

1/9/87
AM

05-374251

APPROVED
1/9/87
RH P 38398

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH' DISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 1/08/87

INDEXED

DATE SYSTEM APPROVED _____

INSPECTOR _____

Drain Relief, Inc. (FYDUC - SUB CONTRACT) IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 10337 Cavey Lane, Woodstock, MD 21163 PHONE 465-2285

SUBDIVISION Glenelg Manor II ROAD 12721 Folly Quarter Road DOT 6A

PROPERTY OWNER Michael & Cheryl Murphy

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 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 80 feet from the left lot line and 180 feet from the rear lot line as seen when facing the property from the road-in-common. Run trench(s) along contour toward left-rear corner of lot being certain that no part of any trench is within 100 feet of any well.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams ^{OK/CW} DATE 2/07/86

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.

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

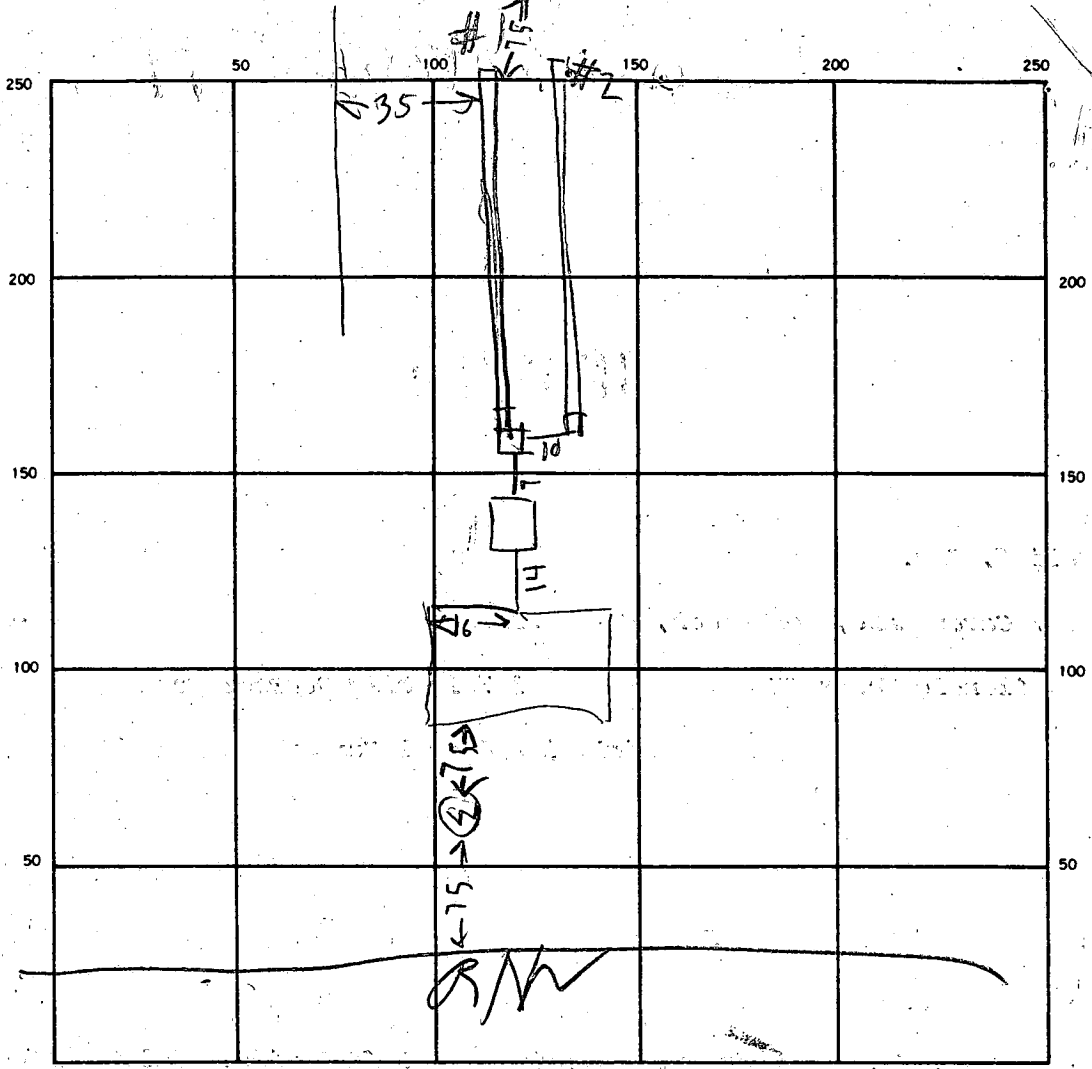
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 26687



