

3/8/02 5/28/02 7/1/02
10:00 Noon AM
7/25/02 Permit 11-12

2/25/03 11AM

CANT
FIND
#

ISSUE DATE:

3/8/02

PERMIT

P. 516859

APPROVAL DATE:

2/25/03

A 38545

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Will Smith
cell# (410) 952-8490

William H Smith Jr.

IS PERMITTED TO INSTALL ALTER

ADDRESS: 1916 Castleton Rd. 21050 PHONE NUMBER: 410-879-7641

SUBDIVISION: Burleigh Manor LOT NUMBER: 717

ADDRESS: 10410 Kingsbridge Road PROPERTY OWNER: P. Rogers & L. Lazar

SEPTIC TANK CAPACITY (GALLONS): 1500

PUMP CHAMBER CAPACITY (GALLONS): 1500

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 300

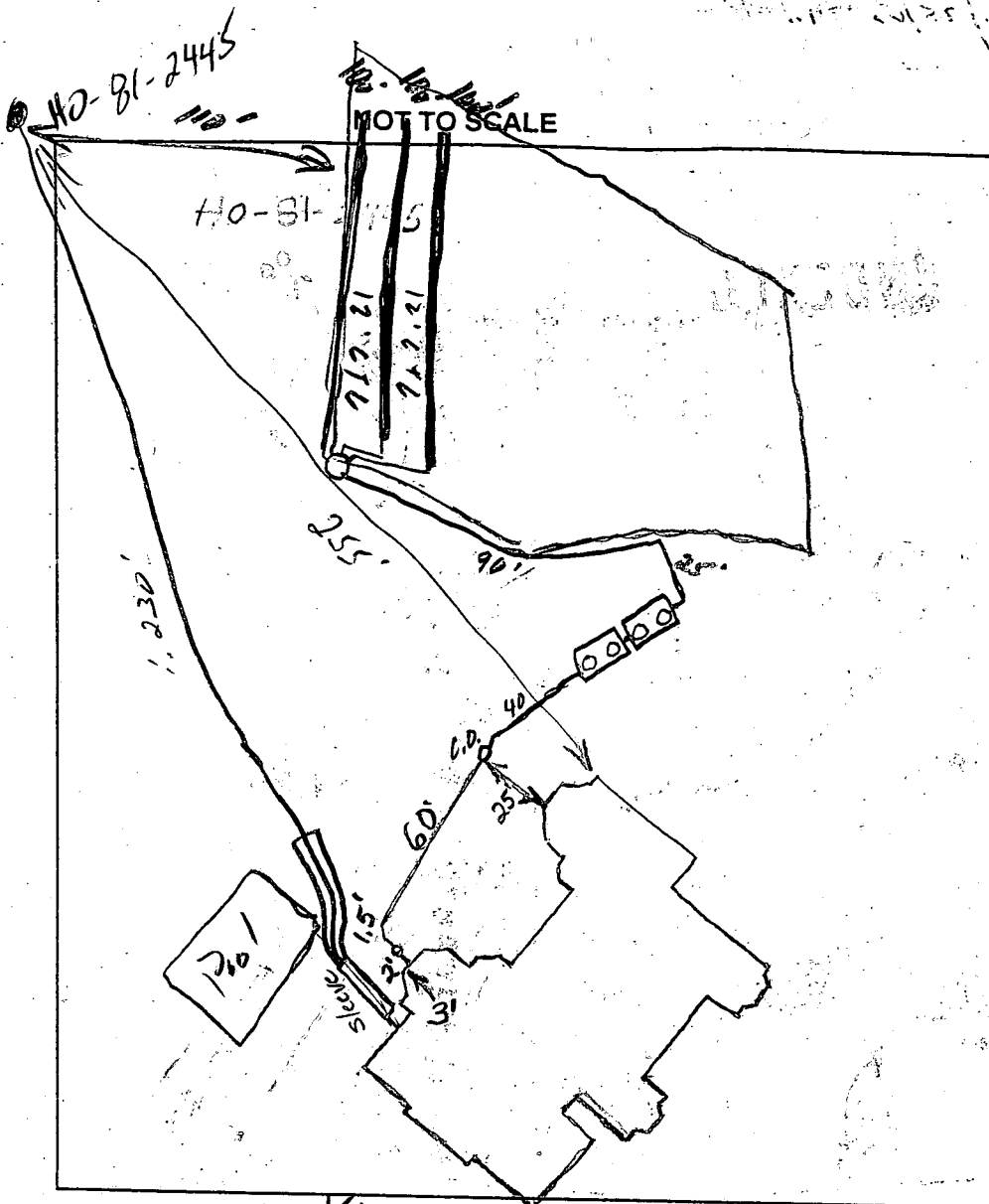
TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION: <i>See Revised Plan</i>	Starting from the right rear lot corner, place the distribution box 230' down the right lot line and 170' off this same lot line. Run (3) 100' trenches on contour to rear of lot.
NOTES:	All parts of septic system (including sewer lines) to be at least 10' from proposed well water line. <u>Trenches to be 10' center to center.</u> <u>Stay 100' from well with trenches and distribution box.</u>

PLANS APPROVED: MER DATE: 9/25/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A38545



TRENCH DATA	
TRENCH WIDTH	3
TRENCH INLET DEPTH	3.5
TRENCH BOTTOM DEPTH	5.5
DEPTH OF STONE	2
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	300'
ABSORBENT AREA	900 sq
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	90°

SEPTIC TANK DATA	
SEPTIC TANK	1500 75 GALLONS
MANHOLE RISER	F&B 1.5'
6 INCH INSPECTION PORT	<input type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1500 75
MANHOLE RISER	F&B 1.5'
ALARM	<input checked="" type="checkbox"/>
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

PRE-CONSTRUCTION INSPECTION: Kingsbridge Road 3/8/02 Builder not present. (see wall check)
 Significant part of easement graded away and now > 25% slopes.

INSPECTION COMMENTS: Well and septic lines near house will need careful placement due to future additions on back of house. (BB)
 5/29/02 To place dist. box 20' uphill of upper easement stakes and run trenches in both directions. Stay 100' from well with dist. box and trenches. Keep septic tanks out of center of swale on side of house. Well line and septic lines to be 10' apart or sleeved and don't cross. (BB)

INSPECTOR [Signature] DATE SYSTEM APPROVED 2/25/03

7/11/02 O.K. to cover well line and house connection. (BB)

2/25/02 Installed (3) 10's, that what was on const. plan. OK to cover all work. (ED) PUMP & ALARM TEST NEEDED. (SPK)

2/25/03 Not Ready. (ED) 2/25/03 Pump & Alarm tests OK. (SD)

B 1 4303

SEQUENCE (NO. (MDE USE ONLY))

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL W 516438 please-type

STATE PERMIT NUMBER HO - 94 - 3377 fill in this form completely

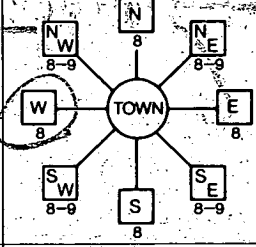
Date Received (APA)

OWNER INFORMATION Rogers Paul 10401 Kings Bridge Rd Ellicott City Md 21042

LOCATION OF WELL Howard Burleigh Manor Ellicott City

DRILLER INFORMATION Dave Kelly MWD 304 Jones Well Drilling Inc 3700 Bush Rd Jarrettsville

10401 Kingsbridge Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD Approx 160 FT DISTANCE FROM ROAD TAX MAP: 23 BLK: 24 PARCEL 766



WELL INFORMATION APPROX. PUMPING RATE 0 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 0 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX) G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A38545 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/19/02 Brian Baker 3/19/2003

APPROXIMATE DEPTH OF WELL 400 x 5 FEET. APPROXIMATE DIAMETER OF WELL 6 INCH. NEAREST TOWN

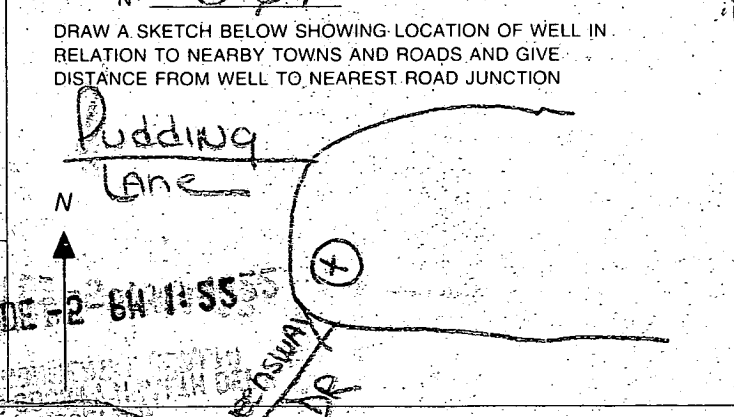
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D 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 (MDE OR COUNTY-USE ONLY) APPROX. PERMIT NUMBER G SOURCE - 2 - 64 11:55 PERMIT No. HO - 94 - 3377

