

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

04-343301

INDEXED

File

8/11 ① P.C. O. [unclear]
② P.C. C. [unclear]

P 46261

A 34311

DISTRICT 5th

DATE 8/14/90

DATE SYSTEM APPROVED 8/14/90

INSPECTOR C.R.C.

Olen Ketterman

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION Glenelg Manor ROAD 12887 Folly Quarter LOT 28C

PROPERTY OWNER Samuel Alascia

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

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 1 1/2 feet below original grade. Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 220 feet from the front lot line and 150 feet from the left lot line. Run trenches along contour toward rear of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 8-13-90 JEN

4-24-96 BASEMENT FINISHED BP#

2 BATHS ADDED FOR ENTERTAINING. JR

PLANS APPROVED BY C. Williams Revised DATE 11/06/89

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES)

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

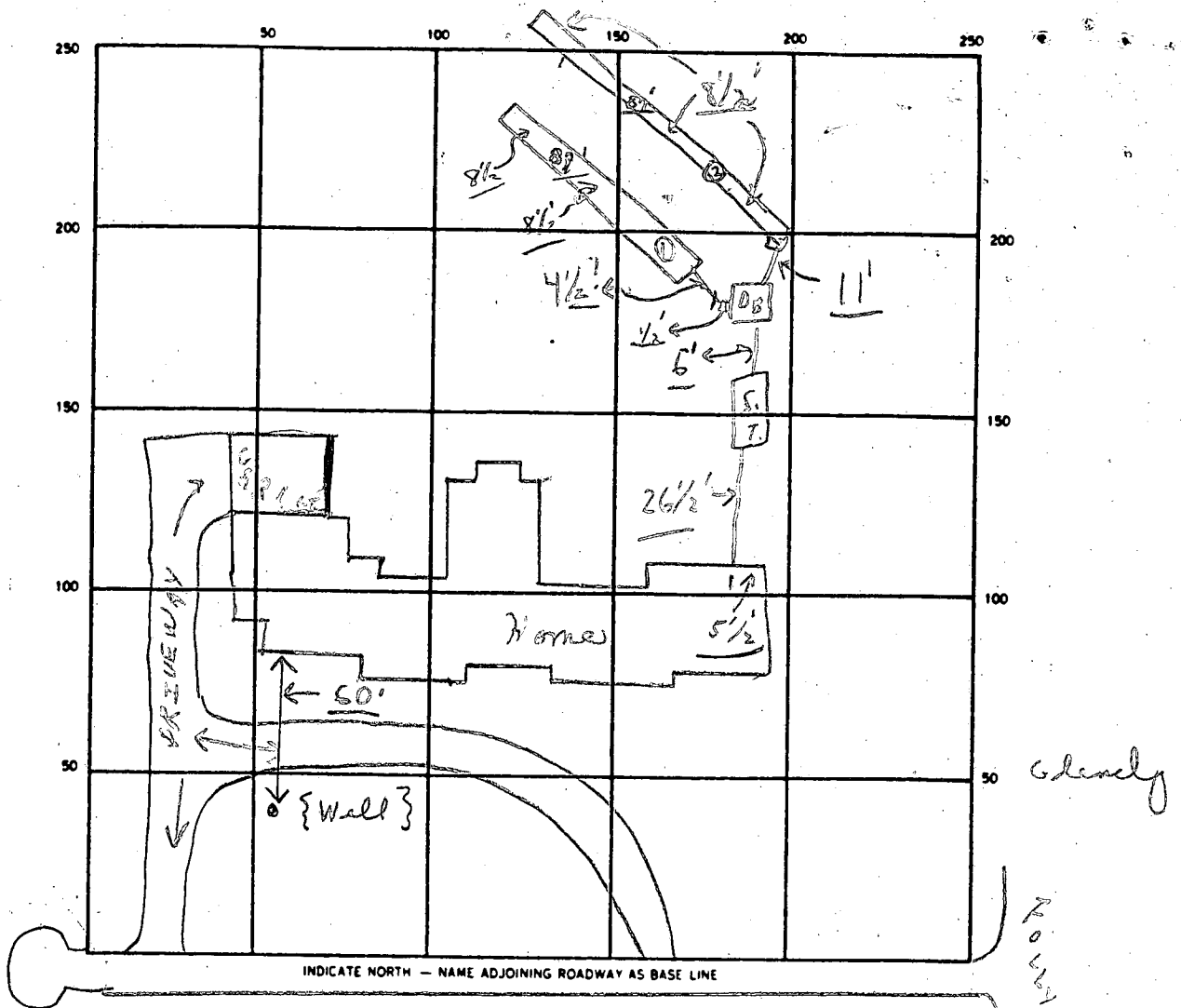
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

