

#181099
LATE 11/19/99
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512789-A

A 511079

DISTRICT _____

DATE 10-29-99

DATE SYSTEM APPROVED 11/19/99

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

03-290921

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P.O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Locust Ridge Estates LOT 16 ROAD 3705 Folly Quarter Road

PROPERTY OWNER Henry L. Mayer

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 115 feet off the front lot line and 40 feet off the right lot line as seen from Folly Quarter Road. Run trenches along contour towards the road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/14/99 DKS

Specs revised 11/17/99
DKS

PLANS APPROVED BY Donna K. Soe REVISED DATE 07-06-1999

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

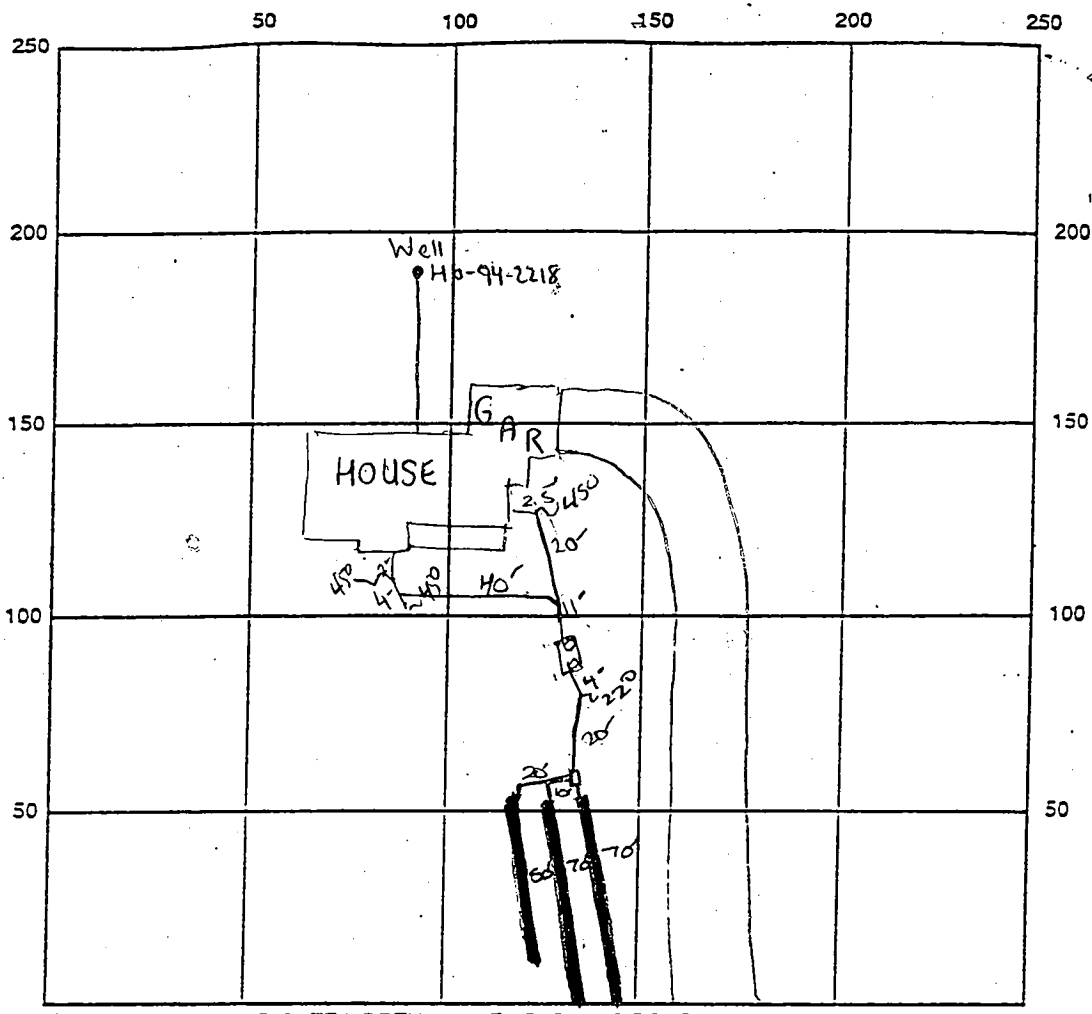
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

511079

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
FOLLY QUARTER ROAD

SEPTIC TANK LEVEL OK - 1500 gal 2 comp CLEANOUTS 2 on tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 9.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 2x70 + 1450 FT. +190

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA 570 SQ. FT.

