

C 1 34950

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 320 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 15 - 0129

OWNER CAIN last name KEITH first name WELL SITE ADDRESS 5037 LANDING RD TOWN ELK RIDGE SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: SOIL 0-6, Brown clay 6-30, Fractured Rock 30-60, MED GRAI Rock 60-320, 3 bores x 320' Deep, 8.7 bags x 26 gal bag = 225 gal / 320' = 0.7 gal/ft.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 26 NO. OF POUNDS 1300 GALLONS OF WATER 650 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 320 ft.

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

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

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

SCREEN RECORD screen type or open hole [ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

DEPTH (nearest ft.) table with columns 1-21 and rows A-C, S-R, E-E, N-N. Includes SLOT SIZE 1 2 3 and DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. 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 INSTALLED PUMP YES NO (CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 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

LATITUDE 39.23347 LONGITUDE 76.76341 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES [Y] NO [N]

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MD D355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. AW D920

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

B 1 35876

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 556595

STATE PERMIT NUMBER

70 15 - 0129 79 fill in this form completely

Date Received (APA)

8 MM DD YY 13 08 24 15

OWNER INFORMATION

15 Last Name Cain 21 Owner Keith 34 First Name 36 Street or RFD 5037 Landing Road 55 57 Town Elkridge 70 State MD 72 Zip 21075 76

B 3

LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Elkridge 71

DRILLER INFORMATION

76 Driller's Name Michael Barlow 81 License No. M WD 355 76 Firm Name Barlow Well Drilling 76 Address 522 Underwood Lane 2014 76 Signature 8/10/15 76 Date

B 4

SOURCES OF DRILLING WATER

1. Well 2. 3.

11 STREET ADDRESS 5037 LANDING RD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 500 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 31 BLK: 17 PARCEL 334

B 2

WELL INFORMATION

1 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 14 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL 3 bores x 320'

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

13 COUNTY NAME Howard 41 COUNTY NO. STATE SIGNATURE DATE ISSUED 08/31/2015 48 CO SIGNATURE 8/31/16 EXP. DATE

APPROXIMATE DEPTH OF WELL 320 24 FEET 28

APPROXIMATE DIAMETER OF WELL 106 NEAREST INCH

METHOD OF DRILLING (circle one)

30 BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other

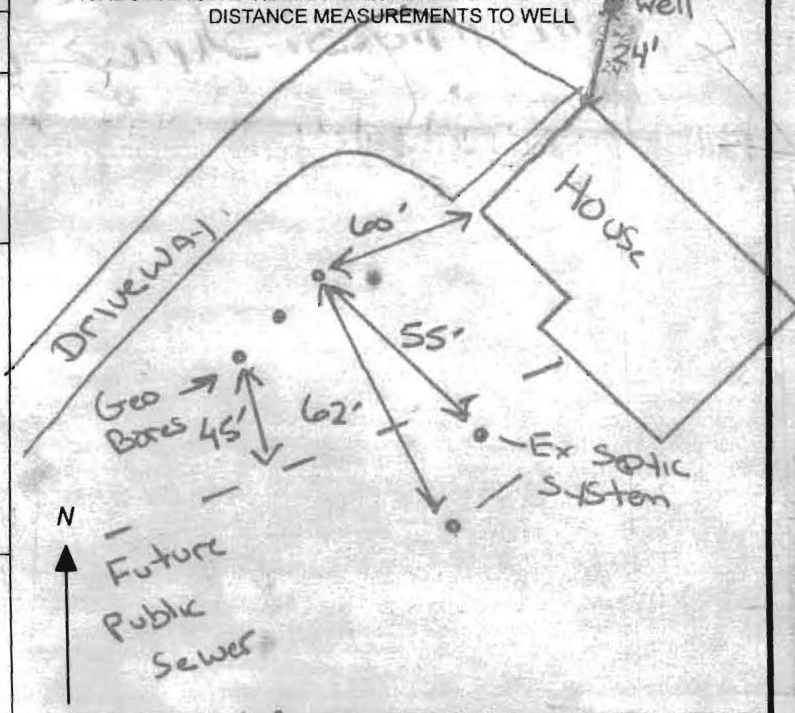
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G PERMIT No. 15 - 0129 70 71 72 73 74 75 76 77 78 79

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

All wells must be grouted from bottom to top.



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Acting Health Officer

December 1, 2015

Keith Cain
5037 Landing Road
Elkridge, MD 21075

RE: Waiver Approval
5037 Landing Road
Elkridge, MD 21075

Dear Mr. Cain:

This letter is being issued in response to your variance request dated November 30, 2015. This agency will grant **approval** of the waiver to the required Percolation Certification Plan and perc testing to establish a septic reserve area as required by the *Howard County Code, Subtitle 8, Section 3.805*. The waiver has been approved on the basis that the proposed home is being constructed on the same footprint and the house will be connected to public sewer after the home is constructed. A waiver to the well setback is also approved on the basis that the proposed modular home will be constructed on the existing footprint. Any deviations from the site plan submitted with the building permit will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

A handwritten signature in black ink, appearing to read 'Michael J. Davis', is written over the typed name.

Michael J. Davis
Assistant Director

Bureau of Environmental Health

**T-N-T DRYWALL
&
CONSTRUCTION, LLC**

LET US CUSTOMIZE YOUR DREAM HOME AT
UNBELIEVABLE PRICES
PHONE: 410-796-7775/FAX: 410-796-7775
MHIC# 47689/MHBR# 4331

TO: HOWARD COUNTY HEALTH DEPT .
FROM: T-N-T / T. J. SWINEY.
PERMIT # B15003958, CAIN RESIDENCE.
DATE: November 30, 2015
RE: WELL SET BACK

12/1/15
Approved
M Swiney

IM WRIGHTING YOU HOPEING THAT YOU CAN HELP ME WITH A PROBLEM I HAVE , I HAVE A MODULAR HOME COMEING THE 7TH OF DECEMBER , I HAVE ALREADY SET THE DELIVERY BACK ONCE BECOUSE THE GEO THERMAL COMPANY DIDENT SEND IN DRAWINGS AND I HAD TO HAVE THEM DONE BY MY CIVIL ENGINEER AT MY COST , AND TIME LOST , WITH ALL THE REQUIRMENTS OF DIGGING A FOUNDATION , I DID NOT RECHECK THE SET BACK OF THE WELL TO THE HOUSE . IM USING THE SAME FOOTPRINT AS THE OLD HOUSE EXCEPT THESE WALLS MUST BE 10 FT TALL AND REQUIRE TO BE 10" THICK , THIS PUT ME IN THE 16 TO 18 FT RANGE TO BASEMENT WALL, IF I MOVE THE HOUSE BACK I MUST REMOVE FOUR LARGE OAK AND MAPLE TREES ,AND IT I MOVE IT TO THE FRONT THE HOUSE WILL BE ON THE EDGE OF THE HILL AND I WILL BE FORCED TO REMOVE FOUR OTHER TREES AS WELL AS NOT HAVING A SIDEWALK . I HAVE FILED FORMS TO HAVE HOME IN METRO AREA AND WAS APPROVED , AS WELL AS CHANGING SEPTIC TANK TO COUNTY SEWAGE .WE HAVE NOT INSTALLED LINE AT THIS TIME INORDER TO GET LARGE TRUCKS TO LOT SITE WITH OUT ROLLING OVER OUR SITE AND IT COMPACTING DOWN. I HAVE PAID ALL FEES FOR THIS WORK HAD A SEWER CONCEPT PLAN DREW UP BY ENGINEER AND CONTRACTED A COUNTY APPROVED UTILITES CONTRACTOR AS WELL AS A SITE PLAN FOR DPW PER CAL BROOKS AT DPW. THERE FOR IM ASKING IF YOU

• 1 4 3

COULD GRANT A VARIANTS TO ALLOW THE WELL TO BE AS IT SITS SO I CAN MOVE ON WITH HOME. IF I SET HOUSE BACK AGEAN I CANT GET IT DELIVERD UNTILL THE 28TH OF DECEMBER IF I CAN LINE TRADES UP AGEAN. THE HOME OWNERS HAVE ALL THERE HOUSEHOLD GOODS IN STORAGE , AND THERE LIVING WITH FAMILY FOR THE LAST FOUR MOUNTHS . I HAD NO IDEAL THINGS WOULD TAKE THIS LONG WHEN YOUR DEALING WITH WELLS AND SEPTIC AS WELL AS CONTRACTORS THAT DON'T DO WHAT THERE ASK TO . IVE BEEN A CONTRACTOR IN HOWARD COUNTY FOR OVER THIRTY YEARS , EVERY ONE KNOWS ME AND KNOWS I ALWAYS TRY TO DO AS I EM REQUESTED TO.

