

3/31/88 CATG AM

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

05-358647

INDEXED

P 41361

A 29041

DISTRICT 5th

DATE 3/29/88

DATE SYSTEM APPROVED 4/4/88

INSPECTOR RH

Bilbar Construction, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 802 Suburban Road, Reisterstown, MD 21136 PHONE 526-7077

SUBDIVISION Glenelg Manor ROAD 12743 Folly Quarter Rd LOT 8-D

PROPERTY OWNER Stephen Dolgoff  
12743 Folly Quarter Road

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 - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 90 feet from the front (158') lot line and 65 feet from the right (388.91') lot line as seen from access road. Run trenches on contour toward right 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.

OAKY TO ADJUST PLUMBING TO FRONT LEFT CORNER OF SEPTIC AREA AS SHOWN IN INSTALLERS DIAGRAM

DATED - 3/28/88 - C.W.

PLANS APPROVED BY S. Abel bkja DATE 7/10/87

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES).

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.

**NOG. PERMIT SIGNED**  
**AND RETURNED** 7/5/90  
Serial # 32753 - deck

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

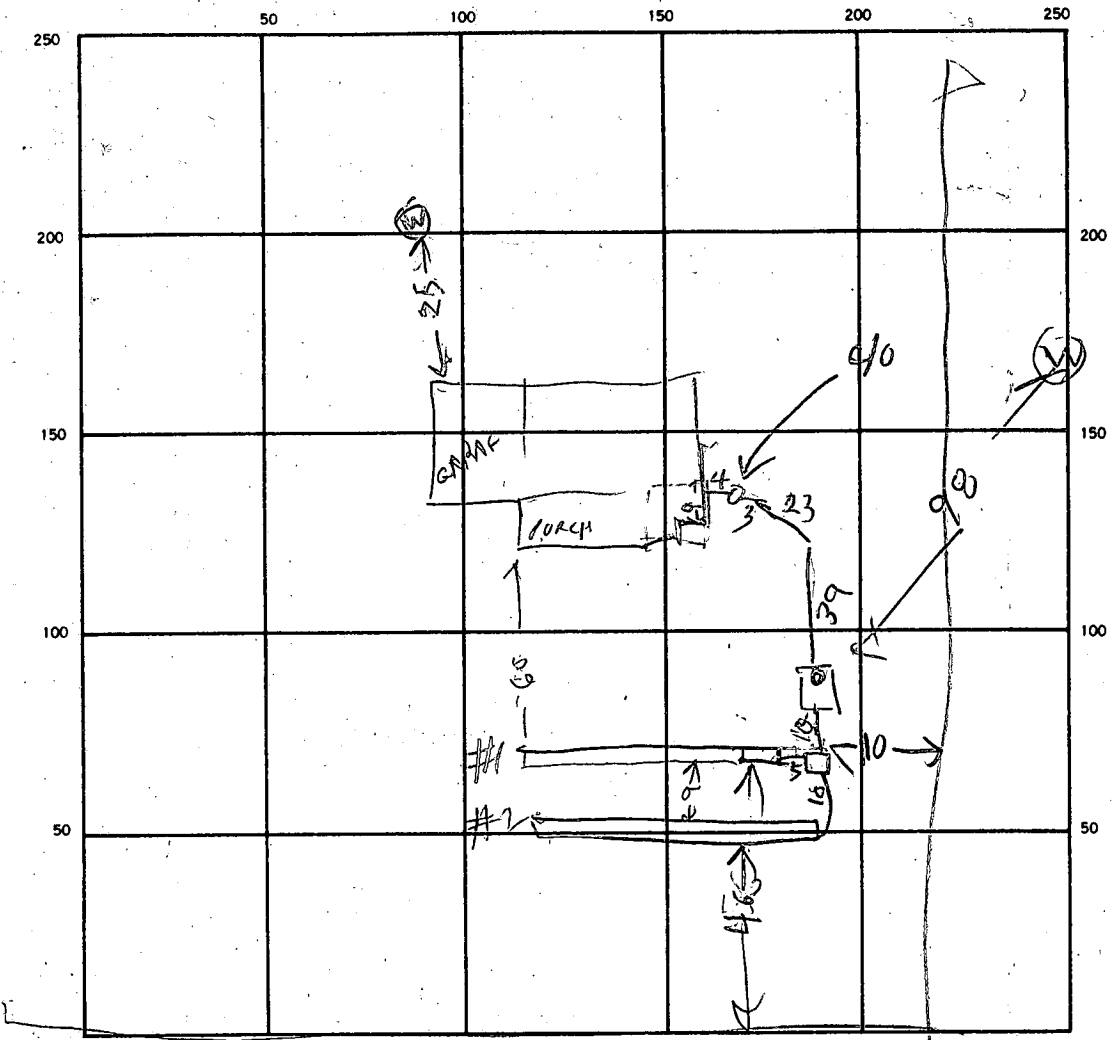
\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 29041