Add-on - Basement
BLDG. PERMIT SIGNED
AND RETURNED 4-24-96
Serial # 64690

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

34311



SEPTIC TANK LEVEL OK CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK (Baffles in)
 DRAIN FIELD/TILE FIELD DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 87 1/2 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 870 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 870 SQ. FT.

REMARKS A.M. 8/14/90 Partial - ok for stone in ① trench
8/14 P.M. OK to put stone in ② trench & cover ① on Fig. 1
Partial 8/14/90 1st P.M. - Final - ok to cover
 CBS

DATE SYSTEM APPROVED 8/14/90 INSPECTOR Charles Rigney Strick
 as per above

N44°52'34"W

272.76'

60' BOUNDARY

28 B

LOT 28 C

3.884 AC ±

BY SIGNED SUBJECT
9/19/89 TO ADJUSTMENTS
IN SEPTIC DETAIL
AS DESCRIBED,
C. Williams

760
540
190
37540

TRENCH TOO SHORT
FOR 3 BED ROOM
HOUSE

With - Trench length to be determined at
time of septic permit issuance

NAHDET, WENT, SHILLING,
SUITE 201 HARBOR PLAZA, WASHINGTON
595 1100000000
CO. WASHINGTON, D.C.

PARCEL 28C
CALENELS MAJOR
SECTION TWO
TAX MAP 28 PARCEL 342
5TH ELECTION DISTRICT
HOWARD COUNTY MD
SCALE 1" = 30' MAR, 1989

550' IS TYP

520' CG

N44° 11' 40" E

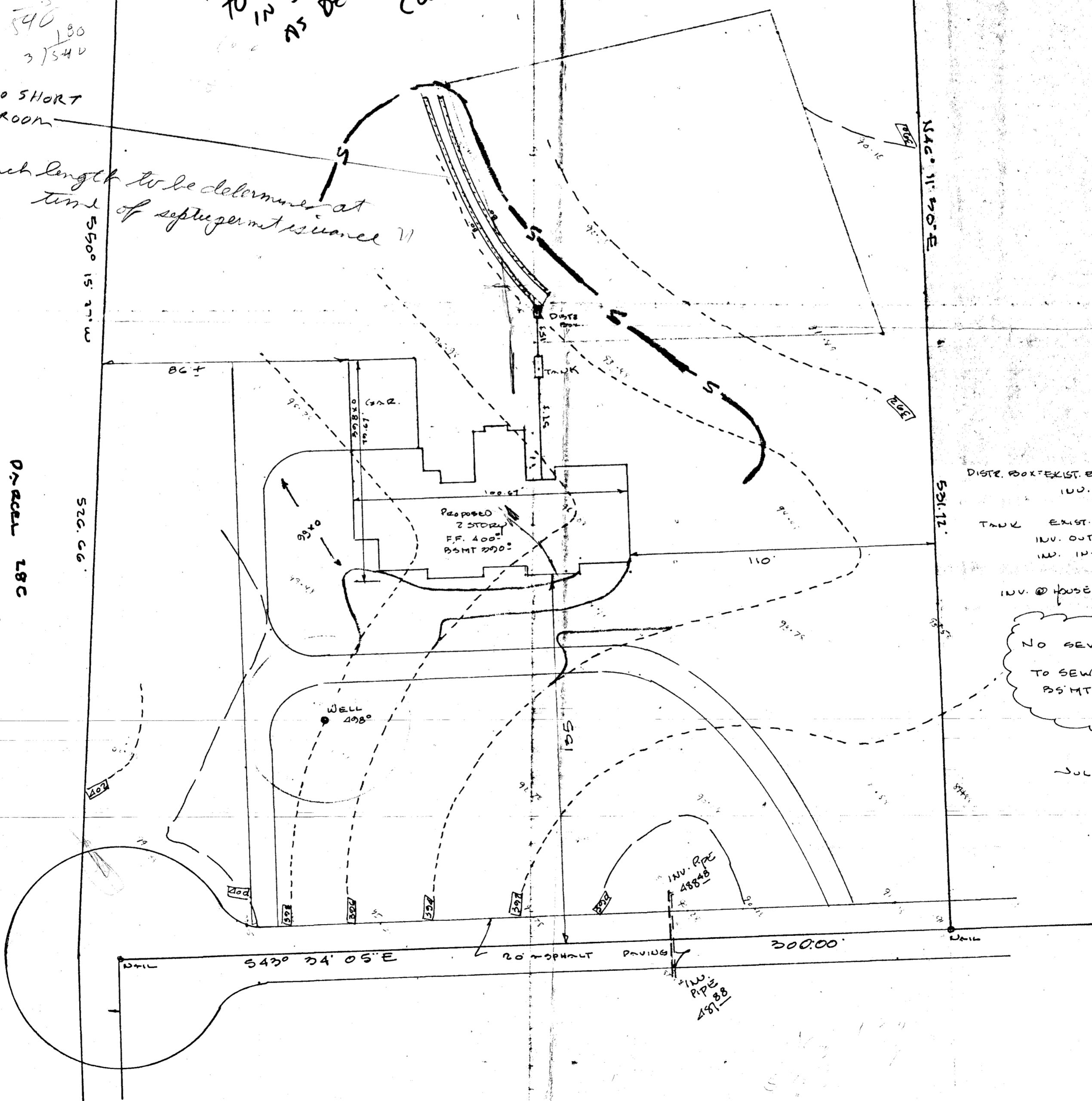
531.12'

