

2/26/85  
2:30

03-296997

# PERMIT

P. 34950

A. REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

ELLICOTT CITY

DISTRICT \_\_\_\_\_

INDEXED

DATE 2/8/85

Jack Fyock IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION \_\_\_\_\_ ROAD 12900 Folly Quarter LOT \_\_\_\_\_

PROPERTY OWNER Martha Lynch 531-6184

12900 Folly Quarter Road

ADDRESS Ellicott City, Maryland 21043 46th St + BPO RT 5W. WORK 727-0641

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

600

GARBAGE GRINDER? YES \_\_\_\_\_ NO \_\_\_\_\_

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS NUMBER OF BEDROOMS \_\_\_\_\_

REPAIR - CALL FOR INSPECTION WHEN FROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR.

BLDG. PERMIT SIGNED  
AND RETURNED 5/29/85

Serial No. 64523

PLANS APPROVED BY Frank Skinner DATE 2/8/85

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.

BLDG. PERMIT SIGNED  
AND RETURNED 3/22/85

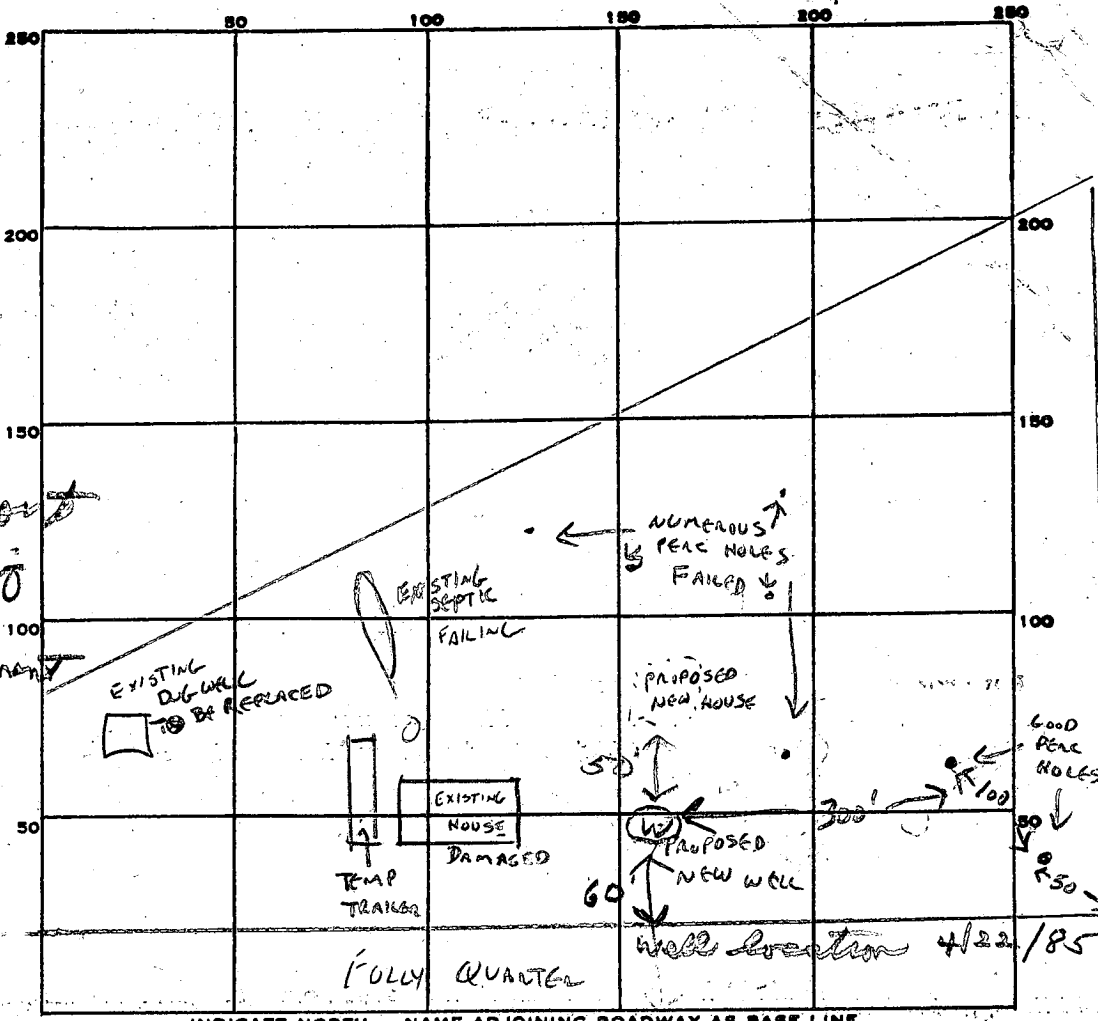
Serial # 63943 Temp  
Trailu

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P. 34950



PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS \_\_\_\_\_

1) FAILED HOLES CLAY & WATER.

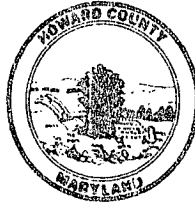
2) GOOD HOLES 14' DEEP SAND BELOW 4' CLAY.

3) TEMPORARY TRAILER OK WITH UNDERSTANDING OF OWNERS INTENT TO BUILD NEW DWELLING WITH NEW WELL AND NEW SEPTIC (TO BE PUMPED), 3/21/85  
CW

DATE SYSTEM APPROVED \_\_\_\_\_ INSPECTOR \_\_\_\_\_

# HOWARD COUNTY HEALTH DEPARTMENT

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



BUREAU OF ENVIRONMENTAL HEALTH  
P. O. Box 476  
ELLICOTT CITY, MARYLAND 21043  
TELEPHONE:  
461-9933

March 1, 1985

