9/24/84 D. Lam

approved 9/24/84 Stage

P 34382

A 27898

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEX

03-292061

ELLICOTT CITY
DISTRICT 3rd
DATE 9/19/84

Jack Fyock IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Triadelphia Farms II ROAD 13356 Triadelphia Road LOT 13-D

PROPERTY OWNER Hillen Contractors, Inc.

ADDRESS 12225 Ioka Court
Ellicott City, Maryland

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 - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 3 feet below original grade, with 7 feet of stone below distribution pipe. LOCATION: Start system (trench) 225 feet from back lot line and 30 feet from left lot line as seen when facing property from Triadelphia Road. If trench is used, run along level ground toward right lot line. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench before and after gravel is installed. Provid 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams DATE 8/30/84

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.

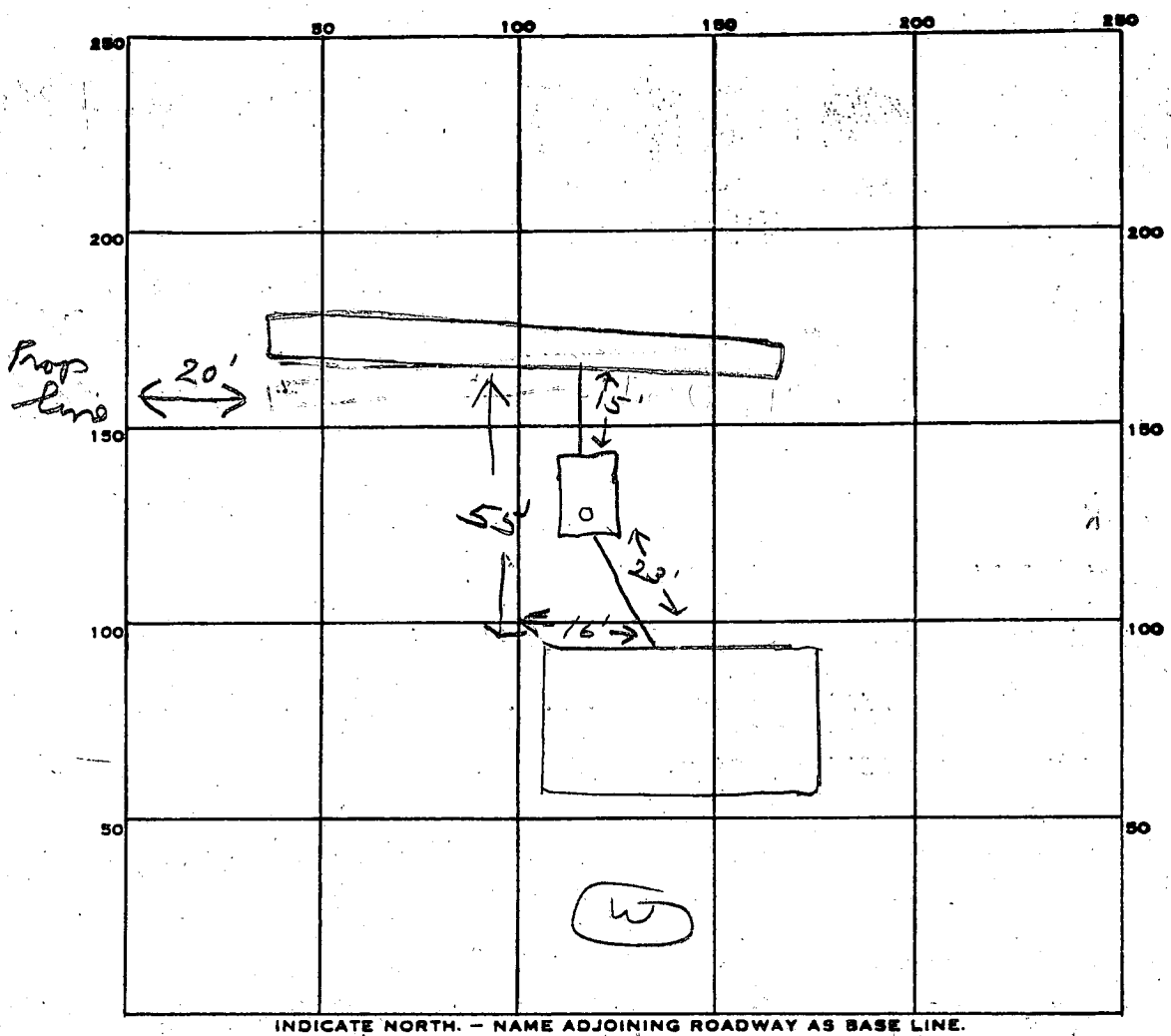
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

A 27898

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓ 1000 gal CLEANOUTS ST ✓

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 490

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

ABSORBENT AREA 490 SQ. FT.

