

6/13/86
1 PPM

6/13/86
septic OK'd
(10)

PERMIT

SEWAGE DISPOSAL SYSTEM

P 37152
A 35737

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
X992-2330X
461-9933

05-374541

ELLICOTT CITY
DISTRICT 5th
DATE 6/12/86

INDEXED

Dave Hopkins IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Glenelg Manor II ROAD 12809 Folly Quarter RD LOT 15C

PROPERTY OWNER Leo Hemert

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 1250 GALLONS NUMBER OF BEDROOMS 2

TRENCHES - 158 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 4 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 170 feet from the West (788.5') lot line and 185 Feet from the South (425.27') lot line. Run trenches along contour toward either side of property.

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 gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY C. Williams DATE 6/12/86

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.

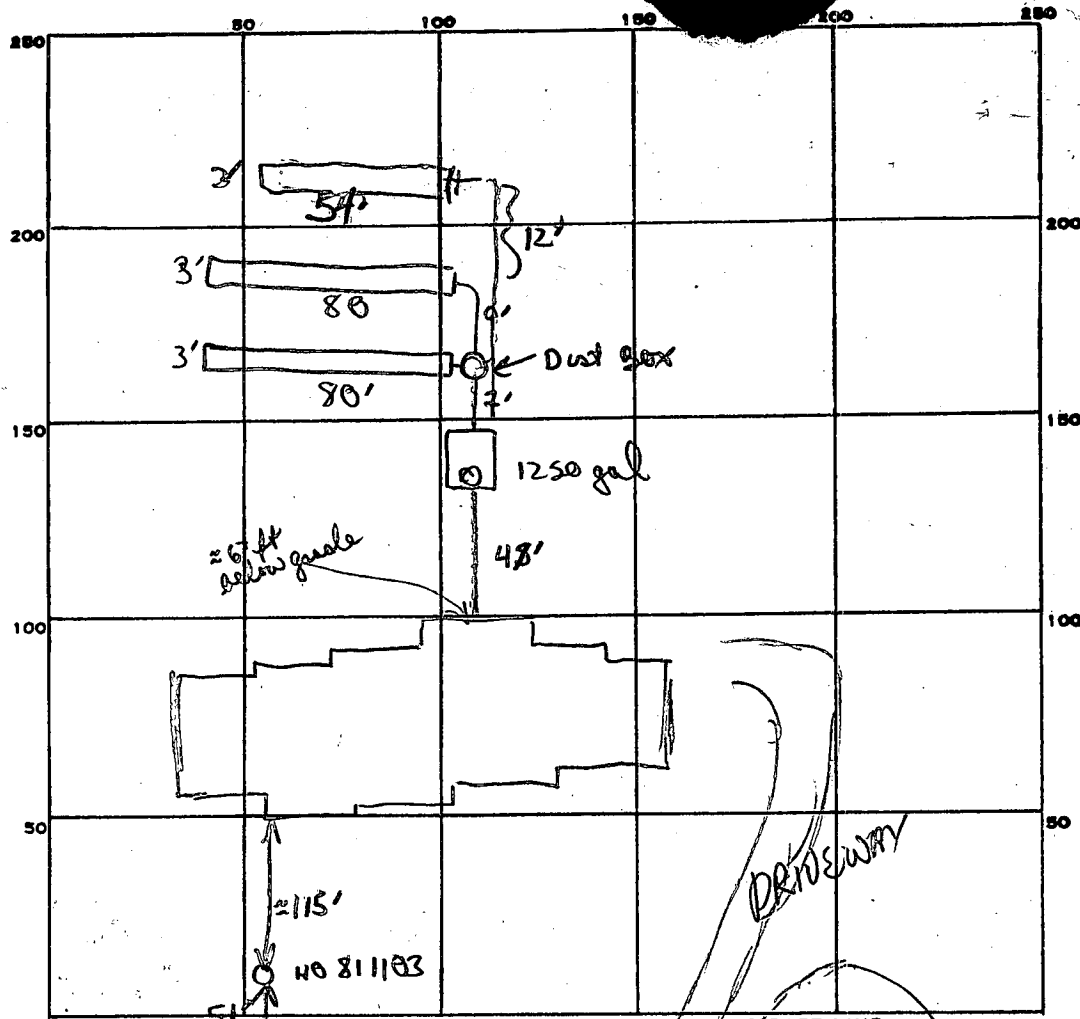
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 35737



PERMIT CARD ✓

SEPTIC TANK, LEVEL 1250 gal

CLEANOUTS 1 S.T.

