

11/10/88 2pm MEET DOWN
11/14/88 ASAD
11/15/88 10:30-11

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

05-374529

DATE 10/3/88

DATE SYSTEM APPROVED 11/15/88

INSPECTOR RH

D. P. Smith & Sons

IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 427, Odenton, Maryland PHONE 672-3371

SUBDIVISION Glenelg Manor II ROAD 12819 Folly Quarter LOT 14B

PROPERTY OWNER Thomas Barry

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

DEEP TRENCHES - 130 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 220 feet from the 420' lot line that borders Lot 14A and 130 feet from the 542' lot line. Run trench(s) along level ground toward the 542' 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.

11/10/88 CHANGED SITE AFTER FIELD INSPECTION OF AREA & DISCUSSION WITH BACK HOE OPERATOR MR JOHNSON RH

PLANS APPROVED BY C. Williams DATE 3/22/85

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

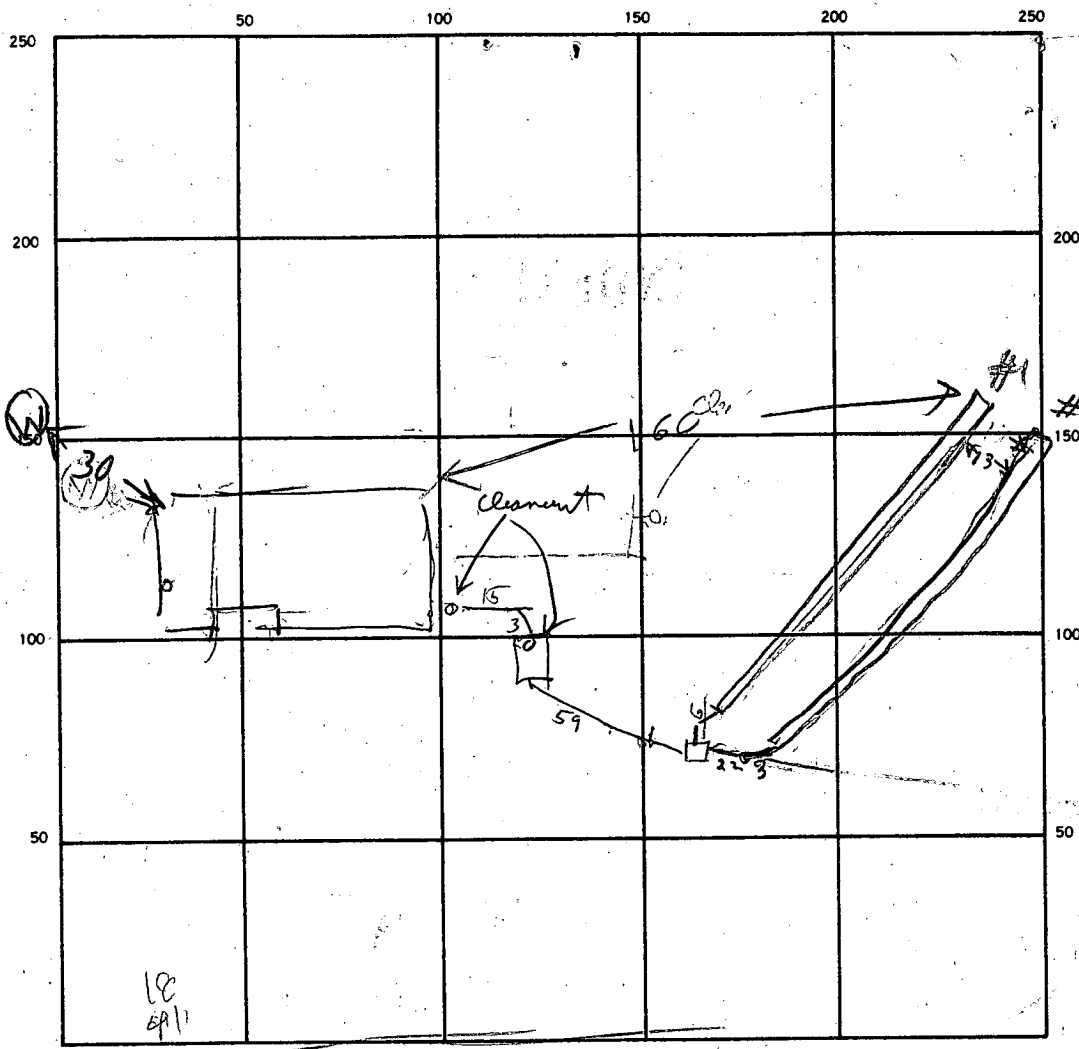
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35047



