

02-340054

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50735

A 38542

DISTRICT 2nd

DATE 6-13-95

DATE SYSTEM APPROVED 11/22/95

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION The Preserve
Burleigh Manor LOT 714 ROAD 10375 Kingsbridge Road

PROPERTY OWNER Dr. Naslem Khan

ADDRESS _____

SEPTIC TANK CAPACITY 1750 GALLONS

NUMBER OF BEDROOMS 6

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 270

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 - Starting from front right lot corner, start first trench 135 feet down right lot line and 175 feet off this same lot line. Run trenches on contour toward right 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 MR 10/27/94*

PLANS APPROVED BY Mark Rifkin REVISED DATE 06/13/94

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

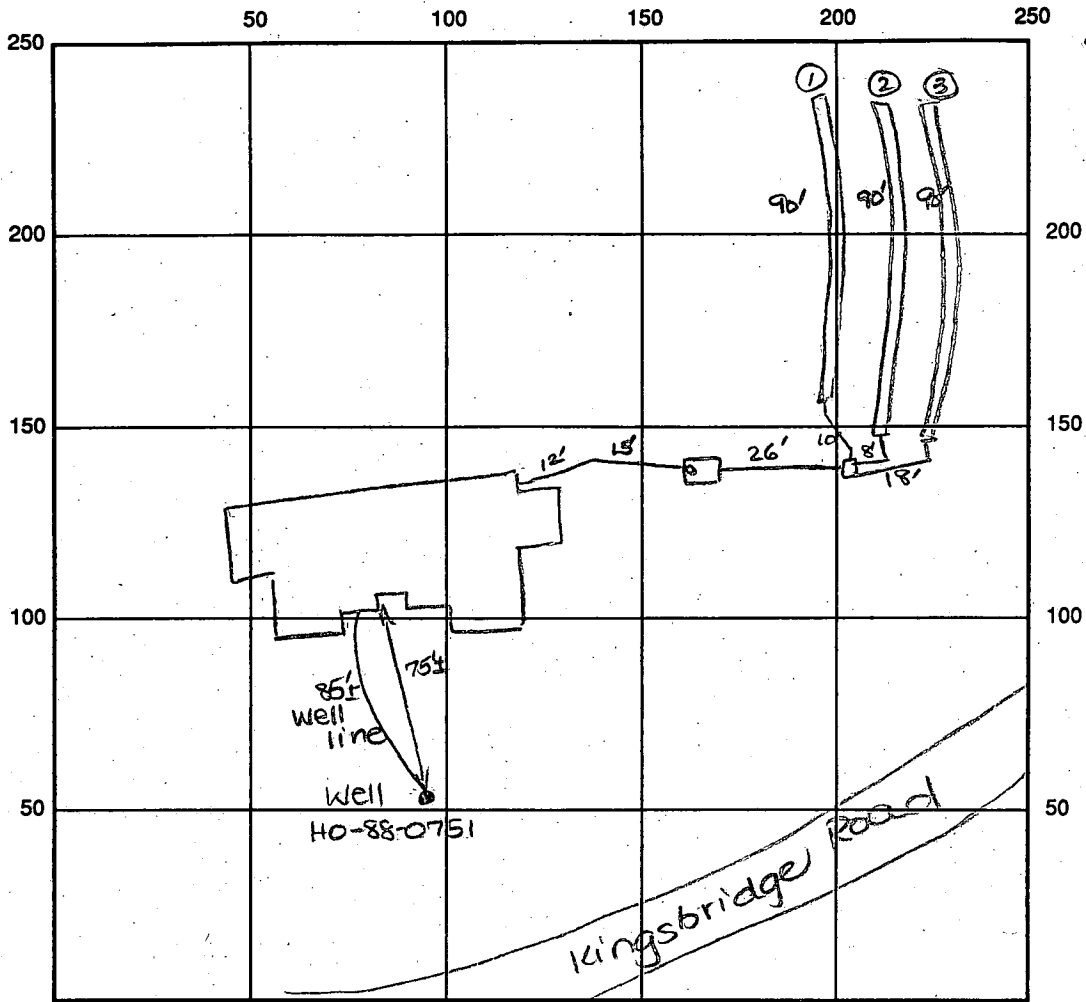
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

Addition - Fence
BLDG. PERMIT SIGNED
AND RETURNED 11-21-95
Serial # 62617

A 38542



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

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

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH ①90' ③90' → 270' total

NUMBER OF TRENCHES 3 ONE SIDEWALL ~~AREA~~ AREA 1080 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 1080 SQ. FT.

