

9/4/85
9/5/85
anytime

Early PM 2nd
Approved
9/10/85
Cwill

PERMIT

P 35929
A 34646

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-358734

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 8/29/85

Olen Ketterman IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Frederick Road, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION Glenelg Manor II ROAD 12811 Folly Quarter RD. LOT 15-D

PROPERTY OWNER Max Bauer

ADDRESS 4109 Ritchie Highway, Baltimore, Maryland 21225

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1,000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom sidewall area. Trench to be 2 ft. wide. Inlet 3 ft. below original grade. Bottom maximum depth ¹⁰/₈ ft. below original grade. Effective area begins at 3 ft. below original ~~1~~ grade. ¹/₈ feet of stone below distribution pipe. Start the ~~first~~ first trench 60 ft. from the 885 ft. lot line and 140 ft. from the 727 ft. lot line. Run trenches along level ground toward the 885 ft. lot line.

SANDSTONE OUTCROPS ENCOUNTERED IN SEPTIC RESERVE AREA AT

TIME OF INSTALLATION, OK TO INSTALL TRENCH WITH 2-3' OF GRAVEL

IMMEDIATELY AFTER SEPTIC TANK, THEN CONNECT TO SEEPAGE PIT TO 10' DEEP

TO MAKE UP REO'D. AREA, STOPPING BEFORE STONE FORMATION. 9/4/85

PLANS APPROVED BY Craig Williams DATE 3/28/85 *Cwill*

COVER NO WORK UNTIL INSPECTED AND APPROVED. 15X 15 6 FT STONE INLET 4 FT

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.

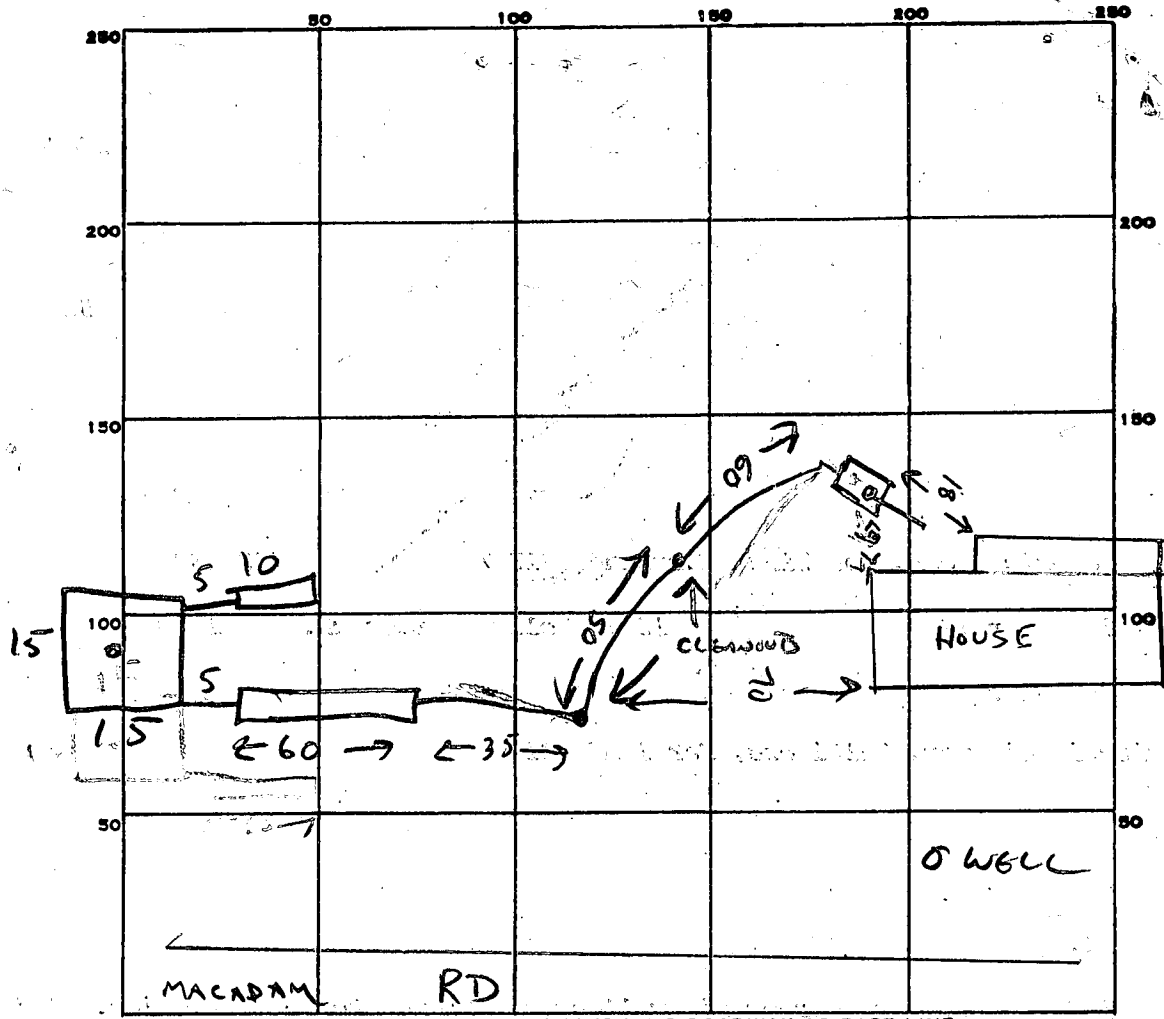
PERMIT VOID AFTER THREE YEARS.

