

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1250 gal Kingsbury CLEANOUTS 1000 in line, one on sid.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 255 @ 33' 22' 22' → 215'

NUMBER OF TRENCHES 5 ONE SIDEWALL BOTTOM AREA 860 SQ. FT.

DRYWALL INSIDE DIAMETER ~ FT. EFFECTIVE DEPTH BELOW INLET - FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 10/6/97 OK to continue. DCS

10/7/97 FINAL - OK to cover all work. DCS

10/26/97 Needs 2 pc cap and conduit pipe, P.A., well line 3.5' b.g., casing 2' a.g. DCS 10/7/97 conduit replaced - cap

DATE SYSTEM APPROVED 10/2/97 INSPECTOR [Signature]

\*OK TO COVER to be replaced at time of pump installation per contractor. DCS

# APPLICATION

PERCOLATION TESTING

A 38544

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  
Gerald M. Katz, Trustee c/o Whitman, Requardt and Associates

ADDRESS Suite 410 / Woodholme Center  
2315 Saint Paul Street, Baltimore, MD 21218 PHONE (301) 235-3450

PROSPECTIVE BUYER 1829 Reisterstown Rd  
Baltimore, MD 21208

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

PROPERTY LOCATION:

lot 716 on Prelim  
36

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

ROAD AND DESCRIPTION West of the intersection of Centennial Lane and Old Annapolis Road  
10395 Kingsbridge Rd  
Ellicott City, MD 21043

DG. PERMIT SIGNED  
AND RETURNED 1/29/87  
Serial # 400103258

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.

Stewart J. Greenbaum  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

REASONS FOR REJECTION OR HOLDING 8-24-87 Rec Satisfactory; hold for submission, part 5666

