

7/21/89 2530

05-274596

PERMIT

P 44708

A 34482

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 7/11/89

INDEXED

DATE SYSTEM APPROVED 7/21/89

INSPECTOR R18

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Glenelg Manor II ROAD 12801 Folly Quarter Rd LOT 16B

PROPERTY OWNER Robert Ahlstrom

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 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 115 feet from the lot line on the East side of the lot (684.36') line and 325 feet from the South side of the lot (274.59') line. Run the trenches on contour toward the North (274.59') lot line.

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

PLANS APPROVED BY Ray Hodges DATE 11/01/88

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

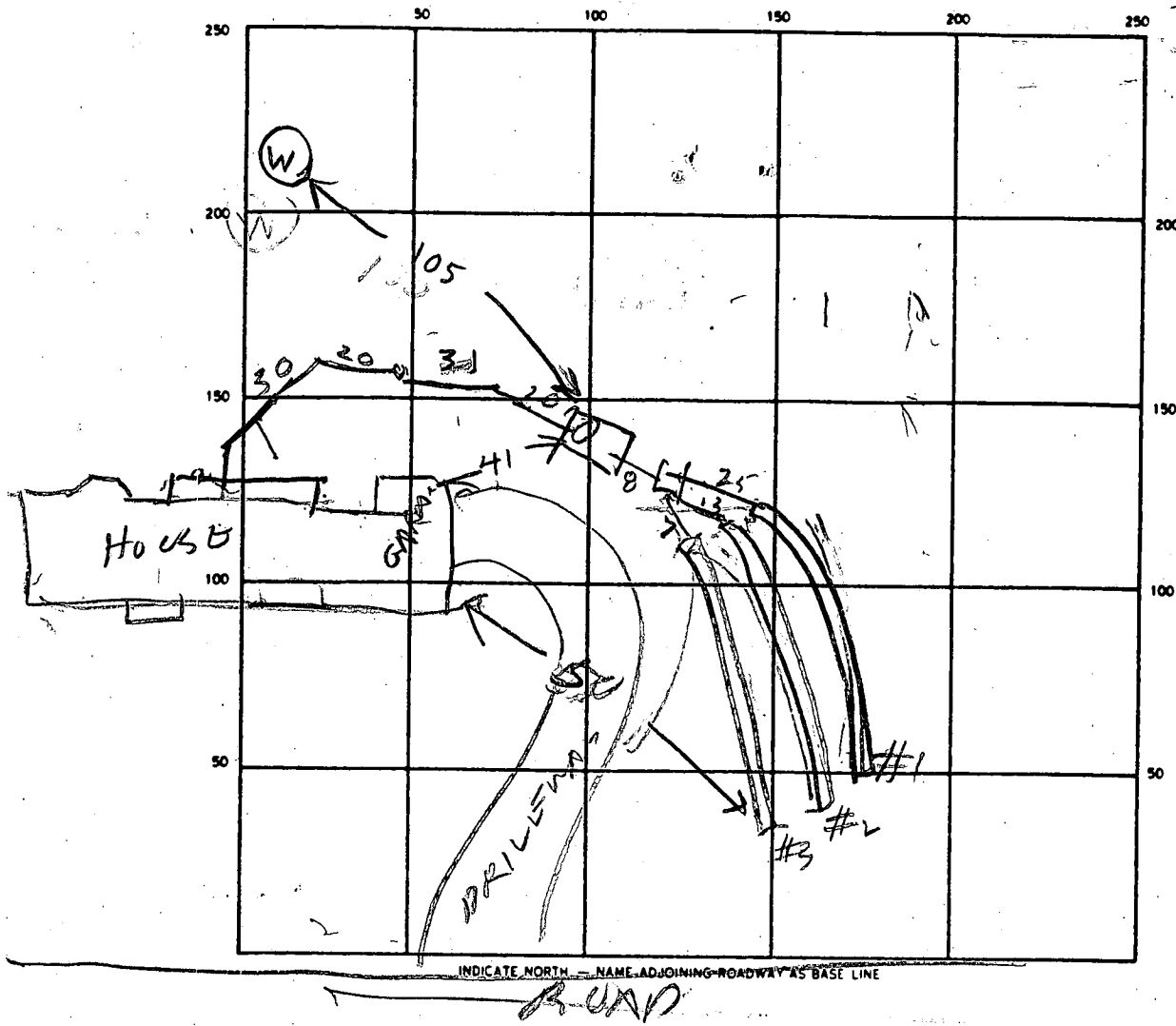
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

A 34482



SEPTIC TANK LEVEL OK 1500 CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH $\frac{1}{5} \frac{2}{5} \frac{3}{5}$ FT. TRENCH WIDTH _____ FT. INLET DEPTH $\frac{1}{3} \frac{2}{3} \frac{3}{3}$ FT.

