

2-15-87
LATE AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-384184
INDEXED

P 39284

A 26264

DISTRICT 5th

DATE 4/30/87

DATE SYSTEM APPROVED 6-16-87

INSPECTOR JEN

A1
~~Back Enoch~~ Whitworth

IS PERMITTED TO INSTALL X ALTER

ADDRESS PHONE 988-9270

SUBDIVISION Scafone Property ROAD 4875 Greenbridge Rd LOT 2

PROPERTY OWNER Michael Asbacher

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 - 190 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 7½ feet below original grade. Effective area begins at 3½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Includes adjustment to perc field for additional well sites. Place 1st trench 80-20 feet down the right (135.40') lot line (from the right rear junction) and 100 feet off the right (135.40') lot line as seen when facing property from Greenbridge Road. Run trenches along contour toward the left (175 & 127.88 juncture) lot lines. NOTE: MAINTAIN 75 FEET MINIMUM FROM WELL TO SEPTIC. ✓

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

PLANS APPROVED BY Bert Nixon DATE 9/15/86

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(IES).

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.

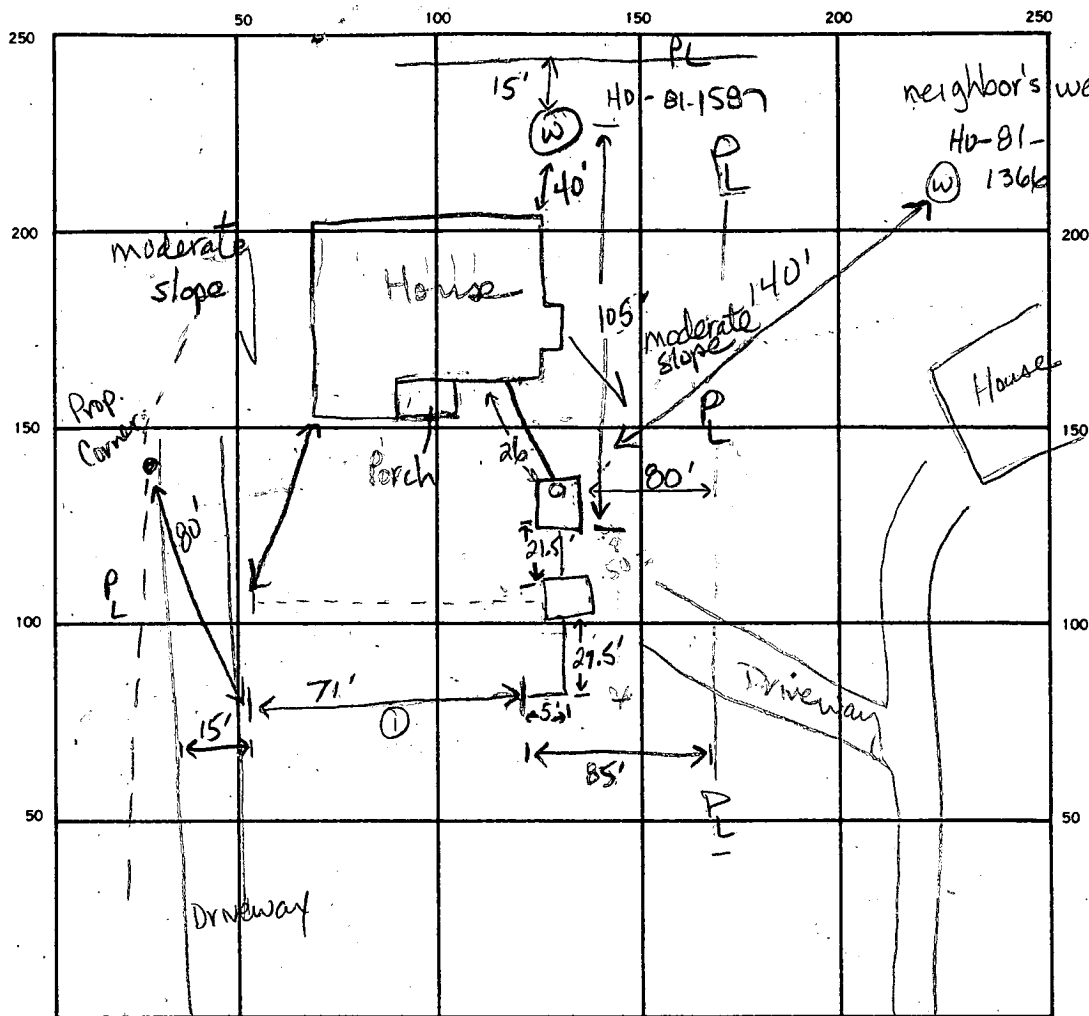
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

