

03-284638

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE 9/01/87

DATE SYSTEM APPROVED 9/4/87

INSPECTOR RIT

INDEXED

Dave Hopkins

IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Spring Mills ROAD 13701 13751 Route 144 LOT 1

PROPERTY OWNER Robert Indorff

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 7½ feet below original grade. Effective area begins at 3½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 355 feet from the front lot line and 90 feet from the right lot line as seen when facing the property from Frederick Road. Run trench(s) along contour toward left lot line.

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

***** CONTRACTOR TO REQUEST INSPECTION PRIOR TO STARTING ANY TRENCH EXCAVATION - DEPTH OF TRENCH MAY BE ADJUSTED AFTER FIELD INSPECTION.

PLANS APPROVED BY C. Williams DATE 9/01/87

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.

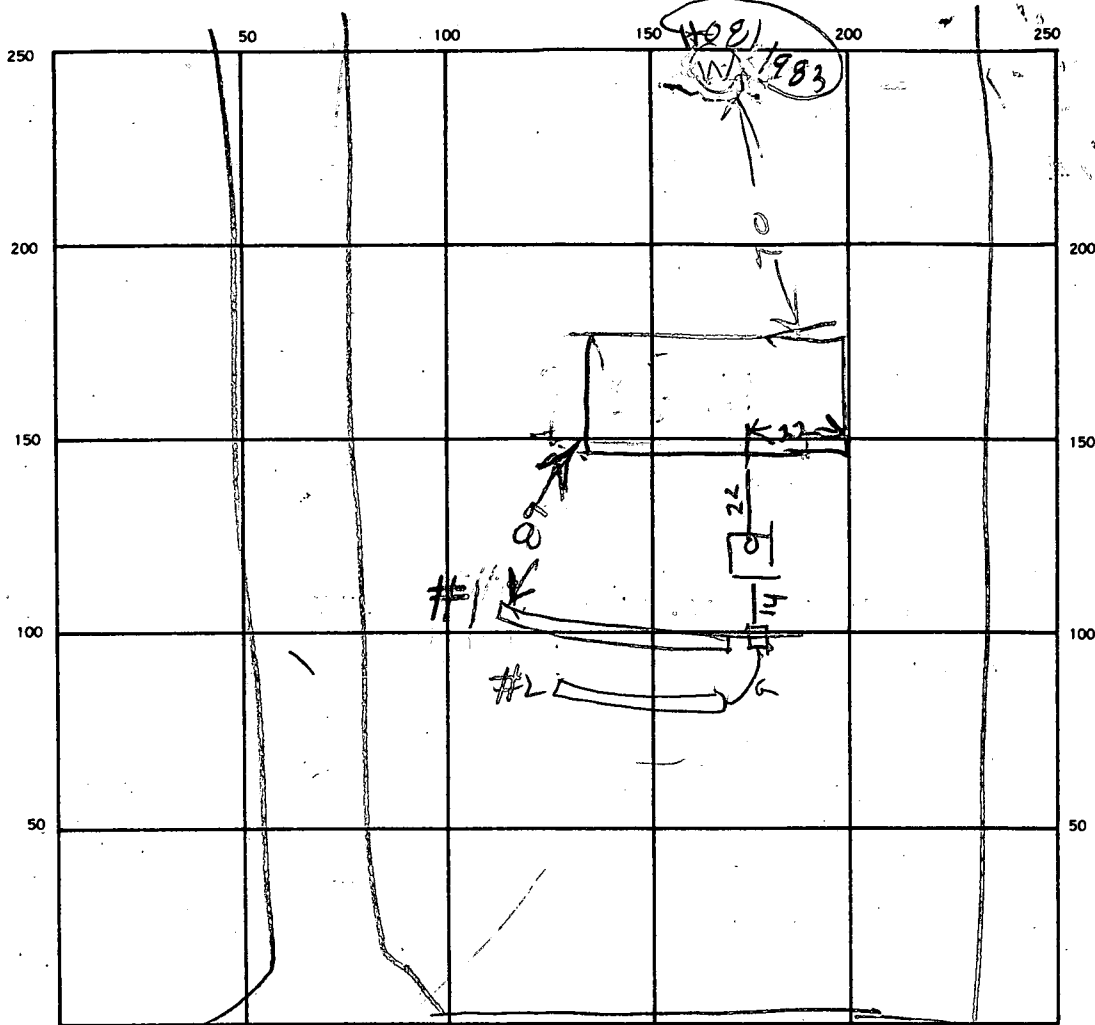
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37095



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

FREDERICK RD

SEPTIC TANK. LEVEL 1250

CLEANOUTS OK

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 8 8 FT.

TRENCH WIDTH 2 2 FT.

INLET DEPTH 3.5 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4.5 4.5 FT.

TOTAL LENGTH 95 77 172

NUMBER OF TRENCHES 2

ONE SIDEWALL/BOTTOM AREA 7.74 SQ. FT. 720

DRYWELL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/4/87 LOCATION LOOKS OK TRENCHES PARTLY

DUG

9/4/87 PM TRENCHES FINISHED & STONE ADDED R17

DATE SYSTEM APPROVED 9/4/87

INSPECTOR Raymond Hodges

APPLICATION

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: 992-2330

DISTRICT 3rd

DATE May 27, 1986

A 37095

P _____

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 Sharon Ramsburg Smith Robert H. Indorf, Jr.

