

9/15/94  
(1:00 P.M.)

# PERMIT

02-340046

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE INDEXED

P 50273

A 38541

DISTRICT 2nd

DATE 9/13/94

DATE SYSTEM APPROVED 9/15/94

INSPECTOR DKS

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

Whitworth Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland 21029 PHONE 531-5033

SUBDIVISION Burleigh Manor LOT 713 ROAD 10355 Kingsbridge Road

PROPERTY OWNER Cosmopolitan, Inc. Kim

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

$$\begin{array}{r} 180 \\ 4 \\ \hline 720 \end{array} \quad \begin{array}{r} 240 \\ 3 \\ \hline 720 \end{array}$$

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from rear left lot corner, start first trench 235 feet down rear lot line and 185 feet off this same lot line. Run trenches on contour toward left side of lot. MAINTAIN 20 FEET FROM ROAD CUT.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 12/27/93

PLANS APPROVED BY Mark Rifkin REVISED DATE 10/21/93

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

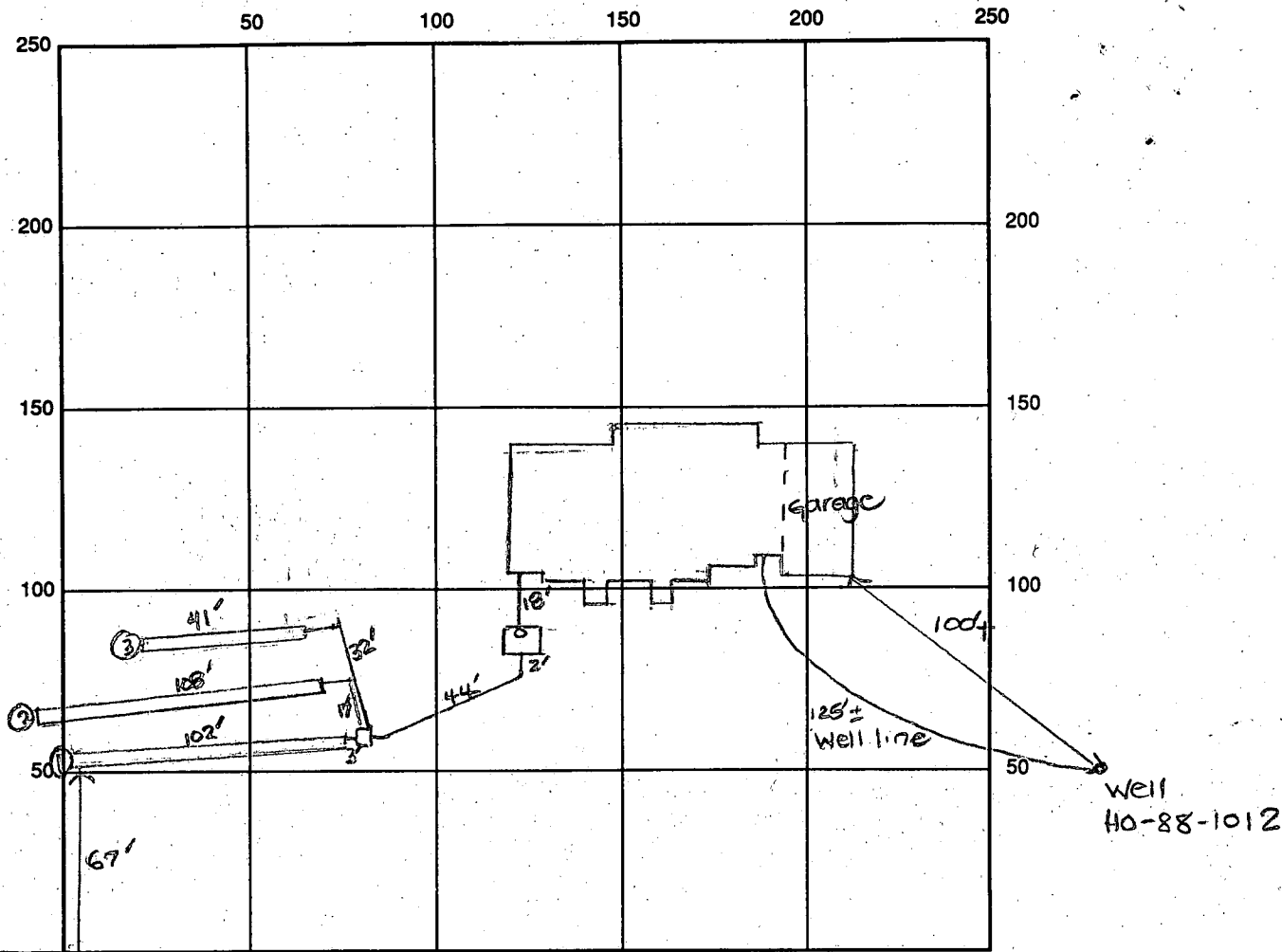
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 38541

