

9/18/87  
~~11/30-12/1~~  
11/30-12/1

05-400-104

# PERMIT

P 40085

A 26631

DISTRICT 5th

SEWAGE DISPOSAL SYSTEM  
MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

DATE 9/18/87

DATE SYSTEM APPROVED 9/18/87

INSPECTOR RH

*I.C.O.P. issued only*  
*Time expired*

C. C. Cissel

IS PERMITTED TO INSTALL  ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Dayton Meadows ROAD 13820 Dayton Meadows Ct LOT 11, Sec. 1, Area 1

PROPERTY OWNER Craig Fufe

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 1500 gallons without garbage disposal  
2250 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 180 sq. ft. per bedroom without garbage disposal  
220 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original  
grade. Bottom maximum depth 9 feet below original grade. Effective area begins  
at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 200 feet from the front right lot corner and 125 feet  
off the right (424.78') lot line as seen when facing the lot from Dayton  
Meadows Court. Run trenches on contour toward the 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*  
*(Signature)*

PLANS APPROVED BY S. Abel DATE 3/11/87

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(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.

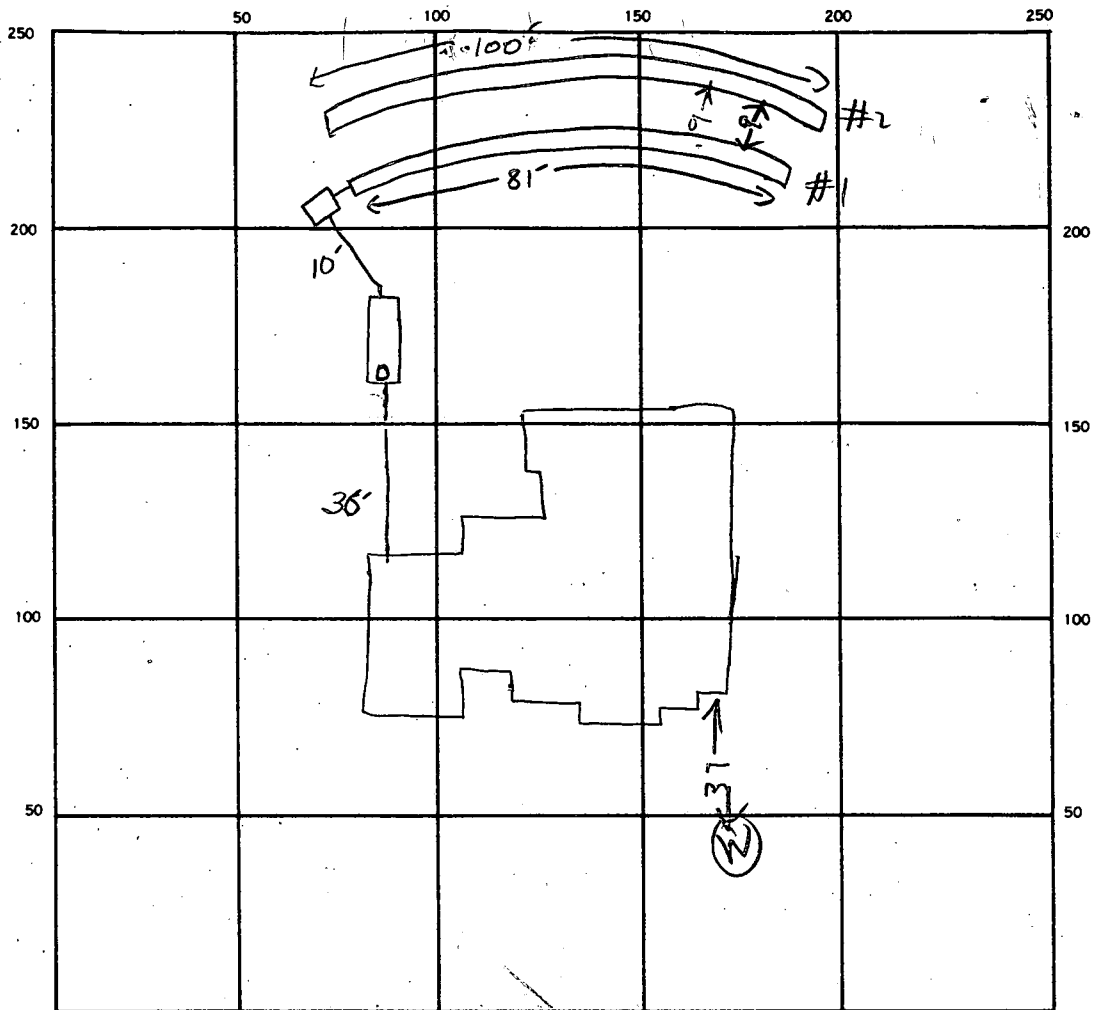
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

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

EH - 2-1186

A26631



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

DAYTON MEADOWS CR.

