

4-7-89
ASAP AM

02-339544

PERMIT

P 45945

SEWAGE DISPOSAL SYSTEM

A 39198

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 2nd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 3/17/90

DATE SYSTEM APPROVED 4-7-89

INDEXED

INSPECTOR S. Auhl

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Burleigh Manor ROAD 10429 Kingsbridge Road
4150 Centennial Lane LOT 668

PROPERTY OWNER Stewart Greenebaum

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 256 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 6 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the right front lot corner, place the distribution box 190 feet down the right (514.08') lot line and 165 feet off the right line as seen when facing property from Kings Bridge Road. Run trenches along contour towards the front and left lot lines.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *FC*

PLANS APPROVED BY Bert Nixon DATE 7/27/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

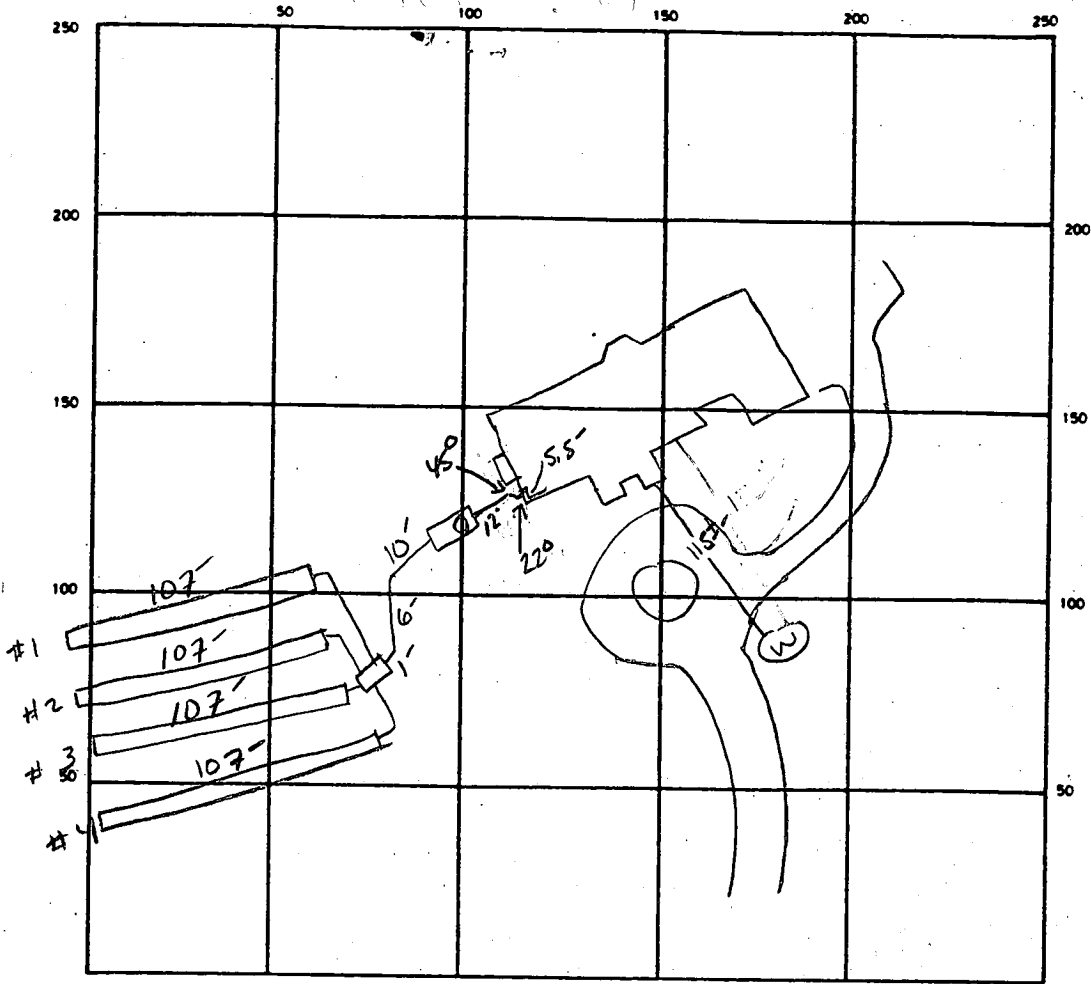
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BOG. PERMIT SIGNED
AND RETURNED 5/18/90
Serial # 32715 - Addition