DIST. BOX EXIST. EL.	3040'
100'	3000'
TANK EXIST.	3055'
INV. OUT	3000'
INV. IN	3000'
INV. @ HOUSE	3015'

Manhole Needed

NO SEWER IN BASEMENT
TO SEWER BSMT
BSMT FLOOR = 3035'

JULY 17, 1980

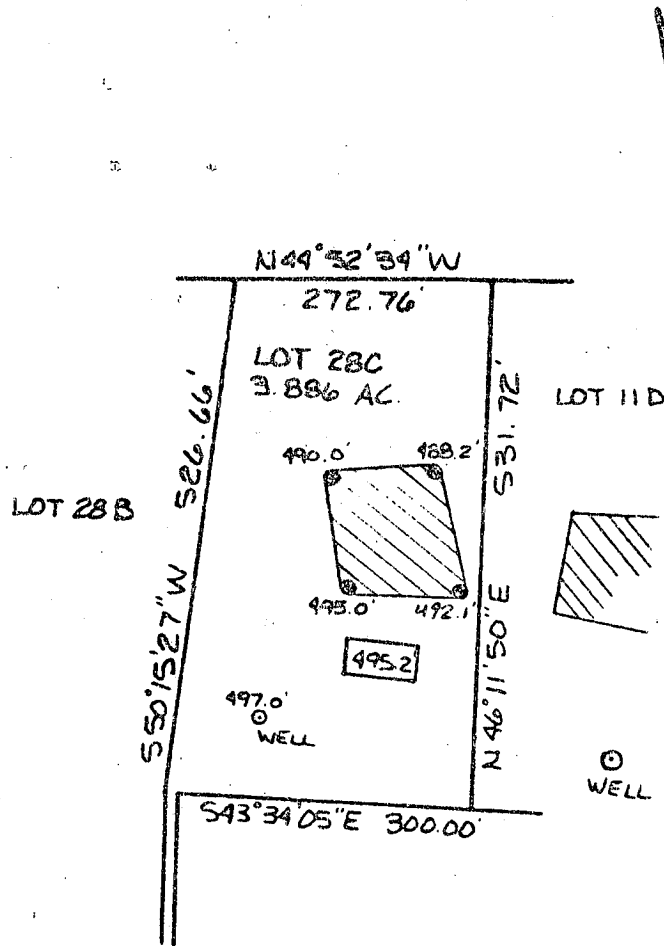



INV. RPE
4880
PIPE
4878

20' ASPHALT PAVING

300.00'

S43° 34' 05" E



 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 F.S.
 County Health Officer Date 10/19/84

PERCOLATION TEST PLAT
 PARCEL 28C
 GLENELG MANOR
 SECTION TWO

5th Election District
 Howard County, Maryland
 Scale 1"=200'
 Date 9/18/84

NTT Associates
 101 Sterrett Place
 Columbia, MD 21044
 442 2031

GLENELG MANOR

A 34311

SUBDIVISION:

LOT NUMBER: 28C

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.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 2 1/2 feet below original grade.

