

7/26/88 ASAB

7/27/88 11 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 42142

A 26724

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 7/27/88
DATE SYSTEM APPROVED 7/27/88

05-374359

INSPECTOR RH

INSPECTOR RH

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Glenelg Manor ROAD 12745 Folly Quarter Rd LOT 9A - Section 2

PROPERTY OWNER ~~Vintage Homestead Ltd.~~

ADDRESS DICK STERMER

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

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the first trench 280 feet down the right (403.68') lot line and 20 feet off the same lot line as seen when facing the lot from Pleasant Prospect Lane. Run trenches on contour toward the left lot line.

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

PLANS APPROVED BY Sid Abel DATE 4/22/88

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(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 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.

NO PERMITS ISSUED
REMOVED 3-12-02
800 134 800 - INSTALL
BASEMENT DOOR

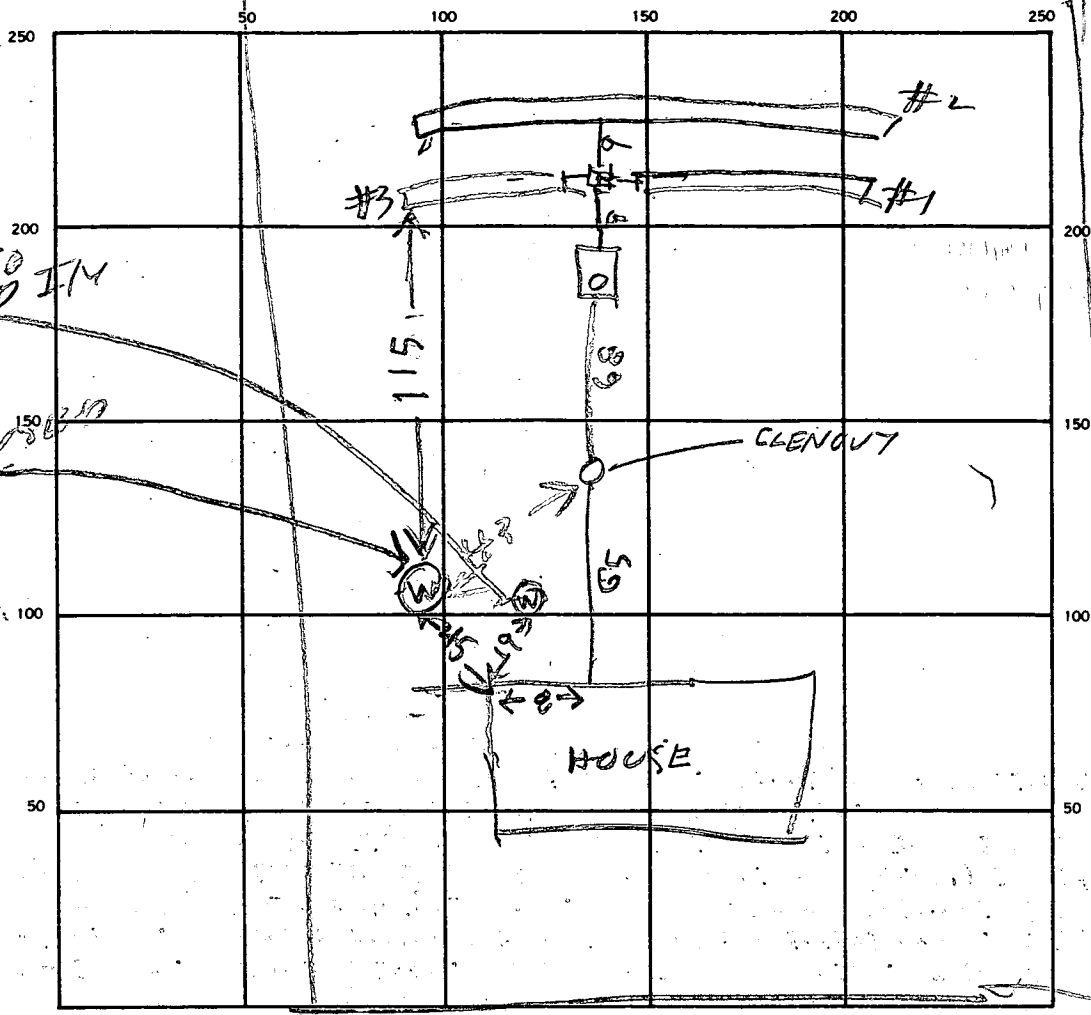
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A-26724

