

W.P.I. - 10/22/84

APPROVED  
10/17/84  
R. Hodges  
P. 34473

10/27/84  
A.S.P.R.

# PERMIT

SEWAGE DISPOSAL SYSTEM

A 28234

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

05-358620

ELLICOTT CITY  
DISTRICT 3rd.

INDEXED

DATE 10/15/84

Jack Fyock

IS PERMITTED TO INSTALL  ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md 21737 PHONE 988-9270

SUBDIVISION Glenelg Manor II ROAD 12777 Folly Quarter Road 14-D

PROPERTY OWNER Tony Paolucci

ADDRESS \_\_\_\_\_

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

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

SEPTIC TANK CAPACITY 1000 1250 GALLONS NUMBER OF BEDROOMS 3 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 10 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 6 feet of stone below distribution pipe. LOCATION: Start first trench as close as possible to the center of the lot and run along level ground toward back (240.28') lot line, making certain that all parts of trench are at least 100 feet from the well. 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.

PLANS APPROVED BY Craig Williams DATE 8/31/83

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.

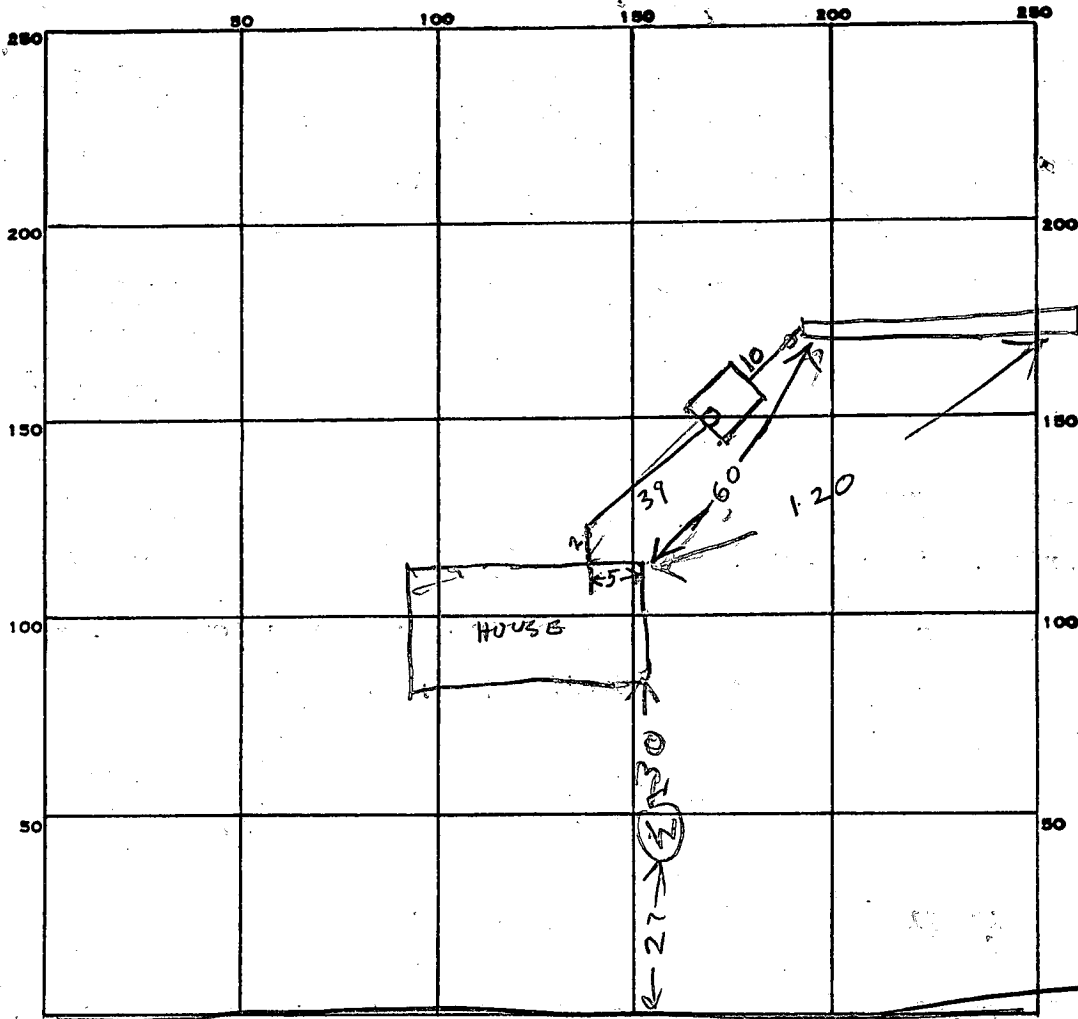
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 28234