ADDRESS 14120 Rover Mill Road PHONE 489-5048
760-6039

PROPERTY LOCATION:

SUBDIVISION Ramsburg Property LOT NO. 1

13761 ROAD AND DESCRIPTION Frederick Road Maryland Route 144 (south side)

West Friendship, Maryland

SIZE OF LOT 3 acre TYPE BLDG. N/A

MAP 15 PARCELS 215

(NUMBER OF BEDROOMS)

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. Sharon Ramsburg Smith

(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR SHARON TRONCHES DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____ B.P. # 11796

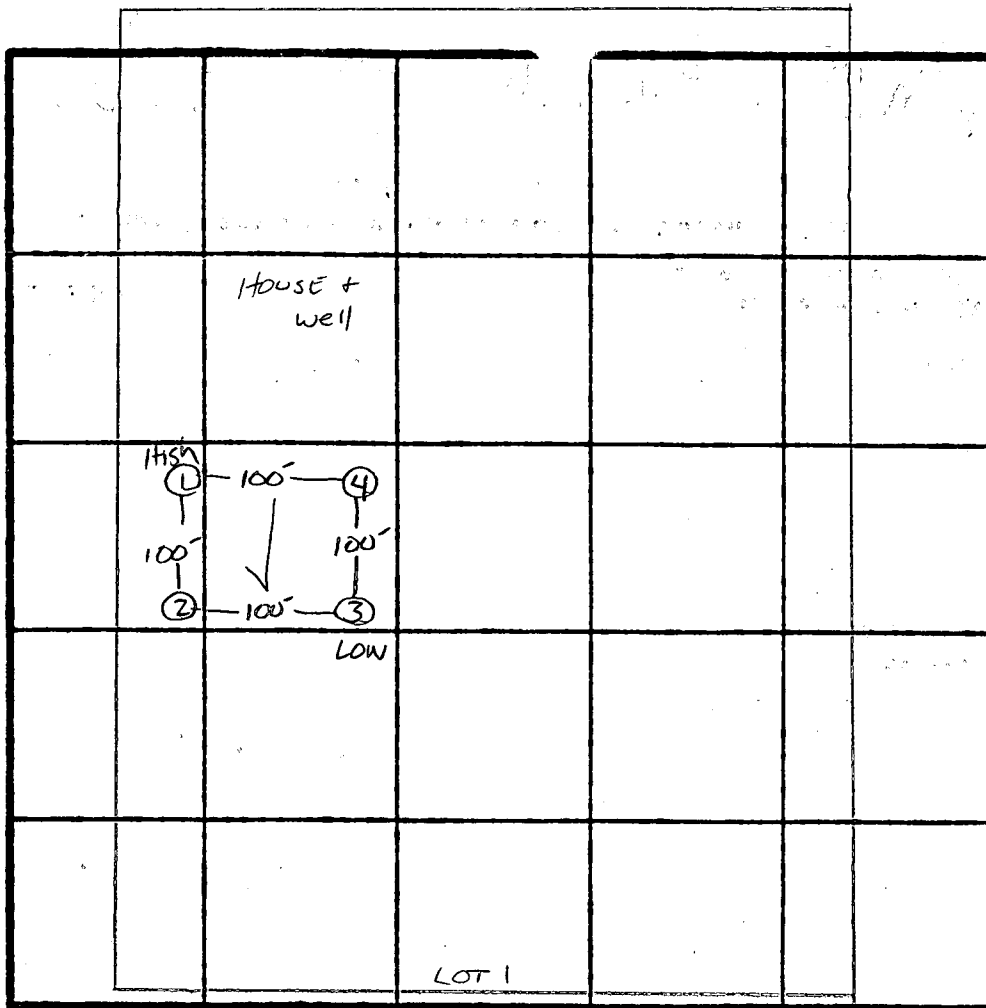
PERMIT 528-826

THIS IS NOT A PERMIT

SOIL PROFILE

9'11"
 30
 13'

AP
 Yellow Br
 Silty Sand
 LOAM ~9%
 CLAY ~10%
 FRAGMENTS
 Yellow Br
 SAND LOAM
 10-20%
 FRAGMENTS



x Perc
 3min
 INLET 3.5'
 BOTTOM 5.0'
 158 #/BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 MIRE 144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/29/84	1 S	3.5'	1:54	1:56	1:56	1:59	3min
	1 M	8.5'	1:53	1:55	1:55	1:57	2min
	1 V	13'	uniform soil structure below 3'				
	2 S	3.5'	2:00	2:01	2:01	2:02	1min
	2 V	13'	uniform soil below 2.5'				
	3 S	4'	2:04	2:07	2:07	2:12	5min
	3 V	12.5'	uniform soil below 3'				
	4 S	5'	2:14	2:15	2:15	2:17	2min
	4 V	13'	uniform soil structure below 3.5'				

REMARKS Holes dug per plat. Shallow Syst. only.

