

10/8/87 AM/PA
14/13/87 AM ASAD

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-374936
INDEXED

P 39873

A 33985

DISTRICT 3rd

DATE 8/17/87

DATE SYSTEM APPROVED 10/13/87

INSPECTOR JEN

Whitworth Excavating

IS PERMITTED TO INSTALL ALTER

ADDRESS 12680 Clarksville Pie, Clarksville, Maryland PHONE 854-2513

SUBDIVISION Glenelg Manor II ROAD 12871 Folly Quarter Rd LOT 27B

PROPERTY OWNER James McGrann

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

BLDG. PERMIT SIGNED
AND RETURNED 7-15-97
Serial # B710675
grann

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 180 feet from the front (200 ft. long) lot line and 50 feet from the left (670 ft. long) side line as seen when facing the lot from the private road easement. Continue to dig the trench on level ground running towards the right side of the lot. Place the second trench parallel to and 8 feet away from the first trench.

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

OKSK

PLANS APPROVED BY S. Abel DATE 6/08/87

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.

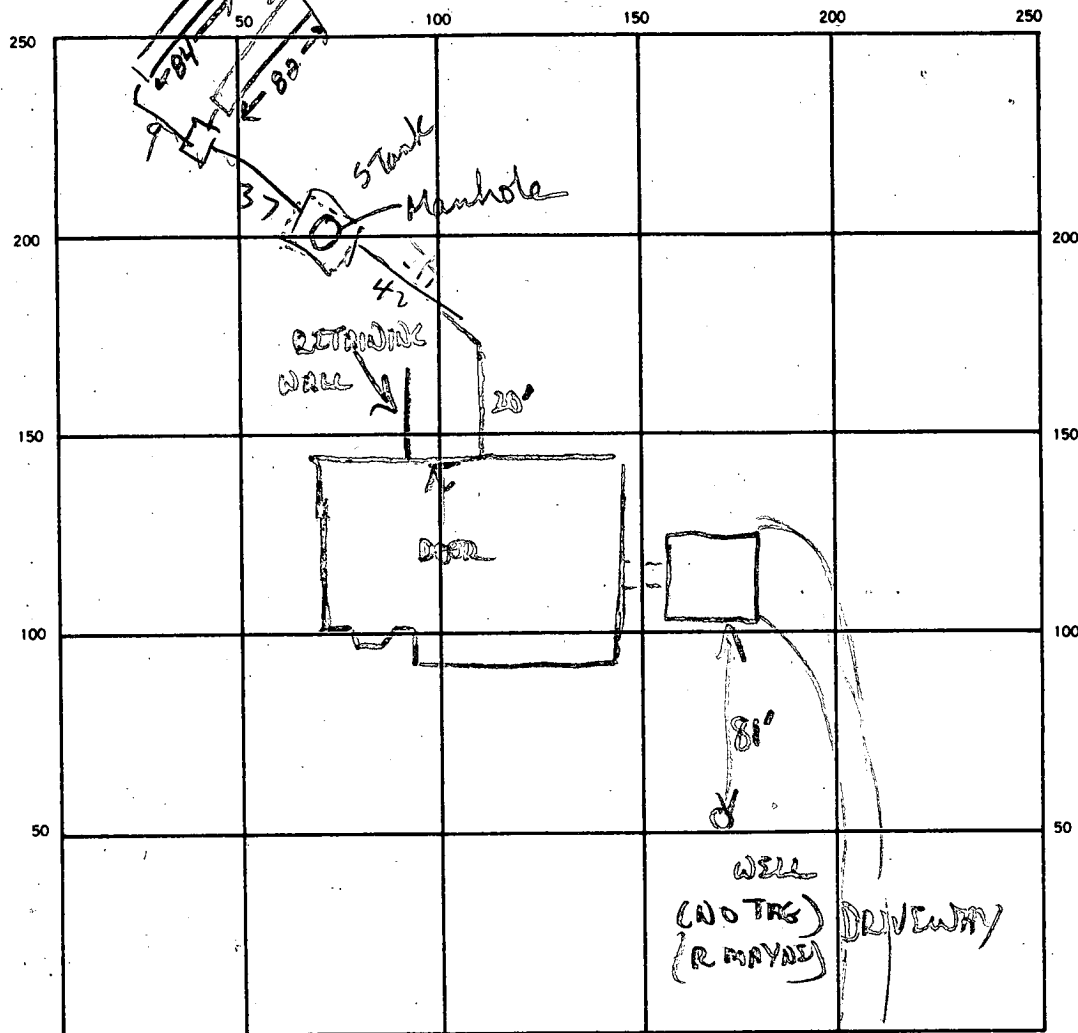
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BLDG. PERMIT SIGNED
AND RETURNED 4/2/90
Serial # 31859 - Interim Allocation