DISTRIBUTION BOX, LEVEL ✓

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

GRAVEL DEPTH 18+18 IN. TOTAL LENGTH 80+80+54 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 240+240+160

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

ABSORBENT AREA 640 SQ. FT.

REMARKS 6/13/86 OK to cover 1st 2 trenches + start trench #3
OK to finish adding piping; OK to add stone, pipe paper to
trench #3

6/13/86 OK to cover trench #3 + all work.

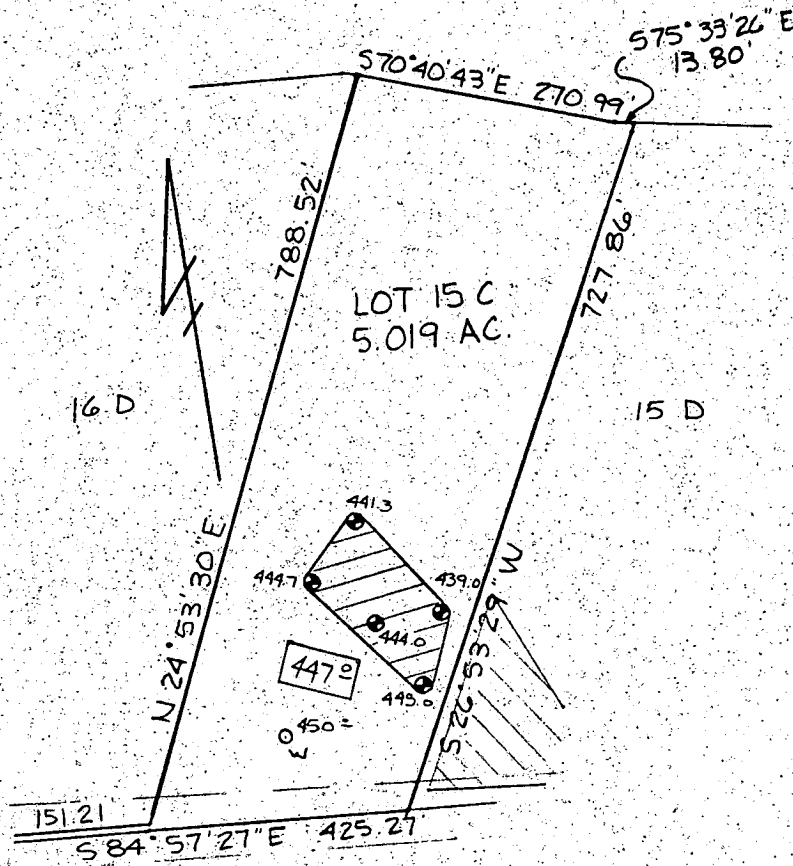
DATE SYSTEM APPROVED


6/13/86

INSPECTOR

B Wylton

160
4
640
80
240
150
390
240
6



 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. Huggins 5-29-85
 County Health Officer Date

PERCOLATION TEST PLAT
 PARCEL 15C
 GLENELG MANOR II

5th Election District
 Howard County, Maryland
 Scale 1"=200'
 Date 5/16/85

NTT Associates
 101 Sterrett Place
 Columbia, MD 21044
 442 2031

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

Att# 35737

New Installation
 Replacement

Receipt # 36823
 Date 4/19/86

Name of Installer Crouse P+H INC

Telephone 997-4164

License number 2356
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Mr+Mrs. Geo Van Hornet Telephone 997-8493
 Subdivision Blensly Manor II Lot # 15C Well tag # -
 Site Address 54640 Round Hill Court

Pump
 1. Type
 a. Deep well jet
 b. Shallow well jet
 c. Submersible
 2. Make Douglas
 3. Model # _____
 4. Capacity _____ 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 _____
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220

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

Tank
 1. Capacity _____
 2. Pressure relief valve? _____

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

Well data
 1. Depth _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ 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: Charles J. Crouse
 Date: 4-11-86

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

B 1 8921

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-11103

fill in this form completely

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

Date Received 1/31/85 9:30 AM

OWNER INFORMATION

HEMENT LEO (Last Name, Owner) S464 HOWARD HILL CT (Street or RFD) COLUMBIA (Town) MD21045 (State, Zip)

DRILLER INFORMATION

Ralph MAYNE (Driller's Name, License No. 293) Ralph MAYNE (well DRILLING) (Firm Name) 9170 Brown Church Rd. Mt. Airy (Address) Ralph Mayne (Signature) 02/05/85 (Date)