A
39198

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

Kingsbridge Ct

SEPTIC TANK. LEVEL ✓ 2000 CLEANOUTS ✓

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 6.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 107 107 107 107 FT 428

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 1284 SQ. FT. Req. 1280

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

ABSORBENT AREA 1284 SQ. FT.

REMARKS 4-7-89 OK TO COVER # 1+2 FINISH # 3+4 NEED HOUSE CONNECTION + CLEAN TANK
4-7-89 OK TO COVER

DATE SYSTEM APPROVED 4-7-89 INSPECTOR S. Abel

APPLICATION

PERCOLATION TESTING

A 39198
P _____

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

DISTRICT _____
DATE 4/24/87

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 Whitman, Reguardt and Associates **STEWART GREENEBAUM**

ADDRESS 2315 St. Paul Street, Baltimore, Md. 21218 PHONE (301) 235-3450

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Burleigh Manor Section 2 LOT NO. 49

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

**REG. PERM. SIGNED
AND RETURNED**
Sub # 21105

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. Steu Shoen (301) 484-8400
(SIGNATURE OF APPLICANT)

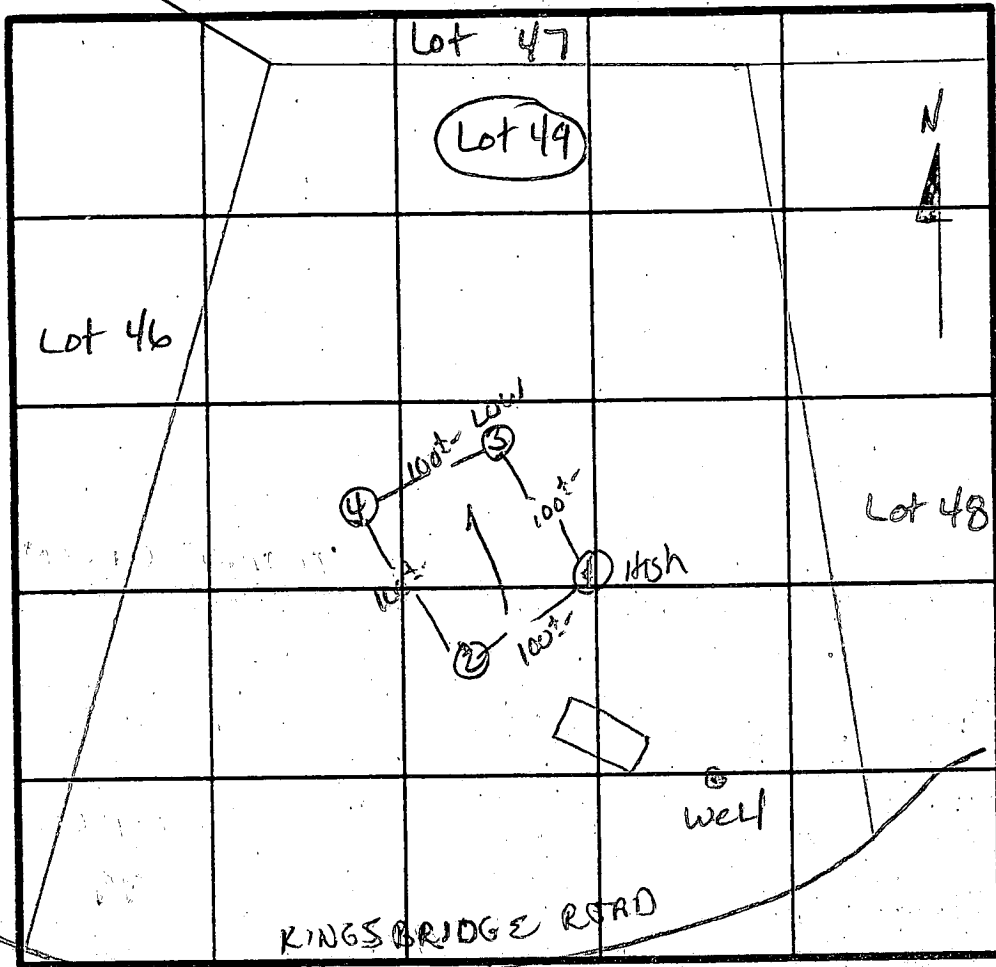
APPROVED BY B Nufon FOR shallow sys. only DATE 2/5/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-5-87 due SATISFACTORY hold for PART. SAU