WELL TO BE FILLED IN
WELL TO BE USED



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

ROAD

SEPTIC TANK. LEVEL 1500 CLEANOUTS OK

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH $\frac{1}{2} | \frac{2}{8} | \frac{3}{8}$ FT. TRENCH WIDTH $\frac{1}{2} | \frac{2}{2} | \frac{3}{2}$ FT. INLET DEPTH $\frac{1}{3} | \frac{2}{3}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{4} | \frac{2}{4} | \frac{3}{4}$ FT. TOTAL LENGTH $\frac{67}{116} | \frac{2}{47}$ FT. 280

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 1120 SQ. FT. EXISTING 90%

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/26/88^{AM} - ADD STONE TO TRENCHES OR TO COVER

HOUSE SEWER. LOCATION OK R/H

7/27/88^{AM} STONE ADDED TO TRENCHES RA

DATE SYSTEM APPROVED 7/27/88

INSPECTOR RAY HODGES

APPLICATION

A 26724

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 VINTAGE HOMESTEAD LTD.

ADDRESS _____ PHONE Rhett Realty 465-4920

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor - Section 2 LOT NO. 9A - Section 2

ROAD AND DESCRIPTION 12745 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 DITCH 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 7/17/77

*Legal # 12704
Bny 50 gal propane tank*

BLDG. PERMIT SIGNED

AND RETURNED 4.22-88

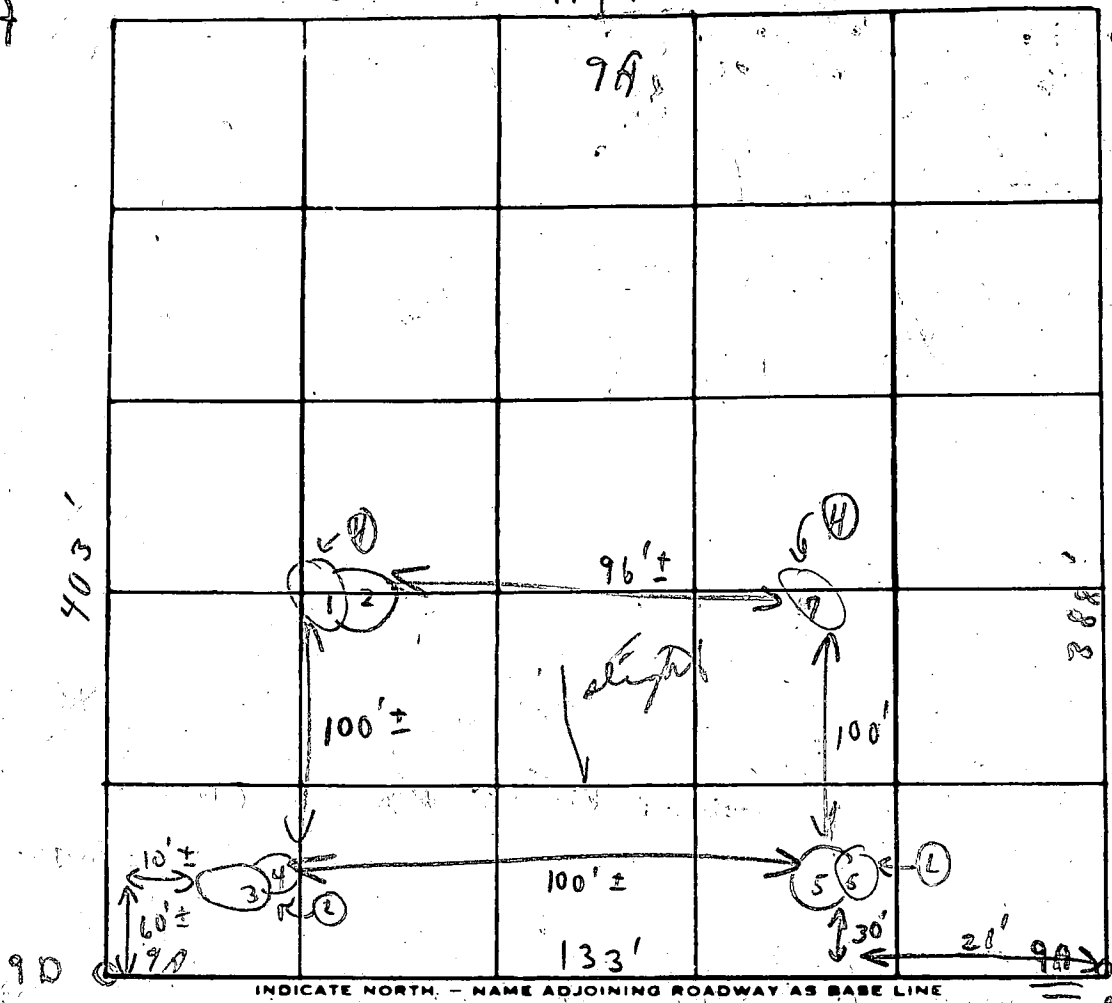
BP 17909

Schal

THIS IS NOT A PERMIT

9A

R/W



Handy Court
School

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

9B
3

Soil Profile

Below
Clay
brown

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/14/77	1	4'	1:20	1:22	1:22	1:25	3m
	(P) 2	12 1/2'	1:21	1:23	1:23	1:27	4m
	3	5'	1:13	1:17	1:17	1:24	7m
	(L) 4	14 1/2'	1:14	1:17	1:17	1:24	4m
	5	5'	1:08	1:15	1:15	1:43	28m
	(L) 6	14 1/2' M	1:09	1:12	1:12	1:16	4m
	(P) 7	12'	V. seal		good seals		5'

REMARKS

"Open field where test is"