Castlefield Street



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
Kingsbridge Road

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK-baffle in

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①102' ③41' FT. → 251' total

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 753 SQ. FT.

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

ABSORBENT AREA 753 SQ. FT.

REMARKS: 9/15/94 Final - OK to cover all work. DKS

DATE SYSTEM APPROVED 9/15/94 INSPECTOR [Signature]

# APPLICATION

PERCOLATION TESTING

A 38541

P \_\_\_\_\_

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

*B/18/88  
perc OK if percolating  
approved plans  
@*

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 *Cosmopolitan, Inc* Whitman, Requardt and Associates

ADDRESS 2315 Saint Paul Street, Baltimore, MD 21218 PHONE (301) 235-3450 *730-2475*

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

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

PROPERTY LOCATION:

*LOT 713 on Prelim  
3/3*

SUBDIVISION Burleigh Manor Section 2 LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION West of the intersection of Centennial Lane and Old Annapolis Road  
(10355 Kingsbridge Road)

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.

*Steve Sklar*

(SIGNATURE OF APPLICANT)

APPROVED BY *B. Nye* FOR *shallow system only* DATE *2/8/88*

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

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

REASONS FOR REJECTION OR HOLDING *for field located (all holes) + sub = plan*

BLDG. PERMIT SIGNED

AND RETURNED *10/26/93*

