

05-354846

8/25/92 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48445

A 46101

DISTRICT _____

DATE 8/19/92

DATE SYSTEM APPROVED 8/25/92

INSPECTOR M. Riskin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

B. W. T., Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 11974 Route 216, Fulton, Maryland 20757 PHONE 498-6138

SUBDIVISION Hilda Linthicum Property LOT A ROAD 4320 Linthicum Road

PROPERTY OWNER Rick Butler

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - 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 - Trenches start 225 feet from front property line, 143.03' in length, and 20 feet off left property line of 493.00' in length when facing lot from Linthicum Road.

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

PLANS APPROVED BY Charles B. Streaker DATE 5/22/92

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, 90° ELBOWS NOT ACCEPTABLE.

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 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 PVA 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**

A
46101

7-18-90
H. D. D. 2000 PM

APPLICATION

PERCOLATION TESTING

A 44101

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

7-1-90 Preview ok
200 ft stream
restriction. JEN

DISTRICT _____

DATE 7/3/90

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 Hilda Linthicum Rick Butler - 604-9646

ADDRESS 4235 Linthicum Rd. PHONE 531-2571
Dayton 21036

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Linthicum LOT NO. LOT A

ROAD AND DESCRIPTION 4320 Linthicum Road

TAX MAP 22 PARCEL # 215 BLDG. PERMIT SIGNED AND RETURNED 4/8/92 BLDG. PERMIT SIGNED AND RETURNED 4/8/92
SIZE OF LOT 1.64 acres Shed TYPE BLDG. SFD 4/8/92
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

APPROVED BY C. B. Streak FOR French DATE 7/18/90
(SIGNATURE OF APPLICANT) Jack Joseph

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/18/90 Costly holes, water well
sites and house site, c. 85 sent letter 7/10/90.
(PERC PLAT SIGNED 3/10/92)

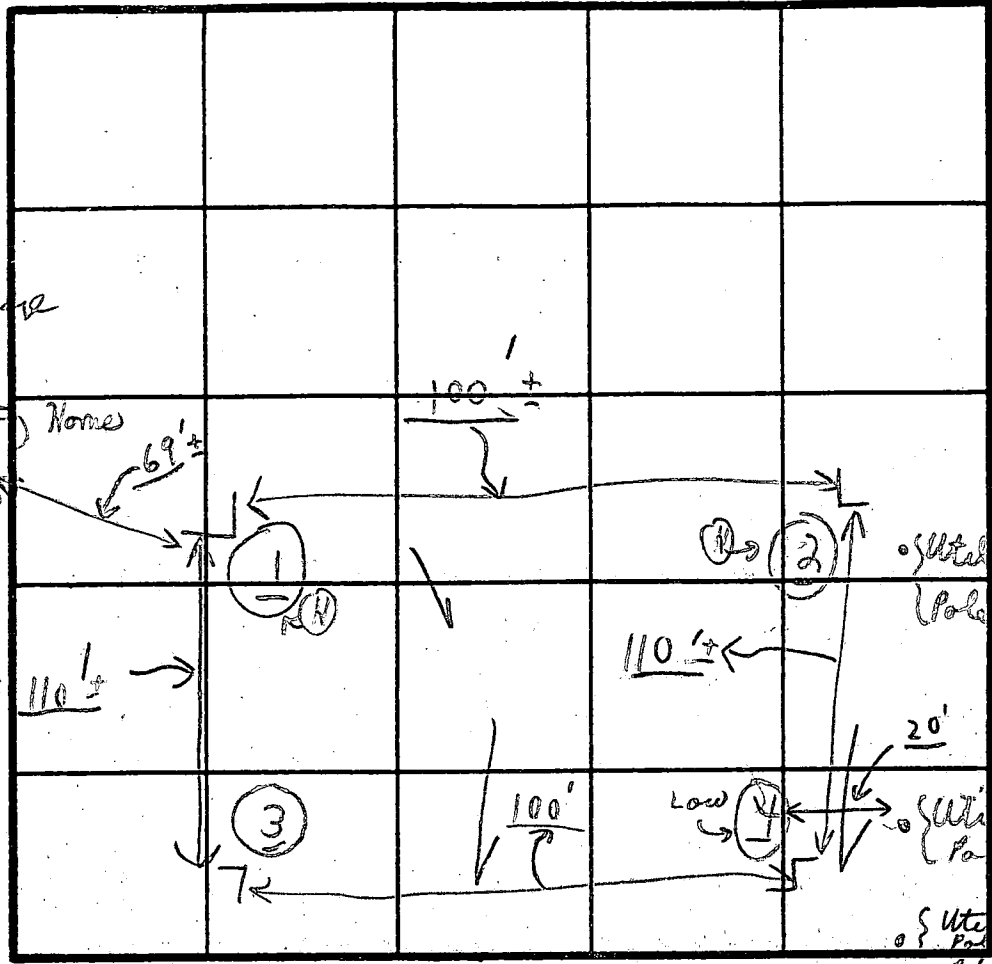
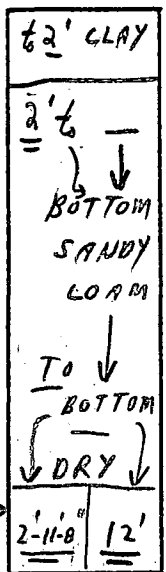
HD-216

