

# PERMIT

04-350871

## SEWAGE DISPOSAL SYSTEM

P 47007

A 46090

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

*INDEX - TIME EXPIRED FOR F.C.O.P.*

DISTRICT 4th

DATE 4/22/91

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

*COMPLIANCE*

DATE SYSTEM APPROVED 5/14/91

*INDEXED 7/14/90*

INSPECTOR M. Rifkin

*C. Williams / C. Red*

Herman Sirk IS PERMITTED TO INSTALL  ALTER

ADDRESS 2555 Jennings Chapel Road, Woodbine, Maryland PHONE 489-4724

SUBDIVISION Sirk Property LOT 3785 ROAD 3775 Woodbine Road (Route 94)

PROPERTY OWNER Mr. David Redmiles *Craig R. Zimmerman*

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 158

**BLDG. PERMIT SIGNED AND RETURNED** 5/18/91  
*Serial # 59768 - deck*

TRENCHES - 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION = Place the distribution box 115' from the rear lot line and 10' from the right lot line. Run trenches on contour toward the left side of lot. Maintain 100' from all wells.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *3/4/91 OK RD*

PLANS APPROVED BY Mark Rifkin cm DATE 01/16/90

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

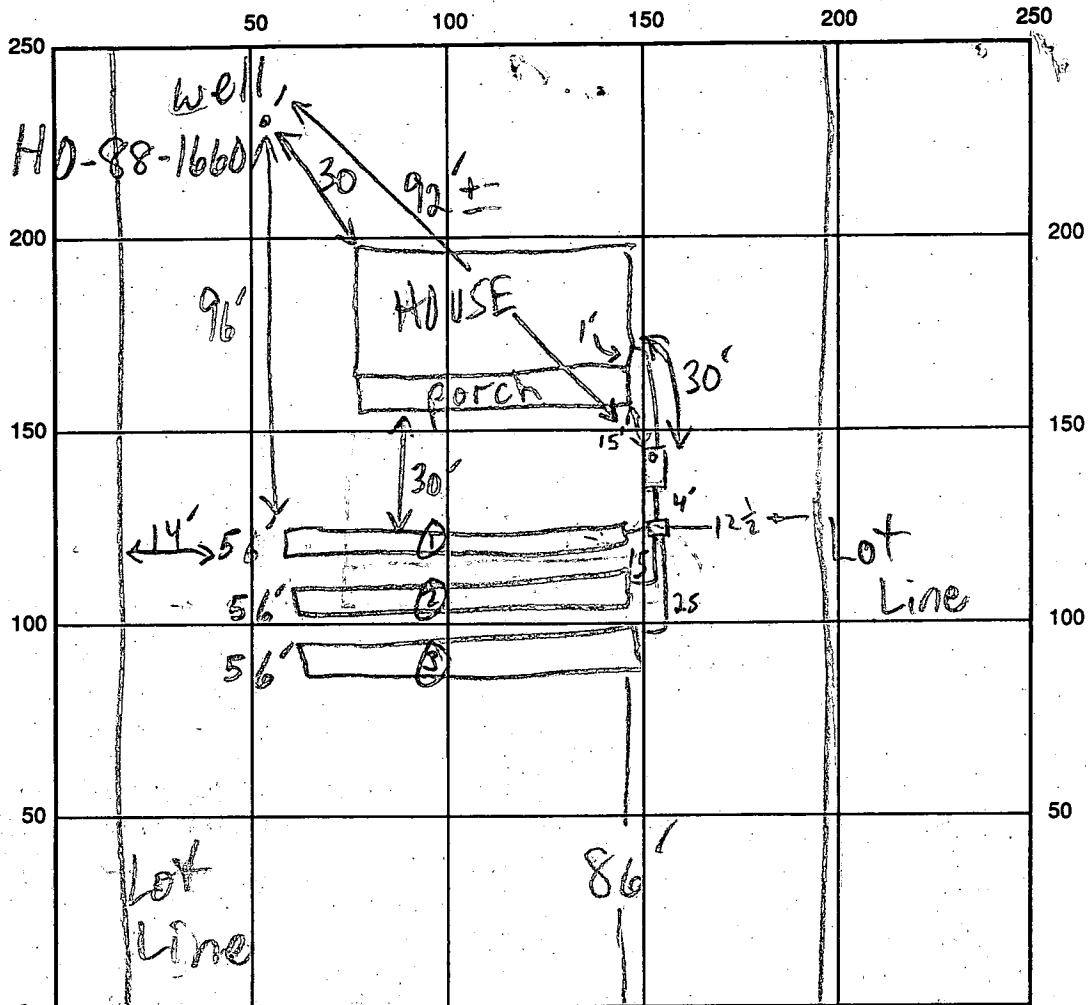
PERMIT VOID AFTER TWO YEARS

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**

A 46090



Rt. 94 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
Shoulder

SEPTIC TANK LEVEL 1000 GAL-OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH  $\frac{1}{1.5} \frac{2}{1.5} \frac{3}{1.5}$  FT. TRENCH WIDTH 2 FT. INLET DEPTH  $\frac{1}{4} \frac{2}{4} \frac{3}{4}$  FT.

EFFECTIVE GRAVEL DEPTH  $\frac{1}{4.5} \frac{2}{4.5} \frac{3}{4.5}$  FT. TOTAL LENGTH 3 @ 56'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 3 @ 252 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 756 SQ. FT.

REMARKS: 5/9/91 OK TO STONE ① & DIG OTHERS; NO HOUSE  
CONN MR 5/14/91 ALL WORK OK TO FINISH & COVER MR

DATE SYSTEM APPROVED 5/14/91 INSPECTOR M. Rifkin

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   
