

05-308574

PERMIT

P 40690

A 33986

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 12/22/87

DATE SYSTEM APPROVED 5-12-88

INSPECTOR S. Sh

Erall Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Glenelg Manor II ROAD 12889 Folly Quarter Rd LOT 11D

PROPERTY OWNER Universal Homes, Inc. Howard Spitalmy

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

180
4
720

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the right rear lot corner, place the first trench 210 feet down the right (531.72) lot line and 70 feet from the right side of the lot as seen when facing the property from the Right-of-way. Run trenches along contour towards the left (528.56') lot line. MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC.

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

PLANS APPROVED BY R. Hodges/Bert Nixon DATE 12/18/87

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 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.

BOG. PERMIT SIGNED
AND RETURNED 1/30/90
Serial # 31085-Prod

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A
33986

APPLICATION

SEWAGE DISPOSAL TESTING

A 33986

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

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 ~~Don Reuwer~~ ~~Glenelg Manor Associates~~ Universal Homes, Inc.
ADDRESS 12789 Folly Quarter Road
Ellicott City, MD PHONE _____

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor II LOT NO. 11 D

ROAD AND DESCRIPTION 12889 Folly Quarter Rd.

SIZE OF LOT 4.641 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

APPROVED BY *Raymond Hodges* (SIGNATURE OF APPLICANT) FOR shallow trenches DATE 11/29/84

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

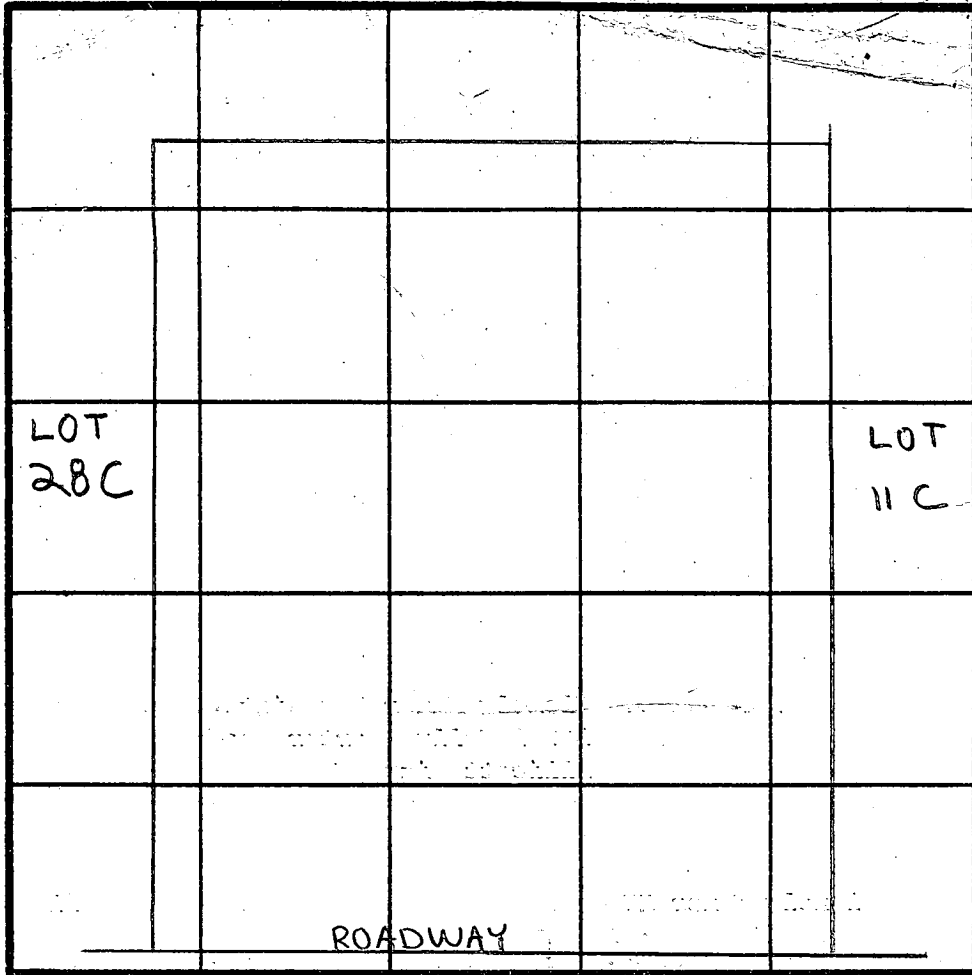
REASONS FOR REJECTION OR HOLDING 6/12/84 Per OK Hold for Category Hole Plat (R/H)
11/29/84 spec written BLDG. PERMIT SIGNED AND RETURNED 7/18/84
SAW