DG. PERMIT SIGNED  
AND RETURNED 2/22/87  
BP # 69758 56666

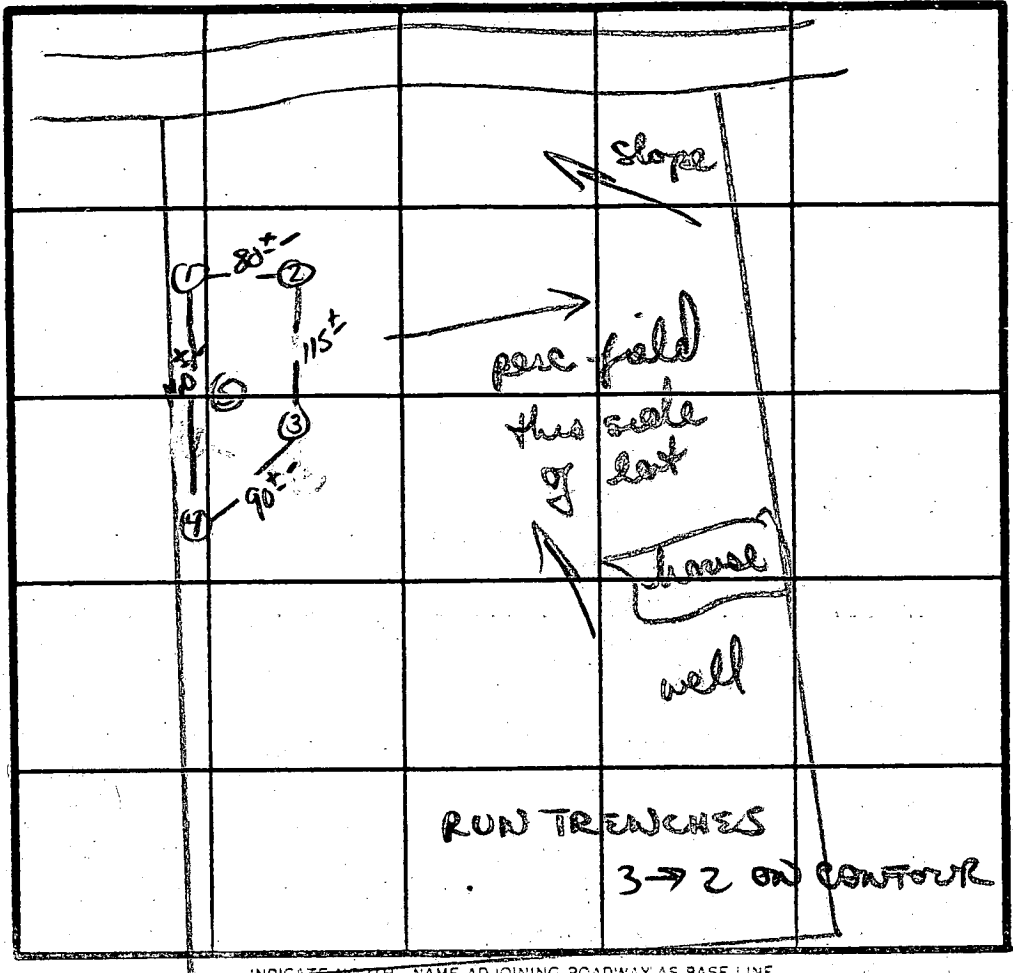
# THIS IS NOT A PERMIT

$\bar{x} = 19$   
 INLET 4 1/2  
 MAX D 8 1/2  
 210 / 180

① ② ③ ④  
 SOIL PROFILE

4" A1-3  
 yellow Br  
 Si / PLOAM  
 12-15% CLAY  
 210% FRAGS

4.5" - 5.0"  
 yellow Br  
 Si / PLOAM  
 some CLAY  
 Through  
 Profile in  
 veins  
 20%  
 FRAGS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/24/87	1 S	4.5"	11:33	11:40	11:40	11:50	10 MIN
	1 V	13"	UNIFORM SOIL below 4.5"		4.5"		
	2 S	4.5"	11:32	11:44	11:44	12:10	26 MIN
	2 M	8"	11:34	11:42	11:42	11:55	13 MIN
	2 V	13.5"	UNIFORM SOIL below 4.5"		4.5"		
	3 S	5.5"	11:47	11:59	11:59	12:26	27 MIN
	3 V	13"	UNIFORM SOIL below 5"		5"		
	4 V	13"	UNIFORM SOIL below 4.5"		4.5"		
	5 V	13"	UNIFORM SOIL below 4.5"		4.5"		

