

11/20/86
1 pm
11/21/86
12N

Approved
11/21/86
37985-RH
A 35224

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330X
461-9933

05-358434

ELLICOTT CITY
DISTRICT 5th

DATE 11/05/86

INDEXED

Capitano Custom Construction IS PERMITTED TO INSTALL ALTER

ADDRESS 4280 Ten Oaks Road, Dayton, Maryland 21036 PHONE _____

SUBDIVISION Glenelg Manor II ROAD 12875 Folly Quarter Road 28D

PROPERTY OWNER Imperiale Capitano Custom Construction

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 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start first trench 145 feet from the East (200') lot line and 60 feet from the NORTH (664') lot line. Run trench(s) along level ground toward WEST (832') lot line. Installer responsible to maintain tank and trenches at least 100 feet from any well.

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 C. Williams DATE 6/7/85

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: 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.

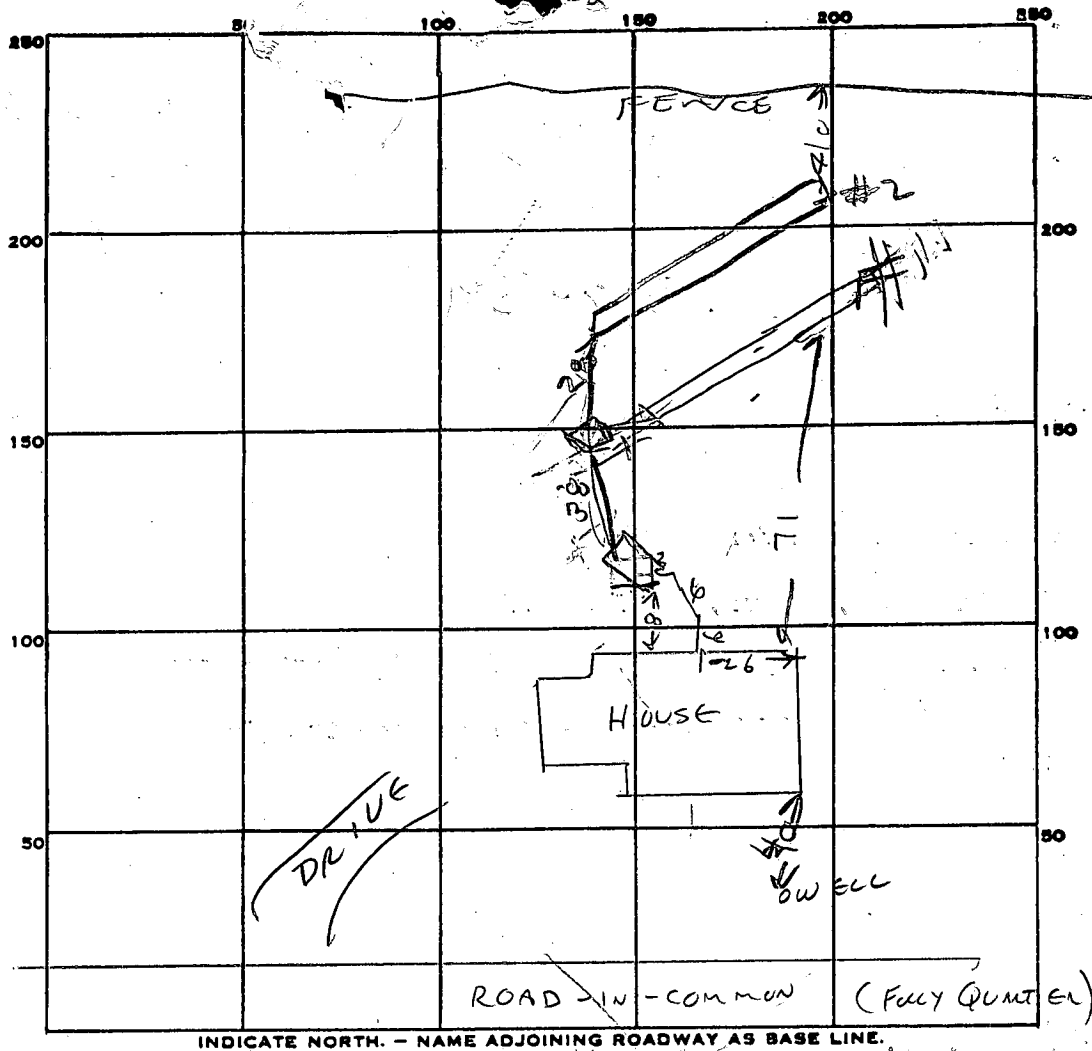
EDG. PERMIT SIGNED
AND RETURNED 3/7/88
Serial # 16999 Sched