SPECIAL CONDITIONS Driller Must Submit Well Log For Each Well

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8304 N 5109



C1 14464 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER (13) A38545

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
5 09 02

Depth of Well
400 X 5 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3377

OWNER: Rogers Paul
STREET OR RFD: 10701 Kingsbridge Road
SUBDIVISION: Burleigh Manor SECTION 2 TOWN Ellicott City LOT 111

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	
soft brown dirt	0	41	
med hard tan rock	41	55	
hard gray rock	55	400	

GROUTING RECORD (yes no)
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 25 NO. OF POUNDS 2500
GALLONS OF WATER 625
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 400 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
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
DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED Y N

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 LIC. NO. MW 304
DRILLERS SIGNATURE Dave Kelly
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. MW 509
DRILLERS SIGNATURE Dave Knopp

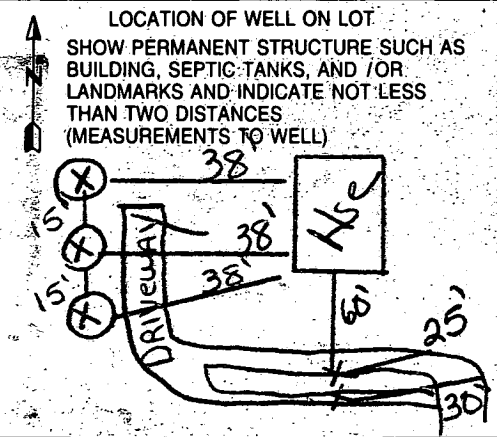
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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) 8 9
PUMPING RATE (gal. per min.) 11 15
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)
BEFORE PUMPING 17 20 ft.
WHEN PUMPING 22 25 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 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) 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 (nearest foot)
- below }



HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: William H. Smith, Jr. Telephone #: 410-879-7641
Address: P. O. Box 390
Forest Hill, MD 21050

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation.

Name (Print): W.M. H. SMITH License# PI 58
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: PAUL ROGERS Telephone #:
Subdivision: 10910 KINGS BRIDGE RD Lot #: 217 Well Tag #: HO-81-2495
Site Address:

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STA-RITE Make: MARSON Two piece watertight cap:
Model #: 2P4E03DL-04 Model#: Depth: 48" (36" min) Screwed, vented well cap:
Pump Capacity: 7 GPM NSF approved: Conduit min 1 1/2" B.G.:
Well Yield: 8 GPM Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt WELL 245' 10 gal min

Piping to house House Connection
Type: PLASTIC PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 20'
Depth of supply line: 48 (36" min) Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: William H. Smith, Jr. date: 2-21-03

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: Date Insp. Approved: 2/25/02 (50)
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

C1 2056 SEQUENCE NO. (OEP 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 38545

DATE Received [] DATE WELL COMPLETED 1/25/87
Depth of Well 2745 (TO NEAREST FOOT)
PERMIT NO. HO-81-2445

OWNER ASSOCIATES (last name) WHITMAN REQUARDT (first name)
STREET OR RFD RINGS BRIDGE ROAD TOWN ELLICOTT CITY
SUBDIVISION BURLEIGH MANOR SECTION 2 LOT 3717

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	0	39	
Gray Min. silt	39	245	(C)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
CEMENT 45 46 NO. OF BAGS 19 NO. OF POUNDS 396
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
(S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER
MAIN CASING TYPE (S) Nominal diameter (6) top (main) casing (nearest inch) Total depth of main casing (245) (nearest foot)

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

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

DEPTH (nearest ft.)
EACH SCREEN 1 HO 13 245
2
3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60

- 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 10.17.13 "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)

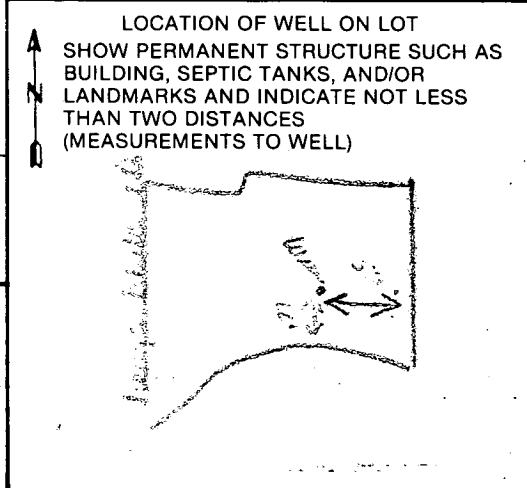
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK from to
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.) WQ
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 23 WHEN PUMPING 35
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 (A,C,J,P,R,S,T,O)
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 (-) below LAND SURFACE (nearest foot) 2



11/25/87

Page _____ of _____
Date _____

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2445
Location of property (road) KINGSBRIDGE ROAD
Subdivision BURLINGHAM Lot 37 Block _____ Plat _____ Sec. 2
Well Driller JOSEPH MAINE Owner ASSOCIATES, WHITMAN REQUARDT

Depth of well 245'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 10:55 Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
<u>11:10</u>	<u>35</u>	<u>6 sec.</u>		<u>10 GPM</u>
<u>11:25</u>	<u>35</u>	<u>6</u>		<u>10 GPM</u>
<u>11:40</u>	<u>35</u>	<u>6</u>		<u>10 GPM</u>
			<u>H-1300</u>	
			<u>S.M.W.</u>	
			<u>11/25/87</u>	

B 1 **9379** SEQUENCE NO. (OEP 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

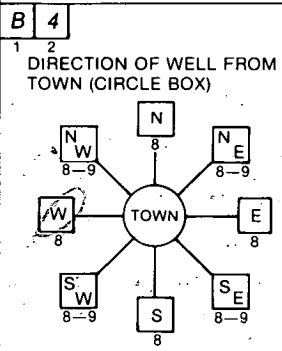
OEP PERMIT NUMBER

40-81-2445
fill in this form completely

Date Received
111582
OWNER INFORMATION
WHITMAN REGUARD HAS
Last Name Owner First Name
0915 SAINT PAUL RT.
Street or RFD
PURCHASE **MD 21218**
Town State Zip

B 3 **LOCATION OF WELL**
HOWARD COUNTY
PURCHASE MANOR SUBDIVISION
SECTION **2** LOT **217**
ELLICOTT CITY NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **3 1/2** M

DRILLER INFORMATION
Joseph L. Wagner Driller's Name **238** License No. 80
Joseph L. Wagner Well Drilling Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771 Address
Joseph L. Wagner Signature **10/29/87** Date



B 4 **1 Kings Bridge Rd.** NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST **32** EAST
SOUTH
522 DISTANCE FROM ROAD
ENTER FT or MI **FT**

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 **A 38545** COUNTY NO.
OEP SIGNATURE **R. Wilson** STATE HEALTH INSERT S
DATE ISSUED **112387** CO SIGNATURE **0512388** EXP. DATE
NORTH GRID **519000** EAST GRID **0834000**

APPROXIMATE DEPTH OF WELL **240** FEET

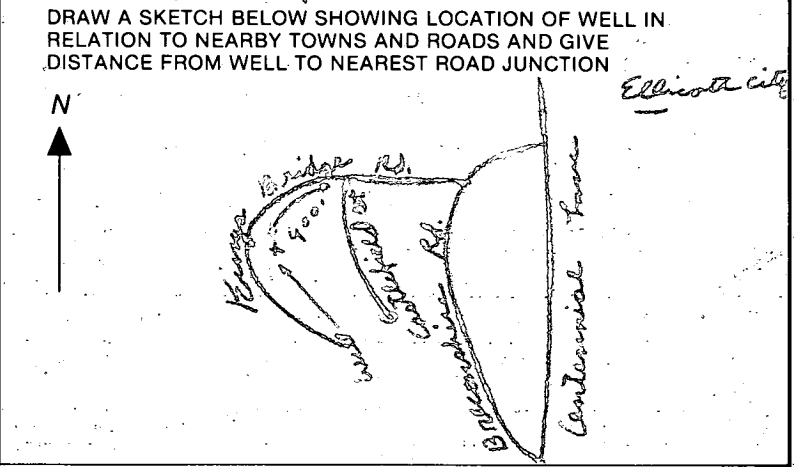
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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
E **4**
N **19**

11/24/87
45' PIPE
35' OPEN
9 DAYS
SM

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)
APPROX. PERMIT NUMBER **G A P**
FORCE **AN** WRITE INITIALS IN BOX PERMIT No. **40-81-2445**

SPECIAL CONDITIONS **NEEDED FOR PRELIMINARY PLAN APPROVAL**

11/24/89
A

BURLEIGH MANOR
SEC 2
KINGSBRIDGE ROAD

A 38545

SUBDIVISION:

LOT NUMBER: 717

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	Septic Tank	Minimum Total Square Feet
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 5 1/2 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

2 feet of stone below distribution pipe.

