

Approved GCK
8 Nov. 78

"1/6/78 P.C. 0
C.B.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-344115

ELLICOTT CITY

DISTRICT 5th

DATE 10/27/78

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS Glenelg, Md.

PHONE

SUBDIVISION Beaufort Park ROAD 12411 Penelope Court LOT 15, Blk.B. Sec.4

PROPERTY OWNER John Brickley

ADDRESS

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 125 SQ. FT. per bedroom.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN
FACING LOT FROM

Location dry well 95 ft. from Penelope Court and 90 ft. from back property line

when facing lot from Kondrup Drive.

PLANS APPROVED BY C.Streaker

DATE 8/7/74

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

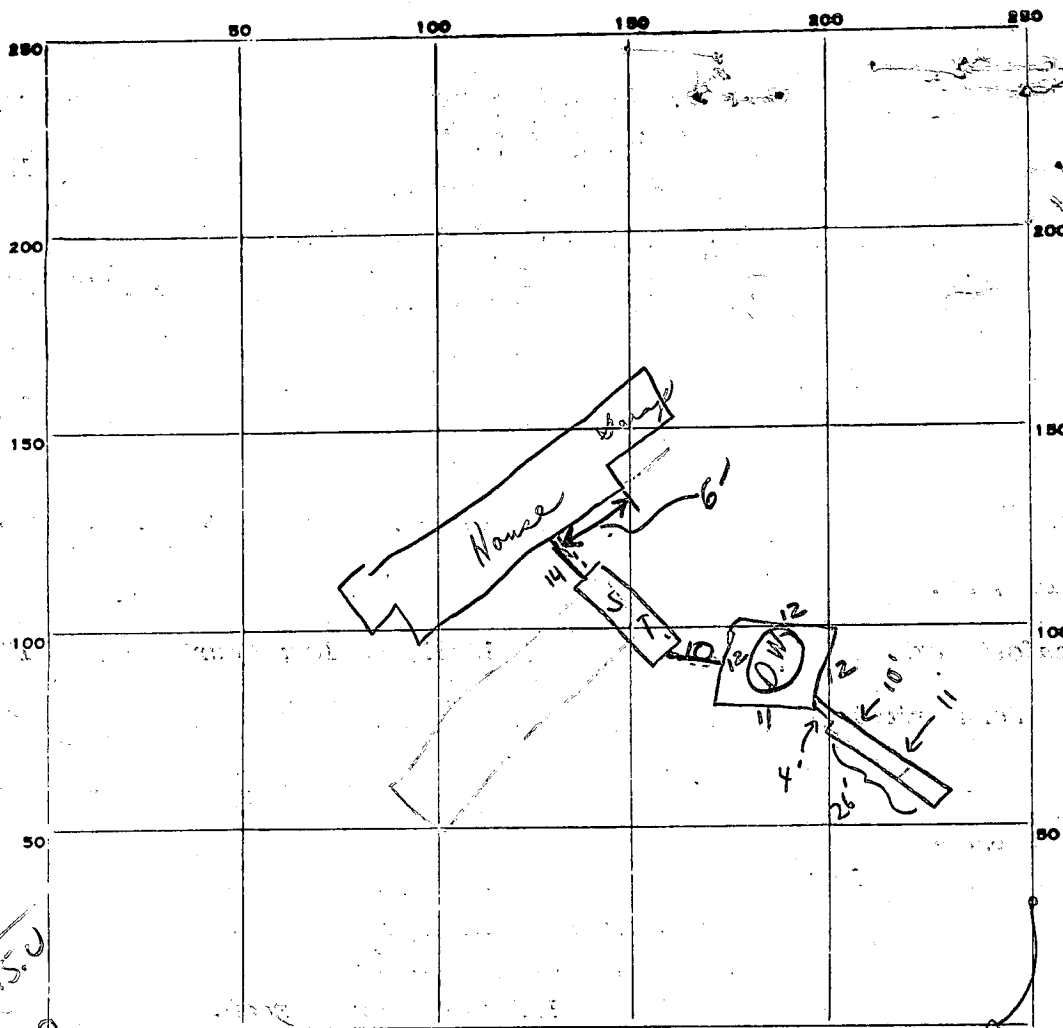
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

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

29110
17703



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ok

CLEANOUTS

S.T. ☒ D.W. ☒

terracotta

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 10 1/2' avg FT. TRENCH WIDTH — FT.

GRAVEL DEPTH 4 1/2' FT. TOTAL LENGTH 26 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 195

SEEPAGE PITS, INSIDE DIAMETER 47 FT. DEPTH BELOW INLET 7 1/2 FT.

ABSORBENT AREA ±540 SQ. FT.

REMARKS

11/6/78 ① Partial a. no pipe in anywhere. no cleanouts
c. trench - ok for stones-only. Pipe well not finished.
8 Nov. 78 - Final OK. (GLK) C.B.

DATE SYSTEM APPROVED 8 Nov. 78

INSPECTOR G. Keller

Preliminary

APPLICATION

SEWAGE DISPOSAL TESTING

A 17703
P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank {1-3 Bedrooms 1000 gallons 4 Bedrooms 1250 gallons}* **ELLICOTT CITY**

Dry Well to have 125 sq ft. effective DISTRICT 5th DATE 11/29/72

abundant sidewalk area per bedroom below first 3' of original soil and maximum depth is 11' below original grade location 95' from Penelope court & 90' from back property line when facing lot from Unnamed road. (Kondrup Drive)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Anne K. Gray & Susie Kondrup

ADDRESS Beaufort Drive, Fulton, Md. Any questions call Mr. C. J. Beall, 776-7075
PHONE Beall, 776-7075

PROPERTY LOCATION:

SUBDIVISION Beaufort Park LOT NO. 15, Blk. B, Sec. # 4

ROAD AND DESCRIPTION Kondrup Drive & Penelope Court

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 43,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Anne K. Gray

✓ APPROVED BY C. A. Steaks FOR Dry Well DATE 8/7/74
(KIND OF SYSTEM)

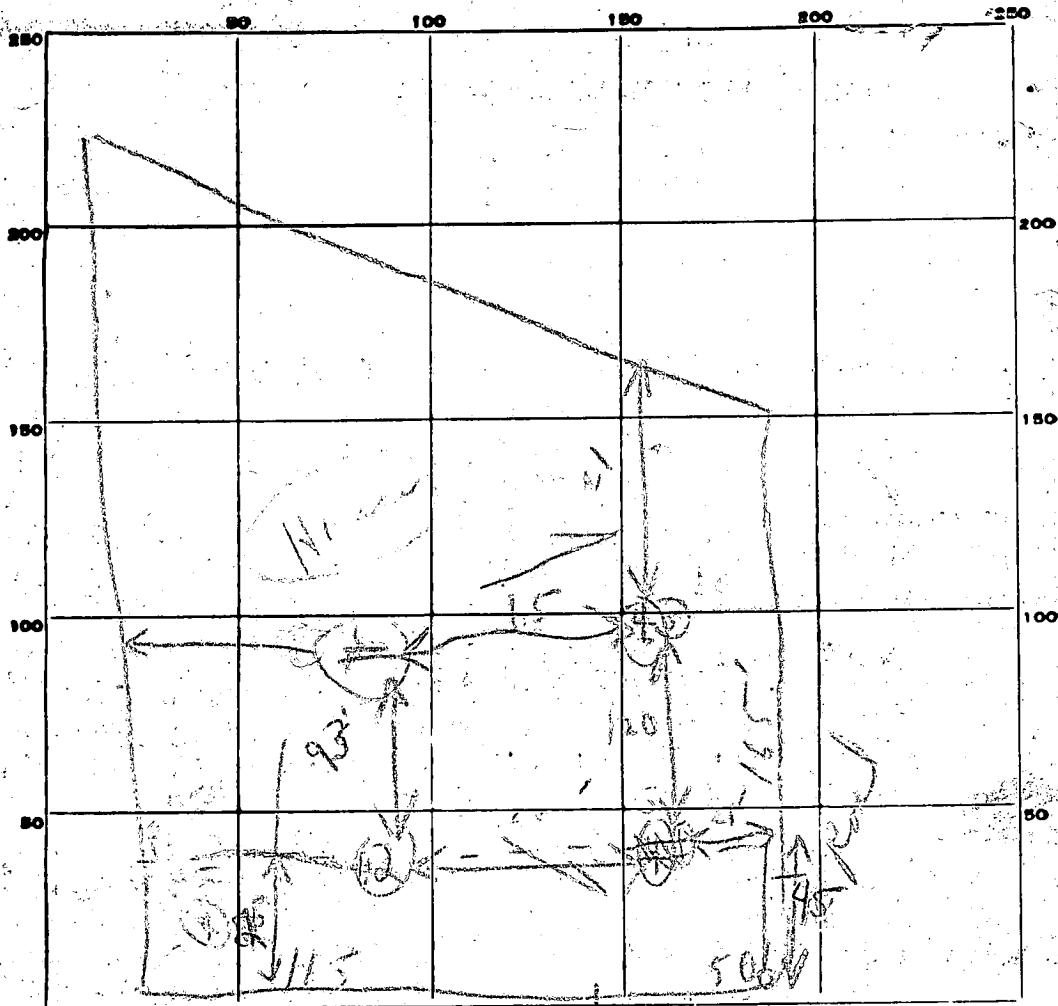
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/18/78
serial # 36351

