

10/25/89 AM
2 pm

05-400031

PERMIT

P 45117

A 26621

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 10/24/89

DATE SYSTEM APPROVED 10-25-89

INSPECTOR JEN

Herman Sirk IS PERMITTED TO INSTALL ALTER

ADDRESS 2555 Jennings Chapel Road, Woodbine, Maryland PHONE 489-4724

SUBDIVISION Dayton Meadows ROAD 13827 Dayton Meadows Ct LOT 5, Sec.1, Area 1

PROPERTY OWNER Glenn Sinkiller

ADDRESS _____

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

GARBAGE GRINDER? YES NO

3
189
5 (73.5)
144 ft trench

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 120 feet down the right (265') lot line and 130 feet off that lot line. Run trenches along contour toward rear of lot and right side.

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

PLANS APPROVED BY C. Williams DATE 7/05/89

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

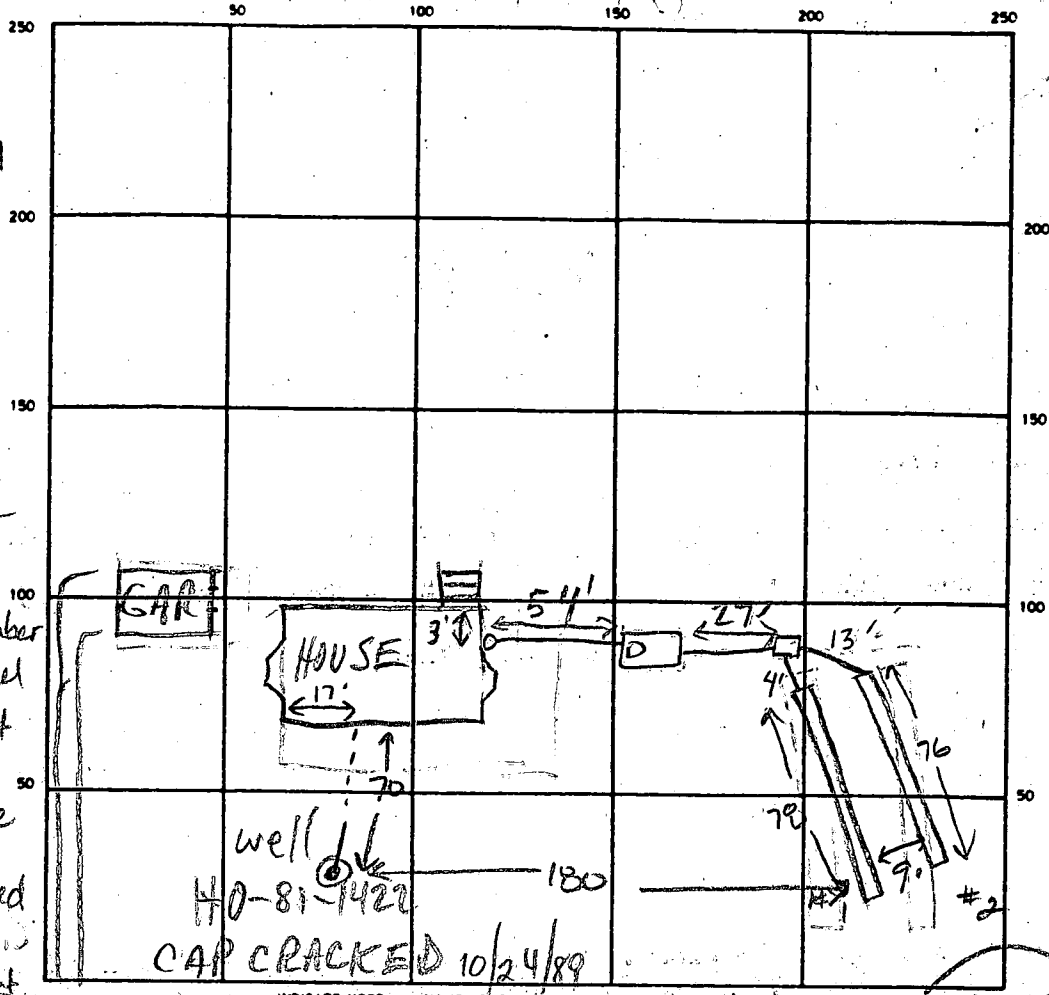
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

