

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59280

A 49482V

DISTRICT _____

DATE 12-24-97

DATE SYSTEM APPROVED 4-1-98

INSPECTOR [Signature]

04-357175

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-3833~~ 410-313-2640

INDEXED

Arnold Backhoe & Septic Service IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P.O. Box 15 Woodbine, Maryland 21797 PHONE 301-774-3869

SUBDIVISION Warfield's Grant, Sec II LOT 25 ROAD 16016 Fields End Court

PROPERTY OWNER Trinity Custom Homes, Inc.

ADDRESS P.O. Box 122 Ellicott City, Maryland 21043

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe

LOCATION - Place distribution box 170 feet up the left (321.68) lot line and 35 feet off that same lot line as seen when facing the lot from Fields End Court Run trenches on contour toward the right lot line.

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

OK KM 12/23/97

PLANS APPROVED BY _____ DATE _____

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

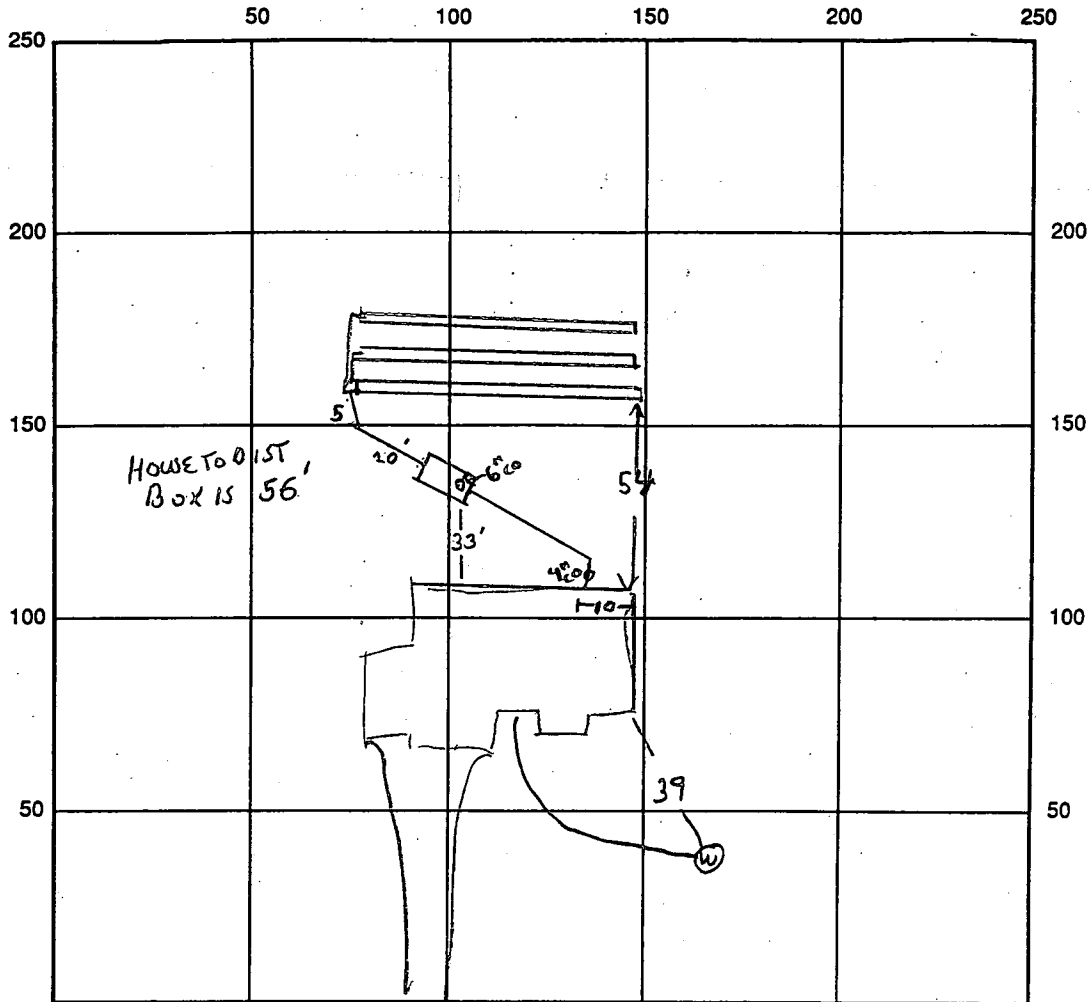
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

