

05-374731

approved  
11/26/84  
C. Williams

# PERMIT

P 34597

A 26698

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

**INDEXED**

11/26/84  
A.M.

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

**ELLICOTT CITY**  
DISTRICT 5th

DATE 11/19/84

Donald Parlette IS PERMITTED TO INSTALL  ALTER

ADDRESS 6575 Route 32, Clarksville, MD 21029 PHONE 286-2140

SUBDIVISION Glenelg Manor ROAD 12671 Folly Quarter Road 20-C, Section 2

PROPERTY OWNER Aldo Mecchi

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

DEEP TRENCHES - 193 sq. ft. one sidewall area per bedroom. Ditch is to be 2 feet wide, 11 1/2 feet deep, with inlet at 4 1/2 feet below original grade and filled with 7 ft. of stone. Length of the ditch depends on the number of sq. ft. needed. Start the ditch at perc hole #1 (2) and run it along level ground toward perc hole #7. Perc hole #1 (2) is located 130 feet from the back lot line and 100 feet from the left lot line as seen when facing the lot from the back lot line. Perc hole #7 is located 130 feet from the back lot line and 10 feet from the left lot line as seen when facing the lot from the back lot line. NOTE: The back lot line is the 209.52 ft. lot line on the southern end of the lot.

NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

location changed to 100' from garage toward lot 21B with trench following level ground maintaining 100' from well

PLANS APPROVED BY Raymond Hodges DATE 2/16/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

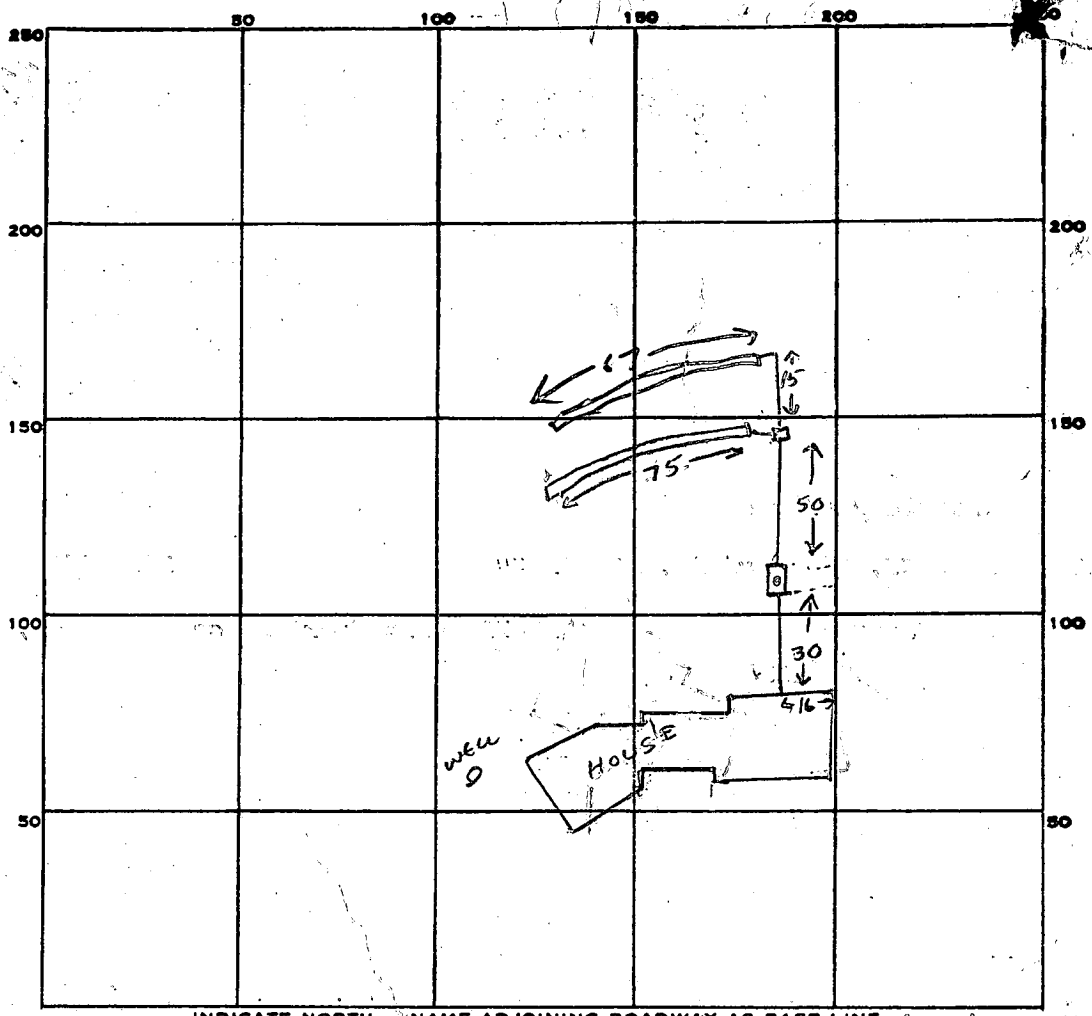
**OLD PERMITS SIGNED AND RETURNED 10-8-98**  
Serial # 670114261  
addition price

A 26698

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

CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 1 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT IN. TOTAL LENGTH 142 FT.