THIS IS NOT A PERMIT



① SOIL PROFILE

4'-5" 0
A1-3
Yellow Bl
Silty CLAY
LOAM
15-20% FRAGS

3-4'
Yellow Bl W/
White veins
of Silty SAND
LOAM
25-30%
FRAGS

X Perc 10min
200 φ 1BR
INLET 4.5'
BOTTOM 6.5'
NOTE
BP BASED
ON THESE #1S

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

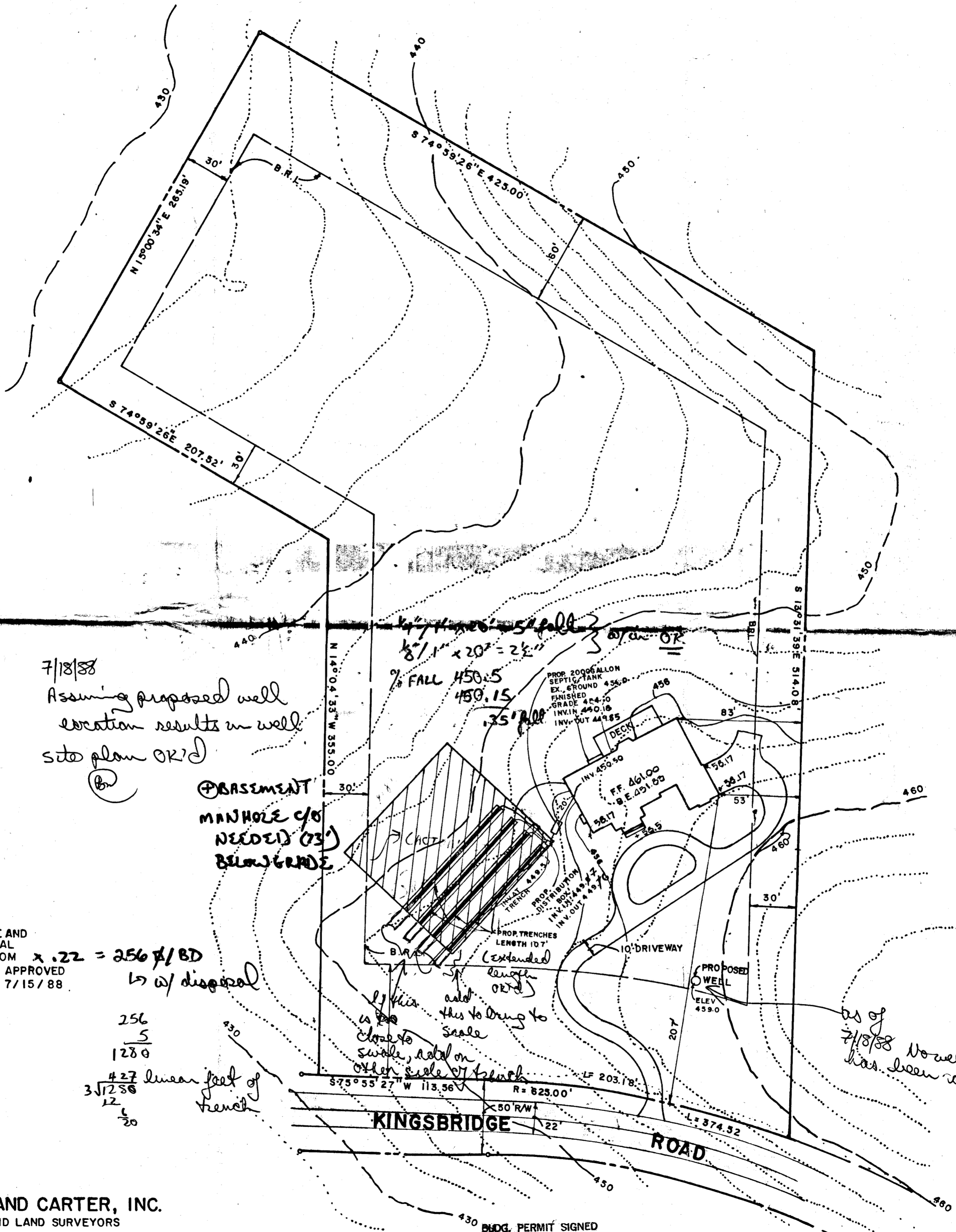
ROAD "AA"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/6/87	1 S	5'	11:24	11:30	11:30	11:42	12 MIN
	1 M	9'	11:28	11:35	11:35	11:48	13 MIN
	1 V	12.5'	UNIFORM SOIL below		3-3.5'		
	2 S	4.5'	11:30	11:40	11:40	11:58	18 MIN
	2 V	12.5'	SAME AS #1		UPPER PROFILE RED to yellow RED		
	3 S	4.5'	11:38	11:39	11:39	11:43	4 MIN
	3 V	13'	SAME AS #1		WATER AT		
	4 S	5'	11:37	11:38	11:38	11:41	3 MIN
	4 V	12.5'	SAME AS #2		NO WATER		

