

4/13/85  
4/17/85 AM  
6/18/85 AM

Stayer

# PERMIT

P 35364  
A 34220

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

OS-374413

ELLICOTT CITY  
DISTRICT 5th

INDEXED

DATE 4/29/85

M.G.A. Development Group IS PERMITTED TO INSTALL  ALTER

ADDRESS 9101 Cheery Lane, Laurel, MD 20708 PHONE 776-0440

SUBDIVISION Glenelg Manor II ROAD 12835 Folly Quarter Road 11A

PROPERTY OWNER George B. Prettyman

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

Add'l - Deck  
BLDG. PERMIT SIGNED  
AND RETURNED 10-11-95  
Serial # 62196

TRENCHES - 207 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 9 1/2 feet below original grade. Effective area begins at 2 1/2 ft. below original grade. 6 feet of stone below distribution pipe. LOCATION: Start the trench 60 feet from the 654.57 ft. long lot line and 260 feet from the 264.42 ft. long lot line. Continue to dig the trench on level ground the necessary distance. Place the second trench parallel to and 12 feet away from the first trench. 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.

828' OF TRENCH = 138 FT OF TRENCH

PLANS APPROVED BY Frank Skinner DATE 1/16/85

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.

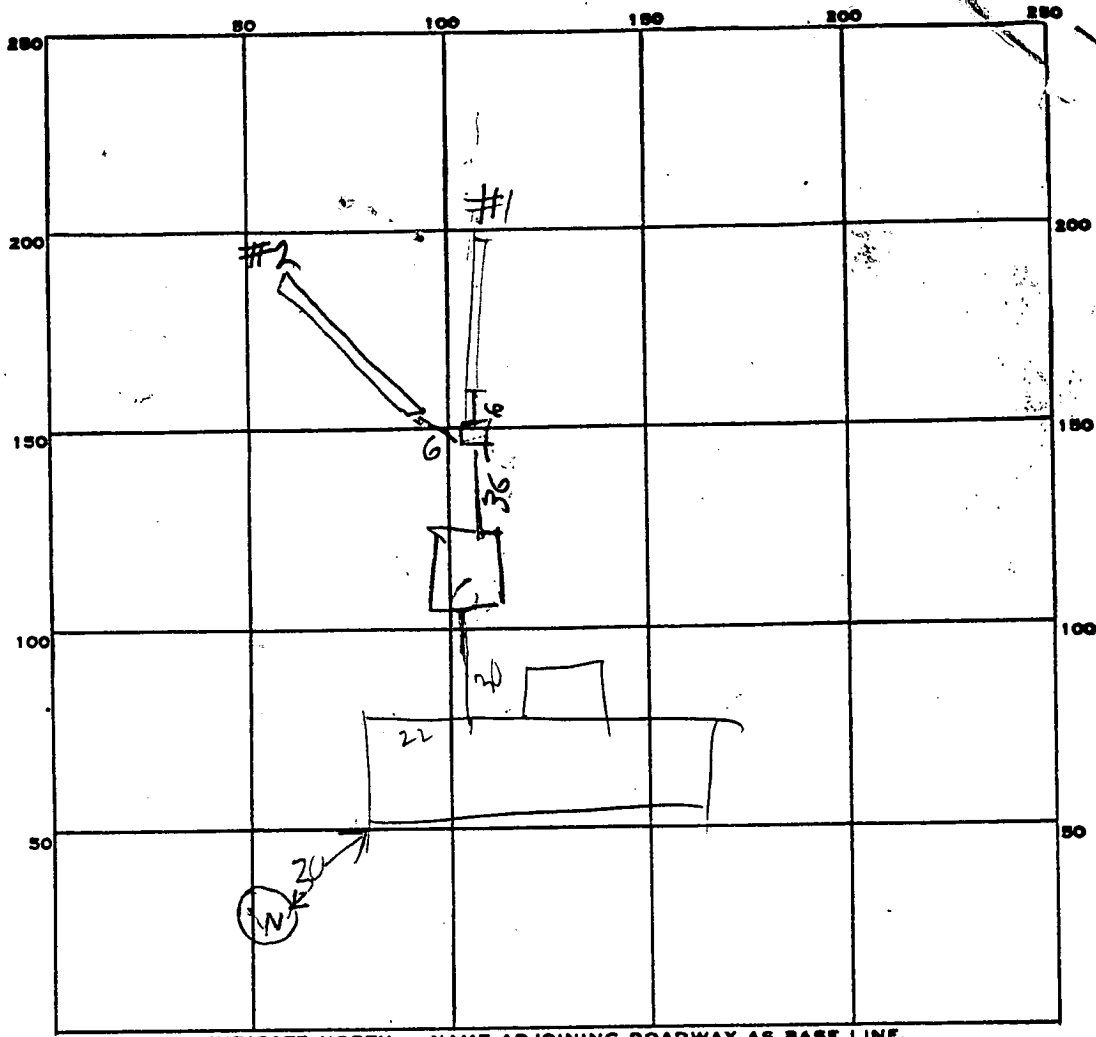
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A  
374220



