

2/1/90
12:45 PM
2-2-90
2:30 PM

2-2-90 → 2 PM

45-498
3-4483

PERMIT

SEWAGE DISPOSAL SYSTEM

A 34483

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-358728

DATE 1/31/90

DATE SYSTEM APPROVED 2/2/90

INSPECTOR M. R. Riskin

INDEXED

T+R Plumbing IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Gleneig Manor ROAD 12809 Folly Quarter LOT 16D

PROPERTY OWNER Tom Cluster 12809

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 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench ¹³⁰120 feet from the front (151.21') lot line and ¹⁴⁰120 feet from the right (788.32') lot line as seen when facing the property from the right-of-way. Run trench(s) along contour toward right 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.

PLANS APPROVED BY C. Williams DATE 12/02/85

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: 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

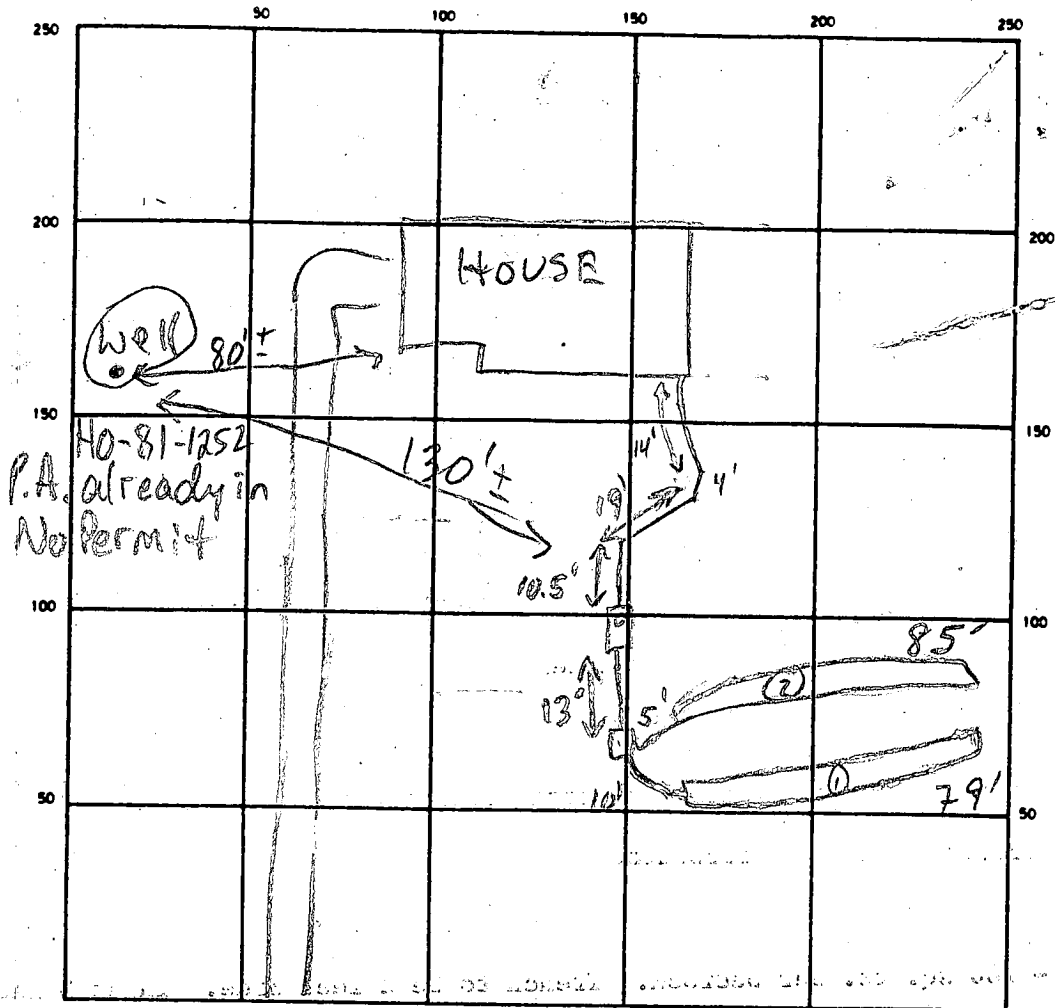
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 34483



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 COMMON RIGHT-OF-WAY

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN
 DRAIN FIELD/TILE FIELD DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 4 1/2 FT. TOTAL LENGTH 285 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 316/425 SQ. FT.
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 741 SQ. FT.