*Serial #57912*

*SFD - 4 Bmm*

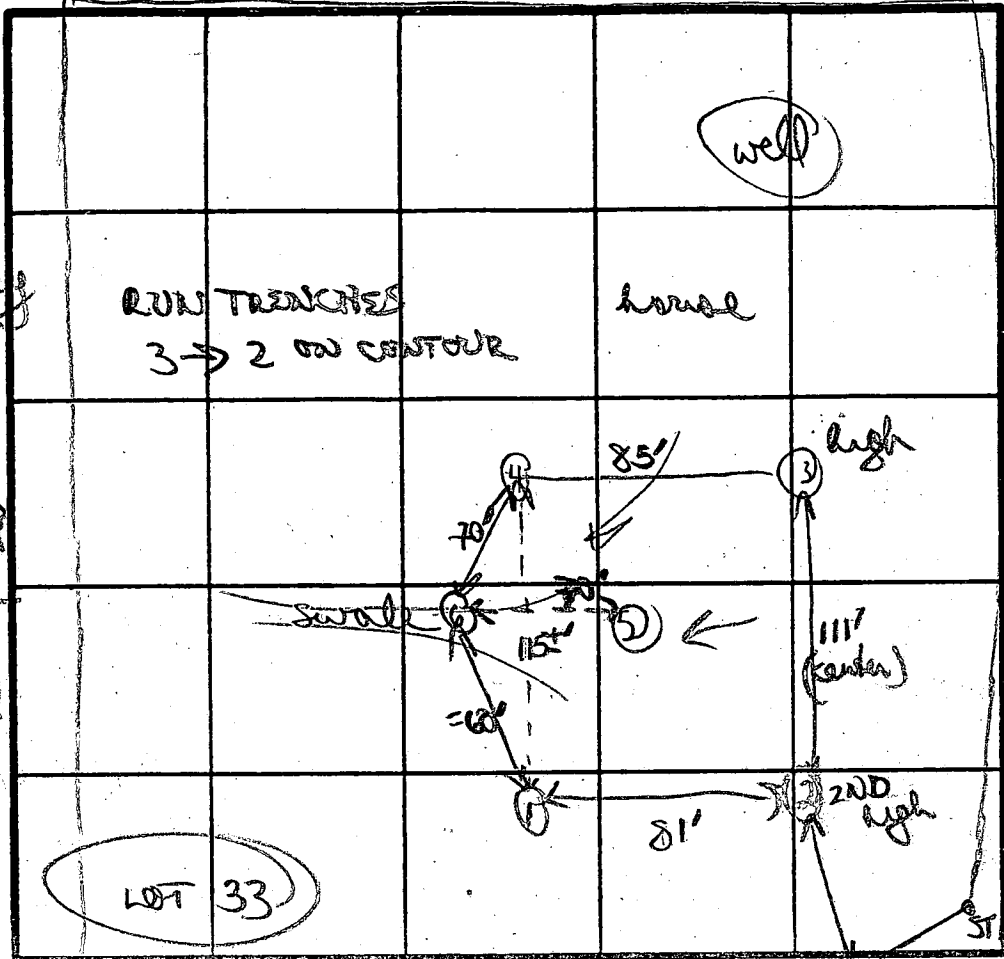
# THIS IS NOT A PERMIT

1800/800000  
 SURF 3 1/2  
 MAX D 5 1/2  
 X = 5 1/2 MIN

TO LOT 34

SOIL PROFILE

Orange/brown sandy clay loam  
 4'  
 to mostly tan/grey white getting sandy/silty loam w/ 10% gravel scattered fragments  
 12 1/2 D



④ brown clay silty mica loam 3 1/2'  
 to powdery grey silty mica loam  
 12' D  
 ⑥ orange/brown clay/silty loam 4'  
 to grey silty loam w/ weathered mica frags (5% scattered)  
 12 1/2 D

① patches of red/orange clay w/ tan powdery silty mica loam 3 1/2'  
 mostly tan silty mica loam  
 12' D  
 ③

Brown/orange clay/silty loam 3 1/2'  
 to mostly orange silty sandy silty loam  
 12 1/2 D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/18/87	①	4' S	1023	1026	1026	1033	6 MIN	
		12' D	bottom (see profile)					
	②	3' S	1027	1028	1028	1030	2 MIN	
		7 1/2' M	1027	1031	1031	1037	6 MIN	
		12 1/2' D	bottom (see profile)					
	③	VISUAL ONLY	12 1/2' D (see profile)					
	④	3' S	1035	1036	1036	1038	2 MIN	
		12' D	bottom (see profile)					
	⑤	4 1/2' S	1044	1047	1047	1054	7 MIN	
		11' D	bottom (see profile)					
	⑥	VISUAL ONLY	12 1/2' D					

REMARKS: perc field at top of swale area; holes 14 stackable, 6 in lower end. No room to adjust out. No signs of ripples  
 TYPE OF SOIL: sandy support shallow system  
 TESTED BY: B Nelson  
 ALSO PRESENT: Rocky developers

B 1 **8739** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

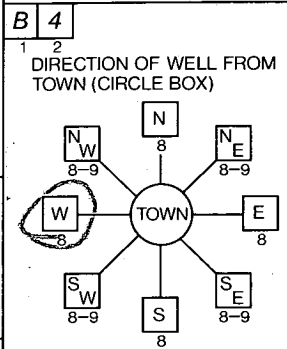
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-88-1012**  
 fill in this form completely