SEPTIC TANK. LEVEL 2000 CLEANOUTS 015 | 01C

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 9.5/9.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5/5 FT.

EFFECTIVE GRAVEL DEPTH 4.5/4.5 FT. TOTAL LENGTH 100/100 FT. 2 INSTALL

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA 450/450 900/920 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 11/13/88^{AM} LOCATION OK PER PLAN TRENCH #1 DUG
11/14/88^{PM} - STONE ADDED TO TRENCH #1, DIG TRENCH #2 & CALL RH
11/15/88 - FINISH ADDING STONE & BED ROSSIN SANDER
TO TRENCH #2 & COVER RITINGS

DATE SYSTEM APPROVED 11/15/88 INSPECTOR Raymond Hodges

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35097

P _____

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

DISTRICT 3rd

DATE 2/21/85

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 ~~Don Reumger~~ Thomas Barry
12206 MacGill Avenue
ADDRESS Col. 21044 PHONE 995-0037

PROPERTY LOCATION:
SUBDIVISION GLENELG MANOR LOT NO. 14B
ROAD AND DESCRIPTION 12819 Folly Quarter Rd.

SIZE OF LOT _____ TYPE BLDG. _____ (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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

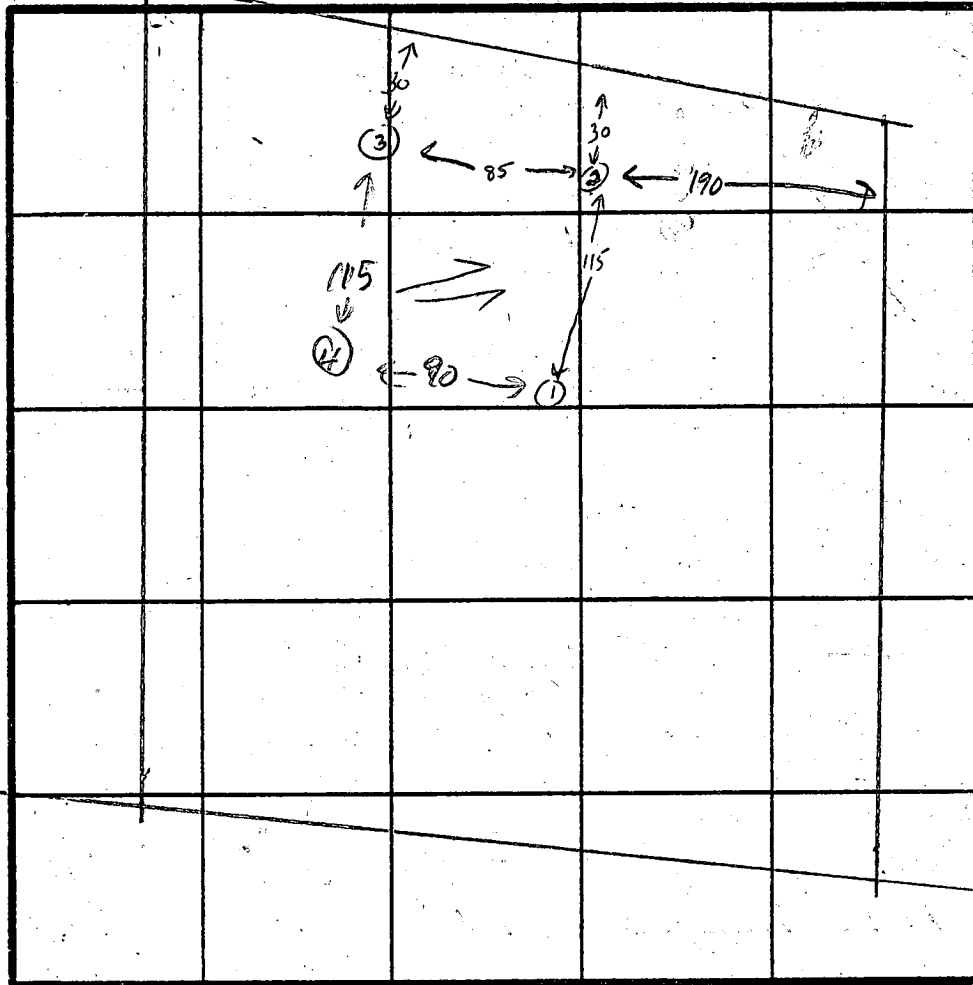
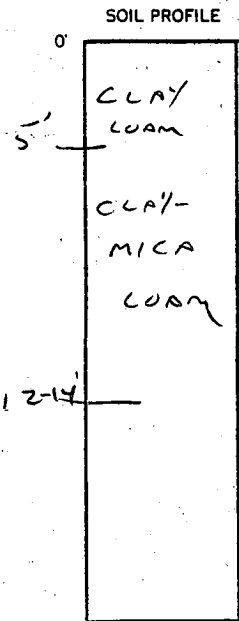
HOLD PENDING FURTHER TESTS C. Williams DATE 12-31-84

