

3/10/84

approved
3/11/86 C. Wellman

PERMIT

P 36633

A 28236

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

~~982-2330~~
461-9933

INDEXED

05-374480

ELLICOTT CITY

DISTRICT 3rd

DATE 3/07/86

Cornwell Pump Company IS PERMITTED TO INSTALL ALTER

ADDRESS 12196 Triadelphia Road, Ellicott City, Maryland PHONE 988-9221

SUBDIVISION Glenelg Manor II ROAD 12779 Folly Quarter LOT 13A, Section 2

PROPERTY OWNER L. Newsome

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 4 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box ¹⁸⁵ 195 feet from the back (133.6') lot line and ³⁵ 45 feet from the right (446.28') lot line as seen when facing the lot from Folly Quarter Road. Run trenches on contour toward the left (454.52') lot line. Maintain 100 feet distance from well with septic tank and distribution box.

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

PLANS APPROVED BY S. Abel DATE 2/10/86

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: 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.

BLDG. PERMIT SIGNED
AND RETURNED 4/9/86

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 Sept # 7058C

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

~~CALL 992-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 28236

PRELIMINARY

APPLICATION

A 28236

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

8/3/83 VISUAL HOLD OK RN

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 *JDF BLDG'S.*

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor LOT NO. 13A, Section 2

ROAD AND DESCRIPTION *# 12779* 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 5/2/83
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE BP# 61917

REASONS FOR REJECTION OR HOLDING 2/3/83 VISUAL HOLD DUPE

HOLD FOR REVIEW RN 4/20/83 Perc. OK for shallow trench T.S.

BLDG. PERMIT SIGNED
AND RETURNED 12-10-84

THIS IS NOT A PERMIT

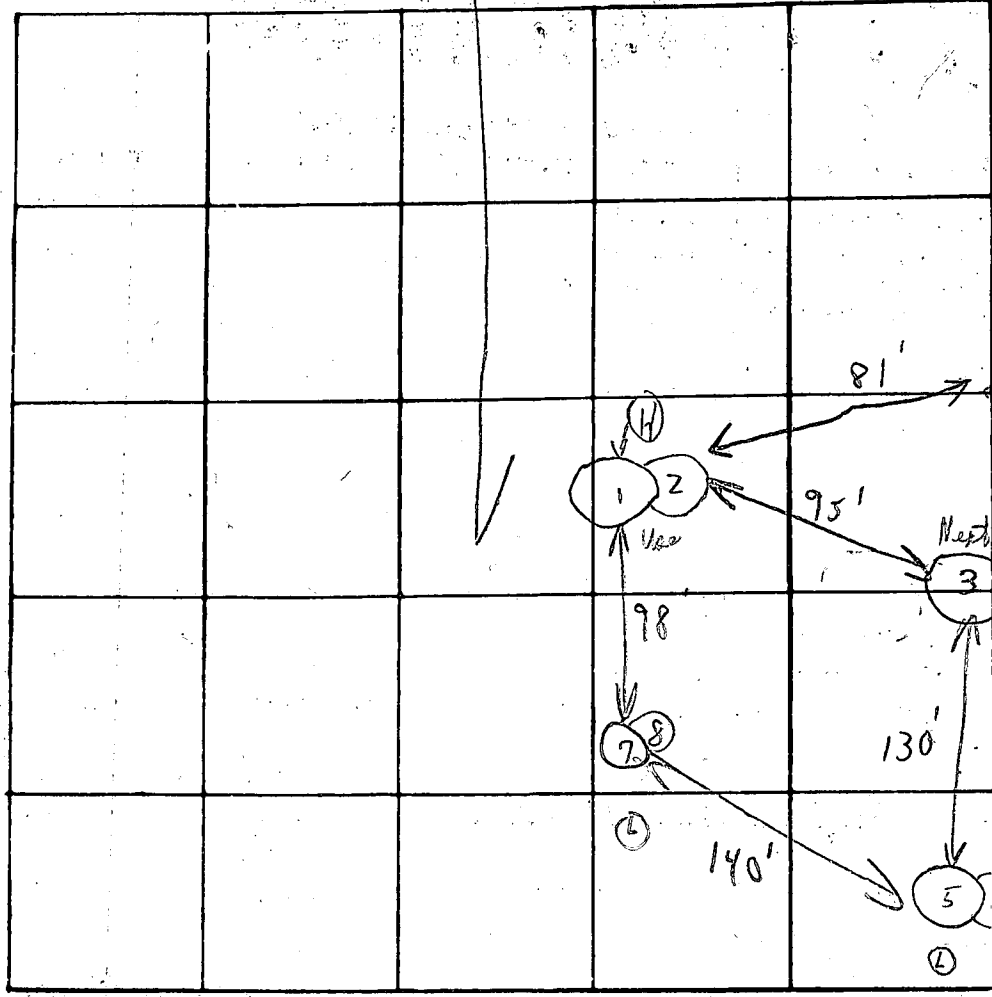
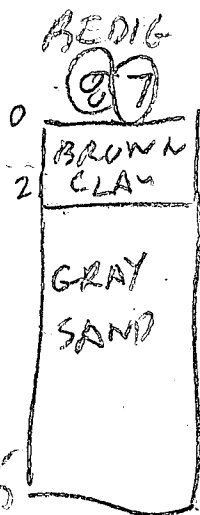
13A

