

11-3-87
12 noon

05-400074
PERMIT

P 40347

A 26640

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 10/30/87

DATE SYSTEM APPROVED 10/31/87

INSPECTOR R/H

C. C. Cissel

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Dayton Meadows ROAD 13838 Dayton Meadows Ct LOT 8, Sec. 1, Area 1

PROPERTY OWNER James Degenford Vintage Homesteads Ltd.

ADDRESS

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

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

180
720 sq ft
5 144 ft
720
22
20

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8½ below original grade. Effective area begins at 3½ feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Beginning from the corner of the 180' and 649.92' lot lines, place 1st trench 380' down the left (649.92') lot line and 100 feet off the left line as seen when facing property from Dayton Meadows Court. Run trenches along contour back towards the left lot line. MAINTAIN MINIMUM 100 FEET DISTANCE FROM WELL TO SEPTIC.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK JEN 10-30-87

PLANS APPROVED BY B. Nixon DATE 6/08/87

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BLDG. PERMIT SIGNED
AND RETURNED 3/10/88
Serial # 17028-pom

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1186

A 26640

6/8/84
PA

DAYTON MEADOWS

A 26640

SUBDIVISION:

DAYTON MEADOWS CT.

LOT NUMBER:

8 AREA I

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

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

180

sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 8 1/2 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

5 feet of stone below distribution pipe.

- 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 CORNER OF THE 180' AND 649.92 LOT LINES, PLACE 1ST TRENCH 380' DOWN THE LEFT (649.92) LOT LINE AND 100' OFF THE LEFT LINE AS SEEN WHEN FACING PROPERTY FROM DAYTON MEADOWS CT. RUN TRENCHES ALONG CONTOUR BACK TOWARDS THE LEFT LOT LINE.

MAINTAIN MINIMUM 100' DISTANCE FROM WELL TO SEPTIC.

PRELIMINARY

APPLICATION

A 26640

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 VINTAGE HOMESTEADS LTD.

ADDRESS _____ PHONE Paul Kottis
421-9433

PROPERTY LOCATION:

SUBDIVISION Dayton Meadows LOT NO. SECT. 1 AREA 1 FINAL LOT 8
NEW LOT 17
13, Block 6

ROAD AND DESCRIPTION Green Bridge Road

13838 DAYTON MEADOWS CT

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)

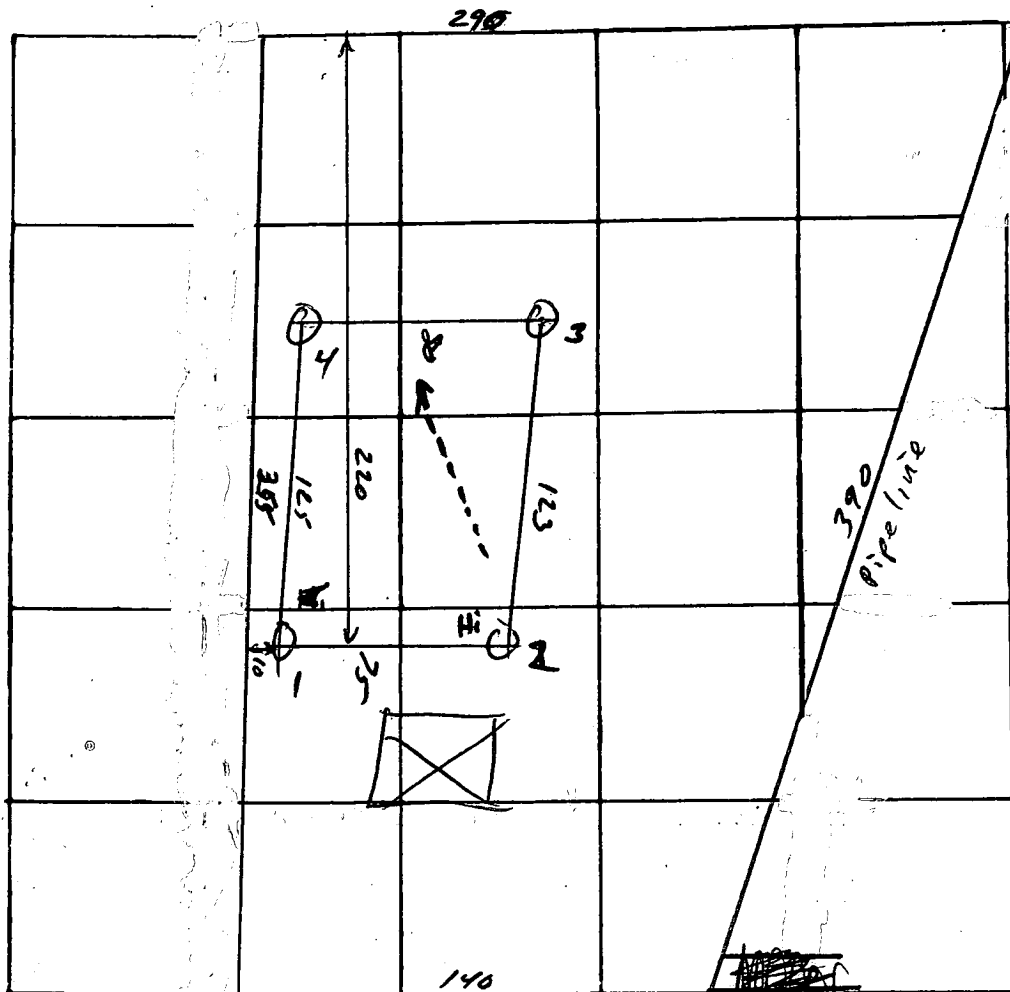
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 6/25/87

