

7/13/86 AM
7/9/86 AM

05-396379

7/9/86
septic
OK

PERMIT

P 37144
A 34132

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

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

INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 6/10/86

Zepp Plumbing & Heating, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 12447 Route 108, Clarksville, Maryland 21029 PHONE _____

SUBDIVISION Glenelg Manor II ROAD 2813 Folly Quarter LOT Parcel C

PROPERTY OWNER John Rettaliata

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 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Start the trench at perc (3) and run the trench toward perc hole (1). Perc hole (3) is located 20 feet from the 477.96 ft. long lot line and 200 feet from the corner where the 477.96 ft. long lot line and the 435.46 ft. long lot line intersect. Perc hole (1) is located 20 feet from the 435.36 ft. long lot line and 220 feet from the corner where the 477.96 ft. long lot line and the 435.46 ft. long lot line intersect.

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

PLANS APPROVED BY Raymond Hodges DATE 9/27/85

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.

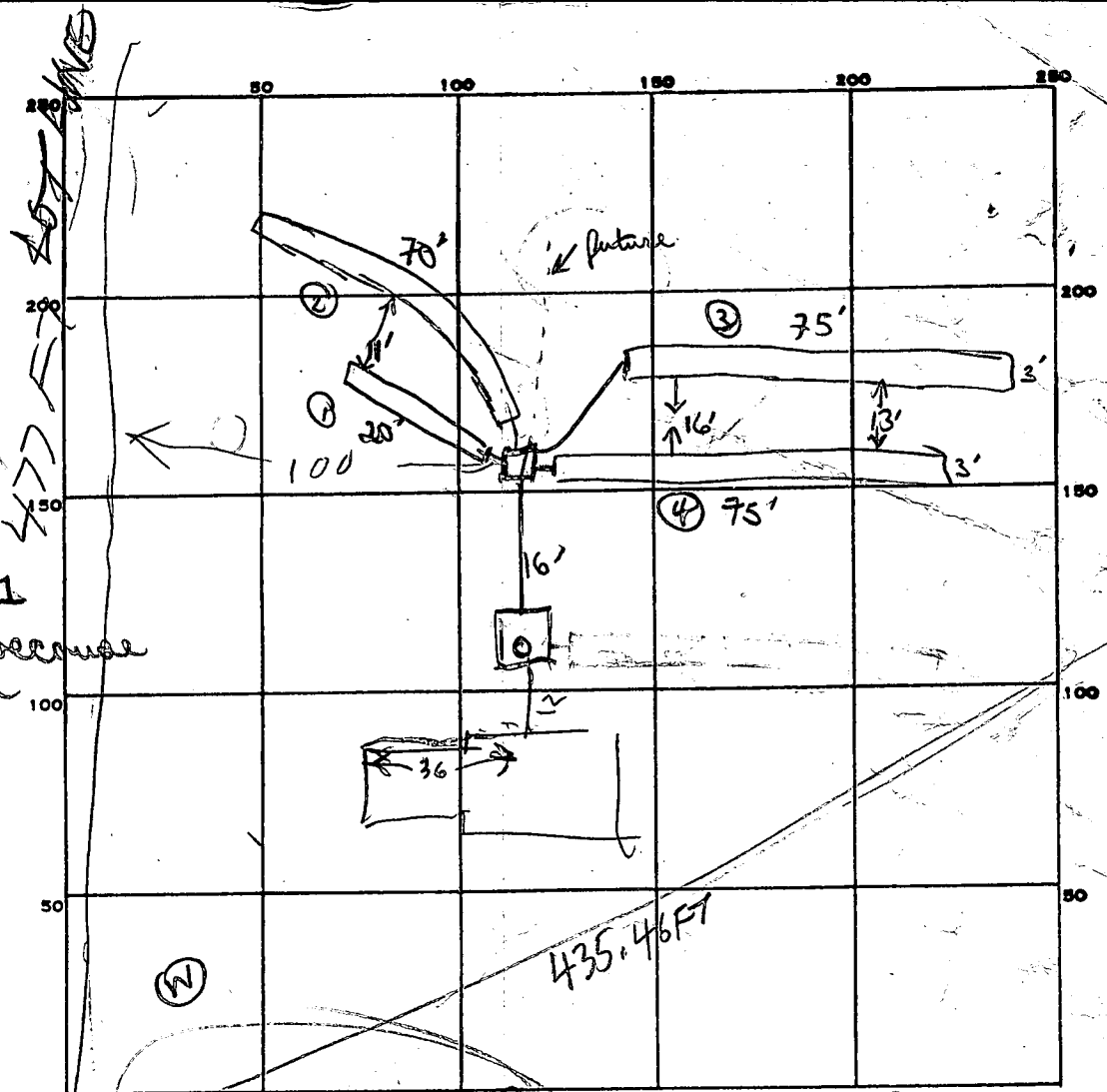
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 34132



