

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-307042

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

P 48044

A 28396

DISTRICT 3rd

DATE 4/16/92

DATE SYSTEM APPROVED 4/21/92

INSPECTOR RH

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 558R Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Farside LOT 28 ROAD 11698 Foxspur Court

PROPERTY OWNER Earl David Walter

ADDRESS

SEPTIC TANK CAPACITY 2000 (per owner) 7/18/91 1250 GALLONS

NUMBER OF BEDROOMS 4 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 36 per bedroom.

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

LOCATION - Place the distribution box 275 feet from the front lot line and 188 feet from the left lot line as seen when facing the lot from Foxspur Court. Run the trenches away from the water well toward the left 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 11 JAN 91 RH

14 JAN 91 REVISED PLAN OK

PLANS APPROVED BY Raymond Hodges Revised cm DATE 12/18/90

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, 90° ELBOWS NOT ACCEPTABLE.

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(ES) 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

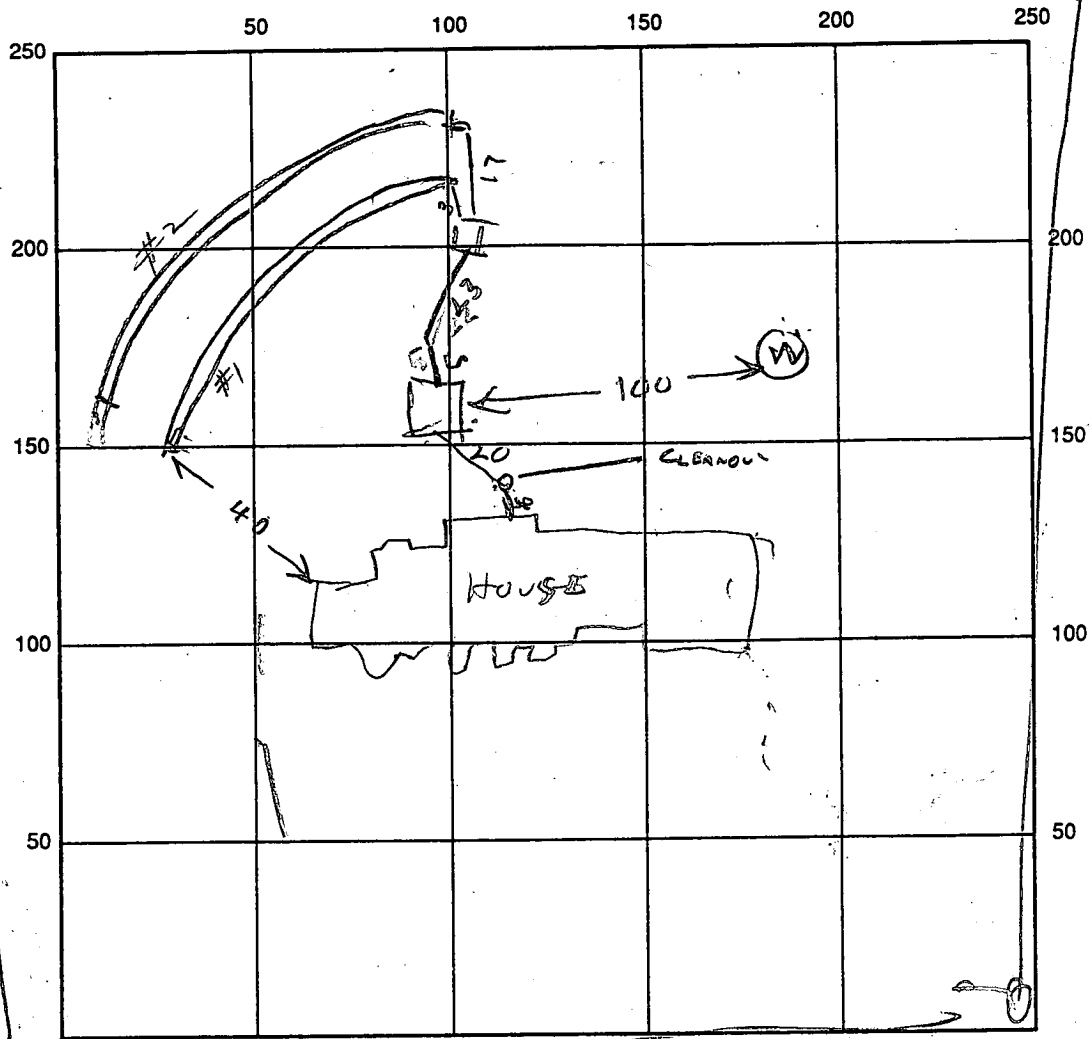
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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 PVA 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**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