180  
4  
720  
5) 184  
720  
22  
24

144  
5  
720



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
EDGE RD

SEPTIC TANK LEVEL 1250 CLEANOUTS ST  
OR

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

DRAIN FIELD/TILE FIELD DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 26 FT. INSTALLATION REQUIRED

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 735 SQ. FT. 2'0

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 3/30/88 - COVER TRENCH 1 - ADD STONE TO TRENCH  
#2 HOOK UP BOX TANK & CALL R. HODGES  
4/4/88 - JOB FINISHED  
Talk to Mr. Barlow

DATE SYSTEM APPROVED 4/4/88 INSPECTOR Raymond Hodges

# APPLICATION

SEWAGE DISPOSAL TESTING

A 29041

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th

DATE 10/16/78

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 STEFAN DOLGOFF

ADDRESS \_\_\_\_\_ PHONE Boender - 465-7777

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor Farms LOT NO. 8-D

ROAD AND DESCRIPTION 12743 Folly Quarter Road

SIZE OF LOT ? TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Jack Boender

APPROVED BY Raymond Hoops FOR DITCH DATE 2/15/83

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

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

REASONS FOR REJECTION OR HOLDING 11/8/78 PERC OK HOLD FOR PLAT

BLDG. PERMIT SIGNED  
AND RETURNED 7/10/87

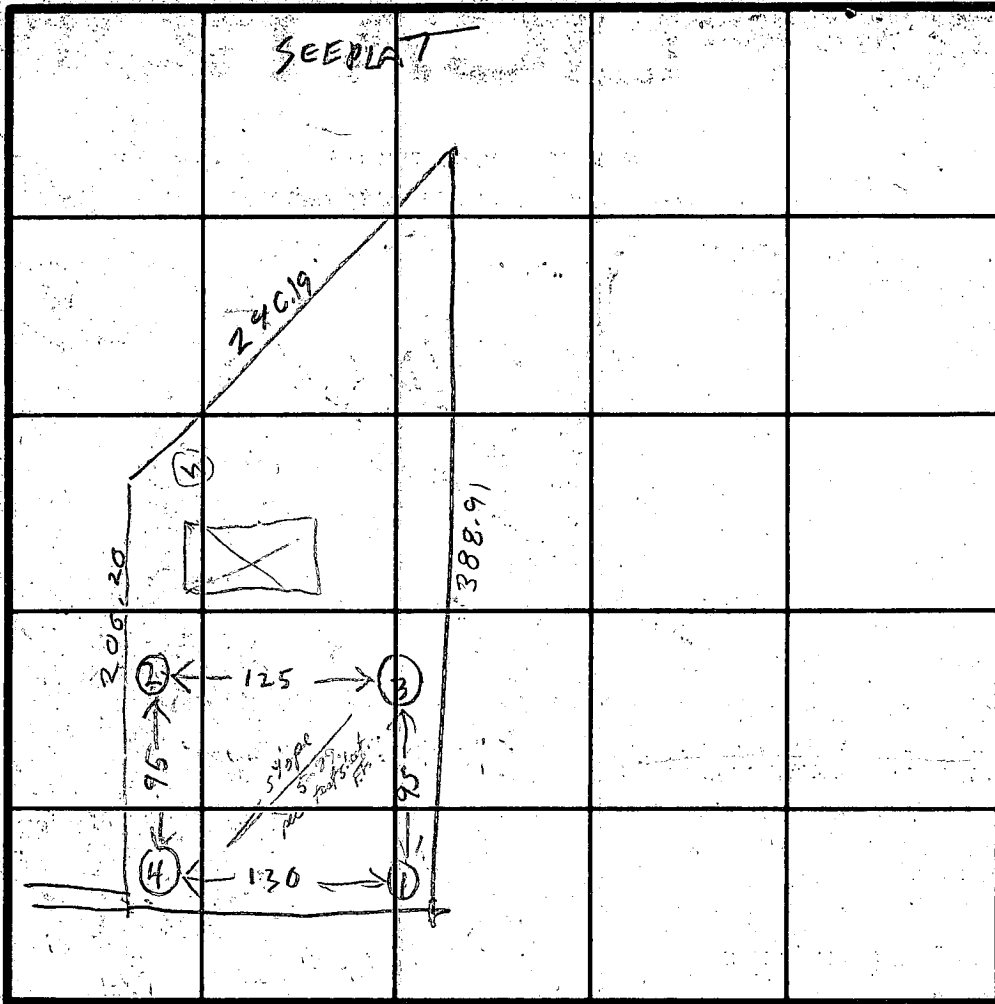
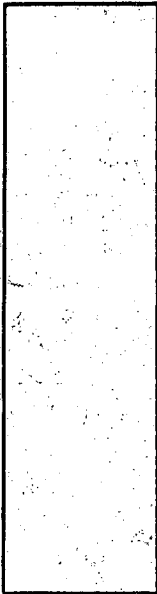
SA  
BP# 13208

# THIS IS NOT A PERMIT

80

97

SOIL PROFILE



INDICATE NORTH --NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET.		TEST - 1" DROP		TIME	HOLE ELEVATION	
			START	STOP	START	STOP			
11/21/78	1S	4 1/2	229	231	231	235	4	NEXT LOWEST	
	1D	14	230	232	232	235	3	NEXT HIGHEST	
	2V	13	TOP 5 FEET CLAY BOTTOM OFF SANDY DRY						NEXT HIGHEST
	3S	5	247	248	248	253	5	HIGHEST	
	3D	14	251	252	252	255	3		
	4S	5	257	304	304	307	3	LOWEST	
11/21/78	4D	14	257	259	259	306	7		

