

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

P 512774

A 26713

DISTRICT

DATE 10/18/99

DATE SYSTEM APPROVED 8/30/00

INSPECTOR CW

Jeff Harman

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 13319 Elliott Drive, Clarksville, MD 21029

PHONE 410-531-3007 410-707-0133 cell

SUBDIVISION Glenelg Manor II LOT 2 A,B,C,D ROAD 12701 Folly Quarter Road

PROPERTY OWNER Chris Zink

ADDRESS

TOP SEAMED TANK REQUIRED

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180 ✓

PUMPED SEPTIC SYSTEM PROPOSED

INSTALL: - 1-1000 GALLON TOP SEAMED PUMP CHAMBER

NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

- Pump performance test is necessary prior to Health Department approval of pumped septic permit.

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe. (410.66')

LOCATION - Place the distribution box 165 feet off the left lot line and 25 feet off the front lot line. Run trenches along contour towards the right lot line (461.99')

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ON SRN 8/23/99

PLANS APPROVED BY Donna K. Soe

DATE 8/16/1999

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 WELL (UNLESS OTHERWISE SPECIFICALLY 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

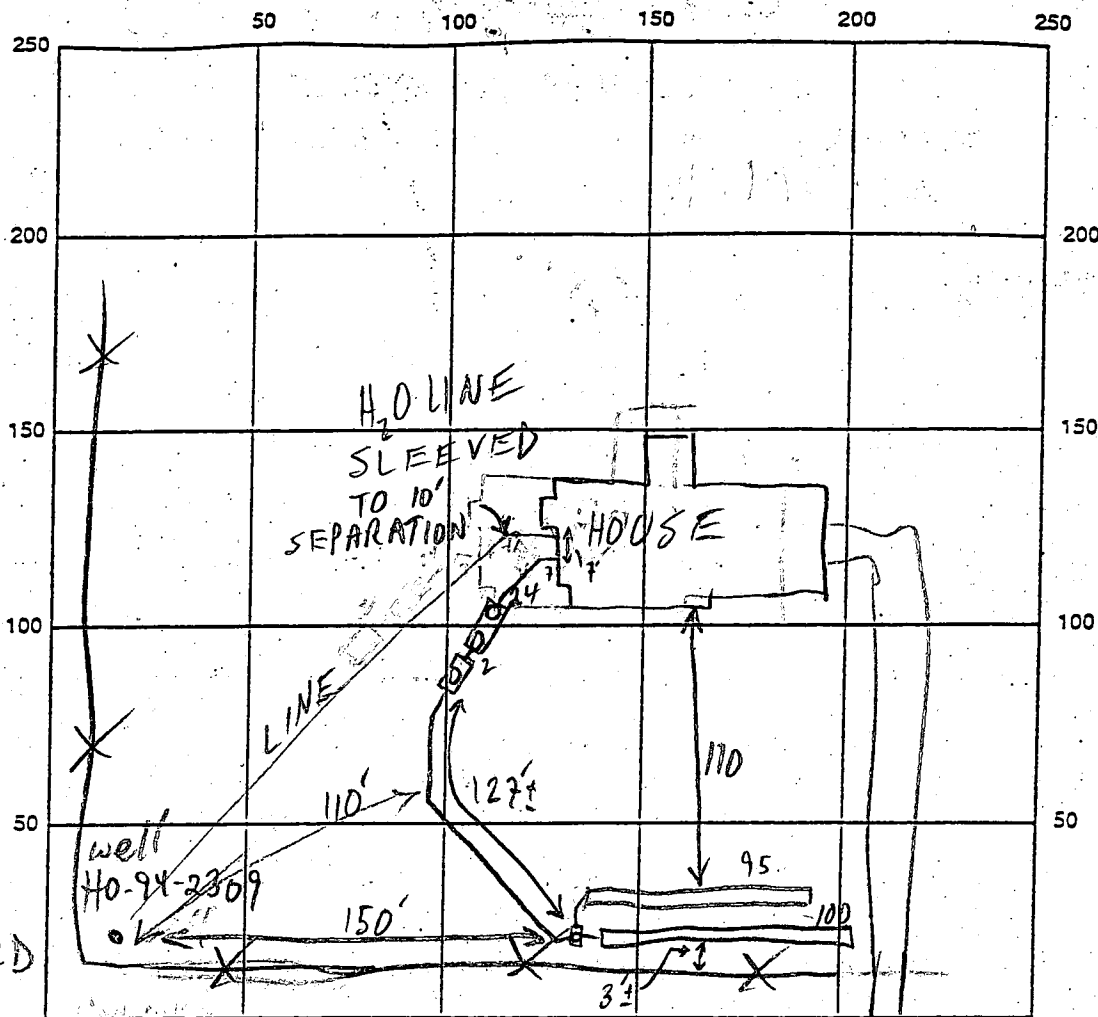
PERMIT VOID AFTER TWO YEARS

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

24713



Right-of-way 1000 GAL TOP SEAMED 1-CHAMBER PUMP PIT
 SEPTIC TANK LEVEL 1500 GAL TOP-SEAMED 2-CHAMBER CLEANOUTS 2 MH @ S.T. 1 MH @ PUMP PIT
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN 1 INLINE

