Howard County Health Department

Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 13020 Brighton Dam

Subdivision: Brighton Estates Lot: 3

Initial system:	**Application rate:** 1.2	**Effective area beginning depth:** 3	**Bottom maximum depth:** 8
1st Replacement:	**Application rate:** 1.2	**Effective area beginning depth:** 3	**Bottom maximum depth:** 8
2nd Replacement:	**Application rate:** 1.2	**Effective area beginning depth:** 3	**Bottom maximum depth:** 8

Design Flow = 150 gallons per day per bedroom
Design flow ÷ application rate = square footage of drainfield required
Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

$$\frac{W + 2}{W + 1 + 2D} \times 100 =$$

Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

Standard design requirements:

- Trenches must be located to provide room for 3 systems in the disposal area
- All trenches must be equal length unless low pressure dosed
- All trenches must be on contour
- Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D +W up to a maximum spacing of 18'.
- Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
- Maximum trench length is 100'
- Maximum pipe depth is 4'

Additional requirements:

Approved: RTE Date: 7/5/2023

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Website: www.hchealth.org
Maura J. Rossman, M.D., Health Officer

Date: September 8, 2014

To: Fisher, Collins, and Carter, Inc.
C/o Tony Fertitta
Via E-Mail: tonyf@fcc-eng.com

RE: **Percolation Testing Report**
13000 Brighton Dam Road Lot #2

Mr. Fertitta,

Percolation testing was conducted on the referenced property on September 8, 2014. The purpose for conducting these percolation tests was for an anticipated establishment of a sewage disposal area for a proposed house.

A total of five (5) test holes were evaluated and five (5) were found to be satisfactory with moderate percolation rates. Acceptable ranges for recommended inlet and trench bottom depth, and usable sidewall are indicated, and may be confirmed at the time of installation for the five (5) percolation test holes which were satisfactory. Field data collected is shown on the Percolation Test Worksheet enclosed with this letter.

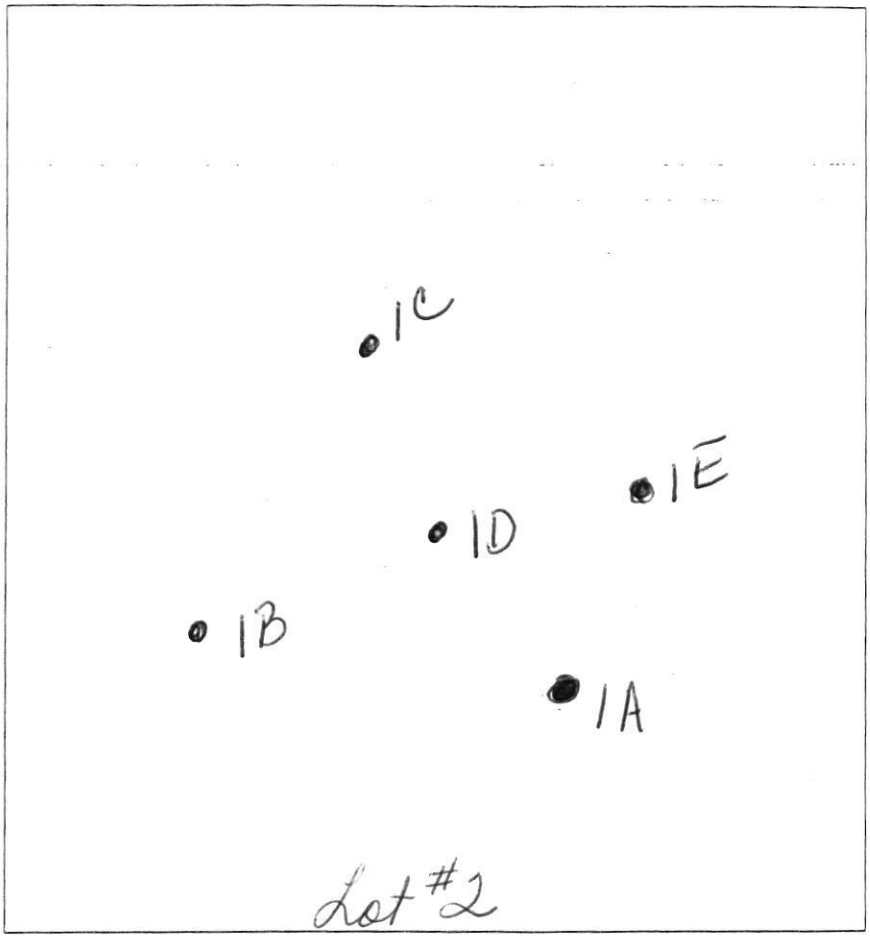
All percolation tests conducted were standard tests, measuring rate of fall for a pre-wet period followed by measurement and recordation of the time required for the water level to drop 1 inch. Areas that may be included in a septic reserve are represented by test locations having satisfactory soil conditions. The area of the septic reserve must be at least 10,000 square feet, though Howard County Code [3.805.A.2.X] requires that the area be large enough to accommodate an initial drain field and two repair drain fields for the planned residence.

The next step in this process is to submit a Percolation Certification Plan to confirm the design of the septic reserve area. If you have any questions regarding this evaluation or requirements for the Percolation Certification Plan, please contact me at the above address or by telephone at (410) 313-2775.

Respectfully,
Dana Bernard
Dana Bernard, REHS/RS
Environmental Specialist II
Well and Septic Program

Enclosures (1)
File

A/P _____



1A
Red Brown Sdy Dense 3'
Red Brown Yellow Sdy 5-10% Rk 8'
Red Brown Yellow FSdy 13'

1B
Red Brown Yellow Sdy Dense 3'
Red Brown Yellow Sdy 6'
Red Brown Yellow FSdy 12.5'

1C
Red Brown Yellow Sdy 3'
Red Brown Yellow FSdy ↓ 13'

1D
Red Brown Yellow Sdy 20-30% Rk 3'
Red Brown Yellow FSdy 20-30% Rk ↓ 14'