trench #1 shorter because of grade changes

PERMIT CARD W NOT signed and OK'd

SEPTIC TANK, LEVEL 1500 gal CLEANOUTS SI OK

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 3 1/2' - 4' FT. TRENCH WIDTH 3' on all 4 trenches FT.

GRAVEL DEPTH 16-18 IN. TOTAL LENGTH 75 + 75 + 70 + 20 FT.

NUMBER OF TRENCHES 4 TOTAL BOTTOM AREA 225 + 225 + 210 + 60

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

ABSORBENT AREA 720 SQ. FT.

REMARKS 7/3/86 - OK TO COVER TANK
LOCATION OK PER PLANS BUT PLANS NOT IN AGREEMENT WITH PERMIT. OK TO MAKE
TRENCH #1 ONLY 25 FT LONG & MAKE UP SPFT ON THE OTHER 3 TRENCHES. SYSTEM
WAS DUE TO AGREE WITH PLANS NOT PERMIT
7/8/86 OK TO COVER trenches 1+2. outlet pipes for dist box need to
be adjusted so access for future repair exists (see drawing
for final wiring)
OR TO COVER

DATE SYSTEM APPROVED 7/9/86 INSPECTOR B Nylon 7/9/86

180
4
720 MIN

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34/32

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th.

DATE 7/23/84

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 531-5252

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor II LOT NO. NEW 2ND PARCEL Parcel C

ROAD AND DESCRIPTION Off Folly Quarter Road

SIZE OF LOT 3 acres 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/ John F. Rettaliata
(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