THANK YOU FOR YOUR TIME

T.J. SWINEY/T-N-T 



Bureau of Environmental Health

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Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Acting Health Officer

August 20, 2014

Philip and Erika Key
3309 Stapleton Drive
Glenwood, MD 21738

RE: Waiver Approval
3309 Stapleton Drive
Glenwood, MD 21738

Dear Mr. & Mrs. Key:

This letter is being issued in response to your variance request received on August 6, 2014. This agency will grant **approval** of the waiver to the required Percolation Certification Plan and perc testing to establish a septic reserve area as required by the *Howard County Code, Subtitle 8, Section 3.805*. The waiver has been approved on the basis that the proposed addition is located on the same footprint as the existing screened porch and has minimal to no impact on the available area for on-site sewage disposal. The addition of the sunroom does not increase building occupancy. Please note that any future addition of living space or other property improvements may require testing and a percolation certification plan. Any deviations from the site plan submitted with the building permit will be subject to further review by this Department.

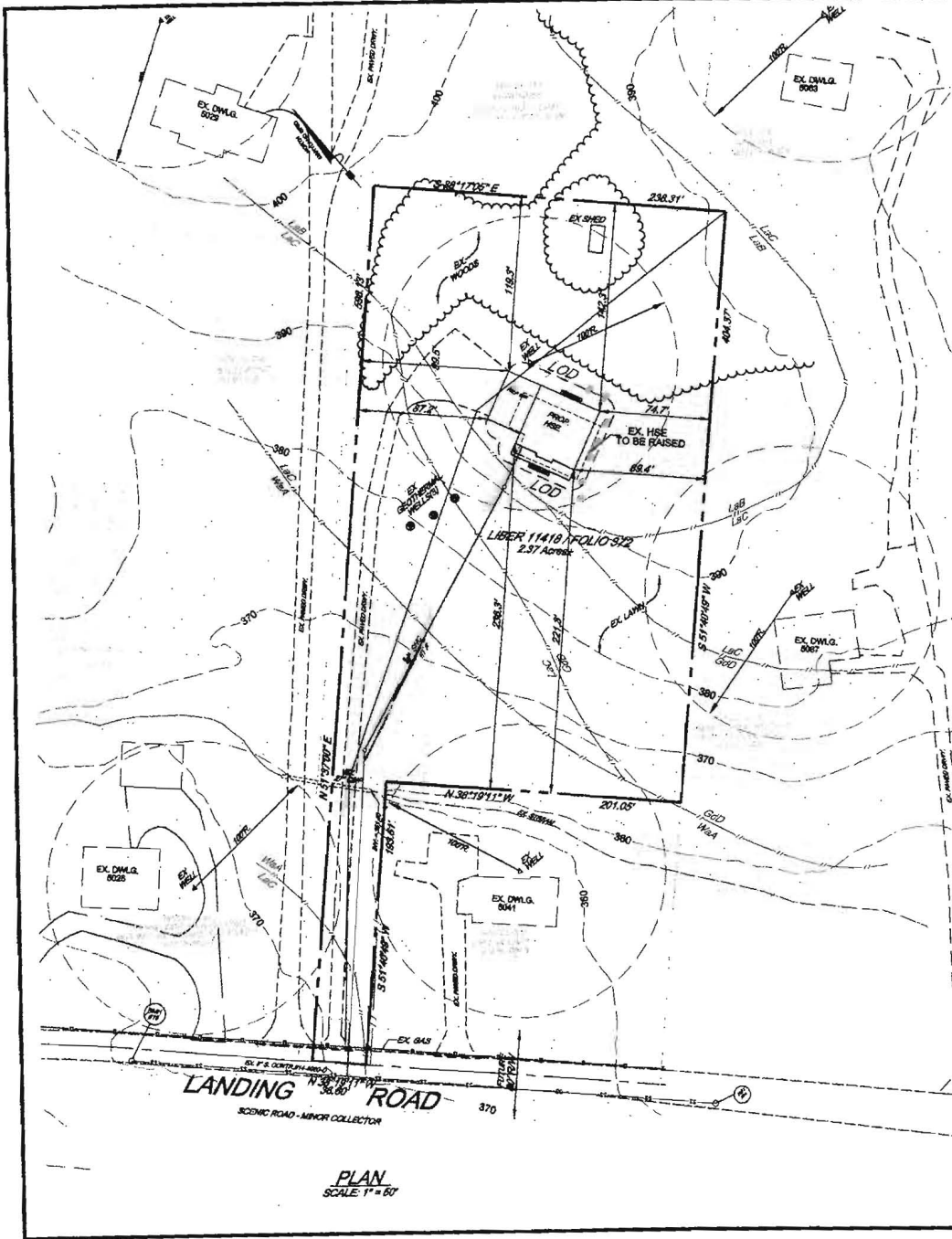
Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

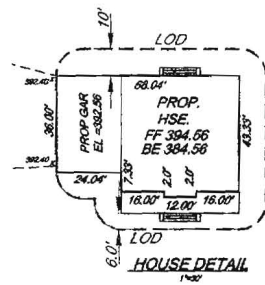
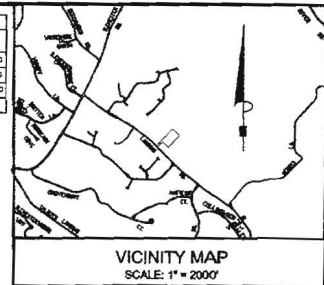
A handwritten signature in black ink that reads 'Michael J. Davis'.

Michael J. Davis
Assistant Director

Bureau of Environmental Health



SOILS LEGEND					
SYMBOL	NAME/DESCRIPTION	SOIL GROUP	K VALUE	K _{AVG}	HYDRO GROUP
GdD	Claystone-Laguna complex, 65 to 25 percent slopes, stony	A	0.26	-	NOT HYDRO
LsB	Laguna all loam, 3 to 8 percent slopes	C	-	-	NOT HYDRO
LoC	Laguna all loam, 8 to 16 percent slopes	C	-	-	NOT HYDRO
WaA	Washling all loam, 0 to 2 percent slopes	D	0.43	-	HYDRO



GENERAL NOTES:

1. OWNER: KEITH CAIN
DEED REFERENCE, LIBER 11418, FOLIO 00332
DATE, 11/03/2008
GRANTOR: JUNE METTEE
2. TAX MAP 031, GRID 17, PARCEL 334
3. THE BOUNDARY SHOWN HEREON IS BASED UPON CURRENT TITLE DEED.
4. WATER SERVICE = PRIVATE AND SEWER SERVICE = PUBLIC
5. THERE IS A NON-CRITICAL 100 YEAR FLOOD PLAIN LOCATED ON THIS PROPERTY BASED ON FEMA INSURANCE RATE MAP COMMUNITY PANEL 2400440038B ZONE C
6. TOPOGRAPHY SHOWN HEREON IS FROM HOWARD COUNTY GIS DATA, DATUM IS NAVD88 AND CONTOUR INTERVAL IS 2 FT. FIELD CHECKED BY CRC & ASSOC.
7. SUBJECT PROPERTY IS ZONED R-ED.
8. STORMWATER MANAGEMENT FOR THE PROPOSED IMPROVEMENTS TO THE SUBJECT PROPERTY SHOWN HEREON IS NOT REQUIRED BECAUSE THE DISTURBED AREA IS LESS THAN 6000 SQUARE FEET.
9. THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 200' OF THE PROPERTY BOUNDARYS UNLESS SHOWN OTHERWISE
10. DISTURBED AREA = 4,380 SF

LEGEND

- EX. PROPERTY LINE
- PROP. PROPERTY LINE
- EX. FRONT-OF-WAY
- PROP. LOT LINES
- EX. EASEMENTS
- PROP. CONTOURS
- EX. TREEWOODS LINE
- EX. WETLANDS
- SOILS LINE
- LIMIT OF DISTURBANCE
- DENOTES SLOPES 20% OR GREATER
- DENOTES SLOPES 14-20%
- STABILIZED CONSTRUCTION ENTRANCE
- SUPER SILT FENCE
- SILT FENCE
- TREE PROTECTION FENCE
- EX. GEOTHERMAL WELL
- EX. WELL

OWNER:
KEITH CAIN
5037 LANDING RD
ELKDRIDGE MD 21075

PERMIT PLAN
FOR
5037 LANDING ROAD
LIBER 11418 / FOLIO 00372

LOCATED ON THE NORTH SIDE OF LANDING ROAD
215' EAST OF FRONT WAY
TAX MAP 031, GRID 17, PARCEL #334
1ST ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
ZONED - "R-ED"

DATE: 07/21/2015 SCALE: 1" = 50'

Prepared by:
CHARLES R. CROCKEN AND ASSOCIATES, INC.
Civil Engineering - Land Planning
800 Lap Avenue
Bowie, MD 21718
Tel: (410) 548-2288
Fax: (410) 548-8868
CRCR@CROCKEN.COM

PROFESSIONAL CERTIFICATION
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND. LICENSE NO. 7883 EXPIRATION DATE 4/30/2015

CHARLES R. CROCKEN PE 7883 LICENSED TO 7/83 DATE

PLAN
SCALE: 1" = 50'

T J Swiney

410-984-6543.

