

12/17/93
2:00 cp

PERMIT

02-339552

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49793

A 39195

DISTRICT 2nd

DATE 12/9/93

DATE SYSTEM APPROVED 12/17/93

INSPECTOR CPD

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Burleigh Manor, Sec. II LOT 669 ROAD 10425 Kingsbridge Road

PROPERTY OWNER Elaine Northrop & Rich Menz

ADDRESS _____

SEPTIC TANK CAPACITY 1750 GALLONS

NUMBER OF BEDROOMS 6

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 420

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 - From the front-right lot corner, place the distribution box 225 feet down the right lot line and 110 feet off that lot line. Run trnches along contour toward right side of lot. First trench is to be above highest edge of platted sewage disposal easement.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 2/8/93 RL

PLANS APPROVED BY C. Williams DATE 11/25/88-12/14/92

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
39195

APPLICATION

PERCOLATION TESTING

A 39195

P _____

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

DISTRICT _____

DATE _____

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, Reguardt and Associates

ADDRESS 2315 St. Paul Street, Baltimore, Md. 21208 (301) 235-3450

PROSPECTIVE BUYER STEWART GREENEBaum 484-8400

ADDRESS ELAINE Northrop + Rich Menz PHONE 410-465-3347

PROPERTY LOCATION: lot 669 on Prelim

SUBDIVISION Burleigh Manor Section 2 LOT NO. 48

ROAD AND DESCRIPTION West of the intersection of Centennial Lane and Old Annapolis Road
10425 Kingsbridge Rd.

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.

Stenler (301) 484-8400
(SIGNATURE OF APPLICANT)

APPROVED BY B Nyfan FOR Shallow septic only DATE 2/5/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-5-87 Renc SATT'S FACTORY hold for PERC EHW

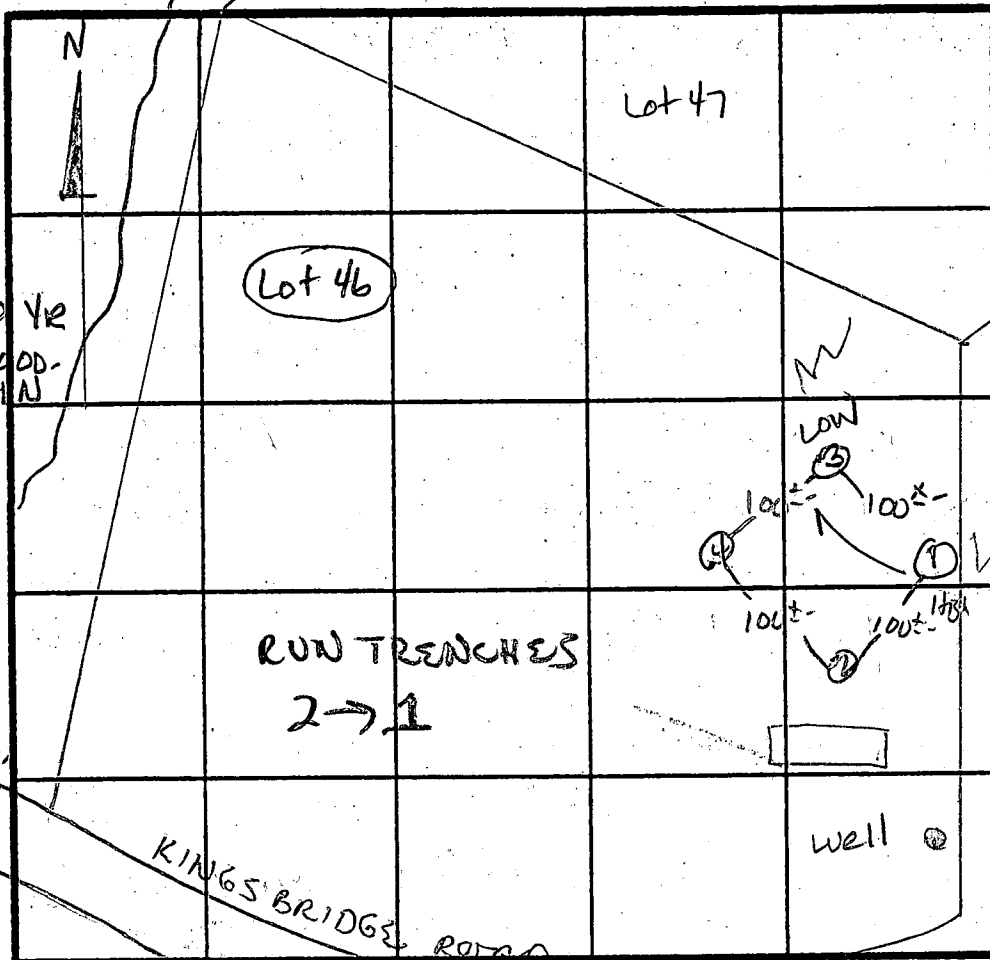
BLDG. PERMIT SIGNED
AND RETURNED 12/14/87
Serial # 46321 - SFD - 6 Buni

BLDG. PERMIT SIGNED
AND RETURNED 5-26-87
BP 26178

THIS IS NOT A PERMIT

① ② ③ ④
SOIL PROFILE

| | |
|---|------------------------|
| A1-3 | 4' 11" |
| Red yellow silty clay loam 10-15% Fe ₂ O ₃ | 100 yr FLOOD-5' MIN |
| Yellow BL silty sand loam 15-25% frags | |
| ▽ ← | HOLE 12-13 |



X Rec 12 min
200 φ 18L
INLET 3.5
BOTTOM 6.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
ROAD "AA"