TYPE OF SOIL Glinela

TESTED BY S. Abel

ALSO PRESENT M. SMITH, SKIP/Robert

<div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">C1</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2316</div><div style="border: 1px solid black; padding: 2px;">SEQUENCE NO. (OEP USE ONLY)</div></div> <div style="font-size: 8px; margin-top: 2px;">1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</div>		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 37095	
<div style="display: flex; justify-content: space-between;"><div>DATE Received: <div style="border: 1px solid black; padding: 2px; font-size: 8px;"> </div></div><div>DATE WELL COMPLETED 042287</div><div>Depth of Well 60 (TO NEAREST FOOT)</div><div>PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1983</div></div>					
OWNER TINDORE last name ROBERT first name		TOWN COOKSVILLE		LOT 1	
STREET OR RFD RT 144					
SUBDIVISION RAMSBURG PROP MAP 15					
WELL LOG Not required for driven wells		GROUTING RECORD yes no (Y) (N)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Reel WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 35 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet (S) submersible	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 6 NO. OF POUNDS 600 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 41 ft. (enter 0 if from surface)			
DESCRIPTION (Use additional sheets if needed)		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) (61) (25) OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING			
FEET FROM TO Check if water bearing		SCREEN RECORD screen type or open hole insert appropriate code below (ST) (BR) (HO) STEEL BRASS OPEN HOLE (PL) (OT) PLASTIC OTHER C 2 1 2 DEPTH (nearest ft.) 1 HO 23 60 2 3 EACH SCREEN			
<div style="font-size: 8px;">CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. DRILLERS IDENT. NO. 273 Ralph E. Wayne DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ralph E. Wayne SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)</div>		SCREEN RECORD slot size 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		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) Road 45' 50' well	
		SCREEN RECORD slot size 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			
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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 # 39938
Date 8-17-87

Name of Installer Allen M. Van Sant Inc Telephone 442-2221

License Number 1862
Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Robert Zindorf Telephone 760-6039
Subdivision Spring Mills Lot # 1 Well Tag # HO-81-1983
Site Address 13761 Frederick Rd.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower	1. Make
a. Deep well jet	2. RPM	2. Model #
b. Shallow well jet	3. Voltage	3. Depth
c. Submersible <input checked="" type="checkbox"/>	a. 110	
2. Make <u>Goodyear</u>	b. 220	
3. Model # <u>3R505412</u>		
4. Capacity <u>5</u> GPM		
5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

Tank	Piping	Well data
1. Capacity <u>42</u>	1. Type <u>#160</u>	1. Depth <u>60</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield <u>50</u> GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level <u> </u> ft.
	4. Depth of supply line <u>3 ft</u>	4. Will water supply be disinfected by installer? <input type="checkbox"/>

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

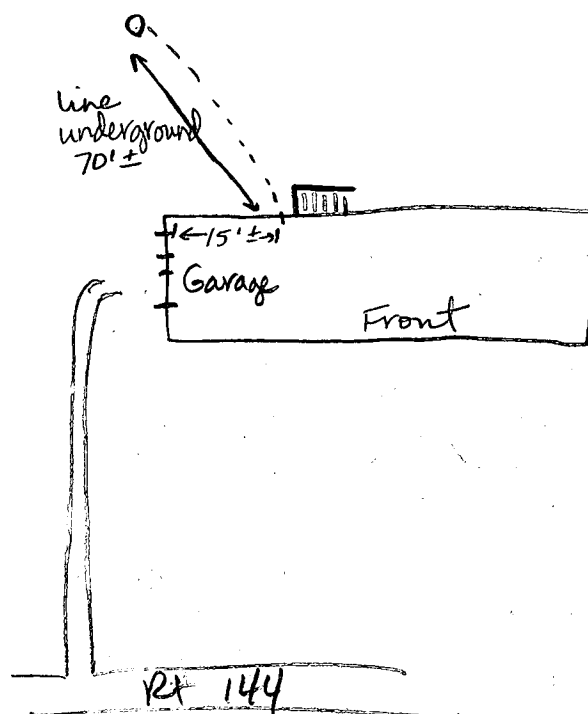
All information given above is true to the best of my knowledge.

Signature of Applicant [Signature]

Date: 8-17-87

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

well H0-81-1993



9-14-87 Pitless at 32 inches. Well line covered.
No ground; Plastic casing. Connection into house
covered on outside. House connection ok inside.
Pitless is marginal, OK. J.E. Nadeau

RECEIVED
HOWARD COUNTY
HEALTH DEPT
SEP 20 2 46 PM '87

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

March 17, 1988

Mr. Robert Indorff
6378 Centennial Circle
Glen Burnie, Maryland 21061

RE: Spring Mills - Lot 1
13751 Frederick Road
Well Number: HO-81-1983

Dear Mr. Indorff:

This is to advise you that the septic system was installed, inspected and approved on September 4, 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.

The nitrate sample result was previously documented to be 14.0 parts per million. A nitrate device has not been installed to treat the excessive nitrate contamination.