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

EH - 2-1186

A26264

37
24
138
648
760
6
7



190
570
1425
4570
17
16
10
8
20

142.5 ft
@ 4' stone

20
20
80
142.5
20
160
80
80

Permit
Continue
Final

INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

Green bridge Road

440-3406 A1

SEPTIC TANK. LEVEL ✓ 1500 gal CLEANOUTS 1 ST ✓ car Tam on

DISTRIBUTION BOX. LEVEL ✓ 1 OK 2

DRAIN FIELD/TILE FIELD. DEPTH 8.5 8 ft. TRENCH WIDTH 2 FT. INLET DEPTH 3 4.0 FT.

EFFECTIVE GRAVEL DEPTH 5.5 4.0 FT. TOTAL LENGTH 71 72 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 676.5 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 676.5 SQ. FT.

REMARKS 6-15-87 1st trench ok to add No. 2 stone and pipe. JEN

6-15-87 1st trench ok to cover. Excavate second trench. JEN

6-16-87 Ok to add stone & pipe to second trench. Remove obstruction at base of trench half way along line. Add more grout to dist. box openings around pipes. JEN

6-16-87 Trench to well excavated to 3.8'. Pump installer will call for WPI.

DATE SYSTEM APPROVED 6-16-87

INSPECTOR Jane E. Madear

APPLICATION

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: 992-2330

A 33584

P _____

DISTRICT 5th

DATE 2/22/84

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 Chris Mitchell

ADDRESS 9105 Blues Alley, Apt. E PHONE 490-6169

PROPERTY LOCATION:

SUBDIVISION Tax Map 28, Block 8, Parcel 302 LOT NO. 2

ROAD AND DESCRIPTION Ten Oaks Road

SIZE OF LOT _____ TYPE BLDG. _____
(NUMBER OF BEDROOMS)

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

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY Stanga FOR _____ DATE 2/27/84

