

2/86
HARRIS
LARR

5/22/86
PM

APPROVED
5/22/86
RN
P 36932
A 34421

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

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

OS-374952
INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 5/13/86

Paul Schissler IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salembottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Glenelq Manor II ROAD 12843 Folly Quarter LOT 26A

PROPERTY OWNER H. A. Prushansky Ron and Donna Fallon

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

BLDG PERMIT SHIP
AND RETURNED 6-18-98
Serial # Bro 112524 - deck

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. With garbage disposal 193 sq. ft. per bedroom
Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom
maximum depth 8 feet below original grade. Effective area begins at 4 feet
below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 140 feet from the 209.67' lot line and 80 feet from the
696.41' lot line. Run trenches along level ground toward the 587.33' lot
line.

* A TOTAL OF 193 LINEAR FEET OF TRENCH IS REQUIRED FOR A 4 BEDROOM HOME WITH A GARBAGE
GRINDER.

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 1/24/85

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.

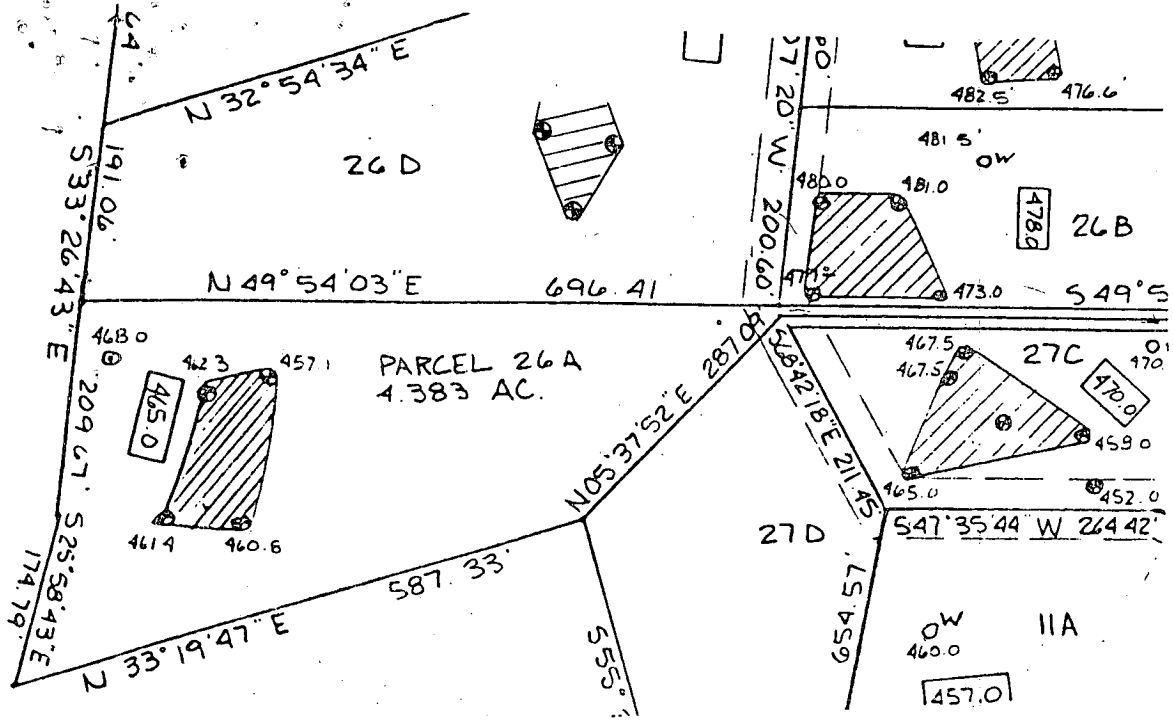
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**


*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.