FOLSON COURT

SEPTIC TANK LEVEL 2000

CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 9 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT.

TOTAL LENGTH 93/94 FT. 87

NUMBER OF TRENCHES 2

ONE SIDEWALL/BOTTOM AREA 935 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 4/21/92^{am} ADD STONE TO TRENCHES R HODGES

4/21/92^{pm} - STONE ADDED RH

DATE SYSTEM APPROVED 4/21/92

INSPECTOR Raymond Hodges

APPLICATION

A 28396

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 3DATE May 12, 1978*Specs on separate sheet*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 Woodmark, Inc. Earl David WalterADDRESS 9267 Balto. Nat'l. Pike PHONE 730-7488
661-2889

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 2928ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 144, left on Folly Quarter, left on
Homewood, 1 mile to property on left 11698 Foxspur CourtSIZE OF LOT 3 plus acres TYPE BLDG. 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 [Signature]APPROVED BY Raymond Hoyle FOR Dry Well DATE 10/29/79
(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 3/5/92Serial # 41405underground propane tank

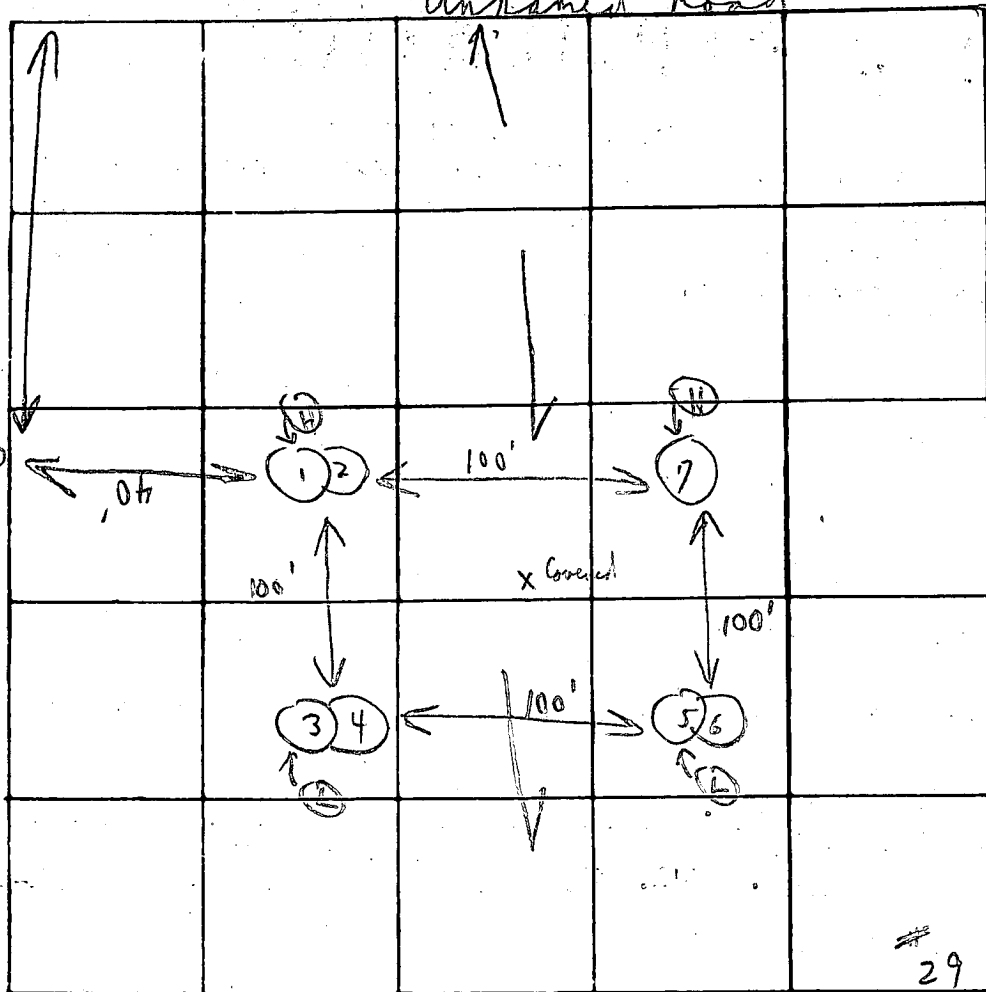
BLDG. PERMIT SIGNED

AND RETURNED 4/8/91Serial # 435672-SFD.4 Bedroom

THIS IS NOT A PERMIT

561

430



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Soil Profile

Below
clay

loam

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1/1/78	1 7 1/2'	4 1/2'	1:34	1:35	1:35	1:37	2m
	2	12'	1:35	1:36	1:36	1:38	2m
	3 7'	6'	1:38	1:39	1:39	1:40	2m
	4	13'	1:38	1:39	1:39	1:41	2m Full
	5	3 1/2'	1:42	1:43	1:43	1:45	2m
	6	12 1/2'	1:42	1:44	1:44	1:46	2m Full
	7	4' 11 1/2'	Visual similar to others				
Retest	Mr. W. C. 1 B	4 1/2'	1:51	1:52	1:52	1:54	2m
re.	1 C	4 1/2'	1:55	1:56	1:57	1:59	2m
	2 B	12'	1:51	1:53	1:53	1:57	4m Full

all very fast
times

REMARKS

Tested in open

per stake # 29

TYPE OF SOIL

(Mr. Wine on site)

TESTED BY

C. B. S.

ALSO PRESENT:

Retest

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, MARYLAND 21043
TELEPHONE: 992-2330

A 28894

P _____

DISTRICT 3rd

DATE 9/20/78

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 Mark Wakefield

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 28