REMARKS: 11/21/95 A.M. OK to cover from house to d.b. OK to continue.
11/21/95 P.M. OK to cover 1st trench and stone 2nd trench. DKS
11/22/95 FINAL - OK to cover all work. DKS DKS

11/22/95 P.A. 4.5' below grade. OK to cover. DKS

DATE SYSTEM APPROVED 11/22/95 INSPECTOR Goula K. See

APPLICATION

PERCOLATION TESTING

A 38542

P _____

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

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 Stewart J. Greenbaum NASEEM K. HANIF + HANIF
Gerald M. Katz, Trustee c/o Whitman, Regardt and Associates

ADDRESS Suite 410 Woodholme Center 484-8400
2315 Saint Paul Street, Baltimore, MD 21218 PHONE (301) 235-3450
1829 Keisterstown Rd, Balt, MD 21208 750-1000

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: LOT 714 on Prelim

SUBDIVISION Burleigh Manor Section 2 LOT NO. 3A

ROAD AND DESCRIPTION 10375 Kingsbridge Road
West of the intersection of Centennial Lane and Old Annapolis Road
10375 Kingsbridge Road, Ellicott City, MD 21043

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.

[Signature]

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-24-87 Perc Satisfactory; hold for subdivision plat. S.A.H.

BLDG. PERMIT SIGNED

AND RETURNED 08/31/94

Serial # 5402

SFD-6 Bernu

BLDG. PERMIT SIGNED

AND RETURNED 9-22-89

PP #2975 | 5 bdrms

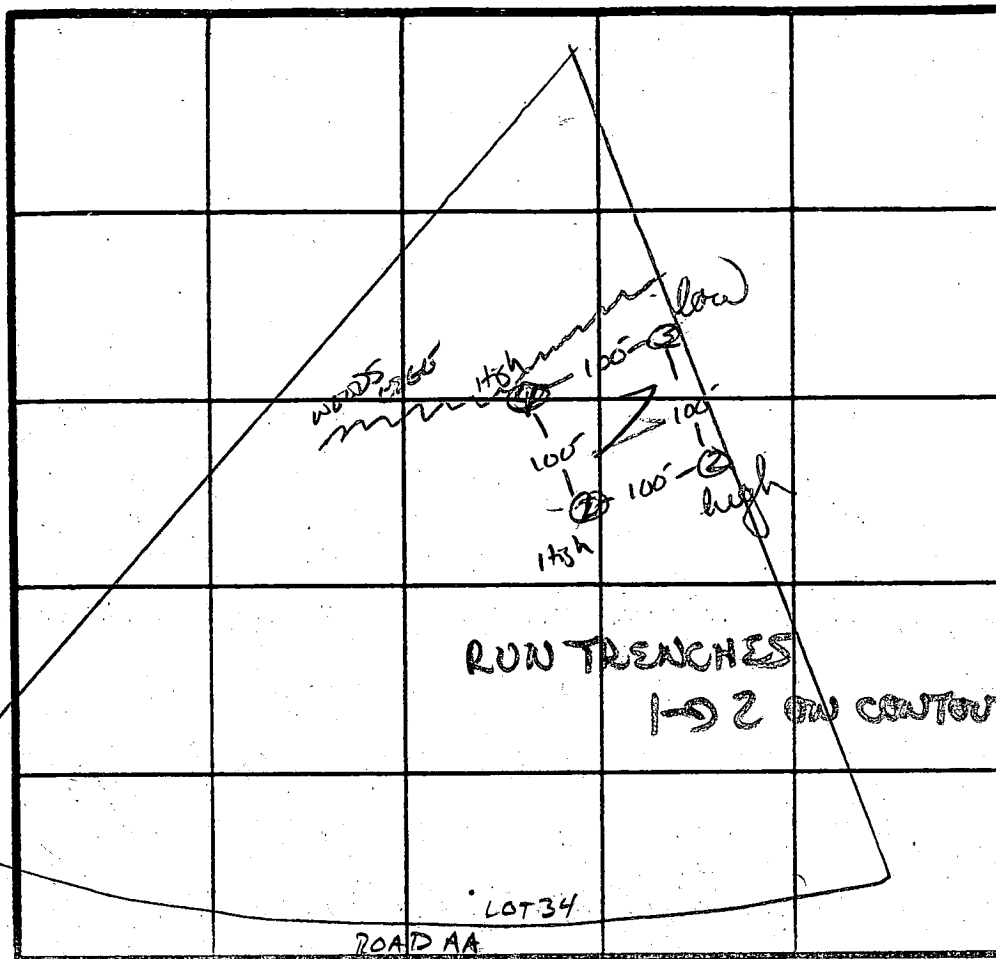
THIS IS NOT A PERMIT

SOIL PROFILE

6" A-1-3
 Yellow Red
 S. 14 Loam
 9-12% clay
 15-20%
 Fragments
 4-5" 4 1/2" Blk
 Tan
 Silty Sand
 Loam
 20+%
 Fragments
 some
 gravelly
 material
 whole
 2"

4-5"

13"



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

INLET 4
 MAX D 7 1/2
 187 Ø
 6 min = X

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/24/87	1 S V	5.5" 13"	10:31	10:39	10:39	10:53	14 min
	2 S M	4.5" 8.5"	10:32	10:36	10:36	10:39	3 min 3 min
	2 V	13	uniform soil below ~ 4"				
	3 V	13"	uniform soil below 4.5"				
	4 S V	5" 14"	10:41	10:43	10:43	10:47	4 min

REMARKS HOLES PER PLAT
 TYPE OF SOIL CHESTER Lm. TO Gravelly Lm.
 TESTED BY S. Abel ALSO PRESENT Rocky Gil

12/7/95
Anytime

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

Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 12/6/95

Name of Installer ROBERT L. FEELER CO., INC. Telephone 781-4655

License Number 2122
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner DR. KAHN Telephone 795-1405
Subdivision BURLEIGH MANOR Lot # _____ Well Tag # HO-88-0751
Site Address 10375 KINGSBRIDGE ROAD

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>3/4</u>	1. Make <u>HARVARD</u>
a. Deep well jet _____	2. RPM <u>3450</u>	2. Model # <u>PT-800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>STA-2-TE</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>10P4D025L</u>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
<u>CAPTIVE AIR</u> <u>WELL-4-725L</u>	1. Type <u>Poly.</u>	1. Depth <u>165</u> ft.
1. Capacity _____	2. Size <u>1"</u>	2. Yield <u>20</u> GPM
2. Pressure relief valve? <u>YES</u>	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level _____ ft.
	4. Depth of supply line <u>42'</u>	4. Will water supply be disinfected by installer? <u>YES</u>

12-7-95
No insp -
Pitless adaptor
Already covered
AM

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: Ruby Z. Rodd
Date: 12/6/95

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

C1 0061 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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 38542

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 063089

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-28-0751

OWNER Greenbaum Assoc last name Kingsbridge first name TOWN Ellicott City SUBDIVISION RUDLEIGH MANOR SECTION LOT 714

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND STONE, GRAY MICH. S. S.

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

OTHER CASING (if used) diameter depth (feet)

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) table with columns for depth intervals and handwritten values: 40, 29, 165

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...

DRILLERS IDENT. NO. 737

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

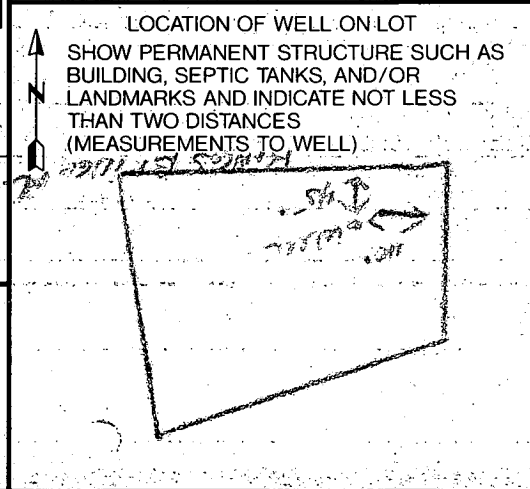
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