COMAR 10.17.13.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a temporary deviation to that section of the regulation on condition that the nitrate removal system is installed within a period of 30 days and the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence. You must supply this department with a copy of that contract.
2. It is recommended that a yearly nitrate analysis be performed.
3. If, in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete Items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Indorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



RETURN
TO



Bureau of Environmental Health

Howard County Health Department

(Name of Sender)

3525 Ellicott Mills Drive - Suite H

(Street or P.O. Box)

Ellicott City, Maryland 21043

(City, State, and ZIP Code)

- **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space
on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

☐ Show to whom and date delivered —¢

☐ Show to whom, date, and address of delivery.. —¢

2. ☐ **RESTRICTED DELIVERY** —¢

(The restricted delivery fee is charged in addition to
the return receipt fee.)

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:**

Mrs. Robert Indorf
73 Station Road
Irvington, New York 10533

4. **TYPE OF SERVICE:**

☐ REGISTERED ☐ INSURED

☐ CERTIFIED ☐ COD

☐ EXPRESS MAIL

ARTICLE NUMBER

P-107-710-708

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

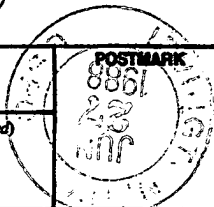
5.

DATE OF DELIVERY

6. **ADDRESSEE'S ADDRESS (Only if requested)**

7. **UNABLE TO DELIVER BECAUSE:**

7a. **EMPLOYEE'S
INITIALS**



RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

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

June 23, 1988

Mrs. Robert Indorf
73 Station Road
Irvington, New York 10533

RE: Spring Mills - Lot 1
13751 Frederick Road
Well Tag Number: HO-81-1983

Dear Mrs. Indorf:

The water sample recently submitted for analyses was found to contain coliform bacteria, a turbidity in excess of 10 parts per million and a nitrate level in excess of 10.0 parts per million.

An Interim Certificate of Potability was issued on March 17, 1988 based upon inpart that a nitrate device be installed to treat the excessive nitrate contamination.

In order to clear up these problems the following steps should be taken:

1. The bacteria problem can be successfully eliminated by sanitizing the well through chlorination. (See Enclosure)
2. A high iron level was detected on the last water sample, contributing to a high turbidity index. This may be caused by stagnant water or could be a continuing problem. If deemed a continuing problem, installation of an iron removal device is suggested to reduce the iron (and probably the turbidity levels) to acceptable values.
3. A nitrate device must be installed to effectively maintain the nitrate level below the required 10.0 parts per million limit. A sample to confirm proper functioning of the device is required.

Mrs. Indorf

- 2 -

June 23, 1988

After the above listed problems have been addressed, we will resample. It no further problems are discovered, a Final Certificate of Potability will be issued.

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

Very truly yours,

A handwritten signature in cursive script, appearing to read "Sean Baker", followed by a horizontal line.

Sean Baker, Sanitarian
Water and Sewerage Program

SB:JR

Enclosures

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.R.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

May 12, 1989

Mr. Robert Indorf
73 Station Road
Irvington, New York 10533

Re: Spring Mills Lot 1
13751 Frederick Road
Well Permit# HO-81-1983

Mr. Indorf:

This is to advise you that the septic system was installed, inspected and approved on September 4, 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.

The nitrate sample result was previously documented to be 11.5 parts per million. A nitrate device has not been installed to treat the excessive nitrate contamination.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a temporary deviation to that section of the regulation on condition that the nitrate removal system is installed within a period of 30 days and the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

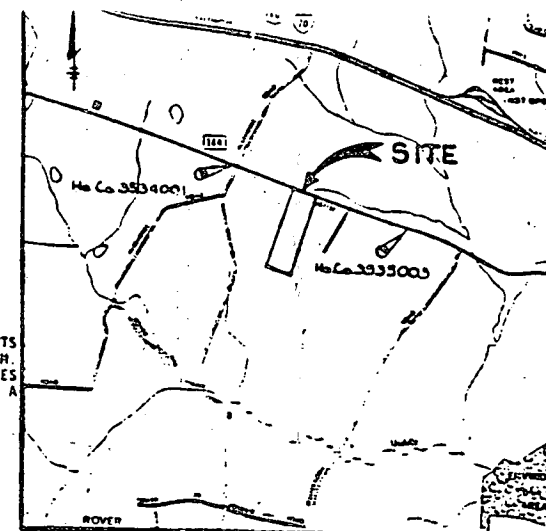
Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence. You must supply this department with a copy of that contract.
2. It is recommended that a yearly nitrate analysis be performed.
3. If, in the future you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

NO	NORTH	EAST
26	538 912.441	802002.604
24	538 755.117	802487.539
16	537 056.710	801851.507
23	537 282.600	801443.862
30	538 912.817	802000.343
31	538 746.929	802485.169

"DECLARATION OF MAINTENANCE OBLIGATIONS FOR USE IN COMMON ACCESS AREA" DATED MARCH 27 1987. RECORDED IN LIBER 1686 FOLIO 579.

