE:</u>	
FIRST FLOOR	490.0
BASEMENT	481.0
INVERT	483.81
<u>SEPTIC TANK:</u>	
EXISTING GRADE	487.0
PROPOSED GRADE	487.0
INVERT IN	483.50
INVERT OUT	483.25
<u>DISTRIBUTION BOX:</u>	
EXISTING GRADE	486.3
INVERT IN	483.15
INVERT OUT	483.10

<u>TRENCH:</u>	<u>#1</u>	<u>#2</u>
EXISTING	486.5	486.0
INVERT	483.0	482.5
BOTTOM	477.5	477.0
STONE	5.5'	5.5'
LENGHT	55.0'	65.0'
WIDTH	2.0'	2.0'

10/14/85
 Sketch ok.
 J. Shinn

I certify the above measurements and elevations to be actual and true for this property.

J. Carl Hudgins
 J. Carl Hudgins

PLOT PLAN
 PARCEL 11B
 GLENELG MANOR II
 5th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=100'
 DATE 10/02/85

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

New Installation
 Replacement

Receipt # 36462
 Date 1/27/86

Name of Installer Leonard E. Sutton Co.

Telephone 744-4552

License number 3041

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Capitano Construction Telephone 988-9178

Subdivision Glen Hill Manor II Lot # 11-B Well tag # - - -

Site Address 12869 Folly Quarter Rd

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u></u>
a. Deep well jet <u></u>	2. RPM <u></u>	2. Model # <u></u>
b. Shallow well jet <u></u>	3. Voltage <u></u>	3. Depth <u>36"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 <u></u>	
2. Make <u></u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u></u>		
4. Capacity <u></u> GPM		
5. Pump exceeds well capacity Yes <u></u> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <u></u> No <u></u>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <u></u> Other <u></u>		

Tank	Piping	Well data
1. Capacity <u>X Tool 202</u>	1. Type <u>Poly</u>	1. Depth <u></u> ft.
2. Pressure relief valve? <u>75</u>	2. Size <u>1"</u>	2. Yield <u></u> GPM
	3. NSF and/or BOCA Code approved <u></u>	3. Static water level <u></u> ft.
	4. Depth of supply line <u>36"</u>	4. Will water supply be disinfected by installer? <u></u>

NOT Installed
 2/13/86

2/13/86
 Left stake on well - marked inc. photo

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: Leonard E. Sutton

Date: 1-28-86

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

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

July 15, 1987

Mr. Charles James
12869 Folly Quarter Road
Ellicott City, Maryland 21043

RE: Well Tag No. HO-81-1102
Glenelg Manor, Lot 11B
12869 Folly Quarter Road

Dear Mr. James:

This is to advise you that the septic system was installed, inspected and approved on February 14, 1986.

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.

A nitrate device has been installed to treat the previously documented excessive nitrate contamination. The nitrate removal system appears to be operating properly as evidenced by the recent water sample taken on March 3, 1987.

COMAR 10.17.13.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a Permanent Deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

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-81-1102. It will be necessary for you to continue to comply with the following conditions:

Mr. Charles James

- 2 -

July 15, 1987

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence.
2. It is recommended that a yearly nitrate analysis be performed.
3. If, in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

April 8, 1986

March 3, 1987

Dates of Water Sampling

March 11, 1987

Date of Acceptance

Jane E. Nadeau

Approving Authority
Jane Nadeau, Sanitarian
Water and Sewerage Program

JN:hs

PROPERTY OWNER

Charles James
Constantine

DATE OF REQUEST

3/2

3/3/86

TELEPHONE

H 988-9303

NEW WELL NUMBER

81-1102

DIRECTIONS OR INSTRUCTIONS

W 688-6693

NITRATE 10.8

3-3-86

2/23-Nitrate device installed

SAMPLE TYPE

Mail chemical (2)
Extra copies attached

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

1/1/

SEPTIC SYSTEM:

Approved

Disapproved

DATE

2/14/86

CONDITION:

A 33786

SUPPLY TYPE:

Drilled Well

Hand Dug

Spring

Public

CONDITION:

FIRST SAMPLE

COLLECTOR

BRUBIN

TIME

10:00 A.M.