A 35224

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



48 16
 2
 11

PERMIT CARD _____

SEPTIC TANK, LEVEL 1500

CLEANOUTS ST OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH #1 7 | #2 7 FT. TRENCH WIDTH #1 2 | #2 2 FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH #1 99 | #2 84 FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA 732

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 11/20/86 ONE TRENCH 7 FT DEEP, OK TO ADD STONE, CW, (LOCATION NOT QUITE ON CONTOUR)

11/21/86 - TRENCHES ALMOST FINISHED OK TO COVER SYSTEM TANK A LITTLE CLOSER TO HOUSE THAN DESIRED BUT IS OK TALKED TO CAPITANO

RM

DATE SYSTEM APPROVED 11/21/86

INSPECTOR Raymond Hodges

4/6/87

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 Receipt # 38346
Replacement _____ Date 12-31-86
Name of Installer TIMOTHY J. ROLLMAN Telephone 725-2392
License number 7079
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner TONY CAPITANO Telephone 988-9178
Subdivision GLENELG MANOR Lot # 28D Well tag # HO-21-1496
Site Address 12875 FOLLY QUARTER RD
ELICOTT CITY, M.D.

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make HARVARD
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 41
c. Submersible X a. 110 _____
2. Make SACUZZI b. 220 V
3. Model # _____
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 Piping Well data
1. Capacity 42 GPM 1. Type CRESTLON 1. Depth _____ ft.
2. Pressure relief valve? YA 2. Size 1" 2. Yield _____ GPM
3. NSF and/or BOCA Code approved YA 3. Static water level _____ ft.
4. Depth of supply line 41 4. Will water supply be disinfected by installer? YA

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).

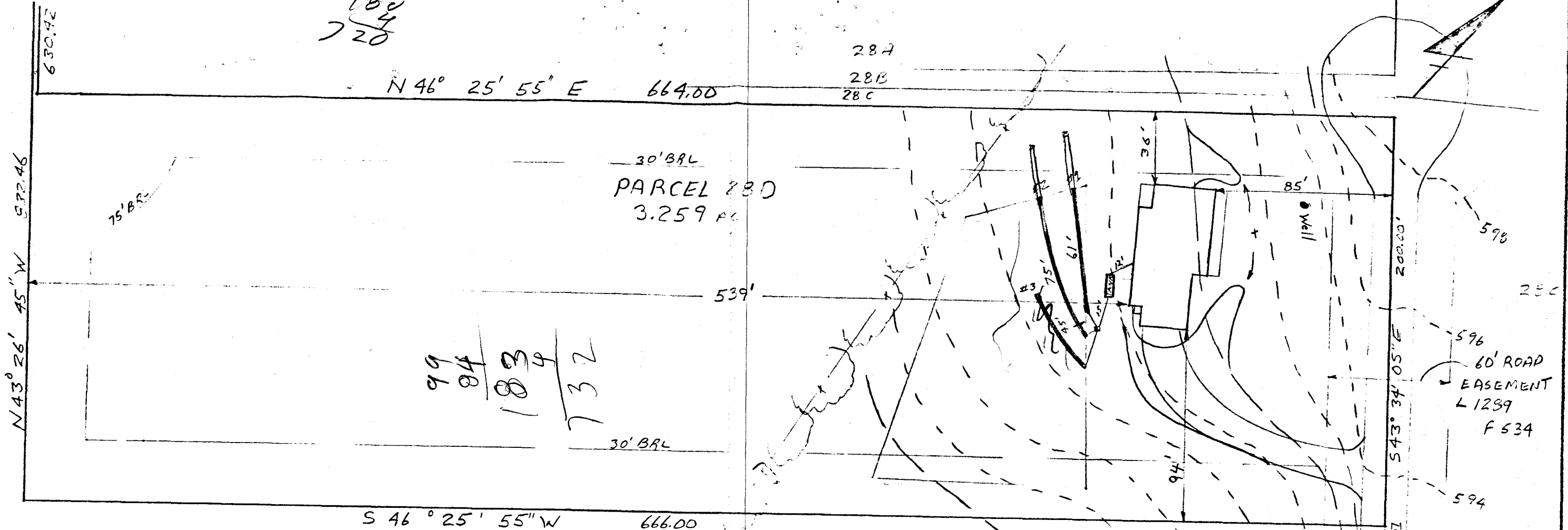
All information given above is true to the best of my knowledge.