R/W R

13B

Field sheet

Lot 13A



Soil Profile
Below clay loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/27/72	1	4'	2:03	2:06	2:06	2:09	3m	
	④ 2	13'	2:03	2:06	2:06	2:09	3m	
	3	4 1/2'	1:58	2:01	2:01	2:05	4m	
	4	13'	1:58	2:04	2:04	2:22	18m	
	5	2'	2:44	2:50	2:50	3:03	13m	
	6	9'	2:32	2:36	2:36	2:40	4m	
	7	4'	2:33	2:35	2:35	2:37	2m	
	8	9'	2:16	2:18	2:18	2:21	3m	
		(12' Water) Bucket off						
2/13/83	8 REDIG	15'	LOOKS	O.K.	See Soil Profile			

Tests per stake

12' water 12' dango

REMARKS: Not Tests in open field

TYPE OF SOIL:

TESTED BY: C.B.S.

ALSO PRESENT: T. Buttonham

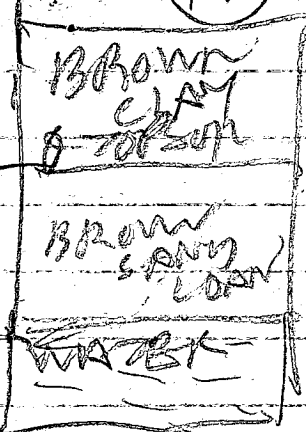
Glenelg Manor

Lot 13A

FEB 4 1985

95
1395
85
7

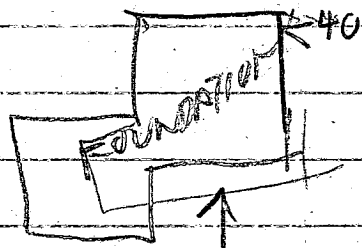
(14)