REMARKS SHALLOW SYST ONLY Holes PER PLAT

TYPE OF SOIL Chester / Glenville MIX

TESTED BY S. Mul ALSO PRESENT Roccy, Bill

EH-12-1079

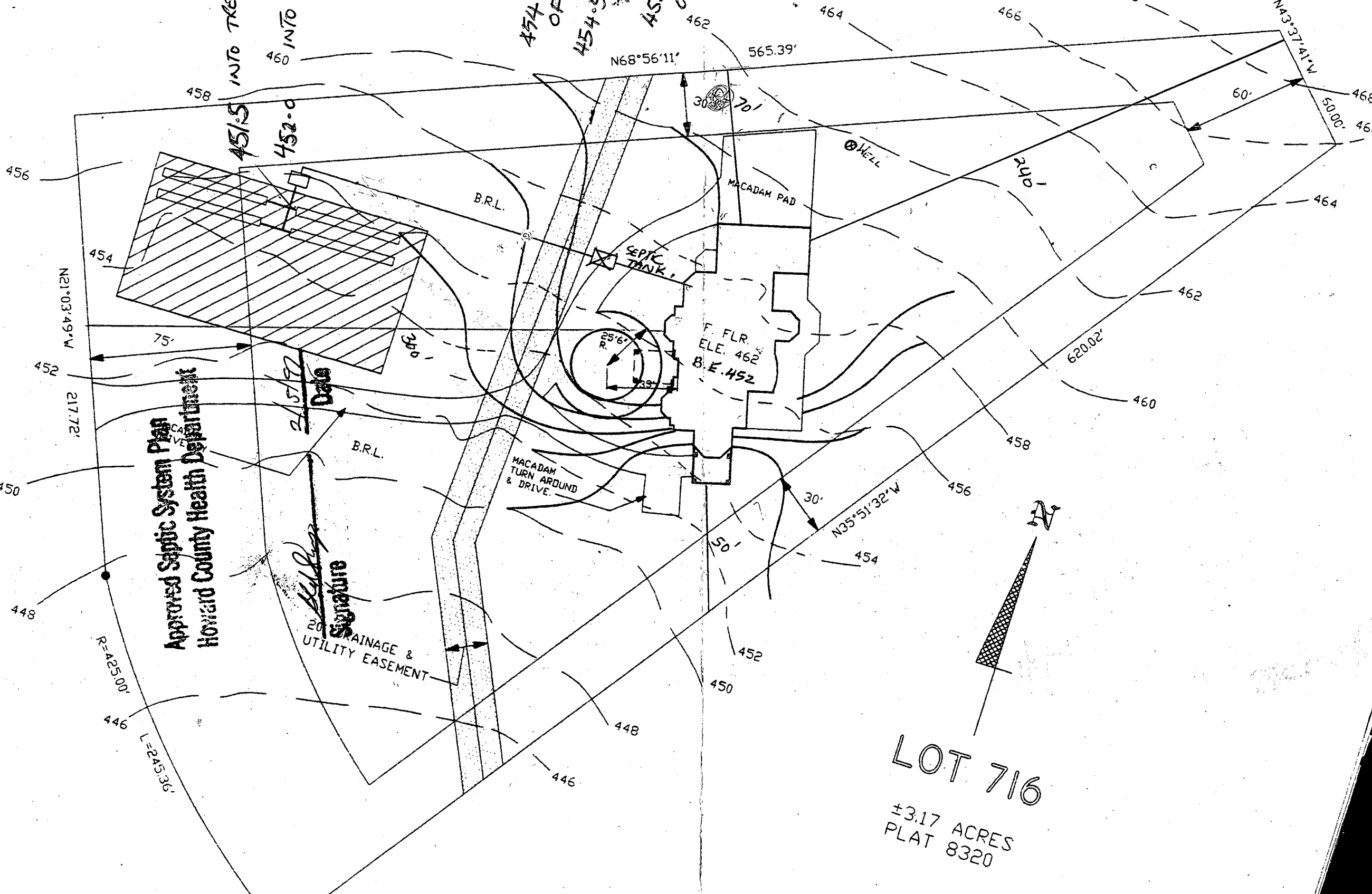


Approved Sepsic System Plan  
Howard County Health Department

*Handwritten Signature*  
20' DRAINAGE & UTILITY EASEMENT

474.0 OUT OF TANK  
454.5 INTO TANK  
455.0 OUT OF HOUSE

451.5 INTO TRENCH  
452.0 INTO BOX



