

approach
8/7/86

PERMIT

P 36852
A 27889

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

INDEXED

ELLCOTT CITY
DISTRICT 3rd

~~799282839~~
461-9933

DATE 4/28/86

Kastner Plumbing and Heating, Inc. IS PERMITTED TO INSTALL X ALTER _____
ADDRESS 9335 Old Scaggsville Road, Laurel, MD 20707 PHONE 725-5000
SUBDIVISION Triadelphia Farms II ROAD 13318 Triadelphia Road LOT 2C
PROPERTY OWNER Kevin Curtiss
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 - 233 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the trench 120 feet from the rear (229.64 ft. long) lot line and 80 feet from the right (269.77 ft. long) side line, as seen when facing the property from the right-of-way. Continue to dig the trench on level ground the necessary distance. Place the second trench parallel to downslope of and 10 feet away from the first trench.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY 8/12/83 Frank Skinner DATE 8/12/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

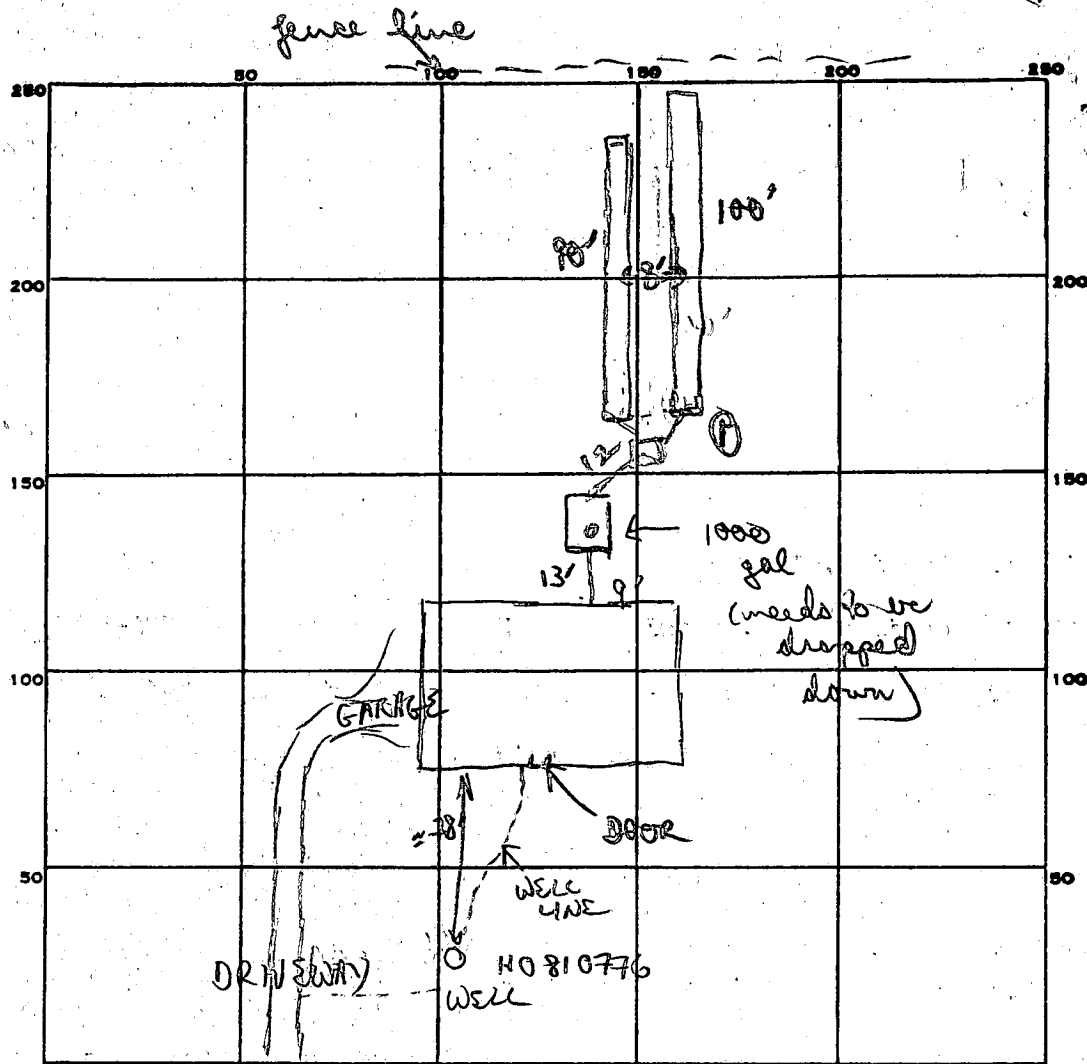
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