REMARKS HOLES FOR PLANT / SHALLOW SYST ONLY

TYPE OF SOIL CHESTER

TESTED BY S. Abel ALSO PRESENT Becky, Jeff, Bill



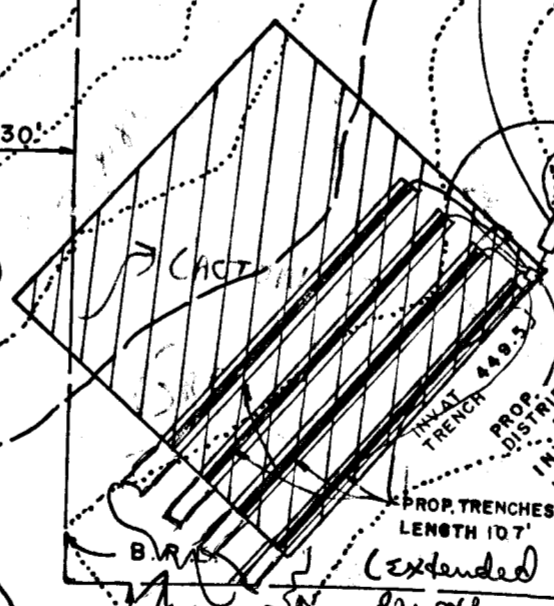
7/18/88
 Assuming proposed well location results in well site plan OK'd

⊕ BASEMENT MANHOLE (NO NEEDED) (3') BELOW GRADE

- NOTES
- 1.) 5 BEDROOM HOUSE AND GARBAGE DISPOSAL
 - 2.) 210 SQ.FT./BEDROOM $\times .22 = 256 \text{ gal/BD}$
 - 3.) 4-107' TRENCHES APPROVED BY HEALTH DEPT. 7/15/88