A 26621



WPI 10-25-89
Receipt

WPI-45065
10-12-89

Rebt. Fezer
781-4655

Pitless adaptor at
5' 7" below grade
4" above grade. Plumber
states grade at well
will be dropped 2ft
Cap replaced. Well
line at 6' 3". House
connection ok.
Pump tank installed
w/relief valve.
Ground line connect.
JEN

INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE
DAYTON MEADOWS CT

SEPTIC TANK LEVEL 1500 gal CLEANOUTS 1 at house, 1 on s. tank
 DISTRIBUTION BOX LEVEL ok w/ baffle
 DRAIN FIELD/TILE FIELD DEPTH 1 1/2 FT. TRENCH WIDTH 3 2 FT. INLET DEPTH 3 3 FT.
 EFFECTIVE GRAVEL DEPTH 5 6 FT. TOTAL LENGTH 78 76 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 390 380 SQ. FT.
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 770 SQ. FT.

REMARKS 10/24/89 OK TO STONE TRENCH #1 & DIG #2 MR
10-25-89 OK to stone trench #2 and cover leaving both
ends open. Ok cover trench #1. JEN 10-25-89 OK to cover
all work JEN.

DATE SYSTEM APPROVED 10-25-89 INSPECTOR Jane E. Nadeau

SUBDIVISION: DAYTON MEADOWS I
DAYTON MEADOWS COURT

A 26621

LOT NUMBER: 5

DRY WELL OR DRY WELL AND TRENCH

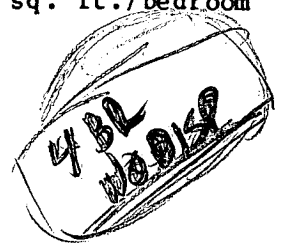
	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____ sq. ft./bedroom
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
Bottom maximum depth _____ feet below original grade.
Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

Trench to be 2 wide. 180 sq. ft./bedroom
Inlet 3 feet below original grade.
Bottom maximum depth 8 feet below original grade.
Effective area begins at 3 feet below original grade.
5 feet of stone below distribution pipe.



- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 120' DOWN THE
RIGHT (265') LOT LINE AND 130' OFF THAT LOT LINE,
RUN TRENCHES ALONG CONTOUR TOWARD REAR OF LOT & RIGHT SIDE
7/5/89 CWalters

PRELIMINARY

APPLICATION

A 26621

P. _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE 8/16/77

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 William Mitchell Glenn Sixkiller

Paul Kottis
421-9433

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SEC I AREA I FINAL LOT 5
~~NEW LOT 4~~