Mr. John Covalt, Regional Sanitarian  
Division of Residential Sanitation  
Office of Environmental Programs  
201 West Preston Street  
Baltimore, Maryland 21201

RE: Martha Lynch Residence  
12900 Folly Quarter Road

Dear Mr. Covalt:

I am requesting the assistance of your office in evaluating the above referenced property for consideration for installing an innovative system to replace the presently failing septic system.

The particular circumstances of the property are as follows:

1. The existing house was severely damaged by fire. The occupants are living on site in a temporary trailer hooked up to a failing shallow system. They have applied for a building permit to erect a new residence in another location on the property.
2. The property is approximately 9 acres; but, much of it is poorly drained. The failing systems are in a low area and within 75 feet of a hand dug well which the owners plan to replace.
3. Test holes were dug on February 26, 1985 on higher ground. No percolation times were taken because the ground was visibly deficient. All holes had a high clay content to 8 or 10 feet and all contained trickles of trapped water at elevations deeper than 6 feet.

I would like your department's assistance in determining whether a shallow alternative system could be devised to support the new house and I am curious as to what our department's response should be to the building permit application if no alternative system can be approved.

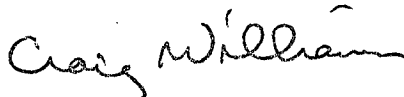
Mr. John Covalt (Continued)  
March 1, 1985

page 2

As this is somewhat of an emergency situation, I would be grateful for the swiftest possible response.

Thank you.