NUMBER OF TRENCHES 2 (67+75) <sup>ONE SIDEWALL</sup> TOTAL BOTTOM AREA 994 sq ft

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 994 SQ. FT.

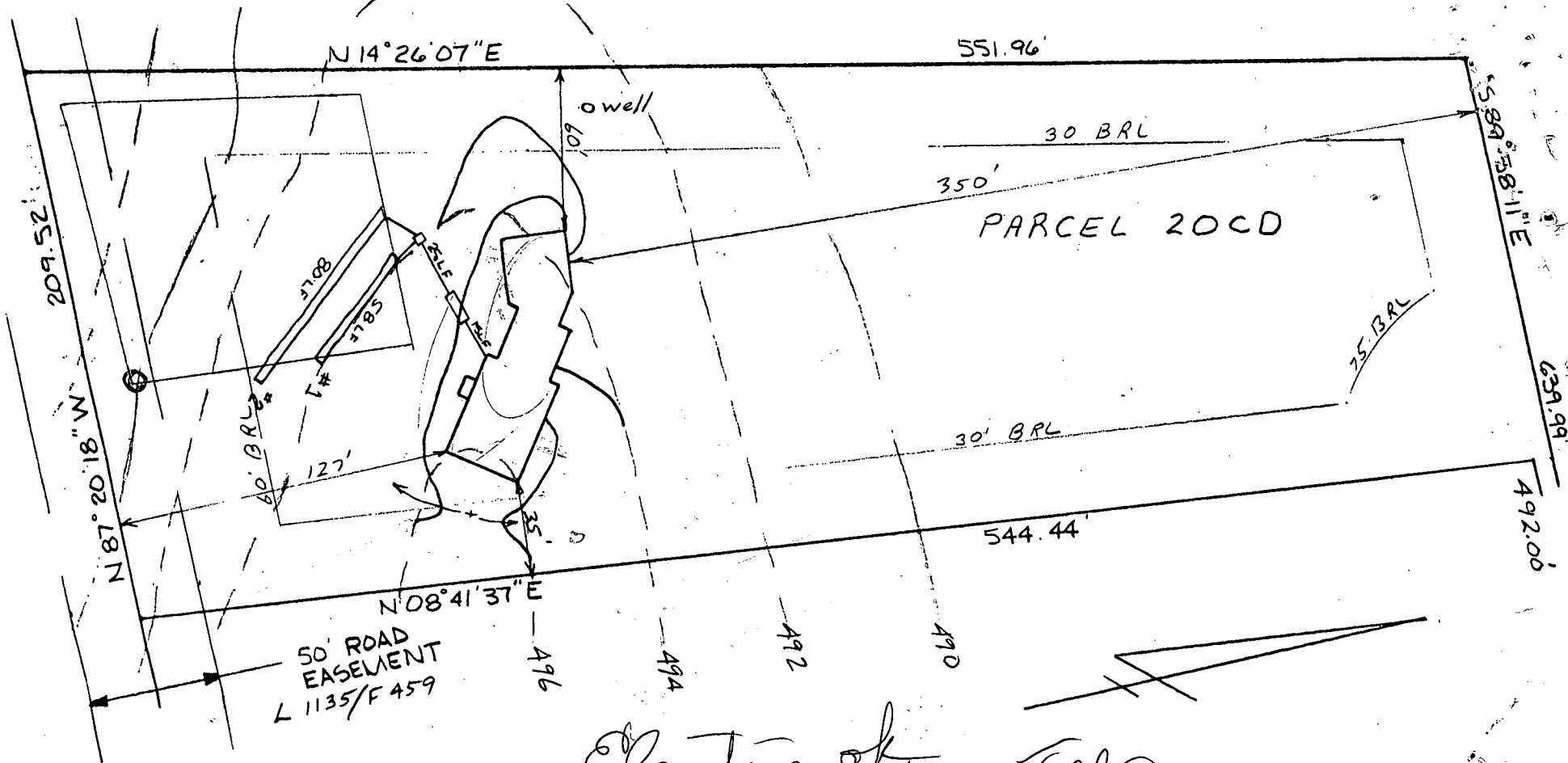
REMARKS OK TO ADD GRAVEL TO FIRST TRENCH 11/26/84 CW

OK TO ADD GRAVEL TO 2<sup>ND</sup> TRENCH. OK TO COVER FIRST TRENCH. CW

OK TO COVER ALL WORK 11/26/84 CW

DATE SYSTEM APPROVED 11/26/84

INSPECTOR C. Williams



*Elevations of*  
*8/14/84 C. Wilbur*

HOUSE:

FIRST FLOOR	498.0
BASEMENT	489.0
INVERT	490.32

SEPTIC TANK:

EXISTING GRADE	495.0
PROPOSED GRADE	496.0
INVERT IN	490.01
INVERT OUT	489.76

DISTRIBUTION BOX:

EXISTING GRADE	494.0
PROPOSED GRADE	494.0
INVERT	489.5

TRENCHES:

	<u>WIDTH</u>	<u>LENGTH</u>	<u>INVERT</u>	<u>BOTTOM</u>	<u>STONE</u>
#1	2.0	58.0	489.4	482.4	7.0
#2	2.0	80.0	489.0	482.0	7.0

I certify the above measurements  
 and elevations are actual and true  
 for this property.