EH - 2-1082

**BUILDING PERMIT SIGNED
AND RETURNED**
1302 BOD 151228 - GARAGE

A 34421

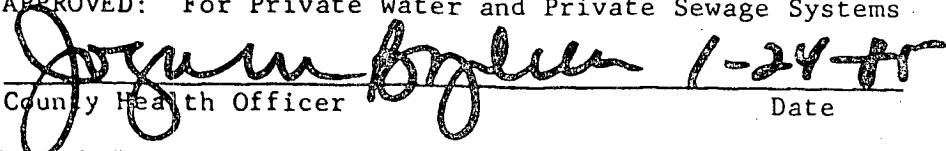


 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and 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

 County Health Officer Date

PERCOLATION TEST PLAT
 PARCEL 26A
 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

12/5/84
2:30
7:32

RETEST
APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34421

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
12789 Folly Quarter Road
ADDRESS Ellicott City, Maryland PHONE 461-4920

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor TP LOT NO. 26A

ROAD AND DESCRIPTION _____

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 _____

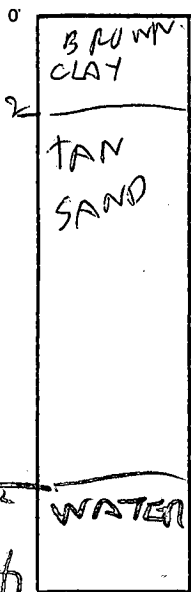
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/5/84 - HOLD RETEST FOR WET
SEASON WATER IN BOTH LOW HOLES RH
HOWEVER ORIGINAL PERC IS NO PROBLEM

