

9-5-01  
Layout  
1pm

10/1/01 - AM FollowUp

9/28/01  
Layout 10:00

ISSUE DATE: 9/4/2001

P 516014-C

APPROVAL DATE: 10/1/01

A 56642-D

# PERMIT

## INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

Union Paving Company, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS: 5977 Sandy Ridge Road, Elkridge PHONE NUMBER: 410-379-6463

SUBDIVISION: Twist & Turn Estates LOT NUMBER: 3

ADDRESS: 14120 Twist & Turn Drive PROPERTY OWNER: Patriot Homes

SEPTIC TANK CAPACITY (GALLONS): 1250 (TOP SEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Begin trenches in the center of the the highest portion of the septic area. Run trenches on contour in both directions.
NOTES:	<u>NO 90° BENDS BEFORE OR AFTER TANK</u>

PLANS APPROVED: Amy mc Millen OUSRN 6/25/01 DATE: 6-19-01

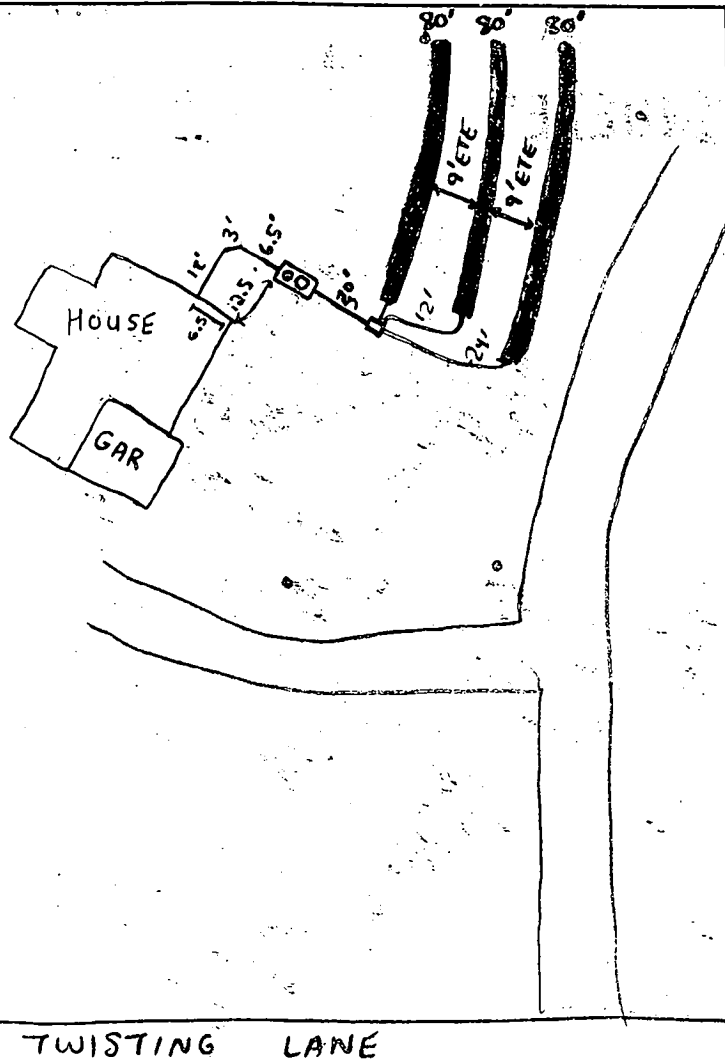
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

AS 6642-D

Well HO-94-1211

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 3'  
 TRENCH BOTTOM DEPTH 5'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 240'  
 ABSORBENT AREA 720 ft<sup>2</sup>  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1250TS GALLONS  
 MANHOLE RISER on center  
 6 INCH INSPECTION PORT on front

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS NA  
 MANHOLE RISER NA  
 ALARM NA  
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 9/5/01 Layout cancelled. (BB)  
9/28/01-SDA STAKED, INSTALL BOX IN TOP CENTER OF SDA & RUN 3-80' TRENCHES TOWARDS A  
- (SRK)  
 INSPECTION COMMENTS: 10/1/01-OK TO COVER ALL WORK (SRK)