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)

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTary (Circled) AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

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 (Circled)
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 INITIALS PERMIT NO. HO-81-11103

SPECIAL CONDITIONS

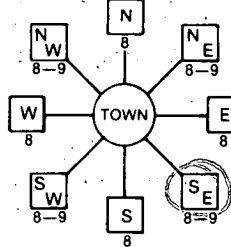
B 3

LOCATION OF WELL

HOWARD (COUNTY) SLEWELLS MANOR (SUBDIVISION) SECTION 2 LOT 150 SLEWELLS (NEAREST TOWN) MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Folley Quarter Rd. (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 3500 ENTER FT or MI

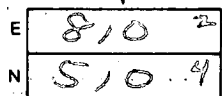
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) COUNTY NO. OEP SIGNATURE DATE ISSUED 02/17/85 CO SIGNATURE EXP. DATE NORTH GRID 510000 EAST GRID 0812000

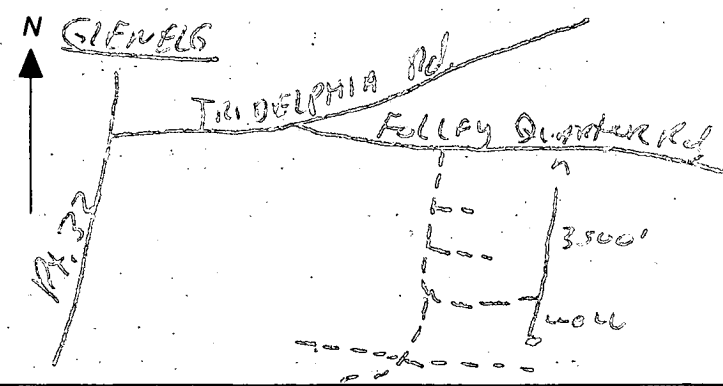
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35737
P _____

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

DISTRICT 5th
DATE _____

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 PHONE 531-5262

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor II LOT NO. 15-C
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 _____

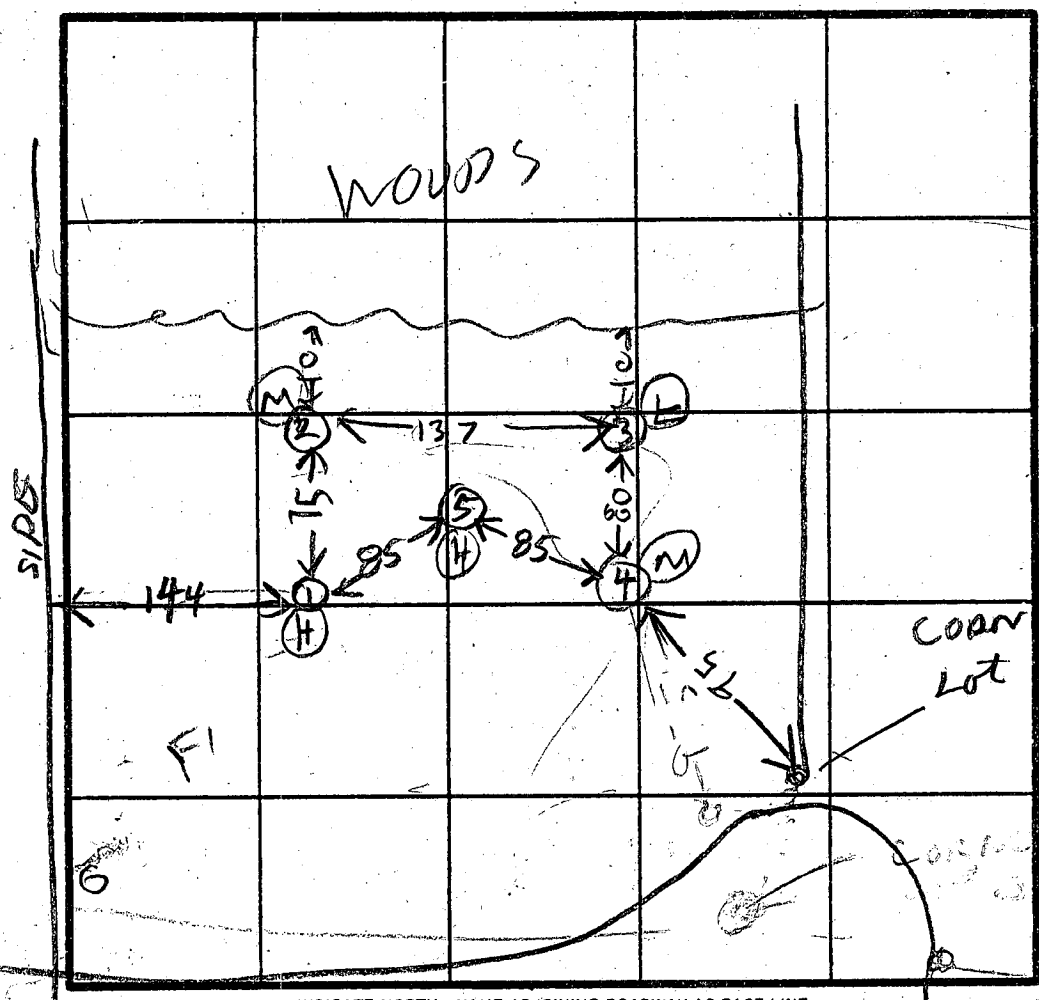
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

