

H30198  
1:30c.o.  
2/2/98 (10/10)

# PERMIT 02-339846

P 59279  
A 38526

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 2nd

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

DATE 12/23/97

~~XXXX-XXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 2/2/98

INSPECTOR [Signature]

K & K Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Route 144 Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION Burleigh Manor LOT 695 ROAD 10352 Kingsbridge Road

PROPERTY OWNER Selfridge Builders

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 45

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180 225

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

LOCATION - Start first trench 55 feet from left lot line and 260 feet from front lot line. Run trenches on contour toward left side of lot.

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

OK KM 11/7/97

12/10/97 # of bdrms changed ALM

PLANS APPROVED BY Mark Rifkin/Donna K. Soe REVISED DATE 10/31/97

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

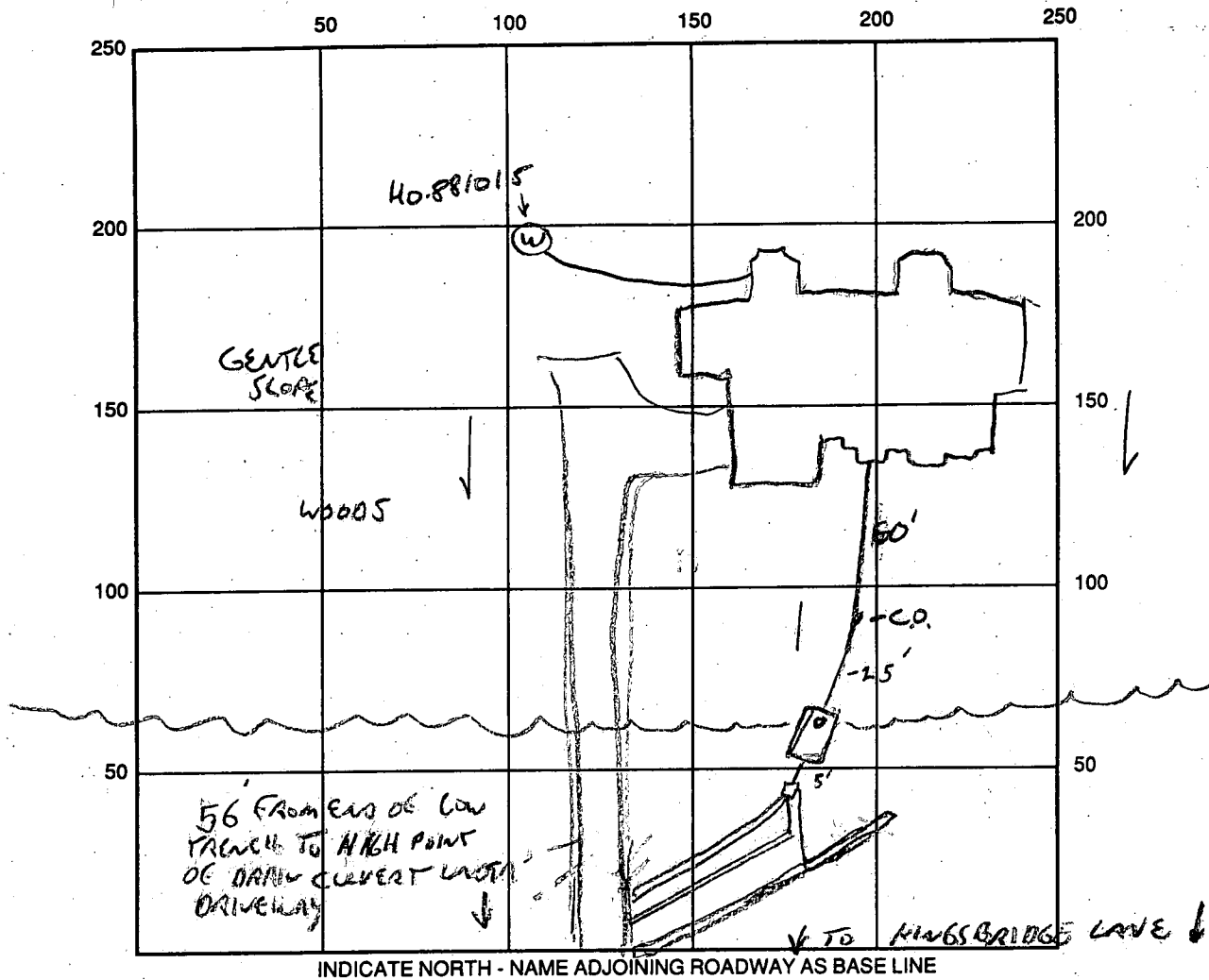
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

