

7-29-98
2:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510583

A 49918-P

DISTRICT 4th

DATE 7-23-98

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

04-35882

DATE SYSTEM APPROVED 7/29/98

INSPECTOR (CW)

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Rd, Sykesville, MD 21784 PHONE 410-795-5674

SUBDIVISION Royal Hollow LOT 9 ROAD 16009 Lady Camarin Court

PROPERTY OWNER C & P Homes, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 5 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet down the right lot line and 140 feet off this same lot line as seen when facing the lot from Lady Camarin Court. Run first trench along contour towards the right lot line; run all other trenches in both directions.

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

OK KM 6-9-98

PLANS APPROVED BY Donna K. Soe DATE 06/01/98

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

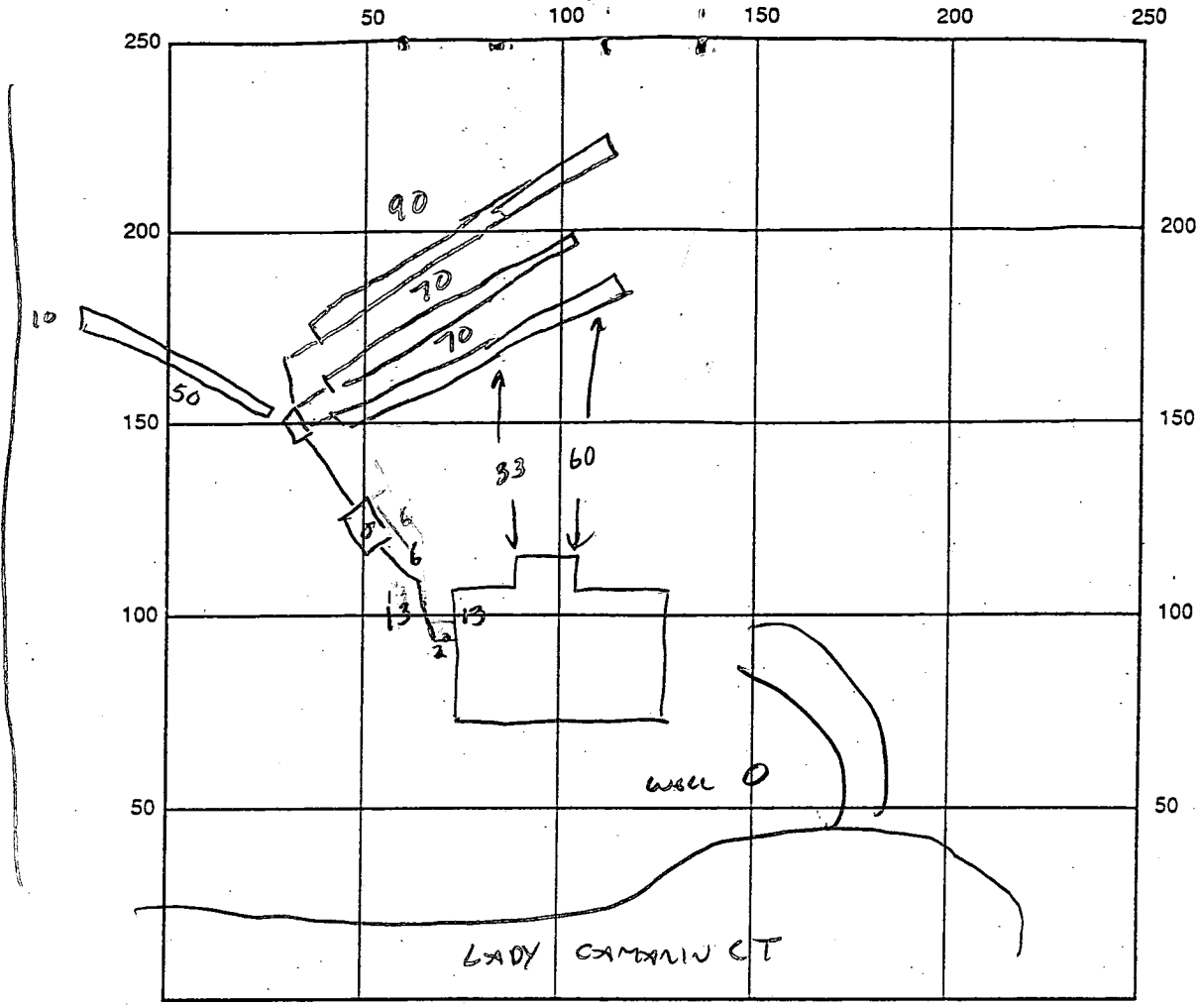
PERMIT VOID AFTER TWO YEARS

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 49918-P



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 CLEANOUTS STU 4 in-line @ house
 DISTRIBUTION BOX LEVEL ✓
 DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.
 EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 280 FT.
 NUMBER OF TRENCHES 4 ⁷⁰ ₇₀ ⁹⁰ ₅₀ ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: SYSTM COMPLETE - OK TO COVE 7/29/98 CW

DATE SYSTEM APPROVED 7/29/98 INSPECTOR CW

8-26-98

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

Fax 313-2643 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt \$ _____
Date 8/25/98

Name of Installer ROBERT L. FEEZER Co, Inc. Telephone 410-781-4655

License Number 2122
