

Excluded 9/9/94
10/2/94 ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-9943X~~ 313-2640

INDEXED

03-307840

P 50263

A 28491

DISTRICT 3rd

DATE 9/9/94

DATE SYSTEM APPROVED 10/21/94

INSPECTOR M. Rifkin

J. Joseph Gartland

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 1835 West Old Liberty Road, Westminster, Maryland PHONE 875-2400

SUBDIVISION Laukenmann Property LOT 9 ROAD 1060 Driver Road

PROPERTY OWNER Wilder Building Corp. 461-2522 (8-4:30)

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 6½ feet below original grade. Effective area begins at 4½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 115.17' and 145.00' lot lines, place the distribution box 25 feet down the 145.00' lot line and 65 feet off this same lot line. Run trenches on contour to left side of lot. ← side

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 9/1/94 DKS

10/8/94 REVISED SPECS: INLET 3', BOT 4½'

PLANS APPROVED BY Mark Rifkin

REVISED DATE 07/29/94

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

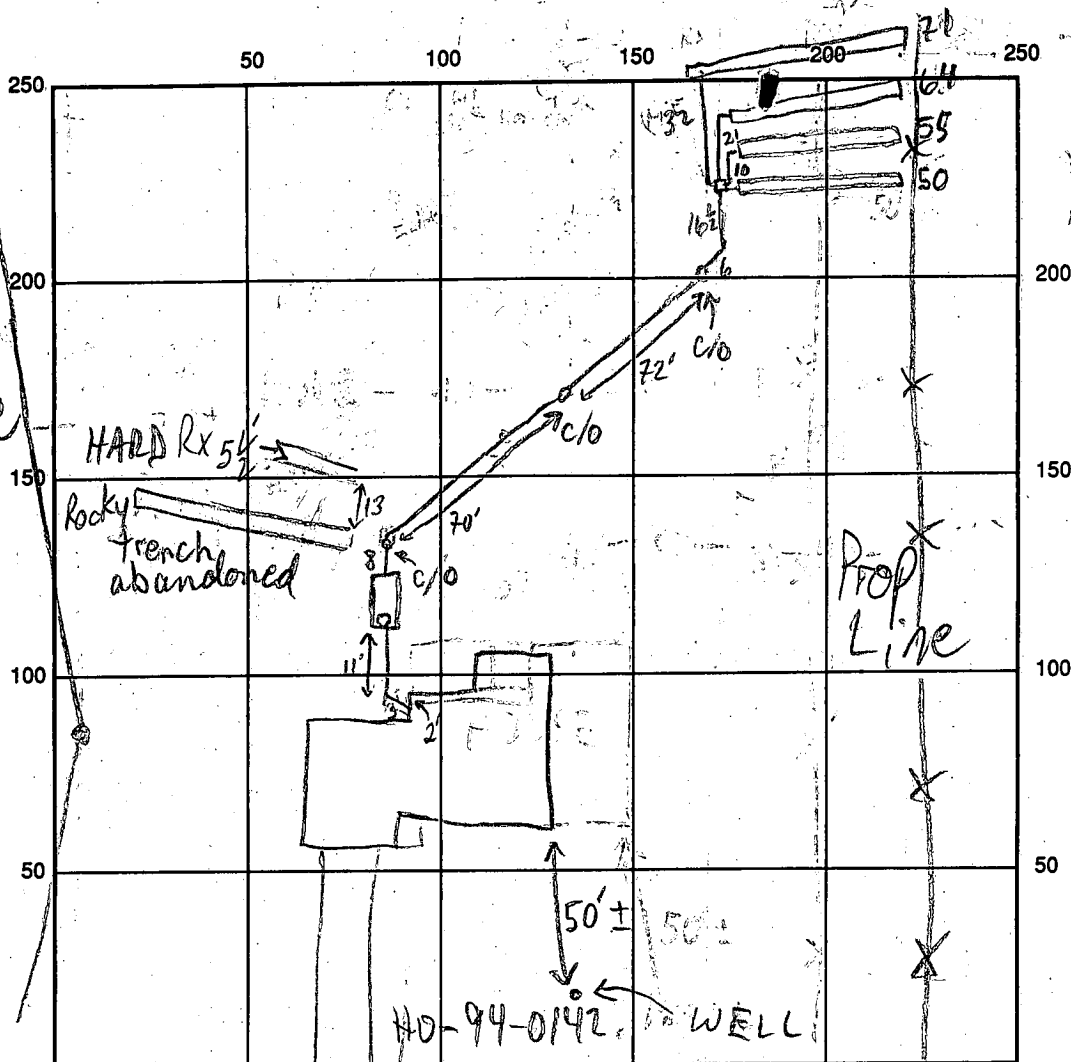
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

157881

Prop Line



DRIVER RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS 3 IN LINE - OK; S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 150 @ 64 @ 71 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 150 @ 192 @ 213 SQ. FT.