12/15 - TIC w/ Swiney
re. approval of well
setback. - H.O.

T-N-T Drywall & Construction, LLC

6854 Ducketts Lane
Elkridge, Maryland 21075
Phone/Fax# 410-796-7775
MHIC#47689/MHBR#4331

DATE: November 6, 2015

PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: HEALTH DEPT HOWARD COUNTY

TO: HANK OSWALD

RE: SET BACK DRAWINGS 5037 LANDING ROAD ELKRIDGE MD 21075 PERMIT ,# 15003958

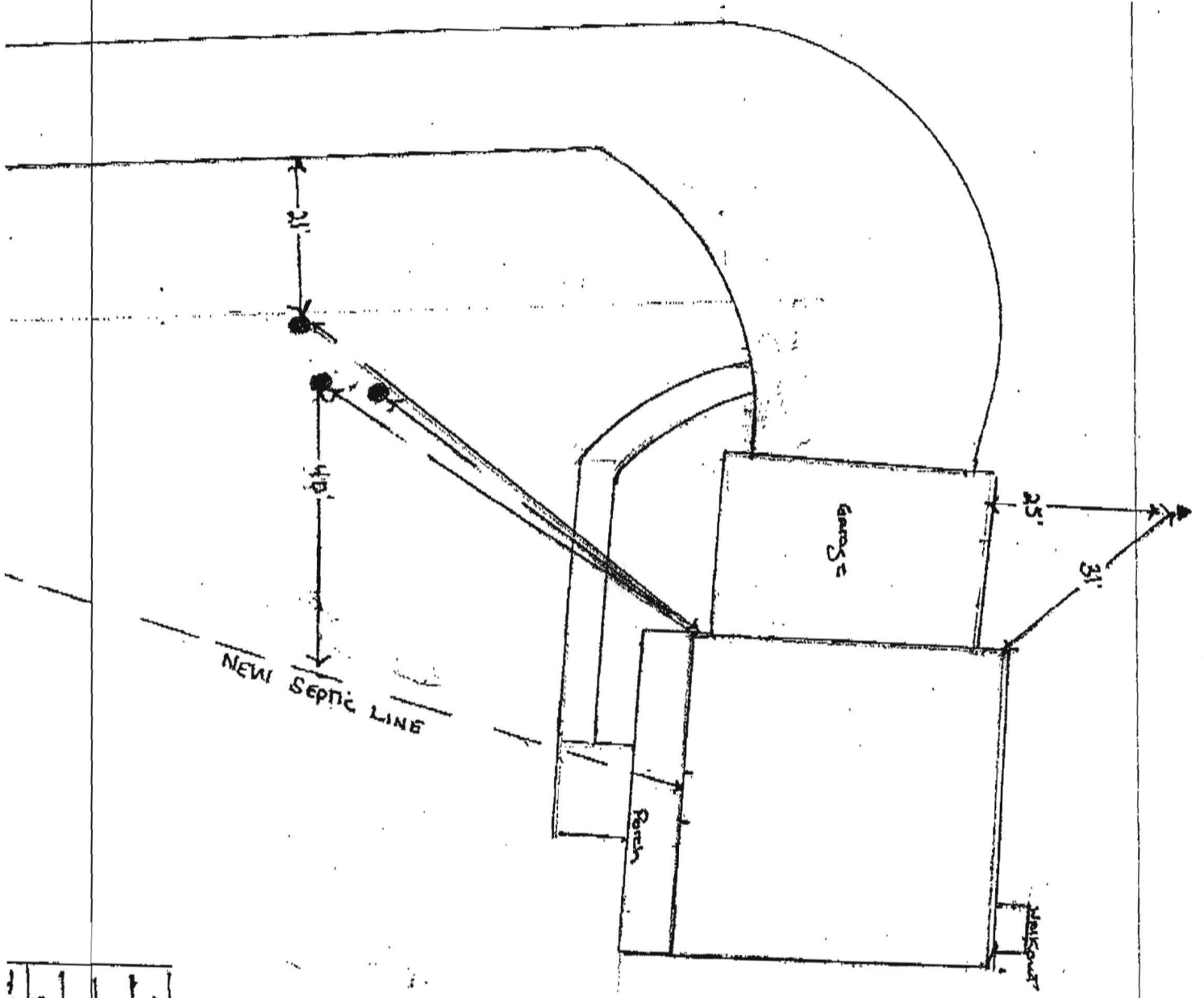
TOTAL NUMBER OF PAGES, INCLUDING THIS PAGE: 3

MESSAGE: HANK I HOPE THIS WILL DO,MY ENGINEER IS GONE FOR A WEEK AND I NEED TO GET MOVING, THE GEO BORES ARE ON A SEPARATE PERMIT NOT IN MY CONTRACT BUT I SHOWED THEM AS YOU ASK . MR WOLF HAS ALL THE OTHER INFO . THANK YOU FOR WORKING WITH MY NOT KNOWING WHAT WAS GOING ON . T.J. SWINEY /T-N-T LLC

IF YOU DO NOT RECEIVE ALL PAGES OR HAVE ANY PROBLEM WITH RECEIVING, PLEASE CALL 410-796-7775.

THANK YOU,

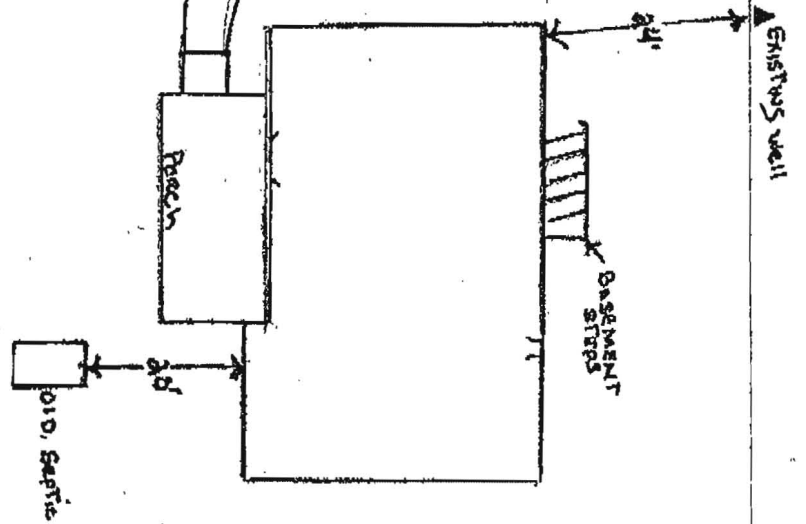
T.J. Swiney, Jr.
T-N-T Drywall & Construction, LLC



11/0/15
 Site plan approved
 for B15003958 (SFD)
 - H.O.

CHAIN RES. 5031 LANDING RD GAITHERSBURG, MD.
 PERMIT # 15003958 1/4" = 5'
 NEW DWELLING Single Family Two-Story
 HOUSE MOVED TO NEW ENTRANCE CORNER
 HOUSE 44'X45'
 TDC 2011 TRACT

MUSIC 42089
 MBRM 4551



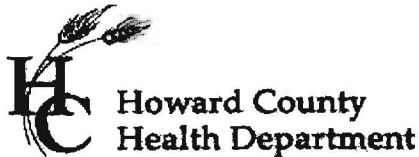
Chain Res. 5087 Landing Road Elkridge Md.