~~CALL 992-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

$$\begin{array}{r} 27889 \\ \hline A \end{array}$$



PERMIT CARD

SEPTIC TANK, LEVEL 1000

CLEANOUTS STV

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 4' TOTAL LENGTH 100 + 90 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 400 +

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS 8/5/86 Tank had to be reset (too high in ground). Trenches
on high side + close to front of perc area as required
OK to add stone pipe paper to trench #1. OK to start trench #2
8/5/86 Tank reset at "proper" depth, no other work needed
8/6/86 OK to finish adding stone pipe paper + cover trench #1. OK
to finish digging trench #2 + add stone pipe paper. 8/7/86 trench
2 dig

CONTRACTOR CONFIRMING HOUSE CONNECTED AT TIME OF INSP.

DATE SYSTEM APPROVED 8/7/86

INSPECTOR Chris Wilkins

A. 27889

P_____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3rd

DATE 4/17/78

PROPERTY OWNER ~~Robert Dorsey~~ Kevin Curtiss

ADDRESS 9926 Cypressmeade Drive, Ellicott City, Md. **PHONE** 465-5739

SUBDIVISION Triadelphia Farms, Section 11 LOT NO. 2-C

SUBDIVISION 7E 13318
ROAD AND DESCRIPTION Triadelphia Road at Walt Ann Drive

SIZE OF LOT ? TYPE BLDG. 3 or 4
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/ Robert L. Dorsey

APPROVED BY F. Skerrin FOR trenches DATE 8/12/83
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE 7/23/77