REMARKS 2/1/90 TRENCH (2) DUG TO 9', BUT OK; OK TO
STONE BOTH TRENCHES + BACKFILL TO S.T.; WATCH
INLET DEPTH MR 2/1/90 4:00 PM NOTHING DONE STONE
NOT DELIVERED ON; 2/2/90 OK TO COVER ALL MR
Met Mr. Claster at site - no sewage odor + no backup.
5/14/94 - Some pitting in area of trenches - in area of trenches.
 DATE SYSTEM APPROVED 2/2/90 INSPECTOR M. Rifkin

Perit.

APPLICATION

34483

~~34483~~

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____

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 Wayne Clark - 633-3450 Tom Cluster

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION GLEN ELG MANOR LOT NO. 16 D

ROAD AND DESCRIPTION 12807
12789 FULLY QUANTER

SIZE OF LOT 6.25 ACRES TYPE BLDG. RESIDENCE
(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 C. Wilham FOR TRENCHES DATE 12/2/85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING NEED PERC

BUDG. PERMIT SIGNED AND RETURNED 3/29/89

BP24421 SFD

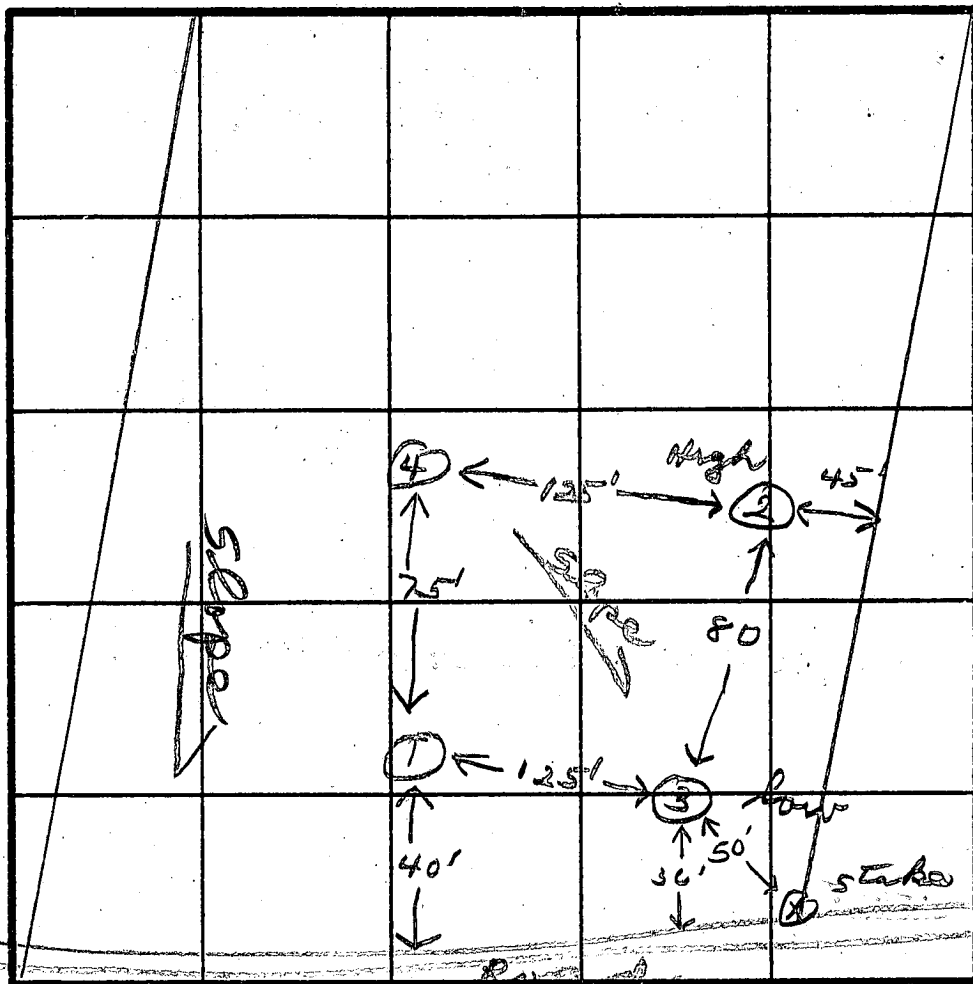
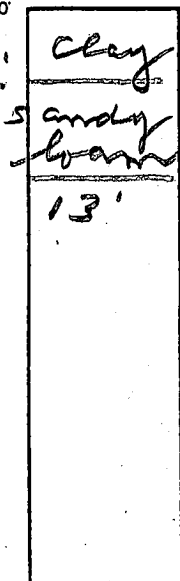
BUDG. PERMIT SIGNED AND RETURNED 3/29/89