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner C. P. HOWES / PETE RYAN Telephone 410-795-1405
Subdivision ROYAL HOLLOW Lot # 9 Well Tag # HO-94-0962
Site Address LOT 9 - LADY CAMERON CT.

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make STARTE
3. Model # 724C02-JL
4. Capacity 7 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 None

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make MARQUARD
2. Model # 77-500
3. Depth 42"

8/26/98
WPT
Tank WELL-x-TROL
CAPTIVE AIR
1. Capacity 32
2. Pressure relief valve? YES
Well line, P.A. 4.5' + b.g.
well casing 1' a.g.
2 pc cap installed.
PVC conduit pipe ok. OK TO COVER (DVS)

Piping
1. Type POLY
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42"

Well data
1. Depth 198 ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? YES

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: [Signature]
Date: 8/25/98

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

* It appears that 16"-18" of casing has been cemented (?) on to extend the casing relative to final grade. ?? (DVS)

APPLICATION

PERCOLATION TESTING

A 49918P

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 3/10/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER MAISSLER FARM JOINT VENTURE 40 LDG INC C/P HMB, Inc

ADDRESS LEE PLAZA, SUITE 200 8601 GA. AVE. SILVER SPRING, MD PHONE (301) 585-7000

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ROYAL HOLLOW LOT NO. 9

ROAD AND DESCRIPTION OLD FREDERICK RD. & WOODBINE RD.

(16009 Lady Camakin Court)

TAX MAP 7 PARCEL # 84

BLDG. PERMIT SIGNED

AND RETURNED 6-7-98

Serial # 210111765

SIZE OF LOT 1 AC. I TYPE BLDG. SFD - 4 Brms
(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.