BACK CORNER

(14) 15

225



125

(14) 0.187

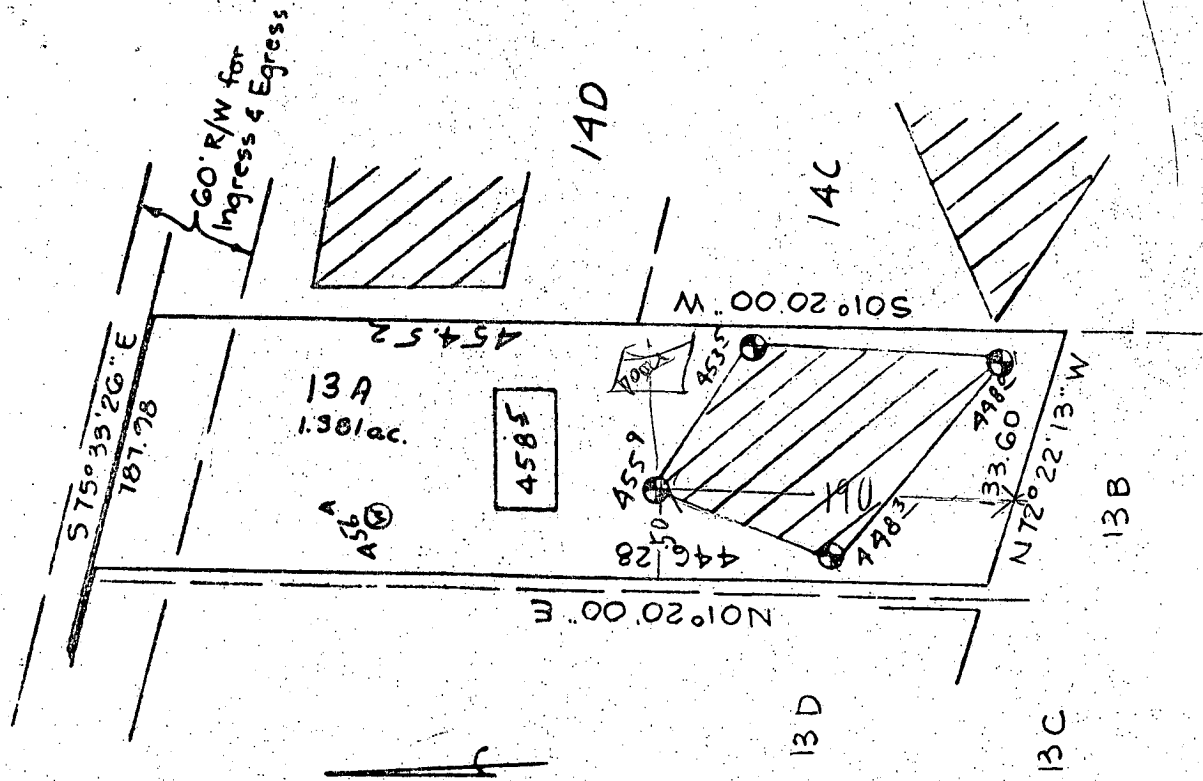
225


225

75

START

PAVED R/W



 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.

Percolation test 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 Health and Mental Hygiene.