**GLCC PERMIT SIGNED AND RETURNED 5-4-98**  
*Quill # 8519/11/463*  
*Shirley Pitts*

A 38526



SEPTIC TANK LEVEL OK - 1250 GAL CLEANOUTS 1 ON TANK, 1 IN LINE

DISTRIBUTION BOX LEVEL OK, ABOVE LN

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH  $\frac{11213}{5668101}$  FT. = 225'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 1/3/98 1ST TRENCH OK TO STONE, OK TO COVER TO DIST BOX. *MT*

2/4/98 OK TO STONE 2ND TRENCH, OK TO COVER PREV. WORK. *MT*

2/2/98 FINAL TRENCH OK, COVER ALL WORK

2/2/98 WPT PITLESS ADAPTER OK TO COVER SEALED CAP NEEDED. *MT*

5/28/98 WPT-SEALED CAP INSTALLED - OK *MT*

DATE SYSTEM APPROVED 2/2/98 INSPECTOR *Ed. Jay*

# APPLICATION

PERCOLATION TESTING

A 38506

P \_\_\_\_\_

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

*3/17/88  
perc or id  
pending  
plans @  
approved*

DISTRICT \_\_\_\_\_

DATE 1-28-87

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 Gerald M. Katz, Trustee c/o Whitman, Reardon and Associates  
*Selfridge Builders*

ADDRESS 2315 Saint Paul Street, Baltimore, MD 21218 PHONE (301) 235-3450

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

*LOT 695 on Prelim*

SUBDIVISION Burleigh Manor Section 2 LOT NO. 18

ROAD AND DESCRIPTION West of the intersection of Centennial Lane and Old Annapolis Road

*(10352 Kingsbridge Rd)*

*AND RETURNED 10-31-97  
Serial # B0108490  
SFD-4Bm*

*AND RETURNED AND BLDG. PERMIT SIGNED*

TAX MAP 23, 24 PARCEL # 290

SIZE OF LOT 3 Ac. TYPE BLDG. Single Family Dwelling  
(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.

*Stu Star*

(SIGNATURE OF APPLICANT)

APPROVED BY B Nipon FOR Deep system DATE 2/9/88

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING for hold located below sub-plat

# THIS IS NOT A PERMIT

188  $\Delta$  / BDR000A  
 INSET 4'  
 MAX D 8'  
 $\Sigma = 8 \text{ MIN}$

SOIL PROFILE

red/orange  
 cluster gravel  
 max 4'  
 to mostly  
 tan/light  
 tan silty  
 mica  
 even w/  
 small  
 scattered  
 mica frags  
 ↓  
 12' D