LOT 716  
±3.17 ACRES  
PLAT 8320



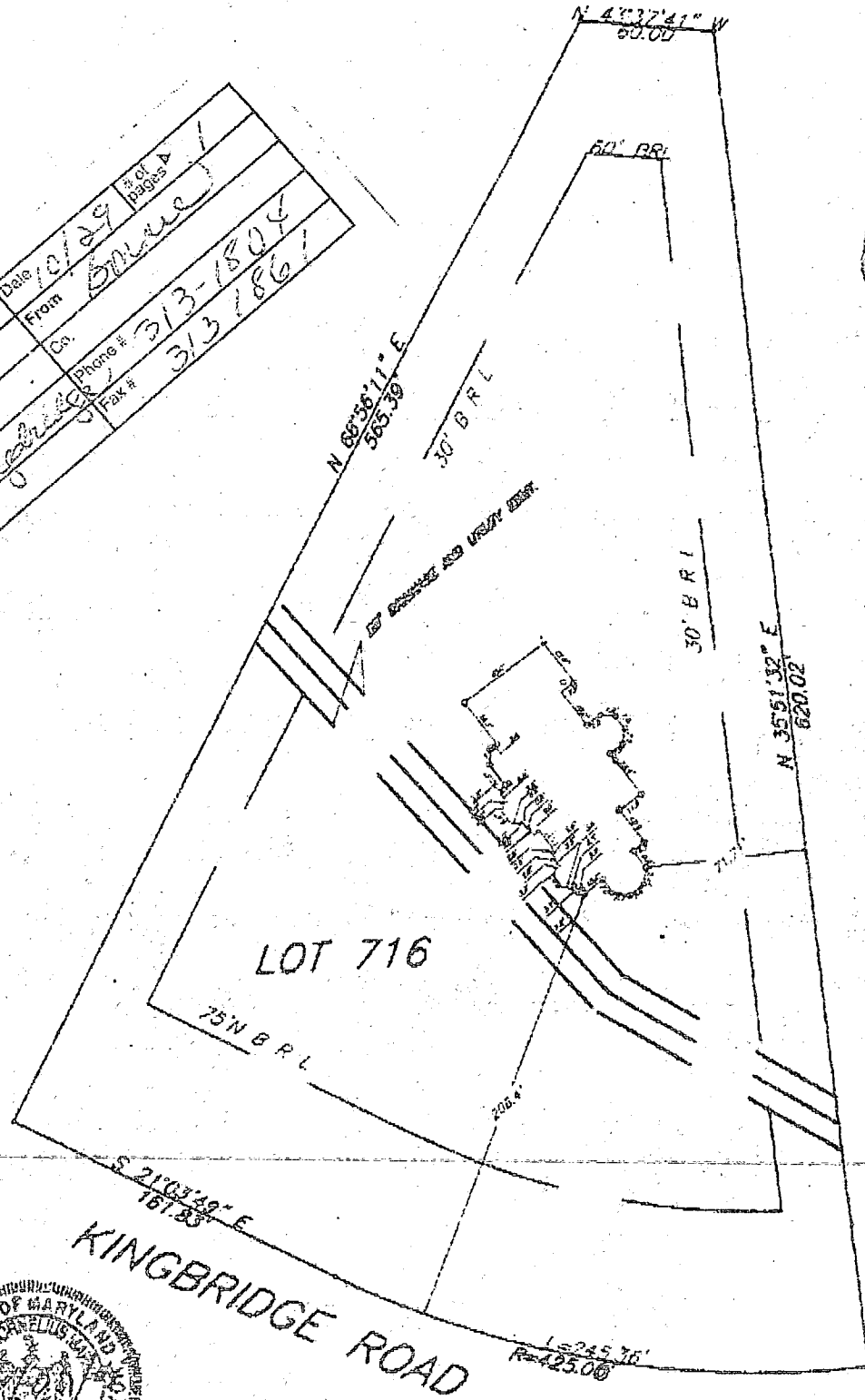
Post-it Fax Note 7677

To: *COM* Date: *10/29* # of pages: *1*

Co./Dept: *50122* From: *50122*

Phone #: *313-1804* Co.: *50122*

Fax #: *313-1861* Fax #: *313-1861*



MD. STATE GRID MERIDIAN



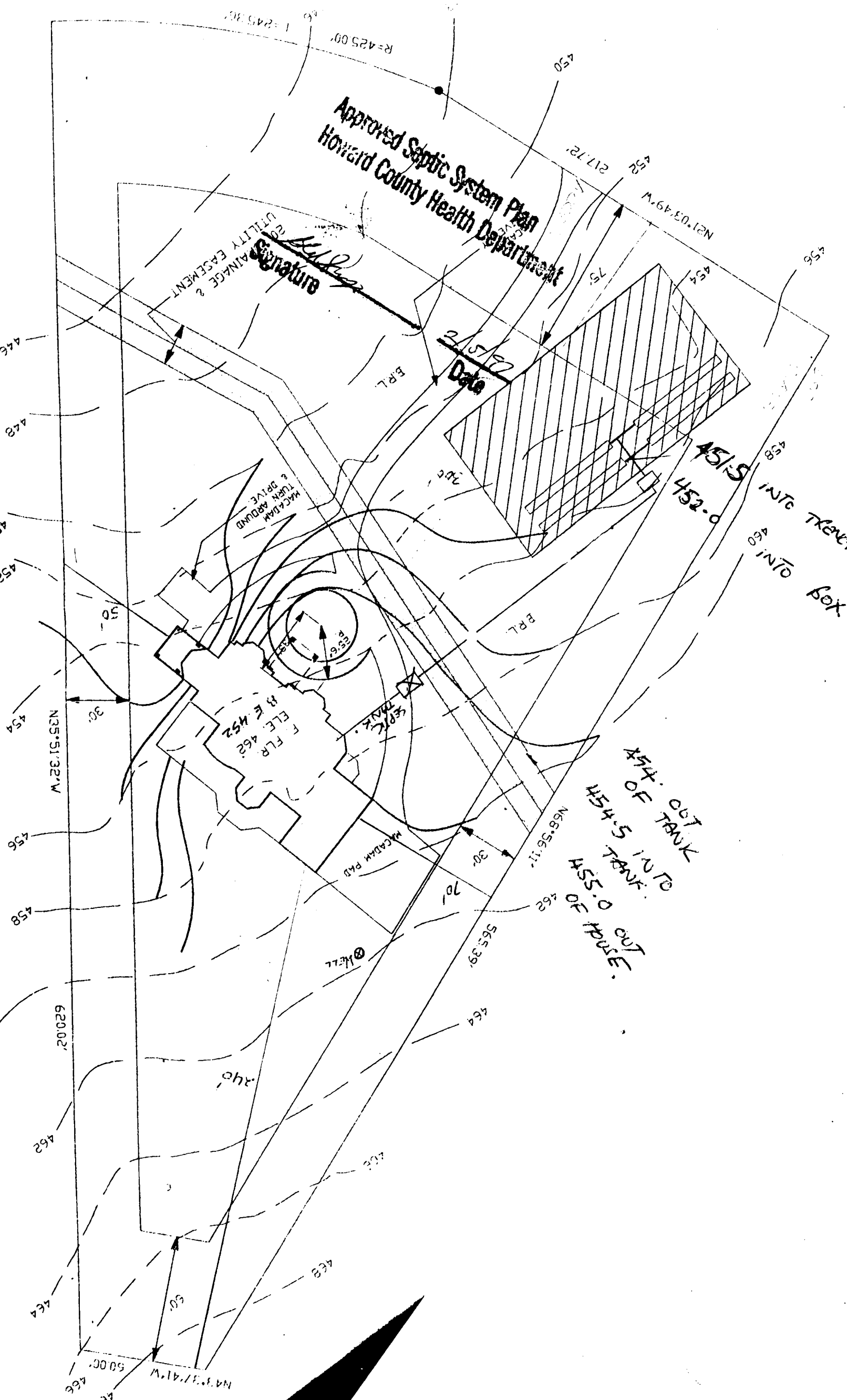
TOP OF WALL ELEV.= 459.8

RECORD REFERENCES	FOUNDATION CHECK OF	MARKS-VOGEL ASSOCIATES, INC. CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3691 PARK AVE. 0101 ELLESCOTT CITY, MD 21043 TELEPHONE (410)461-8028 FAX (410)465-3936
LIBER/FOLI/O	LOT 716	
PLAT BOOK	BURLEIGH MANOR	I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.  <i>Erik C. Marks</i> ERIK C. MARKS R.P.L.S. 0607
PLAT NO./FOLI/O	HOWARD COUNTY	
SCALE 1"=50'	MARYLAND	
DATE 4/01/97		