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

APPROVED: For Private Water and Private Sewage Systems

James M. Byrnes
County Health Officer

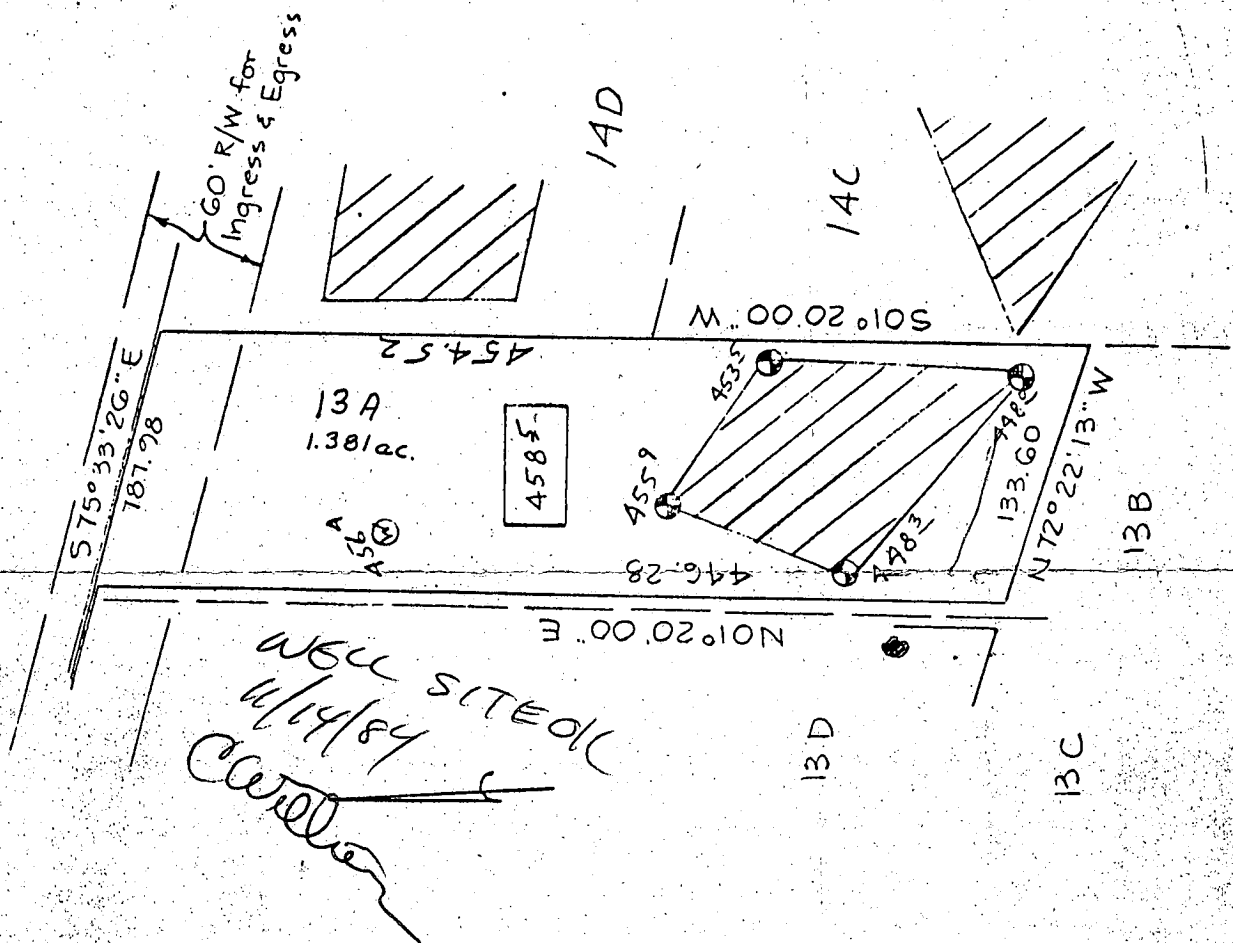
4-20-83
Date



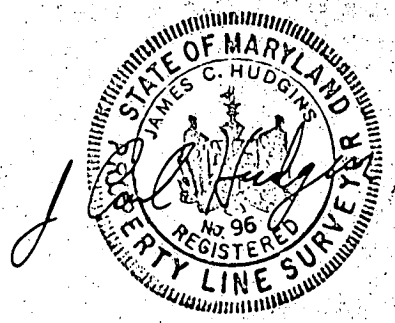
PERCOLATION TEST PLAT
GLENELG MANOR
Section Two
PARCEL 13A


5th Election District
Howard County, Maryland
Scale 1"=100'
Date 3/25/83

NTT Associates
101 Sterrett Place
Columbia, MD 21044
321-0307



*WELL SITED OK
4/14/84
C. W. [Signature]*



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APPROVED: For Private Water and Private Sewage Systems