SUBDIVISION Dayton Meadows LOT NO. 4, Block B

ROAD AND DESCRIPTION Green Bridge Road 13827 Dayton Meadows Court

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Paul Kottis

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

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

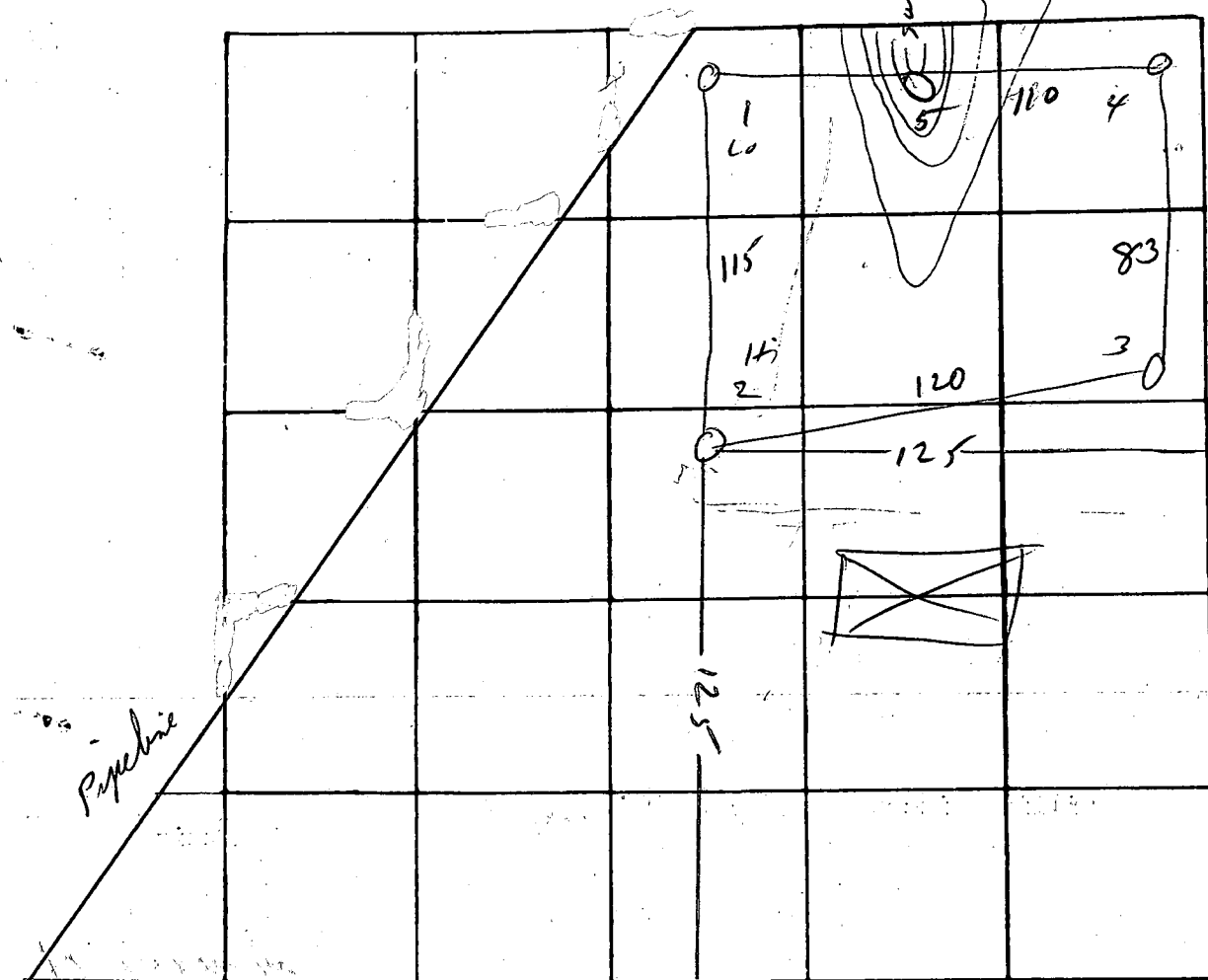
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/19/82
Serial # 27988 -
garage

BLDG. PERMIT SIGNED
AND RETURNED 7/19/82
Serial # 27987
SFD - 4 Bedroom

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

← RW →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
24 Aug 77	1	14	11 44	11 45	11 45	11 49	4
		3	"	12 00	12 00	12 22	22
	2	4	11 45	11 49	11 49	12 00	11
		14	"	"	"	"	11
	3	13	vis	dry			
	4	4	11 40	11 47	11 47	12 01	14
		14 1/2	"	11 45	11 45	11 53	8
	5	13 1/2	vis	dry			