4 180  
 900  
 51900  
 5/40

SEPTIC TANK LEVEL 1500 ✓

CLEANOUTS ST. OK

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD TILE FIELD DEPTH 9 FT. TRENCH WIDTH 2.4 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 81 FT. TLF 180

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 405 SQ. FT. 500 SQ. FT. 905 TOTAL 900 REQUIRED

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 9-17-87 OK TO STONE BOTH TRENCHES S. ARE  
9/18/87 - STONE ADDED TRENCH IS OK AS LONG  
AS NO GARBAGE GRINDER INSTALLED  
INSIDE PLUMBING WORK UNFINISHED RH

DATE SYSTEM APPROVED 9/18/87 INSPECTOR Raymond Hodges

SUBDIVISION: DAYTON MEADOWS

LOT NUMBER: 11

Sec. 1  
Area 1

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
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

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 4 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: PLACE THE DISTRIBUTION BOX 200 FE FROM THE FRONT RIGHT LOT CORNER AND 125 FE OFF THE RIGHT (424.78') LOT LINE AS SEEN WHEN FACING THE LOT FROM DAYTON MEADOWS CT. RUN TRENCHES ON CONTOUR TOWARD THE RIGHT LOT LINE. 3-11-87 S.A.W.

PRELIMINARY

# APPLICATION

A 26632

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 *CRAIG FYFE*

ADDRESS \_\_\_\_\_ PHONE Paul Kottis  
421-9433

PROPERTY LOCATION:

SUBDIVISION Dayton Meadows LOT NO. NEW LOT 20  
5, Block C

ROAD AND DESCRIPTION Green Bridge Road 13820 DAYTON MEADOWS CL.

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)

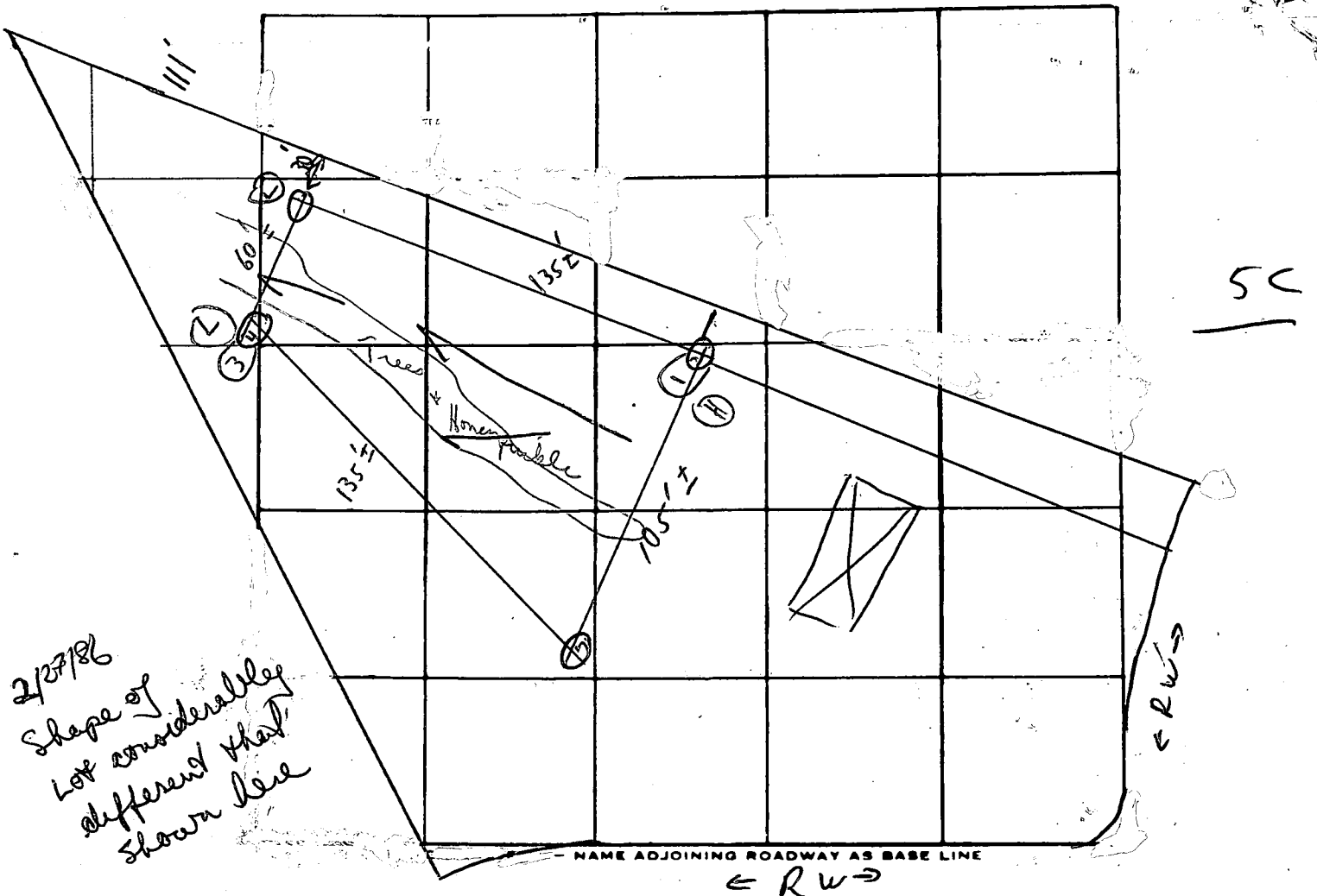
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