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

29

SEPTIC TANK LEVEL OK 1500 CLEANOUTS OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH #1 #2 9/9 FT. TRENCH WIDTH #1 #2 2/2 FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH 5/5 FT. TOTAL LENGTH 103/42 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS - SYSTEM ALMOST FINISHED FINISH DIGG
TRENCH #2 TO 100 FT & ADD STONE ADD STONE
TO TRENCH #1 OR TO COVER TRENCHES
TO SAVE TIME TO NAT BRIDGES
LOCATION OK

DATE SYSTEM APPROVED 7/19/87 INSPECTOR Raymond Hodges

SUBDIVISION: GLENELG MANOR II

LOT NUMBER: 6A

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		Minimum Total square Feet
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

200 sq. ft./bedroom

Trench to be 2 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.

4-110

B.P. # 70431
Murphy

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 80' FROM THE LEFT
LOT LINE AND 180' FROM THE REAR LOT LINE AS SEEN
WHEN FACING THE PROPERTY FROM THE ROAD-IN-COMMON.
RUN TRENCH(S) ALONG CONTOUR TOWARD LEFT-REAR CORNER
OF LOT BEING CERTAIN THAT NO PART OF ANY TRENCH
IS WITHIN 100 FT OF ANY WELL. 2/7/86 CW

APPLICATION

A 26687

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE 8/17/77

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 Howard Associates *Michael-Cheryl Murphy*

ADDRESS _____ PHONE Rhett Realty 465-4920

PROPERTY LOCATION

SUBDIVISION Glenelg Manor - Section 2 LOT NO. 6A - Sec. 2

ROAD AND DESCRIPTION # 12721 Off Folly Quarter Rd.

SIZE OF LOT 40,000 square feet ± TYPE BLDG. 3 or 4
NUMBER _____

IF NOT SINGLE RESIDENCE DESCRIBE N/A

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY IF THE NECESSARY FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Dale Maisel

APPROVED BY *[Signature]* FOR DJJA DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