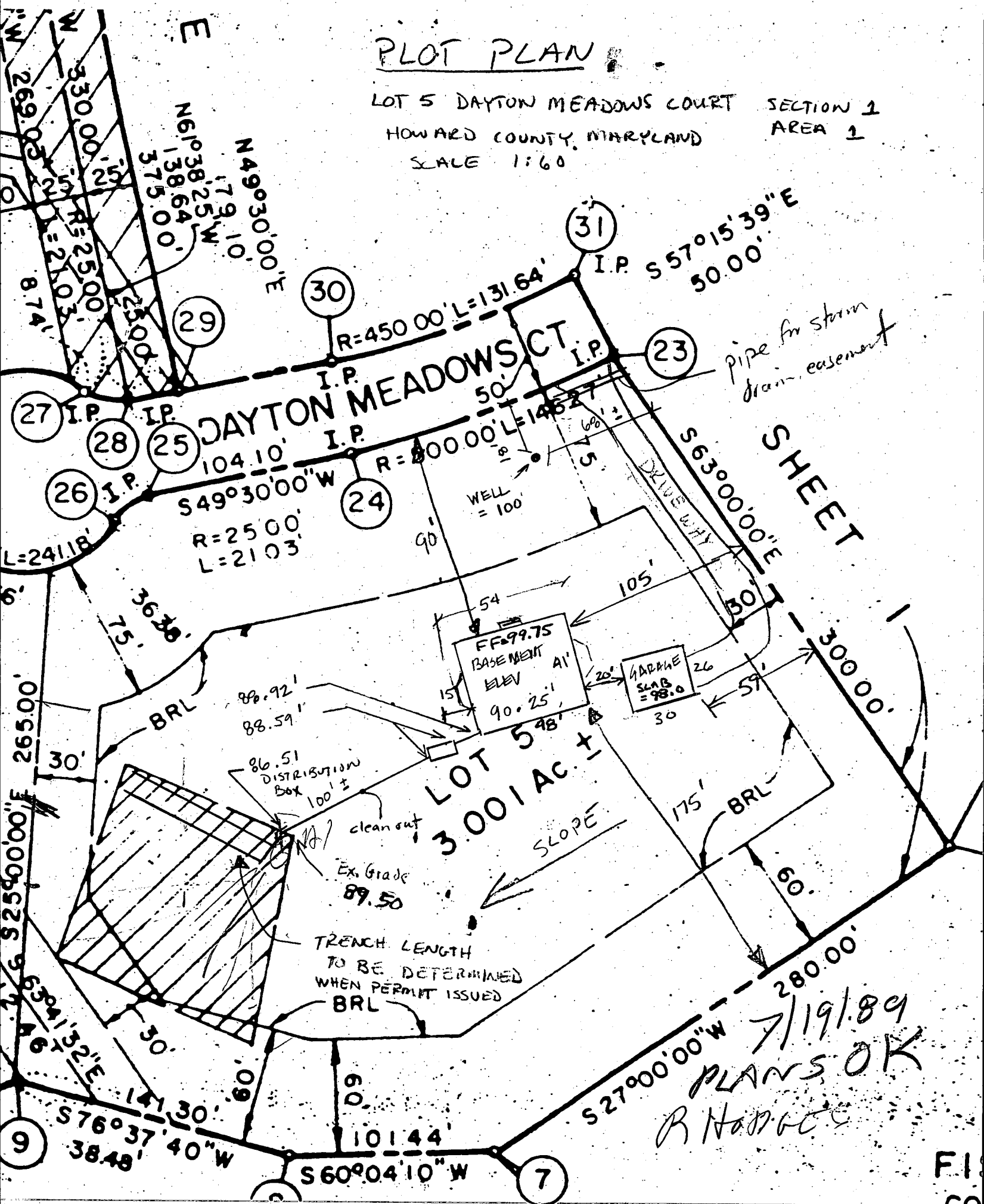
REMARKS _____

TYPE OF SOIL _____

TESTED BY JM ALSO PRESENT: Roth

PLOT PLAN

LOT 5 DAYTON MEADOWS COURT SECTION 1
HOWARD COUNTY, MARYLAND AREA 1
SCALE 1:60



B 1 **1010** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

10-91-1422
 fill in this form completely

Date Received
 4 2 8 8

OWNER INFORMATION

15 Last Name: **DAVIDSON** Owner: **DAVIDSON** First Name: **DAVIDSON**

36 Street or RFD: **122**

57 Town: **FISHERS CITY** State: **MD** Zip: **21043**

B 3 **LOCATION OF WELL**

8 COUNTY: **HARFORD**

23 SUBDIVISION: **DRYDEN**

SECTION: **1** LOT: **50** AREA: **ARL**

52 NEAREST TOWN: **DRYDEN**

MILES FROM TOWN (enter 0 if in town): **0** MI

DRILLER INFORMATION

Driller's Name: **Joseph L. Davidson** License No. **80**

Firm Name: **Joseph L. Davidson Well Drilling**

Address: **5512 Ridge Hill Rd, P.O. Box 21711**

Signature: *Joseph L. Davidson* Date: **4/13/86**

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

NEAR WHAT ROAD: **Dryden**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: **75** FT

ENTER FT or MI: **FT**

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.): **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **570**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: **HARFORD** COUNTY NO.: **A-26621**

OEP SIGNATURE: _____ STATE HEALTH INSERT S:

DATE ISSUED: **04/16/86** EXP. DATE: **10/16/86**

NORTH GRID: **511000** EAST GRID: **0907000**

APPROXIMATE DEPTH OF WELL: **310** FEET

APPROXIMATE DIAMETER OF WELL: **6** INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) **JETTED** **Jetted & DRIVEN**

AIR-ROTary **AIR-PERcussion** **ROTARY** (Hydraulic Rotary)

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

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: **GAP**

FORCE: **B** WRITE INITIALS IN BOX: **B** PERMIT No. **10-91-1422**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