*J. Carl Hudgins*  
 J. Carl Hudgins

PLOT PLAN

PARCEL 20CD

GLENELG MANOR II

5th ELECTION DISTRICT

HOWARD COUNTY, MD.

TAX MAP# 22 PARCEL 458

SCALE 1" = 60'

# APPLICATION

A 26698

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

*OK DM*

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 - Aldo Mecchi

ADDRESS 15 Colonial Drive  
Bethel Connecticut-06821 PHONE Rhett Realty 465-4920

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor - Section 2 LOT NO. 20C - Sec. 2

# 12671  
ROAD AND DESCRIPTION ~~Off~~ Folly Quarter Rd.

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

IF NOT SINGLE RESIDENCE DESCRIBE N/A

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Dale Maisel

APPROVED BY [Signature] FOR Dutch DATE 8/17/77  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

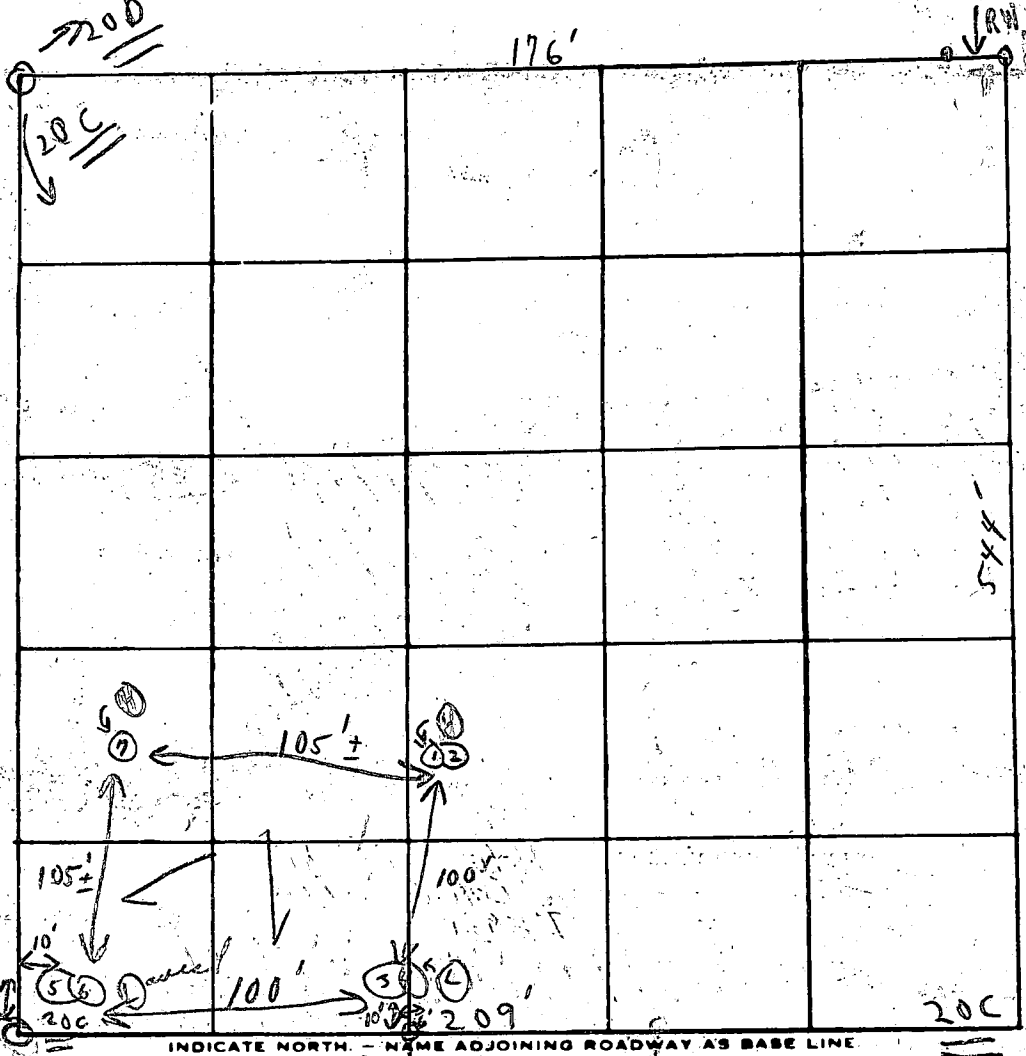
REASONS FOR REJECTION OR HOLDING BLDG. PERMIT SIGNED

AND RETURNED 9/17/77  
BP 14442  
In ground pool

BLDG. PERMIT SIGNED  
AND RETURNED 8/19/77  
Serial # 60396 SFLD

# THIS IS NOT A PERMIT

20 C



Soil Profile  
Below  
clay  
loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST DROP		TIME
			START	STOP	START	STOP	
11/15/77	1	6'	10:50	10:56	10:56	11:12	16m
	(H) 2	14'	10:52	10:54	10:54	10:57	3m
	3	5' pt	11:02	11:05	11:05	11:07	2m
	(C) 4	13 1/2'	11:03	11:05	11:05	11:08	3m
	(C) 5	6'	11:10	11:16	11:16	11:28	12m
	6	15'	11:11	11:13	11:13	11:16	3m
	(H) 7	(11 1/2'	Visual similar to other)				