5 BR = 300

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: SHALLOW SYSTEM ONLY. BEGINNING FROM THE RIGHT REAR LOT CORNER, START THE FIRST TRENCH 170' DOWN THE REAR (297') LOT LINE AND 25' OFF THE REAR LINE AS SEEN WHEN FACING PROPERTY FROM KINGSBRIDGE ROAD. RUN TRENCHES ALONG CONTOUR TOWARDS THE FRONT (321') / LEFT FRONT LOT CORNER. D CHANGED

FROM LR
285
DOWN
4130
OFF

BY RH BECAUSE LOT LINES CHANGED ON 9/22/89
 HD-191
 PLACE THE BOX 250 FT FROM THE BACK LINE & 140 FT FROM THE LEFT SIDE LINE AS SEEN WHEN FACING THE LOT FROM KINGSBRIDGE RD. RUN TRENCHES TOWARD REAR.

APPLICATION

PERCOLATION TESTING

A 38545

P _____

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

*5/19/88
perc OK if pending
approved plan
BW*

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. Greenebaum
Gerald M. Katz, Trustee c/o Whitman, Requardt and Associates
ADDRESS Suite 410, Woodholme Center 484-8400
2315 Saint Paul Street, Baltimore, MD 21218 PHONE (301) 235-3450
PROSPECTIVE BUYER 1829 Reisterstown Road
Baltimore, MD 21208

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

LOT 717 on Prelim

SUBDIVISION Burleigh Manor Section 2 LOT NO. 37

ROAD AND DESCRIPTION West of the intersection of Centennial Lane and Old Annapolis Road
10401 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.

Stu Ska

(SIGNATURE OF APPLICANT)

APPROVED BY B Nuxon FOR shallow system DATE 2/5/88

REJECTED BY _____ FOR _____ DATE _____

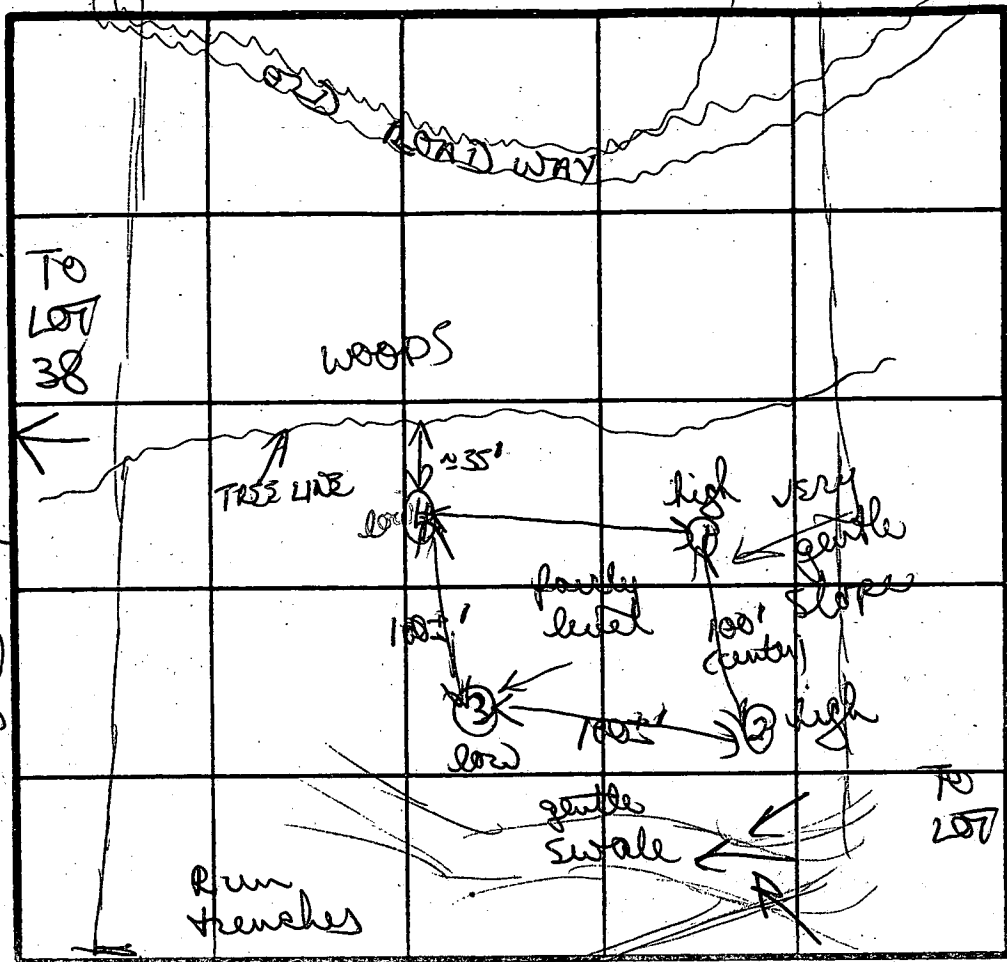
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING shallow system, for field located holes
& sub-plan
BUDG. PERMIT SIGNED
AND RETURNED 7-22-89
PSP # 29754 5 terms

THIS IS NOT A PERMIT

188 A / B DROOM
 SURET 3 1/2'
 MAX D 5 1/2'
 X = 7

ROAD AA



④
 brown tan silty clay 3 1/2'
 to grey powdery silty mica loam
 12' D

SOIL PROFILE
 0
 brown checker
 gravelly 2-3'
 to brown then grey
 orange silty mica loam
 w/ patches small med
 shell frags (10%)
 12' D

② + ③
 orange/brown clay silty loam 2 1/2'

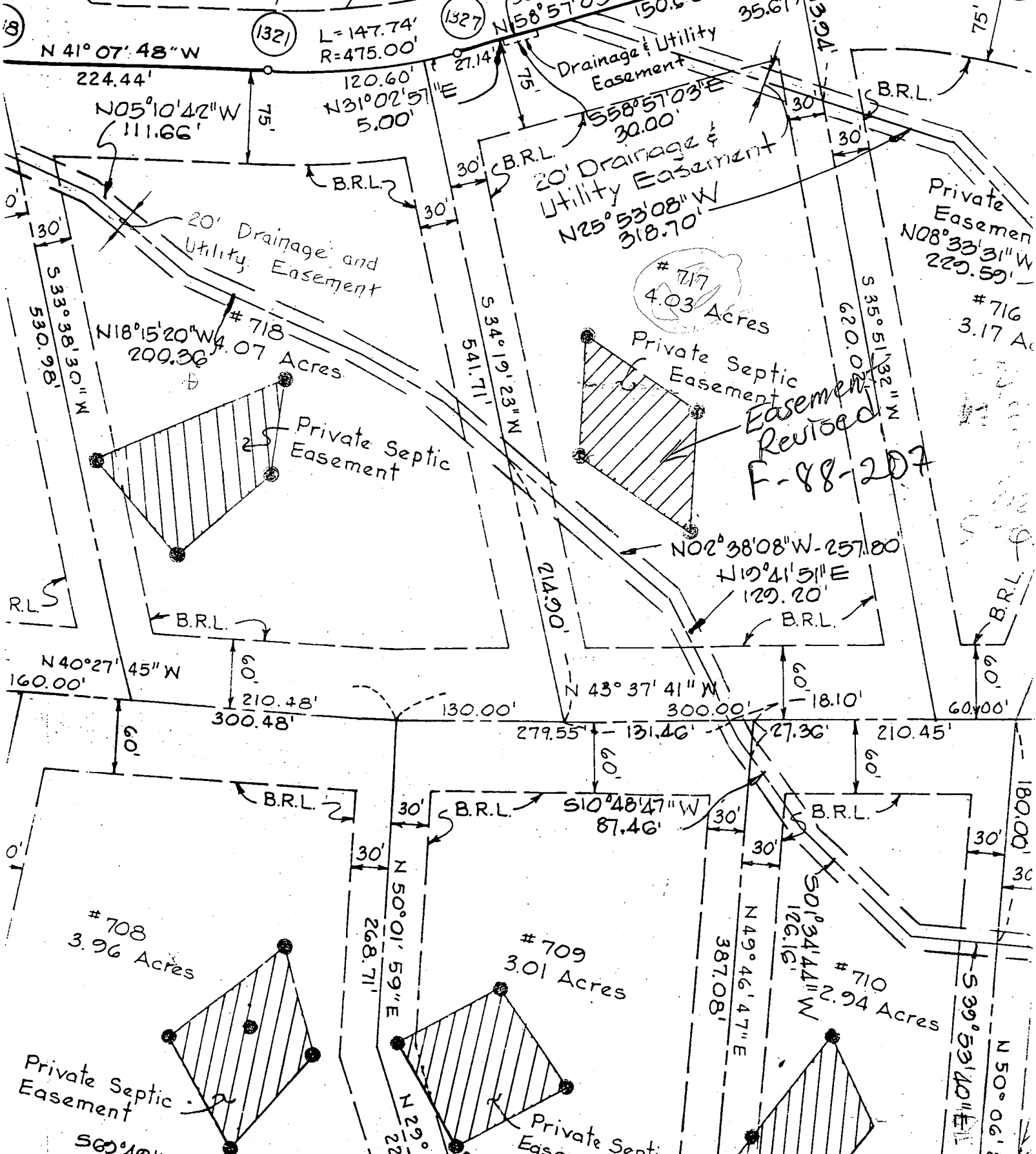
to mostly grey tan silty mica loam 5-10% small shell frags
 12 1/2' D