BUILDING PERMIT SIGNED AND RETURNED

5-7-02
800135842-IG POOL

A 49482V

N



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ELEVS 200 FT

SEPTIC TANK LEVEL ok CLEANOUTS 1 ON S.T., 1 AT HOUSE

DISTRIBUTION BOX LEVEL ok

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 3 x 80 FT. = 240

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA ✓ SQ. FT.

REMARKS: 4-1-98 WEL WNE OK TO COVER, SEPTIC EQUAL #

BUILDING PERMIT SIGNED AND RETURNED

DATE SYSTEM APPROVED 4-1-98 INSPECTOR Alex. Jany

APPLICATION

PERCOLATION TESTING

A 49482 ✓

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER WARFIELDS GRANT LTD PARTNERSHIP c/o Ronald B. Carter
Trinity Custom Homes Etc

ADDRESS P.O. Box 122 ELLICOTT CITY MD. 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER FISHER COLLINS & CARTER ATTN: Zach Fisch

ADDRESS 9171 BALTIMORE NATIONAL PIKE ELLICOTT CITY MD. 21042 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 25

ROAD AND DESCRIPTION Daisy Road 16016 Fields End Court

TAX MAP 13 PARCEL # 128 **BLDG. PERMIT SIGNED AND RETURNED 12-15-97 Serial # 200108903 S.F.D. 4 Bmw**
SIZE OF LOT 1 AC. ± TYPE BLDG. _____
(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. Zacharia G. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

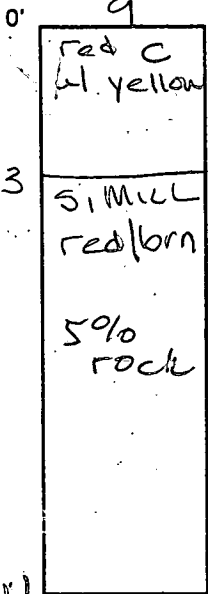
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

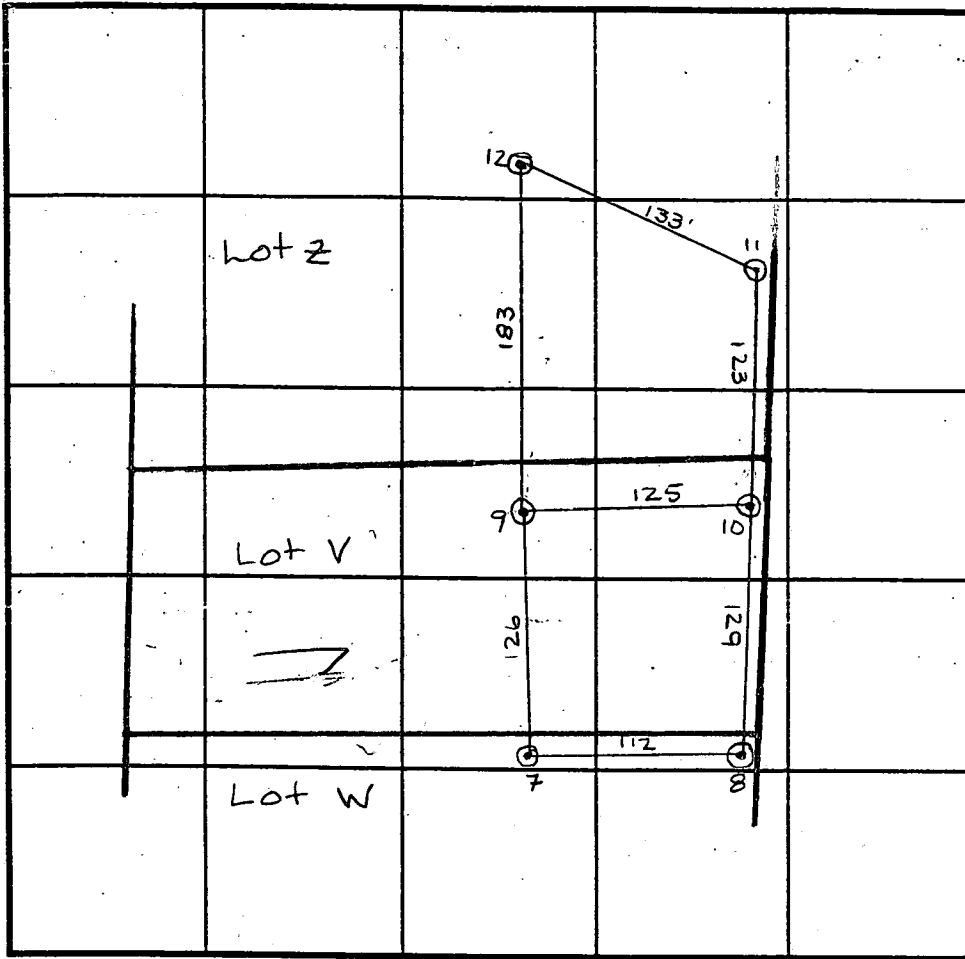
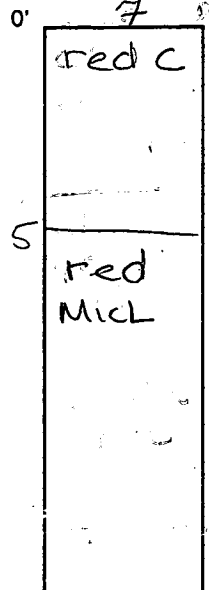
A49482 V