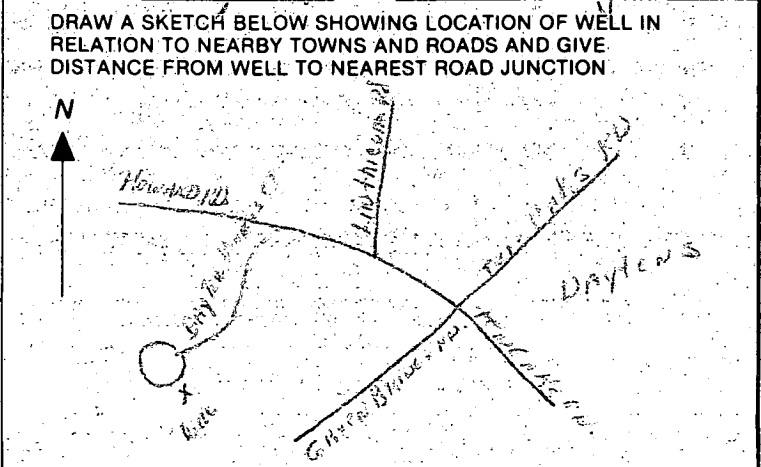
5-13-86 well location ok Skel

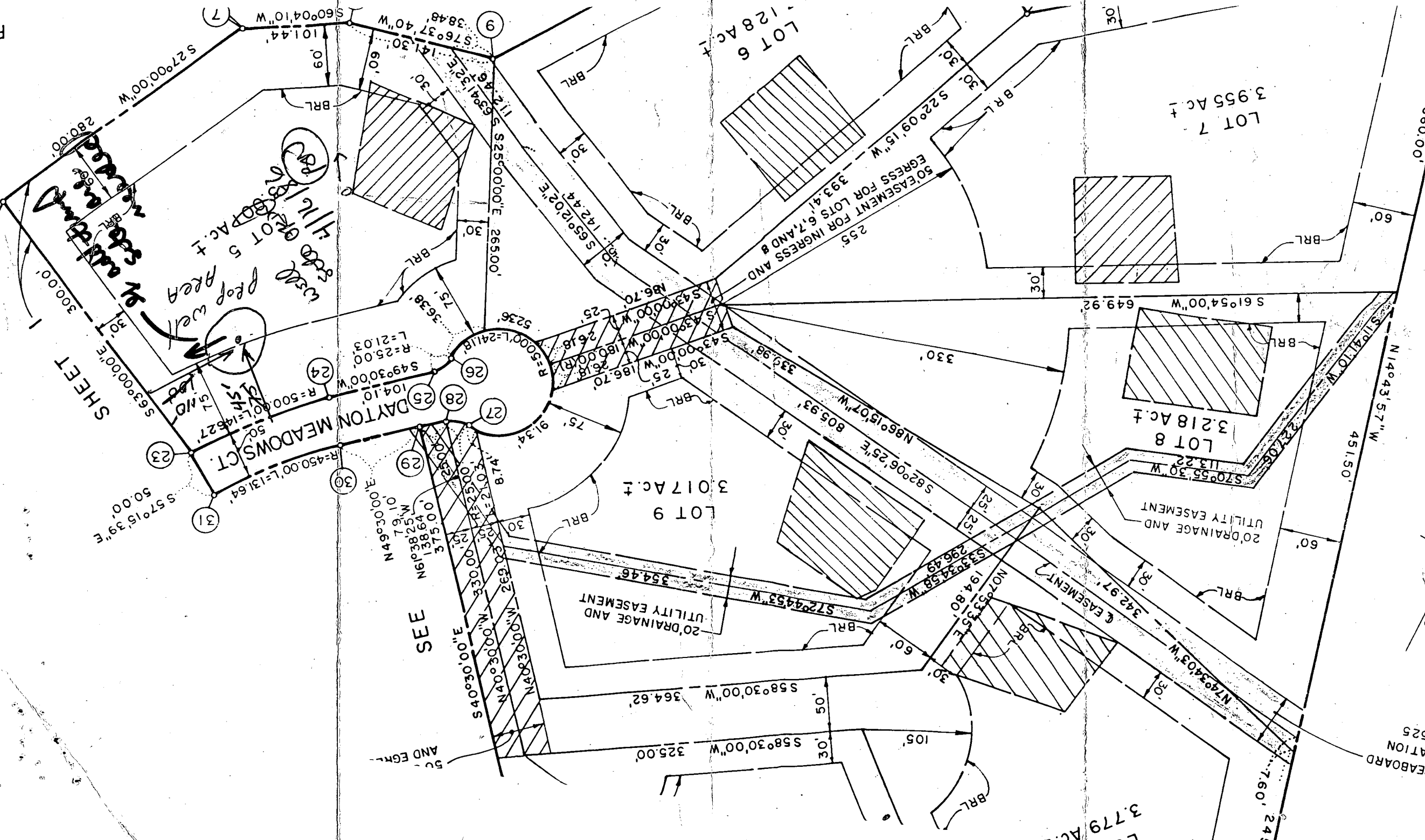
63' casing 1' above RL

50' open

15' bag cement

5/14/86





SHEET 1

C SEABARD
ORATION
6/525

Page of
 Date 5/13/86

Review dc cw

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1422
 Location of property (road) DAYTON MEADOW ST.
 Subdivision DAYTON MEADOWS Lot 5 Block Plat Sec. 1 AREA 1
 Well Driller JOSEPH MAYNE Owner ASSOCIATES, CARMAN

Depth of well 325'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 36'

I. High rate pumping -- reservoir drawdown
 Time pump started 8:00 Pumping rate 12
 Total time 45 min to reach pumping water level 286 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	120	5 sec		12
8:30	200	5		12
8:45	286	5		12
9:00	286	24		2 1/2
9:15	286	24		2 1/2
9:30	286	24		2 1/2
9:45	286	24		2 1/2
10:00	286	24		2 1/2
10:15	286	24		2 1/2
10:30	286	24		2 1/2
10:45	286	24		2 1/2
11:00	286	24		2 1/2
11:15	286	24		2 1/2
11:30	286	24		2 1/2
11:45	286	24		2 1/2
12:00	286	24		2 1/2
12:15	286	24		2 1/2
12:30	286	24		2 1/2
12:45	286	24		2 1/2
1:00	286	24		2 1/2
1:15	286	24		2 1/2
1:30	286	24		2 1/2
1:45	286	24		2 1/2
2:00	286	24		2 1/2
2:15	286	24		2 1/2
2:30	286	24		2 1/2
2:45	286	24		2 1/2

C1 00478 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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-26621**

DATE Received [] DATE WELL COMPLETED **05-3-86** Depth of Well **325** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-1422**