DP12820
SAC

THIS IS NOT A PERMIT



13C

X Perc
6 min
INLET 3'
Bottom 8 1/2'
180 #/BR

DATE NORTH. - NAME ADJOINING ROADWAY AS

TO RW

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
31 Aug 77	1	13	Vis				
	3	3	103	105	105	109	4
		14 1/2	"	"	"	"	4
	2	3	106	115	115	121	6
		14	"	108	108	112	4
	4	3	112	115	115	119	4
		14	"	119	119	122	8

REMARKS

sandy loam

TYPE OF SOIL

M

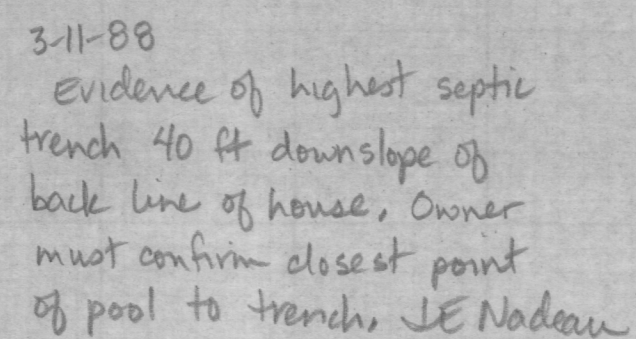
TESTED BY

ALSO PRESENT:

Kottis

FLOOR SYSTEM		PLUMBING		SET BACKS	
FLOOR HEADS#	SKIMMER	FT.	HOUSE	10	
STEP HEADS#	RETURNS	FT.	SIDE	30	
BENCH HEADS #	RETURNS	FT.	REAR	10	
LOVE SEAT#	AUTO CLR.	FT.	STREET	-	
SPA HEADS#	SPA SUCT.	FT.	SEPTIC	30	
Heads may vary due to shape, size and depth.	SPA. RET.	FT.	WELL	10	
	AIR LINE	FT.	FENCE	4	
		FT.	PUB. WATER	N/A	
		FT.	PUB. SEWER	N/A	

W
ZONE 3



3-15-88
Pool is 24 ft up slope from first
septic trench. Septic reserve area
is downhill from first trench.
Recommend approval. JENadeau

BUYER:
POOL AREA TO BE FENCED, PER COUNTY
OR CITY ORDINANCE. GATES TO BE SELF
CLOSING AND SELF LATCHING.
BY BUYER

NOTE

SCALE 1/8" = 1'0"

RTE 29(N) TO 32(W)
TO (L) ONTO LINDEN
CHURCH RD TO (R)
ON TEN OAKS RD
TO INTERSECTION
GO STRAIGHT TO
HOWARD RD TO (L)
ON DAYTON MEADOWS
CT TO SITE ON
COURT

PERMIT OFFICE	HOWARD CO	
LOT 8	BLOCK	SUB. DIV. DAYTON MEADOWS
SALESMAN	J KAGEN	MANAGER J KAGEN
SALES OFFICE	BALTIMORE	PH. # 922-8300
CONSTRUCTION OFFICE PH. #	703-451-9451	
JOB # 860145	CONTRACT DATE	2/28/88
CASH YES	LOAN	-