1. 4" x 4" x 36" CONCRETE MONUMENTS, INDICATED THUS TO BE SET
2. 3/8" x 30" PIPE OR STEEL MARKER INDICATED THUS TO BE SET
3. ALL COORDINATES SHOWN HEREON ARE BASED ON THE MARYLAND STATE GRID SYSTEM.
4. ORIGIN OF COORDINATES: HOWARD COUNTY GEODETIC CONTROL POINTS NO. 3534001 AND 3535003.
5. SUBJECT PROPERTY ZONED R PER B-2-85 COMPREHENSIVE ZONING PLAN.
6. B.R.L. INDICATES BUILDING RESTRICTION LINE.
7. FLAG OR PIPE STEM LOTS SHALL NOT BE FURTHER SUBDIVIDED INTO LOTS ACCOMMODATING ADDITIONAL RESIDENCES UNLESS A PUBLIC ROAD CAN BE CONSTRUCTED ACCORDING TO COUNTY STANDARDS ON A MINIMUM FIFTY (50) FOOT RIGHT-OF-WAY TO BE DEEDED TO THE COUNTY.
8. FOR FLAG OR PIPE STEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPE STEM LOT DRIVEWAY.
9. DESIGATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FT. AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT PLAT SHALL NOT BE NECESSARY. SUBJECT TO W.P. 67-13



BARBARA H. LANCASTER
AND WIFE
720/3749

H.E. RENFRO
634 / 434

601.500E
358.000N

601.500E
358.000N

HAROLD L. RANSBURG
658 / 61

WILLIAM R. BECKER
1121 / 356

HAROLD W. SONN
857 / 546

JAY NIDO
1069 / 146

MIECZYSLAW BOCHNIEWICZ
982 / 554

TRACY, SCHULTE AND ASSOCIATES
0450 BALTIMORE NATIONAL PIKE SUITE
ELLICOTT CITY, MARYLAND 21043
(301) 465-0108

TOTAL TABULATION THIS PLAT

TOTAL NUMBER OF LOTS TO BE RECORDED 3
TOTAL AREA OF LOTS (LOTS 1 THRU 3) 19.875 AC.
TOTAL AREA OF ROADWAY TO BE RECORDED 0.082 AC.
INCLUDING WIDENING STRIPS
TOTAL AREA OF THIS PLAT 19.961 AC.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.

James M. Soder 4-21-87
COUNTY HEALTH OFFICER DATE
APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, AND THAT IT IS A SUBDIVISION OF ALL OF THE LANDS CONVEYED BY BERNARD A. DUPLAN TO R. THOMAS AND SHARON R. SMITH BY DEED DATED JUNE 30, 1986 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY IN LIBER 1503 AT FOLIO 137 AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE LANDOWNER'S COUL BY HOWARD, AS REQUIRED.

DEDICATION FOR INDIVIDUALS

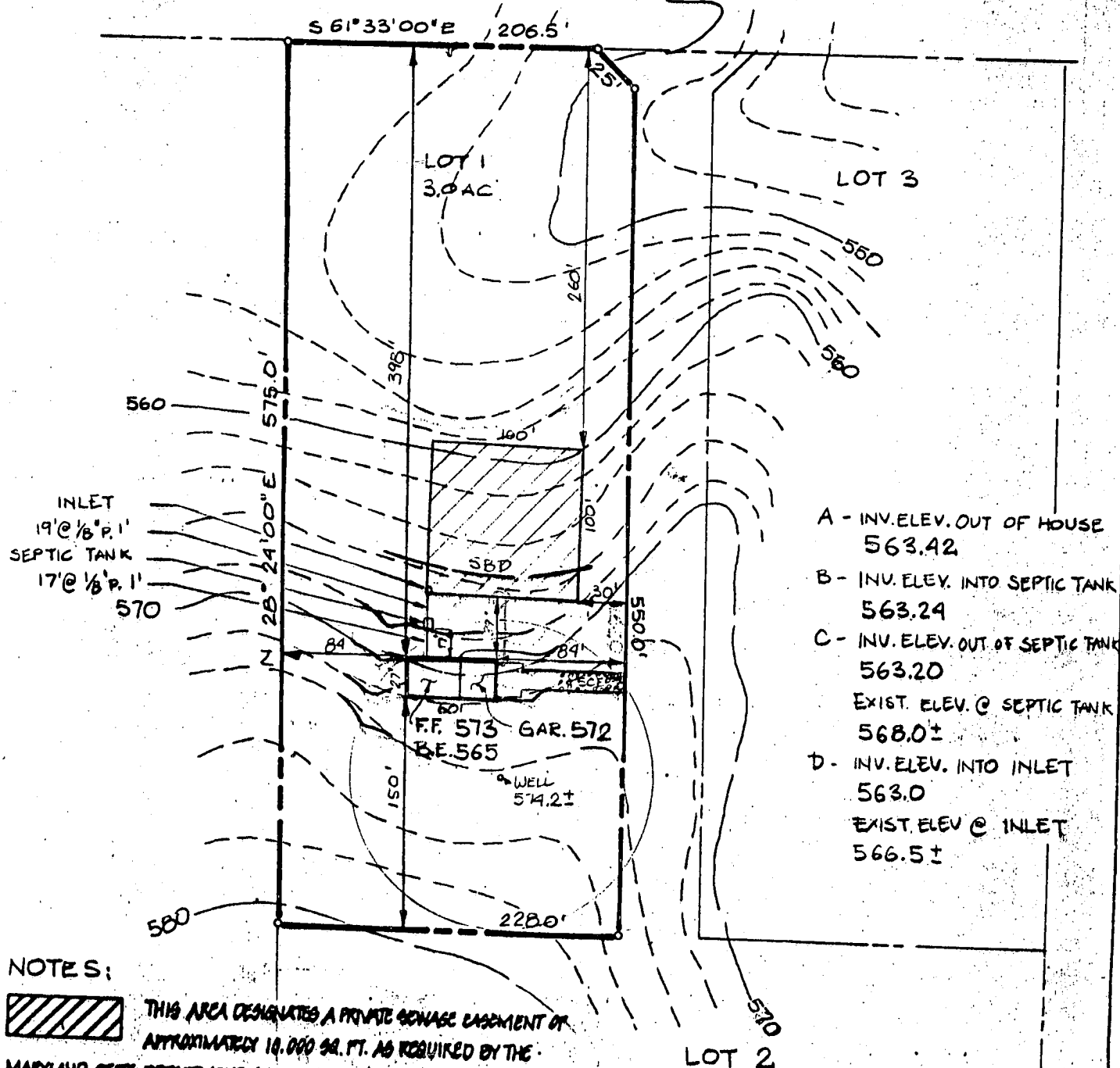
WE, R. THOMAS AND SHARON R. SMITH, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT-OF-WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND GROUPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR BOARD AND OTHER NECESSARY CONSIDERATIONS, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FULL AND COMPLETE TITLE OF THE LOTS OF THE STREETS, GROUPLAINS, ROADS AND OPEN SPACE, AND OPEN SPACE.