BP24422
Carroll

THIS IS NOT A PERMIT

all

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

lot 16 D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/3/84	1 S V	3 13	10:31	10:32	10:32	10:35	3
	2 S M (13) 7	3 13	10:37	10:39	10:39	10:41	2
	3 S V	3 13	10:45	10:47	10:47	10:49	2
	4 V	13					

R = 2 MIN
INLET 3
BOTTOM 8
158/B DAM

REMARKS _____

TYPE OF SOIL _____

TESTED BY *JS* ALSO PRESENT *Ketterman*

12/7/89

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 # 45325
Date 12/07/89
Telephone 781-465

Name of Installer ROBERT L. FREEZER

License Number 2122
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner THOMAS CUSTER Telephone 781-465
Subdivision GLEN ELL WOOD Lot # 16-D Well Tag # 10-81-1252
Site Address 12807 FOLLY QUARTER RD.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Dennice (Brown)
3. Model # 301
4. Capacity 8 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 #
3. Depth

Tank
1. Capacity WX-250
2. Pressure relief valve?

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

Well data
1. Depth 165 ft.
2. Yield 8 GPM
3. Static water level ft.
4. Will water supply be disinfected by installer?

UNABLE TO INSP. - OK CW,

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: [Signature]

Date: 12/7/89

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

C1 2509 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A34483 (13)

DATE RECEIVED DATE WELL COMPLETED 12/28/85

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1252

OWNER SIPOCZ JOSEPH last name first name STREET OR RFD FOLLY QUARTER RD TOWN GLENELG SUBDIVISION GLENELG MANOR II SECTION 2 (HIGHPOINT) LOT 16D

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 9 NO. OF POUNDS 900 GALLONS OF WATER 59 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 36 ft.

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

MAIN CASING Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) (PL, 6, 42, 70)

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, BRONZE, PLASTIC, OPEN HOLE, OTHER

DEPTH (nearest ft.) 165 SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 8 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 3 WHEN PUMPING 52 TYPE OF PUMP USED (for test) 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) (-) below }

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

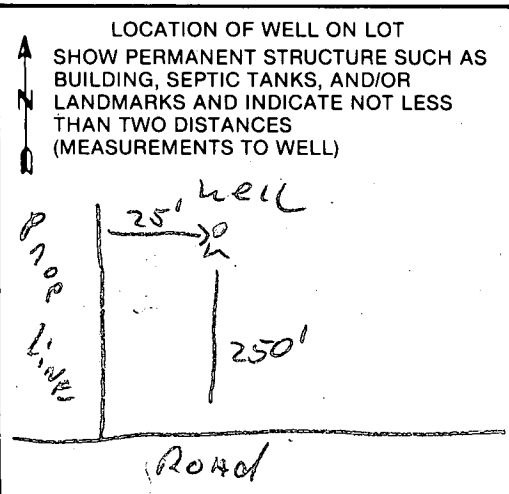
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Nath S. Maynes

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

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



B 1 **2216** 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

40-81-1032
 fill in this form completely

Date Received **12/12/85 11:30 AM**

OWNER INFORMATION

15 Last Name **W** Owner **W** First Name **W**
 36 Street or RFD **W** 55
 57 Town **W** 70 State **72** Zip **76**

DRILLER INFORMATION

Driller's Name **Ralph Wayne** 77 License No. **80**
 Firm Name **Ralph Wayne Well Drilling**
 Address **210 P. ...**
 Signature **Ralph Wayne** Date **12/12/85**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **7** 8-12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14-20

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 **190** FEET. 24-28

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 _____

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) **41** **7** 41-52

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

APPROP. PERMIT NUMBER **GAP** 54-63

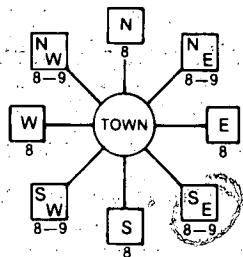
FORCE **C** WRITE INITIALS IN BOX **W** PERMIT No. **40-81-1032** 67-79