DRYWALL INSIDE DIAMETER 1 FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS: 10/14/94 ROCK IN SDA RE-TEST NEEDED & ABANDON FIRST TRENCH - HOLD TIL RE-PERC - STOP WORK GIVEN MR
10/18/94 SDA ADJUSTED DOWNHILL TO EX. SDA FOR ROCK - SEE ATTACHED; STOP WORK RESCINDED; ORIG. DECK DESIGN MODIFIED TO ALLOW
FOR 10' SETBACK (AS PER PLAN) SINCE S.T. WOULD BE 1' FROM DECK AS
PER ORIG. DECK DESIGN MR 10/21/94 OK TO COVER MR

DATE SYSTEM APPROVED 10/21/94 INSPECTOR M. Ripkin

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

RE-PERC FOR
ROCK IN SDA
@ SEPTIC INSTALLATION

A _____
P _____

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Laukenmann Prop LOT NO. 9

ROAD AND DESCRIPTION Driver Rd

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(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

SOIL PROFILE

0'

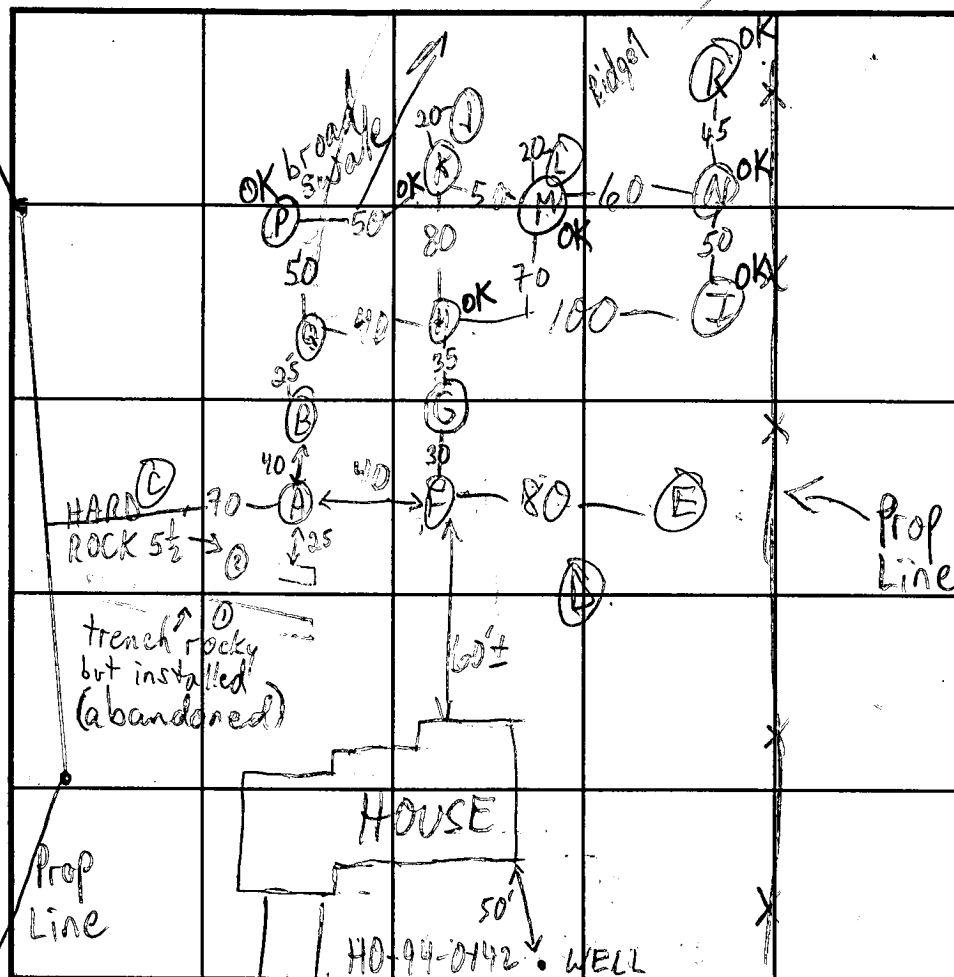
0

br sa
cl lm

3-410-2079 Traps

br tan
gray org
sand &
sa / m
10-20%
frags

92. 11/2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/14/94	A <input checked="" type="checkbox"/>	2 1/2	ROCK	REFUSAL			FAIL
	B <input checked="" type="checkbox"/>	6 1/2	ROCK	REFUSAL			FAIL
	C <input checked="" type="checkbox"/>	3'	ROCK	REFUSAL			FAIL
	D <input checked="" type="checkbox"/>	6'	ROCK	REFUSAL			FAIL
10/18/94	E <input checked="" type="checkbox"/>	7 1/2	ROCK	REFUSAL			FAIL
	F <input checked="" type="checkbox"/>	6' 9"	ROCK	REFUSAL			FAIL
	G <input checked="" type="checkbox"/>	10'	50% ROCK	BELOW 7'			FAIL
	H <input checked="" type="checkbox"/>	4'	2:30	2:31	2:31	2:41	10 OK
	H <input checked="" type="checkbox"/>	9 1/2	OK - NO	HARD BOT			OK
	I <input checked="" type="checkbox"/>	11 1/2	OK - NO	HARD BOT			OK
	J <input checked="" type="checkbox"/>	7 1/2	40-50%	ROCK BELOW 6'			FAIL