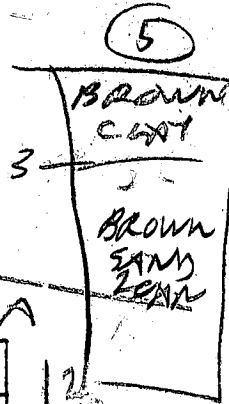
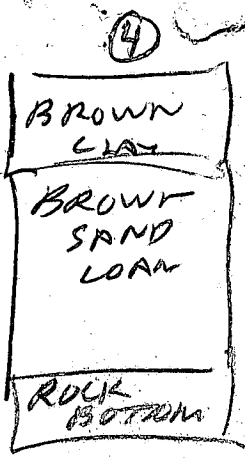
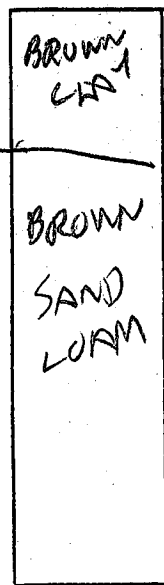
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

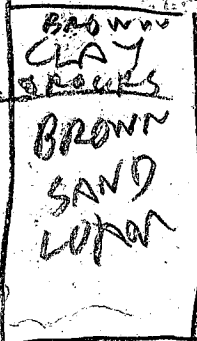
15C



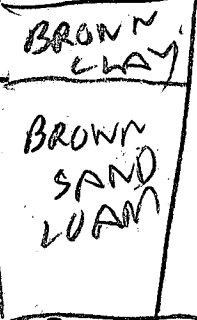
① SOIL PROFILE



②



③



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/1/85	1S	4 1/2	223	227	227	233	6
	1V	12 1/2	LOOKS OK				
	2S	4 1/2	229	300	LITTLE SLOPE		
	2V	11 1/2	LOOKS OK BELOW 5 VLF				
	3S	3 1/2	237	232	239	239	1
	3V	13	LOOKS OK				
	4S	4 1/2	240	241	241	243	2
	4V	10	ROCK BOTTOM				
	2M	6 1/2	307	311	311	316	5
	5	12 1/2	LOOKS OK				

HOLE ELEVATION

① = HIGH

② = MEDIUM

③ = LOW

180 PER INLET 3' 06" BOTTOM 8' 06" 5/1/85

REMARKS

TYPE OF SOIL

TESTED BY **B HODGES**

ALSO PRESENT **M DILLON** **OKETTERMAN**

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

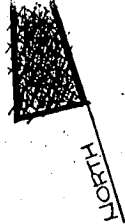
My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Leo Jan Hemert
(Name)
LEO Jan HEMERT