Replacement

Receipt # 470121  
Date 4/24/91

Name of Installer CLARICE PTH INC

Telephone 489-4029

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_

Well Driller \_\_\_\_\_

Registered Plumber 3808

Name of Property Owner DAVE Redmiles

Telephone 489-5246

Subdivision \_\_\_\_\_ Lot # 24

Well Tag # \_\_\_\_\_

Site Address 3775 Ellicott Rd

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make Goulds
- Model # \_\_\_\_\_
- Capacity \_\_\_\_\_ GPM
- Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_
- If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards  Other \_\_\_\_\_

Motor

- Horsepower \_\_\_\_\_
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make \_\_\_\_\_
- Model # PT800
- Depth 42"

Tank

- Capacity 42
- Pressure relief valve? 75

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved \_\_\_\_\_
- Depth of supply line 42"

Well data

- Depth \_\_\_\_\_ ft.
- Yield \_\_\_\_\_ GPM
- Static water level \_\_\_\_\_ ft.
- Will water supply be disinfected by installer? NO

P.A. OK 3 1/2 - 4' B.C.  
5/9/91

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: Kenneth C. Clabe

Date: 4-24-91

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

7/5/90  
PM

# APPLICATION

PERCOLATION TESTING

A 46090  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

PL6016W OK  
EXISTING LOT OF  
RECORD

DISTRICT \_\_\_\_\_  
DATE 4/26/90

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 HERMAN SIEK David Redmiles

ADDRESS 2555 JENNINGS CHARL RD. PHONE 489 4724 489-4453

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

EXIST. LOT SIEK PROPERTY LOT NO. \_\_\_\_\_  
SUBDIVISION \_\_\_\_\_

ROAD AND DESCRIPTION RT 94 AT ANNAPOLIS ROCK 3775 Woodbine Road

TAX MAP 19 PARCEL # 24

SIZE OF LOT 3/4 ACRE TYPE BLDG. S.F.D.  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. Herman Siek  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 7/5/90 PERC OK - HOLD FOR PLAT MR