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 33985
EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.
COMMON ROAD

11
158
.28
316
316
347.6

158
35
3193
4
767
664
103

260
500
500
20
16
20

160
35

160
22
328
220
35.

SEPTIC TANK LEVEL 2000 gal CLEANOUTS MANHOLE on tank
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TILE FIELD DEPTH 7.5 | 7 FT. TRENCH WIDTH 2 | 2 FT. INLET DEPTH 3.5 | 3.0 FT.
 EFFECTIVE GRAVEL DEPTH 4.0 | 4.0 FT. TOTAL LENGTH 84 | 82 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 336 328 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 564 SQ. FT.

REMARKS 10/8/87 Ran into rock while digging behind schedule.
Installing 2000 gal tank (it's probably garbage disposal.)
10/9/87 - OK TO COVER TANK & D.B. BOX. ADD STONE
TO TRENCHES & CALL R. Hodges 10-13-87. OK to cover
over trenches and all other work. JE Nadeau.

DATE SYSTEM APPROVED 10-13-87 INSPECTOR JE Nadeau

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33985

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3rd

DATE 6/11/84

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 (Don Reuwer)
12789 Folly Quarter Road
ADDRESS Ellicott City, Maryland PHONE _____

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor, II LOT NO. 27B
~~28B~~

ROAD AND DESCRIPTION _____

SIZE OF LOT 3.695 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)