ROAD AND DESCRIPTION Homewood Road

SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Philip Ottenritter

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

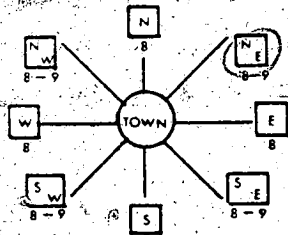
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/21/78 PERC OK RH

THIS IS NOT A PERMIT

28

ALSO PRESENT

B 1 9833 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY) 1:30 P.m Grant 1st 12/16/82	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HO-73-4341 fill in this form completely
Date Received 1 1 2 6 8 2 (OEP Use Only)		LOCATION OF WELL COUNTY HOWARD SUBDIVISION FAR SIDE SECTION 23 LOT 28 NEAREST TOWN CLARKSVILLE MILES FROM TOWN (enter 0 if in town) 3	
OWNER INFORMATION Last Name WAKEFIELD Owner MARK 34 Name 12150 MT ALBERT RD. Street or RFD ELLICOTT CITY 21043 Town State Zip		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 1 Continued DRILLER INFORMATION Ernest B. Cochran Driller's Name G. EDGAR HARR SONS CORP. Firm Name 15047 FALLS RD CLARKSVILLE 21033 Address 11-23-82 Signature Date		B 4 NEAR WHAT ROAD FOXSPUR CT. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 259 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) FT	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 26' casing 2. 1' above gr. 3. 24' open 4. 6' deep cement WRITE THE BOX NUMBER FROM THE MAP HERE 820 4 510 4 12/10/82	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH			
METHOD OF DRILLING (circle one) BORED (OR AUGERED) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> JETTED & DRIVEN <input type="checkbox"/> AIR ROTARY <input type="checkbox"/> AIR PERCUSSION <input checked="" type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE ROTARY <input type="checkbox"/> DRIVE POINT <input type="checkbox"/> other _____			
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) _____			
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER G A P FORCE ES WRITE INITIALS IN BOX ES PERMIT No. HO-73-4341 SPECIAL CONDITIONS 8-63			
B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A28396 COUNTY NO. OEP SIGNATURE Frank Shenn DATE ISSUED 12/16/82 CO SIGNATURE _____ NORTH GRID 514 EAST GRID 0224 EXPIRES 060783			