REASONS FOR REJECTION OR HOLDING PLAT REQ'D.

BLDG. PERMIT SIGNED
AND RETURNED 6/5/87
8/26/87 BP/2020

THIS IS NOT A PERMIT

GENERAL 14B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

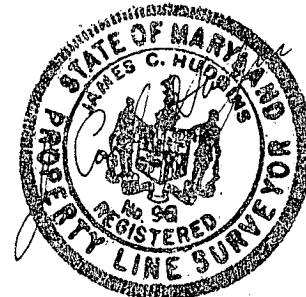
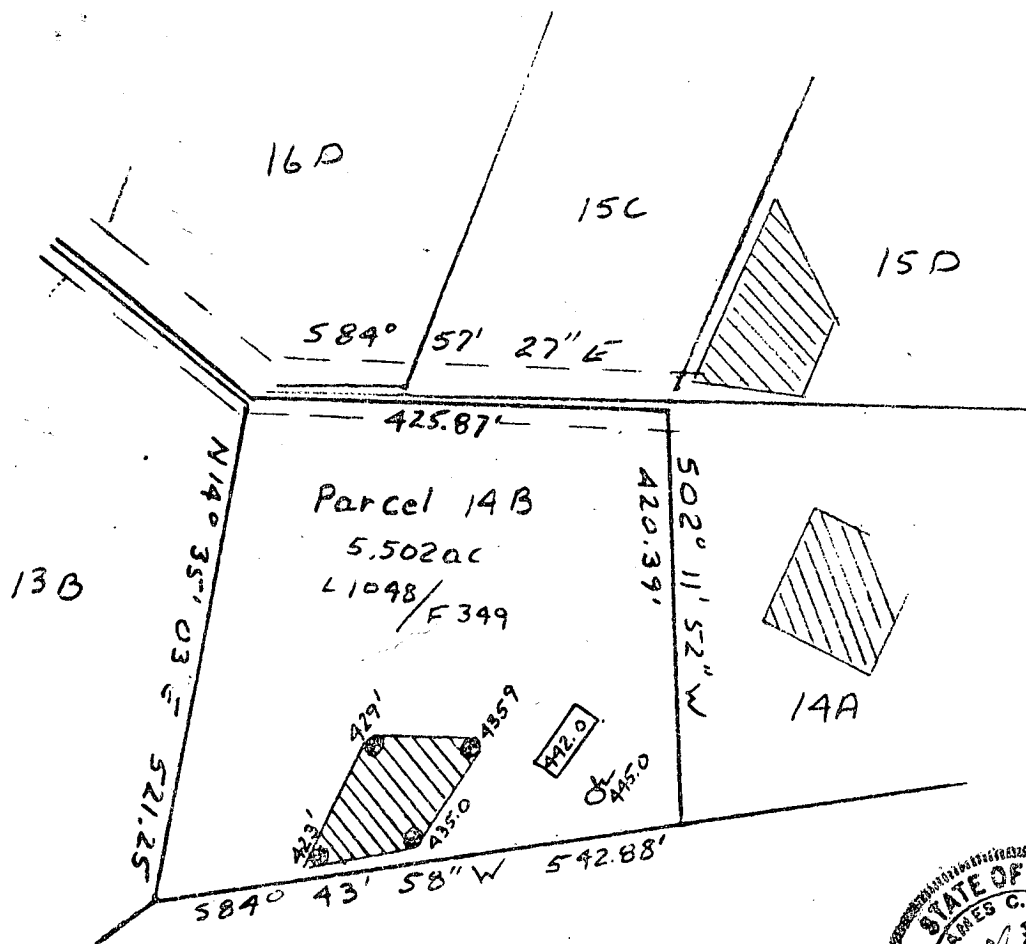
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/31/84	1	5'	12:31	12:39	12:39	12:54	15 MIN
		9'	12:31	12:37	12:37	12:44	7 MIN
12/31/84	2 LOW	6'	12:40	12:44	12:44	12:54	10 MIN
		9'	12:40	12:44	12:44	12:50	6 MIN
12/31/84	3 HIGH	5'	HARD BOTTOM AT 14'				
		6'	LITTLE PERC				
		13'	VISUAL	OK			
12/31/84	4 HIGH	5'	FOO SLOW				X
		6'	1:14	1:17	1:17	1:21	4 MIN
		12'	VISUAL OK				