Very truly yours,

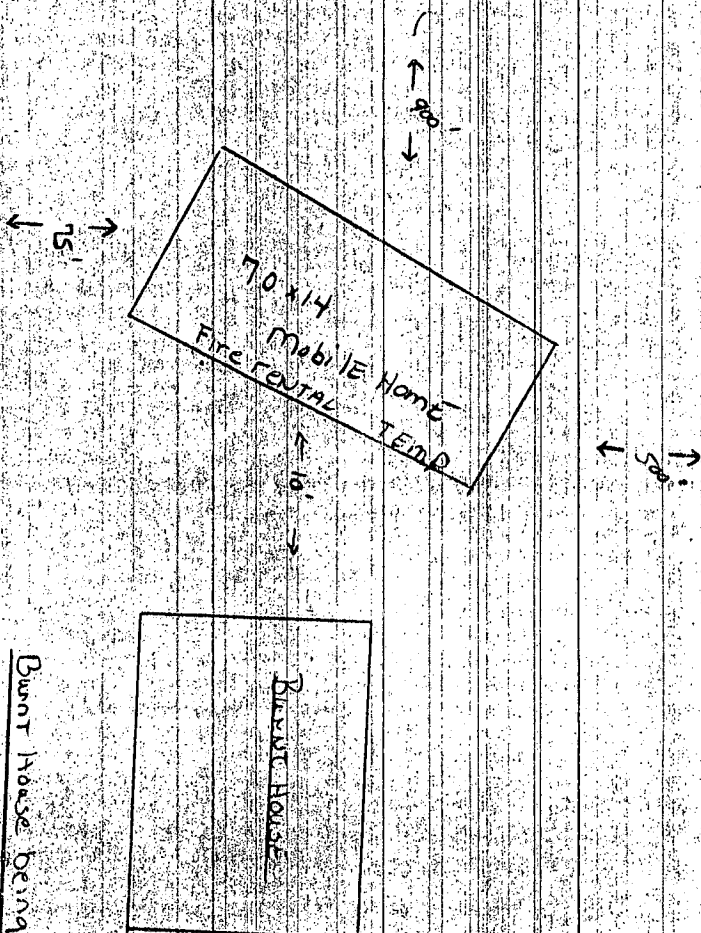


Craig Williams, Acting Director  
Water and Sewerage Program

CW:jr

Prop. Line

12900 Fordy QUARTERED  
Glenview and Elmhurst City 21043



Burnt House Being torn down

PROPOSED TRAILER OK FOR  
 TEMPORARY USE ONLY DUE TO  
 EMERGENCY - SEPTIC SYSTEM FAILING  
 BUT TRAILER IS EMERGENCY SHELTER  
 BECAUSE OF BURNED DOWN HOUSE.  
 OWNER IS IN PROCESS OF OBTAINING  
 PERMITS TO ERECT NEW DWELLING,  
 NEW WELL, AND  
 NEW SEPTIC.  
 3/21/85 CWL

