

~~12/5/88 2:30~~  
12-7-88 1:30 PM  
12/16/88

# PERMIT

## SEWAGE DISPOSAL SYSTEM

**MARYLAND STATE DEPARTMENT OF HEALTH**

**HOWARD COUNTY**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
**461-9933**

# INDEXED

P 42989

36374

3rd

DATE 11/5/88

DATE SYSTEM APPROVED 12/27/88

INSPECTOR C. B. V.

*Dave Hopkins*

IS PERMITTED TO INSTALL       X       ALTER

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

SUBDIVISION Andrews Property ROAD 1276 Sugar Maple Drive LOT 1

PROPERTY OWNER Kevin Boulier

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1000 GALLONS      NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 400 feet down the left (410.0') lot line and 165 feet off the same lot line as seen when facing the lot from Sugar Maple Drive. Run trenches on contour toward right 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. OK/CW

PLANS APPROVED BY Sid Abel DATE 10/06/87

**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(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 40 PVC OR ABS**

**PERMIT VOID AFTER TWO YEARS**

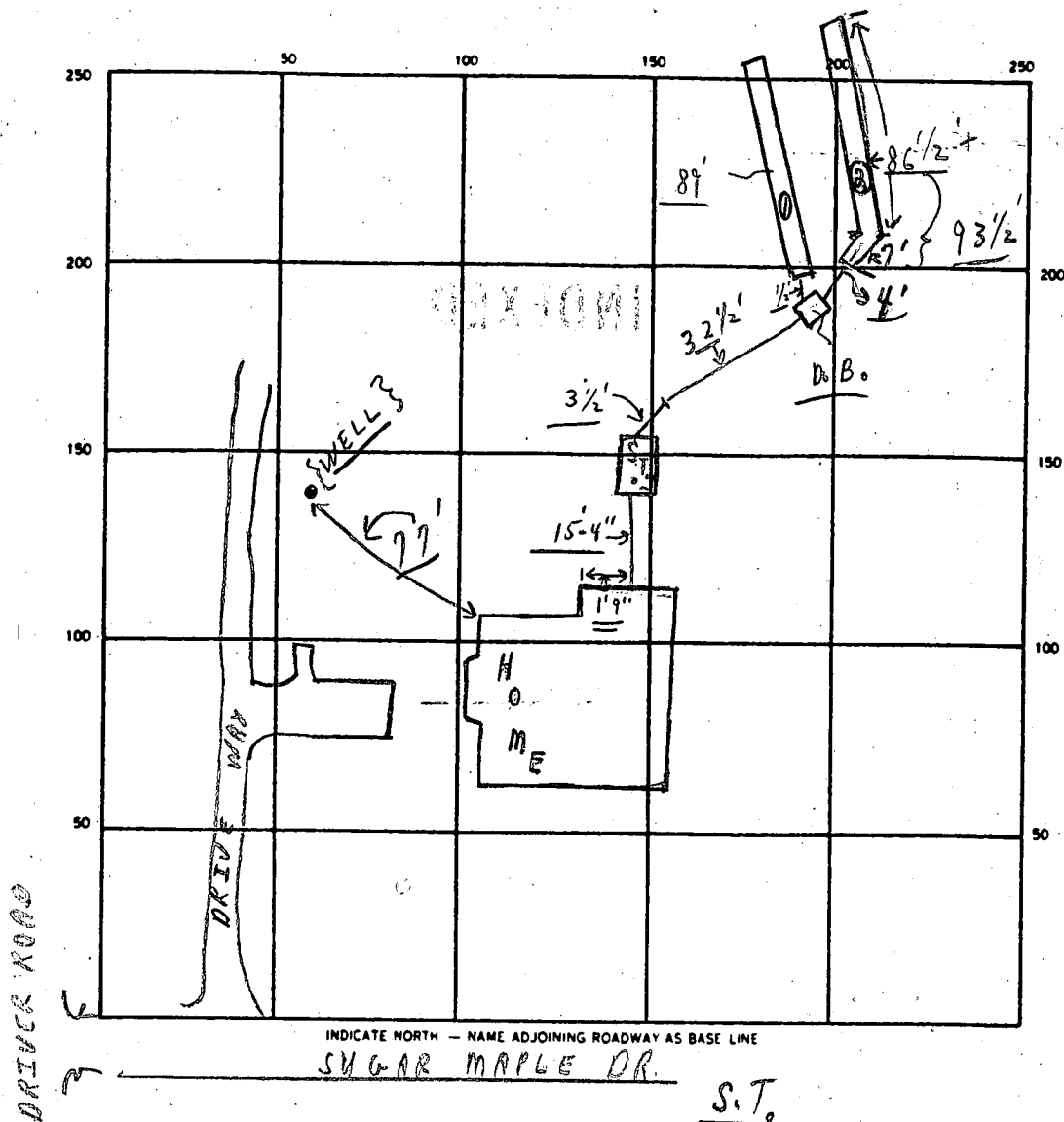
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

**NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES**

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

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

36374  
A



SEPTIC TANK. LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK (Baffles in)

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 93 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 546 SQ. FT.

DRYWELL INSIDE DIAMETER 3 FT. EFFECTIVE DEPTH BELOW INLET 5 FT.

ABSORBENT AREA 546 SQ. FT.

REMARKS 12/7/880 Partial not ready; (2) Final - C.B.D

DATE SYSTEM APPROVED 12/07/88 INSPECTOR Charles, Bryan, Shesker

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36374

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT \_\_\_\_\_

DATE December 31, 1985

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 Michael Andrew

ADDRESS 5319 Five Fingers Way PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Driver Property LOT NO. 1

ROAD AND DESCRIPTION Left side of Sugar Maple Drive off of Driver Road

SIZE OF LOT 3+ acres TYPE BLDG. \_\_\_\_\_  
(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.

W. Michael Andrew  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

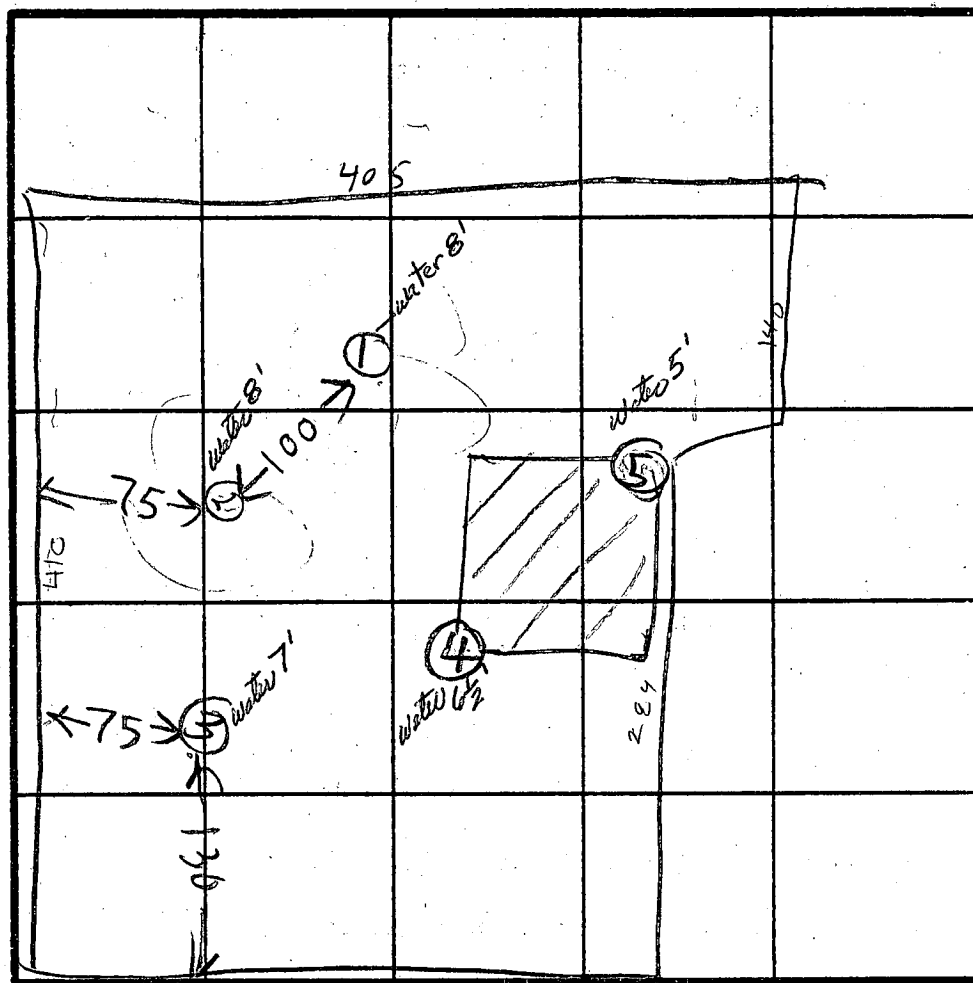
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT

# LOT 1

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SUGAR MAPLE DR

INLET

2'

BOTTOM

3.5'

180  $\phi$  / BR.

SAM

DO NOT D

SPECS.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/81	1V	9 1/2	WATER		8 FT	SANDY	
	2V	9	"	"	"	SANDY	
	3V	8	"	"	7 FT	CLAYISH	
	4V	8	"	"	6 1/2"	TOP 4 FT CLAY	
	5V	7	"	"	5 FT	CLAYISH	

REMARKS

Hole 4 & 5 DUG PER SURVEYOR STAKES  
Hole (1)(2)(3) DUG DIFFERENTLY

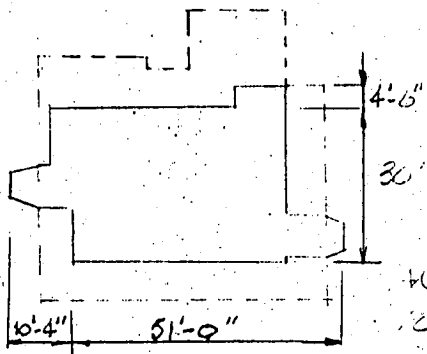
TYPE OF SOIL

TESTED BY

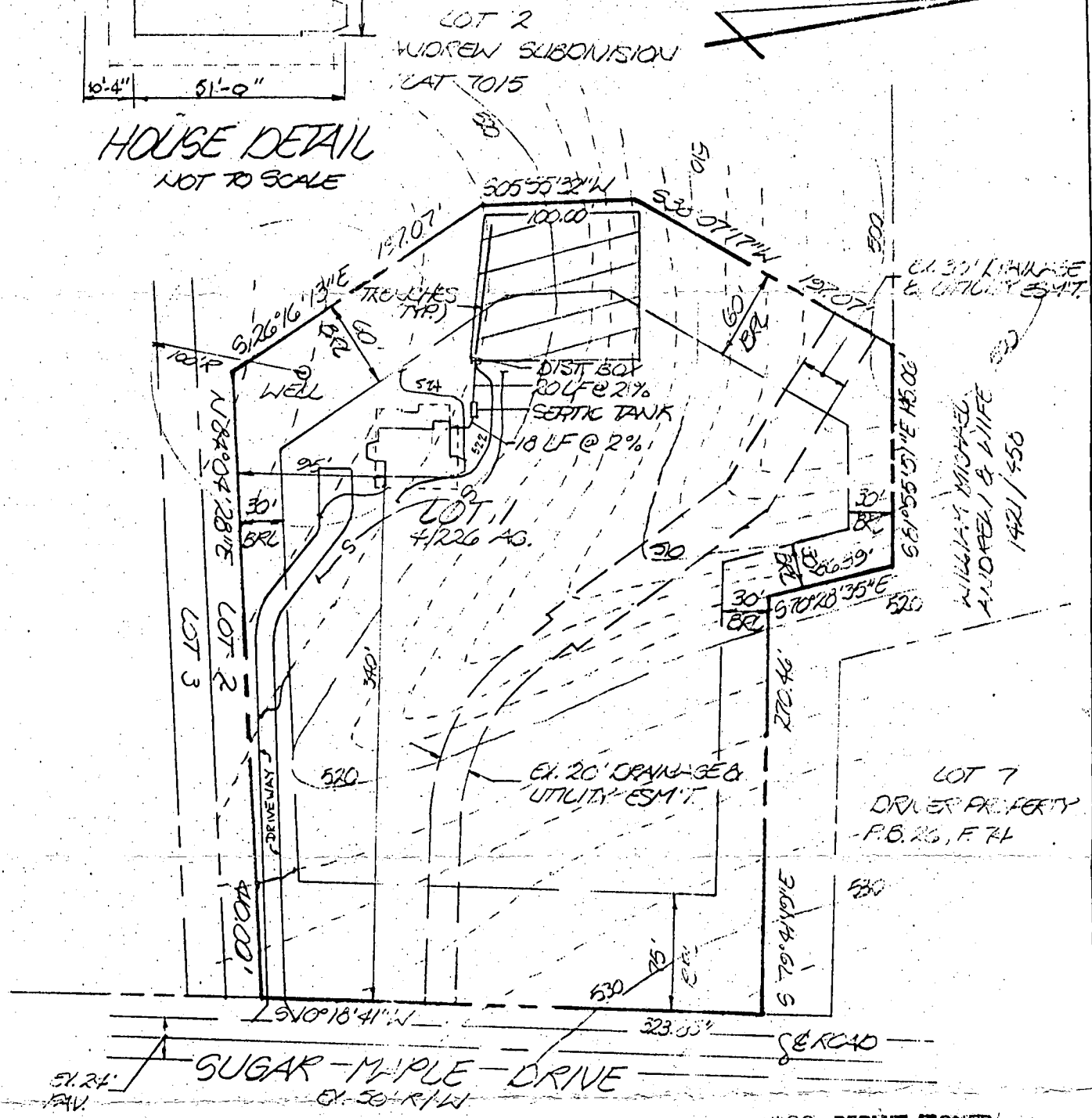
R HODGGS

ALSO PRESENT

SKIP JACK ROCK



HOUSE DETAIL  
NOT TO SCALE



BLDG. PERMIT SIGNED  
AND RETURNED 6/22/88  
BP 18737

HOUSE  
FIRST FLOOR = 525.0 ✓  
BASEMENT = 516.03 ✓  