[Signature]
County Health Officer

4-20-83
Date

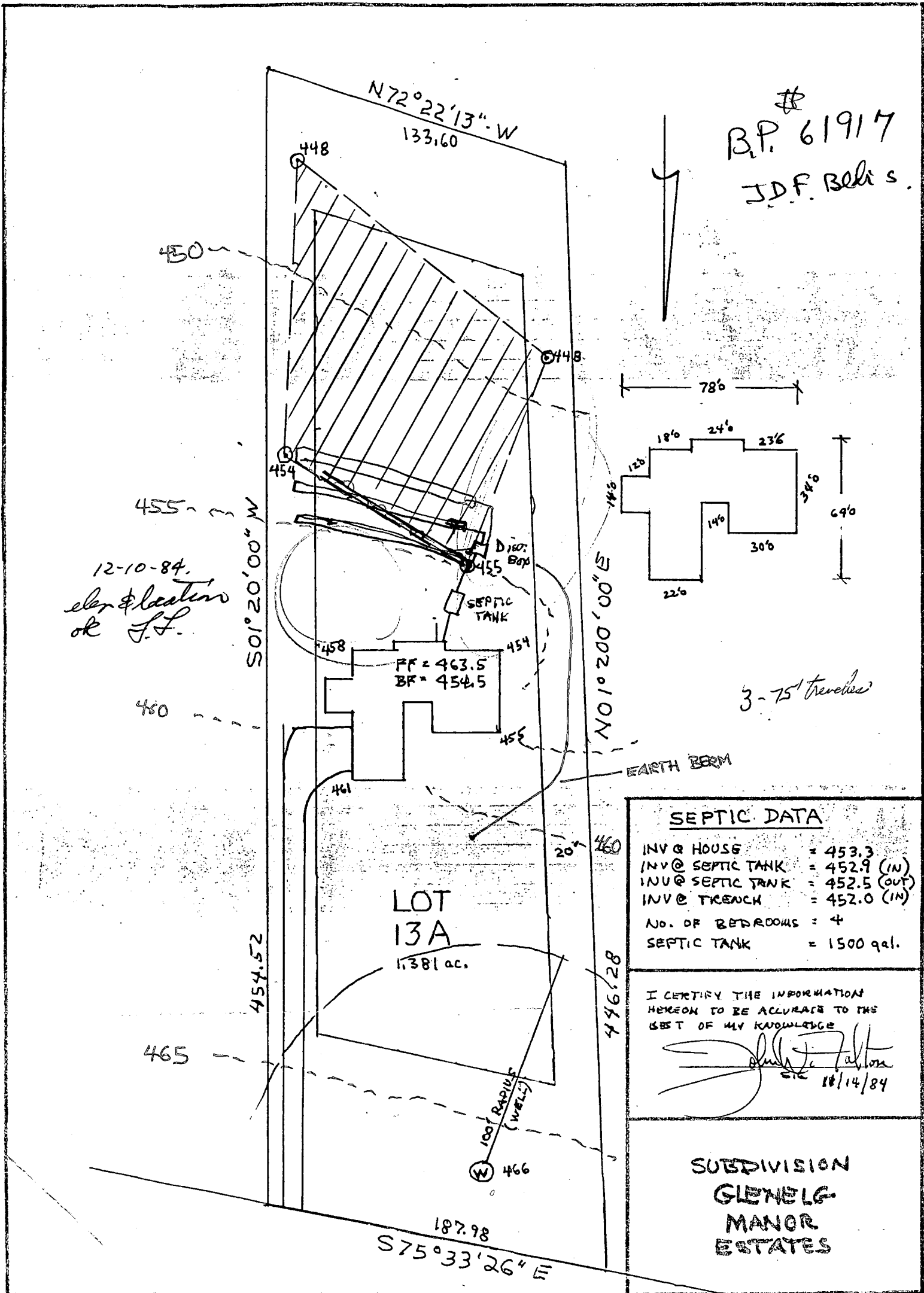
PERCOLATION TEST PLAT

GLENELG MANOR
Section Two
PARCEL 13A

5th Election District
Howard County, Maryland
Scale 1"=100'
Date 3/25/83

NTT Associates
101 Sterrett Place
Columbia, MD 21044
321-0307

B.P. 61917
J.D.F. Bellis



12-10-84.
 elev & location
 ok J.F.

SEPTIC DATA	
INV @ HOUSE	= 453.3
INV @ SEPTIC TANK	= 452.9 (IN)
INV @ SEPTIC TANK	= 452.5 (OUT)
INV @ TRENCH	= 452.0 (IN)
NO. OF BEDROOMS	= 4
SEPTIC TANK	= 1500 gal.