REMARKS \_\_\_\_\_

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

TESTED BY BH

ALSO PRESENT

NEVRA DENNY

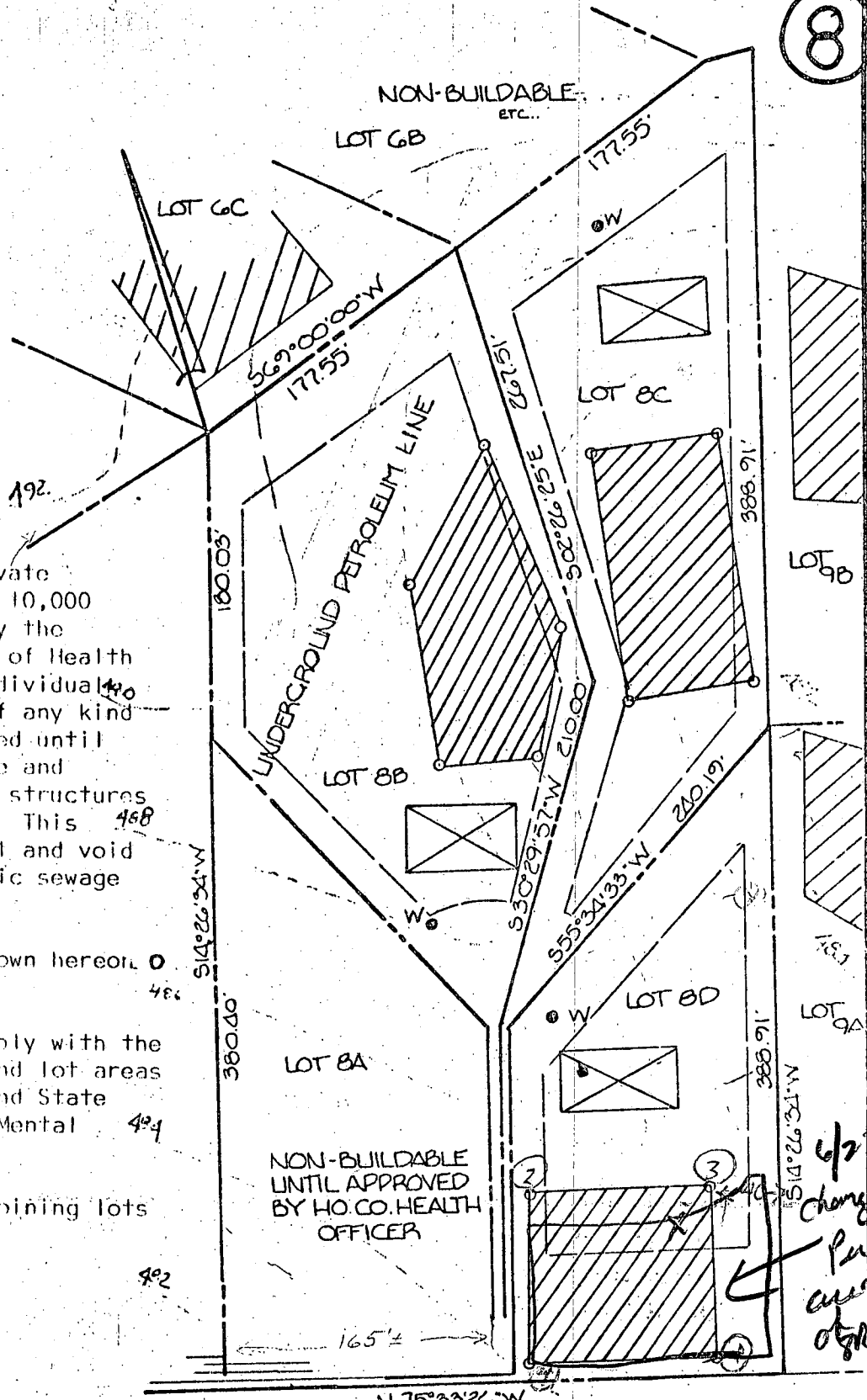
LOT 8D


Signed

B, C, D

8

K&E BALTIMORE 10 5155 ALBANENE 9-78 MCR4939



 This area indicates a private easement 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.

Percolation test holes shown hereon have been field located.

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 for adjoining lots have been shown.

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

*J. J. [Signature]*  
County Health Officer

1-15-79  
Date

4/23/82  
change  
Pac  
ann  
other

TITLE			
PERCOLATION CERTIFICATION PLAT			
PROJECT			
GLENELG MANOR - SECTION II - Lots 8B, 8C and 8D			
LOCATION			
Third Election District, Howard County, Maryland			
DATE:	DESIGN BY:	DRAWN BY:	CHECKED BY:
12-20-78		D.H.H.	
SCALE:	JOB NO.:	DRAWING NO.:	
1" = 100'	7778	1 of 1	
boender associates		engineers surveyors planners	
BALTIMORE 301-465-7777 ♦ SALISBURY 301-749-1286			

PROPERTY LINE

Septic Elevations

Basement = 102.5 / garage = 108.5

First floor = 111.5

Basement out = 105.5

Tank in = 105

Tank out = 104

D-Box Inlet = 104  
BRL

30'

42'

10"

10"

10"

10"

10'