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL 2000 (5' x 7 1/2' x 10 1/2') CLEANOUTS ST NO. 6/3/85  
NO. 6/11/85

DISTRIBUTION BOX, LEVEL #1 #2

TILE FIELD, DEPTH 9 8 FT. TRENCH WIDTH 2 2 FT.

GRAVEL DEPTH 6 6 IN. TOTAL LENGTH 70 78 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 420 468 SQ. FT.

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 888 SQ. FT.

630  
 468  
 420  
 888

REMARKS 6/3/85 TRENCH #1 DUG. DIG TRENCH #2  
FILL TRENCH #1 WITH STONES RH  
6/7/85 ADD STONES TO TRENCH #2 PUT CLEANOUT ON TANK  
& CALL RH  
6/11/85 - STONES ADDED TO TRENCH #2 COVER #2  
420 + 468 = 888 SQ FT. 828 SQ FT NEEDED  
6/12/85 CLEANOUT ON TANK RH  
 DATE SYSTEM APPROVED \_\_\_\_\_ INSPECTOR Stone

SUBDIVISION:

Glencly Manor II

LOT NUMBER:

Parcel 11A

34220

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

4 Bedroom Home with garbage grinder requires 2,000 gallon septic tank

TRENCHES

207  
~~170~~ sq. ft./bedroom

Trench to be 2 ft. wide.

Inlet 2 1/2 feet below original grade.

Bottom maximum depth 8 1/2 feet below original grade.

Effective area begins at 2 1/2 feet below original grade.

6 feet of stone below distribution pipe.

BP # 63611

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%. → already increased

LOCATION: Start the trench 60 feet from the 654.57-ft. long lot line and 260 feet from the 264.42 ft. long lot line. Continue to dig the trench on level ground the necessary distance. Place the second trench parallel to and 12 feet away from the first trench.

APPROVED: \_\_\_\_\_  
DATE: 4-1-85

BP Special 4-1-85

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34220

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 9/28/84

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~~ George B. Prettyman  
12789 Folly Quarter Road  
ADDRESS Ellicott City, Maryland PHONE 461-4920

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor II LOT NO. 11A

ROAD AND DESCRIPTION # 12835 Folly Quarter Rd.

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/ Glenelg Manor Associates  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