THIS IS NOT A PERMIT

A 46101

Parcel "A"

(2) = HOLES (2) + (4)
SOIL PROFILE



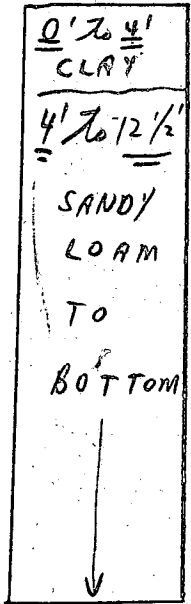
County

Trenches
10' Max depth
4' angled
Trenches
200' BR.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

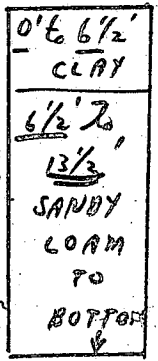
LINTNICUM ROAD

1 HOLE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
7/18/90	①	4'	12:40	12:42	12:42	12:44	2 [±] min
Wed	①	12'-1/2"		0'-2' 4'-12'	CLAY 1/2' LOAM	- SANDY	-
	②	2 1/2'	12:35	12:37	12:37	12:40	2 [±] min
	②	11' 8"		0'-2' 2'-11' 8"	LOAM	- SANDY	-
	③	6 1/2'	12:45	12:49	12:49	12:58	9 min
	③	13 1/2'		0'-6 1/2' 6 1/2' - 13 1/2'	LOAM	- SANDY	-
	④	2'	12:59	1:01	1:01	1:02	1 1/2 [±] min
	④	12'		0'-2' 2'-12'	LOAM	- SANDY	-
	X	(No other holes!!)					X X No other dug
				0'-1'	LOAM		

3 HOLE



"HOT" 7/18 Tests in 4 HOLES ONLY on West side of road
REMARKS Hold for central hole
TYPE OF SOIL C.B.S.
TESTED BY C.B.S. ALSO PRESENT {(1) Fyochi man}

B 1 **3947** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

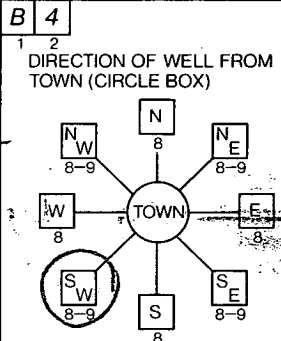
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-92-0062
 fill in this form completely

Date Received (APA) **042192**
 OWNER INFORMATION
BUTLER ANGELA P RICK
 Last Name Owner First Name
15709 ASHLAND DR
 Street or RFD
LAUREL MD 20707
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
LINTHICUM SUBDIVISION
 SECTION **44** LOT **48** parcel A
GLENELG NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
George F. Basterday Driller's Name License No. **40**
L. Franklin Easterday, Inc. Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771 Address
George F. Easterday Signature Date **4-17-92**