BLDG. PERMIT SIGNED  
AND RETURNED 8-11-87  
BP#10391

# THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/25/77	1	3 1/2'	1:26	1:29	1:29	1:35	6m
	2	15'	1:27	1:31	1:31	1:42	11m
	3	5'	at clay No perc		2:	2:	
	4	13 1/2'	2:03	2:06	2:06	2:11	5m
	5	5'	2:21				
	6	13	2:25	2:28	2:28	2:39	11m
	7	Vertical		14'	Some area		
	Macrom 3B	6' shallow	2:31	2:34	2:34	2:38	4m
	5B	6'	2:45	2:54	2:54	3:18	24m

REMARKS

Open field

TYPE OF SOIL

TESTED BY

C. B. S.

ALSO PRESENT:

lots

Soil Profile

Sandy  
brown  
below  
clay

C1 00509 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 26632

DATE Received  
 [ ] [ ] [ ] [ ] [ ] [ ]

DATE WELL COMPLETED  
 05/19/86

Depth of Well  
 22 285 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 10-81-1957

OWNER FYFE last name first name A.C.  
 STREET OR RFD DAYTON MEADOW CT. TOWN DAYTON  
 SUBDIVISION DAYTON MEADOWS SECTION 1 AREA 1 LOT 11

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	
SANDSTONE	0	58	
GRAY MICACIOUS ROCK	58	285	

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 13 NO. OF POUNDS 1222  
 GALLONS OF WATER 78  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 50 ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
 STEEL  CONCRETE   
 PLASTIC  OTHER   
 MAIN CASING TYPE  Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 63

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

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

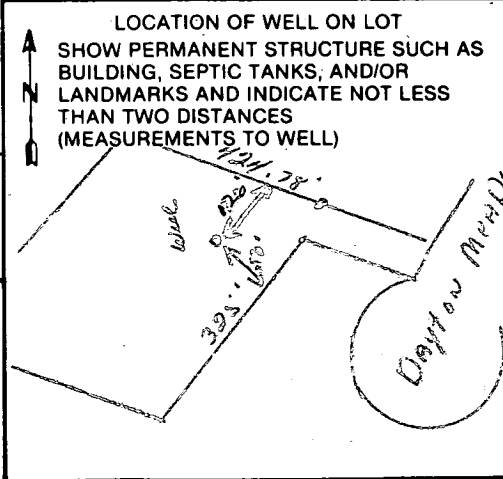
DEPTH (nearest ft.)  
 1 HO 62 285  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from 56 to 60

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

PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 62  
 METHOD USED TO MEASURE PUMPING RATE bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 139  
 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)



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 L. Massey  
 (MUST MATCH SIGNATURE ON APPLICATION)