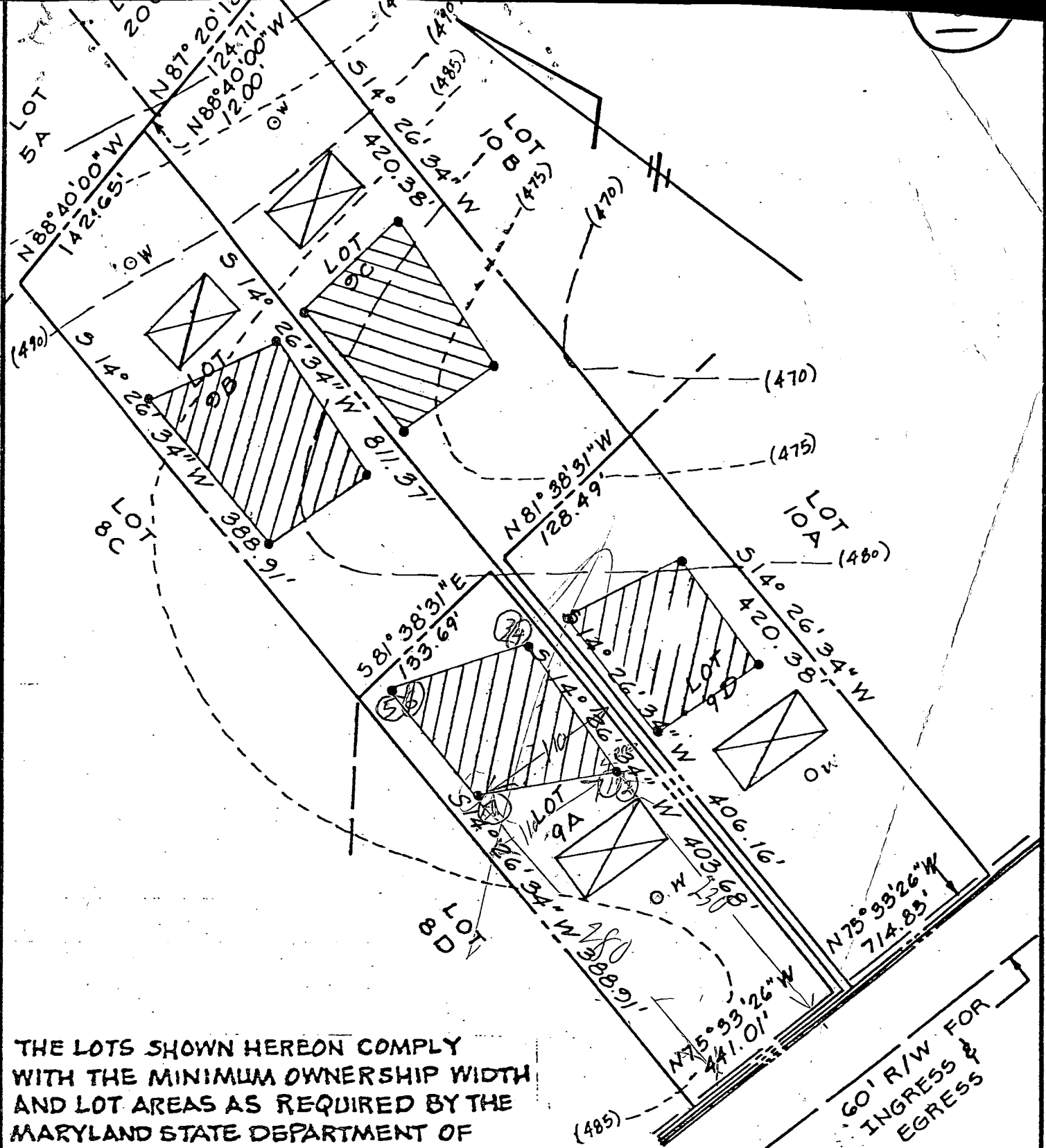
TYPE OF SOIL

TESTED BY

C. B. ✓

ALSO PRESENT:

2 sh. Frocks men
Rick & John



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.

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

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT
Joseph Braxton 6-5-78
 COUNTY HEALTH OFFICER DATE

FL.

C1 8545 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 26724

DATE Received [] DATE WELL COMPLETED 090588
 Depth of Well 165 (TO NEAREST FOOT)
 PERMIT NO. HC-81-2624

OWNER Home Steads VANIAGE
 STREET OR RFD Pleasant Prospect Road first name TOWN GLENELG
 SUBDIVISION MAP 28 Q 5 P. 248 MAJOR SECTION 2 LOT 9A

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	29	
Sand Stone	25	28	
MICKA	28	35	
Sand/Stone	35	40	✓
MICKA	40	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 4 NO. OF POUNDS 800
 GALLONS OF WATER 48
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 35 ft.

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER
 MAIN CASING TYPE PL
 Nominal diameter top (main) casing (nearest inch) 4
 Total depth of main casing (nearest foot) 39

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

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