1E
Red Brown Yellow Sdy 10-20% Rk 3'
Red Brown Yellow FSdy ↓ 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9-8-14	1A	4/13	10:51	10:56	11:01	5min	P
9-8-14	1B	4/12.5	11:04	11:08	11:09		
	Repour		11:10	11:12	11:15	3min	P
9-8-14	1C	4.5/13	11:21	11:22	11:23		
	Repour		11:25	11:28	11:30	2min	P
9-8-14	1D	4/13	11:36	11:37	11:46	7min	P
9-8-14	1E	4.5/13	11:47	11:48	12:00	2min	P
	Repour		12:01	12:03	12:06	3min	P

REMARKS _____

SANITARIAN Dana Bunard BACKHOE Jeff OTHERS Tony Tuttle

TEST HOLES USED IN SDA 5 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

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Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: _____

Subdivision: Brighton Estates Lot: 3

Initial system:	**Application rate:**	0.8	**Effective area beginning depth:**	3	**Bottom maximum depth:**	8
1st Replacement:	**Application rate:**	0.8	**Effective area beginning depth:**	3	**Bottom maximum depth:**	8
2nd Replacement:	**Application rate:**	0.8	**Effective area beginning depth:**	3	**Bottom maximum depth:**	8

Design Flow = 150 gallons per day per bedroom
Design flow ÷ application rate = square footage of drainfield required
Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

$$\frac{W + 2}{W + 1 + 2D} \times 100 =$$

Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

Standard design requirements:

- Trenches must be located to provide room for 3 systems in the disposal area
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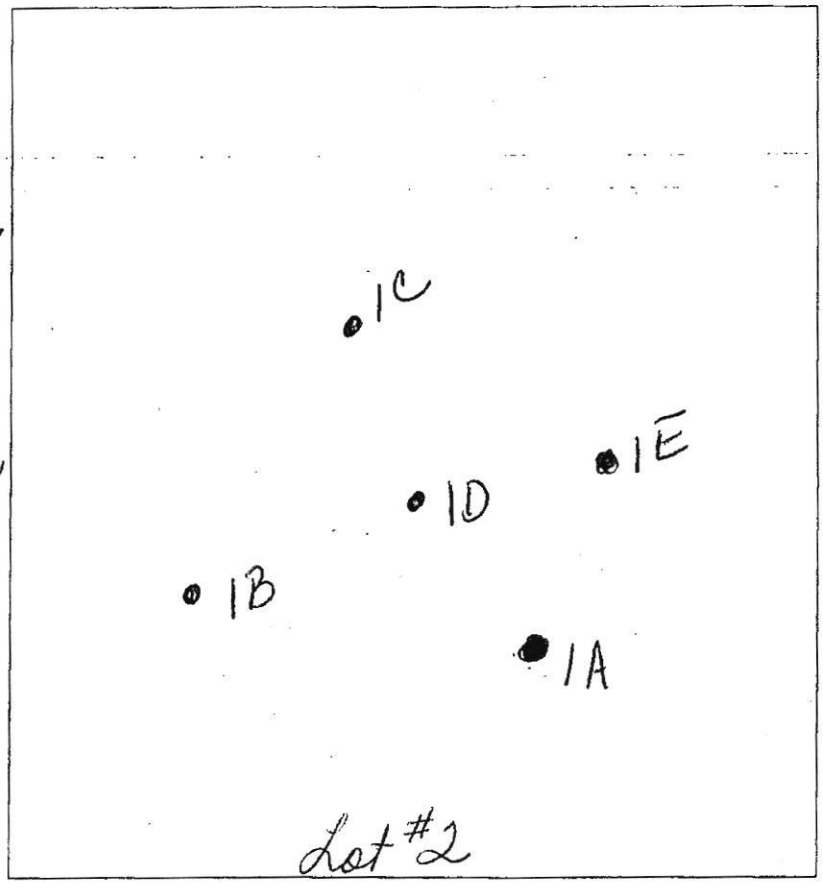
- Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
- Maximum trench length is 100'
- Maximum pipe depth is 4'

Additional requirements:

Approved: _____ Date: 9/20/17

APP _____



1A
Red Brown Sdy Dense 3'
Red Brown Yellow Sdy 5-10% Rk 8'
Red Brown Yellow FSdy 13'

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Red Brown Yellow Sdy Dense 3'
Red Brown Yellow Sdy 6'
Red Brown Yellow FSdy 12.5'

1C
Red Brown Yellow Sdy 3'
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Red Brown Yellow Sdy 20-30% Rk 3'
Red Brown Yellow FSdy 20-30% Rk ↓ 14'

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Red Brown Yellow Sdy 10-20% Rk 3'
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DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
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9-8-14	1C	4.5/13	11:21	11:22	11:23		
	Repour		11:25	11:28	11:30	2min	P
9-8-14	1D	4/13	11:36	11:39	11:46	7min	P
9-8-14	1E	4.5/13	11:47	11:49	12:00	2min	P
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REMARKS _____

SANITARIAN Dana Bunard BACKHOE Jeff OTHERS Tony Futtita

TEST HOLES USED IN SDA 5 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

A/P _____

5002

Red/Brown
Grey @2'
SCL

Modeling Clay Loam @ 6'
Grey/Brown
Cave in @ 7
H_2O @ 9'

11'

#5001

Red Brown
yellow
SCL
H_2O @ 4'
Modeling
Clay
Loam

6'

#5003

Red Brown
Grey
SCL
modeling
Clay
H_2O
in
the
Bottom

4'