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



B 1 1037

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-91-1451

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

5-16-86 please print or type

fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name F Y F E 34 Owner First Name A C

36 Street or RFD 3600 DELLAIRICK ST 55

57 Town Okey 70 State 72 MD 76 Zip 20832

DRILLER INFORMATION

Driller's Name Joseph L. Morgan 77 License No. 80 238

Firm Name Joseph L. Morgan Well Service

Address 2510 Ridge Pl. Mt. Airy MD 20871

Signature Joseph L. Morgan Date 4/15/86

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 2 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500

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 24 28 160 FEET

APPROXIMATE DIAMETER OF WELL NEAREST 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) 41 52

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

APPROP. PERMIT NUMBER 54 GAP 63

FORCE BA WRITE INITIALS IN BOX PERMIT No. HO-91-1451

SPECIAL CONDITIONS

B 3

LOCATION OF WELL

8 COUNTY H A R D

23 SUBDIVISION D A V E N M E A D C W S 42

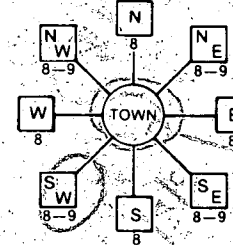
SECTION T LOT 11 ARCHZ

52 NEAREST TOWN DAYTON 71

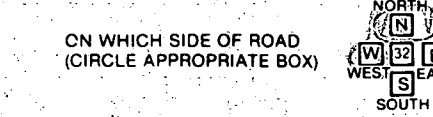
MILES FROM TOWN (enter 0 if in town) 0 M 1

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD DAYTON HIGHWAY CT 30



34 37 DISTANCE FROM ROAD 400 ENTER FT or MI 38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME H A R D COUNTY NO. A 26632

OEP SIGNATURE DATE ISSUED

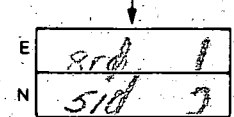
43 48 CO SIGNATURE R. N. Nelson 01/08/86

NORTH GRID 50 55 512000 EAST GRID 57 63 0801000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

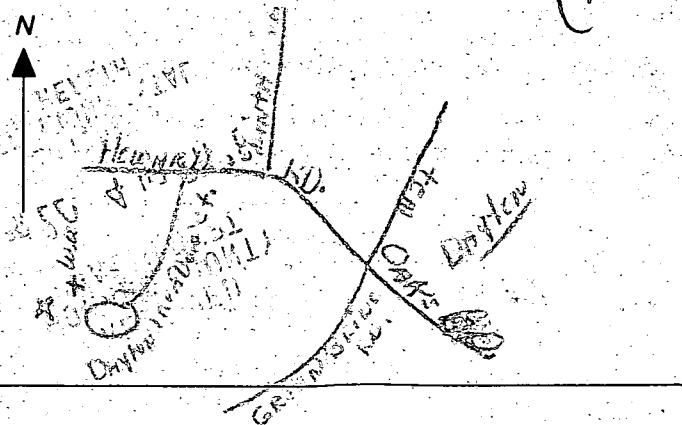
- SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



Location of 63 - casing 1 - above rd 50 - open 13 - base cement 5/16/86 well

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION





HOWARD COUNTY HEALTH DEPARTMENT

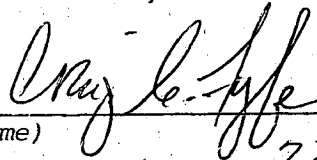
BUREAU OF ENVIRONMENTAL HEALTH

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.)

C. A. Fyfe



(Name)

774-3065

3600 Dellabrook St. Olney, Md. 20832

(Address)