I CERTIFY THE INFORMATION
 HEREON TO BE ACCURATE TO THE
 BEST OF MY KNOWLEDGE

[Signature]
 10/14/84

SUBDIVISION
 GLENELF
 MANOR
 ESTATES

B 1 **5271** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

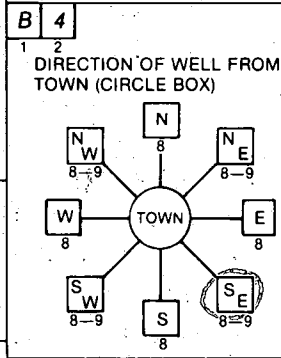
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-0787
 fill in this form completely

Date Received **11/16/84** **9:30 AM.**
 OWNER INFORMATION
REUER DONALD
 15 Last Name Owner First Name 34
10176 BALT NATL PIKE
 36 Street or RFD 55
ELLICOTT CITY MD 21043
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL **R-34553**
HOWARD 8 COUNTY 21
GLENELG MANOR 23 SUBDIVISION 42
 SECTION **2** 44 46 LOT **13A** 48 50
GLENELG 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** 73 **M** 76 **I** 77 **I** 78

DRILLER INFORMATION
Ralph Mayne 273
 Driller's Name 77 License No. 80
Ralph Mayne (well Drilling)
 Firm Name
9120 Brown Church Rd. Mt Airy
 Address
Ralph Mayne **11/7/84**
 Signature Date



Folley Quarter Rd. 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N E WEST SOUTH S
 34 **3000** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
 1 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 A25236
 COUNTY NAME COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S 41
 DATE ISSUED **5/14/84** CO SIGNATURE **C. Wilcher** 5/14/85
 43 48
 NORTH GRID **515000** EAST GRID **0812000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

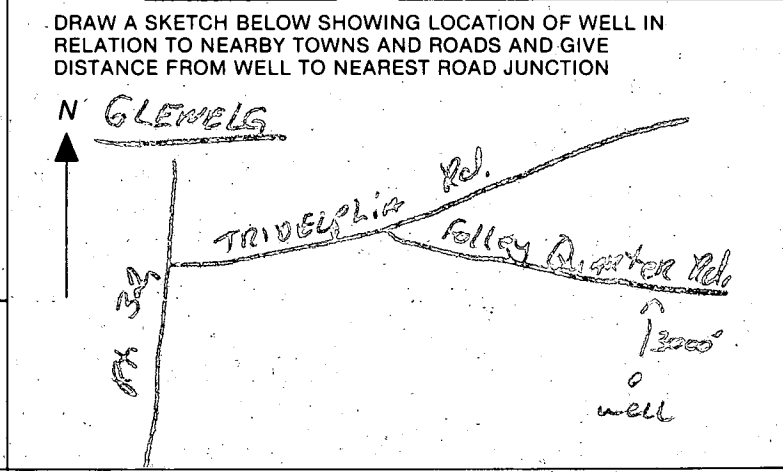
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

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) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____ 54 63
 FORCE **EW** WRITE INITIALS IN BOX PERMIT No. **HO-81-0787**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