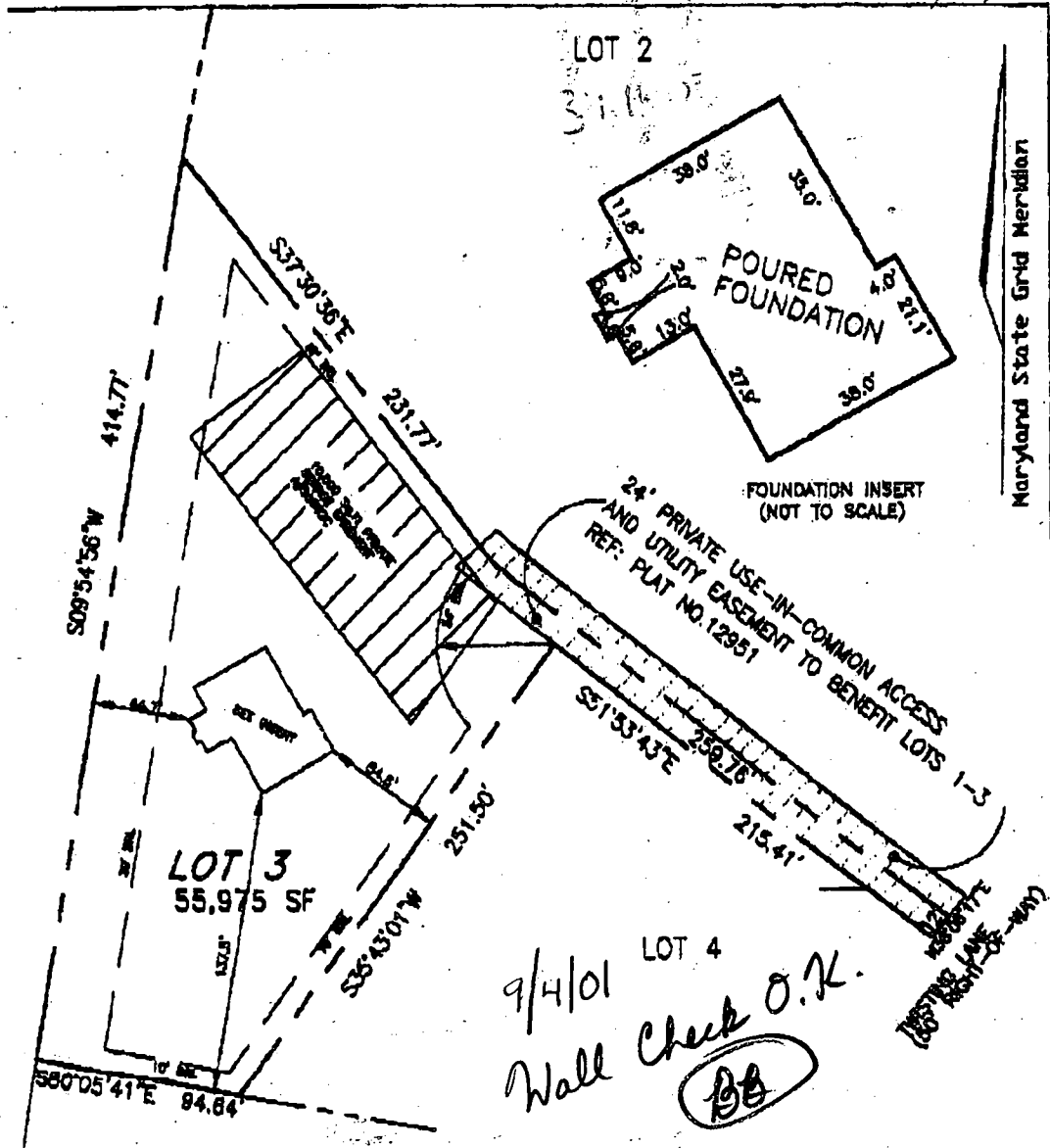
INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 10/1/01

RED 11:33 FAX 4107208228

Frederick Ward

003

MAILED 8/21/01



Maryland State Grid Meridian



HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS, EXCEPT AS SHOWN.

*Thomas R. Stark 8/21/01*  
THOMAS R. STARK, PROFESSIONAL LAND SURVEYOR # 7228

FIELD BOOK#75 PAGE#14  
TOP OF WALL = 470.14'

PLAT No. 12951	DATE 8-03-01	<b>FREDERICK WARD ASSOCIATES, INC.</b> 7125 Riverwood Drive Columbia, Maryland 21046-2364 Phone: 410-280-6888 Fax: 410-720-8228 Bel Air, Maryland Warrenton, Virginia	<b>WALL CHECK</b> LOT 3 TWIST & TURN ESTATES 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DR. BY SCH	CH. BY TAS		
SCALE: 1"=60'	JOB NO. 2014027		

Total linear feet of trench  
required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below  
distribution pipe 2.0 feet