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/1	1	5'	11:32	11:34	11:34	11:37	3 min
	2	11'	11:32	11:34	11:34	11:41	7 min
	3	11'	11:35	11:37	11:37	11:40	3 min
	4	5'	11:33	11:34	11:36		
	5	10'	11:34	11:37	11:37		
	6	9'	(Risk here)				
	7						
	8						
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	49						
	50						

SOIL AUGER FINDING

TESTED BY

REMARKS

deleted the 415

2/10/05

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 11/29/72

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PHONE Beall, 776-7075

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LOT NO. 15, Blk. B, Sec. 4

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PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 43,000 sq. ft.

TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Anne K. Gray

APPROVED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

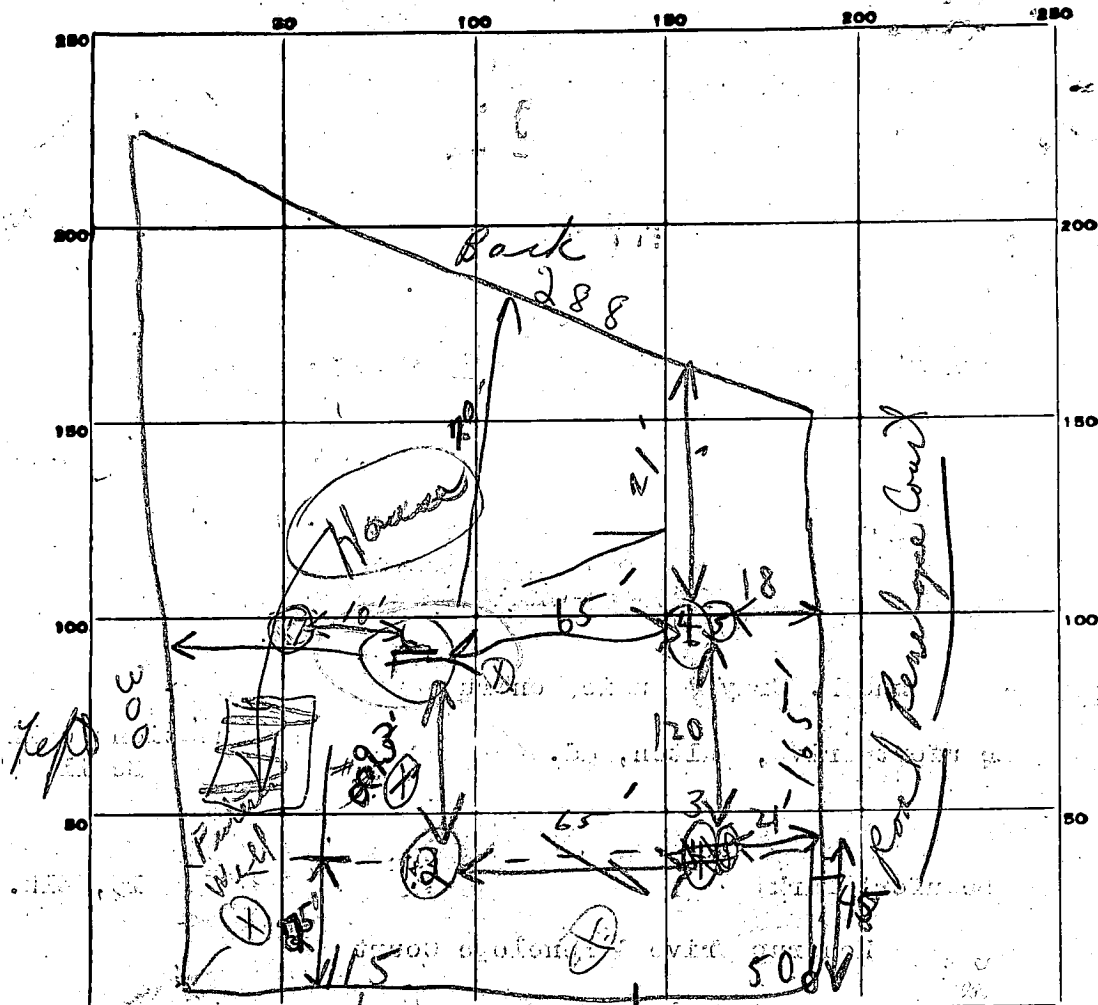
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Front Unnamed Road L & 15 - BLK B.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/2/72	1	3' S	11:32	11:34	11:34	11:37	3 min
	2	11' D	11:32	11:34	11:34	11:41	7 min
	3	11' D	11:35	11:37	11:37	11:40	3 min
	4	3' S	11:33	11:36	11:36	11:38	2 min
	5	10'	Similar to (1+2)			4/21	
	6	8'	(Rock here)				
12/8/72	17 Use	11'	Similar soil to other				
3/29/73	8	10' { N	water ~ soil OK }				

125 gpf per bedroom
6 min away
3 1/2"

SOIL AUGER FINDING

TESTED BY

REMARKS

1/30/73 (Hold index Use 7' 5" Need Visual Hole)
C.B.S. 2 1/2 to 3' OK 1/31/73

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
DEPUTY STATE AND
COUNTY HEALTH OFFICER



P.O. BOX 476
ELLCOTT CITY, MARYLAND 21043
TELEPHONE 992-2330
992-2330

July 5, 1978

TO WHOM IT MAY CONCERN:

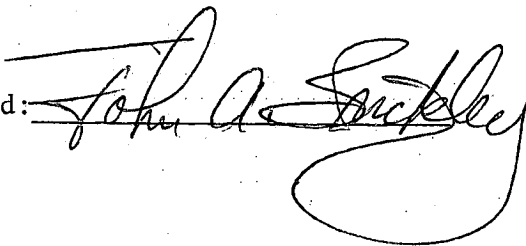
This is to advise that Mr. John Brickley may use the present water well which is located on Lot 14, Beaufort Park Subdivision, to serve Lot 15 until a suitable well site can be obtained for Lot 15. Lot 14 will not be sold as a building lot until an alternate water supply can be obtained for Lot 15.

If the alternate water supply for Lot 15 would be on Lot 16, Lot 16 would not be sold as a building lot until another approved sewage disposal area is obtained.