Bottom maximum depth 7 1/2 feet below original grade.

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

5 feet of stone below distribution pipe.

- 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 absorbent sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 220' FROM
THE FRONT LOT LINE AND 150' FROM THE LEFT
LOT LINE, RUN TRENCHES ALONG CONTOUR TOWARD
REAR OF LOT.

REVISED 11/6/89 C.W.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34311

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th.

DATE 9/5/84

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 Samuel Alascia

ADDRESS _____ PHONE 531-5861

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor LOT NO. 28C

ROAD AND DESCRIPTION 12887 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/ Glenelg Manor Associates
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED

AND RETURNED 9/19/84

Serial # 29068 - SKD

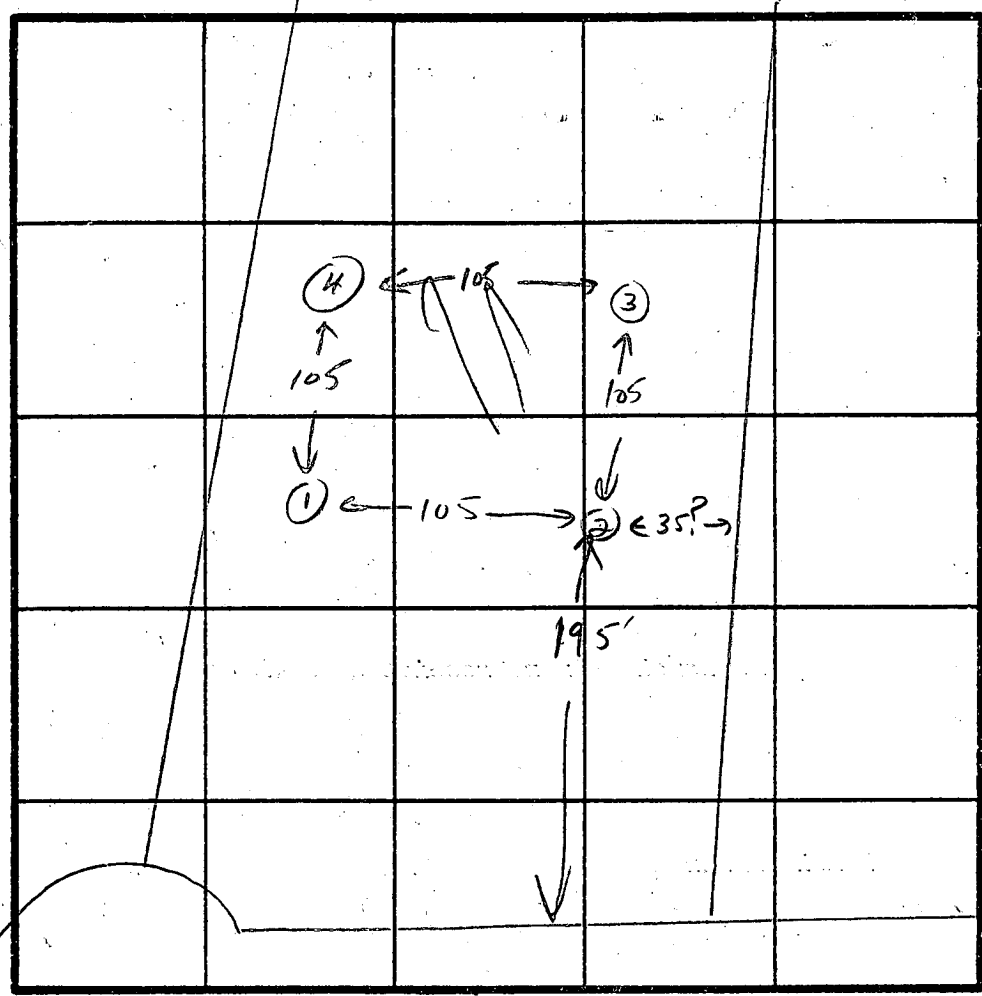
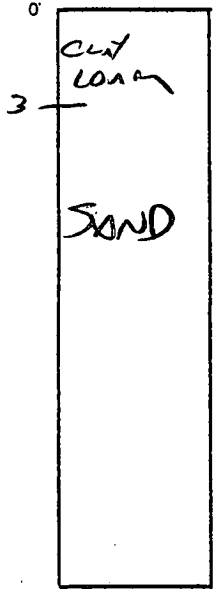
3 Car garage

