

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NO FURTHER ACTION
RE-INDEX
File for SFD Not Commercial
P 50628

A REPAIR

DISTRICT _____

DATE 4-5-95

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

EVALUATION ONLY

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

_____ IS PERMITTED TO INSTALL _____ ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Parker-Bell-Lynch Property LOT _____ ROAD 12902 Folly Quarter Road

PROPERTY OWNER Dr. Valerie Borneman

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - TO ESTABLISH UP TO 5,000 SQUARE FEET ADDITIONAL SEPTIC AREA TO SUPPORT SEPTIC SYSTEM FOR LIMITED ANIMAL HOSPITAL ATTACHED TO EXISTING RESIDENCE.

PLANS APPROVED BY C. Williams DATE 04/05/95

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, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM BUILDING (EXCEPT WHERE AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 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 PVA 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 APPROVAL ON THIS PERMIT**

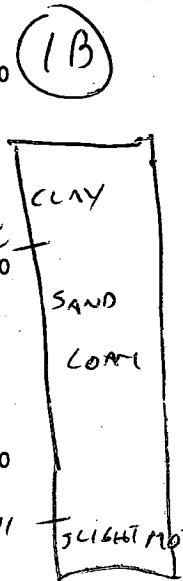
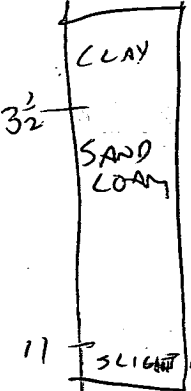
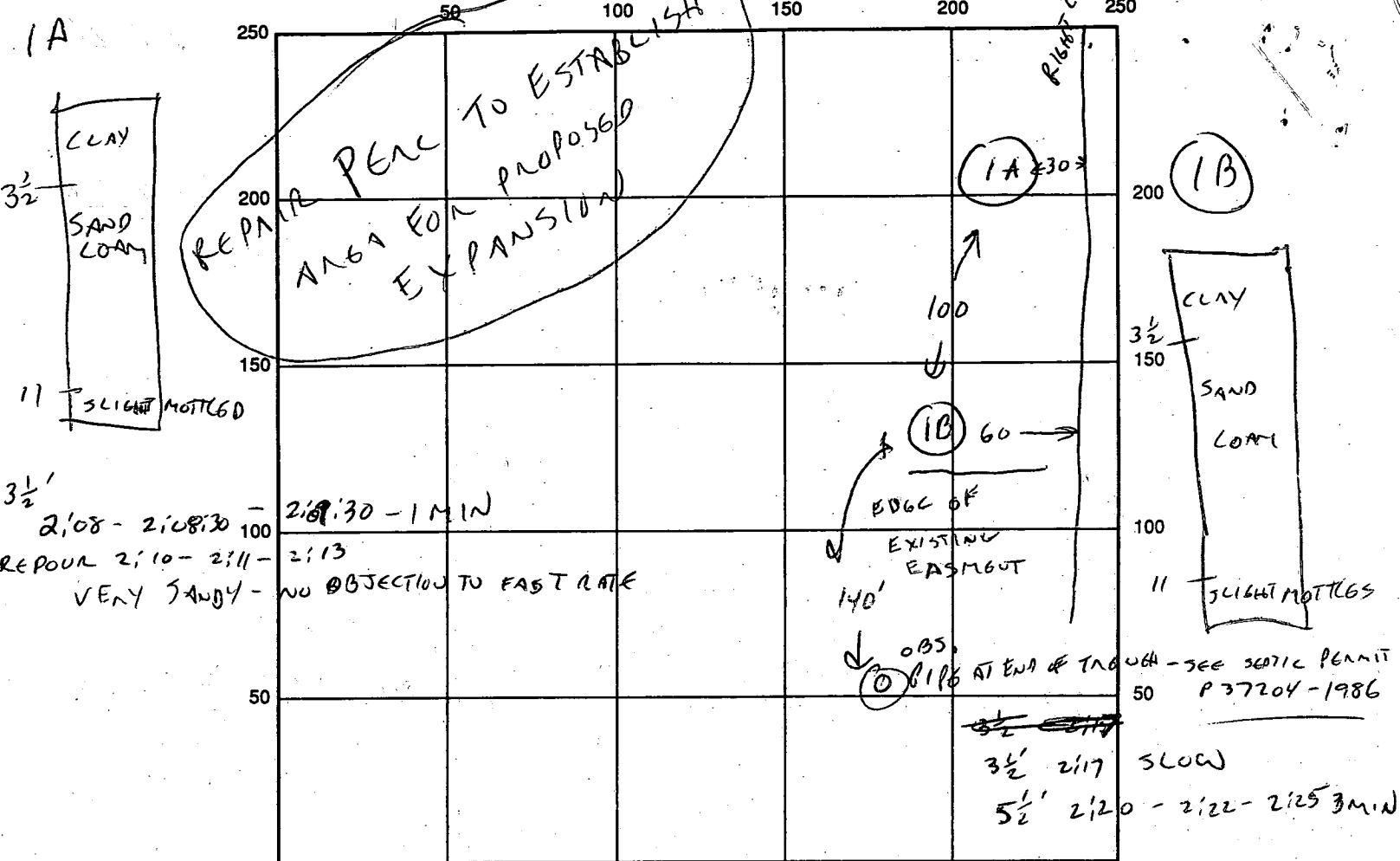
BUILDING PERMIT SIGNED AND RETURNED

4/15/03 B00141158 GARAGE
4/19/04 B00141357- AVE BARN

P 50628

4/12/95
1:30 PM
03-306593

NO CONCLUSION - PLAN SUBMITTED (DALLAS) NOT FINISHED,
8/11/97 CW



2:08 - 2:08:30 - 2:09:30 - 1 MIN
 REPAIR 2:10 - 2:11 - 2:13
 VERY SANDY - NO OBJECTION TO FAST RATE

100'
 140'
 OBS. 10' AT END OF TRENCH - SEE SEPTIC PERMIT P 37204-1986

3 1/2' 2:17 SLOW
 5 1/2' 2:20 - 2:22 - 2:25 3 MIN

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

FOLLY QUANTON RD

SEPTIC TANK LEVEL _____ CLEANOUTS _____
 DISTRIBUTION BOX LEVEL _____
 DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.
 EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

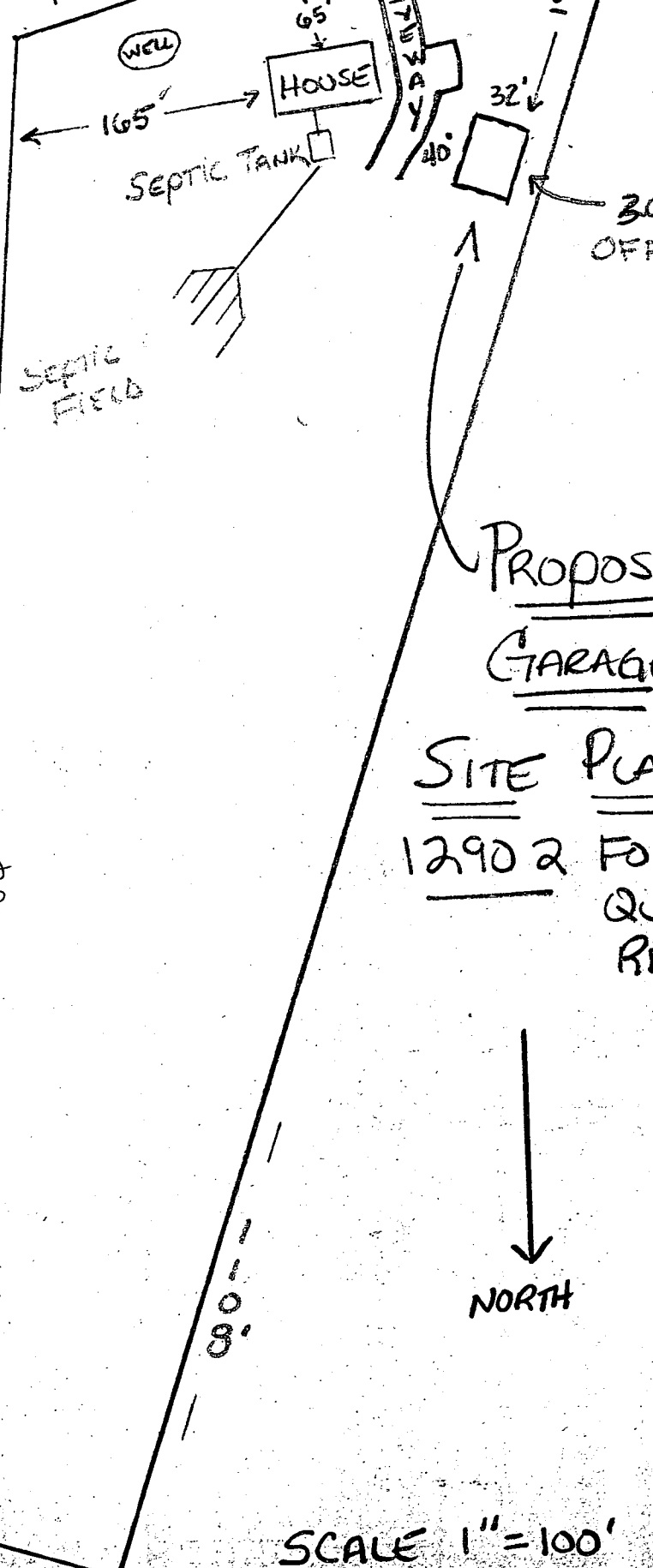
REMARKS: TWO TEST HOLES CONFIRM ADEQUATE SOIL CONDITIONS AT TEST LOCATIONS; SHOW EVIDENCE OF WATER TABLE LIMITATIONS AT ALL LOWER ELEVATIONS. TEST RESULTS CONSISTENT WITH INFORMATION OBTAINED IN PREVIOUS EVALUATIONS - A47906 AND OTHERS - THOSE RESULTS NEVER "PLATTED,"

ALSO PRESENT - U. BANNINGMAN
 R. FYOCK *(Signature)*

DATE SYSTEM APPROVED _____ INSPECTOR _____

PLAT REQ'D FOR APPROVAL - RICHMAN MUEGGE INC (MELANIE MUSON)
 SUBMITTAL (PROJECT 95P105200) SUBMITTED MAY 1 - ACCURATE BUT NEEDS CLARIFYING LANGUAGE.

FOLLY QUARTER ROAD



ZONING: RURAL RESIDENTIAL

ELECTION DISTRICT 03:03

No PUBLIC WATER OR SEWER

4-15-03

No well or septic concerns
OK BPO0141158

(KN)

PROPOSED GARAGE

SITE PLAN

12902 FOLLY QUARTER RD.



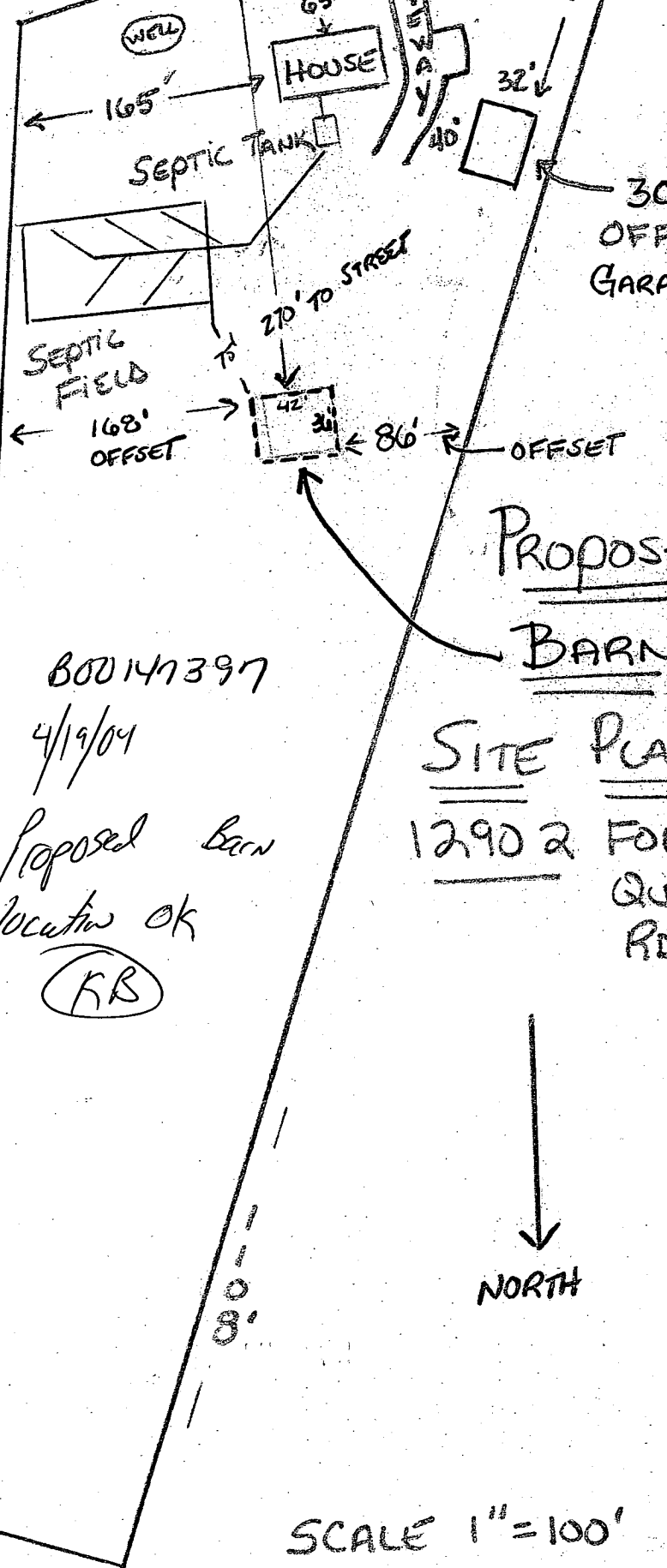
SCALE 1" = 100'

ZONING: RURAL RESIDENTIAL

ELECTION DISTRICT 03:03

NO PUBLIC WATER OR SEWER

FOLLY QUARTER ROAD



800147397

4/19/04

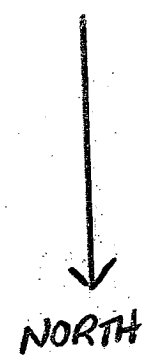
Proposed Barn location OK

(KR)

PROPOSED
BARN

SITE PLAN

12902 FOLLY QUARTER RD.



SCALE 1" = 100'



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

May 24, 1995

MEMORANDUM

TO: Melanie Moser
c/o Riemer Muegge & Associates, Inc.
8818 Centre Park Drive - Suite 200
Columbia, Maryland 21045

RE: Craig Williams, Program Director Cu
Water and Sewerage Program
Bureau of Environmental Health

RE: Board of Appeals Case # BA-95-34E
Special Exception Request
Dr. Valerie Bornemann
t/a Glenelg Animal Hospital
12902 Folly Quarter Road

For your information I have enclosed a copy of comments being forwarded to the Howard County Board of Appeals regarding the above case.

The comments are intended to be supportive, while listing specific routine detail that would need to be accomplished prior to obtaining a building permit, should the exception be granted.

You may wish to submit the requested detail at this time to clear up any uncertainty, or you may prefer to wait until you have received additional comments from the Board of Appeals.

CW:jr

RIEMER MUEGGE & ASSOCIATES, INC.

Planners • Engineers • Surveyors

8818 Centre Park Drive • Suite 200 • Columbia, Maryland 21045 • 410-997-8900 • FAX: 410-997-9282

GLENELG ANIMAL HOSPITAL SPECIAL EXCEPTION PETITION

Item C. Detailed Description of Proposed Use of Glenelg Animal Hospital:

The Glenelg Animal Hospital, Inc. will provide complete medical, surgical, and diagnostic care for approximately 1,000 clients with dogs, cats and exotic pets. A limited number of animals will be boarded, and these are existing patients of the practice, which require medical treatment during the time of boarding.

A small support staff, consisting of two technicians and one part-time receptionist, assist Dr. Bornemann. However, the maximum number of staff at any one time will be two. Dr. Bornemann's vehicles will be parked in the garage of the residence. Hours of operation are below.

Types of Activities	Veterinary services of a small animal practice
Hours of Operation	7:30 AM to 5:00 PM Monday and Friday; 7:30 AM to 6:00 PM Tuesday and Thursday; 8:30 AM to Noon Wednesday; and 8:30 AM to 1:00 PM Saturday.
Number of Employees	3 Total; maximum of 2 per shift
Customers	Generally, 3 to 4 per hour of operation.
Quantity of Vehicles	2 for residence, parked in Garage; Max. 2 employee vehicles per shift Max. 3 to 4 customer vehicles per hour. 8 Parking Spaces Proposed, including one handicapped space.
Types of Vehicles	Primarily, automobiles on daily basis; Small delivery vans and waste disposal trucks, two to three visits per week for both types.

Item D. Compliance with Section 131.N.3.

The Glenelg Animal Hospital will comply with the provision of this section, particularly that all pens and runs will be interior to the building.

Item E. Effect on Adjacent and Vicinal Properties.

The Glenelg Animal Hospital will not adversely affect the adjacent and vicinal properties for the following reasons:

1. Both the size and nature of the proposed use, 1650 square feet, is small. The structure to be constructed for this purpose will be designed compatibly with the existing residence, in terms of building materials, fenestration, height and scale.
2. Dr. Borneman schedules her practice with minimal overlap of clientele, so there will be few trips into and out of the site on a daily basis, and these trips will be spaced out over the hours of operation.

GLENELG ANIMAL HOSPITAL

SPECIAL EXCEPTION PETITION - 2

3. There will be no noise problems, as pens and runs are contained within the facility; there will be no outdoor runs.
4. The parking area, eight spaces, will be located to the rear of the animal hospital, and respects use restriction lines. The proposed building will screen the parking area from views from Folly Quarter Road. Landscaping will be added to enhance the parking area.
5. Site frontage, and the existing drive in particular, was found to lack adequate sight distance for safe access onto Folly Quarter Road. Therefore, access to the site will be from an existing driveway (Old Rolling Road) just west of the site, where safe sight distance is available. An access easement agreement will be sought from the Department of Recreation and Parks, the owner of the adjacent property. The existing driveway to Folly Quarter Road will be removed.
6. Other than the residence located on the property immediately to the east of the subject property, the proposed animal hospital and parking will not be visible from any other existing residence.
7. The proposed use intensity and scale are appropriate for a six acre property, and are compatible with the General Plan.

Item F. Other Factors

1. The west side of the property adjoins Benson Branch Park, a Howard County Department of Recreation and Parks facility.
2. Considering the limited nature of the proposed use, the increase in traffic resulting from the animal hospital will be insignificant on Folly Quarter Road, a Howard County major collector. Similarly, the traffic impact on the intersection of Homewood Road and Folly Quarter to the east, and on the intersection of Folly Quarter and Triadelphia to the west, will represent a miniscule increase with no real measurable impact on the level of service.
3. Since Dr. Borneman will also reside on the property, security and maintenance will be directly supervised by her at all times.
4. Medical waste will be stored separately in special containers within the building; this waste is removed from the property on a prearranged schedule by special contractors.
5. This facility will not require a high water usage, as hygiene within the facility is controlled by use of special chemical sprays for this purpose. The septic area, under easement on the adjoining Parker property, has been reviewed by the Health Department, with a recommendation for 4,000 square feet of additional perc field. This additional area will be deeded over by Ada Parker, the property owner.

RIEMER MUEGGE & ASSOCIATES, INC.

Planners • Engineers • Surveyors

8818 Centre Park Drive • Suite 200 • Columbia, Maryland 21045 • 410-997-8900 • FAX: 410-997-9282

95 MAY -1 AM 11:27

May 1, 1995

Mr. Joseph Rutter, Jr., Director
Howard County Department of Planning & Zoning
3430 Court House Drive
Columbia, Maryland 21043

Re: Glenelg Animal Hospital
Special Exception Plan, Sight Distance
RMA #95P105200

Dear Mr. Rutter:

This letter will certify our findings in regard to the sight distance along Folly Quarter Road for the above-referenced special exception plan.

We have analyzed the existing driveway as well as Old Rolling Road for available sight distance. The existing driveway does not meet the required intersection sight distance or stopping sight distance to the left, but does have adequate line of sight to the right. The Old Rolling Road entrance onto Folly Quarter Road meets the sight distance requirement to the right, but also fails to meet the requirements to the left. However, the enclosed calculations and profile indicate that the Old Rolling Road entrance provides much better sight distance to the left than the existing driveway.