BLDG. PERMIT, SIGNED  
AND RETURNED 7/28/90  
Serial # 36632 - SFD

HD-216

# THIS IS NOT A PERMIT

A46090

①-③  
SOIL PROFILE

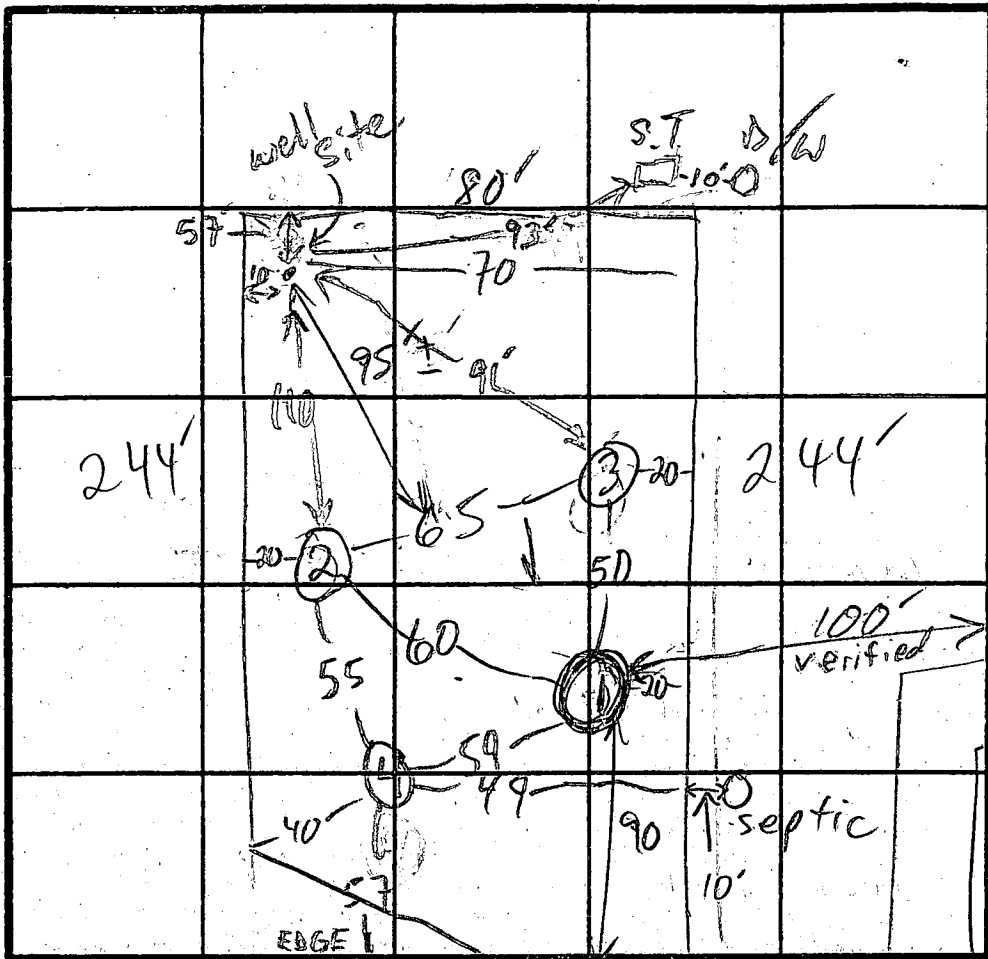
5-6'  
org  
sandy  
clay  
loam  
org brn  
silty  
sand  
loam  
5-10%  
frags  
lo mica

12-12 1/2

④

5 1/2  
org si  
clay  
loam  
10% frags  
org brn  
si se  
loam  
5-10%  
frags  
lo mica

12 1/2



- ③ HI
- ② MED
- ① LO
- ④ LOWEST

well  
ADV HOUSE  
x=13  
210 BR  
Inlet 4 1/2  
Bottom 8 1/2

Rt. 94 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
EDGE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/5/90	1 S	7	12:33	12:36	12:36	12:49	13
	1 M	10	12:35	12:39	12:39	12:48	9
	1 V	12	see profile				
	2 S	6	12:41	12:49	12:49	1:07	18 <sup>EST</sup>
	2 V	12 1/2	sim to ① see profile				
	3 S	7	12:57	1:01	1:01	1:25	24
	3 M	10 1/2	12:57	1:05	1:05	1:07	2
	3 V	12 1/2	sim to ① see profile				
12/26/90	4 S	6 1/2	2:01	2:06	2:06	2:20	14
	4 V	12 1/2	see profile				

REMARKS HOLES NOT STAKED

TYPE OF SOIL

TESTED BY

M. Riffkin

ALSO PRESENT

Sisk & Co.