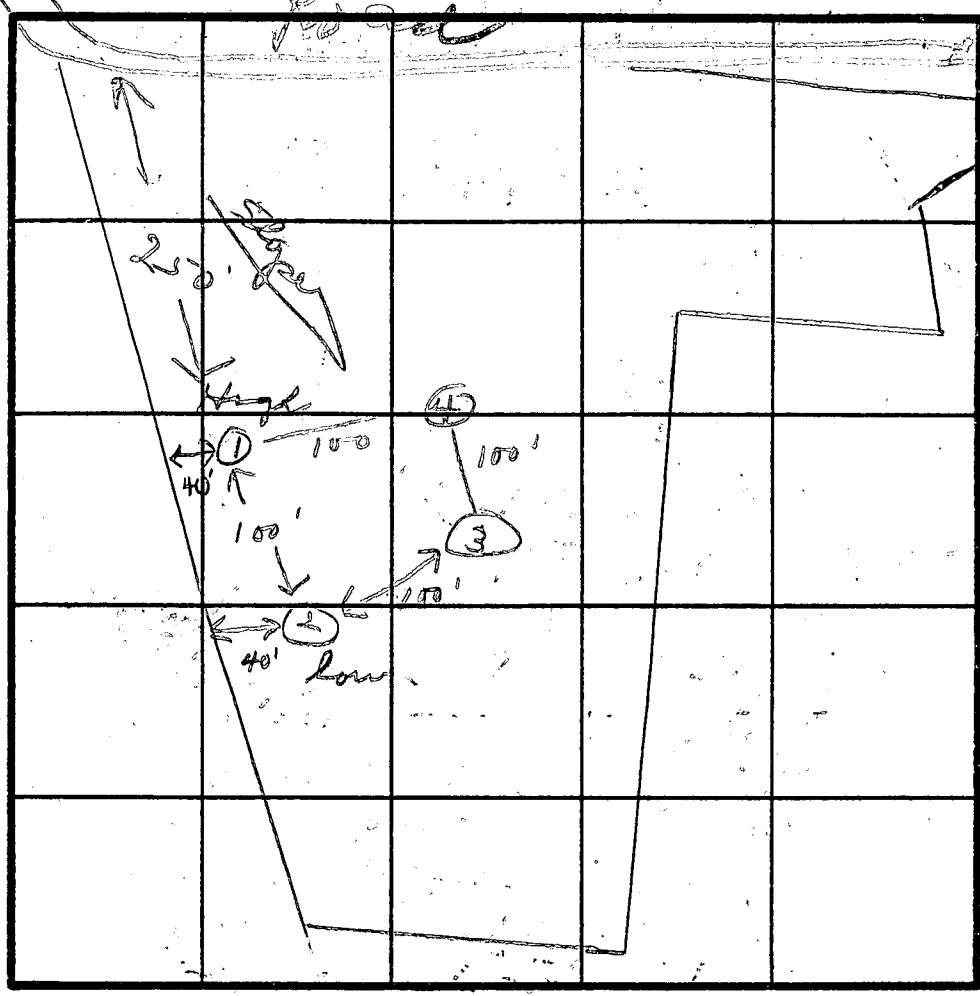
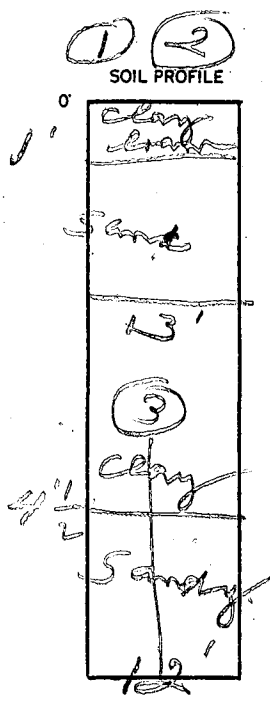
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

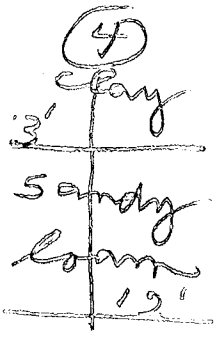
B.P. # 63611  
BLDG. PERMIT SIGNED  
AND RETURNED 9-28-84