Approved Septic System Plan  
Howard County Health Department

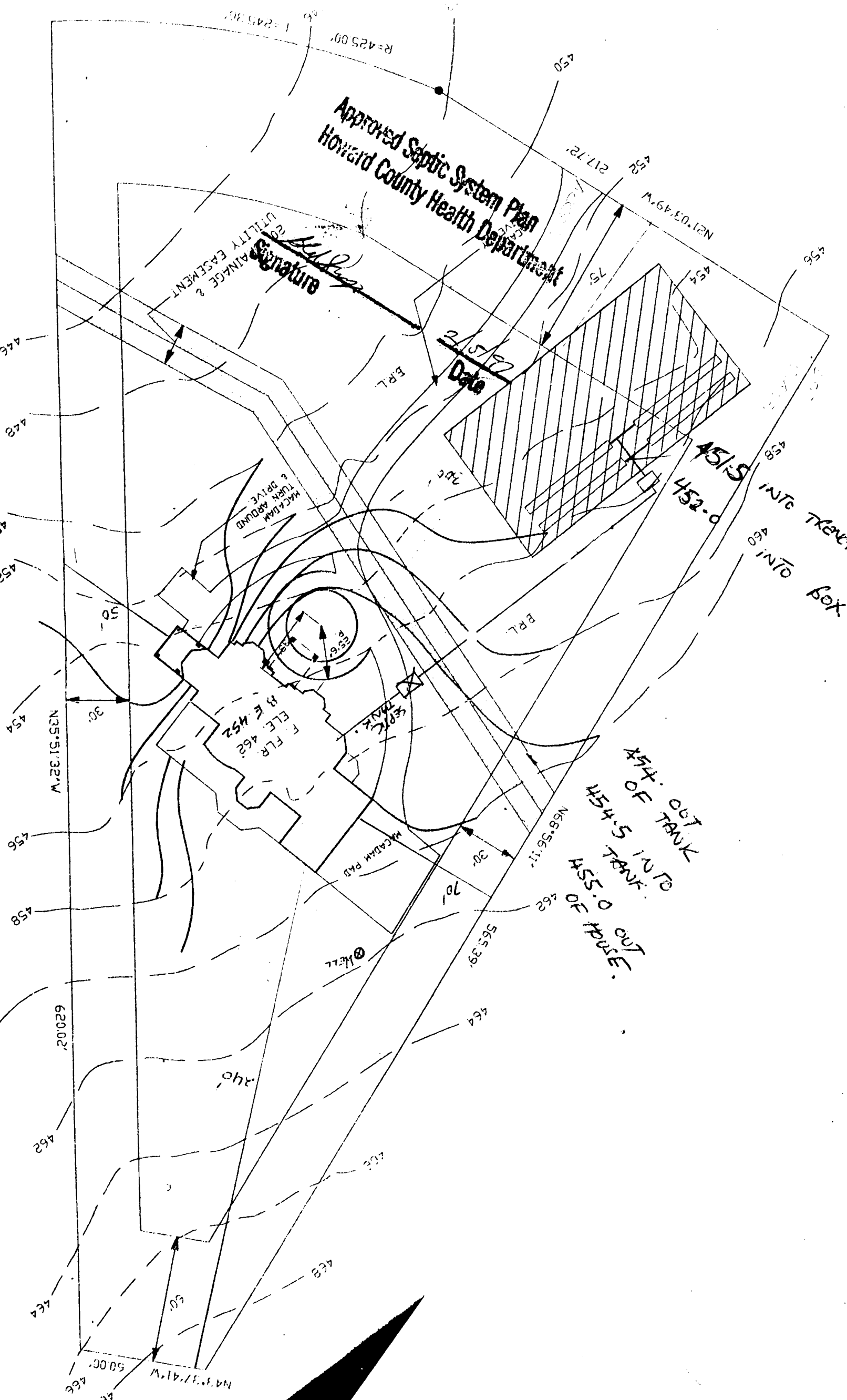
Signature *[Handwritten Signature]*

Date *2/5/12*



451.5  
452.0 INTO TRUNK  
460 INTO BOX

454.0 OUT OF TANK  
454.5 INTO TANK  
455.0 OUT OF HOUSE



C1 0063 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 AR 2544

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 165 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-88-0752