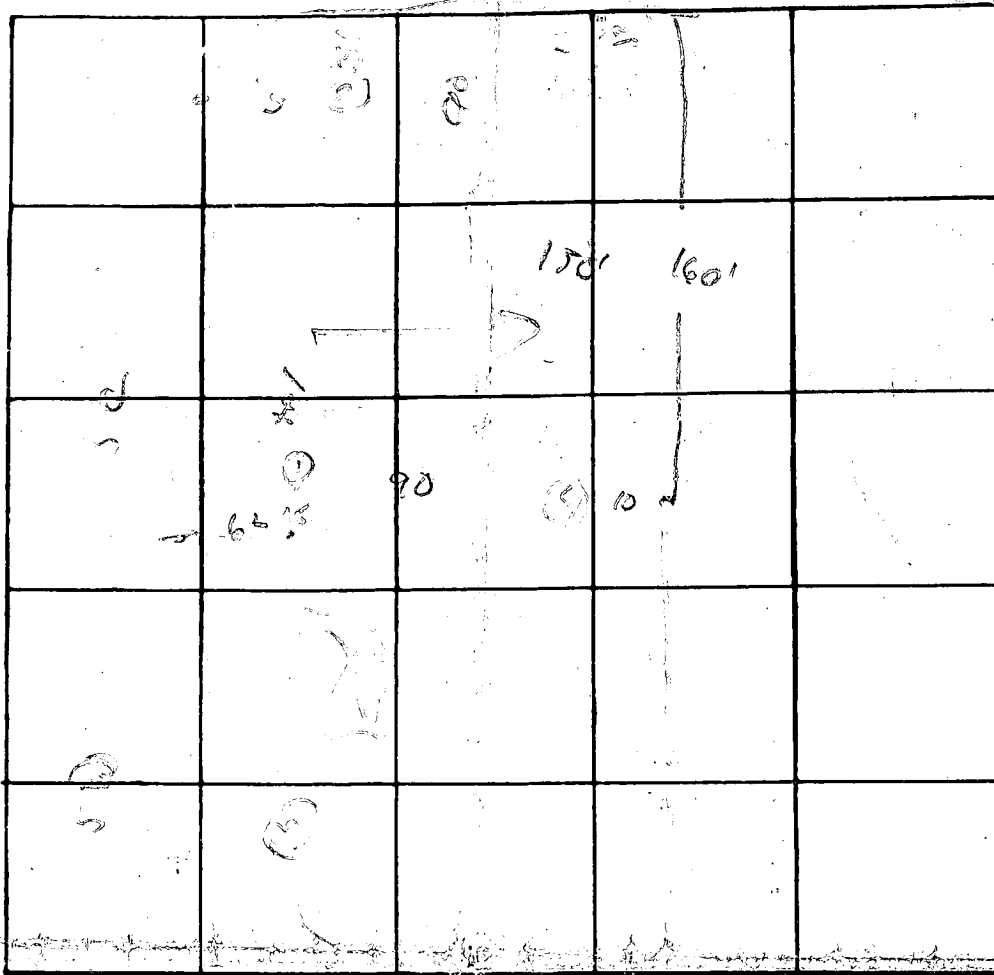
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/15/83 SPECS WRITTEN

B.P. # 70431

BLDG. PERMIT SIGNED
AND RETURNED 5-2386

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/27	1s	4	10 ²⁹	Less	Less	1"	more than
	0	12	10 ²⁹	10 ³⁵	10 ³⁵	10 ⁵⁰	15
	3s	5	10 ³⁰	10 ³⁵	10 ³⁵	10 ⁴¹	10
	2d	13	10 ³⁰	10 ³⁵	10 ³⁵	10 ⁴¹	10
	4s	3	10 ³⁰	10 ³⁵	10 ³⁵	10 ⁴¹	16
	4d	12	10 ³⁰	10 ³⁵	10 ³⁵	10 ⁴¹	5
	2s	Vertical	10 ³⁰	10 ³⁵	10 ³⁵	10 ⁴¹	10
✓	1s	7	10 ³⁰	10 ³⁵	10 ³⁵	10 ⁴¹	5