SPECIAL CONDITIONS

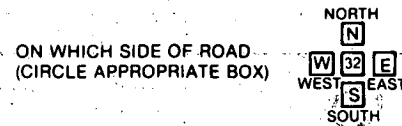
LOCATION OF WELL **R 36304 40.0**

8 COUNTY **H** 21
 23 SUBDIVISION **1** 42
 SECTION **44** 46 LOT **48** 50
 52 NEAREST TOWN **W** 71
 MILES FROM TOWN (enter 0 if in town) **2** 73 **M** 76 **I** 77 **8** 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD **Golden ... Rd** 11-30



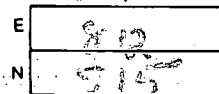
DISTANCE FROM ROAD **37** 34-37
 ENTER FT or MI **38** 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

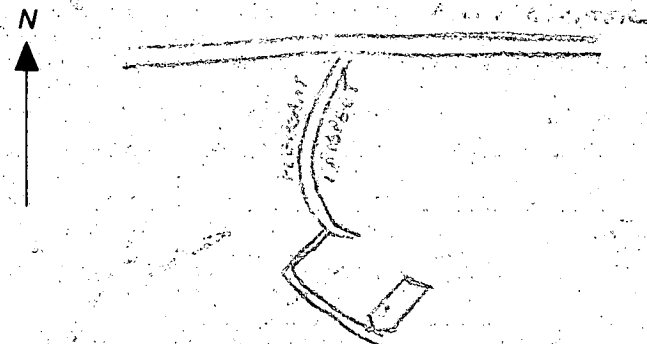
COUNTY NAME **Howard** COUNTY NO. **23**
 OEP SIGNATURE **[Signature]** STATE HEALTH SIGNATURE **[Signature]** 41
 DATE ISSUED **12 12 85**
 CO SIGNATURE **[Signature]** EXP. DATE _____
 NORTH GRID **515000** 43-55 EAST GRID **0811000** 57-63

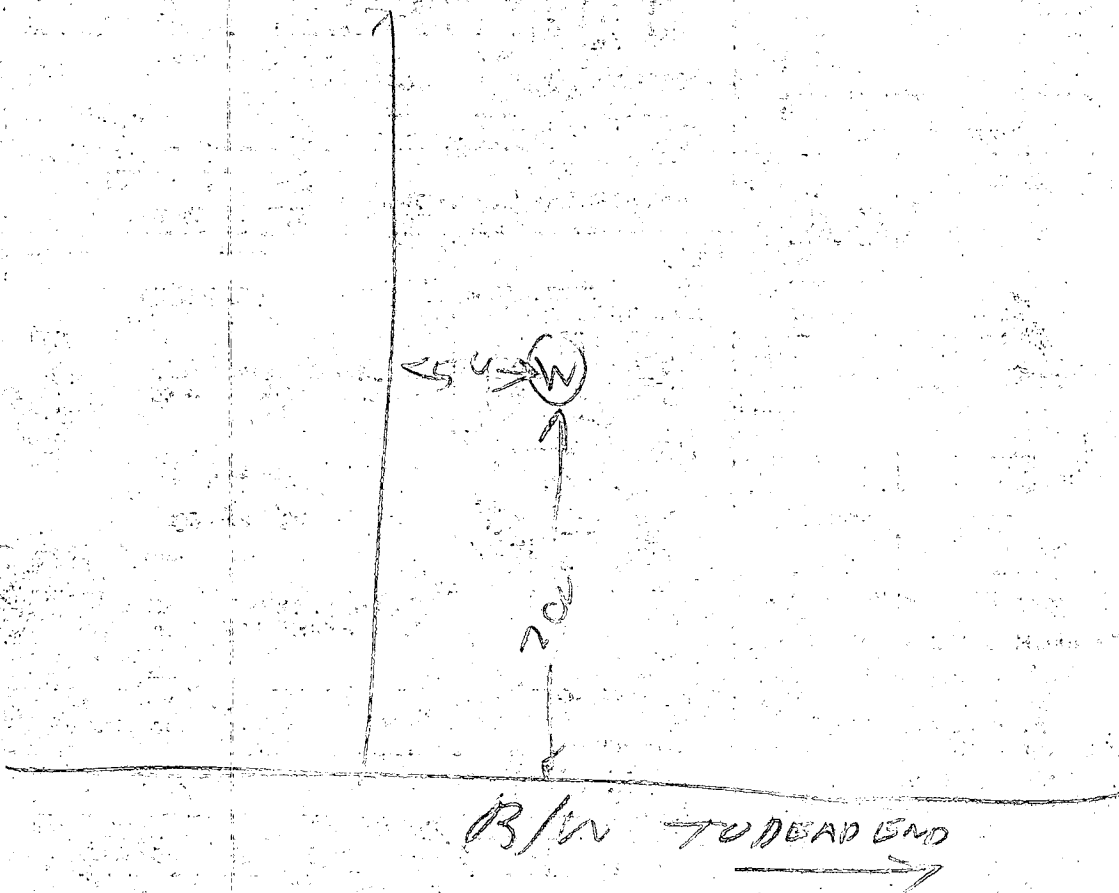
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **well**
 2. **[Sketch]**
 3. **[Sketch]**