If you should have any questions or require additional information, please call us

Very truly yours,

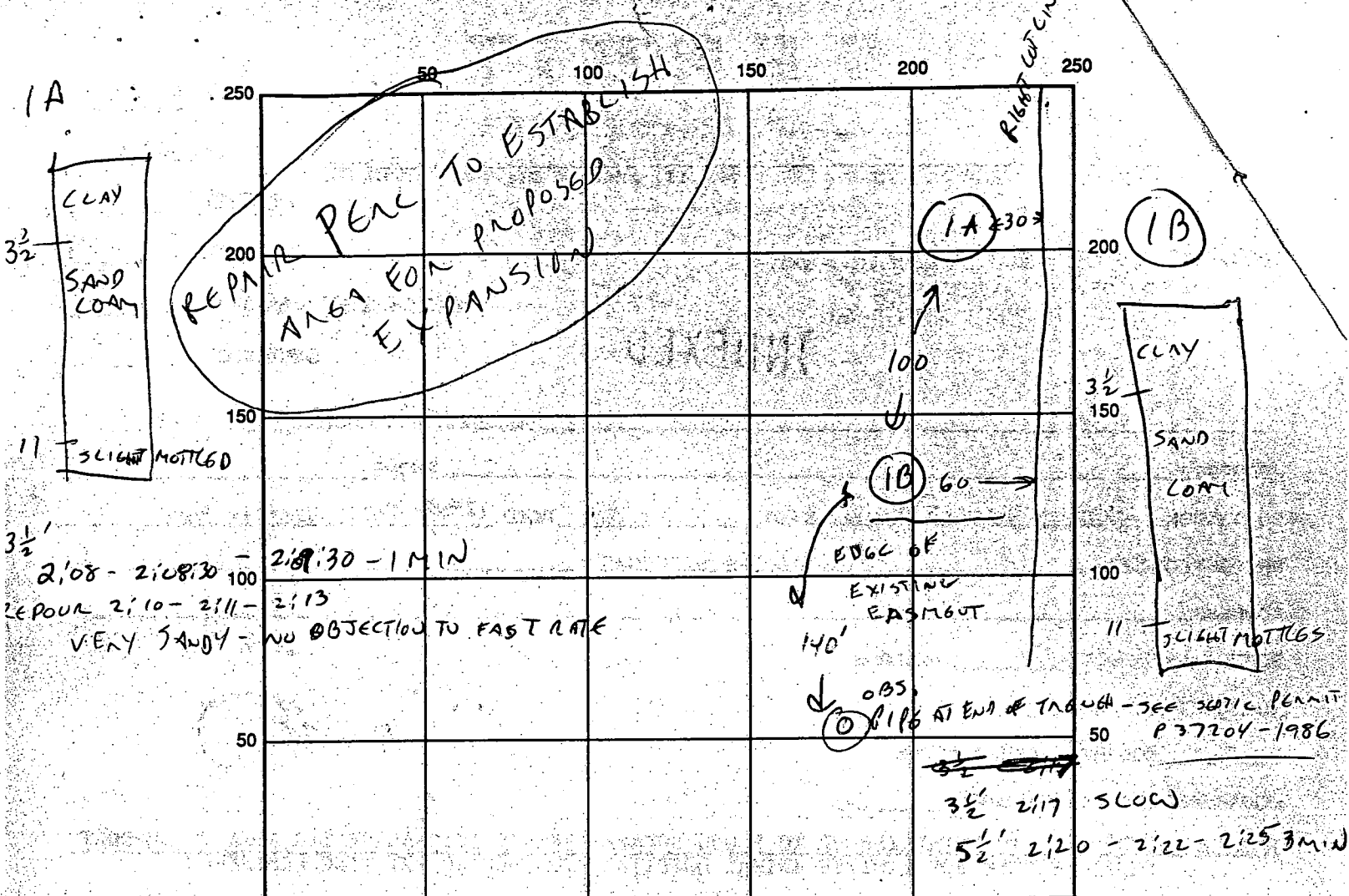
RIEMER MUEGGE & ASSOCIATES

J. Parekh

Jaykant D. Parekh, P.E.
Vice President/Engineering

JDP/mm





INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

FOLLY QUANTON RD

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: BUILDING PERMIT SIGNED AND RETURNED

TWO TEST HOLES CONFIRM ADEQUATE SOIL CONDITIONS AT TEST LOCATIONS; SHOW EVIDENCE OF WATER TABLE LIMITATIONS AT ALL LOWER ELEVATIONS, TEST RESULTS CONSISTENT WITH INFORMATION OBTAINED IN PREVIOUS EVALUATIONS - 147906 AND OTHERS - THOSE RESULTS NEVER "PLATTED,"

ALSO PRESENT - U. BANNEMAN
R. FLOCK

Willie

DATE SYSTEM APPROVED _____ INSPECTOR _____

PLAT REQ'D FOR APPROVAL - RICHEN MUEGGE INC (MELANIE MUSEN)
SUBMITTAL (PROJECT 95P105200) SUBMITTED MAY 1 - ACCURATE BUT
NEEDS CLARIFICATION IN SOME AREAS

J. S. DALLAS, INC.

SURVEYING & ENGINEERING

4932 HAZELWOOD AVENUE
BALTIMORE, MD 21206
(301) 866-2001
FAX (301) 866-2003

Date: 7-9-92

To: Ho. Co. Health Dept.
3525 H Ellicott Mills Dr.
HAND DELIVER

Re: Parker - Folly Quarter Rd.
Appl. No A47906
Tox Map 22 P. 29 + 97

Attention: Ronald J. Pinkley, R.S.

Gentlemen:

- We are submitting Herewith Under separate cover
 We are forwarding
 We are returning
 We request

No.	Description
2	copies of Percolation Plat with Proposed Lot Lines highlighted.
1	copy of your letter dated 5-11-92

Remarks: _____

- In accordance with your request For your use
 For your review Please call when ready
 For processing Please return to this office
 Plans reviewed and accepted Approval requested
 Plans reviewed and accepted as noted Conference requested at your convenience
 For revision by you

For further information, please contact the writer at this office.

Very truly yours,

cc: Mr. Paul Parker
Mr. Joe Goldberg
File

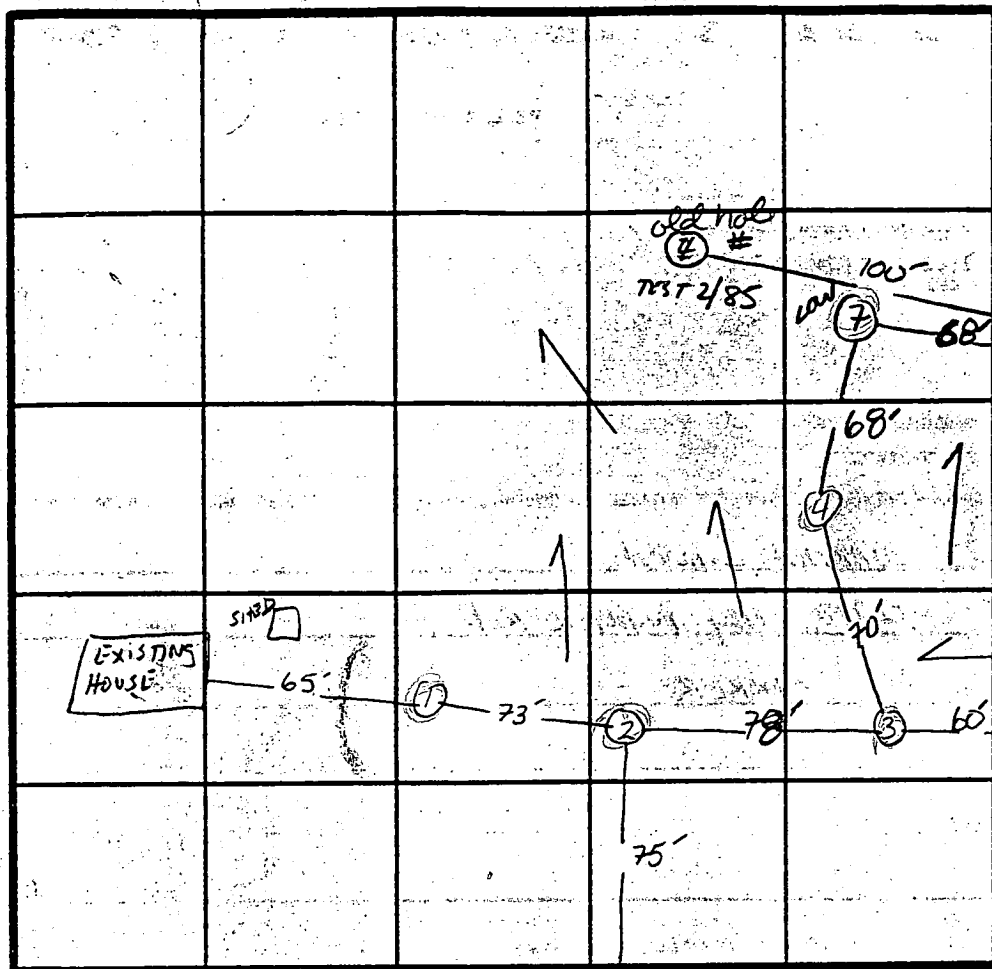
J. Scott Dallas, P.L.S.

Enclosures

SOIL PROFILE

②

AP
Yellow BR CLAY SAND LOAM <10% FRAGMENTS
8'
Yellow BR SAND CLAY Lm. 10% FRAGMENTS AREAS OF Grey/Purple CLAY Lm.
10'
▽ 4.0
11'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Folly QUARTER RD. CL

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/24/86	2 S 2 M	6.5' 9'	10:23	11:39	11:14	12:18	64min	
	2 V	11.5'	see profile - WATER 10'				F	
	5 S 5 M	5.5' 8.5'	11:21	11:23:30	11:23:30	11:27	3.5min	
			11:22	11:25:15	11:25:15	11:28:30	3.25min	
	5 V	12.9"	see profile					
	6 S 6 M	5.5' (8')	12:00	2:04	11:12	2:15	1:124min 63min	
	6 N	12'	CLAY 22% TO 7.5'		15-18% TO 11'		F	
	7 S 7 M	4.5' 8'	12:31	12:46	12:46	1:08	22min	
			12:29	1:47	1:47	3:10	83min	
	7 V	12'	CLAY 22% TO 7'		15-20% TO 10'		F	
	1 V	10'	Yellow BR. (CLAY Lm. (22% CLAY) LARGE STONES					

REMARKS CLAY AGGREGATES SIZE OF QUARTERS TO SILVER DOLLARS

TYPE OF SOIL HOLE 5 - GLENDY SAND LOAM - ALL OTHERS UNCLASSIFIED

TESTED BY S. ALL

MR. PARKER, HERMAN
ALSO PRESENT

⑤

9"	A1-3
50"	Yellow RED CLAY Lm. <10% FRAGMENTS
29"	Yellow BR SAND SILT Lm. <10% FRAGMENTS NO ROOTS

⑥

6"	A1-3
7.5'	Yellow BR CLAY LOAM 10% FRAGMENTS LARGE STONES
12'	Yellow BR SAND CLAY Lm. 10% FRAGMENTS Highly micaceous

⑦

6"	A1-3
7'	RED/Yellow CLAY Lm. 10% FRAGMENTS
12'	Yellow BR CLAY SAND Lm. 10-20% FRAGMENTS SMALL STONES

EH 12-107B

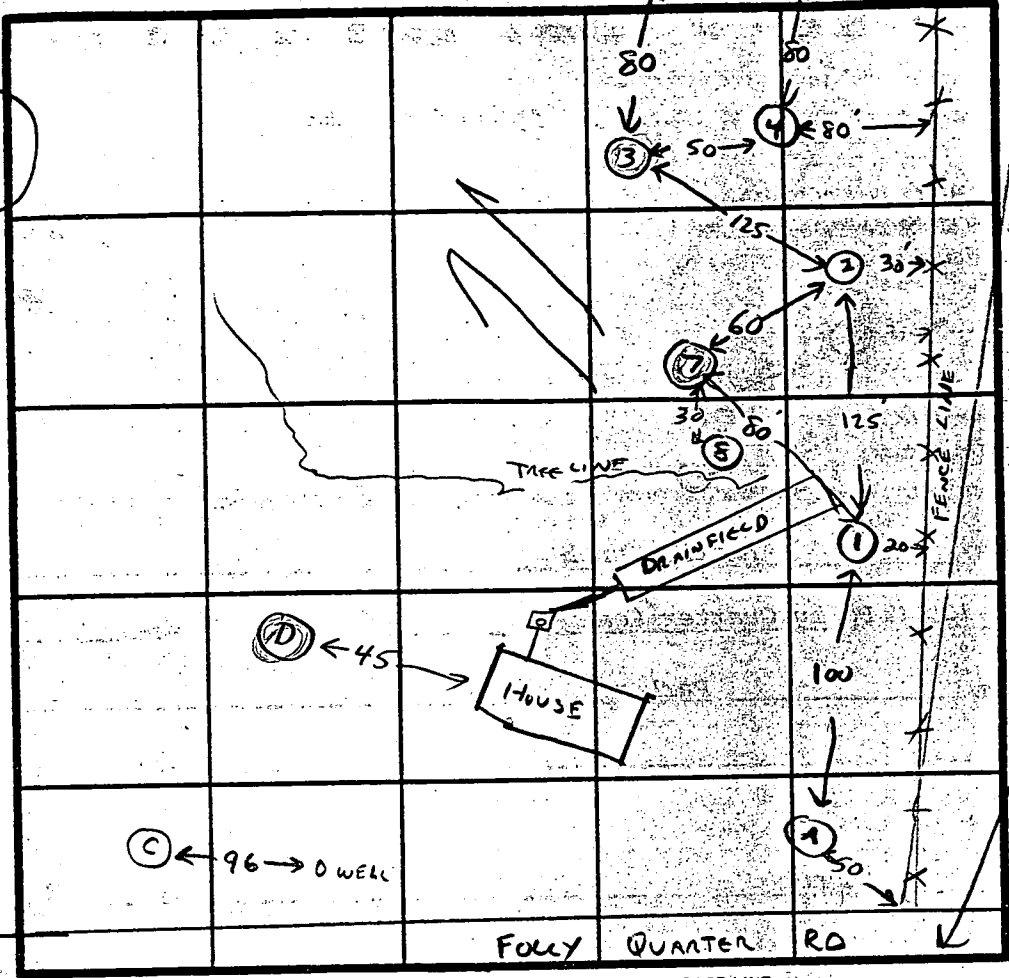
HOLES
A, B, C, 1, 2, 4, 5, 6, 8

SOIL PROFILE

TAN CLAY LOAM 4-5'

TAN MICA SILT LOAM

LO% SAPPHIRE 13'



HOLES 3D, 3

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

YELLOW TAN CLAY

8'

CLAY

4 1/2'

ROCK

6'

EH-12-1079

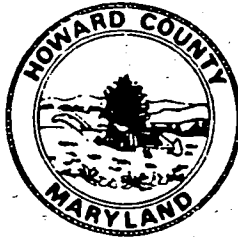
Hole D
SEE OTHER SHEET

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME		
			START	STOP	START	STOP			
3/21/85	A	13' VISUAL OK	LOAMY	5-13'			OK	✓	
3/21/85	B	13' VISUAL OK	LOAMY	5-13'			OK	✓	
1/24/86	(S) LABEL C (#5 ON OTHER SHEET)	5.5' 8.5' 13' VISUAL OK	LESS THAN	7:11-1:02 LOAMY 5-13'	11:23:30 11:25	11:23:30 11:28	5 MIN 3 MIN	OK	✓
1/24/86	(S) LABEL D (#6 ON OTHER SHEET)	5.5' 8' CLAY TO 11'	LESS THAN	7:11-1:02 LOAMY 5-13'	11:23:30 11:28	11:23:30 11:28	63 MIN	X CLAY	✓
2/20/86	1	5' 8' 12' VISUAL OK - LOAMY	VISUAL OK	LOAMY 5-12'	10:06	10:11	5 MIN	OK	✓
2/20/86	2	5' 9' 15'	VISUAL OK	5-13' LOAMY	10:28	10:32	4 MIN	OK	✓
2/20/86	(3)	8'	CLAY LOAM -	NO P&RC				X CLAY	✓
2/20/86	4	4' 8' 12'	VISUAL OK	LOAMY 4-12'	11:07	11:11	4 MIN	OK	✓
2/20/86	5	4' 9' 13'	VISUAL OK	LOAMY 4-13'	11:27	11:30	3 MIN	OK	✓
2/20/86	6	4' 8' 12'	VISUAL OK	LOAMY 4-12'				OK	✓
2/20/86	(7)	6'	CLAY TO	4 1/2' ROCK 4 1/2 - 6'				X ROCK	✓
2/20/86	8	5' 8' 13'	VISUAL OK	LOAMY 5-13'				OK	✓

TYPE OF SOIL MICA SILT LOAM OK - 5' - 13' ALONG HIGH SIDE OF PROPERTY / ALL ELSE FAILS - CLAY

TESTED BY Craig Willett

ALSO PRESENT SIRK/PARKER



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

March 16, 1992

Reply to:

Mr. Paul Parker
12902 Folly Quarter Road
Ellicott City, Maryland 21043

RE: Percolation Test Application
Re-Subdivision
12900/12902 Folly Quarter Road

Dear Mr. Parker:

The percolation test application for the above referenced property, submitted March 16, 1992, contains no site plan.

Before testing can be scheduled, a site plan must be submitted. This plan should include at a minimum:

- Property boundaries
- Proposed 10,000 sq.ft. sewage easement
- Proposed percolation test locations within the easement
- Location of any existing wells and septic systems within 100 feet of property boundaries.

To assist you in preparing this plan, I have enclosed a copy of the most current plot plan from our files. This plan includes the location of the sewage disposal easements for the two homes on the adjoining parcel. Due to the history of water table limitations elsewhere on the property, it is assumed that you will want to test in the immediate vicinity of the two approved septic areas.

Please be certain to confirm lot boundaries prior to submitting the test plan. The sewage disposal easements on the plot plan are considered accurate, but there are indications that some lot boundaries may not be consistent with current deeds for this property.

It is suggested that you contact this office not later than April 1st of this year to maintain your eligibility for testing in the current "wet season"

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW:jr
Enclosures

APPLICATION

PERCOLATION TESTING

A 47906
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

*PERVIEW OK
PROPOSED SUBDIVISION
COMPLICATED BY EXISTING
OFF-LOT SEPTIC EASEMENT
PREVIOUS HISTORY WATER TABLE
ON LOWER PART OF PROPERTY (W)*

DISTRICT _____
DATE 3/16/92

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 Paul Parker

ADDRESS 12902 Foley Quarter Rd. PHONE 489-4766
Ellicott City, Md. 21043

PROSPECTIVE BUYER Paul Parker

ADDRESS Same PHONE Same

PROPERTY LOCATION: Behind backes

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 12902 behind backes now owned
wants to buy 100 ft. more for percolation,

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS PLAT 159D Cwell DATE 4/6/92

REASONS FOR REJECTION OR HOLDING _____

HD-216

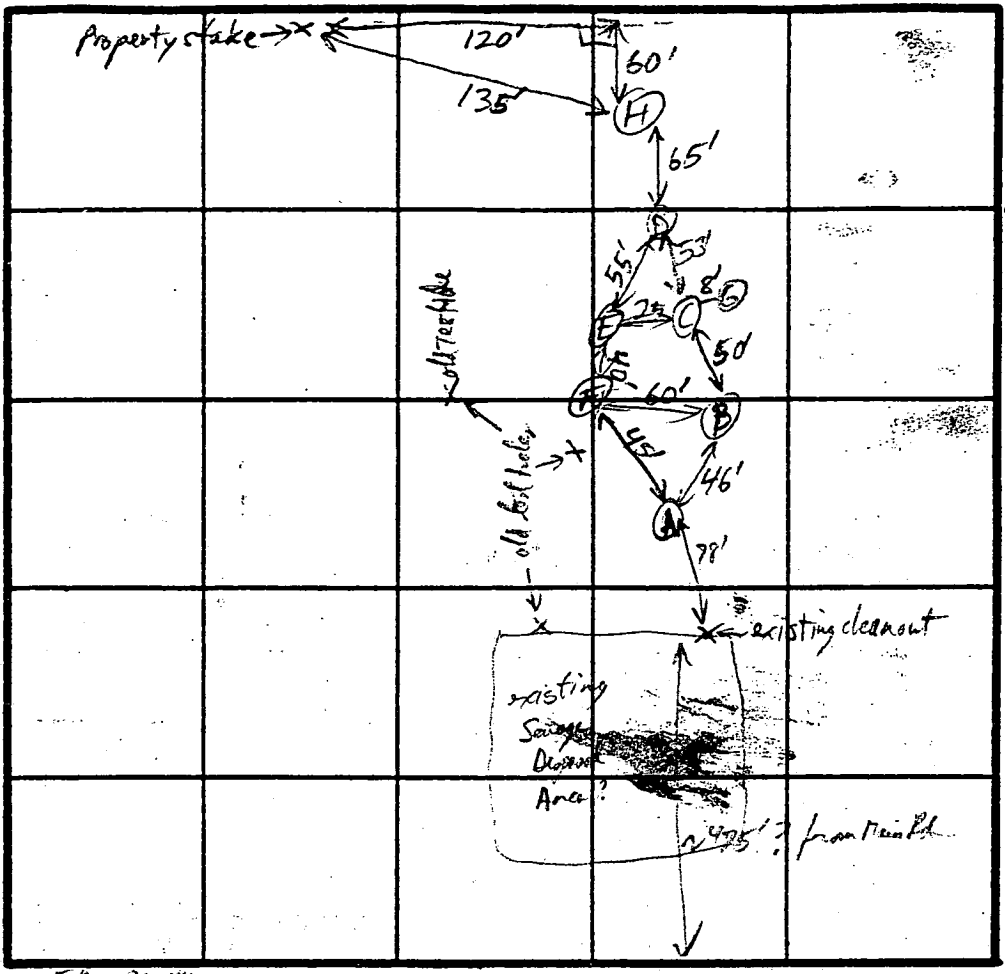
THIS IS NOT A PERMIT

Hole A

SOIL PROFILE

0	str Brn loam
1'	Red Brn h SIL - Si CL
4'	yel h - Red h yel h loam - SL mif - 1/2 Micaceous
12'	