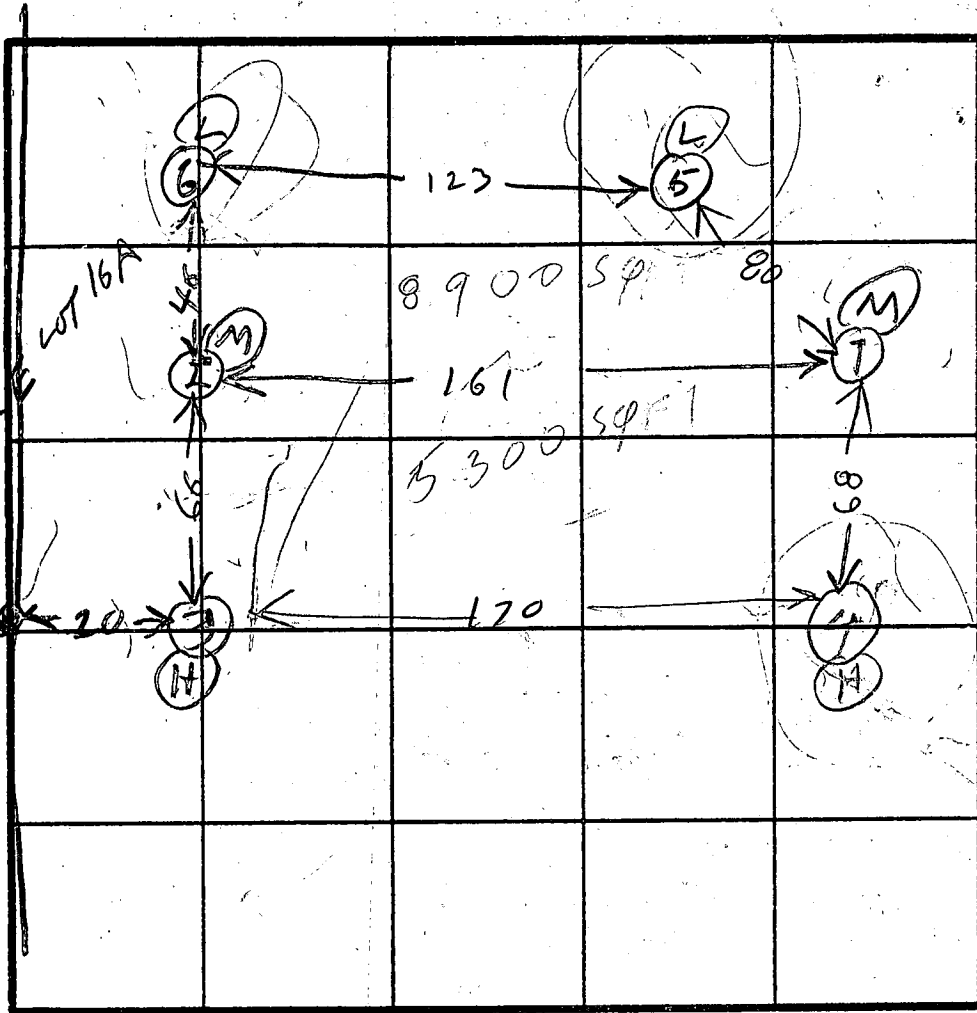
PARCEL C

Retest

SOIL PROFILE

0
BROWN SAND & SMALL ROCKS
11 1/2 HARD

STAKE LOT 16A



0 (5)
SANDY
12
0 (6)
SANDY
9 1/2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0 (2)
SAND & SMALL ROCKS
9 1/2 HARD ROCK

0 (3)
BROWN CLAY
BROWN SAND & ROCKS
8 HARD ROCKS

0 (4)
SANDY
5 HARD ROCK

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/18/84	1S	3 1/2	243	244	244	245	1
	1V	11 1/2	LOOKS	OK			
	2S	3 1/2	254	257	257	301	4
	2V	9 1/2	LOOKS	OK	BUT	SHALLOW	
	3S	2 1/2	308	315	315	325	10
	3V	8	LOOKS	OK	BUT	VERY SHALLOW	
	4V	5	LOOKS	POOR	MUCH TOO SHALLOW		
	5S	2 1/2	352	354	354	400	6
	5V	12	LOOKS	OK			
	6V	9 1/2	LOOKS	OK	BUT	SHALLOW	

file field
142
63

REMARKS

TYPE OF SOIL

TESTED BY

RAYMOND HOITGES

ALSO PRESENT

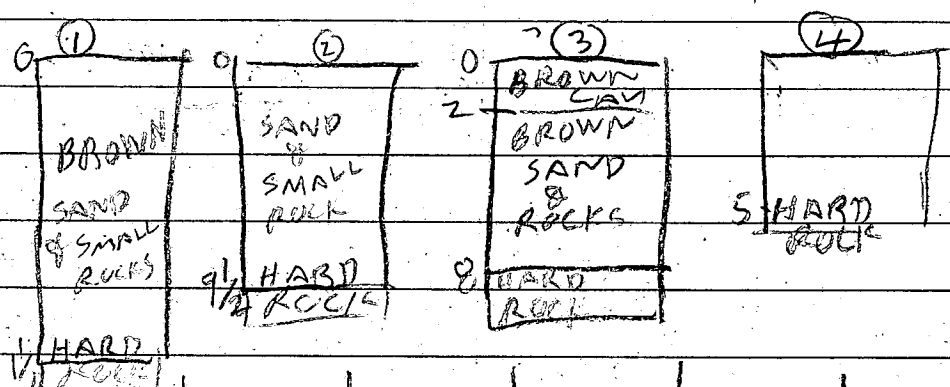
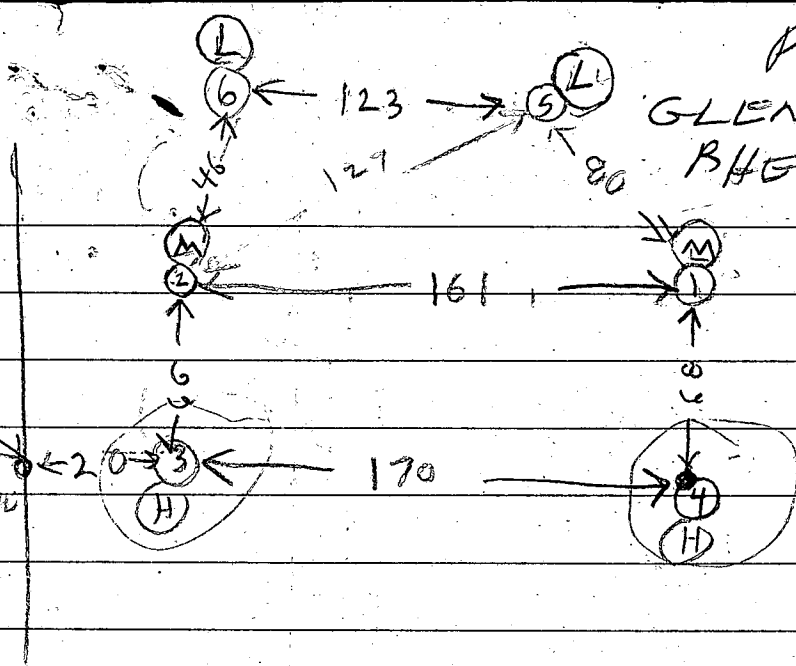
POP KETTERMAN
& RETALIATA
& KETTERMAN