DEPTH (nearest ft.)
 1 40 37 145
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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.

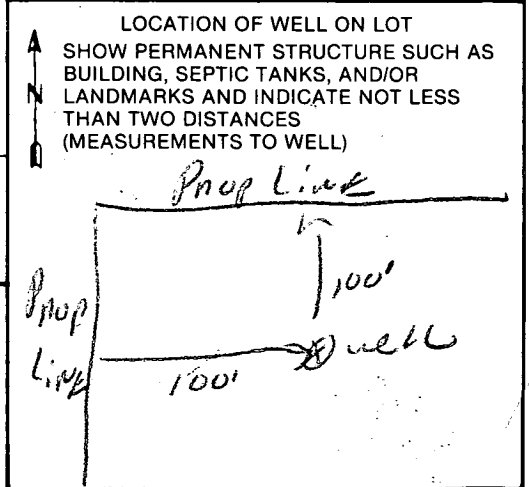
DRILLERS IDENT. NO. 273
 DRILLERS SIGNATURE [Signature]
 SITE SUPERVISOR (Sign: of driller or journeyman responsible for sitework if different from permittee)

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.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 10
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 34
 WHEN PUMPING 42
 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:
 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)
 (-) below



C1 4442 SEQUENCE NO. (OEP 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 A26724

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED: 09/16/83

DEPTH OF WELL: 300 (TO NEAREST FOOT)

PERMIT NO.: HO-81-0260

OWNER: Cafold, Angelo; STREET OR RFD: Pleasant Prospect; TOWN: Glenelg; SUBDIVISION: Glenelg Manor; SECTION: 2; LOT: 9A

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: BROWN SHALE 0-46, GRAY MICASCHIST 46-300.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC); NO. OF BAGS: 10; NO. OF POUNDS: 740; GALLONS OF WATER: 60; DEPTH OF GROUT SEAL: 40 ft.