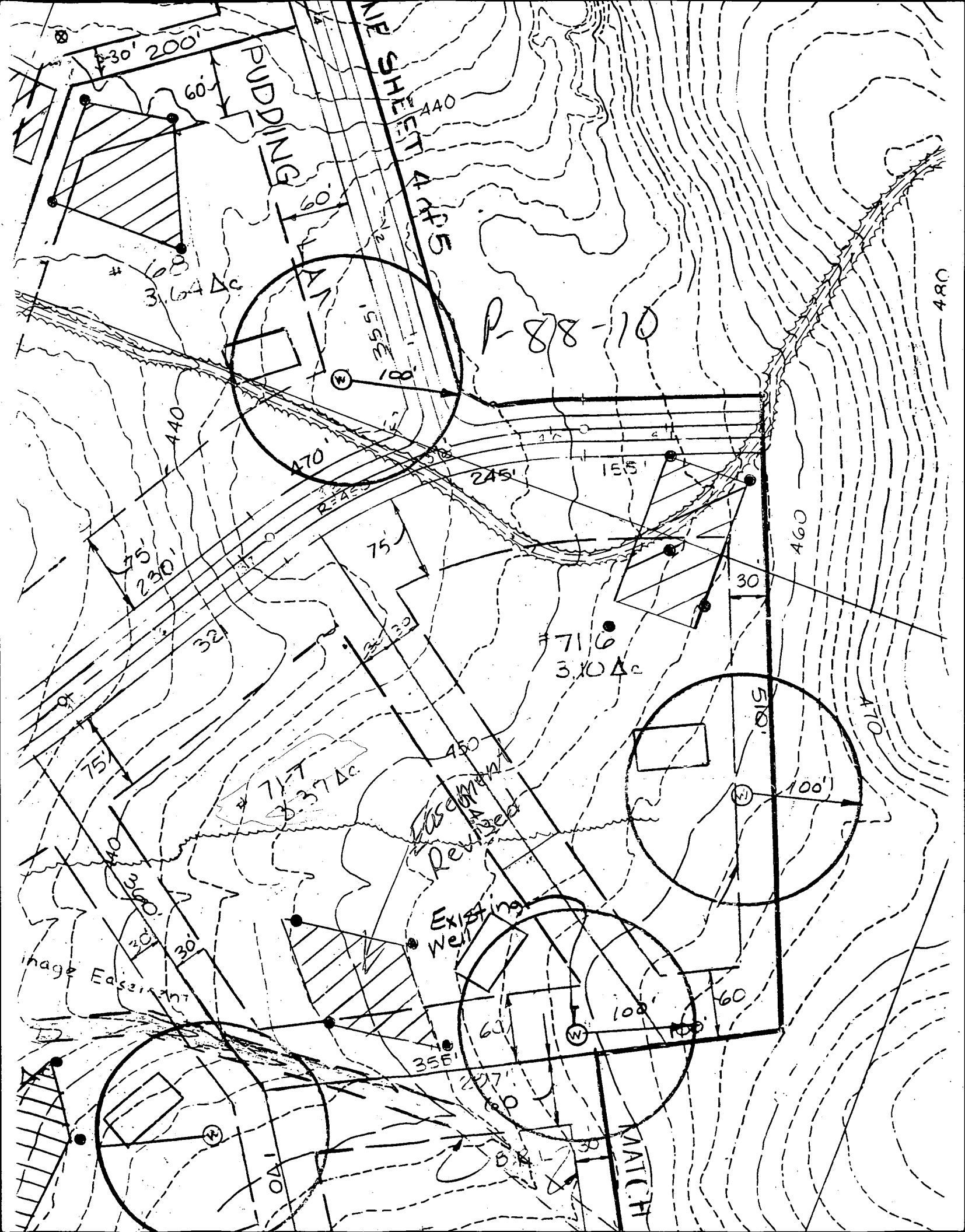
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	EST. 1" STOP	EST. 2" STOP	TIME	
3/19/87	①	3' S	200	214	214	stopped	8 MIN	
		12' D	bottom (see profile)					
	②	3' S	200	206	206	214	8 MIN	
		7' M	200	204	202	209	5 MIN	
		12 1/2' D	bottom (see profile)					
	③	3 1/2' S	211	216	216	222	6 MIN	
		12 1/2' D	bottom (see profile)					
	④	3 1/2' S	215	218	218	225	7 MIN	
		12' D	bottom (see profile)					

going slow (reshelver)

REMARKS: dug & tested as per plat
 TYPE OF SOIL: soils uniform; probably use shallow system due to relatively level area
 TESTED BY: B. Wilson
 ALSO PRESENT: Rocky Bill

MATCH LINE SHEET 5 OF 9





1.60 PLAN BY MILDENBERG/BOENDER

Total linear feet of trench required 390 feet

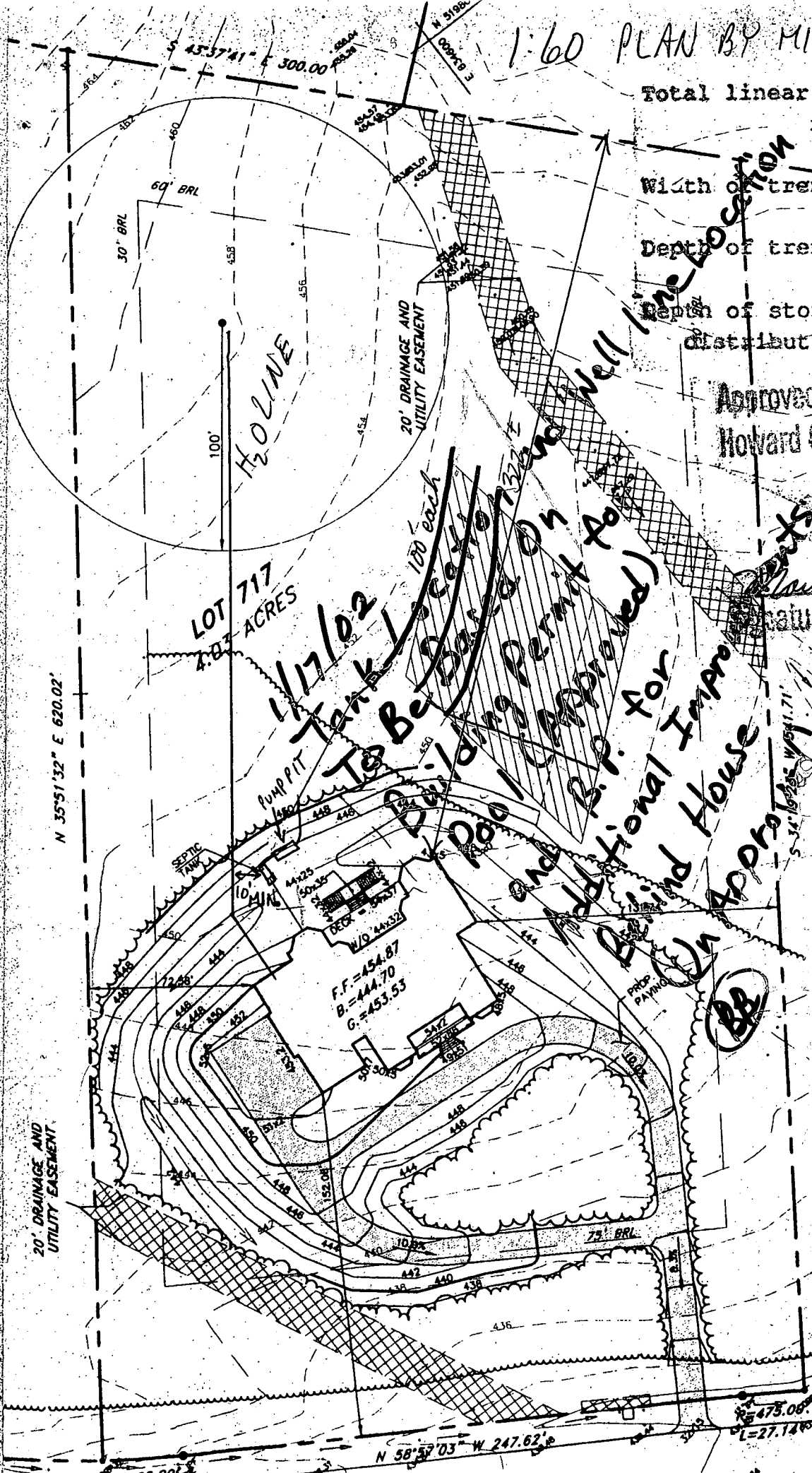
Width of trench(es) 3 feet

Depth of trench(es) 5.5 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Mark R. [Signature]
Signature
9/25/01
Date