REASONS FOR REJECTION OR HOLDING _____

~~BLDG. PERMIT SIGNED
AND RETURNED 2-19-86~~

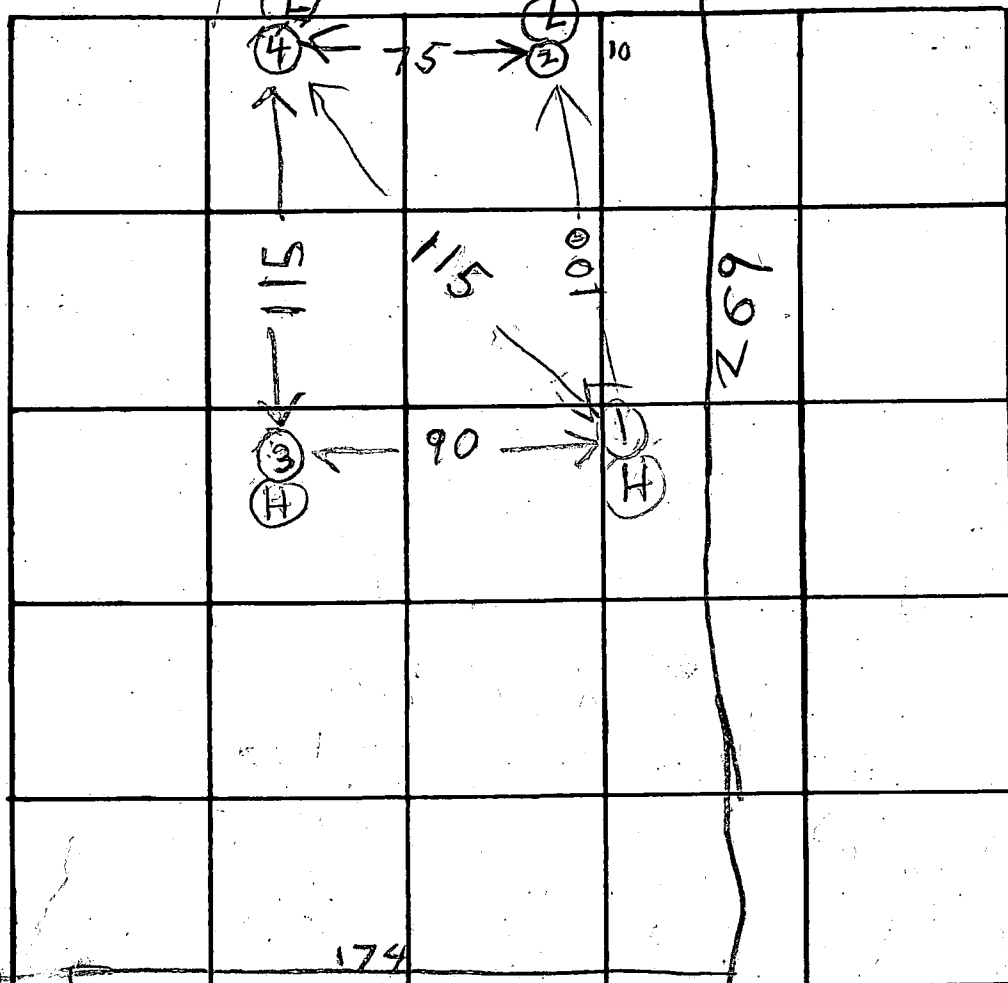
THIS IS NOT A PERMIT

229.64

2C

lot. 2C

229



R/W

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/10/79	1 S	4	218	225	225	240	15
5/10/79	1 D	14	219	233	233	300	27
5/10/79	2 S	4	227	229	229	231	2
1	2 D	13	228	235	235	247	12
1	3 V	12	TOP 4 FT. CLAY	4 FT. CLAY	DRY		
1	4 S	5	244	300	300	328	28
5/10/79	4 D	12	244	300	300	328	28

REMARKS

TYPE OF SOIL

R/H

D. RUSH

Lot 2C

B 1 5185 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER H0-81-0776 <small>fill in this form completely.</small>
Date Received 11/23/84 12:00 Noon 102684 OWNER INFORMATION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HETZEL LAURENCE <small>15 Last Name Owner First Name</small> </div> <div style="width: 45%;"> 12410 GENERAL DELI. <small>36 Street or RFD</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FULTON <small>57 Town</small> </div> <div style="width: 45%;"> MD20759 <small>70 State 72 Zip 76</small> </div> </div>		B 3 LOCATION OF WELL <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HOWARD <small>8 COUNTY</small> </div> <div style="width: 45%;"> TRIODELPHIA FARMS 2 <small>23 SUBDIVISION</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SECTION --- <small>44 46</small> </div> <div style="width: 45%;"> LOT 2-C <small>48 50</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> GLENELE <small>52 NEAREST TOWN</small> </div> <div style="width: 45%;"> MILES FROM TOWN (enter 0 if in town) 1 MI <small>73 76 77 78</small> </div> </div>	
B 2 DRILLER INFORMATION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Ralph Mayne <small>Driller's Name</small> </div> <div style="width: 45%;"> 273 <small>77 License No. 80</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Ralph Mayne (well drilling) <small>Firm Name</small> </div> <div style="width: 45%;"> 9120 Brown Church Rd. Mt. Airy <small>Address</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Ralph Mayne <small>Signature</small> </div> <div style="width: 45%;"> 10/22/84 <small>Date</small> </div> </div>		B 4 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> DIRECTION OF WELL FROM TOWN (CIRCLE BOX) </div> <div style="width: 45%;"> TRIODELPHIA Rd. <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center;"> <small>NORTH</small> N </div> <div style="text-align: center;"> <small>WEST</small> W </div> <div style="text-align: center;"> <small>EAST</small> E </div> <div style="text-align: center;"> <small>SOUTH</small> S </div> </div> </div> </div>	
B 2 WELL INFORMATION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> </div> <div style="width: 45%;"> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small> </div> </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HOWARD <small>COUNTY NAME</small> </div> <div style="width: 45%;"> A 27889 <small>COUNTY NO.</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> OEP SIGNATURE _____ <small>DATE ISSUED</small> </div> <div style="width: 45%;"> STATE HEALTH INSERT S 41 <small>EXP. DATE</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 103084 <small>43 48 CO SIGNATURE</small> </div> <div style="width: 45%;"> 4/30/85 <small>EXP. DATE</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> NORTH GRID 523000 <small>50 55</small> </div> <div style="width: 45%;"> EAST GRID 080000 <small>57 63</small> </div> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</div> <div><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div> <div><input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</div> <div><input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</div> <div><input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</div> </div>		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 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> 800 5 <small>E</small> </div> <div style="text-align: center;"> 520 5 <small>N</small> </div> </div>	
APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;"> </div>	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> BORED (or Augered) <small>30 37</small> </div> <div style="width: 45%;"> JETTED <small>30 37</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> AIR-ROTARY <small>30 37</small> </div> <div style="width: 45%;"> CABLE <small>30 37</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Jettied & DRIVEN <small>30 37</small> </div> <div style="width: 45%;"> ROTARY (Hydraulic Rotary) <small>30 37</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> REVERSE-ROTARY <small>30 37</small> </div> <div style="width: 45%;"> DRIVE-POINT <small>30 37</small> </div> </div>		REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY</div> <div><input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL</div> </div> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP <small>54 63</small> FORCE JS WRITE INITIALS IN BOX <small>67 68</small>		PERMIT No. H0-81-0776 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS			