DATE

3/3/86

BACTERIA

UU-768

pH

5.5

Free Cl⁻

0.0

Res. Cl⁻

0.0

VOC

CHEMICAL

C-331

LEAD & COPPER

NITRATES

PESTICIDE

ACTION:

Need N device - ICOP - 4.2-86 CW

CO2

RESAMPLE

COLLECTOR

Stayer

DATE

3/3/87

BACTERIA

00938

pH

Free Cl⁻

Res. Cl⁻

TIME *10:00*

CHEMICAL

M-10

Other

ACTION:

M-303 - untreated 1 COP 3-11-87 ✓

RESAMPLE

COLLECTOR

DATE

1/1/

BACTERIA

pH

Free Cl⁻

Res. Cl⁻

TIME

ACTION:

RESAMPLE

COLLECTOR

DATE

1/1/

BACTERIA

pH

Free Cl⁻

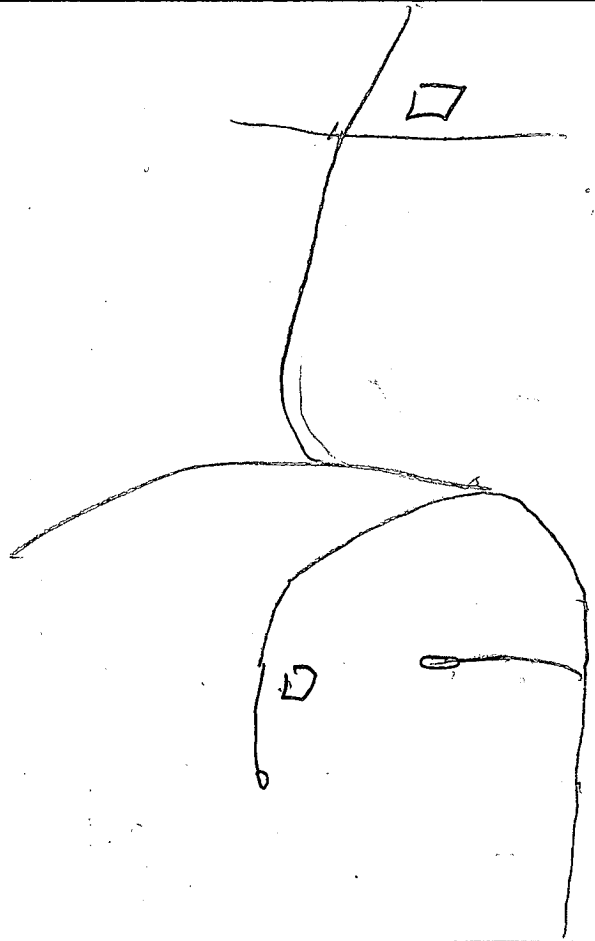
Res. Cl⁻

TIME

ACTION:

NAME *James*
ADDRESS *12869 FOLLY QUARTERS LOT 11 B*

Chemical Monitor



F 0

G F

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 JAMES, 12869 FOLLY QUARTER
 Bottle No. 00-938 Time Collected 10:00 am pm
 Treated 3058 Raw
 Iced: Yes No Collector STAYER County HOWARD

13 County Plant No. Sampling Station
030387 Date Collected Card No.
 pH Res. Cl: Free 00 Total 0.0

Laboratory Record

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

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

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

No. of Pos.
0

Coliforms/100 ml. (Membrane Filter) =

Dilution: 1- | Col. Counted:

Standard Plate Count $\frac{1}{ml}$.

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

Date & Hour: Recd. 3/13/74 am pm Exam am pm

Rept. Bacteriologist

Remarks

CENTRAL Laboratory Lab No.