REMARKS Open field Check <sup>10B</sup> {9C} well location to 20C perc area

TYPE OF SOIL \_\_\_\_\_

TESTED BY CBJ ALSO PRESENT: Rich + John of Fyock



B 1 **1424** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

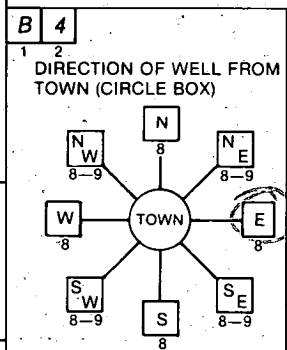
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
**HO-81-0621**  
 fill in this form completely

Date Received: **7/9/84 10:00 A.M.**  
 OWNER INFORMATION  
 Last Name: **MARSHALL** Owner First Name: **RUSS**  
 Street or RFD: **10126 BALT NATL PIKE**  
 Town: **ELLICOTT** State: **MD** Zip: **21043**

LOCATION OF WELL  
 COUNTY: **HOWARD**  
 SUBDIVISION: **GLEWELLS MANOR**  
 SECTION: **2** LOT: **20C**  
 NEAREST TOWN: **GLEWELLS**  
 MILES FROM TOWN: **1**

DRILLER INFORMATION  
 Driller's Name: **Russ MAYNE** License No. **223**  
 Firm Name: **Russ MAYNE (well Drilling)**  
 Address: **9120 Brown Church Rd. Mt. Airy**  
 Signature: **Russ MAYNE** Date: **7/9/84**



NEAR WHAT ROAD: **Folley Quarter**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):  
 DISTANCE FROM ROAD: **3000** FT  
 ENTER FT or MI: **FT**

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)

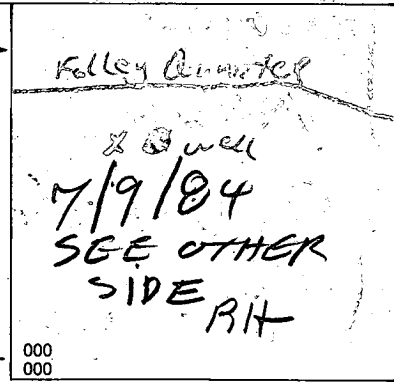
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME: **HOWARD** COUNTY NO.: **A2669B**  
 OEP SIGNATURE: **Chris Williams** STATE HEALTH INSERT S:   
 DATE ISSUED: **07/01/84** EXP. DATE: **01/01/85**  
 NORTH GRID: **516000** EAST GRID: **0812000**

APPROXIMATE DEPTH OF WELL: **150** FEET

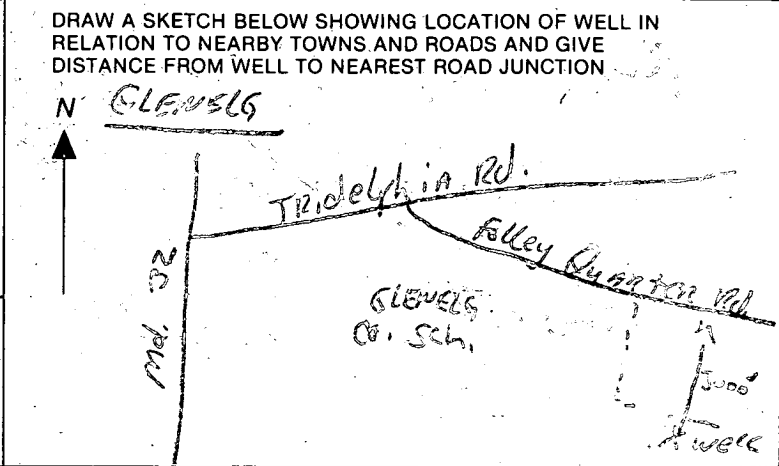
APPROXIMATE DIAMETER OF WELL: **6** INCH NEAREST

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTary  AIR-PERcussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTary  DRIVE-POINT  
 other: \_\_\_\_\_

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  
**810**  
**510**



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: \_\_\_\_\_  
 FORCE  WRITE INITIALS IN BOX PERMIT No. **HO-81-0621**

SPECIAL CONDITIONS

7/9/84

THIS WELL PUMPED & GROUTED  
around July 1,

Also Lot 27B was also pumped  
& Grouted July 1

No inspector showed up

Also Lot 1D was grouted on July 4

No inspector for above 3 wells

Gave Tag for Lot 20 C

**C1** 3363 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

**STATE OF WISCONSIN**  
**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 26698**

DATE RECEIVED [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **062989** Depth of Well **240** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **H0-81-0621**

OWNER **MARSHAL RUSS** first name last name  
 STREET OR RFD **FOLLY QUARTER RD** TOWN **GLEN ELG**  
 SUBDIVISION **GLEN ELG MANOR** SECTION **II** LOT **20C**

**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 Soil	0	2	
Sandy	2	12	
Sand Stone	12	25	<input checked="" type="checkbox"/>
MICKA	25	40	
Sand Stone	40	50	<input checked="" type="checkbox"/>
MICKA	50	240	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  YES  NO  
 (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **6** NO. OF POUNDS **600**  
 GALLONS OF WATER **36**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **22** 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  PL  
 Nominal diameter (nearest inch) **6**  
 Total depth of main casing (nearest foot) **24**