4320
LINTHICUM RD NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **325** FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME COUNTY NO. **A#46101**
 STATE SIGNATURE _____ DATE ISSUED _____
093092 Charles Benjamin Street 10/30/92
 NORTH GRID **519000** EAST GRID **0801000**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

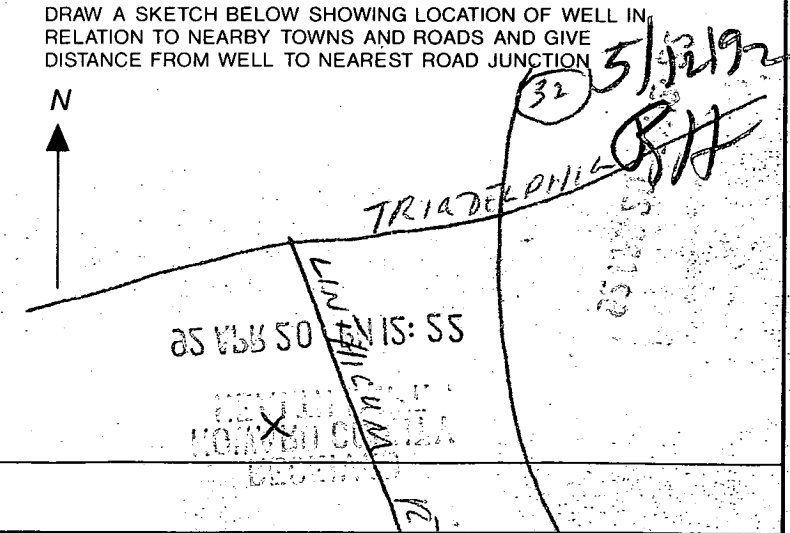
APPROXIMATE DEPTH OF WELL **200** FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. Well
 2. 21 BAGS
 3. Inspector arrived after 6:00 2:45 PM
 4. well OK
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8051**
 N **5107**

APPROXIMATE DIAMETER OF WELL **6** INCH

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 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 **CM** WRITE INITIALS IN BOX PERMIT No. **H0-92-0062**

SPECIAL CONDITIONS

C1 5185 SEQUENCE NO. (DENV. 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 = 46101**

ST/CO USE ONLY DATE Received [] DATE WELL COMPLETED **05/27/72** Depth of Well **22 700** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-93-006A**

OWNER **BUTLER A. & R.** last name **4320 LINTHICUM** first name TOWN **GLENELG**
 SUBDIVISION **LINTHICUM** SECTION LOT **PARCEL A**

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	
shaly	2	89	
blue clay	89	100	
blue mica	100	120	✓
blue mica	120	340	
blue mica	340	351	✓
blue mica	351	6100	

GROUTING RECORD
 WELL HAS BEEN GROUTED. (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **21** NO. OF POUNDS **2100**
 GALLONS OF WATER
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] to [] 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 S J
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **78**

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

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

DEPTH (nearest ft.)
 1 **HO 76 900**
 2 [] [] [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

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 IDENT. NO. **40**
 DRILLERS SIGNATURE **George F. Astor**
 (MUST MATCH SIGNATURE ON APPLICATION)

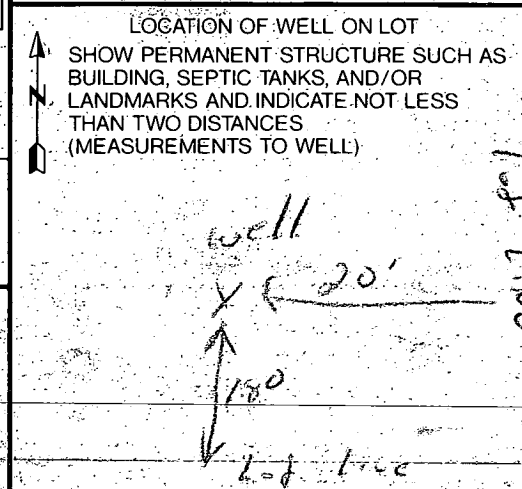
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK 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.) [] W.O. [] [] [] [] []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
 PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **42**
 WHEN PUMPING **134**
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