THIS IS NOT A PERMIT

28C

ALL HOLES

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-6-84	1 2ND HILL	4 8 12	2:45	2:47	2:47	2:50	3 MIN
				SAND			
9-6-84	HILL 2	3 1/2 8 12	2:52	2:54	2:54	2:56	2 MIN
				SAND			
9-6-84	3	3 8 12	2:48	2:50	2:50	2:52	2 MIN
				SAND			
9-6-84	4	3 8 13	2:46	2:47	2:47	2:49	2 MIN
				SAND			

REMARKS START SYSTEM AT HOLE 2 RUN TOWARD HOLE 1

TYPE OF SOIL MICA-SAND

TESTED BY *C. Walker* ALSO PRESENT *KETTERMAN*

EH-12-1079

C1 **6775** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (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 **A34311**

DATE Received
 DATE WELL COMPLETED **030689**
 8 13 15 20
 Depth of Well **230**
 22 26 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-88-0406**
 28 29 30 31 32 33 34 35 36 37

OWNER **MASCIA, KATHLEEN**
 last name first name
 STREET OR RFD **FULLY WILBICA RD** TOWN **GLENVIEW**
 SUBDIVISION **GLENVIEW MODEL II** SECTION LOT **28C**

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	
T Soil	0	2	
Shaly	2	30	<input checked="" type="checkbox"/>
Sand Stone	30	35	
MICKA	35	75	
Shad Stone	75	80	<input checked="" type="checkbox"/>
MICKA	80	230	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 44 44
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 45 46 45 46
 NO. OF BAGS NO. OF POUNDS
 GALLONS OF WATER
 DEPTH OF GROUT SEAL (to nearest foot)
 from ft. to ft.
 48 TOP 52 54 BOTTOM 58
 (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 foot) (nearest foot)
 PL **G** **TL** **T**
 60 61 63 64 66 70

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

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.)
 EACH SCREEN
 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 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. **773**
 DRILLERS SIGNATURE *North M... ..*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

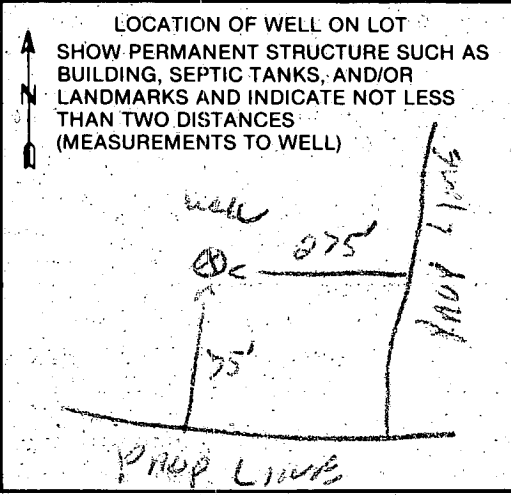
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

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)
 8 9
 PUMPING RATE (gal. per min. to nearest gal.)
 11 15
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING
 17 20
 WHEN PUMPING
 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)
 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 (nearest foot)
 below } (nearest foot)
 49 50 51



B 1 **7925** SEQUENCE NO. (DP 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

STATE PERMIT NUMBER
HO-88-0406
 fill in this form completely

Date Received (APA) **020689**
 OWNER INFORMATION
 ALASCIA KATHLEEN
 12713 FOLLEY QUARTER
 ELLICOTT CITY MD 21043

B 3 LOCATION OF WELL
 HOWARD COUNTY
 FLEWELG MANOR
 SECTION 2 LOT 280
 FLEWELG
 MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION
 Ralph Mayne
 Ralph Mayne (well drilling)
 9120 Brown Church Rd. Mt Airy
 Ralph Mayne 2/1/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 Folley Quarter Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 3000 FT
 ENTER FT or MI Ft