Road  
Prop. Line

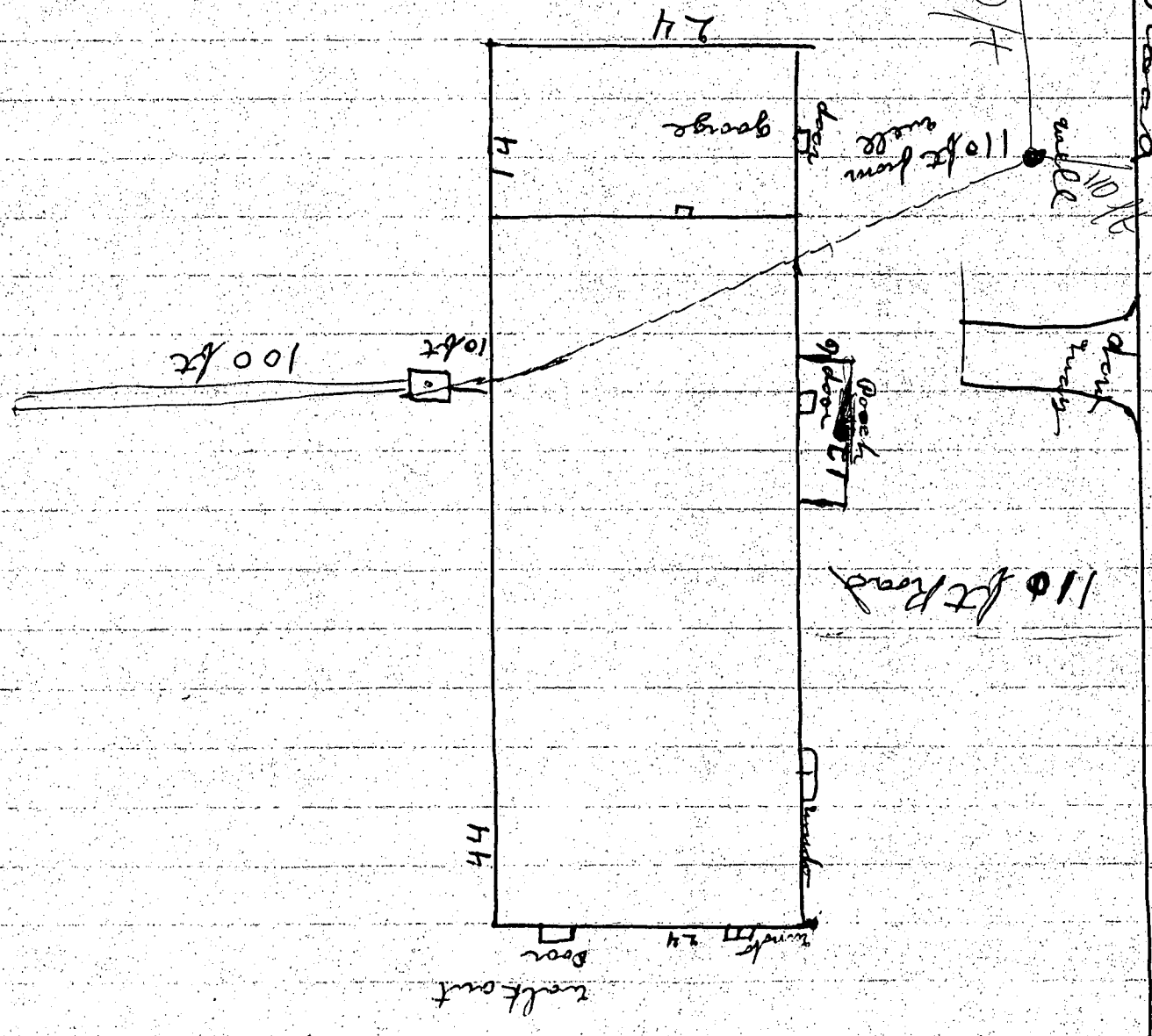
Prop. Line

Property line

Road

2900 Folly Quarter Rd

250ft



← 9 acres →

531-618

→ 700ft

C1 6155 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 10P 34752077

DATE Received

DATE WELL COMPLETED 092283

Depth of Well

160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-81-0977

OWNER: Yungon Y Martina; STREET OR RFD: 12900 Folly Quarter; TOWN: Greenely; SUBDIVISION: SECTION: LOT:

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. Includes entries for Top Soil, Clay, Shale, Sand Stone, Mica, Sand Stone, Quartz, and Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC); NO. OF BAGS 6; NO. OF POUNDS 600; GALLONS OF WATER 35; DEPTH OF GROUT SEAL 25 ft.

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

MAIN CASING TYPE: ST; Nominal diameter: 6; Total depth of main casing: 30

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

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

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for casing sections.