[illegible]

HEALTH

Well Permit No. HO - 81-0776
Location of property (road) Triadelphia Rd
Subdivision Triadelphia Farms II Lot 2 C Block Plat Sec.
Well Driller Ralph Mayne Owner Lawrence Hetzel

Depth of well 180 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 24 ft

Time pump started 11:00 Pumping rate 96 gpm
Total time 15 min to reach pumping water level 120 ft ft. below M.P.

[illegible]

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation X
Replacement

Receipt # 36816
Date 4/17/86

Name of Installer Kastner Plumbing & Heating, Inc.

Telephone 725 5000

License number 1862

Certified Well Pump Installer Well Driller Registered Plumber X

Name of Property Owner Kevin & NaNCY Curtiss

Telephone 725 1614

Subdivision Triadelphia Farms II Lot # 2 C

Well tag # - -

Site Address 13318 Triadelphia Road
Dayton, Maryland 21036

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible X
2. Make Gould's
3. Model # 5ES05412
4. Capacity 5 GPM

Motor

1. Horsepower
2. RPM
3. Voltage
 - a. 110
 - b. 220 X

Pitless Adapter

1. Make
2. Model #
3. Depth

5. Pump exceeds well capacity Yes No X
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 X Other

Tank

1. Capacity 42 Gal. equivalent
2. Pressure relief valve? Yes

Piping

1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line

Well data

1. Depth 150 ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? No

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

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

Signature of Applicant: [Signature]

Date: April 11, 1986

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: 149798 Name: HETZEL, LAWRENCE County: HOWARD

Source of Sample: TRIDELPHIA FARMS 2 LOT 2C Glenelg Collector: S Abel
Street Town or City

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

Remarks: HO-81-0776

County: 13 Plant No. Sampling Station Date Collected 112394 Time 1200 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 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>44</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					

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

Date Received: NOV 26 1984 Date Reported: NOV 28 1984 Chemist: BRUCE L. SOLNICK, Ph.D. Lab No: 007328

INVOICE NO.

W 20792

CERTIFICATE OF ANALYSIS

DELMARVA LABORATORIES, INC.
Annapolis—Salisbury—Timonium

Annapolis: (301) 269-7755
Eastern Shore: (301) 546-1318
Timonium: (301) 628-2855

FIELD RECORD

Sample Source: Curtis

13318 TRIDELPHIA RD
ELLICOTT CITY

community ☐
non-community ☐
private ☒

Date 9-30-86Time 8:30Iced ☒ yes ☐ nopH 5.9Free Cl 0.0Total Cl 0.0County MDSatisfactory ☒Unsatisfactory ☐Not Determined ☐Bottle No. 20792 Collector Flouderwaart