30'  
REPLACEMENT  
WELL PERMIT  
104-1011

PROPOSED  
HOUSE

109'

73'-6"

DIST.  
BOX

TANK

2/60' TRENCHES 2W/6" DEEP / 4" STONE

6 level 9/1 Manor  
Sec. 11 / Parcel 8A

75'

BUILDING RESTRICTION LINE (BRL)

10,400+ / SQ. FT.  
DRAINAGE FIELD

NELL

30'

100'

*drawn by*  
*[Signature]*  
BLDG. PERMIT SIGNED  
AND RETURNED 7/10/87  
BP13208

2/22/88 NOON

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
Receipt # 41024  
Date 2/23/88  
Name of Installer GARY EIKENBERG Telephone 796-8583  
License Number 3260  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner STEPHEN DULGOFF Telephone \_\_\_\_\_  
Subdivision GLORIE MANOR Lot # 8D Well Tag # NO -81 -0586  
Site Address \_\_\_\_\_ A 29041

Pump  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make LANCASTER  
3. Model # L-7515  
4. Capacity 7 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 \_\_\_\_\_

Motor  
1. Horsepower 3/4  
2. RPM 3450  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

Pitless Adapter  
1. Make HARVARD  
2. Model # PT 800  
3. Depth 48"

Tank  
1. Capacity \_\_\_\_\_  
2. Pressure relief valve? \_\_\_\_\_

Piping  
1. Type Plastic  
2. Size 1"  
3. NSF and/or BOCA Code approved   
4. Depth of supply line 42'

Well data  
1. Depth 205 ft.  
2. Yield 6 GPM  
3. Static water level 25 ft.  
4. Will water supply be disinfected by installer? \_\_\_\_\_

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: Gary Eikenberg  
Date: 2-22-88

CASING FIXED

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

HD-215 2/23/88 OK TO COVER OUTSIDE WORK  
CALL WHEN PUMP & PRESSURE TANK INSTALLED

C1 3295 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 PERMIT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **929-041**

DATE RECEIVED  
 [ ] [ ] [ ] [ ] [ ] [ ]

DATE WELL COMPLETED  
**061984**

DEPTH OF WELL  
**205**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**40-81-0586**

OWNER **DOLGOFF** **STEPHEN**  
 STREET OR RFD last name **FOLLY QUARTER RD** first name TOWN **GLENELG**  
 SUBDIVISION **GLENELG MANOR** SECTION LOT **8D**

**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	11	
Sand Stone	11	35	✓
Micka	35	45	
Sand Stone	45	50	✓
Micka	50	205	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **6** NO. OF POUNDS **36**  
 GALLONS OF WATER  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **24** ft.

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

MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 PL  6  28

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.)  
 EACH SCREEN  
 1 **40** 2 **26** 3 **205**

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

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from to

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.

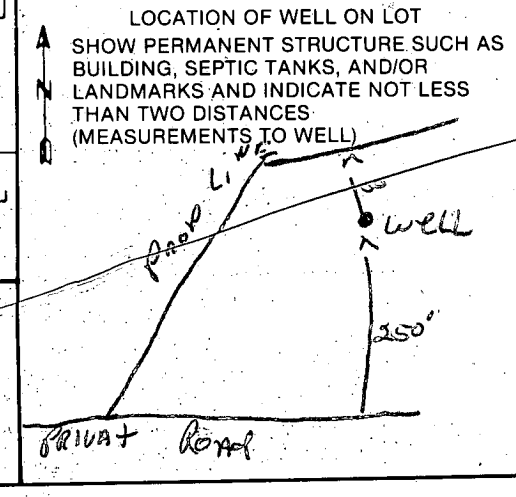
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