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 CAPITANO
 Bottle No. 44-768 Time Collected 10:06 AM
 Treated Raw
 Iced: Yes No Collector B. RUBIN County HOWARD

County 13 Plant No. 4 Sampling Station 4
 Date Collected 3 3 86 Card No.
 pH 5.5 Res. Cl: Free 0.0 Total 0.0

Laboratory Record

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

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

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

No. of Pos.
0

Coliforms/100 ml. (Membrane Filter) =

Dilution: 1- | Col. Counted:

Standard Plate Count §/ml.

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

Date & Hour: Recd. MAR 0 7 508 Exam. MAR 0 3 887
 Rept. MAR 5 1986 2:30 Bacteriologist Cani

Remarks
 CENTRAL Laboratory Lab No. 18091

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

Bottle Number: M10 Name: JAMES County: HOWARD

Source of Sample: 12869 Folly Quarter Collector: STAYAN
Street Town or City

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

Remarks: H081-1102
NITRATE DEVICE INSTALLED

County: 13 Plant No. [] Sampling Station [] Date Collected: 030587 Time: 1000 AM Acid [] Iced []
Field Data: pH* [] Chlorine Residual [] Free [] Total [] Specific Conductance []

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011	5.6	Arsenic	253	
Alkalinity (Total)	040	6	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	<6	Selenium	323	
Ammonia-N	143		Silver	333	
Nitrate-Nitrite N	162	1.9	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	091	93	Iron	122	<0.05
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

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

Date Received: MAR 5 1987 Date Reported: MAR Chemist: MIR Lab No. 11193

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

Bottle Number: M303 Name: JAMES County: HOWARD
 Source of Sample: 12869 Folly Quarter Collector: STAYEN
Street Town or City

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

Remarks: 17081-1102

County: 13 Plant No. Sampling Station Date Collected 050287 Time 10:00 AM Acid Iced

Field Data: pH* 5.8 Chlorine Residual 0.0 Free 0.0 Total 0.0 Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011	5.9	Arsenic	253	
Alkalinity (Total)	040	146	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	45	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	136	Iron	122	40.05
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

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

Date Received: 5/2/87 Date Reported: 5/2/87 Chemist: Lab No. 11138

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

Bottle Number: C-331 Name: CAPITANO County: HOWARD
Source of Sample: 12869 FOLLY QUARTER RD Collector: B. RUBIN
Street Town or City

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

Remarks: _____

County: 13 Plant No. Sampling Station Date Collected 030386 Time 1000 A Acid Iced
Field Data: pH 5.5 Chlorine Residual 0.0 Free 0.0 Total 0.0 Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011	6.4	Arsenic	253	
Alkalinity (Total)	040	26	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	53	Selenium	323	
Ammonia-N	143		Silver	333	
Nitrate-Nitrite N	162	110.8	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	091	14	Iron	122	0.20
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

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

Date Received Date Reported Chemist Lab No. 10498
DHMH 90-A 10/82


Leonard E. Sutton Company
Plumbing • Heating • Air Conditioning
2209 Frederick Road
Catonsville, Maryland 21228
301/744-4552

CAPITANO CUSTOM CONSTRUCTION
12741 Folly Quarter Road
Ellicott City, Maryland 21043
Lot 11B

The annual service for the nitrate system would be \$75.00 plus the cost of the chemicals used.

Upon settlement this would transfer to the buyer.


LEONARD E. SUTTON


Anthony W. Capitano

INVOICE NO.