REMARKS CLAY IS HEAVY FIRST 5 FT, THEN CHANGES TO LOAM

TYPE OF SOIL CLAY-MICA LOAM

TESTED BY CWELLEN ALSO PRESENT KEITBORMEN

EH-12-1079



 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

Joyce M. Boyd M.D. per J.C.
County Health Officer

2-20-85
Date

PERCOLATION TEST PLAT

PARCEL 14B

GLENELG MANOR II

3rd Election District
Howard County, Maryland
Scale 1" = 200'
Date 1/25/85

NTT Associates
101 Sterrett Place
Columbia, MD 21044
442 7031



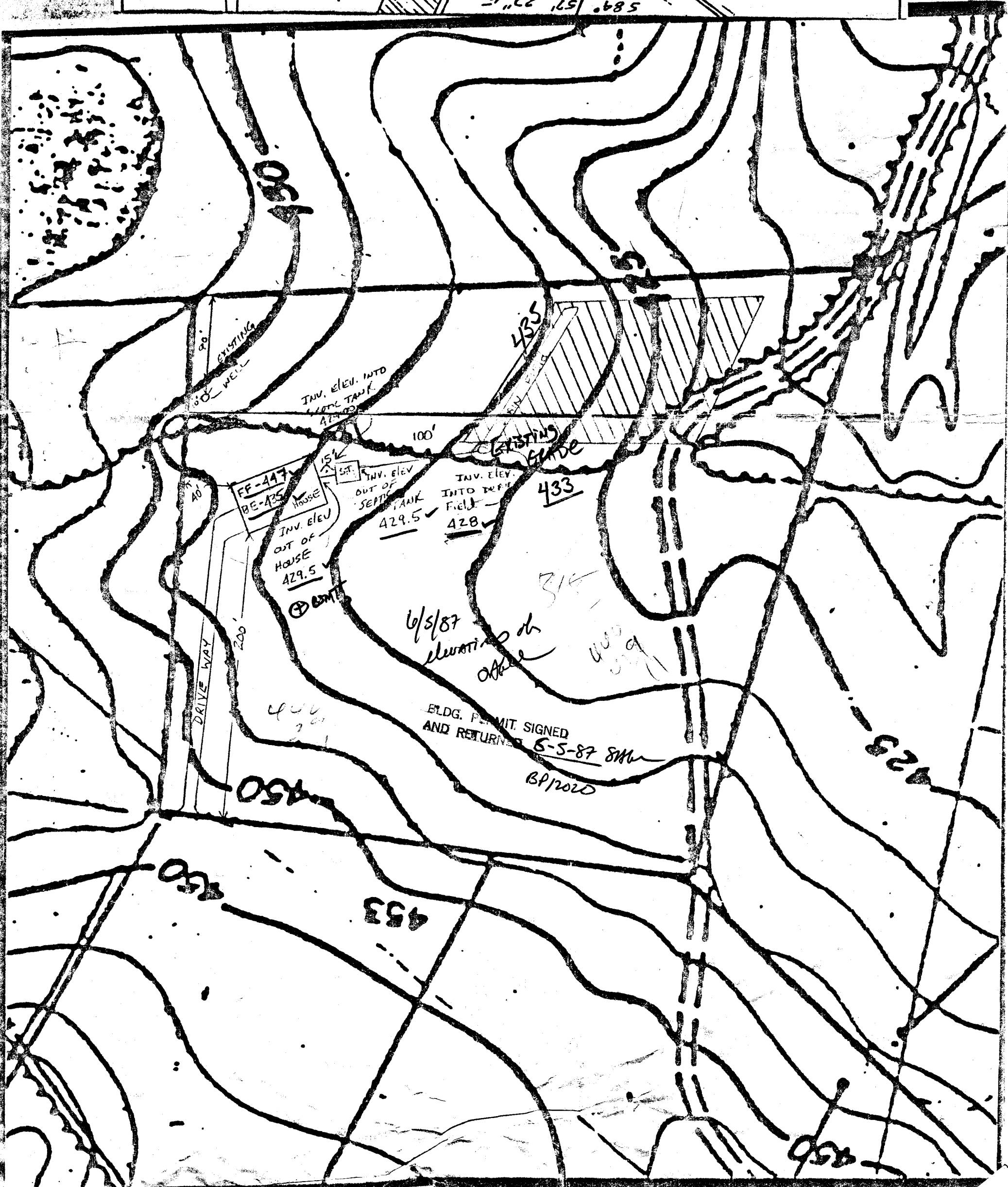
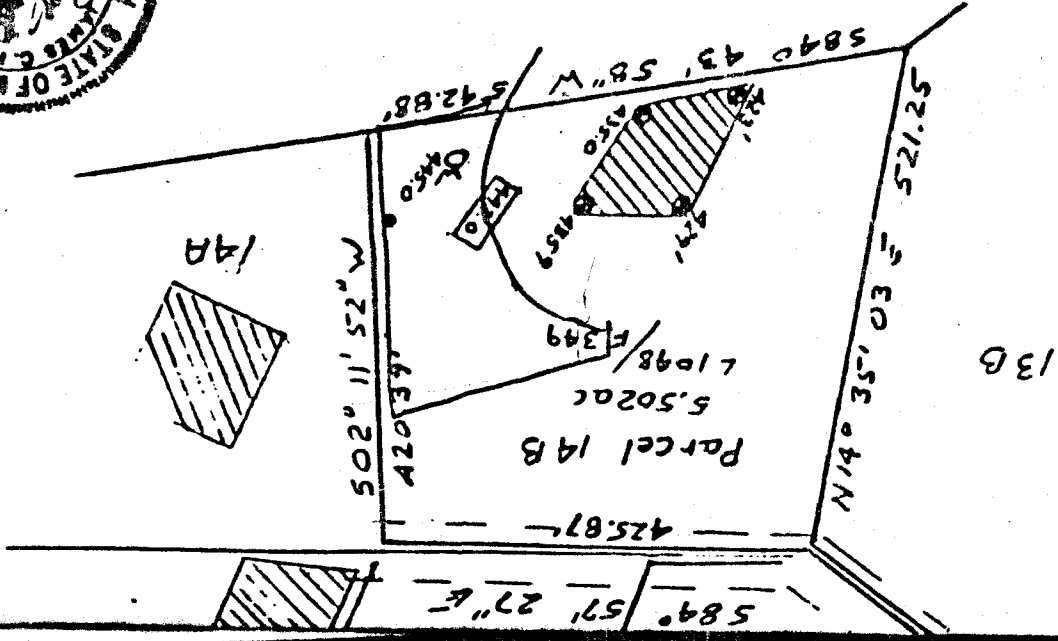
Bldg Permit # 12020
Amended Plat Plan