SCALE 1" = 30'

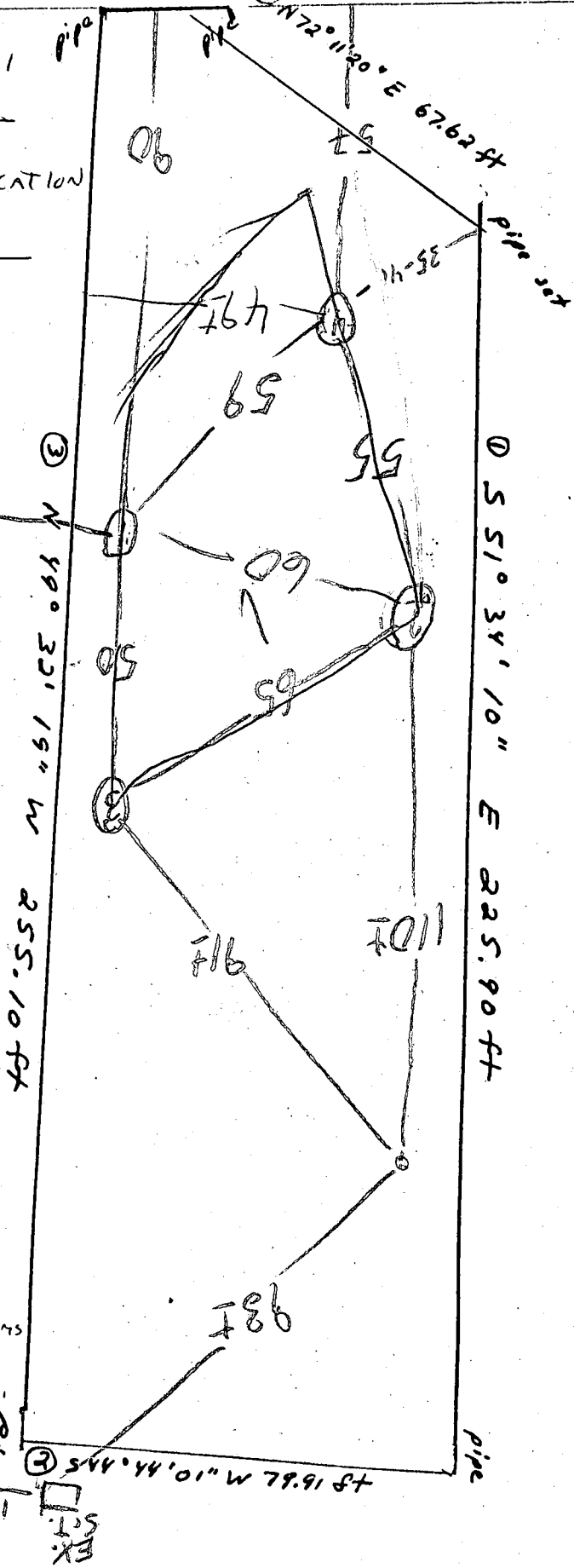
PERCOLATION CERTIFICATION PLAT

HOUSE EX.  
WELL EX.

Herman C. Sirk  
+  
Ethel M. Sirk  
2250/531

Tax Map 19  
Parcel 24  
18,374 sq. ft.  
4th Election Dist.  
Howard County

ALL PERCOLATION TEST  
HOLES HAVE BEEN  
FIELD LOCATED,  
ALL WELLS AND SEPTIC SYSTEMS  
WITHIN 100' OF PROPERTY  
BOUNDARIES HAVE BEEN SHOWN.



45-  
084  
09  
08

EX. S.T.  
107 EX.  
pipe

[Hatched Area] THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT  
 of SQUARE FEET AS REQUIRE BY THE MARYLAND STATE  
 DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL.  
 IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED  
 UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL  
 BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWERAGE  
 SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY  
 TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE  
 SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE  
 EASEMENT SHALL NOT BE NECESSARY.