Date Received (APA) **073189** OWNER INFORMATION  
**GREYWEBBAUM ROSE ASS.**  
 15 Last Name Owner First Name  
**1777 REGISTERSTOWN RD**  
 36 Street or RFD 55  
**BALTIMORE** 57 Town **MD 21208** 70 State 72 Zip 76

B 3 LOCATION OF WELL  
**HOWARD** 8 COUNTY  
**HILKELIGH MINOR** 23 SUBDIVISION  
 SECTION  44  46 LOT **713** 48 50  
**ELLICOTT CITY** 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **3 1/2** M I 73 76 77 78

DRILLER INFORMATION  
**Joseph L. Mayne** 77 License No. **238** 80  
**Joseph L. Mayne Well Drilling** Firm Name  
**5512 Killee RD. Mt. Airy 21771** Address  
**Joseph L. Mayne** Signature **7/26/89** Date



**KINGS BRIDGE RD.** 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **15** 34 37 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  
**Howard** COUNTY NAME  
**A38541** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S   
 DATE ISSUED **081789** **Mark E. Riffin** 2/17/90  
 43 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **521000** 50 55 EAST GRID **0835000** 57 63

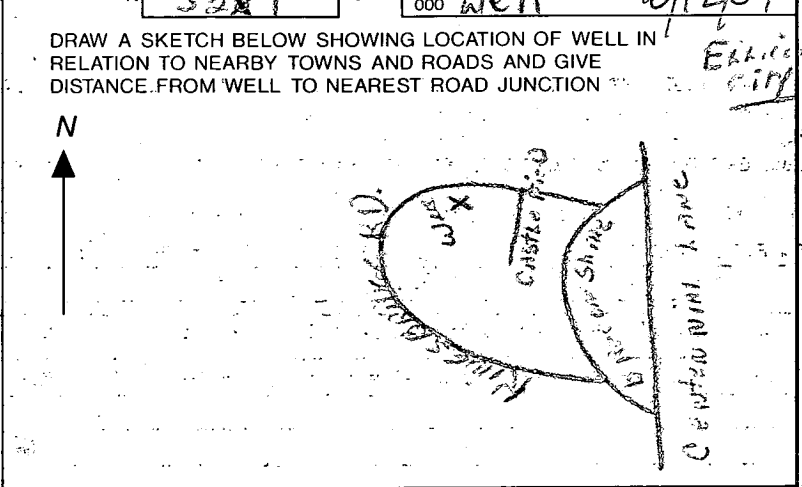
APPROXIMATE DEPTH OF WELL **300** 24 28 FEET

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 \_\_\_\_\_

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  
  
 10/12/89  
 10/30  
 63' CASING  
 35' OPEN GROUT  
 9 BAGS OBS'D PARTIALLY  
 2' CASING A.G. MR  
 TAG OK well x 10/12/89

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) \_\_\_\_\_ 41 \_\_\_\_\_ 52



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_ 54 63  
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **40-88-1012** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C1 1126 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 38541

ST/CO USE ONLY  
 DATE Received: [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED 10/28/99

Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-1012

OWNER George Brown - Acade last name  
 STREET OR RFD Kings Highway 14 TOWN Ellicott City  
 SUBDIVISION RIVERBANK MANOR SECTION 7 LOT 212

**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	
SAND STONE	0	57	
Gray Mica sh.	57	185	

**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 144  
 GALLONS OF WATER 54  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft.

**CASING RECORD**  
 casing types insert appropriate code below  
 ST CO STEEL CONCRETE  
 PL OT PLASTIC OTHER  
 MAIN CASING TYPE: SH Nominal diameter top (main) casing (nearest inch) 4 Total depth of main casing (nearest foot) 13

**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

**C2**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	40	185
2		
3		

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 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. 938  
 DRILLERS SIGNATURE [Signature]  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