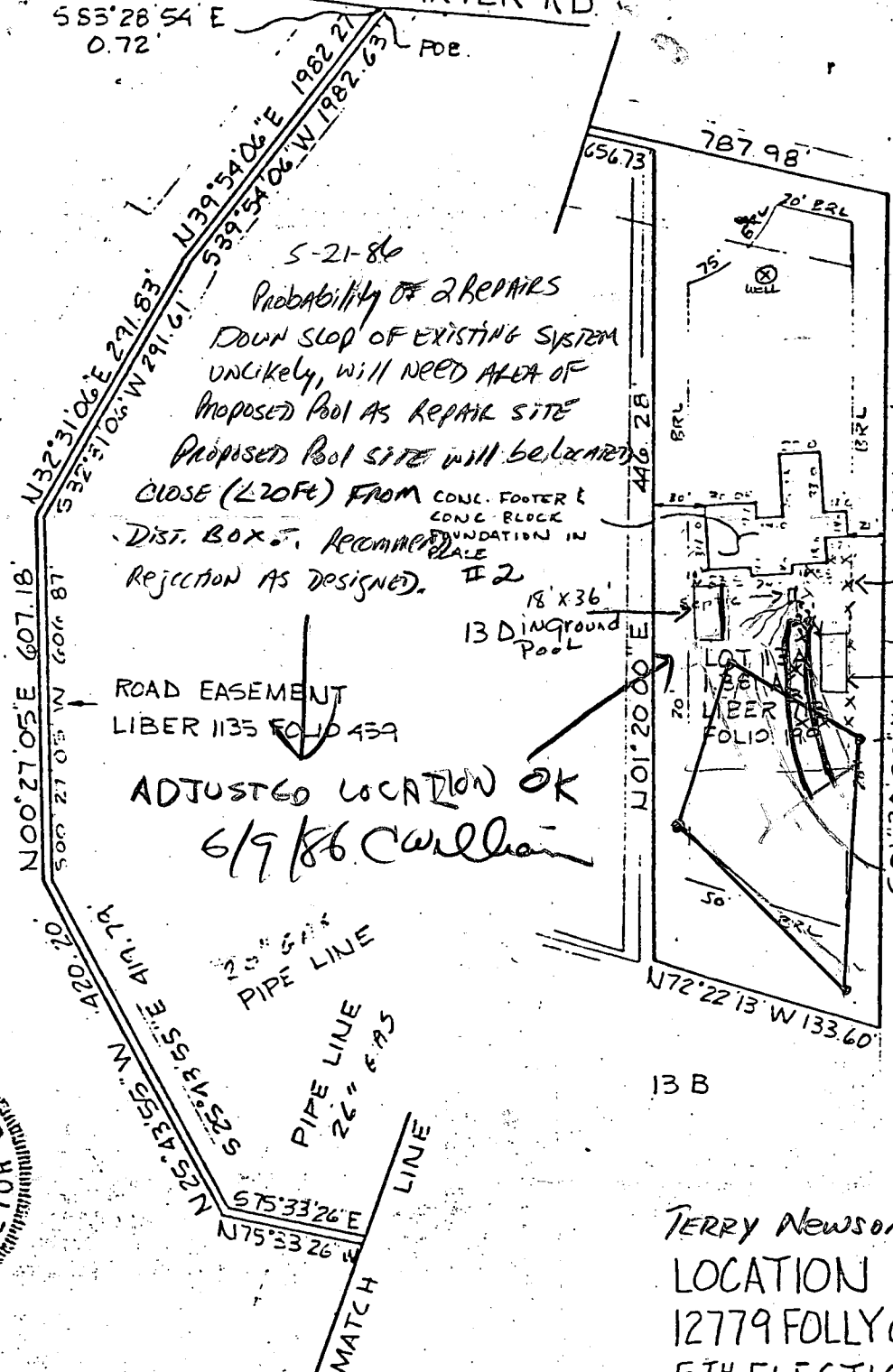
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **810 2**
 N **510 5**
 000 11/16/84



*Lot 13 A
Glen Elg Manor II*

FOLLY QUARTER RD

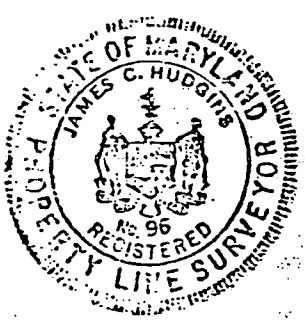
S55°28'54"E
0.72' POB.



5-21-86
Probability of 2 REPAIRS
DOWN SLOP OF EXISTING SYSTEM
UNLIKELY, WILL NEED AREA OF
PROPOSED POOL AS REPAIR SITE
PROPOSED POOL SITE WILL BE LOCATED
CLOSE (220 FT) FROM CONC. FOOTER &
CONC. BLOCK FOUNDATION IN
DIST. BOX. RECOMMENDED
REJECTION AS DESIGNED. #2

ROAD EASEMENT
LIBER 1135 FOLIO 439

ADJUSTED LOCATION OK
6/9/86 *Carl*



This is to certify that I have surveyed the property shown hereon being the same property conveyed by Dale Z. Maisel and Glenelg Manor Associates to J. D. F. Builders Inc. by deed dated December 17, 1985 and recorded among the land records of Howard County Maryland in Liber 1326 at folio 52 for the purpose of locating the improvements thereon.