~~DRYWELL~~ DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 11/19/99 FINAL INSP - OK to cover all septic work. DJS

11/23/99 - WPI OK - (SRK)

DATE SYSTEM APPROVED 11/19/99 INSPECTOR DOUAKOR

12/3/98
10:00

APPLICATION

PERCOLATION TESTING

A 511079

P _____

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

DISTRICT _____

DATE 10/30/98

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 Henry Mayer

ADDRESS 3709 Folly Quarter Rd. PHONE (410)988-9881

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Locust Ridge Estates LOT NO 116

ROAD AND DESCRIPTION Folly Quarter - beside 3709
(3705 Folly Quarter Road)

TAX MAP 23 PARCEL # 68

SEWER PERMIT UNIT
~~NOT RETURNED~~ 11-99
Serial # B7118848

SIZE OF LOT 1.14 acres TYPE BLDG Single family - 3Bm
(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.

X Henry H. Ullrich
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

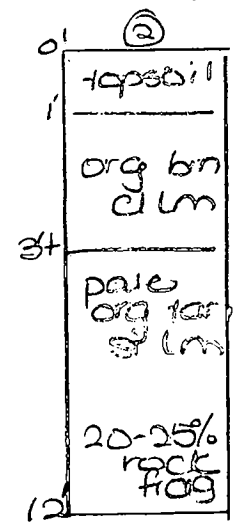
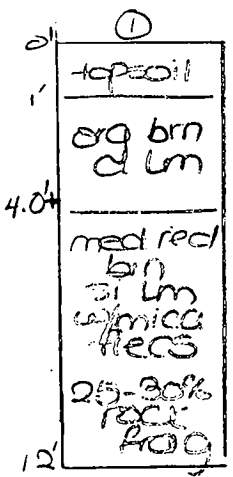
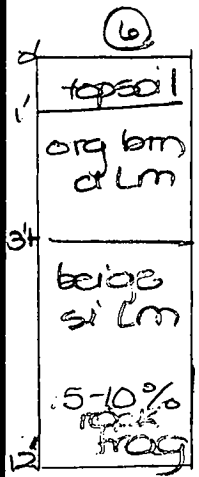
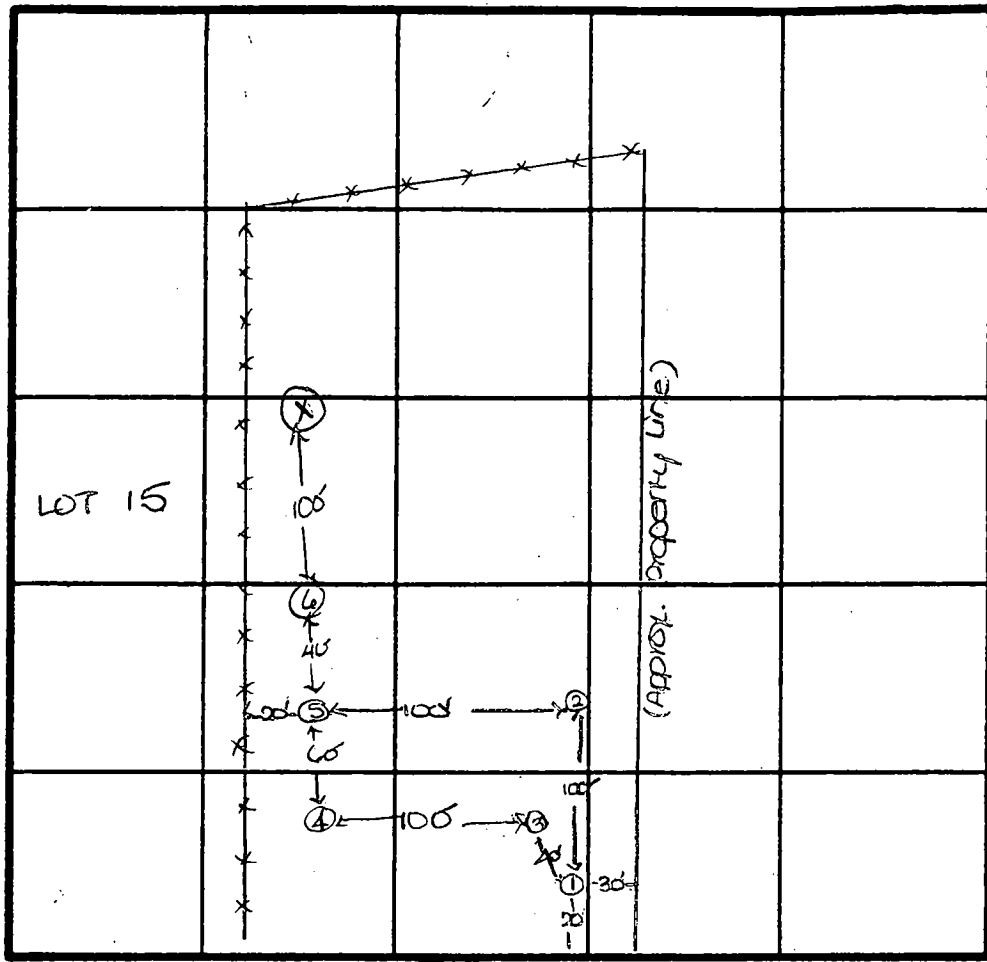
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A 511079