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"

DRILLERS IDENT. NO. 40; DRILLERS SIGNATURE: Charles P. Folmer; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3; DIAMETER OF SCREEN (NEAREST INCH); 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 (OTHER DATA)

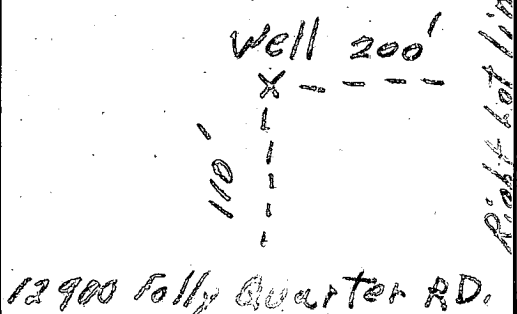
PUMPING TEST

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 20; WHEN PUMPING 89; 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: S; 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 4 (nearest foot) below }

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)



**FIELD DATA SHEET**  
**MONTGOMERY COUNTY WELL YIELD TEST**

Well Permit No. BA- HO-81-0977 Election District \_\_\_\_\_  
 Location of property (road) 12900 Tolley Quarter Rd.  
 Subdivision \_\_\_\_\_ Lot 0 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Castillo Owner Martha Lynch

Depth of well 160'  
 Distance of measuring point (M.P.) above ground 20'  
 Static water level (S.W.L.) below M.P. 19'5"

**I. High rate pumping -- reservoir drawdown**

Time pump started 9:00 Pumping rate 10.6 RPM  
 Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes.**

TIME	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	Calculated Flow (gallons per minute)
9:00	19'5"	6 sec		10.6 RPM
9:15	61'	6 sec		10.6 RPM
9:30	74'	6 sec		10.6 RPM
9:45	80'9"	6 sec		10.6 RPM
10:00	86'	6 sec		10.6 RPM
10:15	87'	6 sec		10.6 RPM
10:30	87'6"	6 sec		10.6 RPM
10:45	87'10"	6 sec		10.6 RPM
11:00	88'1"	6 sec		10.6 RPM
11:15	88'3"	6 sec		10.6 RPM
11:30	88'5"	6 sec		10.6 RPM
11:45	88'7"	6 sec		10.6 RPM
12:00	88'8"	6 sec	None	10.6 RPM



B 1 **5330** 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  
**40-81-0977**  
 fill in this form completely

Date Received **07/28/83**  
 OWNER INFORMATION  
 Last Name **Lynch** Owner First Name **Martha**  
 Street or RFD **12900 Folly Quarter**  
 Town **Elkton** State **MD** Zip **21043**

B 3 LOCATION OF WELL  
 COUNTY **Howard**  
 SUBDIVISION  
 SECTION **44** LOT **48**  
 NEAREST TOWN **Glenn Dale**  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
 Driller's Name **George Costaday** License No. **40**  
 Firm Name **G. Costaday, Inc.**  
 Address **4265 Brown Church Rd Mt Airy**  
 Signature **George Costaday** Date **4-9-83**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NEAR WHAT ROAD **12900 Folly Quarter Rd**  
 DISTANCE FROM ROAD **110** FT or MI  
 ENTER FT or MI

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **600**

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  
 COUNTY NAME **Howard** COUNTY NO. **P 34950**  
 OEP SIGNATURE **Chris Wilson** STATE HEALTH INSERT S  
 DATE ISSUED **04/17/85** EXP. DATE **10/17/85**  
 NORTH GRID **519000** EAST GRID **0811000**