C1 3281	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.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER A 28396	

Date Received (OEP use only)	DATE WELL COMPLETED 12/5/82	Depth of Well 150 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-4341
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OWNER last name Wakefield first name Mark	STREET OR RFD Foxspur Court	TOWN Clarksville
SUBDIVISION Farside	SECTION	LOT 28

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 FROM TO	Check if water bearing
OVERBURDEN	0 9	
BROWN SHALE	9 24	
GREY ROCK	24 150	X

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO N	
TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC	
NO. OF BAGS 6 NO. OF POUNDS 600	
GALLONS OF WATER 36	
DEPTH OF GROUT SEAL (to nearest foot) from 8 ft. to 26 ft. (enter 0 if from surface)	
CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER	
MAIN CASING TYPE S7 Nominal diameter top(main)casing (nearest inch) 6 Total depth of main casing (nearest foot) 26	
OTHER CASING (if used) diameter inch. depth (feet) from to	

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER	
DEPTH (nearest ft.) 26 150	
SLOT SIZE 2 3	
DIAMETER OF SCREEN (NEAREST INCH) 60 60	
GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F	
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.) 70 72	
W Q 74 75 76	
TELESCOPE CASING LOG INDICATOR OTHER DATA	

C 3 (Seq. no.)	
PUMPING TEST HOURS PUMPED (nearest hour) 3	
PUMPING RATE (gal. per min. to nearest gal.) 13.63	
METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING 30'	
WHEN PUMPING 141' 3"	
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 YES NO Y N	
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))	
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 LAND SURFACE	
- below (nearest foot) 50 51	

CIRCLE APPROPRIATE BOX	
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.	
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DRILLERS IDENT. NO. 120
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

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)	
1000' 55'	

Well Permit No. HO - 73-4341

Depth of well 150'

Distance of measuring point (M.P.) above ground 8"

Static water level (S.W.L.) below M.P. _____

1. High rate pumping -- reservoir drawdown

Time pump started 0845 Pumping rate 14.05
Total time 180 to reach pumping water level 141'3" ft. below N.P.

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

[illegible]

4/30/92 (Late T/C 10:00)
(A.M. or P.M.)
1:00 p.m. of the fee
covered by 2:00 p.m.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
Replacement _____ Date _____
Name of Installer Easterday Telephone _____
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____
Name of Property Owner _____ Telephone _____
Subdivision FAR SIDE Lot # 28 Well Tag # 40-73-9341
Site Address FOXSPUR COURT

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible _____ a. 110 _____
2. Make _____ b. 220 _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from
vibrations? Torque arrestors _____ Cable guards _____ Other _____
Tank Piping Well data
1. Capacity _____ 1. Type _____ 1. Depth _____ ft.
2. Pressure relief _____ 2. Size _____ 2. Yield _____ GPM
valve? _____ 3. NSF and/or BOCA _____ 3. Static water
Code approved _____ level _____ ft.
4. Depth of supply _____ 4. Will water supply
line _____ 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: _____

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

4:12 PM
4/30/92
HD-215

- COULD NOT INSPECT COVERED

RH

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030
(410) 252-7742

REPORT DATE: Aug 13, 1992

County Howard

Lab Number 92-2833

Sample iced Yes

Residual Cl_2 <0.1 mg/L

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Mr. Dave Walter
9002 Moving Water Lane
Columbia, Maryland 21046

Property Sampled: U&O: 11698 Foxspur Court

Station Sampled: Laundryroom tap

Tax Map #:

Date/Time Sampled: Aug 11, 1992 11:50 am

Parcel #:

Owner, Telephone No.: Walter

Sampler: P. Kellner #92-245

Subdivision Name: Farside

Lot Number: 28

Building Permit No.: 35672 41405

Well Number: HO-73-4341

Observation: Satisfactory

RESULTS OF ANALYSIS:

Nitrate — N (mg/L)

0.8 **PASS**

10 mg/L *

Turbidity (NTU)

1.5 **PASS**

10 NTU *

pH (Units)

5.8

6.5 - 8.5 Units

SAND

NEGATIVE

COLIFORM BACTERIA (MPN/100 mL)

< 1.1 Total (0 of 10 tubes +) **PASS**
Fecal (— of 10 tubes +) **NR**

< 1.1 (0 of 10 tubes +) *

COLIFORMS / 100 mL (MF)

PASS
FAIL

< 1 Coliforms / 100 mL *

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was **SAFE** for drinking purposes.

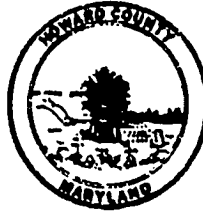
* MCL = Maximum Contamination

NR = Not Requested


Sharon K. Cassell

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 - 461-9958
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

August 14, 1992

Mr. Dave Walter
9332 Monrovia Water Lane
Columbia, Maryland
21043

RE: LOT # 29 - Fenced
11698 Forsgren Court
Well Tag # HO-73-4341

Dear Mr. Dave Walter,

This is to advise you that the septic system was installed, inspected and approved on April 31, 1992.

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

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-73-4341. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department with six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

Date of Water Sample

August 11, 1992

Date Well Approved

December 15, 1985

Charles B. Streaker

Approving Authority
Charles B. Streaker, Sanitarian
Water and Sewerage Program



HOWARD COUNTY HEALTH DEPARTMENT

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

Reply to: Charles B. Streaker
313-2640 or 313-2641

November 6, 1992

Mr. Dave Walter
11698 Foxspur Court
Ellicott City, Maryland 21042

RE: Lot 28, Farside Subdivision
11698 Foxspur Court
Well Permit #73-4341

Dear Sir:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some pathogenic bacteria could enter your water supply at anytime.

It is recommended that the well casing, seal or cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact the Health Department at 313-2640 to arrange for follow-up testing.

If further information is needed, please call 313-2640 between 8:00 a.m. and 5:00 p.m.

Very truly yours,

Charles B. Streaker, R.S.