BP# 13041

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

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33986
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____
DATE 6/11/84

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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12789 Folly Quarter Road
ADDRESS Ellicott City, MD PHONE _____

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor II LOT NO. 11 D

ROAD AND DESCRIPTION _____

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(NUMBER OF BEDROOMS)

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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Don Reuwer
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR shallow trenches DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

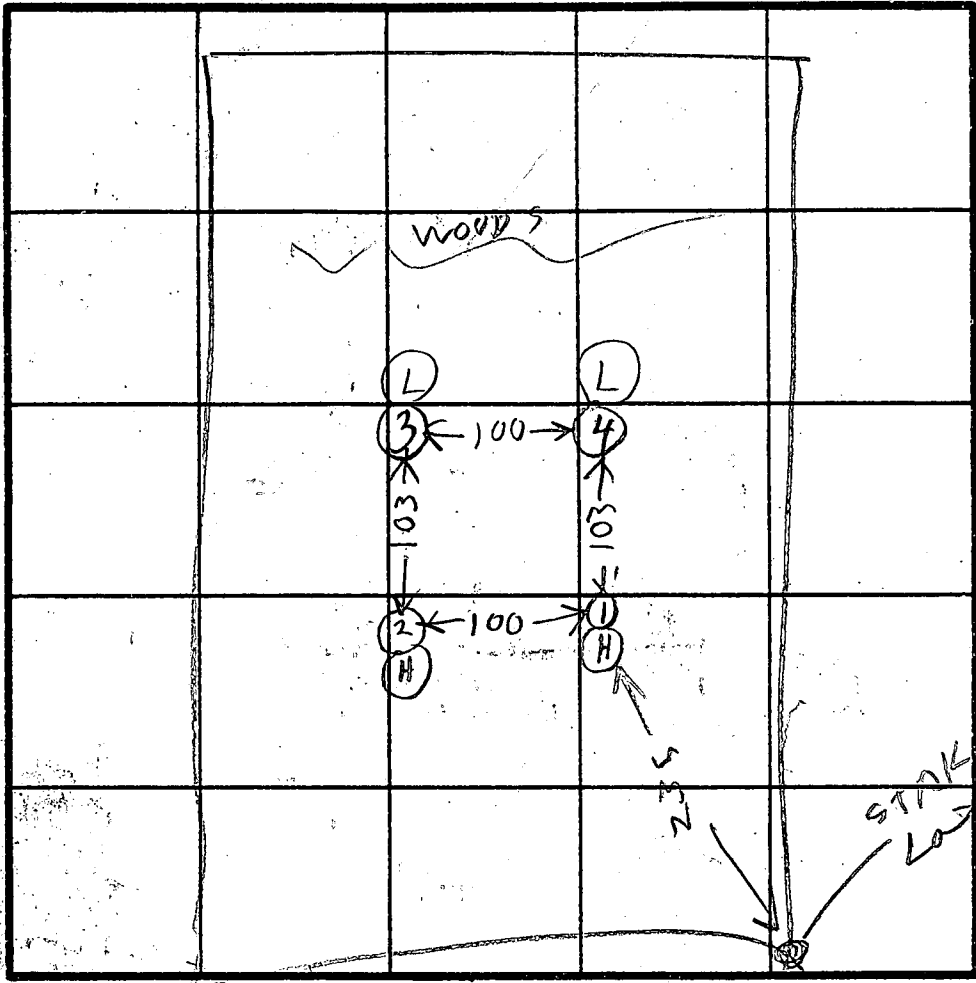
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