REVISED

Date:

6.4.87

Comments:



B 1 3252

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-0889

(THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)

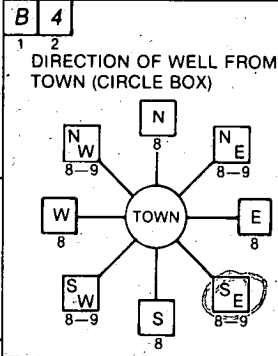
please print or type

fill in this form completely

OWNER INFORMATION: Date Received 2/26/85 9:30 A.M., REUBER DONALD, 10197 RALPH MATL PIKE, ELLICOTT CITY MD 21043

LOCATION OF WELL: HOWARD COUNTY, GLENELES MANOR SUBDIVISION, SECTION 8 LOT 178, GLENELES, MILES FROM TOWN 1 MI

DRILLER INFORMATION: Ralph Mayne, License No. 273, Firm Name Ralph Mayne Well Drilling, Address 9120 Brown Church Rd. Mt. Airy, Signature Ralph Mayne, Date Feb 11, 1985



DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD Folley Quarter Rd., ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 3000 FT

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME HOWARD, COUNTY NO. A-35047, OEP SIGNATURE Craig Williams, DATE ISSUED 021885, EXP. DATE

USE FOR WATER (CIRCLE APPROPRIATE BOX): HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), FARMING, INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER, PUBLIC OR PRIVATE WATER COMPANY, TEST, OBSERVATION, MONITORING

APPROXIMATE DEPTH OF WELL 150 FEET

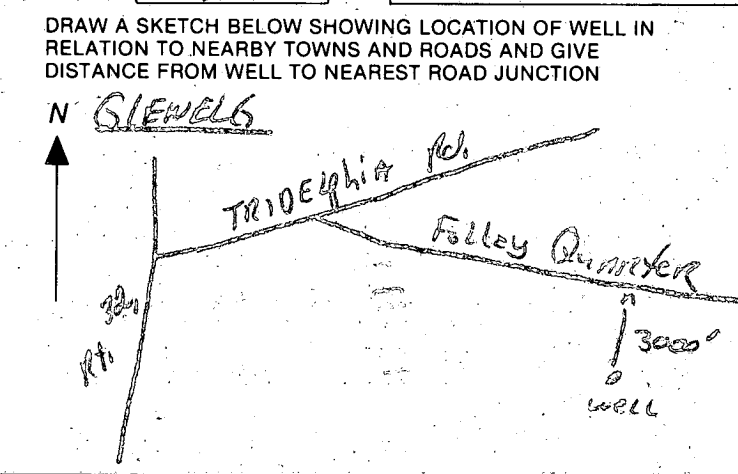
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVerse-ROTary, Drive-POINT

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 DEEPEN AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

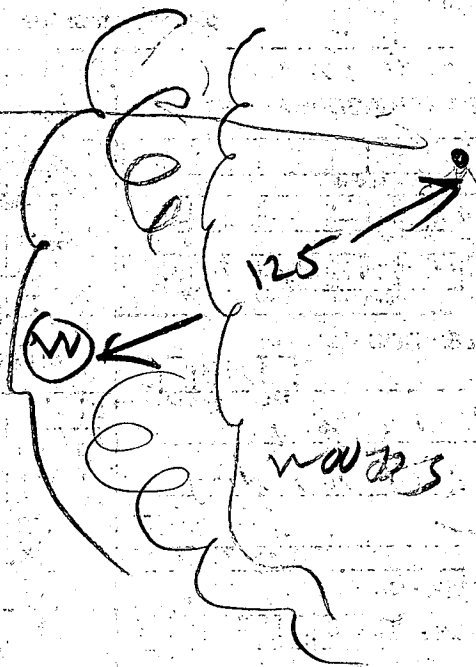
Not to be filled in by driller (OEP USE ONLY): APPROP. PERMIT NUMBER GAP, FORCE INITIALS IN BOX CW, PERMIT NO. 40-81-0889