Signature of Applicant: Timothy J. Rollman
Date: 12-31-86

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

1-17/87 EVERYTHING OK INCLUDING PRESSURE TANK BH STICKER PUT ON

104
720



99
84
183
732

I certify the above measurements and elevations to be actual and true for this property.

J. Carl Hudgins
J. Carl Hudgins

HOUSE:
FIRST FLOOR 592.0 ✓
BSAEMENT 583.0 ✓
INVERT 580.66 ✓

SEPTIC TANK:
EXISTING GRADE 588.0 ✓
PROPOSED GRADE 588.0 ✓
INVERT IN 579.81 X
INVERT OUT 579.56 ✓

DISTRIBUTION BOX:
EXISTING GRADE 587.2 ✓
INVERT IN 579.4 ✓
INVERT OUT 579.3 ✓

TRENCHES:	EXISTING	INVERT	BOTTOM	STONE	WIDTH	LENGHT
No. 1	587.2	584.2	580.2	4.0	2.0	61.0 ✓
No. 2	586.8	583.8	579.8	4.0	2.0	75.0 ✓
No. 3	586.3	583.3	579.3	4.0	2.0	45.0 ✓

Supplying trench for HBR

well quantity R.F.

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUN 16 1986

B.P. # 70955
Captain

PLOT PLAN
PARCEL 28D
GLENELG MANOR II
TAX MAP 28, PARCEL 349
5TH ELECTION DISTRICT
HOWARD COUNTY MD.
SCALE 1"=50' DATE 6-1-86

C1 74892 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

DATE Received: [] DATE WELL COMPLETED: 052786
 Depth of Well: 200 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": HC-81-1486

OWNER: Capitino Tony
 STREET OR RFD: Folley Quarter Rd. TOWN: ELlicott City Md.
 SUBDIVISION: GLENELG MANOR SECTION: LOT: 2840

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	25	✓
Micka	25	55	
Sand Stone	55	60	✓
Micka	60	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT: CM BENTONITE CLAY: BC
 NO. OF BAGS: 5 NO. OF POUNDS: 500
 GALLONS OF WATER: 30
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 18 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 21

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

screen type or open hole insert appropriate code below
 ST BR HO
 STEEL BRASS OPEN HOLE
 PL ON
 PLASTIC OTHER

C2

DEPTH (nearest ft.)

1	HO	19	200
2			
3			

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 ELECTRIC LOG OBTAINED
 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 Mayee

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

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

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to
 GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

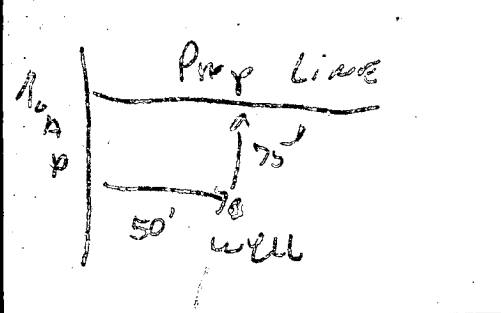
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6
 METHOD USED TO MEASURE PUMPING RATE: Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 15
 WHEN PUMPING 35
 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)
 LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35224

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 4/01/85

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 Glenelg Manor Associates
12789 Folly Quarter Road
ADDRESS Ellicott City, Maryland 21043 PHONE 531-5262