OWNER **ASSOCIATES CARMAN**
 STREET OR RFD **DAYTON MEADOWS COURT** TOWN
 SUBDIVISION **DAYTON MEADOWS** SECTION **1** AREA **1** LOT **5**

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		Check if water bearing
	FROM	TO	
SAND	0	57	
GRAY Micaceous Rock	57	325	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **15** NO. OF POUNDS **1410**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **150** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE **ST** Nominal diameter **6** Total depth of main casing (nearest foot) **325**

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

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

C2
 DEPTH (nearest ft.)
 1 **40** **62** **325**
 2
 3

A CIRCLE APPROPRIATE LETTER 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. **238**
 DRILLERS SIGNATURE *Joseph E. Maguire*
 (MUST MATCH SIGNATURE ON APPLICATION)

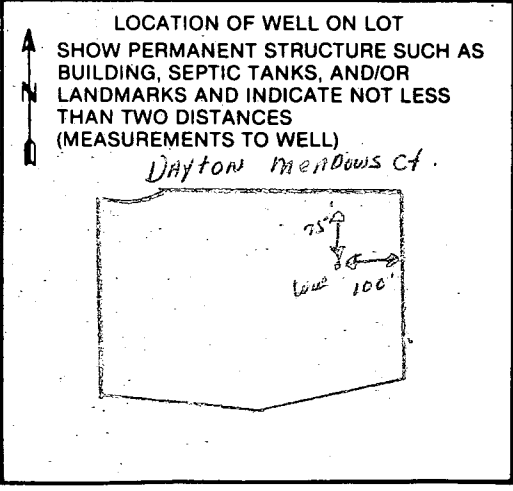
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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
 70 [] 72 [] 74 75 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **22**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **36**
 WHEN PUMPING **286**
 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)
 + above } LAND SURFACE (nearest foot) []
 - below }



HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Dayton Meadows
Lot 5
Section 1
Area 1

Carman Associates
(Name)

Box 122
ELLICOTT CITY 21043
(Address)

HO 81 1422
(OEP Well Permit Number)

3-31-86
(Date)