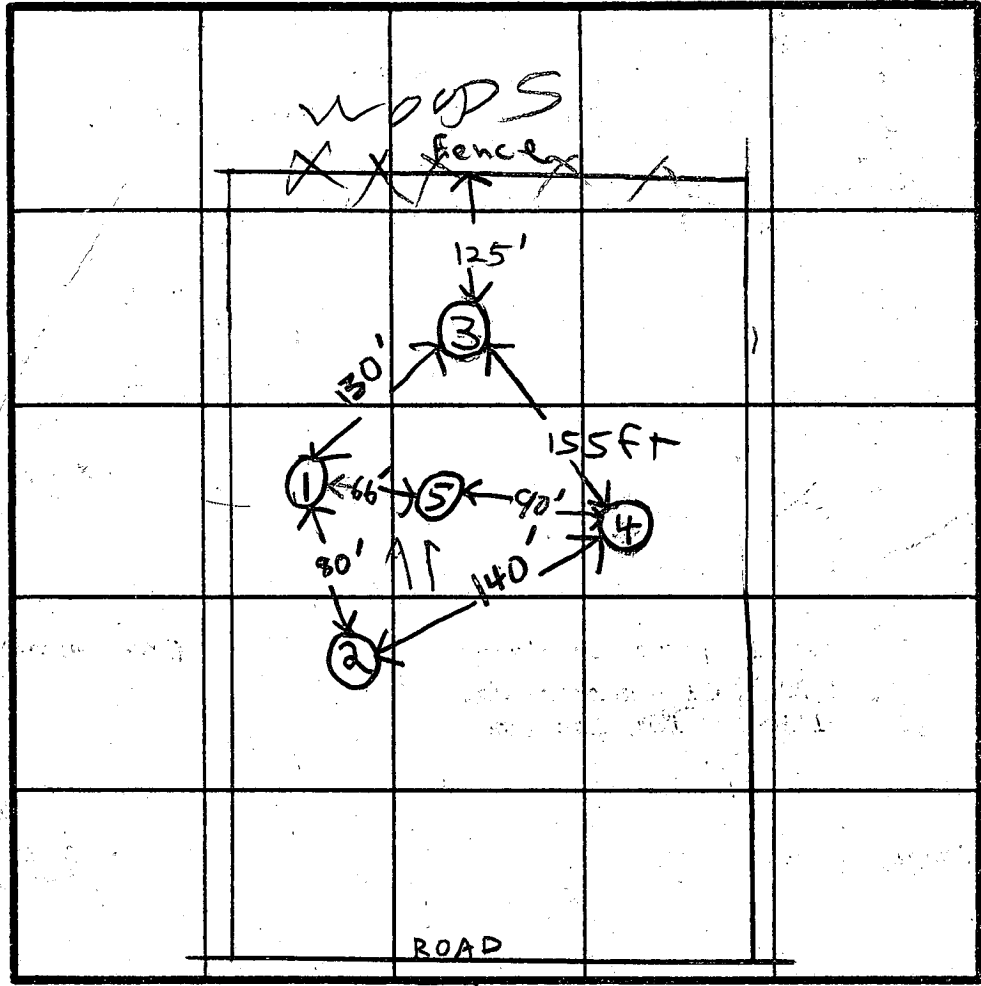
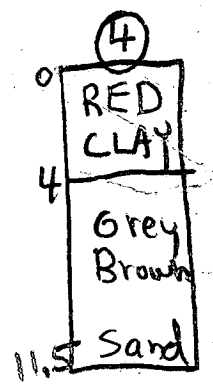
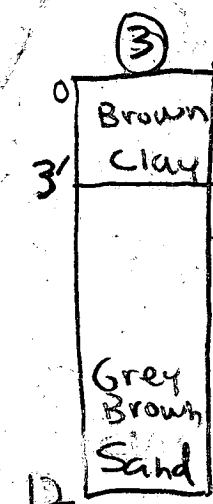
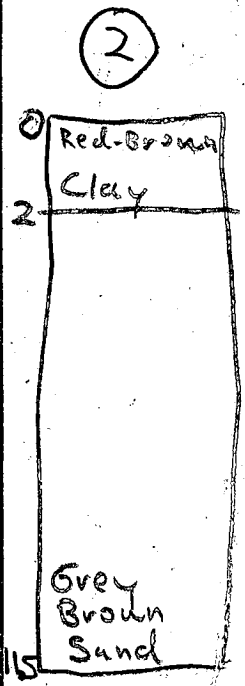
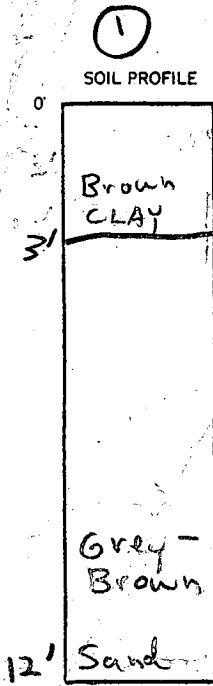
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