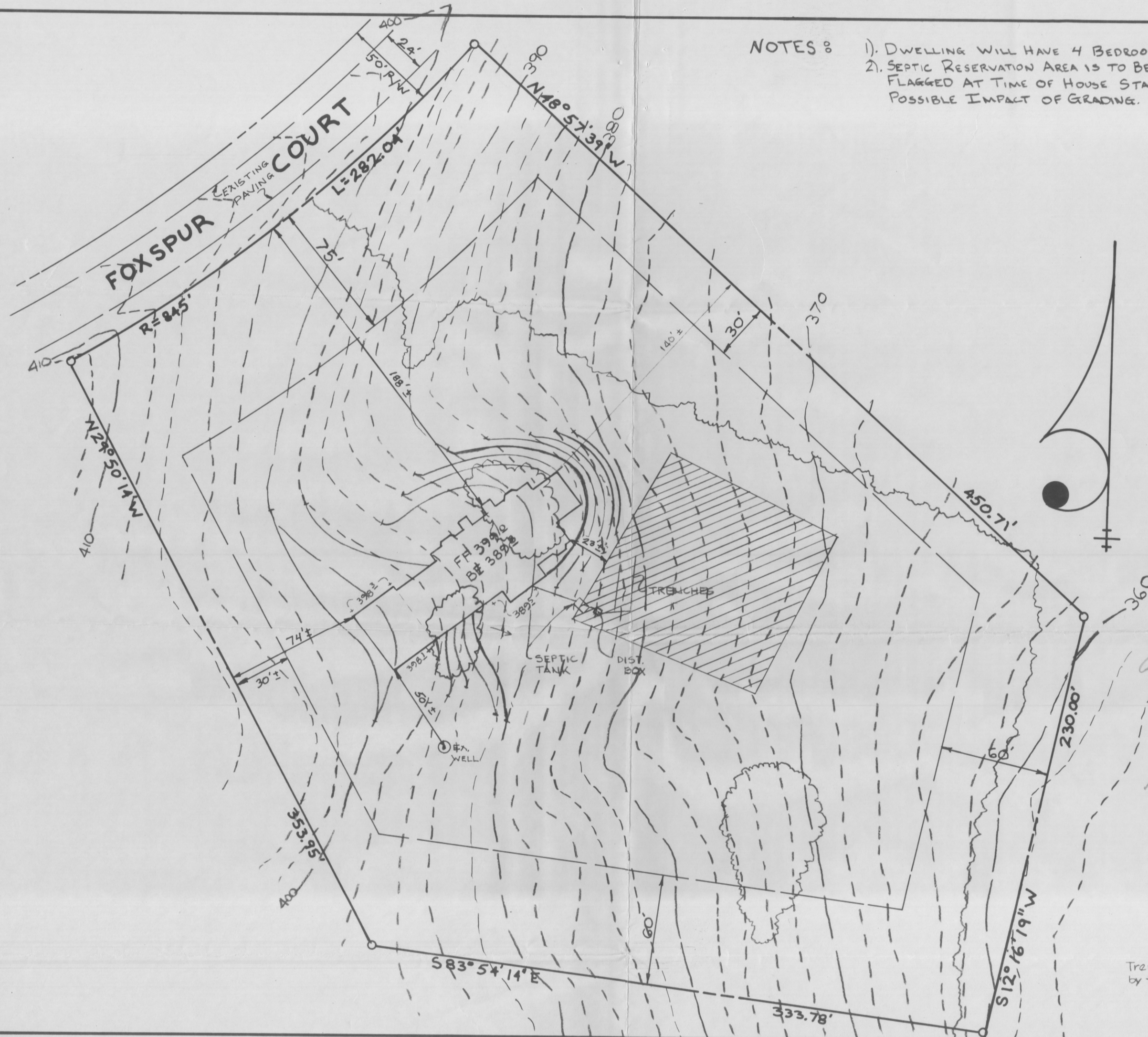
Charles B. Streaker, R.S.
Water and Sewerage Program

CBS:hs

Enclosure

NOTES :

- 1). DWELLING WILL HAVE 4 BEDROOMS.
- 2). SEPTIC RESERVATION AREA IS TO BE STAKED AND FLAGGED AT TIME OF HOUSE STAKEOUT DUE TO POSSIBLE IMPACT OF GRADING.



BP 35672
Build Permit
Signed 11/10/91

11/14/91
PLANS OK
RH

SEPTIC INFO	
Inv. @ House	387.0
Inv. @ Tank	
In:	384.2
Out:	383.8
Inv. @ Dist. Box	
In:	381.2
Out:	380.8

Trench LENGTH to be determined by the Howard County Health Dept.

C.B. MILLER ASSOCIATES, INC.
REGISTERED LAND SURVEYORS

13054 TARRAGON ROAD
REISTERSTOWN, MARYLAND 21136
(301) 833-5905

12-3-90

John Hamill

SITE PLAN

LOT 28

"FARSIDE"

PLAT # 4407
TAX MAP 29 3rd ELECTION DIST.
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