REMARKS 9/24/84 OK to add stone in trench. JS

9/24/84 OK to cover all work JS

DATE SYSTEM APPROVED 9/24/84 INSPECTOR Stayer

A 27898

SUBDIVISION: TRIADELPHIA FARMS II LOT NUMBER: 13D

DRY WELL OR DRY WELL AND TRENCH

DRY WELL OR DRY WELL 125 sq. ft./bedroom

	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	375
4 bedroom	1250 gallon	500
5 bedroom	1500 gallon	

Inlet 3 feet below original grade.

Bottom maximum depth 10 feet below original grade.

Effective area begins at 3 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 7 feet of stone below distribution pipe.

TRENCHES

158 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 10 feet below original grade.

Effective area begins at 3 feet below original grade.

7 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 absorbant sidewall area by 22%.

LOCATION: START SYSTEM (DRYWELL OR TRENCH) 225 FT FROM BACK LOT LINE AND 30 FT FROM LEFT LOT LINE AS SEEN WHEN FACING PROPERTY FROM TRIADELPHIA RD. IF TRENCH IS USED, RUN ALONG LEVEL GROUND TOWARD RIGHT LOT LINE

8-30-84 C W Allen

APPLICATION

A 27898

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: 465-3080, EXT. 356

DISTRICT 3rd

DATE 4/17/78

DRY WELL 360 SQ FT SIDEWALL AREA
BELOW INLET FOR 3 BR 480 SQ FT 4 BR
DN INLET TO BE 3 FT DEEP MIN
BOTTOM 12 FT DEEP
PLACE DN 225 FT FROM BACK LOT LINE &
30 FT FROM THE LEFT SIDE OF
THE LOT ASSIGN WHEN FACING
THE LOT FROM TRIDELPHIA RD

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 ~~Dr. Richard Hemphill~~ Hillen Contractors, Inc.

ADDRESS ~~9141 Baltimore National Pike, Ellicott City~~ 1225 Doka Court, Ellicott City, Md. PHONE ~~465-1868/3007~~ 988-9245

PROPERTY LOCATION:

SUBDIVISION Triadelphia Farms, Section II LOT NO. 130

ROAD AND DESCRIPTION 13356 Triadelphia Road ~~& 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.