REMARKS

TYPE OF SOIL

Sandy over lay of thick clay

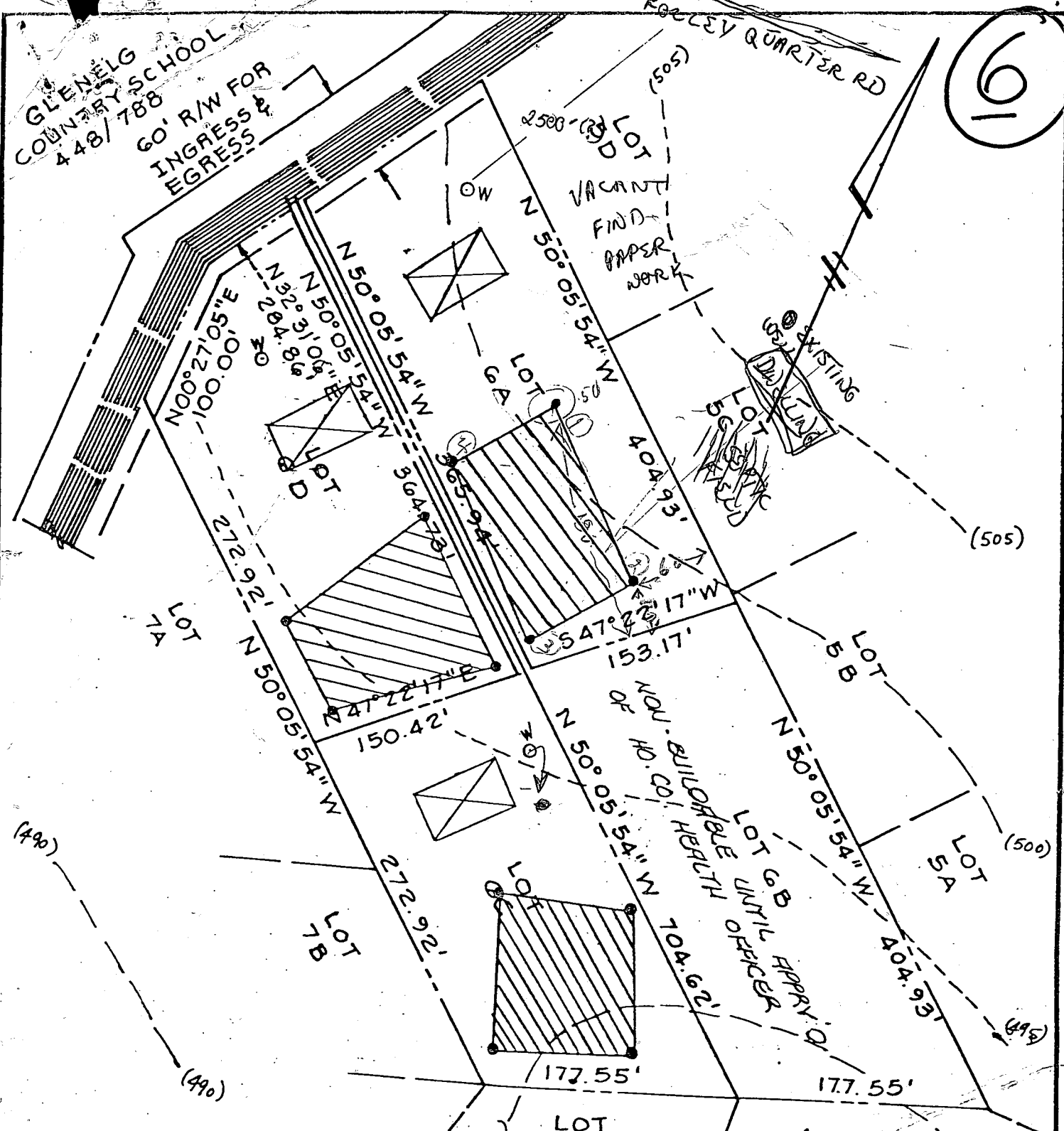
TESTED BY

R. Briggs

ALSO PRESENT

O. J. N.

6



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

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

NOTE: PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED.