$\frac{256}{5} = 1280$
 $\frac{4.27}{12} = \frac{1}{20}$
 linear feet of trench

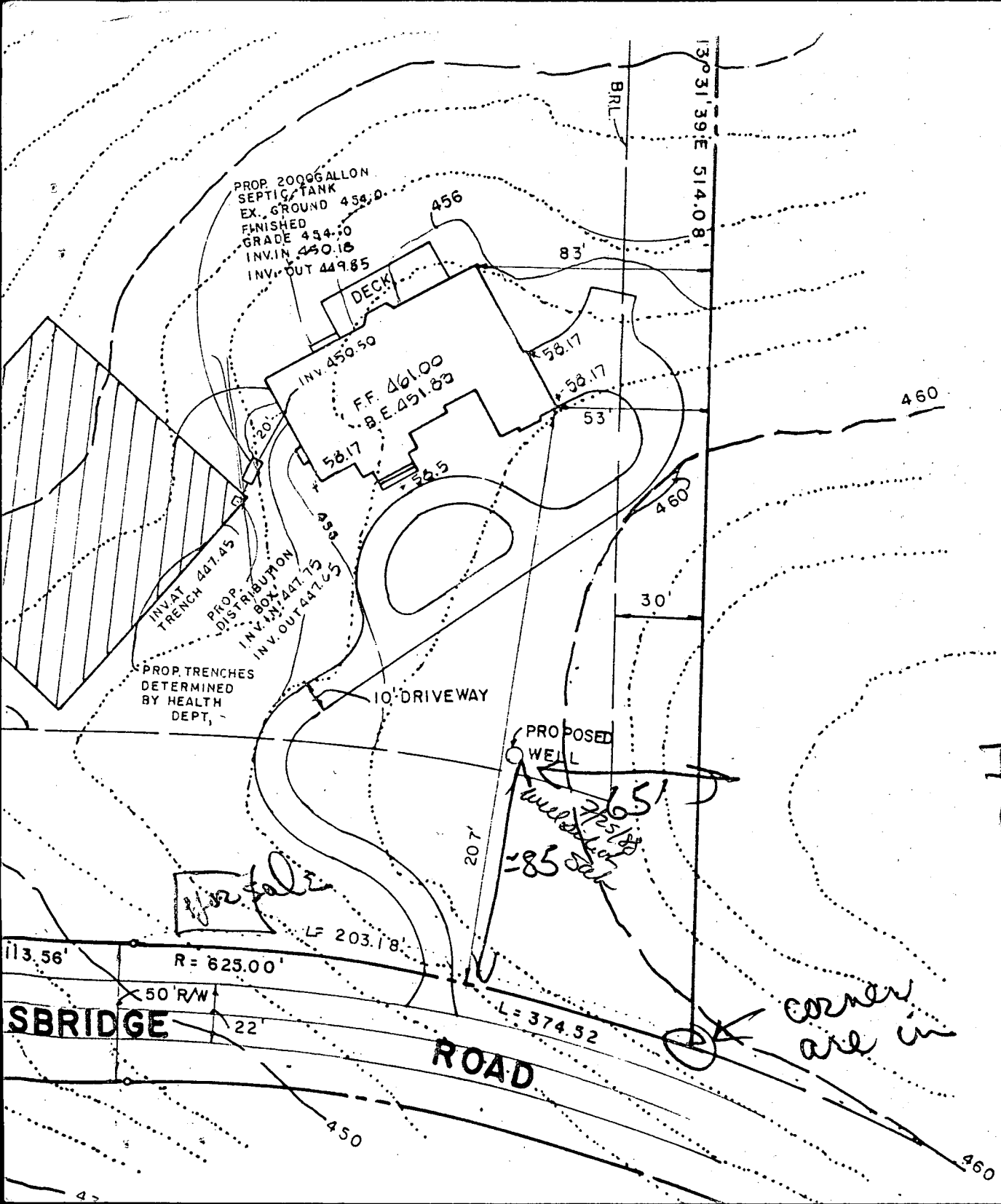
$\frac{1}{8} \times 1' \times 20' = 2\frac{1}{2}''$
 % FALL 450.5
 450.15
 35' fall