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor II LOT NO. 28D

ROAD AND DESCRIPTION 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. /s/ Lois M. Maisel

(SIGNATURE OF APPLICANT)

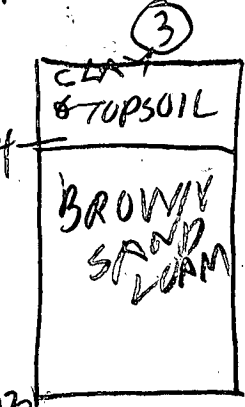
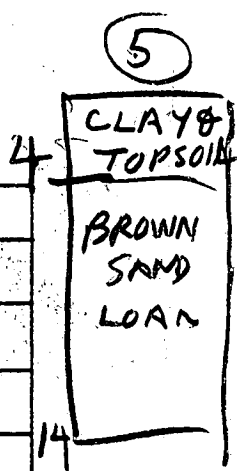
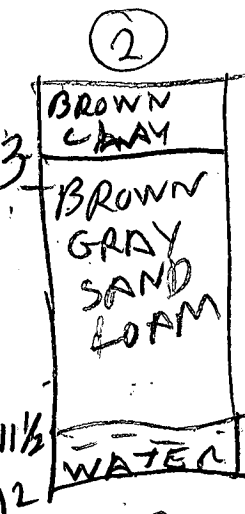
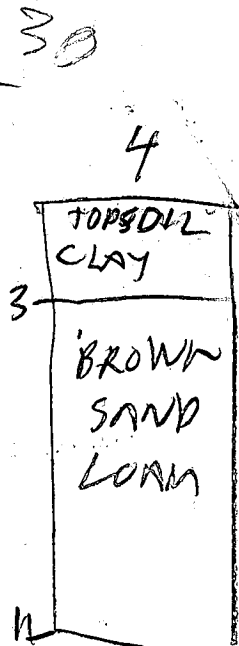
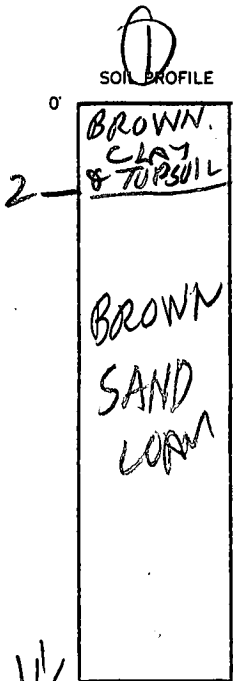
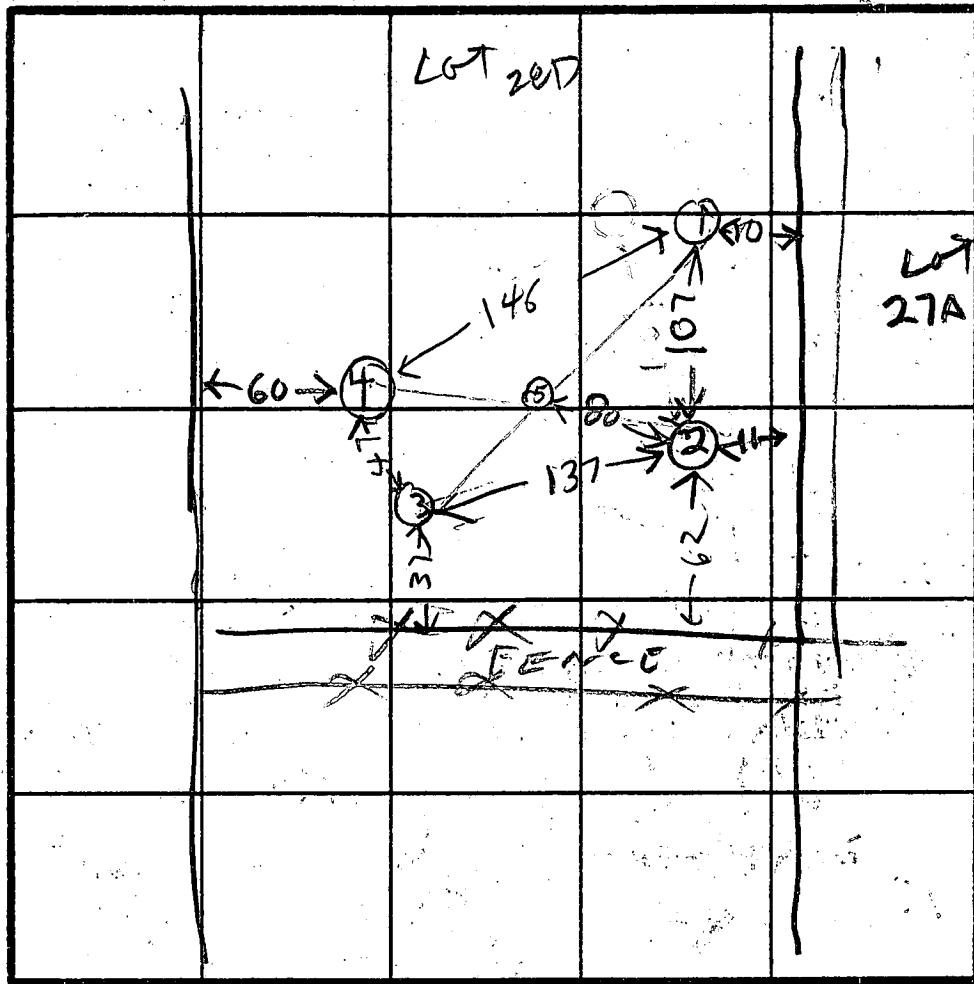
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/1/93	1 S	4	324	326	326	327	1
	1 V	11 1/2					
	2 S	4	329	330	330	332	2
	2 V	12	WATER		11 V		
	3 S	5	338	345	345	354	9
	3 V	13	LOOKS		OK		
	4 S		340	342	342	343	1
	4 V	11	LOOKS		OK		
	5 V	14	LOOKS		OK		