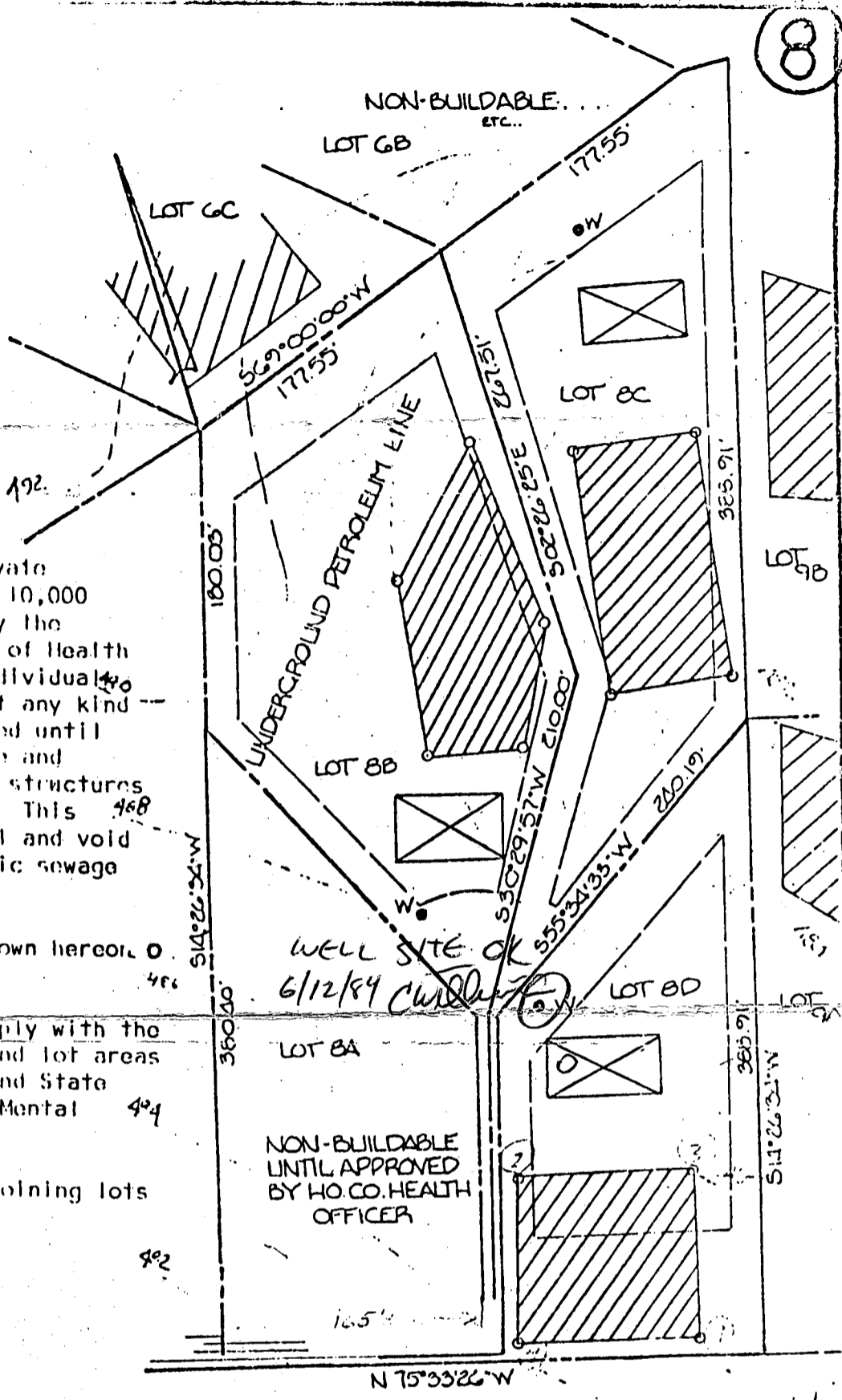
DRILLERS IDENT. NO. **273**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Ralph E. Mayne**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) **6**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **25**  
 WHEN PUMPING **205**  
 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) 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)





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NON-BUILDABLE UNTIL APPROVED BY HO. CO. HEALTH OFFICER

WELL SITE OK 6/12/84

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

130' from Property

*J. J. Boyle*  
Health Officer

1-15-79  
Date

PERCOLATION CERTIFICATION PLAT