©

LABORATORY RECORD

Presumptive Bacteriological Test

ml. of Sample	10ml.				
Gas, 24 hours	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
Gas, 48 hours	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>

Confirmed Bacteriological Test

ml. of Sample	10ml.				
Coliforms	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
Fecal Coliforms	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>

N(NO ₃) (mg/l)	Sand	Turbidity (NTU)	(mg/l)	(mg/l)	(mg/l)	Coliforms/100ml.	
						Fecal	Total
<u>5.8</u>	<u>None</u>	<u><1</u>					

Date

Time

Received: 10-01-86 9:00 AMExamined: 10-01-86 7:30 AMReported: 10-03-86 8:00 AMAnalyst J. FlouderwaartBacteriological analysis of this sample indicates the water is safe for human consumption.

Thiosulfate

Present ---Absent ---

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
October 3, 1986

Mr. & Mrs. Kevin Curtis
13318 Triadelphia Road
Ellicott City, Maryland 21043

RE: Triadelphia Farms II
Lot 2C

Dear Mr. & Mrs. Curtis:

This is to advise that the septic system was installed, inspected and approved on August 7, 1986.

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-81-0776. 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 by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

September 30, 1986
Date of Water Sample:

November 23, 1984
Date Well Approved:

Approving Authority
Craig Williams, Director
Water and Sewerage Program

CW:JR

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

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>curator (BATHROOM)</u> Location: <u>3318 TRIDELPHIA RD</u> Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>1015</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm. Collector # _____ Bottle No. <u>AD644</u> Collector Name <u>Sean Baker</u> County <u>HOWARD</u>
---	--

13
County

Plant No.

Sampling Station

01 27 88
Date Collected

pH 6.1

Res. Cl: Free 00

Total 00

Card No. —

LABORATORY RECORD

PRESUMPTIVE TEST*

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

CONFIRMED TEST

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

No. of Pos.
<u>1</u>

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =

SPC Dilution: 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: 27 JUN 88 16

Laboratory Central

Recd. CR

Remarks _____

Exam _____

Rept. _____

Lab No. _____

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

*Resample N,
Lab accident*

Bottle Number: JA114 Name: Curtiss County: HOWARD

Source of Sample: 1338 TRIDELPHIA RD Street Town or City Collector: Sean Baker

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

Remarks: Source 2 Bathroom tap

County: 13 Plant No. --- Sampling Station --- Date Collected 012788 Time 10:15 M Acid ☐ Iced ☒
Field Data: pH* 6.1 Chlorine Residual 0.0 Free 0.0 Total 0.0 Specific Conductance ---

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
✓ pH*	011	<u>6.5</u>	Arsenic	253	<u>---</u>
✓ Alkalinity (Total)	040	<u>16</u>	Barium	262	<u>---</u>
Alkalinity (HCO ₃)	050	<u>---</u>	Cadmium	273	<u>---</u>
Alkalinity (CO ₃)	060	<u>---</u>	Chromium	283	<u>---</u>
pH*, Ca CO ₃ SAT.	071	<u>---</u>	Lead	302	<u>---</u>
Alkalinity, Ca CO ₃ SAT	080	<u>---</u>	Mercury	314	<u>---</u>
✓ Hardness	110	<u>15</u>	Selenium	323	<u>---</u>
Ammonia-N	143	<u>---</u>	Silver	333	<u>---</u>
✓ Nitrate-Nitrite N	162	<u>L.A.</u>	Aluminum	192	<u>---</u>
Nitrite N	173	<u>---</u>	Calcium	231	<u>---</u>
MBAS	182	<u>---</u>	Copper	241	<u>---</u>
✓ Chloride	091	<u>13</u>	✓ Iron	122	<u>0.05</u>
Fluoride	101	<u>---</u>	Magnesium	241	<u>---</u>
Color*	020	<u>---</u>	Manganese	133	<u>---</u>
✓ Turbidity*	031	<u>0.8</u>	Nickel	391	<u>---</u>
Conductance*, SPEC.	201	<u>---</u>	Potassium	361	<u>---</u>
Silica	210	<u>---</u>	Sodium	371	<u>---</u>
Sulfate	220	<u>---</u>	Zinc	342	<u>---</u>
Total Residue	381	<u>---</u>			

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

020044

Lab. No.