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Folly Quarter Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-3-83	1	4.5' S	10:24	10:30	10:30	10:39	9
		12.0' D	Visual	- See profile			OK
	2	3.5' S	10:32	10:34	10:34	10:37	3
		12.0' D	Visual	- See profile			OK
	3	12.0' D	Visual	- See profile			OK
	4	3.5' S	10:43	10:46	10:46	10:50	4
		12.0' D	Visual	- See profile			OK
	5	4.0' S	10:57	11:03	11:03	11:12	9
		13.0' D	Visual	- See profile			OK
	6	12.0' D	Visual	- See profile			OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. See ALSO PRESENT R. Fyock

AVG. PERCOLATION TIME 6 min TRENCH WIDTH 3'
 INLET DEPTH 3.5' MAX. BOTTOM DEPTH 5.5' SPT/BDR 180

FOLLY QUARTERS ROAD

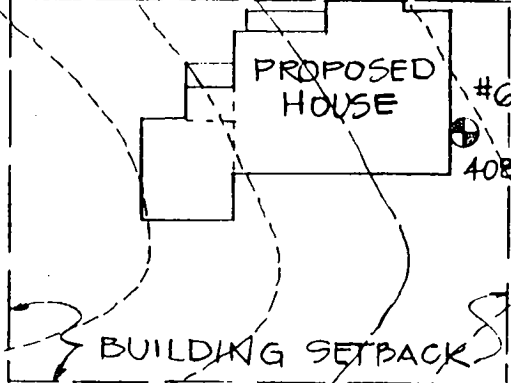
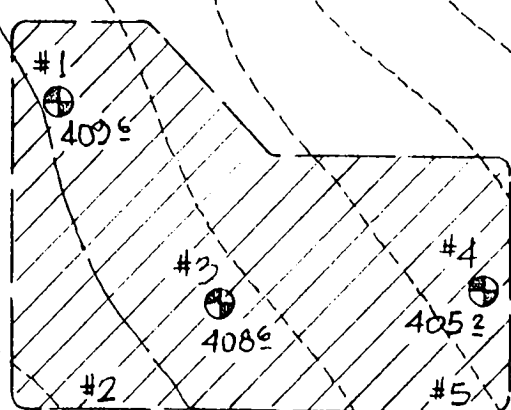
NORTH

EX. PAY.

EX. WELL

#3709
EXISTING
HOUSE

APPROX LOCATION EX. S.R.A.