HOLE ELEVATION

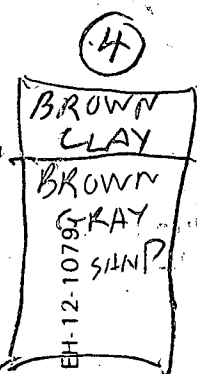
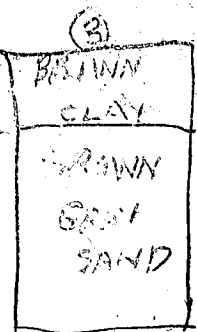
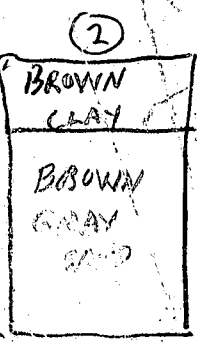
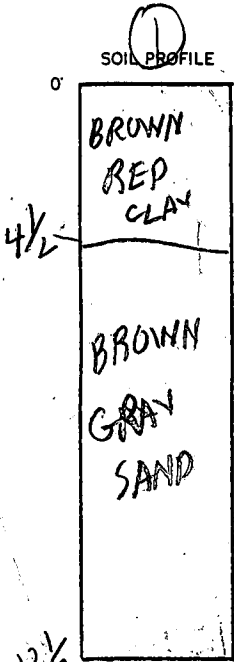
①② = HIGH

③④ = LOW



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

16 FT WIDE RD

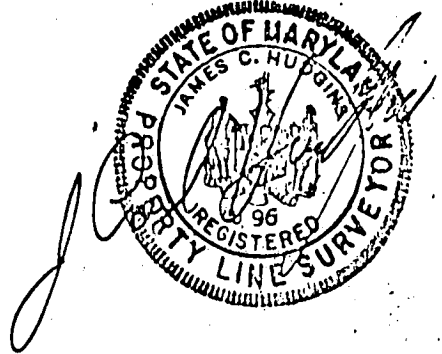
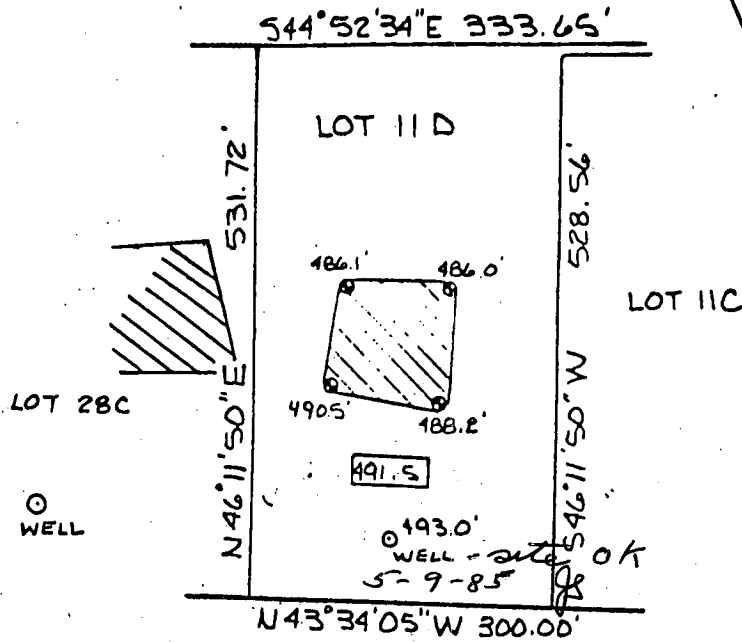



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/12/24	1S	5 1/2	258	305	305	314	9
	1V	12 1/2	LOOKS	OK			
6/12/24	2S	5	302	308	308	316	8
	2V	12	LOOKS	OK			
+	3S	4	310	312	312	320	8
	3V	12	LOOKS	OK			
+	4S	4 1/2	324	326	326	330	4
	4V	12	LOOKS	OK			

REMARKS _____

TYPE OF SOIL _____

TESTED BY R HODGES ALSO PRESENT OKETER MAN



 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,

Donald M. Boyd M.D. P.R. F.S. 10-19-84
County Health Officer Date

PERCOLATION TEST PLAT

PARCEL 11D

GLENELG MANOR

SECTION TWO

5th Election District
Howard County, Maryland

Scale 1"=200'