APPROVED: FOR PRIVATE WATER AND  
 PRIVATE SEWERAGE.

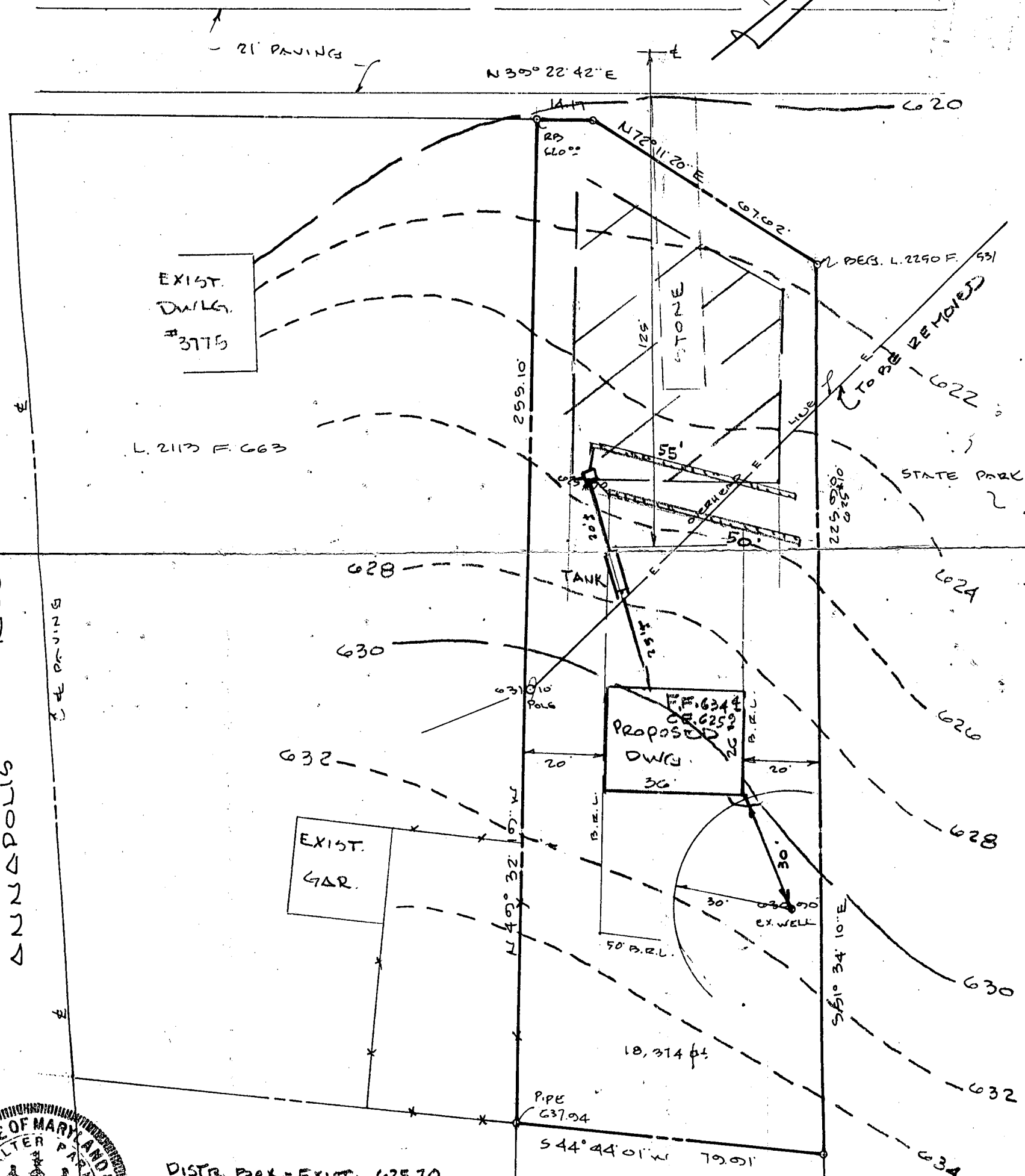
HOWARD COUNTY HEALTH DEPARTMENT

*Jogues Bogden* 3/5/91  
 COUNTY HEALTH OFFICER MR DATE

\* = FIELD LOCATED PERC HOLES

ROUTE 94

ROCK  
DUNNAPOLIS



DISTR. BOX = EXIST. 625.70  
 IN. 621.70  
 TANK - EXIST. 627.0  
 IN. OUT 622.5  
 IN IN 622.9  
 IN. OUT DWG = 623.0

TAX MAP 19 BLOCK 6 PARCEL 24  
 L. 2250 F. 531  
 4th ELECTION DIST. HOWARD COUNTY, MD

LAND DESIGN ENGINEERING, INC.  