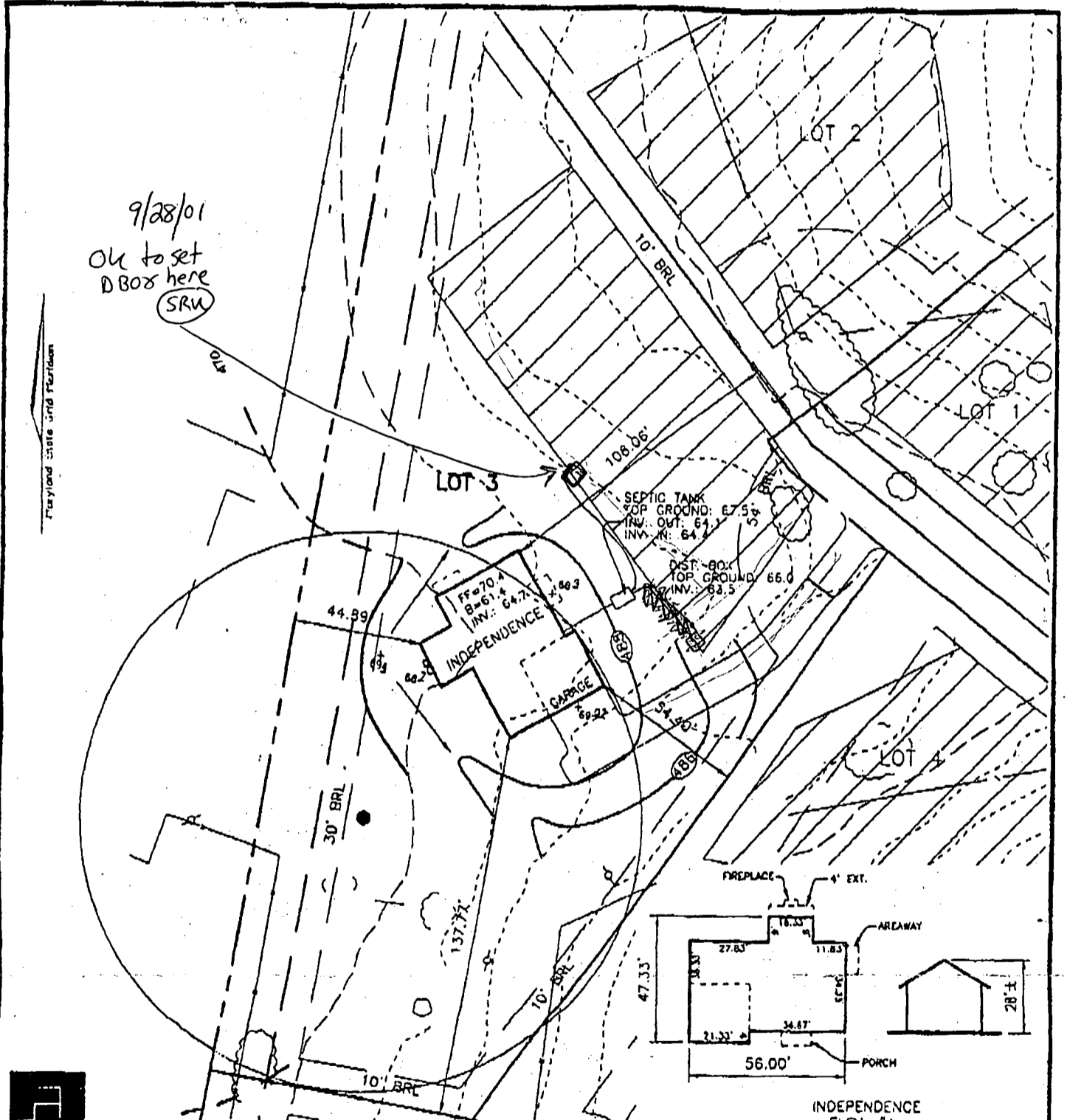
Approved Septic System Plan  
Howard County Health Department

Amey M. Mel 6/28/01  
Signature Date

08/04/01 MON 09:27 FAX 4107206226

Frederick Ward

006



**FREDERICK WARD ASSOCIATES, INC.**

ENGINEERS,  
ARCHITECTS  
SURVEYORS

7125 Riverwood Drive Columbia, Maryland 21046-2354

Phone: 410-290-8550 Fax: 410-720-8226

Bel Air, Maryland

Columbia, Maryland

Warranton, Virginia

SCALE 1"=50'  
 DRAWN BY CMH  
 CHECKED BY JCO  
 DATE JUNE 4, 2001  
 W. O. # 96-03  
 SHEET# 1 OF 1

**PATRIOT HOMES  
TWIST AND TURN ESTATES  
LOT 3**

TAX MAP 27  
5TH ELECTION DISTRICT

PARCEL '24'  
HOWARD COUNTY, MARYLAND

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Ben Levesque Telephone #: 3014583900  
Address: 23407 Fairbank Rd  
Chesapeake Md 20871