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source	13318 Trindolph Rd				
	Location:	13318 Trindolph Rd				
	Community	<input type="checkbox"/>	Iced:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	Non-Community	<input type="checkbox"/>	Treated:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	Private	<input checked="" type="checkbox"/>	Time Collected	9:40 <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.		
Check Sample	<input type="checkbox"/>	Collector #		Bottle No.	xx706	
Special	<input type="checkbox"/>	Collector Name	Bob		County	Howard

County

Plant No.

Sampling Station

Date Collected

pH 6.2

Res. Cl: Free 0

Total 0.0

Card No. 1

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:

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"/>		

Recd.

Exam

Remarks

Rept.

Bacteriologist

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

C0141041258

Lab No.

WATER ANALYSIS

Bottle Number: MA 110 Name: Curtis County: Harvard

Source of Sample: 13318 Tr. Adelpin 2d. Collector: Sec. Bahr
Street Town or City

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

Remarks: Source Bath tap.

County: 13 Plant No. --- Sampling Station --- Date Collected 050488 Time 0940 Acid ☐ Iced ☒
Field Data: pH* 6.2 Chlorine Residual 0.0 Free 0.0 Total 0.0 Specific Conductance ---

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
✓ pH*	00403	6.6	Arsenic	01002	
✓ Alkalinity (Total)	00410	12	Barium	01007	
pH*, Ca CO ₃ SAT.	70311		Cadmium	01027	
Alkalinity, Ca CO ₃ SAT.	74023		Chromium	01034	
✓ Hardness	00900	68	Lead	01051	
Ammonia-N	00608		Mercury	71900	
✓ Nitrate-Nitrate N	00630	78	Selenium	01147	
Nitrite N	00615		Silver	01077	
MBAS	38260				
✓ Chloride	00940	10	Aluminum	01105	
Fluoride	00951		Calcium	00916	
Color*	00081		Copper	01042	
✓ Turbidity*	00076	0.7	✓ Iron	01045	4005
Conductance*, SPEC	00095		Magnesium	00927	
Sulfate	00945		Manganese	01055	
Total Solids	00500		Nickel	01067	
Dissolved Solids	70300		Potassium	00937	
			Sodium	00929	
			Zinc	01092	

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

Date Received MAY 4 1988 Date Reported MAY 9 1988 Chemist J. P. Pyle

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

June 20, 1988

Mr. and Mrs. Kevin Curtis
13318 Triadelphia Road
Ellicott City, Maryland 21043

RE: Triadelphia Farms II, Lot
2C, 13318 Triadelphia Road
Well Permit #HO-81-0776

Dear Mr. and Mrs. Curtis:

This is to advise you that the septic system was installed, inspected and approved on August 7, 1986.

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.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0776.