WRITE THE BOX NUMBER FROM THE MAP HERE

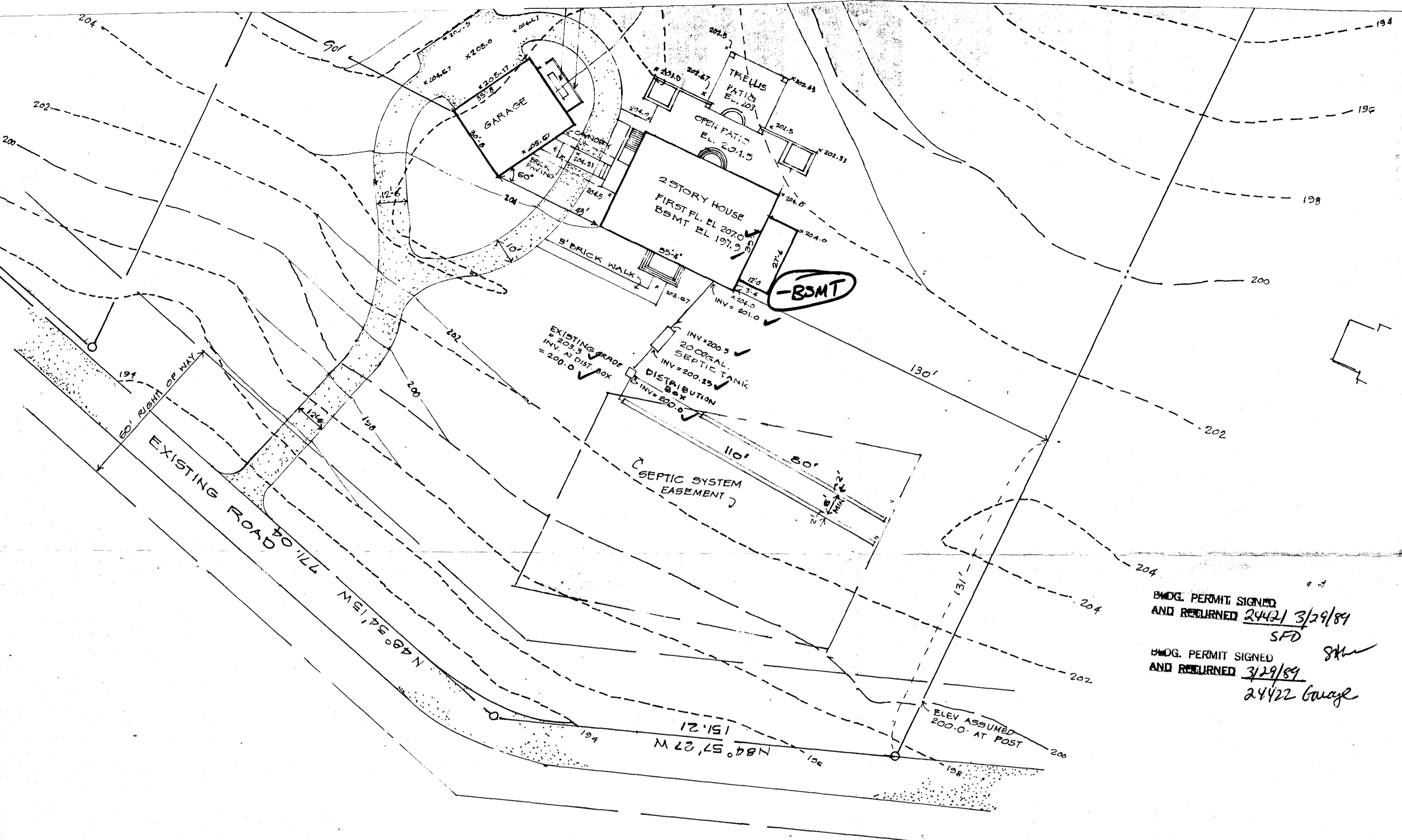


DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

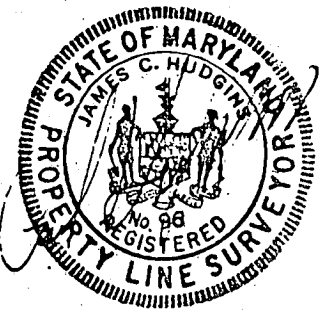
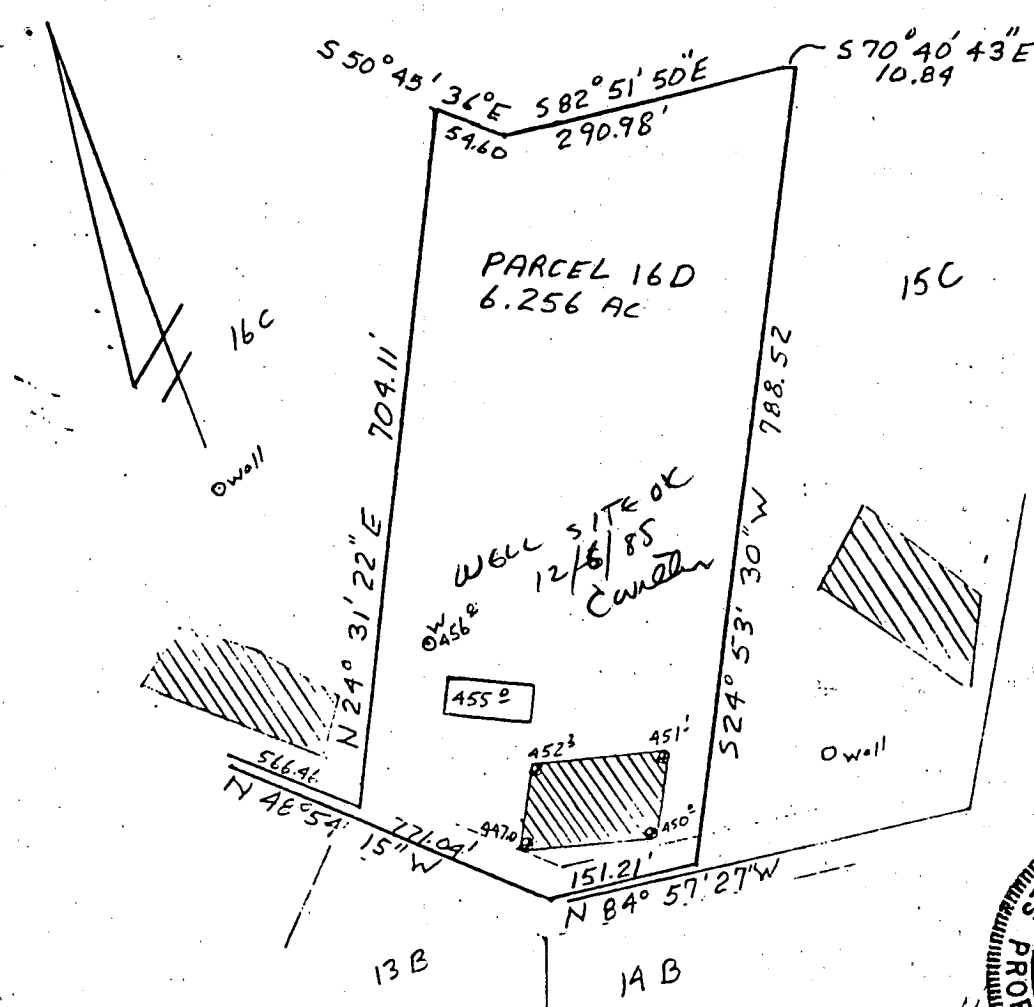




- ① 42 FT CASING
- ② 36 FT DEPTH OF OPEN HOLE
- ③ LOCATION OK
- ④ 9 BAGS
- ⑤ WELL OK




Site plan 1" = 30'-0"
 Lot 16D, Glenelg Manor Estates
 Howard County, Maryland



PERCOLATION TEST PLAT
 PARCEL 16D
 GLENELG MANOR II

5th Election District
 Howard County, Maryland
 Scale 1"=200'
 Date 11/29/85

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

 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

COPY OF SIGNED PLAT CWT
 County Health Officer _____ Date _____