	K <input checked="" type="checkbox"/>	9 1/2	OK - NO	HARD BOT			OK
	L <input checked="" type="checkbox"/>	6 1/2	ROCK	REFUSAL			FAIL
	M <input checked="" type="checkbox"/>	9 1/2	OK - NO	HARD BOT			OK
	N <input checked="" type="checkbox"/>	9 1/2	OK - NO	HARD BOT			OK
	P <input checked="" type="checkbox"/>	9 1/2	OK - NO	HARD BOT			OK
	Q <input checked="" type="checkbox"/>	5' 9"	4:17	4:30	4:40	FAIL	FAIL
	R <input checked="" type="checkbox"/>	9'	OK - HARD	BOT			OK

REMARKS

TYPE OF SOIL

TESTED BY M. Rittin

ALSO PRESENT *Garland crew*

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-6 TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 4 1/2 SQ. FT./BEDROOM 180

IMINARY

APPLICATION

A 28491

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 3rd

DATE 7/13/78

System 1st
Final LOT 9 4/2/79

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 Laukenmann property Wilder Building Corp.

ADDRESS 410-461-2522 PHONE Boender - 465-7777

PROPERTY LOCATION: FINAL LOT 9 4/2/79

SUBDIVISION 1060 LOT NO. 6 PART OF NEW LOT 9
500 ON
6 7-11 1/79

ROAD AND DESCRIPTION Driver Road

SIZE OF LOT 3 acres m/1 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/ Jack Boender

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

Serial # 57365

SFD - 4 Bedrooms

THIS IS NOT A PERMIT

LOT 6

see Attached

$\bar{x} = 6$
180 ABR
Inlet 3'
Bot 2'

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/23/78	15 - HIGH	3'	316	319	319	324	5
	10	12'	316	318	318	321	3
	4	12 1/2'	VISUAL				
	5S	4 1/2' B	335	340	340	400	20 -
	50	12 1/2'	336	338	338	345	7
	6S - LOW B	4 1/2'	326	327	327	328	1
	60	12 1/2'	327	329	329	332	34
	6S	Refill	329	331	331	333	2
	2+3	visual -	see profile				