PERMIT # B15003968. 1/4" = 5'

EXISTING HOUSE. WELL SET BACK. SEPTIC TANK SET BACK

T.J. Sweeney - TJS/TNT

11/06/2015 10:18



**Howard County
Health Department**

**Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org**

Maura J. Rossman, M.D., Health Officer

October 29, 2015

TJ Swiney
C/O Keith Cain
5037 LANDING ROAD
ELKRIDGE, MD 21075

**RE: Water Sample Results
5037 LANDING ROAD
Invoice #: 30748**

Dear Mr. Swiney,

We have received the results from the testing of the water sample(s) taken from the above referenced property on October 13, 2015. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 5.79 parts per million. The MCL for nitrate is 10.0 parts per million.

A **Turbidity** sample was collected to determine the amount of suspended particulates in your water supply. The turbidity level was 1.3 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.

In addition, the presence of **Sand** was not visible within the sample.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,

Kathleen Cook, R.S.
Community Hygiene Program

Enclosures



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

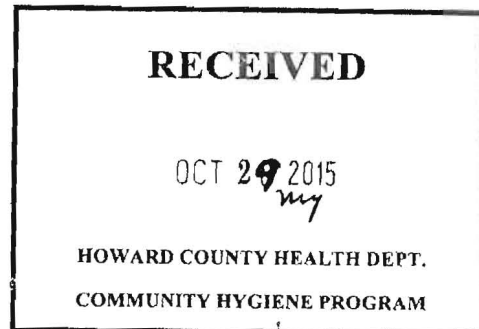
HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE16001586 Date Coll. 10/13/2015 Date Received 10/13/2015 Submitted By:Aftan Vargas

Field ID: HC 5037
Lab No.: E16001586003

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	5.79	mg N/L	10/14/2015
Turbidity	EPA 180.1	1.3	NTU	10/14/2015

Comments:



Approved by: *Shahla Aneli*

Approval date: 10/23/2015

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Telephone: (443) 681 - 3855

Fax: (443) 681 - 4507

S:\EnviroFinal-InorganicsA.rpt

Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, October 27, 2015 9:45 AM
To: TJSWINEY@VERIZON.NET
Cc: Wolf, Kevin
Subject: 5037 Landing Road_Demo and Building Permit Information

Hello Mr. Swiney:

As a follow-up to our telephone conversation this morning, this office will need a plot plan drawn to scale and must show the new house location meeting all setback requirements to the existing well (30 feet to foundation, 20 feet to garage on grade) and vertical closed loop geothermal well (20 feet to foundation) prior to BP approval. The plot plan must be submitted to Department of Inspection License and Permits (DILP). Please notify me once this has been done.

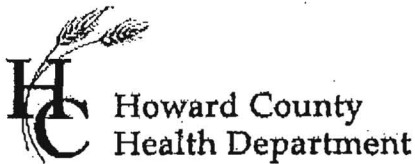
The demo permit may be released but a condition will be placed on this building permit requiring an Interim Certificate of Potability (ICOP) prior to Use and Occupancy.

Should you have any questions or concerns, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)



Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Maura J. Rossman, M.D., Health Officer

Emailed: tjswiney@verizon.net

October 15, 2015

T.J. SWINEY
c/o KEITH CAIN
5037 LANDING ROAD
ELKRIDGE, MD 21075

RE: Water Sample Results
5037 LANDING ROAD
Invoice #: 30748

Dear Mr. Swiney,

We have received the results from the testing of the water sample(s) taken from the above referenced property on October 13, 2015. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that bacteria was present in the sample taken from the outdoor faucet and at this time is not considered safe for all uses. According to drinking water standards there should be no bacteria present.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,

Ramar Martin, R.S.
Community Hygiene Program

Enclosures

Cc. keithcain@gmail.com

SEND REPORT TO:
 Howard County Health Department
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 LABORATORIES ADMINISTRATION
 1770 Ashland Avenue, Baltimore MD 21205
 Robert A. Myers, Ph.D., Director

005188

PHONE NO. _____
 Category Code: 4G MICROBIOLOGICAL ANALYSIS OF DRINKING WATER
 Invoice No.: 30748

Lab No.: _____

FIELD RECORD

Sample Type: Swiney 5037 Landing Road
 Community Source Address: _____
 Transient Sampling Site: Main Water Pipe Bottle No.: HC 5037
 Non-Transient Iced: Yes No Treated: Yes No County: Howard
 Private Date Collected: 10-13-15 Time Collected: 11:00 am pm
 Repeat Sample Collector Name: Aaron Woods Collector ID No.: 8487 AV
 C.O.P. Collector Tel. No.: 410-313-1792 PWS ID No.: _____
 Bottled Water

Test Requested:
 Quantitative: Colilert®-QT Enterolert®
 P/A: Colilert® Enterolert®
 Multiple Tube Fermentation: MTF MTF (All Method-Source Waters Only)
 Heterotrophic Plate Count (HPC-Pour Plate Method)
 OTHER: _____

REMARKS: _____

13			
County	Plant No.	Sampling Station	
7.5	0.0	0.0	0.0
pH	Res. Cl:	Free	Total

LABORATORY RECORD (DHMH Use Only)

Test Method(s): SM 9223 Colilert® SM 9223 Colilert®-QT SM 9223 Colilert®-18
 SM 9221 B (MTF) SM 9221 B, E (MTF) SM 9221 B (A1)
 (Check all that apply) SM 9215B (HPC) Enterolert® ASTM D6503-99
 OTHER: _____

Temperature Control: 45 °C
 Thiosulfate: Present Absent Undetermined

P/A TEST (Colilert®/Enterolert®) QUANTITATIVE TEST (Colilert®-QT/Enterolert®) HETEROTROPHIC PLATE COUNT (Pour Plate Method, Plate Count Agar)

100 mL sample	(+/-)	Dilution	100 mL sample	# Positive wells	MPN/100 mL	Plate A:	Plate B:
Total coliforms		<input type="checkbox"/> 1:10	Total coliforms	51	7201		
E. coli		<input type="checkbox"/> 1:100	E. coli	0	<1	Incubate 24.48.72 hrs @ 35°C (CFU/ml) =	
Enterococci		<input type="checkbox"/> 1:1000	Enterococci			Average: _____	

OCT 13 '15 PM 2:25
 RECEIVED
 OCT 13 '15 PM 4:06
 PLACED IN INCUBATOR
 OCT 14 '15 PM 4:14
 RESULTS READ/REPORTED

PRESUMPTIVE MTF TEST

mL of Sample	10
Gas/24h	
Gas/48h	

CONFIRMED MTF TEST (MTF/A1 Method)

mL of Sample	10	1	0.1
Total Coliforms			
Fecal Coliforms			

RESULTS

No. of Positives (+)	MPN/100 mL	Recorded Value

SAMPLE INVALIDATION:
 Sample Rejection
 Laboratory Accident
 Other: _____

RESAMPLE REQUIRED:
 YES NO

DATE: _____

BACTERIOLOGIST: K. Jones 10/14/15 REVIEWED BY/DATE: L. Page 10-14-15
 REMARKS: _____
 LABORATORY: CENTRAL (410) 767-6145 ES REGIONAL (410) 219-9005 WMD REGIONAL (301) 759-5115

This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received.

DHMH-88 03/2015

Original-Laboratory



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

WELL AND WATER SUPPLY SYSTEM DISINFECTION

The purpose of well chlorination is to kill bacteria which may be introduced into wells during well drilling, pump installation and plumbing activities. Chlorination should not be expected to provide any permanent solution to a contamination problem since the process only destroys existing bacteria. If a sample taken after a well is chlorinated shows the presence of bacteria, there may be a new contamination occurring, and possibly problems with the groundwater, well or plumbing exists.

Since chlorine kills all bacteria, if chlorine is found in a water sample, no bacterial analysis of that water can be conducted. To avoid delays in testing, it is important to carefully chlorinate a well without leaving excessive chlorine residuals.

Chlorine is available in liquid (household or commercial bleach) and solid forms that are available from swimming pool supply firms. Liquid bleach may float in a well, while granular solid chlorine may dissolve completely without going all the way to the bottom. Chlorine tablets may sit on the bottom dissolving slowly, often for extended periods of times. The most effective chlorination technique is to use a combination of liquid and solid chlorine. In wells over 225 feet deep, it is best to use both granular and tablet forms as well as liquid bleach.

