

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

INDEXED

05-400112

11/12 (3) P.C.O.  
C.B.S.

P 48592

A 26619

DISTRICT 5th

DATE 10/3/92

DATE SYSTEM APPROVED 11/16/92

INSPECTOR C.W. Pella

Paul Schissler/South Carroll Backhoe

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Dayton Meadows LOT 12 ROAD 13814 Dayton Meadows Court

PROPERTY OWNER Trinity Builders

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

220 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 275

TRENCHES - Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the left front lot corner, place 1st trench 120 feet down the left (375') lot line and 190 feet off the left line as seen when facing property from Dayton Meadows Court. Run trenches along contour towards the front (450') lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 8/26/92 RH

PLANS APPROVED BY Bert Nixon DATE 6/25/87

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, 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 26619



6/25/84  
SUBDIVISION:

DAYTON MEADOWS  
DAYTON MEADOWS CT.  
SEC 1 AREA 1  
DRY WELL OR DRY WELL AND TRENCH

A 26619

LOT NUMBER: 12

	Septic Tank	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

Trench to be 2 wide.  
Inlet 4 1/2 feet below original grade.  
Bottom maximum depth 8 1/2 feet below original grade.  
Effective area begins at 4 1/2 feet below original grade.  
4 feet of stone below distribution pipe.

220 sq. ft./bedroom  
55 LINEAR FT / BEDROOM  
220 LINEAR FT  
PER 4 BED ROOMS

- 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 absorbent sidewall area by 22%.

LOCATION: BEGINNING FROM THE LEFT FRONT LOT CORNER  
PLACE 1ST TRENCH 120' DOWN THE LEFT (375') LOT LINE  
AND 190' OFF THE LEFT LINE AS SEEN WHEN FACING  
PROPERTY FROM DAYTON MEADOWS CT. RUN TRENCHES  
ALONG CONTOUR TOWARDS THE FRONT (450') LOT LINE.

PRELIMINARY

# APPLICATION

A 26619

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE 8/16/77

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 William Mitchell Trinity Builders

ADDRESS \_\_\_\_\_

Paul Kottis  
PHONE 421-9433

**SECT. 1 AREA 1 FINAL #12**

PROPERTY LOCATION:

SUBDIVISION Dayton Meadows LOT NO. 2, Block B

ROAD AND DESCRIPTION Green Bridge Road 13814 Dayton Meadows Court

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms

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 /s/ Paul Kottis

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED

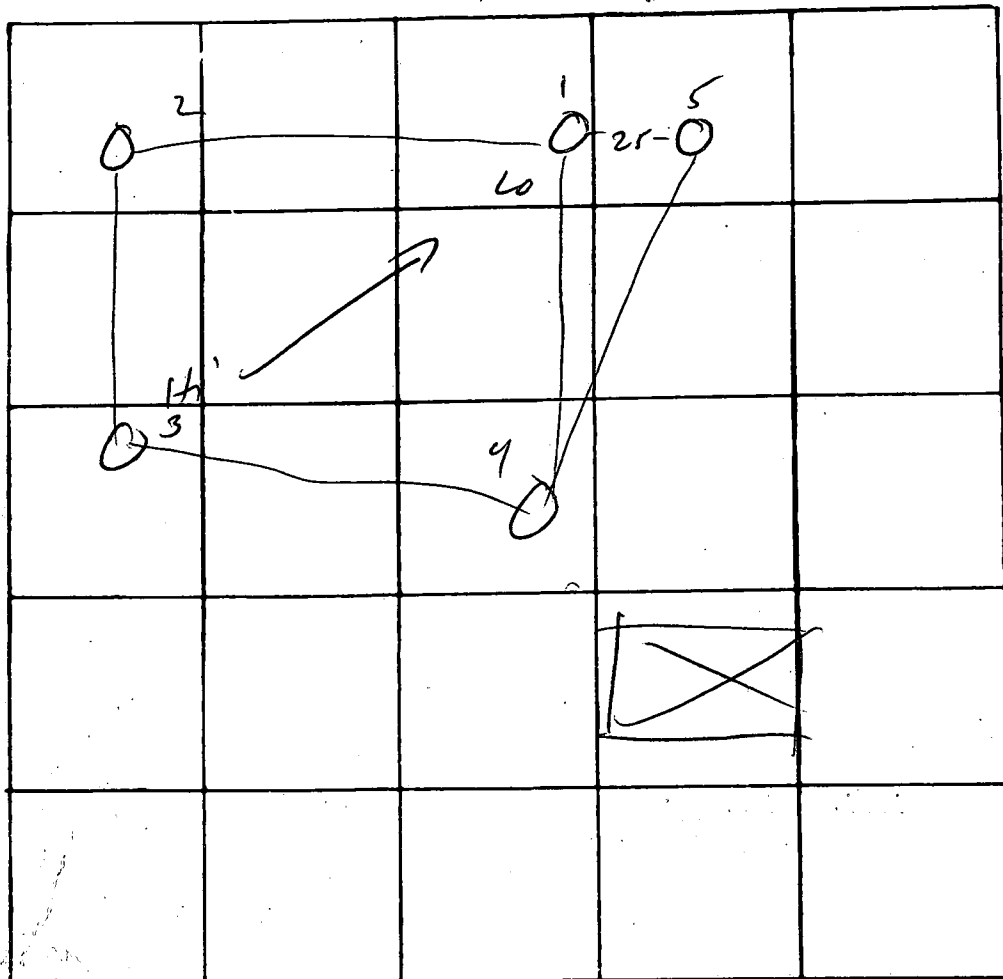
AND RETURNED 8/2/77

Serial # 44716 - SFD

4 Bedrooms

# THIS IS NOT A PERMIT





INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
23 Aug 70	1	4	3 <sup>17</sup>	3 <sup>28</sup>	3 <sup>28</sup>	—	>30
	1A	14 <sup>1/2</sup>	3 <sup>17</sup>	3 <sup>22</sup>	3 <sup>22</sup>	3 <sup>30</sup>	8
24 Aug	2	5	9 <sup>45</sup>	10 <sup>00</sup>	10 <sup>00</sup>	10 <sup>25</sup>	25
27 Aug	2A	14 <sup>1/2</sup>	3 <sup>24</sup>	3 <sup>28</sup>	3 <sup>28</sup>	3 <sup>37</sup>	9
	2B	4	3 <sup>25</sup>	15 min	1/2"	—	>30
24 Aug	5B	5 <sup>1/2</sup>	9 <sup>45</sup>	10 <sup>02</sup>	10 <sup>02</sup>	10 <sup>30</sup>	28
	1B	5	9 <sup>53</sup>	9 <sup>58</sup>	9 <sup>58</sup>	10 <sup>03</sup>	6
	3	14	10 <sup>06</sup>	10"	10"	10 <sup>16</sup>	5
	3A	5	11 <sup>06</sup>	11 <sup>08</sup>	11 <sup>08</sup>	11 <sup>16</sup>	8
	4	14	vis	Some			

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY M ALSO PRESENT: \_\_\_\_\_

APPLICATION

HOWARD COUNTY

## PERMIT APPLICATION

SERIAL NUMBER

44786 ✓

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

13814 DAYTON MEADOWS CT  
DAYTON, MD 21036GRADING/SEDIMENT CONTROL ☐ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

CUSTOM MODEL 1 STORY  
GARAGE, FULL BSMI  
4 BR. 2 FB 9 R (4 BR)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
12		1	1			
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
DAYTON MEADOWS				5		

OWNER NAME AND ADDRESS

TRINITY BUILDERS

PHONE NO.

6212 DEVON DR

410-730-3137

COLUMBIA, MD 21044

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

N/A

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

SALLY HODGE

410-313-8722

PERMIT SERVICE

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

TRINITY BUILDERS

SAME

EXISTING USE

VACANT LOT

PROPOSED USE

S.F.D.

EST. CONSTRUCTION COST

\$130,000

LICENSE NUMBER

861208

PERMIT FEE

SIZE OF BLDG.

FRONT

DEPTH

HEIGHT

TYPE OF BLDG.

AREA

VOLUME

ROOF

B. ROOMS

ROOMS

BATHS

FIREPLACES

F/G

GABLE

FOOTINGS

8'x30"

FOUNDATION

8" CONC

S. WALLS

W.D. FR.

UTILITIES

WATER/WEL/SEWER/SEPTIC

GAS

ELECTRICITY

TYPE OF HEAT

AC

H. Pump

I have carefully examined and read this application and know the same to be true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permit twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.

SIGNATURE

TITLE

DATE

W/S CODE FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

## CAUTION

To begin construction before a permit plan and inspection is received and displayed on the job site is a violation of law.

Use and occupancy permit must be displayed on the job site before it is occupied.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED