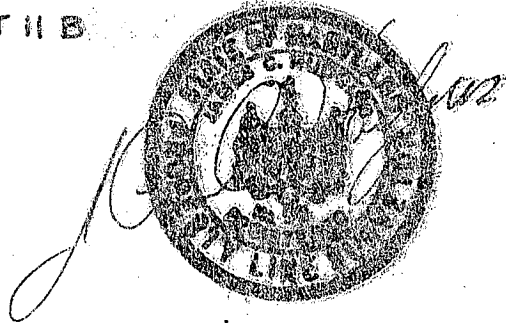
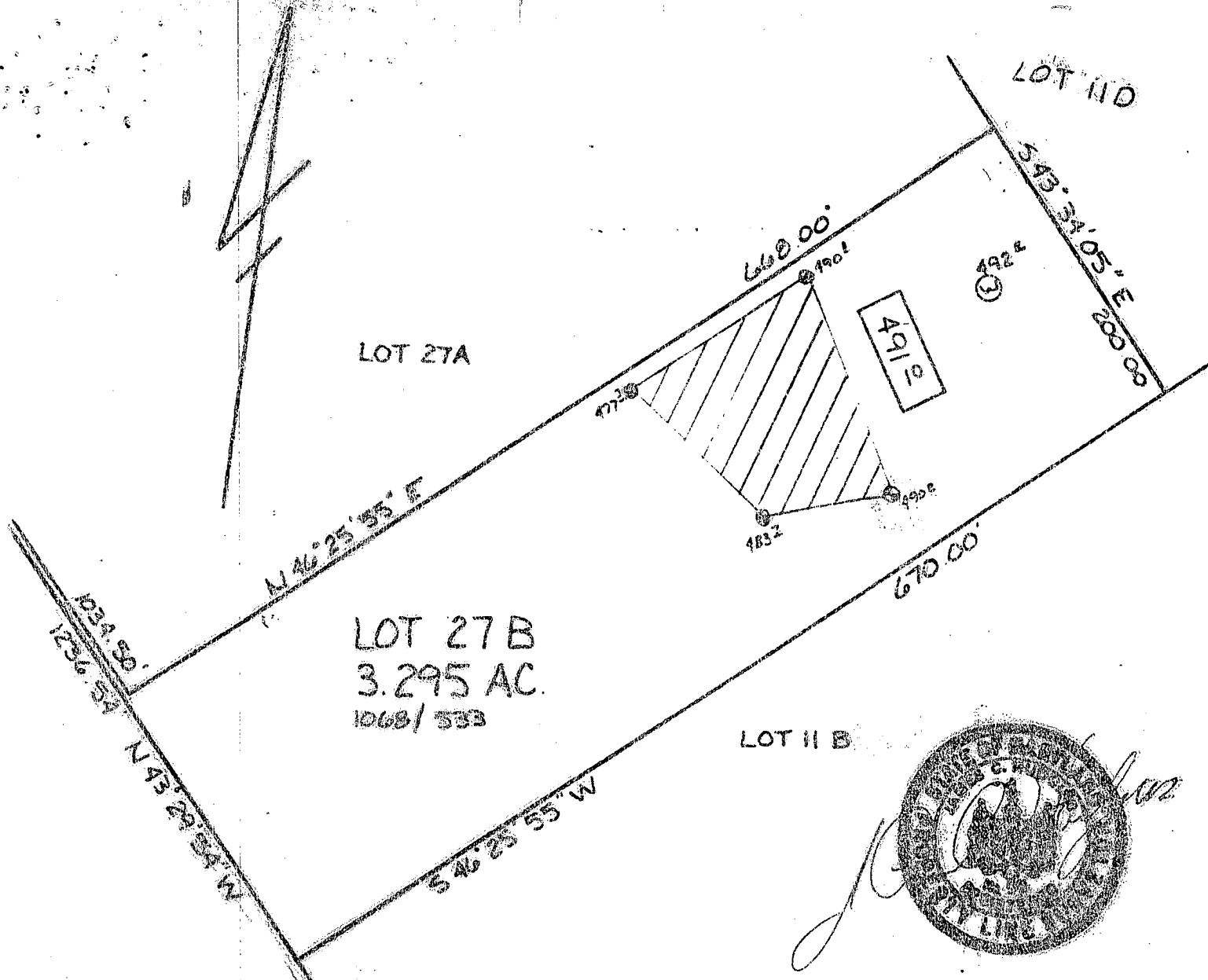
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/13/84	1S	4.5ft	2:10	2:12	2:12	2:15	3
"	1V	12ft	Looks	O.K.			
"	2S	4.0ft	2:25	2:27	2:27	2:29	2
"	2V	12ft	Looks	O.K.			
"	3S	4.5ft	2:32	2:35	2:35	2:40	5
"	3V	12ft	Looks	O.K.			
"	4S	5.0ft	2:52	2:55	2:55	2:59	4
"	4V	11.5	Looks	O.K.			
"	5S		Looks	O.K.			
"	5V	12.5	Looks	O.K.			