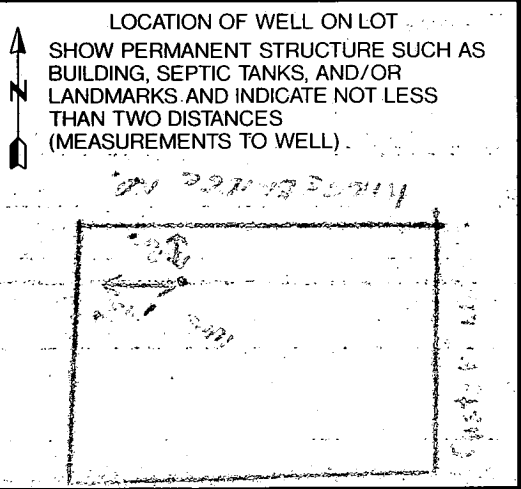
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 70 72 74 75 76  
 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 Per lit  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 21 WHEN PUMPING 3  
 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)



a/15/94  
12-1 PM

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 \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer B. Donald Dement Telephone \_\_\_\_\_

License Number 726  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner Cosmopolitan, Inc Telephone 381-0014  
Subdivision Burleigh Manor Lot # 713 Well Tag # HO-88-1012  
Site Address 10355 Kingsbridge Rd

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
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 _____ Cable guards _____ Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

9/15/94  
WPT OK to cover  
46" below grade  
8" above grade  
DES

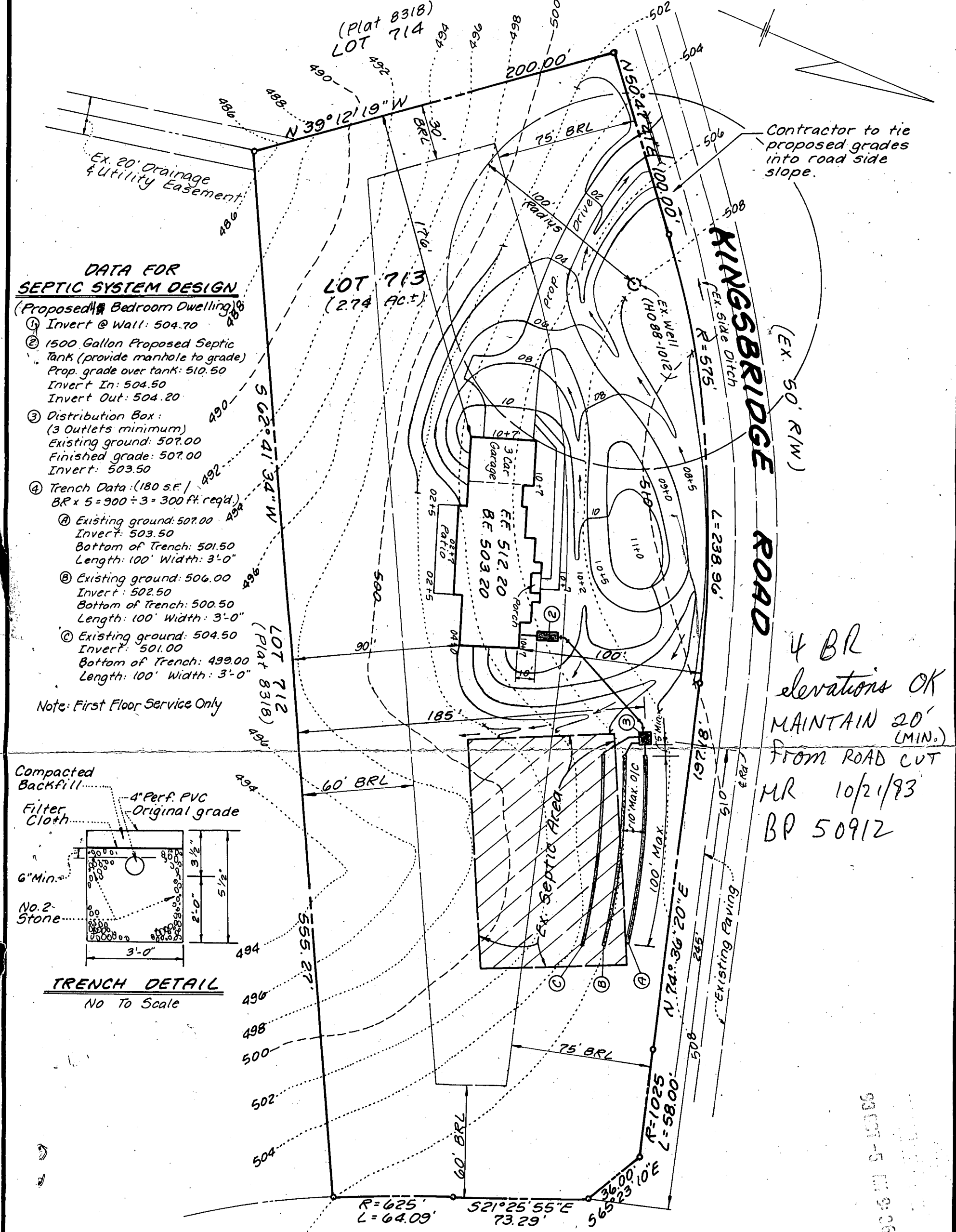
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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