Thos J. FOR VMA
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

689

49918P

COUNTY #

SOIL PROFILE 41

0' Red Brn CL

3-4 1/2' Red Brn HL crumb Sta 10-15% ch gravel

15-18' Red Brn Ex Mic 1.5CL

15-25% str mica separate

13

42 1/2' olive drab - yel brn silcl

2-3' Red Brn - red hl - SCL

4 1/2' var. Red Brn v. Mic ch Lom crumb 20% crumb

6-8' Red - Red Brn SL

12' 25% Red Brn mica str separate

58' yel red - red chgr silcl

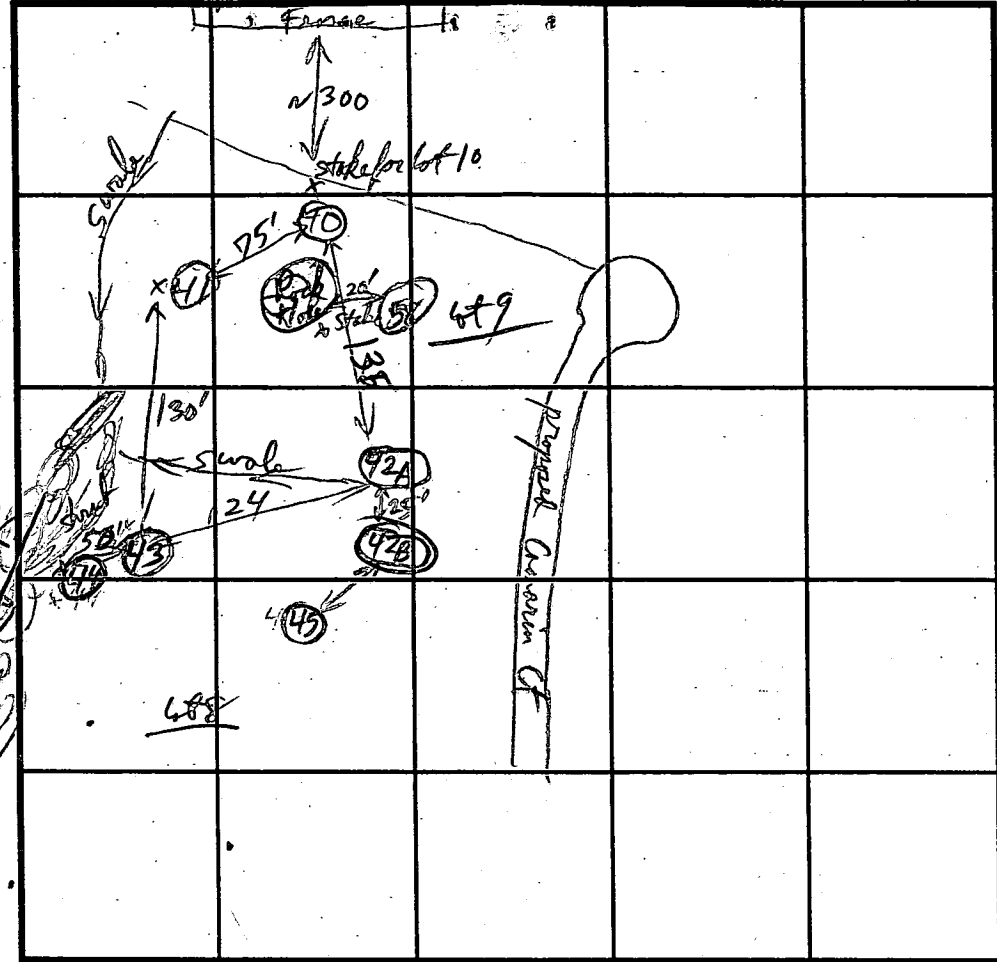
2 1/2' yel, yel Brn ch Sil-cl

3 1/2-5' pink to pale yel Brn rich Co SL - SL

2-25% Mic str separate

12

pool - Swimming



SOIL PROFILE 43

0' yel Red - Red Brn CL-SCL

3 3/4' var yel, white, red, Red Brn Mic ch Lom

7-8' Red Brn SL

20% Mic ch Lom + Str separate

12

44 + 45 same as 43

Hole # 46 same as # 39

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

4/6/94 58 v12 3 1/2' (see lot 10 plat sheet) 13 min 8 min

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4-5-94	40	3 1/2'	2:06:00	2:10:30	2:10:30	2:17:00	7 min
		v12 8'	2:06:00	2:07:50	2:07:50	2:11:00	3 min
	41	4'	2:08:00	2:28:00	2:28:00	2:30:00	Too Slow Fail
		v12 8'	2:08:40	2:14:00	2:14:00	2:23:00	9 min
	42A	5'	2:12:30	2:41:00	2:41:00	2:42:00	Too slow
		v12 8 1/2'	2:12:30	2:21:40	2:21:40	2:40:00	19 min
	(42) v5'		(Rock @ 4')	Refused @ 5'			Fail
	43	3 1/2'	2:49:50	2:58:30	2:58:30	3:08:00	10 min
		v11 1/2 7 1/2'	2:49:40	2:58:30	2:58:30	3:08:00	10 min
	(49) 7'		(Rock @ 2')				Fail

REMARKS deep trench

TYPE OF SOIL 6' grade

TESTED BY R. M. [Signature]

ALSO PRESENT D. May [Signature]