# THIS IS NOT A PERMIT



Lot 11A

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



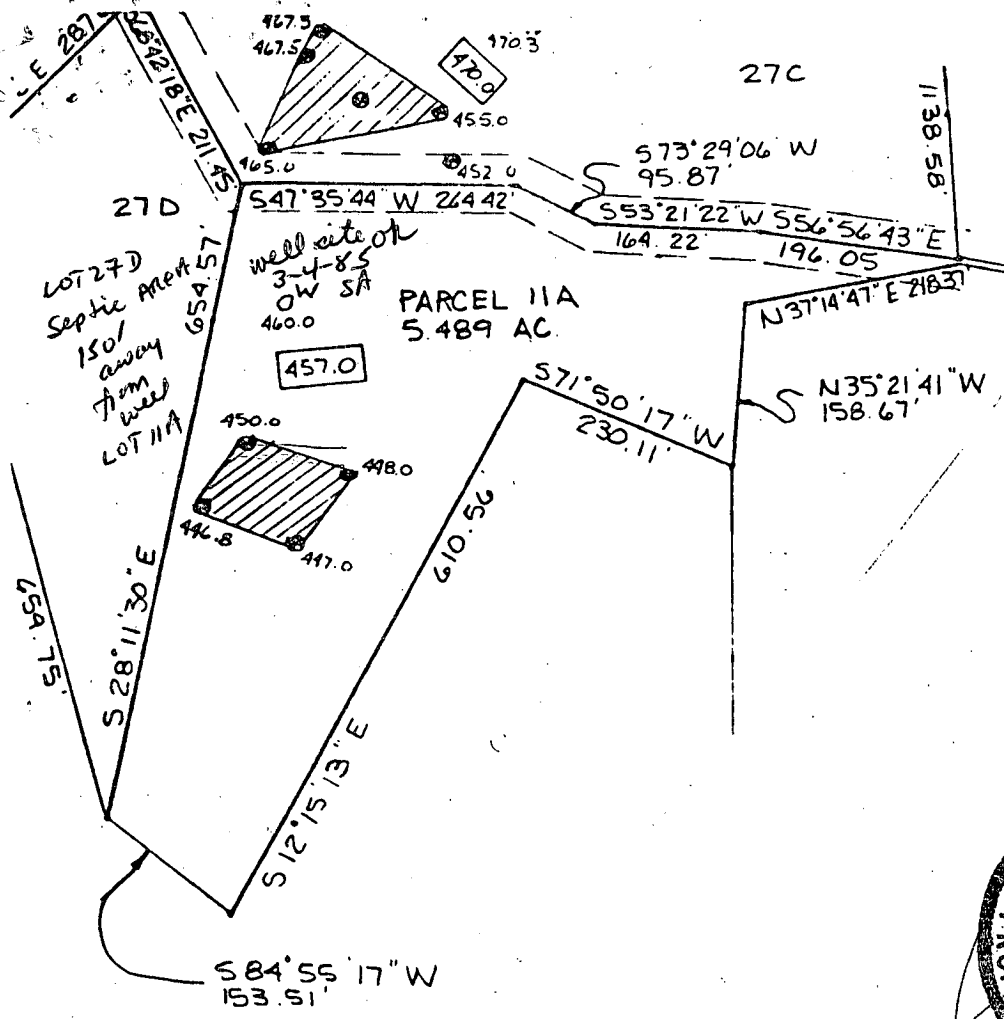
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/13/04	1 S M 13'	2 1/2 7	2:10 2:10	2:11 2:11	2:11 2:11	2:13 2:13	2 2
	2 S V	3 13	2:15	2:17	2:17	2:20	3
	3 S V	4 19	2:45	2:58	2:58	3:21	23
	4 V	12					


REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY ALSO PRESENT

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

James C. Hudspeth 11-28-84  
County Health Officer Date

PERCOLATION TEST PLAT  
PARCEL 11A  
GLENELG MANOR II

PROPERTY OF  
DALE Z. MAISEL

5th Election District  
Howard County, Maryland  
Scale 1"=200'  
Date 11/10/84

NTT ASSOCIATES, INC.  
Suite 101, Sterrett Place  
Columbia, Maryland 21044  
321-0307



B 1 **3-261** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

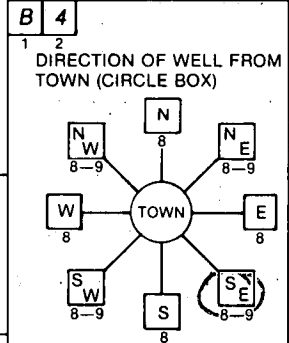
STATE OF MARYLAND  
 PERMIT TO DRILL WELL *3rd*  
 please print or type

OEP PERMIT NUMBER  
**HO-81-0916**  
 fill in this form completely

Date Received **3/13/85** **1:30 P.M.**  
 OWNER INFORMATION  
**PRETTYMAN GEORGE**  
 15 Last Name 13 Owner First Name 34  
**11905 OLD COLUMBIA**  
 36 Street or RFD 55  
**SILVER SPRING MD 209**  
 57 Town 70 State 72 Zip 76

LOCATION OF WELL  
**HOWARD** COUNTY 21  
**GLENELG MANOR** SUBDIVISION 42  
 SECTION **2** LOT **11A**  
**GLENELG** NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **1** M **1**

DRILLER INFORMATION  
**Ralph MAYNE** 273 License No. 80  
**RALPH MAYNE (WELL DRILLING)**  
 Firm Name  
**9120 Brown Church Rd. Mt. Airy**  
 Address  
**Ralph Mayne** 2/27/85  
 Signature Date



**Folley Quarter Rd.** NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **3000** ENTER FT or MI **FT**

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  
**HOWARD** COUNTY NAME **A34220** COUNTY NO.  
 OEP SIGNATURE **J. Stamer** STATE HEALTH INSERT S  
 DATE ISSUED **9/7/85** EXP. DATE  
**030785** SIGNATURE  
 NORTH GRID **513000** EAST GRID **0810000**