BLDG. PERMITS SIGNED
AND RETURNED 8/20/85
BY 6625L
FOR SED

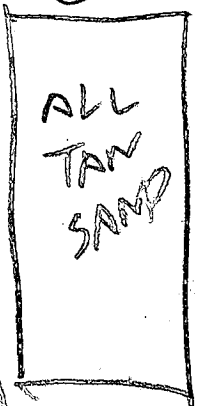
THIS IS NOT A PERMIT

①
SOIL PROFILE

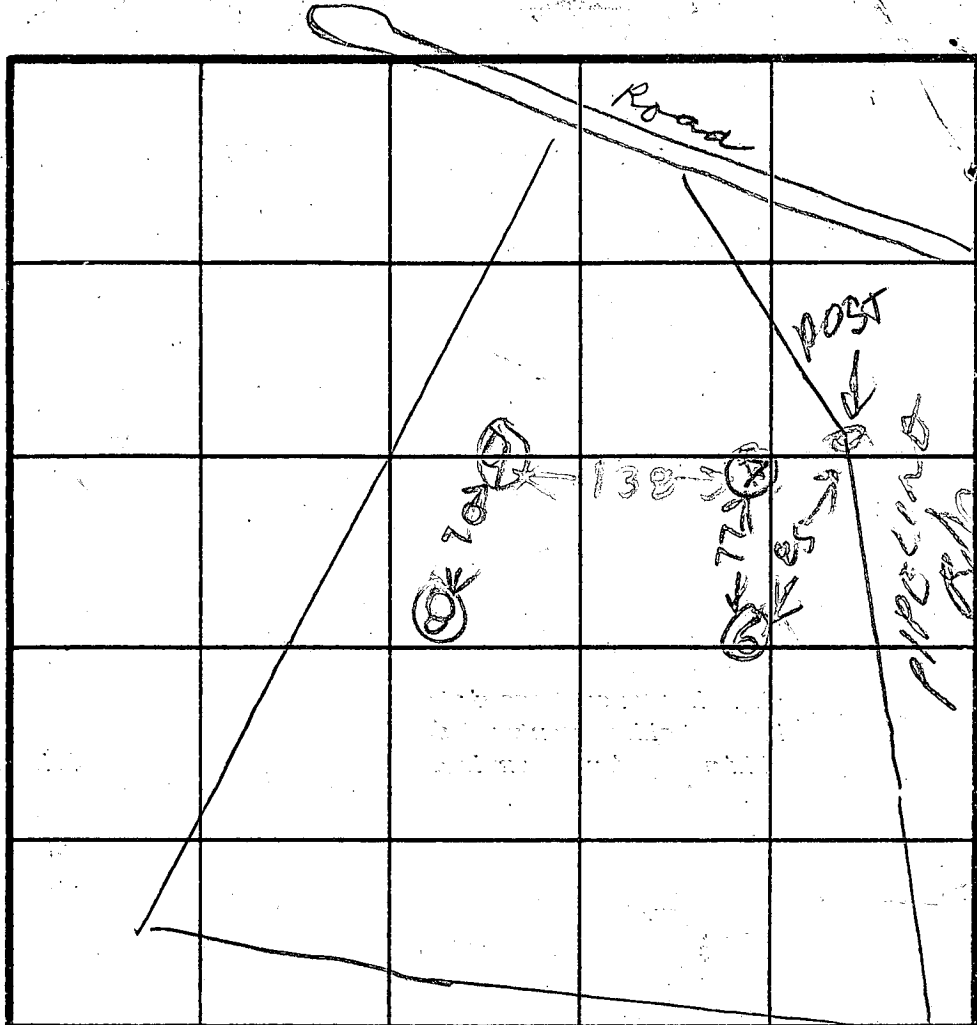


2.6 A

②

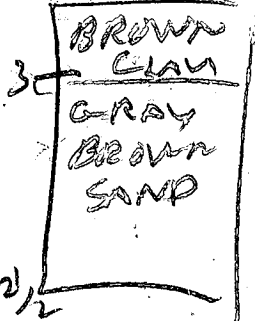


③



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

④



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/5/84	6S	3 1/2	314	321	321	335	14
	6V	10	WATER 9 FT				
	7S	3	317	319	319	321	3
	7V	10	LOOKS OK				
	8S	4	327	336	336	345	9
	8V	14	WATER 9 FT				
12/5/84	9S	14	332	341	341	347	6
	9V	12V2	LOOKS OK				

REMARKS _____

TYPE OF SOIL _____

TESTED BY *RH*

ALSO PRESENT *OKLETTERMAN & SON & POP D. ROVER*

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34421

P _____

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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
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(SIGNATURE OF APPLICANT)