EH-12-1078

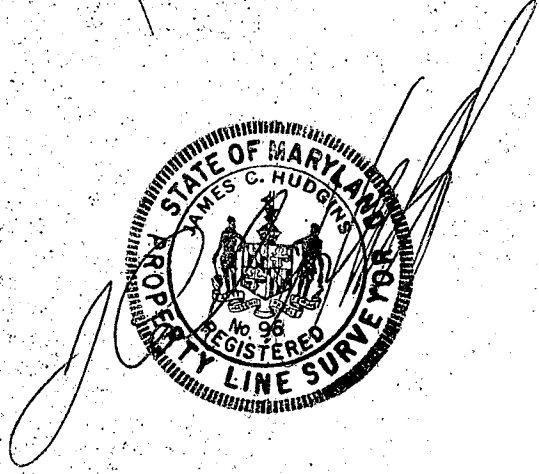
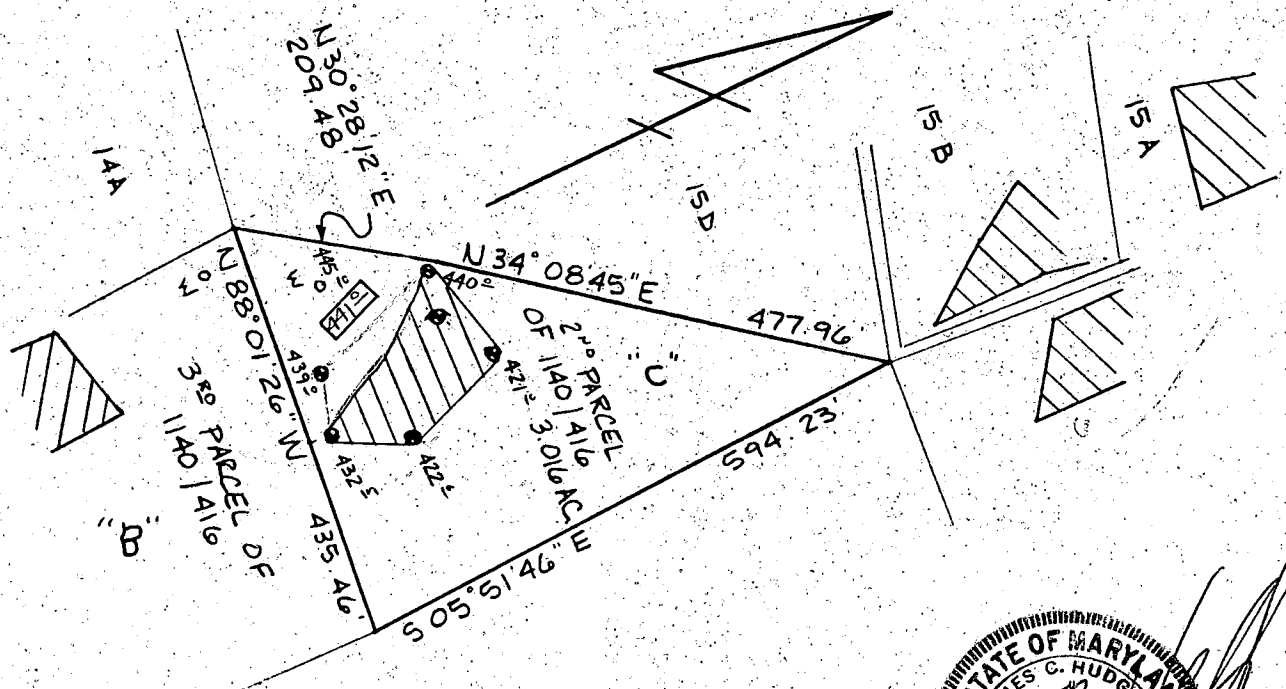
A 34132
PARCEL C