Date 9/18/84

NTT Associates
101 Sterrett Place
Columbia, MD 21044
442 2031

S 44° 52' 34" E

333.05 FOLLY QUARTER ROAD

28-C

LOT 11D
4.850 AC. ±

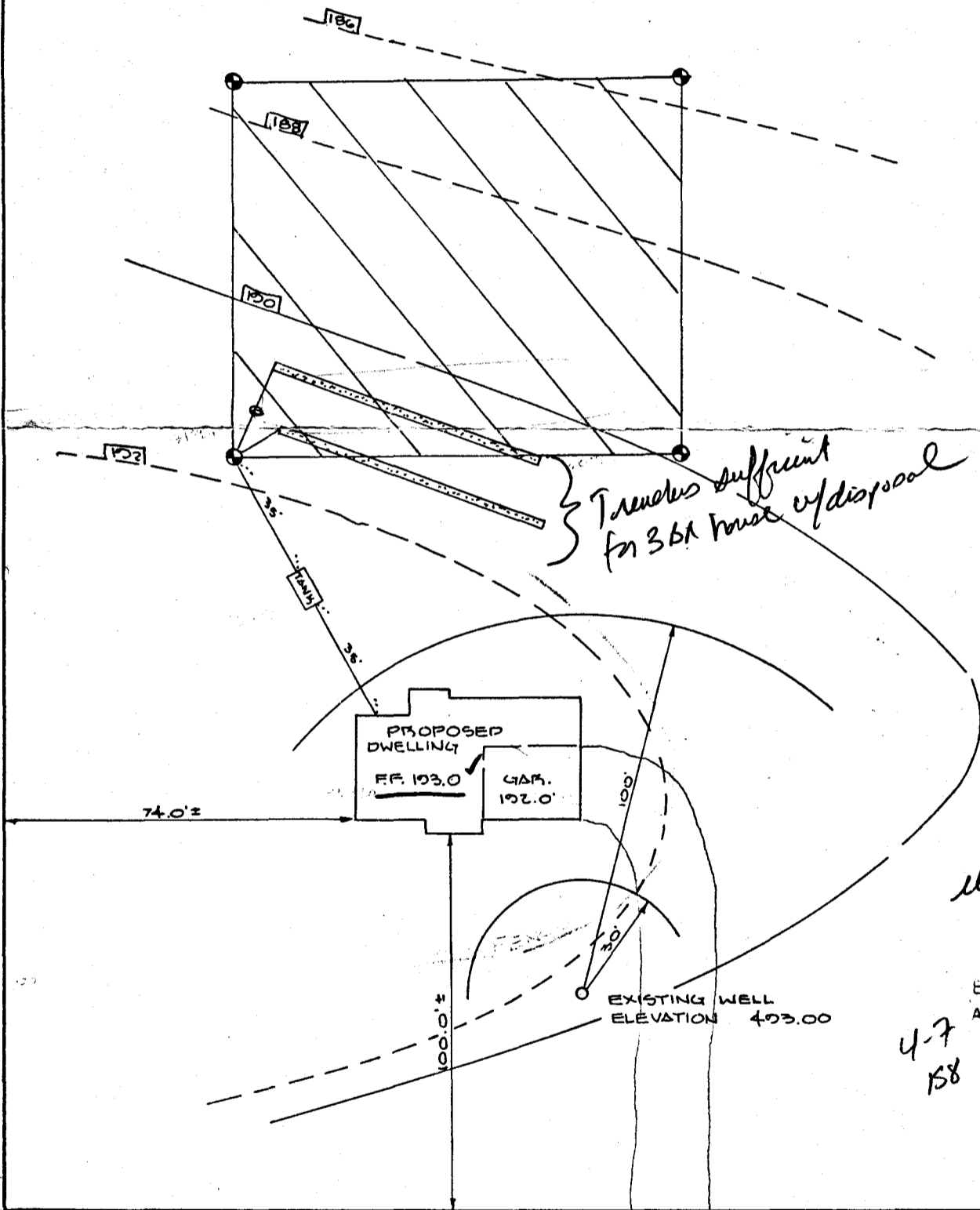
11-C

531.72'

