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MARYLAND STATE DEPARTMENT OF HEALTH' 2nd DISTRICT_

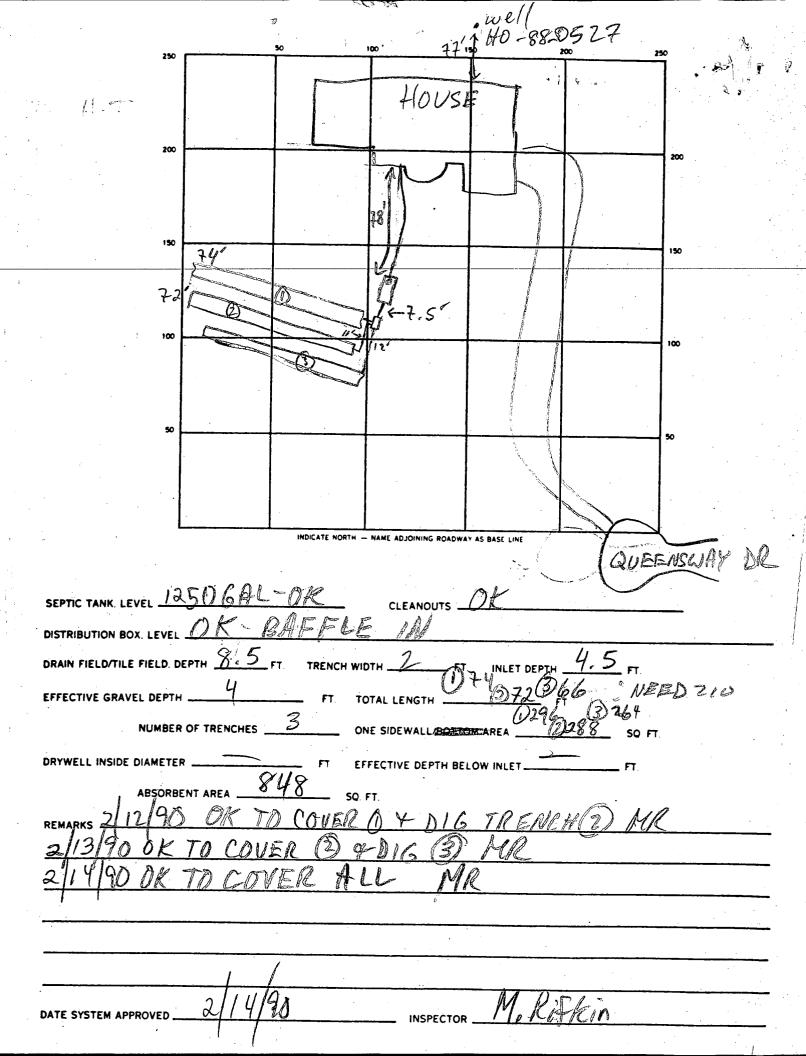
HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH 461-9933