DATE

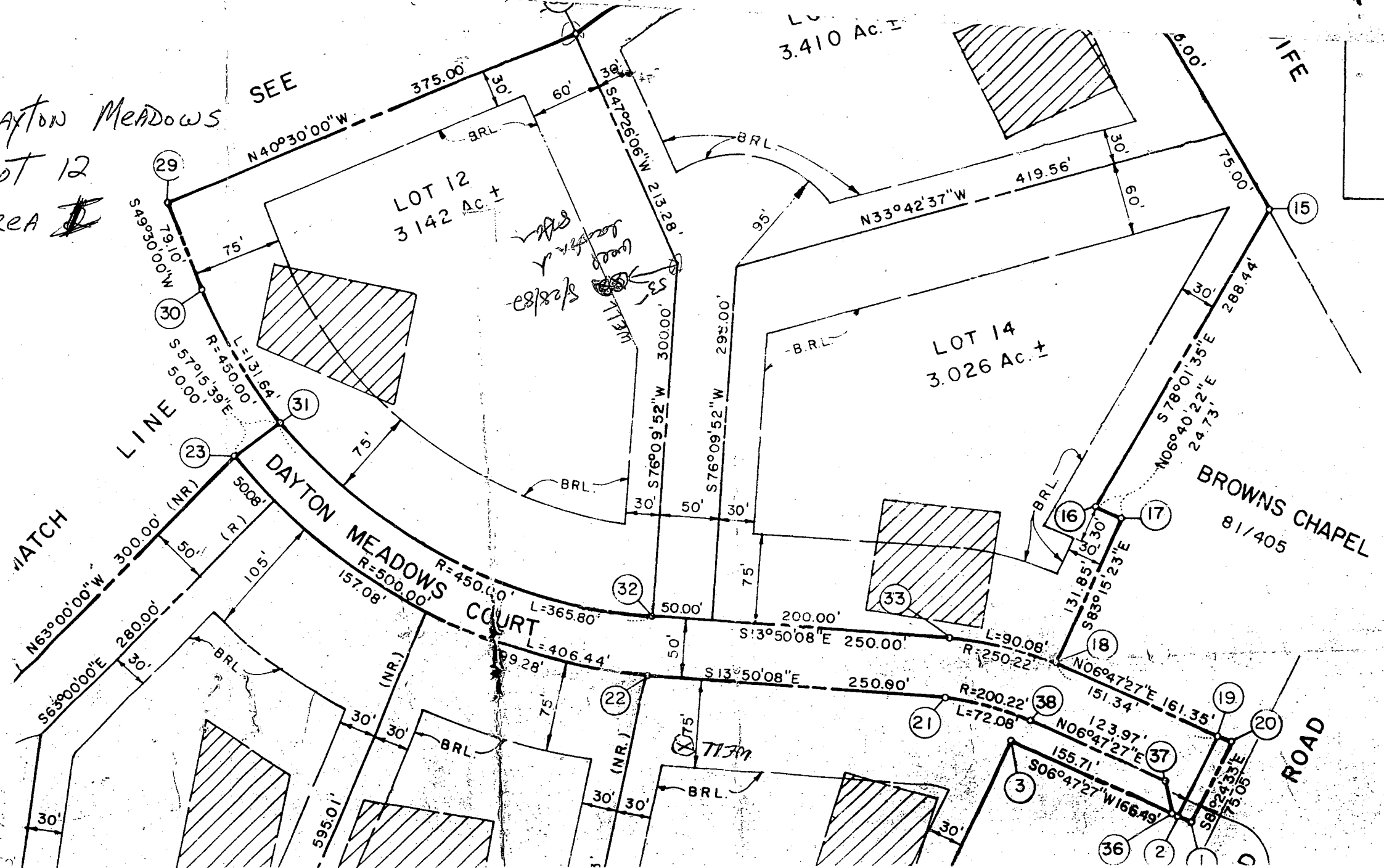
LP-69-591

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning

Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

B 1	8285	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <b>40-81-2178</b> fill in this form completely
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
<b>OWNER INFORMATION</b> Date Received <span style="border: 1px solid black; padding: 2px;">8</span> <span style="border: 1px solid black; padding: 2px;">13</span> Owner: <span style="border: 1px solid black; padding: 2px;">CARMAN</span> <span style="border: 1px solid black; padding: 2px;">ASSOCIATES</span> Street or RFD: <span style="border: 1px solid black; padding: 2px;">Box 122</span> Town: <span style="border: 1px solid black; padding: 2px;">ELLICOTT CITY MD</span> State: <span style="border: 1px solid black; padding: 2px;">21043</span> Zip: <span style="border: 1px solid black; padding: 2px;">76</span>			<b>LOCATION OF WELL</b> County: <span style="border: 1px solid black; padding: 2px;">HOWARD</span> Subdivision: <span style="border: 1px solid black; padding: 2px;">DAYTON MEADOWS C1</span> Section: <span style="border: 1px solid black; padding: 2px;">E</span> Lot: <span style="border: 1px solid black; padding: 2px;">12</span> Area: <span style="border: 1px solid black; padding: 2px;">AREAT</span> Nearest Town: <span style="border: 1px solid black; padding: 2px;">DAYTON</span> Miles from town (enter 0 if in town): <span style="border: 1px solid black; padding: 2px;">0</span> MI	
<b>DRILLER INFORMATION</b> Driller's Name: <span style="border: 1px solid black; padding: 2px;">Joseph I. Mayne</span> License No.: <span style="border: 1px solid black; padding: 2px;">238</span> Firm Name: <span style="border: 1px solid black; padding: 2px;">Joseph I. Mayne Well Drilling</span> Address: <span style="border: 1px solid black; padding: 2px;">5512 Ridge Rd. Mt. Airy 21771</span> Signature: <span style="border: 1px solid black; padding: 2px;">Joseph I. Mayne</span> Date: <span style="border: 1px solid black; padding: 2px;">5/21/87</span>			<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.): <span style="border: 1px solid black; padding: 2px;">5</span> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): <span style="border: 1px solid black; padding: 2px;">500</span> USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL: <span style="border: 1px solid black; padding: 2px;">300</span> FEET APPROXIMATE DIAMETER OF WELL: <span style="border: 1px solid black; padding: 2px;">6</span> INCH METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other: _____			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: <span style="border: 1px solid black; padding: 2px;">HOWARD</span> COUNTY NO.: <span style="border: 1px solid black; padding: 2px;">A26619</span> OEP SIGNATURE: _____ STATE HEALTH INSERT S: <span style="border: 1px solid black; padding: 2px;">41</span> DATE ISSUED: <span style="border: 1px solid black; padding: 2px;">061287</span> CO-SIGNATURE: <span style="border: 1px solid black; padding: 2px;">A. Nijon</span> EXP. DATE: <span style="border: 1px solid black; padding: 2px;">12/12/87</span> NORTH GRID: <span style="border: 1px solid black; padding: 2px;">512000</span> EAST GRID: <span style="border: 1px solid black; padding: 2px;">0801000</span>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): <span style="border: 1px solid black; padding: 2px;">41</span> <span style="border: 1px solid black; padding: 2px;">70</span> <span style="border: 1px solid black; padding: 2px;">71</span> <span style="border: 1px solid black; padding: 2px;">72</span> <span style="border: 1px solid black; padding: 2px;">73</span> <span style="border: 1px solid black; padding: 2px;">74</span> <span style="border: 1px solid black; padding: 2px;">75</span> <span style="border: 1px solid black; padding: 2px;">76</span> <span style="border: 1px solid black; padding: 2px;">77</span> <span style="border: 1px solid