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



Wed 5-13-92
8:00

Review OK 6/8/92 EW

Page _____ of _____
Date _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 92-00621
 Location of property (road) 4320 LINTHICUM ROAD
 Subdivision LINTHICUM Lot A Block _____ Plat _____ Sec. _____
 Well Driller G.F. EASTERDAY Owner ANGELA BUTLER & RICK

Depth of well 400 ' 4 gpm
 Distance of measuring point (M.P.) above ground 1 '
 Static water level (S.W.L.) below M.P. 42 '

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate 12 G.P.M.
 Total time _____ min to reach pumping water level 133 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE / time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45 AM	133'	15 sec	N/A	4 G.P.M.
7:00 AM	133'	15 sec	N/A	4 G.P.M.
7:15 AM	133'	15 sec	N/A	4 G.P.M.
7:30 AM	133'	15 sec	N/A	4 G.P.M.
7:45 AM	133'	15 sec	N/A	4 G.P.M.
8:00 AM	134'	20 sec	N/A	3 G.P.M.
8:15 AM	134'	20 sec	N/A	3 G.P.M.
8:30 AM	134'	20 sec	N/A	3 G.P.M.
8:45 AM	134'	20 sec	N/A	3 G.P.M.
9:00 AM	134'	20 sec	N/A	3 G.P.M.
9:15 AM	134'	20 sec	N/A	3 G.P.M.
9:30 AM	134'	20 sec	N/A	3 G.P.M.
9:45 AM	134'	20 sec	N/A	3 G.P.M.
10:00 AM	134'	20 sec	N/A	3 G.P.M.
10:15 AM	134'	20 sec	N/A	3 G.P.M.
10:30 AM	134'	21 sec	N/A	3 G.P.M.
10:45 AM	134'	21 sec	N/A	3 G.P.M.
11:00 AM	134'	20 sec	N/A	3 G.P.M.
11:15 AM	134'	20 sec	N/A	3 G.P.M.
11:30 AM	134'	20 sec	N/A	3 G.P.M.
11:45 AM	134'	20 sec	N/A	3 G.P.M.
12:00 PM	134'	21 sec	N/A	3 G.P.M.
12:15 PM	134'	21 sec	N/A	3 G.P.M.
12:30 PM	134'	21 sec	N/A	3 G.P.M.
12:45 PM	134'	21 sec	N/A	3 G.P.M.
1:00 PM	134'	21 sec	N/A	3 G.P.M.
1:15 PM	134'	21 sec	N/A	3 G.P.M.
1:30 PM	134'	21 sec	N/A	3 G.P.M.
1:45 PM	134'	21 sec	N/A	3 G.P.M.
2:00 PM	134'	21 sec	N/A	3 G.P.M.
2:15 PM	134'	21 sec	N/A	3 G.P.M.
2:30 PM	134'	21 sec	N/A	3 G.P.M.
2:45 PM	134'	21 sec	N/A	3 G.P.M.

8/25/92
8/27/92

8/27/92
C.B.S.
Final

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 48446
Date 8/19/92

Name of Installer BWT IWC

Telephone 488 6138

License Number _____

Certified Well Pump Installer Well Driller _____ Registered Plumber 92

Name of Property Owner Rick Butler Telephone 604 9646

Subdivision 4320 Lenthicum Rd Lot # _____ Well Tag # 40-92-0062

Site Address _____

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Exeltek
- Model # _____
- Capacity 4 GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor

- Horsepower 1/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Messina
- Model # _____
- Depth 42"

Tank

- Capacity _____
- Pressure relief valve?

Piping

- Type Cold Jet
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 42

Well data

- Depth 400' ft.
- Yield 3 GPM
- Static water level 70' ft.
- Will water supply be disinfected by installer?