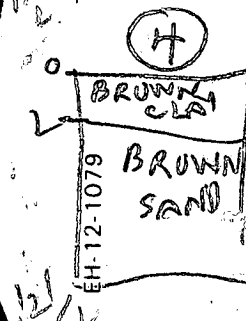
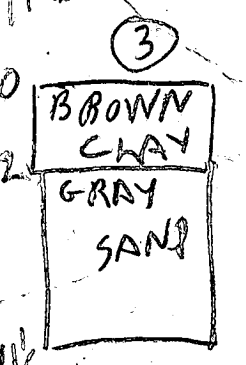
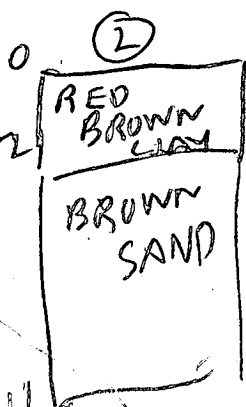
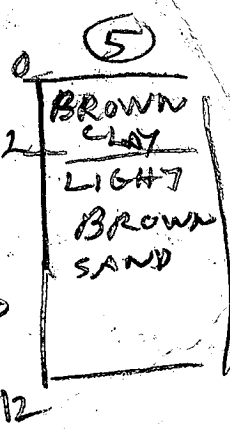
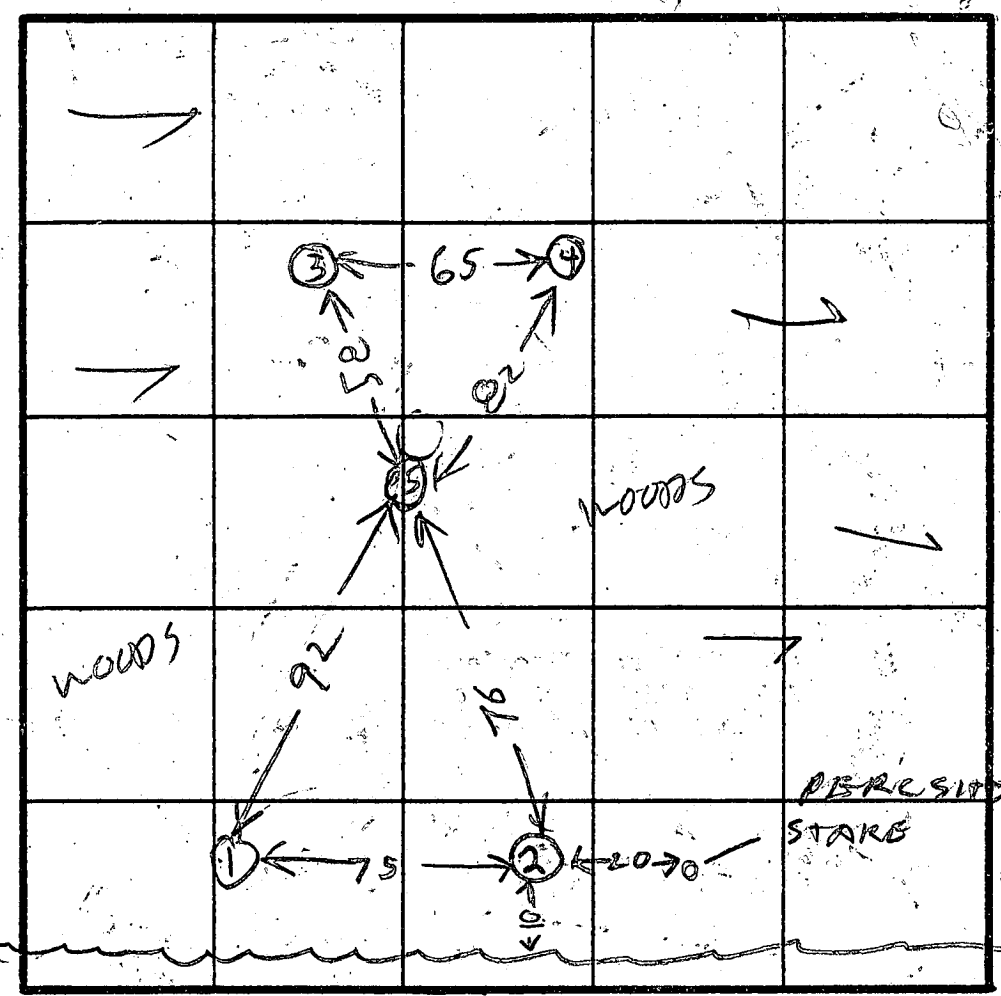
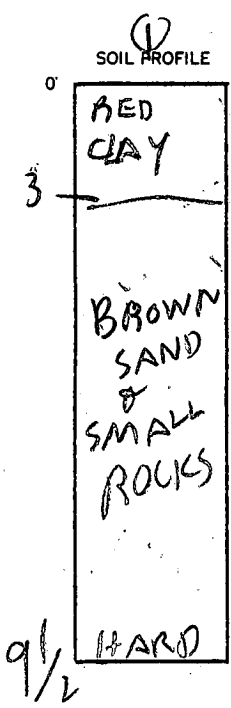
APPROVED BY _____ FOR _____ DATE _____

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
CLEARED PIPE LINE R/W

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/12/84	1S	4 1/2	110	113	113	114	1
	1V	9 1/2	LOOKS	OK	BUT SHALLOW		
	2S	3 1/2	116	117	117	119	2
	2V	11	LOOKS	OK			
	3S	11 1/4	125	126	126	127	1
	3V	11 1/2	LOOKS	OK			
	4S	3 1/2	129	130	130	133	3
	4V	12 1/2	LOOKS	OK			
	5V	12	LOOKS	OK			

⑬ = HIGH
⑤ = MEDIUM
④ = LOWEST
② = LOW
Trench slung at
③ going toward ①

REMARKS PERC SITE SHIFTED 20 FT UP HILL TO AVOID ROCK

TYPE OF SOIL _____
TESTED BY RH
ALSO PRESENT KETTERMAN

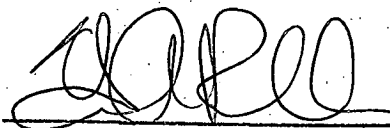
HOWARD COUNTY HEALTH DEPARTMENT

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.)