REMARKS see Attached

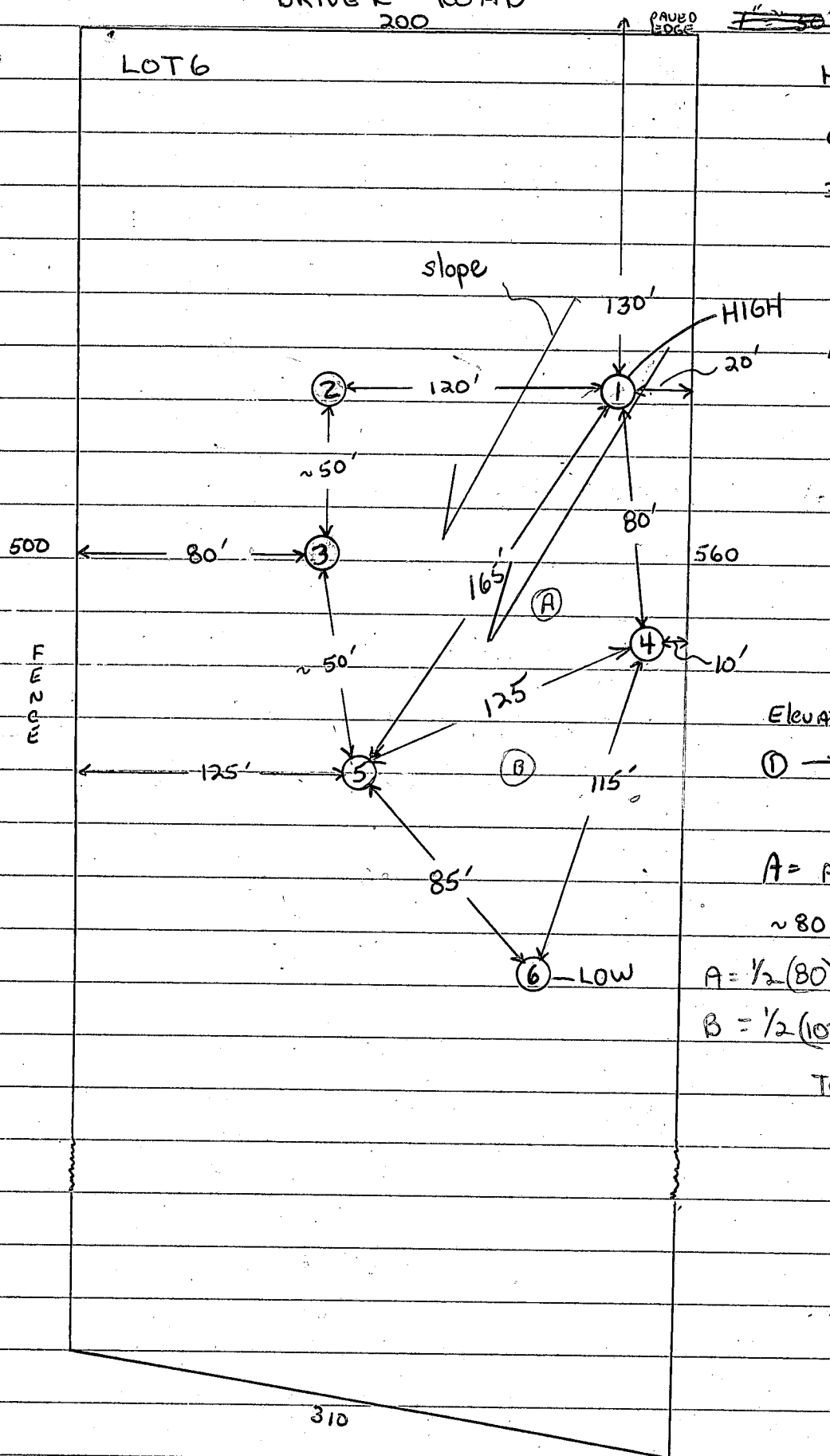
TYPE OF SOIL good soil below clay layer

TESTED BY (GLK) JS ALSO PRESENT: W. L. L.

LOT 6 - DRIVER ROAD

DRIVER ROAD
300

23 Aug. 78 (GLK)



Hole ①, ④, ⑤, ⑥

OG
3-4'
CLAYEY LOAM
SANDY LOAM

Hole ②, ③

Large Amts. mica-like
Rock - hard bottom at
7'

Elevation difference:

$$\textcircled{1} \rightarrow \textcircled{6} \approx 7'$$

A = Approximately =

$$\sim 80 \times 140 = 11,200 \text{ ft}^2$$
$$A = \frac{1}{2}(80)125 \approx 6000$$
$$B = \frac{1}{2}(100)(125) = 6250$$

Total = 12,250 ft²

Well Permit No. HO - 94-0142
Location of property (road) Driver Rd
Subdivision Laukenmann Prop. Lot 9 Block Plat Sec.
Well Driller A. Compton Owner Wilder Building Corp.

HD-224

C1

8849

SEQUENCE NO.
(DENV 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 28491

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

080994

Depth of Well

200

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

40-94-0142

OWNER

Wilder Building Corp.

last name

first name

TOWN

Morrisville

SUBDIVISION

Laurenman Rd.

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	
	FROM	TO
Overburden (Brown)	0	30
Gray slate	30	125
FLINT	125	126
Gray slate	126	180
FLINT	180	181
Gray slate	181	200

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

YES

NO

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

CM

BC

NO. OF BAGS

NO. OF POUNDS

10

170

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft.

to

ft.