INV. OUT = 520.96 ✓  
SEPTIC TANK  
EX. GRADE = 521.5 ✓  
FINISHED GRADE = 523.5 ✓  
INV. IN = 520.6 ✓  
INV. OUT = 520.4 ✓

DISTRIBUTION BOX  
EX. GRADE = 522.0 ✓  
FINISHED GRADE = 522.0 ✓  
INV. IN = 520.0 ✓  
WELL  
EX. GRADE = 526.0 ✓  
FINISHED GRADE = 526.0 ✓

NOTES  
1) TAX MAP: 10, PARCEL: P. 6 10 SM  
2) PLAT REFERENCE: TO 5  
3) CONTRACTOR TO SET GRADES IN FIELD.  
4) TOPOGRAPHY SHOWN HEREIN IS BASED ON AERIAL TOPOGNOMIC MAPS.

TITLE: GRADING STUDY				
PROJECT: ANDREW SUBDIVISION - LOT 1				
LOCATION: 5 RD. ELECTION DISTRICT HOLARD CO., MD.				
SCALE: 1"=100'	DESIGNED BY:	DRAWN BY: J.C.O.	CHECKED BY: C.E.B.	DATE: JUNE, 1988
FIELD BOOK:	PAGE NO.:	JOB NO.: 8866 C/RB312	DRAWING NO.: 1 OF 1	