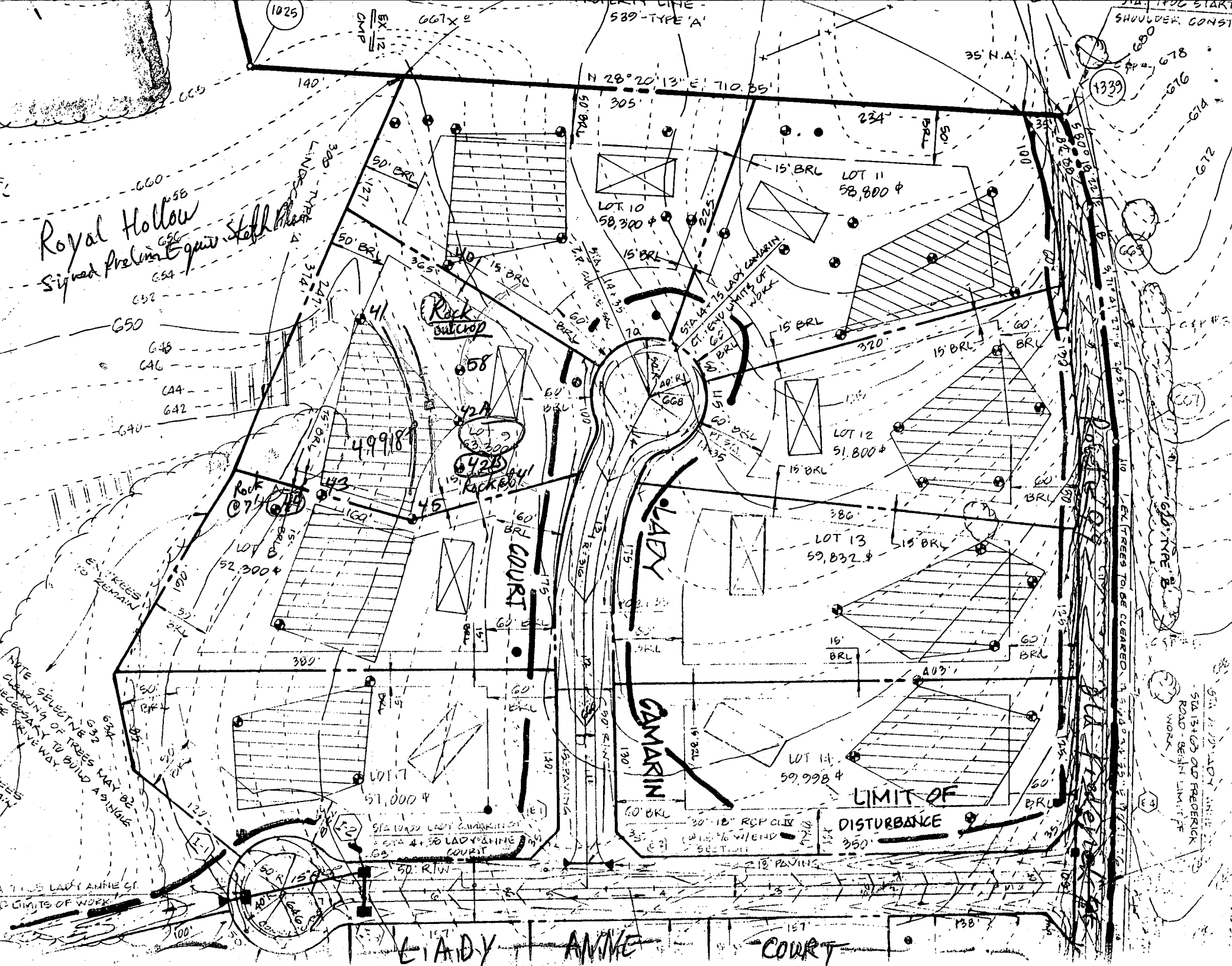
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 13 min TRENCH WIDTH 2'

INLET DEPTH 5' MAXIMUM BOTTOM DEPTH 8' SQ. FT./BEDROOM 210

Royal Hollow
Signed Prelim Equip. Staff

NOTE: SELECTIVE
CLEARING OF TREES MAY BE
NECESSARY TO BUILD A SINGLE
DRIVEWAY.