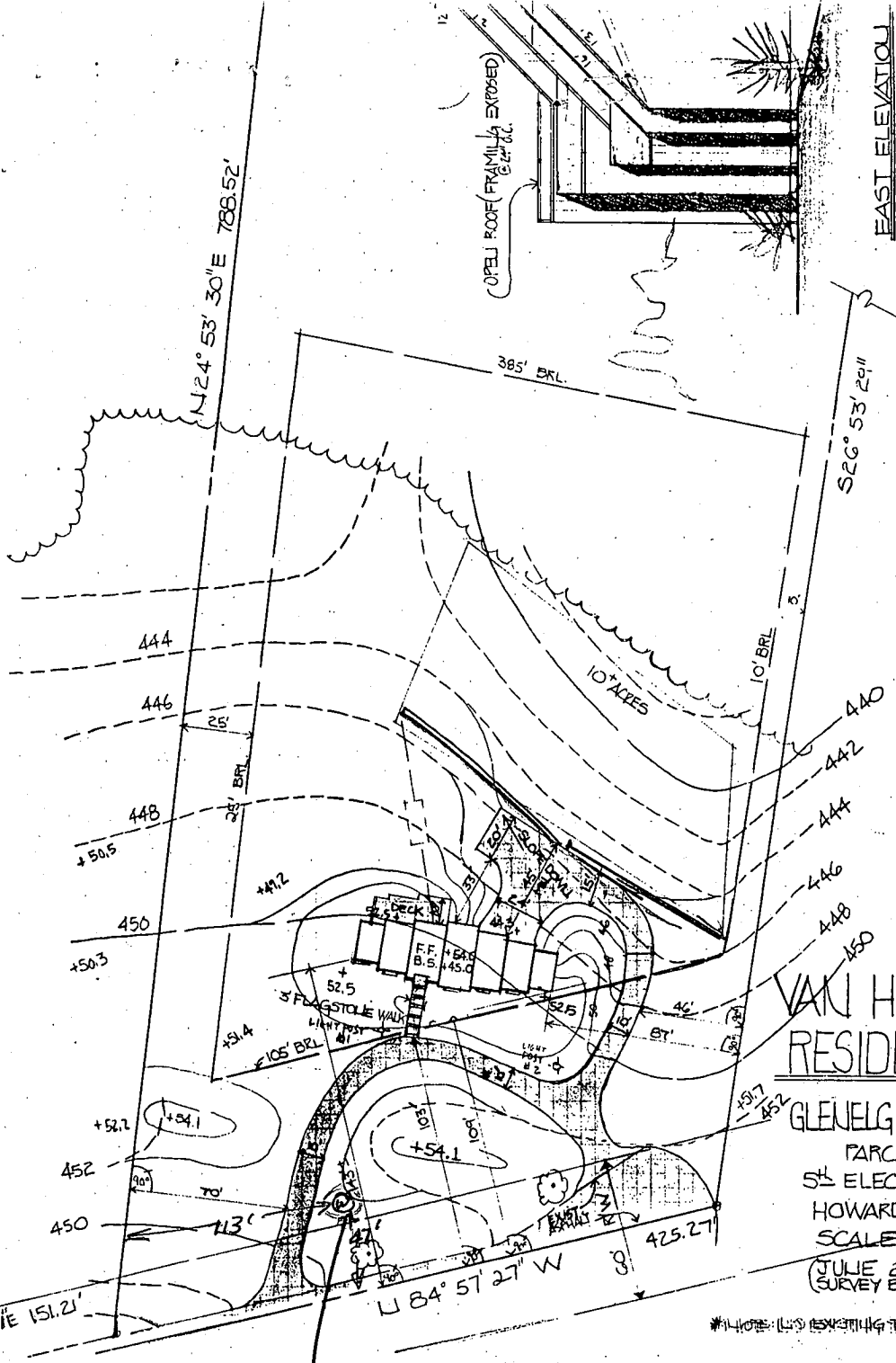
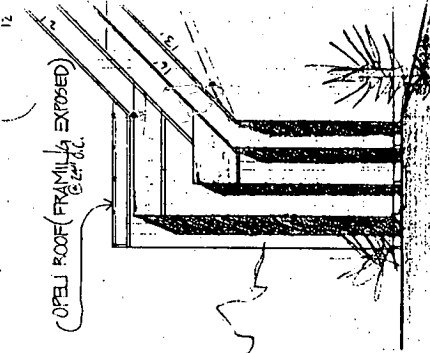
5464 Hound Hill Ct
(Address)
Columbia, Md. 21045
M (301) 997-8493
0 296-4740

(OEP Well Permit Number)

HO-81-1111
(Date)



EAST ELEVATION
1/8" = 1'-0"



Grade at trench 445.6
1 NW. " 442.0

SITE PLAN
SCALE 1" = 50'-0"

VAN HEMERT
RESIDENCE

GLENELG MAJOR II
PARCEL 15C
5^{1/2} ELECTORAL DISTRICT
HOWARD COUNTY, MD
SCALE 1" = 50'
(JULIE 21, 1985
SURVEY BY HUDKIN ASSOC.)

*40% OF EXISTING TREES SHOULD BE REMOVED

Well

Well OK/SA

B.P. # 68841

AND RETURNED 2-28-86