J. W. H. N. 6-5-78
COUNTY HEALTH OFFICER DATE

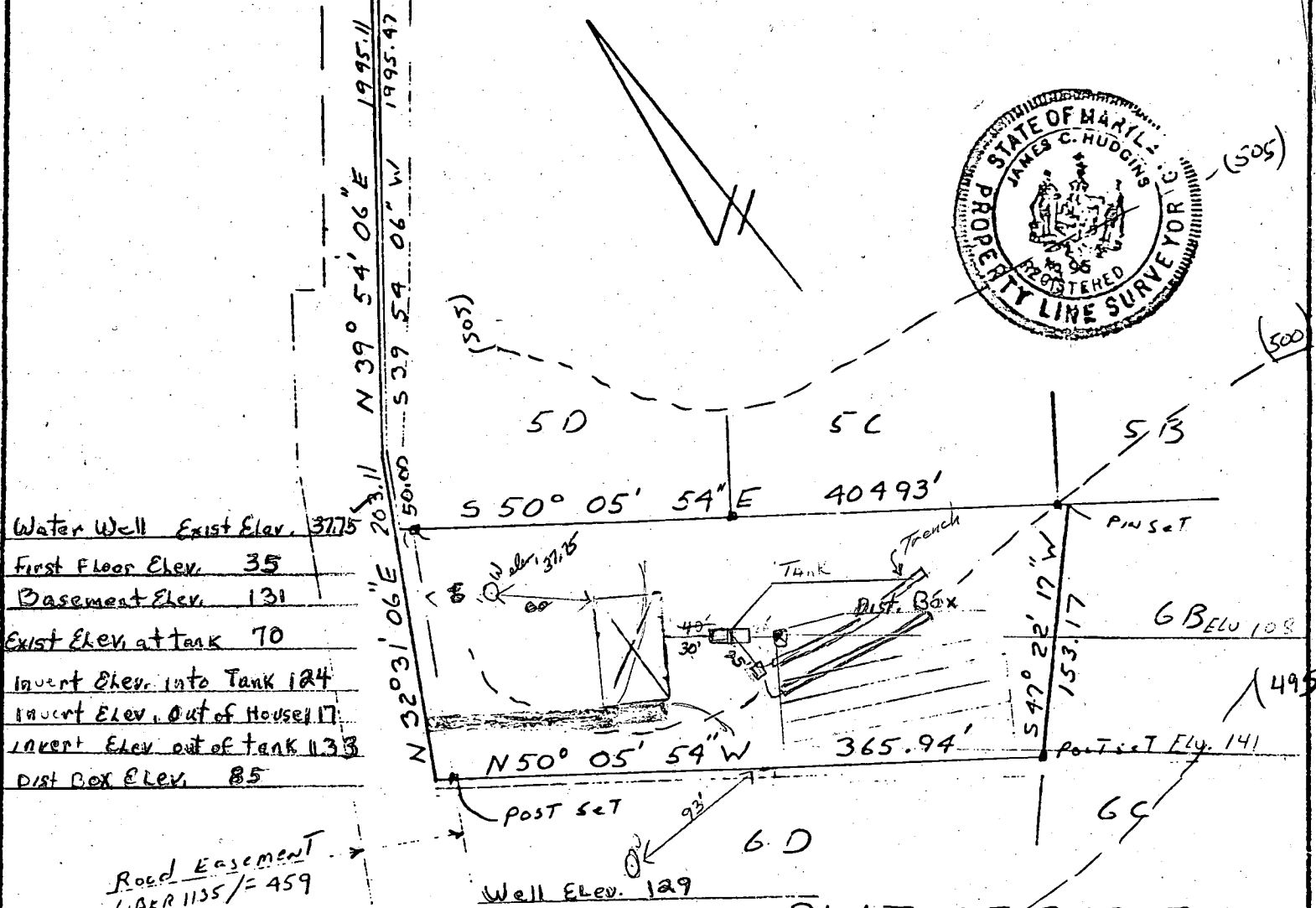
TITLE PERCOLATION TEST PLAT			
PROJECT LOT GA, GB, GC & GD GLENELG MANOR - SECTION TWO			
LOCATION 5TH ELECTION DISTRICT HOWARD COUNTY, MD.			
DATE: 6/24/77	DESIGN BY: W.H.N.	DRAWN BY: W.H.N.	CHECKED BY: D.R.
SCALE: 1" = 100'	JOB NO.: 7778	DRAWING NO.: 1 OF 1	

boender associates

engineers
surveyors
planners

FOLLY QUARTER ROAD

In 4 1/2
out 8 1/2



- Water Well Exist Elev. 37.75
- First Floor Elev. 35
- Basement Elev. 131
- Exist Elev. at tank 70
- Invert Elev. into Tank 124
- Invert Elev. out of House 17
- Invert Elev. out of tank 133
- Dist Box Elev. 85