Very truly yours,

Donald W. Monaghan,
Sanitarian

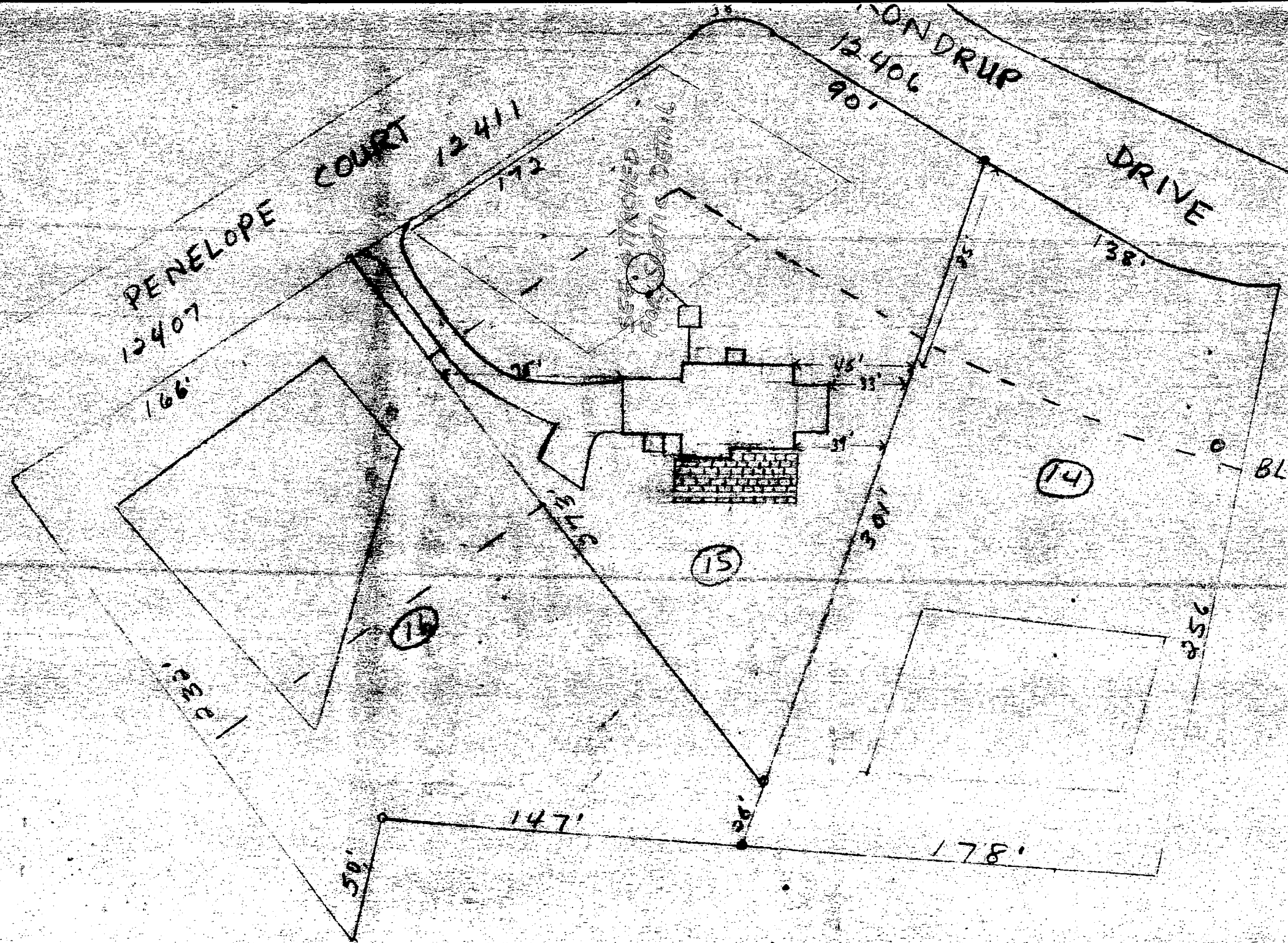
DWM:hs

Acknowledged: 

SECTION FOUR
AREA TWO
BEAUFORT PARK

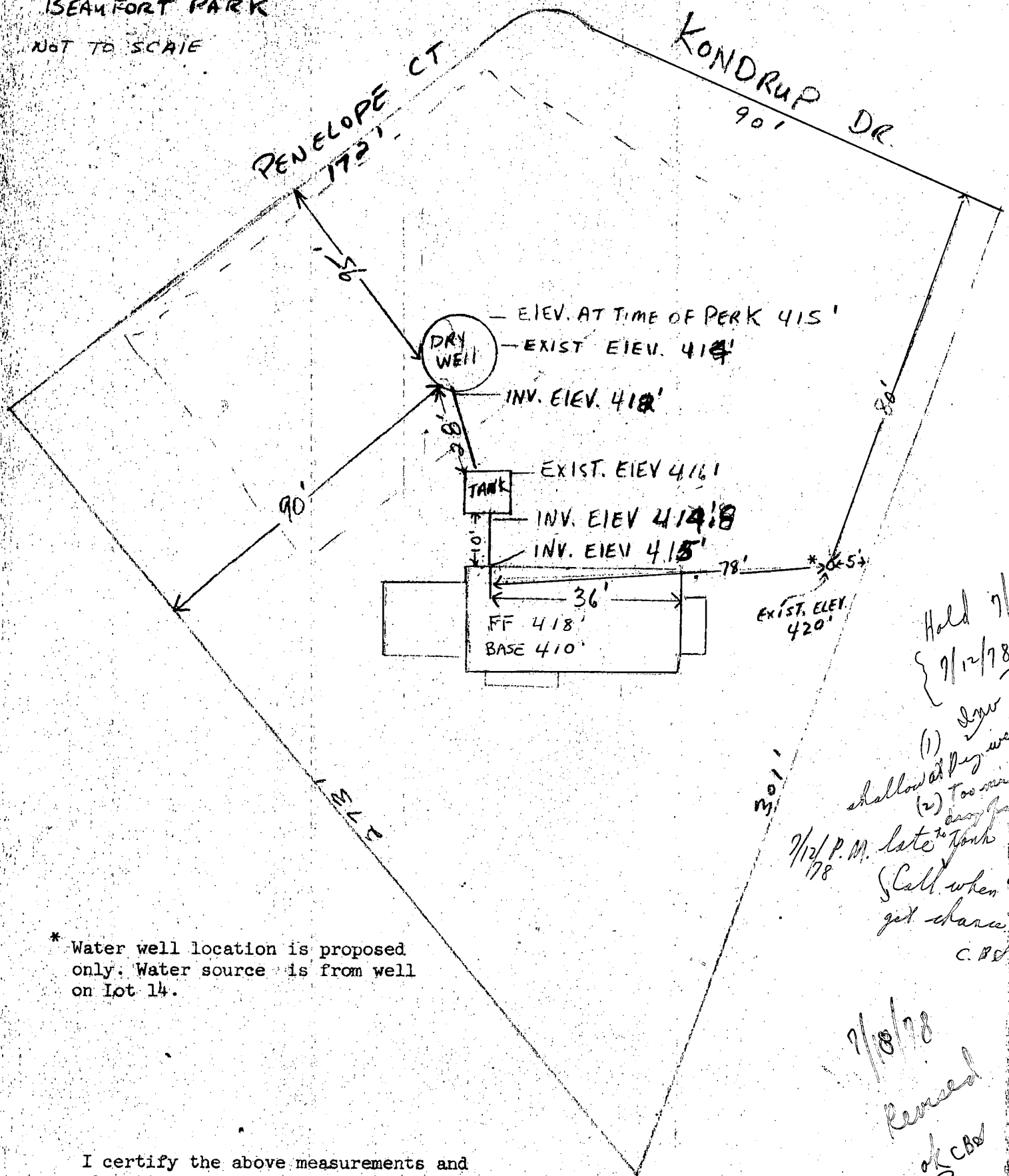
SCALE 1" = 50'

John A. Brickley, Jr.
8500 Reservoir Rd.
Fulton, Md. 20759
725-6066



LOT 15, SECT FOUR
BEAUFORT PARK

NOT TO SCALE



* Water well location is proposed only. Water source is from well on Lot 14.

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

John A. Guckley, Jr.

Held 7/18/78
{ 7/12/78
(1) Saw too shallow at dry well
(2) Too much dry ground
7/12 P.M. late York
Call when get chance
C. B.