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Ben Levesque License# 117867

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Patricia Stone Telephone #: 4109975522  
Subdivision: Tweet of Trees Lot #: 3 Well Tag #: HO  
Site Address: 14120 Twisting Lane  
DARTON MD 21036

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Donald Make: Campbell Two piece watertight cap:   
Model #: \_\_\_\_\_ Model#: \_\_\_\_\_ Screened, vented well cap:   
Pump Capacity 43 GPM Depth: 42 (36" min) Cap secured to casing:   
Well Yield: 3 GPM NSF approved: \_\_\_\_\_ Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 340 (feet) Conduit secured to well cap:

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
~~Torque arrestors on cable guards are required~~ - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house House Connection  
Type: Black 1" FVC sleeved to undisturbed soil at wall penetration:   
PSI: 200 (160 psi min) Approximate length of sleeve: 36"  
Depth of supply line: 29 (36" min) Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Ben Levesque Signature of company representative responsible for installation 10/16/01 date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 10/13/01 Date Insp. Approved: 12/20/01  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

10/19/01  
Electrical conduit bent away from well. Told plumber and builder that it needs to be straightened, BB.

12/20/01  
Builder said conduit straightened somewhat - builder to get new plumber BB

C1 6063

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A56642D

ST/CO USE ONLY DATE RECEIVED 8/1/97

DATE WELL COMPLETED 07 25 97

Depth of Well 22 205 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1211

OWNER Souder Builders STREET OR RFD Twist & Turn Ln TOWN Dayton SUBDIVISION Twist & Turn Est SECTION LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandstone, MICKA, etc.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type, slot size, diameter of screen.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A, E, P

DRILLERS LIC. NO. 1 MSD 116, DRILLERS SIGNATURE, LIC. NO. 1 MSD 112

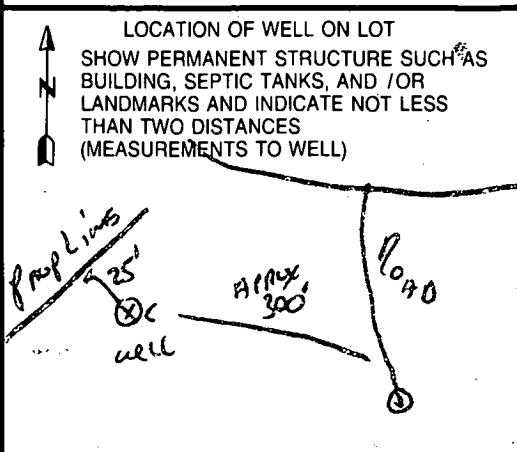
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with rows for casing sections and slot size.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.







B 1 8297 SEQUENCE NO. (MDE USE ONLY)  
1 2 3 4 5 6 7 8  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
HO-94-1211  
70 fill in this form completely 79

Date Received (APA) 061397  
OWNER INFORMATION  
8 13  
SOWER B WILDERS INC  
15 Last Name 13 Owner 34 First Name  
9335 OLD SCAYG SUILLE  
36 Street or RFD 55  
LAUREL MD 20723  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
1 2  
HOWARD  
8 COUNTY 21  
TWIST E TURN EST.  
23 SUBDIVISION 42  
SECTION 1 44 46 LOT 3 48 50  
DAYTON  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/ MGD/ MWD  
KALPH MAYNE 116  
Driller's Name 77 License No. 80  
KALPH MAYNE Well Drilling  
Firm Name  
9120 Brown Church Rd. Mt Airy  
Address  
Kalph Mayne 6/13/97  
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
NORTH  
N W N E  
8-9 8-9  
W TOWN E  
8 8  
S W S E  
8-9 8-9  
S  
8  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
N  
WEST EAST  
WEST SOUTH  
34 300 37  
DISTANCE FROM ROAD  
ENTER FT OR MI FT  
38 39  
TAX MAP: 22 BLK: PARCEL 24

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard Co. A566420  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE DATE ISSUED INSERT S  
062597 A McMullen 6/25/97  
43 48 CO SIGNATURE EXP DATE  
NORTH GRID 508000 EAST GRID 0798000  
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. well  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
798  
E  
N 508  
000  
000

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one).  
BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTAIR AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 CABLE REVerse-ROTAry DRIVE-POINT  
other

REPLACEMENT OR DEEPEMED 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  
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
D THIS WELL WILL DEEPEAN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
N  
Philadelphia Mill Rd.  
300 ft well.  
Twist & Turn LA.  
Green Springs Rd.