Lot #2

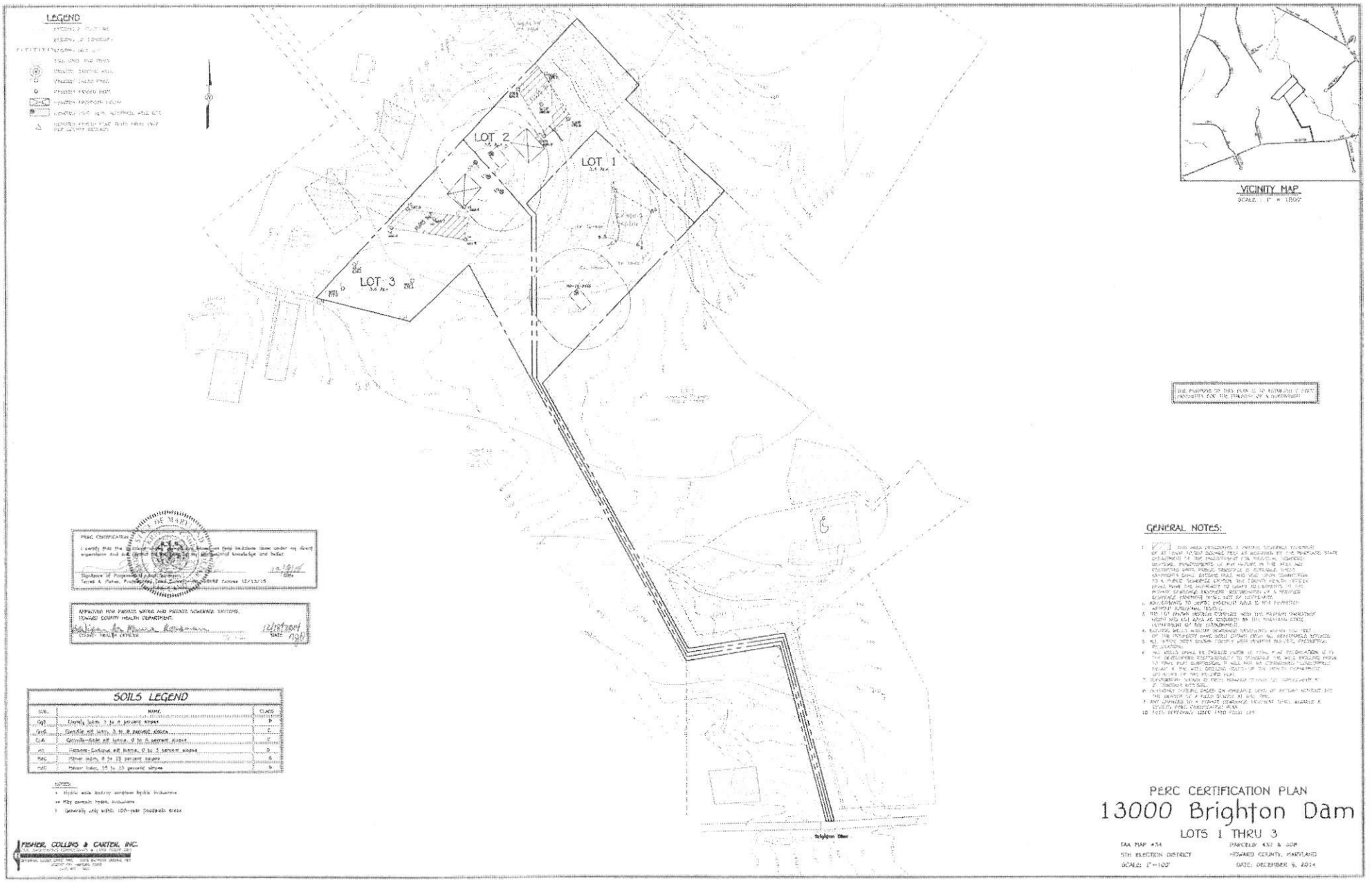
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6-2-14	5002	11	~			→	F
6-2-14	5001	6'	~			→	F
6-2-14	5003	4	~			→	F
6-2-14	5004	DID	NOT	TEST			Elevation Lower
6-2-14	5005	DID	NOT	TEST			Elevation Lower than other holes

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



VICINITY MAP
SCALE: 1" = 1000'

THE PURPOSE OF THIS PLAN IS TO ESTABLISH 3 LOTS/PARCELS FOR THE DIVISION OF A SUBDIVISION

PERC CERTIFICATION

I certify that the [illegible] was performed under my direct supervision and is correct to the best of my [illegible] knowledge and belief.

Signature of Professional Engineer, Surveyor, ... 12/12/14
Terrell A. Fisher, Professional Land Surveyor, ... License 12/13/15

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT.

[signature] 12/19/2014
COUNTY HEALTH OFFICER DATE

SOILS LEGEND

SYM.	NAME	CLASS
GgB	Glenelg loam, 3 to 8 percent slopes	B
GnB	Glenelg-Urban land, 0 to 8 percent slopes	C
GuA	Glenville-Urban land complex, 0 to 3 percent slopes	C
HrC	Hatboro-Codorus, 0 to 5 percent slopes	D
MaC	Manor loam, 8 to 15 percent slopes	B
MaD	Manor loam, 15 to 25 percent slopes	B

NOTES:
* Highly erodible soils with slopes greater than 20 percent
** May contain hydric inclusions
† Generally only within 100-year floodplain areas

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS
LAND PLANNERS
SURVEYORS

GENERAL NOTES:

1. [illegible] AREA DESIGNATED A HISTORIC SITE/AREA LOCATED ON OR ADJACENT TO THIS SUBDIVISION PLAN AS REQUIRED BY THE MARYLAND STATE ARCHITECT TO THE ADMINISTRATOR FOR REVIEW AND APPROVAL. HISTORICAL SIGNIFICANCE OF THE HISTORIC SITE/AREA, AND ESTABLISHED LIMITS, PUBLIC ACCESS (IF AVAILABLE UNDER EASEMENT), GRAVE LOCATIONS, WALL AND FENCE, UTILITY CONNECTIONS TO A PUBLIC SEWERAGE SYSTEM, AND COUNTY HEALTH OFFICER APPROVAL FOR THE NECESSITY TO CONNECT NEW BUILDINGS TO EXISTING PRIVATE SEWERAGE DISPOSAL SYSTEM(S) OR A PROPOSED SEWERAGE DISPOSAL SYSTEM(S) DUE TO SOIL CONDITIONS.
2. ADDITIONS TO HISTORIC STRUCTURES AND NEW CONSTRUCTION WITHIN HISTORIC AREAS SHALL BE REVIEWED BY THE HISTORIC PRESERVATION COMMISSION PRIOR TO ISSUANCE OF BUILDING PERMITS.
3. THIS LOT SHALL BE SERVED BY PRIVATE WATER AND SEWERAGE SYSTEMS WHICH ARE NOT OWNED OR MAINTAINED BY HOWARD COUNTY.
4. ALL WELLS SHALL BE DRILLED PRIOR TO FINAL PLAT APPROVAL. THE LOCATION OF THE WELL SHALL BE STAKED IN THE FIELD AND SHALL BE LOCATED WITHIN 25 FEET OF THE LOCATION SHOWN ON THE APPROVED PLAN. ANY CHANGE IN WELL LOCATION SHALL BE REVIEWED AND APPROVED BY THE HEALTH DEPARTMENT PRIOR TO CONSTRUCTION.
5. ALL WELLS SHALL BE LOCATED A MINIMUM OF 10 FEET FROM ANY PROPERTY LINE, EXCEPT WHERE A SHARED WELL AGREEMENT IS EXECUTED BY ADJOINING PROPERTY OWNERS.
6. ALL WELLS SHALL BE PUMP TESTED FOR A MINIMUM OF TWO HOURS AT A RATE OF NOT LESS THAN 5 GALLONS PER MINUTE WITH RECOVERY TO 2/3 OF THE STATIC WATER LEVEL WITHIN 30 MINUTES AFTER THE PUMP IS SHUT OFF. A WATER SAMPLE SHALL BE SUBMITTED TO THE HEALTH DEPARTMENT FOR BACTERIOLOGICAL ANALYSIS AND NITRATE ANALYSIS.
7. EXCAVATION, GRADING OR FILLING OF ANY KIND IS PROHIBITED WITHIN THE WETLAND BUFFER AND STREAM BUFFER AS SHOWN ON THE PLAN, EXCEPT FOR THE CONSTRUCTION OF THE PRIVATE ACCESS DRIVE AND UTILITIES AS SHOWN ON THE PLAN.
8. ALL DRIVEWAYS SHALL BE CONSTRUCTED WITH A MINIMUM BASE COURSE OF 6" OF CRUSHED STONE AND A MINIMUM SURFACE COURSE OF 2" OF BITUMINOUS CONCRETE.
9. ALL DRIVEWAYS SHALL BE CONSTRUCTED WITH A MINIMUM BASE COURSE OF 6" OF CRUSHED STONE AND A MINIMUM SURFACE COURSE OF 2" OF BITUMINOUS CONCRETE.
10. ALL DRIVEWAYS SHALL BE CONSTRUCTED WITH A MINIMUM BASE COURSE OF 6" OF CRUSHED STONE AND A MINIMUM SURFACE COURSE OF 2" OF BITUMINOUS CONCRETE.
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13. ALL DRIVEWAYS SHALL BE CONSTRUCTED WITH A MINIMUM BASE COURSE OF 6" OF CRUSHED STONE AND A MINIMUM SURFACE COURSE OF 2" OF BITUMINOUS CONCRETE.
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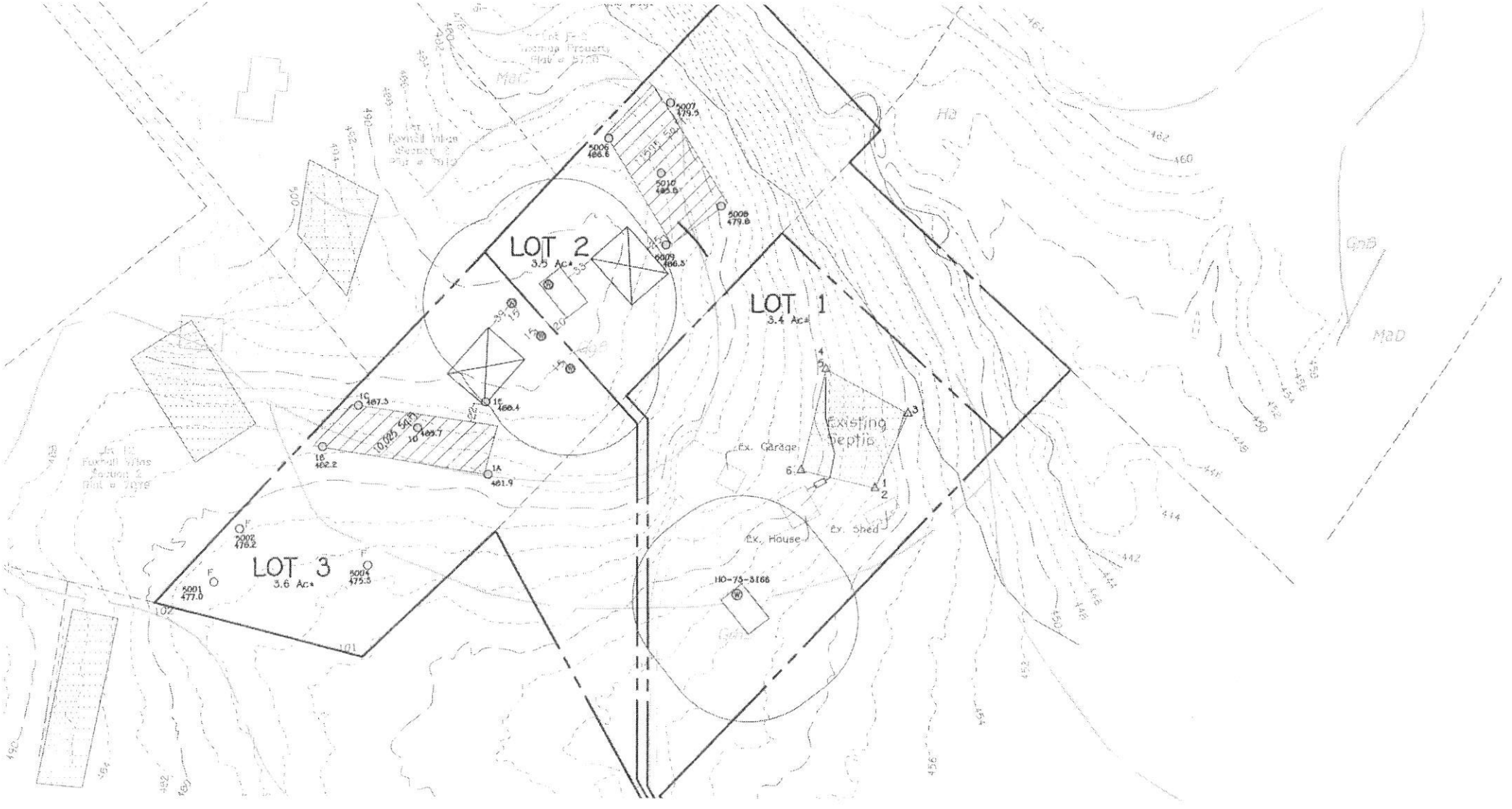
20. ALL DRIVEWAYS SHALL BE CONSTRUCTED WITH A MINIMUM BASE COURSE OF 6" OF CRUSHED STONE AND A MINIMUM SURFACE COURSE OF 2" OF BITUMINOUS CONCRETE.