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 # 45065
Date 10/19/89
Name of Installer ROBT. L. FEEZER Co, INC. Telephone 781-4655
License Number 2122
Certified Well Pump Installer Well Driller Registered Plumber
* DAVE SWAND BUILDER
Name of Property Owner GLENN SICKLER Telephone 988-9078
Subdivision DAYTON MEADOWS Lot # 5 Well Tag # HO-81-1422
Site Address 13827 DAYTON MEADOWS COURT
AREA 1, SECTION 1

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make MERCILL MB-1
a. Deep well jet _____ 2. RPM 3450 2. Model # MB-1
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42" +
c. Submersible a. 110 _____
2. Make DEWING (GRISWOLD) b. 220
3. Model # 3XLN
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank CAPTIVE AIR Piping Well data
1. Capacity WX-203 1. Type POLY. 1. Depth 250 ft.
2. Pressure relief valve? YES 2. Size 1" 2. Yield 2.5 GPM
3. NSF and/or BOCA Code approved YES 3. Static water level _____ ft.
4. Depth of supply line 42" + 4. Will water supply be disinfected by installer? YES

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: Robert L. Feezer R.L.F. Co, INC.
Date: 9/22/89

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

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

Bottle Number: H-9703 Name: Cameron Assoc. County: HOWARD

Source of Sample: DAYTON MEADOWS LOTS Street: _____ Town or City: _____ Collector: S. Abel

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

Remarks: HO-81-1422

County: 13 Plant No.: _____ Sampling Station: _____ Date Collected: 05/13/86 Time: 11:00 AM 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 ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	<u>10</u>		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

Water Sample Request

PROPERTY OWNER G. SIXKILLER DATE OF REQUEST 11/13/89
TELEPHONE 854-3273 NEW WELL NUMBER 40-81-1422

DIRECTIONS OR INSTRUCTIONS _____

SAMPLE TYPE

REASON FOR REQUEST

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

- 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 10/25/89

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: A# 26621

FIRST SAMPLE COLLECTOR UNIV MICRO REF LAB TIME 01:00 DATE 11/13/89

BACTERIA W-1890.10, pH 6.9, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, voc

CHEMICAL W-1890.10, LEAD & COPPER , NITRATES 1.8, Turbidity 3.4, PESTICIDES

ACTION: "1/16 Send I.C.O.P.C.M./C.B.S.
2/9 File FOLLOW UP LETTER

RESAMPLE COLLECTOR MEJUSTIK DATE 03/06/90

BACTERIA 22-794, pH 6.2, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, TIME 10:31

CHEMICAL , Other

ACTION: 3/14/90 Send F.C.O.P., C.B.S.

RESAMPLE COLLECTOR _____ DATE / /

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

RESAMPLE COLLECTOR _____ DATE / /

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

NAME GLEND SIXKILLER
ADDRESS 13827 DAYTON MEADOWS COURT
" DAYTON MEADOWS - LOT 5, SEC. 1, AREA 1

CERTIFICATION OF WATER QUALITY

University Micro Reference Laboratory Inc.
611(P) Hammonds Ferry Road
Linthicum, MD 21090
(301) 789-3636
Certification #127

INVOICE NO: W- 1890.10.

FIELD DATA

SOURCE: 13827 DAYTON MEADOWS COURT, DAYTON, MD.	Date: 11/13/89	Sampler: DJL	Free Cl: 0
COUNTY: HOWARD	Time: 01:00:00	Sampler #: 89041M	Total Cl: 0
ZIPCODE: 21036	PHONE: (301) 988-9078	Well #: HO-81-1422	pH: 6.9
Contact: SWANN, DAVE			

SAMPLE DATA

Coliforms/100ml		N(NO3)	TURBIDITY	SAND	IRON	LEAD		
FECAL (2.2)	TOTAL (2.2)	1.842 mg/L	3.4 (Ntu)	0 mg/L	mg/L	mg/L	mg/L	mg/L

MPN PRESUMPTIVE						MPN CONFIRMED					Fecal Confirmed					
ml of Sample	10	10	10	10	10	ml of Sample	10	10	10	10	10	44.5 °C				
GAS 24 hr.	P	P	P	N	P	GAS 24 hr.	N	N	N		N	N	N	N		N
GAS 48 hr	P	P	P	N	P	GAS 48 hr.	N	N	N		N					

	DATE	TIME	
Received	11/13/89	03:15:00	R. D. AGOSTINO, PH.D.
Tested	11/13/89	03:30:00	(Microbiologist)
Reported	11/16/89	08:30:00	

Microbiological analysis of sample tested indicates that it is SAFE for human consumption.