black; padding: 2px;">78</span> <span style="border: 1px solid black; padding: 2px;">79</span>			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <span style="border: 1px solid black; padding: 2px;">Well</span> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">             E              8001              N              5122           </div> <div style="text-align: center;">             000 000 01           </div> </div> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER: <span style="border: 1px solid black; padding: 2px;">54</span> <span style="border: 1px solid black; padding: 2px;">G</span> <span style="border: 1px solid black; padding: 2px;">A</span> <span style="border: 1px solid black; padding: 2px;">P</span> <span style="border: 1px solid black; padding: 2px;">63</span> FORCE: <span style="border: 1px solid black; padding: 2px;">167</span> WRITE INITIALS IN BOX: <span style="border: 1px solid black; padding: 2px;">168</span> PERMIT NO.: <span style="border: 1px solid black; padding: 2px;">40-81-2178</span>				
SPECIAL CONDITIONS				

Dayton Meadows  
Lot 12  
Area ~~II~~



<b>C1</b> <b>5949</b>		SEQUENCE NO. (OEP USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE				THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.					
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		6						COUNTY NUMBER		A 26619			
DATE Received		DATE WELL COMPLETED		Depth of Well				PERMIT NO.					
8 13		15 20		22 26				FROM "PERMIT TO DRILL WELL"					
		062987		(TO NEAREST FOOT)				40-81-2128					
OWNER		ASSOCIATES		CARMEN									
STREET OR RFD		DAYTON MEADOWS CT.		TOWN				DAYTON					
SUBDIVISION		DAYTON MEADOWS		SECTION		1 AREA 1		LOT		12			
<b>WELL LOG</b> Not required for driven wells				<b>GROUTING RECORD</b>				<b>C 3</b>					
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box)				PUMPING TEST					
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL				HOURS PUMPED (nearest hour)					
FEET				CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b>				PUMPING RATE (gal. per min. to nearest gal.)					
FROM TO				NO. OF BAGS 14 NO. OF POUNDS 1316				METHOD USED TO MEASURE PUMPING RATE bucket					
SAND 0 40				GALLONS OF WATER 84				WATER LEVEL (distance from land surface)					
GRAY MICAPACK 40 365				DEPTH OF GROUT SEAL (to nearest foot)				BEFORE PUMPING					
				from 48 52 ft. to 42 58 ft.				WHEN PUMPING					
				(enter 0 if from surface)				TYPE OF PUMP USED (for test)					
				<b>CASING RECORD</b>				<b>A</b> air <b>P</b> piston <b>T</b> turbine					
				casing types insert appropriate code below				<b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below)					
				<b>ST CO PL OT</b>				<b>J</b> jet <b>S</b> submersible					
				STEEL CONCRETE PLASTIC OTHER									
				MAIN CASING TYPE									
				Nominal diameter top (main) casing (nearest inch)									
				Total depth of main casing (nearest foot)									
				<b>ST 6 48</b>									
				OTHER CASING (if used)									
				diameter inch depth (feet) from to									
				EACH CASING									
				screen type or open hole									
				insert appropriate code below									
				<b>ST BR HO PL OT</b>									
				STEEL BRASS OPEN HOLE PLASTIC OTHER									
				<b>C 2</b>									
				DEPTH (nearest ft.)									
				EACH SCREEN									
				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100									
				CIRCLE APPROPRIATE LETTER									
				A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED									
				E ELECTRIC LOG OBTAINED									
				P TEST WELL CONVERTED TO PRODUCTION WELL									
				I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.									
				DRILLERS IDENT. NO. 238									
				DRILLERS SIGNATURE Joseph L. Mayone									
				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.) WQ									
				70 72 74 75 76									
				TELESCOPE CASING LOG INDICATOR OTHER DATA									
				LOCATION OF WELL ON LOT									
				SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)									
				DAYTON MEADOWS CT.									