AT THIS LADY ANNE CT
LIMITS OF WORK

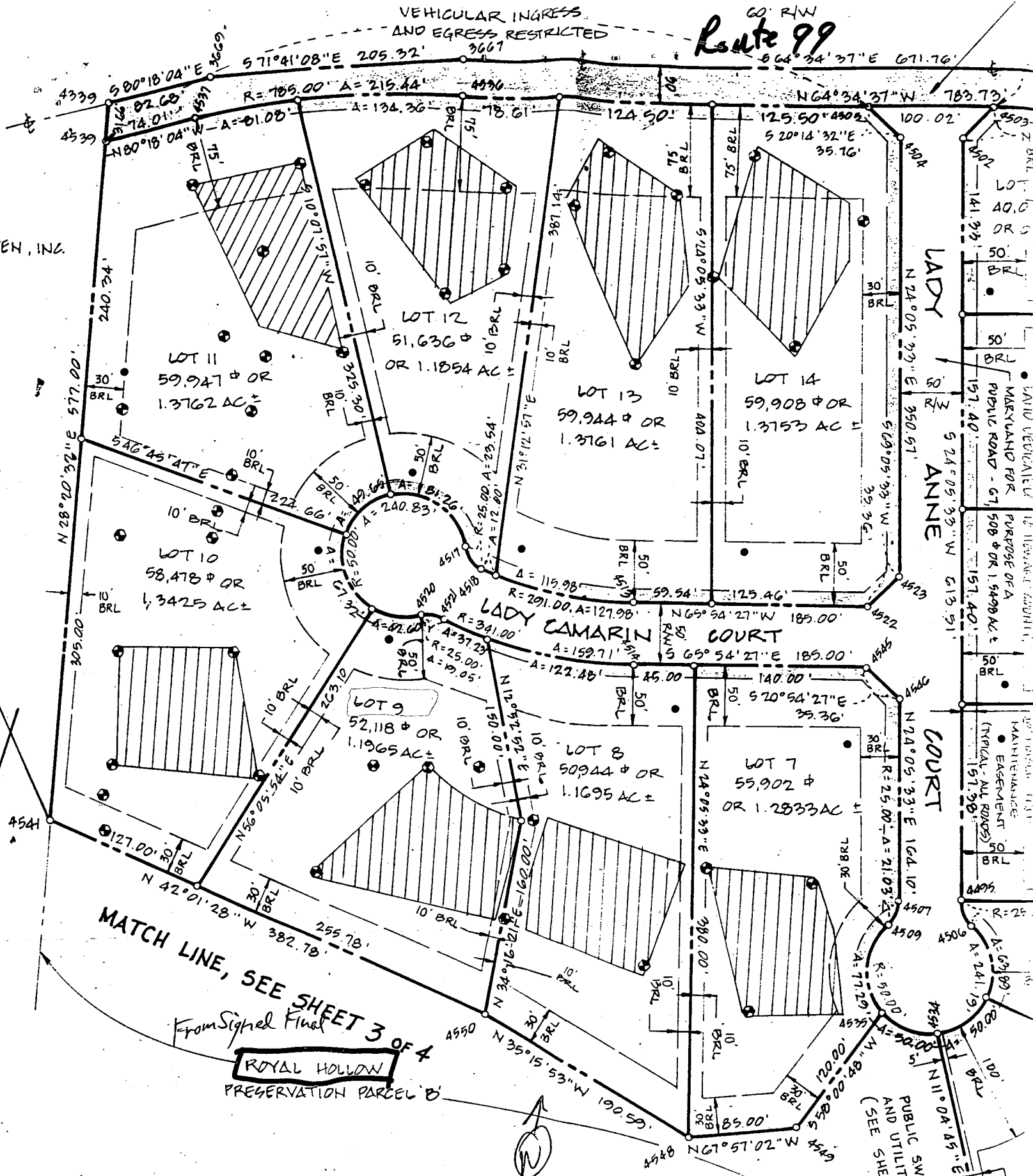


LADY ANNE COURT

58' x 10' LADY ANNE
58' x 10' LADY ANNE