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: David W. [Signature]

Date: 8/19/92

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

HD-215

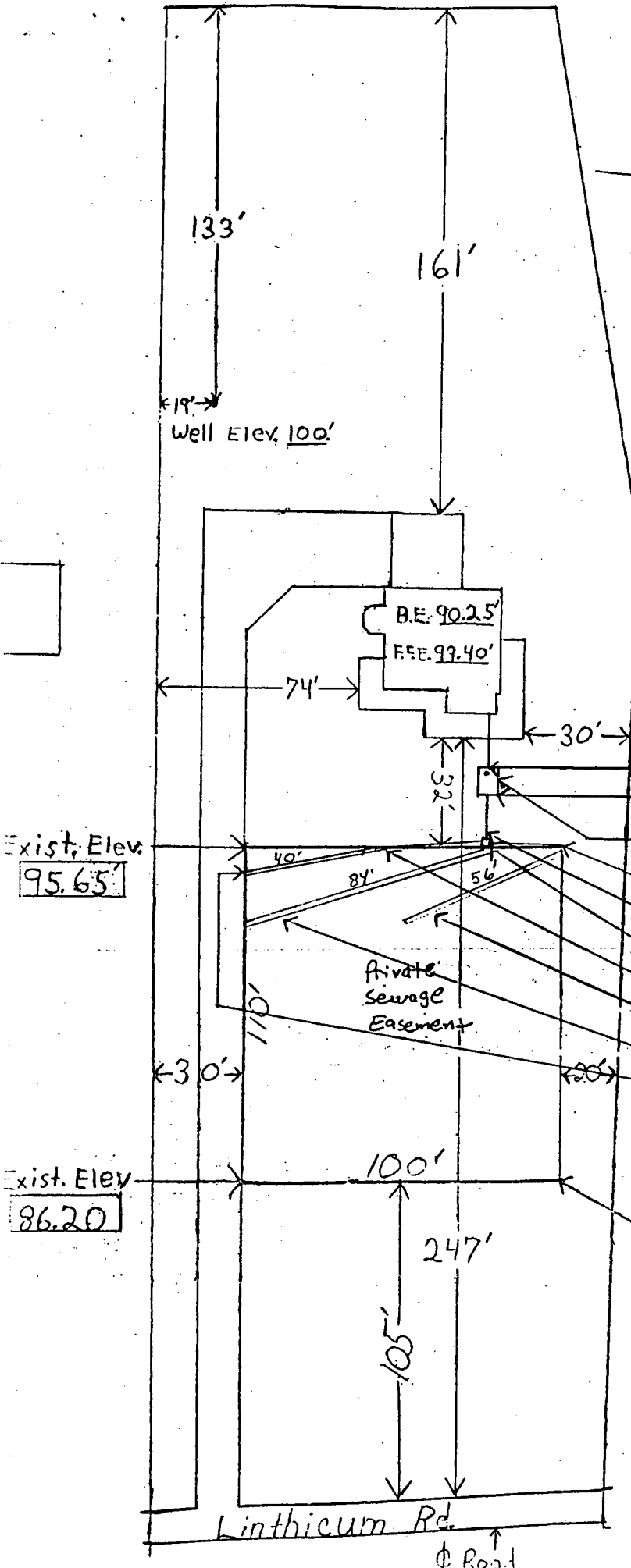
(1 Depth casing - don't use poles - metal casing)
-small
ch.
C.B.S.

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

92 JUN - 8 PM 12: 41

4320 Linthicum Road
Dayton, Md. 21036

REVISED ELEV'S OK
PROPOSAL IS FOR FIRST FLOOR SERVICE
AND CONSIDER MAY RAISE HOUSE
TO ALLOW BASEMENT SERVICE
OF SEPTIC PERMIT
6/8/92 CW



133'

161'

Well Elev. 100'

B.E. 90.25'

F.F.E. 99.40'

74'

30'

Invert Elev. out of house 88.25' 92.05'

Invert Elev. into Septic tank 88.00' 91.80'

Invert Elev. out of Septic tank 87.70' 91.50'

Exist. Elev. at Septic tank 94.57'

Exist. Elev. 93.00'

Invert Elev. into dist. box 87.07' 91.00'

Exist. Elev. at dist. box 94.20'