Hole H
 yel Red SIL
 4 1/2
 yel Brn - Strg Brn Ev. Micaceous SL - Loam



Hole B - same as A
 Loam is pale yel - white sandier

Hole C
 yel Red SIL - SIL
 common flint
 Brn Loam mif - No Stones

Foley Rocks - INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hole D
 yel Red SIL
 5' c/w boundary
 olive yel Red Loam - SIL 1/2 micaceous

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4-6-92	A	@ 5' 12' V	10:29:00	10:30:20	10:30:20	10:33:50	3 min	
	B	@ 4 1/2' 11 1/2' V	10:43:00	10:44:55	10:44:55	10:48:00	3 min	
	C	@ 5 1/2' 10'	NF in 10 min				unset	
	D	@ 4 1/2' 12 1/2' V	[good pebbles begin @ 7']	ran 1 1/2"		11:16:30 1 1/2"	11:43:00	18 min
	E	5' Too Rock	toils - loose & 2 1/2" boulders				Not Bed Rock	unset
	F	12' V	52'					4 min
	G	10 1/2' V	No Rock - olive - Sandy Brn Loam - SL begin @ 5 1/2'					OK
	H	@ 5' 11' V	12:09:00	12:12:30	12:12:30	12:49:00	6 min	

REMARKS Satisfactory Begin Test holes @ 4 1/2 ft to 8 ft deep

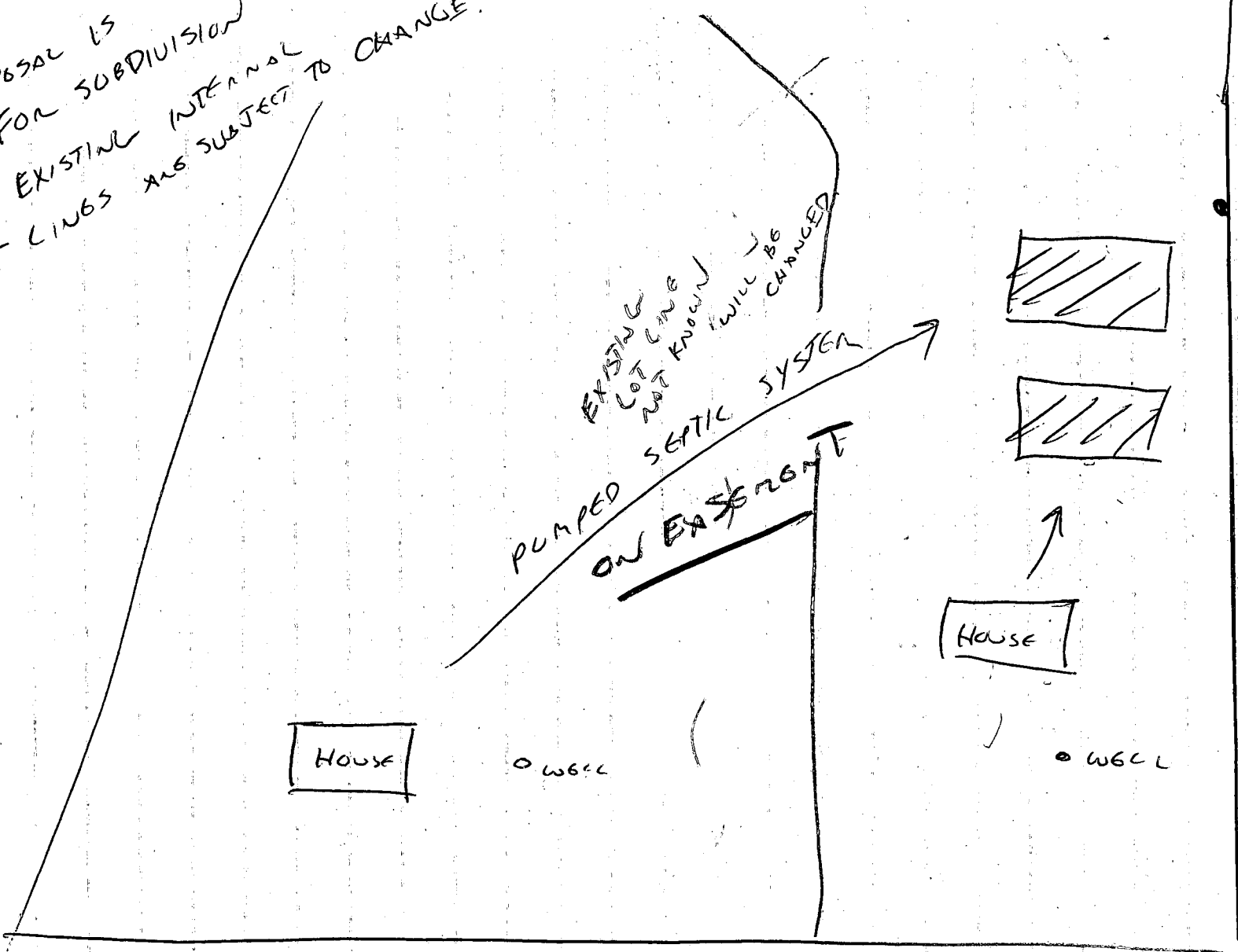
TYPE OF SOIL CgC - Chester

TESTED BY R. P. Hilly ALSO PRESENT Collins

PROPOSAL IS
FOR SUBDIVISION
THE EXISTING INTERNAL
LOT LINES ARE SUBJECT TO CHANGE.

EXISTING
LOT LINES
NOT KNOWN
WILL BE
CHANGED

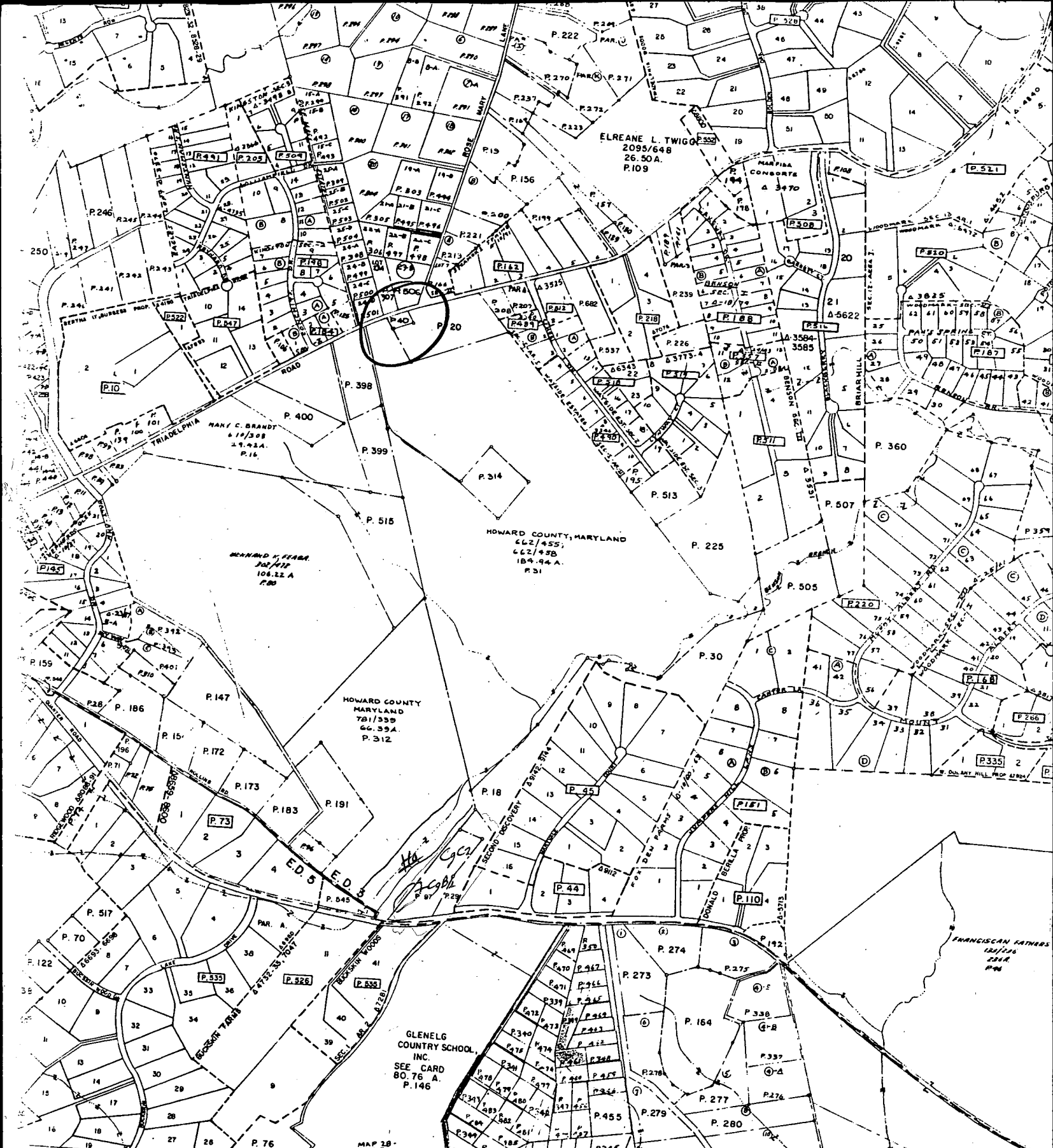
PUMPED SEPTIC SYSTEM
ON EAST FRONT



F.O. RD

460

PLANE
MUST BE
AT LEAST
460' FROM
ROAD,
ALL
CROSS
ANGA
RESERVED
FOR
OTHER
TWO
HOUSES.



DEPT. OF ASSESSMENTS & TAXATION
PROPERTY MAP DIVISION

THE INFORMATION SHOWN HEREON HAS BEEN COMPILED FROM DEED DESCRIPTIONS AND IS NOT AN ALIEN SURVEY. IT SHOULD NOT BE USED FOR LEGAL DESCRIPTIONS UNLESS NOTING ERRORS ARE SPECIFICALLY NOTIFIED BY THE DEPARTMENT OF ASSESSMENTS & TAXATION.

PROPERTY SUB-DIVISION BOUNDARY
 CONTINUING OWNERSHIP - Z - 1 - 2 - 2 - 2
 PARCEL NUMBER - P. 349 (ASSIGNED TO IDENTIFY AND INDEX OWNERSHIP MUST BE PRECEDED BY MAP NUMBER)
 SCALE: 1" = 600'
 BY LAST P. NO. 552
 30010724
 QUADRANGLE A.D. 3.5

REVISED TO: DATE FEB. 1991 LIBER 2287



T1922
 809
 (28)

815 600 0 600 1200

APPLICATION

PERCOLATION TESTING

A 47906

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE. 461-9933

*PREVIOUS OK,
PROPOSED SUBDIVISION
COMPLICATED BY EXISTING
OFF-LOT SEPTIC EASEMENT,
PREVIOUS HISTORY OF WATER TABLE
ON LOWER PART OF PROPERTY,
C.W.*

DISTRICT _____

DATE 3/16/92

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 Paul Parker

ADDRESS 12902 Foley Quarter Rd. PHONE 489-4766
Ellicott City, Md. 21043

PROSPECTIVE BUYER Paul Parker

ADDRESS Same PHONE Same

PROPERTY LOCATION: Behind 6 acres

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 12902 behind 6 acres now owned
wants to buy 100 ft. more for percolation,

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS PLANT REQ'D CWells DATE 4/6/92

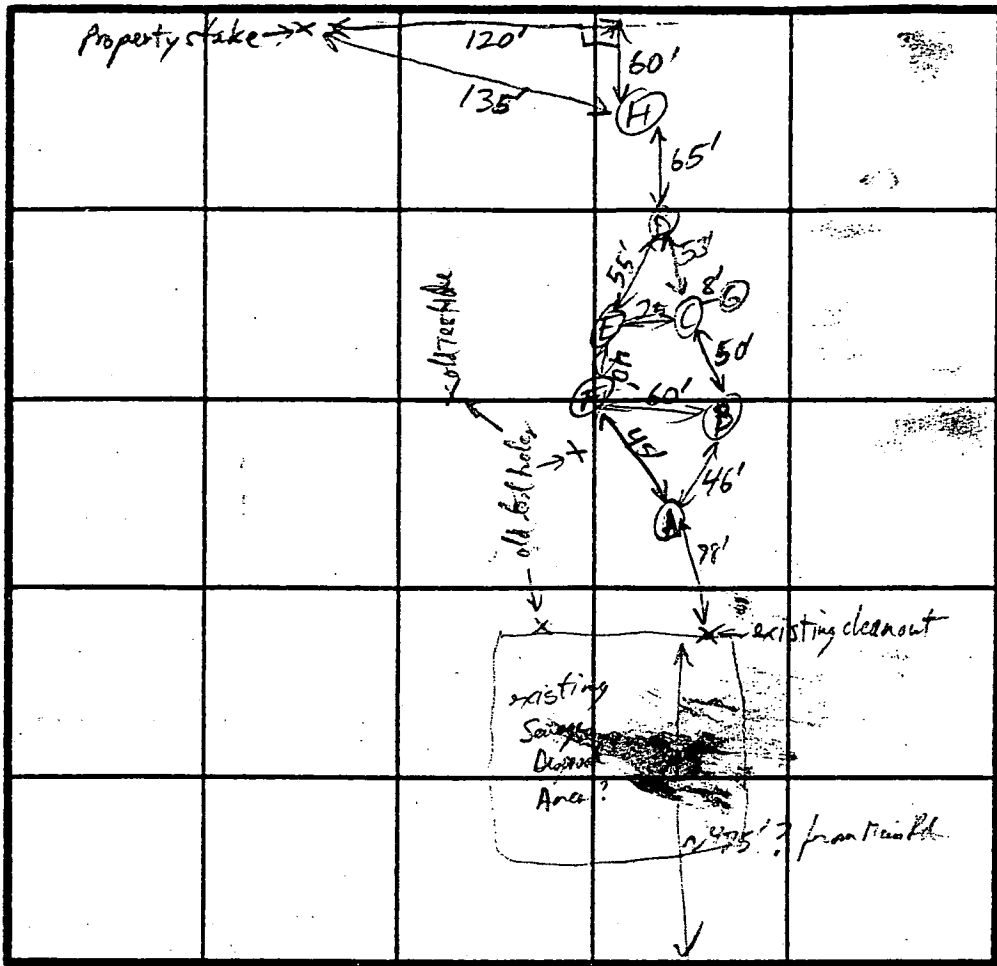
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Hole A

SOIL PROFILE

0	str Brn loam
1'	Red Brn h SIL = Si CL
4'	yel bk - Reddish Yel lt loam - SL mufn - 1/2 Micaceous
12'	



Hole H
yel Red
SILL
4 1/2
yel Brn -
Str Brn
Ext micaceous
SL - Loam

Hole B -
Loam is pale yel - white
sandier

Hole C
1 1/2' yel Red SIL - SILL
common flint
brn
Olive - Olive Brn
Loam mufn
1/2 micaceous
No Stones

Hole D
5' c/w boundary
shon - yel Red
Loam - SIL
1/2 micaceous

Hole F
olive loam begins
at 4 1/2 - 5'
No Rock encountered
except seasonally
high water table

Foley Stake INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-6-92	A	@ 5' 12' V	10:29:00	10:30:20	10:30:20	10:33:50	3 min
	B	@ 4 1/2' 11 1/2' V	10:43:00	10:44:55	10:44:55	10:48:00	3 min
	C	@ 5 1/2' 10'	17 in	10 min	[good per. begins @ 7']		unset
	D	@ 4 1/2' 12 1/2' V	run 1 1/2"		11:16:30	11:43:00	18 min
	E	5'	Too rocky	today - loose str. & boulders	Not Bad Rock		unset
	F	12' V	5 1/2'		11:37:00	11:40:00	4 min
	G	10 1/2' V	No Rock - shon - Sandy Brn Loam	SL begins @	5 1/2'		OK
	H	@ 5' 11' V	12:09:00	12:12:30	12:12:30	12:49:00	6 min

April of 92
was & brought
year -
water table
were 6 ft
below mean
@ this time
6/14/92

REMARKS: Sols factory begins to erode @ 4 1/2 ft to 8 ft deep
TYPE OF SOIL: CgC - Chester
TESTED BY: For Valley
ALSO PRESENT: Collins

APPLICATION

DUPLICATE

(CW HAS ORIGINAL)

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE _____

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 P. PARKER

ADDRESS 12700[?] FIG RD. PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION off N/ Foley Quarter Rd

TAX MAP 22 PARCEL # 29499

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

Hole A

SOIL PROFILE

0'	str Brunsson
1'	Red Brn hSil - SiCL
4'	yel bed - Reddish Yel Ht Loam - SL micaceous
12'	

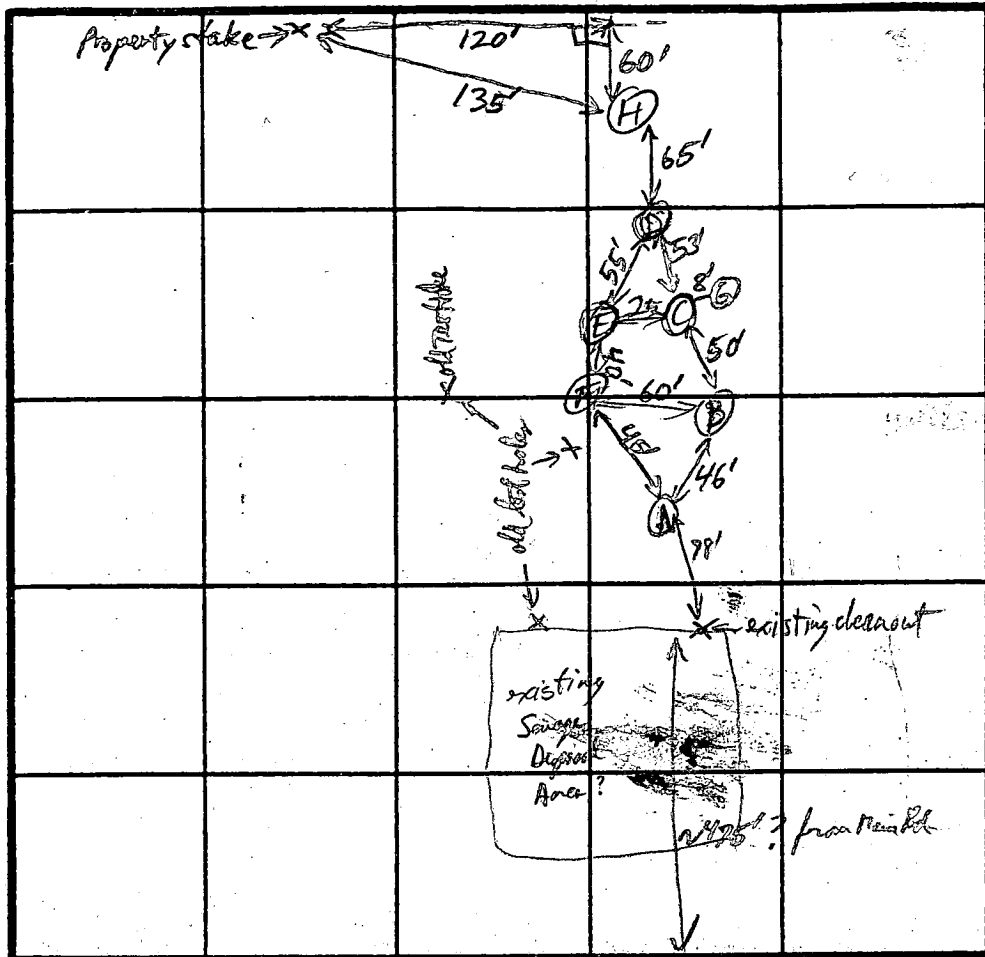
Hole B - same as A
Loam is pale yel - white & sandy

Hole C
1" yel Red hSil - SiCL
Common flint boulders

9'
Olive - Olive Brn Loam No. Stones

Hole D
1" yel Red SiCL
5' clay boundary olive - yel bed loam - SiL v. micaceous

Hole F
olive loam begins @ 4 1/2 - 5"
No Rock encountered



Hole H
yel Red SiCL
4 1/2'
yel Brn - Strg Brn Ext micaceous SL - Loam

Foley Rd. INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-6-92	A	@ 5" 12' V	10:29:00	10:30:20	10:30:20	10:33:50	3 min
	B	@ 4 1/2" 11 1/2' V	10:43:00	10:44:55	10:44:55	10:48:00	3 min
	C	@ 5 1/2" 10'	N 17 in	10 min	@ 7'		unst
	D	@ 4 1/2" 12 1/2' V	run 1 1/2"		11:16:30	11:43:00	18 min
	E	5'	Too rocky to dig - loose strata boulders - Not Bed Rock				unst
	F	12' V	11:37:00	11:40:00	11:43:00	11:47:00	4 min
	G	10 1/2' V	No Rock - olive - sandy Brn Loam - SC begins @ 5 1/2'				OK
	H	@ 5" 11' V	12:09:00	12:12:30	12:12:30	12:19:00	6 min

REMARKS: Sols factory begins to weather @ 4 1/2 ft to 8 ft deep

TYPE OF SOIL: CgC₂ - clastic

TESTED BY: For Shirley ALSO PRESENT: Collins G.