PERC CERTIFICATION PLAN
13000 Brighton Dam
LOTS 1 THRU 3

TAX MAP #34 PARCELS: 432 & 308
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=100' DATE: DECEMBER 9, 2014


LOT 1
3.4 Ac±
LOT 2
3.5 Ac±
LOT 3
3.6 Ac±
Existing Septic
Ex. Garage
Ex. House
Ex. Shed
110-73-3166
MaC
HD
GnB
MaD
5001
477.0
5002
476.2
5003
475.3
5004
479.5
5005
485.6
5006
479.8
5007
480.3
5008
485.0
1A
481.9
1B
482.2
1C
487.3
1D
485.7
1E
480.4
10,025 SqFt
1.51AC
0.50AC

Howard County Health Department

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Website: www.hchealth.org
Maura J. Rossman, M.D., Acting Health Officer

Date: June 12, 2014

To: Fisher, Collins, and Carter, Inc.
C/o Toni Fertitta
10272 Baltimore National Pike
Ellicott City, Maryland 21042
Via E-mail: tonyf@fcc-eng.com

RE: **Percolation Testing Report**
13000 Brighton Dam Road

Mr. Fertitta,

Percolation testing was conducted on the referenced property on June 3, 2014. The purpose for conducting these percolation tests was for an anticipated establishment of a sewage disposal area for 2 lots.

A total of eight (8) test holes evaluated and five (5) were found to be satisfactory with moderate percolation. Acceptable ranges for recommended inlet and trench bottom depth, and usable sidewall are indicated, and may be confirmed at the time of installation for the five (5) percolation test holes which were satisfactory(Lot # 1). However, lot # 2 did not pass because of high water table. Field data collected is shown on the Percolation Test Worksheet enclosed with this letter.

All percolation tests conducted were standard tests, measuring rate of fall for a pre-wet period followed by measurement and recordation of the time required for the water level to drop 1 inch. Areas that may be included in a septic reserve are represented by test locations having satisfactory soil conditions. The area of the septic reserve must be at least 10,000 square feet, though Howard County Code [3.805.A.2.X] requires that the area be large enough to accommodate an initial drain field and two repair drain fields for the planned residence.

The next step in this process is to submit a Percolation Certification Plan to confirm the design of the septic reserve area for lot #1 and show the failed area for lot #2. I have also attached the percolation notes for the existing house, so please make sure they are shown on the plan. If you have any questions regarding this evaluation or requirements for the Percolation Certification Plan, please contact me at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS
Environmental Specialist II
Well and Septic Program

Enclosures (3)
File

Howard County Health Department

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website: www.hchealth.org

Maura J. Rossman, M.D., Health Officer

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME: Eppi Acres LOT #: 3

PROPERTY ADDRESS: 13000 Brighton Dam Road (STREET) Clarksville, Md (TOWN) (ZIP)

TAX ACCOUNT #: 345596 TAX MAP: 34 GRID: 10 PARCEL: 308 ZONING DESIGNATION: RR-DE

PROPERTY OWNER(S): Rene Eppi & Anetta Grabowska

DAYTIME PHONE: _____ CELL: 240-381-3386 EMAIL: anetta.van.haagen@gmail.com

MAILING ADDRESS: 13000 Brighton Dam Road (STREET) Clarksville, Md (CITY, STATE) (ZIP)

APPLICANT: Rene Eppi & Anetta Grabowska RELATIONSHIP TO OWNER: Owner

DAYTIME PHONE: _____ CELL: 240-381-3386 EMAIL: anetta.van.haagen@gmail.com

MAILING ADDRESS: 13000 Brighton Dam Road (STREET) Clarksville, Md (CITY, STATE) 21029 (ZIP)

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

BUILDING:

- [x] RESIDENTIAL WITH 4 or 5 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- [ ] COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

PROPERTY:

- [x] SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: 3
- [ ] CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- [ ] REPAIR OR REPLACE FAILING OSDS
- [ ] UPGRADE EXISTING OSDS

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- [ ] YES
- [x] NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- **THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.**
- **THE APPLICATION FEE IS NON-REFUNDABLE**
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Anetta Grabowska 4/17/2014

SIGNATURE OF APPLICANT DATE

11/29/12_JW

4/0 101 9028

Howard County Health Department

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Maura Rossman, M.D., Health Officer

October 12, 2016

Mr. and Mrs. Van Haagen
13000 Brighton Dam Road
Clarksville, Maryland 21029

RE: Brighton Estates Lot 3
Brighton Dam Road
Well Tag: HO - 15 – 0274

Dear Mr. and Mrs. Haagen:

A sample was collected during a yield test on September 8, 2016 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of **< 2.0 ± 0.0 picocuries/liter (pCi/L)**, while the **Gross Beta** level was **< 4.0 ± 0.0 pCi/L.** The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of **15 pCi/L,** while the **Gross Beta** level was below its targeted value of **50 pCi/L** (roughly equivalent to the **annual dose rate** of **4 millirems/year**).

At the time of testing and with respect to these parameters, the future well water supply **meets** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

✓ Enclosure
cc: Property file

Howard Co Health Dept.
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. E0[illegible]-9[illegible]

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 13000 Brighton Dam Rd. County: Howard

Sample Source: Brighton Estates Lot 3 Location: H0-15-0274
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

County 1 3 Plant No. _____

CHECK (one per Box)

Type		Service		Point of Collection		Testing	
Drinking Water	☑	Community	☐	Source (Raw)	☑	Emergency	☐
Landfill	☐	Non-Community	☐	Distribution (treated)	☐	Routine	☑
Stream	☐	Private	☑	MCL	☐	Recheck	☐
Other _____	☐	Other _____	☐			Special	☐

Submitters Code: _____ Federal Project: S

Collector: S. Collins Telephone No.: 410-313-6297

Date Collected: 9/8/16 Time Collected: 11 a.m. _____ p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes ✓ No _____ Iced: Yes _____ No ✓