ROAD - SETBACK LIMIT
WORK

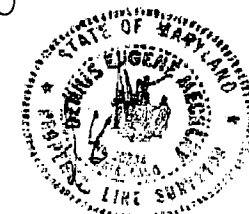
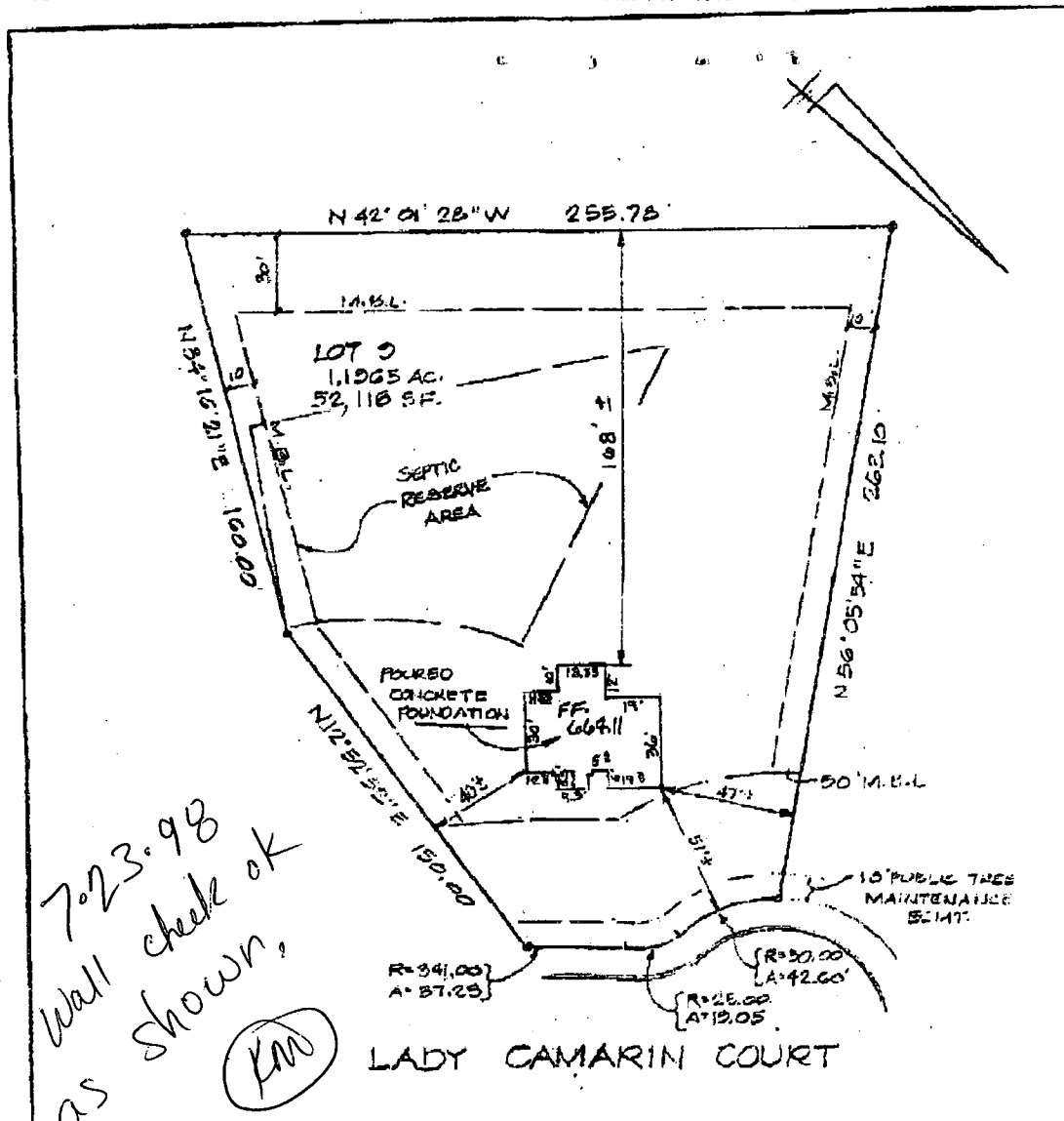
60' R/W
Route 99