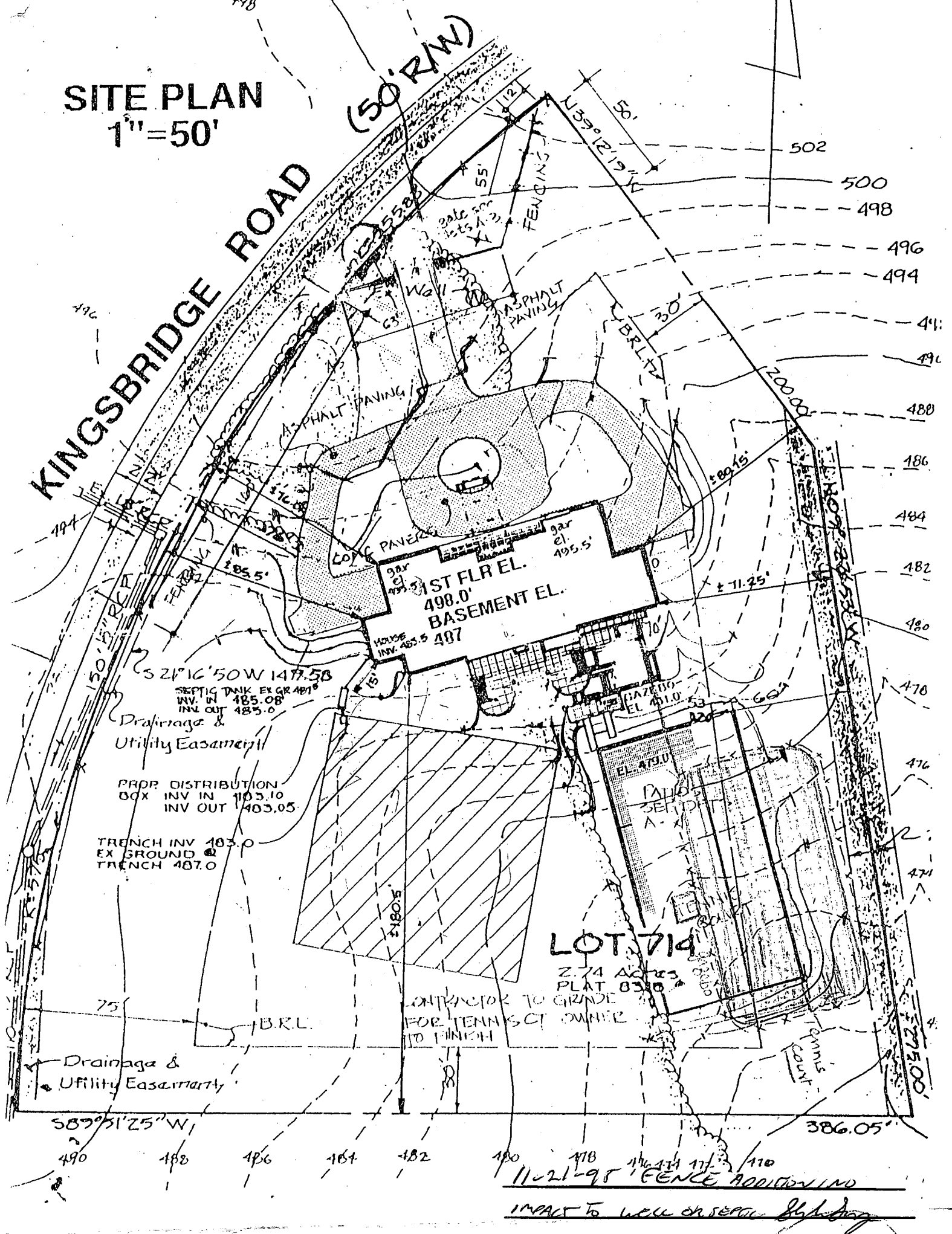
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE LOG OTHER DATA CASING INDICATOR

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) 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



SITE PLAN
1"=50'



**HANIF / KAHN
RESIDENCE**

Kingsbridge Road
LOT 714 BURLEIGH MANOR, SECTION 2
ELLCOTT CITY, (HOWARD CO.) MARYLAND