DATE OWN
3/1/88

DWN. BY
M

OK'D. BY

MAP

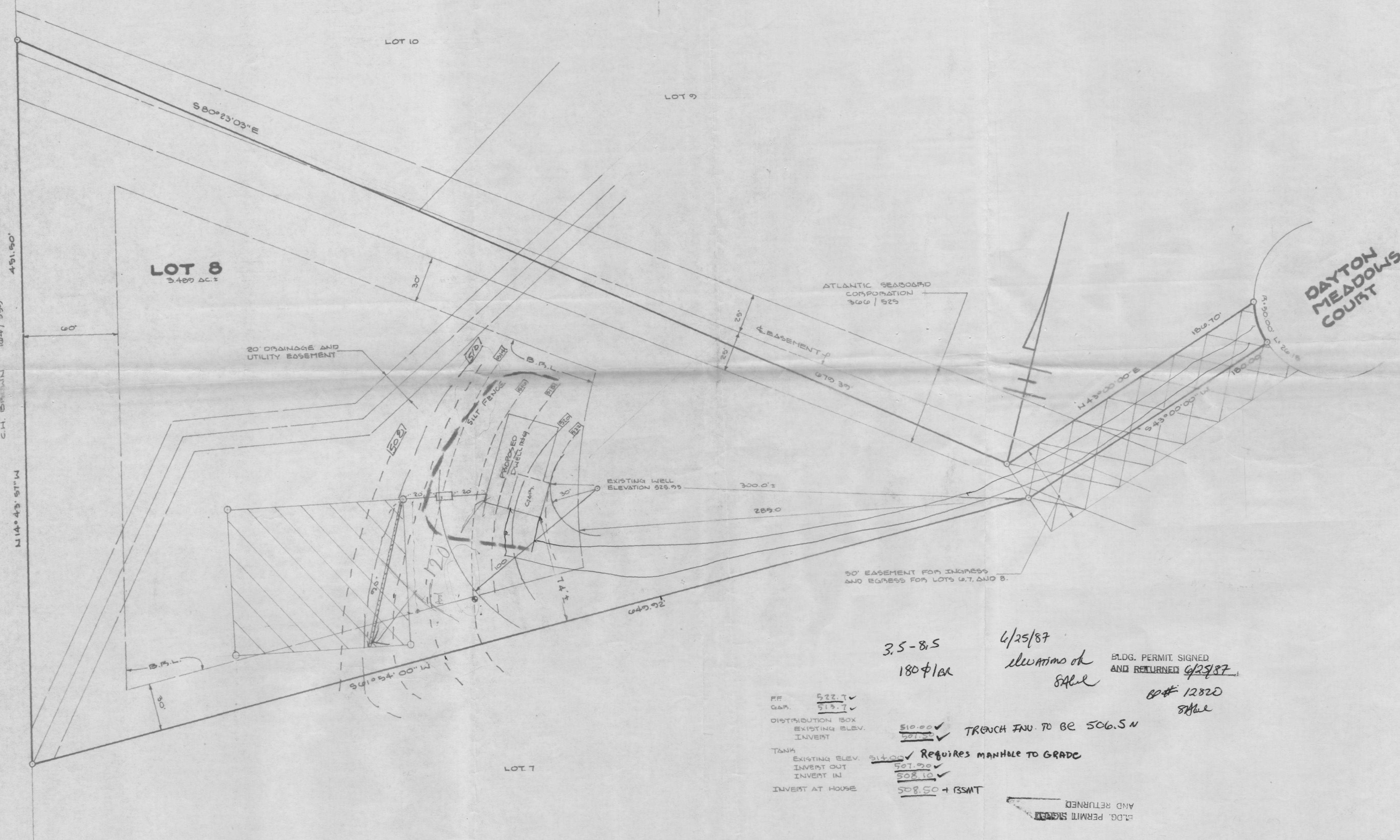
SWIMMING POOL

NAME JAMES & SHARON DEGENFOL

ADDRESS 13838 DAYTON MEADOW CT
DAYTON, MD 21036

CROSS STREETS HOWARD RD

RES. PHONE 531-3530 BUS. PHONE 765-733



LOT 8 DAYTON MEADOWS COURT
DAYTON MEADOWS

SCALE: 1" = 40'

HUDKINS ASSOCIATES, INC.
SUITE 231, HARRIS CHOICE VIL. CTR.