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: Folley Quarter Rd., SOURCES OF DRILLING WATER 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE



STAKE

VIEW



2/26/85 9:58AM

- ① WELL GROUT STARTED BUT I ARRIVED A LITTLE LATE
- ② 39 FT CASING 3 FT OUT OF GROUND PLASTIC
- ③ 33 FT OPEN HOLE PER WELL MAN
- ④ 7 BAGS CEMENT
- ⑤ LOCATION OR DEP PLAT

J B Rodger

C1 3036 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 35047**

DATE Received: [] [] [] [] [] [] DATE WELL COMPLETED: **02 26 85** Depth of Well: **160** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **40-81-0889**

OWNER: **REUWER, Donald** last name: **FOLLY QUARTER RD** first name: **TOWN GLENELG**
 SUBDIVISION: **GLENELG MANOR** SECTION: **II** LOT: **14B**

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	25	35	<input checked="" type="checkbox"/>
Micka	35	50	
Sand Stone	50	55	<input checked="" type="checkbox"/>
Micka	55	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (44) **N** (44)
 TYPE OF GROUTING MATERIAL:
 CEMENT **CM** (45) BENTONITE CLAY **BC** (46)
 NO. OF BAGS: **42** NO. OF POUNDS: **300**
 GALLONS OF WATER: **42**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **33** 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): **38**

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
 DEPTH (nearest ft.): **160**
 SLOT SIZE 1: [] 2: [] 3: []
 DIAMETER OF SCREEN: [] (NEAREST INCH)

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: **30**
 WHEN PUMPING: **40**
 TYPE OF PUMP USED (for test): **A** air, **P** piston, **T** turbine, **C** centrifugal, **R** rotary, **O** other, **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: **29**
 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): **2**

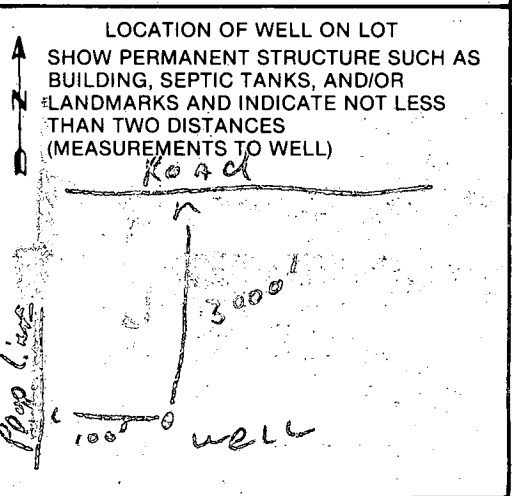
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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: **Ralph Mayne**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): **Ralph E. Mayne**

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.): [] W.Q.: [] [] []
 TELESCOPE CASING LOG INDICATOR OTHER DATA



11/14/88

(SEPTIC 11/10)

11/28/88

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 # WP 42969
Date 11/9/88
Name of Installer D.P. SMITH & SONS Telephone 465-7098
License Number _____
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner THOMAS BARRY Telephone 301-995-0031
Subdivision GLEN GLE MANOR Lot # 14 B Well Tag # HO-81-0889
Site Address 12819 Folly Oak Road

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make _____
a. Deep well jet _____ 2. RPM 3450 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible a. 110 _____
2. Make RED JACKET b. 220 208
3. Model # SONI
4. Capacity 20 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 Piping Well data
1. Capacity 40 1. Type Plastic 1. Depth 140 ft.
2. Pressure relief valve? YES 2. Size 1" - 160 PSI 2. Yield 9 GPM
3. NSF and/or BOCA Code approved YES 3. Static water level 30 ft.
4. Depth of supply line 3 FT 4. Will water supply be disinfected by installer? YES

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: ROK H
Date: 11/9/88

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

HD-215 11/28/88 WELL OK RH