W 16394

UVO

CERTIFICATE OF ANALYSIS

DELMARVA LABORATORIES, INC.
Annapolis—Salisbury—Timonium

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

FIELD RECORD community
non-community
private

Sample Source: _____

11 B Folley
Quarter Rd.
Slow Eq. Manor

Date 4-8-86

Time _____

Iced yes
no

pH _____

Well No. H081-1102

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

Free Cl _____

Total Cl _____

Construction Satisfactory
Unsatisfactory
Not Determined

County Howard

Bottle No. _____

Collector Stenderwaart
1016

NITRATE FILTER

LABORATORY RECORD

Presumptive Bacteriological Test

Confirmed Bacteriological Test

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

ml. of Sample	10ml.			
Coliforms				
Fecal-Coliforms				

N(NO ₃) (mg/l)	Sand	Turbidity (NTU)	(mg/l)	(mg/l)	(mg/l)	Coliforms/100ml.	
						Fecal	Total
<u>0.4</u>	/	/					

Date _____ Time _____

Received: 4/19/86 8:00 PM

Examined: 4/19/86 8:15 PM

Reported: 4/19/86 8:15 PM

W.P. Pridle

Analyst

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

INVOICE NO.

W 16394

UVO

CERTIFICATE OF ANALYSIS

DELMARVA LABORATORIES, INC.
Annapolis—Salisbury—Timonium

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

FIELD RECORD community []
non-community []
private [x]

Sample Source:

11 B Folley
Quarter Rd.
Glen Elg. Manor

Date 4-8-86

Time

Iced yes []
no [x]

pH

Well No. H081-1102

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

Free Cl

Total Cl

Construction

Satisfactory []
Unsatisfactory []
Not Determined []

County Howard

Bottle No. Collector

Handwaart 1016

NITRATE FILTER

LABORATORY RECORD

Presumptive Bacteriological Test

Table with 3 rows: ml. of Sample (10ml), Gas, 24 hours, Gas, 48 hours

Confirmed Bacteriological Test

Table with 3 rows: ml. of Sample (10ml), Coliforms, Fecal Coliforms

Table with 7 columns: N(NO3) (mg/l), Sand, Turbidity (NTU), (mg/l), (mg/l), (mg/l), Coliforms/100ml. (Fecal, Total)

Date Time

Received: 4/9/86 8:00 AM

Examined: 4/9/86 8:00 AM

Reported: 4/9/86 8:00 AM

Analyst [Signature]

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

INVOICE NO.

W 16111

CERTIFICATE OF ANALYSIS

DELMARVA LABORATORIES, INC.
Annapolis—Salisbury—Timonium

© U80

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

FIELD RECORD

Sample Source: LOT 11B
FULLY QUARTER PD
GLERS EIG

CAPITANO INST.
Well No. H081 1102

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

Construction Satisfactory
 Unsatisfactory
 Not Determined

Bottle No. 16111 Collector J. Lu

community
non-community
private

Date 3-26-86

Time 105

Iced yes
 no

pH 6.0

Free Cl 0

Total Cl 0

County HOWARD

NITRATE FILTER

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/100ml.	
						Fecal	Total
<u>10.5</u>	<u>NONE</u>	<u><0.1</u>					

Date _____ Time _____

Received: 3/27/86 7:00 PM

Examined: 3/27/86 7:00 PM

Reported: 3/29/86 7:30 AM

W.A. Smith
Analyst

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

INVOICE NO.

W 16455

CERTIFICATE OF ANALYSIS

DELMARVA LABORATORIES, INC.
Annapolis—Salisbury—Timonium

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

NITRATE FILTER

FIELD RECORD

Sample Source: 113
Folly, Queenico Rd
CLEAN ELG

community
non-community
private

Date 4-1-86

Time 1230

Iced yes no

pH 6.0

Well No. H081 1102

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

Free Cl 0

Total Cl 0

Construction Satisfactory Unsatisfactory Not Determined

County HEWARD

Bottle No. 16455 Collector J. Run

LABORATORY RECORD

Presumptive Bacteriological Test

Table with 3 rows and 5 columns: ml. of Sample (10ml), Gas, 24 hours, Gas, 48 hours

Confirmed Bacteriological Test

Table with 3 rows and 5 columns: ml. of Sample (10ml), Coliforms, Fecal Coliforms