HOLD PENDING FURTHER TESTS _____ DATE _____

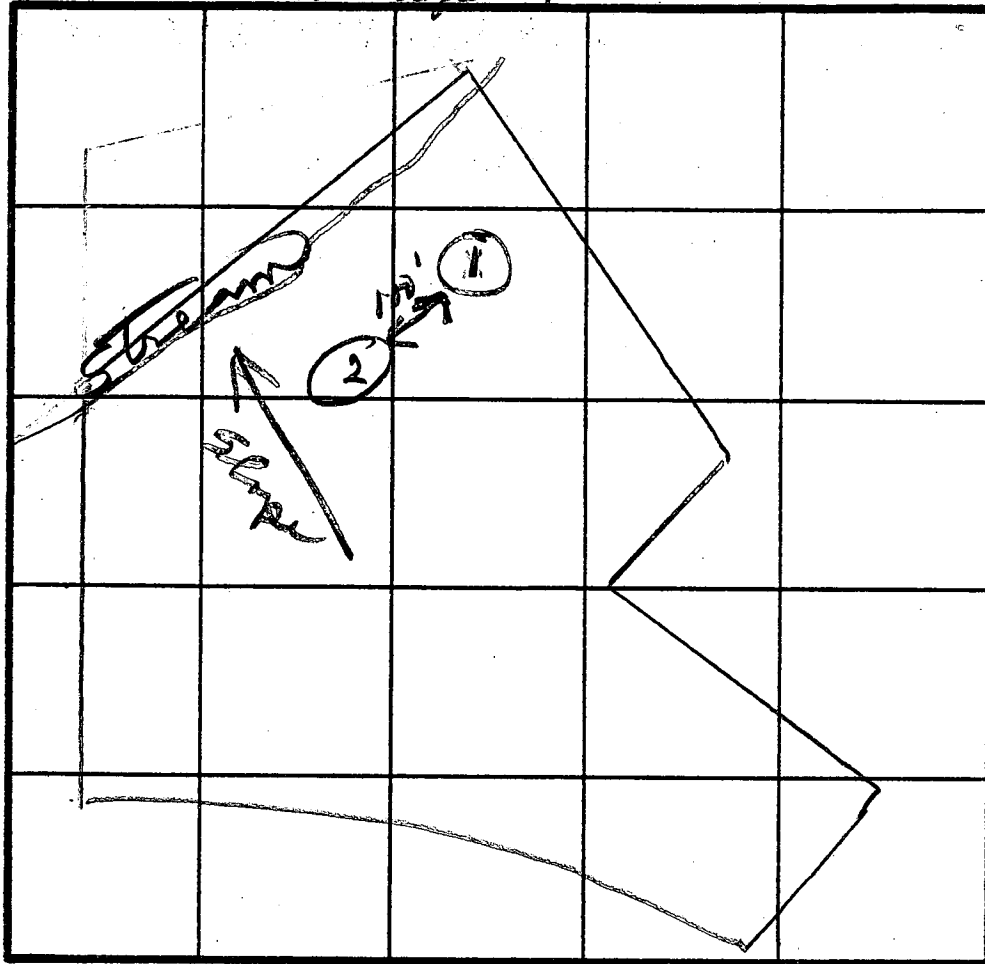
REASONS FOR REJECTION OR HOLDING low area high water table

THIS IS NOT A PERMIT

Greenbridge Rd

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

10 Oaks Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/27/04	1	12	water at 8 ft				
	2	8	heavy clay very wet				

REMARKS

Lot lines uncertain -

TYPE OF SOIL

TESTED BY

JS

ALSO PRESENT

Eric

APPLICATION

A 26264

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 5DATE 6/28/777/29/77
9:30 a.m.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 ASBACHER, MICHAEL
JAMES C. & IRENE F. SCATONE SR.ADDRESS 4838 TENDAKS Rd Dayton Md 21036 PHONE 5965528

PROPERTY LOCATION:

SUBDIVISION Dayton Estates Howard County LOT NO. 2ROAD AND DESCRIPTION GREENBRIDGE Rd Dayton Md BLDG. PERMIT SIGNED
4875 Greenbridge Rd. AND RETURNED 8/27/78
SBWSIZE OF LOT 1 AC + TYPE BLDG. 4 BPH 8313
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 James C. Scatone Sr.APPROVED BY DJO/W FOR DJO/W DATE 9/13/77
(KIND OF SYSTEM)REJECTED BY R/T FOR _____ DATE 9/21/77
(KIND OF SYSTEM)HOLD PENDING FURTHER TESTS DJO/W DATE 8/15/77REASONS FOR REJECTION OR HOLDING OK, hold for revised plat9/2/77 NEW PROPOSED LOT 2 Rejected
Water in Two Low Holes. But Lot 2 is
OK subdivided so that 4 Good Holes tested**THIS IS NOT A PERMIT**8/14/77 are used Certified Test Nov

see
line sheet
attached
for hole
site

		see plot		

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/12	15	5		154	154	22	8
	9	13'	202	211	219	247	28
	28	5	219			214	5
	9	13'	212	222	212	234	13
	4s	3'	215	219	215	231	5
	3d	13'	229	234	229	234	5
	3	visual - OK to use for					
		3-13'	Dry well				
9/2/77	5V	12	TOP 3 FT CLAY BOT. SANDY WATER 11 FT.				
9/2/77	6V	12	TOP 4 FT CLAY BOT. SAND WATER 11 FT.				

REMARKS

hard at 19' Would allow system to 9'

TYPE OF SOIL

in high areas.