APPLICATION

PERCOLATION TESTING

A 47906

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 3/16/92

*PROBUEW OR
PROPOSED SUBDIVISION
COMPLICATED BY EXISTING
OFF-LOT SEPTIC EASEMENT.
PROBUEW HISTORY OF
WATER TABLE ON
LOWER PART OF PROPERTY.*

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 Paul Parker

ADDRESS 12902 Foley Quarter Rd. PHONE 489-4766
Ellicott City, Md. 21043

PROSPECTIVE BUYER Paul Parker

ADDRESS Same PHONE Same

PROPERTY LOCATION: Behind backes

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 12902 behind backes now owned
wants to buy 100 ft. more superlatation,

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS PLATNEED'D Cwill DATE 4/6/92

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

0

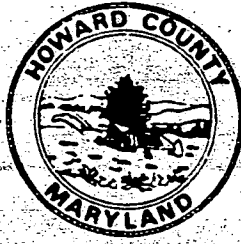
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

May 11, 1992

Reply to:

Mr. Paul Parker
12902 Folly Quarter Road
Ellicott City, Maryland 21042

RE: PERCOLATION TEST RESULTS
Application Number: A47906
Proposed Use: Subdivision
Property ID: Parker Property
Folly Quarter Road
Tax Map: 22 Parcel: 29

Dear Mr. Parker:

Percolation testing conducted April 6, 1992 on the above referenced property indicated limited satisfactory soil conditions. The majority of locations tested were satisfactory; a few test locations revealed slow percolation rates and excessively rocky soils. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer of a percolation certification plat showing actual locations and elevations of all excavated test holes and a suitable house and well site. The plat should also include the location of all existing wells and septic systems on the property as well as the location of any other relevant features such as streams, swales, or existing structures. A note must be included certifying that all wells and septic systems within 100 feet of property boundaries have been shown.

The proposal should reconfigure the sewage disposal area to exclude test hole E and C as well as the older, previously failed test holes downslope of this site. Another item to be addressed is the currently existing off-lot sewage easement which serves the older house. The final lot configuration should have house, well and septic all on the same lot. If that is not possible, then appropriate language authorizing the off-lot easements needs to be incorporated into the notes on the subdivision plat.

This plat should be submitted within sixty (60) days to allow field verification if necessary.

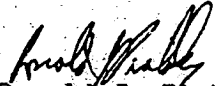
Mr. Paul Parker (Continued)

- 2 -

May 11, 1992

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 313-2640.

Very truly yours,


Ronald J. Finkley, R. S.
Water and Sewerage Program

RJP:jr

Enclosures



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

July 28, 1992

Reply to:

MEMORANDUM

TO: Paul Parker

FROM: Craig Williams, Program Director CW
Water and Sewerage Program

RE: Design Review Comments
Percolation Plat
Parker Property - Folly Quarter Road
Tax Map: 22 Parcels: 29 & 97

COMMENTS:

- Proposed sewage disposal easement not acceptable; in vicinity of known water table problems. Reconfigure to higher on property. Suggested location - between test holes and upper existing property boundary.
- Proposed well location not acceptable; is directly down slope from 2 septic areas. If unable to propose a location higher than septic areas, the next alternative would be toward the back of the property. Even this location is not guaranteed to be approvable; needs to be reviewed in relationship to both revised sewage easement on this lot and in relationship to recorded sewage easement on adjoining subdivision. Any well not higher than septic area requires concurrent approval from Maryland Department of the Environment.

CW:jr

cc: Mr. Ronald J. Pinkley, R. S.
J. S. Dallas, Inc.
File ✓

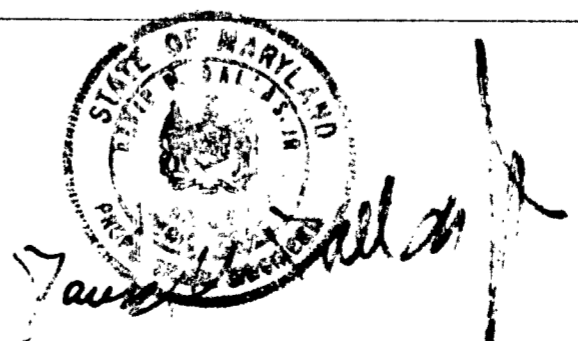
Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 313-2640 Community Environmental Health 313-2642
Technical Services 313-2644 Director 313-2645 TDD 313-2323



QW
 per see discussion in field
 ① adjust the lot #2 SDA to
 as close to the right lot line.
 The downlope portion of the SDA
 as shown is close to the Tables
 Hole previously tested.
 ② also the location of SDA for lot 3 effectively
 under the back half of lot 3

WELLS & SEPTIC SYSTEMS WITHIN
 100' OF PROPERTY BOUNDARIES
 HAVE BEEN SHOWN.

NOTE: HOWARD COUNTY
 FLOWN TOPOGRAPHY.



APPLICATION NO. A47906
 PROPOSED SUBDIVISION
 PARKER PROPERTY
 FOLLY QUARTER RD
 TAX MAP 22 P. 29 & 37

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'



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

July 28, 1992

Reply to:

MEMORANDUM

TO: Paul Parker

FROM: Craig Williams, Program Director CW
Water and Sewerage Program

RE: Design Review Comments
Percolation Plat
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Tax Map: 22 Parcels: 29 & 97

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CW: jr

cc: Mr. Ronald J. Pinkley, R. S.
J. S. Dallas, Inc.
File ✓

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 313-2640 Community Environmental Health 313-2642
Technical Services 313-2644 Director 313-2645 TDD 313-2323



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

May 11, 1992

Reply to:

Mr. Paul Parker
12902 Folly Quarter Road
Ellicott City, Maryland 21042

RE: PERCOLATION TEST RESULTS
Application Number: A47906
Proposed Use: Subdivision
Property ID: Parker Property
Folly Quarter Road
Tax Map: 22 Parcel: 29

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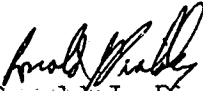
The proposal should reconfigure the sewage disposal area to exclude test hole E and C as well as the older, previously failed test holes downslope of this site. Another item to be addressed is the currently existing off-lot sewage easement which serves the older house. The final lot configuration should have house, well and septic all on the same lot. If that is not possible, then appropriate language authorizing the off-lot easements needs to be incorporated into the notes on the subdivision plat.

This plat should be submitted within sixty (60) days to allow field verification if necessary.

May 11, 1992

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 313-2640.

Very truly yours,


Ronald J. Dinkley, R. S.
Water and Sewerage Program

RJP:jr

Enclosures

6/23/86
AM
6/27/86
AM

6-27-86
approved
S. K. Shel

PERMIT

P 37204
A 36436

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

ELLICOTT CITY

DISTRICT _____

~~922-320X~~
461-9933

INDEXED

DATE 6/18/86

Herman Sirk IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 2555 Jennings Chapel Road, Woodbine, MD 21797 PHONE 489-4724

SUBDIVISION _____ ROAD 12902 Folly Quarter LOT _____

PROPERTY OWNER Paul Parker Property
Folly Quarter Road

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3
500 gallons pump pit

OFF LOT SYSTEM
ON EASEMENT.

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 5 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Place overside distribution box on Lot 1 (Mrs. Lynch's lot), 10 feet from the right lot line and 300 feet from the right-front lot corner. Run trenches along contour toward rear of lot.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY C. Williams DATE 6/17/86

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.

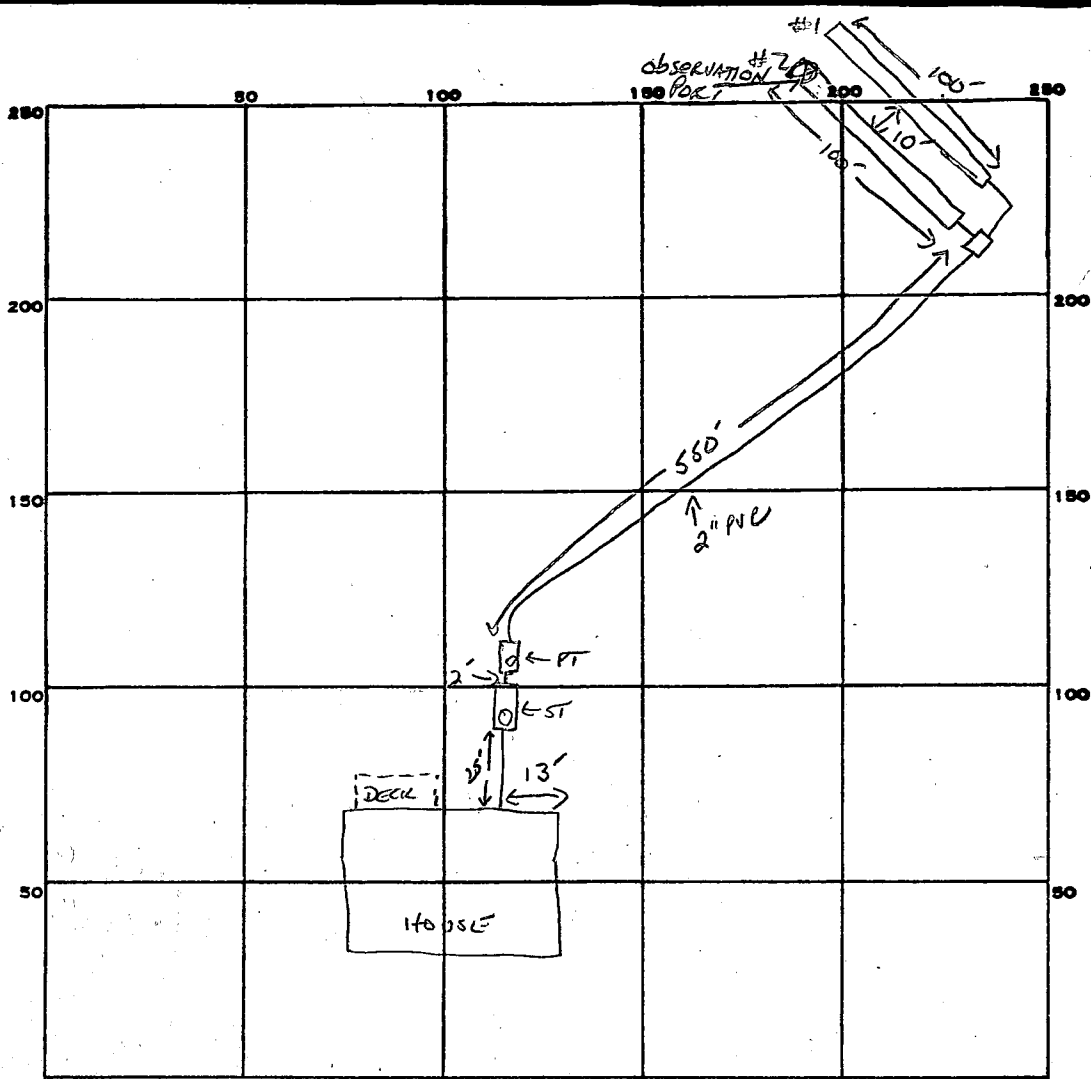
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

~~CALL 993-0330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

36436



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Folly QUARTER Rd

PERMIT CARD

SEPTIC TANK, LEVEL 1000 GAL. 750 GAL PUMP TANK CLEANOUTS ST + PUMP TANK - W/BRASS VALVE

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET 5

GRAVEL DEPTH 3 FT IN TOTAL LENGTH 100' 100' 200 TOTAL

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA 600 sq

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

ABSORBENT AREA 600 SQ. FT.

REMARKS 6/19/86 OK TO ADD STONE TO FIRST TRENCH SA. 6-23-86 OK TO COVER #1 & STONE #2

Will PUT OBSERVATION PIPE AT END OF #2 S. ABEL

9/27/86 PUMP INSTALLED 1/2 HP - ELECTRIC INSTALLED; ALARM INSTALLED LIGHT & HORN device. S, ABEL

DATE SYSTEM APPROVED 6-27-86

INSPECTOR S, ABEL

PAUL PARKER PROPERTY

A 36436

SUBDIVISION: FOLLY QUARTER RD.

LOT NUMBER:

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		Minimum Total square Feet
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

1000 GAL TANK

TRENCHES

500 GAL PUMP PIT WITH HIGH WATER ALARM 200 sq. ft./bedroom

Trench to be 2 wide.

Inlet 5 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 5 feet below original grade.

3 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE OVERSIZE DISTRIBUTION BOX ON
LOT 1 (MRS LYNCH'S LOT), 10 FT FROM THE RIGHT LOT LINE
AND 300' FROM THE RIGHT-FRONT LOT CORNER.
RUN TRENCHES ALONG CONTOUR TOWARD REAR OF LOT.

6/17/86 C. Williams

200
K3
600
100

APPLICATION

PERCOLATION TESTING

A 36436
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____
DATE 1/20/86

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 Martha Lynch

ADDRESS 12900 Folly Quarter Road PHONE _____

PROSPECTIVE BUYER Parker

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Lynch LOT NO. B

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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/ Herman Sirk
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

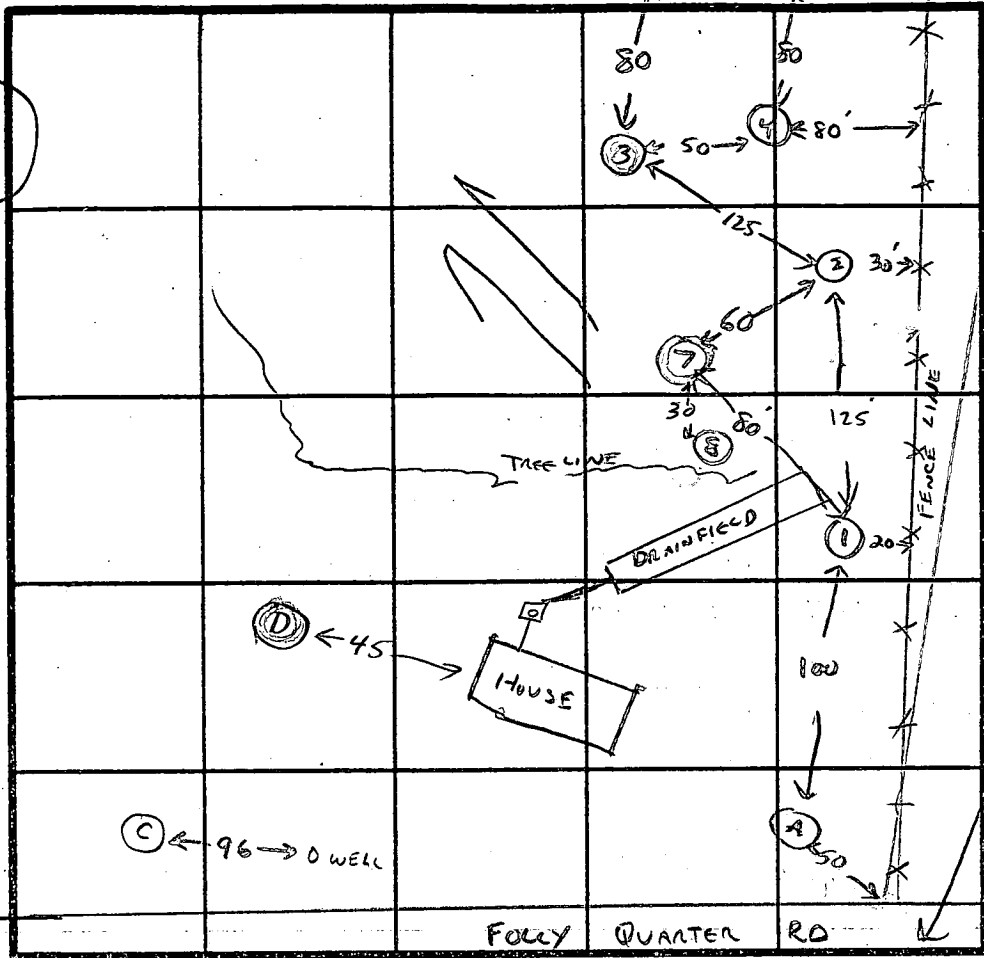
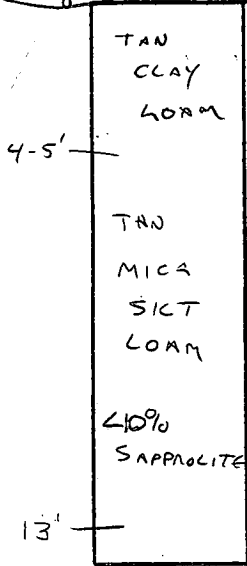
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

1/24/86
9:30 AM

HOLES
A, B, C, 1, 2, 4, 5, 6, 8

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLES 3, D, ?



SEE OTHER SHEET

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/21/85	A	13' VISUAL OK -	LOAMY	5-13'			OK	✓
3/21/85	B	13' VISUAL OK -	LOAMY	5-13'			OK	✓
1/24/86	(3) ABB	5.5' 8.5' 13' VISUAL OK	11:21 11:22	11:23:30 11:25	11:23:30 11:25	11:27 11:28	5 MIN 3 MIN OK	✓
1/24/86	(3) ABB	5.5' 8' CLAY TO	12:01	11:12	120 MINUTES	2:15	63 MIN X	X CLAY
2/20/86	1	5' 8' VISUAL OK -	10:02	10:06	10:06	10:11	5 MIN OK	✓
2/20/86	2	5' 9' 13' VISUAL OK -	10:25	10:28	10:28	10:32	4 MIN OK	✓
2/20/86	(3)	8' CLAY LOAM -	NO P6 RC				X	X CLAY
2/20/86	4	4' 8' 12' VISUAL OK	11:04	11:07	11:07	11:11	4 MIN OK	✓
2/20/86	5	4' 9' 13' VISUAL OK	11:24	11:27	11:27	11:30	3 MIN OK	✓
2/20/86	6	4' 8' 12' VISUAL OK -	LOAMY	4-12'			OK	✓
2/20/86	(7)	6' CLAY TO	4 1/2' ROCK	4 1/2' - 6'			X	X ROCK
2/20/86	8	5' 8' 13' VISUAL OK	LOAMY	5-13'			OK	✓

TYPE OF SOIL MICA - SILT LOAM OK - 5'-13' ALONG HIGH SIDE OF PROPERTY / ALL ELSE FAIR - CLAY

TESTED BY Craig Williams ALSO PRESENT SIRK / PAUL PARKER

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 36436
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 1-20-86

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 MARTHA LYNCH

ADDRESS 12900 Folly Quarter Rd. PHONE _____

PROSPECTIVE BUYER PARKER

ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. B

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. HORMAN SIXK
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

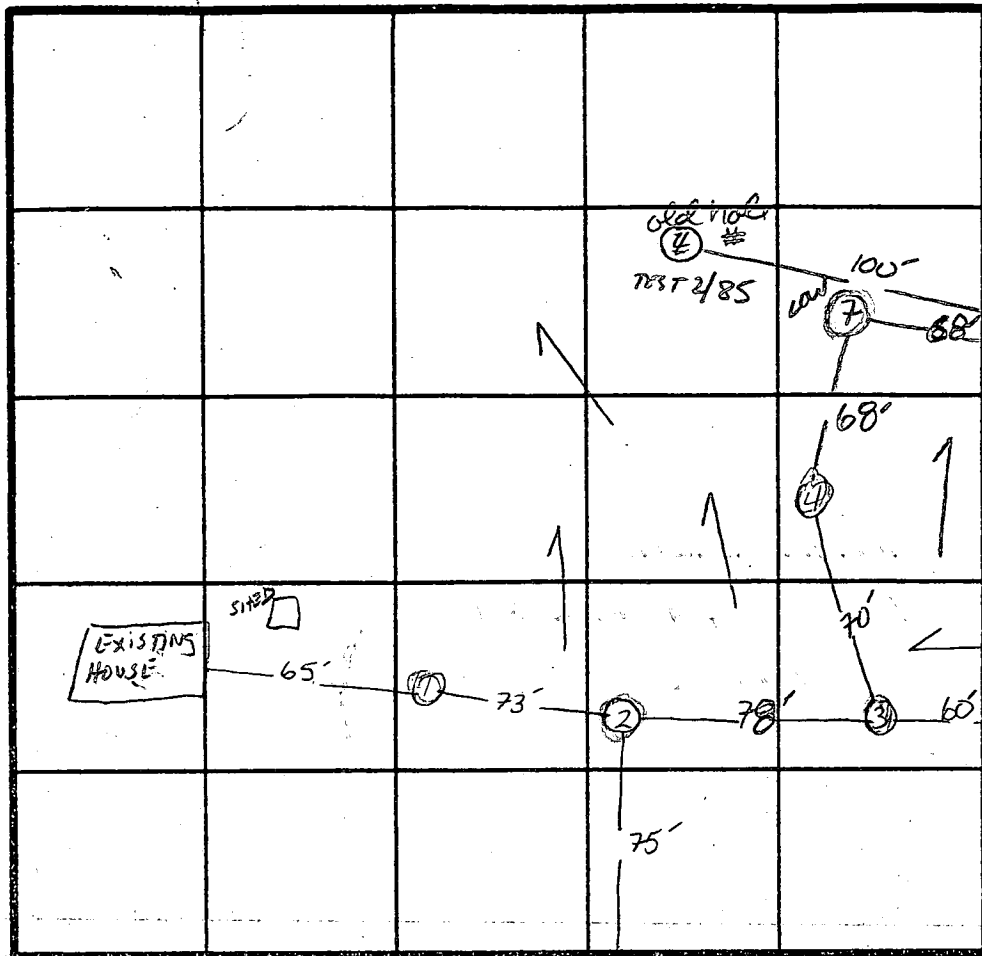
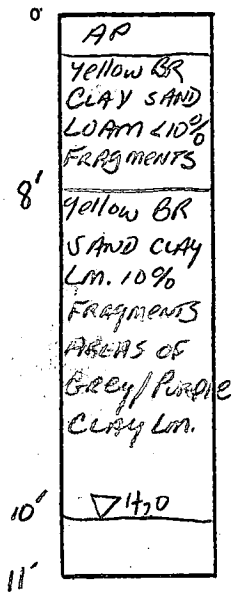
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