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.

A 34646



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL CLEANOUTS STV INLINE 2

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 5 FT. TRENCH WIDTH 2 1/2 FT.

GRAVEL DEPTH 2 FT IN. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 2 (10+60) TOTAL BOTTOM AREA 2 1/2 x 70 = 175

SEEPAGE PITS, INSIDE, DIAMETER 60 - (15+15) FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 360 SQ. FT. = TOTAL ABS AREA 535 SQ FT

9/5/85
REMARKS ROCK (SANDSTONE) ENCOUNTERED WHEN EXCAVATING TRENCHES.
INSTALLED DWELL (ALL GRAVEL - NO BLOCK, NO LID) AT POINT OF
HIGHEST PERC HOLE - WHERE NO STONE WAS ENCOUNTERED.
REMAINING ABS. AREA COMPRISED OF 2 SHALLOW TRENCHES.
HOUSE CONNECTION STILL NEEDED. CW

9-6-85 OK TO COVER ALL WORK; NEED HOUSE CONNECTION BEFORE FINAL APPROVAL
9/10/85 COMPLETE CW
DATE SYSTEM APPROVED 9/10/85 INSPECTOR Craig Will

APPLICATION

SEWAGE DISPOSAL TESTING

A 34646

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

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

DATE 12/7/84

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 Rhett Realty, Inc. Max Bauer
10176 Baltimore National Pike
ADDRESS Ellicott City, Maryland PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor II LOT NO. 15D

ROAD AND DESCRIPTION 12811 Folly Quarter Road

SIZE OF LOT 7.647 Acres 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/ Don Reuwer
(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 4/11/85
Serial # 63453-SPD