EFFECTIVE GRAVEL DEPTH 2 2 2 FT. TOTAL LENGTH $\frac{24}{24} \frac{20}{20} \frac{00}{00}$ INSTALL REQUIRED 20

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA 732 734 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/21/89 2300PM LOCATION OK

180
4
164
5
980
240
3
720

DATE SYSTEM APPROVED 7/21/89

INSPECTOR Raymond H. [Signature]

Per

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34482

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 10/17/84

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 Robert Ahlstrom - unlisted

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION GLENELG MANOR II LOT NO. 16 B

ROAD AND DESCRIPTION 12801 Folly Quarter Rd.

SIZE OF LOT 4.8 ACRES TYPE BLDG. _____
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY Siddh FOR Standard lunch DATE 3-6-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING PLAT SENT FOR SIGNATURE 1/16/86

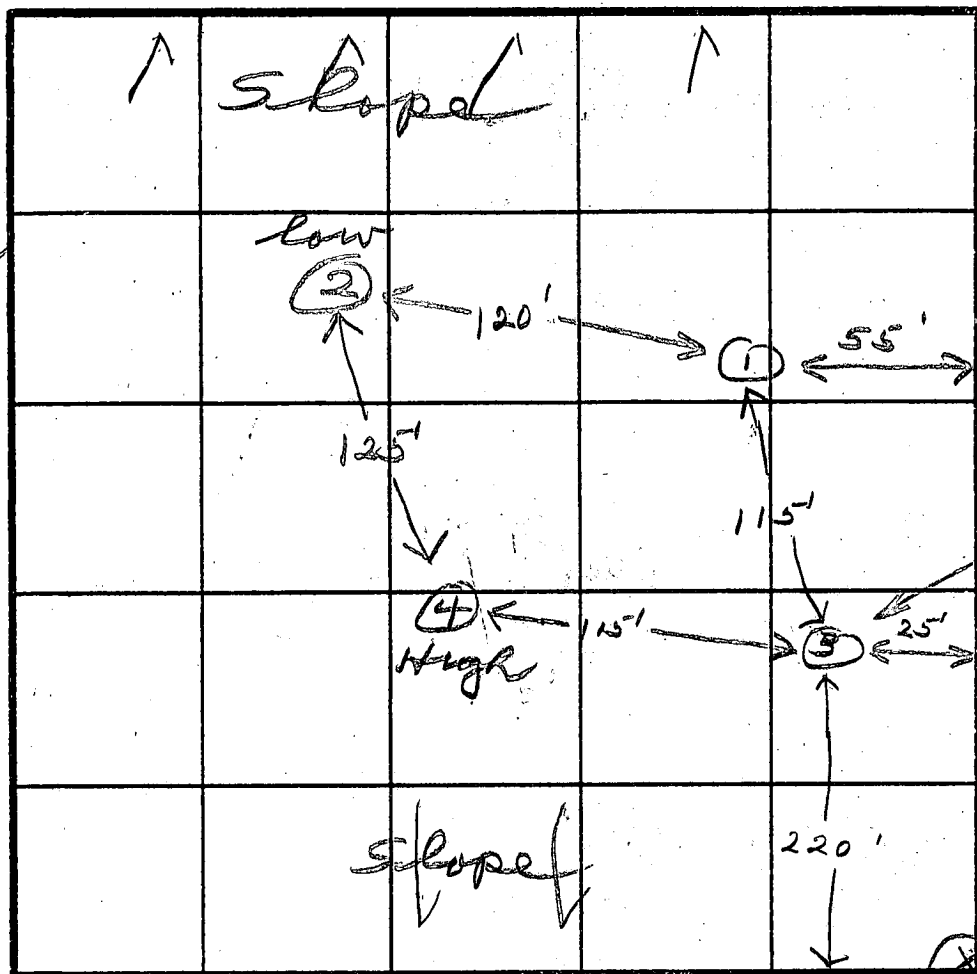
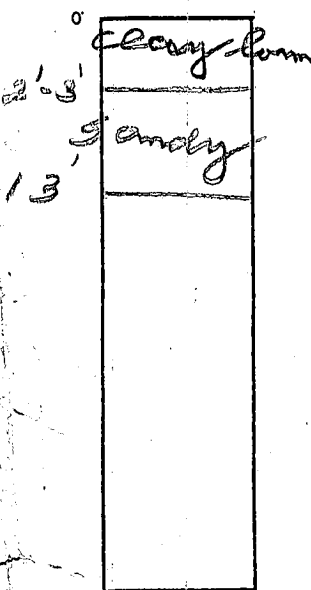
BLDG. PERMIT SIGNED
AND RETURNED 3-6-89