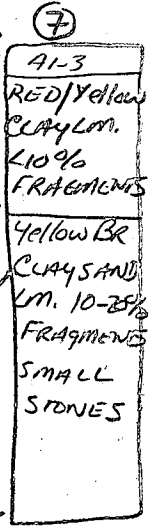
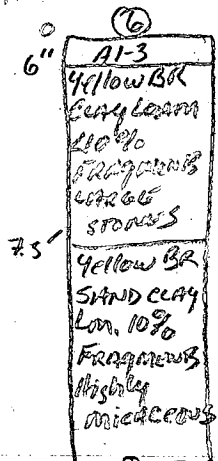
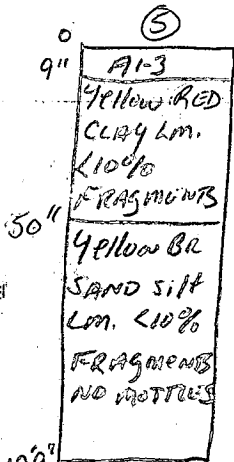
CL = CENTER LINE

②
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Folly QUARTER Rd. CL

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/24/86	② S	6.5'	10:23	11:39	11:14	12:18	64min	
	② M	9'	10:23	11:14	11:14	12:18		
	2 V	11.5'	see profile - WATER 10"					
	5 S	5.5'	11:21	11:23:30	11:23:30	11:27	3.5min	
	5 M	8.5'	11:22	11:25:15	11:25:15	11:28:30	3.25min	
	5 V	12.9"	see profile					
	⑥ S	5.5'	12:00	2:04	1:12	2:15	63min	
	⑥ M	8'	12:01	1:12	1:12	2:15	63min	
	6 V	12'	Clay 22% TO 7.5" 15-18% TO 11"					
	⑦ S	4.5'	12:31	12:46	12:46	1:08	22min	
	⑦ M	8'	12:29	1:47	1:47	3:10	83min	
	7 V	12'	Clay 22% TO 7' 15-20% TO 10"					
	① V	10'	Yellow BR. Clay Lm. (22%+ Clay) Large stones					



REMARKS CLAY AGGREGATES SIZE OF QUARTERS TO SILVER DOLLARS

TYPE OF SOIL NOLE 5 - GLENDY SAND LOAM - ALL OTHERS UNCLASSIFIED

TESTED BY S. AMM

ALSO PRESENT MR. PARKER, HERMAN
J.K.

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

④
SOIL PROFILE

0	A1-3
6"	Yellow BR Clay LM. 2100% FRAGMENTS
12"	Yellow BR SANDY CLAY LOAM 10-20% FRAGMENTS

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

③

0	A1-3
6"	Yellow BR. Clay Loam 20-30% Coarse FRAGMENTS
7"	Yellow BR. Clay Loam 2100% Coarse FRAGMENTS
12"	

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/24/86	3 S 3 M	5.5' 8.5'	2:02 2:10	2:53 3:00	2:53 3:00	3:54	61min
	3 V	12'	CLAY 22%	7.5'	CLAY 18-22%	TO 12'	
	4 S 4 M	5' 8'	1:45 1:43	3:25 2:15	→ LESS THAN 1/4" IN 100 MIN 2:15	2:49	34min
	4 V	12'	CLAY 22%	TO 7'	CLAY 18%	TO 12'	

EH-12-1079

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **07/17/86** Depth of Well **125** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-1607**

OWNER **PARKER PAUL** STREET OR RFD **FOLLY QUARTER RD.** TOWN **GLENELG** SUBDIVISION **MAP 22 R. 97** SECTION [] LOT []

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	
Yellow Clay	0	40	
Sand	40	64	
Gray Micaceous Rock	64	105	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **45** NO. OF POUNDS **346**
GALLONS OF WATER **54**
DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **30** ft.

CASING RECORD
casing types insert appropriate code below **ST CO PL OT**
STEEL CONCRETE PLASTIC OTHER
MAIN CASING TYPE **ST** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **125**

OTHER CASING (if used)
EACH CASING 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

C2
DEPTH (nearest ft.)
EACH SCREEN 1 **40** 2 **67** 3 **105**

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

CIRCLE APPROPRIATE LETTER
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.

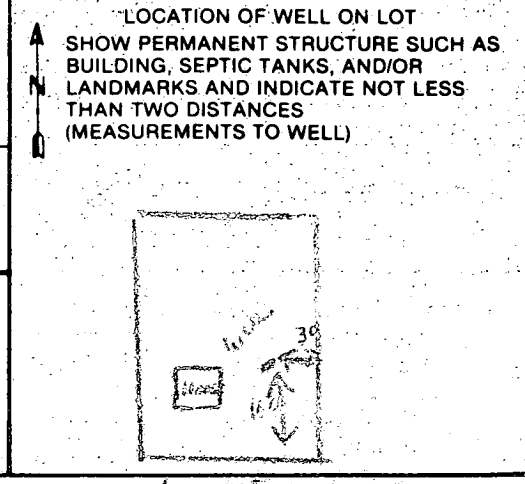
DRILLERS IDENT. NO. **938**
DRILLERS SIGNATURE **Walter L. Moore**
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **12**
METHOD USED TO MEASURE PUMPING RATE **AW**
WATER LEVEL (distance from land surface) BEFORE PUMPING **29** WHEN PUMPING **56**
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: **29**
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) **2**



B 1 5023 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

40-81-1604

fill in this form completely

Date Received

OWNER INFORMATION

15 Last Name: MAHONEY Owner First Name: FRANK

36 Street or RFD: FERRY LANE

57 Town: CLANBROOK 70 State: MD Zip: 76

B 3 LOCATION OF WELL

8 COUNTY: ANNAPOLIS 21

23 SUBDIVISION: MAP 22 097 42

SECTION: 44 46 LOT: 2 50

52 NEAREST TOWN: CLANBROOK 71

MILES FROM TOWN (enter 0 if in town) 1 1/2 MI

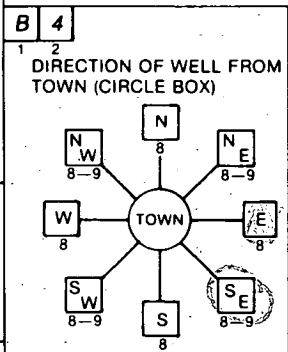
DRILLER INFORMATION

Driller's Name: Joseph E. Mayne 77 License No. 80

Firm Name: Joseph E. Mayne Well Drilling

Address: 5512 Ridge Rd. Mt. Airy, Md. 21771

Signature: Joseph E. Mayne Date: 7/7/86



11 Folly A. Water Road 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 160 37

DISTANCE FROM ROAD

ENTER FT or MI FT

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

COUNTY NAME: HOWARD COUNTY NO. A 36436

OEP SIGNATURE: _____ STATE HEALTH INSERT S

DATE ISSUED: 072386 CO SIGNATURE: B. Nelson EXP. DATE: 01/23/87

NORTH GRID: 519000 EAST GRID: 0811000

APPROXIMATE DEPTH OF WELL 180 FEET

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) _____

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

APPROP. PERMIT NUMBER _____ GAP _____

FORCE KA WRITE INITIALS IN BOX PERMIT No. 40-81-1604

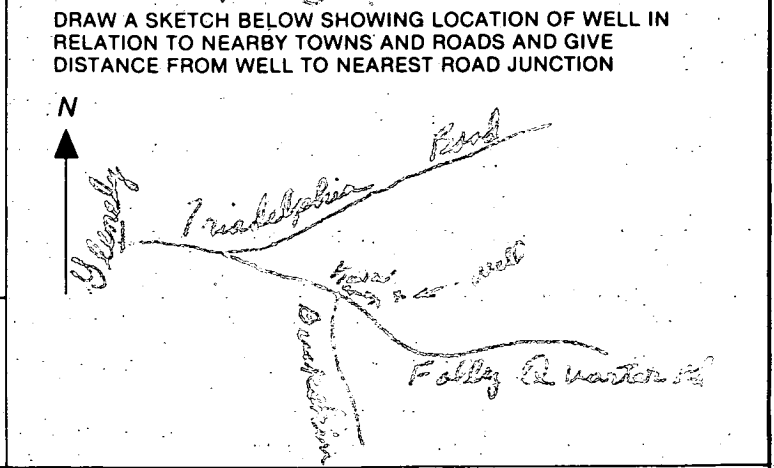
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

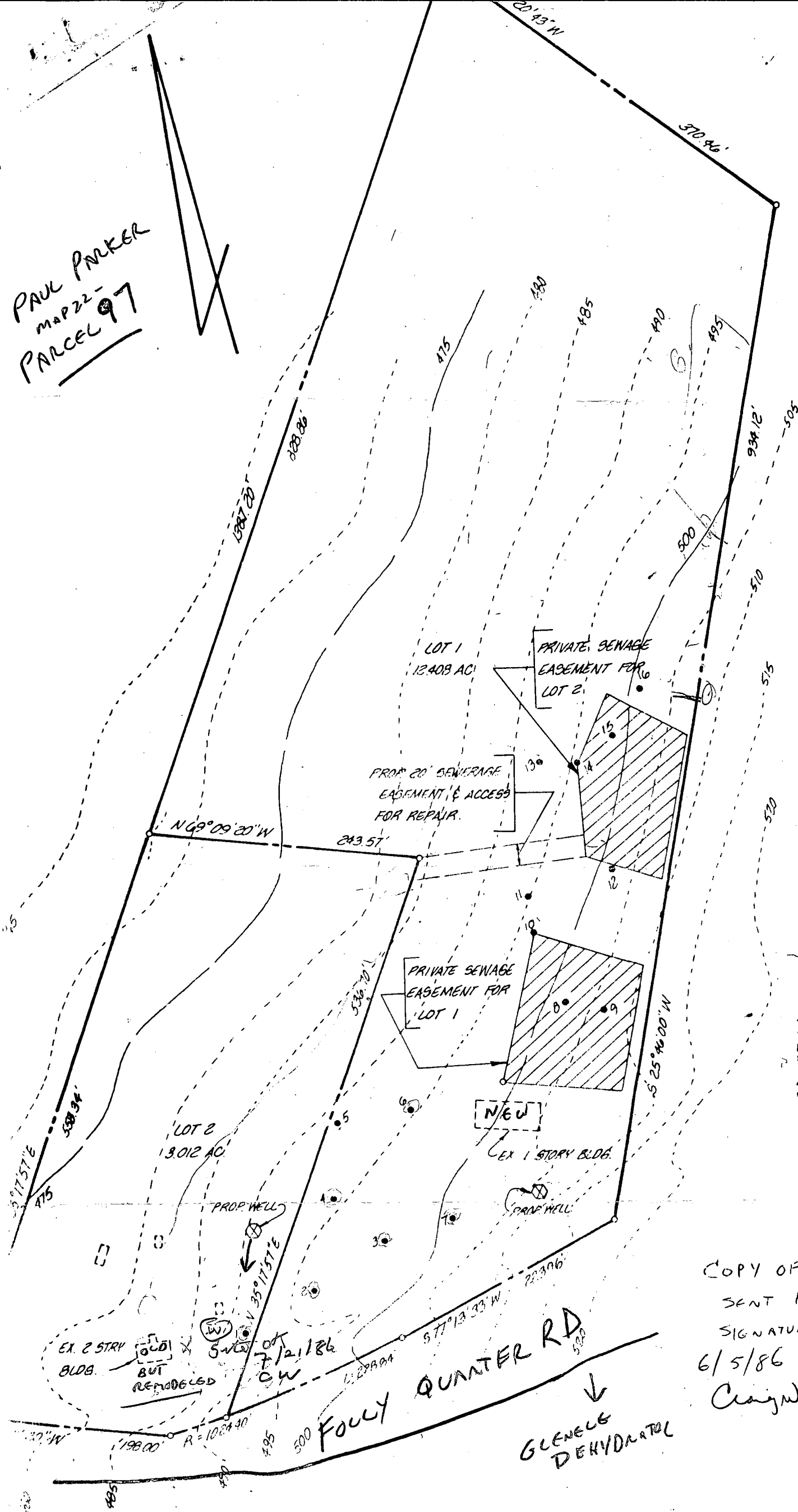
WRITE THE BOX NUMBER FROM THE MAP HERE

800 11
519 8



SPECIAL CONDITIONS

PAUL PARKER
 MAP 22-
 PARCEL 97



The lots shown and lots require Mental Hygiene.

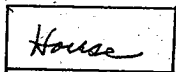
This is a proposed plat for individual lots in this area are not servicing any lots. These lots are to a public sewer the authority to private sewer shall not be necessary.

All percolation tests and shown thus

COPY OF PLAT
 SENT FOR
 SIGNATURE
 6/5/86 -
 Craig Williams

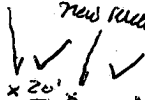
↓
 GLENELL
 DEHYDRATOR

Replacement well



old well

new well



x 20' x

8/12/88

Folly & Water Rd.

ok
C. B. [signature]

C1 **0576** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (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 36436**

DATE Received
 8 13

DATE WELL COMPLETED
 15 20

Depth of Well
 22 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HC-88-0000
 28 29 30 31 32 33 34 35 36 37

OWNER **Barbara Miller**
 STREET OR RFD **Barbara Miller Rd** last name first name TOWN **Greenlee**
 SUBDIVISION **Barbara Miller** SECTION **Maple Hill 29** LOT **2**

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	
Yellow clay	0	60	
Sand Stone	60	76	
Gray mica Rock	76	285	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **9** NO. OF POUNDS **846**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 1 60 61 1 63 64 8 2 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

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

C2
 DEPTH (nearest ft.)
 E A C H S C R E E N
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

CIRCLE APPROPRIATE LETTER
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. **238**
Joseph L. Maype
 DRILLERS SIGNATURE (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

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **air**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **22**
 WHEN PUMPING **208**
 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
 (CIRCLE) (YES or 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: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest-ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below } 49 50 51

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)

B 1 **1265**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0080

fill in this form completely

8/12/88
9:30

please print or type

Date Received (APA)

8 [] [] [] [] 13

OWNER INFORMATION

15 **PARKER** 34 **PARKER**

36 **2317 E PARKER ST** 55 **DEPT**

57 **ELEWOOD** 70 State 72 **MD** 76 **1158**

B 3

LOCATION OF WELL

1 **16000** 21

8 COUNTY **MAP 22** 21 **PARCEL 29** 42

23 SUBDIVISION SECTION **44** 46 LOT **2** 50

52 NEAREST TOWN **UPPER** 71

MILES FROM TOWN (enter 0 if in town) **1 3/4** 73 **MI** 76 77 78

DRILLER INFORMATION

Driller's Name **Joseph L. Magee** 77 License No. 80 **238**

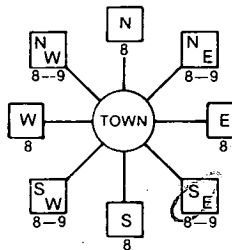
Firm Name **Joseph L. Magee Well Drilling**

Address **5512 Ridge Rd. Mt. Airy, Md. 21771**

Signature **Joseph L. Magee** Date **7/25/88**

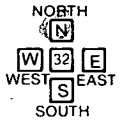
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 **Folly Quarter Road** 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 **40** 37 DISTANCE FROM ROAD

ENTER FT or MI **FT** 38 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name **HOWARD** County No. **A36436**

STATE SIGNATURE _____ DATE ISSUED _____

CO SIGNATURE **James W. ...** EXP. DATE **4/8/89**

NORTH GRID **518000** EAST GRID **0811000** 9.95

APPROXIMATE DEPTH OF WELL **160** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

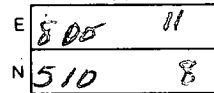
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
- CABLE REVerse-ROtary DRive-POINT
- other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

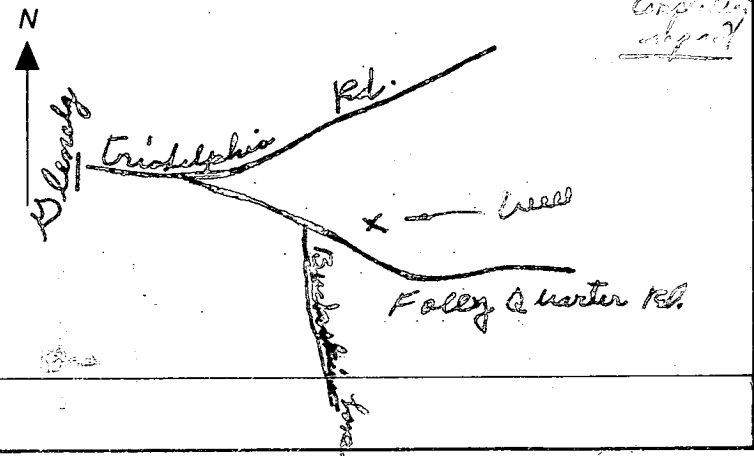
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



8/12/88 9:30 Tap on per well drilled
 already available
 Bored casing
 No pipe around fresh cement
 Bags of cement
 casing above ground
 8/12 C.B.D.

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



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) **40-81-1664** 41 52

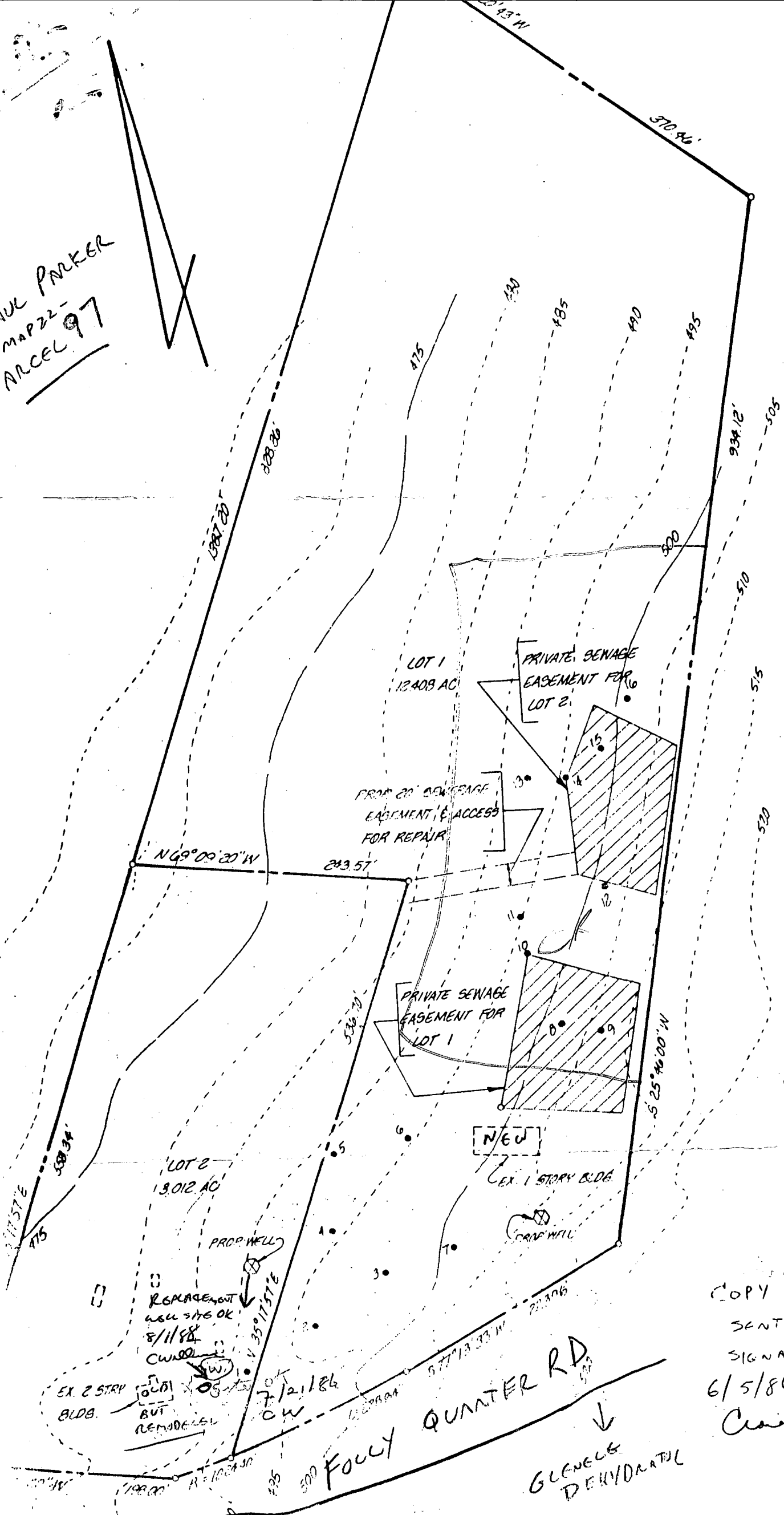
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER **GAP** 54 63

FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **40-88-0080** 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

AVC PARKER
MAP 22-
ARCEL 97



The lots shown and lots require Mental Hygiene

This area is for individual sites. These are to a public use the authority private sewer shall not be

All percolation and shown this

COPY OF PLAT
SENT FOR
SIGNATURE
6/5/86 -
Craig Williams

FOLLY QUARTER RD
↓
GLENELG DEHYDRATIL

HD - 81

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Ellicott City, Maryland 21043

Phone: 461-_____

To:

FILE

PARKER/LYNCH

FOLLY QUARTER RD.