FIRST FLOOR EL.	= 454.87
INV. OUT OF HOUSE	= 442.20
INV. IN SEPTIC TANK	= 441.40
INV. OUT OF SEPTIC TANK	= 441.15
INV. IN AT PUMP PIT	= 439.15 441.0
EXIST. EL. AT SEPTIC TANK	= 451.00
PROP. EL. AT SEPTIC TANK	= 445.00
EXIST. EL. AT DIST. BOX	= 451.50
INV. IN DIST. BOX	= 438.00

KINGS BRIDGE ROAD

12/01

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00131415
---	---	------------------------------------

Building Address <u>40410 Kingsbridge Rd.</u> Ellicott City, MD 21043 Suite/Apartment: _____ SDP/WP/Petition #: _____ Census Tract: _____ Subdivision <u>Burleigh Manor</u> Section: <u>2</u> Area: _____ Lot: <u>717</u> Tax Map <u>24</u> Parcel <u>766</u> Grid <u>13</u> Zoning <u>R-20</u> Map Coordinates: _____ Lot size <u>4.03ac</u>	Property Owner's Name <u>Paul D. Rogers & Lea Lazar</u> Address <u>945 Oakmoor Dr.</u> City <u>Halethorpe</u> State <u>MD</u> Zip Code <u>21227-38</u> Home Phone: _____ Work Phone: _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Building Permit Services, Inc. - Pat Orla</u> <u>7806 Deboy Ave., Balto., MD 21222</u> Phone <u>410-477-9666</u> Fax <u>410-477-8437</u>
---	--

Existing Use <u>Vacant Lot</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>250,000.00</u> Description of Work <u>Const SFD-Custom</u> <u>2sty, bsmt, R, FB / HB & garage (-Br)</u>	Contractor Company <u>Hamilton Development-T/A Hagan</u> Contact Person <u>Pat Hagan w/ Hagan & Hamilton</u> Address <u>20E. Timonium Rd. - Ste# 100</u> City <u>Timonium</u> State <u>MD</u> Zip Code <u>21093</u> License No. <u>MHBR#97</u> Phone <u>410-561-1004</u> Fax <u>410-561-1654</u>
--	---

Occupant or Tenant: _____ Contact Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____	Engineer or Architect Company: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____
---	--

BUILDING DESCRIPTION - <i>COMMERCIAL</i>		BUILDING DESCRIPTION - <i>RESIDENTIAL</i>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads: _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA # 13D <input type="checkbox"/> NFPA # 13R Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO; (4) THAT HE/SHE WILL PERFORM NO WORK OTHER THAN THAT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE WANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

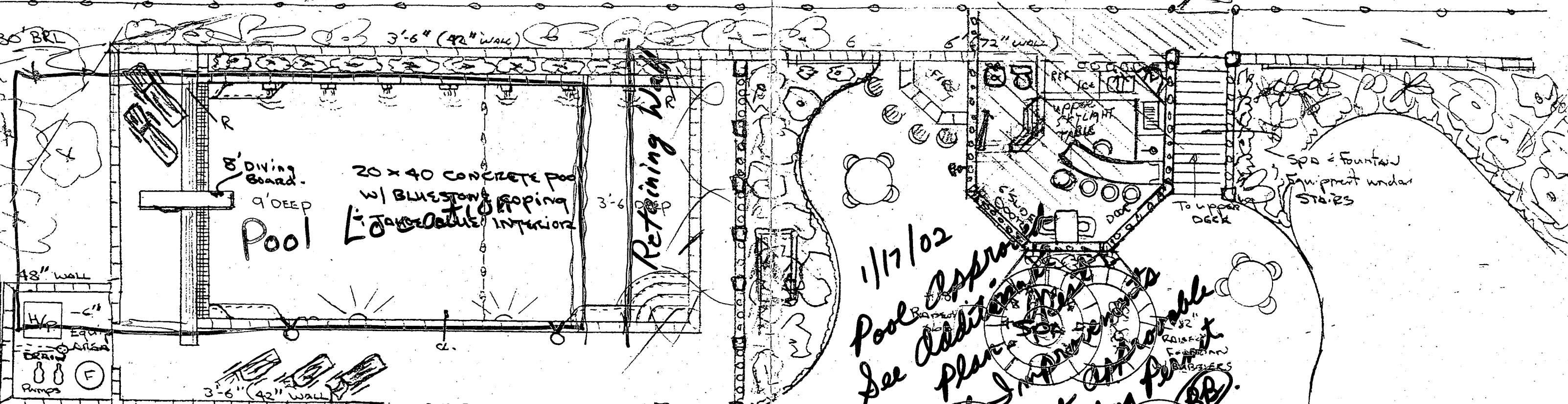
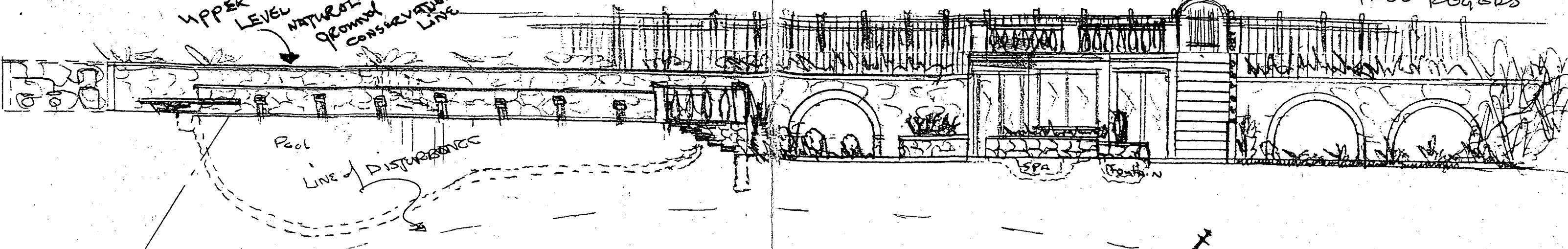
Applicant's Signature: _____ Agent _____
 Title/Company: _____
 Building Permit Services, Inc. - Pat Orla
 Print Name: _____
 Date: June 28, 2001