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

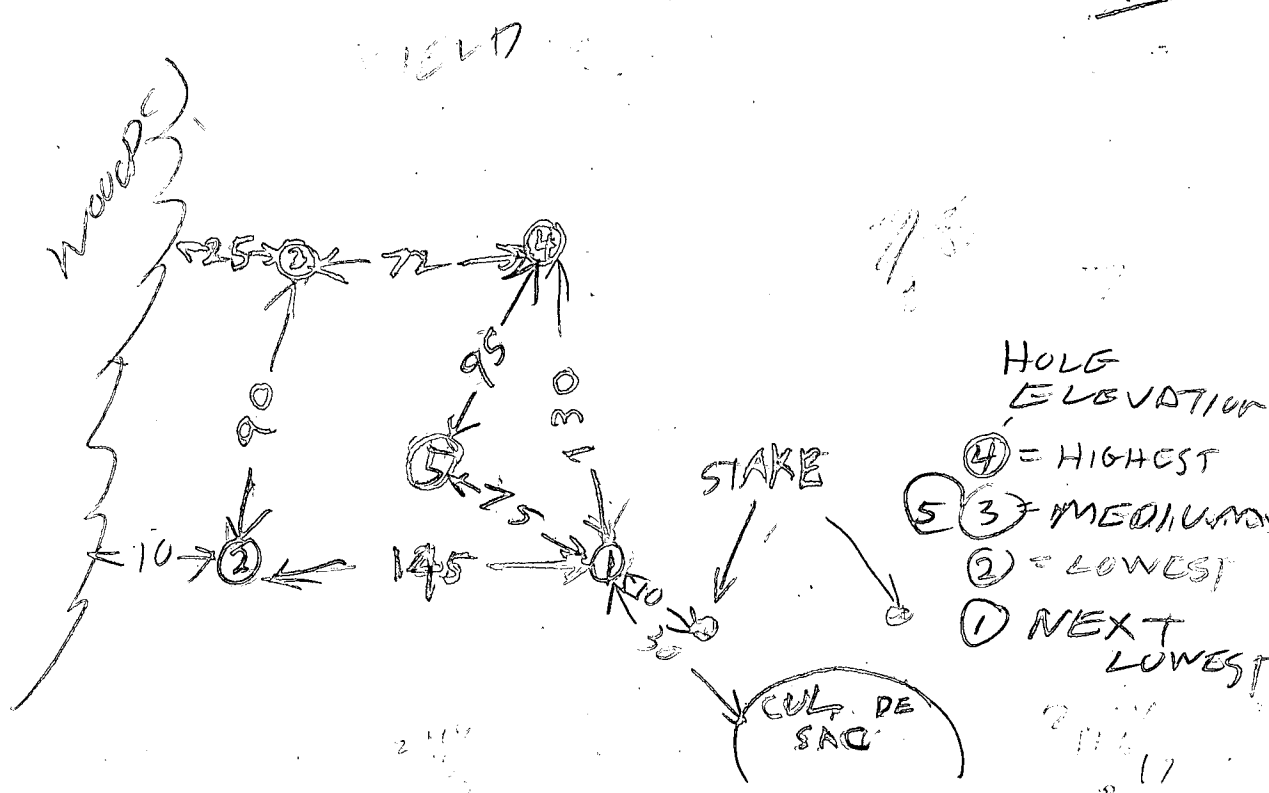
REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

LOT 15 D GLENELG MANOR II



10/2/04	15	4 1/2	238	238	239	240	2
	1V	11	Looks OK top 3 ft Bot 8 ft Tan Sand				
	25	3	244	251	251	301	10
	2V	13 1/2	Looks OK top 3 ft clay Bot 10 1/2 ft Tan sand				
	35	3	247	248	240	249	1
	3V	11	Looks OK all sand				
	45	3 1/2	251	252	252	254	2
	4V	10 1/2	Looks OK top 2 1/2 ft Bot 8 ft Tan Sand				
	5V	12	Looks OK all tan BROWN SAND				