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Yes PAVED RD TOTALLY QUARTER RD

SEPTIC TANK, LEVEL OK 1000 CLEANOUTS OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 10.5 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT IN. TOTAL LENGTH 85 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 510

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

ABSORBENT AREA 180 SQ. FT.

REMARKS 10/17/84 1030A MICHIGAN LOCATION OK OK TO COVER  
TRENCH TO HOUSE. FADD STONE TO TRENCH R/H  
10/17/84 - 3 BED ROOMS 474 SQ FT REQUIRED  
STONE ADDED R/H

DATE SYSTEM APPROVED 10/17/84 INSPECTOR Raymond Wody

RETEST

# APPLICATION

8/12/83  
9:30 A.M.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33016  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 3rd  
DATE 8/4/83

Specs

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 Glenelg Manor Associates Anthony J. Paolucci  
5426 El Camino  
ADDRESS c/o Rhett Realty, 10194 Baltimore National Pike, PHONE 465-4920 997-1805  
Ellicott City, Md. 21043 Columbia, Md 21044

PROPERTY LOCATION:  
SUBDIVISION Glenelg Manor II LOT NO. 14-D  
ROAD AND DESCRIPTION 12777 Folly Quarter Road

SIZE OF LOT (?) TYPE BLDG. 3 or 4 bedrooms  
(NUMBER OF BEDROOMS)

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.

*Michael Thomas*  
(SIGNATURE OF APPLICANT)

APPROVED BY F. S. Shuman FOR trencher DATE 8/26/83

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

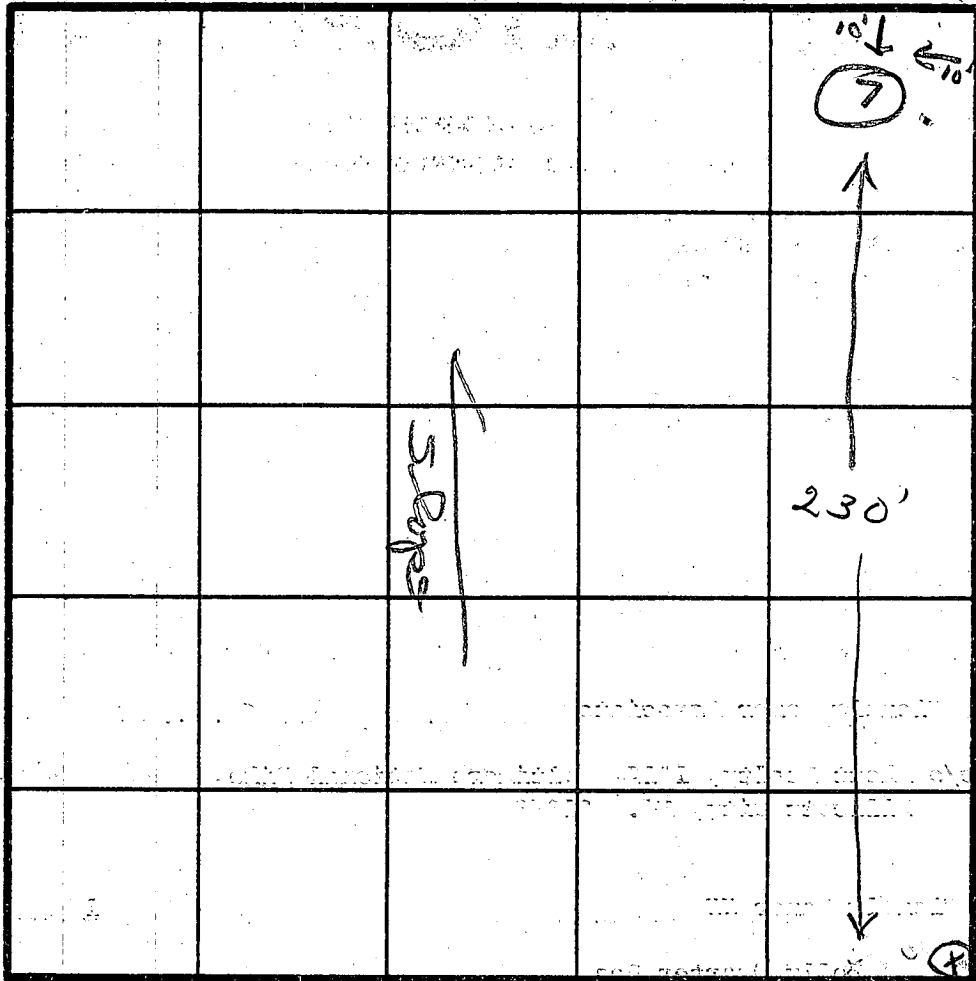
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 8/26/83  
Serial # 59057 SF10

