

9/15/87 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

05-38650

P 40030
A 26338
DISTRICT 5th
DATE 9/3/87
DATE SYSTEM APPROVED 9/15/87
INSPECTOR R. HOOBES

Collins Company, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 2024 Millers Mill Road, Cooksville, Maryland PHONE 442-2235

SUBDIVISION Kalmia Farms I ROAD 5209 Kalmia Drive LOT 3

PROPERTY OWNER Don Crozen

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 360 feet down the left (522.94') lot line and 100 feet of the same lot line as seen when facing the lot from Kalmia Drive. Run trenches on contour toward the right lot line.

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

HSK

PLANS APPROVED BY S. Abel DATE 3/10/87

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.

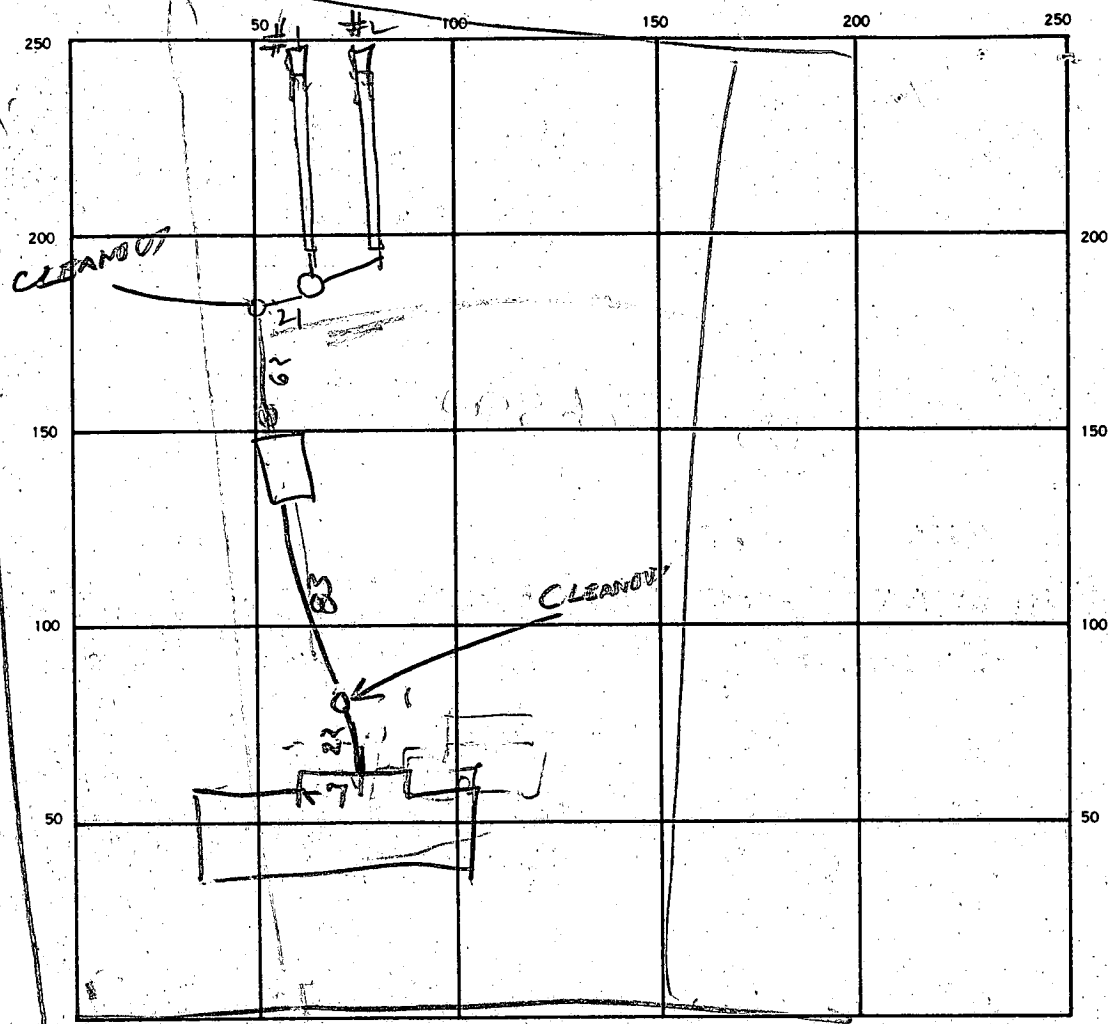
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A-26338



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL OK 1500 CLEANOUTS ST HOUSE
OK SEWER

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH #1/#2 FT. TRENCH WIDTH #1/#2 FT. INLET DEPTH #1 FT.

