

9/8/88  
after lunch

05-358450

File

N

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

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

INDEXED

P 42526

A 38972

DISTRICT 5th

DATE 9/8/88

DATE SYSTEM APPROVED 9/8/88

INSPECTOR C.B.D.

~~Frall Septic Service, Inc.~~ CUSTOM EXCAVATING IS PERMITTED TO INSTALL  ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Glenelg Manor II ROAD 12879 Folly Quarter Rd LOT 29D

PROPERTY OWNER Concept Homes

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 - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the right front lot corner, place the first trench 350 feet down the right (666.11') lot line and 35 feet off the right line as seen when facing property from Right-of-way. Run trenches along contour towards the left (658.33') 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.

1st TRENCH NOT EXCEED 70 FEET IN LENGTH. MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC. ok/cw

PLANS APPROVED BY Bert Nixon DATE 3/25/88

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 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.

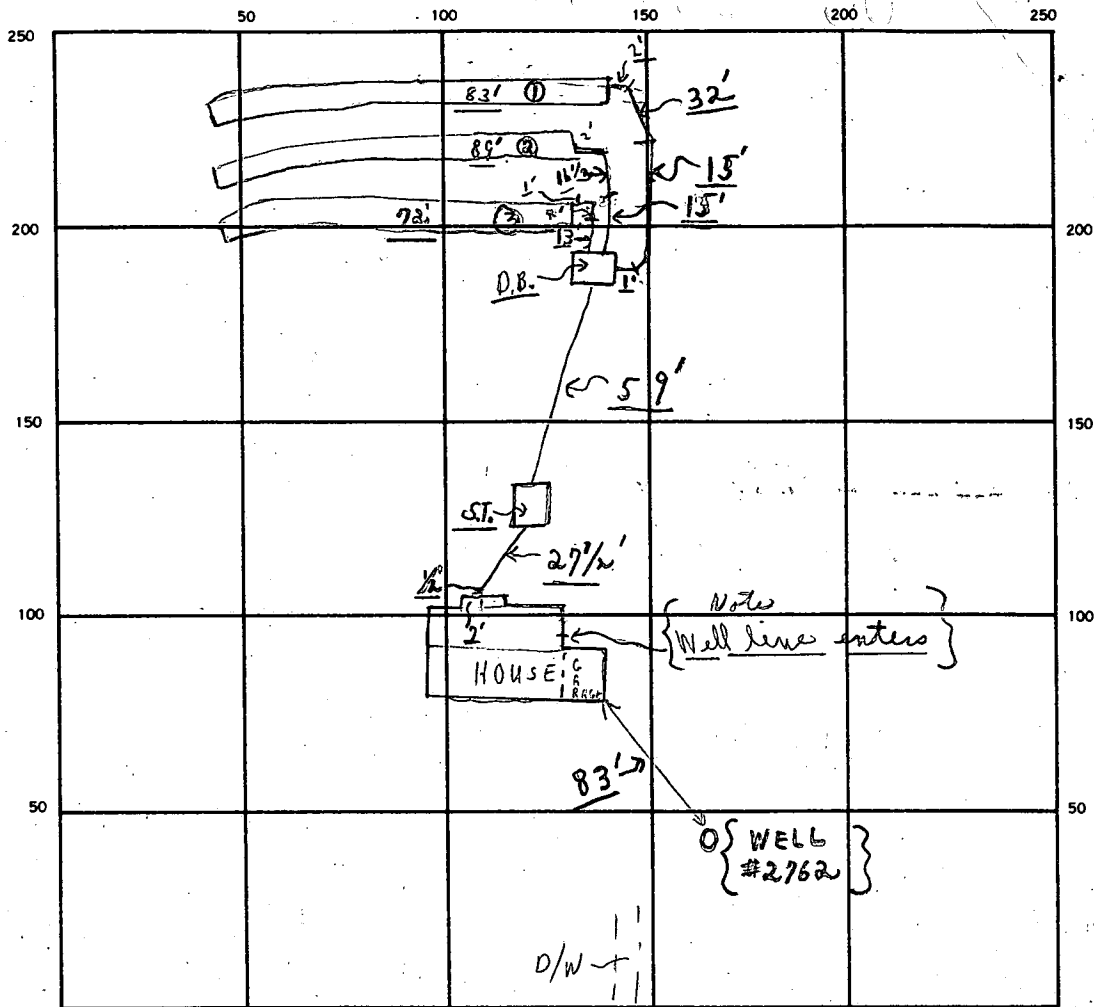
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

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

EH - 2-1186

A  
3  
8  
9  
7  
2



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PLEASANT PROSPECT LA.