(Name)

HARRY A. PRUSIANSKY

2316 W. WILBERRY TERRACE

BALTIMORE, MD. 21209

(Address)

HO-81-0969

(OEP Well Permit Number)

3/26/85

(Date)

C1 **2527** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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 34421**

DATE Received
 [] [] [] [] [] []

DATE WELL COMPLETED
061185

Depth of Well
275
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-81-0969

OWNER **Prushansky H. A.**
 last name first name
 STREET OR RFD **Folly Quarter Rd.** TOWN **Glenelg**
 SUBDIVISION **Glenelg Manor** SECTION **2** LOT **26A**

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	30	
Sand Stone	30	35	✓
Micka	35	200	
Sand Stone	200	205	✓
Micka	205	275	

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 CASING TYPE **PL** Nominal diameter **6** Total depth of main casing (nearest foot) **200**
 (nearest inch) (nearest foot)

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.)
 EACH SCREEN
 1 **HO** **18** **275**
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []

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. **253**
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)

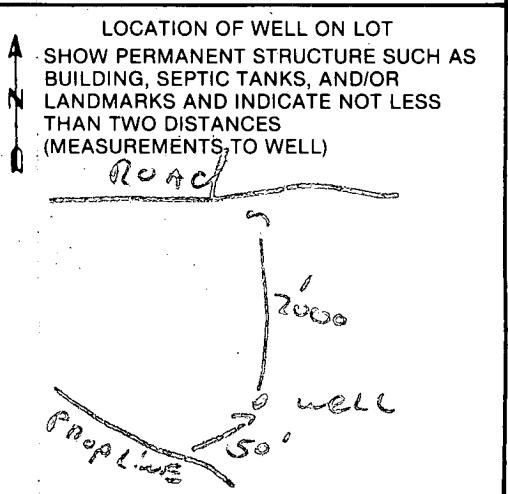
SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 from _____ to _____

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 [] [] []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **29**
 WHEN PUMPING **29**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

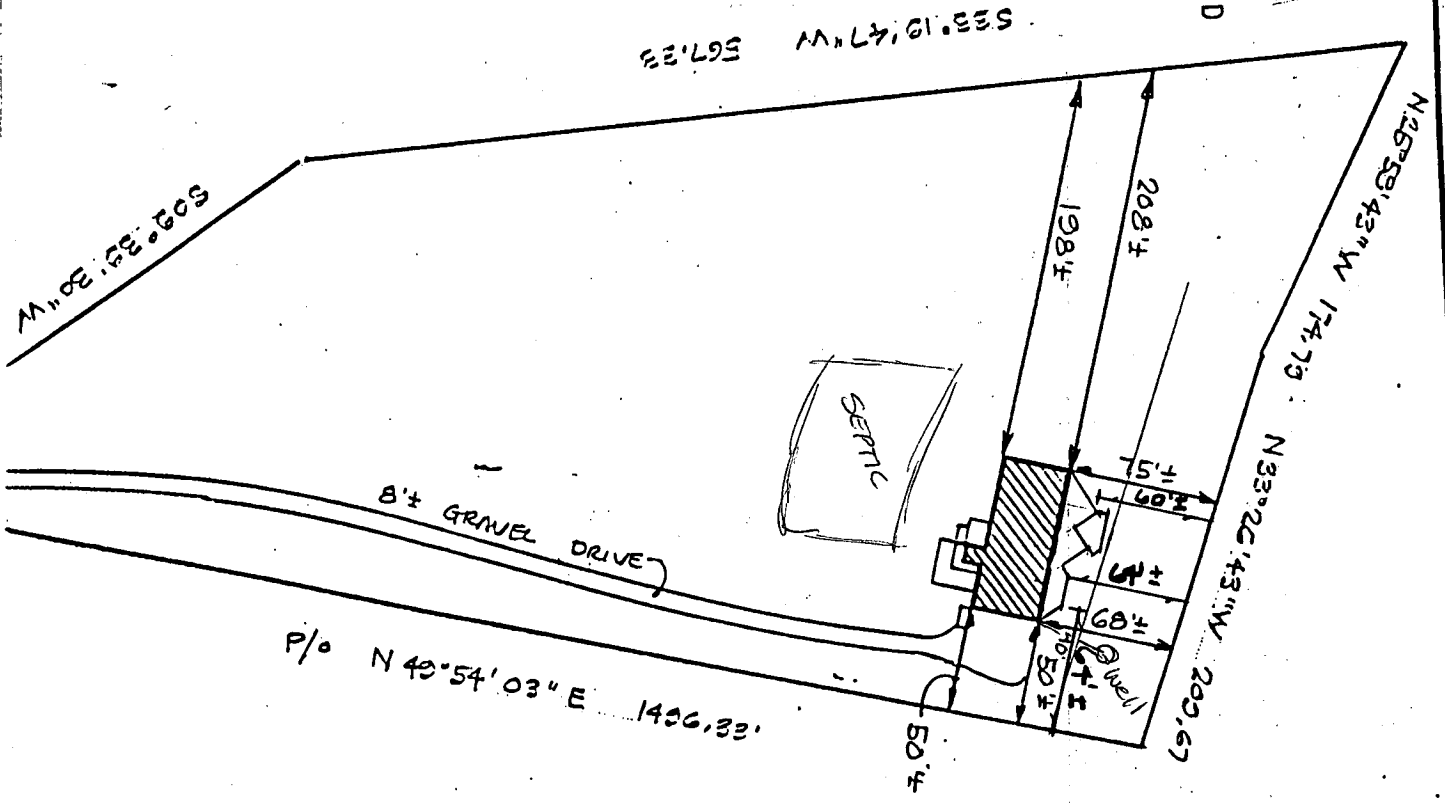
PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] []
 PUMP HORSE POWER [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above } LAND SURFACE (nearest foot) **2**
 (-) below }