# THIS IS NOT A PERMIT

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

*unnamed Rd*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/12/83	7 ✓	13	clayish 2 1/2' - sandy brown to 13'					

REMARKS *Reperc to move well location to front center of lot.*

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

TESTED BY *[Signature]* ALSO PRESENT *Ketterman*

EH-12-1079

PRELIMINARY

# APPLICATION

A 28234

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 3rd

DATE 6/21/78

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 Glenelg Manor Associates

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor LOT NO. 14D, Section 2

ROAD AND DESCRIPTION Folly Quarter Road

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedrooms  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

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

SIGNATURE OF APPLICANT /s/ John Rettaliata

APPROVED BY Raymond Hodge FOR trench DATE 16 Feb 83  
(KIND OF SYSTEM)

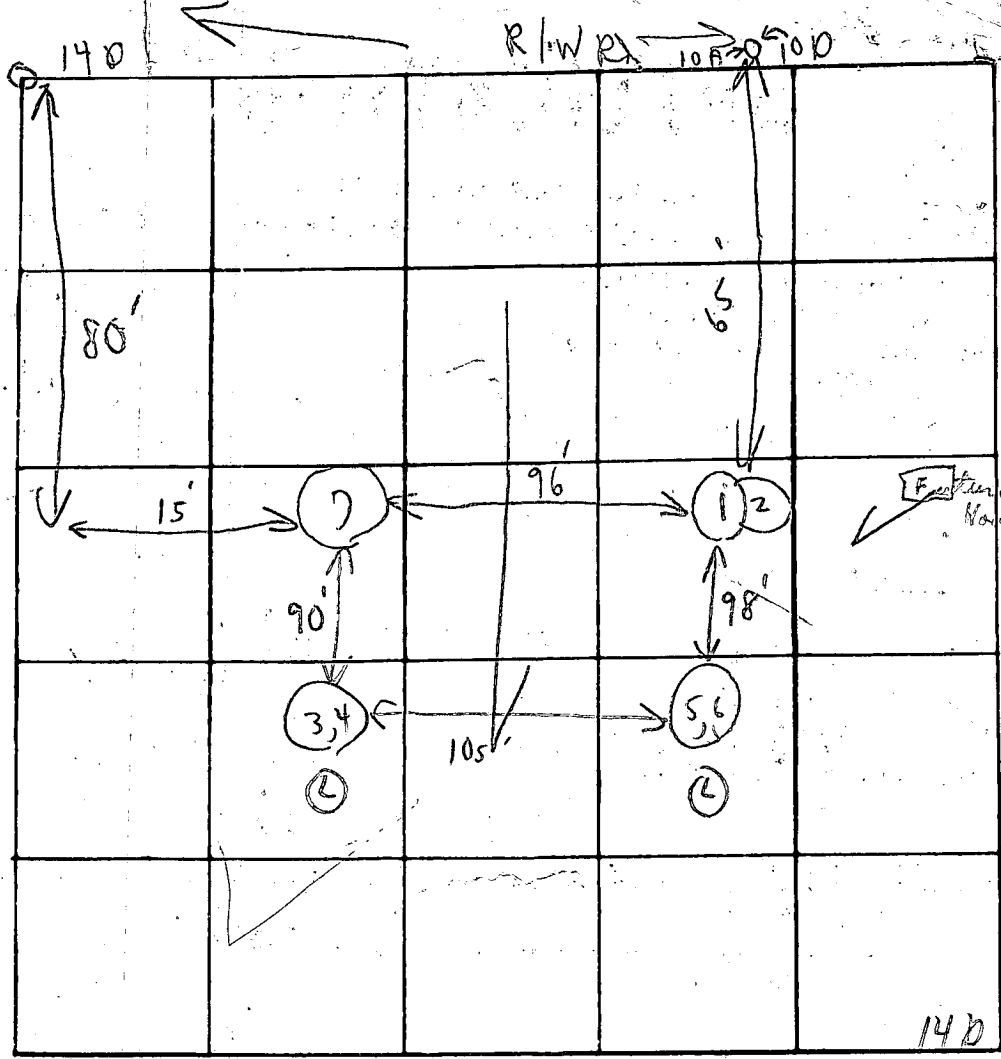
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