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROX. PERMIT NUMBER GAP  
54 63  
FORCE AM WRITE INITIALS IN BOX PERMIT No. HO-94-1211  
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

# TRIADELPHIA MILL



6/25/97  
 Well site OK  
 as staked  
 ALM

PERCOLATION TABLE

NORTH	EAST	RESULTS
568541.5	1309888.5	PASS
568473.2	1310003.9	FAIL
568362.3	1310060.2	FAIL
568049.3	1310122.5	FAIL
568059.8	1310057.3	PASS
568066.5	1309990.3	PASS
567972.2	1310063.9	FAIL
567962.8	1309929.5	PASS
567958.2	1309841.5	PASS
567968.9	1309771.9	PASS
567998.4	1309794.6	PASS
567817.8	1309819.7	PASS
567828.5	1309750.1	PASS
567688.9	1309808.7	PASS
567673.7	1309904.3	PASS
567567.0	1309870.4	PASS
567385.4	1309681.1	FAIL
567351.7	1309752.7	PASS
567200.2	1309729.3	PASS
567212.8	1309654.0	FAIL
567152.1	1309669.0	FAIL
567070.0	1309791.2	PASS

43560  
 43860  
 87120

# APPLICATION

PERCOLATION TESTING

A 56642 D

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE May 22, 1996

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Donald Sander

ADDRESS 14191 TRIADELPHIA ROAD PHONE (301) 854-3408 (h)  
DORTON, MD 21036 792-0834 (o)

AGENT OR PROSPECTIVE BUYER N/A

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION SANDER PROPERTY LOT NO. 3

ROAD AND DESCRIPTION ROAD A' APPROXIMATELY 1500' WEST OF GREENBRIDGE RD  
AGE TRIADELPHIA MILL ROAD

TAX MAP 27 PARCEL # 24

SIZE OF LOT 1 AC +/- TYPE BLDG. SINGLE FAMILY DWELLING  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. [Signature]  
(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

A56642-D

COUNTY #

SOIL PROFILE

510

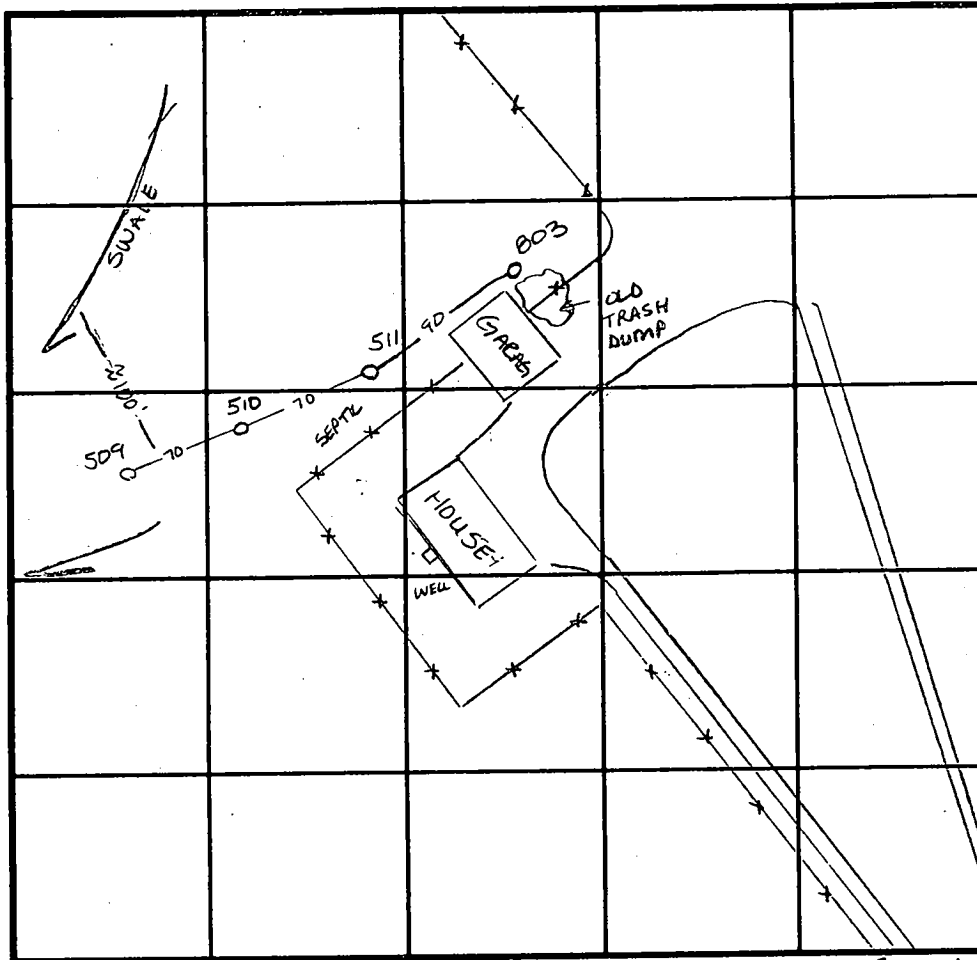
0'  
1gt yellow  
orange  
silclm  
2.0  
1gt brn  
silclm  
20%  
Saprolite  
OK  
roots of  
trees to  
12.0