COUNTY #

SOIL PROFILE 9

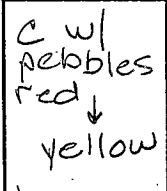


SOIL PROFILE 7

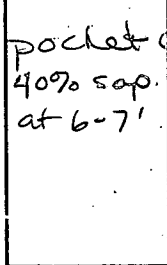


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

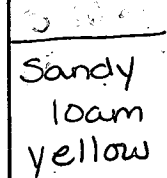
10



5 1/2



8



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/18/93	9	11 1/2 / 5	11:07	11:09	11:09	11:11	2
		8 1/2	11:04	11:08	11:08	11:17	9
	10	v12 / 5 1/2	11:16	11:20	11:20	11:25	5
		10	11:13	11:19	11:19	11:31	12
	8	v12 / 5	10:31	10:33	10:33	10:36	3
	12						
	7	v11 / 6	10:46	10:48	10:48	10:51	3
		9	10:46	10:50	10:50	11:00	10

REMARKS Tests 11:12 can be found in A49482 Z

TYPE OF SOIL Glenelg

TESTED BY Amy McMillen Kwellman ALSO PRESENT Cissie/Andres

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 3

INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT/BEDROOM 180

Signed
Preliminary
Plan

SHEET

LIMIT OF WORK
STA. 5+50

S
OF
5

END

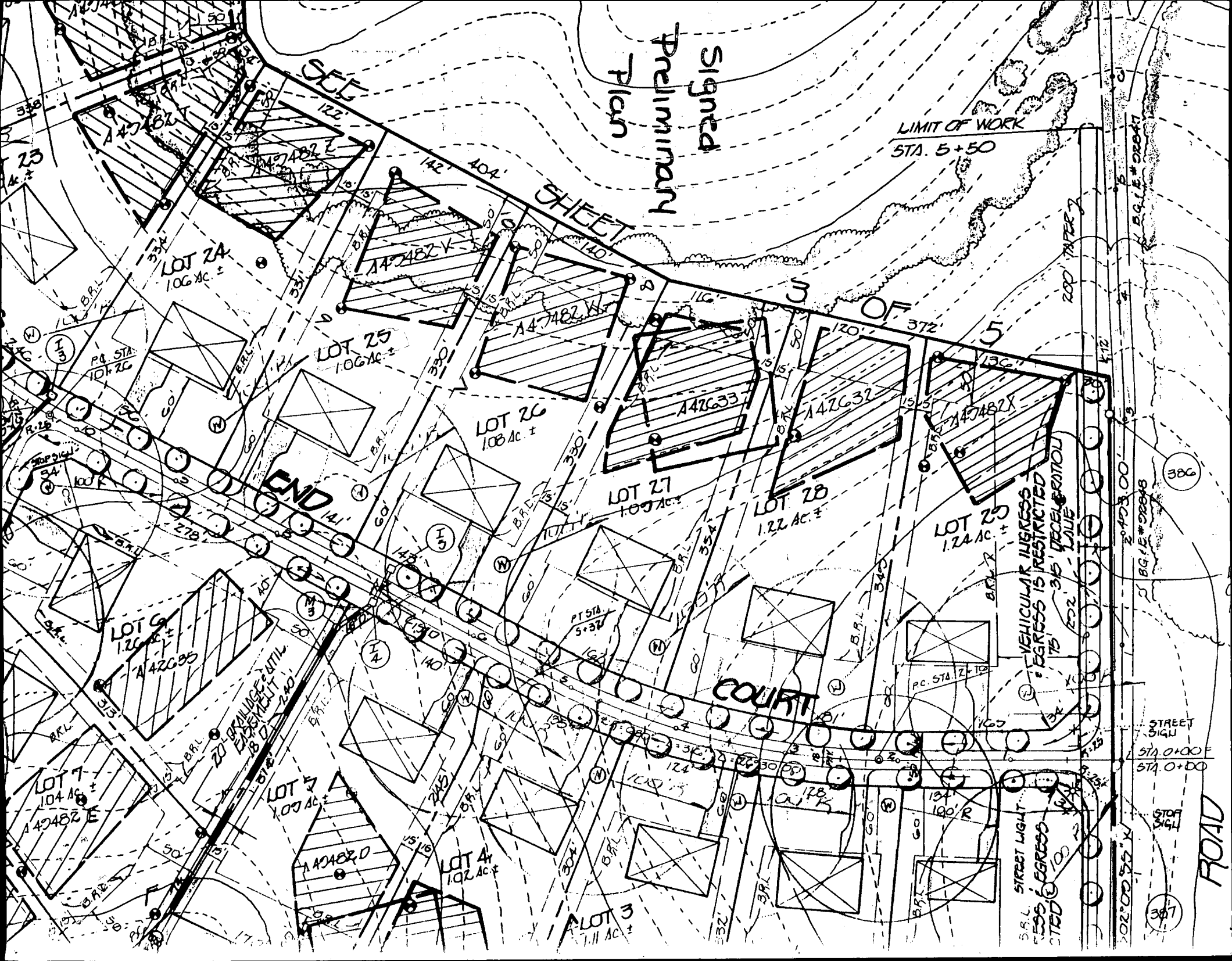
COURT

VEHICULAR INGRESS
& EGRESS IS RESTRICTED
75' 3-15' RECALLER/STATION
FOR 20' - 10' - 10'

STREET
SIGN
STA. 0+00
STA. 0+00

STOP
SIGN

ROAD



SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehsen Joseph, Ph.D., Director

Lab No. _____ Date Received _____

~~HOWARD COUNTY HEALTH DEPARTMENT~~
BUREAU OF ENVIRONMENTAL HEALTH
 3525-H ELLICOTT MILLS DRIVE
 ELLICOTT CITY, MD 21043

WATER ANALYSIS

Do not write above this line.