Page \_\_\_\_\_ of \_\_\_\_\_  
Date 6/29/87

Review 11/27/87 S. M. Jh

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2128  
Location of property (road) Waxton Meadows Ct  
Subdivision Waxton Meadows Lot 12 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. I  
Well Driller Joseph Mayne Owner Corman Ass.

Depth of well 36.5'  
Distance of measuring point (M.P.) above ground 3'  
Static water level (S.W.L.) below M.P. 54'

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 12 gal.  
Total time 75 min to reach pumping water level 218 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)
9:45	118	5		12
10:00	192	6		10
10:15	218	6		10
10:30	218	36		1 <sup>6</sup> / <sub>10</sub>
10:45	218	36		1 <sup>6</sup> / <sub>10</sub>
11:00	218	36		1 <sup>6</sup> / <sub>10</sub>
11:15	218	36		1 <sup>6</sup> / <sub>10</sub>
11:30	218	36		1 <sup>6</sup> / <sub>10</sub>
11:45	218	36		1 <sup>6</sup> / <sub>10</sub>
12:00	218	36		1 <sup>6</sup> / <sub>10</sub>
12:15	218	36		1 <sup>6</sup> / <sub>10</sub>
12:30	218	36		1 <sup>6</sup> / <sub>10</sub>
12:45	218	36		1 <sup>6</sup> / <sub>10</sub>
1:00	218	36		1 <sup>6</sup> / <sub>10</sub>
1:15	218	36		1 <sup>6</sup> / <sub>10</sub>
1:30	218	36		1 <sup>6</sup> / <sub>10</sub>
1:45	218	36		1 <sup>6</sup> / <sub>10</sub>
2:00	218	36		1 <sup>6</sup> / <sub>10</sub>
2:15	218	36		1 <sup>6</sup> / <sub>10</sub>
2:30	218	36		1 <sup>6</sup> / <sub>10</sub>
2:45	218	36		1 <sup>6</sup> / <sub>10</sub>
3:00	218	36		1 <sup>6</sup> / <sub>10</sub>
3:15	218	36		1 <sup>6</sup> / <sub>10</sub>
3:30	218	36		1 <sup>6</sup> / <sub>10</sub>
3:45	218	36		1 <sup>6</sup> / <sub>10</sub>
4:00	218	36		1 <sup>6</sup> / <sub>10</sub>

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

Title Number: H 1092 Name: CHARMEN ASSOC County: HOWARD

Source of Sample: DAYTON MEADOWS LOT 12 Street: \_\_\_\_\_ Town or City: \_\_\_\_\_ Collector: STAYER

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

Remarks: MD 81-2128

County: 13 Plant No.:      Sampling Station:      Date Collected: 062987 Time: 1230 <sup>P</sup><sub>M</sub> Acid ☐ Iced ☒  
Field Data: pH\*:      Chlorine Residual: Free      Total      Specific Conductance:     

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO <sub>3</sub> )	050			Cadmium	273	
	Alkalinity (CO <sub>3</sub> )	060			Chromium	283	
	pH*, Ca CO <sub>3</sub> SAT.	071			Lead	302	
	Alkalinity, Ca CO <sub>3</sub> SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	4		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

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

Date Received: 6/29/87 Date Reported: 6/29/87 Chemist:      Lab No. 168-11

11/12/92

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

OK  
Final  
C.B.S.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X  
Replacement       

Receipt # - 0 -  
Date 11/14/92

Name of Installer LEAGA P/bs + Htg Co.