**OTHER CASING (if used):**  
 diameter inch [ ] [ ] depth (feet) from [ ] to [ ]

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

**C2**  
 DEPTH (nearest ft.)  
 1 **H0** 22 240  
 2 [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ]  
 SLOT SIZE 1 [ ] 2 [ ] 3 [ ]  
 DIAMETER OF SCREEN [ ] (NEAREST INCH)  
 from [ ] to [ ]

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.) WQ [ ] [ ] [ ]  
 TELESCOPE CASING [ ] LOG INDICATOR [ ] OTHER DATA [ ] [ ] [ ]

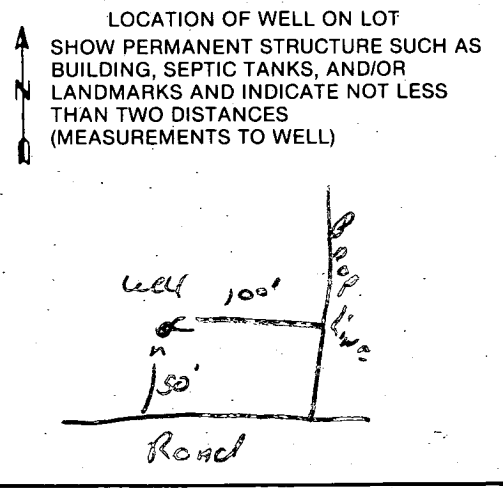
**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **3**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **21**  
 WHEN PUMPING **62**  
 TYPE OF PUMP USED (for test)  
 A air  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) [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE (nearest foot) **2**  
 - below }

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 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. **203**  
 DRILLERS SIGNATURE **Ralph Wayne**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) **Ralph E. Wayne**



**FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TEST**

Maryland Well Permit No. HO-81-0621 Election District                     

Location of Property (road) Folley Quarter Rd.

Subdivision Glenelg Manor Lot 10-C Block      Plat      Sec.     

Well Driller Ralph Mayne Owner Russ MARSHAL

Depth of Well 240 ft

Distance of Measuring Point (M.P.) above ground 2 ft

Static Water Level (S.W.L.) below M.P. 21 ft

**I. High Rate Pumping -- reservoir drawdown**

Time pump started 9:15 Pumping rate 9 G.P.M.

Total time 15 min to reach pumping water level 62 ft. below M.P.

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9:30	62 ft	20 sec	—	3 G.P.M.
9:45	62	20	—	3
10:00	62	20	—	3
10:15	62	20	—	3
10:30	62 ft	20 sec	—	3 G.P.M.
10:45	62	20	—	3
11:00	62	20	—	3
11:15	62	20	—	3
11:30	62 ft	20 sec	—	3 G.P.M.
11:45	62	20	—	3
12:00	62	20	—	3
12:15	62	20	—	3
12:30	62 ft	20 sec	—	3 G.P.M.
12:45	62	20	—	3
1:00	62	20	—	3
1:15	62	20	—	3
1:30	62	20	—	3
1:45	62 ft	20 sec	—	3 G.P.M.
2:00	62	20	—	3
2:15	62	20	—	3
2:30	62	20	—	3
2:45	62	20	—	3
3:00	62	20	—	3
3:15	62	20	—	3
3:30	62 ft	20 sec	—	3 G.P.M.

6 Bags 24 ft PL

# APPLICATION

A 26699

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

*no  
house site  
lower the  
test area.*

*COMBINED WITH  
LOT 20C*

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

ADDRESS \_\_\_\_\_ PHONE Rhett Realty 465-4920

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor - Section 2 LOT NO. 20D - Sec/ 2

ROAD AND DESCRIPTION Off Folly Quarter Rd.

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

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE N/A

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Dale Maisel

APPROVED BY Raymond Hodge FOR TRENCH DATE 2/16/83  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