EFFECTIVE GRAVEL DEPTH #1/#2 FT. TOTAL LENGTH #1/#2 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 665 SQ. FT. 600

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/15/87^{AM} LENGTHEN TRENCHES (ADD REST OF STONE
TO TRENCH #1. ADD ALL OF STONE TO TRENCH #2
9/15/87^{AM} TRENCHES LENGTHENED & STONE
ADDED BH

DATE SYSTEM APPROVED 9/15/87 INSPECTOR Raymond Dodge

APPLICATION

A 26338

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT Fifth

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE June 30, 1977

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 Kimburthill, Incorporated

ADDRESS 2901 Olney - Sandy Spring Road PHONE 774-4500

PROPERTY LOCATION:

SUBDIVISION Kalmia Farms LOT NO. 3

ROAD AND DESCRIPTION On Triadelphia Mill Road - West of Greenbridge Road

SIZE OF LOT 3 Acres + TYPE BLDG. 3 Or 4 Bedroom Dwelling
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT *Stephen M. Bush*

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

A 26338

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

Septic Tank { 1-3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons

Dry well to have 130 sq ft effective
absorbant sidewall area per bedroom below inlet
Inlet to be 3' below original grade and maximum depth 11'
Location per engineers platt. 100' from left property line
and 160' from rear property line when facing lot
from Kalmia Drive.

DISTRICT _____
DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

SPECS TO BE REVISED BUT LOCATION + INLET TO
REMAIN SAME.

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

4/29/85 CW

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION

SUBDIVISION KALMIA FARMS SEC. I. LOT NO. #3, Sec. 1

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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.

SIGNATURE OF APPLICANT _____

APPROVED BY C. B. D. Treacher FOR Dry Well DATE 2/13/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/23/78 Reaccomplished field sheet. C.B. D.