North  
13A



Field sheet  
Future  
So Well  
Lat 14D

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Soil Profile  
Below  
3000

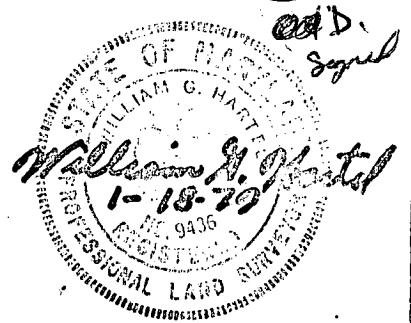
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/28/77	1	5'	1:45	1:49	1:49	1:57	8m
	2	13'	1:45	1:49	1:49	1:57	8m
	3	5'	1:37	1:39	1:39	1:41	2m
	④ 4	13'	1:38	1:40	1:40	1:42	2m
	5	5'	1:39	1:43	1:43	1:49	6m
	④ 6	14'	1:39	1:43	1:43	1:47	4m
	7	4'-14'	Room	Visual			

Tests  
per  
stake

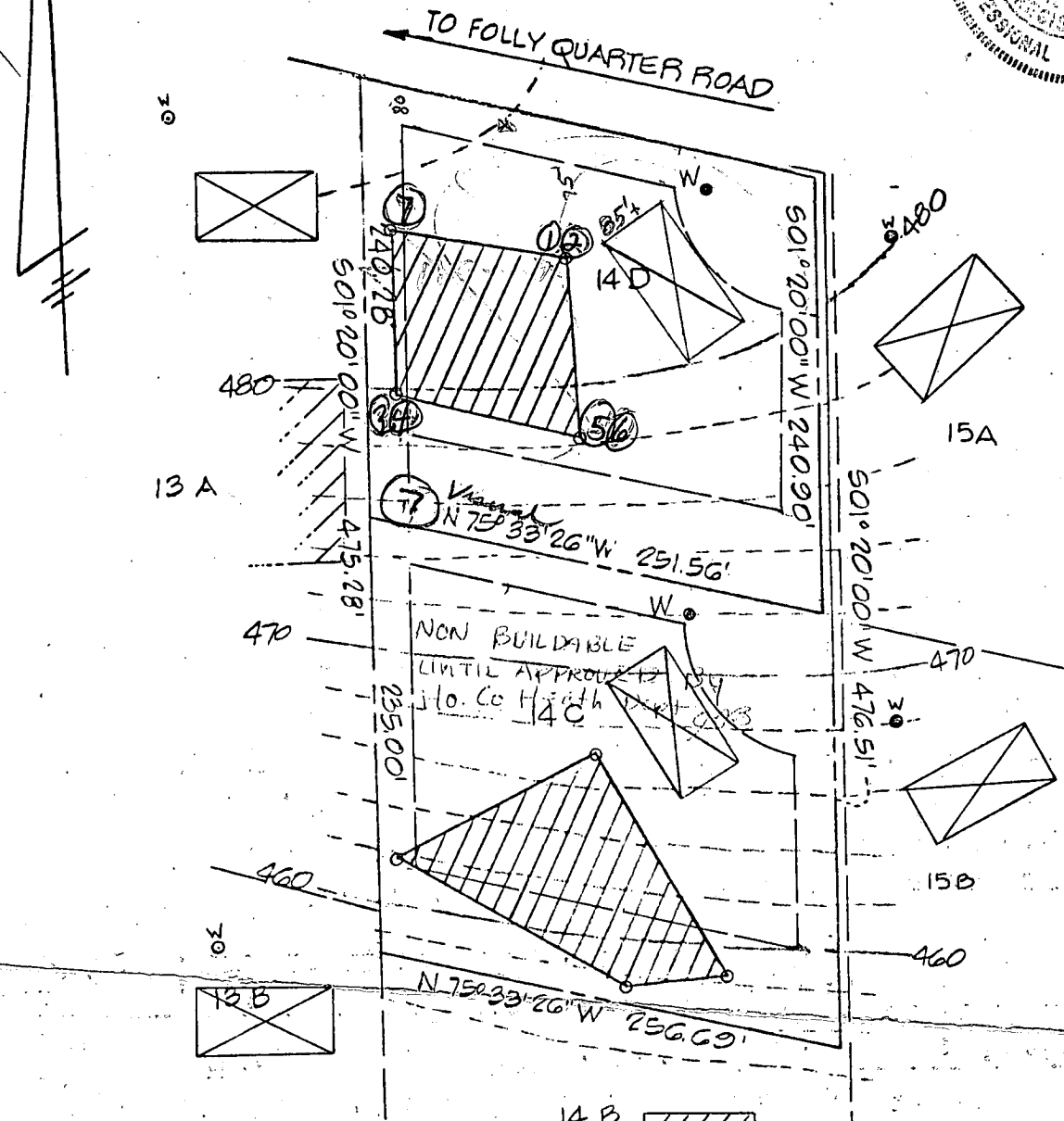
REMARKS (Open field for tests)

TYPE OF SOIL

TESTED BY C. R. D. ALSO PRESENT: Bittlingham



BALTIMORE 10 8125 ALBANY 8-177 MC62135



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.

This area indicates a private sewage easement of approximately 10,000 sq. ft., 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 in this area. This easement shall become null and void upon connection to a public sewage system.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEM

Percolation Holes shown hereon have been field located, AND ARE INDICATED BY 'o'.

*Joyan Bogus* 3-1-79  
HOWARD COUNTY HEALTH OFFICER DATE

TITLE PERCOLATION TEST PLAT			
PROJECT GLENELG MANOR - SECTION 2 - LOTS 14 C AND D			
LOCATION THIRD ELECTION DISTRICT - HOWARD COUNTY, MARYLAND			
DATE: DEC., 1977	DESIGN BY: ---	DRAWN BY: DMR	CHECKED BY: DMR
SCALE: 1"=100'	JOB NO.: 7778	DRAWING NO.: 1 OF 1	