VEHICULAR INGRESS AND EGRESS RESTRICTED



CURVE DATA

PT. - PT.	RADIUS	ARC	TAN.	DELTA	CHORD	CHORD BEARING
4537 - 4536	785.00'	215.44'	108.40'	15° 43' 27"	214.76'	N 72° 26' 20" W
4513 - 4518	291.00'	127.98'	63.04'	25° 11' 55"	126.95'	S 53° 18' 30" E
4518 - 4517	25.00'	23.54'	12.73'	53° 57' 37"	22.68'	S 13° 43' 44" E
4517 - 4520	50.00'	240.83'	AO	275° 58' 22"	66.93'	N 55° 15' 53" E



Wall check
 LOCATION DRAWING
 LOT N° 9
 "ROYAL HOLLOW"
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MD.

I hereby certify that I have surveyed the property shown hereon for the sole purpose of locating the improvements. This plan is a benefit to the consumer only in so far as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. It is not to be relied upon for the establishment of all boundary, easement or right-of-way lines for any reason, such as the location of fences, groves, buildings, or other existing or future improvements.

By Eugene Messinger 7/23/98
 Eugene E. Messinger Primary License
 Surveyor No. 10844

The improvements shown hereon lie within Flood Hazard Zone "C", (area of minimal flooding), as designated on National Flood Insurance Program Flood Insurance Rate Map, Panel 15 of 45 Community Panel Number 20044 (0153) prepared by the Federal Emergency Management Agency.

CLSI
 Carroll Land Services
 Incorporated
 Engineers • Surveyors • Land Development Consultants
 Landscape Architects • Environmental Specialists
 430 East Meigs Street, Washington, MD 21201-3538
 (410) 878-8017 FAX (410) 878-8009

DRAWN BY:	B.D.
CHECKED BY:	
DATE:	7/6/98
SCALE:	1"=50'
JOB NO.:	23183
SHEET:	1 OF 1

C1 **7855** SEQUENCE NO. (MDE 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 49918P**

ST/CO USE ONLY
 DATE RECEIVED
051898

DATE WELL COMPLETED
050798

Depth of Well
200
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-94-0962

OWNER **LEE DEVELOPMENT**
 STREET OR RFD **LADY CAMARIN** TOWN _____
 SUBDIVISION **Royal Hollow** SECTION _____ LOT **9**

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	4	
Shale	4	45	
Soft shale	45	90	
Brown slate	90	104	✓
gray mica	104	180	✓
Brown slate	180	182	
gray mica	182	200	

Well to be abandoned and sealed only 5/19/98

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **27** NO. OF POUNDS **2700**
 GALLONS OF WATER **135**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **75** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch): **6**
 Total depth of main casing (nearest foot): **100**

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

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED yes no

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.

TYPE: **MWD/MSD/MGD**
 DRILLERS LIC. NO. **040**
George T. Esterday
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **MWD 481**
George T. Esterday

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

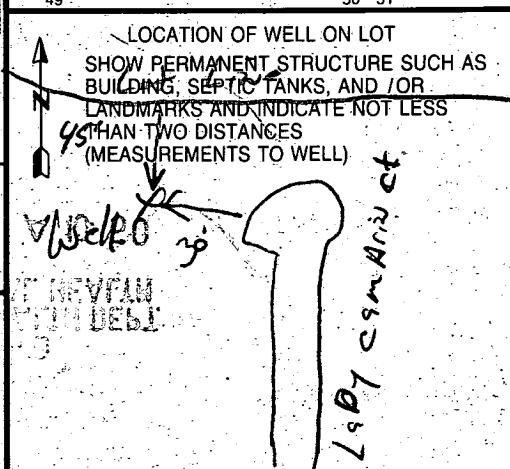
C2
 DEPTH (nearest ft.)
H098200
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **150**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **44** ft.
 WHEN PUMPING **90** 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 WILL INSTALL PUMP (CIRCLE) (YES or NO) **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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } **2** (nearest foot)



B 1 9007 SEQUENCE NO. (MDE 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

STATE PERMIT NUMBER
HO-94-0962
fill in this form completely

Date Received (APA) 7/31/96

OWNER INFORMATION

Lee Development Group
Last Name Owner First Name

8601 Georgia Ave
Street or RFD

SILVER SPRING MD 20910
Town State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

Royal Hollow SUBDIVISION

SECTION LOT 9

LISBON NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M I

DRILLER INFORMATION

George F. Easterday M D 40
Driller's Name License No.