RECORDED AS PLAT 7155
ON 4-24-87 AMONG THE LAND
RECORDS OF HOWARD COUNTY, MARYLAND

SPRING MILLS

4

FREDERICK ROAD



BARRY L. STEELMAN, P.A.

ATTORNEYS AT LAW

2 HOPKINS PLAZA-SUITE 720
MERCANTILE BANK & TRUST BUILDING
BALTIMORE, MARYLAND 21201

BARRY L. STEELMAN*
NICHOLAS D. COWIE

*ALSO ADMITTED TO D.C. BAR

TELEPHONE: (410) 539-8603

FACSIMILE: (410) 539-1060

April 29, 1994

Howard County Health Department
Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043-4544

RE: 13761, 13751 Frederick Road

To whom it may concern:

This office represents the owners of the above mentioned property, Georgia and Bill Carnie. Pursuant to the Freedom of Information Act, I would like to obtain all documents in the department's possession with regard to this property, including the results of any well water sampling or testing that was at any time performed at this property.

Please advise when I might be able to come in and look at these documents and/or have them copied. Thank you for your attention to this matter.

Very truly yours,



Michael R. McCann

MRM:amm
HOWARD.LTR

8/22/94
NOW HE DOES
WANT COPIES OF
ALL RECORDS
-MAIL & BILL HIM
(CW)

5/4/94

I SPOKE TO MCCANN
HE WAS LOOKING FOR INDICATIONS OF
BURIED FUEL TANKS AT TIME OF
SUBDIVISION.

I ADVISED HIM THAT FILE DISCLOSED NO AWARENESS.

I ALSO ADVISED HIM OF HEALTH DEPT PROPERTY FILE #
IN CASE HE WANTED TO COME IN TO REVIEW,
AND I ADVISED HIM OF DP2 PLAT REFERENCES

8/22/94 MCCANN CALLED; ASKED WHERE WAS INFO HE REQUESTED
-NO INDICATION I WAS TO SEND HIM ANYTHING AFTER OUR 5/4 CONV.
WE DISCUSSED NITRATES - HE WAS LOOKING FOR CONNECTION
TO BURIED FUEL TANKS.
I EXPLAINED - NO CONNECTION (CW)

5/2/94
Bert / Craig
Please determine
which program is
responsible and handle
this request
Junk



HOWARD COUNTY HEALTH DEPARTMENT

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

August 23, 1994

Mr. Michael R. McCann
c/o Barry L. Steelman, P.A.
Attorneys At Law
2 Hopkins Plaza - Suite 720
Mercantile Bank & Trust Building
Baltimore, Maryland 21201

RE: Indorff Property
Spring Mills - Lot 1
13751 Route 144
Well Tag Number: HO-81-1983

Dear Mr. McCann:

Enclosed please find copies of all information from the subject property file relevant to sampling history and water supply approval.

As discussed by telephone on August 27, 1994, the principle sampling parameters of concern were bacteria and nitrate. Bacteria and nitrate are not considered indicative of either the presence or absence of fuel contamination issues. This office was not aware of concerns about abandoned fuel tanks on this property at the time of sampling. No sampling for fuel residuals were requested or performed.

I have checked with our Community Environmental Services Program which generally maintains separate files for investigations of existing properties not involving building permit or occupancy approval. That program shows no other sampling records for this property.