48

52

54

58

(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)

Total depth of main casing (nearest foot)

PL

6

3K

60

61

63

64

66

70

OTHER CASING (if used)

diameter inch

depth (feet) from to

EACH CASING

SCREEN RECORD

screen type or open hole

insert appropriate code below

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

HOLE

PL

OT

PLASTIC

OTHER

C2

DEPTH (nearest ft.)

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

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100

SLOT SIZE 1

2

3

DIAMETER OF SCREEN

(NEAREST INCH)

from

to

56

60

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.

111209

DRILLERS SIGNATURE

(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

68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

74

75

76

70

72

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min. to nearest gal.)

13

METHOD USED TO MEASURE PUMPING RATE

5961

WATER LEVEL (distance from land surface)

BEFORE PUMPING

37

WHEN PUMPING

80

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

(CIRCLE) (YES or 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

below

LAND SURFACE

02

(nearest foot)

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)

02 160' well

30' 0

Driver rd.

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 X
Replacement _____

Receipt # - 0 -
Date 9/8/94

Name of Installer J. Joseph Gartland, Inc.

Telephone 875-2400

License Number 1713

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Wilder Bldg., Corp.

Telephone 461-2522

Subdivision LAUKENMANN PROP Lot # 9

Well Tag # HO-94-0142

Site Address 1060 Driver Rd.

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible X
2. Make Goulds
3. Model # IOEJ05422
4. Capacity 10 GPM

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 X

Pitless Adapter

1. Make Harvard
2. Model # PT800
3. Depth 42"

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 _____

Tank

1. Capacity 42gal.
2. Pressure relief valve? 75psi

Piping

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

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? no

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.

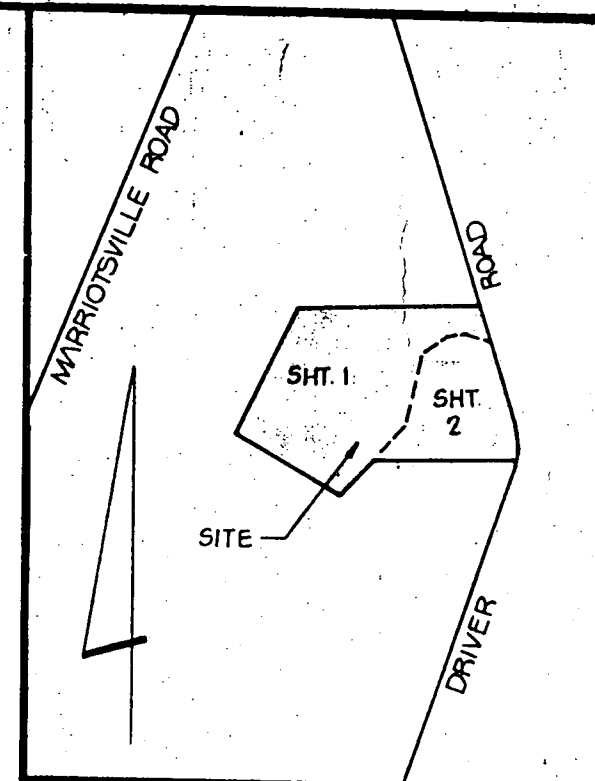
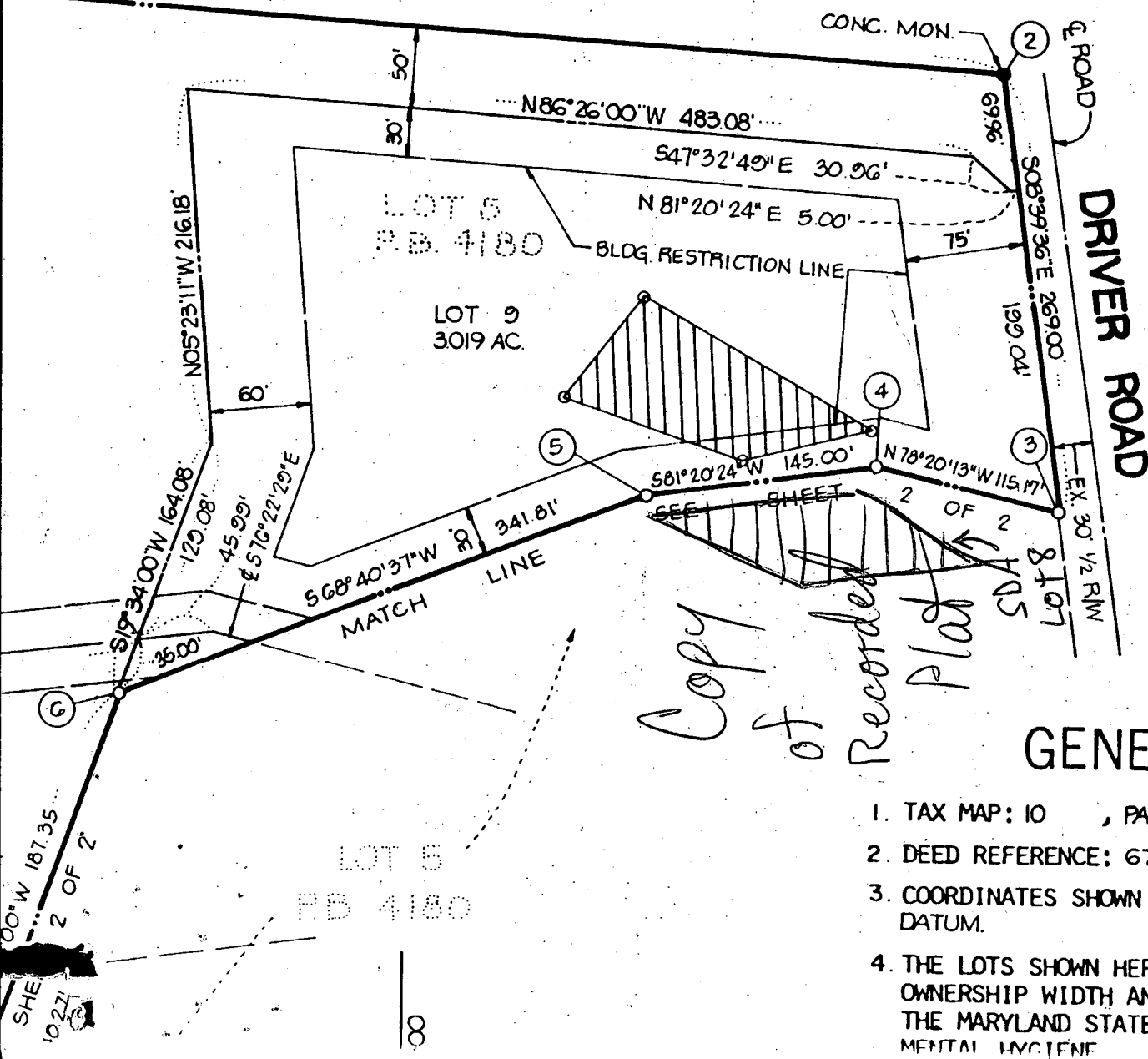
Signature of Applicant [Signature]