OWNER:
HENRY L. MAYER
3709 FOLLY QUARTER RD
ELLICOTT CITY, MD 21042

LOT #16
SECTION ONE
LOCUST RIDGE ESTATES
ELECTION DIST. #3
HOWARD COUNTY, MD.



THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

PERCOLATION TESTS HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS "⊕".

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.

PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS HAVE BEEN SHOWN WHERE RECORDED.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS

Dine Matusz
COUNTY HEALTH OFFICER DMS

6/15/99
DATE



PERC. CERTIFICATION PLAN

- for -
#3707 FOLLY QUARTERS ROAD
PROPERTY OF: HENRY L. MAYER
TAX MAP NUMBER 23
PARCEL # 68

DEVELOPMENT ENGINEERING CONSULTANTS, INC.

6603 York Road
Baltimore, Maryland 21212
(410) 377-2600

Scale: 1" = 50'

Issued: JUN 4, 1999

FOLLY QUARTERS ROAD

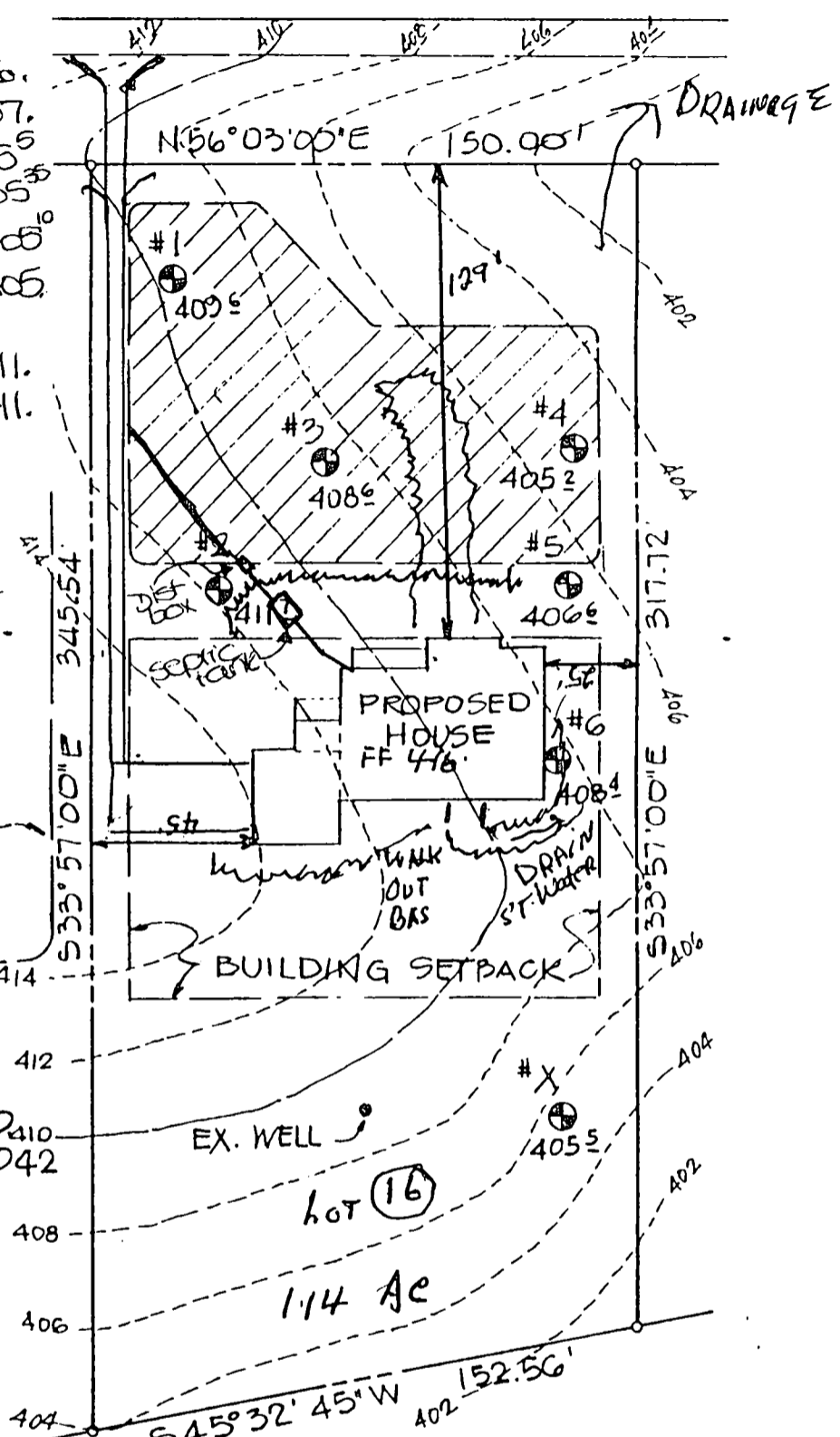
Septic Elevations

FF Elevation 416.
 Bsmt. Elevation 407.
 Septic Inv @ house 405⁵
 Septic Inv into tank 405⁵
 Septic Inv out of tank 405¹⁰
 Septic Inv into dist. b. 405.

Ex. elev @ tank 411.
 Ex. elev @ dist. box 411.

#3709
 EXISTING
 HOUSE

APPROX LOCATION EX. S.



OWNER:
 HENRY L. MAYER
 3709 FOLLY QUARTER RD.
 ELLICOTT CITY, MD 21042

LOT #16
 SECTION ONE
 LOCUST RIDGE ESTATES
 ELECTION DIST. #3
 HOWARD COUNTY, MD.

Approved Septic System Plan
 Howard County Health Department

Total linear feet of trench
 required 180 feet

Width of trench (as) 3 feet

Depth of trench (as) 7.5 feet

Depth of stone required below
 distribution pipe 1.5 feet

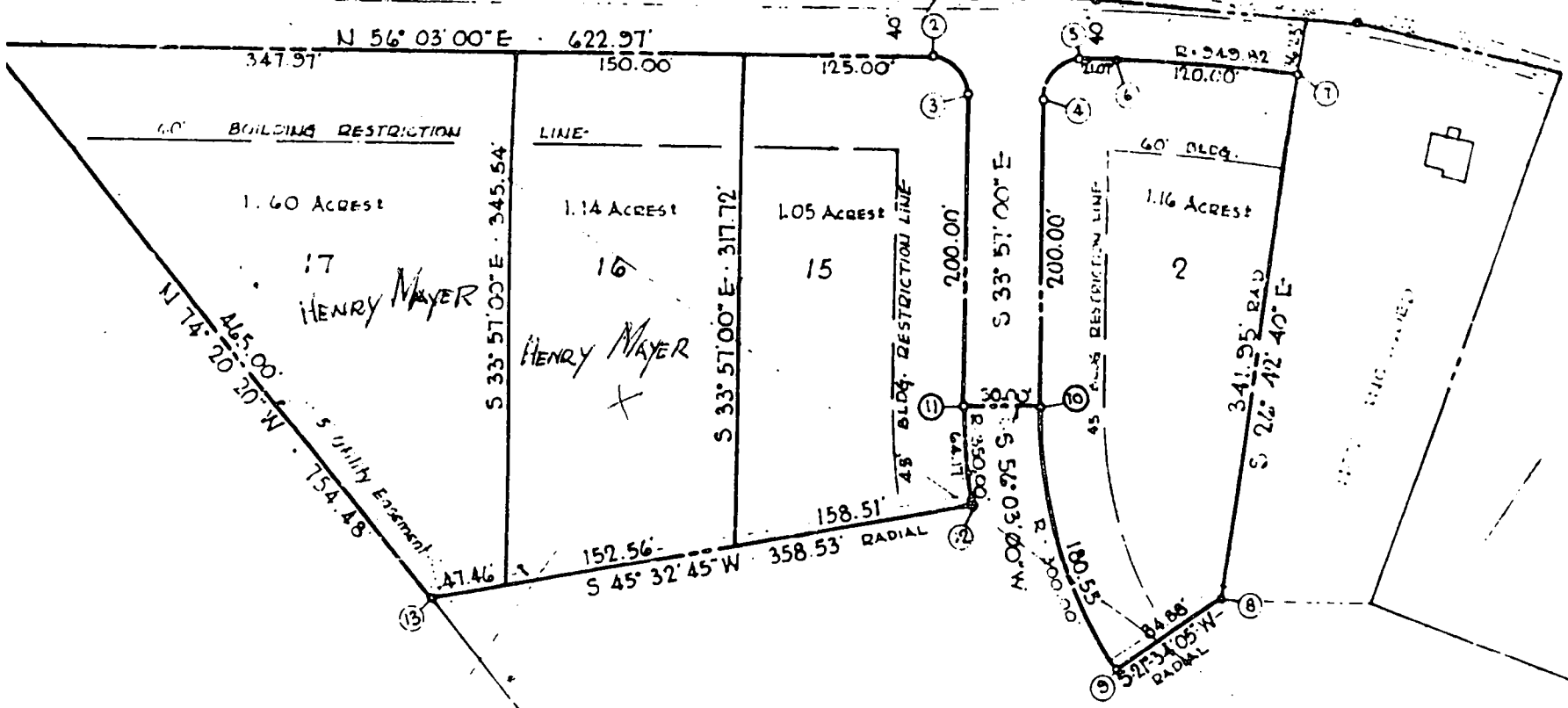
Debra K. [Signature] 7/6/99
 Signature Date