PLEASE RETURN COMPLETE

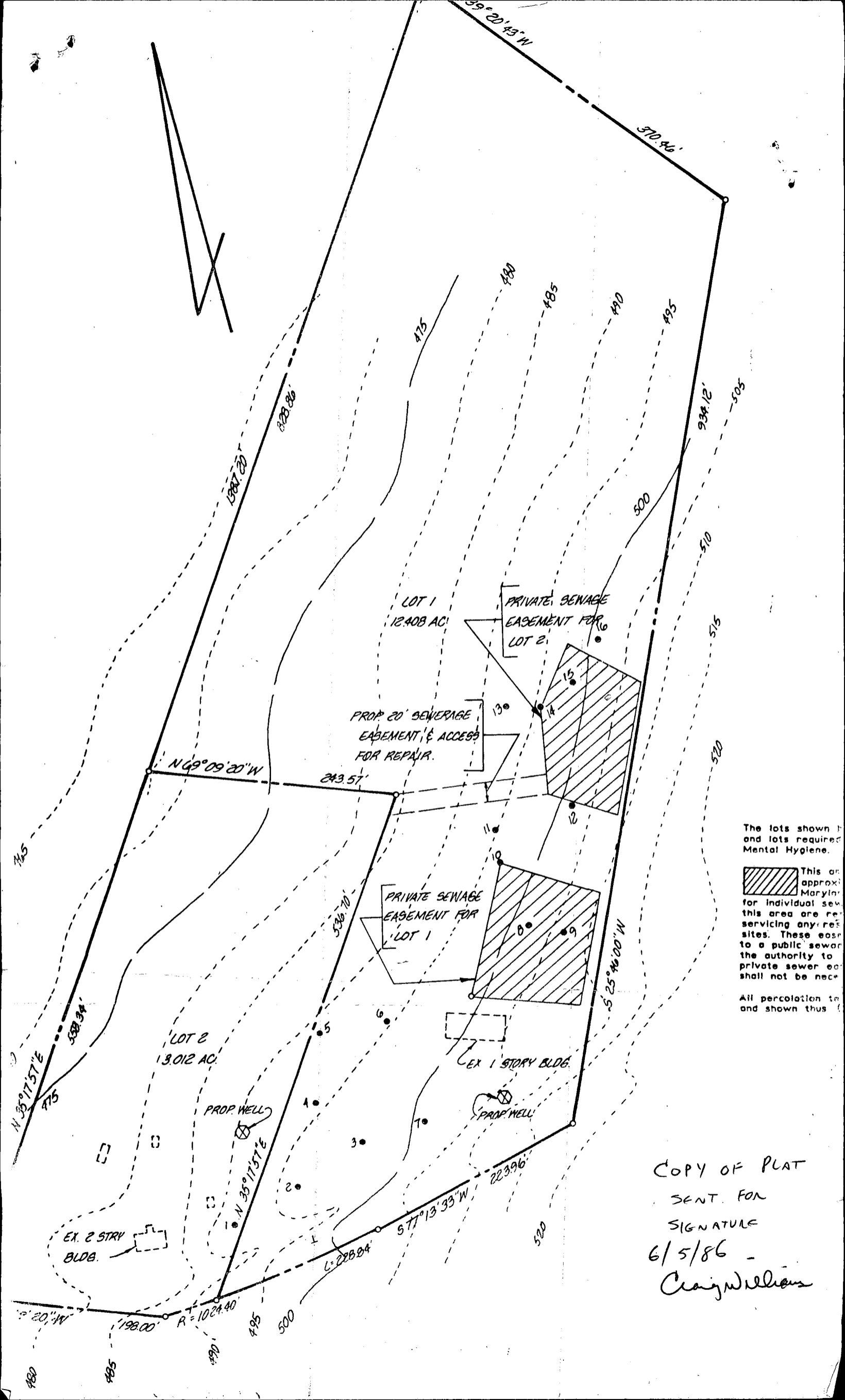
FILE TO MS.

From: _____

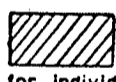
Craig

Date: _____

8/13/86



The lots shown here and lots required Mental Hygiene.

 This an approx Maryland for individual sev this area are re servicing any res sites. These eas to a public sewar the authority to private sewer ea shall not be nec

All percolation to and shown thus

COPY OF PLAT
 SENT FOR
 SIGNATURE
 6/5/86 -
 Craig Williams

DEED AND AGREEMENT OF EASEMENT

J. D. Campbell
REGISTRAR OF PHASES OF MARYLAND SOCIETY
6/5/86

This Deed of Easement and Agreement, made this 21st day of May, 1986, by and between MARTHA B. LYNCH and FLORENCE D. SPRIGGS, parties of the first part, hereinafter referred to as "Grantors" and PAUL J. PARKER and ADA J. PARKER, His Wife, parties of the second part, hereinafter referred to as the "Grantees".

WHEREAS, Grantors are the fee simple owners of that certain parcel of land and premises located in the Third Election District of Howard County, Maryland, comprising 11.00 acres, more or less, and being generally known as 12900 Folly Quarter Road by virtue of a Deed dated December 21, 1977 and recorded among the Land Records of Howard County, Maryland in Liber 861 folio 261; and

WHEREAS, Grantees are the fee simple owners of that certain parcel of land and premises located in the immediate vicinity of Grantors' said property, and being generally known as 12902 Folly Quarter Road, by virtue of a Deed dated November 20, 1985 and recorded among the Land Records of Howard County, Maryland in Liber 1423 folio 473; and

WHEREAS, Grantees desire to obtain, and Grantors are willing to grant, the hereinafter described easement over particular portions of Grantors' said real property, for the purposes defined herein.

NEED FEE 20.50
24003 #
#96942 C194 R02 T10:24
NOV/5/86

NOW THEREFORE, in consideration of the premises and the sum of NO CONSIDERATION and other good and valuable consideration, the receipt of which is hereby acknowledged, the Grantors hereby grant and convey unto the Grantees, their heirs and assigns, a non-exclusive easement, right and privilege for the use of a percolation easement and for ingress and egress over and across said parcel of land, which land is described as 0.355 of an acre of land, more or less, and which is more particularly contained and described in "Exhibit A" attached hereto and made a part hereof, for the purpose of a sewage drainage field and for the purposes of ingress and egress and for the maintenance thereto.

In addition, Grantors covenant and agree to permit Grantees, their heirs and assigns, or the agents and employees of the Grantees, their successors and assigns, to remove and relocate any above ground improvements or obstructions located within the easement area hereinabove granted and to that end, Grantors hereby grant and convey unto Grantees, their heirs and assigns, a temporary easement over an additional strip or parcel of land, ten (10) feet wide, lying immediately adjacent, contiguous, parallel and northerly thereto during the period of original construction of said sewage drainage field and during that time only. In consideration thereof, Grantees covenant and agree that such removals and relocations of obstructions and improvements shall be accomplished in a good and workmanlike manner, at the sole expense of the Grantees, their heirs and assigns.

20.50

DESCRIPTION

EASEMENT FOR PERCOLATION AREA AND INGRESS AND EGRESS
TO SAME, IN, THROUGH, OVER AND ACROSS THE
LANDS OF MARTHA B. LYNCH AND FLORENCE D. SPRIGGS
TO
THE LANDS OF PAUL J. PARKER, ET UX
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

Beginning for the same at a point at the end of the second or North 35°17'57" East 536.70 footline of a parcel of land that was granted and conveyed by Martha B. Lynch and Florence D. Spriggs to Paul J. Parker and Ada J. Parker, his wife, by deed dated November 20, 1985 and recorded among the lands of Howard County, Maryland, in Liber 1423 at Folio 473, thence leaving said point and crossing the lands of Martha B. Lynch and Florence D. Spriggs the following seven (7) courses and distances

- 1) South 82°16'00" East 154.54 feet to a point;
- 2) North 13°14'00" East 69.91 feet to a point;
- 3) North 42°04'02" East 70.00 feet to a point;
- 4) South 42°22'23" East 80.00 feet to a point;
- 5) South 25°46'00" West 135.00 feet to a point;
- 6) North 56°46'00" West 75.00 feet to a point; and
- 7) North 82°16'00" West 163.05 feet to a point on the second or North 35°17'57" East 536.70 footline of the aforesaid conveyance to Paul J. Parker, distant, 22.56 feet from the end thereof; thence with a part of said second line,
- 8) North 35°17'57" East 22.56 feet to the place of beginning, containing 15,472 square feet or 0.355 of an acre of land.

Total area of the Percolation Area being 12,296 square feet or 0.282 of an acre of land, total area of the easement for Ingress and Egress being 3,176 square feet or 0.073 of an acre of land.

Being part of a parcel of land that was granted and conveyed by Martha B. Lynch, Executrix of the Last Will and Testament of Maggie Street, to Martha B. Lynch as to one-half undivided interest and Florence Dorsey Spriggs as to one-half undivided interest, by deed dated December 21, 1977 and recorded among the Land Records of Howard County, Maryland in Liber 861 at Folio 261.

Easement For Percolation Area
and Ingress and Egress to Same

Percolation Area = 12,226 Sq. Ft.
or 0.282 AC

Ingress + Egress Area = 3,176 Sq. Ft.
or 0.073 AC

Total Area of Easement
15,472 Sq. Ft. or 0.355 AC.

S-42°22'23"E-80.00'

N-42°04'02"E
70.00'

N-51°17'48.439"
E-811341.276

Point of Beginning

N-13°14'00"E
60.00'

S-82°16'00"E-154.54'

N-82°16'00"W-163.05'

N-35°17'57"E-22.56'

N-56°46'00"W
75.00'

7TH Deadline
L.117 F.482

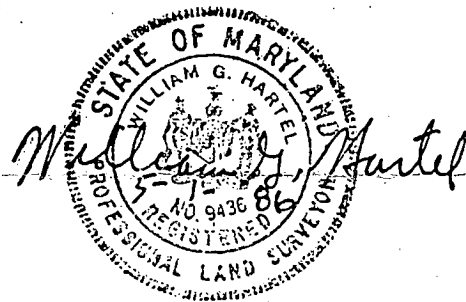
Paul J. Parker & Ada J. Parker, wife
Liber 1423 Folio 473
3.012 Acres

2ND or N-35°17'57"E-536.70'
Deadline - L.1423 F.473

Martha B. Lynch
Florence Dorsey Spriggs
Liber 861 Folio 261
9.396 Acres

QUARTER ROAD

FOLLY



TITLE: EASEMENT FOR PERCOLATION AREA

PROJECT: LYNCH-SPRIGGS PROPERTY

LOCATION: D ELECTION DISTRICT HOWARD CO., MD.

SCALE: _____ DESIGNED BY: _____ DRAWN BY: BH CHECKED BY: _____ DATE: 5-1-86

FIELD BOOK: _____ PAGE NO.: _____ JOB NO.: 85280 DRAWING NO.: 1 OF 1

boender associates
inc.
consulting engineers
land surveyors
land planners

COURTHOUSE SQUARE
3565 ELLICOTT MILLS DRIVE
ELLICOTT CITY, MD. 21043
13011 465-7777

Grantees also covenant and agree that the entire cost and expense of any and all future improvements to the permanent easement area herein granted, including, but not necessarily limited to, the cost and expense of grading and construction, together with all future cost and expense of regular maintenance thereof, shall be the sole responsibility of Grantees, their heirs and assigns.

WITNESS the hands and seals of the said Grantors and Grantees the day and year first above written.

TEST:

[Signature] Martha B. Lynch (SEAL)
[Signature] Florence D. Spriggs (SEAL)
[Signature] Paul J. Parker (SEAL)
[Signature] Ada J. Parker (SEAL)

Signed before me this 21st day of May 1986

[Signature]
Comm Exp 7/23/90

Received for Transfer
State Department of Assessments & Taxation
Howard County
Cheyl G. Lopez 6/5/86
Transfer Clerk Date

State of Maryland, County of Howard, to wit:

I Hereby Certify, That on this 21st day of May in the year one thousand nine hundred and eighty six, before me, the subscriber, a Notary Public of the State aforesaid, personally appeared Martha B. Lynch, Florence D. Spriggs, Paul J. Parker and Ada J. Parker known to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument, and acknowledged the foregoing Deed to be their act, and in my presence signed and sealed the same

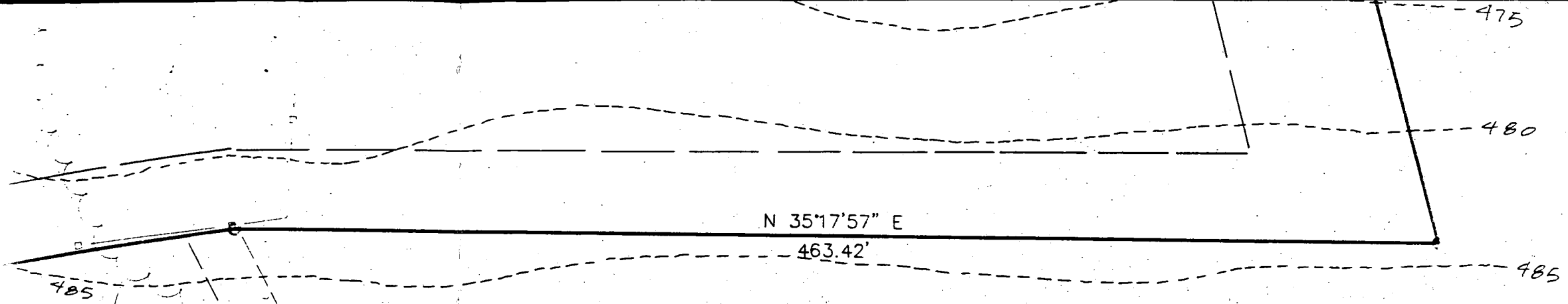
In Witness Whereof, I hereunto set my hand and official seal

[Signature]
Notary Public


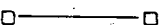





My Commission Expires: 7/1/86
Agricultural Transfer Tax in the

Amount of \$ N/A
Signature Cheyl G. Lopez Return to:

Land Title Research of Maryland, Inc.
3290 Pine Orchard Lane
Ellicott City, Maryland 21043



LEGEND

-  EX. TREE
-  EX. FENCE
-  EX. WELL
-  PROP. 10' LIGHT POLE
-  PROP. SHADE TREE
-  PROP. FLOWERING TREE
-  PROP. SHRUBS

SEPTIC EASEMENT

SHOW
M. BEEL'S
5607 L
AREA

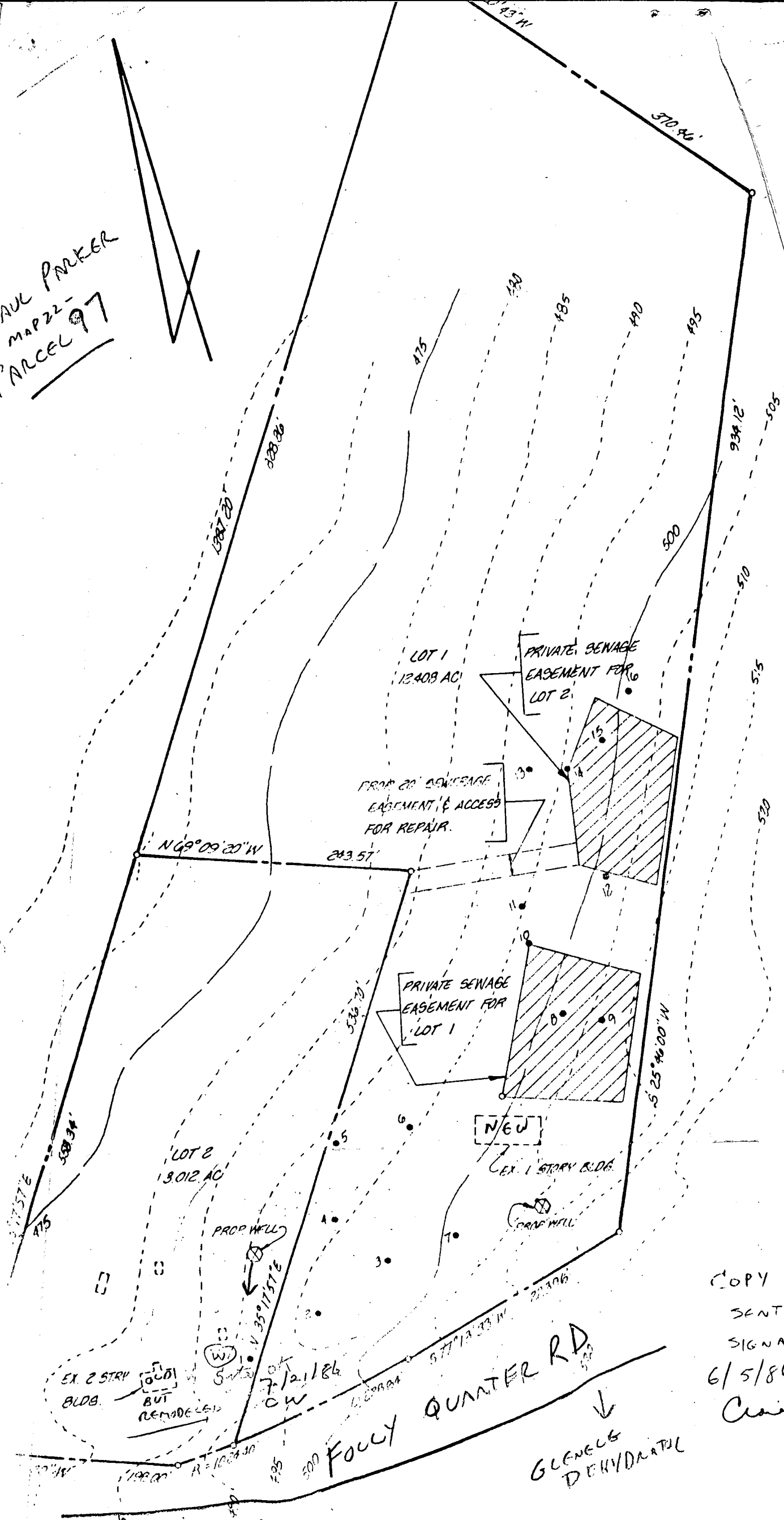
PURPOSE TO ESTABLISH UP TO
5000 SQ FT ADDITIONAL SEPTIC AREA
TO SUPPORT SEPTIC SYSTEM FOR
LIMITED ANIMAL HOSPITAL
ATTACHED TO
EXISTING
RESIDENCE
4/5/95 CC

AS DISCUSSED WITH
VALERIE BARNEMAN
REPAIR PERC ON
PARKER-BELL-LYNCH PROPERTY
4/12/95 1:30


RECEIVED
HARVARD COUNTY
HEALTH DEPT.
95 APR -5 AM 10:30

DATE
OWN
PAUL 3317 S GLEN
PRO
TR
188

AUL PARKER
 MAP 22-
 PARCEL 97



The lots shown
 and lots require
 Mental Hygiene

 This
 applies
 Many
 for individual
 this area are
 servicing any
 sites. These
 to a public
 the authority
 private sewer
 shall not be

All percolation
 and shown thus

COPY OF PLAT
 SENT FOR
 SIGNATURE
 6/5/86 -
 Craig Williams

↓
 GLENELG
 DEHYDRATE

APPLICATION

PERCOLATION TESTING

A 44430
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____
DATE 5/23/89
~~4/13/89~~

FOR PROPOSED SUBDIVISION,
IF APPROVED WILL REQUIRE
RE-ESTABLISHMENT OF SEWAGE EASEMENT
ON EXISTING LOT. HOUSE CORRECTLY
WAS PUMPED SEWAGE SYSTEM TO EASEMENT ON ADJOINING LOT.
5/23/89
CW

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 Paul & Ada Parker

ADDRESS 317 Stapleton Dr. Glenwood, Md. 21138 PHONE 489-4766

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION 12902 Foley Quarter Rd. LOT NO. Parcel 1

ROAD AND DESCRIPTION Yellow & black frame house on Foley Quarter @ side
across from dehydration dump - back 2nd part of property.