CASING RECORD: MAIN CASING TYPE: ST (STEEL); Nominal diameter: 6 inch; Total depth of main casing: 50 feet.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole: ST (STEEL); SLOT SIZE: 1, 2, 3; DIAMETER OF SCREEN: 60 (NEAREST INCH).

DEPTH (NEAREST FT.) table with rows for EACH CASING and EACH SCREEN. Includes handwritten values: HO 48, 300.

A CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 238; DRILLERS SIGNATURE: Kenneth L. Maysne

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

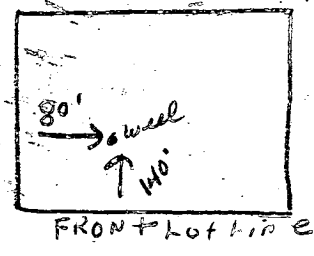
GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

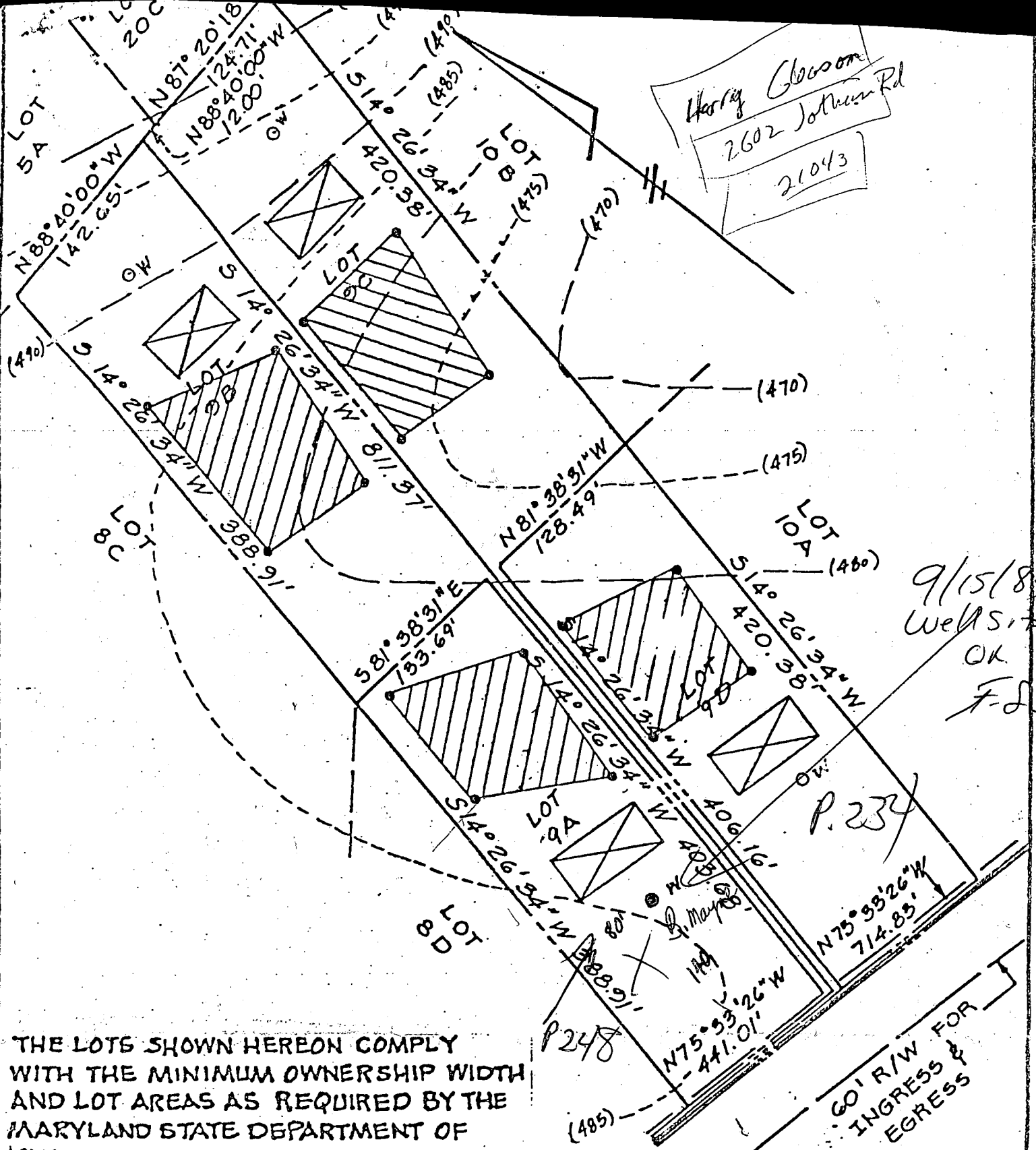
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER); T (70), (E.R.O.S.) (72), WQ (74, 75, 76); TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED: 3; PUMPING RATE: 3 gal. per min.; METHOD USED TO MEASURE PUMPING RATE: bucket; WATER LEVEL: 33 BEFORE PUMPING, 143 WHEN PUMPING; TYPE OF PUMP USED: S (submersible)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO); TYPE OF PUMP INSTALLED: S; CAPACITY: GALLONS PER MINUTE; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT: 2 (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).