S.T.

SEPTIC TANK. LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 83  
89  
72 } 344 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.

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

ABSORBENT AREA 732 SQ. FT.

REMARKS 9/8/88 OK TO COVER ALL WORK. FINALED.

9/8 Plumb ✓  
 Partial Water  
 Well  
 Cap  
 Tight  
 Pithes  
 adapter  
 or  
 Line  
 cemented  
 the wall

DATE SYSTEM APPROVED 9/8/88 INSPECTOR Charlie Bryan & Straker

# APPLICATION

## PERCOLATION TESTING

A 38972

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT 5th

DATE 3/24/87

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 Date Maisei Concept Homes

ADDRESS 12789 Folly Quarter Rd. PHONE 531-5252

PROSPECTIVE BUYER N/A

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

### PROPERTY LOCATION:

SUBDIVISION Glenely Manor II LOT NO. 29D

ROAD AND DESCRIPTION 12879 Folly Quarter Rd

TAX MAP 28 PARCEL # 347

SIZE OF LOT 3.244 AC TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

(SIGNATURE OF APPLICANT)

APPROVED BY Sally Albal FOR Shelton Spt. DATE 8-4-88

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

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

REASONS FOR REJECTION OR HOLDING 5-5-87 Perc Satisfactory - hold for PLAT. SAME

BLDG. PERMIT SIGNED  
AND RETURNED 8/4/88  
BP 20201

# THIS IS NOT A PERMIT

① ②  
SOIL PROFILE

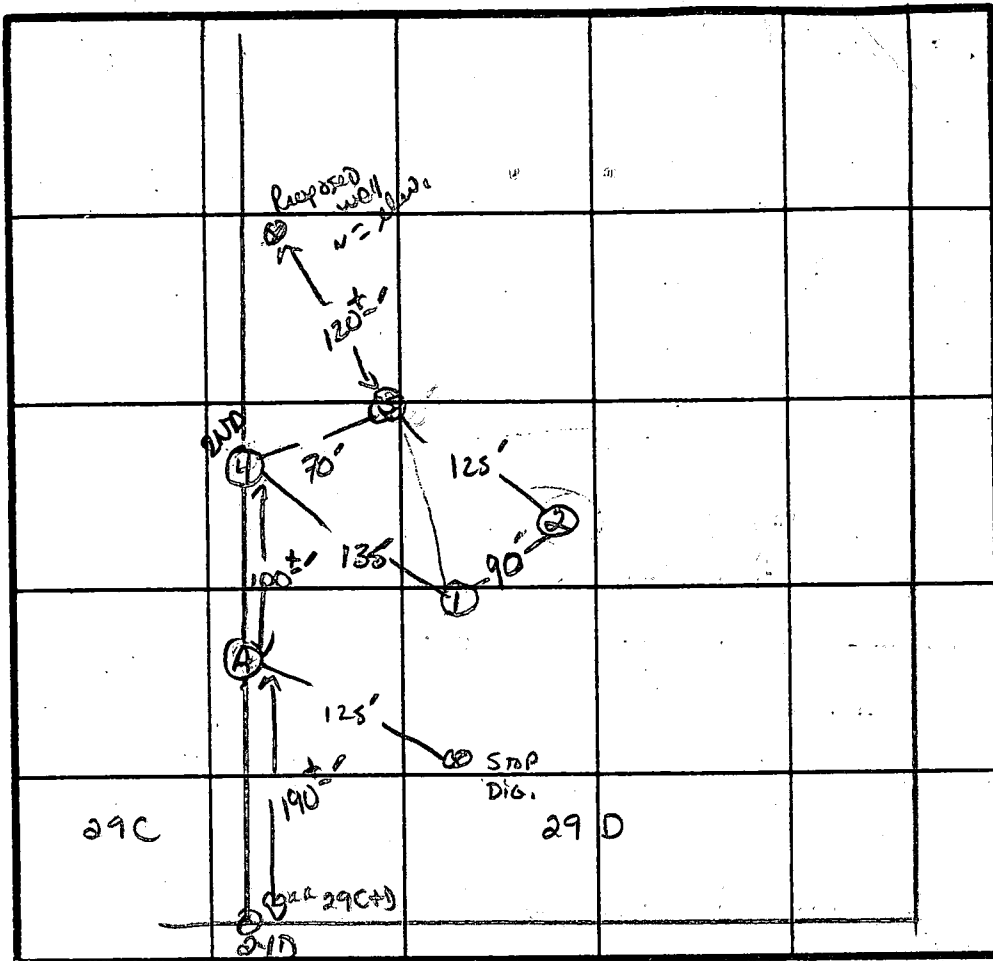
10' 0"