 10620 GUILFORD ROAD SUITE 210  
 JESSUP, MARYLAND 20794  
 PHONE. (BOLTO.) 880-0034, (WASH.) 604-6264

SCALE: 1" = 30' DATE FEB 12, 1991

THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT  
 of \_\_\_\_\_ SQUARE FEET AS REQUIRE BY THE MARYLAND STATE  
 DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL.  
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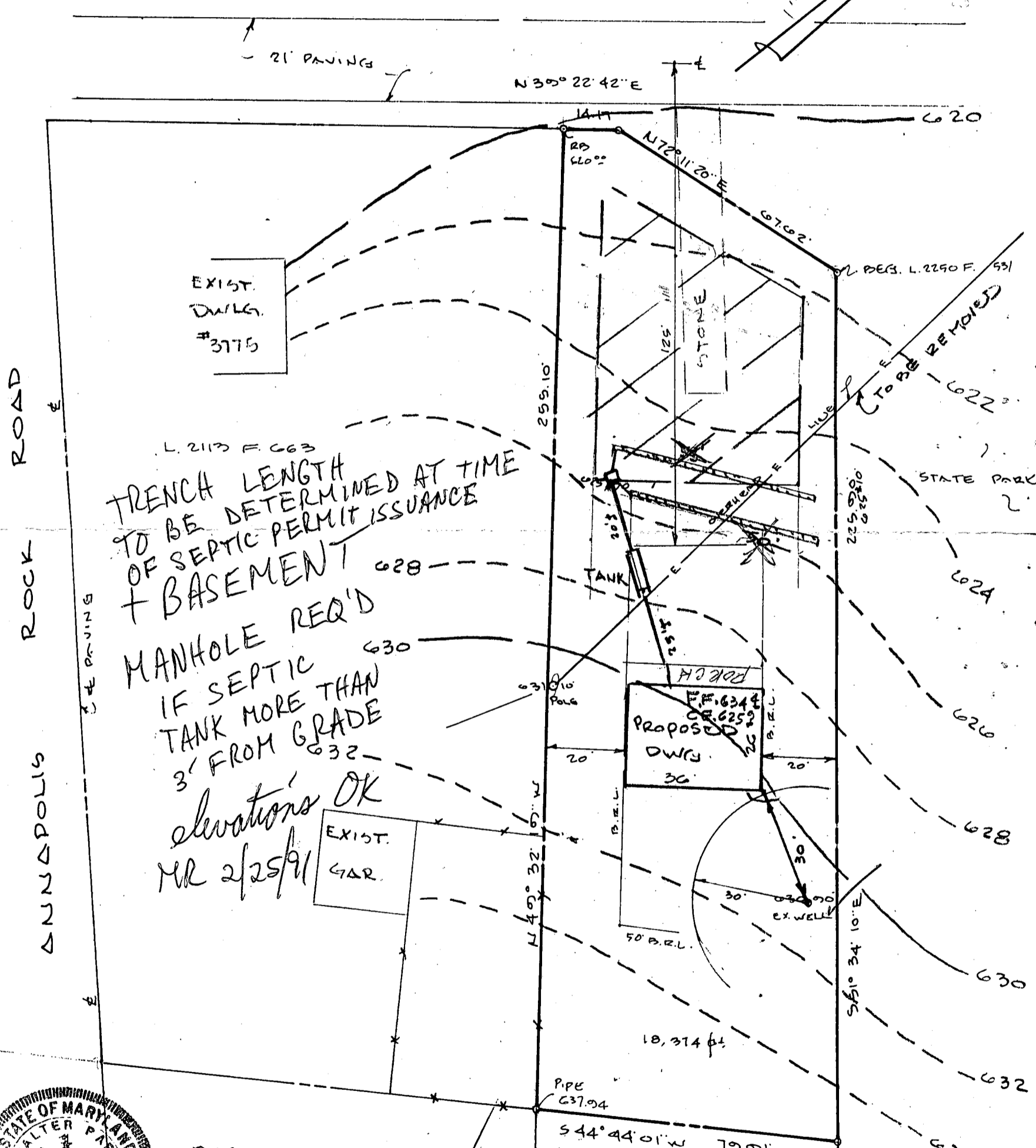
APPROVED: FOR PRIVATE WATER AND  
 PRIVATE SEWERAGE.