511

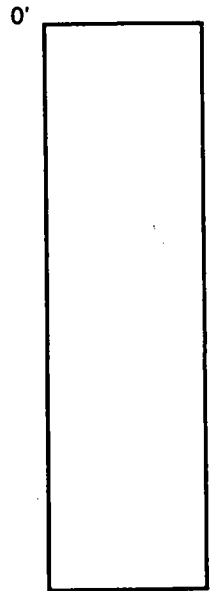
1.0  
orange  
tan  
silclm  
dark  
orange  
brn  
silclm  
very  
micaceous  
25%  
Saprolite  
rock  
mix  
10.0  
refusal

803

2.5  
fill  
orange  
bagn  
silclm  
micaceous  
6.0  
1gt tan  
silclm  
15%  
Saprolite  
16.0



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Tradelphia Mill Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-4-96	509	Refusal at	5.0				F
	510	2.5 V15.0	11:12	11:16	11:16	11:21	5min
	511	2.0 V10.0	9:35	9:38	9:38	9:43	5min
8-6-96	803	3.0 V16.0	10:19	10:26	10:26	10:38	12min

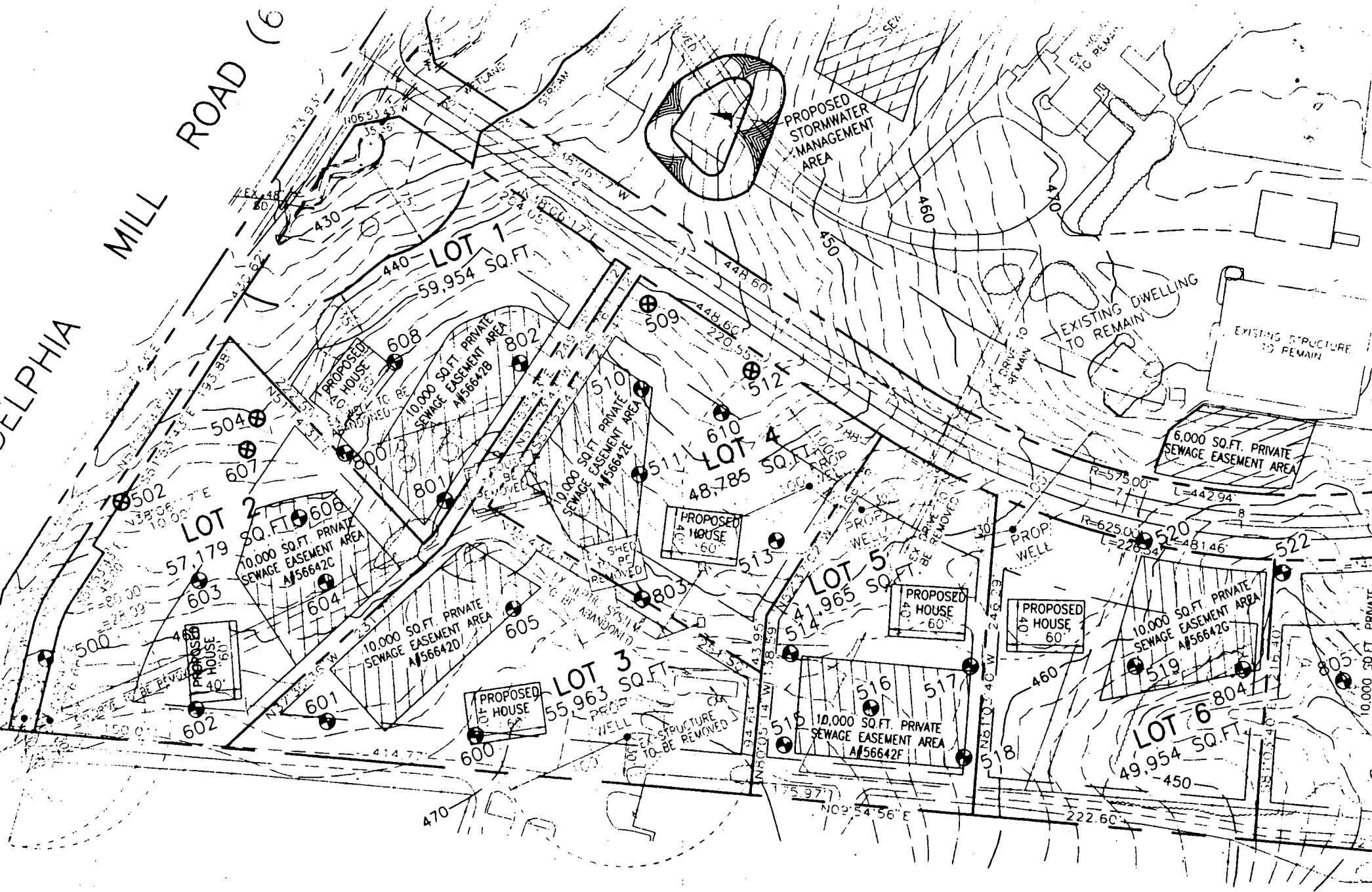
REMARKS tests conducted in wet season extended