Remarks: Sample collected during yield test

☑	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
☑	Gross Alpha	4000	0526	EPA 900.0	<2.0	9/12/16	JT	9/13/16
☑	Gross Beta	4100	0526	EPA 900.0	<4.0	9/12/16	JT	9/13/16
☐	Radium-226	4020						
☐	Radium-228	4030						
☐	Total Uranium	4006						
☐	Radon-222 (Bottle A)	4004						
☐	Radon-222 (Bottle B)	4004						
☐	Radon Field Blank A	4004						
☐	Radon Field Blank B	4004						
☐	Tritium							
☐								
☐								

Date Received: 9/12/16 Received By: [illegible]

Data Release Signature: [signature] Date: 9-13-16

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	✓		
Sample pH <2.0?	✓		
Received within holding time?	✓		

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
DHMH 4540 01/13

PROGRAM COPY

SEND REPORT TO: Bert Nixon
Howard Co Health Dept
Bureau of Environmental Health
9930 Stanford Blvd.
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. E0065258-92

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard

Sample Source: dH_2O Location: HCHD Lab
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

County [1][3] Plant No. [ ][ ][ ][ ][ ][ ][ ][ ][ ]

CHECK (one per Box)

Type		Service		Point of Collection		Testing	
Drinking Water	☑	Community	☐	Source (Raw)	☑	Emergency	☐
Landfill	☐	Non-Community	☐	Distribution (treated)	☐	Routine	☑
Stream	☐	Private	☑	MCL	☐	Recheck	☐
Other _____	☐	Other _____	☐			Special	☐

Submitters Code: [ ][ ] Federal Project: S

Collector: S. Collins Telephone No.: HD 313-6287

Date Collected: 9/8/16 Time Collected: _____ a.m. 3 p.m.

Field pH: _____ Field Chlorine: _____

Nitric Acid Preserved: Yes [✓] No [ ] Iced: Yes [ ] No [✓]

Remarks: _____

☑	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
☑	Gross Alpha	4000	0525	EPA900.0	< 2.0	9/12/16	JJ	9/13/16
☑	Gross Beta	4100	0525	EPA900.0	5.6 ± 1.8	9/12/16	JJ	9/13/16
☐	Radium-226	4020						
☐	Radium-228	4030						
☐	Total Uranium	4006						
☐	Radon-222 (Bottle A)	4004						
☐	Radon-222 (Bottle B)	4004						
☐	Radon Field Blank A	4004						
☐	Radon Field Blank B	4004						
☐	Tritium							
☐								
☐								

Date Received: 9/14/16 Received By: JJ

Data Release Signature: Tinytie C2 Date: 9-13-16

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	✓		
Sample pH <2.0?	✓		
Received within holding time?	✓		

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
DHMH 4540 01/13

PROGRAM COPY

HO-15-0274

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
9/8/16	On site just after yield test. Well 160', static 25', measuring point 69',
	12 gpm. Started pumping at 7 am. Radium sample collected. SC

C 1 | 27663 | SEQUENCE NO. (MDE USE ONLY)

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 29712

ST/CO USE ONLY
DATE Received MM 09 DD 15 YY 16 (8–13)

DATE WELL COMPLETED MM 9 DD 9 YY 2016 (15–20)

Depth of Well 22 160 26 (TO NEAREST FOOT)

OK 9/16/16 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO- 15- 0274 (28–37)

OWNER Haagen Van (last name) anetta (first name)

WELL SITE ADDRESS 13088 Brighton Dam Rd TOWN Clarksville 21029

SUBDIVISION Brighton Estates SECTION _____ LOT 3

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	FEET TO	check if water bearing
Sand	0	87	✓
Mica Rock	87	160	✓
Water	70,	105'	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no (N)

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 26.04.04 "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 LIC. NO.: M S D 0 2 4

Wayne Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M S D 0 2 4

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] (44) no (N) (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) (45 46) BENTONITE CLAY (BC) (45 46)

NO. OF BAGS 20 NO. OF POUNDS 1890

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 80 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

(ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST (60 61)	6 (63 64)	92 (66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to
PL	4"	10	160

SCREEN RECORD
screen type or open hole — insert appropriate code below

(ST) STEEL (BR) BRASS BRONZE (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

C 2 (1 2)

EACH SCREEN	DEPTH (nearest ft.)	
1 (8 9)	HO	89 (11–15) 160 (17–21)
2 (23 24)		(26–30) (32–36)
3 (38 39)		(41–45) (47–51)

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (56 60) (NEAREST INCH)

from	to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

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

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 12 • (11–15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25' (17–20) ft.

WHEN PUMPING 69 (22–25) ft.

TYPE OF PUMP USED (for test)

- (A) air (27)
- (P) piston (27)
- (T) turbine (27)
- (C) centrifugal (27)
- (R) rotary (27)
- (O) other (describe below) (27)
- (J) jet (27)
- (S) submersible (27)

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. (29)

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 (49) / (–) below (49) LAND SURFACE

3 (nearest) foot (50 51)

LATITUDE 39.20767

LONGITUDE 76.96895

(DEFAULT COORD. WGS 84)

NOTES:

MDE/WMA/PER.0Z1

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 37538 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type

558777-A

STATE PERMIT NUMBER: HO – 15 – 0274

fill in this form completely

Date Received (APA): 06/29/16

OWNER INFORMATION

Haagen (Last Name) | Van, Anetta (Owner, First Name)

13000 Brighton Dam Rd (Street or RFD)

Clarksville | Md | 21029-4410 (Town | State | Zip)

DRILLER INFORMATION

Joseph L Mayne | M S D024 (Driller's Name | License No.)

Joseph L Mayne Well Drilling (Firm Name)

3512 Ridge Rd Mt Airy 21771 (Address)

Joseph L Mayne 6-27-2016 (Signature | Date)

B 3 LOCATION OF WELL

Howard (COUNTY)

Brighton Estates (SUBDIVISION)

SECTION | LOT 3

Clarksville (NEAREST TOWN)

B 4

SOURCES OF DRILLING WATER
1. well
2.
3.

13000 Brighton Dam Rd (STREET ADDRESS)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N, WEST W, 32, EAST E, SOUTH S

DISTANCE FROM ROAD: 475 FT (ENTER FT OR MI)

TAX MAP: 34 BLK: ____ PARCEL: 432 308

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- O OPEN LOOP GEOTHERMAL
- C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard | A29712 | 13 (COUNTY NAME | COUNTY NO.)