7/18/78
Revised
ok CBO
OAB
7/18/78

1 4466		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		WRA PERMIT NUMBER HO-73 2918 FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (WRA USE ONLY) 8/30/78 9:30 a.m.		OWNER COL 15 LAST NAME COL 36 FIRST NAME COL 55 POST OFFICE COL 57 8500 Reservoir Rd. Fulton MD.		DRILLER INFORMATION 1 2 3 (SEQ. NO.) 6 DATE 7/12/78 LICENSE NUMBER 40 77 80 FIRST NAME DRILLER LAST NAME SIGNATURE	
WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20 600		USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST 18 ET 7115 COUNTING 01		LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY SUBDIVISION SECTION NEAREST TOWN MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 78 77 78	
DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH S SOUTH E EAST W WEST NE NORTHEAST SE SOUTHEAST NW NORTHWEST SW SOUTHWEST ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100		APPROXIMATE DEPTH OF WELL 24 28 FEET 150		APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)	
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)		REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)		NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER ENGINEER REVIEW DISTRICT NO. FORCE WRITE INITIALS IN BOX CONDITIONS	
HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 STATE HEALTH (CIRCLE BOX) MO. DAY YR. DATE APPROVED BY Donald W. Monaghan, Sanitaria		BOX NUMBER E N F10 V70		COORDINATES NORTH COORDINATE EAST COORDINATE ELEVATION AT WELL HEAD (FEET)	

C	1	2642	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION	THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
1	2	3	(SEQ. NO.)	TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401	FILL IN THIS FORM COMPLETELY.
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS				WELL COMPLETION REPORT	COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)	DATE WELL COMPLETED <u>8/30/78</u>	DEPTH OF WELL <u>200</u> 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>40-73-2918</u> 28 29 30 31 32 33 34 35 36 37
6-13	15 20		DRILLERS IDENTIFICATION NO. <u>40</u>

OWNER BPICLEY Schn
LAST NAME FIRST NAME
STREET OR RFD 8506 RESERVE Rd. POST OFFICE FALTON

WELL LOG			WELL DESCRIPTION		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)		
	FROM	TO	YES ☒ NO ☐		
top soil shale SAND stone mica SANDSTONE mica SAND stone mica SAND stone mica	0	2	TYPE OF GROUTING MATERIAL (CIRCLE BOX)		
	2	19	CEMENT ☒ BENTONITE CLAY ☐		
	19	33	NO. OF BAGS <u>9</u> NO. OF POUNDS <u>900</u>		
	33	36	GALLONS OF WATER <u>45</u>		
	36	38	DEPTH OF GROUT SEAL (TO NEAREST FOOT)		
	38	49	FROM <u>0</u> FT. TO <u>34</u> FT.		
	49	51	(ENTER 0 IF FROM SURFACE)		
	51	72	CASING RECORD		
	72	200	INSERT APPROPRIATE CODE BELOW		
				STEEL ☐ CONCRETE ☐	
			PLASTIC ☐ OTHER ☐		
			MAIN CASING TYPE <u>54</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>35</u>		
			OTHER CASING (IF USED)		
			DIA. (INCH) <u> </u> DEPTH (FEET) FROM <u> </u> TO <u> </u>		
			SCREEN RECORD		
			INSERT APPROPRIATE CODE BELOW		
			STEEL ☐ BRASS ☐ OPEN HOLE ☐		
			PLASTIC ☐ OTHER ☐		
			C <u>2</u> (SEQ. NO.) <u>6</u>		
			DEPTH (NEAREST WHOLE FOOT) <u> </u>		
			PUMPING TEST		
			HOURS PUMPED (TO NEAREST HOUR) <u>2</u>		
			PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>3</u>		
			METHOD USED TO MEASURE PUMPING RATE <u>bucket</u>		
			WATER LEVEL: (DISTANCE FROM LAND SURFACE)		
			BEFORE PUMPING <u>30</u> (NEAREST FOOT) <u>17</u> <u>20</u>		
			WHEN PUMPING <u>200</u> (NEAREST FOOT) <u>22</u> <u>25</u>		
			TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)		
			A AIR ☐ P PISTON ☐ T TURBINE ☐		
			C CENTRIFUGAL ☐ R ROTARY ☐ O OTHER (DESCRIBE BELOW) ☐		
			J JET ☐ S SUBMERSIBLE ☐		
			PUMP INSTALLED		
			TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) <u> </u>		
			DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES ☒ NO ☐		
			CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u>		
			PUMP HORSE POWER <u>37</u> <u>41</u>		
			PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u>		
			CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)		
			+ ABOVE ☐ LAND SURFACE <u>2</u> (NEAREST FOOT) <u>51</u>		
			- BELOW ☐		

CIRCLE APPROPRIATE BOXES ☐ A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ☐ E ELECTRIC LOG OBTAINED ☐ P TEST WELL CONVERTED TO PRODUCTION WELL	EACH SCREEN <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1</td> <td style="width: 10%;">H</td> <td style="width: 10%;">O</td> <td style="width: 10%;">FROM</td> <td style="width: 10%;">33</td> <td style="width: 10%;">TO</td> <td style="width: 10%;">200</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> SLOT SIZE 1. _____ 2. _____ 3. _____	1	H	O	FROM	33	TO	200	2							3							LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).
1	H	O	FROM	33	TO	200																	
2																							
3																							
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.																							
DRILLER'S NAME (PLEASE PRINT) <u>George F. Easton, Inc.</u> SIGNATURE <u>George F. Easton, Inc.</u>	DIAMETER OF SCREEN _____ (NEAREST INCH) FROM _____ TO _____ GRAVEL PACK _____ IF WELL DRILLED WAS A FLOWING WELL, CIRCLE BOX 68 ☐ WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">T</td> <td style="width: 33%;">(E.R.O.S.)</td> <td style="width: 33%;">W Q</td> </tr> <tr> <td>70 ☐</td> <td>72 ☐</td> <td>74 75 76 ☐</td> </tr> <tr> <td>TELESCOPE CASING</td> <td>LOG INDICATOR</td> <td>OTHER DATA AVAILABLE</td> </tr> </table>		T	(E.R.O.S.)	W Q	70 ☐	72 ☐	74 75 76 ☐	TELESCOPE CASING	LOG INDICATOR	OTHER DATA AVAILABLE												
T	(E.R.O.S.)	W Q																					
70 ☐	72 ☐	74 75 76 ☐																					
TELESCOPE CASING	LOG INDICATOR	OTHER DATA AVAILABLE																					

Where first tests were made equivalent to 10,000 ft

APPLICATION

A 23339

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

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

DATE 6/2/76

*6/2/76
1:30
Cancelled*

Several dry drinking well holes have been dug on this property. adjoining rear neighbor has run out of water several times operates under limited use.

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 Anne K. Gray & Susie Kondrup

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Beaufort Park LOT NO. 16, Blk. B, Sec. 4

ROAD AND DESCRIPTION Penelope Court

SIZE OF LOT 41,000 sq. ft. TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
(Single Fmly. Dwllg.)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Anne Kondrup Gray

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/8/76 - FF & DM REVIEWED

SEPTIC AREA CANNOT BE CHANGED & NO BLD PERMIT
UNTIL WATER WELL APPROVED R.D. *area to rear needed for replacement well of adjoining property*

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 3BR 1000 gal Tank

ELLICOTT CITY

DISTRICT 5th

DATE 11/29/72

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Anne K. Gray and Susie Kondrup

Any questions call Mr. C. J. Beall, 776-7075

ADDRESS Beaufort Drive, Fulton, Md.

PROPERTY LOCATION:

SUBDIVISION Beaufort Park

Garry A. Dzurec
3101 Webster St.
Mt. Rainier, Md. 20824
Phone: 779-2154

LOT NO. 16, Blk. B, Sec. 4

ROAD AND DESCRIPTION Penelope Court

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 41,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Anne K. Gray

APPROVED BY Raymond Hodge FOR Dry Well DATE 3/9/74

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/9/74 Final Plat OK

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 11/29/72

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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Beall, 776-7075

ADDRESS Beaufort Drive, Fulton, Md.

PHONE

PROPERTY LOCATION:

SUBDIVISION Beaufort Park

LOT NO. 16, Blk. B, Sec. 4

ROAD AND DESCRIPTION ~~Park~~ Penelope Court

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT 41,000 sq. ft.

TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT /s/ Anne K. Gray

APPROVED BY

FOR

(KIND OF SYSTEM)

DATE

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

Preliminary

APPLICATION

A 17702

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

*Septic Tank {1-3 Bedrooms 1000 gallon
4 Bedrooms 1250 gallon}*

ELLICOTT CITY

DISTRICT 5th

DATE 11/29/72

*Dry Well to have 125 sq. ft. effective
absorbent sidewall area per bedroom below first 5'
of original soil and maximum depth 12'. Water can come in
at 4 1/2'. Location 170' from back property line
and 15' off right lot line when facing lot from
Kondrup Drive. Perc hole (4+5).*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Anne K. Gray and Susis Kondrup

Any questions call Mr. C. J.
PHONE Beall, 776-7075

ADDRESS Beaufort Drive, Fulton, Md.

PROPERTY LOCATION:

SUBDIVISION Beaufort Park

LOT NO. 14, Blk. B., Sec. 4

ROAD AND DESCRIPTION Kondrup Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 43,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Anne K. Gray

APPROVED BY C. Strecker FOR Dry Well DATE 8/7/74
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 11/29/72

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

from 2/7/92 T/C w/ John Brickly

Any ^{water} treatment? Neutralizer - softener softened by salt (sodium)

Where is backwash located / disposed? (may impact on level of cl-)
continuous backwash - flows into septic system

Well on lot 14 - is this being used? (5gpm 100' deep) drilled $\approx$ 1972
hooked up to neighbors, but never yours (previous day of 15)
Is this being used in conjunction w/ well on lot 15
NO. Never has been.

H₂O results from Jan - these only recent test results?
also $\leftarrow$ more recent ^{1/20/92} (plastic) left by plumber
high levels 2nd ~~system~~ ^{container} sample - cut off / bypass system
How often has system been serviced? $\approx$ 1X / yr maintenance
1/8/92 $\rightarrow$ did have pre & post 1100 pre & 1300 post for TDS

Do you manually add salts to softener?
~~you~~ he adds based upon level in softener.
How much? / Frequency?

after 2nd backwash initially $\approx$ 100 lbs / month
now = 200 lbs / month
working fine, but could use new one (new H₂O well pump put in June 91 made mention to have H₂O checked)
Pallison

1/27/92 - sent new sample

talked yesterday w/ Culligan - skill
very high

new

had another house behind this, untreated

So when this house was built - had neutralizer
installed. H₂O rep. said this would ↑ harshness,
is installed the softener. Unfortunately,

Talked about nitrates & problems -

He has been drinking ~~H₂O~~ bottles H₂O since he
uncovered this problem - suggested he continue to
do so.

Though as I explained to him that nitrates are most
concerning when young children are involved, pro-
longed exposure to anyone is not recommended.

Again because no historic data @ nitrates, no baseline
to compare with.

Well was not rechlorinated back when new pump was
installed (6/91). No bacteria results appear with this
result sheet. Agreed that sample should be taken.
Did tell him that there would be a fee associated.
Bill to set up time w/ him early next week.



2/7/92
Cory

BERT-

J. BRICKLY

12411 PENELOPE CT

W. 688-8157

W. 688-6830

H. 725-0066

HE IS ANXIOUS TO TALK

TO YOU TODAY.

HE HAS AN "EXPERT"

I THINK ^{HE SAID} HIS NAME WAS EASTEN DAY,
COMING TOMMOROW.

MORE SALT IN WELL, WATER SOFTENER

HAS BEEN DISCONNECTED FOR SOME TIME
TO BE SURE NOT BACK SIPHONAGE.

DIDN'T ASK HIM ABOUT BACKWASH POINT OF DISCHARGE

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

WELL HO-73-2918

DISPOSITION	DATE

LOCATION LOT 14/15 SECT BEAUFORT PARK EST. ZIP _____OWNER ☒ OCCUPANT ☐ JOHN BRICKLEY ADDRESS 12411 PENELOPE CT PHONE _____

COMPLAINANT _____ ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION MR BRICKLEY FIRST REPORTED SALTINESS AND

HIGH TDS FROM HIS WELL - HE HAD A WATER SOFTENER. HIS CONCERNS WERE
RELATED TO POSSIBLE SOURCES OF CONTAMINANTS OTHER THAN THE SOFTENER.
 CODES _____

RECEIVED BY C. Williams DATE 1- -92 ASSIGNED TO _____ DATE _____DATE OF INVESTIGATION 1/27/92 TIME 8:00 WEATHER PHONEREPORT TODAY'S WAS THE THIRD CALL IN RECENT WEEKSFROM MR BRICKLEY, REGARDING CONCERNS ABOUT HIS WELL.HE HAD A NUMBER OF BASIC TESTS RUN BY CULLIGAN;THE SINGLE EXCESS LEVEL REPORTED WAS 16 PPM.HE HAD OBTAINED A SIGNIFICANT QUANTITY OF LITERATUREREGARDING WATER CONTAMINANTS WHICH HE PROMISED TO SEND IN.

1-27-92 Observed two wells on above lots. Lot-14
has a well about 90 feet off the R-O-W for Kondrup Drive
and about 12 feet off the left lot line. It appears that
this well is only 65 ft to the Lot-14 SDA. There is no tag
on this well. Well # HO-73-2918 is located about 30 feet
from the rear of the existing house. No well was
observed on Lot-16, DENADEAN.

DATE SUBMITTED _____ SANITARIAN _____

WATER ANALYSIS REPORT

Culligan

Culligan International Company
One Culligan Parkway
Northbrook, IL 60062
708 205-6000

RECEIVED JAN 21 1992

W/O 173267

4RB

PAGE: 1
SAMPLE 01 OF 01WELL NR H0732918
LOT #14 SECT. 4 01/16/92
BEAUFORT PARKMCNEW WATER TREATMENT
SYSTEMS MID-ATLANTIC INC
CULLIGAN WTR CONDITIONING
6600 SANTA BARBARA ROAD
ELK RIDGE, MD 21227ANALYSIS NUMBER: W668399 A
CONSUMER: JOHN BRICKLEY JR
FULTON, MD
ZIP CODE: 20759
SOURCE: PRIVATE WELLFILE NUMBER 19020-
SAMPLED 01/07/92
RECEIVED 01/10/92SAMPLING POINT: TANK DRAIN ✓
SAMPLE REPRESENTS: UNTREATED WATER ✓

TURBIDITY AS REC'D	<1 NTU	CONDUCTIVITY	2580 MMHOS/CM
EST TDS BY COND.	1564 MG/L	COLOR AS RECEIVED	0
PH	5.2		

(CONCENTRATIONS REPORTED AS MG/L (PPM) UNLESS OTHERWISE INDICATED)

-CATIONS-	AS ELEMENT	AS CaCO ₃	-ANIONS-	AS ELEMENT	AS CaCO ₃
CALCIUM (CA)	48.10	120.25	CHLORIDE (CL)	740.3	1043.8
MAGNESIUM (MG)	20.10	82.81	NITRATE/NITRITE (N)	16.1	57.5
SODIUM (NA)	450.90	982.96	SULFATE (SO ₄)	19.0	19.8
POTASSIUM (K)	11.08	14.18	BICARBONATE (HCO ₃)	4.4	3.6
IRON (FE)	<0.05		FLUORIDE (F)	<0.05	<0.13
MANGANESE (MN)	1.83		SILICA (SiO ₂)	15.1	
COPPER (CU)	0.07				
ZINC (ZN)	0.05				

	MG/L	GPG		MG/L	GPG
CATIONS (CaCO ₃)	1200.2	≈ 70.2	ANIONS (CaCO ₃)	1124.7	≈ 65.8
TOTAL HARDNESS	203.1	≈ 11.9			

PETE SMITH
MANAGER ANALYTICAL SERVICES1 GPG = 17.1 mg/l
(ppm)

(SEE REVERSE SIDE FOR ADDITIONAL INFORMATION)

WATER ANALYSIS REPORT

Culligan

Culligan International Company
One Culligan Parkway
Northbrook, IL 60062
708 205-6000