boender associates

engineers  
surveyors  
planners

LEGEND

☒ DENOTES LOCATION OF DWELLING

⊙ DENOTES PROPOSED WELL

○ DENOTES FIELD LOCATION OF PERC HOLES

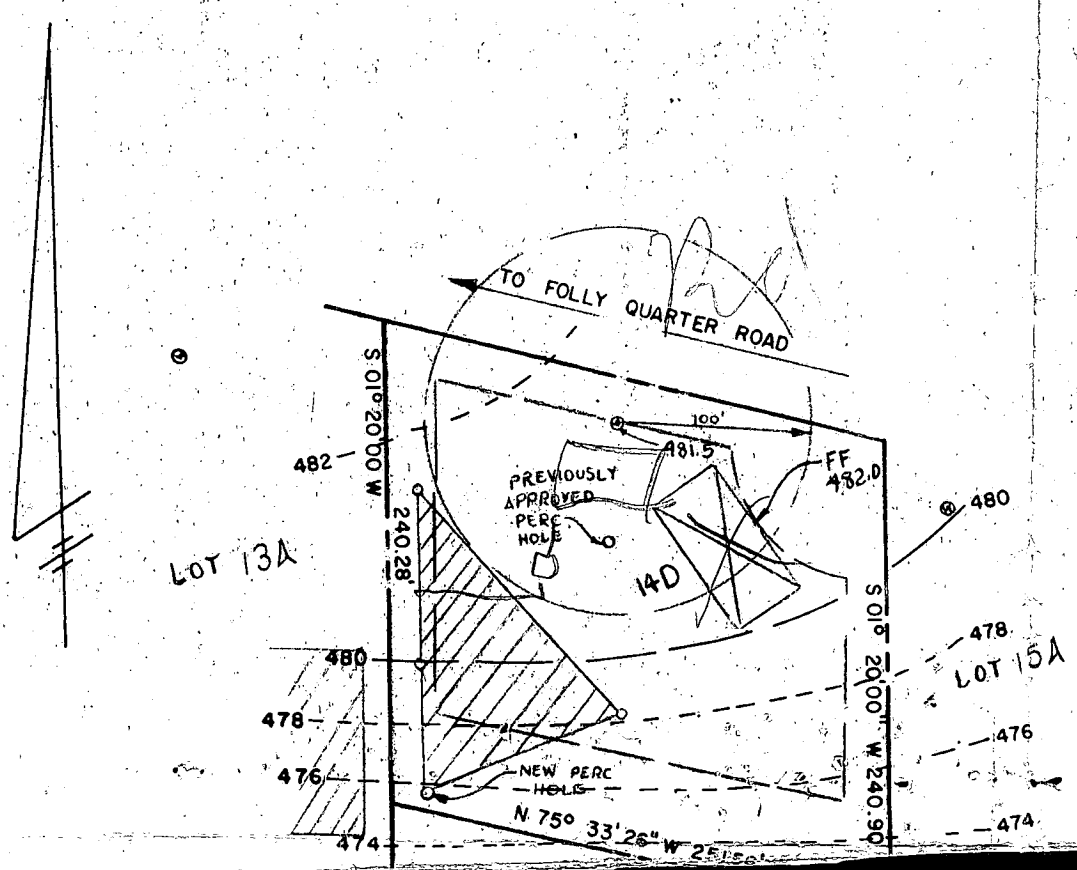
APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