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2-2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH 195 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 585 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 11/12/99 OK TO COVER TANKS & TRENCHES; HOLD FOR PUMP/ALARM INSP (MR)

8/31/00 PUMP DELIVERS TO DIST BOX; HIGH WATER ALARM IS AUDIBLE (CW)

DATE SYSTEM APPROVED 8/31/00 INSPECTOR C. Wilton

C 1 4103

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.COUNTY
NUMBER

A 267/3

ST/CO USE ONLY

DATE Received

MM DD

8 13

DATE WELL COMPLETED

9 30 98

Depth of Well

22 265 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

40-94-1747

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Sand 0 37
Gray Mica Rock 37 265 ✓

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 37 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

ST

Nominal diameter

top (main) casing

(nearest inch)

6

Total depth

of main casing

(nearest foot)

40

OTHER CASING (if used)

diameter

inch

depth (feet)

from to

screen type
or open hole

SCREEN RECORD

insert
appropriate
code below

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

C 2

DEPTH (nearest ft.)

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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER

OF SCREEN

(NEAREST

INCH)

from to

GRAVEL PACK

IF WELL DRILLED

WAS FLOWING WELL

INSERT F IN BOX 68

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

W Q

70 72 74 75 76

TELESCOPE

CASING

LOG

INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO

MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

J jet

S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

(CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX 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)

LAND SURFACE

below (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

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
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 26.04.04 "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 LIC. NO. 1 M S DO 2 1/2

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 57443

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

10-94-2309

70 fill in this form completely 79

Date Received (APA)

06/10/99

OWNER INFORMATION

8 MM DD YY 13

Zink

Christine Mary

15. Last Name

Owner

First Name

1907 Eastridge Rd.

Street or RFD

36

Lutherville md

21093

57 Town

70 State

72 Zip

76

DRILLER INFORMATION

Driller's Name

Joseph L. Mayne M S D 024

76 License No.

81

Firm Name

Joseph L. Mayne Well Drilling

5512 Ridge Rd. Mt. Airy

21771

Address

Signature

Joseph L. Mayne 6/9/99

Date

B 2

WELL INFORMATION

1

APPROX. PUMPING RATE

5

(GAL. PER MIN.)

8 12

AVERAGE DAILY QUANTITY NEEDED

14 500 20

(GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)22 ☐ INDUSTRIAL, COMMERCIAL, DEWATERING☐ PUBLIC WATER SUPPLY WELL☐ TEST, OBSERVATION, MONITORING☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL

200 FEET

APPROXIMATE DIAMETER OF WELL

6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jetted & DRIVEN

30 AIR-ROTARY

AIR-PERCussion

ROTARY (Hydraulic Rotary)

37 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 SEALED39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS☐ THIS WELL WILL DEEPEMED AN EXISTING WELLPERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED
(IF AVAILABLE) 41

52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER

54

G A P.

63

PERMIT No.

10-94-2309

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

LOCATION OF WELL

8 COUNTY

21

23 SUBDIVISION

42

SECTION

44 46

LOT

2

48 50

52 NEAREST TOWN

71

Clarksville

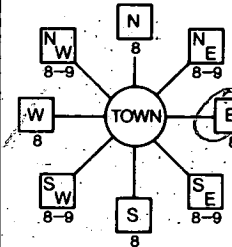
MILES FROM TOWN (enter 0 if in town)

4

73

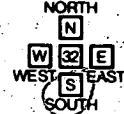
76 77 78

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)

Folly Quarter Rd.

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

34 37

DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD

126713

COUNTY NAME

COUNTY NO.

STATE

SIGNATURE

INSERT S

DATE ISSUED

07/02/99

43 MM DD YY 48

CO SIGNATURE

EXP. DATE

NORTH GRID

510

000

55

EAST GRID

0810

000

57 63

SHOW MAJOR FEATURES OF
BOX & LOCATE WELL
WITH AN X

SOURCES OF DRILLING WATER

1. Well

2.

3.