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 PLEASE WRITE NEATLY AND LEGIBLY.
 - FOR OFFICE USE ONLY -

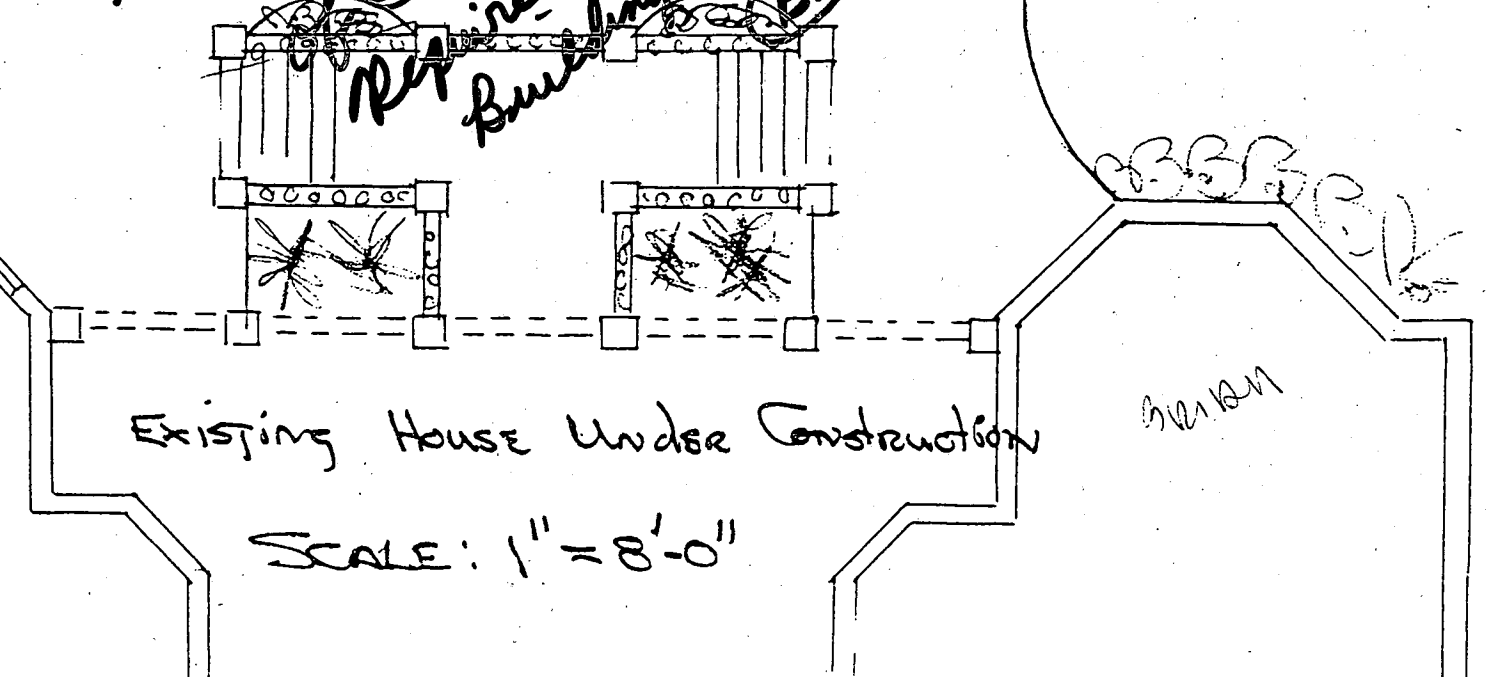
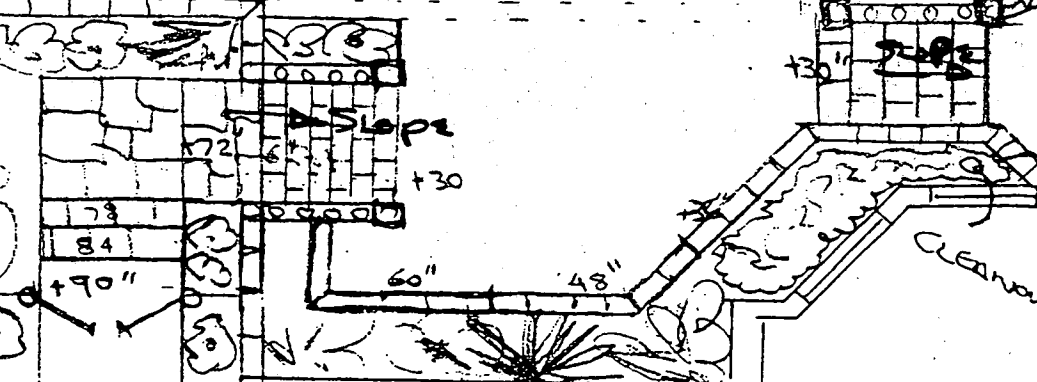
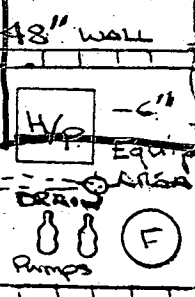
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filling fee \$ <u>25.00!</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>9/25/01</u>	<u>Mark Orla</u>	Side St.: _____	Subtotal paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>107</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line, approval date _____	Validation # _____
			Accepted by _____	

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold SHA
 a:\permit.fm Rev. 10/15/98

UPPER LEVEL
NATURAL GROUND
CONSERVATION LINE



1/17/02
Pool Approval
See Additional
Plans for
SP & SPP
Requirements
Require all
Building for it
BB



RESIDENCE OF
PAUL & LISA ROGERS
10401 Kingsbridge Rd.

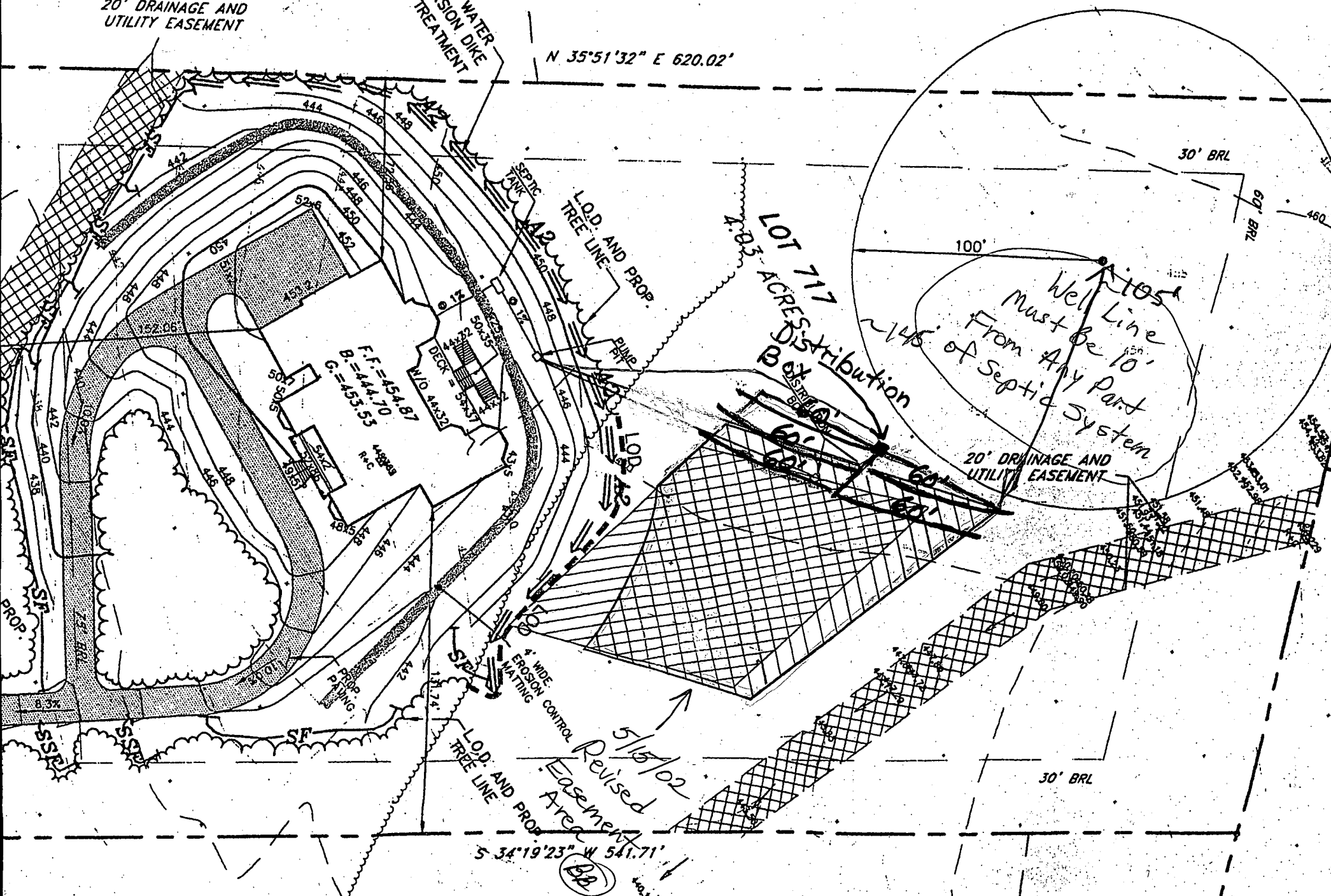
1/17/02
These Changes
Could Affect
Septic Tank and
Well Line Locations
Pool Approved. Rest
of Changes Unapproved.
BB

LOT 716

20' DRAINAGE AND UTILITY EASEMENT

CLEAN WATER DIVERSION DIKE A2 TREATMENT

N 35°51'32" E 620.02'



LOT 717
1.03 ACRES Distribution

Well Line
Must Be 10'
From Any Part
of Septic System

5/15/02
Revised Easement Area

S 34°19'23" W 541.71'

(BA)

PAUL D. ROGERS,
10401 KINGSBRIDGE RD.,
ELLCOTT CITY, MD. 21042.

Acct. # 02-340089

NOTE: SEPTIC
SYSTEM IS NOT
INSTALLED YET.

1/17/02
Pool location
O.R. as shown.
Rest of
Improvements
Behind house
Require
Additional
Building
Permit
BB

LOT 717
0.03 ACRES

N 35°51'32" E 620.02'