TAX MAP _____ PARCEL # _____

SIZE OF LOT 2,509 + 0.491 AC TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. Paul Parker
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY C.B. Stresker FOR any system DATE 6/01/89

HOLD-PENDING-FURTHER TESTS due to Water & Clay DATE 6/01/89

REASONS FOR REJECTION OR HOLDING 6/1/89 No additional tests recommended
Keep as 2 large lots only -> (1) 6+ acres old house
and (2) the new home, C.B.A. LOT

HD-216

THIS IS NOT A PERMIT

OWNER WITHDREW PROPOSAL BASED UPON OBVIOUS FAILED TESTS 6/1/89 CW.

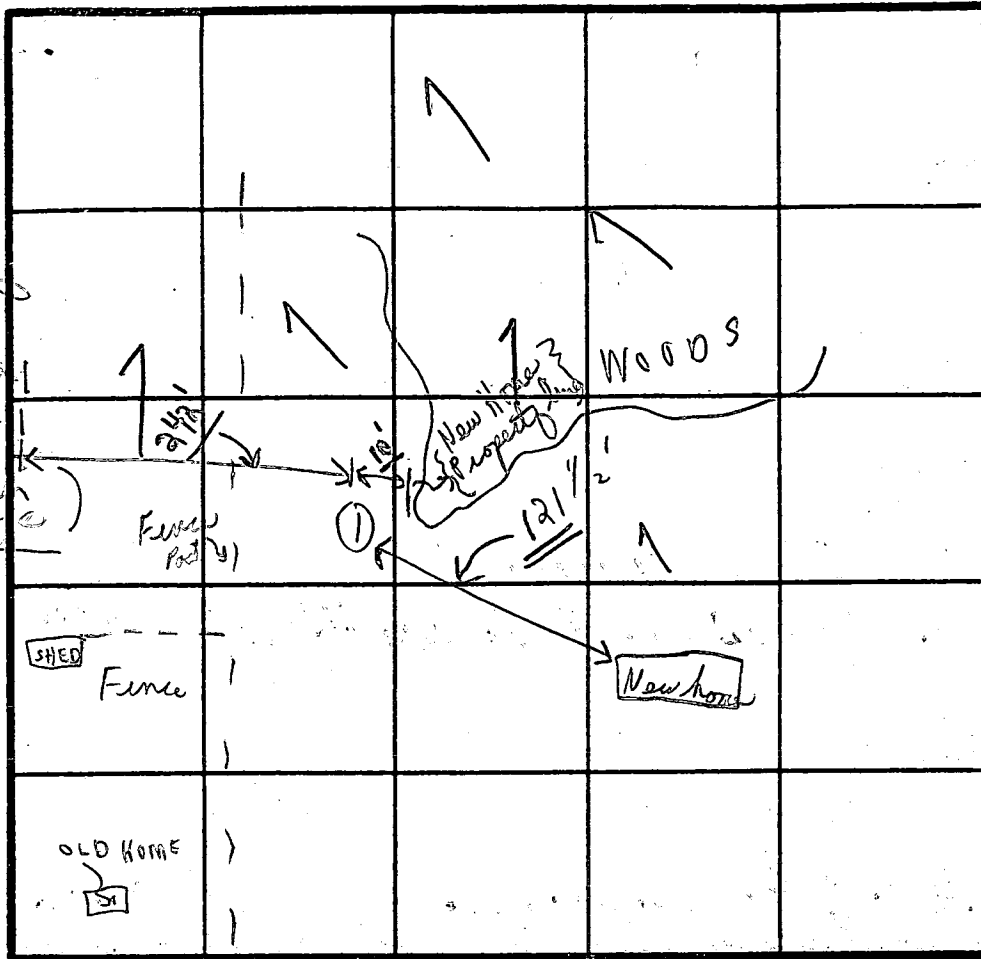
*Preliminary
5/23/89
4/13/89*

A44430

12902
Folly Quarter, Pa.
SOIL PROFILE

Clay to Water
(6 1/2' separate)
10' Water

Property lines



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/1/89	①	4 1/2'	10:39	← → 11:09	(No perc)	X	X
Thursday	①	10'	Water	Clay to	X	X	X
(Reject - not necessary for any more tests)							

lots

REMARKS: 6/1/89 Test - 10' off, new lot 12' off new home. (hole only; keep as presently approved for the 2)

TYPE OF SOIL: Mo. Parker didn't wish anymore tests

TESTED BY: C. B. S.

ALSO PRESENT: Mrs. Parker, Mrs. Wilson, Skip & son

8-30-88

Water Sample Request

PROPERTY OWNER Paul Parker

DATE OF REQUEST 10/6/88

TELEPHONE 489-4766

NEW WELL NUMBER HO-88-0080

DIRECTIONS OR INSTRUCTIONS across from Buckskin Woods
Glendy Farm Estates on right when heading west.

NAME Paul Parker
ADDRESS 12902 Folly Quarter Rd
12902

SAMPLE TYPE

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

REASON FOR REQUEST

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE 1/1/

SEPTIC SYSTEM: Approved Disapproved DATE 6/27/86

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: A 36436

FIRST SAMPLE COLLECTOR Garfalo TIME 9:30 DATE 9/11/88

BACTERIA AD 476, pH 8.0, Free Cl⁻ 00, Res. Cl⁻ 00, VOC _____

CHEMICAL FQ, LEAD & COPPER _____, NITRATES _____, PESTICIDE _____

ACTION: Outside/poor testing facilities - Chem
of a negative response high. Bact. Positive 9-21-88 called, Will resample. JEN

RESAMPLE COLLECTOR Hemler DATE 9/28/88

BACTERIA LL-648, pH 6.5, Free Cl⁻ 00, Res. Cl⁻ 00, TIME 10:00

CHEMICAL H1, Other _____

ACTION: Bathroom, Bact. Pos. 1/5 tubes JEN Ins. sent 10/7
Bac. Let + Rec. onate

RESAMPLE COLLECTOR Garfalo DATE 11/15/88

BACTERIA AG751, pH 6.5, Free Cl⁻ 60, Res. Cl⁻ 00, TIME 11:45

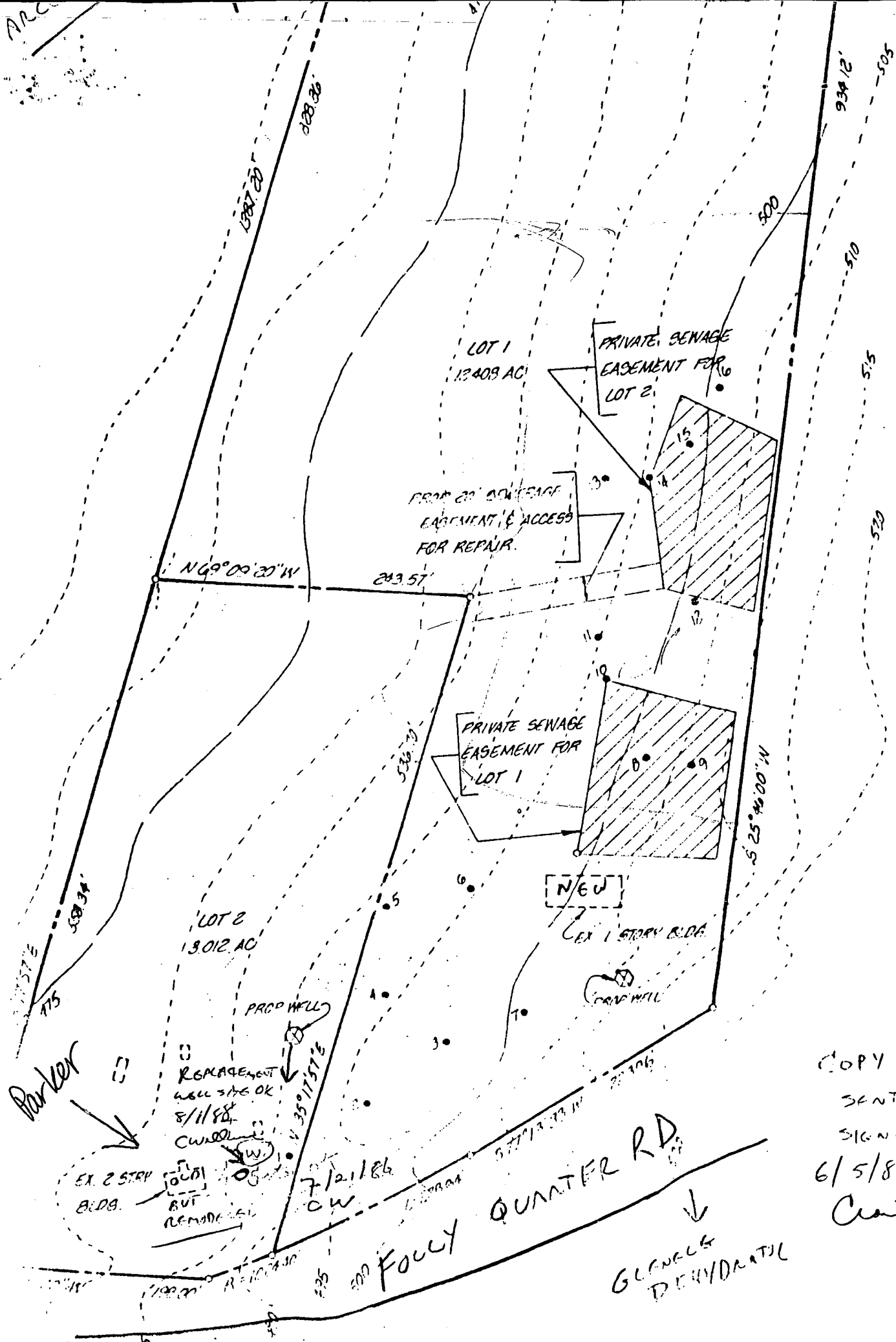
ACTION: P4 Bath Bact. Neg. Turb 11.8 Fe: 0.50

RESAMPLE COLLECTOR _____ DATE 1/1/

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

ICBP issued 12-14-88 JEN



The lots shown and lots near Mental Hygiene

This area may for individual this area are servicing any sites These to a public the authority private sewer shall not be

All percolation and shown th

COPY OF PLAT SENT FOR SIGNATURE 6/5/86 - Craig Williams

GLACIAL DEHYDRANT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehser Joseph, Ph.D., Director

005553

Lab. No _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source <u>Water</u>		
Community <input type="checkbox"/>	Location: <u>1202 Kelly Lane</u>		
Non-Community <input type="checkbox"/>	Iced: Yes <input type="checkbox"/> No <input type="checkbox"/>	Time Collected: <u>130</u> <input type="checkbox"/> am. <input type="checkbox"/> pm.	
Private <input type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input type="checkbox"/>	Collector # _____ Bottle No. <u>AD476</u>	
Check Sample <input type="checkbox"/>	Collector Name <u>C. K. B.</u>	County <u>Montgomery</u>	
Special <input type="checkbox"/>			

County 13 Plant No. --- Sampling Station --- Date Collected 9-1-88

pH 7.5 Res. Cl: Free --- Total --- Card No. ---

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST*

ml. of Sample	10ml.				
Gas, 24 hours	+	+	+	+	+
Gas, 48 hours					

ml. of Sample	10ml.					No. of Pos.
Coliforms	+	+	+	+	+	5
Fecal Coliforms ‡	+	+	+	+	+	0

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) = 268

SPC Dil. 1:..... Col. Counted:

Standard Plate Count §/ml. ---

- ** using m Endo-Agar LES at 35°C incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C incubation
- † using Brilliant Green Lactose Bile Broth at 35°C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35°C incubation

Date & Hour: <u>9-1-88 12:00</u>	Laboratory	
Recd. _____	Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>
Exam <u>MB</u>	Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>
	Central <input checked="" type="checkbox"/>	Salisbury <input type="checkbox"/>
	Cheverly <input type="checkbox"/>	
	Remarks _____	
Rept. _____	Bacteriologist _____	

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehsen Joseph, Ph.D., Director

CO031828-13
 Lab No. _____

WATER ANALYSIS

Bottle Number: FQ Name: Sam Parker County: Hues

Source of Sample: 12962 Folly Quaker Rd Collector: Garfield
Street Town or City

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

Remarks: outside

County: 13 Plant No. --- Sampling Station --- Date Collected 090188 Time 0930 Acid Iced
 Field Data: pH* 050 Chlorine Residual 0.2 Total 0.1 Specific Conductance ---

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	00403	6.7	Arsenic	01002	
Alkalinity (Total)	00410	21	Barium	01007	
pH*, CaCO ₃ SAT.	70311		Cadmium	01027	
Alkalinity, Ca CO ₃ SAT.	74023		Chromium	01034	
Hardness	00900	18	Lead	01051	
Ammonia-N	00608		Mercury	71900	
Nitrate-Nitrate N	00630	102	Selenium	01147	
Nitrite N	00615		Silver	01077	
MBAS	38260				
Chloride	00940	29	Aluminum	01105	
Fluoride	00951		Calcium	00916	
Color*	00081		Copper	01042	
Turbidity*	00076	1.1	Iron	01045	193
Conductance*, SPEC	00095		Magnesium	00927	
Sulfate	00945		Manganese	01055	
Total Solids	00500		Nickel	01067	
Dissolved Solids	70300		Potassium	00937	
			Sodium	00929	
			Zinc	01092	

*Results reported in units, all others in milligrams per liter (ppm)

Date Received _____ Date Reported SEP 19 1988 Chemist DAVID A. SEVDALIAN

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St.

P.O. Box 2355, Baltimore, Maryland 21203

J. Mehsen Joseph, Ph.D., Director

Lab. No. _____

007263

(4)

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

Paul Parker

SAMPLE TYPE: Source 17902 Folly Quarters Rd.

Community Location: Bath Room

Non-Community Iced: Yes No

Private Treated: Yes No Time Collected 10:00 am. pm.

Check Sample Collector # _____ Bottle No. 22-648

Special Collector Name Hemler County Howard

County 15

Plant No.

Sampling Station

Date Collected 9 29 68

pH 6.5

Res. Cl: Free 0.0

Total 0.0

Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

ml. of Sample	10ml.
Gas, 24 hours	<u>+</u> <u>+</u> <u>+</u>
Gas, 48 hours	<u> </u> <u> </u> <u> </u>

ml. of Sample	10ml.
Coliforms †	<u>+</u> <u>+</u> <u>+</u> <u>+</u> <u>+</u>
Fecal Coliforms ‡	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

No. of Pos.
<u>1</u>
<u>0</u>

Presumptive Coliforms/100 ml. (Membrane Filter) =

Verified Coliforms/100ml. (Membrane Filter) =

SPC Dil. 1:..... Col. Counted:

Standard Plate Count §/ml.

- ** using m Endo-Agar LES at 35°C incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C incubation
- † using Brilliant Green Lactose Bile Broth at 35°C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35°C incubation

Laboratory

Annapolis	<input type="checkbox"/>	Cumberland	<input type="checkbox"/>
Cambridge	<input type="checkbox"/>	Frederick	<input type="checkbox"/>
Central	<input checked="" type="checkbox"/>	Salisbury	<input type="checkbox"/>
Cheverly	<input type="checkbox"/>		

Date & Hour: 23 SEP 68 10 PM

Recd.

23 SEP 68 10 MB

Exam

Remarks _____

-3 OCT 68 09 15

Rept.

Bacteriologist

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehsen Joseph, Ph.D., Director

Lab No. 0001501 228 8

WATER ANALYSIS

Bottle Number: H 1 Name: Paul Parker County: Howard

Source of Sample: 12902 Folly Quarter Rd Collector: Hemler
Street Town or City

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

Remarks: Bath Room

County: 13 Plant No. --- Sampling Station --- Date Collected 092888 Time 1000 Acid Iced
 Field Data: pH* 6.5 Chlorine Residual 0.0 Free 0.0 Total 0.0 Specific Conductance ---

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
<input checked="" type="checkbox"/> pH*	00403	<u>7.0</u>	Arsenic	01002	
<input checked="" type="checkbox"/> Alkalinity (Total)	00410	<u>125</u>	Barium	01007	
pH*, Ca CO ₃ SAT.	70311		Cadmium	01027	
Alkalinity, Ca CO ₃ SAT.	74023		Chromium	01034	
<input checked="" type="checkbox"/> Hardness	00900	<u>129</u>	Lead	01051	
Ammonia-N	00608		Mercury	71900	
<input checked="" type="checkbox"/> Nitrate-Nitrate N	00630	<u>50.2</u>	Selenium	01147	
Nitrite N	00615		Silver	01077	
MBAS	38260				
Chloride	00940	<u>10</u>	Aluminum	01105	
Fluoride	00951		Calcium	00916	
Color*	00081		Copper	01042	
<input checked="" type="checkbox"/> Turbidity*	00076	<u>9.5</u>	<input checked="" type="checkbox"/> Iron	01045	<u>1.84</u>
Conductance*, SPEC	00095		Magnesium	00927	
Sulfate	00945		Manganese	01055	
Total Solids	00500		Nickel	01067	
Dissolved Solids	70300		Potassium	00937	
			Sodium	00929	
			Zinc	01092	

*Results reported in units, all others in milligrams per liter (ppm)

Date Received _____ Date Reported OCT 10 1988 Chemist E. Payne

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

Paul Parker
3317 Stapleton Dr.
Glenwood, MD 21738

October 6, 1988

Mr. Paul Parker Michael Hunley
12902 Folly Quarter Road
Glenelg, Maryland 21043
Ellicott City

RE: Paul Parker
12902 Folly Quarter Road
Well No. HO-88-0080

Dear Mr. Parker:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some dangerous bacteria could enter your water supply at any time.

It is recommended that the well casing, seal or cap and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. The Health Department should be contacted to arrange follow-up testing to insure sterility.

If further information is needed, please call 461-9933 between 8:30 a.m. and 4:30 p.m.

Very truly yours,

Jane E. Nadeau
Jane Nadeau, Sanitarian
Water and Sewerage Program

JN:mm

Enclosures

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

010326

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source: <u>Parker</u>	
Community <input type="checkbox"/>	Location: <u>12902 Folley Quarter</u>	
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Time Collected: <u>11 45</u> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
Private <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Bottle No. <u>AG 751</u>
Check Sample <input type="checkbox"/>	Collector #: _____	County: <u>Howard</u>
Special <input type="checkbox"/>	Collector Name: <u>Garofalo</u>	

13	+ +	+ +	11 15 88
County	Plant No.	Sampling Station	Date Collected

pH 067 Res. Cl: Free 00 Total 00 Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

ml. of Sample	10ml.				
Gas, 24 hours	-	-	-	-	-
Gas, 48 hours	-	-	-	-	-

ml. of Sample	10ml.				
Coliforms †	+	-	-	-	-
Fecal Coliforms ‡					

No. of Pos.
0

Presumptive Coliforms/100 ml. (Membrane Filter) = _____

Verified Coliforms/100ml. (Membrane Filter) =

SPC Dil. 1:..... Col. Counted: _____

Standard Plate Count §/ml.

- ** using m Endo-Agar LES at 35°C incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C incubation
- † using Brilliant Green Lactose Bile Broth at 35°C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35°C incubation

Laboratory

Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>
Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>
Central <input checked="" type="checkbox"/>	Salisbury <input type="checkbox"/>
Cheverly <input type="checkbox"/>	

15 NOV 1987 03
Recd. FC

15 NOV 1987 03
Exam LP

17 NOV 1987 13
Rept.

Remarks _____

Bacteriologist Coan

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehsen Joseph, Ph.D., Director

Lab No. 0005122 515 8

WATER ANALYSIS

Bottle Number: P4 Name: Parker County: Howard

Source of Sample: 12902 Folly Querde RD Collector: Carol
Street Town or City

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

Remarks: Bath

County: 13 Plant No.: --- Sampling Station: --- Date Collected: 11/15/88 Time: 1145 Acid: Iced:

Field Data: pH*: 067 Chlorine Residual: 0.0 Free: 0.0 Total: 0.0 Specific Conductance: ---

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	00403	<u>7.1</u>	Arsenic	01002	
Alkalinity (Total)	00410	<u>26</u>	Barium	01007	
pH*, Ca CO ₃ SAT.	70311		Cadmium	01027	
Alkalinity, Ca CO ₃ SAT.	74023		Chromium	01034	
Hardness	00900	<u>24</u>	Lead	01051	
Ammonia-N	00608		Mercury	71900	
Nitrate-Nitrate N	00630	<u><0.2</u>	Selenium	01147	
Nitrite N	00615		Silver	01077	
MBAS	38260				
Chloride	00940	<u><2</u>	Aluminum	01105	
Fluoride	00951		Calcium	00916	
Color*	00081		Copper	01042	
Turbidity*	00076	<u>1.18</u>	Iron	01045	<u>1050</u>
Conductance*, SPEC	00095		Magnesium	00927	
Sulfate	00945		Manganese	01055	
Total Solids	00500		Nickel	01067	
Dissolved Solids	70300		Potassium	00937	
			Sodium	00929	
			Zinc	01092	

*Results reported in units, all others in milligrams per liter (ppm)

Date Received: DEC 1 1988 Date Reported: DEC 1 1988 Chemist: DAVID A. SEVDALIAN

12902 Folly Quarter Road
Ellicott City, MD 21043
Owner: Paul Parker
3317 Stapleton Drive
Glenwood, MD 21738
489-4766

Tenant: Michael Hunley / Kathy Higgins
531-5103
997-6903

New replacement well HO-88-0080
Grouted 8-12-88

Water samples

9-1-88

Bact pos 1/5 tubes
Turbidity 11.0 NTU's
Iron 1.43 ppm

9-28-88

Bact. pos. 1/5 tubes
Turbidity 9.5 NTU's
Iron 1.84 ppm

Chlorination letter sent to Parker at 12902 Folly
Quarter Rd address dated 10-6-88

Telephone call to Mrs. Parker 11-4-88. Mrs. Parker
stated she never received letter. I explained how to
chlorinate and asked her to call Health Dept. in a
week or ~~so~~ once well has been chlorinated.