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 A 34311 COUNTY NO.
 STATE SIGNATURE DATE ISSUED 021389
 CO SIGNATURE EXP. DATE 2/14/89
 NORTH GRID 815000 EAST GRID 0810000

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)

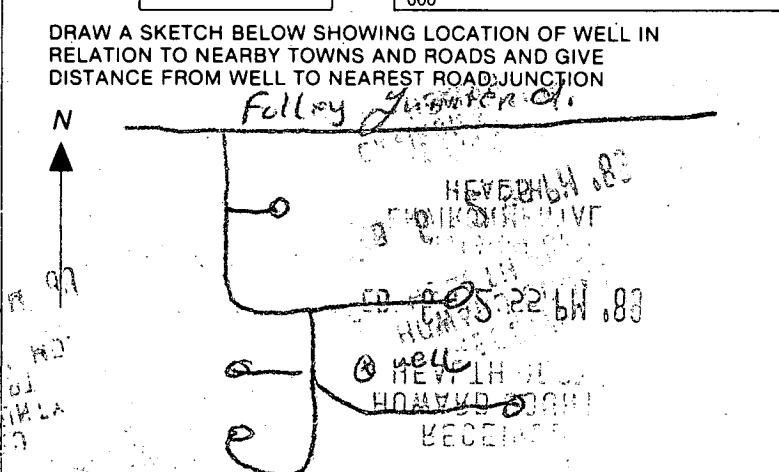
APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 810
 510

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 CW WRITE INITIALS IN BOX PERMIT NO. HO-88-0406

SPECIAL CONDITIONS 531-5861

3/8/89 145 PM

- ① 42 FT casing
- ② 29 FT open hole
- ③ LOCATION OK
- ④ EHA 65

B. Hodge

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 FEB 6 - 2 55 PM '89
 DIVISION OF
 ENVIRONMENTAL
 HEALTH

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 ELLICOTT CITY, MD.
 FEB 6 9 52 AM '89

7/25/90
ANY TIME

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 # 46167
Date 7/24/90

Name of Installer CORNWELL P. & H.

Telephone 988-9221

License Number 3853
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner ALASCIA PAMEL Telephone _____
Subdivision LENELG MANOR Lot # 28 C. Well Tag # HO-88-0406
Site Address 12887 Holly Quater Rd. FC, 21043

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # <input checked="" type="checkbox"/>
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>JAG 127</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>554B10-</u>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity <u>42 gal.</u>	1. Type <u>PLASTIC</u>	1. Depth _____ ft.
2. Pressure relief valve? <u>75</u>	2. Size <u>1"</u>	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level _____ ft.
	4. Depth of supply line <u>10ft</u>	4. Will water supply be disinfected by installer? <u>Yes</u>

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: Erroy Cornwell

Date: 7/24/90

7/25/90 - UNFINISHED
PITLESS ADAPTER OK BUT WELL LINE NOT DUG RH
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

April 26, 1991 *Reply to:*

Charles Streaker, Sanitarian
461-9933 or 461-9934

Ms. Kathleen Alascia
12887 Folly Quarter Road
Ellicott City, Maryland 21043

Re: Glenelg Manor - Lot 28C
12887 Folly Quarter Road
Well Permit No. HO-88-0406

Dear Ms. Alascia:

This is to advise you that the septic system was installed, inspected and approved on August 14, 1990.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-0406.

April 18, 1991
Date of Final Sampling

April 26, 1991
Date of Acceptance

Charles Streaker
Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
December 7, 1990
April 18, 1991

✓
CS:cm

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

016075

Category Code 4F

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source KATHLEEN ALASCIA

Location: 12887 FOLLY QUARTER ROAD (KITCHEN TAP)

Iced: Yes No am.

Treated Yes No pm.