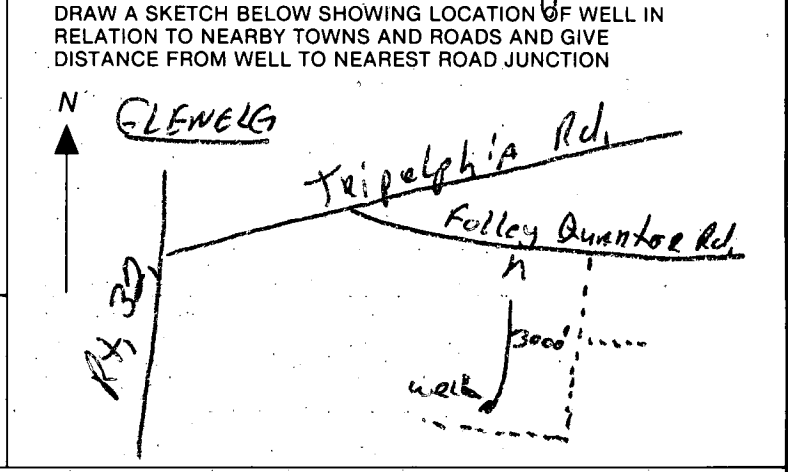
APPROXIMATE DEPTH OF WELL **150** FEET

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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
**Location OK Folley Quarter Rd.**  
 SOURCES OF DRILLING WATER  
 1. well  
 2. 30'-casing  
 3. 27'-open  
 WRITE THE BOX NUMBER FROM THE MAP HERE **Left site before print 3/13/85**  
 E **8100**  
 N **5163**

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 **JS** WRITE INITIALS IN BOX PERMIT No. **HO-81-0916**

SPECIAL CONDITIONS

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LABORATORIES ADMINISTRATION  
REPORT OF WATER ANALYSIS

Bottle Number: H 9338 Name: GEO. PRETTYMAN County: HOWARD

Source of Sample: GLENELG MANOR LOT 11A Collector: STAYER  
Street Town or City

Sample Type (Circle): Community Source  Non-Community Distribution  **Private MCL**  Emergency Recheck  Routine

Remarks: HO 81-0916

County:  Plant No.:  Sampling Station:  Date Collected:  Time:  Acid:  Iced:

Field Data: pH\*:  Chlorine Residual: Free  Total  Specific Conductance:

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011		Arsenic	253	
Alkalinity (Total)	040		Barium	262	
Alkalinity (HCO <sub>3</sub> )	050		Cadmium	273	
Alkalinity (CO <sub>3</sub> )	060		Chromium	283	
pH*, Ca CO <sub>3</sub> SAT.	071		Lead	302	
Alkalinity, Ca CO <sub>3</sub> SAT	080		Mercury	314	
Hardness	110		Selenium	323	
<del>Ammonia-N</del>	143		Silver	333	
<input checked="" type="checkbox"/> Nitrate-Nitrite N	162	0.4	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	091		Iron	122	
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

\* Results reported in units, all others in milligrams per liter (ppm)

Date Received: MAR 13 1985 Date Reported: \_\_\_\_\_ Chemist: James L. Solnick, Ph.D. Lab No: 011989

October 8, 1985

Mr. George B. Prettyman  
12835 Folly Quarter Road  
Glenelg, Maryland 21037

Dear Mr. Prettyman:


The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some dangerous bacteria could enter your water supply at any time.

It is recommended that the well casing, seal or cap and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. The Health Department should be contacted to arrange follow-up testing to insure sterility.

If further information is needed, please call 461-9933 between 8:30 a.m. and 4:30 p.m.

Very truly yours,



Craig Williams, Director  
Water and Sewerage Program

CW/JS:JR

Enclosure

C1 **9570**  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP USE ONLY)

**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 34220**

DATE RECEIVED  
 8 13

DATE WELL COMPLETED  
**03/385**

DEPTH OF WELL  
 22 **160** 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**#0-81-0916**

OWNER **PRETTYMAN GEORGE**  
 STREET OR RFD **FULLY QUARTER RD** TOWN **GLENELG**  
 SUBDIVISION **GLENELG MANOR** SECTION **2** LOT **11A**

**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	20	
Sand Stone	20	25	
Micka	25	35	
Sand Stone	35	40	✓
Micka	40	160	

**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 **30**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **48** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** **PL** **OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE **PL** **E** **3C**  
 Nominal diameter top (main) casing (nearest inch) **6** **3**  
 Total depth of main casing (nearest foot) **160**