Telephone 465-1401

License Number 6318

Certified Well Pump Installer        Well Driller        Registered Plumber X

Name of Property Owner TRINITY HOMES

Telephone       

Subdivision DAYTON MEADOWS Lot # 12 Well Tag # HO-81-2128

Site Address 13814 DAYTON MEADOWS CT

Pump

1. Type

- a. Deep well jet         
b. Shallow well jet         
c. Submersible X

2. Make       

3. Model #       

4. Capacity        GPM

5. Pump exceeds well capacity Yes        No X

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 X

Motor

1. Horsepower 24

2. RPM       

3. Voltage       

a. 110       

b. 220 X

Pitless Adapter

1. Make       

2. Model #       

3. Depth       

Tank

1. Capacity 80 gal

2. Pressure relief valve? YES

Piping

1. Type P.E

2. Size 1 in

3. NSF and/or BOCA Code approved       

4. Depth of supply line       

Well data

1. Depth        ft.

2. Yield        GPM

3. Static water level        ft.

4. 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: [Signature]

Date: 11/13/92

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

11/14/92 Note ok at casing area of well, only. C.B.S.



# CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 252-7742

REPORT DATE: Dec 22, 1992

County Howard

Lab Number 92-4979

Sample iced Yes  
Residual Cl<sub>2</sub> <0.1 mg/L

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Attn: Lynn  
Trinity Builders  
6212 Devon Drive  
Columbia, Maryland 21044

Property Sampled: U&O: 13814 Dayton Meadows Court

Station Sampled: Kitchen

Date/Time Sampled: Dec 21, 1992 2:55 pm

Owner, Telephone No.: Brian Long

Subdivision Name: Dayton Meadows

Building Permit No.: 44786

Well Number: HO-81-2128

Tax Map #:

Parcel #:

Sampler: J. Lynn #88-249M

Lot Number: 12

Observation: Satisfactory

## RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL	
Nitrate	0.6 mg/L as N	ISE	10.0 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10.0 NTU	Pass
pH	7.1 Units	EPA 150.1	6.5-8.5 Units	
Sand	Negative		Negative	
Total Coliform	Present	ONPG-MMO MUG	Absent	Fail
Fecal Coliform	Absent			

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was UNSAFE for drinking purposes.

B2  
12/30/92  
Hold for more tests

*Sharon K. Cassell*  
Sharon K. Cassell

**CASSELL TESTING, INC.**

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 252-7742

REPORT DATE: Jan 14, 1993

County Howard

Lab Number 93-0129

Sample iced Yes  
Residual Cl<sub>2</sub> <0.1 mg/L

cc: County Health Dept. Yes

**CERTIFICATE OF ANALYSIS**

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Attn: Lynn  
Trinity Builders  
6212 Devon Drive  
Columbia, Maryland 21044

Property Sampled: U&amp;O: 13814 Dayton Meadows Court, retest #3

Station Sampled: Kitchen tap

Tax Map #:

Date/Time Sampled: Jan 13, 1993 9:45 am

Parcel #:

Owner, Telephone No.: Brian Long 531-5632

Sampler: S. Cassell #084

Subdivision Name: Dayton Meadows

Lot Number: 12

Building Permit No.: 44786

Well Number: HO-81-2128

Observation: Satisfactory

**RESULTS OF ANALYSIS:**

Parameter	Result	Method	MCL	
Total Coliform	Present	ONPG-MMO MUG	Absent	Fail
Fecal Coliform	Absent			

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample as UNSAFE for drinking purposes.

*See 3/3/93 I.C.O.P. results*

*Heather R. Beam*

Heather R. Beam

## CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 252-7742

REPORT DATE: Dec 29, 1992

County Howard

Lab Number 92-5042

Sample iced Yes  
Residual Cl<sub>2</sub> <0.1 mg/L

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Attn: Lynn  
Trinity Builders  
6212 Devon Drive  
Columbia, Maryland 21044

Property Sampled: U&amp;O: 13814 Dayton Meadows Court

Station Sampled: Kitchen

Date/Time Sampled: Dec 28, 1992 12:25 pm

Owner, Telephone No.: Brian Long

Subdivision Name: Dayton Meadows

Building Permit No.: 44786

Well Number: HO-81-2128

Tax Map #:

Parcel #:

Sampler: J. Lynn #88-249M

Lot Number: 12

Observation: Satisfactory

## RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL	
Total Coliform	Present	ONPG-MMO MUG	Absent	Fail
Fecal Coliform	Absent			

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was **UNSAFE** for drinking purposes.

12/30  
C.B.  
Hold for more tests

Heather R. Beam

Heather R. Beam

## CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 252-7742

REPORT DATE: Jan 7, 1993

County Howard

Lab Number 93-0045

Sample iced Yes  
Residual Cl<sub>2</sub> <0.1 mg/L

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Attn: Lynn  
Trinity Builders  
6212 Devon Drive  
Columbia, Maryland 21044

Property Sampled: U&amp;O: 13814 Dayton Meadows Court, retest #2

Station Sampled: Kitchen tap

Tax Map #:

Date/Time Sampled: Jan 6, 1993 11:10 am

Parcel #:

Owner, Telephone No.: Brian Long

Sampler: P. Kellner #92-245

Subdivision Name: Dayton Meadows

Lot Number: 12

Building Permit No.: 44786

Well Number: HO-81-2128

Observation: Satisfactory

## RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL
Total Coliform	Present	ONPG-MMO MUG	Absent
Fecal Coliform	Absent		

Fail

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample is **UNSAFE** for drinking purposes.