if this add this to bring to scale close to swale, hold on other side of bench

as of 7/18/88 No well has been drilled

BLDG. PERMIT SIGNED AND RETURNED 8-9-88
 BP 20005



LOT
 IN WOODS
 ROAD HAS BEEN CUT

corner
 are in

PERMIT NO. (USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-88-0068

DO NOT BE PUNCHED (ON ALL CARDS)

please print or type

fill in this form completely

Date Received (APA)

07-12-88

OWNER INFORMATION

GREENEBAYM + ROSE A.S.

1777 REVIS TERS TOWN RD.

BALTIMORE MD 21208

B 3

LOCATION OF WELL

HOWARD

BURLEIGH MANOR

SECTION 2 LOT 658

ELLICOTT CITY

MILES FROM TOWN (enter 0 if in town) 3 1/2 MI

DRILLER INFORMATION

Joseph H. Magna 238

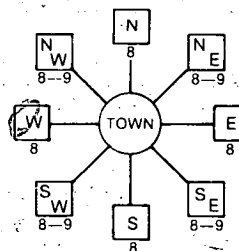
Joseph H. Magna Well Drilling

5512 Ridge Rd. Mt. Airy, Md. 21771

Signature Date 7/12/88

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Kings Bridge Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



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 A 39198

STATE SIGNATURE DATE ISSUED

CO SIGNATURE B. Wilson 01/27/89

NORTH GRID 519 0 0 0 EAST GRID 0836 0 0 0

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

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 INITIALS PERMIT NO. HO-88-0068

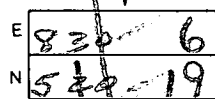
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

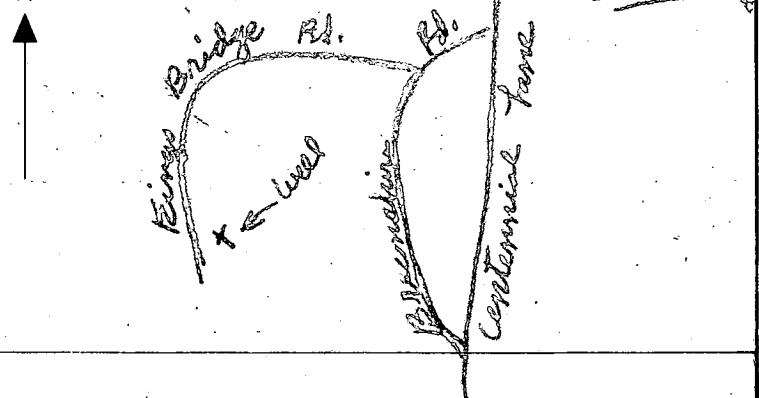
- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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

N



C1 9601

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-39198

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0068

OWNER ASSOCIATES GRUBBAUM + ROSS
STREET OR RFD KINGS BRIDGES ROAD TOWN ELLICOTT CITY
SUBDIVISION BURLINGHAM MANOR SECTION 2 LOT 668

WELL LOG

GROUTING RECORD

C 3

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

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

PUMPING TEST

DESCRIPTION (Use additional sheets if needed) FEET FROM TO Check if water bearing

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

HOURS PUMPED (nearest hour) 3

SAND 0 69
GRAY MICH. ROCK 69 270

NO. OF BAGS 15 NO. OF POUNDS 1410
GALLONS OF WATER 90
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

PUMPING RATE (gal. per min. to nearest gal.) 7 1/2

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE PLASTIC OTHER

METHOD USED TO MEASURE PUMPING RATE Bucket

MAIN CASING Nominal diameter Total depth
TYPE (nearest inch) (nearest foot)
S+ 6 75

WATER LEVEL (distance from land surface) BEFORE PUMPING 15

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

WHEN PUMPING 65

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL BRASS OPEN HOLE PLASTIC OTHER

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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

DEPTH (nearest ft.)
H 0 74 270

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO

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.