11/2/04
B Hodger
also present
O'Kellerman
C Hudger

C HUDGINS SAID THIS APPLICATION PAID FOR 2 MONTHS AGO BUT NOT TESTED TILL TODAY

FILE _____ DATE REPORTED _____

PROPERTY OWNER _____ PHONE NO. _____

P. O. ADDRESS _____

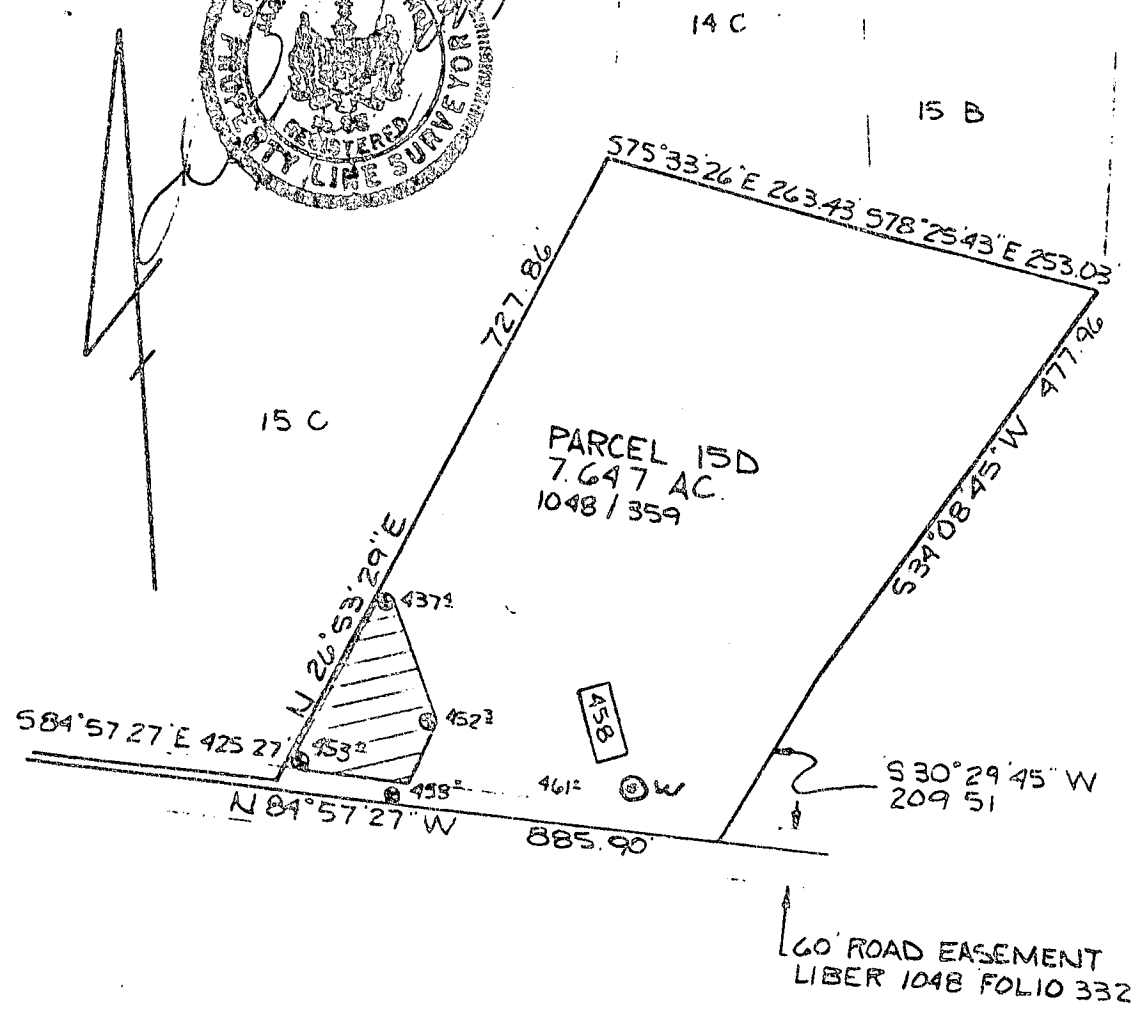
DIRECTIONS TO PROPERTY _____


INFORMANT _____

CONDITION FOUND: _____

ACTION TAKEN: _____

FINAL DISPOSITION: _____



 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 E. Huddleston 3-7-85
 County Health Officer Date

PERCOLATION TEST PLAT
 PARCEL 15D
 GLENELG MANOR
 SECTION II

5th Election District
 Howard County, Maryland
 Scale 1"=200'
 Date 2/26/85

NTT Associates
 101 Sterrett Place
 Columbia, MD 21044
 442 7031

C1 9592 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER AL

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

DATE Received DATE WELL COMPLETED 032885

Depth of Well 22 150 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-1-1-8

OWNER BAUER MAY last name first name STREET OR RFD FULLY QUARTER RD TOWN GENEVILG SUBDIVISION GENEVILG MANOR II SECTION LOT 15D

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO 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.

CASING RECORD Casing types insert appropriate code below. Codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

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

SCREEN RECORD screen type or open hole insert appropriate code below. Codes: ST (STEEL), BR (BRASS), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER).

DEPTH (nearest ft.) 1 HO 18 150 21

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 Hash Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Hash E. Mayne

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 (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 (TELESCOPE CASING), E (E.R.O.S.), WQ (WELL LOG INDICATOR), OTHER DATA

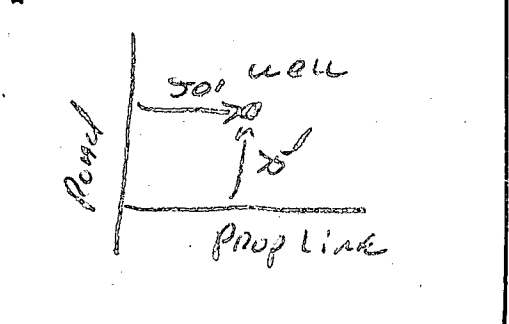
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 10 TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, 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 below LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

November 14, 1985

Mr. Max Bauer
4109 Ritchie Highway
Brooklyn, Maryland 21225

RE: 12811 Folly Quarter Road

Dear Mr. Bauer:

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 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0938. 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 10.17.13.09.

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 10.17.13.10.

October 29, 1985
Date

Craig Williams
Approving Authority
Craig Williams, Director
Water and Sewerage Program

CW/JS:JR

Well Approved: 3/28/85
Septic Approved: 9/10/85