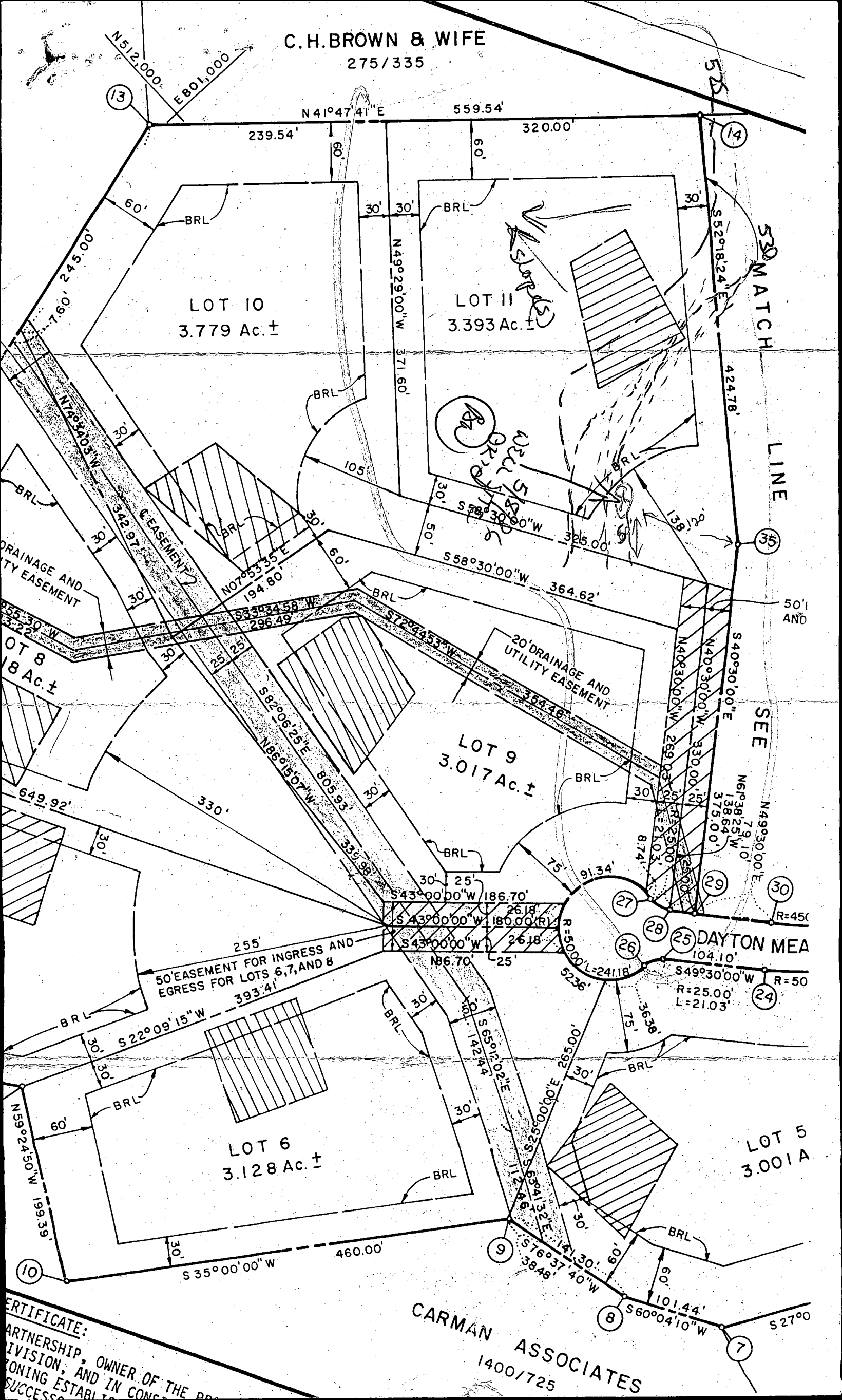
(OEP Well Permit Number)

2/18/86

(Date)