DATE: 11/21/90

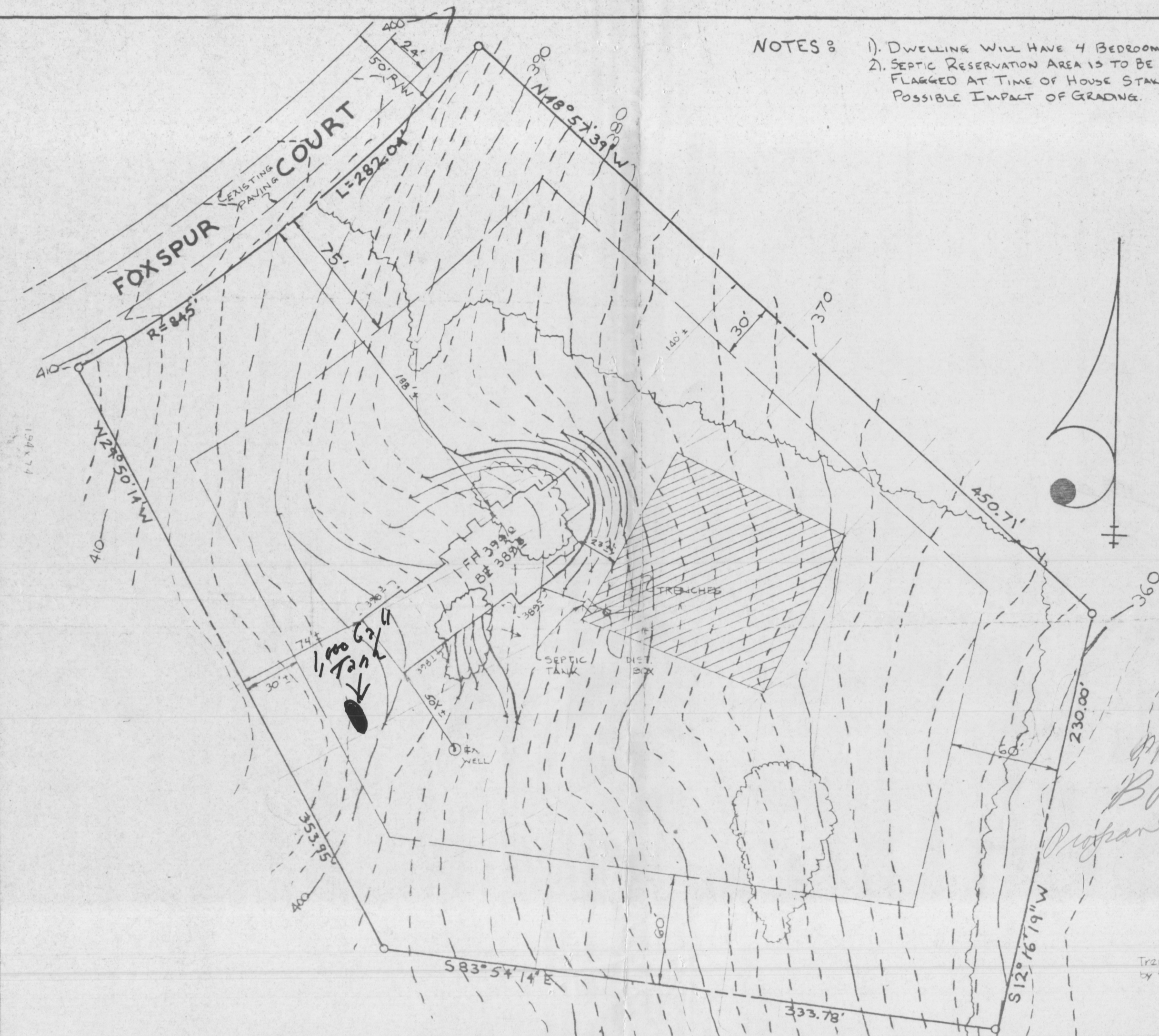
PROJ #: 1214

DRAWN BY: DRB

REVISED: 12/19/90

NOTES :

- 1). DWELLING WILL HAVE 4 BEDROOMS.
- 2). SEPTIC RESERVATION AREA IS TO BE STAKED AND FLAGGED AT TIME OF HOUSE STAKEOUT DUE TO POSSIBLE IMPACT OF GRADING.



3/192
OK TO SIGN
BP 41505

SEPTIC INFO

Inv. @ House	387 ⁰⁰
Inv. @ Tank	
In:	384 ⁰⁰
Out:	383 ⁰⁰
Inv. @ Dist. Box	
In:	381 ⁰⁰
Out:	380 ⁰⁰

Trench LENGTH to be determined by the Howard County Health Dept.

C.B. MILLER ASSOCIATES, INC.
REGISTERED LAND SURVEYORS

13054 TARRAGON ROAD
REISTERSTOWN, MARYLAND 21136
(301) 833-5905

SITE PLAN

LOT 28

"FAR SIDE"

PLAT # 4407
TAX MAP 29 3rd ELECTION DIST.
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

DATE: 11/21/90

PROJ #: 1214

DRAWN BY: DRB

REVISED: 12/19/90