INSTRUCTIONS:

1. Put the appropriate amount of solid chlorine into the well.
2. Mix the liquid bleach with 5 gallons of water. Pour into the well, rinsing the wires and casing.
3. Attach a garden hose to an outside hose bib, run water into the well for a minimum of ½ hour, or until bleach odor is detected from the hose.
4. Turn on each faucet, flush each toilet, run each shower, washing machine, and dishwasher until bleach is smelled at the fixture. Turn the water off.
5. Let water sit overnight.
6. Flush chlorinated well water onto the driveway. You should attempt to minimize contact between the chlorinated water and your lawn and/or garden as much as possible.
7. Make arrangements with a private certified water testing laboratory or the Health Department to resample the water supply.

WARNING:

DO NOT ALLOW PEOPLE TO USE THE CHLORINATED WATER FOR DRINKING, BATHING, OR LAUNDRY.



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth
 Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

BE CAREFUL NOT TO RUN THE WELL DRY! FLUSH IN SMALL AMOUNTS IF YOU HAVE ANY CONCERN! (i.e. Flush for 20-30 minutes, then turn the water off for 30-60 minutes)

DO NOT FLUSH CHLORINATED WATER THROUGH THE SEPTIC SYSTEM, AS CHLORINE MAY DAMAGE IT!

TOO MUCH SOLID CHLORINE, ESPECIALLY TABLETS, CAN LEAVE CHLORINE RESIDUAL IN A WELL FOR MONTHS WHICH WILL PREVENT SAMPLING AND APPROVAL OF THE WELL!

<u>Depth of Water In Well</u>	<u>Quantities of Pool Chlorine Granular and/or Tablets (70%)</u>	<u>Quantities of Home Laundry Bleach (5%)</u>
10 Feet	1 Tablespoon	or 1 Cup
20 Feet	3 Tablespoons	or 1 Cup
40 Feet	6 Tablespoons	or 2 Cups
80 Feet	9 Tablespoons	or 1 Quart
100 Feet	4 Ounces	or 1 ½ Quarts
150 Feet	6 Ounces	or 2 Quarts
180 Feet	8 Ounces	or 2 ½ Quarts
225 Feet	12 Ounces	or 3 Quarts
250 Feet	16 Ounces	or 4 Quarts

****>250 INCREASE AMOUNTS PROPORINATELY**

BEST PRACTICE:

To achieve optimum sanitation, refer to the above chart. It is best to use ½ of quantity of solid pool chlorine shown plus ½ of the liquid volume shown for a particular depth of water.

NOTE:

If you only have swimming pool chlorine, mix half of the listed amount in 10 gallons of water and use it for #2 of the instructions.

Example 1

Well is 125 feet deep. The water level is 25 feet down. The water depth is 100 feet. You may use 1½ quarts of liquid household bleach or 4 oz. of pool chlorine. The best practice is to use 0.75 quarts of bleach and 2 oz. of granular pool chlorine.

Example 2

Well is 250 feet deep. Water level is 25 feet down. The water is 225 feet deep. You may use 12 oz. of pool chlorine or 3 quarts of liquid bleach. As granular chlorine may dissolve before it reaches the bottom, the best practice may be to use ½ liquid bleach plus ¼ granular pool chlorine plus ¼ pool chlorine tablets.

Oswald, Hank

From: Martin, Ramar
Sent: Thursday, October 15, 2015 7:10 PM
To: tjswiney@verizon.net; kethcain@gmail.com
Cc: Oswald, Hank
Subject: Howard County Water Sampling Test Results
Attachments: WS_Landing Rd_5037_10.13.2015.pdf

Mr. Swiney,

As a follow up to the phone notification you received earlier, here is a copy of the water sample test results showing the amount of contamination within the sample taken and confirmed by the water testing laboratory. Although we always recommend that people use a professional when addressing issues concern water quality, information on how to disinfect a private well water system has been provided for guidance.

If you have further question about well water testing, please contact our program at 410-313-1773.

If you have any question about well construction, please contact the Well & Septic Program at 410-313-1771.

*Ramar Martin, Program Supervisor
Bureau of Environmental Health
Howard County Health Dept.
410-313-1773 (Ofc)
410-313-2648 (Fax)*

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

SEND REPORT TO:
 Howard County Health Department
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 LABORATORIES ADMINISTRATION
 1770 Ashland Avenue, Baltimore MD 21205
 Robert A. Myers, Ph.D., Director

005188

PHONE NO.: _____
 Category Code: 4G **MICROBIOLOGICAL ANALYSIS OF DRINKING WATER**
 Invoice No.: 30748 Lab No.: _____

FIELD RECORD

Sample Type:

- Community
- Transient
- Non-Transient
- Private
- Repeat Sample
- C.O.P.
- Bottled Water
- OTHER: _____

Source Address: Swiney 5037 Landing Road
 Sampling Site: Main Water Pipe Bottle No.: HC 5037
 Iced: Yes No Treated: Yes No County: Howard
 Date Collected: 10-13-15 Time Collected: 11:00 am pm
 Collector Name: Alex Vargas Collector ID No.: 8487 AV
 Collector Tel. No.: 410-313-1792 PWS ID No.: _____

Test Requested:

- Quantitative: Colilert®-QT Enterolert®
- P/A: Colilert® Enterolert®
- Multiple Tube Fermentation: MTF MTF (A1 Method-Source Waters Only)
- Heterotrophic Plate Count (HPC-Pour Plate Method)
- OTHER: _____

13			
County	Plant No.	Sampling Station	
7.5	0.0	0.0	0.0
pH	Res. Cl.	Free	Total

REMARKS: _____

LABORATORY RECORD (DHMH Use Only)

- Test Method(s):**
- SM 9223 Colilert® SM 9223 Colilert®-QT SM 9223 Colilert®-18
 - SM 9221 B (MTF) SM 9221 B, E (MTF) SM 9221 E (A1)
 - SM 9215B (HPC) Enterolert® ASTM D6503-99
 - OTHER: _____

Temperature Control: 4.5 °C
Thiosulfate: Present
 Absent
 Undetermined

P/A TEST (Colilert®/Enterolert®)

100 mL sample	(+/-)
Total coliforms	
E. coli	
Enterococci	

QUANTITATIVE TEST (Colilert®-QT/Enterolert®)

Dilution	100 mL sample	# Positive wells	MPN/100 mL
<input type="checkbox"/> 1:10	Total coliforms	51	7201
<input type="checkbox"/> 1:100	E. coli	0	<1
<input type="checkbox"/> 1:1000	Enterococci		

HETEROTROPHIC PLATE COUNT (Pour Plate Method, Plate Count Agar)

Plate A: Plate B:
 Incubate 24.48.72 hrs @ 35°C (CFU/ml) =
 Average:

PRESUMPTIVE MTF TEST

mL of Sample	10			
Gas/24h				
Gas/48h				

CONFIRMED MTF TEST (MTF/A1 Method)

mL of Sample	10	1	0.1
Total Coliforms			
Fecal Coliforms			

RESULTS

No. of Positives (+)	MPN/100 mL	Recorded Value

SAMPLE INVALIDATION:

- Sample Rejection
- Laboratory Accident
- Other: _____

RESAMPLE REQUIRED:

YES NO

DATE: _____

OCT 13 '15 PM 2:25

RECEIVED

OCT 13 '15 PM 4:06

PLACED IN INCUBATOR

OCT 14 '15 PM 4:14

RESULTS READ/REPORTED

BACTERIOLOGIST: K. Adams 10/14/15 REVIEWED BY/DATE: L. Page 10-14-15

REMARKS: _____ FAX EMAIL PHONE
 LABORATORY: CENTRAL (410) 767-6145 ES REGIONAL (410) 219-9005 WMD REGIONAL (301) 759-5115

This report shall not be reproduced except in full without the written approval of the laboratory. Results only valid for sample received.

FAX

To: Fax User

Company:

Fax: 4103132648

Phone:

From: Walkup

Fax:

Phone:

E-mail:

NOTES:

Internet Fax Job

to thank.
Had questions about well installation-transfer
result.
Demolishing old house - wait til get the well
His well cover is rusted & open.
Well.

(TR)

called Mr. Swiney - informed of putting in a new
10/15/15: He is in the process of putting in a new



MASTER
Water Conditioning Corp.