GLENELG MANOR II
BHETTALLIATA OWNER

STAKE
LOT
16A
ONLINE



10/18/04	1S	3 1/2	243	244	244	245	1
	1V	1 1/2	LOOKS	OK			
	2S	3 1/2	254	257	257	301	4
	2V	9 1/2	LOOKS	OK	BUT	SHALLOW	
10/19/04	3S	2 1/2	308	315	315	325	10
	3V	8	LOOKS	OK	BUT	VERY SHALLOW	
	4V	5	LOOKS	OK	BUT	MUCH TOO SHALLOW	
	5S	2 1/2	352	354	354	400	6
	5V	12	LOOKS	OK			
	6V	9 1/2	LOOK	OK	BUT	SHALLOW	



 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.

Perculation 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.

Perculation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

James Byden 10-22-85
 County Health Officer Date

PERCOLATION TEST PLAT
 2nd PARCEL
 LIBER 1140 FOLIO 416
 property of
 JOHN & RUTH RETTALIATA
 PARCEL "C"

5th Election District
 Howard County, Maryland
 Scale 1" = 200'
 Date 9/21/85

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

B 1 **1657** 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

HO-81-1231

fill in this form completely

Date Received **11/01/85**

RETALIATA JOHN OWNER INFORMATION

4300 HERITAGE HILL Street or RFD

ELLICOTT CITY MD 21043 Town State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

GLENELLS MANOR 2 SUBDIVISION

SECTION **44** LOT **48**

GLENELLS NEAREST TOWN

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

DRILLER INFORMATION

Ralph Mayne Driller's Name License No. **273**

Ralph Mayne (well driller) Firm Name

9120 Brown Creek Rd. Mt. Airy Address

Ralph Mayne Signature Date **04/29/85**

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Folley Quarter Rd.**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **4000** ENTER FT or MI

B 2 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

HOWARD COUNTY NAME COUNTY NO. **A-34133**

OEP SIGNATURE **B. Wilson** STATE HEALTH INSERT S **04/29/86**

DATE ISSUED **10/29/85** CO SIGNATURE **B. Wilson** EXP. DATE **04/29/86**

NORTH GRID **514000** EAST GRID **0813000**

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)

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

810 3 **510 4**

11/1/85

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

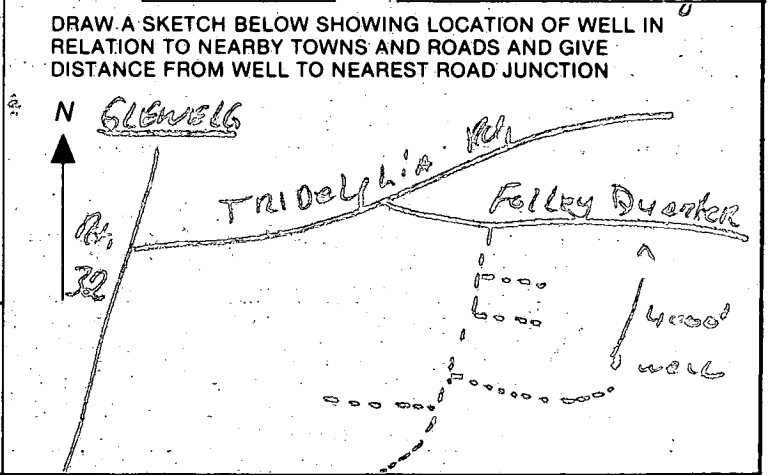
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) _____