Date: 9/8/94

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

G. SOWELL
400

95'



VICINITY MAP

SCALE: 1" = 1200'

GENERAL NOTES

1. TAX MAP: 10 , PART OF PARCEL NO. 174
2. DEED REFERENCE: 670/175
3. COORDINATES SHOWN HEREON ARE BASED ON ASSUMED DATUM.
4. 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



HOWARD COUNTY HEALTH DEPARTMENT

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

March 31, 1997

Owner/Occupant
1060 Driver Road
Marriottsville, MD 21104

RE: Laukenmann Property, Lot #9
Well Permit #HO-94-0142
Water Sample Date: Sept. 6, 1995

Dear Owner/Occupant:

According to our records, this office issued an Interim Certificate of Potability for Laukenmann Property, Lot #9, located at 1060 Driver Road.

For this office to issue a Final Certificate of Potability, a second coliform-free water sample must be obtained from the property. This second sample, required for compliance with Maryland Well Construction Regulation (COMAR 26.04.04.09A(1)), is to confirm that the water supply remains free of bacteriological contamination.

Please call this office at (410) 313-2644 to arrange an appointment for the second water sample to be taken. Preferably, the second water sample should be taken from an inside tap, the most reliable location from which to obtain an accurate sample. The Bureau of Environmental Health charges no fee for this service.

Your prompt attention to this matter is appreciated.

Sincerely,

W. David Schroeder, R. S.
Community Environmental Health
Program



HOWARD COUNTY HEALTH DEPARTMENT

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

December 18, 1995

Wilder Building Corporation
1514 Near Thicket Lane
Stevenson, Maryland 21153

RE: Laukenmann Property, Lot #9
1060 Driver Road
Well Permit #HO-94-0142

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on October 21, 1994.

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-94-0142. 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.