WRITE THE BOX NUMBER

FROM THE MAP HERE

E 810

510

N

000

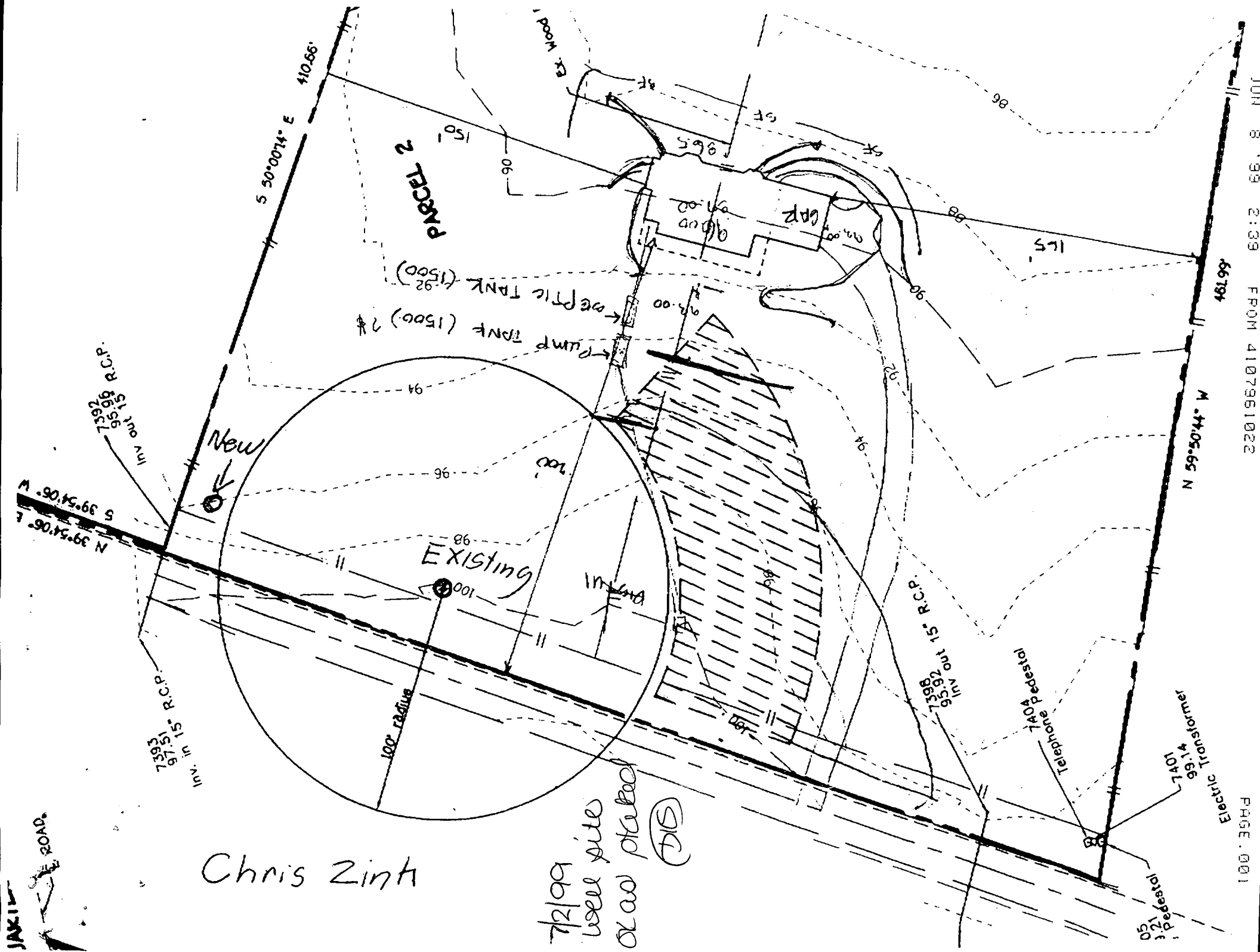
000

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

Folly Quarter Rd.

N

Clarksville



ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORMS TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7/14/99 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

H0 - 94 - 1747

* PERMIT NUMBER OF REPLACEMENT WELL

H0 - 94 - 2309

* PERSON ABANDONING WELL: Joseph Mayne

WELL DRILLERS LICENSE NUMBER: 024

* OWNER'S NAME: Dr. Mary C. Zink

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Calverley

TAX MAP BLOCK PARCEL

SUBDIVISION: Glennely Manor

SECTION: LOT: 2

NEAREST ROAD: Folly Quarter

MARYLAND GRID COORDINATES

E 810

BOX NUMBER

N 510

000	
000	

SHOW WELL LOCATION
BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify)

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify)

* SIZE OF CASING: 6 3/8 INCHES IN DIAMETER

* DEPTH OF WELL: 265 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 1

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	40
Washed gravel	40	265

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph Mayne

LICENSE # 024

MWD/MSD/MGD
CIRCLE ONE

DATE 7/16/99

[illegible]

5/22/98
2:30-3:00

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

NO PEG NEEDED
1 HOLE ONLY
TO ADJUST TIE-OUT AREA
IN RESPONSE TO APPROVED WELL LOCATION.