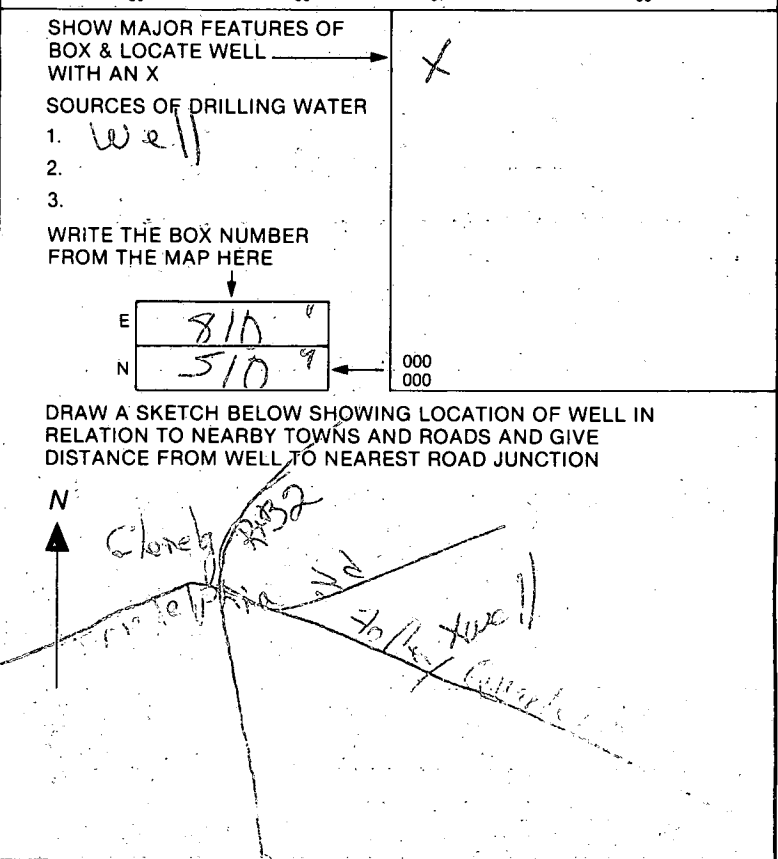
APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE **CU** INITIALS IN BOX PERMIT No. **40-81-0977**



REGION \_\_\_\_\_

AREA \_\_\_\_\_

RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
 BUREAU OF ENVIRONMENTAL HEALTH  
 RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 12900 FOLLY QUARTER RD ZIP WORK 727-0641  
 OWNER  ADDRESS \_\_\_\_\_ PHONE 531-6184  
 OCCUPANT  MARTHA LYNCH

COMPLAINANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 WHILE DRIVING ON FOLLY QUARTER RD ON ROUTINE BUSINESS I OBSERVED...  
 REASON FOR INVESTIGATION RENOVATIONS TO RESIDENCE WITHOUT BUILDING PERMITS

PROPERTY HAS KNOWN FAILING SEPTIC SYSTEM AND UNSAFE WATER SUPPLY  
BOTH OF WHICH MUST BE ABANDONED. CODES \_\_\_\_\_

RECEIVED BY Craig Williams DATE 12/19/85 ASSIGNED TO \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF INVESTIGATION 12/19/85 TIME 12 NOON WEATHER COLD, CLEAR

REPORT REPORTED INCIDENT TO BUILDING INSPECTIONS FOR STOP WORK ORDER.  
THE HOUSE WAS FIRE DAMAGED AND DECLARED A LOSS IN DECEMBER 1985.  
OCCUPANTS WERE PERMITTED TO ERECT A TEMPORARY TRAILER,  
THEN ERECT A NEW DWELLING WITH A NEW WELL AND SEPTIC  
SYSTEM WITH THE UNDERSTANDING THAT THE DAMAGED HOUSE WOULD  
BE RAZED AND ITS WELL AND SEPTIC ABANDONED.

12/19/85 1130 CALLED MRS LYNCH AT WORK - MESSAGE LEFT, CALL NOT RETURNED.

12/19/85 510 CALLED MRS LYNCH AT HOME - MESSAGE LEFT.

12/20/85 BP 67837 11/25/85 PHIL HENRIKSON 792-4740  
PAUL PARKER - CONTRACTOR. NOT REVIEWED BY THIS DEPT.

1/24/86 MRS LYNCH RECEIVED REGISTERED LETTER WHICH PROVIDED (1) CHRONOLOGY  
(2) REQUIREMENT TO ABANDON WELL & SEPTIC (3) REQUIREMENTS FOR SUBDIVISION.

1/24/86 ADDITIONAL PERCS UNSUCCESSFUL. LYNCH & PARKER NOTIFIED BY MAIL.