STATE SIGNATURE _____ INSERT S

DATE ISSUED: 7/5/16 | CO SIGNATURE | EXP. DATE: 7/5/17

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)

CABLE | REVerse-ROTary | DRive-POINT

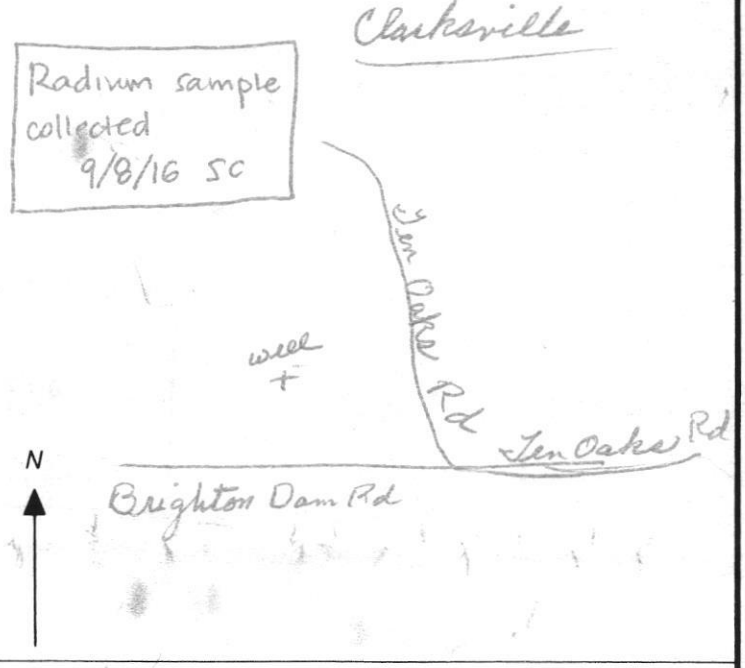
other _____

REPLACEMENT OR 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEN AN EXISTING WELL

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

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER ____ G ____

PERMIT No. HO – 15 – 0274

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED= Radium sample required during yield test

MDE/WMA/PER.071

② COUNTY

Page ____ of ____
Date 9-8-2016

Review ____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 15-0274
Location of property (road) 13000 Brighton Dam Rd
Subdivision Brighton Estates Lot 3 Block ____ Plat ____ Sec. ____
Well Driller Joseph Maple Owner Anetta Van Haagen

Depth of well 160
Distance of measuring point (M.P.) above ground 3'
Static water level (S.W.L.) below M.P. 25'

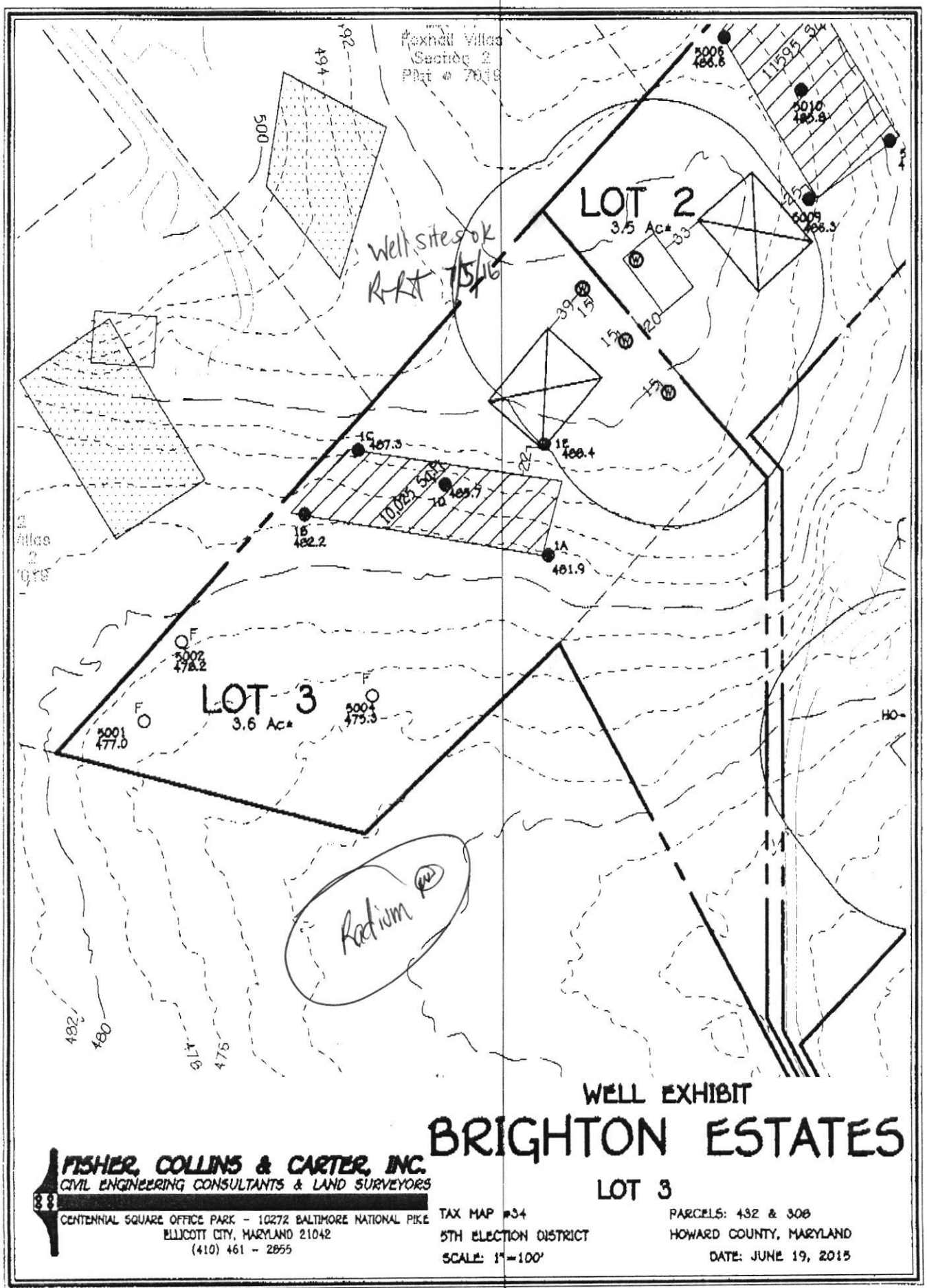
I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20
Total time 15 min to reach pumping water level 69 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLO (gallons per minute)
7:15	69'	3 sec		20 gpm
7:30	69	5 sec		12
7:45	69'	5 sec		12
8:00	69'	5 sec		12
8:15	69'	5 sec		12
8:30	69'	5 sec		12
8:45	69'	5 sec		12
9:00	69'	5 sec		12
9:15	69'	5 sec		12
9:30	69'	5 sec		12
9:45	69'	5 sec		12
10:00	69'	5 sec		12
10:15	69'	5 sec		12