②

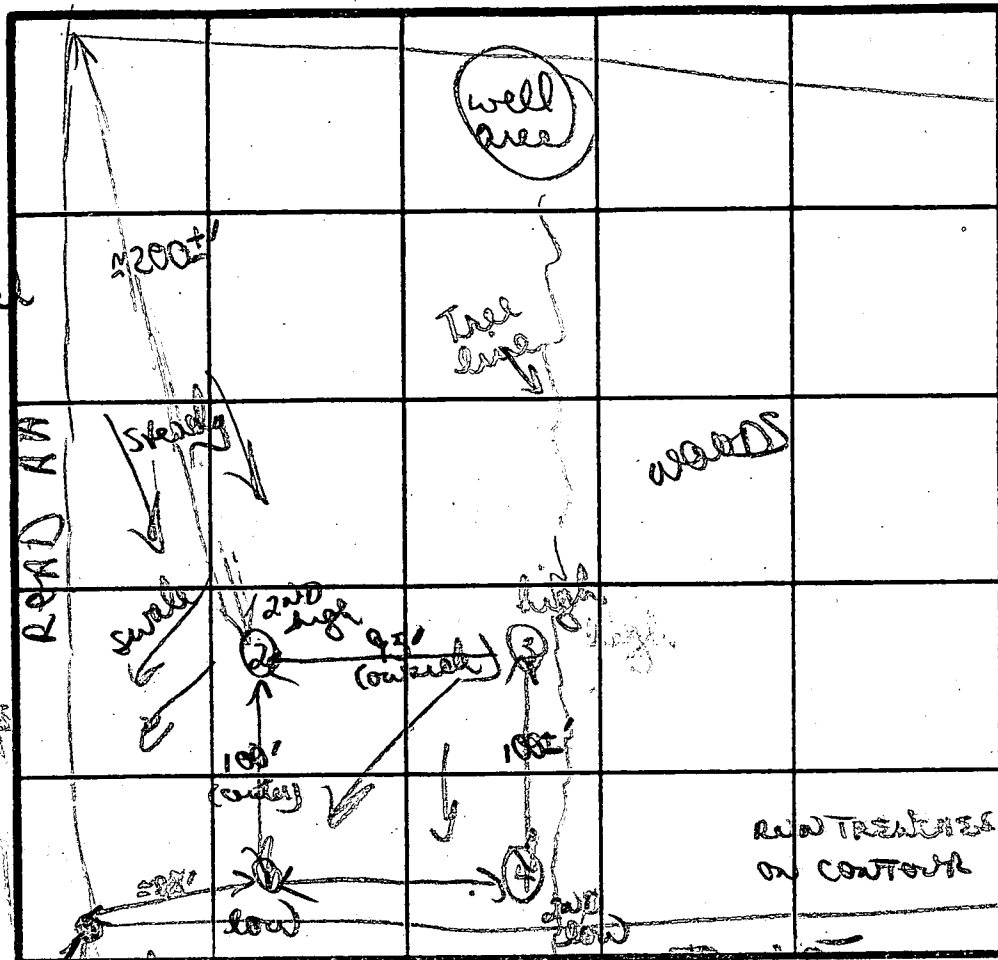
Brown clay  
 3'

to orange tan  
 small gravel  
 gutter  
 sandy/silty  
 even ↓  
 12' D

③

cluster rocks  
 20%+ med/l  
 eye frags  
 top 4'

to brown/tan  
 grey powdery  
 silty mica  
 even w/  
 5% small  
 scattered  
 mica frags  
 ↓ 12'



④  
 orange to  
 clay silt  
 even 2'  
 changing to  
 mostly  
 silty mica  
 even  
 w/ 5-10%  
 small  
 scattered  
 mica silt  
 frags ↓  
 11 1/2' D - 12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASELINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/19/87	①	4 1/2' S	1053	1059	1059	1112	13 MIN	
		12' D	bottom (see profile)					
	②	3 1/2' S	1054	1057	1057	1107	10 MIN	
		12' D	bottom (see profile)					
	③	4 1/2' S	1056	1058	1058	1101	3 MIN	
		7 1/2' M	1102	1103	1103	1105	2 MIN	
		12' D	bottom (see profile)					
	④	3' S	1107	1116	1116	1128	12 MIN	
		11 1/2' D	bottom (see profile)					

REMARKS dug & tested as per plan  
 TYPE OF SOIL red/orange cluster gravelly 4' mostly tan powdery silty mica even w/ 5% small scattered mica frags ↓ 12'  
 TESTED BY B Nylon ALSO PRESENT Rocky, Bill

B 1 **5671** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

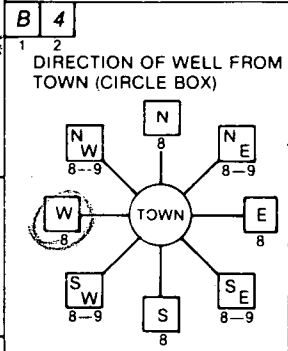
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-88-11015**  
 fill in this form completely

Date Received (APA) **052389**  
 OWNER INFORMATION  
**GROENEBALM ROSS ASS**  
 Last Name Owner First Name  
**1777 REISTERSTOWN RD**  
 Street or RFD  
**BALTIMORE MD 21208**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**PURLEIGH MARCK** SUBDIVISION  
 SECTION **2** LOT **695**  
**ELLICOTT CITY** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **3.2** MI