Dates of Water Samples: September 6, 1995 (Chemical)
December 11, 1995 (Bacteriological)
Date of Well Completion: August 9, 1994

Approving Authority

Donna K. Soe
Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

cc: Building Inspector's office
file

DEC-13-1995 14:25 FROM FEB INC

TO

P.32



CHEMISTS / ENGINEERS / INSPECTORS

6252 FALLS ROAD / P.O. BOX 63309 / BALTIMORE, MARYLAND 21209-0509 / TELEPHONE 410-825-4131 / FAX 410-321-7284

REPORT OF ANALYSIS

No. 953234 December 13, 1995
Sample of Water rec'd 12/11/95 @ 1423
Client Wilder Building Corporation
Source of Sample Sampled by Penniman & Browne, Inc.
Marks or Other Data Sampler: T. Baker #93-252
Re: 1060 Driver Road

Grab - 12/11/95 @ 1000

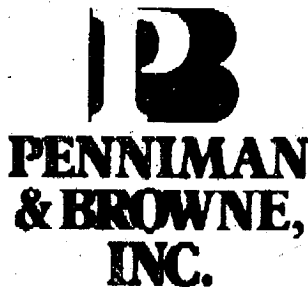
	<u>MDL</u>	<u>Results</u>	<u>Analyzed</u>
pH (on site)	--	6.82	12/11 TB-EPA150.1
Temperature (on site)	--	12°C	12/11 TB-I.S.
Residual Chlorine, mg/l	0.1	<0.1	12/11 TB-EPA330.5
Total Coliform	--	Negative	12/11, 1435 KK-ONPG-MMO MUG Determination

According to state regulations, the absence of coliform organisms indicates the water is bacteriologically of potable quality.

MDL = Method Detection Limit

Barbara Black
Barbara Black

I. Stephen Jaworski
I. Stephen Jaworski, PhD



CHEMISTS / ENGINEERS / INSPECTORS

Handwritten:
Rims
Copy

6252 FALLS ROAD / P.O. BOX 65309 / BALTIMORE, MARYLAND 21209-0509 / TELEPHONE 410-825-4131 / FAX 410-321-7384

REPORT OF ANALYSIS

No. 952288 September 8, 1995

Sample of Water rec'd 9/6/95 @ 1415 (Monthly)

Client Wilder Builders

Source of Sample Sampled by Penniman & Browne, Inc.

Marks or Other Data Sampler: T. Baker #93-252
Site: 1060 Driver Road

Grab - 9/6/95 @ 1330	MDL	Results	Analyzed
pH (on site)	--	5.7	9/6 TB-EPA150.1
Temperature (on site)	--	20°C	9/6 TB
Residual Chlorine, mg/l (on site)	0.1	<0.1	9/6 TB-EPA330.5
Total Coliform	--	Positive	9/6, 1515 SD-ONPG-MMO MUG Determination
Nitrates as NO ₃ /N, mg/l	1.0	6.9	9/6, 1500 SDD-SM4500NO ₃ -D
Turbidity, NTU	1.0	<1.0	9/6, 1514 SD-SM2130B
pH	--	5.96	9/6, 1502 SD-EPA150.1
Sand	--	None	9/6, 1330 TB

According to state regulations, the presence of coliform organisms indicates the water is not bacteriologically of potable quality. There is also fecal coliform present.