Date of Final Sampling
May 4, 1988

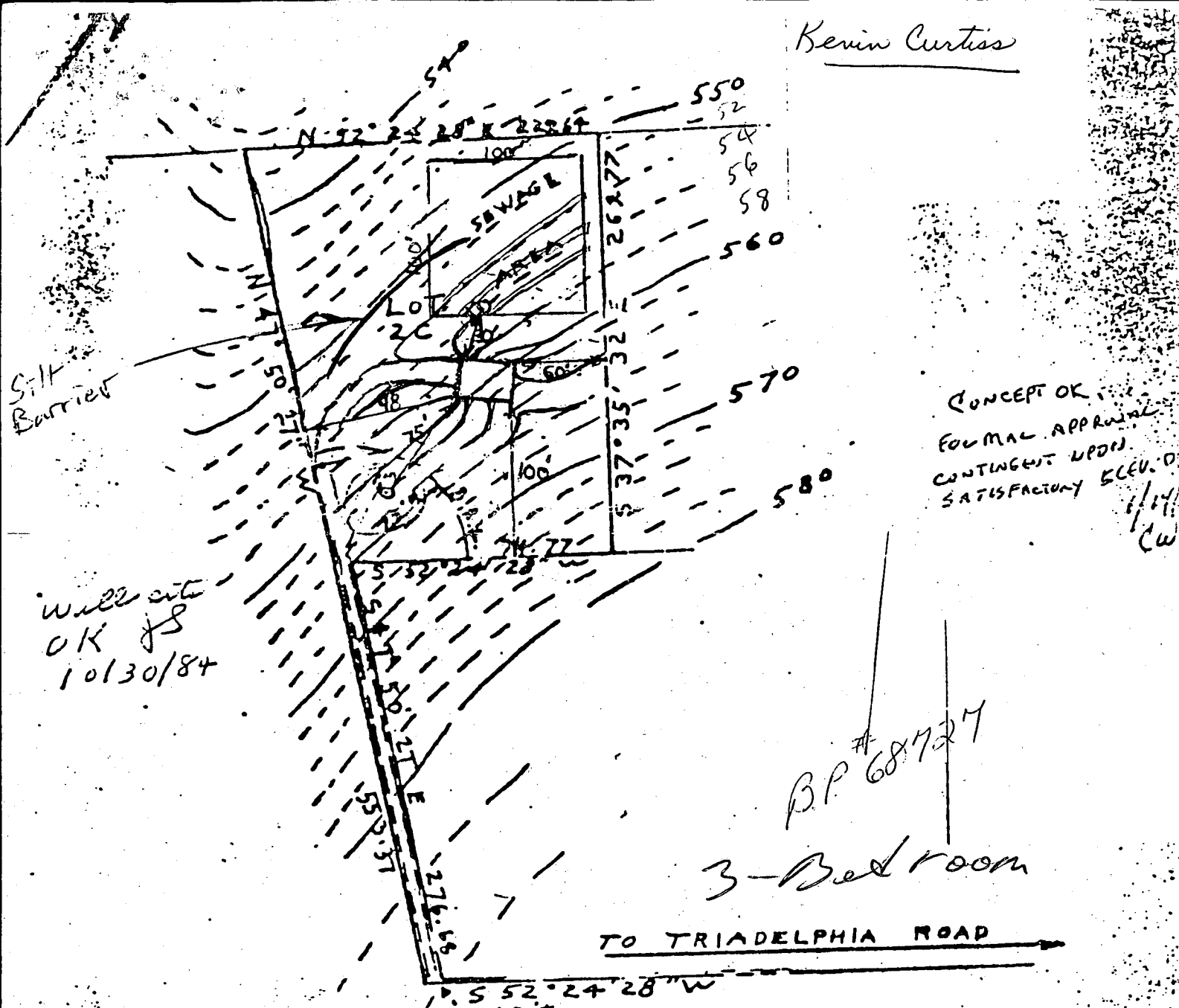
Date of Acceptance
May 18, 1988

Jane E. Nadeau
Jane E. Nadeau, Sanitarian
Water and Sewerage Program

Water Sample Dates: 1/27/88
5/4/88

JEN:hs

Kevin Curtiss



CONCEPT OK
FORMAL APPROVAL
CONTINGENT UPON
SATISFACTORY ELEV. D.
6/17/84
CW

INVERT INTO TRENCH	552.0
EXISTING GRADE AT TRENCH	556.0
ELAST. GEN. AT DISTR. BOX	556.0
INV. IN DISTR. BOX	552.5
INV. OUT OF SEPTIC TANK	553.0
INV. INTO SEPTIC TANK	553.5
INV. OUT OF DWELLING	554.0
FIRST FLOOR ELEV.	564.5
CELLAR ELEV.	555.5
WELL ELEV.	562.5
NO. OF BEDROOMS	2
ACREAGE	1.31 Acres

PLOT PLAN
LOT 2C TRIADELPHIA FARMS
TRIADELPHIA ELECTION DISTRICT
HOWARD COUNTY, MD.

grade too great house to tank &
then tank
min. 3-78' trenches will make
the system - to follow contour
- with garbage disposal additional run
Scale 1" = 100'

I CERTIFY THE ABOVE MEASUREMENTS
AND ELEVATIONS ARE ACTUAL AND
CORRECT FOR THIS PROPERTY.

signed Kevin R. Curtiss