AP

Yellow Bk  
SILT CLAY  
CLAY 9-12%  
L 10% FRASS

Yellow Bk  
SANDY SILT  
LOAM  
15-25%  
FRASS

13'



X Perc 4 min  
180 #18A  
Inlet 3"  
Bottom 5"

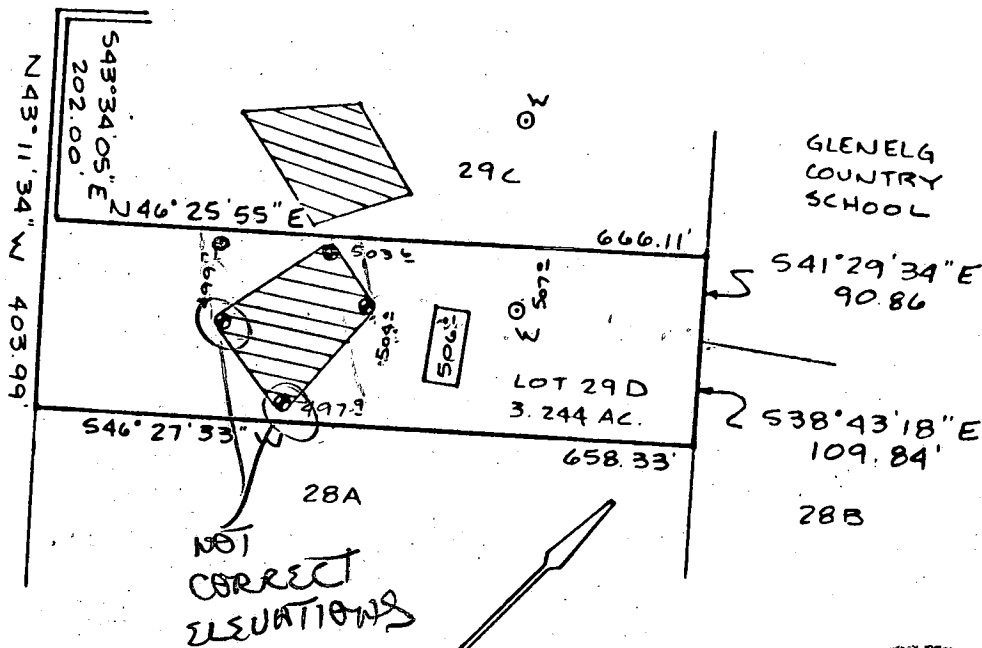
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/5/87	1S 1V	3.5' 13" UNIFORM SOIL	1:57	1:58	1:58	2:00	2 MIN
	2S 2V	3.5' 13" UNIFORM SOIL	2:02	2:05	2:05	2:12	7 MIN
	3S 3M	3.5' 8"	2:15	2:16	2:16	2:18	2 MIN 2 MIN
	3V	13" UNIFORM SOIL	below 3'				
	4V	12.5" HARD BOTTOM	UNIFORM below 3'				
A - SPRING HEAD - WATER AT 6"							