PAGE: 2
SAMPLE 01 OF 01

01/16/92

ANALYSIS NUMBER: W668389 A
CONSUMER : JOHN BRICKLEY JR

FEDERAL SAFE DRINKING WATER ACT

ALL TESTED PARAMETERS EXCEEDING THE MAXIMUM CONCENTRATION LEVELS (MCL) ESTABLISHED UNDER THE "FEDERAL SAFE DRINKING WATER ACT" ARE LISTED BELOW:

	PARAMETER	FOUND	MCL
PRIMARY	NITRATE/NITRITE (N)	16.1	10.0
SECONDARY	CHLORIDE (CL)	740.3	250.0
	MANGANESE (MN)	1.83	0.05
	EST TDS BY COND.	1564	500

TYPICAL POST RO DRINKING WATER UNITS *

CALCIUM (CA)	0.96	IRON (FE)	<0.01
MAGNESIUM (MG)	0.40	MANGANESE (MN)	0.05
SODIUM (NA)	13.53	ZINC (ZN)	<0.01
POTASSIUM (K)	0.22	COPPER (CU)	<0.01
CHLORIDE (CL)	29.61	NITRATE/NITRITE (N)	0.81
SULFATE (SO4)	0.19	FLUORIDE (F)	<0.01

* THESE VALUES ARE TYPICAL OF NEW MODULES ON WATER WITH A PH OF 7-8 AT 70-74 F WITH 500 - 3000 MG/L TOTAL SALTS OPERATING WITH 40-70 PSI PRESSURE ACROSS THE MODULE. LOCAL CONDITIONS MAY YIELD DIFFERENT RESULTS.

- FOR D.I. CALCULATIONS -

			GPG	MG/L
SODIUM	83.1	% WEAK BASE FACT X	65.6	1121.19
ALKALINITY	0.3	% CARBONIC ACID	6.1	104.40
CHLORIDE	93.1	% CATION FACT Y	70.2	1200.21
CARBONIC ACID	4.3	% SILICA	0.78	13.36
MONOVALENT IONS	88.4	% CARBON DIOXIDE	2.95	50.40
SILICA	1.1	% STRONG BASE FACT Z	69.1	1181.35

Note: Well profile for HO 73 2918

200' x 3 gpm * mostly sand stone & mica formations
(possible influence of TDS?)

(SEE REVERSE SIDE FOR ADDITIONAL INFORMATION)

WATER ANALYSIS REPORT

Culligan

Culligan International Company
One Culligan Parkway
Northbrook, IL 60062
708 205-6000

PAGE: 3
SAMPLE 01 OF 01

01/16/92

ANALYSIS NUMBER: W668389 A
CONSUMER : JOHN BRICKLEY JR

HOUSEHOLD SIZING RECOMMENDATIONS

THIS WATER ANALYSIS REPORT HAS BEEN REVIEWED AND ANY OF THE FOLLOWING EQUIPMENT RECOMMENDATIONS ARE BASED ONLY ON THE WATER ANALYSIS. EQUIPMENT CHOSEN MUST BE WITHIN SPECIFIED CAPACITY AND HYDRAULIC LIMITATIONS.

1. A HIGH DISSOLVED SOLIDS CONTENT WILL INTERFERE WITH SOFTENING, CAUSE A HARDNESS AND/OR IRON BLEED. A HIGHER SALT DOSAGE IS RECOMMENDED TO REDUCE THE BLEED. SPOTTING OF DISHWARE AND OBJECTIONABLE TASTES ARE ALSO ASSOCIATED WITH HIGH DISSOLVED SOLIDS. SOFTENING ALONE WILL NOT REDUCE THE DISSOLVED SOLIDS CONTENT. REVERSE OSMOSIS OR DEIONIZATION IS INDICATED. INSTALL A RUST-GARD FEEDER AFTER THE WATER CONDITIONER. REFER TO THE PROBLEM WATER REFERENCE MANUAL FOR DETAILS REGARDING OTHER CORROSION INHIBITORS AND THEIR USAGE.
2. THE HIGH TOTAL DISSOLVED SOLIDS WILL MAKE SOFTENING NEARLY IMPOSSIBLE. THE CUSTOMER MAY WISH TO FIND AN ALTERNATE SUPPLY.
3. BECAUSE OF THE LOW PH, A SOLUTION FEEDER SHOULD BE USED. FEED SODA ASH AFTER THE SOFTENER IF IRON IS PRESENT (FOLLOWED BY AN EMPTY DUBL-HULL TANK FOR MIXING). IF IRON IS NOT PRESENT, FEED BEFORE THE PRESSURE TANK FOR MIXING. UNDER EXTREME CONDITIONS, CAUSTIC SODA MAY BE NECESSARY.
4. HARDNESS, IRON AND MANGANESE REMOVAL: ANY CULLIGAN AUTOMATIC, MANUAL OR PORTABLE EXCHANGE WATER SOFTENER.
5. THE PRESENCE OF ANY NITRATES INDICATES POSSIBLE CONTAMINATION. STATE OR LOCAL HEALTH AUTHORITIES SHOULD DETERMINE IF THE WATER IS SAFE TO DRINK. THE U.S. PUBLIC HEALTH SERVICE LIMIT FOR NITRATE IN DRINKING WATER IS 10 PPM NITRATE AS NITROGEN. AN H-83 CAN BE USED TO REDUCE NITRATES TO AN ACCEPTABLE LEVEL.
6. THE HIGH CHLORIDE LEVEL MAY IMPART A SALTY TASTE TO THE WATER. A REVERSE OSMOSIS DRINKING WATER SYSTEM SHOULD BE USED TO REDUCE THE CHLORIDES TO AN ACCEPTABLE LEVEL.

IF THIS RECOMMENDATION IS NOT SUFFICIENT FOR YOUR NEEDS, OR IF ADDITIONAL INFORMATION IS REQUIRED, CONTACT NORTHBROOK HOUSEHOLD DEPARTMENT, TECH SERVICES.

(SEE REVERSE SIDE FOR ADDITIONAL INFORMATION)

pH--A method of expressing the acid strength in the water over a scale from 0 to 14. The lower the pH value; the greater the acid content. The acid strength of pure water is 7.0 on this scale. National Drinking Water Standard advisable level 6.5-8.5.

CONDUCTIVITY--The ability of a water to conduct electricity and is related to the total ionic content of the water.

TURBIDITY--Turbidity in water is caused by suspended matter and is expressed in terms of an arbitrary scale of units; the higher the number, the greater the concentration of turbidity. The turbidity after filtering is an indication of the ability of a filtering medium to remove the suspended matter.

COLOR--Color is usually caused by dissolved organic matter (tannins, lignins) but can be due to iron oxide or iron tannate particles which are extremely small (colloidal). This colloidal material appears to be in solution and cannot be filtered without coagulation. Color is expressed also in terms of an arbitrary scale of units. National Drinking Water Standard maximum advisable level is 15 units.

SILICA--This substance is of little importance to the household water user. It is important in predicting the life of certain water treating minerals.

HYDROGEN SULFIDE--Waters containing this substance exhibit the characteristic "rotten egg" odor. Hydrogen sulfide is corrosive to most metals, tarnishes silverware and imparts an offensive taste and odor to the water. An analysis for hydrogen sulfide is performed only when a separate hydrogen sulfide sample bottle is submitted using the Catalog No. 490552.

TOTAL HARDNESS--This is the sum of the calcium and magnesium content of the water. Hardness forms a curd with soaps and detergents resulting in their wastage and diminishing their effectiveness for laundering. The curd adheres to cloth fibers, dishware and glassware producing a dull film which is capable of harboring bacteria and reducing fabric life. When hard water is heated or evaporated, a heat insulating scale is formed in water heaters, boilers, air conditioning and cooling systems resulting in wastage of fuel or loss in efficiency.

CATIONS--Calcium and magnesium are hardness elements as described above. Sodium and potassium are not hardness elements but can impart tastes to waters above 40 gpg. No improvement in water flavor can be expected by softening if the taste is due to sodium and potassium. Calcium and magnesium are exchanged for sodium in the water softening process, but the total cations remain unchanged.