PROP. FENCE
PER CODE

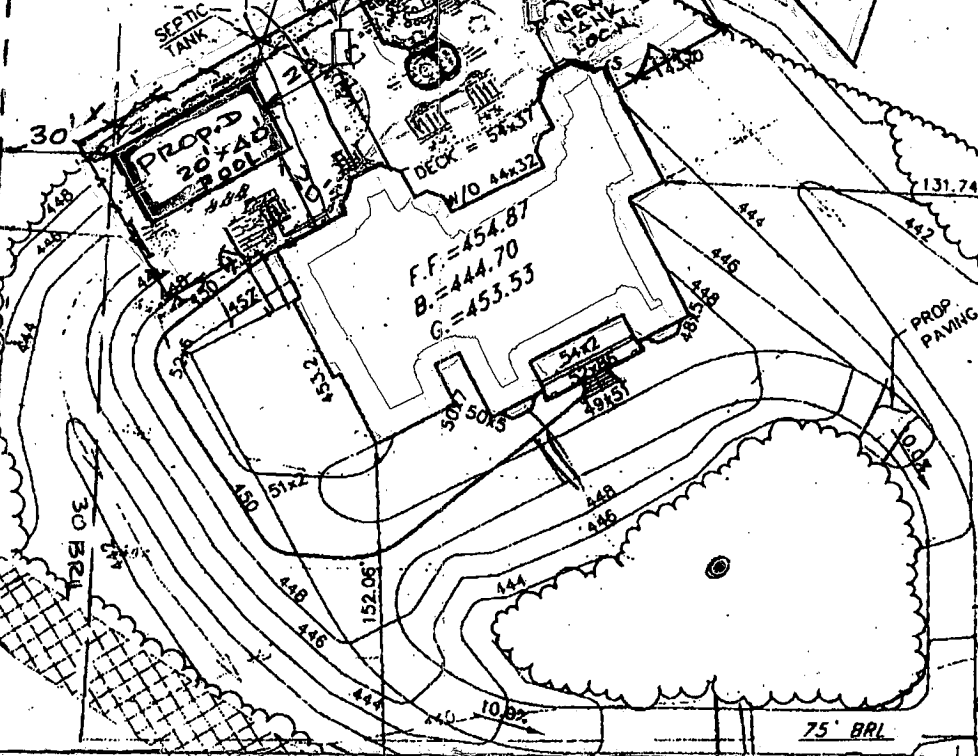
20' DRAINAGE AND
UTILITY EASEMENT

SEPTIC
DISPERS.
AREA

S 34°19'23" W 151.71'

1" = 50'
SCALE

20' DRAINAGE AND
UTILITY EASEMENT



KINGSBRIDGE ROAD

N 58°57'03" W 247.62'
R=425.00' L=35.6'
R=475.00' L=27.14'

PAUL D. ROGERS,
10401 KINGSBRIDGE RD.,
ELLCOTT CITY, MD. 21042
Acct. # 02-340089

NOTE: SEPTIC
SYSTEM IS NOT
INSTALLED YET.

20' DRAINAGE AND
UTILITY EASEMENT

LOT 717
4.03 ACRES

SEPTIC
DISPERS.
AREA.

N 35°51'32" E 620.02'

PROP. FENCE
PER CODE

OLD
TANK
LOCAN

DISTRIBUTION
BOX

PUMP
PIT

SEPTIC
TANK

PROP. 20' X 40'
POOL

DECK = 5' X 31'

W/O 44' X 32'