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

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

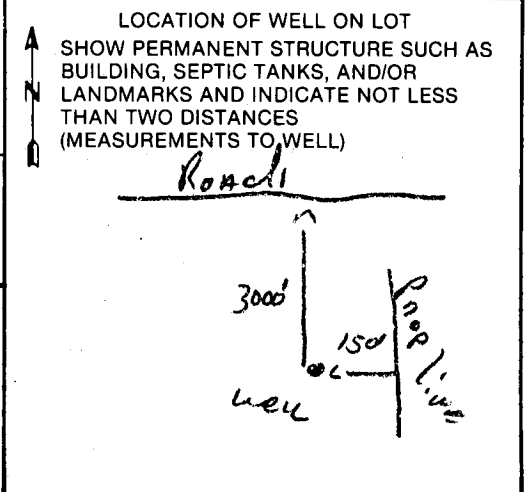
**C2**  
 DEPTH (nearest ft.)  
 1 **70** **28** **160**  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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.) **9**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **37** WHEN PUMPING **37**  
 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) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 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

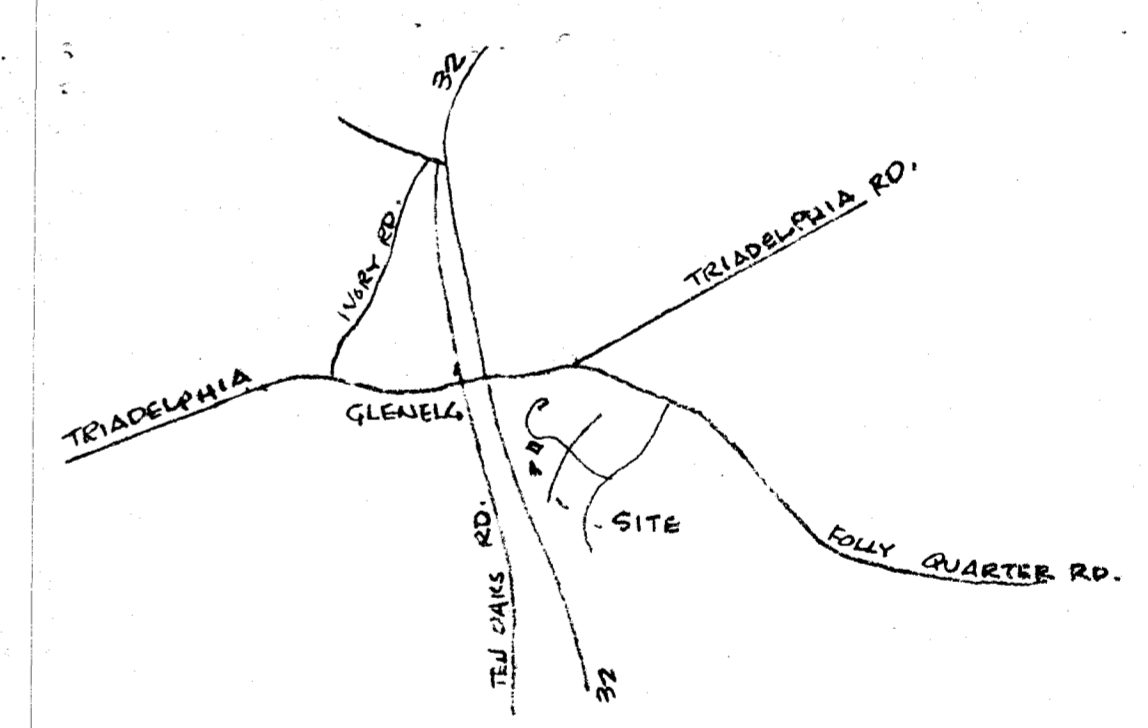
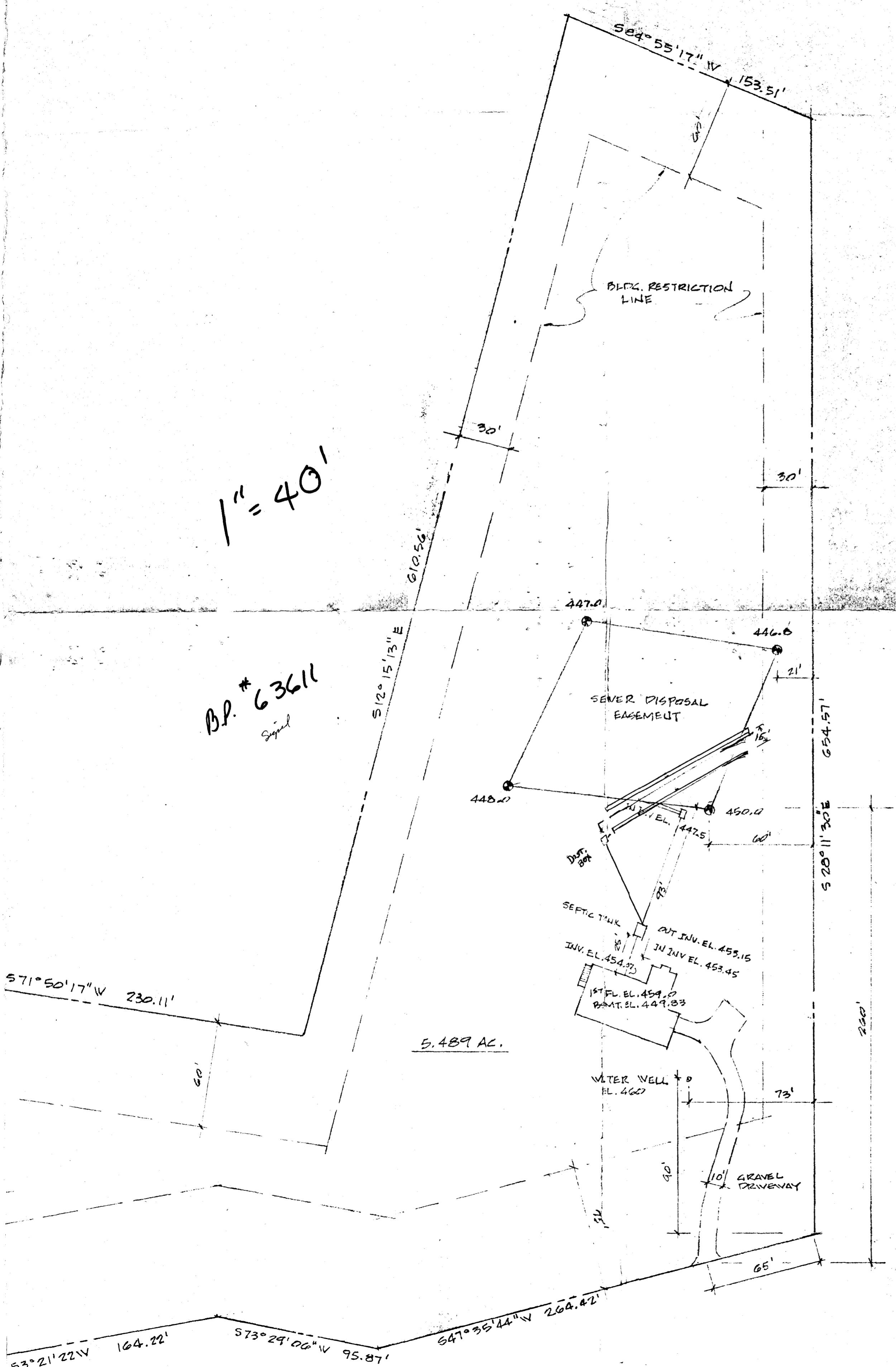
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **273**  
**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)