Plat of Property known as # 12843
 Folly Quarter Road, and recorded
 among the Land Records of Howard
 County in Liber, 1982, Folio 64.

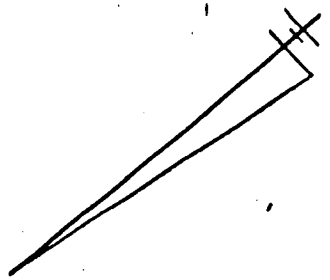
***NOTE: THIS HOUSE IS NOT LOCATED
 IN THE FLOOD PLAIN.

SCALE: 1" = 100'



6/18/98
 Shown deck locations
 will have no impact
 to the existing well
 and/or septic. OK to
 proceed.

A McMulle



Building Address 12843 Folly Quarter Rd Property Owner's Name Ronald + Dana Kellan
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Address _____
 City _____ State _____ Zip Code _____
 Census Tract 60810 Subdivision Glendy Manor II Home Phone 410-531-5727 Work Phone SAME
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Section 2 Area _____ Lot 26A
 Tax Map 22 Parcel 262 Grid 4
 Zoning RK Map Coordinates _____ Lot size 4.33 Ac Phone _____ Fax _____

Existing Use Single Family Contractor Company _____
 Proposed Use _____ Contact Person _____
 Estimated Construction Cost \$ _____ Address _____
 Description of Work building detached
garage 42x29'4" w/loft above City _____ State _____ Zip Code _____
 License No. _____ Phone _____ Fax _____

Occupant or Tenant _____ Engineer or Architect Company _____
 Contact Name _____ Contact Person _____
 Address _____ Address _____
 City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Phone _____ Fax _____