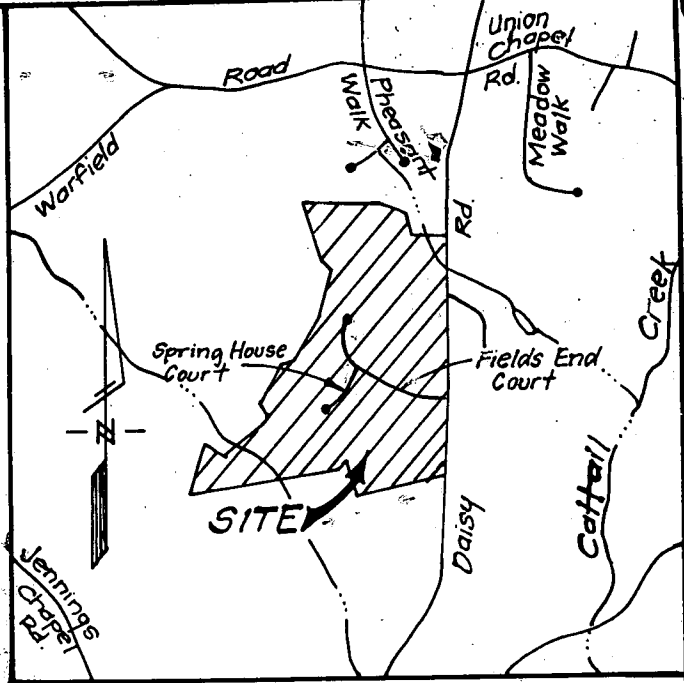
S A M P L E I D	Bottle Number <u>H0-2813</u> Name <u>Trinity Custom Homes</u> County <u>Howard</u> County Code <u>13</u>				
	Source <u>Fields End Ct, Warfields Grant Lot 25</u> Data Category Code <u>4F</u>				
	Collected: Date <u>11/19/97</u> Time <u>10:30</u> Collector & Phone <u>Kim Maisto 313-2640</u> Submitter Code <u>X</u>				
	CHECK (one per box)				
<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;"> Drinking Water <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other <input type="checkbox"/> </td> <td style="border: 1px solid black; padding: 2px;"> Community Non-community Private <input type="checkbox"/> Other <input type="checkbox"/> </td> <td style="border: 1px solid black; padding: 2px;"> Source (raw water) <input checked="" type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL <input type="checkbox"/> </td> <td style="border: 1px solid black; padding: 2px;"> Emergency Routine Recheck Special <input type="checkbox"/> </td> <td style="border: 1px solid black; padding: 2px;"> Federal Project <u>S</u> </td> </tr> </table>	Drinking Water <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other <input type="checkbox"/>	Community Non-community Private <input type="checkbox"/> Other <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL <input type="checkbox"/>	Emergency Routine Recheck Special <input type="checkbox"/>	Federal Project <u>S</u>
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F I E L D	Plant No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sampling Station <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	pH <input type="text"/> <input type="text"/> Chlorine: Free <input type="text"/> Total <input type="text"/> Preservation: Iced <input checked="" type="checkbox"/> Acid <input checked="" type="checkbox"/> Type of Acid <u>H₂SO₄</u>
	Specific Conductance <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Notes to Lab/Remarks: <u>H0-94-0838</u>

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
	Nitrate - Nitrite, N	00630					
	pH*, Ca CO ₃ Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested Section Chief _____ Date Reported _____
 DHMH 90-A 10/93 ORIGINAL - LABORATORY



VICINITY MAP

Scale: 1" = 2000'