REMARKS Holes Diff than Attached Plat

TYPE OF SOIL Glenelg

TESTED BY S. Abel ALSO PRESENT O-Ketterman



 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

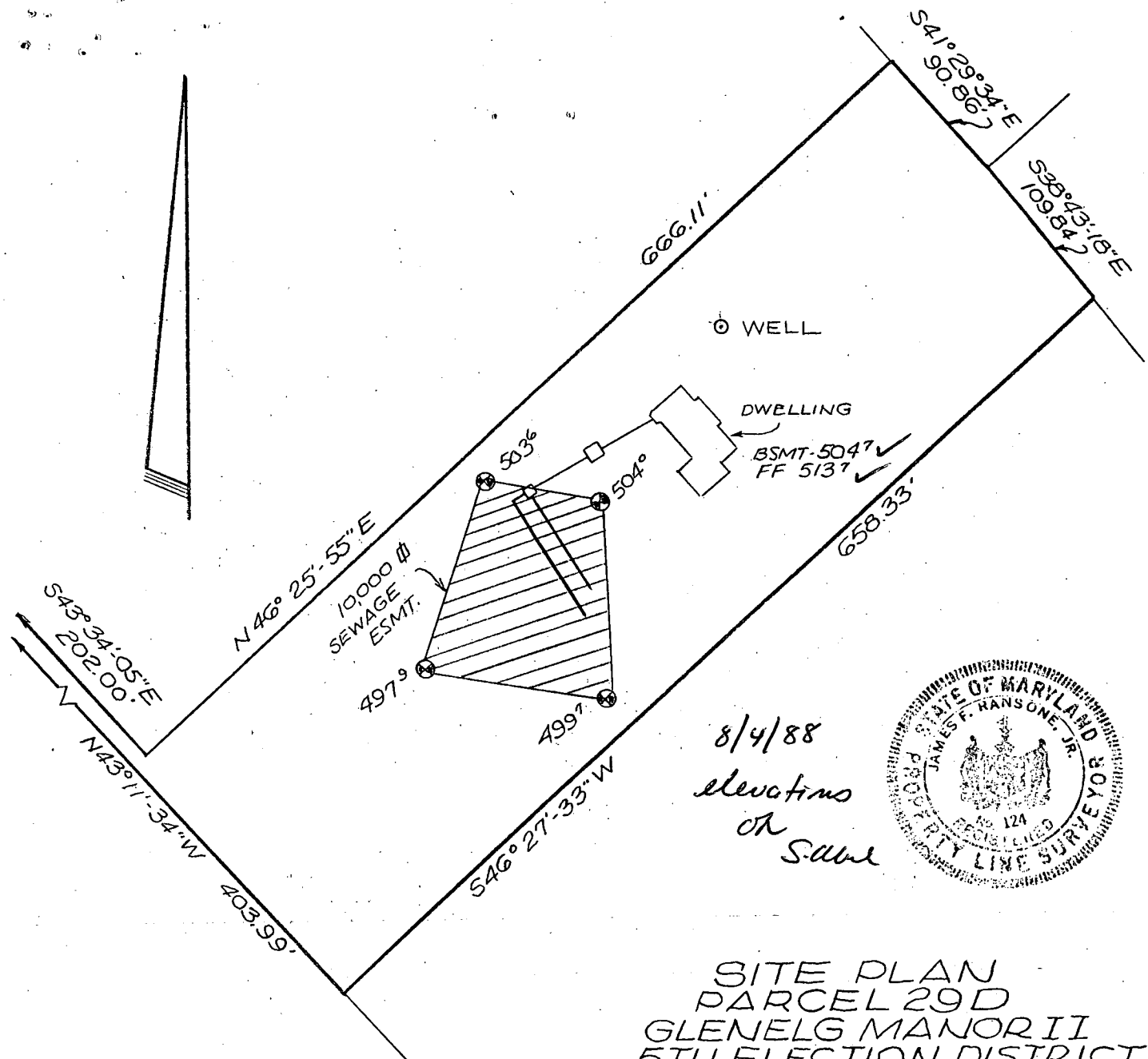
*James Boyle* 7-7-87  
 County Health Officer Date

PERCOLATION TEST PLAT  
 PARCEL 29D  
 GLENELG MANOR II  
 PROPERTY OF  
 DALE Z. MAISEL

5th Election District  
 Howard County, Maryland  
 Scale 1"=200'  
 Date JUNE 24, 1987

NTT Associates, Inc.  
 16205 Old Frederick Road  
 Mt. Airy, MD 21771  
 (301) 442-2031