E 9000

398
150

E 9500

FOLLY QUARTERS ROAD



E 9500

December 9, 1998

Mr. Henry Mayer
3709 Folly Quarter Road
Ellicott City, Maryland 21042

RE: Percolation Test Results
Application #511079
Proposed Use: Existing Lot of Record
Property ID: Locust Ridge Estates, Lot #16
Folly Quarter Road
Tax Map: 23 Parcel #68


Dear Mr. Mayer:

Percolation testing conducted December 3, 1998, on the above referenced property indicated satisfactory soil conditions. A copy of the percolation test results is enclosed.

A Percolation Certification Plan showing the following information should be submitted to this office by a registered engineer:

- actual locations and elevations of all excavated test holes
- suitable house and well sites on proposed lots
- locations of existing wells and septic systems on the property
- locations of existing structures on the property
- locations of existing wells and septic systems within 100 feet of property boundaries
- streams/swales/springs and other relevant landscape features
- contour lines

This plan should be submitted within 60 days to allow field verification if necessary. If you have any questions, please contact me at the address below or by calling (410) 313-2640.

Sincerely,

Donna K. Soe, R.S.
Water and Sewerage Program

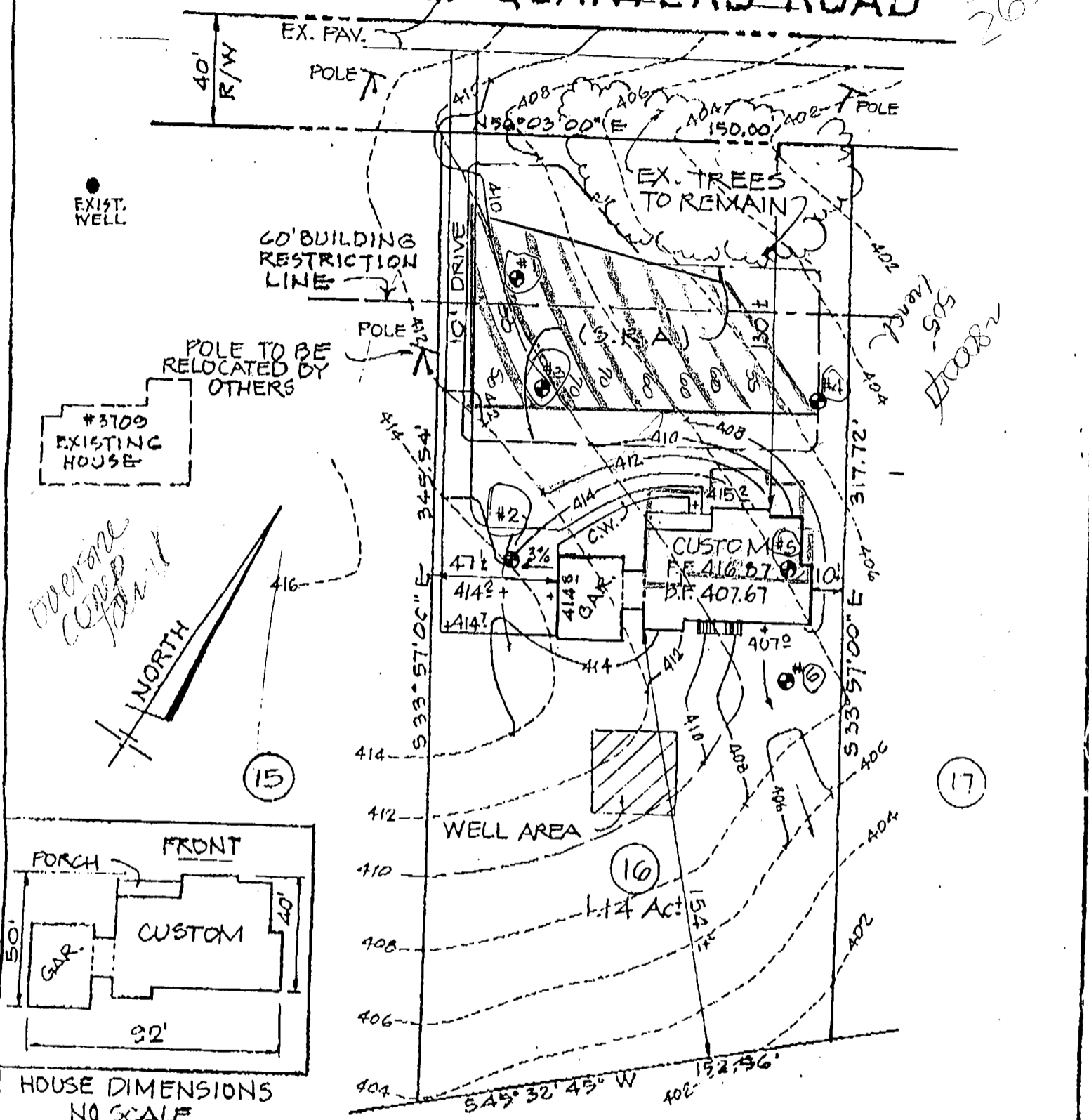
Enclosures
DKS
cc: file



Henry Mayer
3709 Folly Quarter Rd
Ellicott City MD 21042-1411

FOLLY QUARTERS ROAD

(410) 377-2625



LOT # 16

SECTION ONE LOCUST RIDGE ESTATES ELECT. DIST. # 3 HOWARD CO., MD