*Joyce M. Boyd*  
 COUNTY HEALTH OFFICER      8/26/83  
 DATE

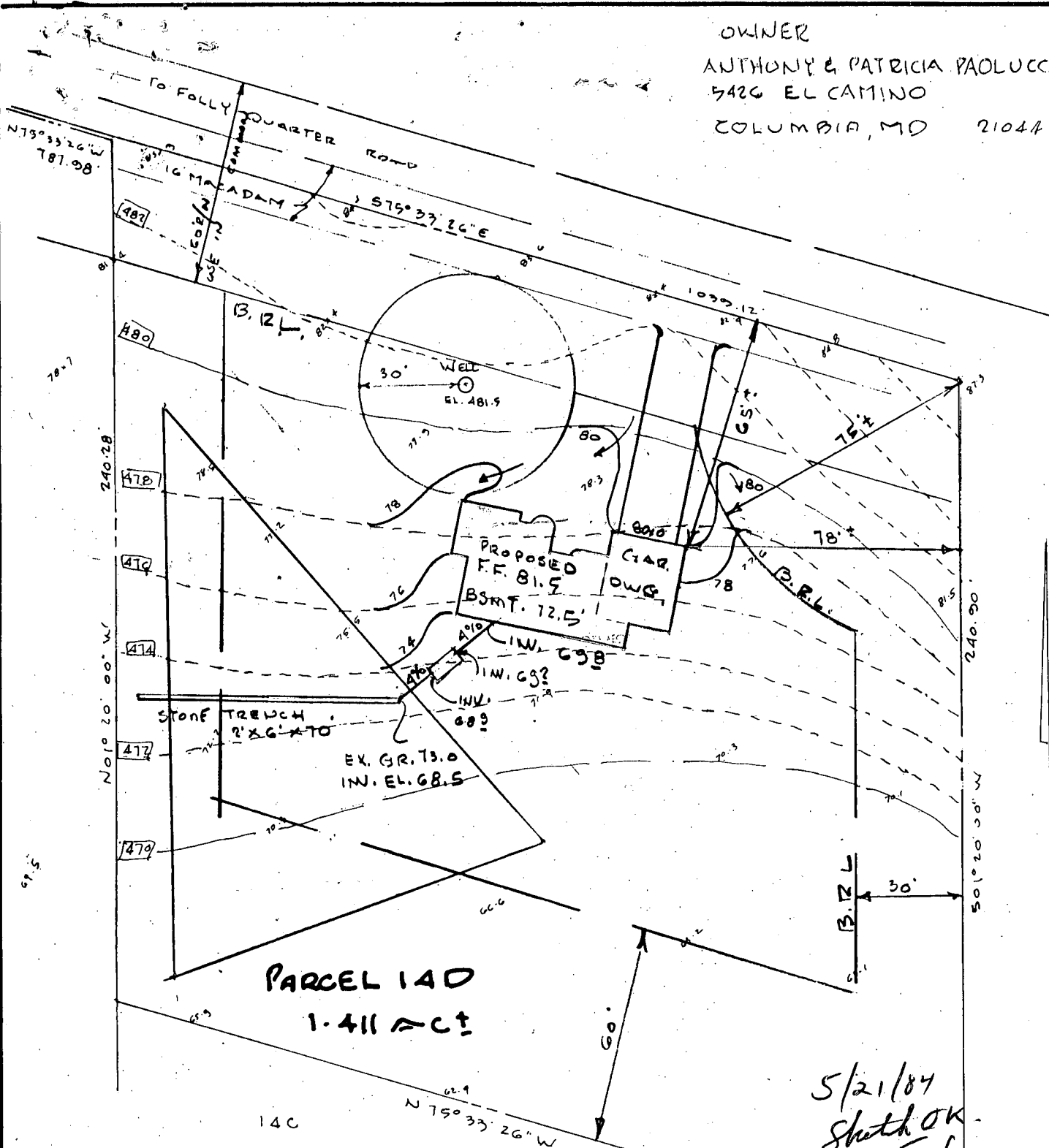
THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 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 A 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.

⊙ DENOTES FIELD LOCATION OF PERC TEST HOLE. PERCOLATION AREAS AND WATER WELLS FOR ADJOINING LOTS WILL BE SHOWN WHERE PERTINENT.



OWNER  
 ANTHONY & PATRICIA PAOLUCCI  
 5426 EL CAMINO  
 COLUMBIA, MD 21044



PARCEL 14D  
 1.411 AC±

5/21/84  
 Sketch OK  
 K.L.

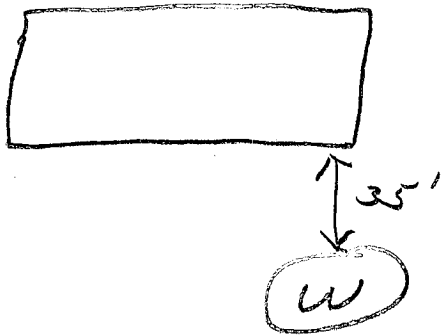
B.R.L.: BUILDING RESTRICTION LINES  
 TO BE APPROVED BY OFFICE OF  
 PLANNING & ZONING.