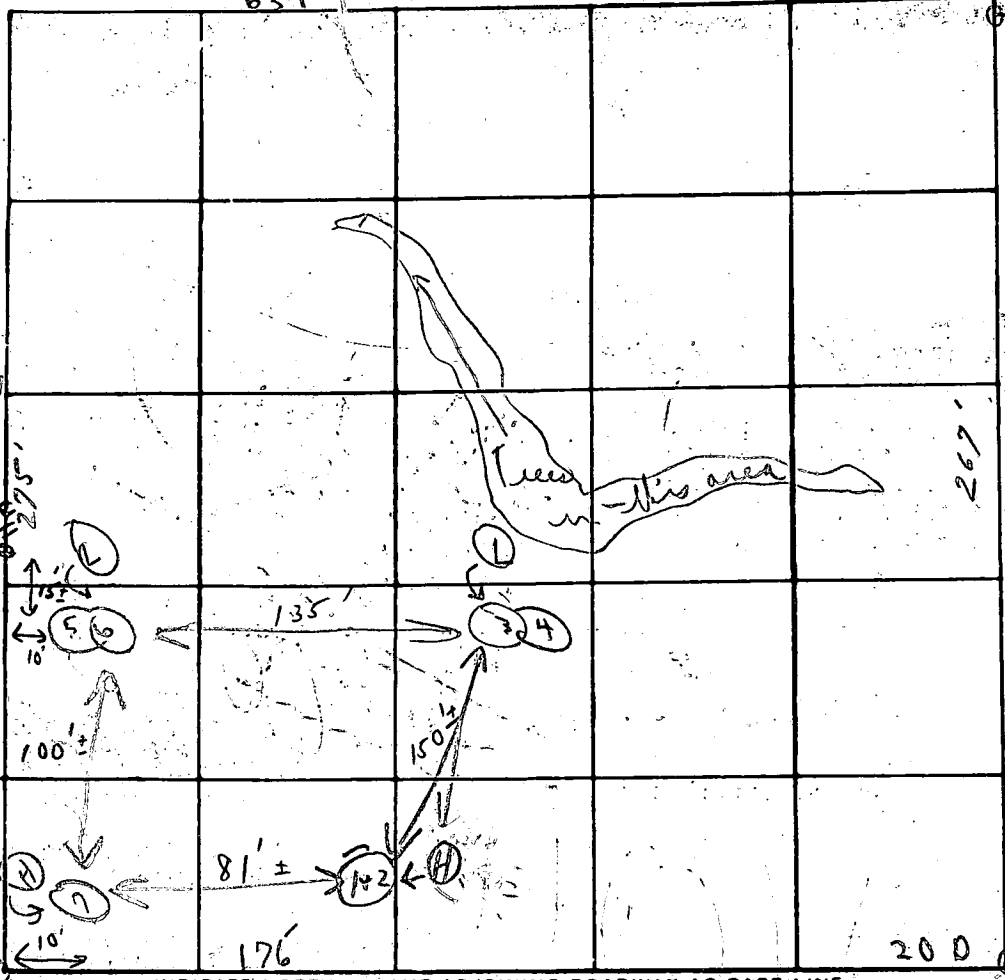
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

(REASONS FOR REJECTION OR HOLDING for supervision)

# THIS IS NOT A PERMIT

200

Orange Gas line  
Top  
1/4" x 1/2" Marked  
1/4" x 1/2" Marked  
1/4" x 1/2" Marked



Soil Profile

Below clay  
loam

5' light soil  
Hard rock

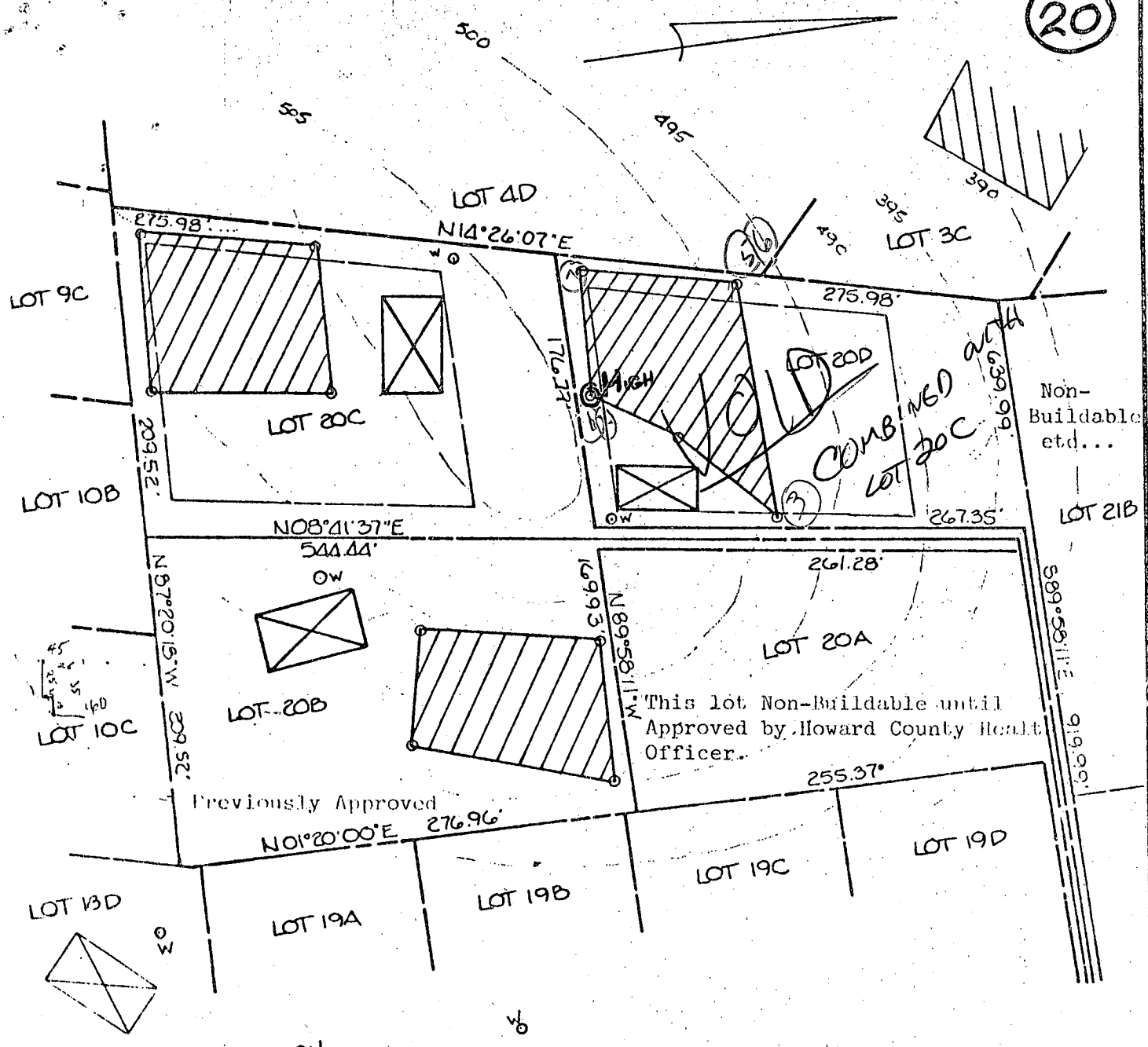
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/15/77	1	6'	11:37	11:39	11:39	11:42	3m	
	⊕ 2	12 1/2'	11:38	11:50	11:50	12:18	28m	
	3	6 1/2'	1:39	1:41	1:41	1:43	2m	
	⊕ 4	15 1/2'	1:39	1:42	1:42	1:49	5m	
	5	5'	1:35	1:40	1:40	1:53	13m	
	⊕ 6	13 +'	1:37	1:40	1:40	1:52	12m	
	⊕ 7	12'	Values similar to other					