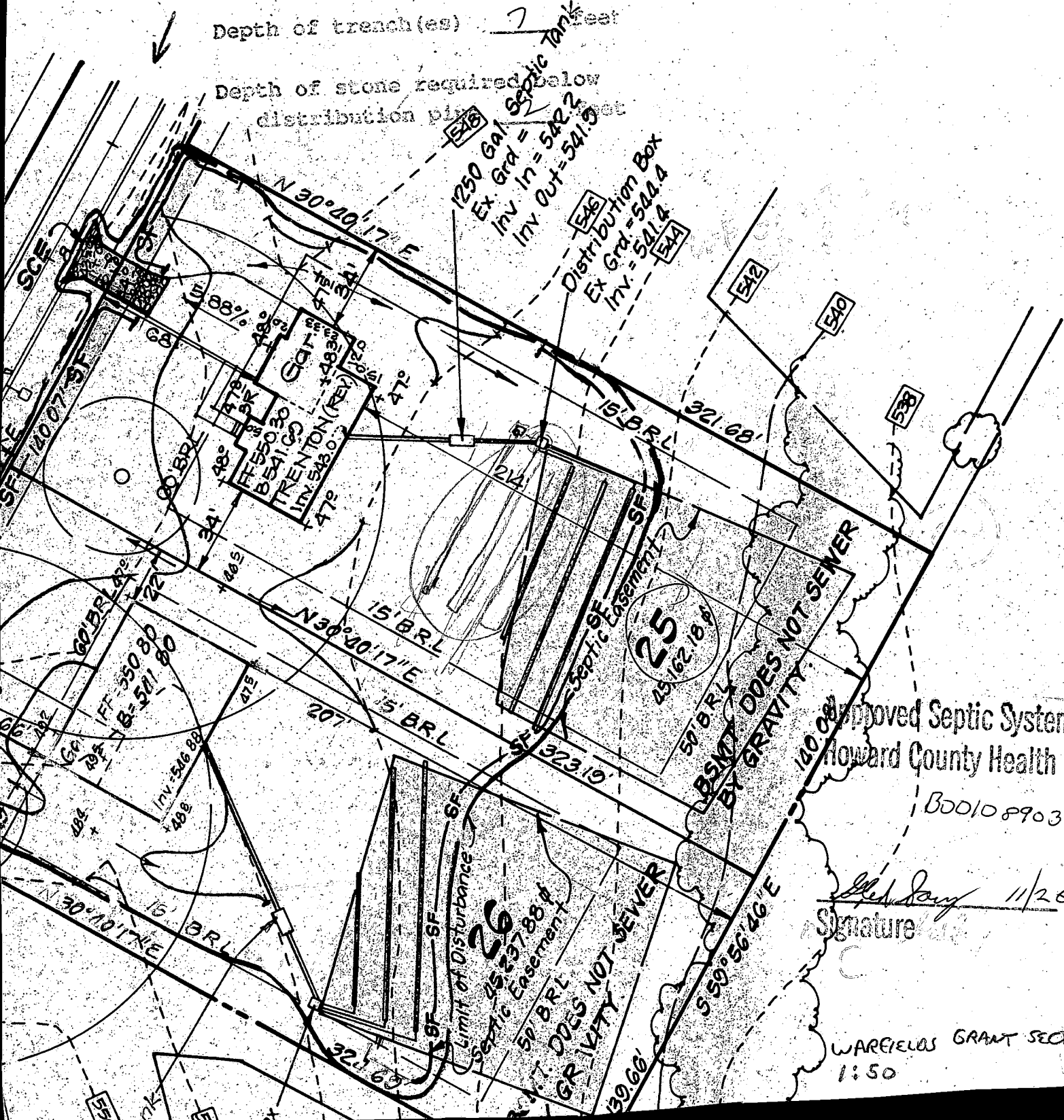
Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 7 feet

Depth of stone required below distribution pipe

FIELDS TO DAISY ROAD



Approved Septic System Plan
Howard County Health Department

B00108903

Walter J. ... 11/26/97
Signature Date

WARFIELD GRANT SEC 2
1:50

C1 7944 SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A49482-V

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 10/18/97

Depth of Well 2205

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-0838

OWNER Trinity Custom Homes last name Fields first name End CT TOWN Daisy STREET OR RFD Warfields Grant SUBDIVISION SECTION 2 LOT 25

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 Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD YES NO (Y) (N)

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 17 NO. OF BOUNDS 1700 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 304 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT)

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) (PL) (6) (20)

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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes (Y) no (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 ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 116 Kathy Mayne DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD 117 Kathy E. Mayne

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

DEPTH (nearest ft.) HO 68 205. S C R E E N 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q 70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

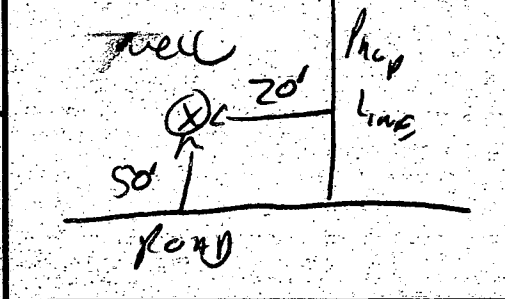
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10.0 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft. WHEN PUMPING 715 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP 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. 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)

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)



B 1 **8285** SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-94-0838
 fill in this form completely

Date Received (APA) **06/17/96**

OWNER INFORMATION

TRINITY Custom HOMES
 Last Name Owner First Name

6212 Deuow DR.
 Street or RFD

COLUMBIA MD 21044
 Town State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