HIGH NITRATES

Table with 7 columns: N(NO3) (mg/l), Sand, Turbidity (NTU), (mg/l), (mg/l), (mg/l), Coliforms/100 ml. (Fecal, Total)

Date Time

Received: 4-2-86 2:14 PM

Examined: 4-2-86 2:29 PM

Reported: 4-2-86 2:30 PM

Analyst J. Shields

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

April 10, 1986

Mr. A. W. Capitano
12741 Folly Quarter Road
Ellicott City, Maryland 21043

RE: Well Tag Number HO-81-1102
Glenelg Manor - Lot 11B

Dear Mr. Capitano:

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-81-1102. 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.

A nitrate device has been installed to treat the previously documented excessive nitrate contamination.

It will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

1. Within six months, you must have your water retested to insure that a nitrate removal system is installed and operating properly.
2. The system must be properly operated and maintained, in accordance with the service contract, a copy of which is attached.
3. If in the future, you decide to sell you home, you must make any potential buyer aware of the above conditions.

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

Bottle Number: M10 Name: JAMES County: HOWARD

Source of Sample: 12869 Foley Quarter Street: _____ Town or City: _____ Collector: STAYNER

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

Remarks: H081-1102

NITRATE DEVICE INSTALLED

County: 18 Plant No.: Sampling Station: Date Collected: 05 05 77 Time: 10:00 AM Acid: Iced:

Field Data: pH: Chlorine Residual: Free: Total: Specific Conductance:

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
<input checked="" type="checkbox"/>	pH*	011	5.6		Arsenic	253	
<input checked="" type="checkbox"/>	Alkalinity (Total)	040	6		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	
<input checked="" type="checkbox"/>	Hardness	110	16		Selenium	323	
	Ammonia-N	143			Silver	333	
<input checked="" type="checkbox"/>	Nitrate-Nitrite N	162	1.9		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
<input checked="" type="checkbox"/>	Chloride	091	93	<input checked="" type="checkbox"/>	Iron	122	40.05
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

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

Date Received: _____ Date Reported: _____ Chemist: _____ Lab No. 11199

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

Case No. M303 Name: JAMES County: HOWARD
 Sample No. 12869 Street: Foley Town or City: Quilley Collector: STAYEK