~~BLDG. PERMIT SIGNED~~
~~AND RETURNED 5/4/79~~

SIGNATURE OF APPLICANT Dennis M. Bush

APPROVED BY Raymond Hodges FOR Dry Well (KIND OF SYSTEM) DATE 5/4/79

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

HOLD PENDING FURTHER TESTS _____ DATE _____

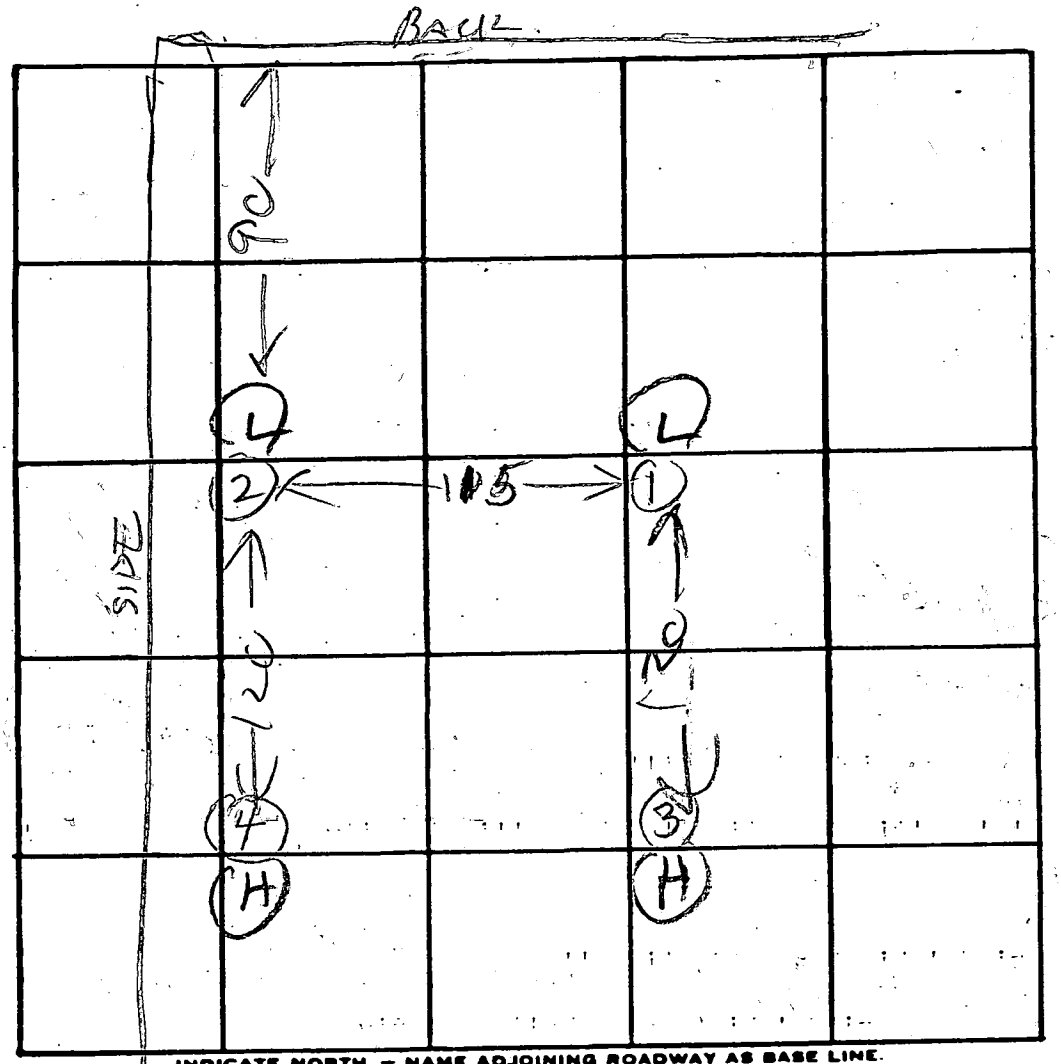
REASONS FOR REJECTION OR HOLDING

~~BLDG. PERMIT SIGNED~~
~~AND RETURNED 5/28/79~~
~~Serial No 39323~~

BLDG. PERMIT SIGNED
AND RETURNED 6/4/79
Serial # 59183

THIS IS NOT A PERMIT

13D



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/11/78	1S	4	106	111	111	125	14
5/11/78	1D	12½	106	116	116	130	14
	2D	13½	109	115	115	125	10
	2S	3	109	110	110	111	1
	3V	12	TOP BOT	3 PT 9 PT	CAVE SAND	TOP DRY	
	4D		242	244	244	248	4
	4S	3	241	242	242	244	2

REMARKS

TYPE OF SOIL R HODGES 5/11/78

FYOCK & CO
D. RUSH

DNR-131 (7-77) EMERGENCY NO. (If any) –

B 1 5789 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER HO-73-3208
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 4/19/79 ~~1:30~~ 1:00 P.M.

OWNER HILLEN CONTRACTORS INC. (COL 15 LAST NAME / FIRST NAME COL. 34)
STREET OR RFD 12225 IOKA COURT (COL 36 / COL. 55)
POST OFFICE ELLICOTT CITY MD 21043 (COL 57 / COL. 76)

8-13

B 1 DRILLER INFORMATION
CONTINUED (SEQ. NO.)
DATE 3/8/79 LICENSE NUMBER 209 (77 80)
HOWARD DILLON (FIRST NAME / DRILLER / LAST NAME)
SIGNATURE Howard Dillon

B 2 WELL INFORMATION
(SEQ. NO.)
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 (8 12)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 300 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)
- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. (22)
- M MUNICIPAL WATER SUPPLY
- P PRIVATE WATER COMPANY
  } MUST HAVE STATE HEALTH DEPT. APPROVAL
- T TEST

APPROXIMATE DEPTH OF WELL 250 FEET (24 28)
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
(30-37) AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