If you have any questions relative to this matter, please call me at 313-2640.

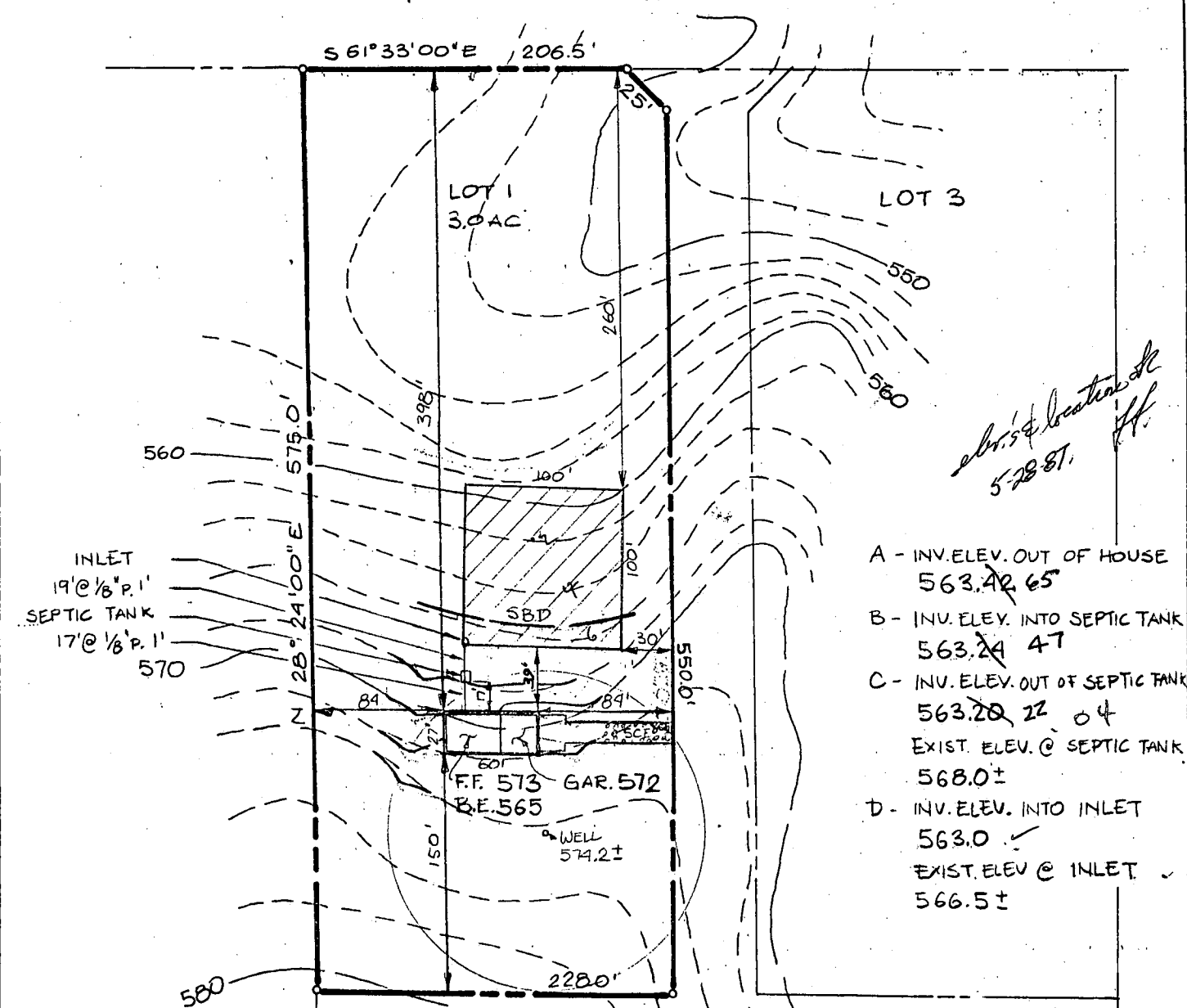
Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW:jr
Enclosures

4


FREDERICK ROAD



*el. is location of
5-28-87*

- A - INV. ELEV. OUT OF HOUSE
563.42 65
- B - INV. ELEV. INTO SEPTIC TANK
563.24 47
- C - INV. ELEV. OUT OF SEPTIC TANK
563.20 22 04
- EXIST. ELEV. @ SEPTIC TANK
568.0 ±
- D - INV. ELEV. INTO INLET
563.0
- EXIST. ELEV. @ INLET
566.5 ±

NOTES:

1.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWER EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
2. TOPO SHOWN HEREON IS BASED ON TOPO SUPPLIED BY OWNER.
3. PLAT REFERENCE: TAX MAP: 15; BLOCK: 1; PARCEL: 215; LOT: 1.
4. CONTRACTOR TO SET GRADES IN FIELD.