WATER ANALYSIS

WE DO NOT TEST FOR BACTERIA
PURITY A QUESTION?
CONTACT YOUR LOCAL HEALTH DEPT

Sample Number: 202048 Date: 7/20/2015 Wcode: MILBY

Customer: 5037 LANDING ROAD Dealer: BARLOW

General Information

No. of persons in family: 4
No. of bathrooms in use: 2

WATER SUPPLY: Deep Well

PUMP: Capacity Pressure

When drawn, water is
Stains:

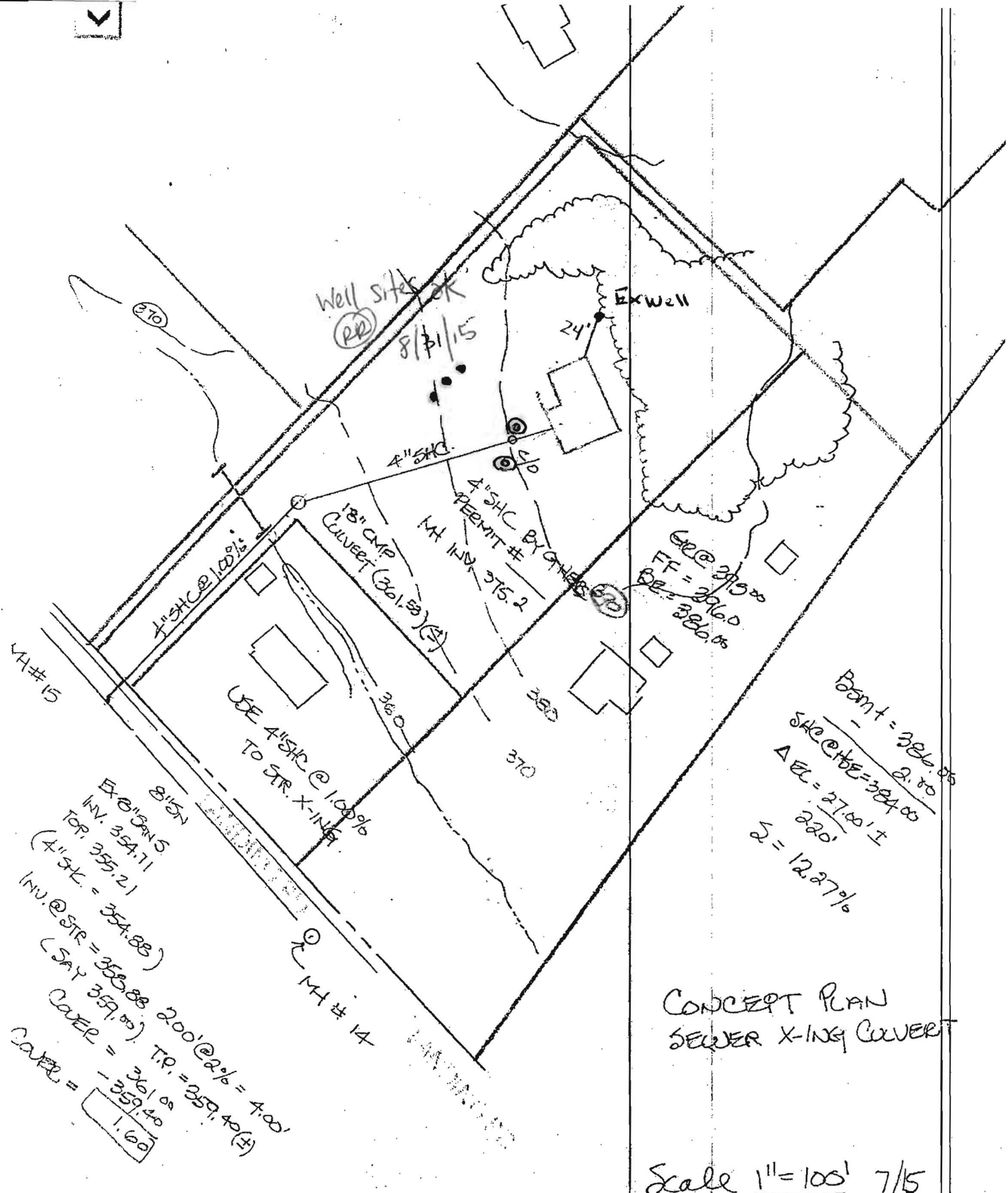
REMARKS:

SAMPLE - CLEAR

	TEST RESULTS	RECOMMENDED LIMITATIONS		TEST RESULTS	RECOMMENDED LIMITATIONS
Hardness:	6	*** 0-4.00 gpg	Iron:	0.02	0.300 ppm
pH:	6.87	*** 7.0-8.5	Turbidity:	0.81	ntu
Alkalinity:	4.68	14.620 gpg	Sulphates:	0.78	14.620 gpg
Chlorides:	2	14.620 gpg	Iron Algaes:	NONE	None
TDS:	187	500 ppm			

RECOMMENDATIONS:

MP-CNS-30T SET HARDNESS AT 12 GPG



Well Site OK
 (P) 8/31/15

GR @ 310.00
 FF = 316.0
 PE = 320.05

Point = 320.05
 -
 Slo @ 12.27% = 384.00
 Δ EL = 27.00' ±
 220'
 S = 12.27%

CONCEPT PLAN
 SEWER X-ING CULVERT

Scale 1"=100' 7/15

- - Geo Boros
- ⊙ - Ex Private Septic to be Abandoned

8'15" EX @ 345.5
 INV. 354.71
 TOP. 355.21
 (4" SHC = 354.88)
 INV. @ STR = 355.88 200' @ 2% = 4.00'
 (SAY 359.88) TR. = 359.40 (±)
 COVER = 361.05
 - 359.40
 COVER = 1.65

USE 4" SHC @ 100%
 TO STR. X-ING

18" CMP
 CULVERT (361.53) (±)
 4" SHC BY OTHERS
 PERMIT #
 MH INV. 315.2

VH#15

MH # 14

**MICHAEL BARLOW WELL DRILLING
522 UNDERWOOD LANE
BEL AIR, MD 21014
410-838-6910**

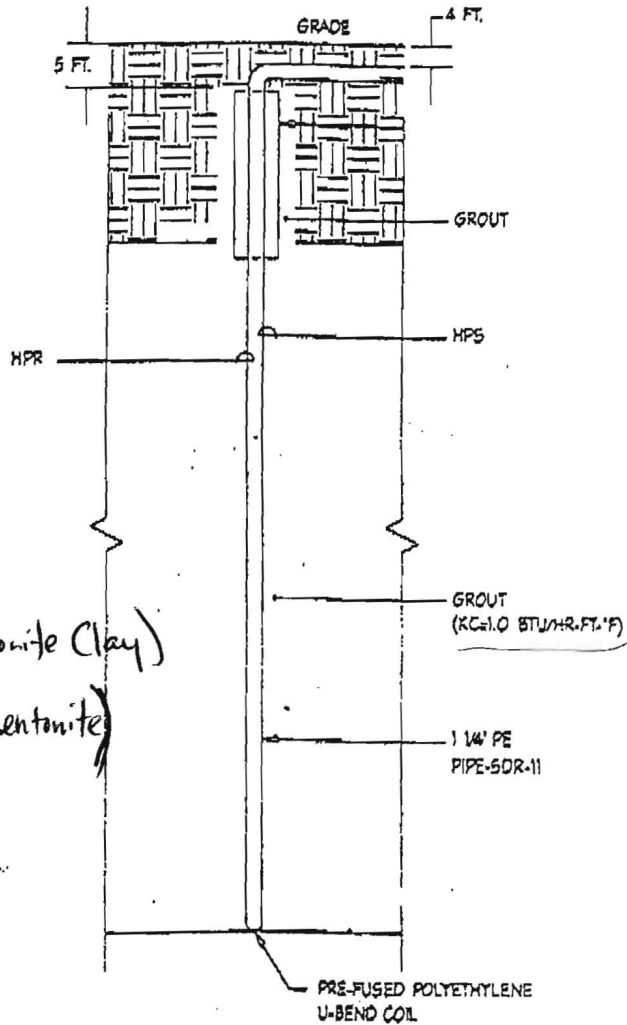
Howard County Health Dept
8930 Stanford Blvd
Columbia, MD 21046

re: Geo bores at 5037 Landing Road

As part of a renovation of this property, they will be removing the house, then setting a prefab home on the existing foundation. At that time they will be abandoning the existing private septic and connecting to public sewer. The existing water well will remain as their water supply. The attached site plan shows the location of the future sewer line and the location of the abandoned septic in addition to the location of the proposed geothermal bores. Please contact me if you have any questions.