1" = 40'

BP. # 63611  
Signed



LOCATION MAP

Septic app. elev's & location  
4-1-85

BP. # 63611

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.  
SIGNED: *[Signature]*

RESIDENCE for GEORGE & BARBARA PRETTYMAN 12835 FOLLY QUARTER ROAD, HOWARD CO., MD		
SCALE: 1" = 40'	APPROVED BY:	DRAWN BY: <i>[Signature]</i>
DATE: FEB. 1985		REVISED:
SITE PLAN PARCEL 11A		

W E L L P U M P I N S P E C T I O N

Owner's Name: BARBARA AND GEORGE PRETTYMAN

Address: 11905 OLD COLUMBIA PIKE  
SILVER SPRING MARYLAND

Location of Property: 12035 FOLLYQUARTER RD.

Well Tag Number:

ELLICOTT CITY MARYLAND 21043  
(GLEN ELL MANOR ESTATES, LOT 11A)

Plumber or Certified Pump Installer: L&F PLUMBING CO.

Phone Number: 301-725-3392

License Number:

Receipt Number:

Date:

35577

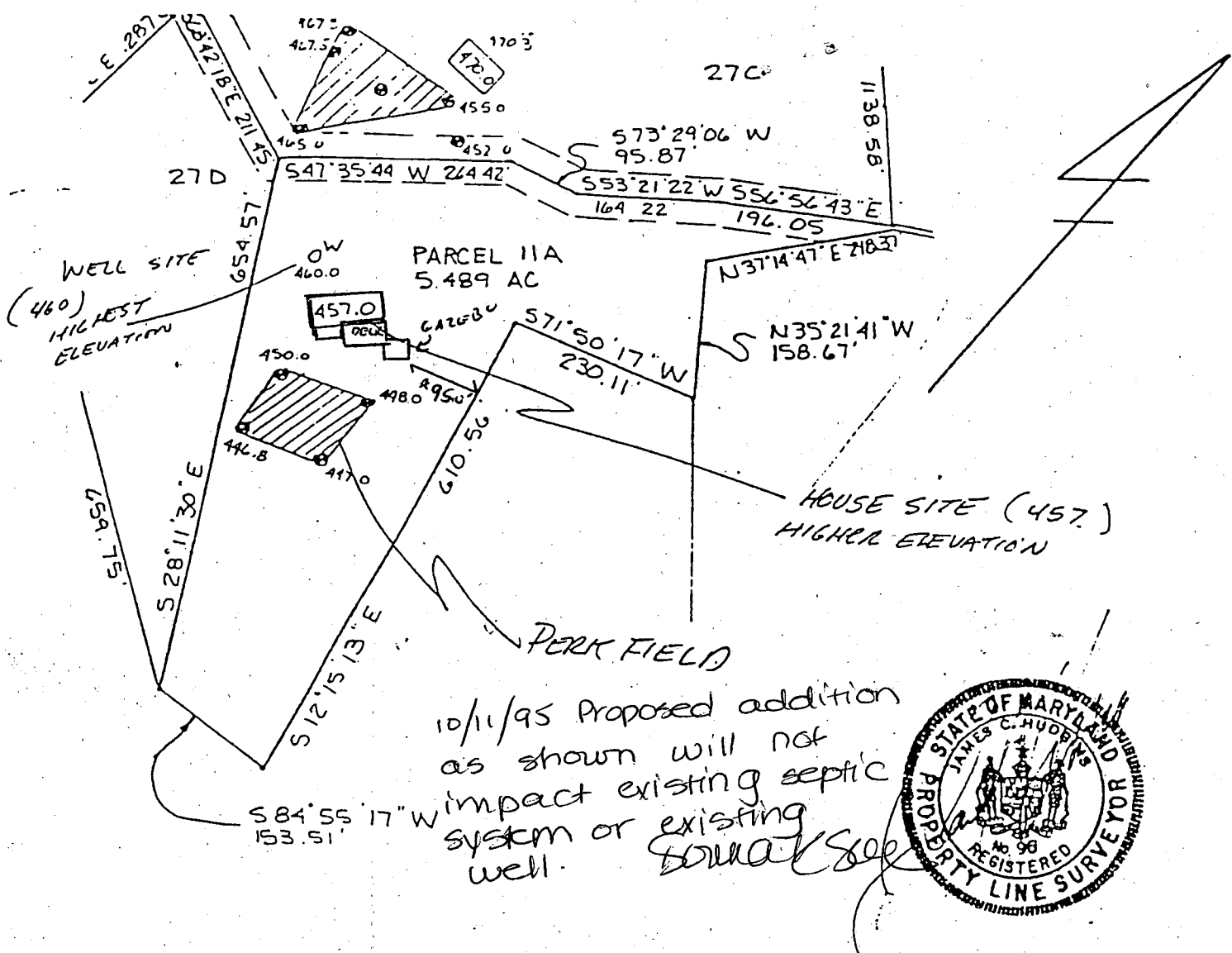
5/28/85

Comments: OK TO PROCEED WITH INSTALLATION 5/28/85 CWillem

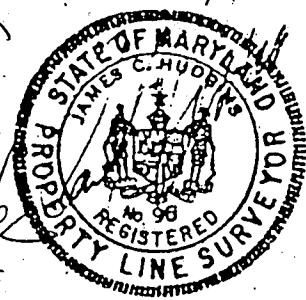
Inspection:


Date Well Pump Inspection was approved:

Inspector:



10/11/95 Proposed addition  
 as shown will not  
 impact existing septic  
 system or existing  
 well.



 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.

PERCOLATION TEST PLAT

PARCEL 11A  
 GLENELG MANOR II

PROPERTY OF  
 DALE Z. MAISEL

5th Election District  
 Howard County, Maryland  
 Scale 1"=200'  
 Date 11/10/84

NTT ASSOCIATES, INC.

APPROVED: For Private Use and...