HD-224



WELL EXHIBIT
BRIGHTON ESTATES
LOT 3

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

TAX MAP #34
5TH ELECTION DISTRICT
SCALE: 1"=100'

PARCELS: 432 & 308
HOWARD COUNTY, MARYLAND
DATE: JUNE 19, 2015

I:\2014\14010\dwg\14010-3001 13000 Well Exhibit.dwg, 6/19/2015 6:56:46 AM, 11

Howard County Health Department

7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Brighton Estates (Subdivision/Property Name) 3 (Lot#) 13000 Brighton Dam Rd (Road Name)

☑ The well site has been staked by Fisher Collins - Carter (professional land surveyor or company employing professional land surveyors) on June 2016 (date) and does not require a site inspection.

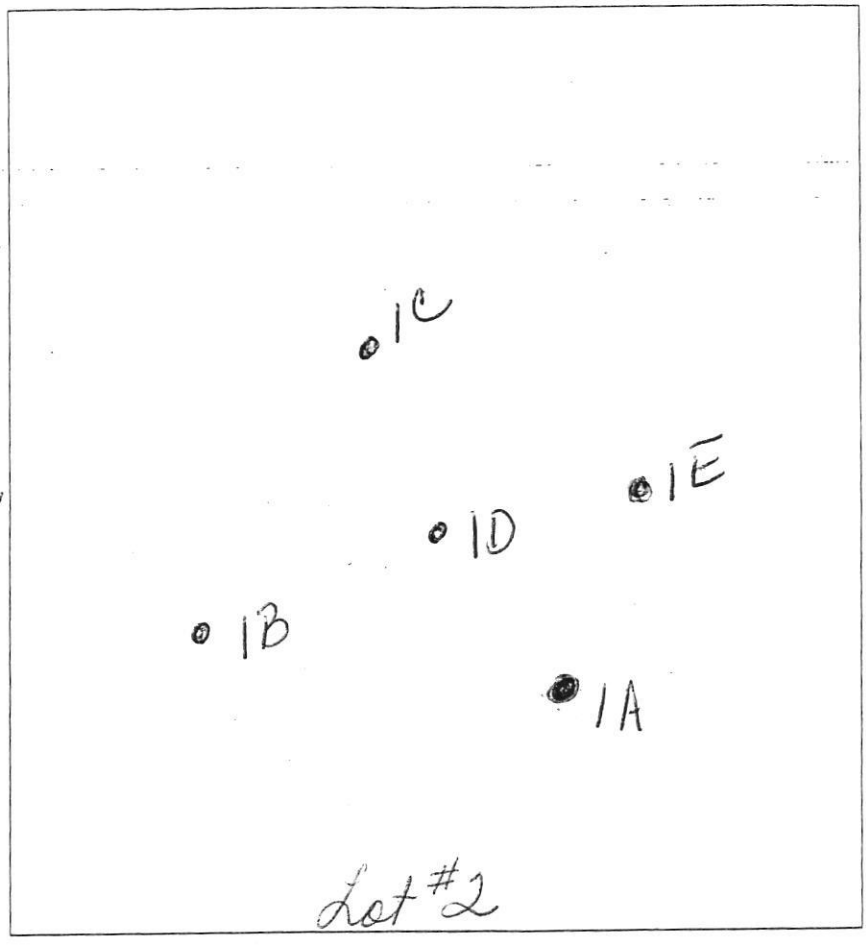
☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Arietta 301-854-2001

A/P _____



1A
Red Brown Sdy Dense 3'
Red Brown Yellow Sdy 5-10% Rk 8'
Red Brown Yellow FSdy 13'

1B
Red Brown Yellow Sdy Dense 3'
Red Brown Yellow Sdy 6'
Red Brown Yellow FSdy 12.5'

1C
Red Brown Yellow Sdy 3'
Red Brown Yellow FSdy ↓ 13'

1D
Red Brown Yellow Sdy 20-30% Rk 3'
Red Brown Yellow FSdy 20-30% Rk ↓ 14'

1E
Red Brown Yellow Sdy 10-20% Rk 3'
Red Brown Yellow FSdy ↓ 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9-8-14	1A	4/13	10:51	10:56	11:01	5min	P
9-8-14	1B	4/12.5	11:04	11:08	11:09		
	Repour		11:10	11:12	11:15	3min	P
9-8-14	1C	4.5/13	11:21	11:22	11:23		
	Repour		11:25	11:28	11:30	2min	P
9-8-14	1D	4/13	11:36	11:39	11:46	7min	P
9-8-14	1E	4.5/13	11:47	11:49	12:00	2min	P
	Repour		12:01	12:03	12:06	3min	P

REMARKS _____

SANITARIAN Dana Bunas BACKHOE Jeff OTHERS Tony Tuttita

TEST HOLES USED IN SDA 5 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

HOWARD COUNTY HEALTH DEPARTMENT

58777

DATE 6/21/16

Received From Anetta Van Haagen PHONE # 301 854-2001

For Well Permit / 13000 Brighton Dam Rd.

☐ CASH
☒ CHECK
NO. 602

One hundred sixty Dollars

$ 160.00

Received By

HOWARD COUNTY HEALTH DEPARTMENT

58777

DATE 6/21/16

Received From Anetta Van Haagen PHONE # 301-854-2001

For well permit / 13000 Brighton Dam Rd.

☐ CASH
☒ CHECK
NO. 1062

One hundred sixty Dollars

$ 160.00

Received By