Michael Isom

Intended
 Grout mix -
 20% Solids (Bentonite Clay)
 (1 gallon H₂O / 2 lbs bentonite)



4 TYPICAL BORE HOLE DETAIL
 M1.00 NOT TO SCALE

Oswald, Hank

From: Monna Youmans <myoumans@howardcountymd.gov>
Sent: Wednesday, October 21, 2015 10:11 AM
To: Oswald, Hank
Subject: 4107967775
Attachments: ATT00002.pdf

AvantFAX

T-N-T Drywall & Construction, LLC

6854 Ducketts Lane
Elkridge, Maryland 21075
Phone/Fax# 410-796-7775
MHIC#47689/MHBR#4331

October 21, 2015

DATE: _____

PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: HANK OR MR WOLF .

HOWARD COUNTY HEALTH .

RE: 5037 LANDING ROAD .

TOTAL NUMBER OF PAGES, INCLUDING THIS PAGE: 3

MESSAGE: ANY QUESTIONS CALL 410-984-6543

IF YOU DO NOT RECEIVE ALL PAGES OR HAVE ANY PROBLEM WITH RECEIVING, PLEASE CALL 410-796-7775.

THANK YOU,

TJ Swiney, Jr.
T-N-T Drywall & Construction, LLC

FREEDOM SEPTIC SERVICE, INC.

24 Hour Service
2809 Liberty Road
Eldersburg, Maryland 21784
(410) 795-2947

JOB WORK ORDER

DATE OF ORDER 10-0-15

PHONE	
BILL TO	<u>Keith Cain</u>
ADDRESS	<u>5037 Landing Rd</u>
CITY	<u>Elkridge, MD 21075</u>
LOCATION OF SEPTIC	<u>front, mth</u>
LAST PUMPED	<u>August 2013</u>
NEW CUSTOMER	<input type="checkbox"/>

DESCRIPTION OF WORK

Pump Septic

pkc acct # 8954

10-14-15

Ken

Wednesday 10/14/15

A 15% Late Charge will be assessed 30 days after date of service.
NOTICE TO CUSTOMERS

I understand that Freedom Septic Service, Inc. is not responsible for any damage to driveway or lawn while rendering services on the above property.

Date Completed

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL AMOUNT	<u>210.00</u>

- NO ONE AT HOME
- TOTAL AMOUNT DUE FOR ABOVE WORK, OR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION

INV. NO.
30748

Please submit to our new address:

1779 Ashland Ave
Baltimore, MD 21205

Or:
PO Box 2355
Baltimore, MD 21203

Date 10/13/2015 Lab No. _____

Collected by Afon Vargas County Howard

Occupant T.J. Swirey

Address 5037 Landing Road

City Elkridge Zip 21075 Sample type _____

- | | | | | |
|-----|-------------------------------------|-------------------|-------|--------------|
| (A) | <input checked="" type="checkbox"/> | BACTERIOLOGY | \$ 41 | <u>41.00</u> |
| | <input checked="" type="checkbox"/> | NITRATE - NITRITE | \$ 18 | <u>18.00</u> |
| | <input checked="" type="checkbox"/> | TURBIDITY | \$ 15 | <u>15.00</u> |
| (B) | <input type="checkbox"/> | LEAD | \$ 20 | _____ |
| | <input type="checkbox"/> | COPPER | \$ 20 | _____ |
| | <input type="checkbox"/> | IRON | \$ 20 | _____ |
| | <input type="checkbox"/> | HARDNESS | \$ 23 | _____ |
| | <input type="checkbox"/> | ALKALINITY | \$ 23 | _____ |

Regulated Metals @ \$ 20

(circle) As Ba Cd Cr Hg Se

MISCELLANEOUS

TOTAL BILL \$ 74.00

Make check payable to LABORATORIES ADMINISTRATION and mail to the above address. (Questions, 410-767-6145)

Please send one copy of this form with payment for proper credit.

**T-N-T DRYWALL
&
CONSTRUCTION, LLC**

**LET US CUSTOMIZE YOUR DREAM HOME AT
UNBELIEVABLE PRICES
PHONE: 410-796-7775/FAX: 410-796-7775
MHIC# 47689/MHBR# 4331**

HANK OSWALD ..

**I HAVE COMPLETED THIS FORM ALREADY , BUT WILL
DO AGEAN , I HAVE HAD THE SEPTIC TANK PUMPED
OUT , AND THE WATER SYSTEM COMPLETED AND PAID
\$ 220.00 SPTIC & \$27000 FOR WATER TEST THE PAID
INVOICES WERE E-MAILED TO YOUR OFFICE AS PROOF ?**

**I DID UP TWO DRAWINGS FOR YOU TO SEE WHATS
GOING ON WITH MY SEPTIC AND WELL.**

**I ALSO REMEASURED THE BORE WELLS THAT BARLOW
DID AND IM SENDING YOU A COPY OF THERE PERMIT
AND DRAWINGS.**

FROM HOUSE THEY ARE AS FOLLOWS

THANK YOU T.J. SWINEY/T-N-T

T-N-T Drywall & Construction, LLC

6854 Ducketts Lane
Elkridge, Maryland 21075
Phone/Fax# 410-796-7775
MHIC#47689/MHBR#4331

October 27, 2015

DATE: _____

PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: HOWARD COUNTY HEALTH DEPT .

TO KEVIN WOLF, HANK OSWALD .

RE: _5037 LANDING ROAD SEPTIC AND WELL INFO AS WELL AS GEO BORES.____

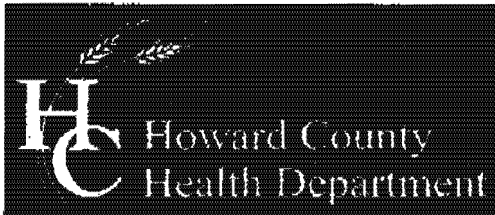
TOTAL NUMBER OF PAGES, INCLUDING THIS PAGE: 7

MESSAGE: _PLEASE LET ME KNOW IF YOU NEED ANY THING ELSE MY ENG WILL ALSO BE DOING ANOTHER DRAWING FRIDAY.____

IF YOU DO NOT RECEIVE ALL PAGES OR HAVE ANY PROBLEM WITH RECEIVING, PLEASE CALL 410-796-7775. OR CELL 410 984 6543

THANK YOU,

TJ Swiney, Jr.
T-N-T Drywall & Construction, LLC



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

DEMOLITION REQUEST FORM

(Please fill in all blanks)

Information of Property to be Demolished:

KEITH CAIN
Current Owner's Name

5037 Landing Rd EIKRIDGE 21075
Property Address

N/A
Subdivision (if applicable)

N/A
Lot #

All Prior Owners' Names (if requested or known)

31 334
Tax Map Parcel # Tax ID #

TO REBUILD EXISTING OWNERS NEW HOME.
Purpose/Reason for Demolition

Single Family Dwelling
Future plans of property after demo (i.e. subdivision, parking lot, re-build new house, etc...)

If a subdivision, SDP# N/A Has the structure(s) been deemed unsafe by DILP YES YES NO

UTILITY RECORDS:

Property currently connected to public water YES NO

Property currently connected to public sewer YES NO

Does the property currently have any wells and/or septic systems YES NO

Explain: EXISTING well TO Remain. Septic to be Hooked TO County
(No WATER IN AREA FROM COUNTY)

*Note: Any wells and/or septic systems that are to remain may require an approved percolation certification plan under Howard County Code Sec. 3.805

*Note: Any septic systems that are to be abandoned must be done by a septic contractor with documentation of the process.