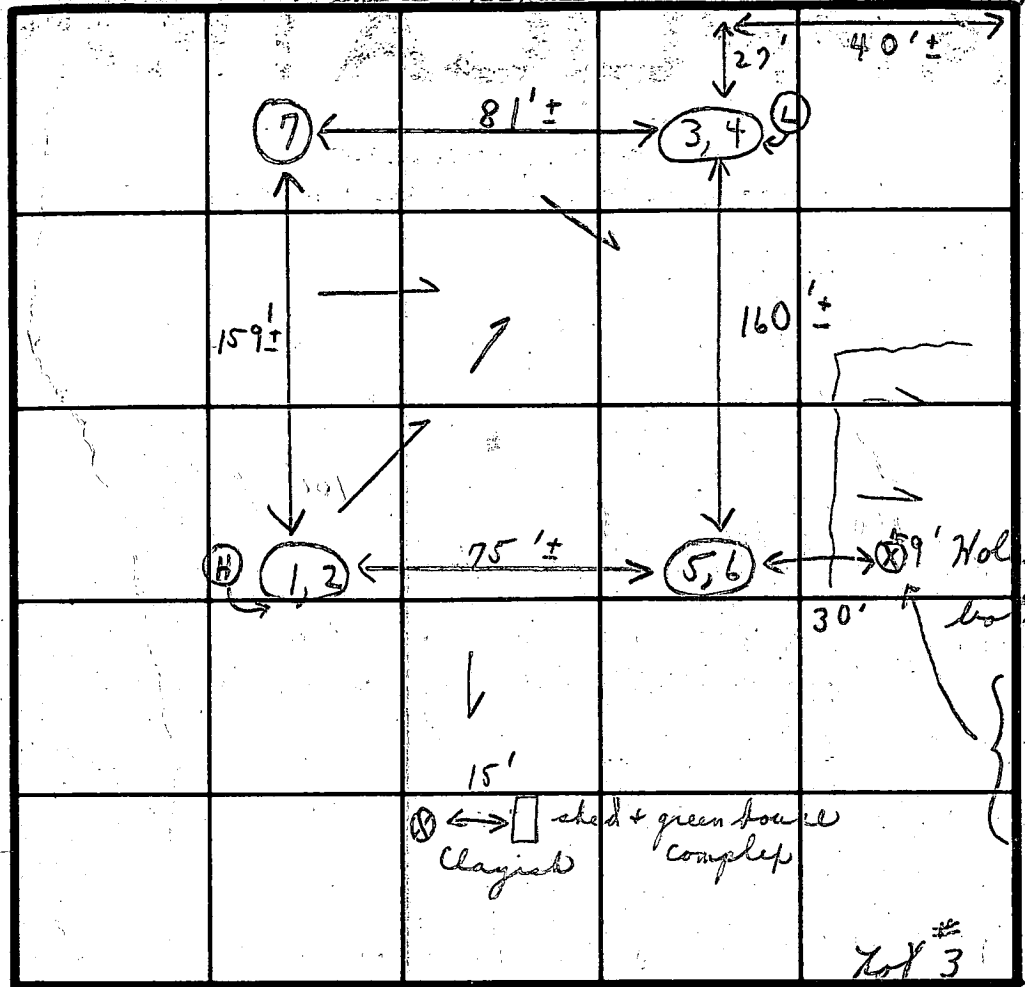
THIS IS NOT A PERMIT

Fence line

stake # 3, stake # 4

SOIL PROFILE

Below
clay
sandy
loam
↓



59' Hole solid in bottom Note: 3'-4' difference in elevation from (5,6) to (X) hole

INDICATE NORTH --NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/9/77	1	3'	3:25	3:26	3:26	3:30	4 min	
	(H) 2	11'	3:25	3:33	3:33	3:45	12 min	
	3	2"	3:20	3:22	3:22	3:27	5 min	
	(L) 4	11 1/2'	3:21	3:23	3:23	3:32	9 min	
	5	2 1/2'	3:24	3:28	3:28	3:33	5 min	
	6	10 1/2'	3:23	3:32	3:32	3:50	18 min	
	7	10'	(Visual similar to others)					
			[Field check of holes 6/23/78; 10/20/78]					

→ slope (Reaccomplished October 23, 1978) at office C.B.V.

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

SUBDIVISION: KALMIA FARMS I
KALMIA DRIVE

LOT NUMBER: 3

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	sq. ft./bedroom	Minimum Total square Feet
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

200 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth ~~10~~ 10 feet below original grade.

BLDG. PERMIT SIGNED AND RETURNED 3-26-87

Effective area begins at 4 feet below original grade.

~~X~~ 4 feet of stone below distribution pipe.

OK TO HAVE 10 FT DEEP TRENCH PER BLDG S. AHL BPT# 10665

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 360 FT DOWN THE LEFT (522.94') LOT LINE AND 100 FT OF THE SAME LOT LINE AS SEEN WHEN FACING THE LOT FROM KALMIA DR. RUN TRENCHES ON CONTOUR TOWARD THE RIGHT LOT LINE. 3-10-87 S. AHL

(Owner - Croson Development Corp.)

(Address - 5209 Kalmia Dr)

ADD REQUEST FOR GRADING STUDY

Crosen Development Co., Inc.

3775 Shady Lane • Glenwood • Maryland • 21738

(301) 854-6655

February 24, 1987

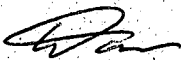
Mr. Craig Williams, Director
Water and Sewerage Program
Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, MD 21043

RE: Lot 3, Section 1 - Kalmia Farms Subdivision

Dear Mr. Williams,

As per your request, so you can reconstruct the lost
file on Lot 3, Kalmia Farms, please see attached.
This is all the information I can provide.

Sincerely,



Donald O. Crosen
President

enclosure

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

November 10, 1986

TO WHOM IT MAY CONCERN:

RE: Kalmia Farms Subdivision
Lot 3, Section 1
Lot 17, Section 2
Lot 33, Section 1

This is to advise that the percolation test results for the above referenced properties have been reviewed satisfactorily. Each lot is considered buildable at this time.