528.56'

N 46° 11' 50" E

S 46° 11' 50" W



Tranches sufficient for 361 units of disposal

*7/1/87
elevations ok
SAB*

BLDG. PERMIT SIGNED
AND RETURNED *7/1/87*
BP 1304H
SAB

*4-7
158*

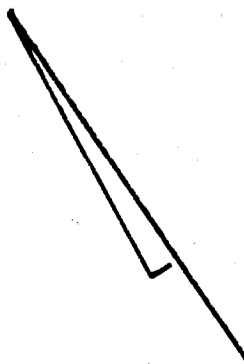
N 43° 34' 05" W

300.00'

SITE PLAN

LOT 11D
GLENELG MANOR
SECTION 2
DEED REF. L 1392 / F. 676
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 40' DATE 6/8/07



F.F. 193.0 ✓ GAR. 192.0 ✓
NO BSMT. SEWERAGE ✓
DISTRIBUTION BOX:
EXIST. ELEVATION 191.70 ✓
INVERT 187.70 ✓

TANK:
EXIST. ELEVATION 192.80 ✓
INV. OUT 188.40 ✓
INV. IN 188.00 ✓
INVERT AT HOUSE 189.30 ✓ (-BSMT)

M. AND H. DEVELOPMENT ENG.

SUITE 231 HARRIS CHOICE VIL. CTR.
5485 HARRIS FARM ROAD
COLUMBIA, MARYLAND 21044
PHONE: 730-0060

B 1 3320 SEQUENCE NO. (OEP USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS

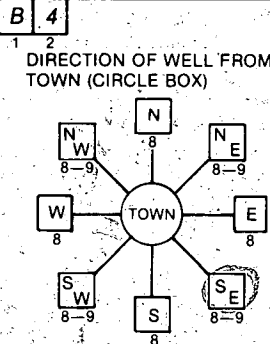
STATE OF MARYLAND
PERMIT TO DRILL WELL *WV*
please print or type

OEP PERMIT NUMBER
40-81-1002
fill in this form completely

Date Received *5/23/85*
OWNER INFORMATION
WILLETT ROBERT
4665 CLYDESDALE CT
ELLICOTT CITY MD 21043

B 3 LOCATION OF WELL
HOWARD COUNTY
GLENELG MARO
SECTION 2 LOT 110
GLENELG
MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION
Ralph MAYNE License No. 80
Ralph MAYNE (well drilling)
9120 Brown Church Rd. Mt. Airy
Ralph Mayne 4/18/85



Folley Quarter Rd.
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST
EAST
SOUTH
DISTANCE FROM ROAD 2000
ENTER FT or MI

B 2 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 A33986
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 050985 S. Stayer 11/9/85
CO SIGNATURE EXP. DATE
NORTH GRID 515000 EAST GRID 0819000