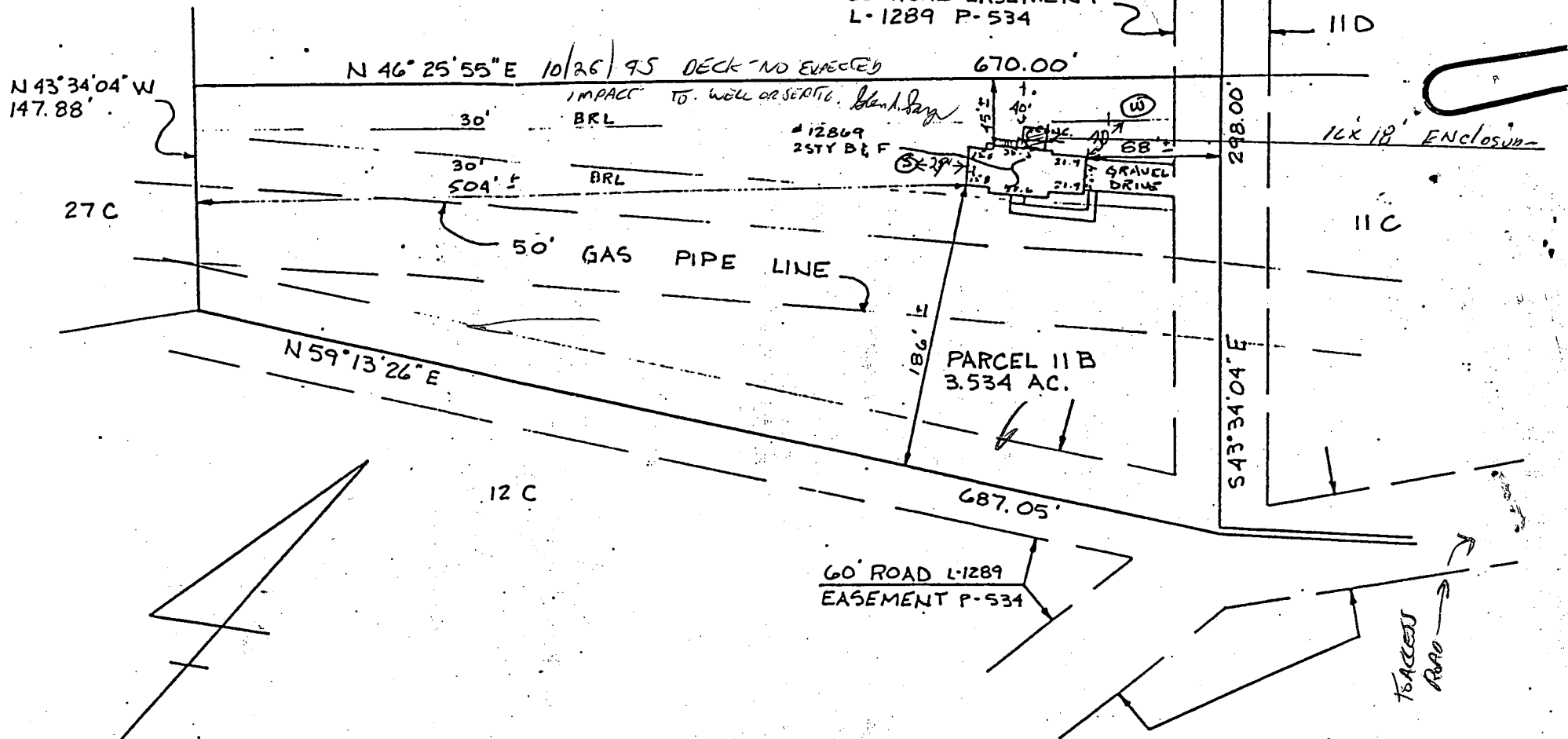
Source Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine
 Remarks: H031-1102

County: 13 Plant No. Sampling Station Date Collected 05 02 87 Time 10 00 AM Acid Iced
 Field Date: 5 8 pH* Chlorine Residual 0.0 Total 0.0 Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
<input checked="" type="checkbox"/> pH*	011	5.9	Arsenic	253	
<input checked="" type="checkbox"/> Alkalinity (Total)	040	114	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	
<input checked="" type="checkbox"/> Hardness	110	145	Selenium	323	
Ammonia-N	143		Silver	333	
<input checked="" type="checkbox"/> Nitrate-Nitrite N	162	110	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
<input checked="" type="checkbox"/> Chloride	091	13	Iron	122	4005
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				

27 B

60' ROAD EASEMENT
L-1289 P-534



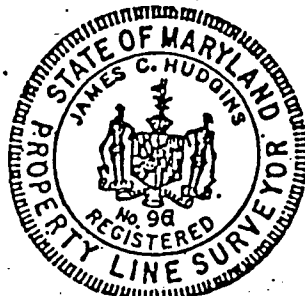
LOCATION SURVEY

12869 FOLLY QUARTER ROAD
5TH ELECTION DISTRICT
HOWARD COUNTY, MD #6225

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON, FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON. AND THE IMPROVEMENTS ARE LOCATED AS SHOWN.

James Carl Hudobna

James Carl Hudobna DTS #06



THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.

NTT ASSOCIATES INC. 16205 OLD FREDERICK ROAD
MT. AIRY, MARYLAND PHONE 646-5521 or 442-2031

SCALE 1" = 100'
DATE 4/10/86

FIELD BY JCH
DRAWN BY RIK

DRAWING NUMBER
CAP-7