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Easterday 7-30-96
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

LADY CAMARIN CT NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

15 DISTANCE FROM ROAD FT

TAX MAP: 7 BLK: 6 PARCEL 84

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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A 49918P COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 10/24/96 10/24/98

43 MM DD YY 48 CO SIGNATURE _____ /EXP/DATE _____

NORTH GRID 551 0 0 0 EAST GRID 0779 0 0 0

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 5/2/98 8:00 Grad

SOURCES OF DRILLING WATER
1. Wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7789
N 5581

000
000

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

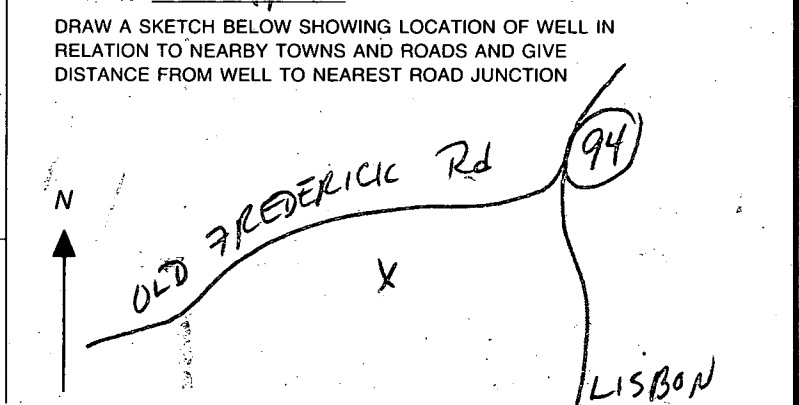
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

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)

APPROP. PERMIT NUMBER HO 94 GAP 016

FORCE RP WRITE INITIALS IN BOX PERMIT No. HO-94-0962

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



L. FRANKLIN EASTERDAY, INC.

WELL DRILLING - TRENCHING - PUMPS & SERVICE

9265 Brown Church Rd., Mt. Airy, Maryland 21771

PHONE: 301-829-1640 • FAX: 301-829-2667

December 4, 1997

Craig Williams
Howard County Health Dept.
3525 Ellicott Mills Drive
Ellicott City, Md. 21043

RE: State Well Permits
Royal Hollow Subdivision

Dear Mr. Williams:

Please renew the nine following state well permits for the above referenced subdivision for another year.

Lot 2	HO-94-0943 ✓
Lot 3	HO-94-0944 ✓
Lot 4	HO-94-0945 ✓
Lot 5	HO-94-0965 ✓
Lot 6	HO-94-0966 ✓
Lot 9	HO-94-0962 ✓ extended to 10/24/98
Lot 10	HO-94-0963 ✓
Lot 11	HO-94-0964 ✓
Preservation Parcel	HO-94-0967 ✓

Please advise if this is a problem, otherwise we will consider the matter taken care of. Thank you for your prompt attention to this matter.

Very truly yours,

George F. Easterday
George F. Easterday, CWD/PI
Vice President
MWD 040

CFE/sve



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 4, 1998

C. & P. Homes, Inc.
17327 Pink Dogwood Court
Mt. Airy, Maryland 21771

RE: Royal Hollow - Lot 9
16009 Lady Camarin Court
Well Permit #HO-94-0962

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on July 29, 1998.

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 well permit #HO-94-0962. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment 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 within six months. It is requested that the homeowner contact Ms. Vicki Fellas, at (410) 313-2644, to make an appointment for follow up sampling.

Date of Water Sample: October 2, 1998
 November 4, 1998

Date of Well Completion: May 7, 1998

Approving Authority

Amy McMillen
Amy Mc Millen, R.S.
Water and Sewerage Program

DKS:alm
cc:Building Inspector's office
file