TESTED BY

P. J. O'Brien

ALSO PRESENT:

Scapone

62

NEW
PROPOSED LOT 2
DAYTON ESTATES GREEN BRIDGES

PROPOSED NEW B

225
BASE

OT = old
test of
8/12/50
tested by
D.O.C

50
M

OT

100

5

125

90

125

OT

6

300

FRONT

STREAM

Tested by R.H. on 9/2/77
Scone &

B 1	4437	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	OEP PERMIT NUMBER 10-81-1587
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			please print or type	
Date Received 06/13/86			LOCATION OF WELL	
OWNER INFORMATION 15 Last Name: ASKROVE Owner: MICHAEL First Name: 34 36 Street or RFD: 12407 HICKORY TREE 55 57 Town: CERMONTOWN 70 State: 72 MD 74 Zip: 76 20874			8 COUNTY: 10 HOWARD 21 23 SUBDIVISION: 42 SCARFONE PRO 40 302 SECTION: 44 46 LOT: 48 50 7 52 NEAREST TOWN: 71 DAYTON MILES FROM TOWN (enter 0 if in town): 73 1 76 77 78 MI	
DRILLER INFORMATION Driller's Name: George F. Easterday 77 License No. 80 19 Firm Name: L. Franklin Easterday, Inc. Address: 9265 Brown Ch. Rd., Mt. Airy, Md. 21771 Signature: George F. Easterday Date: 6/13/86			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 11 30 NEAR WHAT ROAD: 11 GREEN BRIDGE RD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 37 DISTANCE FROM ROAD: 34 250 37 ENTER FT or MI: 38 39 FT	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.): 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 14 20			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: 10 HOWARD 30 OEP SIGNATURE: A-26264 DATE ISSUED: 070386 43 48 CO-SIGNATURE: 01/03/87 57 63 NORTH GRID: 50 51 000 55 EAST GRID: 57 0803000 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			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 	
APPROXIMATE DEPTH OF WELL: 24 200 28 FEET APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST			METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary 37 AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other:	
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE): 41 52			DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY)				
APPROP. PERMIT NUMBER: 54 63 GAP				
FORCE: 167 68 WRITE INITIALS IN BOX PERMIT No. 170 71 72 73 74 75 76 77 78 79 10-81-1587				
SPECIAL CONDITIONS				

10/7/86
↑
NO ONE
SHOWED
(later
cancelled)

A.T. only

casing
18' open hole

Location - new site 1
previously field
located & OK'd

10/8/86

Ground only

20' casing
5+ bags

Dry hole to be filled in

14' hole

3 dry bags

1 reg.

rock shavings to
surface

C1 5216		SEQUENCE NO. (OEP USE ONLY)		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.			
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		6						COUNTY NUMBER A-26264			
DATE Received 8 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 13		DATE WELL COMPLETED 15 100886 20		Depth of Well 22 300 26 (TO NEAREST FOOT)				PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-RI-1587 28 29 30 31 32 33 34 35 36 37			
OWNER AS RACHSR last name		MICHAEL first name		TOWN DAYTON							
STREET OR RFD GREENBRIDGE ROAD		SUBDIVISION SCAFONE PROP		SECTION				LOT 2			
WELL LOG Not required for driven wells				GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 NO. OF POUNDS 500 GALLONS OF WATER 25 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 18 ft. (enter 0 if from surface)				C3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 9 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 WHEN PUMPING 10 25 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER MAIN CASING TYPE ST 6 20 Nominal diameter top (main) casing (nearest inch) 6 20 Total depth of main casing (nearest foot) 20 20				PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot) 2 50 51			
DESCRIPTION (Use additional sheets if needed)				OTHER CASING (if used): diameter inch from to				LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) well 30' 250' Right lot line			
FEET FROM TO				SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN BRONZE HOLE PLASTIC OTHER C2 DEPTH (nearest ft.) HO 18 300 SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68							
CIRCLE APPROPRIATE LETTER A 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. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				TELESCOPE CASING LOG INDICATOR OTHER DATA 70 72 74 75 76							

Review OKD (B) 12/3/86

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 1587
Location of property (road) GREENBRIDGE
Subdivision SCAFONE PROPERTY Lot 2 Block Plat Sec.
Well Driller GEORGE EASTERDAY Owner ASBACHER, MICHAEL

Depth of well 300 8 GPM
Distance of measuring point (M.P.) above ground 24"
Static water level (S.W.L.) below M.P. 36'

1. High rate pumping -- reservoir drawdown
Time pump started 12:20 Pumping rate 12 GPM
Total time 10 mins to reach pumping water level 60' ft. below M.P.