C. H. BROWN & WIFE

275/335



LOT 10  
3.779 Ac. ±

LOT 11  
3.393 Ac. ±

*Handwritten:* Lot 11  
Lot 10  
Lot 9  
Lot 8  
Lot 5

LOT 9  
3.017 Ac. ±

LOT 6  
3.128 Ac. ±

LOT 5  
3.001 A

DAYTON MEA

CARMAN ASSOCIATES  
1400/725

CERTIFICATE:  
PARTNERSHIP, OWNER OF THE  
DIVISION, AND IN CONC  
PROPOSING ESTABL  
SUCCESS

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

Bottle Number: H9718 Name: FYFE, R.C. County: ISLIP HOWARD

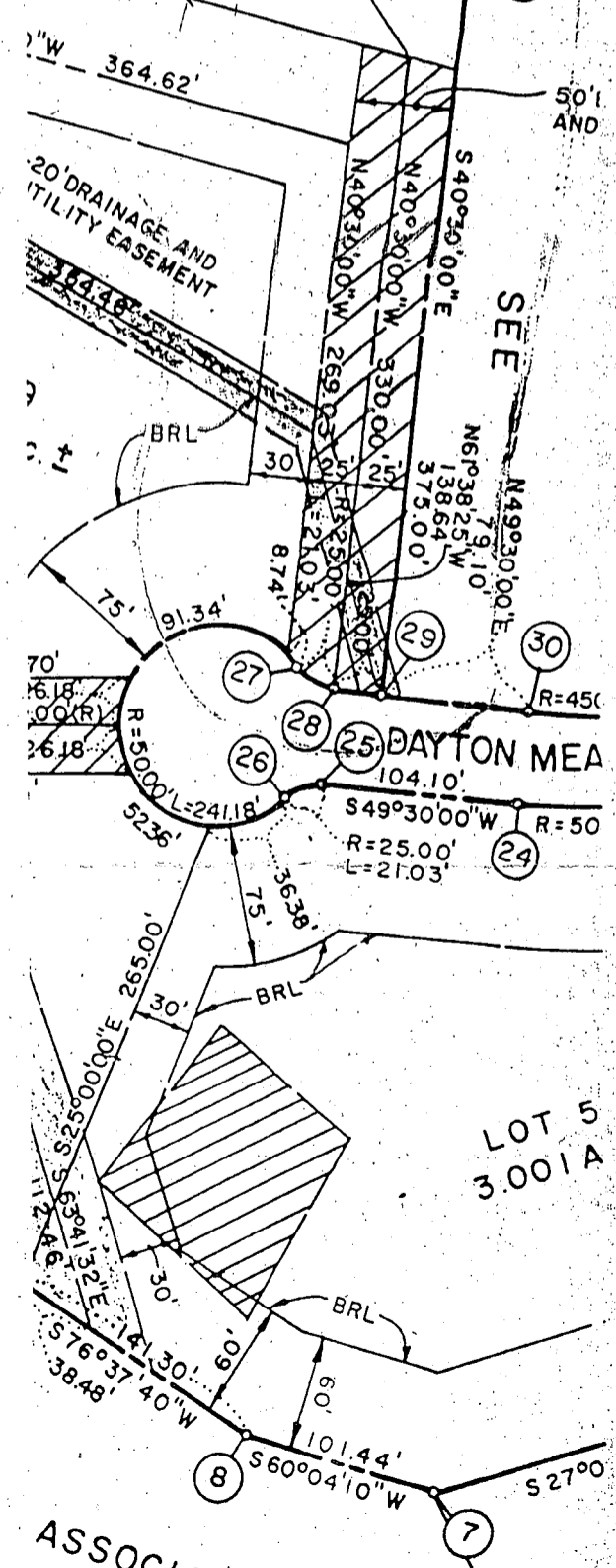
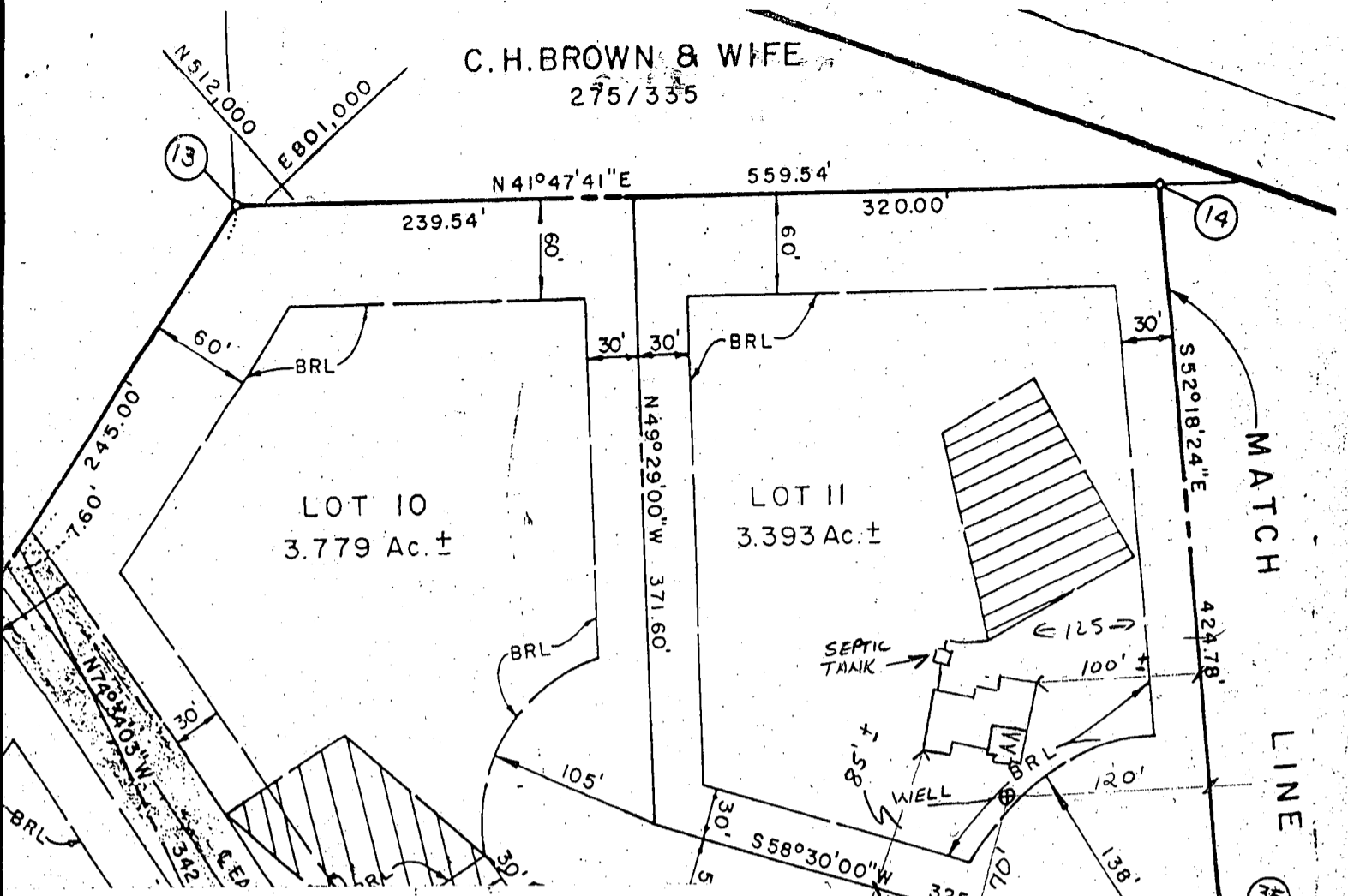
Source of Sample: LOT II SEC 1 AREA I DISTRICT MICHIGAN Collector: B. NIXON  
 Street: \_\_\_\_\_ Town or City: \_\_\_\_\_