REMARKS _____

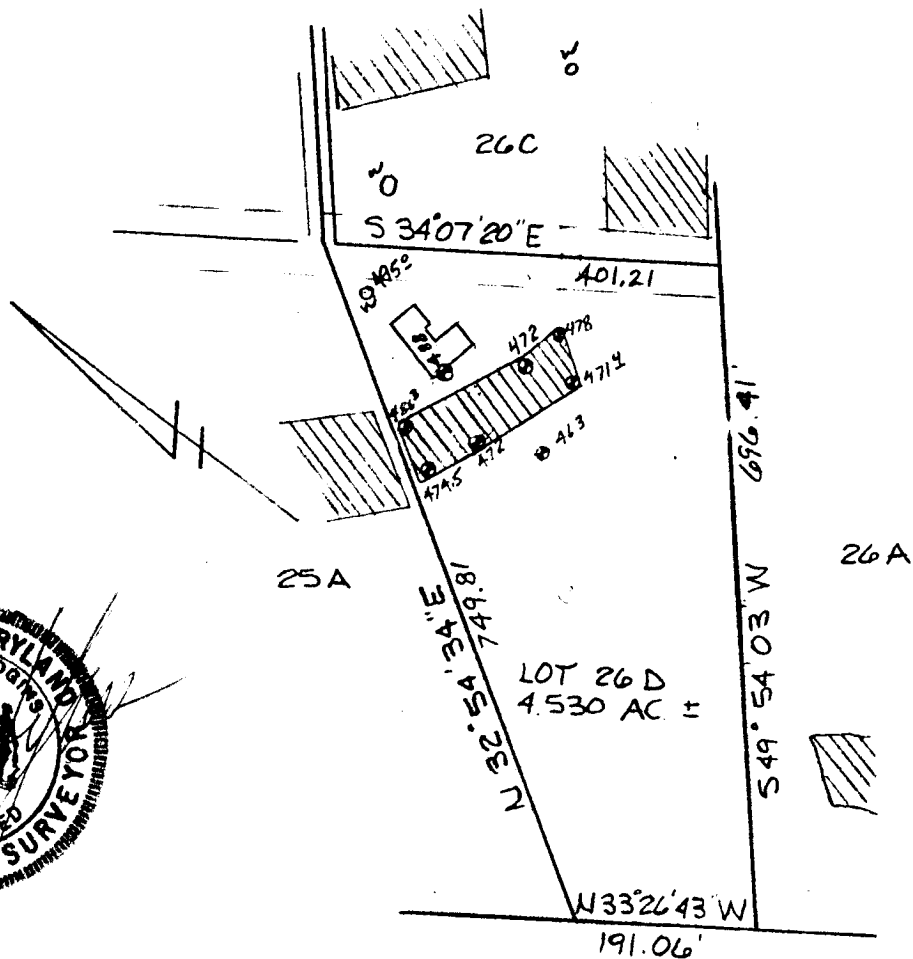
TYPE OF SOIL _____


TESTED BY

R HODGES

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 C. Hudgens
County Health Officer

5-29-85
Date

PERCOLATION TEST PLAT
PARCEL 26D

GLENELG MANOR II

HIGHPOINT

5th Election District
Howard County, Maryland
Scale 1"=200'
Date 2/21/85

NTT Associates
101 Sterrett Place
Columbia, MD 21044
442 2031

B 1 **0577** 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

NO-91-1426

fill in this form completely

Date Received

OWNER INFORMATION

CAPATANO CONST (Last Name) **Owner** **First Name**

12741 FOLLEY QUARTER (Street or RFD)

ELICOTT CITY MD 21043 (Town State Zip)

B 3 **LOCATION OF WELL**

WALTON (County)

GIBBIS MANOR (Subdivision)

SECTION **0** LOT **280**

GIBBIS (Nearest Town)

MILES FROM TOWN (enter 0 if in town) **1** MI

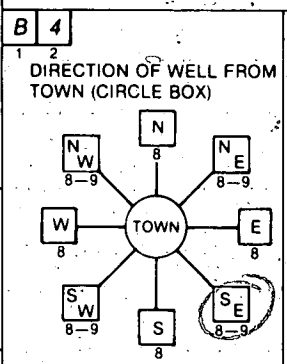
DRILLER INFORMATION

Ralph Mayne (Driller's Name) **177** (License No. 80)

Ralph Mayne (well drilling) (Firm Name)