Lyons



8/4/88  
 elevations  
 on  
 same



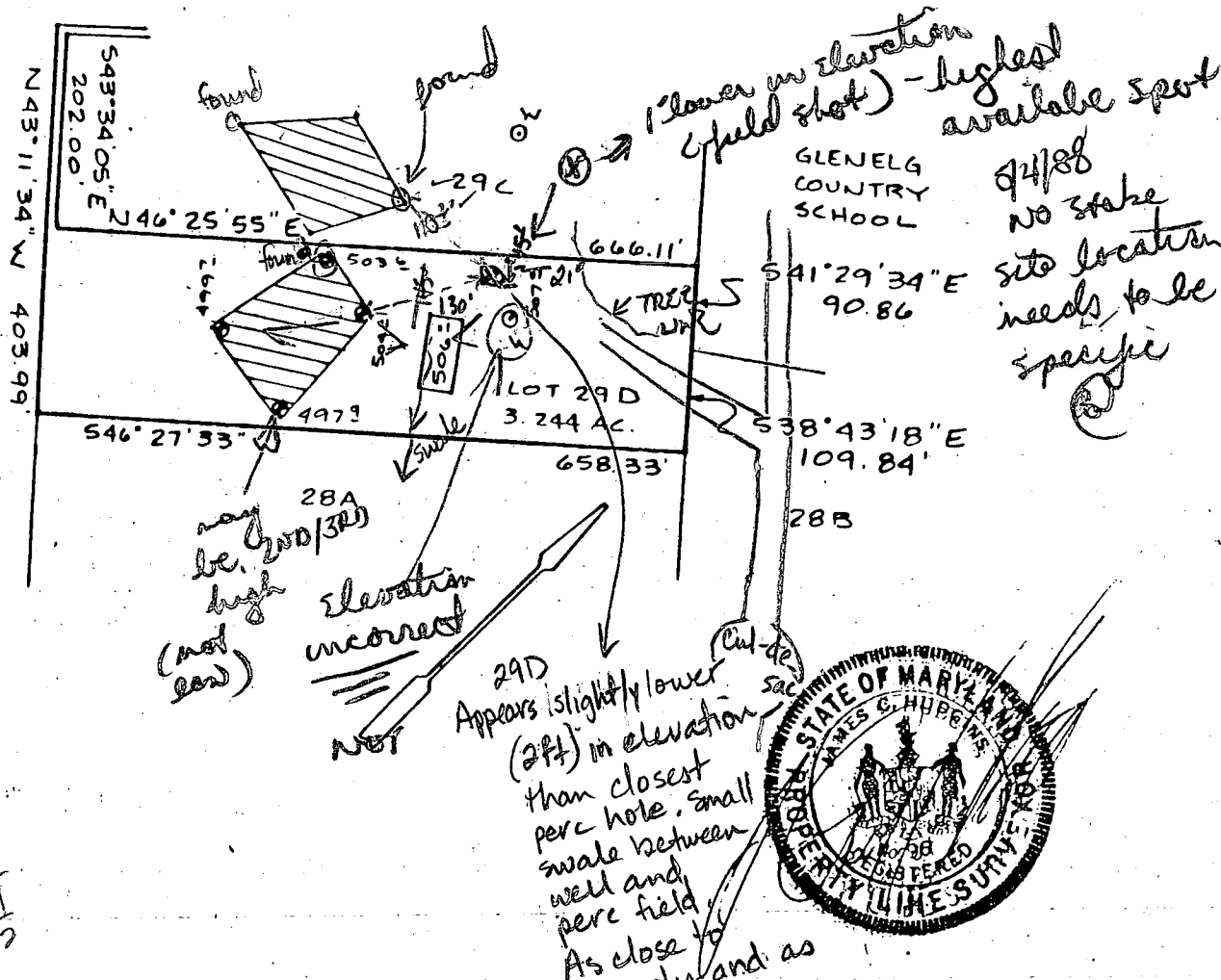
SITE PLAN  
 PARCEL 29D  
 GLENELG MANOR II  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MD.

- SEPTIC DATA
- INVERT OUT OF HOUSE 502<sup>7</sup> ✓
  - INVERT INTO SEPTIC TANK 501<sup>8</sup> ✓
  - INVERT OUT OF SEPTIC TANK 501<sup>5</sup> ✓
  - EXIST. GRADE AT TANK 505<sup>6</sup> ✓ MANHOLE TO GRADE
  - INVERT INTO DB 500<sup>3</sup> ✓
  - INVERT OUT OF DB 499<sup>8</sup> ✓
  - EXIST. GRADE AT DB 503<sup>8</sup> ✓
  - EXIST. GRADE AT TRENCH 503<sup>8</sup> ✓

BLDG. PERMIT SIGNED  
 AND RETURNED 8-4-88  
 BP10207 SA

Scale: 1" = 100'      Date: 8-4-88

J. Finley Ransone & Associates  
 Registered Land Surveyors  
 P.O. Box 10160  
 Towson, Maryland  
 21285-0160



5/15/88  
5/12/88  
9/10/87

**///** 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.

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APPROVED: For Private Water and Private Sewage Systems