HOWARD COUNTY HEALTH DEPARTMENT

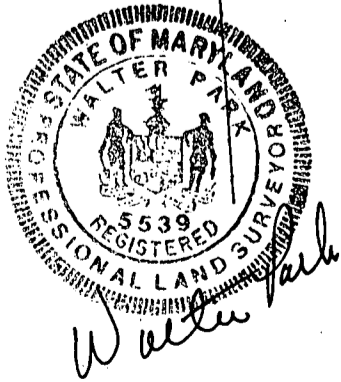
COUNTY HEALTH OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

\* = FIELD LOCATED PERC HOLES

ROUTE 94



TRENCH LENGTH  
 TO BE DETERMINED AT TIME  
 OF SEPTIC PERMIT ISSUANCE  
 + BASEMENT  
 MANHOLE REQ'D  
 IF SEPTIC  
 TANK MORE THAN  
 3' FROM GRADE  
 elevations OK  
 MR 2/25/91



DISTR. POK = EXIST. 625.70 ✓  
 IN. 621.70 ✓  
 TANK - EXIST. 627.0 ✓  
 IN. OUT 622.5 ✓  
 IN IN 622.9 ✓  
 IN. @ DWG = 623.9 ✓

TAX MAP 19 BLOCK 6 PARCEL 24  
 L. 2250 F. 531  
 4th ELECTION DIST. HOWARD COUNTY, MD

LAND DESIGN ENGINEERING, INC.

10620 GUILFORD ROAD SUITE 210

JESSUP, MARYLAND 20794

PHONE. (BOLTO.) 880-0034, (WASH.) 604-6264

SCALE: 1" = 30' DATE FEB 12, 1991

C 1 4530

SEQUENCE NO. (ENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A46090

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-85-1660

OWNER: Kohnle Services last-name first name TOWN Florence SUBDIVISION SARK PROPERTY SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Brown Slate, Blue Slate, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (yes [Y], no [N]) TYPE OF GROUTING MATERIAL CEMENT [CM], BENTONITE CLAY [BC] NO. OF BAGS 12 NO. OF POUNDS 720

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT] STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE [PL] Nominal diameter top (main) casing (nearest inch) [6] Total depth of main casing (nearest foot) [40]

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below [ST] [BR] [HO] [PL] [OT] STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) [H0] [37] [165] E A C H S C R E E N

CIRCLE APPROPRIATE LETTER 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 THE CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLER'S IDENT. NO. 213 DRILLER'S SIGNATURE Keith Wayne

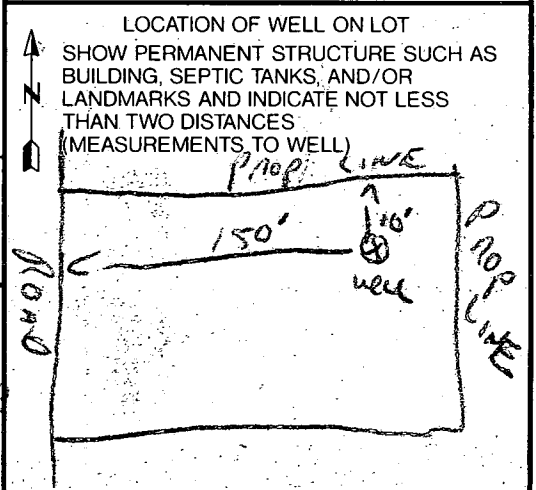
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.O. TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 5 PUMPING RATE (gal. per min. to nearest gal.) 19 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 WHEN PUMPING 28 TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) [+] above [-] below LAND SURFACE (nearest foot)