OWNER Greenbaum Assoc last name first name STREET OR RFD Castlefield CT TOWN Ellicott City SUBDIVISION RUCKLEIGH MANOR SECTION LOT 316

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. Silt, well 15' cased in with cement and drilling materials.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 16 NO. OF POUNDS 1504 GALLONS OF WATER 76 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 35 ft.

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

MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80

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

DEPTH (nearest ft.) H O 27 165

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

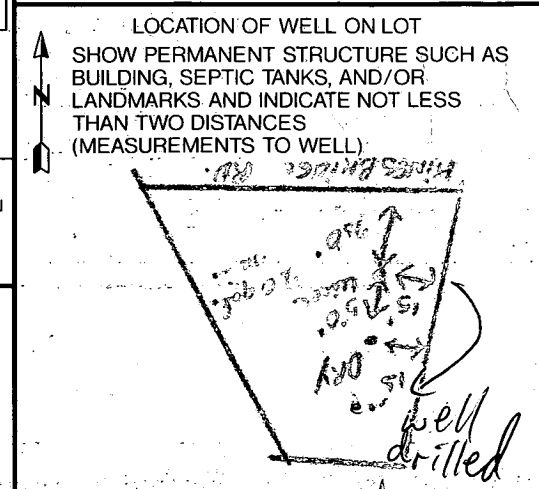
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 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.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 30 TYPE OF PUMP USED (for test) 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 3 (nearest foot)



B 1 **5652** 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  
**40-88-0752**  
 fill in this form completely

Date Received (APA) \_\_\_\_\_  
 OWNER INFORMATION  
 Last Name: **GAPPURBAUM** Owner: **ROSS** First Name: **ASS**  
 Street or RFD: **1777 REISTERS EASTOWN RD.**  
 Town: **BALTIMORE** State: **MD** Zip: **21208**

LOCATION OF WELL  
 COUNTY: **HOWARD**  
 SUBDIVISION: **BIRLEIGH MANOR**  
 SECTION: **0** LOT: **716**  
 NEAREST TOWN: **ELLICOTT CITY**  
 MILES FROM TOWN: **3 1/2** MI

DRILLER INFORMATION  
 Driller's Name: **Joseph L. Mayne** License No.: **238**  
 Firm Name: **Joseph L. Mayne Well Drilling**  
 Address: **5512 RIDGE RD. W. BILLY 01771**  
 Signature: *Joseph L. Mayne* Date: **5/12/89**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD: **300** FT or MI **FT**

NEAR WHAT ROAD: **Kingbridge Rd.**  
 COUNTY NAME: **Howard** COUNTY NO.: **A38544**  
 STATE SIGNATURE: \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED: **06/16/89** CO SIGNATURE: **Mark B. Rifkin** EXPIRES: **12/16/89**  
 NORTH GRID: **520000** EAST GRID: **0836000**

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.: **A38544**  
 STATE SIGNATURE: \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED: **06/16/89** CO SIGNATURE: **Mark B. Rifkin** EXPIRES: **12/16/89**  
 NORTH GRID: **520000** EAST GRID: **0836000**

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 **8306**  
 E **520**  
 000 000