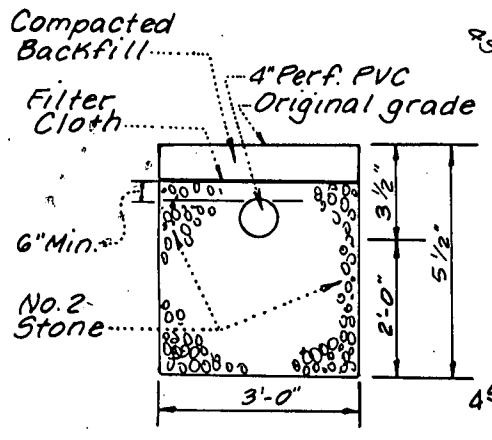


**DATA FOR SEPTIC SYSTEM DESIGN**

(Proposed Bedroom Dwelling)

- ① Invert @ Wall: 504.70
- ② 1500 Gallon Proposed Septic Tank (provide manhole to grade)  
Prop. grade over tank: 510.50  
Invert In: 504.50  
Invert Out: 504.20
- ③ Distribution Box: (3 Outlets minimum)  
Existing ground: 507.00  
Finished grade: 507.00  
Invert: 503.50
- ④ Trench Data: (180 s.f. / BR x 5 = 900 ÷ 3 = 300 ft. req'd.)
  - Ⓐ Existing ground: 507.00  
Invert: 503.50  
Bottom of Trench: 501.50  
Length: 100' Width: 3'-0"
  - Ⓑ Existing ground: 506.00  
Invert: 502.50  
Bottom of Trench: 500.50  
Length: 100' Width: 3'-0"
  - Ⓒ Existing ground: 504.50  
Invert: 501.00  
Bottom of Trench: 499.00  
Length: 100' Width: 3'-0"

Note: First Floor Service Only



**TRENCH DETAIL**  
No To Scale

Contractor to tie proposed grades into road side slope.

(EX. 50' R/W)