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~Jeff~~ Jeff Harman Builders Inc Chris Zink

ADDRESS 13319 Elliott Drive CLKSV. PHONE 410 531-3007
307 0122 pager

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION GLENELG MANOR II LOT NO. 2 (ABCD)

ROAD AND DESCRIPTION 12701 FOLLY QUARTER RD

APPL. PERMIT JST D

END RETURNED 8-16-98

Serial # B1017457

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD - 4 Bdr

(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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' topsoil
 1' org brn
cl lm
 4' med
brn
si cl
lm
 8.5' mo st at (mottled)
brn cl lm
 9'8" cave-in
↓ seepage
 11' water

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	
5-27-99	1	11.0'D	Water				

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. S. C. ALSO PRESENT J. Haman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT

DATE

A

P

26713

5th

8/17/77

See separate sheet for spec

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 Howard Associates

ADDRESS

PHONE Don Reuwer - 465-4920

PROPERTY LOCATION:

SUBDIVISION

GLENELG MANOR II

LOT NO.

2A, 2B, 2C, 2D one house

ROAD AND DESCRIPTION

off Folly Quarter Road

SIZE OF LOT

(?)

TYPE BLDG:

3 or 4 bedrooms

(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Don Reuwer for Dale Maisel

(SIGNATURE OF APPLICANT)

APPROVED BY

F.S.

FOR

shallow trenches

DATE

REJECTED BY

FOR

DATE

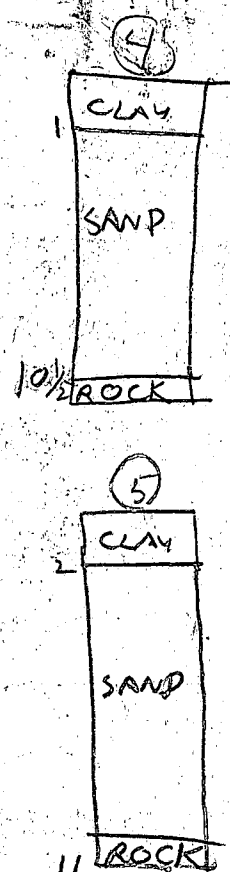
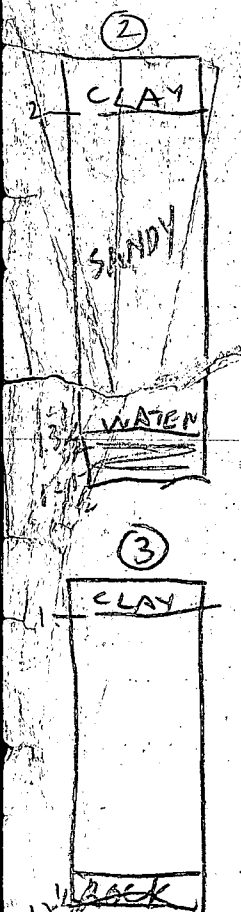
HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

3/5/82 Hold for Review & Wet Season RH

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

[illegible]