**boender associates**  
inc.  
consulting engineers  
land surveyors  
land planners

COURTHOUSE SQUARE  
3565 ELLICOTT MILLS DRIVE  
ELLICOTT CITY, MD. 21043  
13011 465-7777

<b>B 1</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>8334</b> </div>	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>40-81-2393</b> </div>
Date Received <b>09/23/87</b> <b>Mike Andrew</b> OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;"> <b>Andrew, Kevin</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>17 Hickmont Ct</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>Volley</b> </div>		<b>B 3</b> LOCATION OF WELL <b>R-40/37</b> <div style="border: 1px solid black; padding: 2px;"> <b>Howard</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>ANDREW</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>WOODSTOCK</b> </div>	
<b>DRILLER INFORMATION</b> <b>George F. Easterday</b> Driller's Name <b>L.F. Easterday, Inc</b> Firm Name <b>9265 Brown CH. RD., Mt. Airy, Md. 21771</b> Address Signature <i>George F. Easterday</i> Date <b>9/10/87</b>		<b>B 4</b> DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD <b>500</b> ENTER FT or MI <b>FT</b>	
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <i>Howard</i> <b>A-3374</b> COUNTY NAME <b>Howard</b> COUNTY NO. <b>3374</b> OEP SIGNATURE <i>Howard</i> STATE HEALTH INSERT S <b>41</b> DATE ISSUED <b>100687</b> <b>July 14/87</b> <b>04-05-88</b> NORTH GRID <b>547000</b> EAST GRID <b>828000</b>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>83828</b>  <b>5487</b> </div>	
APPROXIMATE DEPTH OF WELL <b>200</b> FEET APPROXIMATE DIAMETER OF WELL <b>6</b> INCH		METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER _____ FORCE <b>4</b> WRITE INITIALS IN BOX <b>4</b> PERMIT No. <b>40-81-2393</b> SPECIAL CONDITIONS			

10/22/87

① LOCATION OK

② 31 ft pipe 2 ft out of ground

③ 26 ft open hole

④ 10 Bags

⑤ Well is OK

B. Hodges

C1 1946 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
		COUNTY NUMBER A-36374	
DATE Received	DATE WELL COMPLETED 102187	Depth of Well 280 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-2343

OWNER BOUTER LEVIN	last name	SUGAR MAPLE DR.	first name	TOWN WOODSTOCK
STREET OR RFD	SUBDIVISION ADAM'S PROPERTY	SECTION	LOT 1	

WELL LOG Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	Check if water bearing
Top soil	0 2	
Sandstone	2 36	
Tan mica	36 38	
Br. mica	38 42	✓
Tan mica	42 65	
Gray mica	65 95	
Sandstone	95 100	✓
Granite	100 235	
Flint	235 240	✓
Granite	240 280	

note 7.5 GPM

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 10	NO. OF POUNDS 1000
GALLONS OF WATER 55	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 26 ft.	

CASING RECORD	
casing types insert appropriate code below	ST CO
	STEEL CONCRETE
	PL OT
PLASTIC OTHER	
MAIN Nominal diameter Total depth	
CASING top (main) casing of main casing	
TYPE (nearest inch) (nearest foot)	
ST 6 31	

OTHER CASING (if used)	
diameter	depth (feet)
inch	from to

SCREEN RECORD	
screen type or open hole	
insert appropriate code below	
ST BR HO	
STEEL BRASS OPEN	
PL PL BRONZE HOLE	
PLASTIC OTHER	

C2	
DEPTH (nearest ft.)	
H0 27 280	
EACH SCREEN	
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	

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
WQ	
TELESCOPE CASING	LOG INDICATOR
OTHER DATA	

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour) 3		
PUMPING RATE (gal. per min. to nearest gal.) 74		
METHOD USED TO MEASURE PUMPING RATE Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING 27		
WHEN PUMPING 105		
TYPE OF PUMP USED (for test)		
A air	P piston	T turbine
C centrifugal	R rotary	O other (describe below)
J jet	S submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES NO	
IF DRILLER INSTALLS PUMP THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED	
PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
PUMP HORSE POWER	
PUMP COLUMN LENGTH (nearest ft.)	
CASING HEIGHT (circle appropriate box and enter casing height)	
LAND SURFACE (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)	
L. lot 1.1' ← 25' → well	
Approx. 900'	
Sugar Maple Dr.	

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. 40	
DRILLERS SIGNATURE	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	



# 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

November 25, 1987

Mr. Kevin Boulrier  
27 Piedmont Court  
Relay, Maryland 21227

RE: Well Tag Number: HO-81-2343  
Location: Andrew Property  
Lot 1

Dear Mr. Boulrier:

The water sample recently submitted for testing from the above referenced water supply revealed that nitrate-nitrogen was present at a concentration of 10.5 parts per million. 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 Permanent Deviation from that regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

1. Within six months, you must have your water re-tested to insure that the installed nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.
2. There must be continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
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.

If you have any questions relative to this matter, or if the device has been installed and you are ready for resampling, please call me at 461-9933.