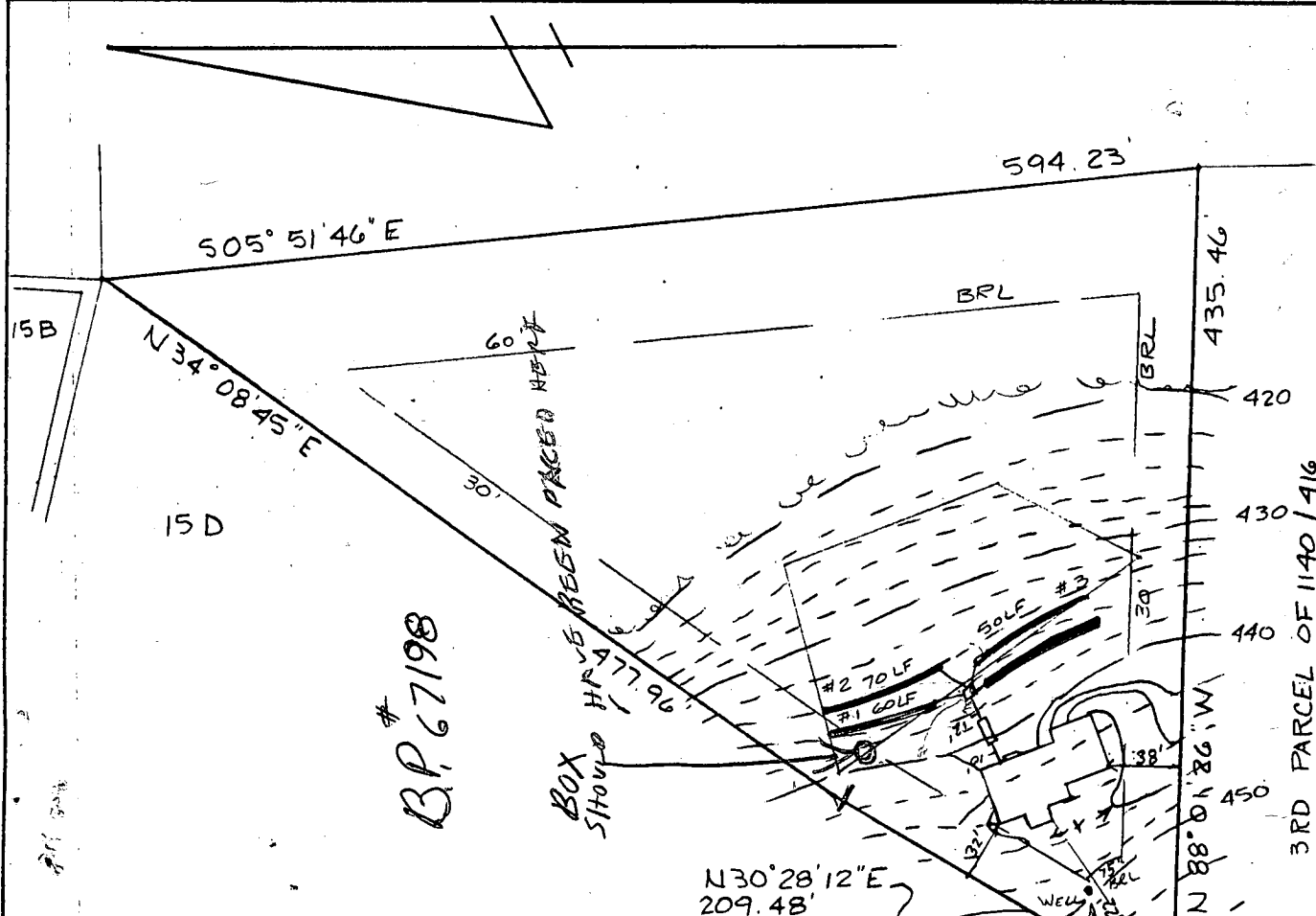


Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____

FORCE **BA** WRITE INITIALS IN BOX PERMIT No. **HO-81-1231**

SPECIAL CONDITIONS



HOUSE:

FIRST FLOOR	448.0
BASEMENT	439.0
INVERT	434.3

SEPTIC TANK:

EXISTING GRADE	439.5
PROPOSED GRADE	439.0
INVERT IN	434.08
INVERT OUT	433.83

DISTRIBUTION BOX:

EXISTING GRADE	436.0
INVERT IN	433.7
INVERT OUT	433.6

TRENCHES:

	#1	#2	#3	#4
EXISTING	436.0	434.0	435.0	436.0
INVERT	433.5	431.5	432.5	433.5
BOTTOM	432.0	430.0	431.0	432.0
STONE	1.5	1.5	1.5	1.5
LENGHT	60'	70'	50'	60'
WIDTH	3'	3'	3'	3'

BLDG. PERMIT SIGNED 11-14-85 AND RETURNED

B.P. 67198

BOX SHOULD HAVE BEEN PLACED HERE

GLENELE M H WOLF

WELL SITE OK FOR 10/29/85

Willok/cor.