WARFIELD'S GRANT SUBDIVISION

SECTION **2** LOT **25**

DAISY NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** MI

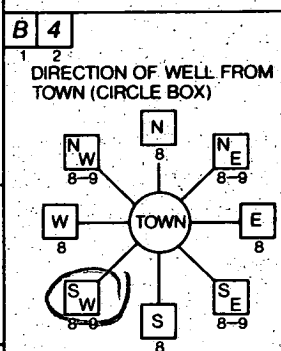
DRILLER INFORMATION CIRCLE: MSD/ MGD/ MWD

RAIPH MAYNE Driller's Name
716 License No. 80

Ralph Mayne Well Drilling Firm Name

9120 Brown Church Rd. Mt. Airy Address

Ralph Mayne Signature **6/13/96** Date



FIELDS ENOCH NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []

DISTANCE FROM ROAD **50** FT OR MI **FT**

TAX MAP: _____ BLK: _____ PARCEL _____

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)

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co. COUNTY NAME **A-49482-V** COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED **07/08/96** INSERT S EXP. DATE **7/7/97**

A. McMiller CO SIGNATURE

NORTH GRID **530000** EAST GRID **0780000**

APPROXIMATE DEPTH OF WELL **1150** 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 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

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 (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **AM** INITIALS IN BOX PERMIT No. **40-94-0838**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

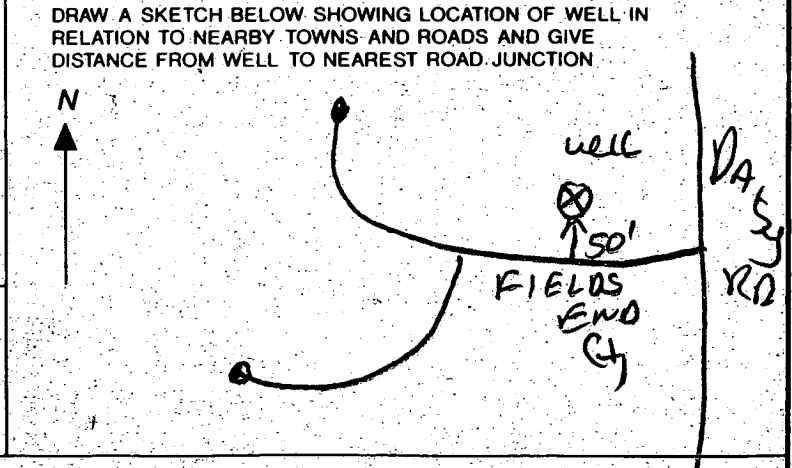
SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

780 (South of well location)
530 (North of well location)

11/19/97
 9:30
 70' casing
 30+ open
 17 bags grout ok (KM) (E)



SEND REPORT TO:

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525 H'ELLCOTT MILLS DRIVE
ELLCOTT CITY, MD 21043**

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joshi, Ph.D., Director**

Lab No. 113/98 Date Received logged

C302093 920 8

Do not write above this line.

WATER ANALYSIS

SAMPLED

Bottle Number H0-2813 Name Trinity Custom Homes County Howard County Code 13

Source Fields End Ct, Warfields Grant Lot 25 Data Category Code 4F

Collected: Date 11/19/97 Time 10:30 Collector & Phone Kim Maisto 313-2640 Submitter Code X

CHECK (one per box)

Drinking Water: <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Federal Project S

FIELD

Plant No. Sampling Station

Preservation: Iced Acid Type of Acid H2SO4

pH Chlorine: Free Total Specific Conductance

Notes to Lab/Remarks: H0-94-0838 J.F.H.