HOLE
ELEV

④ = HIGH

② = LOW

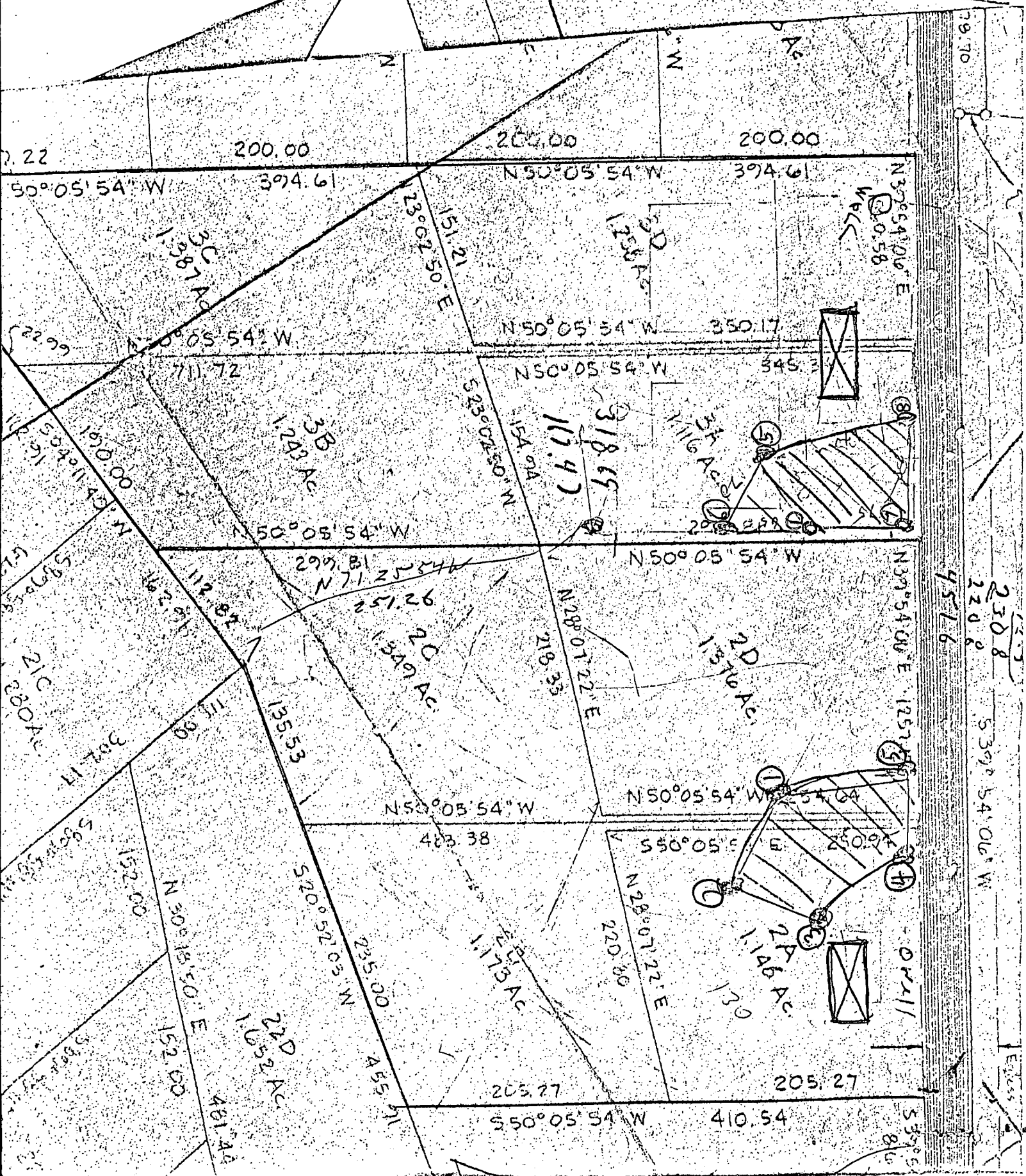
M = MEDIUM

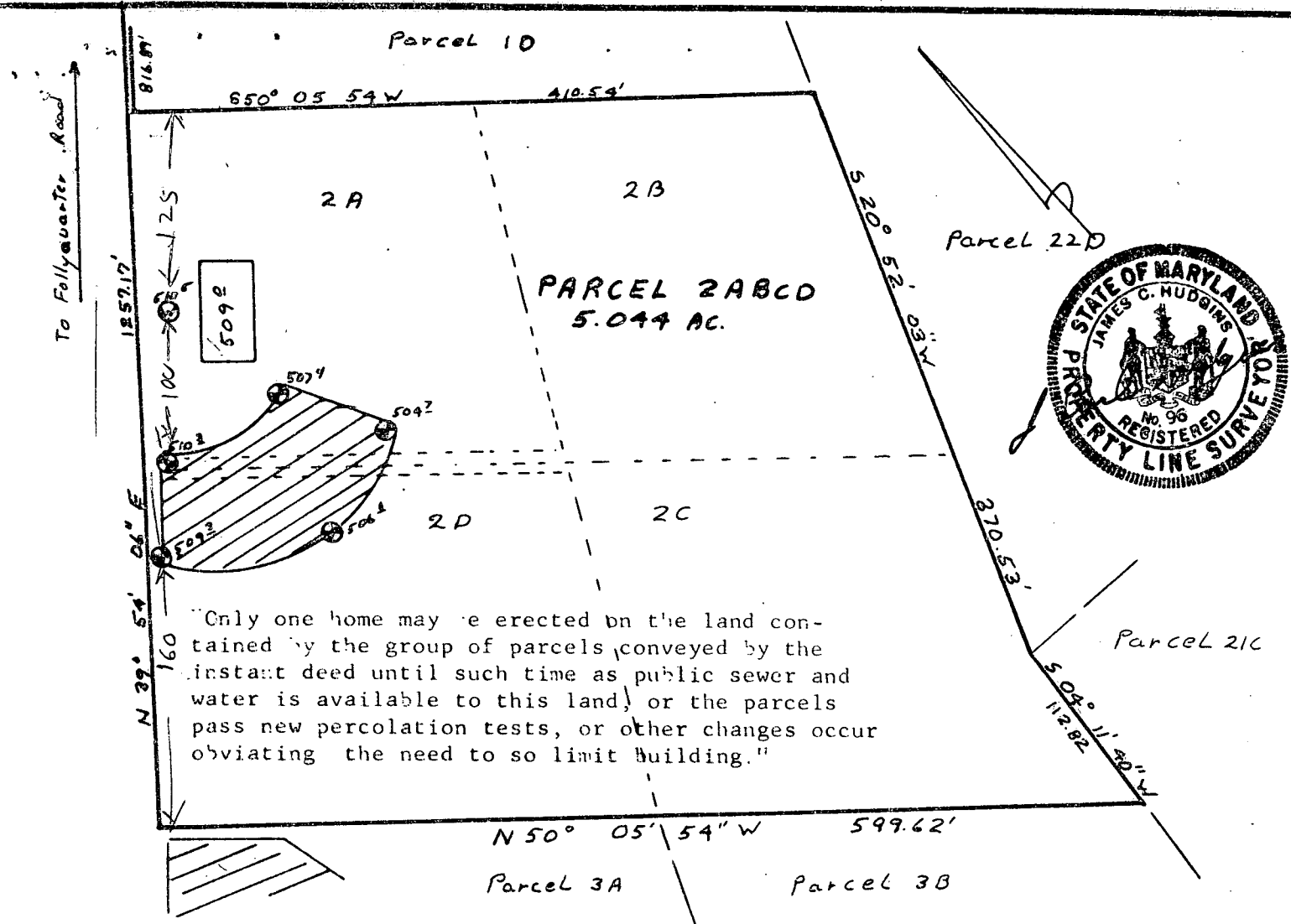
REMARKS Lot 2A, 2B, 2C, 2D COMBINED PERC ARISA ALMOST LEVEL