X "Ba" X  
==



Heather R. Beam

# 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 - 461-9958  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

January 14, 1993

Trinity Builders

6312 Devon Drive

Columbia, Maryland  
21044

RE: LOT #12 Dayton Meadows  
13814 Dayton Meadows Court  
Well log # HO-81-2128

Dear Sir,

This is to advise you that the septic system was installed, inspected and approved on November 16, 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-81-2128. 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 .

Date Well Approved

January 13, 1993  
March 3, 1993

June 29, 1987  
Charles B. Streaker P.S.  
Approving Authority  
Charles B. Streaker, Sanitarian  
Water and Sewerage Program

# CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, MONT VALLEY, MD 21030  
(410) 252-7742

REPORT DATE: Mar 4, 1993

County Howard

Lab Number 93-0686

Sample iced Yes  
Residual  $\text{Cl}_2$  <0.1 mg/L

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Mr. Brian Long  
13814 Dayton Meadows Court  
Dayton, Maryland 21036

Property Sampled U&O: 13814 Dayton Meadows Court, retest #7

Station Sampled: Kitchen tap

Date/Time Sampled: Mar 3, 1993 1:40 pm

Owner, Telephone No.: Brian Long 531-5632

Subdivision Name: Dayton Meadows

Building Permit No.: 44786

Well Number: HO-81-2128

Tax Map #:

Parcel #:

Sampler: E. Hause #91-714

Lot Number: 12

Observation: Satisfactory

### RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL	
Total Coliform	Absent	ONPG-MMO MUG	Absent	Pass

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was **SAFE** for drinking purposes.

3/10/93 10:30 AM

*Heather R. Beam*

Heather R. Beam

\* MCL = Maximum Contamination

CASSELL TESTING, INC.  
ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 252-7742

REPORT DATE: Aug 17, 1993

County Howard

Lab Number 93-3918

Sample iced Yes

Residual Cl<sub>2</sub> <0.1 mg/L

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Mr. Brian Long  
13814 Dayton Meadows Court  
Dayton, Maryland 21036

Property Sampled: 13814 Dayton Meadows Court

Station Sampled: Bathroom sink right side

Date/Time Sampled: Aug 16, 1993 1:15 pm

Owner, Telephone No.: Long 531-5632

Subdivision Name:

Building Permit No.:

Well Number: HO-81-2128

Tax Map #:

Parcel #:

Sampler: E. Hause #91-714

Lot Number:

Observation: Satisfactory

### RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL	
Total Coliform	Absent	ONPG-MMO MUG	Absent	Pass ✓

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was SAFE for drinking purposes.

*[Handwritten: Vin pending files C.B.]*  
*[Handwritten: Found later 8/25]*  
*[Handwritten: per day 8/25 I.C.O.P 1-14-93 C.B.]*  
*[Signature: Sharon K. Cassell]*

Sharon K. Cassell



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## HOWARD COUNTY HEALTH DEPARTMENT

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

Reply to: Charles Streaker  
313-2640 or 313-2641

August 19, 1993

Mr. Brian Long  
13814 Dayton Meadows Court  
Dayton, Maryland 21036

RE: Lot 12, Dayton Meadows S/D  
13814 Dayton Meadows Court  
Well Permit #HO-81-2128

Dear Sir:

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 313-2640 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 requested to call this office at 313-2640 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.

Presently there is no charge for this service.

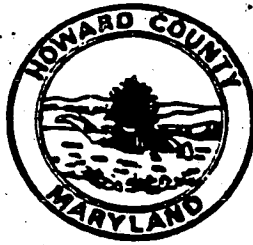
Very truly yours,

*Charles B. Streaker R.S.*

Charles B. Streaker, R.S.  
Water and Sewerage Program

CBS:hs





## HOWARD COUNTY HEALTH DEPARTMENT

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

August 25, 1993

Reply to:

Mr. Brian Long  
13814 Dayton Meadows Court  
Dayton, Maryland  
21036

RE: LOT #12 Dayton Meadows S/O  
13814 Dayton Meadows Court  
Well Permit NO-81-2128

Dear Mr. B. Long,

This is to advise you that the septic system was installed, inspected and approved on November 16, 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.