J. Carl Hudgins

J. Carl Hudgins PLS #96

TERRY NEWSOME
LOCATION SURVEY
12779 FOLLY QUARTER RD.
5TH ELECTION DISTRICT
HOWARD COUNTY, MD
SCALE 1"=100' DATE 3/8/85

Pools Unlimited, Inc.
3258 BERNARDY LG.
E.C. 21043

C1 **2986** SEQUENCE NO. (OEP USE ONLY)
 1 2 3 4 5 6
 (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 28236**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **11/16/84** Depth of Well **165** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-81-0787**

OWNER **REUWER DON** last name **FOLLY QUARTER RD** first name TOWN **CLEVELAND**
 STREET OR RFD SUBDIVISION **CLEVELE MANOR** SECTION **II** LOT **13A**

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	50	✓
Sand Stone	50	55	
Micka	55	70	
Sand Stone	70	80	✓
Micka	80	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1300**
 GALLONS OF WATER **78**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **5** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)
PL **6** **61**
 60 61 63 64 66 70

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

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

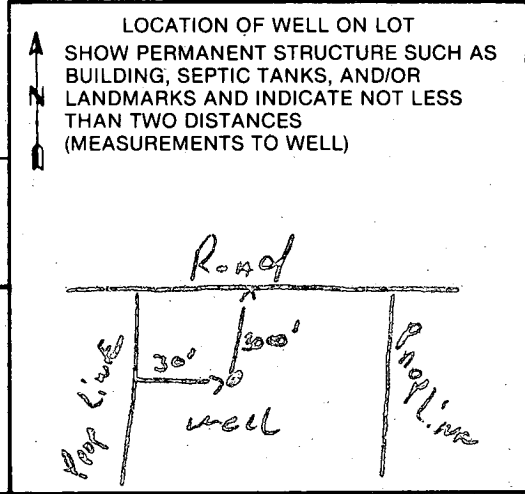
C2
 DEPTH (nearest ft.)
 1 **H0** **59** **165**
 8 9 11 15 17 21
 2 [] [] [] [] [] []
 23 24 26 30 32 36
 3 [] [] [] [] [] []
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 56 60

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
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **24**
 17 20
 WHEN PUMPING **85**
 22 25
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
 27 27 27
C centrifugal **R** rotary **O** other (describe below)
 27 27 27
J jet **S** submersible
 27 27

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **(NO)**
 (CIRCLE) (YES or 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 } LAND SURFACE (nearest foot)
 49 } []
 (-) below } 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. **253**
Ralph Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Mayne

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

3/10/86

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # 36632
Date 3/7/86

Name of Installer CORNWELL Plumbing

Telephone 988 9221

License number 3853
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Don CRONIN Telephone _____
Subdivision _____ Lot # 13A Well tag # HO 81 - 0787
Site Address 12779 Holly Quater Pl.
Ellicott City Md. 21043

Pump
1. Type a. Deep well jet
 b. Shallow well jet
 c. Submersible
2. Make _____
3. Model # _____

Motor
1. Horsepower 1/2
2. RPM 3400
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

4. Capacity 10 GPM
5. Pump exceeds well capacity Yes _____ No
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 _____ Cable guards Other _____

Tank
1. Capacity 42
2. Pressure relief valve? 75 lb

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 3 FT

Well data
1. Depth 165 ft.
2. Yield 4 GPM
3. Static water level 24 ft.
4. Will water supply be disinfected by installer? _____

PITLESS ADAPTER
INSTALLED 3' BELOW GRADE.

PRESSURE TANK w/RELIEF VALVE OK 3/10/86 CW [Signature]

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.

Signature of Applicant: [Signature]
Date: 3/7/86

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