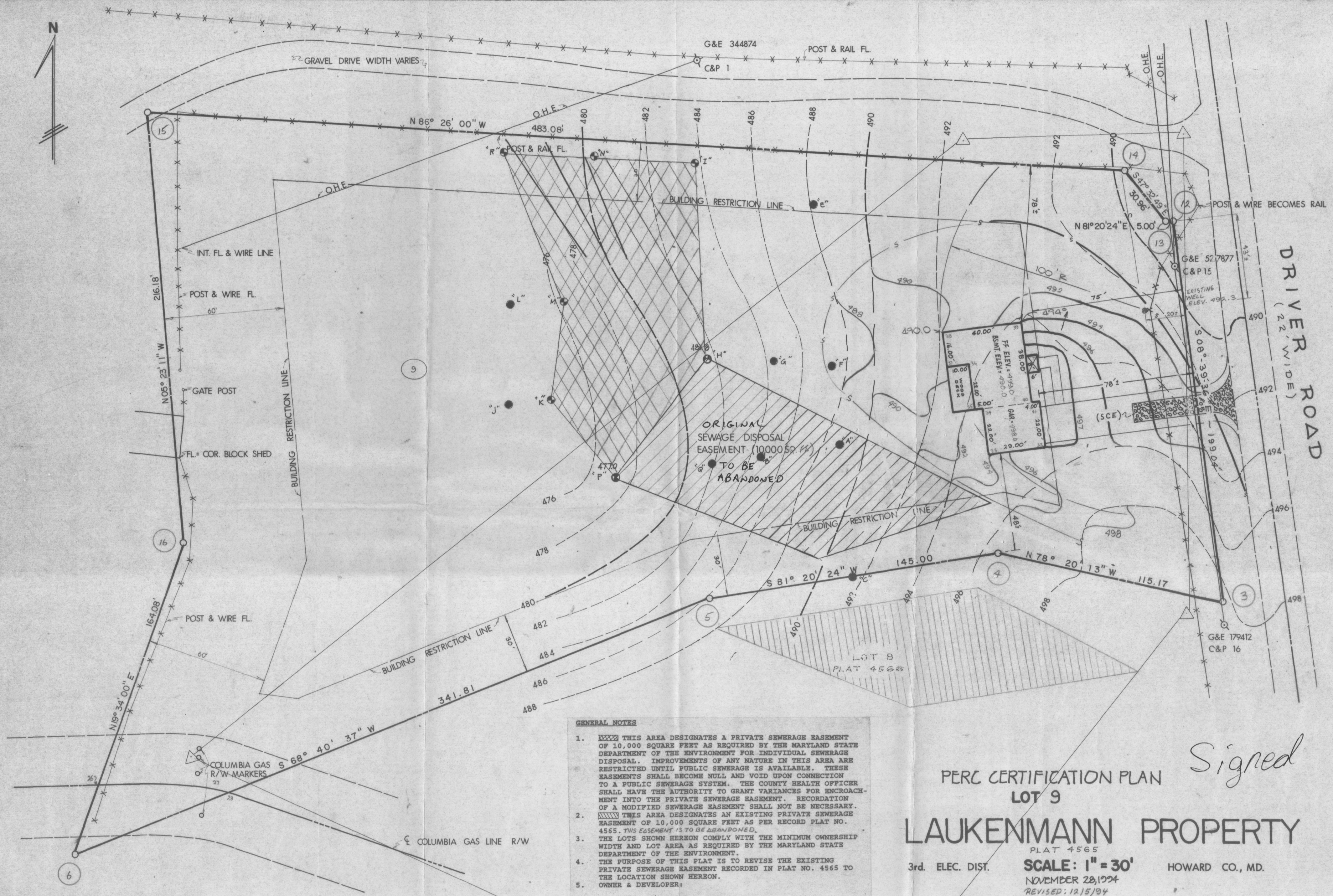
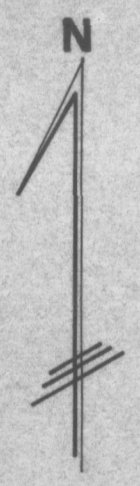
The maximum allowable level for nitrates in drinking water is 10 mg/l.

MDL = Method Detection Limit

Handwritten signature: Barbara Black
Barbara Black
Handwritten signature: I. Stephen Jaworski
I. Stephen Jaworski, PhD

This report may be reproduced only in its entirety.

The results are valid only for the item(s) tested. They are provided to the client on a confidential basis and, to the extent permitted by law, will not be released to third parties without client's authorization.



GENERAL NOTES

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. THIS AREA DESIGNATES AN EXISTING PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS PER RECORD PLAT NO. 4565. THIS EASEMENT IS TO BE ABANDONED.
3. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
4. THE PURPOSE OF THIS PLAT IS TO REVISE THE EXISTING PRIVATE SEWERAGE EASEMENT RECORDED IN PLAT NO. 4565 TO THE LOCATION SHOWN HEREON.
5. OWNER & DEVELOPER:
WILDER HOMES
3243 SONIA TRAIL
ELLCOTT CITY, MARYLAND 21043

LEGEND:
- S - S - S - SILT FENCE
S.C.E. - STABILIZED CONSTRUCTION ENTRANCE
APPROVED FOR PRIVATE SEWERAGE AND PRIVATE WATER FOR LOT#9.
John Bodine 12-21-94
COUNTY HEALTH OFFICER MR DATE

Signed
PERC CERTIFICATION PLAN
LOT 9
LAUKENMANN PROPERTY
PLAT 4565
3rd. ELEC. DIST. **SCALE: 1" = 30'** HOWARD CO., MD.
NOVEMBER 28, 1994
REVISED: 12/5/94



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
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ELLCOTT CITY, MARYLAND 21042
(410) 461-2255