Harry Gibson
 2602 Johnson Rd
 21043

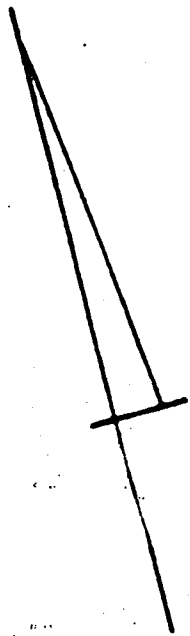
9/15/83
 Well Site
 OK
 F.S.

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.

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

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT
Joyce Brydies 6-5-78
 COUNTY HEALTH OFFICER DATE

TITLE
PERCOLATION TEST PLAT



80

388.91'

60 B.P.L.

80 B.P.L.

403.60'

N 14° 26' 34" E

16' EXISTING WELL ELEV.

PROpane TANK

PROPOSED DWELLING

RELOCATE LINE TO AVOID POOL AREA

484

35' ±

13'

20'

17'

32' ±

75 B.P.L.

482

77' ±

10'

0.73'

S 75° 33' 26" E

N 75° 33' 26" W

441.01'

N 14° 26' 34" E

Building Address 12754 Folly Quarter Rd
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 01501 Subdivision NH Glenely Manor II
 Section _____ Area _____ Lot 9A
 Tax Map 28 Parcel 250 Grid 5
 Zoning RPDTU Map Coordinates 10C11 Lot size _____

Property Owner's Name Jeffrey MERCY
 Address 12754 Folly Quarter Rd
 City Ellicott City State Md Zip Code 21042
 Home Phone 410 531 1387 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Residence SFD
 Proposed Use Residence STA1
 Estimated Construction Cost \$ 7810
 Description of Work INSTALL BASEMENT
 ENTRANCE door - Ply Sheetrock w/IC
 + Steps Windows

Contractor Company Custom Home Remodeling LLC
 Contact Person Joseph BEAVAN
 Address 12142 Mt. Albert Rd
 City Ellicott City State Md Zip Code 21042
 License No. 18678
 Phone 410 988 8005 Fax 410 988 8005

Occupant or Tenant OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other _____
No. of Bedrooms _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Joseph Beavan
 Title/Company Custom Home Remodeling LLC

Print Name _____
 Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>3/13/02</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>3/13/02</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>53459</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>68</u>
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>80</u>
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>5183</u>
Accepted by <u>[Signature]</u>	Validation # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

NOTES:

1. This is NOT a Property Line/Boundary Survey and is NOT to be used for the erection of fences or any other improvement; this Survey is for Title Purposes ONLY. This Report was not furnished.
2. This survey was prepared in accordance with the information as recorded in the land records of the county or city in which the property is located.
3. The property shown hereon is subject to easements and right-of-ways of record.
4. The location of any Fence or Fences shown hereon are Approximate ONLY, the Exact location of same has NOT been determined by this survey.
5. LEGEND: On - building overhang; D - deck; S - stoop; W - walkway; P - patio; AW - aerial wire(s); PL - property line; BW - bay window; CHM - chimney; WW - window well; SW - stairwell; G - gas meter.