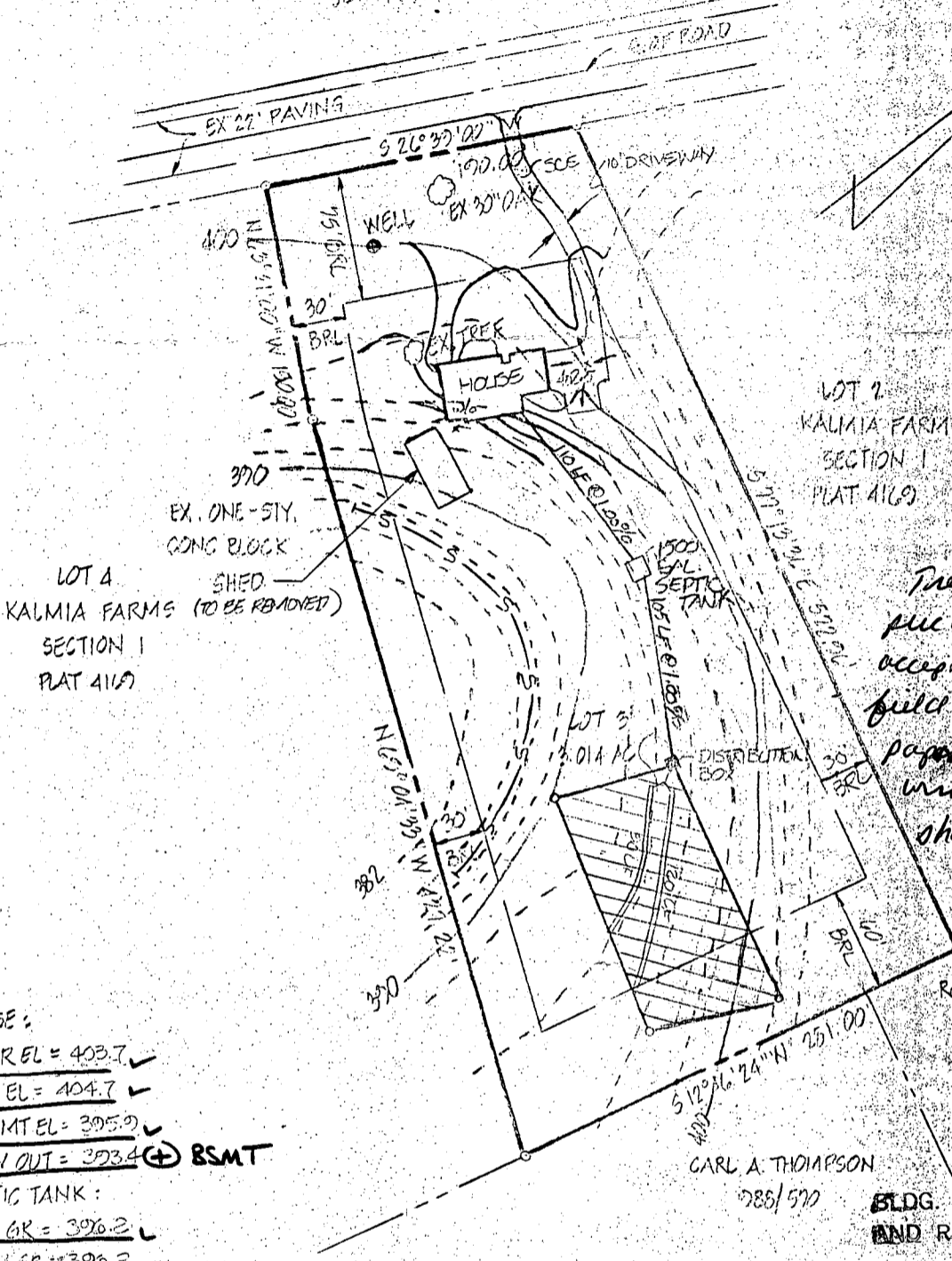
If you have any questions regarding this matter, please feel free to contact me at 461-9933.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:hs

KALMIA DRIVE
50' W



3/24/87

Elevations of Trunkers start lower in this area than usually acceptable, however based on field team and so correct paper work specs were written to start up when shown therefore will accept.