BP 23924
SH

THIS IS NOT A PERMIT

all holes

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Road

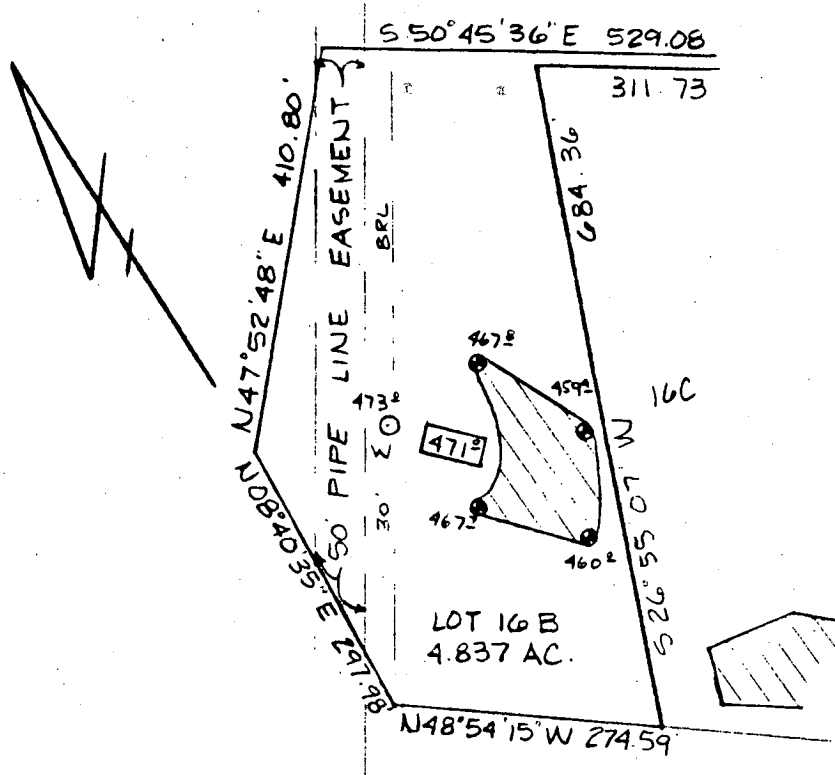
stake
Lot 16 B

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/3/84	1 S	3	3:40	3:42	3:42	3:46	4
	2 V	13					
	3 S	3	4:14	4:16	4:16	4:23	7
	4 S	3	4:25	4:27	4:27	4:30	3

REMARKS _____


TYPE OF SOIL _____

TESTED BY JJ ALSO PRESENT Ketterman



PERCOLATION TEST PLAT
 PARCEL 16B
 GLENELG MANOR II

5th Election District
 Howard County, Maryland
 Scale 1"=200'
 Date 4/1/85

 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.