F.F. = 454.87

B. = 444.70

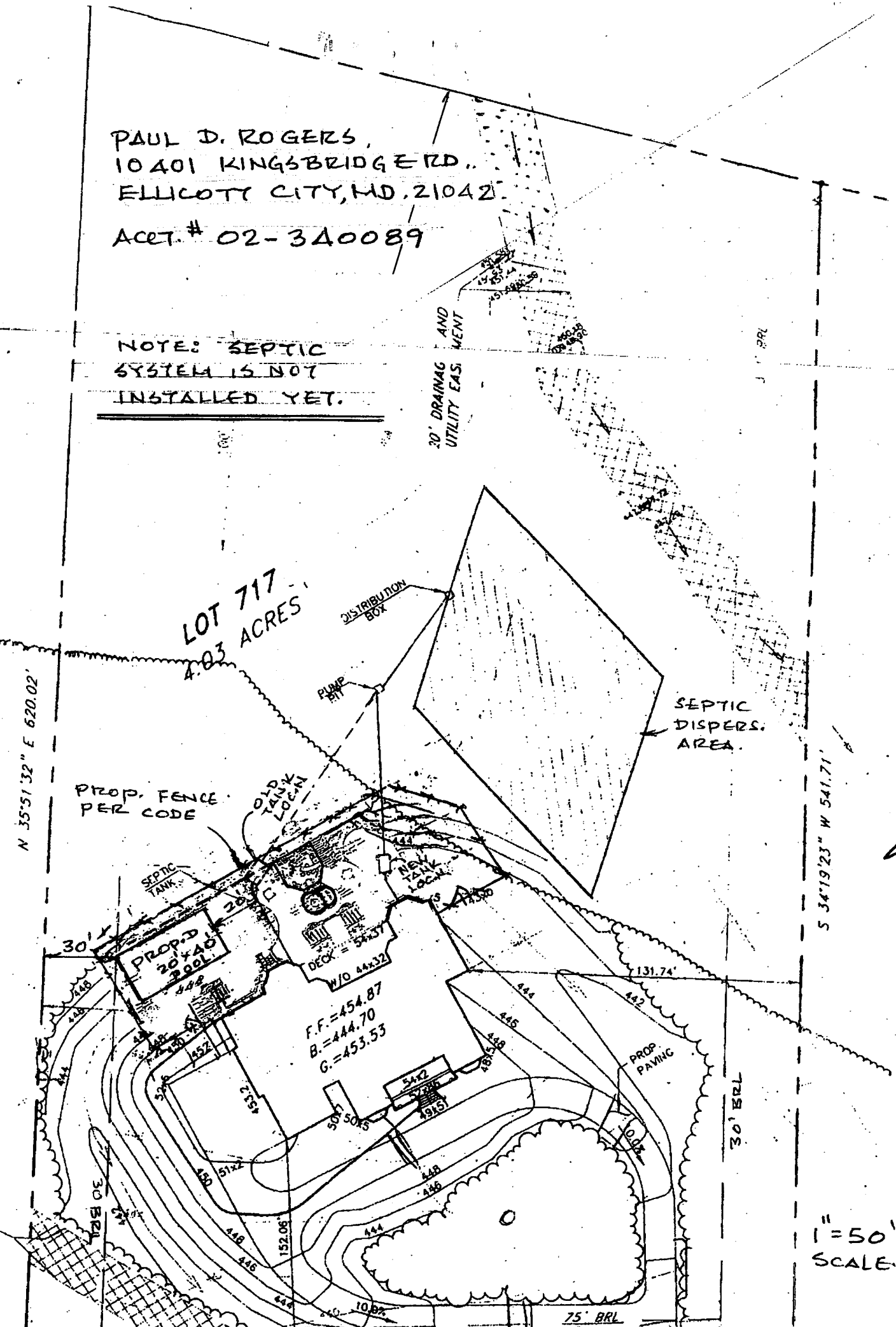
G. = 453.53

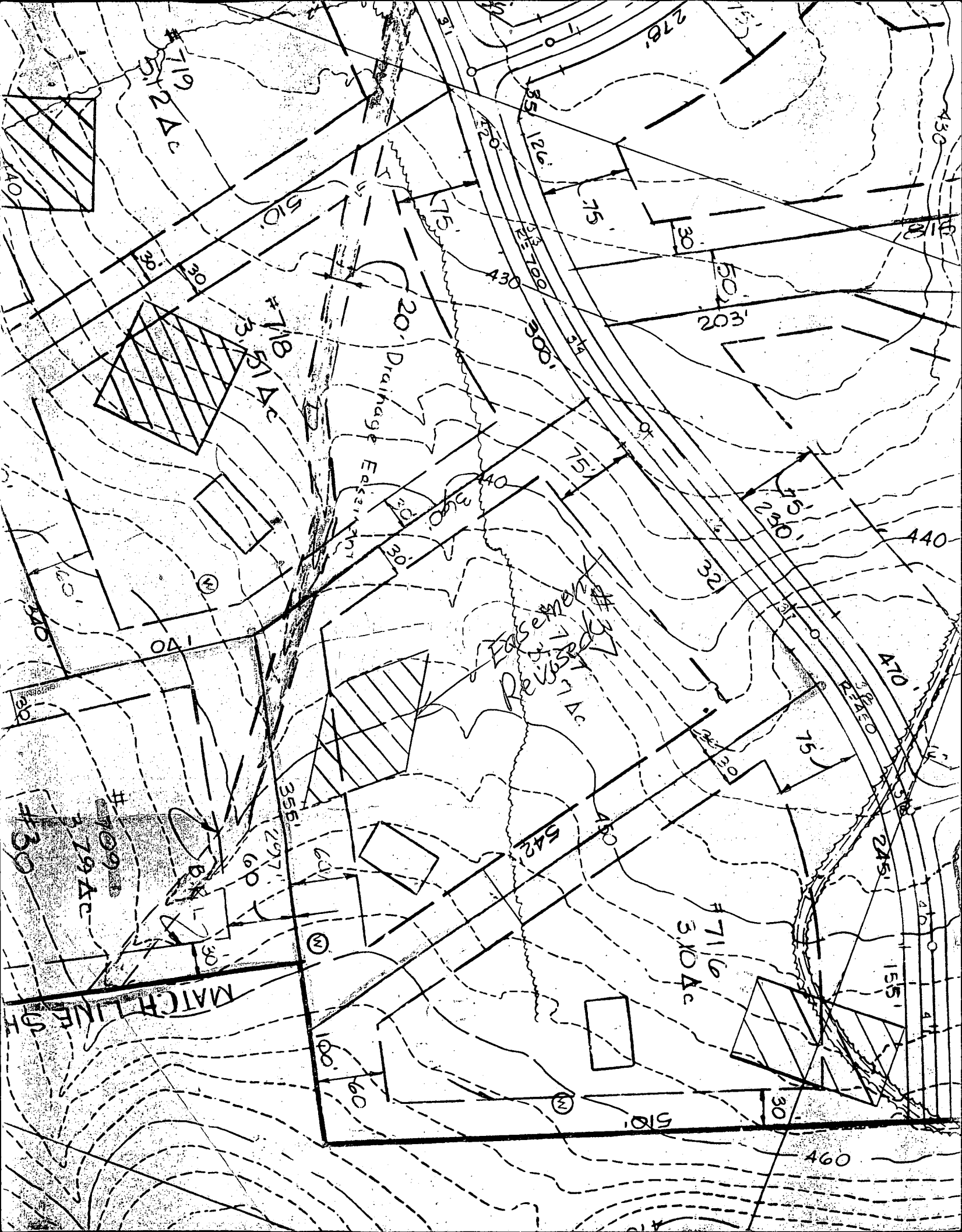
PROP. PAVING

20' DRAINAGE AND
UTILITY EASEMENT

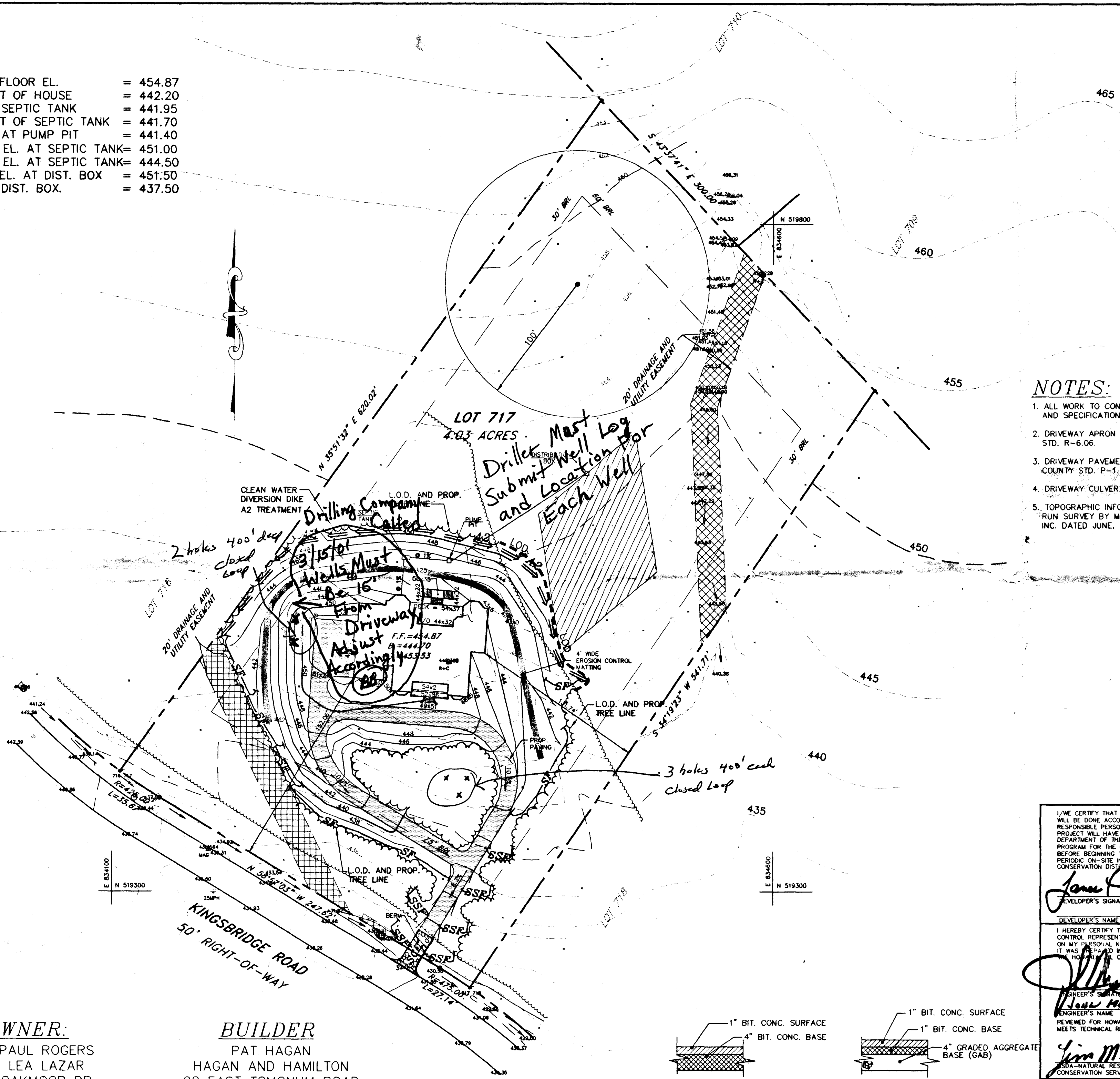
S 34°19'23" W 541.71'

1" = 50'
SCALE





FIRST FLOOR EL. = 454.87
 INV. OUT OF HOUSE = 442.20
 INV. IN SEPTIC TANK = 441.95
 INV. OUT OF SEPTIC TANK = 441.70
 INV. IN AT PUMP PIT = 441.40
 EXIST. EL. AT SEPTIC TANK = 451.00
 PROP. EL. AT SEPTIC TANK = 444.50
 EXIST. EL. AT DIST. BOX = 451.50
 INV. IN DIST. BOX = 437.50



NOTES:

1. ALL WORK TO CONFORM TO LATEST STANDARDS AND SPECIFICATIONS OF HOWARD COUNTY.
2. DRIVEWAY APRON TO BE HOWARD COUNTY STD. R-6.06.
3. DRIVEWAY PAVEMENT TO CONFORM TO HOWARD COUNTY STD. P-1.
4. DRIVEWAY CULVERT NOT REQUIRED.
5. TOPOGRAPHIC INFORMATION ARE BASED ON FIELD RUN SURVEY BY MILDENBERG, BOENDER AND ASSOC. INC. DATED JUNE, 2001.

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.

James P. Hagan 7/26/01
 DEVELOPER'S SIGNATURE DATE

DEVELOPER'S NAME

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 CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

John M. Hagan 7/26/01
 ENGINEER'S SIGNATURE DATE

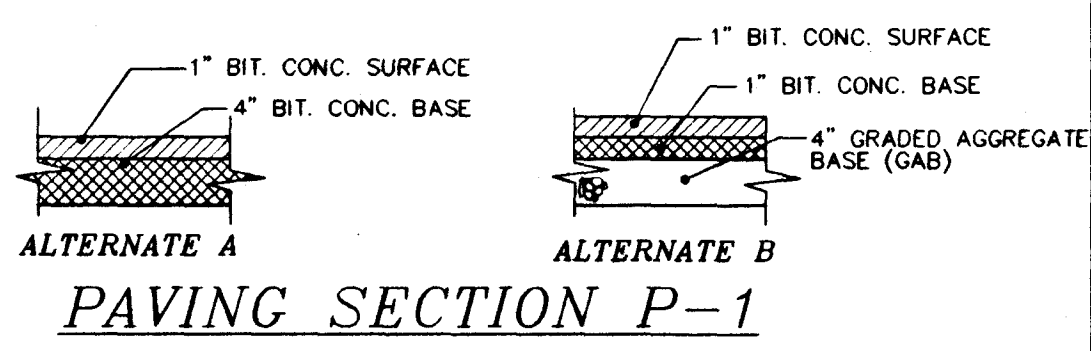
ENGINEER'S NAME

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS.

Jim Myers 7/31/01
 SCD-NATURAL RESOURCES CONSERVATION SERVICE DATE

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

John R. Robertson 7/31/01
 HOWARD SCD DATE



01-030.DWG \ PLOT-PLAN

OWNER:
 DR. PAUL ROGERS
 DR. LEA LAZAR
 945 OAKMOOR DR.
 HALETHORPE, MD 21227

BUILDER
 PAT HAGAN
 HAGAN AND HAMILTON
 20 EAST TOMONUM ROAD
 SUITE 100
 TOMONUM, MD 21093

Project	01-030	date	JULY 01
Illustration	MMP	engineering	MMP
scale	1"=60'	approval	JBM

no.	description	revisions	date

LOT 717 THE PRESERVES
 10410 KINGSBRIDGE ROAD, ELLICOTT CITY MD. 21042 (PLAT NO. 8320)
 SECOND ELECTION DISTRICT TAX MAP 23 HOWARD COUNTY
PLOT PLAN

MILDENBERG, BOENDER & ASSOC., INC.
 Engineers Planners Surveyors
 5072 Dorsy Hall Drive, Suite 202, Ellicott City, Maryland 21042
 (410) 997-0296 Balt. (301) 621-5521 Wash. (410) 397-0298 Fax