*Jogun Byn* 7-7-88  
County Health Officer Date

PERCOLATION TEST PLAT  
PARCEL 29D  
GLEENELG MANOR II  
PROPERTY OF  
DALE Z. MAISEL

5th Election District  
Howard County, Maryland  
Scale 1"=200'  
Date JUNE 24, 1987

NTT Associates, Inc.  
16205 Old Frederick Road  
Mt. Airy, MD 21771  
(301) 442-2031

8/4/88  
no stake  
site location  
needs to be  
specific

28A  
may be  
high  
(not  
low)

elevation  
incorrect

29D  
Appears slightly lower  
(2ft) in elevation  
than closest  
perc hole. Small  
swale between  
well and  
perc field.  
As close to  
property and as  
high in EI as  
possible on lot. JEN  
5-19-88

lower in elevation  
(field shot) - highest  
available spot

B 1 **7056** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

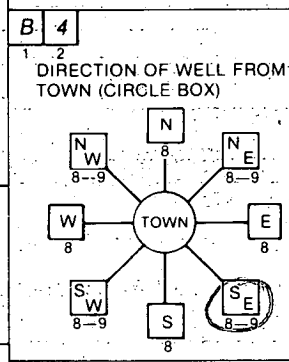
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**10-81-2762**  
 fill in this form completely

Date Received (APA) **041488**  
 OWNER INFORMATION  
 Last Name **HALL** First Name **HAZEL**  
 Street or RFD **8307 MAIN STREET**  
 Town **ELLCOTT CITY** State **MD** Zip **21043**

B 3 LOCATION OF WELL  
 COUNTY **HOWARD**  
 SUBDIVISION **SLEWEL'S MANOR 2**  
 SECTION **11** LOT **290 (P. 347)**  
 NEAREST TOWN **SLEWEL'S**  
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION  
 Driller's Name **Ralph Mayne** License No. **273**  
 Firm Name **Ralph Mayne Well Drilling**  
 Address **9120 Brown Church Rd. Mt Airy**  
 Signature **Ralph Mayne** Date **4/15/88**



**Pleasant Prospect LA**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **500**  
 ENTER 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  
 COUNTY NAME **HOWARD** COUNTY NO. **A38972**  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **052585**  
 CO SIGNATURE **B. Wilson** EXP. DATE **11/25/88**  
 NORTH GRID **515000** EAST GRID **0810000**

APPROXIMATE DEPTH OF WELL **150** FEET

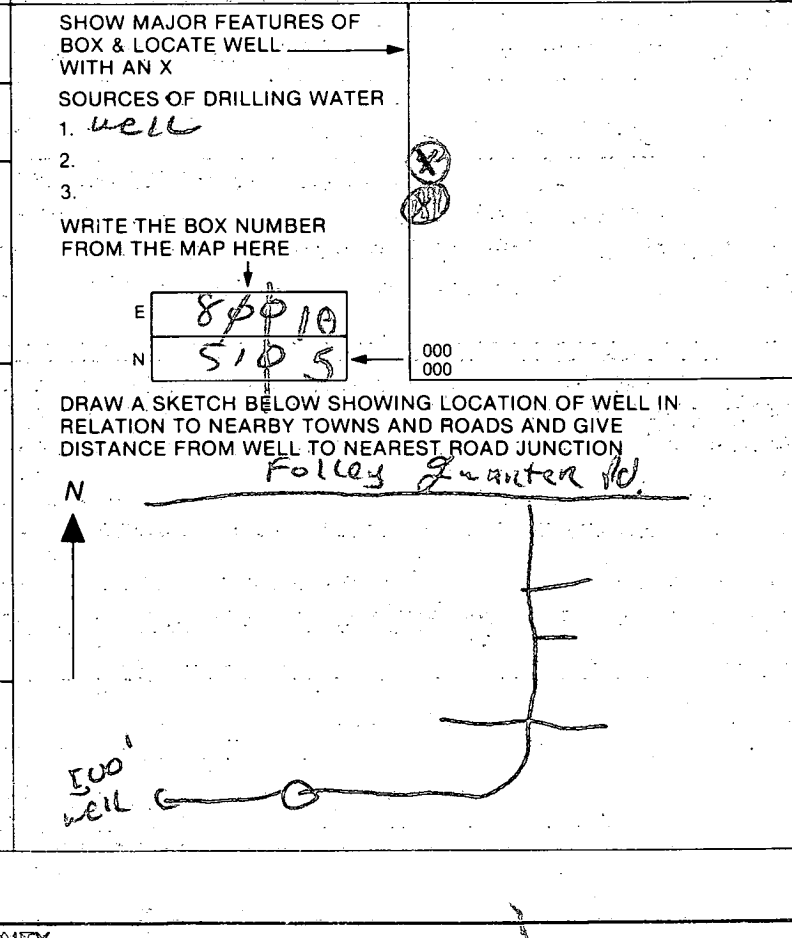
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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) \_\_\_\_\_