*System per this plat  
 10/19/84 R.H. [Signature]*

HUDKINS ASSOCIATES, INC.  
 SUITE 231, JOSEPH SQUARE  
 5485 HARPERS FARM ROAD  
 COLUMBIA, MD 21044

PARCEL 14D GLENELG MAJOR  
 SECTION TWO DEED 1191/654  
 4TH ELECTION DIST. HOWARD CO. MD  
 SCALE 1" = 40' 5-14-1984





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Road

10/22/84 Pitless & lines installed at  
4 ft below grade. Pump & work inside  
house not completed. JS

3/15/85 - PRV installed inside house  
all work complete JS

B 1 **7227** 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  
**40-81-0261**  
 fill in this form completely

Date Received **9/14/83 9:30 AM**  
**091383** OWNER INFORMATION  
**PAOLICCI TONY**  
**Folley Quarter Rd.**  
**GLENELG**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**GLENELG MANOR** SUBDIVISION  
 SECTION **24** LOT **190**  
**GLENELG** NEAREST TOWN  
 MILES FROM TOWN **1** MI

DRILLER INFORMATION  
**Ralph Mayne** Driller's Name  
**Ralph Mayne (well Drilling)** Firm Name  
**9120 Brown Church Rd. Mt. Airy** Address  
**Ralph Mayne** Signature  
**Sept 7, 1983** Date  
**273** License No. 80

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
**Folley Quarter Rd.** NEAR WHAT ROAD  
 DISTANCE FROM ROAD **2000** FT or MI **FT**

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** COUNTY NAME  
**A 28234** COUNTY NO.  
 OEP SIGNATURE **Frank Skinner** STATE HEALTH INSERT-S  
 DATE ISSUED **3/13/84** EXP. DATE  
 NORTH GRID **515000** EAST GRID **0813000**

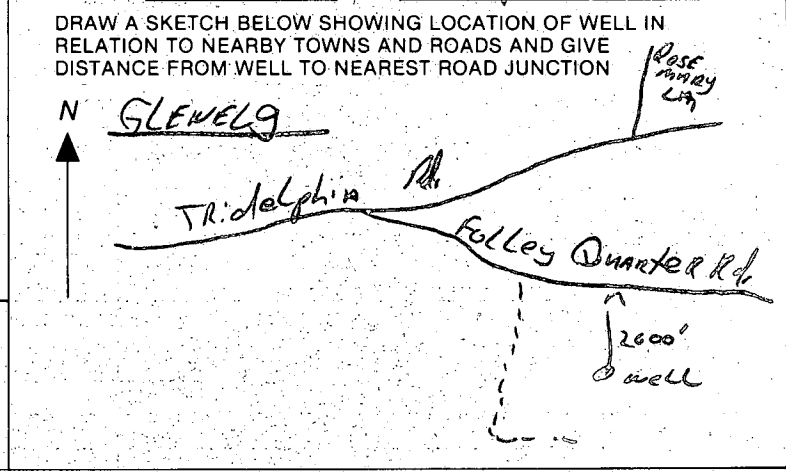
APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 \_\_\_\_\_

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  
**8603**  
**5405**

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**  
 FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **40-81-0261**

SPECIAL CONDITIONS

C1 **4443** 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 **A28234**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **09/14/83** Depth of Well **160** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **#0-81-0261**

OWNER **Paolucci Tony** last name first name  
 STREET OR RFD **Tolly Quaker Road** TOWN **Glencly**  
 SUBDIVISION **Glencly Manor** SECTION **2** LOT **14-D**

**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	26	
Sand Stone	26	35	✓
Mic KA	35	45	
Sand Stone	45	50	✓
Mic KA	50	160	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  YES  NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS **7** NO. OF POUNDS  
 GALLONS OF WATER **300**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **30** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

**MAIN CASING**  
 Nominal diameter top (main) casing (nearest inch) **6**  
 Total depth of main casing (nearest foot) **37**

**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

**SCREEN**

EACH SCREEN	DEPTH (nearest ft.)		
	1	2	3
1	<b>HO</b>	<b>35</b>	<b>160</b>
2			
3			

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

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

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   
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**

**PUMPING TEST:**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **9**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **32**  
 WHEN PUMPING **160**  
 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 } **2**