Sample Type (Circle): Community Source  Non-Community Distribution  Private MCL  Emergency Recheck  Routine   
 Remarks: WELL NO-9-1451

County: 13 Plant No.:      Sampling Station:      Date Collected: 051986 Time: 10A 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	<u>400</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					

C.H. BROWN & WIFE  
275/335



Lot 11

Elevation of well  
Bsmt floor elevation  
1st flr elevation  
Proposed grade at house  
Inv. out of house  
Inv. into tank  
Inv. out of tank  
Inv. into distribution box  
Grade at high perc hole  
**INV. INTO TANK**

Daniel Ostericher

854-2011

BLDG. PERMITS SIGNED 3-11-87  
AND RETURNED 3-11-87

RP#10391  
SMA  
J. J. ...  
D. J. ...

100	✓
100	✓
91	✓
100	✓
98	✓
95	✓
94.5	✓
94	✓
91.5	✓
94.5	✓
90.5	✓

100  
100  
91  
100  
98  
95  
94.5  
94  
91.5  
94.5  
90.5

I certify the above elevations are correct for this property

### 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-

XXXX

SPECIMEN NO: W521

#### FIELD DATA

SOURCE: 13820 DAYTON MEADOWS ROAD

COUNTY: HOWARD

Contact: OSTERICHER, DEBBIE

Sampler: WMB

#: 87207

Sample No.: 1

Date: 2/16/88

Well: HO-81-1451

pH: 7.1960

Time: 10:00:00

Free Cl: 0.00

Total Cl: 0.00

Phone: (301) 531-5609

#### SAMPLE DATA

Coliforms/100ml	N(NO3)	TURBIDITY	SAND	IRON	LEAD	mg/L	mg/L
FECAL 0.0	TOTAL 5.1	1.300 mg/L	5.08 (Ntu)	0.0 mg/L	0.0 mg/L	0.000	0.000

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

	DATE	TIME	
Received	02/17/88	08:30:00	M. BLUNER
Tested	02/17/88	08:45:00	(Microbiologist)
Reported	02/20/88	08:57:00	

MICROBIOLOGICAL ANALYSIS OF SAMPLE #

1 INDICATES THE WATER IS UNSAFE/SAFE FOR HUMAN CONSUMPTION

Septic integrity determined by fluorescein dye exclusion on 2/17/88 - System Passed

Sample Analysis	42.00
Septic Testing	42.00
Other Chemistry	0.00
Consultation	0.00
	0.00
<b>Total</b>	<b>\$ 84.00</b>

PD. IN FULL  
 2-22-88

Terms: Net due upon receipt. Return yellow copy with your remittance.