### FINAL CERTIFICATE 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-81-2128.

August 16, 1993  
Date of Final Sampling

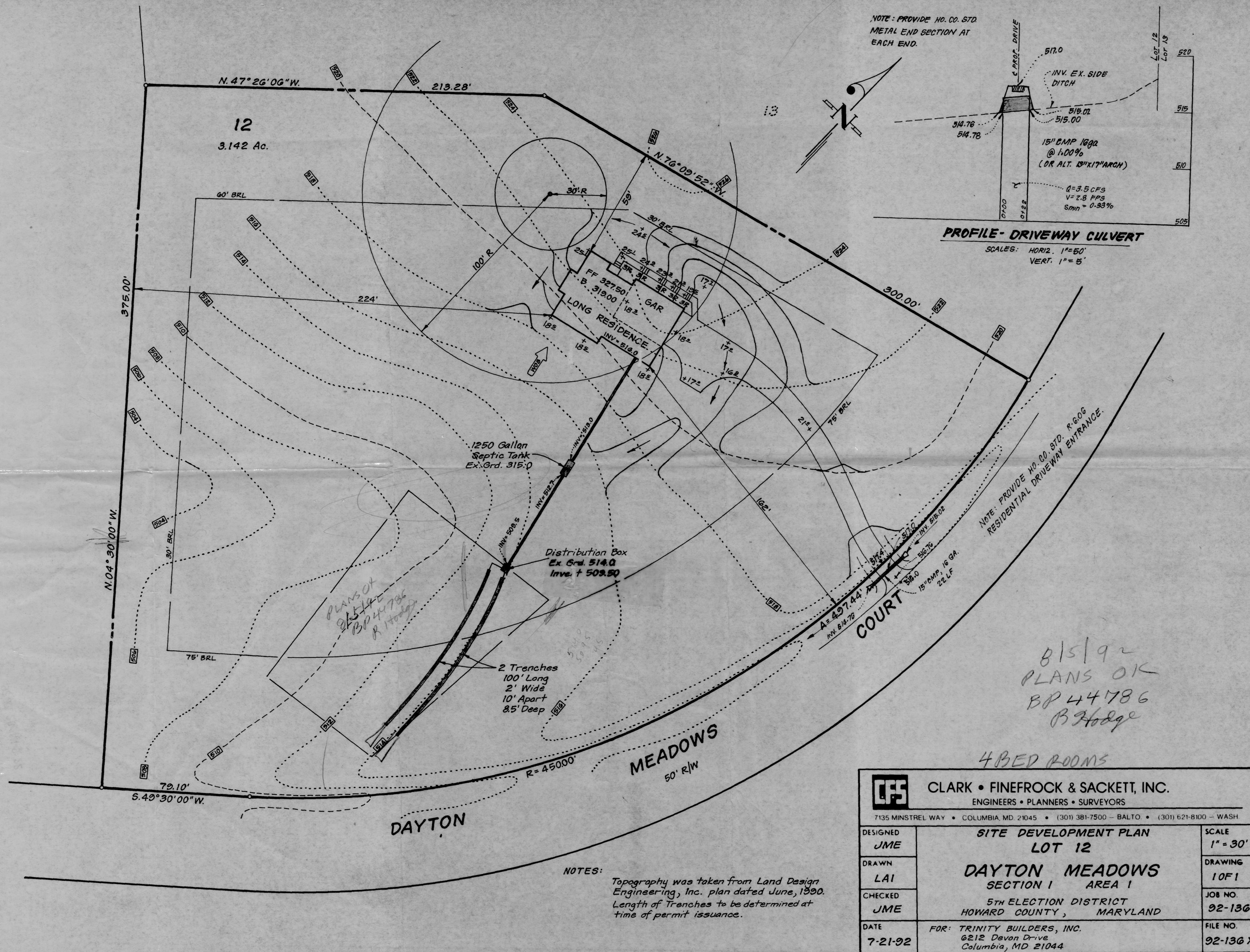
August 25, 1993  
Date of Acceptance  
*Charles Streaker*  
Charles Streaker R.S.  
Approving Authority  
Charles Streaker, Sanitarian  
Water and Sewerage Program

Water Sample Dates:

March 3, 1993  
August 16, 1993

✓  
CS/





**CLARK • FINEFROCK & SACKETT, INC.**  
 ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD 21045 • (301) 381-7500 - BALTO. • (301) 621-8100 - WASH.

DESIGNED JME	<b>SITE DEVELOPMENT PLAN</b> <b>LOT 12</b> <b>DAYTON MEADOWS</b> <b>SECTION 1 AREA 1</b> <b>5TH ELECTION DISTRICT</b> <b>HOWARD COUNTY, MARYLAND</b>	SCALE 1" = 30'
DRAWN LAI		DRAWING 1 OF 1
CHECKED JME		JOB NO. 92-136
DATE 7-21-92		FILE NO. 92-136 X

FOR: TRINITY BUILDERS, INC.  
 6212 Devon Drive  
 Columbia, MD 21044