SETBACKS:

Front from P.L. 130'±
 Right Side 47'±
 Left Side 10'±
 Rear 154'±

LOT No.	HOUSE TYPE	STD REV	WALKOUT AREAWAY	HOUSE No
16	CUSTOM	STD.	W.O.	3707
	(Kevin)			

DEVELOPMENT ENGINEERING CONSULTANTS, INC.
 6603 York Road
 Baltimore, Maryland 21212
 (410) 377-2600

Scale: 1" = 50' Issued: MAR. 3 1999

AM Stur

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 X
Replacement

Receipt # _____
Date 5/16/00

Name of Installer J A Smith + Co Inc

Telephone 410 796 2532

License Number 5581

Certified Well Pump Installer Well Driller Registered Plumber X

Name of Property Owner Henry Mayer

Telephone 410 988-9881

Subdivision Locust Ridge Est. Lot # 16 Well Tag # HO-94-2218

Site Address 3705 Folly Quarter Rd

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible V
- 2. Make Goulds
- 3. Model # 5G507412
- 4. Capacity 5 GPM

Motor

- 1. Horsepower 3/4
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 V

Pitless Adapter

- 1. Make _____
- 2. Model # B10X
- 3. Depth 42"

- 5. Pump exceeds well capacity Yes _____ No V
- 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 V Cable guards V Other _____

Tank

- 1. Capacity WX-250
- 2. Pressure relief valve? YES

Piping

- 1. Type Basic Poly
- 2. Size 1"
- 3. NSF and/or BOCA Code approved YES
- 4. Depth of supply line 42"

Well data

- 1. Depth 320 ft.
- 2. Yield 85 GPM
- 3. Static water level 41' ft.
- 4. Will water supply be disinfected by installer? no

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.