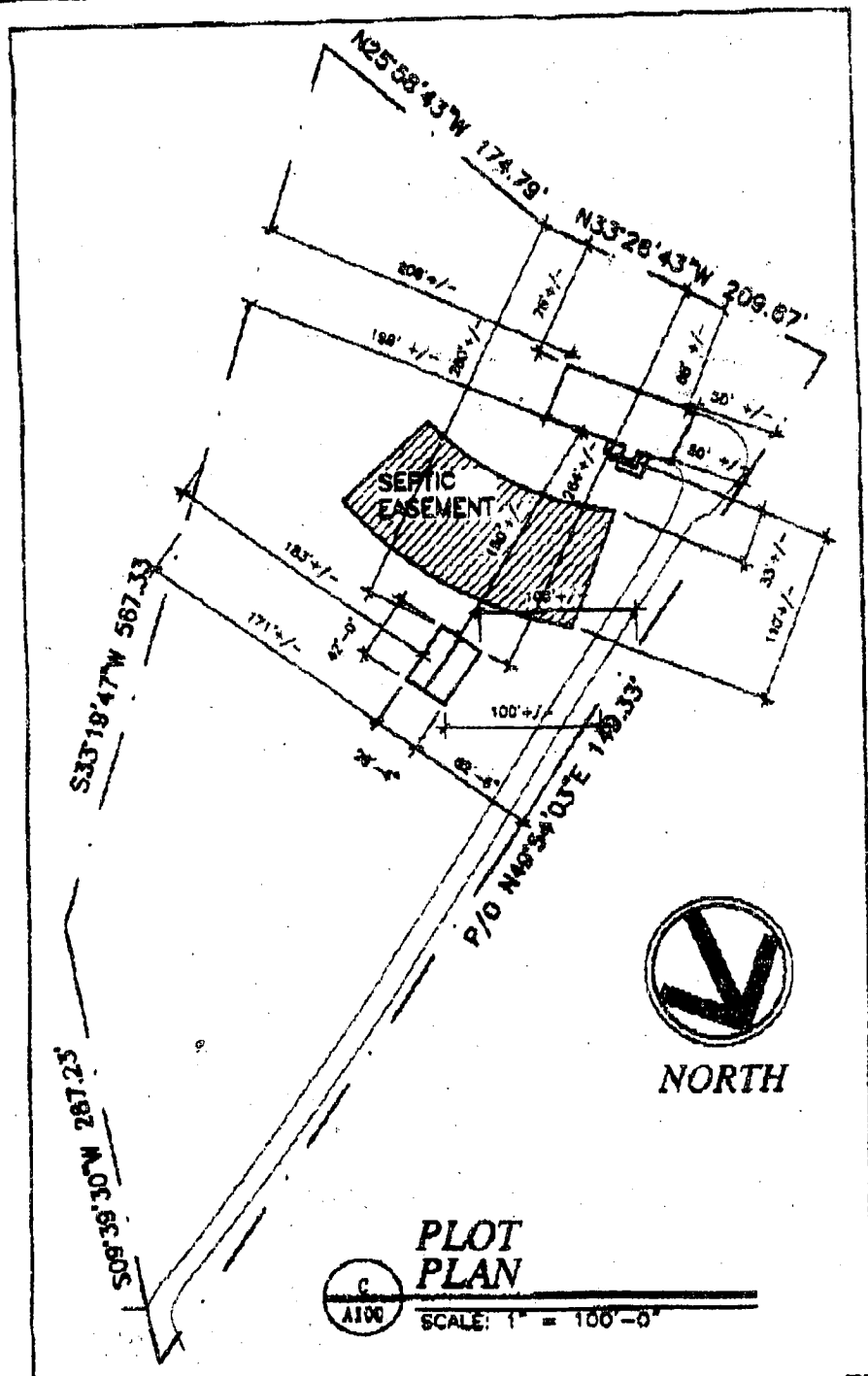
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL BE RESPONSIBLE FOR ALL WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____ Print Name _____
 Title/Company _____ Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: <u>70' 0"</u> Rear: <u>15' 0"</u> Side: <u>3' 0"</u>	3-1272
State Highways				Filing fee \$ <u>25.00</u>
Building Official				Permit fee \$ _____ Excise tax \$ _____



1-3-03
Garage
location
OK
(KN)



PLOT
PLAN



SCALE: 1" = 100'-0"

FALLON RESIDENCE DETACHED GARAGE

GMA&D
P.O. Box 922 Columbia, MD
(410) 591-0088

PLOT PLAN

SCALE: NOTED DATE Revised 12-19-02