DRILLER INFORMATION  
**Joseph L. Mayo** License No. **238**  
**Joseph L. Mayo Well Drilling** Firm Name  
**5512 Ridge Rd. Mt. Airy 21771** Address  
**Joseph L. Mayo** Signature Date **5/2/89**



**Kennelwood Rd.** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH (N) WEST (W) EAST (E) SOUTH (S)  
 DISTANCE FROM ROAD **400** FT or MI **FF**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME  
**A38526** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **082189** CO SIGNATURE **Mark E. Ripkin** EXP. DATE **2/21/90**  
 NORTH GRID **521000** EAST GRID **0834000**

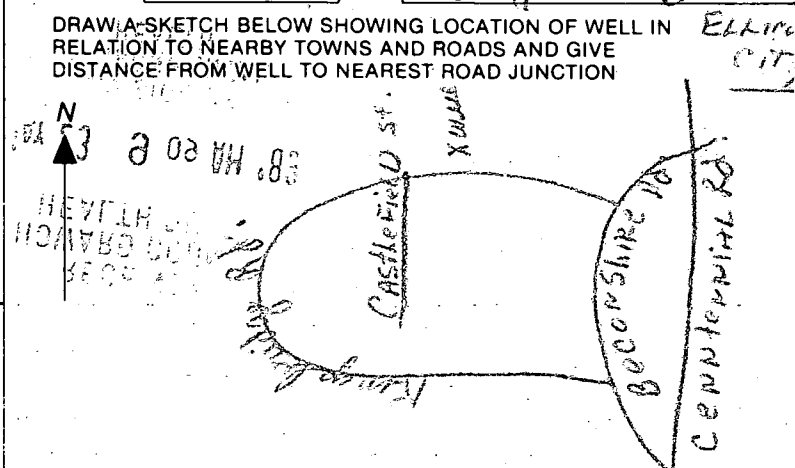
APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

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

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  
 N **52X4**  
 S **52X1**  
 12-18-89 10am  
 40' CASING GROUT NOT OBS'D  
 31' OPEN  
 8 BAGS  
 1 1/2 CASING A.G.  
 MR 12/18/89  
 well @ HTAG NO

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 **MR** WRITE INITIALS IN BOX PERMIT No. **HO-88-11015**

SPECIAL CONDITIONS

C1 1129

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 8-6 ON ALL CARDS)

COUNTY NUMBER A 38526

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for ST/CO USE ONLY DATE Received

Grid for DATE WELL COMPLETED

Grid for Depth of Well

Grid for PERMIT NO.

OWNER, STREET OR RFD, TOWN, SUBDIVISION, 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 FROM TO Check if water bearing

Table with columns for Description, Feet (From, To), and Check if water bearing. Includes handwritten entries: Sand Stone 0 35, Gray M... 35 205.

GROUTING RECORD WELL HAS BEEN GROUDED (Circle Appropriate Box) TYPE OF GROUING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 152 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 31 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

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

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

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 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 IDENT. NO.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

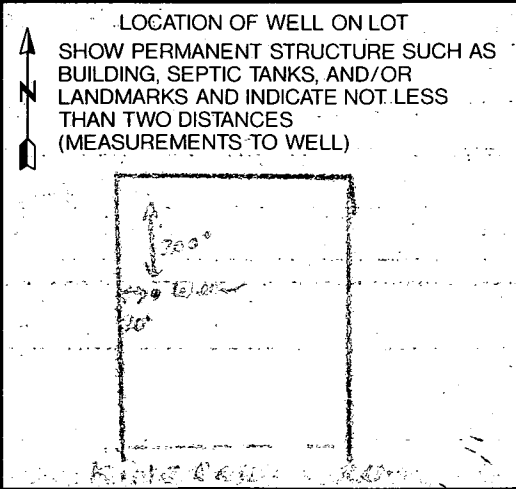
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

OEP 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) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 27 WHEN PUMPING 34 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)







5/28/98  
WPT  
sk  
eff

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   
Replacement

Receipt # \_\_\_\_\_  
Date Feb-2-98

Name of Installer Perry Harley

Telephone 301898-1068

License Number MSD-143  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner SEIFRIEGE Builders Telephone 410-9928282  
Subdivision \_\_\_\_\_ Lot # 695 Well Tag # HD-88-1015  
Site Address 10352 KINGS BRIDGE RD

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>DICKENS</u>
a. Deep well jet _____	2. RPM <u>3450</u>	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>180</u>
<input checked="" type="checkbox"/> Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>MORRIS</u>	<input checked="" type="checkbox"/> 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other <input checked="" type="checkbox"/>		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity <u>609A1</u>	1. Type <u>Poly 160</u>	1. Depth <u>205</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield <u>10</u> GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level <u>30</u> ft.
	4. Depth of supply line <u>180 FT</u>	4. Will water supply be disinfected by installer? <u>YES</u>

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.