S. Miel

ROBERT P. CONNOLLEY
631/231

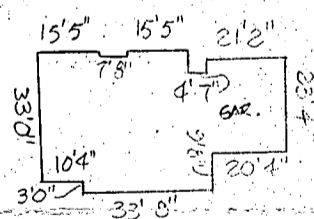
S. Miel
BP# 10665

BLDG. PERMIT SIGNED AND RETURNED 3-26-87

NOTES:

1. TAX MAP: 27; PARCEL: 127
2. EX. ZONING: R
3. TOPOGRAPHY SHOWN HEREON IS BASED ON A SURVEY PREPARED BY BOENDER ASSOCIATES, INC.
4. CONTRACTOR TO SET GRADES IN FIELD

- HOUSE:
- GAR EL = 403.7 ✓
 - FF EL = 404.7 ✓
 - BSMT EL = 395.0 ✓
 - INV OUT = 323.4 (+) BSMT
- SEPTIC TANK:
- EX GR = 396.2 ✓
 - FIN GR = 396.2 ✓
 - INV IN = 392.3 ✓
 - INV OUT = 392.05 ✓
- DISTRIBUTION BOX:
- EX GR = 395.0 ✓
 - FIN GR = 395.0 ✓
 - INV IN = 391.0 ✓
- WELL:
- EX GR = 400.00 ✓
 - FIN GR = 400.00 ✓



HOUSE DETAIL
SCALE: 1" = 50'

PLAT REFERENCE: " KALMIA FARMS - SECTION ONE " - PLAT 4169

TITLE: GRADING STUDY				
PROJECT: LOT 3 - KALMIA FARMS - SECTION ONE				
LOCATION: 5TH ELECTION DISTRICT TAX MAP: 27 HOWARD CO., MD.				
SCALE: 1" = 100'	DESIGNED BY: JN	DRAWN BY: DP	CHECKED BY: JN	DATE: FEB. 1987
FIELD BOOK: 86	PAGE NO.: 37-40	JOB NO.: 66498	DRAWING NO.: 1 OF 1	

boender associates
inc.
consulting engineers
land surveyors
land planners

153
665

COURTHOUSE SQUARE
3565 ELLICOTT MILLS DRIVE
ELLICOTT CITY, MD. 21043
(301) 465-7777

B 1 **8587** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

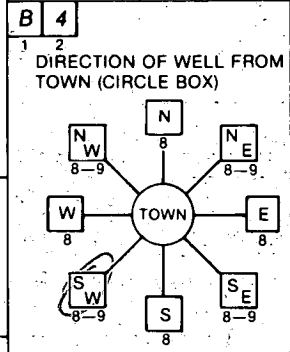
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-1061
 fill in this form completely

Date Received **10/2/85 1:10 PM**
 OWNER INFORMATION
 Last Name **SMITH** Owner **LAWRENCE**
 Street or RFD **11078 BERRY PICK LANE**
 Town **COLUMBIA** State **MD** Zip **21043**

B 3 LOCATION OF WELL
 HOWARD COUNTY
 KALAMIA FARM SUBDIVISION
 SECTION **1** LOT **3**
 NEAREST TOWN **JAYTOWN**
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
 Driller's Name **Joseph L. Wayne** License No. **238**
 Firm Name **Joseph L. Wayne**
 Address **5512 Ridge Rd. Mt. Airy Md.**
 Signature **Joseph L. Wayne** Date **5/29/85**



Kalamia Drive NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **85** 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 A26338 COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED **06/11/85** CO SIGNATURE **Cham W. ...** EXP. DATE **12/1/85**
 NORTH GRID **795000** EAST GRID **0507000**

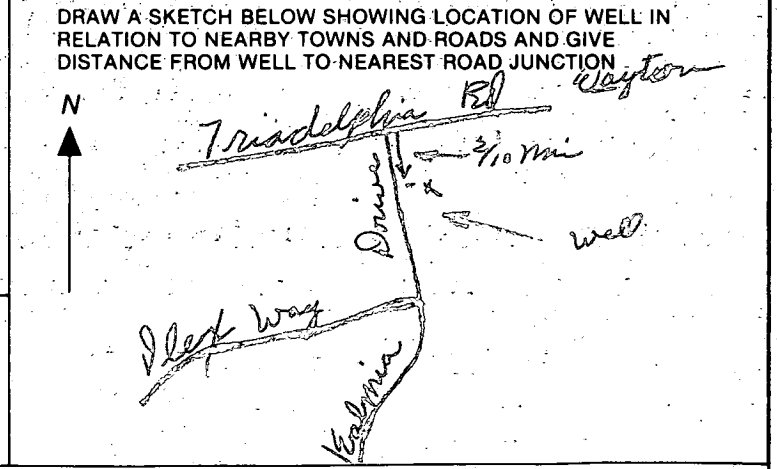
APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** 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. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
10/2/85
JL
 E **790 5**
 N **500 7**