TYPE OF SOIL

TESTED BY A HADGES

ALSO PRESENT O. KETTAMAN
C. HUGGINS





[Hatched Area] This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary. Percolation test holes shown hereon have been field located and shown as "⊕". The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene. Percolation areas and water wells for adjoining lots have been shown where pertinent.

PERCOLATION TEST PLAT
 PARCEL 2ABCD
 GLENELG MANOR
 SECTION TWO
 5th Election District
 Howard County, Maryland
 Scale 1"=100'
 Date 3/31/82

APPROVED: For Private Water and Private Sewage Systems
[Signature]
 County Health Officer
 4-29-82
 Date

NTT Associates
 Suite 307, Clark Bldg.
 Columbia, MD 21044
 321-0307

ENGINEER'S CERTIFICATE

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF ENGINEER

DATE

DEVELOPER'S CERTIFICATE

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN, AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF DEVELOPER

DATE

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS.

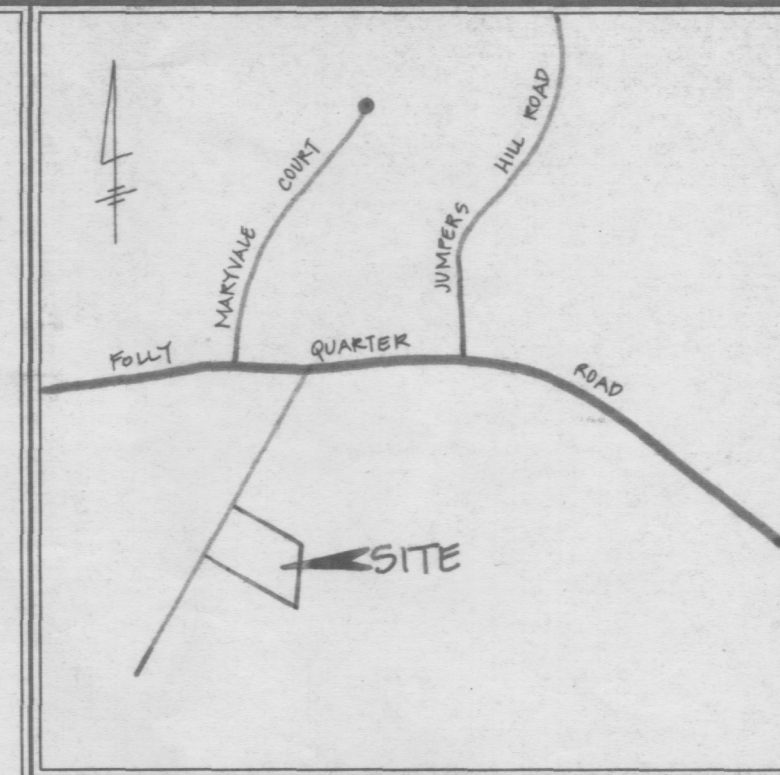
U.S.D.A. NATURAL RESOURCES CONSERVATION SERVICE