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

DRILLERS IDENT. NO. 237

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

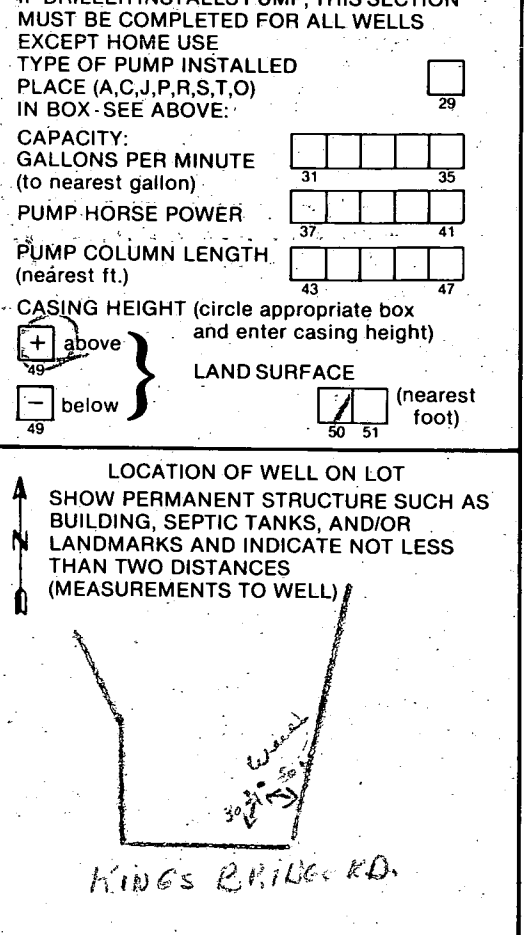
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ

LAND SURFACE (nearest foot)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)



County

2/3/89

2/3/89
Partial
c. B.D.
↓

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 X
Replacement _____

Receipt # 43581
Date 2/2/89

Name of Installer Timothy C. Kraus

Telephone 747-2293

License Number ~~3104~~ 3104

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Stewart Greenbaum Telephone 444-8400

Subdivision Burleigh Manor Lot # B-2 Well Tag # HO-88-0068 2/3/89

Site Address ~~4150 OFF CENTERMAN AT TAHOE 668~~
then left to 10429 Kings Bridge Rd. THE PRESERVE

- | | | |
|---|-------------------------------|------------------------|
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower <u>1 1/2 hp</u> | 1. Make <u>B10X</u> |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage <u>208-230</u> | 3. Depth <u>42"</u> |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 _____ | |
| 2. Make <u>RED JACKET</u> | b. 220 _____ | |
| 3. Model # <u>150 CNI CN28AD</u> | | |
| 4. Capacity <u>6 3/4</u> GPM | | |
| 5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/> | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____ | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <u>TAPE</u> <input checked="" type="checkbox"/> | | |

- Tank**
- Capacity 82 gal.
 - Pressure relief valve?

- Piping**
- Type Quest
 - Size 1" IPS
 - NSF and/or BOCA Code approved _____
 - Depth of supply line 42"

- Well data**
- Depth 270 ft.
 - Yield 7 1/2 GPM
 - Static water level _____ ft.
 - Will water supply be disinfected by installer? YES

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: Timothy C. Kraus

Date: 1/30/89

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

HD-215 Partial 2/3/89 Pitless adapter and line from [Need to see pump + tank set] well to home is ok. C.B.D. sticker left.