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
<input checked="" type="checkbox"/>	Nitrate - Nitrite, N	00630			<u>1.2</u>	<u>11-21-97</u>	<u>BR</u>
	pH*, Ca CO ₃ Sat.	70311					
	Sulfate	00945					
<input checked="" type="checkbox"/>	Total Solids	00500					
	Turbidity*	00076			<u>43.</u>	<u>11-21-97</u>	<u>J.S.</u>
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested
DHMH 90-A 10/93

Section Chief **D. MILLER-TUCK**
SUBMITTER'S COPY

Date Reported

NOV 26 1997

Partial List of Submitter Codes

DEPARTMENT OF ENVIRONMENTAL HEALTH
1997 DEC -1 P 3:00

Code Description

- 1-30 County Codes
- 41 Individual Septics & Wells Program
- 42 Water Supply Program
- 43 Recreational Sanitation & Migrant Camps, DHMH
- 44 STP Inspection Division
- 45 Hazardous & Solid Waste Admin. (Landfill Samples)
- 46 Pre-Treatment Enforcement Division
- 48 Licensing and Certification, DHMH
- 52 Water Quality Monitoring Program

Code Description

- 53 Chesapeake Bay & Special Projects
- 59 Standards & Certification Program
- 63 Division of Food Control
- 64 Engineering & Maintenance, DHMH
- 65 Division of Community Services
- 66 Office of Attorney General
- 67 Dept. of General Services
- 77 E.P.A.
- 91 State Highway Administration
- 96 L.U.S.T./U.S.T./CERCLA
- 99 Unknown

Codes for Federally Funded Projects (leave box blank if not federal)

Code Description

- S Safe Drinking Water Act (SDWA)
- R Resource Conservation and Recovery Act (RCRA)

Code Description

- N National Pollution Discharge Elimination System (NPDES)
- M Miscellaneous (Other)

Partial List of Data Category Codes

Code Description

- 1F Sediment Samples
- 2A Industrial Effluents/Compliance
- 2B Industrial Grab
- 2C Municipal Compliance
- 2D Municipal Grab
- 4A MCL Surveys
- 4B Routine Monitoring & Other Communities
- 4D Potable - County Community
- 4E Potable - Non Community
- 4F Potable - Private Wells
- 4G Real Estate Trans./Charge Samples

Code Description

- 2F Innovative Disposal
- 5A Solid Waste/Landfills
- 5B Kidney Dialysis
- 5C Commercial Bottled Waters
- 5D Misc. Wastewaters
- 5E Misc. River/Stream
- 5F Misc. Drinking Water
- 5G Swimming Pools
- 5H Marine or Estuarine Natural Bathing Areas

Partial List of Error Codes

Code Description

- A Laboratory Accident
- C Mechanical/Materials failure
- D Insufficient Sample
- E Sample past holding time

Code Description

- J Wrong sample type
- RR No sample received
- X Improper preservation
- LL Mislabelled sample

99 0 0 VAN

MULTI-COPY

LOT 24

S59°56'46"E

140.08'

LOT 26

LOT 25
45,162.18 sq ft

Private Sewage Easement
see Note No. 2 Plat No.
11971

B00135842

5/7/02 -
Proposed pool
location on
SRW

NOTE: 10' Wide Tree
Maintenance Easement,
see Note No. 9 Plat No.
11971

ON

Consumer only
under of a title
in connection
with financing or

Not for the
construction of
houses, garages,
or other structures;

Not to be accurate
survey lines, but
required for the
financing or

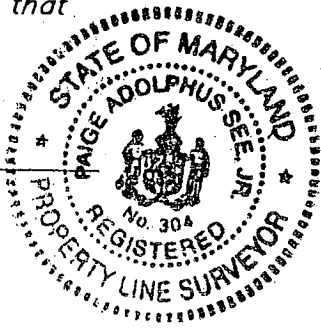
FIELD'S END 50' RIW COURT

FIGATE

Survey of this property
is required for the purpose
shown hereon, and that

NOTES:

1. Setback Distanc



Permit # B00135842



CLARK · FINEFROCK & SACKETT, INC.
ENGINEERS · PLANNERS · SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410)381-7500 BALT. • (301)621-8100 WASH.

DESIGNED:	LOCATION DRAWING 16016 FIELD'S END COURT LOT 25 SECTION 2 WARFIELD'S GRANT Lots 1-29 Agricultural Preservation Parcel A Fourth (4th) Election District Howard County, Maryland	SCALE:
DRAWN:		1"=50'
CHECKED:		DRAWING NO.
DATE:		JOB NO.
5-7-98	FOR: TRINITY BUILDERS 6212 Devon Drive Columbia, Md. 21044	FILE NO. 35-084-0