DATE

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

HOWARD SOIL CONSERVATION DISTRICT

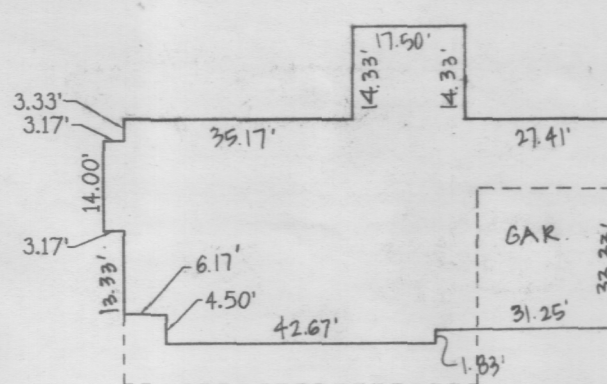
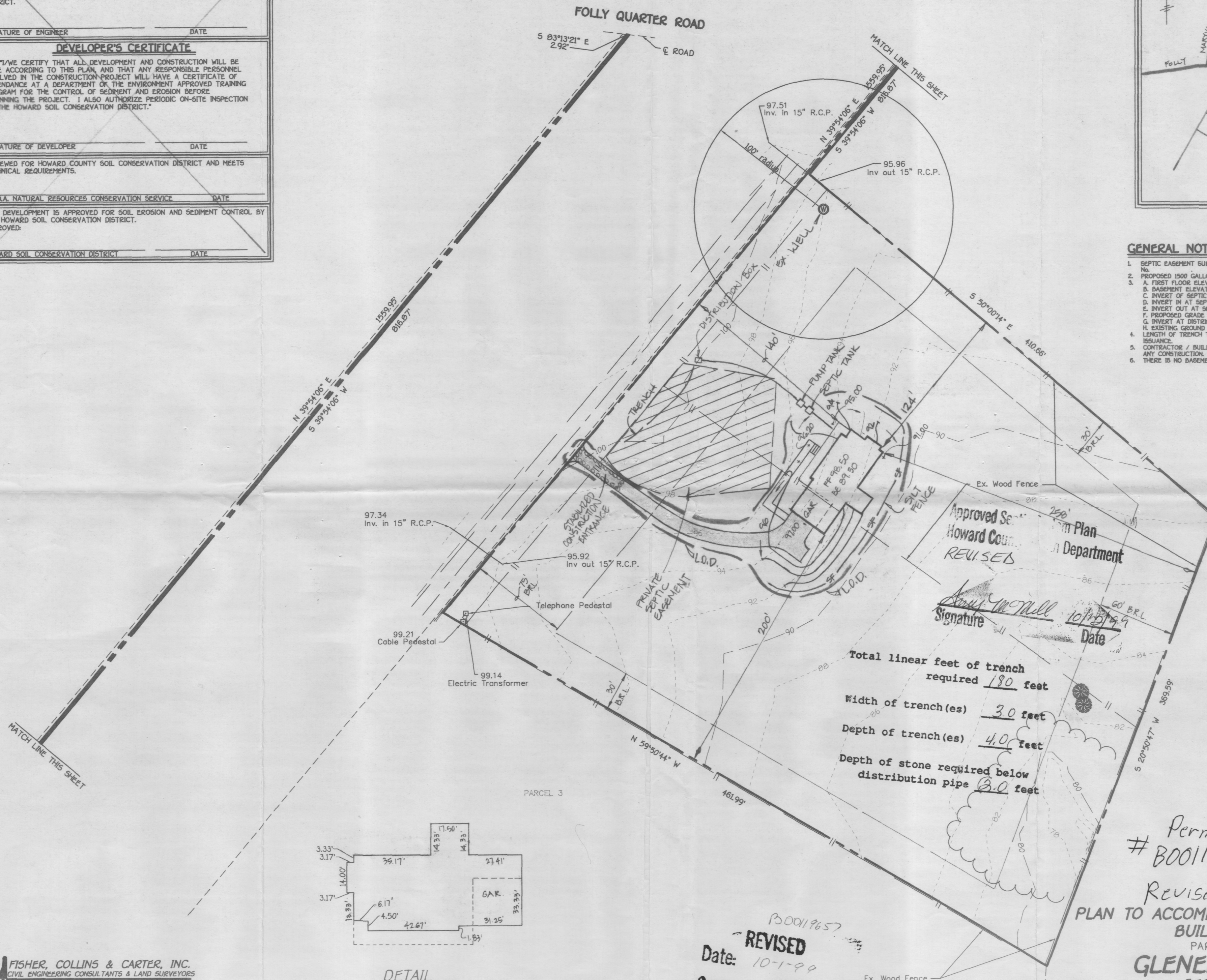
DATE