## 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-  
SPECIMEN NO: W521 R

\*\*\*

### FIELD DATA

SOURCE: 13820 DAYTON MEADOWS ROAD  
COUNTY: HOWARD  
Contact: OSTERICHER, DEBBIE

Sampler: WMB # 87207 Sample No.: 1  
Well: HQ-81-1451 pH: 7.0540  
Free Cl: 0.00 Total Cl: 0.00

Date: 02/22/88  
Time: 12:45:00  
Phone: (301) 531-5601

### SAMPLE DATA

Coliforms/100ml		N(NO3)	TURBIDITY	SAND	IRON	LEAD	Hardness	mg/L
FECAL	TOTAL	1.300	1.09	0.0	1.4	0.0	<del>0.000</del>	0.000
-2.2	-2.2	mg/L	(Ntu)	mg/L	mg/L	mg/L	52.0	

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.	-	-	-	-	-	GAS 24 hr.	-	-	-	-	-	-	-	-	-	
GAS 48 hr	-	-	-	-	-	GAS 48 hr.	-	-	-	-	-	-	-	-	-	

	DATE	TIME
Received	02/22/88	01:40:00
Tested	02/22/88	01:50:00
Reported	02/24/88	01:00:00

M. BLUMER  
(Microbiologist)

MICROBIOLOGICAL ANALYSIS OF SAMPLE # 1 INDICATES THE WATER IS SAFE/UNSAFE FOR HUMAN CONSUMPTION

Septic integrity determined by fluorescein dye exclusion on 2/17/88 - system passed.

Sample Analysis	42.00
Septic Testing	0.00
Other Chemistry	0.00
Consultation	0.00
	0.00
<b>Total</b>	<b>\$ 42.00</b>

PAID IN FULL

# ANALYTE

LABORATORIES, INC.

301-747-3844

OFFICES:  
6630 BALTIMORE NAT'L PIKE  
ROUTE 40 WEST  
BALTIMORE, MD. 21228



CERTIFICATE OF ANALYSIS  
No. 880216-02A  
University Micro Reference Labs  
February 18, 1988

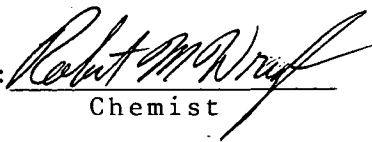
Analysis of: Water Sample, #521

Nitrate

-----  
1.3 mg/l

Chemical determination: Analyte Laboratories, Inc. #117

Reviewed by:

  
Chemist

# 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

May 12, 1988

Mr. and Mrs. Daniel Ostericher  
4898 Green Bridge Road  
Dayton, Maryland 21036

RE: Dayton Meadows - Lot 11, Sec.1  
13820 Dayton Meadows Court  
(Craig Fyfe)

Dear Mr. and Mrs. Ostericher:

This is to advise you that the septic system was installed, inspected and approved on September 18, 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.

## INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1451. 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 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken and the results submitted to the Howard County Health Department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

February 22, 1988  
Date of Water Sample

May 19, 1986  
Date Well Approved:

Approving Authority  
Jane Nadeau, Sanitarian  
Water and Sewerage Program

JN:JR



# 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  
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July 29, 1988

Mr. Daniel Ostericher  
13820 Dayton Meadows Court  
Dayton, Maryland 21036

RE: Dayton Meadows, Lot 11, Sec. 1  
13820 Dayton Meadows Court  
Well Permit #HO-81-1451

Dear Mr. Ostericher:

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 10.17.13.09A(1) which states that: "A person may not put into service a well or 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 encouraged 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.

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

Very truly yours,

A handwritten signature in cursive script that reads "Sean Baker".

Sean Baker, Sanitarian  
Water and Sewerage Program

SB:hs

Enclosure