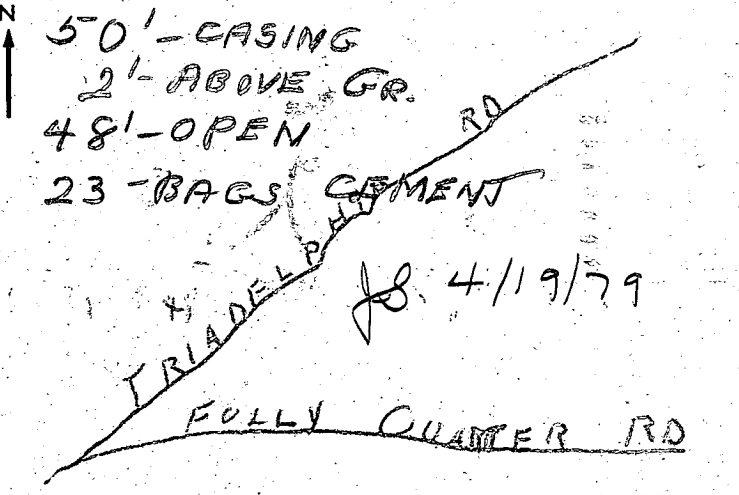
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)
- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (39)
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL
  PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) (41 52)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER (C A P) (54 63)
ENGINEER REVIEW DISTRICT NO. (65)
FORCE (67 68) WRITE INITIALS IN BOX
CONDITIONS (A E N S G W Q C L U) (70 71 72 73 74 75 76 77 78 79)

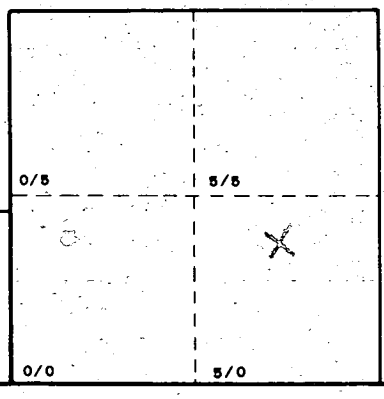
B 3 LOCATION OF WELL
(SEQ. NO.)
COUNTY HOWARD (8 21) (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION TRIADELPHIA FARMS (23 42)
SECTION 8 (44 46) LOT 12D (48 50)
NEAREST TOWN GLENELG (52 71)
MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 (73) M I (76 77 78)

B 4 DIRECTION FROM TOWN
(SEQ. NO.) (CIRCLE APPROPRIATE BOX)
N NORTH (E) EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST (8 9)
NEAR WHAT ROAD TRIADELPHIA RD (11)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH (N) (32) SOUTH S (32) EAST E (32) WEST W (32) (30)
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 (34 37) F T M I (38 39)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER E 800 N 520



NORTH COORDINATE 5200 (50 51 52 53 54 55)
EAST COORDINATE 0800 (57 58 59 60 61 62 63)
ELEVATION AT WELL HEAD (FEET) (65 66 67 68)

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
(SEQ. NO.)
(41) STATE HEALTH (CIRCLE BOX) S
Howard COUNTY NAME W29560 COUNTY NO.
DATE MO. 03 DAY 12 YR. 79 (43 48)
APPROVED BY Donald W. Monaghan, Sanitarian

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
(SEQ. NO.)

HEALTH

A 5789 (SEQUENCE NO. (WRA USE ONLY))

(SEQ. NO.) (THIS NUMBER IS TO BE PUNCHED IN COLS. 2-9 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER: HILLEN CONTRACTORS INC (COL 18 LAST NAME / FIRST NAME)

STREET OR RFD: 12225 IOKA COURT (COL 36)

POST OFFICE: ELLICOTT CITY MD 21043 (COL 57)

B 1 CONTINUED (SEQ. NO.)

DRILLER INFORMATION

DATE: 3/8/79 LICENSE NUMBER: 209

HOWARD Dillon
FIRST NAME DRILLER LAST NAME

SIGNATURE: Howard Dillon

B 2 (SEQ. NO.)

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 300

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
- M MUNICIPAL WATER SUPPLY
- P PRIVATE WATER COMPANY

(M and P: MUST HAVE STATE HEALTH DEPT. APPROVAL)

- T TEST

APPROXIMATE DEPTH OF WELL: 250 FEET

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

80-87 AIR-ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER (C A P) ENGINEER REVIEW DISTRICT NO.

FORCE (WRITE INITIALS IN BOX) CONDITIONS (A E N S G W Q C L U) V V

B 4 CONTINUED (SEQ. NO.)

HEALTH DEPARTMENT APPROVAL

S STATE HEALTH (CIRCLE BOX)

Howard COUNTY NAME W29560 COUNTY NO.

DATE (MO. DAY YR.): 03 12 79

APPROVED BY: Donald W. Monaghan

Donald W. Monaghan, Sanitarian

B 5 SPECIAL CONDITIONS 8-65 (SEQ. NO.)

LOCATION OF WELL

B 3 (SEQ. NO.)