ANIONS--Hydroxide, carbonate and bicarbonate are the three forms of alkalinity usually present in water. Sulfates are commonly found in water supplies and could have laxative effects in concentrations above 60 gpg. Chlorides are commonly found in water but are not usually objectionable from a taste standpoint below 50 gpg. The objection to nitrates are noted below. Anions are virtually unaffected by most water treatment processes.

NITRATES--Bacterial contamination may exist in waters containing nitrate. Waters containing nitrate should be examined bacteriologically by Local or State Board of Health Laboratories. Water containing nitrate should not be used for infant feeding. National Drinking Water Standard maximum permissible level is 10 ppm.

FLUORIDE--National Drinking Water Standard maximum permissible level is 1.4 - 2.4 ppm. This analysis is performed on request or when requesting an "F-Type" package analysis.

IRON--Iron will stain laundered fabrics, dishware, glassware and plumbing fixtures. Iron unites with tannins in coffee, tea and some alcoholic beverages producing an objectionable appearance and flavor. National Drinking Water Standard maximum advisable level is 0.3 ppm.

MANGANESE--Manganese is similar to iron in its tendency to stain. This is particularly true in laundering when chlorine bleaches are used. National Drinking Water Standard maximum advisable level is 0.05 ppm.

COPPER--Copper also has a tendency to stain fixtures. National Drinking Water Standard maximum advisable level is 1.0 ppm.

ZINC--The National Drinking Water Standard maximum advisable level is 5 ppm.

UNITS-- gpg is an abbreviation for grains per gallon. The units of gpg expressed by this analysis are in terms of calcium carbonate which is a standard method of reporting constituents on a chemically equivalent basis.

ppm is an abbreviation for parts per million expressing the number of units of weight of a substance in each million weight units of water.

mg/l is an abbreviation for milligrams per liter. To change from gpg to mg/l, multiply gpg by 17.1. Mg/l and ppm can be used interchangeable.

THIS ANALYSIS WILL NOT DETERMINE WHETHER A WATER IS SAFE FOR HUMAN CONSUMPTION.



HOWARD COUNTY HEALTH DEPARTMENT

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

Reply to:
February 27, 1992

Mr. John A. Brickley
12411 Penelope Court
Fulton, MD 20759

RE: Water Sample Results

Dear Mr. Brickley:

Sampling of your well water supply conducted February 12, 1992 yielded the following information:

The sample submitted for bacterial analysis was found to be free of coliform and fecal coliform contamination and is therefore, bacteriologically safe for drinking. Whether the elevated "salt" levels in your well water supply are providing an environment incompatible for these bacteria, or whether the absence is due to past routine chlorination/disinfection procedures is not clear at this time.

The chemical sample submitted for Nitrate analysis revealed a continued elevated level (14 parts per million (ppm)) for this parameter. As discussed during our recent phone conversations, a level above 10 ppm is considered unacceptable for drinking purposes. Notwithstanding the salt problems, if in the future you should choose to resume consumption of this water supply, a nitrate removal device should be considered.

Copies of these results are included for your records.

If you should have any questions, you may contact me at 461-9955 between 8:30 a.m. and 5:00 p.m..

Very truly yours,

Bert Nixon, Director
Technical Services Program

BN:vf

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955 Director 461-9956 TDD 313-2323

DATE COLLECTED	DATE RECEIVED	DATE COMPLETED	SAMPLE CODE
	01/14/92	01/17/91	1458

CUSTOMER ADDRESS
JOHN BRICKLEY 12411 PENELOPE CT FULTON MD 20759 1458

COMPANY ADDRESS
TREATED WATER NEUTRALIZER & SOFTNER



DRINKING WATER ANALYSIS RESULTS

Column #1-The MCL (maximum contaminant level) in parts per million is the allowable safe level set by the USEPA.

Column #2-The lowest amount (detection level) in parts per million at which accurate analytical results can be obtained.

Column #3-This is the level detected in your sample in parts per million.

Analysis performed	(#1) MCL (mg/l)	(#2) Detection Level	(#3) Level Detected
Lead	0.05	0.002	0.005
Total Dissolved Solids (TDS)	500	20.0	1181*

NOTE: ND = indicates that none of this contaminant was detected at or above our detection level.

* = indicates maximum levels have been exceeded and treatment to reduce levels is advised.

LEAD: If any lead has been found in your drinking water we strongly advise corrective measures.

TDS: TDS may lend an unpleasant taste and odor which can also be corrected.

EPA approved methods were used in all of the analyses.



MATERIAL SAFETY DATA SHEET

PRODUCT NAME:

Fertilizer Plus PRE-M

ITEM #:

Various

I. MANUFACTURER

Name and Address: LESCO, Inc., 20005 Lake Road, Rocky River, OH 44116
Emergency Phone: LESCO: (216) 333-9250 CHEMTREC: (800) 424-9300

II. PRODUCT IDENTIFICATION

Trade Name

LESCO Fertilizer Plus PRE-M

13-2-5 + .86 pendimethalin
nitrogen phosphorus potassium

Chemical Family

dinitroaniline herbicide

Common Name & Synonyms

Fertilizer plus pendimethalin

Molecular Formula(s)

Mixture

III. HAZARDOUS INFORMATION: INGREDIENTS

Chemical Name

% (by wt.)

CAS #

N-(1-ethylpropyl)-3,4-dimethyl-2,6-dinitrobenzenamine

0.4 to 2.0

40487-42-1

Inert ingredients (non-hazardous)

98.0 to 99.6

57-13-6 (urea)

7647-14-5 (KCl)

7784-30-7 (MAP)

IV. PHYSICAL AND CHEMICAL CHARACTERISTICS

Boiling Point: NA

Melting Point: NA

Vapor Pressure (mm Hg): NA

Vapor Density (air = 1): NA

Solubility in Water: Partial

pH: ND

Specific Gravity (water = 1): ND

Bulk Density (lbs/cu. ft.): 45-60

Evaporation Rate: NA

Percent Volatile: None at normal temperatures

Appearance and Odor: Yellow granules

Faint nutty odor

V. FIRE AND EXPLOSION HAZARD DATA

Flash Point (Method Used): NA

Lower Explosion Limit: NA

Auto Ignition Temperature: NA

Upper Explosion Limit: NA

Extinguishing Media:

☐ Foam☒ Water Spray☐ Alcohol Foam☐ Other☒ Dry Chemical☒ CO₂

Special Fire-Fighting Procedures:

Wear approved self-contained breathing apparatus and protective clothing. Fertilizer may become slippery when wet. Guard against falls. High pressure water spray may

TOXICITY INFORMATIONOral LD₅₀: Acute (rat) greater than 5000 mg/kgDermal LD₅₀: Acute (rabbit) greater than 2000 mg/kg**Medical Conditions Aggravated by Exposure:**

None known

VIII. REACTIVITYStability: ☒ Stable ☐ Unstable

Conditions to Avoid: Do not store in temperatures above 120°F.

Incompatibility: Avoid contact with strong oxidizing and reducing agents or strong alkalis.

Hazardous Decomposition Products: (fire conditions) Ammonia, cyanuric acid, HCN, bluret, CO_x, NO_xHazardous Polymerization: ☒ Will not occur ☐ Will occur

Conditions to Avoid: None known

IX. SPILL, LEAK AND DISPOSAL PROCEDURES

If material is spilled: Sweep or shovel into a container for reuse per label instructions or disposal. Toxic to fish. Do not allow any water contamination through drains, sewers or contact with bodies of water. Avoid skin and eye contact. Do not breathe dust.

Waste Disposal Method: Dispose according to federal EPA procedures as outlined in the Resource Conservation Recovery Act (RCRA) and follow state and local guidelines.

X. SPECIAL PROTECTION INFORMATION**Protective Equipment Suggested for Outdoor Application:**☒ Impervious Gloves ☐ Dust Mask ☐ Respirator☒ Impervious Boots ☒ Clean Clothing ☒ Eye Goggles/Safety Glasses**Protective Equipment Suggested for Confined Areas:**☒ Sufficient Ventilation ☐ Respirator ☒ Dust Mask ☐ Splash Goggles☒ Eyewash Station ☒ Emergency Shower ☐ Impervious Apron ☐**XI. STORAGE AND HANDLING**

Precautions: Store in a cool, dry place if possible. Separate from other pesticides, fertilizers, seed, feed, foodstuffs, drains, sewers and water sources.