COUNTY

B 1 **2664** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HD-88-1660**  
 fill in this form completely

Date Received (APA) **011491**  
 OWNER INFORMATION  
**REOMILES SERVICES**  
 Last Name Owner First Name  
**16355 CAMAZO DR.**  
 Street or RFD  
**MT AIRY** Town **MD21221** Zip

DRILLER INFORMATION  
 Driller's Name **Ralph MAYNE** License No. **273**  
 Firm Name **Ralph MAYNE Well Drilling**  
 Address **9120 Brown Church Rd. MARY**  
 Signature **Ralph Mayne** Date **1/6/91**

WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **150** 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **MD** WRITE INITIALS IN BOX PERMIT No. **HD-88-1660**

SPECIAL CONDITIONS **485-4455**

LOCATION OF WELL  
**HOWARD** COUNTY  
**TM19 PAR24** SUBDIVISION  
 SECTION **+** LOT **+**  
**FLORENCE** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 NEAR WHAT ROAD **Route 94**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **150** ENTER FT or MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME **A46090** COUNTY NO.  
 STATE SIGNATURE **Mark E. Rifkin** DATE ISSUED **7/16/91**  
 NORTH GRID **528000** EAST GRID **0763000**

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  
 E **76X3**  
 N **5298**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
  
 1/23/91 10:30  
 1) LOCATION OK  
 2) 40FT CASING  
 3) 30FT OPEN HOLE  
 4) 12 BAGS  
 5) WELL OK

# Clarke Plumbing & Heating, Inc.

3510 RIDGE ROAD  
WESTMINSTER, MARYLAND 21157

KENNETH CLARKE, PRES.  
LICENSE NO. 3808

489-4029  
635-6463

9-16-91

Dave Redmiles  
16355 Camalo Dr.  
Mt. Airy, Md. 21771

This letter is to verify that Clarke Plumbing & Heating, Inc. will install a Masters nitrate filter on a single spigot at lot 24, 3775 Ellicott Rd. This filter will reduce nitrates to a level below 10 p.p.b..

The service maintenance requirement will be to replace 1 sediment cartridge yearly and a membrane cartridge every 2 years.

*HO 88-1660*

Sincerely,

*Kenneth C. Clarke Pres.*

Kenneth C. Clarke, Pres.



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## HOWARD COUNTY HEALTH DEPARTMENT

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

October 1, 1991

*Reply to:*

Mr. David Redmiles  
16355 Camalo Drive  
Mt. Airy, Maryland 21771

RE: Sirk Property  
~~3725~~ Ellicott Road  
Well Tag No. HO-88-1660

*10/15/91 New address  
3785* →

Alternate Address  
Woodbine Rd./Rt. 94

Dear Mr. Redmiles,

This is to advise you that the septic system was installed, inspected and approved on May 14, 1991.

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.

The nitrate sample result was previously documented to be 10.8 parts per million. A nitrate device has been installed to treat the excessive nitrate contamination.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence. You must supply this department with a copy of that contract.
2. It is recommended that a yearly nitrate analysis be performed.
3. If, in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

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-88-1660. 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 within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

January 23, 1991  
Date Well Approved

September 26, 1991  
Date of Water Sample

*Charles Streaker C.W.*  
Approving Authority  
Charles Streaker, Sanitarian  
Water and Sewerage Program

CS:cm

Enclosure

The most recent sample result reports the nitrate level to be 9.2 parts per million. If additional testing over the next six months establishes the untreated nitrate level to remain consistently below 10 parts per million, then the requirement for a continuing nitrate treatment device can be eliminated.

*Charles Streaker C.W.*