2/7/86 PHONE CALL TO MRS LYNCH INQUIRING ABOUT PROGRESS TOWARD ABANDONMENT.  
SHE SAID SHE KNEW NOTHING ABOUT REQUIREMENT TO ABANDON. I ADVISED  
HER TO READ THE LETTER. SHE AGREED TO DO SO.  
 DATE SUBMITTED \_\_\_\_\_ SANITARIAN \_\_\_\_\_

3/5/86 PHONE CALL TO MARTHA LYNCH RE: FAILURE TO RESPOND  
TO ORDER TO ABANDON WELL & SEPTIC. SHE CONTENDS SHE DID  
NOT KNOW WHAT SHE WAS TO DO. I EXPLAINED PROCESS. SHE AGREED  
TO HAVE WORK DONE THIS FRIDAY.



Howard County  
Health Department

7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer  
**Public Information Act Request Form**

Name of Applicant: Christine Arthur  
Address of Applicant: 12902 Folly Gtr. Rd. City Ellicott City State MD Zip 21042  
Representing: SEA Telephone#: \_\_\_\_\_  
Property Address Requested: 12900 Folly Gtr. Rd.  
Ellicott City, MD 21042

(Please Check Item(s) Below)

❖ **Food Protection Program**

Requested Records (Check item(s)):

List of Licensed Food Facilities  
 Inspection Report(s) – Facility Name(s) \_\_\_\_\_  
 Other (Please Explain): \_\_\_\_\_

❖ **Well & Septic Program**

Original Owners Last Name ~~SEA~~ Lynch or Street

Requested Records (Check Item(s)):

Percolation Test App (includes test notes)  Complete Lot File  Well Sampling Result  
 Septic Construction Plan  Well Completion Report  
 Other (specify) \_\_\_\_\_

❖ **Community Hygiene Program**

Requested Records (Check Item(s))

Complaint Investigation Reports  Rabies Case Reports  
 Registered Under/Above ground Storage Tanks  Pool Inspection Records/ Reports  
 Hazardous Chemical Spills & Storage Records  
 Other \_\_\_\_\_

I understand that I will be charged \$ .60 per page copied. If staff time in record retrieval takes more than two (2) hours, then a fee of \$25.00 per hour after two (2) hours will be assessed. Also, I do understand that I will not be able to request any proprietary information enclosed in the file and may not receive information related to an on-going investigation. All copies larger than 11"x17" may best be provided by the proprietor of the document. I also realize that it may take up to thirty (30) days to process this request.

Christine Arthur 443-622-4533 202-672-5399  
Applicant Name (please print) Applicant Phone Number FAX#  
[Signature] 6/9/05  
Applicant Signature Date

FOR OFFICE USE ONLY			
<input type="checkbox"/> Date Received	<u>6/9/05</u> Date Completed	<u>9</u> # of Copies Made	<u>6/9/05</u> Date Mailed/Faxed Picked-up
<input type="checkbox"/> No Record Found	Preparation Time	<u>SW</u> Staff Initials	

E 810500

E 810900

E 811200

E 811500

E 811800

E 812100

N 519300

N 519000

N 518700

REV. 9-25-92 N 518400



**J.S. DALLAS, INC.**  
 Surveying & Engineering  
 4932 Hazelwood Avenue  
 Baltimore, Maryland 21206  
 Telephone: (410) 866-2001  
 Facsimile: (410) 866-2003

NOTE: HOWARD COUNTY  
 FLOWN TOPOGRAPHY.

APPLICATION NO. A47906  
 PROPOSED SUBDIVISION  
 PARKER PROPERTY  
 FOLLY QUARTER RD  
 TAX MAP 22 P. 23 & 27

PERCOLATION PLAT  
 (PARKER) FOLLY QUARTER RD.

DRAWN BY: CAZ	DATE: 06-30-92
CHECKED BY: JSD	DRAWING NO.: 87199
JOB NO.: 87-199	SCALE: 1" = 60'