COUNTY: HOWARD (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION: TRIADELPHIA FARMS

SECTION: 2 LOT: 13D

NEAREST TOWN: GLENELG

MILES FROM TOWN (ENTER 0 IF IN TOWN): 1

B 4 (SEQ. NO.)

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

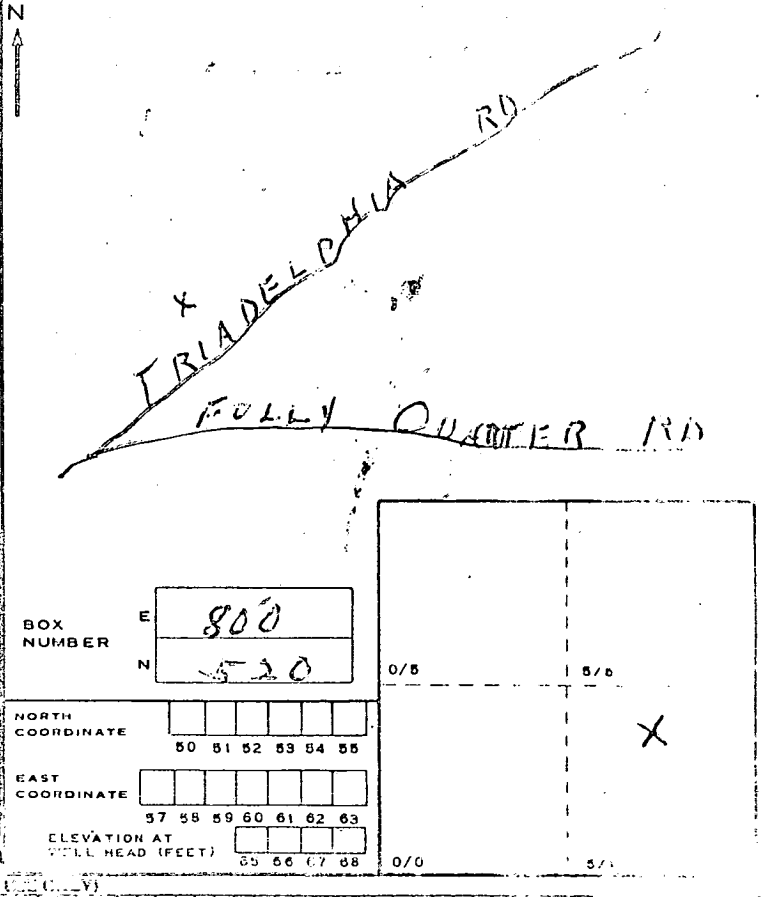
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD: TRIADELPHIA RD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) SOUTH (S) EAST (E) WEST (W)

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 100

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX GIVEN AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