*Note: All abandoned wells are to be sealed by a well driller licensed by the Maryland State Board of Well Drillers COMAR Sec 26.04.04.11 Abandonment Standards D (3)

COMMENTS:

T.J SWINEY / TNT CONST LLC
Applicant's Name (please print)

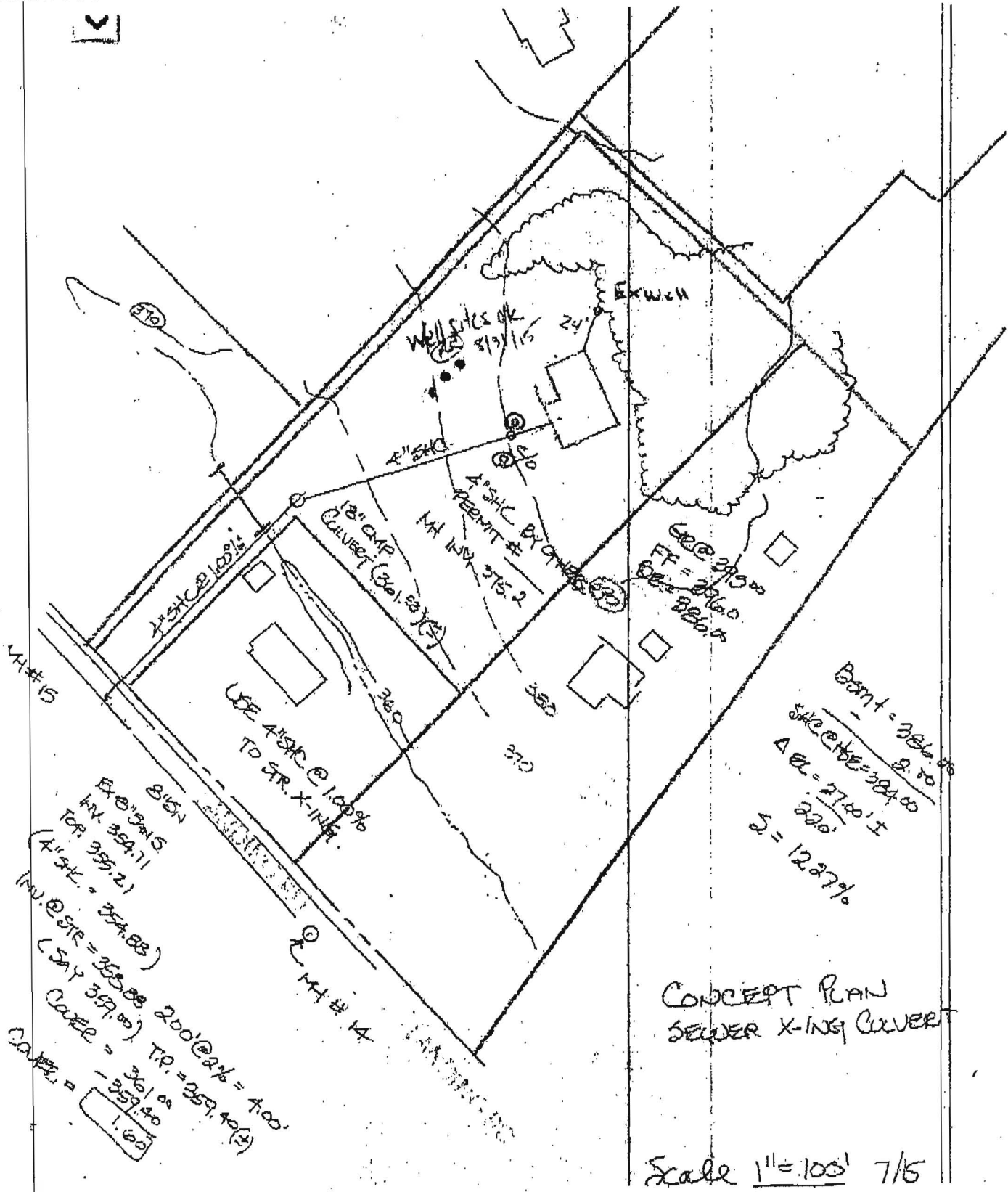
410-984-6543
Applicant's Phone #

TJSSWINEY@VERIZON.NET
Applicant's Email

410-796-7775
Applicant's Fax #

[Signature]
Applicant's Signature

October 27, 2015
Date



8'x5'x
 EX @ 394.15
 INV. 354.71
 TOP 355.2
 (4\"/>

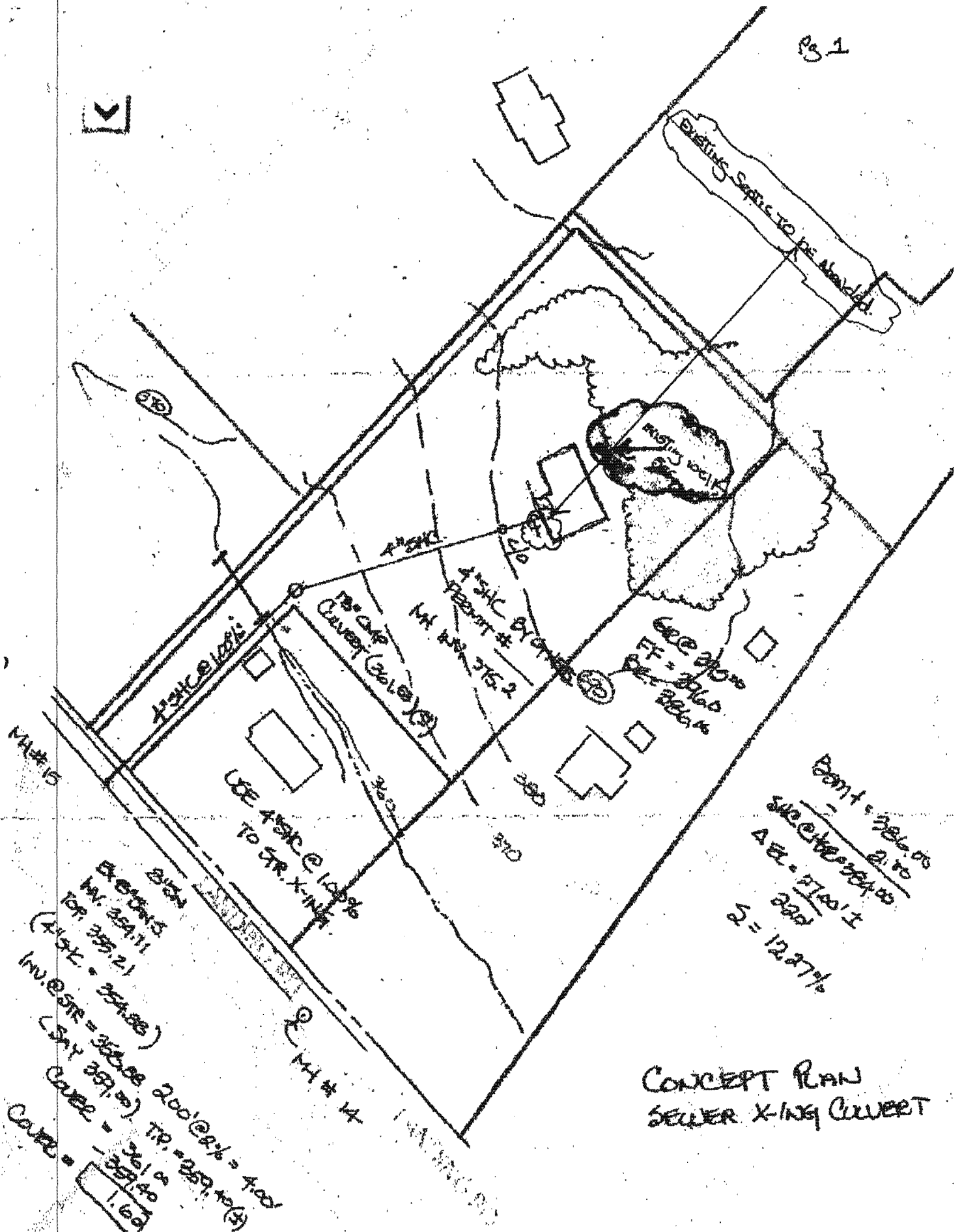
BENT = 356.85
 2.70
 5\"/>

CONCEPT PLAN
SEWER X-ING CULVERT

Scale 1" = 100' 7/15

- o. Gas Boxes
- ⊙ - Ex Private Spike to be Abandoned

PG 1



2552
 EXISTING
 INV. @ STR = 352.08
 (4.5%
 INV. @ STR = 352.08
 (4.5%
 CURE = 361.40
 CURE = 359.40
 200' @ 2% = 4.00'
 TR. = 359.40
 1.60'

Point = 356.05
 2.70
 356.05 - 354.00
 Δ EL. = 2.05' ±
 300'
 S = 12.27%

CONCEPT PLAN
 SEWER X-ING CONVEY