Road Easement
LIBER 1155 / = 459

Elevations in inches

in front of tank & dist. box

PLAT OF SURVEY
 PARCEL 6A
 GLENELG MANOR II
 5th Election District
 Howard County Md
 Scale 1"=100' Date 6-30-83

B.P. # 7043 I
 MURPHY
 weller/P.M.

MTT Associates
 . . . STERRETT Bldg
 Columbia Md 21044
 321-0307

B 1 **1800** SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-11195

fill in this form completely

Date Received **11/6/85**

092785

OWNER INFORMATION

MURPHY MICHAEL

15 Last Name 13 Owner First Name 34

33328 W CHATHAM RD

36 Street or RFD 55

ELLICOTT CITY MD 21043

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD

8 COUNTY 21

GLENELS MANOR

23 SUBDIVISION 42

SECTION **2** LOT **6A**

44 46 48 50

GLENELS

52 NEAREST TOWN 71

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

73 76 77 78

DRILLER INFORMATION

Ralph Mayne

Driller's Name 77 License No. 80 **273**

Ralph Mayne (well drilling)

Firm Name 11

9120 Brown Church Rd. Mt. Airy

Address

Ralph Mayne **Sept 20, 1985**

Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Folley Quarter Rd.

11 NEAR WHAT ROAD 30

DISTANCE FROM ROAD **2500**

34 37

ENTER FT or MI **38 39**

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)

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 **A-26687**

COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED **100385** **04/03/86**

43 48 CO SIGNATURE 5 EXPIRE DATE

NORTH GRID **517000** EAST GRID **0812000**

50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET

24 28

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

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

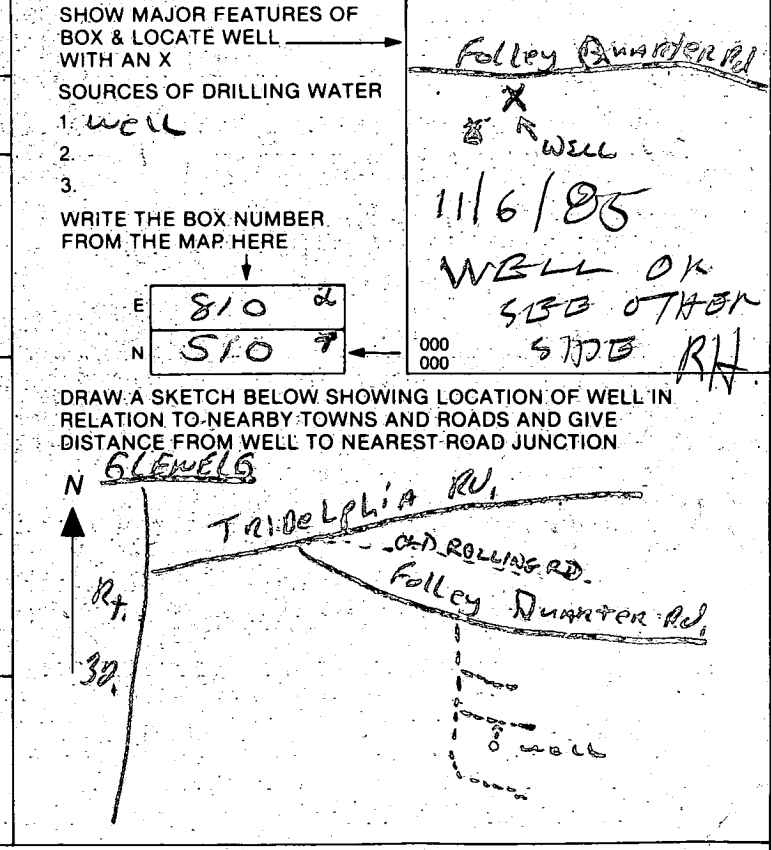
Not to be filled in by driller (OEP USE ONLY)