Chlorination letters sent to Parker and Hunley (tenant)
at appropriate addresses, 11-~~7~~-88 JEN.

Sampled bacteria & chemical 11-15-88 Bact neg.

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 7, 1988

Mr. Paul Parker
3317 Stapleton Drive
Glenwood, Maryland 21738

RE: 12902 Folly Quarter Road
Well No. HO-88-0080

Dear Mr. Parker:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some pathogenic bacteria could enter your water supply at any time.

It is recommended that the well casing, seal or cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. The Health Department should be contacted to arrange follow-up testing to insure sterility.

If further information is needed, please call 461-9933 between 8:30 a.m. and 4:30 p.m.

Very truly yours,

Jane E. Nadeau, Sanitarian
Water and Sewerage Program

JEN:hs

Enclosure

Nov. 16, 1988

12902 Folly Quarter Road

Paul Parker owner

Miss. Wilma Selkow

H.C. Day Care / Social Services

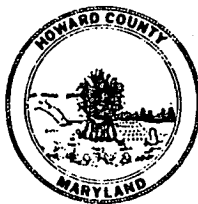
3451 Courthouse Drive

Ellicott City, MD 21043

Miss Selkow inquired as to quality of water for above residence. I told her that as of Sept 28, 1988 there was coliform bacteria documented in the well water and it was unsafe to drink. Miss Selkow said that the tenant, Kathy Higgins wanted to apply for a day care license.

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

December 14, 1988

Mr. Paul Parker
3317 Stapleton Drive
Glenwood, Maryland 21738

Re: Paul Parker
12902 Folly Quarter Road
Well Permit# HO-88-0080

Dear Mr. Parker:

This is to advise you that the septic system was installed, inspected and approved on June 27, 1986.

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 certificate that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-0080. 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 26.04.04.09.

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 26.04.04.10.

November 2, 1988
Date Well Approved

November 15, 1988
Date of Water Sample

Jane E. Nadeau
Approving Authority
Jane Nadeau, Sanitarian
Water and Sewage Program

Howard County

DEPARTMENT OF SOCIAL SERVICES

January 6 1989

TO: Jane Nadeau, Sanitarian
 Howard County Health Department
 Bureau of Environmental Health

P.O. Box 476
 Ellicott City, Md. 21043

RE: Family Day Care license application made by
 Kathy Higgins who rents
 12902 Tolly Quarter Road (Your Well Permit # HO-88-0080)

Dear Ms. Nadeau,

I am writing in follow-up of our 1-5-89 phone conversation. You asked that I write you before you submit your written decision to me.

Kathy Higgins rents 12902 Tolly Quarter Road. On 10-17-88, she applied for a family day care license with us. If approved, the maximum number of children allowed is 6 children; only two can be under the age of 2 years.

One licensing requirement is a Sanitarian's approval of private water supply and sewage disposal. We usually send our Form HCDSS #1 (copy attached) to Environmental Health so that they can inspect these systems.

When I visited with Ms. Higgins in the home,

(OVER)

she informed me that both the well and septic systems were new and recently tested. To save time and duplication of effort, she agreed to send me the Sanitarian's report.

I called you on 11-10-88 to verify approval. You informed me that there was bacteria in the water; the well needed to be chlorinated and drinking and cooking water needed to be boiled until the problem was corrected. I then called Ms. Higgins who knew nothing about this problem.

Ms. Higgins recently submitted your 12-14-88 letter which states that the 11-15-88 sampling was "bacteriologically safe for drinking". I called you on 1-5-89 to verify this. You stated that the water was safe but informed me that the home could not be approved for day care as the septic system would not be adequate if additional people were in the home.

I spoke with Ms. Higgins about this yesterday. We then discussed the possibility of a restricted family day care license limiting the number of children to 2 children under the age of two. In that case, there would be no additional people using the toilet; dirty diapers would be disposed of in the garbage.

Please inform me of your decision regarding a restricted license for 2 children under the age of two. Thanks.

DEPARTMENT OF SOCIAL SERVICES

19

TO:

RE:

Sincerely,

Wilma Selkow
Family Day Care Registration
3451 Courthouse Drive - Suite 2400
Elliott City, Md. 21043

461-0273

461-0339

cc: Kathy Higgins, 12902 Folly Quarter Rd.

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

January 20, 1989

Miss Wilma Selkow
Family Day Care Registration
3451 Courthouse Drive - Suite 2400
Ellicott City, Maryland 21043

RE: Family Day Care License Application
12902 Folly Quarter Road
Well Tag Number: HO-88-0080

Dear Miss Selkow:

Thank you for your letter of January 6, 1989 describing the circumstances of the proposed family day care facility at the above mentioned address. During our telephone conversation on January 5, 1989, my understanding was that an unlimited number of children would be attending this facility and an undetermined number of people would be using the existing plumbing.

Your letter explained that a maximum of six children would be allowed to attend the family day care facility. After reviewing the potential increase in load to the septic system, there is no objection to the minimal increase that this would cause.

As of June 27, 1986, the septic system was completed and approved. The existing system and potential repair area is sufficient for the recorded number of bedrooms and potential visitors to the home. The water was found to be bacteriologically safe on November 15, 1988.

The septic system and water supply are considered adequate to support a family day care center for up to six children. A restricted family day care license limiting the number of children to two would not be necessary.

Thank you for your quick response to my request for clarification of the proposed use of this facility.

Very truly yours,

Jane E. Nadeau

Jane Nadeau, Sanitarian
Water and Sewerage Program

JN:JR

DEPARTMENT OF HEALTH
SANITARY SURVEY

HEADING: (To be filled in by applicant)

No. in Family _____ Location of Home: 12902 Folly Quarter Road
No. Children requested _____ (County): Howard
Telephone No. _____

SECTION I: (To be filled in by applicant. Mark an X in the appropriate brackets)

NAME _____ MAILING _____
ADDRESS _____

Directions to home if indicated: _____

What time of day is most suitable for you to be seen at home? _____ A.M. _____ P.

1. WATER SUPPLY: Public (); Private (OK)
If private: Drilled well (); Dug well (); Driven well (); Spring (); OK
Other (); Unknown (). Water piped to kitchen: Yes (); No ().
2. SEWAGE DISPOSAL: Public (); Private ();
If private: Septic tank (); Cesspool ();
Pit privy (); Surface privy (); Chemical toilet (); Other (specify) OK.
3. MILK SUPPLY: Purchased (). Name of Dairy: _____
Produced on premises ().
4. REFUSE DISPOSAL: Public (); Private ().
5. REFRIGERATION OF FOODS: Electric (); Gas (); Ice Box (); Other (); None ().
6. HEATING: Furnace (); Coal wood stove (); Other ().
7. Doors and windows screened during fly season: Yes (); No ().

Signature of Applicant _____

NOTE: Please return this form to your Social Worker

SECTION II: (To be filled in by Social Worker) State briefly your impression of premises. List observable defects in maintenance and lack of order which may have implication for health and safety.

No. of bedrooms _____ No. of sleeping spaces available for family _____
No. of nap spaces for Day Care children _____

Signature of Worker _____ Agency _____

SECTION III: (Evaluation of Sanitarian)

1. WATER SUPPLY APPROVED: YES (); NO ().
2. SEWAGE DISPOSAL APPROVED: YES (); NO ().
3. MILK SUPPLY APPROVED: YES (); NO ().
4. REFUSE DISPOSAL APPROVED: YES (); NO ().
5. OTHER _____
APPROVED (); NOT APPROVED ().

Remarks: WATER + SEWAGE OK

SEE LETTER OF 1/20/89

Date: 1/30/89

Barbara L Hesse
Signature of Sanitarian

Howard County Health
Name of Local Department

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

January 20, 1989

Miss Wilma Selkow
Family Day Care Registration
3451 Courthouse Drive - Suite 2400
Ellicott City, Maryland 21043

RE: Family Day Care License Application
12902 Folly Quarter Road
Well Tag Number: HO-88-0080

Dear Miss Selkow:

Thank you for your letter of January 6, 1989 describing the circumstances of the proposed family day care facility at the above mentioned address. During our telephone conversation on January 5, 1989, my understanding was that an unlimited number of children would be attending this facility and an undetermined number of people would be using the existing plumbing.

Your letter explained that a maximum of six children would be allowed to attend the family day care facility. After reviewing the potential increase in load to the septic system, there is no objection to the minimal increase that this would cause.

As of June 27, 1986, the septic system was completed and approved. The existing system and potential repair area is sufficient for the recorded number of bedrooms and potential visitors to the home. The water was found to be bacteriologically safe on November 15, 1988.

The septic system and water supply are considered adequate to support a family day care center for up to six children. A restricted family day care license limiting the number of children to two would not be necessary.

Thank you for your quick response to my request for clarification of the proposed use of this facility.

Very truly yours,

Jane E. Nadeau

Jane Nadeau, Sanitarian
Water and Sewerage Program

JN:JR

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

47062

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

12902 FOLLY QUANTON RD.
ELLICOTT CITY, MD 21042

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

ADDITION OF 2 CAR GARAGE
WITH BELOW SPACE OVER
THE GARAGE

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	

OWNER NAME AND ADDRESS
Paul Parker
3317 Stapleton Dr.
Glenwood Md. 21738
PHONE NO. (410) 489-4766

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS
Catherine Parker
12902 Folly Quanton Rd.
ELLICOTT CITY, MD 21042
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES	0 0 0 0		

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
N/A
PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
Parker Concrete Inc.
3317 Stapleton Drive
Glenwood, Md. 21738
PHONE NO. (410) 489-4766

UTILITIES					
WATER	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
YES	YES		YES	OIL	YES

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the Inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EXISTING USE: Single Family Dwellg.
PROPOSED USE: 2 story Addition

Signature: Paul Parker - Parker Concrete Inc.
Date: 1/25/93

EST. CONSTRUCTION COST: 17000
LICENSE NUMBER: [blank]
PERMIT FEE: [blank]

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____
SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) _____
TO SIDE BUILDING LINE _____
DISTANCE IN FEET, REAR YD. REQUIRING SET _____
BACK (CORNER LOT ONLY) _____
SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	1/27/93	Craig Walker
FIRE PROTECTION		
STORM WATER MGM		

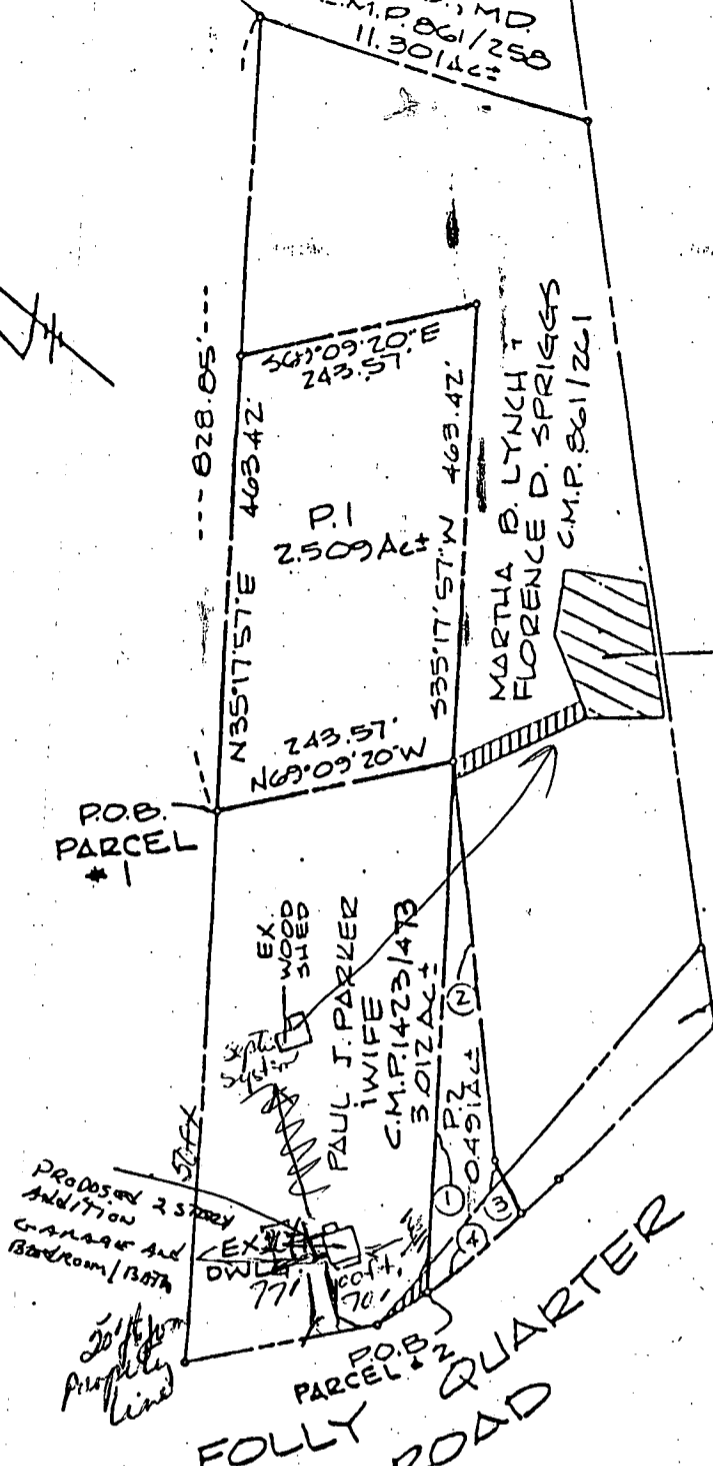
Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-89-591
APPROVED _____ DATE _____
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

36436



EASEMENT for PERCOLATION AND INGRESS & EGRESS

MARTHA B. LYNCH & FLORENCE D. SPRIGGS C.M.P. 263/427

- P.2
- ① N35°17'57"E 526.70'
 - ② S26°01'09"W 403.31'
 - ③ S07°40'00"W 61.73'
 - ④ R=1024.40 Δ=125.88'
CHD=503°25'18"W 125.80'

Proposed 2 story Addition Garage and Bedroom/1307A
20' ft Property Line

FOLLY ROAD QUARTER

PROPOSAL FOR ADDITION
RECENTLY INSTALLED SEPTIC ON EAST SIDE NO CONFLICT WITH WELLOC
1/27/93 CW

Cheryl

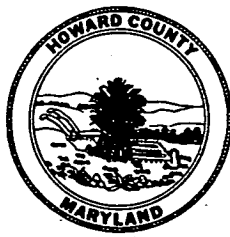
VT ASSOCIATES, INC.

SURVEYING & ENGINEERING

3132 EAST JOPPA ROAD
BALTIMORE, MD 21234

(301) 668-0090
866-2001

PLAT TO ACCOMPANY DESCRIPTION OF PROPER TO BE CONVEYED TO PAUL J. PARKER & WIFE 3RD. ELECTION DISTRICT HOWARD COUNTY, MD.
SCALE: 1"=200' 9.22.E



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

January 5, 1993

Reply to:

Mr. Paul Parker
3317 Stapleton Drive
Glenwood, Maryland 21738

RE: Parker/Lynch Properties
Tax Map: 22 Parcels: 29 and 97
Folly Quarter Road

Dear Mr. Parker:

This is to advise that repeated percolation tests on the above referenced property have failed to establish sufficient acceptable area to accomplish the subdivision of the 3 acre lot that you have proposed.

The principal limiting factor being seasonal high water table throughout the majority of the property.

If you have any question regarding this matter, or wish to consider appeal of this decision, please call me at 313-2640.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW:jr

cc: J. S. Dallas, Inc.
File

J.S. DALLAS, INC.

Surveying & Engineering
4932 Hazelwood Avenue
Baltimore, Maryland 21206
Telephone: (410) 866-2001
Facsimile: (410) 866-2003

WELLS & SEPTIC SYSTEMS WITHIN
100' OF PROPERTY BOUNDARIES
HAVE BEEN SHOWN.

RE 1 7 25 92 N 518400

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'

DWG#

APPLICATION NO A47906
PROPOSED SUBDIVISION
PARKER PROPERTY
FOLLY QUARTER RD
TAX MAP 22 P. 29 & 97

LOT 3

M102
102

175

REB3

W1

PRD1
SELL

500

PERC6

PERC5

500

ENCLOSURE

PERC2

PERC3

PERC3

PERC1

50'

PRC2

PRC4

ENCLOSURE

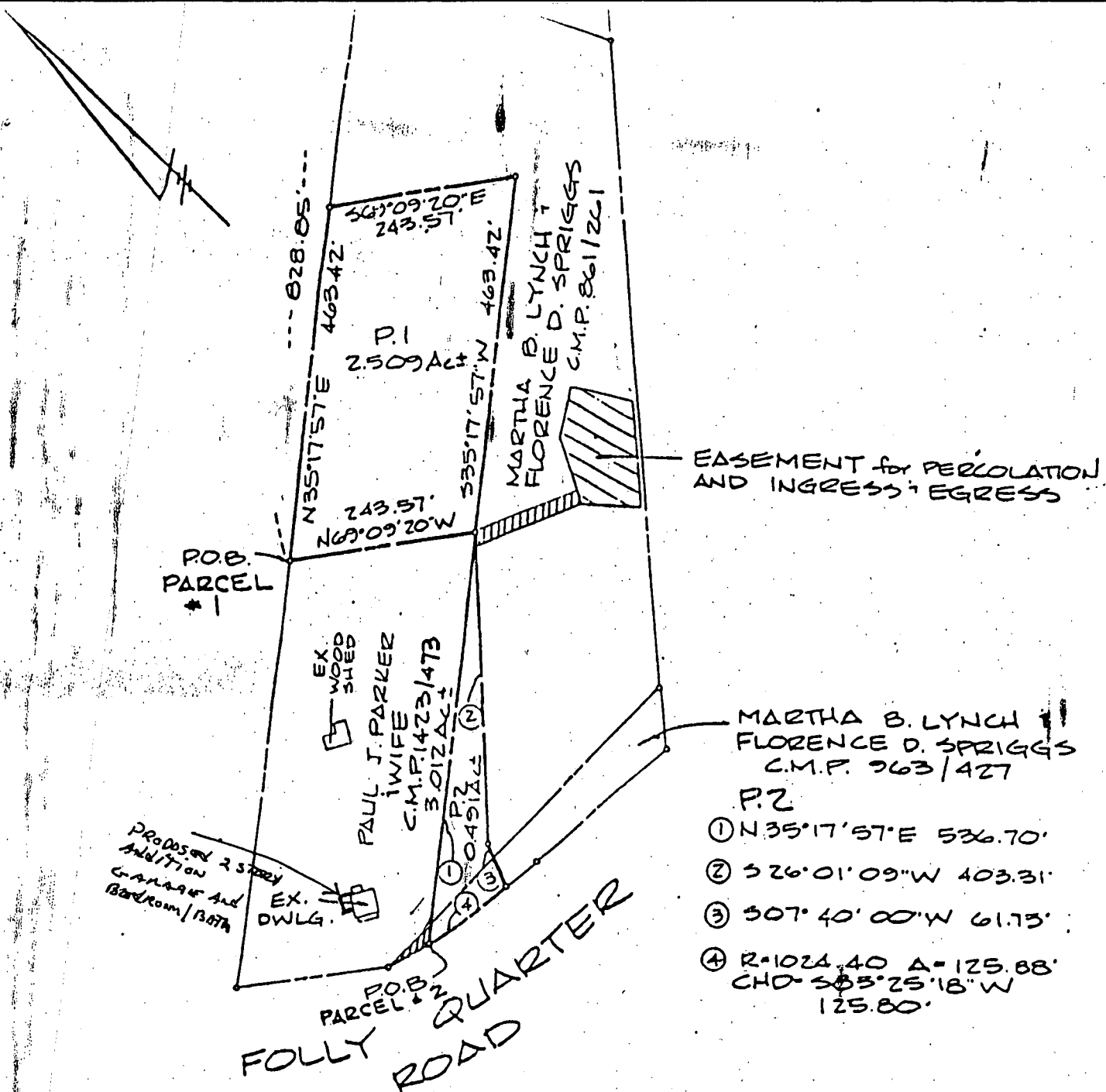
PRC1

PRC8

PRC5

F60

175 to Parcel
0 232 to 175



- P.2
 ① N 35° 17' 57" E 526.70'
 ② S 26° 01' 09" W 403.31'
 ③ S 07° 40' 00" W 61.73'
 ④ R=1024.40 A=125.88'
 CHD= S 83° 25' 18" W
 125.80'

Cheryl

VT ASSOCIATES, INC.
 SURVEYING & ENGINEERING
 3132 EAST JOPPA ROAD
 BALTIMORE, MD 21234
 (301) 668-0090
 866-2001

PLAT TO ACCOMPANY
 DESCRIPTION OF PROPERTY
 TO BE CONVEYED TO
 PAUL J. PARKER & WIFE
 320. ELECTION DISTRICT
 HOWARD COUNTY, MD.
 SCALE: 1" = 200' 9.22.87