Invert Elev. into trench 86.57' 91.40'

Exist. Elev. at trench 92.50'

Exist. Elev. at trench 94.20'

Exist. Elev. at trench 95.40'

Exist. Elev. 95.65'

Exist. Elev. 86.20'

Exist Elev. 80.40'

100'

247'

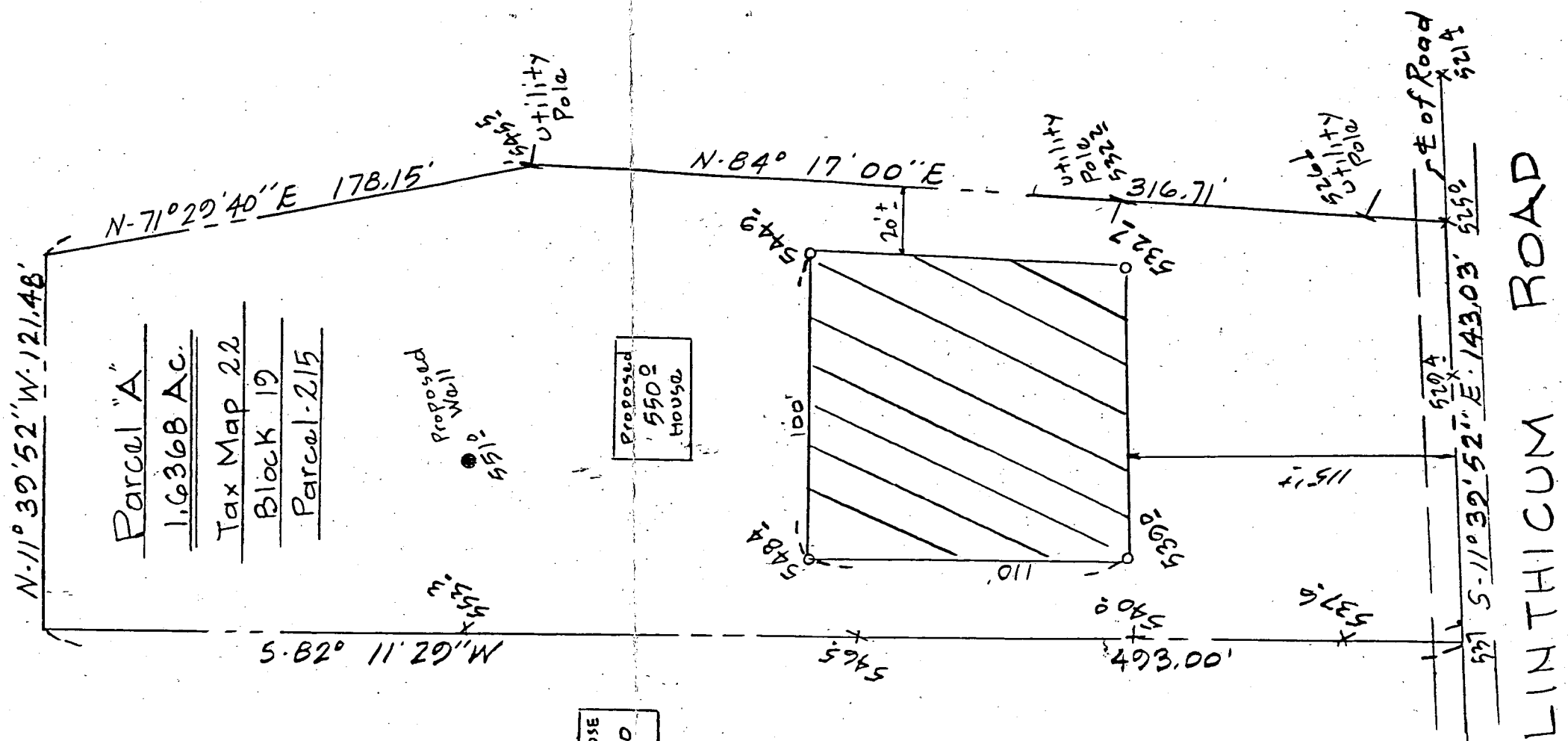
105'

Linthicum Rd.