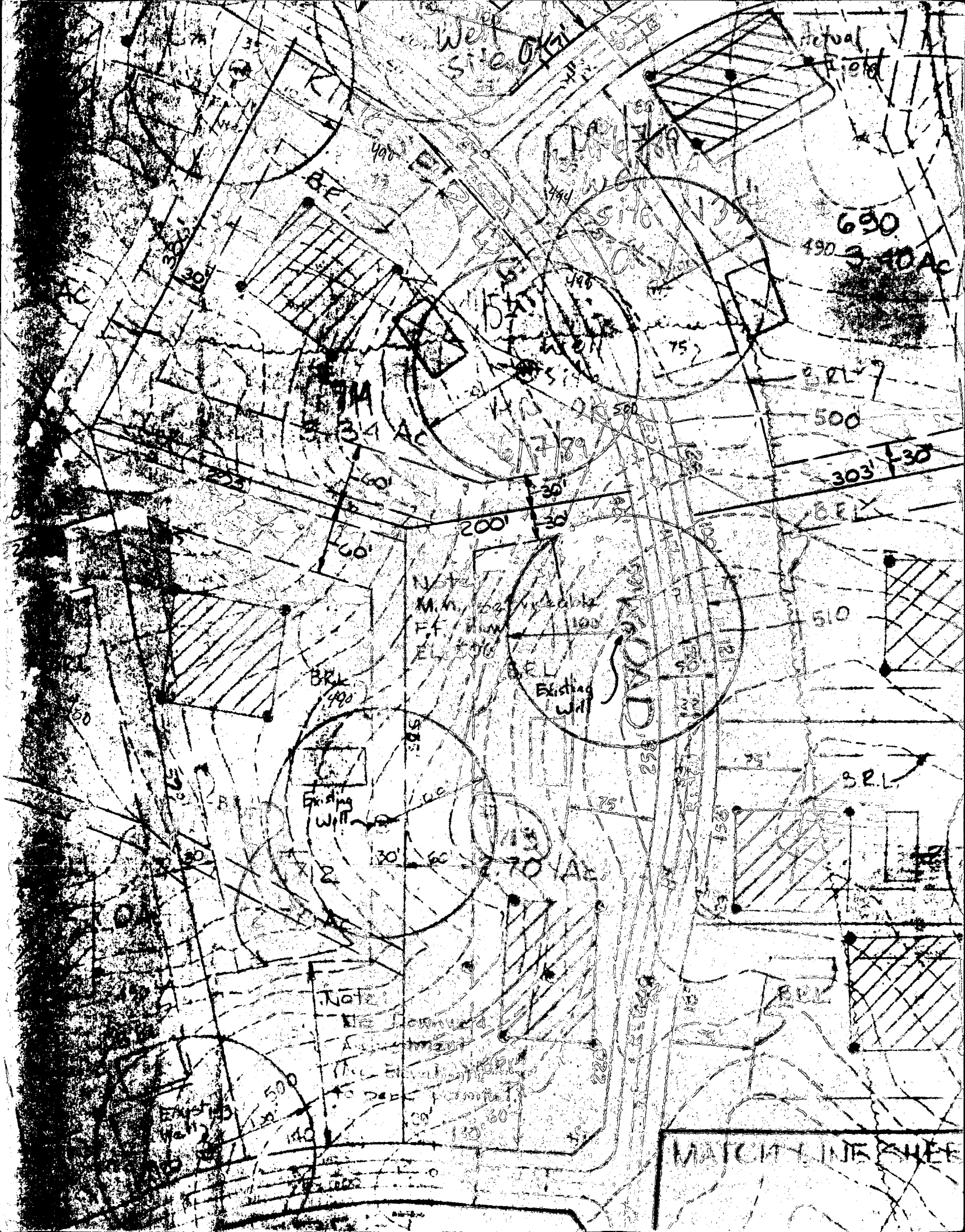
4 BR elevations OK  
MAINTAIN 20' (MIN.) FROM ROAD CUT  
MR 10/21/93  
BP 50912

**CASTLEFIELD STREET**  
(EX. 50' R/W)

PLOT PLAN  
-for-  
BUILDING PERMIT  
LOT No. 713  
"BURLEIGH MANOR"  
SECTION 2  
(The Preserve)  
2nd Election District; Howard Co., MD.  
Scale: 1" = 50'  
Plat Ref: 8318

93071-5 11:09:36





West Side of

Actual Field

690

490 3.40 AC

BELL

ET

34 AC

15

BRK 7

500

303 30

200

NOTE  
M.W. 1947  
F.F. 1947  
E.L. 506

Existing Well

ROAD

510

BRK 490

Existing Well

7.70 AC

BRK

Note:  
The proposed  
Amendment  
(See Situation)  
to be permitted.

MATCH LINE SHEET