REMARKS _____

TYPE OF SOIL _____

TESTED BY A JACOBSON ALSO PRESENT R. Hodges



[Hatched Area] 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. Reconciliation 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

[Signature] County Health Officer 7-20-84
Date

PERCOLATION TEST PLAT

PARCEL 27B

GLENELG MANOR

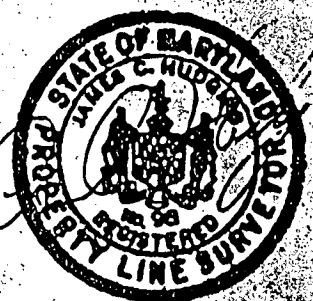
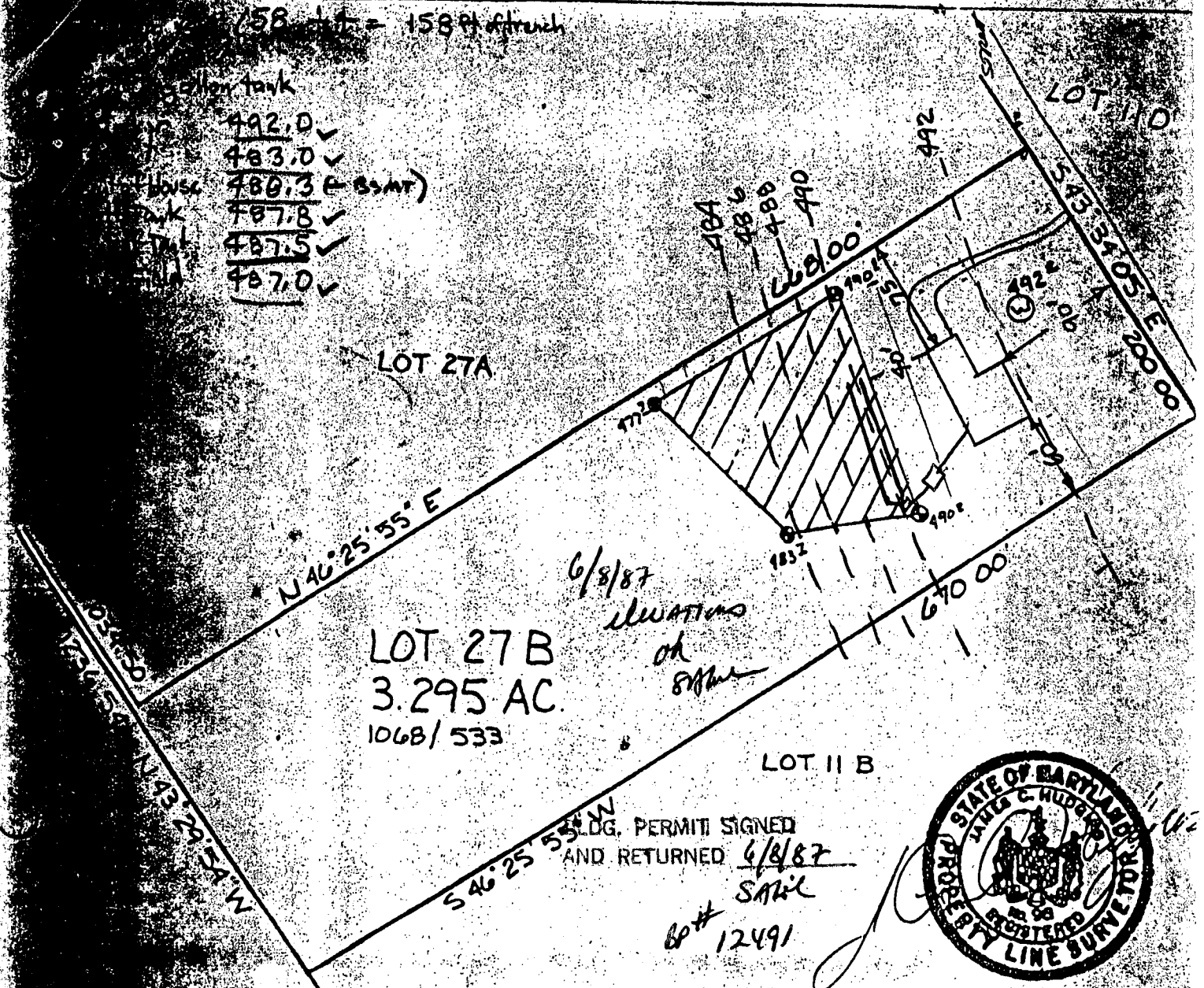
SECTION TWO

3rd Election District
Howard County, Maryland
Scale 1"=100'
Date 6/15/84

NTT Associates
101 Sterrett Place
Columbia, MD 21044
442 2031

158 ft = 158 ft trench

- oil tank 492.0 ✓
- 483.0 ✓
- house 480.3 (B.M.T)
- drank 487.8 ✓
- 487.5 ✓
- 487.0 ✓



//// 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.