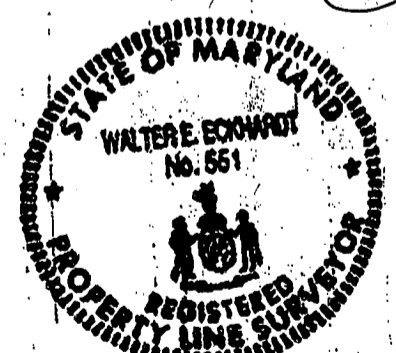
NOTE: SUBJECT TO AN EMT. FOR INGRESS AND EGRESS DESCRIBED IN LIPER 1135, FOLIO 459 AS MENTIONED IN LIPER 1543, FOLIO 526.

000134800
3/13/02
Abandoned Well on Property Needs to be Sealed (BB)

POWY QUARTER ROAD
S 68° 28' 54" E . 072'
P. 9B
S 61° 23' 21" E . 133.69'
P. 9E

PARCEL 9A
A = 1.262 Ac.

3/13/02
Side entrance and door of Frank Skinner (BB)



Note: This property lies within Flood Zone C, an area of Minimal Flooding, as established by the National Flood Insurance Program, (F.E.M.A.)

CERTIFICATION:

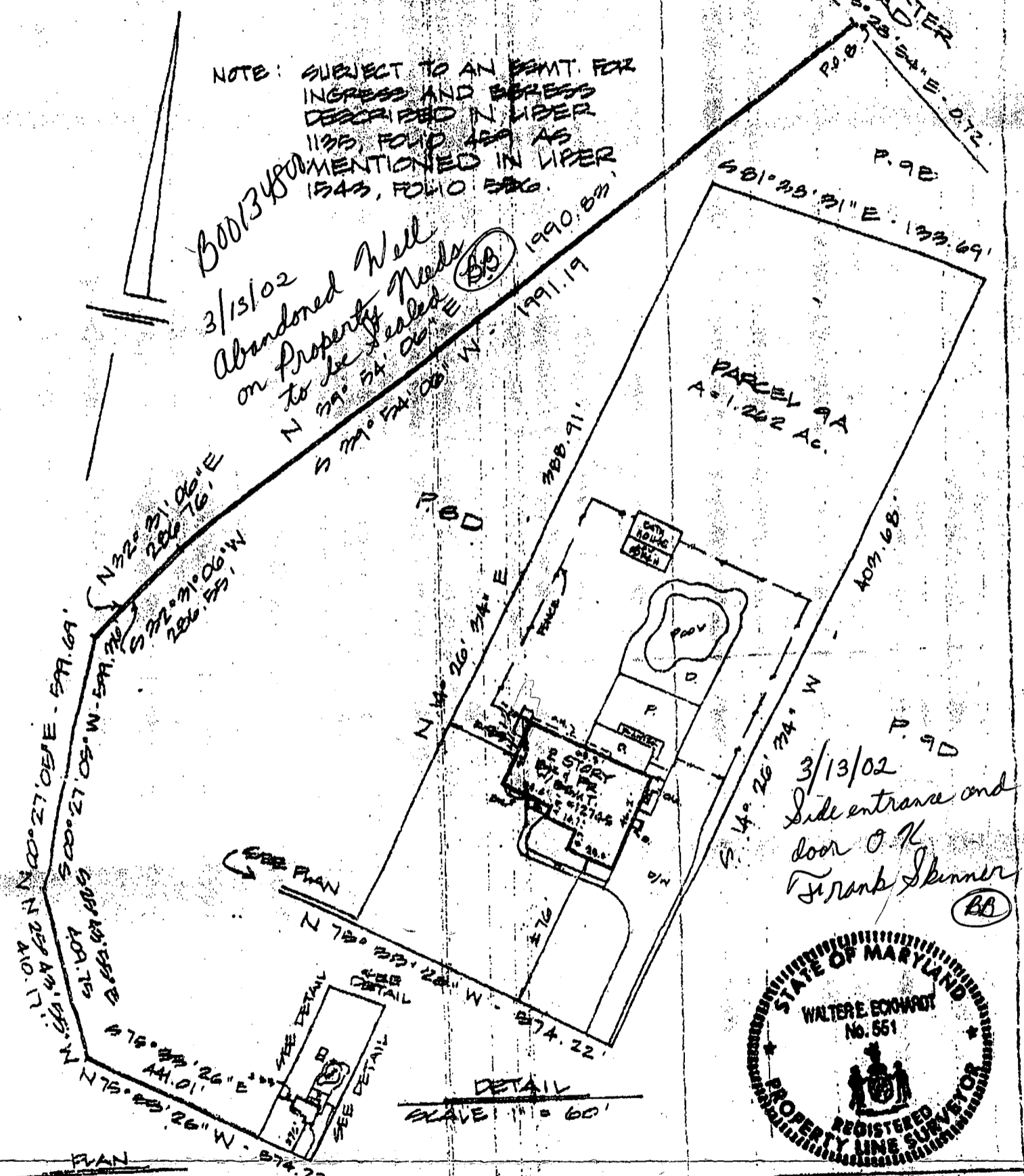
I certify, to the best of my knowledge and belief, that the existing visible improvements shown hereon have been established by accepted land surveying practices and that unless otherwise shown there are no visible encroachments.