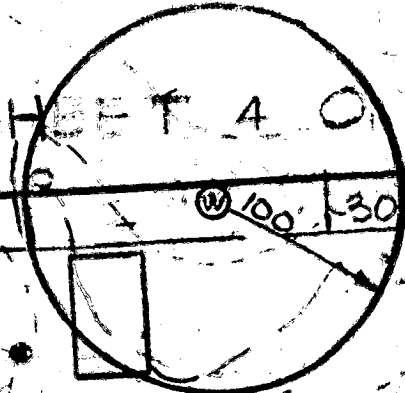
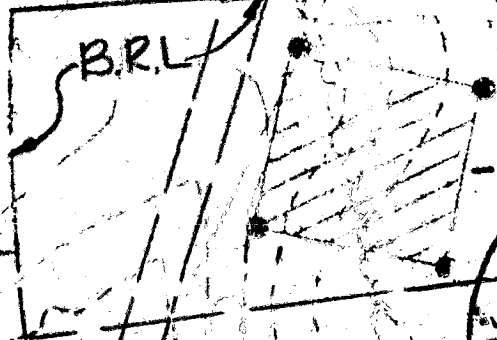
Signature of Applicant: Perry Harley

Date: Feb-2-98

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

MATCH LINE SHEET 4 0 5

238



#694  
3.41 A<sub>c</sub>

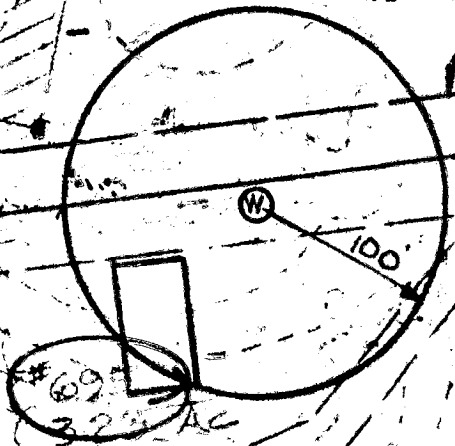
B.R.L.

185

1782

1391

75'



30

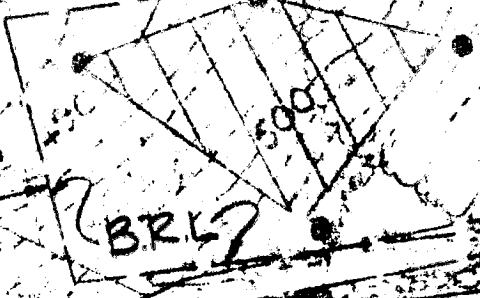
30

B.R.L.

185

56

75'



#698

30

30

B.R.L.

B.R.L.

100'

180

60

75'

130'

215'

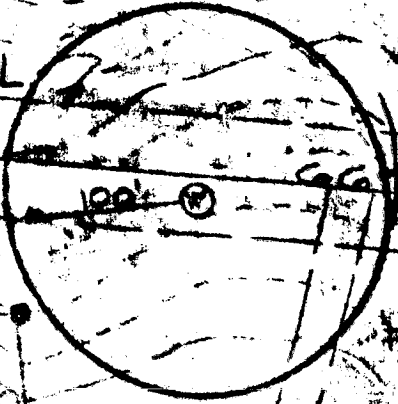
500



B.R.L.

30

30



#697

3.12 A<sub>c</sub>

B.R.L.

180

143



B.R.L.

190

B.R.L.