Very truly yours,

*Jane E. Nadeau*

Jane Nadeau, Sanitarian  
Water and Sewerage Program

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

Bottle Number: H1249 Name: BOULDER, KEVIN County: HOWARD

Source of Sample: ANDREW PROPERTY LOT 1 Collector: HODGES  
Street Town or City

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

Remarks: SUGAR MAPLE DR H0212343

County: 13 Plant No.      Sampling Station      Date Collected 102187 Time 01P M Acid ☐ Iced ☒  
Field Data: pH\*      Chlorine Residual      Free      Total      Specific Conductance     

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO <sub>3</sub> )	050			Cadmium	273	
	Alkalinity (CO <sub>3</sub> )	060			Chromium	283	
	pH*, Ca CO <sub>3</sub> SAT.	071			Lead	302	
	Alkalinity, Ca CO <sub>3</sub> SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	110.5		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
✓	Turbidity*		* EXCEED HOLD TIME		Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

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

Date Received NOV 20 1987 Date Reported NOV 10 1987 Chemist J. E. Payne Lab No. 05833

Kevin - 442-1354 Water Sample Request

PROPERTY OWNER Kenneth Boulier DATE OF REQUEST 2/16/89  
TELEPHONE (Chris Collins 923-6933) NEW WELL NUMBER HD-81-2343  
DIRECTIONS OR INSTRUCTIONS Nitrate device installed 2-1-89 JEN

NAME  
ADDRESS

Kevin  
~~Kenneth~~ Boulier  
1276 Sugar Maple Drive  
Andrew's Property lot-1

SAMPLE TYPE

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

REASON FOR REQUEST

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

SETTLEMENT DATE      /      /     

SEPTIC SYSTEM: ☒ Approved ☐ Disapproved DATE 12/7/88

CONDITION:     

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

CONDITION: A 36374

FIRST SAMPLE COLLECTOR Univ Micro Ref TIME 10:20 DATE 2/16/89

☒ BACTERIA     , pH 6.7, Free Cl<sup>-</sup> 0, Res. Cl<sup>-</sup> 0, VOC     

☒ CHEMICAL     , LEAD & COPPER     , NITRATES 3.767 <sup>Turb</sup> PESTICIDE 40.1

ACTION: ICOP issued 2-9-89 JEN

Nitrate contract received. ↓ 9/27 SEND FOLLOW UP.

RESAMPLE COLLECTOR MENUSTIK DATE 10/15/89

☒ BACTERIA AB-265, pH 6.6+, Free Cl<sup>-</sup> 0.0, Res. Cl<sup>-</sup> 0.0, TIME 10:52

☐ CHEMICAL     , Other      (No records)

ACTION: 10/26 End F.C.O.P.C.B.

RESAMPLE COLLECTOR      DATE      /      /     

☐ BACTERIA     , pH     , Free Cl<sup>-</sup>     , Res. Cl<sup>-</sup>     , TIME     

ACTION:     

RESAMPLE COLLECTOR      DATE      /      /     

☐ BACTERIA     , pH     , Free Cl<sup>-</sup>     , Res. Cl<sup>-</sup>     , TIME     

ACTION:

# 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

February 9, 1989

Mr. and Mrs. Kevin Boulrier  
1276 Sugar Maple Drive  
Marriottsville, Maryland 21104

RE: Andrews Property - Lot 1  
1276 Sugar Maple Drive

Dear Mr. and Mrs. Kenneth Boulrier:

This is to advise you that the septic system was installed, inspected and approved on December 7, 1988.

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

## INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-2343. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

A nitrate device has been installed to treat the previously documented excessive nitrate contamination.

It will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

1. Within six months, you must have your water retested to insure that a nitrate removal system is installed and operating properly.
2. The system must be properly operated and maintained, in accordance with the service contract, a copy of which is attached.

February 9, 1989

3. If in the future, you decide to sell your home, you must make any potential buyer aware of the above conditions.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

February 6, 1989  
Date of Water Sample

October 21, 1987  
Date Well Approved:

*Jane E. Nadeau*  
Approving Authority  
Jane Nadeau, Sanitarian  
Water and Sewerage Program

JN:JR