Walter E. Eckhardt
Property Line Surveyor, Md. Reg. No. 551



11262 Georgia Ave. • Suite 102
Wheaton, MD 20902
(301) 929-8195
FAX: (301) 929-8197

HOUSE LOCATION SURVEY
#12745 POWY QUARTER RD.
STERMER PROPERTY
L. 2588, F. 415
PARCEL 9.A
GLENELG MANOR II
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



SCALE: 1" = 60'



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., County Health Officer

September 19, 2002

*Keep With
File*

Jeffrey Mercy
12745 Folly Quarter Road
Ellicott City, MD 21042

RE: **Well Sealing**
Glenelg Manor - Lot 9A
12745 Folly Quarter Road
Well Permit #: HO-81-02560

Dear Mr. Mercy:

During review of a recent building permit application concerning your lot, it became apparent that an old and seemingly abandoned well was located behind your house. According to COMAR 26.04.04, we can require the sealing of any well that has been permanently disconnected from service. Additionally, the well construction regulations require that wells be at least 30 feet from the house foundation. That is why the second well, farther from the foundation, was probably drilled.

This sealing process helps to restore the normal subsurface geologic conditions that existed before the well was drilled, and more importantly, serves to protect the groundwater resource from potential contamination.

The well sealing process can best be accomplished by a licensed well driller. They can perform the work without inspection. The driller will then file an abandonment report with this office.

Not complying with a sealing schedule could result in the issuance of an order to abandon and seal the replacement well, in accordance with COMAR 26.04.04, and the delay of processing any further building permits.



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., County Health Officer

If you have any questions, or would like to discuss this matter further, please call me directly at (410) 313-2643. Thank you for your attention to this important matter.

Respectfully,

A handwritten signature in cursive script that reads "Brian Baker". The signature is written in black ink and is positioned above the printed name.

Brian Baker, R.S.

Well and Septic Program

cc: File

C1 8545 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 26724

DATE Received MAY 10 1998 DATE WELL COMPLETED 090588 Depth of Well 165 (TO NEAREST FOOT) PERMIT NO. 115 FROM "PERMIT TO DRILL WELL" 110-81-2624

OWNER HOMESTEADS VANTAGE
 STREET OR RFD PLEASANT PROSPECT ROAD first name TOWN GLENELG
 SUBDIVISION MAP 28 Q 5 P.248 GLENELG MANOR SECTION 2 LOT 9A

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	25	
Sand Stone MICKA	25	28	
MICKA	28	35	
Sand Stone	35	40	✓
MICKA	40	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 8 NO. OF POUNDS 800
 GALLONS OF WATER 48
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft.

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter (nearest inch) Total depth of main casing (nearest foot)
 PL 6 39

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

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

DEPTH (nearest ft.)
 EACH SCREEN
 1 HO 37 165
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 10
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 42
 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 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) 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 2 (nearest foot)

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 Nath Mayer

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Nath Mayer

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

GRAVEL PACK from to
 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
 70 72 74 75 76
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