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 **CW** WRITE INITIALS IN BOX PERMIT No. **HO-81-1061**

SPECIAL CONDITIONS

9/10/87

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 # 40089
 Date _____
 Name of Installer MARINO P+H, INC. Telephone 747-5615
 License number _____
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner MR. DON CROSEN Telephone _____
 Subdivision ~~to~~ KALMIA FARMS Lot # 3 Well tag # HU-01-1061
 Site Address 5209 Kalmia Drive

Pump	Motor	Pitless Adapter
1. Type a. Deep well jet _____ b. Shallow well jet _____ c. Submersible <u>X</u>	1. Horsepower _____ 2. RPM _____ 3. Voltage _____ a. 110 _____ b. 220 <u>✓</u>	1. Make <u>BRASS 1"</u> 2. Model # <u>1"</u> 3. Depth <u>42"</u>
2. Make <u>GOUIDS</u>		
3. Model # <u>7E H07412</u>		
4. Capacity <u>9</u> 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 _____ Other _____		
Tank	Piping	Well data
1. Capacity <u>WT 302</u>	1. Type <u>1" 1601b Quest</u>	1. Depth <u>209</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>9</u> GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level <u>40</u> ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>NO</u>
		<u>By Builder</u>

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: Joseph D Marino
Date: 9-7-87

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

WELL ABANDONMENT REPORT

Date 10/2/85

Permit Number of abandoned well (if any)

		-		-			
--	--	---	--	---	--	--	--

Driller's Name MAYNE L. JOSEPH
Last First

Owner's Name SMITH LAWRENCE
Last First

Well Location:

County HOWARD
Subdivision KALMIN FARMS
Section T Lot 3
Nearest Town DAYTON
Maryland Grid Location

Box Number E 790
N 500

	0/5	5/5
	0/0	5/0

Show well location by (x) within box

Type of Well

- Drilled
- Jetted
- Bored or Augered
- Other, specify

Depth of Well 80 Feet

Type of Casing

- Steel
- Plastic
- Concrete
- Other, specify

Size of Casing 5 5/8 Inches

Was any case removed Yes No
if yes amount removed _____ (feet)

Was casing ripped or perforated Yes No

Log of Sealing Material

Material	Feet	
	From	To
<u>Cement + gravel</u>	<u>0</u>	<u>80</u>

Driller Joseph L. Mayne
(Signature)

License # 238

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Box 476
Ellicott City Md. 21043
PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Lawrence E. Smith
(Name)

11078 Berrywick Lane
(Address) Columbia Md.

(OEP Well Permit Number)

Lot 3 Kalmia Farm

(Date)

Water Sample Request

Daniel

PROPERTY OWNER Mr. Heifetz DATE OF REQUEST 12 / 14 / 87

TELEPHONE WI 301-731-3734 HI: 854-2960 NEW WELL NUMBER HO-81-1061

DIRECTIONS OR INSTRUCTIONS 2 Filter on system, acid-neutralizer & reverse osmosis for Nitrate (no documented problem)
Obtain contract & manufactures info on filter.
Summer of 1988 installed, JEN

SAMPLE TYPE _____ REASON FOR REQUEST _____

- | | |
|---|---|
| <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 / /

SEPTIC SYSTEM: Approved Disapproved DATE 9 / 15 / 87

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: A 26338

FIRST SAMPLE COLLECTOR Analyte TIME _____ DATE 12 / 14 / 87

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

CHEMICAL _____, LEAD & COPPER _____, NITRATES 1.4, PESTICIDE _____

ACTION: 1 COP issued 12-17-87 JEN

RESAMPLE COLLECTOR HODGES DATE 1 / 11 / 89

SS900 BACTERIA , pH 6.0, Free Cl⁻ 0, Res. Cl⁻ 0, TIME 1127

R2 CHEMICAL _____, Other _____

ACTION: NITRATE TAP IN KITCHEN Bact neg. N=25 ppm

RESAMPLE COLLECTOR Hodges DATE 1 / 11 / 89

MM126 BACTERIA , pH 7.5, Free Cl⁻ 0, Res. Cl⁻ 0, TIME 1130

B3 CHEM ACTION: BATH TUB TAP Bact. neg N=1.1 ppm

RESAMPLE COLLECTOR _____ DATE / /

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

ACTION: 6/9/89 send F.C.O.P. C.B.D

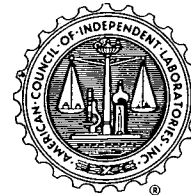
NAME Heifetz
ADDRESS 5209 Kalma Drive
Kalma Farms - lot 3
21036
Louanna Smith

ANALYTE

LABORATORIES, INC.