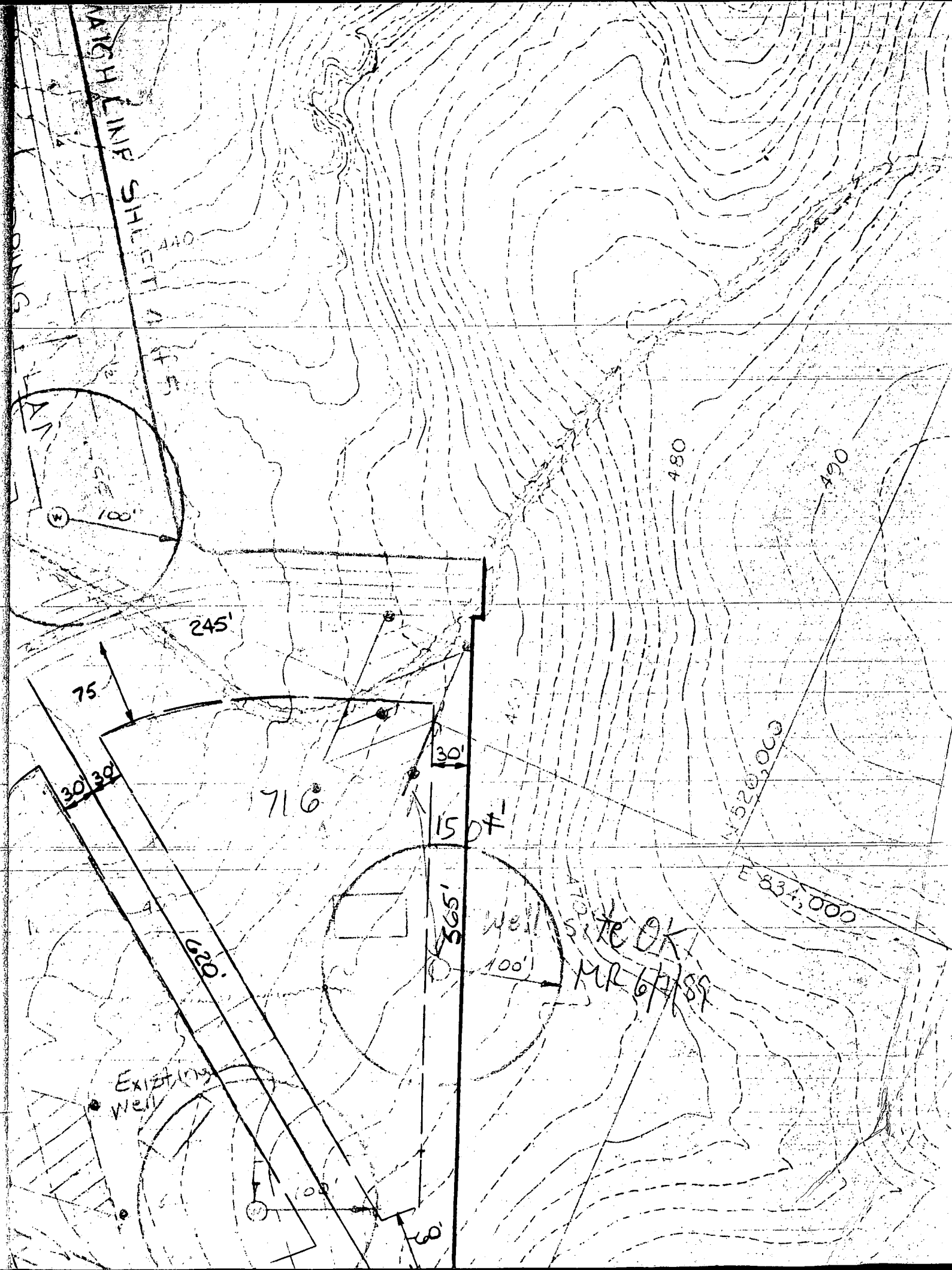
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): \_\_\_\_\_

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

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER: \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **40-88-0752**

SPECIAL CONDITIONS \_\_\_\_\_  
 COUNTY \_\_\_\_\_

ARCH LINE SHEET 115



440

480

490

100'

245'

75'

30' 30'

30'

716'

150'

365'

Well 100'

Well SITE OK  
MR 6/7/89

EXISTING Well

1620'

60'

1502000

834000