VICINITY MAP
SCALE: 1"=2000'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK (PUMP TANK) SHALL BE USED.
3. A. FIRST FLOOR ELEVATION 98.50
B. BASEMENT ELEVATION 89.50
C. INVERT OF SEPTIC SYSTEM AT HOUSE 92.00
D. INVERT IN AT SEPTIC TANK 91.60
E. INVERT OUT AT SEPTIC TANK 91.50
F. PROPOSED GRADE OVER SEPTIC TANK 96.00
G. INVERT AT DISTRIBUTION BOX 91.00
H. EXISTING GROUND OVER DISTRIBUTION BOX 100.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



DETAIL
SCALE: 1" = 30'

Total linear feet of trench required 180 feet
Width of trench(es) 30 feet
Depth of trench(es) 4.0 feet
Depth of stone required below distribution pipe 3.0 feet

Approved Septic Plan
Howard County Health Department
REVISED
Signature [Signature]
Date 10/1/99

Permit # B00119657
Revised

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT
PARCEL 2ABCD
GLENELG MANOR
SECTION 2
TAX MAP 22

FIFTH ELECTION DISTRICT
SCALE: 1" = 50'

HOWARD COUNTY, MARYLAND
DATE: MAY 18, 1999

C 6116

* APPROXIMATE
MODIFIED
SEPTIC
AREA

PARCEL 2

PUMP TANK (1500) ?
SEPTIC TANK (1500)

* APPROX
EXISTING
APPROVED
SDA

ALSO PRESENT
DES

7404
Telephone Pedestal

7401
99.14
Electric Transformer

PARCEL 3

6/7/99

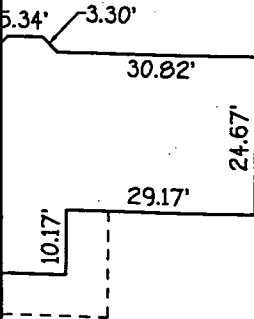
DISCUSS WITH JEFF HANMAN

REPERC UNSUCCESSFUL,
NO OPPORTUNITY TO ADJUST
SEPTIC AREA DOWNSLOPE,

"BEST" PORTION OF SEPTIC ALREADY "LOST"
DUE TO LESS THAN 100' TO WELL.

HE WILL RECOMMEND APPLICANT CONSIDER
WELL REPLACEMENT FOR SEPTIC AREA IMPROVEMENT

DESIGNED
HOUSE SITE



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer DAVE THADEN

Telephone 410 636 1482

License Number 10382

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Zinh

Telephone _____

Subdivision Glenelle Manor Lot # 2

Well Tag # HO-94-2309

Site Address 12701 Folly Quarter

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 X

Pitless Adapter

1. Make Causeill
2. Model # BX401
3. Depth 4'

2. Make FLYNT + WALLING

3. Model # 4F10507301

4. Capacity 10 GPM

5. Pump exceeds well capacity Yes _____ No X

6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards X Other _____

Tank

1. Capacity 40
2. Pressure relief valve? yes

Piping

1. Type Polypropylene
2. Size 1"
3. NSF and/or BOCA Code approved X
4. Depth of supply line 4 1/2'

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level 32 ft.
4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 8/30/00

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

C1 06618 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A 26713

ST/CO USE ONLY

DATE Received
MM DD

8 13

DATE WELL COMPLETED

MM 7 DD 13 YR 99

Depth of Well

22 125 26

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO - 94 - 2309

28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes Y no N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 25 NO. OF POUNDS 250

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 52 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPE
STNominal diameter
top (main) casing
(nearest inch) 6Total depth
of main casing
(nearest foot) 56

60 61

63 64

66

70

OTHER CASING (if used)

E
A
C
H
C
A
S
I
N
Gdiameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
PLASTICOT
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes Y no N

CIRCLE APPROPRIATE LETTER

A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 26.04.04 "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 LIC. NO. 1 MS DO 24

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

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

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

8.5

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15 ft.

WHEN PUMPING 67 ft.

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
(CIRCLE) (YES or NO)

YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 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

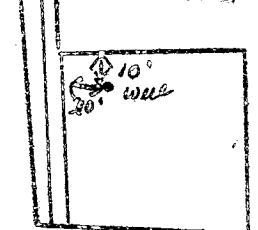
- below

2 (nearest
foot)

LOCATION OF WELL ON LOT

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

Folly Quarter Rd.



COUNTY