11/23/99-WPI OK
SRH

Signature of Applicant:

J. Allen Smith

Date:

5/16/00

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

C1 06715 SEQUENCE NO. (MDE 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. COUNTY NUMBER A511079

ST/CO USE ONLY DATE RECEIVED MM DD YY 4 26 99

DATE WELL COMPLETED MM DD YY 4 26 99 DEPTH OF WELL 22 320 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-2218

OWNER Mayor last name Henry first name Henry STREET OR RFD FOLLY QUAY RD TOWN ELICOTT CITY SUBDIVISION LOCUST RIDGE ESTATES SECTION LOT 16

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. Sand 0 39 Gray Mica Rock 39 320

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 31 NO. OF POUNDS 2984 GALLONS OF WATER 186 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 40

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 44

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 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 2 4 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. M D

DEPTH (nearest ft.) 41 320. E 8 9 11 15 17 21. H 23 24 26 30 32 36. S 38 39 41 45 47 51. R. E. N. SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

PUMPING TEST HOURS PUMPED (nearest hour) 3/8 9 PUMPING RATE (gal. per min.) 8.5 PUMPING RATE MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 41 ft. WHEN PUMPING 203 ft. TYPE OF PUMP USED (for test) 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) 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 3 (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) See Attached location

B 1 7494 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER HO-94-2219
1 2 3 4 5 6 70 79
 fill in this form completely

Date Received (APA) 04/05/99 OWNER INFORMATION
8 MM DD YY 13
Mayer L. Henry
15 Last Name Owner First Name 34
3709 Folly Quarter Rd.
36 Street or RFD 55
Elliott City Md. 21042
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Locust Ridge Estates
23 SUBDIVISION 42
 SECTION 16 LOT 16
44 46 48 50
West Friendship Elliott City
52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 5 M I
73 76 77 78

DRILLER INFORMATION
Joseph E. Magee MS D 24
76 License No. 81
Joseph E. Magee Well Drilling
Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771
Address
Joseph E. Magee 4/2/99
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Folly Quarter Rd.
11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 575 37
 DISTANCE FROM ROAD 575 FT
ENTER FT OR MI 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

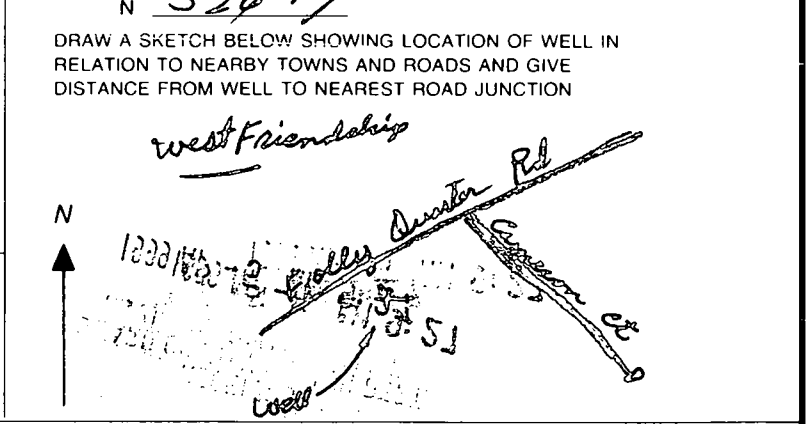
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A511079
COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 04/13/99 04/2/99
43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 529 000 EAST GRID 0824 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
4-22-99
9:30 work
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8204
 N 5297
000 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER HO-94-2219
54 63
 PERMIT No. HO-94-2219
70 71 72 73 74 75 76 77 78 79