9120 Brown Church Rd Mt Airy (Address)

Ralph Mayne (Signature) **5/18/86** (Date)



Folley Quarter Rd. (Near What Road)

CN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

2500 (Distance from Road)

ENTER FT or MI **E**

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)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **WALTON** COUNTY NO. **91**

OEP SIGNATURE **Ralph Mayne** STATE HEALTH INSERT S

DATE ISSUED **5/18/86**

CO SIGNATURE **Ralph Mayne** EXP. DATE

NORTH GRID **515000** EAST GRID **091000**

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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810

N 510

Folley Quarter Rd.

Treatment OK

2 1/2" casing

2' above fr.

1 1/2" open

5 bags cement

5/20/86

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

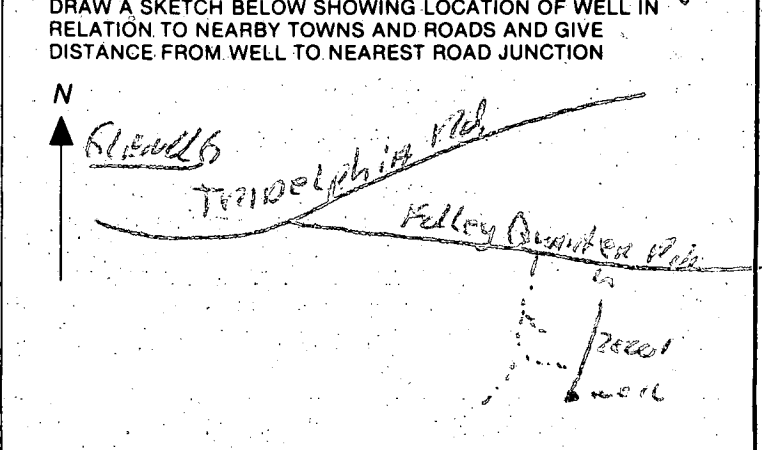
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D 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 WRITE INITIALS IN BOX PERMIT No. **1-1-1-1-1-1-1-1-1-1**

SPECIAL CONDITIONS