#699

3.93 A<sub>c</sub>

180



JOB NUMBER _____	CONTRACT DATE _____
SALESMAN <u>PETE MOUSAW</u>	
CONSTRUCTION OFFICE PH # <u>(703) 257-0007</u>	
	<u>(888) 257-0007</u>

MAP NUMBER	COUNTY <u>HOWARD</u>
<b>11</b>	LOT # _____ BLOCK _____
<b>E-10</b>	SUB DIV _____
	CROSS ST _____

**GENERAL NOTES**

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**BLUE HAVEN POOLS**  
SINCE 1954

Prepared Especially For:

NAME RUSS & MARCIA JOHNSON

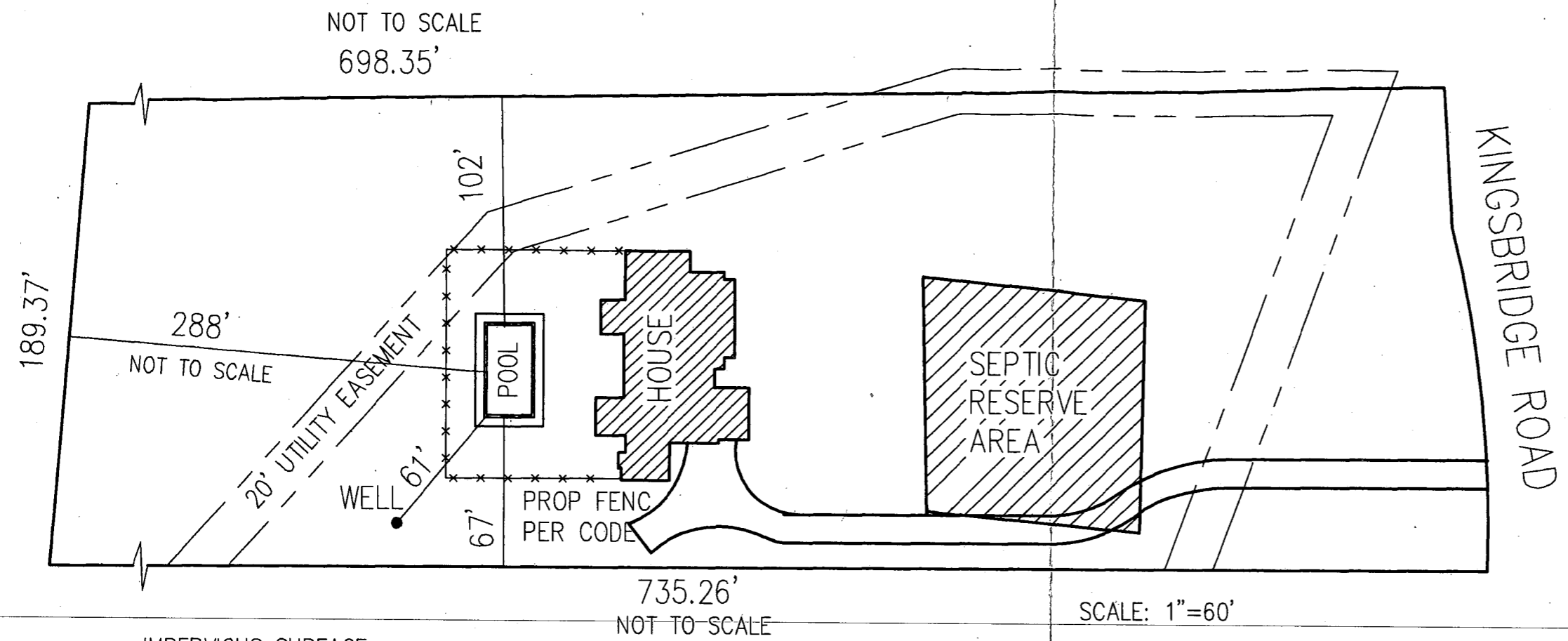
STREET 10352 KINGSBRIDGE ROAD

CITY ELLICOTT CITY STATE MD ZIP 21042

HOME PHONE 410 750-6452

WORK PHONE 410 752-8092

DRAWN BY	DATE DRAWN:	SHEET <b>1</b> OF <b>2</b>
CMB	4-30-98	



IMPERVIOUS SURFACE  
HOUSE: 4800 SQ FT  
DRIVE & WALKS 4600 SQ FT  
POOL & DECK 1600 SQ FT  
TOTAL 11,200 SQ FT

SITE AREA 3.17 ACRES

*5/4/98*  
*Shown pool location*  
*will have no impact*  
*to the existing well*  
*or septic.*  
*A McMullen*