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

[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 ☒
Replacement ☐

Receipt # 39770
Date 6-17-87

Name of Installer Allen M. Van Sant Inc

Telephone 442-2221

License number 1862
Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner _____ Telephone _____

Subdivision _____ Lot # _____ Well tag # _____

Site Address 4875 Green Bridge Rd.
Dayton Md 21036

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒

2. Make Goulds

3. Model # 5K507412

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 _____

Motor

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

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

Tank

1. Capacity 42
2. Pressure relief valve? ☒

Piping

1. Type 160 LB
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 3 ft

Well data

1. Depth 300 ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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: _____

Date: 6-17-87

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

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.)

Michael Asbacher
(Name)

12407 HICKORY TREE WAY J
(Address)
Germantown, Md. 20874

HO-81-1587
(OEP Well Permit Number)

JUNE 13, 1986
(Date)

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION SCAFONE PROPERTY LOT 2 ZIP _____OWNER ☐ ADDRESS _____ PHONE _____OCCUPANT ☐ ADDRESS _____ PHONE _____COMPLAINANT MAURAGEN ASBACHER ADDRESS 4875 GREEN BRIDGE RD PHONE 854-3665REASON FOR INVESTIGATION MS ASBACHER INDICATES SHE HAS A SMELL OFGASOLINE IN HER WATER AND WOULD LIKE IT SAMPLED. SHE HAS BEEN IN HERNEW HOME FOR SEVERAL MONTHS, BUT HAS NOT REQUESTED SAMPLING FOR CERTIFICATE OF POTABILITY.
CODES _____RECEIVED BY CWILLIAMS DATE 1/13/88 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT -SHE INDICATES A NEIGHBOR HAS CONFIRMED THE PRESENCEOF GASOLINE IN THEIR WELL 1/13/88 CWTECHNICAL SERVICES CONFIRMS BENZENE IN WELL. WILL BENOTIFYING ASASBACHER AND CONTINUING THE INVESTIGATION.

DATE SUBMITTED _____ SANITARIAN _____

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

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CODES _____

RECEIVED BY CWILLIAMS DATE 1/13/88 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT - SHE INDICATES A NEIGHBOR HAS CONFIRMED THE PRESENCE
OF GASOLINE IN THEIR WELL 1/13/88 CW.

TECHNICAL SERVICES CONFIRMS BENZENE IN WELL. WILL BE
NOTIFYING ASBACHER AND CONTINUING THE INVESTIGATION.

DATE SUBMITTED _____ SANITARIAN _____

GREEN BRIDGE ROAD

Wakely
P 137
471 / 553

12° 46' 29" W 161.01'

Limit of 100 year flood plain

Limit of 100 year flood plain

50' B.R.L.

LOT 3 2024 Ac.
J. Capece

Exist. 2 Story
Frame Residence



Exist. Garage

New Well

121.48'
R = 395.98'

Driveway

PERMIT # 8303
4875 GREENBRIDGE RD.
DAYTON, MD.
ASBACHER

R.E. Hansen
P 171
600 / 319

Electrical Transformer

Proposed
Garage
Well

WELL SITE #1
WELL SITE #2
WELL SITE #3
WELL SITE #4
WELL SITE #5
WELL SITE #6
WELL SITE #7
WELL SITE #8
WELL SITE #9
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WELL SITE #96
WELL SITE #97
WELL SITE #98
WELL SITE #99
WELL SITE #100

Proposed 1/2 story frame
residence. Fin. fl. elev. 564.0'

J.C. Scafone
P 170
600 / 321

GRAVEL DRIVE

N 72° 47' 17" W
175.00'

LOT 2 1.476 Ac.
M. Asbacher

GRAVEL DRIVE

Exist. Gravel
Driveway

N 68° 32' 43" E 239.46'

544 Shipp
P 31
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