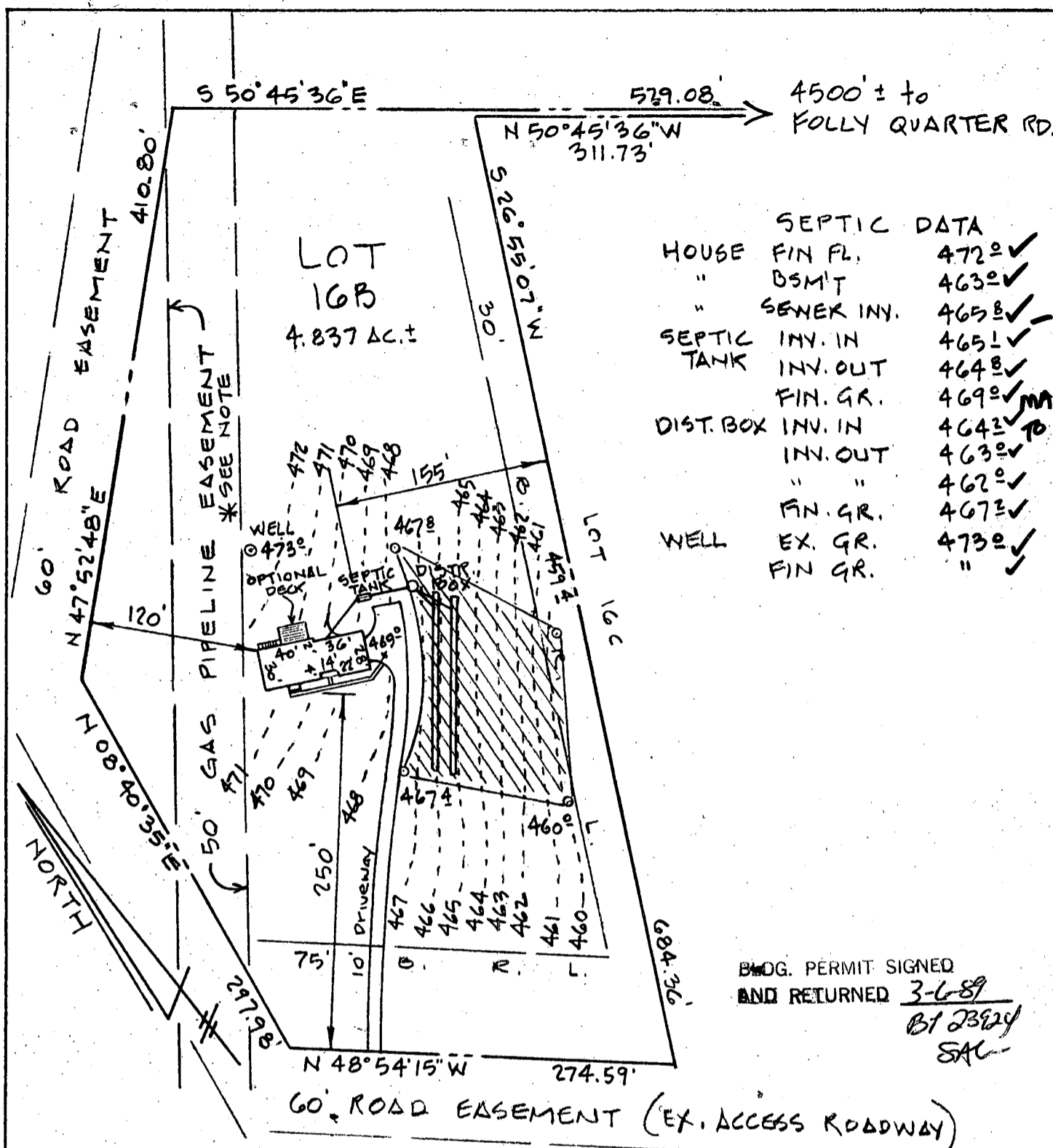
Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

James M. Boyd M.D.
 County Health Officer

1/17/86
 Date

NTT Associates
 101 Sterrett Place
 Columbia, MD 21044
 442 7631



BUDG. PERMIT SIGNED
AND RETURNED 3-6-89
BT 23824
SAL

- * NOTE:
1. FIELD VERIFY EXACT LOCATION OF GAS PIPELINE EASEMENT PRIOR TO CONSTRUCTION.
 2. HOUSE TYPE: 2 STORY FRAME WITH FULL BSM'T.

BUILDER

S.F. CONTRACTORS, INC.
3368 BRANTLY CT.
GLENWOOD, MD. 21738
-442-1133

GRADING STUDY

LOT 16B "GLENELG MANOR II"

5th ELECTION DISTRICT
HOWARD COUNTY, MD.

SCALE 1" = 100'

1/30/89

B 1 **3523** 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

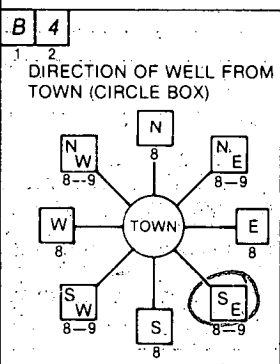
STATE PERMIT NUMBER
H0-88-0280
 fill in this form completely

Date Received (APA) **102508**

OWNER INFORMATION
AACSTROM ROBERT
 Last Name Owner First Name
5358 FIVE FINGERS WAY
 Street or RFD
COLUMBIA MD 21045
 Town State Zip