B.P. # 11796

TITLE: GRADING PLAN				
PROJECT: SPRING MILLS SUBDIVISION - LOT 1				
LOCATION: 3 RD ELECTION DISTRICT HOWARD CO., MD.				
SCALE: 1" = 100'	DESIGNED BY: E.U.A.	DRAWN BY: E.U.A.	CHECKED BY:	DATE: MAY, 1987
FIELD BOOK: -	PAGE NO.: -	JOB NO.: 87114	DRAWING NO.: 1 OF 1	

boender associates
inc.
consulting engineers
land surveyors
land planners

COURTHOUSE SQUARE
3565 ELLICOTT MILLS DRIVE
ELLICOTT CITY, MD. 21043
(301) 465-7777

NILES, BARTON & WILMER

ATTORNEYS AT LAW

1400 LEGG MASON TOWER

111 S. CALVERT STREET

BALTIMORE, MARYLAND 21202-6185

410-783-6300

WASHINGTON, D. C. 20006

1616 H STREET, N. W.

202-737-0512

CABLE ADDRESS NILWO

TELEX 87-469-NILES LAW

EASY LINK 62927328

TELECOPIER 410-783-6363

WRITER'S DIRECT NUMBER

(410) 783-6348

April 8, 1996

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Custodian of Records
Howard County Health Department
Bureau of Environmental Health
3525 H Ellicott Mills Drive
Ellicott City, Maryland 21043-4544

RE: William Carnie v. Robert H. Indorf, Jr., et al.
Circuit Court for Howard County, Maryland
Case No. 95-CA-28150
Our File No. 36260-WAUSAU

Dear Sir or Madam:

This office is involved in the investigation of an action made by William Carnie which is currently pending in the Circuit Court for Howard County.

Enclosed is a Subpoena and Notice of Deposition Duces Tecum. I would like to obtain copies of all documents in your control as noted in the enclosed Notice concerning your entire file to date concerning the property located at 13751 Frederick Road, West Friendship, Maryland.

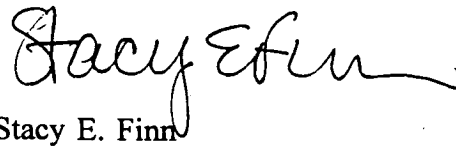
As you will note, the enclosed documents require you to produce the documents by **May 13, 1996**. Your personal appearance is not necessary if the records are produced on or before **May 13, 1996**. When the records are produced, please certify that they are complete.

4/22/96 copy of entire file prepared for mailing to Stacy Kim
PK

Custodian of Records
Howard County Health Department
April 8, 1996
Page 2

Please note that the Subpoena requires you to produce ALL records including lab reports, surveys, reports, photographs, correspondence, etc. Your prompt attention and cooperation in this matter is appreciated.

Very truly yours,

A handwritten signature in cursive script, reading "Stacy E. Finn". The signature is written in dark ink and is positioned above the printed name.

Stacy E. Finn

SEF/mlp
Enclosures

cc: Stanley Turk, Esquire
Matthew Moore, Esquire

CIRCUIT COURT FOR HOWARD COUNTY

MARGARET D. RAPPAPORT, CLERK

Circuit Court for Howard County
Courthouse • Ellicott City, Maryland 21043

WILLIAM CARNIE

Case Number 95-CA-28150

Plaintiff

Vs.

(X) Civil

PINK COPY MUST BE
FILED WITH THE COURT
UPON ISSUANCE

ROBERT H. INDORF, JR., et al.

Defendant

STATE OF MARYLAND, HOWARD COUNTY

SUBPOENA

To (Name, Address and County):

Custodian of Records
Howard County Health Department
Bureau of Environmental Health
3525 H Ellicott Mills Drive
Ellicott City, Maryland 21043-4544

YOU ARE HEREBY COMMANDED TO: () Personally appear, () Produce documents and or objects only; (XX) Personal-
ly appear and produce documents or objects; at Law Offices of Niles, Barton & Wilmer, 1400 Legg Mason
(Place where attendance is required)
Tower, 111 S. Calvert Street, Baltimore, Maryland, 21202.

on Monday the 13th day of May, 19 96 at 10:00 a.m./~~p.m.~~

YOU ARE COMMANDED TO produce the following documents or objects:

"SEE ATTACHED DOCUMENT SCHEDULE"

Subpoena requested by () Plaintiff; ~~(XX)~~ Defendant; and any questions should be referred to: Stacy E. Finn,
Niles, Barton & Wilmer, 1400 Legg Mason Tower, 111 S. Calvert Street, Baltimore, MD 21202
(410) 783-6300 (Name of Party or Attorney, Address and Phone Number)

Date Issued

CLERK

(Signature and Seal)

NOTICE:

- (1) YOU ARE LIABLE TO BODY ATTACHMENT AND FINE FOR FAILURE TO OBEY THIS SUBPOENA.
- (2) This subpoena shall remain in effect until you are granted leave to depart by the Court or by an officer acting on behalf of the Court.
- (3) If this subpoena is for attendance at a deposition and the party served is an organization, notice is hereby given that the organization must designate a person to testify pursuant to rule 2-412(d).

SHERIFF'S RETURN

() Served and copy delivered on date indicated below.

() Unserved, by reason of _____

Date: _____ Fee: \$ _____

SHERIFF

ORIGINAL AND ONE COPY NEEDED FOR EACH WITNESS