Sample Analysis	50.00
Septic Testing	
Other Chemistry	
Consultation	
Total	\$ 50.00

PICK-UP

ck # 655

TERMS: NET DUE UPON RECEIPT. PLEASE RETURN YELLOW COPY WITH YOUR REMITTANCE.



HOWARD COUNTY HEALTH DEPARTMENT

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

November 16, 1989

Reply to:

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Glenn Sinkiller
13827 Dayton Meadows Court
Dayton, Maryland 21036

Re: Dayton Meadows - Lot 5
13827 Dayton Meadows Court
Well Permit No. HO-81-1422

Dear Mr. Sinkiller:

This is to advise you that the septic system was installed, inspected and approved on October 25, 1989.

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-81-1422. 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.

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.

May 13, 1986
Date Well Approved

November 13, 1989
Date of Water Sample

Charles Streaker

Approving Authority
Charles Streaker, Sanitarian
Water and Sewerage Program

CBS:cm



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
March 13, 1990

Reply to:
Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Glenn Sixkiller
13827 Dayton Meadows Court
Dayton, Maryland 21036

Re: Dayton Meadows - Lot 5
13827 Dayton Meadows Court
Well Permit No. HO-81-1422

Dear Mr. Sixkiller:

This is to advise you that the septic system was installed, inspected and approved on October 25, 1989.

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

FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1422.

March 6, 1990
Date of Final Sampling

March 15, 1990
Date of Acceptance

Charles Streaker

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
November 13, 1989
March 6, 1990

CS:cm



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
February 9, 1990

Reply to:
Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Glenn Sinkiller
13827 Dayton Meadows Court
Dayton, Maryland 21036

RE: Dayton Meadows - Lot 5
13827 Dayton Meadows Court
Well Permit #HO-81-1422

Dear Mr. Sinkiller:

A review of our records indicates that final satisfactory water samples were not obtained at the above referenced property. You are requested to contact this office at 461-9933 to arrange for those samples to be taken. These samples are required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A) (1) which states that: "A person may not put into service a well of water supply system that may be used for human consumption unless a Certificate-of-Potability has first been issued for the well by the approving authority...".

An Interim Certificate-of-Potability was issued based on one satisfactory water sample. The enclosed copy of that Interim Certificate stipulates that a second safe sample be obtained. The purpose of the second sample is to assure that the well is not vulnerable to re-contamination.

You are requested to call this office at 461-9933 to arrange an appointment for the second sample from an inside tap which is the most reliable location from which to obtain a safe sample.

Presently there is no charge for this service.

Very truly yours,

Charles Streaker, Sanitarian
Water and Sewerage Program

CS:cm

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehnen Joseph, Ph.D., Director

014864

Lab. No _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE: Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Check Sample <input type="checkbox"/> Special <input type="checkbox"/>	Source <u>B. SIXKILLER</u>
	Location: <u>13827 DAYTON MEADOWS CT. (KITCHEN TAP)</u>
	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:31</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
	Collector # <u>89-122</u> Bottle No. <u>22-994</u>
	Collector Name <u>MENUSTIK</u> County <u>HOWARD</u>

13
County

Plant No.

Sampling Station

03 06 90
Date Collected

pH 6.2

Res. Cl: Free 00

Total 00

Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

ml. of Sample	10ml.
Gas, 24 hours	— — — —
Gas, 48 hours	— — — —

CONFIRMED TEST

ml. of Sample	10ml.
Coliforms †	— — — —
Fecal Coliforms ‡	— — — —

No. of Pos.
0

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =

SPC Dil. 1:..... Col. Counted:

Standard Plate Count §/ml.

- ** using m Endo-Agar LES at 35°C incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C incubation
- † using Brilliant Green Lactose Bile Broth at 35°C incubation
- ‡ using EC Broth at 44.5°C incubation
- § using Plate Count Agar at 35°C incubation

Date & Hour:

5 MAR 90 13 51

Recd.

5 MAR 90 13 51

Exam

5 MAR 90 14 00

Rept.

Laboratory

Annapolis	<input type="checkbox"/>	Cumberland	<input type="checkbox"/>
Cambridge	<input type="checkbox"/>	Frederick	<input type="checkbox"/>
Central	<input checked="" type="checkbox"/>	Salisbury	<input type="checkbox"/>
Cheverly	<input type="checkbox"/>		

Remarks _____

Bacteriologist Anger