TYPE OF SOIL

TESTED BY Amy McMillen (DK's CW) ALSO PRESENT Wayne Souder

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

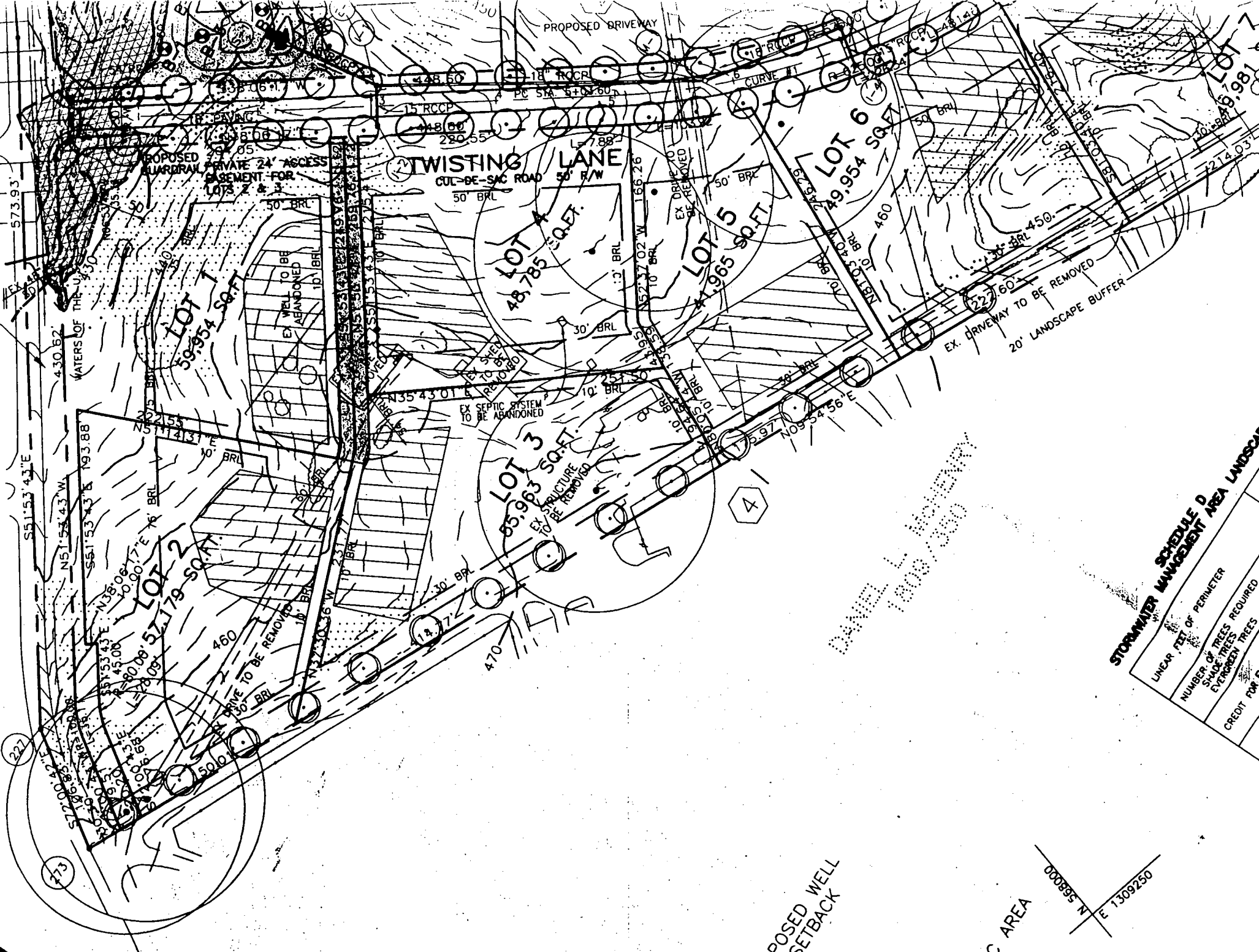
INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM



SIGNED PERC CERT

TABLE	RESULTS
	PASS
	FAIL

FOR THE PURPOSE OF A PUBLIC ROAD (0.94 AC)



P-97-06

PROPOSED WELL AND SETBACK

SEPTIC AREA

NTOUR

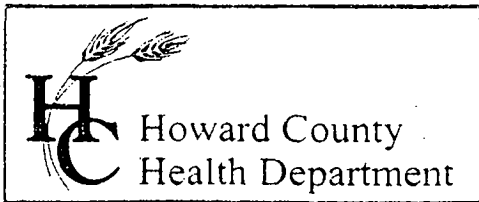
TOUR

000393 N  
E 1309250

DANIEL L. HOLBEY  
1808 1380

**STORMWATER SCHEDULE D  
MANAGEMENT AREA LANDSCAPING**

LINEAR FEET OF PERIMETER
NUMBER OF TREES REQUIRED
SMALL TREES
EVERGREEN TREES
CREDIT FOR EXISTING TREES
CREDIT FOR EXISTING TREES



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 28, 2003

Eugene Carl Schaffer  
14120 Twisting Lane  
Dayton, Maryland 21036

RE: Twist & Turn Estates, Lot # 3  
14120 Twisting Lane  
Well Permit # HO-94-1211

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed and inspected. **Final approval of the septic system was granted on 10/1/2001.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.


#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-1211. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which should have been taken by the county health department or a certified water testing service within six months of occupying the referenced dwelling. We realize that this information may have not been passed onto you, the homeowner, so that is the purpose of the letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 12/20/2001 & 1/3/2002  
Date of Well Completion: 7/29/1997

Respectfully,

  
Steven R. Krieg,  
Registered Environmental Sanitarian  
Well and Septic Program

cc: Community Services Program  
File



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

December 20, 2001

Patriot Homes  
P.O. Box 1018  
Columbia, MD 21044

RE: Twist & Turn Estates – Lot 3  
14120 Twisting Lane  
BP# B00130640  
Well Permit #HO-94-1211

Dear Sir or Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on October 1, 2001.

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability requirements to be brought into compliance with these regulations.

This deviation requests that bottled water shall be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N. **Documentation of a bacteria level below the limit is to be submitted to this office by a state certified lab within fifteen days of the date of this letter. The chlorine level was above 0.2 mg/L when the well was sampled for nitrates and turbidity. Results for nitrates and turbidity may not be valid when the chlorine level is higher than 0.2 mg/L. These two parameters should be retested when a sample is taken to test for bacteria.**

By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to:

- a) accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a and issue a standard Interim Certificate of Potability or
- b) issue a Permanent Deviation under the condition that prior health department approval has been granted in order to install an ultraviolet light or other suitable disinfection system or
- c) issue an order that the well is abandoned and sealed

Issuance of this Temporary Deviation is based on information submitted by the potential occupant



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HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.

**Fifteen Day Temporary Deviation for Bacteria**

Date of Well Completion: July 29, 1997  
(HO-94-1211)

Date of Water Sample(s): December 20, 2001

Approving Authority

*Brian Baker*

Brian Baker, R.S.

Well and Septic Program

cc: Building Inspector  
File

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Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773  
(410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH



NEITHER THE HOWARD COUNTY HEALTH DEPARTMENT NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SAFE OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**HOWARD COUNTY HEALTH DEPARTMENT**

*Diane L. Matuszak, M.D., M.P.H., County Health Officer*  
 REQUEST FOR TEMPORARY DEVIATION TO  
 BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 12/20/01 WELL PERMIT #: HO - 94 - 1211

PROPERTY OWNER: Patriot Homes 410-627-1589

SUBDIVISION & LOT #:

PROPERTY ADDRESS: Twist and Turn Estates - Lot 3  
14120 Twisting Lane

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

Pressure chlorinate well

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

Retest or use a system such as  
UV life system

CONDITIONS:

1) Within fifteen (15) days, the well installed under permit # HO - 94 - 1211 will be bacteriologically free resulting from approved disinfection procedures.

2) If condition #1 is not met through disinfection techniques, then either:

- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**



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OR

b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO - *94 - 1211*. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [ **Person(s) that intend to live in the dwelling** ]

*Egan Whiffen*

Prospective Owner's Day Time Phone Number(s)

*Wen my line*