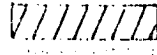
REMARKS Note new holes deeper than originally planned

TYPE OF SOIL Open field where tested

TESTED BY C. Red ALSO PRESENT: 2 of Brooks men

20



 This area indicates a private sewage disposal area of approximately 10,000 square feet, as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system.

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.

Percolation test holes shown hereon have been field located.

Percolation and well areas for adjoining lots have been shown where pertinent.

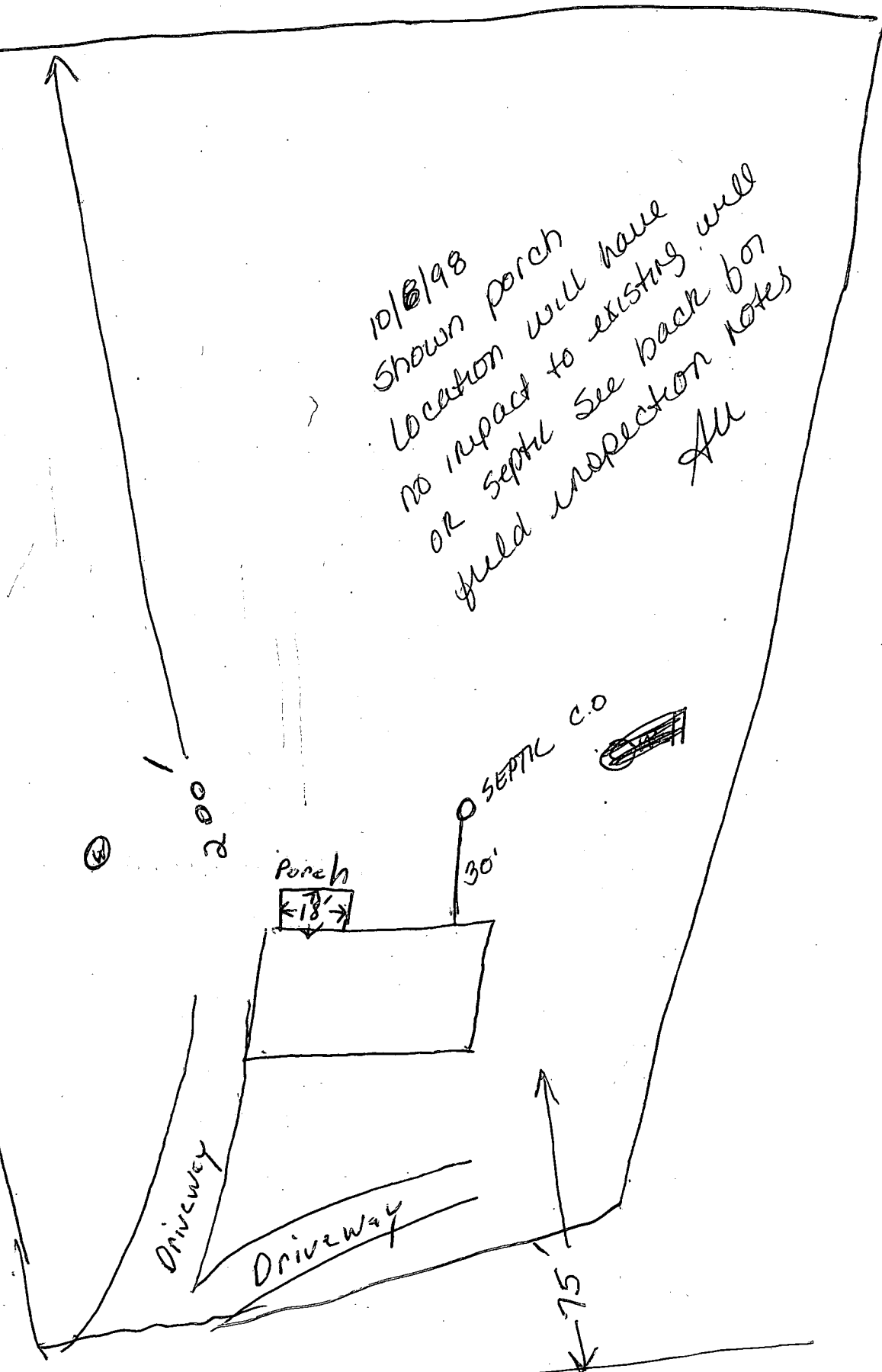
Approved: For Private Water and Private Sewage Systems.  
Howard County Health Department