**GOLDBERG
ASSOCIATES**

ARCHITECTS AND PLANNERS
4 WORTHINGTON RIDGE COURT
REISTERS TOWN, MARYLAND 21136
(410) 833-4080

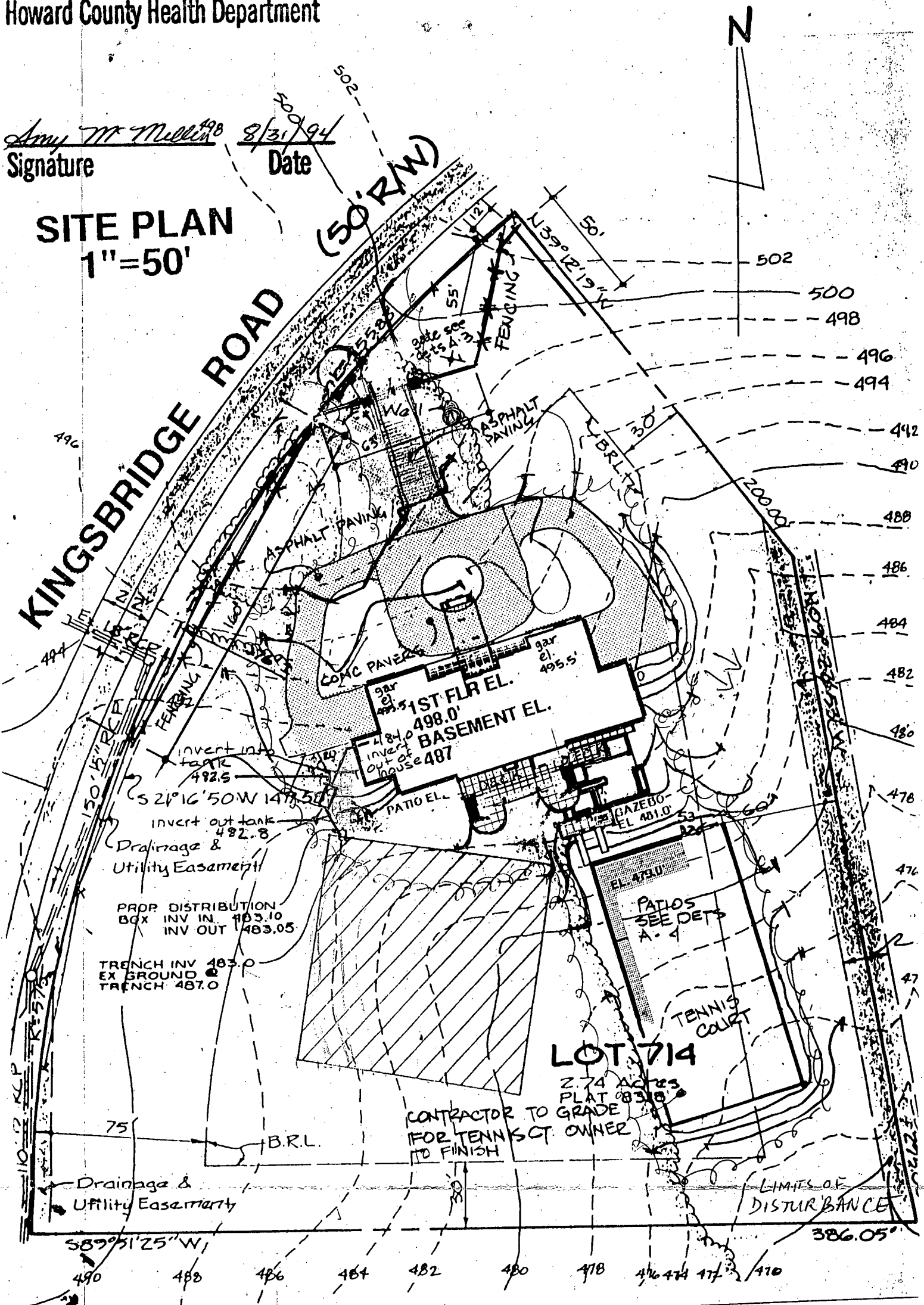
REVISED
8.19.94
moved septic
tank 15' from
house - added
grades & inverts

Approved Septic System Plan
Howard County Health Department

*Amy M. Mellin*⁴⁹⁸
Signature

8/31/94
Date

SITE PLAN
1"=50'



NOTE: ① Manhole cleanout required on septic tank
② Trench length to be determined at time of septic permit issuance.