CAVED For Private Water and Private Sewage Systems

PERCOLATION TEST PLAT
 PARCEL 27B
 GLENELG MANOR
 SECTION TWO
 3rd Election District
 Howard County, Maryland
 Scale 1"=100'
 Date 6/15/84
 Contour Interval = 2'

James M. Boyd, P.E.
 County Health Officer *S.S.* **7-20-84**
 Date

NTT Associates
 101 Sterrett Place
 Columbia, MD 21046
 442 2031

C1 3356 SEQUENCE NO. (OEP USE ONLY)
 (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 33985

DATE RECEIVED: [] [] [] [] [] [] DATE WELL COMPLETED: 062484
 DEPTH OF WELL: 160 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": 40-81-0617

OWNER: GLEN ELG MANOR ASSOC
 STREET OR RFD: last name GLEN ELG first name FOLLY QUARTER RD TOWN: GLEN ELG
 SUBDIVISION: GLEN ELG MANOR SECTION: II LOT: 27B

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	20	
Sand Stone	20	35	✓
Micka	35	45	
Sand Stone	45	55	✓
Micka	55	160	

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: 48 NO. OF POUNDS: 48
 GALLONS OF WATER: [] [] [] []
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 28 ft. (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 STEEL ST CONCRETE CO
 PLASTIC PL OTHER OT
 MAIN CASING TYPE: PL
 Nominal diameter top (main) casing (nearest inch): 6
 Total depth of main casing (nearest foot): 30

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

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

DEPTH (nearest ft.)

DEPTH (nearest ft.)	DEPTH (nearest ft.)	DEPTH (nearest ft.)
1-4: HO	5-8: 28	9-160: 160
17-24: [] [] [] []	25-32: [] [] [] []	33-40: [] [] [] []
41-48: [] [] [] []	49-56: [] [] [] []	57-64: [] [] [] []
65-72: [] [] [] []	73-80: [] [] [] []	81-88: [] [] [] []

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.

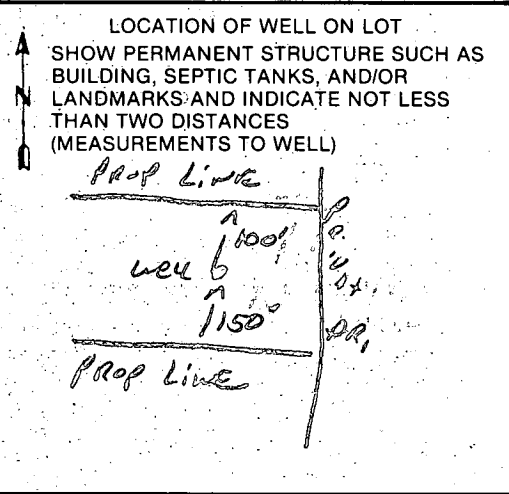
DRILLERS IDENT. NO. 223
 DRILLERS SIGNATURE: Ralph Mayne
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