*J. William Boylen*  
Howard County Health Officer

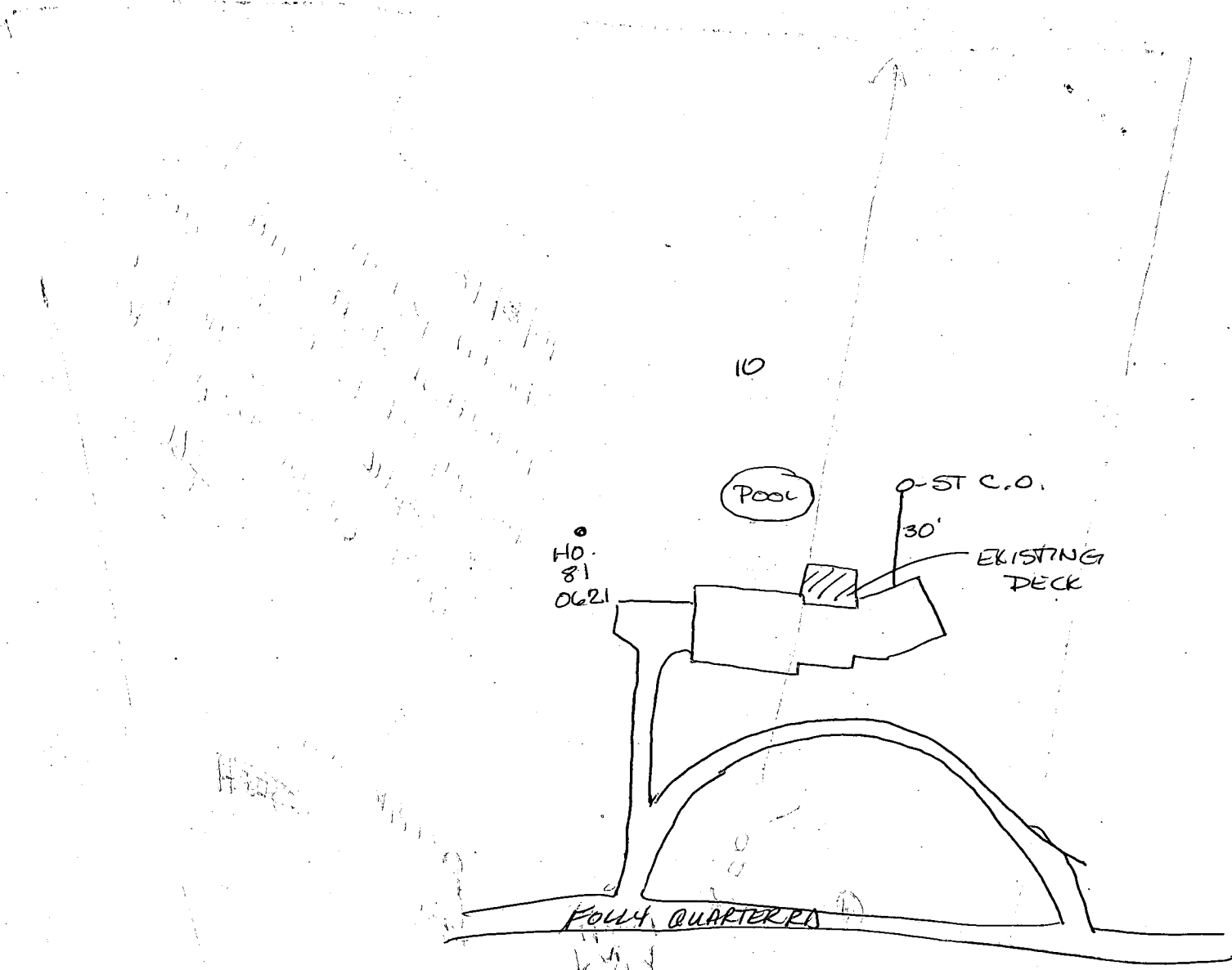
1-15-79  
Date

TITLE			
PERCOLATION CERTIFICATION PLAT			
PROJECT			
GLENELG MANOR - SECTION TWO - LOTS 20A, 20C, 20D			
LOCATION			
5TH Election District, Howard County, Maryland			
DATE:	DESIGN BY:	DRAWN BY:	CHECKED BY:
6/24/77	W.H.N.	W.H.N.	
SCALE:	JOB NO.:	DRAWING NO.:	
1" = 100'	7778	1 of 1	
boender associates		engineers surveyors planners	
BALTIMORE 301-465-7777 ♦ SALISBURY 301-749-1286			

10/18/98  
shown porch  
location will have  
no impact to existing well  
OR septic See back for  
field inspection notes  
AU



12671  
Folly Quarter Rd.



RECEIVED  
HOWARD COUNTY HEALTH DEPT.  
ENVIRONMENTAL HEALTH  
1998 SEP 28 AM 9:23

15011  
11/11/98