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">1043</div>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <div style="text-align: right;">5-16-86 9:30 Grant</div>	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">HA-81-1450</div>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)		please print or type	
Date Received <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">7 1 1 3</div>		LOCATION OF WELL	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">MAGNIFORD E. JAMES</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">HARRIS</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">12146</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">DAVTON MEADOWS</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">FLORIDA</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">SECTION 1</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">TOWN</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">LOT 8</div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">73</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">M I</div>	
DRILLER INFORMATION Driller's Name: <u>Joseph L. Mayne</u> Firm Name: <u>Joseph L. Mayne Well Drilling</u> Address: <u>5512 Ridge Rd. Mt Airy 21271</u> Signature: <u>Joseph L. Mayne</u> Date: <u>11/23/86</u>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		NEAR WHAT ROAD <u>Payton Meadows Rd</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 	
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)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: <u>HOWARD</u> COUNTY NO. <u>21640</u> OEP SIGNATURE: _____ STATE HEALTH INSERT S _____ DATE ISSUED: <u>11/03/86</u> NORTH GRID: <u>511000</u> EAST GRID: <u>0801000</u>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>WELL</u> 2. _____ 3. _____	
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">806 1</div>	
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 _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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) _____	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER <u>54</u> <u>G A P</u> <u>63</u>			
FORCE <u>BA</u> WRITE INITIALS. PERMIT No. <u>HA-81-1450</u>			
SPECIAL CONDITIONS			

C1	00508	SEQUENCE NO. (OEP USE ONLY)	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 26640

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
8 13	05/16/86	22 325 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL" HO-81-1450
OWNER: DEGENFORD JAMES L. Z.			
STREET OR RFD: DAYTON MEADOWS CT. first name TOWN DAYTON			
SUBDIVISION: DAYTON MEADOWS SECTION 1 AREA 1 LOT 8			

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 FROM TO	Check if water bearing
SAND	0 69	
GRAY MICHA Rock	69 325	

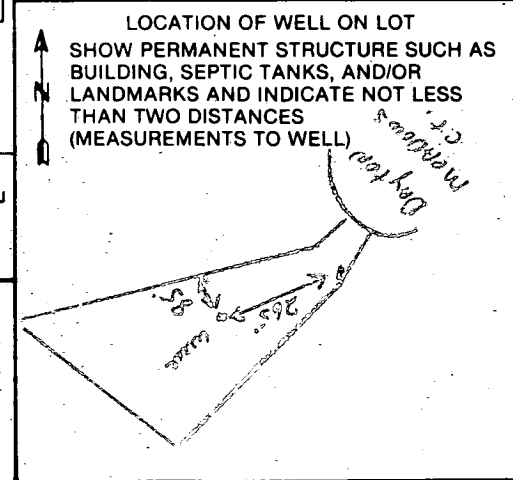
GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 14 NO. OF POUNDS 1316	
GALLONS OF WATER 84	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 48 ft. to 50 58 ft. (enter 0 if from surface)	
CASING RECORD	
casing types insert appropriate code below	
STEEL CO PL OT	
MAIN Nominal diameter Total depth	
CASING top (main) casing of main casing	
TYPE (nearest inch) (nearest foot)	
ST 6 75	
OTHER CASING (if used)	
diameter depth (feet)	
inch from to	
SCREEN RECORD	
screen type or open hole	
insert appropriate code below	
STEEL BR HO PL OT	
DEPTH (nearest ft.)	
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	

PUMPING TEST	
HOURS PUMPED (nearest hour) 6	
PUMPING RATE (gal. per min. to nearest gal.) 1	
METHOD USED TO MEASURE PUMPING RATE bucket	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING 29	
WHEN PUMPING 283	
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: 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 1 (nearest foot)	

CIRCLE APPROPRIATE LETTER 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. 231	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
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	



Page 5 of 16
Date 5/16/86

Review OK'd (B) 8/18/86

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 1450
Location of property (road) DAYTON MEADOW CT.
Subdivision DAYTON MEADOWS Lot 8 Block Plat Sec. 1 AREA 1
Well Driller JOSEPH MAYNE Owner DEGENFORD JAMES E.