301-747-3844

OFFICES:
6630 BALTIMORE NAT'L PIKE
ROUTE 40 WEST
BALTIMORE, MD. 21228



CERTIFICATE OF ANALYSIS
No. 871214-06
Crosen Development
December 17, 1987

Analysis of: Well water sample

Well #: _____
Owner: _____
Building Permit: _____
Lot #: 3
Subdivision: _____
Location: 5209 Kalima Dr.
Dayton, Md.
Sample Date: 12-14-87
Sampler ID: 86-14

TEST	RESULT	PASS/FAIL
Chlorine, Residual	0.0 mg/l	Pass
Coliform, Total	< 2.2 MPN/100 0 of 5 tubes +	Pass
Nitrate	1.4 mg/l	Pass

The above analysis indicates that the above well water IS potable.

All tests performed by Analyte Laboratories, Inc., Certificate # 117

Certificate valid for 30 days after issuance.

Reviewed by: Robert M. Wright
Chemist

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 17, 1987

Crosen Development Co., Inc.
3775 Shady Lane
Glenwood, Maryland 21738

RE: Kalmia Farms I - Lot 3
5209 Kalmia Drive

To Whom It May Concern:

This is to advise you that the septic system was installed, inspected and approved on September 15, 1987.

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-81-1061. 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.

December 14, 1987
Date of Water Sample

October 2, 1985
Date Well Approved:

A handwritten signature in cursive script that reads "Jane E. Nadeau".

Approving Authority
Jane Nadeau, Sanitarian
Water and Sewerage Program

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.R.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 28, 1988

Mr. and Mrs. Heifelty
5209 Kalmia Drive
Dayton, Maryland 21036

RE: Kalmia Farms, Lot 3, Sec. 1
5209 Kalmia Drive
Well Permit #HO-81-1061

Dear Mr. and Mrs. Heifelty:

A review of our records indicates that final satisfactory water samples were not obtained at the above referenced property. You are requested to contact this office at 461-9933 to arrange for those samples to be taken. These samples are required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A(1) which states that: "A person may not put into service a well or water supply system that may be used for human consumption unless a Certificate-of-Potability has first been issued for the well by the approving authority..."

An Interim Certificate-of-Potability was issued based on one satisfactory water sample. The enclosed copy of that Interim Certificate stipulates that a second safe sample be obtained. The purpose of the second sample is to assure that the well is not vulnerable to re-contamination.

You are encouraged to call this office at 461-9933 to arrange an appointment for the second sample from an inside tap which is the most reliable location from which to obtain a safe sample.

If you have any questions relative to this matter, please call 461-9933.

Very truly yours,

Jane E. Nadeau

Jane E. Nadeau, Sanitarian
Water and Sewerage Program

JEN:hs

Enclosure

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

June 14, 1989

Mr. & Mrs. Heifetz
5209 Kalmia Drive
Dayton, Maryland 21036

Re: Kalmia Farms - Lot 3, Sec. 1
5209 Kalmia Drive
Well Permit No. HO-81-1061

Dear Mr. & Mrs. Heifetz:

This is to advise you that the septic system was installed, inspected and approved on September 15, 1987.

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-81-1061.

January 11, 1989
Date of Final Sampling

June 14, 1989
Date of Acceptance

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

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
December 14, 1987
January 11, 1989

CBS/cm

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

013685

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

Lab. No. _____

RECEIVED
HEALTH DEPARTMENT
BACTERIOLOGICAL
DIVISION
JAN 15 8 41 AM '89

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE Source HEIFELTZ NITRATE TAP
 Community Location: 5209 KALMIA DRIVE
 Non-Community Iced: Yes No
 Private Treated: Yes No Time Collected 1130 am. pm.
 Check Sample Collector #: _____ Bottle No. SS900
 Special Collector Name: HODGES County HOWARD

13 County Plant No. Sampling Station 1189 Date Collected

pH 6.0 Res. Cl: Free 00 Total 00 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: _____

Laboratory

- Annapolis Cumberland
- Cambridge Frederick
- Central Salisbury
- Cheverly

Recd. _____

Exam _____

Remarks _____

Rept. _____

Bacteriologist: _____

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

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

013684

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

Source HELFELT BATH TUB TAP

Community Location: 5209 KALMIA DR

Non-Community Iced: Yes No

Private Treated: Yes No Time Collected 1130 am. pm.