Other Precautions: Do not store in temperatures above 120°F. Keep in original container. Wear clean clothing when handling. Reseal open bag by folding top down and securing. To avoid staining, sweep particles onto application areas or collect for reuse. Keep out of the reach of children.

CAUTION INFORMATION

If applicable ND = Not Determined

Date of Issue: 1/1/91

By: [Signature] S: None

A full line of Safety Data Sheets

P.O. Box 1000, Piquette Ave., OH 44116

This information is based on available data. However, no warranty is expressed or implied regarding the accuracy of this data. The user assumes all liability from the use thereof and you should make your own investigation to determine safety for the use you intend. LESCO makes no warranty of merchantability or fitness for a particular use, nor is there any other express or implied warranty, except as specifically provided otherwise on product.

LESCO assumes no responsibility or liability for any incidental or consequential damages whether related to personal injury or property damage, or for third parties, caused by the material and LESCO, Inc.'s responsibility is limited to replacement of, or repayment of price for the material(s) with respect to which any damages are claimed. All vendees or users assume all risk associated with material use.

5681 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		SEQUENCE NO. (DWR USE ONLY) STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		112-75-32-32 FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (DWR USE ONLY) OWNER <u>Prickley</u> COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD <u>2019 Spring Lane Rd.</u> COL 36 COL. 55 POST OFFICE <u>Bellevue Springs Md</u> COL 57 COL. 76					
B 1 CONTINUED 1 2 3 (SEQ. NO.) 6 DATE <u>July 16-71</u> LICENSE NUMBER <u>472</u> 77 80 FIRST NAME DRILLER LAST NAME SIGNATURE <u>[Signature]</u>		B 3 LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY <u>Howard</u> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>Beltsford</u> 42 SECTION <u>44</u> LOT <u>19</u> 50 NEAREST TOWN <u>Beltsville</u> 71 MILES FROM TOWN (ENTER IF IN TOWN) <u>4</u> 76 77 78			
B 2 WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>600</u> 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. ☐ MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL ☐ PRIVATE WATER COMPANY ☐ TEST		B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) 1 2 3 (SEQ. NO.) 6 ☒ NORTH ☐ EAST ☐ NE ☐ SE ☐ SOUTH ☐ WEST ☐ NW ☐ SW NEAR WHAT ROAD <u>Beltsville Rd</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) ☒ NORTH ☐ SOUTH ☐ EAST ☐ WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>400</u> 34 37 38 39			
APPROXIMATE DEPTH OF WELL <u>100</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN 'X', THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP. 			
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37. <u>AIR-ROTARY</u> AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE ROTARY DRIVE-POINT OTHER (DESCRIBE)					
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE)					
NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u> FORCE <u>67</u> WRITE INITIALS IN BOX <u>68</u> CONDITIONS <u>69</u> 70 71 72 73 74 75 76 77 78 79		BOX NUMBER <u>E 810</u> <u>N 470</u> NORTH COORDINATE <u>112 51 52 53 54 55</u> EAST COORDINATE <u>02 10 00 01</u> ELEVATION AT WELL HEAD (FEET) <u>0/0</u> 65 66 67 68 0/0 5/0			
B 4 CONTINUED 1 2 3 (SEQ. NO.) 6 STATE HEALTH (CIRCLE BOX) <u>S</u> MO. DAY YR. <u>7</u> <u>1</u> <u>71</u> DATE <u>43</u> 48 COUNTY NAME <u>Howard</u> COUNTY NO. <u>2700</u> APPROVED BY <u>[Signature]</u> SPECIAL CONDITIONS 8-63 (DWR USE ONLY)		B 5 1 2 3 (SEQ. NO.) 6			

ORIGINAL

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
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STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

WELL COMPLETION REPORT

DATE RECEIVED (DWR USE ONLY)	DATE WELL COMPLETED	DEPTH OF WELL	PERMIT NO. FROM "PERMIT TO DRILL WELL"
	2/8/71	100	140-122-0016
		22 (TO NEAREST FOOT) 26	28 29 30 31 32 33 34 35 36 37
			DRILLERS IDENTIFICATION NO. 42

OWNER	LAST NAME	FIRST NAME
Beckley	John	
STREET OR RFD	POST OFFICE	
8615 Spring Vale Rd	Silver Spring, Md	

WELL LOG		GROUTING RECORD	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)	
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		TYPE OF GROUTING MATERIAL (CIRCLE BOX)	
FEET		CEMENT	
FROM TO		BENTONITE CLAY	
CHECK IF WATER BEARING		NO. OF BAGS	
		NO. OF POUNDS	
		GALLONS OF WATER	
		DEPTH OF GROUT SEAL (TO NEAREST FOOT)	
		FROM FT. TO FT.	
		(ENTER 0 IF FROM SURFACE)	

WELL LOG		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		HOURS PUMPED (TO NEAREST HOUR)	
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON)	
FEET		METHOD USED TO MEASURE PUMPING RATE	
FROM TO		WATER LEVEL: (DISTANCE FROM LAND SURFACE)	
CHECK IF WATER BEARING		BEFORE PUMPING	
		WHEN PUMPING	
		TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)	
		A AIR	
		P PISTON	
		T TURBINE	
		C CENTRIFUGAL	
		R ROTARY	
		O OTHER (DESCRIBE BELOW)	
		J JET	
		S SUBMERSIBLE	

WELL LOG		CASING RECORD	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING TYPES	
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		INSERT APPROPRIATE CODE BELOW	
FEET		STEEL	
FROM TO		CONCRETE	
CHECK IF WATER BEARING		PLASTIC	
		OTHER	
		MAIN CASING TYPE	
		NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	
		TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)	
		OTHER CASING (IF USED)	
		DIAMETER (INCH)	
		DEPTH (FEET) FROM TO	
		SCREEN TYPE OR OPEN HOLE	
		INSERT APPROPRIATE CODE BELOW	
		STEEL	
		BRASS OR BRONZE	
		OPEN HOLE	
		PLASTIC	
		OTHER	

WELL LOG		PUMP INSTALLED	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)	
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)	
FEET		CAPACITY:	
FROM TO		GALLONS PER MINUTE (TO NEAREST GALLON)	
CHECK IF WATER BEARING		PUMP HORSE POWER	
		PUMP COLUMN LENGTH (NEAREST FOOT)	
		CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)	
		+ ABOVE	
		- BELOW	
		LAND SURFACE	
		(NEAREST FOOT)	

WELL LOG		SCREEN RECORD	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		SCREEN TYPE OR OPEN HOLE	
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		INSERT APPROPRIATE CODE BELOW	
FEET		STEEL	
FROM TO		BRASS OR BRONZE	
CHECK IF WATER BEARING		OPEN HOLE	
		PLASTIC	
		OTHER	
		C 2	
		1 2 3 (SEQ. NO.) 6	
		DEPTH (NEAREST WHOLE FOOT) FROM TO	
		1 8 9 11 15 17 21	
		2 23 24 26 30 32 36	
		3 38 39 41 45 47 51	
		SLOT SIZE 1, 2, 3, 4	
		DIAMETER OF SCREEN 56 60 (NEAREST INCH) FROM TO	
		GRAVEL PACK	
		IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F	
		DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)	
		T 70	
		72	
		74 75 76 OTHER DATA AVAILABLE	

CIRCLE APPROPRIATE BOXES		LOCATION OF WELL ON LOT	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).	
E ELECTRIC LOG OBTAINED		Lot with well	
C COPY OF ELECTRIC LOG ATTACHED		Road	
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.			
DRILLERS NAME			
(PLEASE PRINT) L.F. Easterday			
SIGNATURE L.F. Easterday			

LOT 16
SECTION 4
BLOCK B

BEAUFORT PARK
HOWARD COUNTY, MD.

OWNERS: GARY A. + JANIS B. DZUREC
3101 WEBSTER ST.
MT. RAINIER, MD.
301-779-2154

SCALE 1" = 20'