Time Collected 9:30

Collector # 89-122 Bottle No. AL-L89

Collector Name MEWSTIK County HOWARD

County 13 Plant No. _____ Sampling Station _____ Date Collected 04 18 91

pH 5.2 Res. Cl: Free 00 Total 00 Card No. _____

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*

ml. of Sample	10 ml.										
Gas. 24 hours											
Gas. 48 hours											

CONFIRMED MTF TEST

ml. of Sample	10 ml.										No. of Pos.	
Coliforms †												
Fecal Coliforms ‡												

PRESUMPTIVE P/A TEST*

ml. of Sample	100ml.
Gas. 24 hours	—
Gas. 48 hours	—

CONFIRMED P/A TEST

ml. of Sample	100ml.
Total Coliforms †	—
Fecal Coliforms ‡	

** Presumptive Coliforms/100 ml. (Membrane Filter) = _____

† Verified Total Coliforms/100ml. (Membrane Filter) = _____

‡ Verified Fecal Coliforms/100ml. (Membrane Filter) = _____

Standard Plate Count §/ml. = _____

** using m Endo-Agar LES at 35° C incubation

* using Lauryl Sulfate Trypticase Broth at 35°C incubation

† using Brilliant Green Lactose Bile Broth at 35°C incubation

‡ using EC Broth at 44.5°C incubation

§ using Plate Count Agar at 35°C incubation

Date & Hour

18 APR 91 12 20

18 APR 91 12 20

22 APR 91 12 03

Laboratory

Annapolis
 Cambridge
 Central
 Cheverly
 Cumberland
 Frederick
 Salisbury

Recd. _____

Exam. _____

Rept. _____

Bacteriologist L. Flange



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
December 11, 1990

Reply to:
Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Tony Patti
Bentley Custom Construction
4512 Furley Avenue
Baltimore, Maryland 21206

Re: Glenelg Manor - Lot 28C
12887 Folly Quarter Road
Well Permit No. HO-88-0406

Dear Mr. Patti:

This is to advise you that the septic system was installed, inspected and approved on August 14, 1990.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-0406. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

March 8, 1989
Date Well Approved

December 7, 1990
Date of Water Sample

Charles Streaker
Approving Authority
Charles Streaker, Sanitarian
Water and Sewerage Program

✓
CBS:cm

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING

22 WEST PADONIA ROAD, C245, TIMONIUM, MD 21093

(301) 252-7742 FAX (301) 560-3277

REPORT DATE: Dec 10, 1990

County Howard

Lab Number 90-2919 ✓

Sample Iced Yes
Residual Cl₂ < 0.1 mg/L

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

Mr. Tony Patti
Bentley Custom Construction
4512 Furley Avenue
Baltimore, Md. 21206

Property Sampled: U&O: 12887 Folley Quarter Road

Station Sampled: Laundry tub tap

Tax Map #:

Date/Time Sampled: Dec 7, 1990 ✓ 1:45 pm ✓

Parcel #:

Owner, Telephone No.:

Sampler: B. Christie #90-261

Subdivision Name: Glen Elg Manor ✓

Lot Number: 28C ✓

Building Permit No.: 29068 ✓

Well Number: HO 88-0406 ✓

Observation: Satisfactory

RESULTS OF ANALYSIS:

Nitrate -N (mg/L)

1.1 **PASS**
FAIL

10 mg/L *

Turbidity (NTU)

< 1.0 **PASS**
FAIL

10 NTU *

pH (Units)

5.9

6.5 - 8.5 Units

SAND

NEGATIVE

COLIFORM BACTERIA (MPN/100 mL)