Depth of well 325'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 29'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 12
Total time 45 min to reach pumping water level 283 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	112	5 sec.		12
8:15	200	5		12
8:30	283	5		12
8:45	283	60		1
9:00	283	60		1
9:15	283	60		1
9:30	280	60		1
9:45	280	48		14
10:00	280	48		14
10:15	282	48		14
10:30	281	60	283	1
10:45	282	60	29	1
11:00	282	60	234	1
11:15	282	60		1
11:30	282	60		1
11:45	281	60	283	1
12:00	282	60	29	1
12:15	282	60	234	1
12:30	282	60	15	1
12:45	282	60	1270	1
1:00	282	60	254	1
1:15	282	60	381	1
1:30	282	60	120	1
1:45	282	60	301	1
2:00	282	60		1
2:15	282	60		1
2:30	282	60		1

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 # 40444
Date 11/6/87

Name of Installer T&R Plumbing and Heating

Telephone 301 725-2392

License Number 7079

Certified Well Pump Installer ☐

Well Driller ☐

Registered Plumber ☒

Name of Property Owner Vintage Homes

Telephone 410-81-1459

Subdivision Dayton Meadows

Lot # 8

Well Tag # 40-81-1459

Site Address 13838 Dayton Meadows Ct.

Pump

1. Type

a. Deep well jet ☐

b. Shallow well jet ☐

c. Submersible ☐

2. Make Jacuzzi

3. Model # Jacuzzi

4. Capacity 120 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 ☐

Motor

1. Horsepower ☐

2. RPM ☐

3. Voltage ☐

a. 110 ☐

b. 220 ☐

Pitless Adapter

1. Make Harvard

2. Model # 41

3. Depth 4'

Tank

1. Capacity 120

2. Pressure relief valve? yes

Piping

1. Type Crestline

2. Size 1"

3. NSF and/or BOCA Code approved yes

4. Depth of supply line 4'

Well data

1. Depth 4' ft.

2. Yield 4' GPM

3. Static water level 4' 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: 11/3/87

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

PRESSURE TANK NOT YET INSTALLED

BH

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

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

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

James E Degenford
(Name)

12146 Mt Albert, Ell. Cty, Md
(Address) 21028

HO 81 1450
(OEP Well Permit Number)

4/17/86
(Date)

work phone 765-7334
home 531-3530

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

Bottle Number: H 9708 Name: JAMES DEGENFORD County: HOWARD

Source of Sample: DAYTON MENDONS LOT 8 Collector: STAYER
Street Town or City

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

Remarks: H0 B1-1450

County: 13 Plant No. Sampling Station Date Collected 05/6/86 Time 1145A 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 ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080	1		Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
	Nitrate-Nitrite N	162	3.5		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 Date Reported 05/22/86 Chemist Lab No. 14837

Degenford

Water Sample Request

PROPERTY OWNER Vintage Homestead DATE OF REQUEST 11/17/87
TELEPHONE W: 765-7334 (Mr) NEW WELL NUMBER HO-81-1450
DIRECTIONS OR INSTRUCTIONS (Acid neutralizer & water softener)
H 531-3530

10600 Please mail results to owner

SAMPLE TYPE

☐ Health Hazard
☒ U & O
☐ Real Estate
☐ Pond or Stream
☐ Sewage
☐ Other

REASON FOR REQUEST

☐ Physician's Advice
☒ New Residence
☐ Nitrate Monitoring
☐ Taste or Odor
☐ Treatment System Necessity
☐ Plumbing or Well Repair
☐ Replacement Well
☐ Curiosity

SETTLEMENT DATE / /

SEPTIC SYSTEM: ☒ Approved ☐ Disapproved DATE 11/3/87

CONDITION:

SUPPLY TYPE: ☐ Drilled Well ☐ Hand Dug ☐ Spring ☐ Public

CONDITION: A 26640

FIRST SAMPLE COLLECTOR Environ. Test Lab DATE 11/25/87

☒ BACTERIA , pH , Free Cl⁻ , Res. Cl⁻ 0.0, VOC

☐ CHEMICAL , LEAD & COPPER , NITRATES , PESTICIDE

ACTION: 1COP issued 12-7-87 JEN

RESAMPLE COLLECTOR J. Madigan DATE 11/7/88

☒ BACTERIA PP 807, pH 6.5 ^{suspect}, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, TIME 11:06am

☒ CHEMICAL JN 1107, Other

ACTION: Bathroom tap FCOP issued 12-28-88 JEN

RESAMPLE COLLECTOR DATE / /

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

ACTION:

RESAMPLE COLLECTOR DATE / /

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

ACTION:

ADDRESS

NAME

Vintage Homestead Degenford
13838 Dayton Meadows Ct
Dayton Meadows, Lot 8 sec 1, Area 1

21036

Dayton

11-25-87

11-7-88

12820

ENVIRONMENTAL TESTING LAB.