APPROXIMATE DEPTH OF WELL 150 FEET

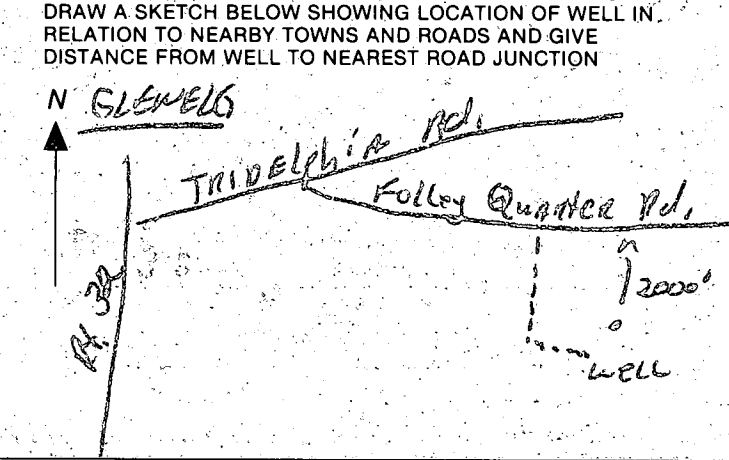
APPROXIMATE DIAMETER OF WELL 6 INCH

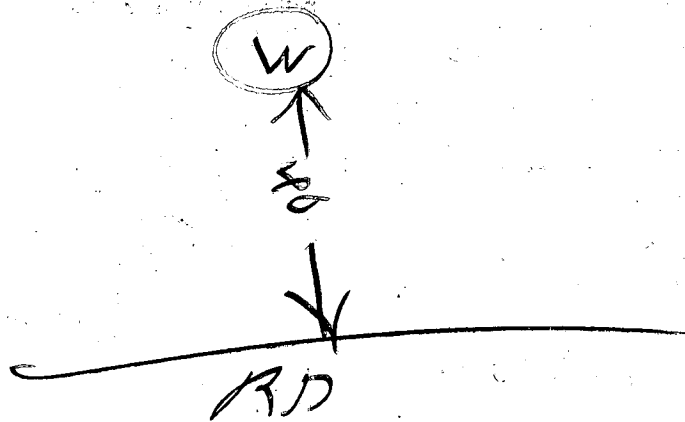
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary Drive-POINT
other

REPLACEMENT OR 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)
APPROX. PERMIT NUMBER GAP
FORCE INITIALS PERMIT No. 40-81-1002

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
Folley Quarter Rd
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
8109
5105





arrive 10 13

- ① 45 FT CASING
- ② OPEN HOLE 40 FT DEN WELL GROUTER
- ③ EIGHT BAGS USED
- ④ LOCATION OK
- ⑤ WELL OK

C1 2531 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 33986

DATE RECEIVED DATE WELL COMPLETED 052385

Depth of Well 180 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-1002

OWNER WILLET ROBERT STREET OR RFD QUARTER RD TOWN GLENELG SUBDIVISION GLENELG MANOR SECTION 2 LOT 11-D

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) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE PL

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

DEPTH (nearest ft.) 180

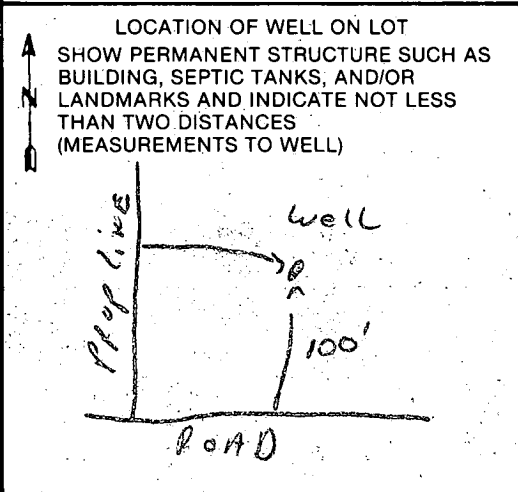
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 7 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE



CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 273 Rafeh Mayne

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

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

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H 7412 Name: R. WILLET County: HOWARD

Source of Sample: GLENELE MANOR II LOT 11 P Collector: HODGES
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: WELL # H10811002 NITRATE
ESSEX QUARTER RD

County: 13 Plant No. [] [] [] [] Sampling Station: [] [] [] [] Date Collected: 05/23/85 Time: 10:45 AM Acid: Iced:

Field Data: pH*: [] [] Chlorine Residual: Free Total Specific Conductance: [] [] [] []

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011		Arsenic	253	
Alkalinity (Total)	040		Barium	262	
Alkalinity (HCO ₃)	050		Cadmium	273	
Alkalinity (CO ₃)	060		Chromium	283	
pH*, Ca CO ₃ SAT.	071		Lead	302	
Alkalinity, Ca CO ₃ SAT	080		Mercury	314	
Hardness	110		Selenium	323	
Ammonia-N	143		Silver	333	
Nitrate-Nitrite N	162	<u>4.7</u>	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	091		Iron	122	
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	382	
Total Residue	381				

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Christi Willet
(Name)

4665 Clydesdale Ct.
(Address) Ellicott City, Md. 21043

40-81-1002
(OEP Well Permit Number)

March 29, 1985
(Date)