< 2.2 Total (0 of 5 tube +) **PASS**
Fail
Fecal (of 5 tube +) FAIL

< 2.2 (0 of 5 tubes +) *

MF Coliforms/100 mL

~~FAIL~~ **PASS**

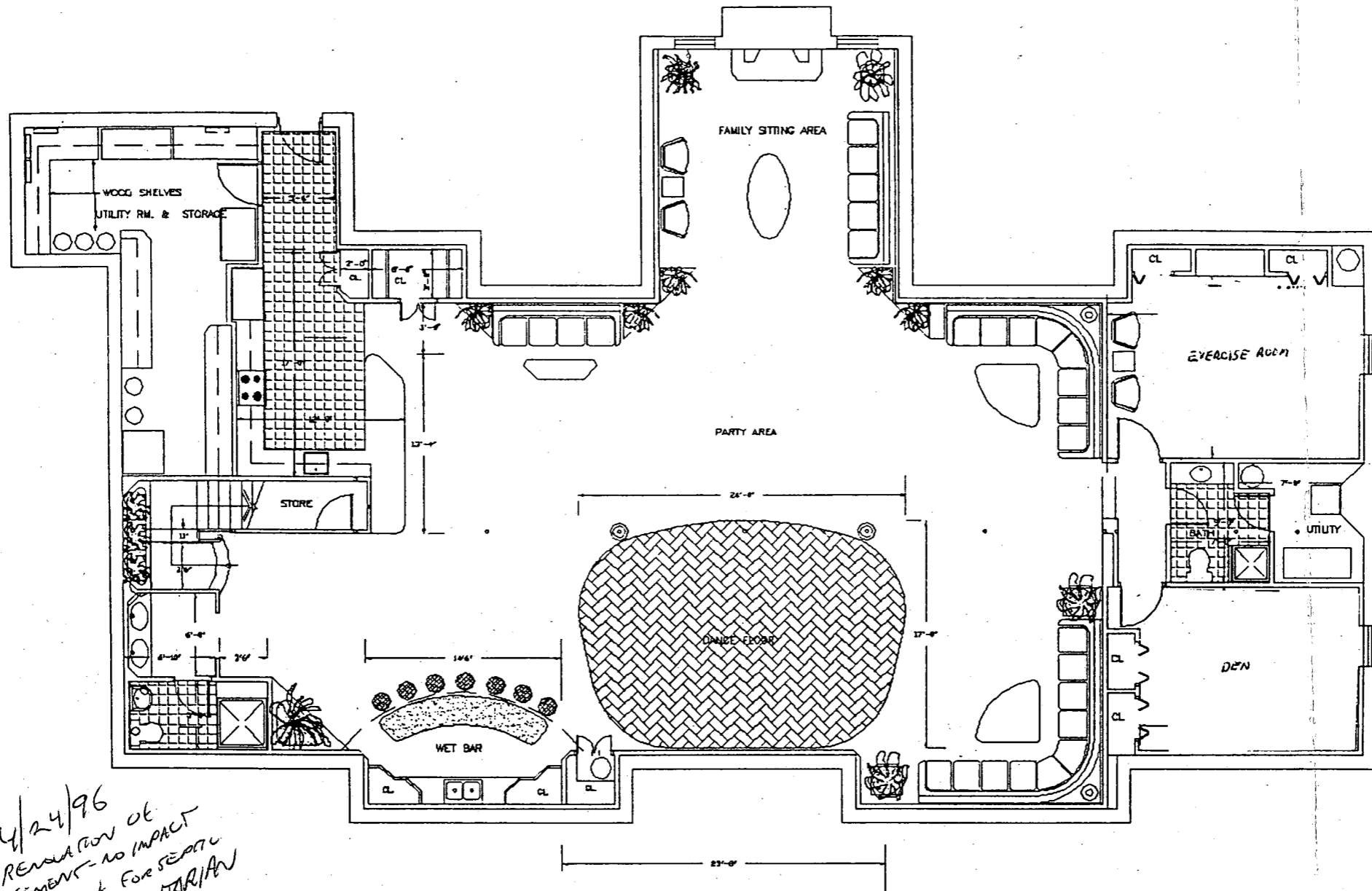
< 1 Coliforms/100 mL *

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was SAFE for drinking purposes.

* MCL = Maximum Contamination Level

NR = Not Requested

Stephen E. Shelley
Stephen E. Shelley



4/24/96
 RENOVATION OF
 BASEMENT - NO IMPACT
 TO WELL, OK FOR SEPTIC
 to Mr. Sanjiv SANTIARIAN

BASEMENT FLOOR PLAN

**DESIGN &
 ASSOCIATES**
 3807 DUNNINGTON RD.
 BELTSVILLE, MD. 20705
 TEL. (301) 672-3963

REVISIONS			
NUMBERS	DESCRIPTION	DATE	APPROVAL

OWNER: PRITAM S. SAINI & MANJIT K. SAINI

RENOVATION OF DR. SAINT'S HOUSE		DRAWING NO.
TITLE: BASEMENT FLOOR PLAN		A-2
DESIGNED BY	CHECKED BY	SHEET 2 OF 4
DRAWN BY	DATE	