1993 MORELAND PARKWAY
SUITE 203
ANNAPOLIS, MARYLAND 21401
(301) 268-5650

Maryland State Certified

For the Analysis of Total and Fecal Coliform in Drinking Water

Vintage Homestead
12789 Folly Quarter Road
Ellicott City, Maryland 21043
ATTN: Elizabeth - 531-3047
11/30/87

RE: Water sample #1368 from 13838 Dayton Meadows Court,
"Dayton Meadows" Dayton, Maryland collected and delivered
to this laboratory by our technician on 11/25/87.

Lt8
HO-H-1450 -
Sub-area 1.

Positive tubes in set of 5
Lauryl sulfate - Bile green

Residual Chlorine
None

0 - 0

On the basis of these results, we certify that this water
is safe and palatable with regard to bacterial contamination.

Donald Brumsted/vv6
Donald Brumsted
Laboratory Director

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

December 7, 1987

Vintage Homestead
12789 Folly Quarter Road
Ellicott City, Maryland 21043

RE: Dayton Meadows - Lot 8
Area 1
13838 Dayton Meadows Ct

To Whom It May Concern:

This is to advise you that the septic system was installed, inspected and approved on November 3, 1987.

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

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1450. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

November 25, 1987
Date of Water Sample

May 16, 1986
Date Well Approved:

Jane E. Nadeau

Approving Authority
Jane Nadeau, Sanitarian
Water and Sewerage Program

JN:JR

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

October 3, 1988

Occupant
13838 Dayton Meadows Court
Dayton, Maryland 21036

RE: Dayton Meadows, Lot 8, Sec. 1
13839 Dayton Meadows Court
Well Permit #HD-81-1450

Dear Occupant:

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

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

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

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

Very truly yours,

Jane E. Nadeau
Jane E. Nadeau, Sanitarian
Water and Sewerage Program

JEN:hs

Enclosure

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehnen Joseph, Ph.D., Director

Lab No. C005929 9-7 8

WATER ANALYSIS

Bottle Number: JN 1107 Name: Dengenford County: Howard
Source of Sample: 13032 Dayton Marbous Ct Collector: J. Nadeau
Street Town or City
Sample Type (Circle): Community Source Non-Community Distribution Private Emergency Recheck Routine
Remarks: HD-81-1450 Bathroom tap

County: 13 Plant No. 110788 Sampling Station 110788 Date Collected 110788 Time 1100 AM Acid ☐ Iced ☒
Field Data: pH* 7.1 Chlorine Residual 1.0 Free 0.0 Total 0.0 Specific Conductance 170

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
✓	pH*	00403	7.1		Arsenic	01002	
✓	Alkalinity (Total)	00410	137		Barium	01007	
	pH*, Ca CO ₃ SAT.	70311			Cadmium	01027	
	Alkalinity, Ca CO ₃ SAT.	74023			Chromium	01034	
✓	Hardness	00900	<16		Lead	01051	
	Ammonia-N	00608			Mercury	71900	
✓	Nitrate-Nitrate N	00630	58		Selenium	01147	
	Nitrite N	00615			Silver	01077	
	MBAS	38260					
✓	Chloride	00940	164		Aluminum	01105	
	Fluoride	00951			Calcium	00916	
	Color*	00081			Copper	01042	
✓	Turbidity*	00076	0.5	✓	Iron	01045	<0.05
	Conductance*, SPEC	00095			Magnesium	00927	
	Sulfate	00945			Manganese	01055	
	Total Solids	00500			Nickel	01067	
	Dissolved Solids	70300			Potassium	00937	
					Sodium	00929	
					Zinc	01092	

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

Date Received NOV 30 1988 Date Reported NOV 30 1988 Chemist J. Nadeau

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

January 4, 1989

Mr. James Degenford
13838 Dayton Meadows Court
Dayton, Maryland 21036

RE: Dayton Meadows, Lot 8,
Section 1, Area 1
13838 Dayton Meadows Court
Well Permit #HO-81-1450

Dear Mr. Degenford:

This is to advise you that the septic system was installed, inspected and approved on November 3, 1987.

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

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-81-1450.

Date of Final Sampling
November 7, 1988

Date of Acceptance
December 28, 1988

Jane E. Nadeau
Jane E. Nadeau, Sanitarian
Water and Sewerage Program

Water Sample Dates: 11/25/87
11/7/88

JEN:hs