LOCATION OF WELL
HOWARD COUNTY
GLEWELG MANOR 2 SUBDIVISION
 SECTION **2** LOT **16B**
GLEWELG NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Ralph Mayne License No. **273**
 Driller's Name
Ralph Mayne Well Drilling
 Firm Name
9120 Knowe Church Rd. Mt Airy
 Address
Ralph Mayne 10/14/88
 Signature Date



Folley Quarter Rd. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **4500** FT
 ENTER FT or MI

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
34482 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **10/31/88** x **B. Hodges** CO SIGNATURE **4/30/89** EXP. DATE
 NORTH GRID **514000** EAST GRID **0811000**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

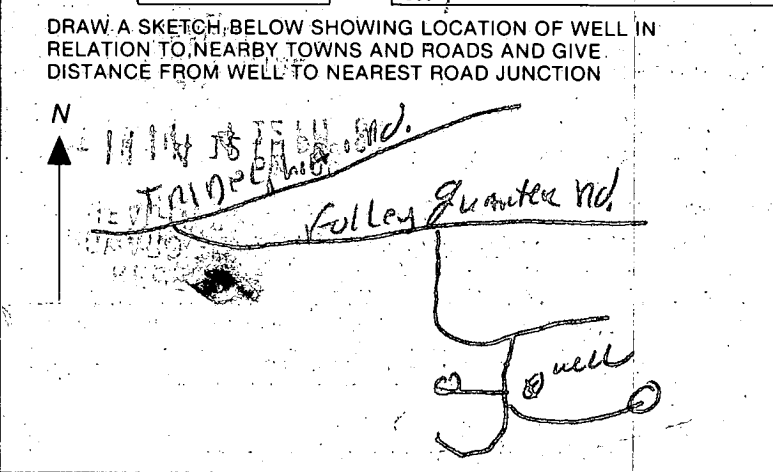
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **11/8/88 no insp**

SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE
 E **80011**
 N **5104**

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 DEEPM 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 **RII** WRITE INITIALS IN BOX PERMIT No. **H0-88-0280**

SPECIAL CONDITIONS
M-952-5216
W-997-0953

C1 9632 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 A 34482

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 11/10/88
 Depth of Well 22 745 26 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 60-98-0280

OWNER: ALVIN RUMBERT
 STREET OR RFD last name first name TOWN GLENELG
 SUBDIVISION MAPOR II SECTION LOT 16B

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	30	
Sandstone	30	38	✓
MICKA	38	55	
Sandstone	55	60	✓
MICKA	60	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 10 NO. OF POUNDS 1000
 GALLONS OF WATER 60
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 25 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 PL 6 40
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) 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
 DERTH (nearest ft.)
 EACH SCREEN
 1 40 37 145
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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
 Walt Magee

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

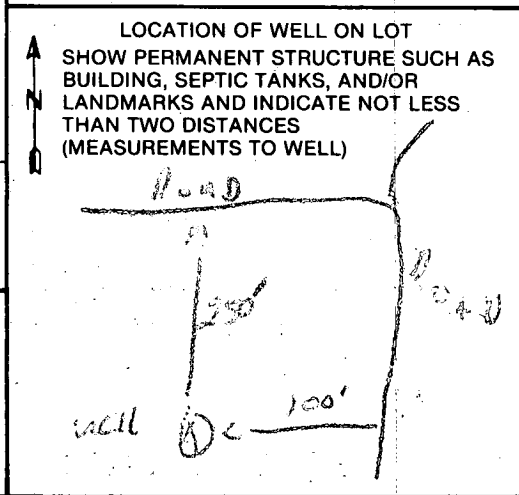
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT
 FIN BOX 68

TELESCOPE CASING LOG INDICATOR OTHER DATA
 T (E.R.O.S.) WQ
 70 72 74 75 76

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 97
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 45
 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) 50 51



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

34482

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 44733
Date 7/12/89
Telephone 489-4079

Name of Installer CLARKE P & H Inc

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner S.F. Contractor Inc Telephone 442-1133
Subdivision Greenleaf Manor II Lot # 16-B Well Tag # _____
Site Address 12801 Folly Quarter Rd

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Goulds
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 # PT 800
3. Depth _____

Tank
1. Capacity 66gal
2. Pressure relief valve? 75/16

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 42"

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

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: Kenneth C. Clarke
Date: 7-11-89

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