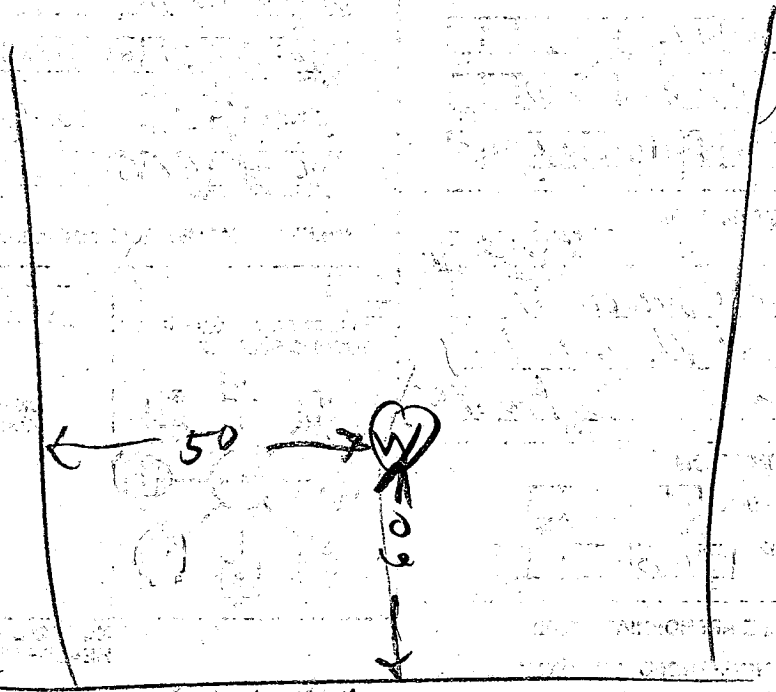
APPROP. PERMIT NUMBER _____ GAP _____

54 63

FORCE **CA** WRITE INITIALS IN BOX PERMIT No. **HO-81-11195**

67 68 70 71 72 73 74 75 76 77 78 79





11/6/85

- ① LOCATION O.K.
- ② arrive late (10:15 AM grout scheduled 9:30 AM)
- ③ Grout already started
- ④ 92 FT CASING PER GROUTER
- ⑤ OVER 60 FT OPEN HOLE " "
- ⑥ 39 BAGS USED

B. Hodges

C1 - 2454 (SEQUENCE NO. OEP USE ONLY)
 (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 PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 26687**

DATE RECEIVED [] DATE WELL COMPLETED **110685** Depth of Well **290** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HC-87-11195**

OWNER **MURPHY MICHAEL** last name first name
 STREET OR RFD **721 WILSON QUARTER RD.** TOWN **GLENELE**
 SUBDIVISION **GLENELE MAJOR** SECTION **2** LOT **60A**

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		Check if water bearing
	FROM	TO	
Top So. L	0	2	
Sandy	2	80	
Sand Stone	80	90	
Micka	90	110	
Sand Stone	110	115	
Micka	115	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **39** NO. OF POUNDS **3700**
 GALLONS OF WATER **234**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **290** ft.

CASING RECORD
 casing types insert appropriate code below
ST CO **PL OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **PL** **G** **SA**
 Nominal diameter top (main) casing (nearest inch) **6** **4**
 Total depth of main casing (nearest foot) **290**

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN 1 **HC** 290 290
 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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **3**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **20** WHEN PUMPING **45**
 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 EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **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 **-** below } LAND SURFACE (nearest foot) **50** **51**

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **273**
 DRILLERS SIGNATURE **Ralph Mayes**
 (MUST MATCH SIGNATURE ON APPLICATION)

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 **68**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