Check Sample Collector # _____ Bottle No. MM726

Special Collector Name HODGES County HOWARD

13
County

Plant No. _____

Sampling Station _____

11189
Date Collected

pH 7.3

Res. Cl: Free 00

Total 00

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

Laboratory

Annapolis Cumberland
 Cambridge Frederick
 Central Salisbury
 Cheverly

Date & Hour: _____

Recd. _____

Exam _____

Rept. _____

Remarks _____

Bacteriologist _____

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

0000331 511 8
 Lab No.

WATER ANALYSIS

Bottle Number: R2 Name: HEIFELTZ, P County: HOWARD

Source of Sample: 5209 KALMIA DRIVE Street Town or City Collector: HODGES

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

Remarks: 14081 1061 NITRATE TAP

County: 13 Plant No.: Sampling Station: Date Collected: 011189 Time: 11AM Acid: Iced:

Field Data: pH*: 6.0 Chlorine Residual: 0.0 Free: 0.0 Total: 0.0 Specific Conductance:

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
<input checked="" type="checkbox"/> pH*	00403	6.0	Arsenic	01002	
<input checked="" type="checkbox"/> Alkalinity (Total)	00410	6	Barium	01007	
pH*, Ca CO ₃ SAT.	70311		Cadmium	01027	
Alkalinity, Ca CO ₃ SAT.	74023		Chromium	01034	
<input checked="" type="checkbox"/> Hardness	00900	4.6	Lead	01051	
Ammonia-N	00608		Mercury	71900	
<input checked="" type="checkbox"/> Nitrate-Nitrate N	00630	25	Selenium	01147	
Nitrite N	00615		Silver	01077	
MBAS	38260				
<input checked="" type="checkbox"/> Chloride	00940	42	Aluminum	01105	
Fluoride	00951		Calcium	00916	
Color*	00081		Copper	01042	
<input checked="" type="checkbox"/> Turbidity*	00076	0.5	<input checked="" type="checkbox"/> Iron	01045	< 0.05
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)

Date Received: _____ Date Reported: JAN 23 1989 Chemist: DAVID A. SEVDALIAN

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

0008982 511 8

Lab No. _____

WATER ANALYSIS

Bottle Number: R 3 Name: HEIFELTZ, D County: HOWARD

Source of Sample: 5209 KALMIA DR Street Town or City Collector: HODGES

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

Remarks: H 0 8 1 1 0 6 1 BATH TUB TAP

County: 13 Plant No. [] [] [] [] Sampling Station: [] [] [] [] Date Collected: 011189 Time: 11AM Acid: [] Iced:

Field Data: pH*: [] [] Chlorine Residual: [] [] Free: [] [] Total: [] [] Specific Conductance: [] [] [] []

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
<input checked="" type="checkbox"/> pH*	00403	7.5	Arsenic	01002	
<input checked="" type="checkbox"/> Alkalinity (Total)	00410	35	Barium	01007	
pH*, Ca CO ₃ SAT.	70311		Cadmium	01027	
Alkalinity, Ca CO ₃ SAT.	74023		Chromium	01034	
<input checked="" type="checkbox"/> Hardness	00900	28	Lead	01051	
Ammonia-N	00608		Mercury	71900	
<input checked="" type="checkbox"/> Nitrate-Nitrate N	00630	1.1	Selenium	01147	
Nitrite N	00615		Silver	01077	
MBAS	38260				
<input checked="" type="checkbox"/> Chloride	00940	22	Aluminum	01105	
Fluoride	00951		Calcium	00916	
Color*	00081		Copper	01042	
<input checked="" type="checkbox"/> Turbidity*	00076	<0.5	<input checked="" type="checkbox"/> Iron	01045	<0.05
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)

Date Received _____ Date Reported JAN 23 1989 Chemist DAVID A. SEVDALIAN