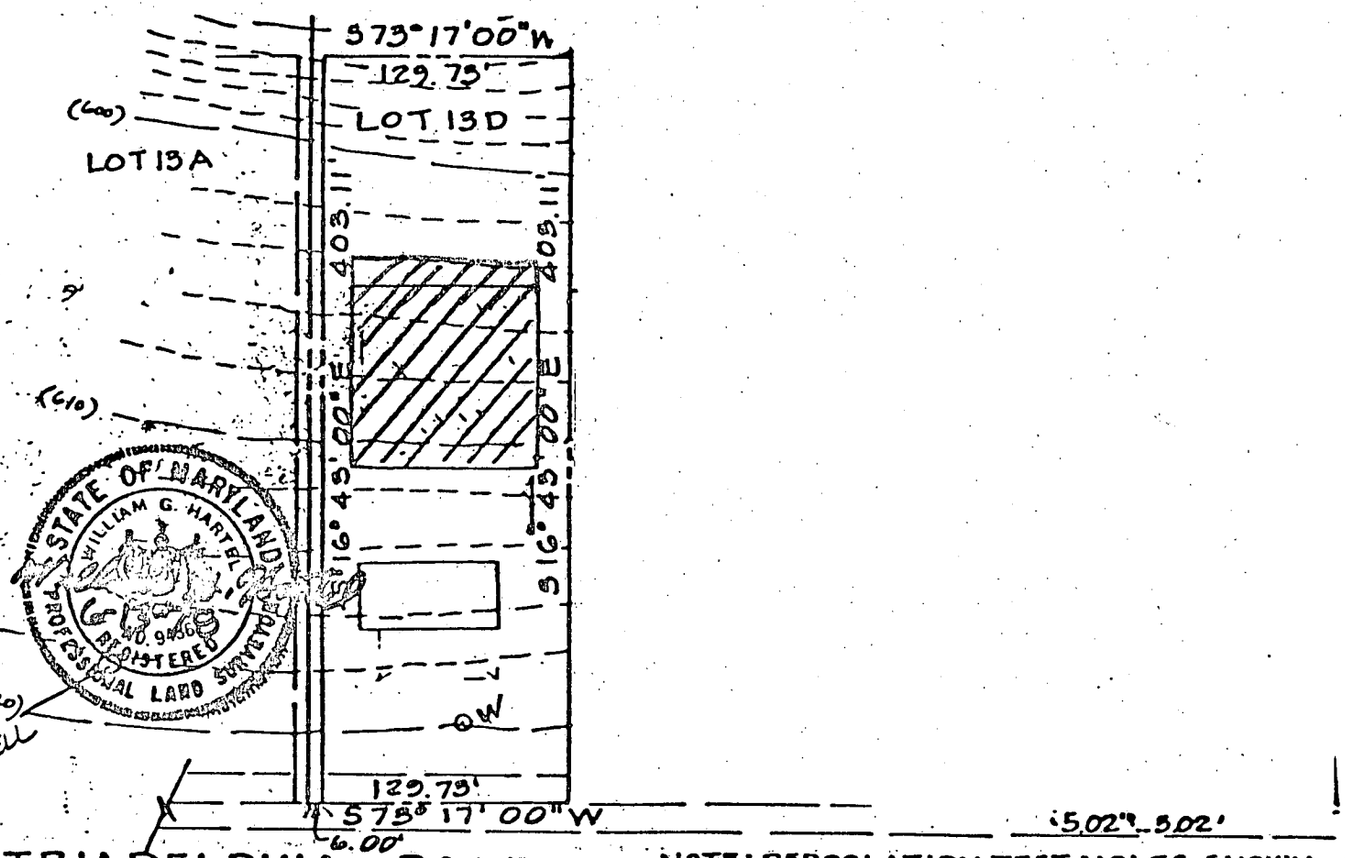
BOX NUMBER: E 800 N 520

NORTH COORDINATE

EAST COORDINATE

ELEVATION AT WELL HEAD (FEET)

13D



TRIADELPHIA ROAD
(30' R/W)

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT.

COUNTY HEALTH OFFICER — DATE 7-13-77

NOTE: PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED.

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

TITLE: PERCOLATION PLAT

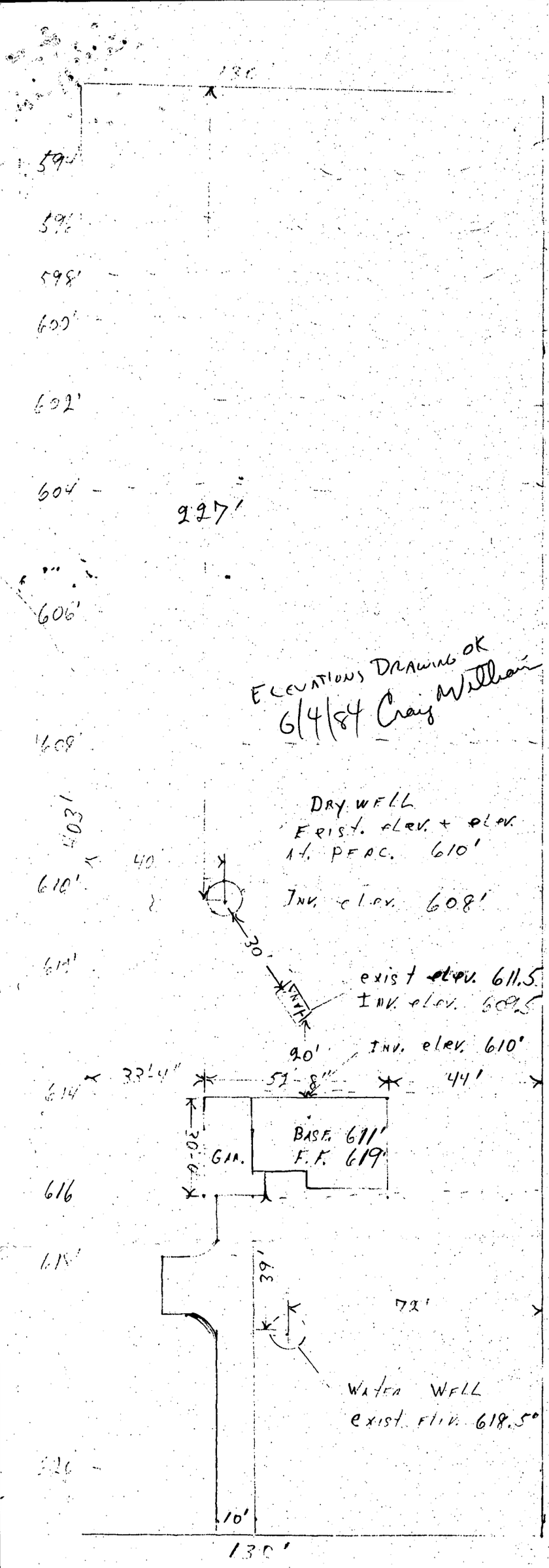
PROJECT: LOTS - 13D
TRIADELPHIA FARMS II