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

J. Carl Hudgins
 J. Carl Hudgins

PLOT PLAN
 2ND PARCEL PARCEL "C"
 LIBER 1140 FOLIO 416
 PROPERTY OF
 JOHN & RUTH RETTALIATA
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MD.
 SCALE 1"=100' DATE 9/21/85

I, John Kottakata will pay \$10.00 and
give authorization to Mr. Mayne to sign
for a plumbing permit for pump installation
on the lot on the reverse side.

John Kottakata 531-3824
9/25/95

4300 Heritage Hill Lane
Elliott City, Md. 21043

OCT 4 9 33 AM '95
RECEIVED
Elliott City, Md.

C1 **2493** (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-34133**

DATE Received
 DATE WELL COMPLETED **11/01/85**

Depth of Well **200** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HC-81-1231**

OWNER **RETAILIATA** **JOHN**
 STREET OR RFD **ALLEY QUARTER RD** first name
 TOWN **GLENELG**
 SUBDIVISION **GLENELG MANOR 2** SECTION **2** LOT **PARCEL C**

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	
Small Stones	11	15	
Micka	15	30	
Small Stones	30	35	✓
Micka	35	80	
Small Stones	80	85	✓
Micka	85	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 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.
 (enter 0 if from surface)

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

MAIN CASING Nominal diameter Total depth
 TYPE top (main) casing of main casing
 (nearest inch) (nearest foot)
PL **6** **21**
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

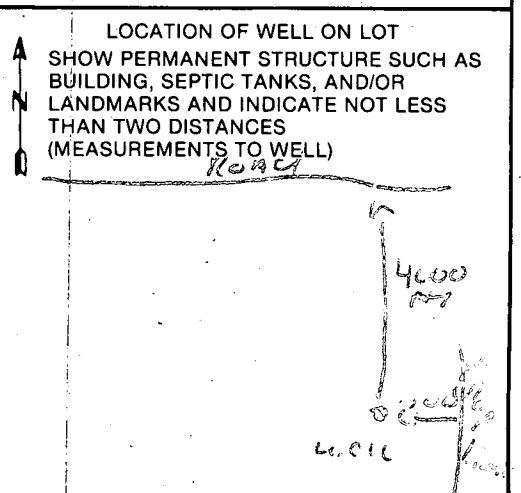
C2
 DEPTH (nearest ft.)
 1 **HO** **19** **200**
 8 9 11 15 17 21
 2
 23 24 26 30 32 36
 3
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60

GRAVEL PACK _____ from _____ to _____
 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 OTHER DATA
 INDICATOR

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **5**
 PUMPING RATE (gal. per min. to nearest gal.) **9**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **35**
 17 20
 WHEN PUMPING **45**
 22 25
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
 27 27 27
C centrifugal **R** rotary **O** other (describe below)
 27 27 27
J jet **S** submersible
 27 27

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 (CIRCLE) (YES or 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)
 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)
 49 51



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**
Ralph Mayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. 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

7/8/86
 looks like outside
 lines already installed
 but covered up
 lines are in the house

New Installation
 Replacement _____

Receipt # 37196
 Date 6/16/86

Name of Installer Zepp Plumbing & Heating

Telephone 531-6712

License number 1782

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner John Rettaliata

Telephone _____

Subdivision Glenelg Manor Lot # Parcel C Well tag # 40-81-1231

Site Address 12813 Folly Quarter Road
Ellicott City, Maryland 21043

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

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

2. Make _____

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 _____

7/8/86
 already covered

Tank

1. Capacity _____
2. Pressure relief valve? _____

Piping

1. Type _____
2. Size _____
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? _____

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: _____

Date: _____

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