⊕ Road

I certify that the above
measurements are actual
and correct for this property.

Signed: [Signature]




NOTE: PERCOLATION TEST HOLES SHOWN HEREON (O) HAVE BEEN FIELD LOCATED.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

Jean Bell 3-11-92
COUNTY HEALTH OFFICER DATE

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.

 THIS AREA INDICATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.

EX. HOUSE
NO 4330

TITLE: PERCOLATION CERTIFICATION				
PROJECT: LINTHICUM PROPERTY				
LOCATION: 5TH ELECTION DISTRICT HOWARD CO., MD.				
SCALE: 1"=50'	DESIGNED BY: ~	DRAWN BY: PHT	CHECKED BY: WGH	DATE: 3-6-92
FIELD BOOK: 137	PAGE NO.: -	JOB NO.: 72012	DRAWING NO.: 1 of 1	

Boender Associates
INCORPORATED
ENGINEERS · PLANNERS · SURVEYORS
3230 BETHANY LANE
ELLCOTT CITY, MD. 21043
(301) 465-7777 FAX: (301) 465-7966



CATOCTIN LABS, INC.

8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788
301-663-5323

CERTIFICATE OF LABORATORY ANALYSIS

FIELD RECORD

Customer: ANGELIA BUTLER 410-531-6252 1hr am
 Address: 4320 CANTHICUM RD 410-792-7679
 ✓ DAYTON, MD 21036 Date: 5/16/94
 Time: 11:05 (am/pm)
 Telephone: _____
 County: HOWARD Community: _____
 Sample Source: BATHTUB Non-community: _____
 Well No.: 10-92-0062 Private: _____
 Bottle No.: 5 pH: 7.89
 Reason for Sample: U+O Residual Cl: 0.0
 Septic Eval.: Not Req. Satisfactory _____ Unsatisfactory _____
 Iced: Yes No _____
J. NOFER Collector State Certification No. 94-369

Raw Treated _____ Not Specified _____ Method of Treatment _____

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 5/16, 4:30 am/pm Examined: 4:35 PM 5-16, 5-17

Presumptive Bacteriological Test 100 ml Sample

Pos. 24 hours — — — — —
 Pos. 48 hours — — — — —

Confirmed Bacteriological Test

Total Coliforms — — — — —
 Fecal Coliforms — — — — —
 E. Coli — — — — —

All Negative in each column Confirmed w/lab 5-18-94 JEN

	U.S. EPA Drinking Water Recommendations	Sample Results
MPN Total Coliforms, organisms/100 ml	less than 1.1	<u><1.1</u>
MPN Fecal Coliforms, E. Coli, organisms/100 ml	less than 1.1	<u><1.1</u>
Membrane Filter organisms/100 ml	less than 1.0	<u>NIA</u>
Nitrate Nitrogen, mg/1	10.0 maximum	<u>0.78</u>
Turbidity	5.0 NTU maximum	<u>0.38</u>
Sand	no trace	<u>NIA</u>
P-A Coliform	Absent	<u>NIA</u>
Iron mg/1	0.3	<u>0.0</u>

Bacteriological analysis of this sample, on this specified date, indicates the water is (safe) unsafe for human consumption, according to APHA/EPA Standards.

Analyst J. Fiss Date 5-17-94

Maryland State Certification Number 135
Pennsylvania DER Certification Number 68-459
Delaware State Certified

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 - 461-9858
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9844
Technical Services - 461-9853

May 18, 1994

Angela Butler

4320 Linthicum Road

Dayton, Maryland 21036

RE: Hilda Linthicum Property

Lot - A

4320 Linthicum Road

Well TAC - # HO-92-0062

Dear Ms. Butler:

This is to advise you that the septic system was installed, inspected and approved on August 25, 1992

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-92-0062. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department with six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

Date of Water Sample

May 16, 1994

Date Well Approved

May 12, 1992

Charles B. Streaker, Sr.
Approving Authority
Charles B. Streaker, Sanitarian
Water and Sewerage Program

CBS:hs