LOCATION: 3RD ELECTION DISTRICT HOWARD CO., MD.

DATE:	DESIGN BY:	DRAWN BY:	CHECKED BY:
7/19/77	W.H.N.	W.H.N.	D.R. JAC
SCALE: 1" = 100'	JOB NO.: 77102 78228	DRAWING NO.: 1 OF 1	

boender associates
engineers
surveyors
planners
BALTIMORE 301-465-7777 • SALISBURY 301-749-1286

13D



I CERTIFY THESE MEASUREMENT AND ELEVATIONS CORRECT FOR THIS PROPERTY

Christine Miller

JERRY PERSALL
Hillin Contractor, Inc. NOT IN FILE

PROPERTY OWNER ~~Elizabeth Miller~~ DATE OF REQUEST 12/14/84

TELEPHONE ~~531-3899~~ ~~988-9245~~ NEW WELL NUMBER ~~10-73-3208~~ No Log

DIRECTIONS OR INSTRUCTIONS 13356 Tridelphia Rd. LOT 13D

531-3899 Tridelphia Frams 2,

FAUCET ON FRONT OF HOUSE

NAME ~~Spiegel Enterprises~~ JERRY PERSALL

ADDRESS 12225 Tokay Court 13356 Tridelphia Rd

Ellicott City 21043

SAMPLE TYPE

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

REASON FOR REQUEST

- ____ Physician's Advice
- ✓ New Residence
- ____ Nitrate Monitoring
- ____ Taste or Odor
- ____ Treatment System Necessity
- ____ Plumbing or Well Repair
- ____ Replacement Well
- ____ Curiosity

SETTLEMENT DATE ____/____/____

SEPTIC SYSTEM: ✓ Approved ____ Disapproved DATE 9/24/84

CONDITION: A27898

SUPPLY TYPE: ✓ Drilled Well ____ Hand Dug ____ Spring ____ Public

CONDITION: 73-3208

FIRST SAMPLE COLLECTOR S Lampe TIME 10:15 DATE 12/19/84

✓ BACTERIA U 42, pH 5.9, Free Cl⁻ 00, Res. Cl⁻ 00, VOC ____

✓ CHEMICAL E 19, LEAD & COPPER ____, NITRATES ____, PESTICIDE ____

ACTION: Call after lab results - called 12/24/84

(COP) 12/20/84

RESAMPLE COLLECTOR S Lampe DATE 4/29/85

✓ BACTERIA VV326, pH ____, Free Cl⁻ ____, Res. Cl⁻ ____, TIME 10:30

____ CHEMICAL ____, Other ____

ACTION: ____

RESAMPLE COLLECTOR S Lampe DATE 9/4/86

____ BACTERIA XX498, pH ____, Free Cl⁻ ____, Res. Cl⁻ ____, TIME 10:00

ACTION: COP 9-10-86 ✓

RESAMPLE COLLECTOR ____ DATE ____/____/____

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

ACTION: ____

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Community ..... Non-Community ..... Private ✓
Routine ..... Check Sample ..... Special ✓
Source Parsall, 13356 Troadelphia Road
Bottle No. XX498 Time Collected 10:00 ☐ am ☐ pm
Treated ..... Raw ✓
Iced: Yes ☑ No ☐ Collector Stayer County Howard

13 County · Plant No. Sampling Station

09 04 86 Date Collected Card No.

pH Res. Cl: Free 0.0 Total 0.0

Laboratory Record

Thiosulfate: Pres. ☑ Absent ☐ Undetermined ☐

PRESUMPTIVE TEST*						CONFIRMED TEST							No. of Pos.
ml. of Sample	10ml.					ml. of Sample	10ml.						
Gas, 24 hours	—	—	—	—	—	Coliforms †	—	—	—	—	—		0
Gas, 48 hours	—	—	—	—	—	Fecal Coliforms ‡							

Coliforms/100 ml. (Membrane Filter) = ..