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|-------|----------------|-------|----------------|----------|--------|
| | | | START | STOP | START | STOP | |
| 6/5/67 | 1 S | 4' | 11:52 | 11:54 | 11:54 | 11:59 | 5 MIN |
| | | 8' | 11:55 | 11:59 | 11:59 | 12:08 | 9 MIN |
| | 1 V | 12.5' | WATER AT 12.5' | | UNIFORM | Below 4' | |
| | 2 S | 5' | 12:00 | 12:08 | 12:08 | 12:22 | 14 MIN |
| | | 13' | UNIFORM SOIL | | below 4.5' | | |
| | 3 S | 4' | 1:15 | 1:27 | 1:27 | 1:50 | 23 MIN |
| | | 12.5' | WATER AT 12.0' | | UNIFORM | below 4' | |
| | 4 S | 4' | 1:22 | 1:25 | 1:25 | 1:30 | 5 MIN |
| | | 13' | UNIFORM SOIL | | below 4' | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

REMARKS: Holes per Prt - Shallow Syst only

TYPE OF SOIL: Chester

TESTED BY: S. Abel

ALSO PRESENT: Jeff, Rocky, Bill

EH-12-1079

B 1 **5627** 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-88-0253
 fill in this form completely

Date Received (APA) **02 21 88**
 OWNER INFORMATION
 Greenbaum Rose ASS.
 1777 Reich Astor RD.
 Baltimore MD 21208

B 3 LOCATION OF WELL
 HOWARD COUNTY
 REPUBLICA MANOR SUBDIVISION
 SECTION 44 LOT 669
 ELLICOTT CITY
 MILES FROM TOWN (enter 0 if in town) **3.5** MI

DRILLER INFORMATION
 Joseph I. Mays
 238 License No. 80
 Joseph I. Mays Well Drilling
 5512 Ridge RD. Mt Airy, 21771
 Signature: Joseph I. Mays Date: 2/13/88

B 4.1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 W
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST
 DISTANCE FROM ROAD **50** FT or MI
 ENTER 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 A-39195 COUNTY NO.
 STATE SIGNATURE DATE ISSUED **10/17/88** CO SIGNATURE **Ed. W. O. ...** EXP. DATE **4-11-89**
 NORTH GRID **520000** EAST GRID **0836000**

APPROXIMATE DEPTH OF WELL **300** FEET

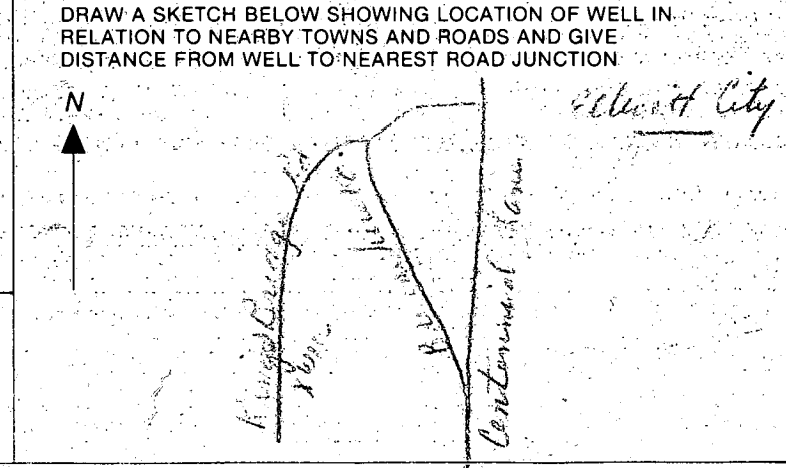
APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

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 **CW** WRITE INITIALS IN BOX PERMIT NO. **HO-88-0253**

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 **836** 6
 N **520**



Location OK

10 NOV 88

- ① 105 FT Pipe with 2 ft out of ground
- ② 29 FT open hole measured with a weight & string
- ③ 11 bags
- ④ Well OK

also present
Johnny

R. W. Dodge

4/19/94 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 _____
Replacement _____

Receipt # 0
Date 4/18/94

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner MENTZ Telephone _____
Subdivision Burleigh Manor Lot # 669 Well Tag # HO 88-0253
Site Address 10425 Kingsbridge Rd

- Pump
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
 - Make _____
 - Model # _____
 - Capacity _____ GPM
 - Pump exceeds well capacity Yes _____ No _____
 - If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

- Motor
- Horsepower _____
 - RPM _____
 - Voltage _____
 - 110 _____
 - 220 _____

- Pitless Adapter
- Make _____
 - Model # _____
 - Depth _____

- Tank
- Capacity _____
 - Pressure relief valve? _____

- Piping
- Type _____
 - Size _____
 - NSF and/or BOCA Code approved _____
 - Depth of supply line _____

- Well data
- Depth _____ ft.
 - Yield _____ GPM
 - Static water level _____ ft.
 - Will water supply be disinfected by installer? _____

4/20/94 WPI OK.
Line covered
4' below grade
1.5' above grade DKS

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.

C1 9624

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 A# 39195

DATE RECEIVED

DATE WELL COMPLETED 11/10/88

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 70-88-0253

OWNER GREENBAUM + ROSE P.S.S. STREET OR RFD KING BRIDGE RD. TOWN E.C. MD. SUBDIVISION BURLITCH MAJOR SECTION 2 LOT 669

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 entries for SAND and GRAY MICA Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 11 NO. OF POUNDS 1037

CASING RECORD

MAIN CASING TYPE S+ Nominal diameter 6 Total depth 105

OTHER CASING (if used)

Table for other casing diameter and depth.

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO PL OT

C2

Table for screen depth (nearest ft.) with columns for each screen section.

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE Joseph Maigne

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

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 Bucket

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO (CIRCLE) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)