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **2.1** WRITE INITIALS IN BOX PERMIT No. **10-81-2762**

SPECIAL CONDITIONS **American Prop well 465-6500**



C1 9520 SEQUENCE NO. (DENV USE ONLY)  
1 2 3 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 38972

DATE Received

DATE WELL COMPLETED 080288

Depth of Well 150 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-R1-2702

OWNER HALL HAZEL  
STREET OR RFD PELASANT PROSPECT LINE TOWN GLENELG  
SUBDIVISION GLENELG MANOR II SECTION LOT 29D

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	15	
MICKA	15	25	
Sand Stone	25	30	✓
MICKA	30	150	

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
TYPE OF GROUTING MATERIAL  
CEMENT CM BENTONITE CLAY BC  
NO. OF BAGS 6 NO. OF POUNDS 600  
GALLONS OF WATER 36  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 19 ft.

CASING RECORD  
casing types insert appropriate code below  
STEEL CONCRETE PLASTIC OTHER  
MAIN CASING TYPE PL  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 22

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

SCREEN RECORD  
screen type or open hole insert appropriate code below  
STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

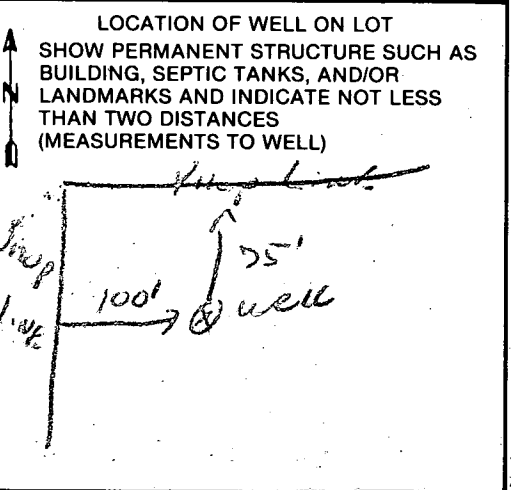
DEPTH (nearest ft.)  
ACROSS SCREEN  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
TELESCOPE CASING LOG INDICATOR OTHER DATA

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 14 WHEN PUMPING 10  
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 - below LAND SURFACE (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 Nathl Mayne  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 X Replacement \_\_\_\_\_ Receipt # 42782  
 Date 10/10/88  
 Name of Installer CARROLL WATER SYSTEMS, Inc Telephone (301) 876-6880  
 License number PI 074  
 Certified Well Pump Installer X Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_  
 Name of Property Owner CONCEPT HOMES, Inc Telephone (301) 999-5644  
 Subdivision GLENN MANDR Lot # 29D Well tag # \_\_\_\_\_  
 Site Address \_\_\_\_\_

Pump Motor Pitless Adapter  
 1. Type 1. Horsepower 1/2 1. Make HARDWARE  
 a. Deep well jet \_\_\_\_\_ 2. RPM 3450 2. Model # DT 800  
 b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth 4'  
 c. Submersible X a. 110 \_\_\_\_\_  
 2. Make DEMING b. 220 X  
 3. Model # 3KLN  
 4. Capacity 8 GPM  
 5. Pump exceeds well capacity Yes \_\_\_\_\_ No X  
 6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No X  
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards X Other \_\_\_\_\_

Tank Piping Well data  
 1. Capacity 82 1. Type PLASTIC 1. Depth \_\_\_\_\_ ft.  
 2. Pressure relief valve? Yes 2. Size 1" 2. Yield \_\_\_\_\_ GPM  
 3. NSF and/or BOCA Code approved Yes 3. Static water level \_\_\_\_\_ ft.  
 4. Depth of supply line 150' 4. Will water supply be disinfected by installer? ND

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: 10/10/88

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