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

CZL 130

Date & Hour: Recd. SEP 4 1986 120 ☐ am ☑ pm Exam SEP 4 1986 ☐ am ☑ pm
Rept. SEP 8 1986 10 50 Bacteriologist P.I. CAASL Ph.D P.M.

Remarks .....

CENTRAL Laboratory Lab No. 5[illegible]

DHMH-86 (12/84)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

Community ..... Non-Community ..... Private ... L .....

Routine ..... Check Sample ..... Special .....

Source PERSALL, 13356 TRIADELPHIA RD.

Bottle No. VV326 Time Collected 10:30 ☐ am ☐ pm

Treated ..... 505# Raw .....

Iced: Yes ☑ No ☐ Collector STAFF County HOWARD

13 County | Plant No. | Sampling Station

04 29 86 Date Collected | Card No.

pH | Res. Cl: Free 0.0 Total 0.0

Laboratory Record

Thiosulfate: Pres. ☑ Absent ☐ Undetermined ☐

PRESUMPTIVE TEST* — 10ml.

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

CONFIRMED TEST — 10ml.*

ml. of Sample	10ml.					No. of Pos.
Coliforms †	–	–	–	–	–	0
Fecal Coliforms ‡						

Coliforms/100 ml. (Membrane Filter) = ..

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: Recd. APR 29 ☐ am ☑ pm Exam APR 30 ☐ am ☑ pm

Rept. MAY 1 1986 4 Bacteriologist Cain

Remarks .....

..... Laboratory Lab No. .....

DHMH-86 (12/84)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

Community ..... Non-Community ..... Private ✓

Routine ..... Check Sample ..... Special .....

Source MILLER, 13356 THURSTON RD.

Bottle No. 42 Time Collected 10:15

Treated ..... Raw ✓

Iced: Yes ☑ No ☐ Collector S. TAYLOR County HOWARD

13 County | Plant No. | Sampling Station

12/19/84 Date Collected | Card No.

pH 5.9 Res. Cl: Free | Total |

Laboratory Record

Thiosulfate: Pres. ☑ Absent ☐ Undetermined ☐

PRESUMPTIVE TEST*

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

CONFIRMED TEST

ml. of Sample	10ml.					No. of Pos.
Coliforms †	–	–	–	–	–	0
Fecal Coliforms ‡						

Coliforms/100 ml. (Membrane Filter) =

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

230

Date & Hour Recd. ..... Exam. DEC 20 1984

Rept. 405 Bacteriologist Coani

Remarks .....

CENTRAL Laboratory Lab No. .....

50M

DHMH - 86 (2/84)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LABORATORIES ADMINISTRATION

REPORT OF WATER ANALYSIS

Bottle Number: E 19 Name: ELIZABETH MILLER County: HOWARD

Source of Sample: 13356 TRIADELPHIA RD (Street / Town or City) Collector: STAYER

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

Remarks:

13			12/19/84	10:15 AM		L
County	Plant No.	Sampling Station	Date Collected	Time	Acid	Iced

Field Data: pH* | Chlorine Residual: Free | Total | Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
✓	pH*	011	6.8		Arsenic	253	
✓	Alkalinity (Total)	040	19.		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	21.		Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	1.9		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
✓	Chloride	091	6.	✓	Iron	122	0.48
	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)

Bruce L. Solnick, Ph.D.

Date Received DEC 19 1984 Date Reported DEC 24 1984 Chemist Lab No. 008566

50M

DHMH 90-1-10/82

July 1, 1985

Hillin Contractor, Inc.
12225 Ioka Court
Ellicott City, Maryland 21043

RE: Elizabeth Miller
13356 Triadelphia Road
Lot 13-D
Triadelphia Farms II

To Whom It May Concern:

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-73-3208. 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.

December 20, 1985
Date

Craig Williams
Approving Authority
Craig Williams, Director
Water and Sewerage Program

CW/JS:JR

Well Approved: 4/19/79
Septic Approved: 9/24/84

2/3/86 - Sent L-S-S-P

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 29, 1986

Mr. Jerry Persall
13356 Triadelphia Road
Ellicott City, Maryland 21043

Dear Mr. Persall:

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-73-3208.

September 4, 1986
Date of Final Sampling

September 10, 1986
Date of Acceptance

Craig Williams
Craig Williams, Director
Water and Sewerage Program

Date Well Approved: 4/19/79
Date Septic Approved: 9/24/84

Water Sample Dates: 4/29/86
9/04/86