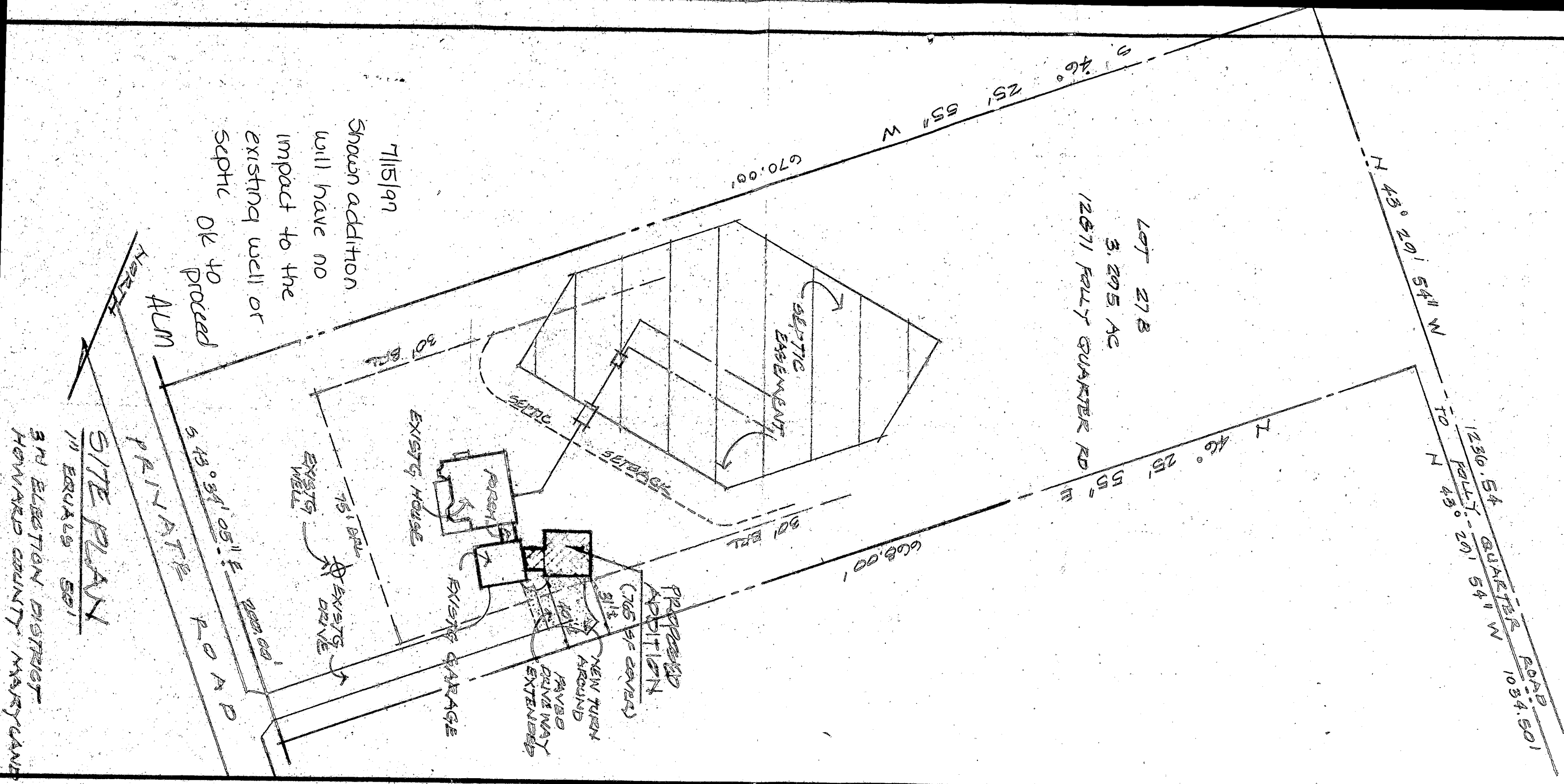
GRAVEL PACK: []
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: []
 SLOT SIZE 1: [] 2: [] 3: []
 DIAMETER OF SCREEN: [] [] [] [] (NEAREST INCH)
 from [] to []

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T [] (E.R.O.S.) [] WQ [] [] [] []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA [] [] []

PUMPING TEST
 HOURS PUMPED (nearest hour): 3
 PUMPING RATE (gal. per min. to nearest gal.): 7
 METHOD USED TO MEASURE PUMPING RATE: Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING: 29
 WHEN PUMPING: 34
 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 }





ADDITIONS & ALTERATIONS FOR
DEBORAH & JAMES McGRANN
 12871 FOLLY QUARTER ROAD
 ELLICOTT CITY, MD, 21042

André G. Fontaine Architect AIA
 P.O. Box 357 Baltimore (410) 531-3925
 3925 Old Rolling Road Washington (301) 854-3925
 Glenelg, Maryland 21737

Architecture
 Interior Design

9520
 11.6.96
 SHEET