INDEXED

DATE 1/11/90

SUBDIVISION BUTLEIGH MANOT ROAD 10422 Queensway Drive LOT 674 SUBDIVISION BUTLEIGH MANOT ROAD 10422 Queensway Drive LOT 674 PROPERTY OWNER Stewart Greenebaum ADDRESS JECANBAGE GRINDERK XXVES XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Jack Fyod	k .		IS PERM	ITTED TO INSTALL	X ALTER	.
SUBDIVISION Burleigh Manor ROAD 10422 Queensway Drive LOT 674 PROPERTY OWNER Stewart Greenebaum ADDRESS JE CAMBAGE SHANDER SUSEDINGREASE SEPTIC YANK CAPACITY BY SON AND ASSORPHON AREA BY 723 GAMBAGE GRANDERS SUSEDINGREASE SEPTIC YANK CAPACITY BY SON AND ASSORPHON AREA BY 723 GAMBAGE GRANDERS SUSEDINGREASE SEPTIC YANK CAPACITY BY SON AND ASSORPHON AREA BY 723 GAMBAGE GRANDERS SUSEDINGREASE SEPTIC YANK CAPACITY BY SON AND ASSORPHON AREA BY 723 GAMBAGE GRANDERS SUSEDINGREASE SEPTIC YANK CAPACITY BY SON AND ASSORPHON AREA BY 723 GAMBAGE GRANDERS SUSEDINGREASE SEPTIC YANK CAPACITY BY SON AND ASSORPHON AREA BY 723 GAMBAGE GRANDERS SUSEDINGREASE SEPTIC YANK CAPACITY BY SON AND ASSORPHON AREA BY 723 GAMBAGE GRANDERS SUSEDINGREASE SEPTIC YANK AND SEPTIC YANK CAPACITY BY SON AND ASSORPHON AREA BY 723 GAMBAGE GRANDERS SUSEDINGREASE SEPTIC YANK OR ASSORPHON AREA BY 723 GAMBAGE GRANDERS SUSEDINGREASE SEPTIC YANK OR ASSORPHON ASSORPHON AREA BY 723 GAMBAGE GRANDERS SUSEDINGREASE SEPTIC YANK AND DRY WELL STAND PRESS AND FRENCHES IN LINES FROM MOUSE TO BRAIN FIELDS NOTE NO DRY WELL SHALL EXCEED IS FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED IDD FEET IN LENGTH. NOTE ALL PARTS OF SEPTIC SYSTEMS IRE. TANK DISTRIBUTION BOX TRENCHES TO EXCEPT FROM MELL UNILESS OTHERWISE SPECIFICALLY AUTHORIZED NOTE. ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PMC OR ABS GRANDE IN DEEP TRENCHES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PALCING GRAVEL IN TRENCHES SPECIFICALLY AUTHORIZED NOTE. HO DRY WELL SHALL EXCEED IS FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED IDD FEET IN LENGTH. HOTE ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PMC OR ABS GRANDERS ACCEPTED IF TOP OF SEPTIC TANK AND DRY WELL STAND PIPES MUST BE GINCHESIN DIAMETER CAST IRON. CONCRETE OR TERRACOTTA OR PMC OR ABS ACCEPTED IF TOP OF SEPTIC TANK AND DRY WELL STAND PIPES MUST BE GINCHESIN DIAMETER CAST IRON. CONCRETE OR TERRACOTTA OR PMC OR ABS ACCEPTED IF TOP OF SEPTIC TANK AND DRY WELL STAND PIPES MUST BE G	ADDRESS 1377	5 Triadelphia I	Road, Glenel	·	•	· ·		
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*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT



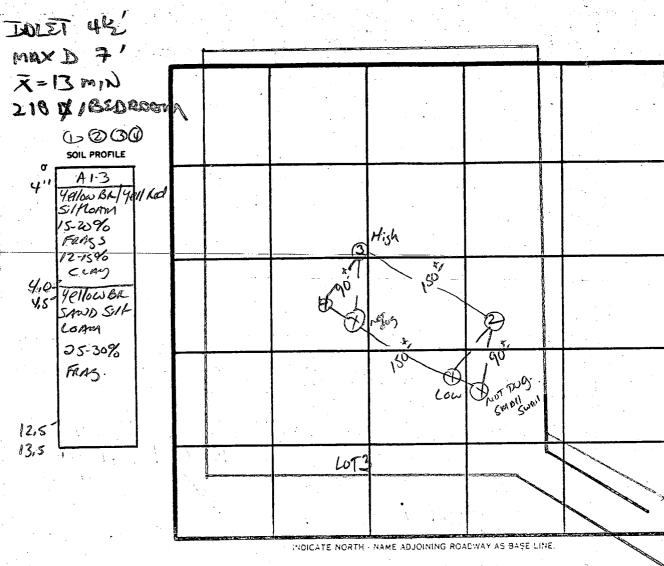
APPLICATION

PERCOLATION TESTING

A 38511

	P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933 DATE 1-28-87
	TELEPHONE: 461-9933
'O:	THE COUNTY HEALTH OFFICER
	ELLICOTT CITY, MARYLAND
	I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
ROP	ERTY OWNER Gerald M. Katz, Trustee c/o Whitman, Requardt and Associates
يووان.	ADDRESS 2315 Saint Paul Street, Baltimore, MD 21218 PHONE (301) 235-3450
	STEWART GREENEBAUM
PROS	PECTIVE BUYER
	ADDRESSPHONE
	LOT 674 on Prelin
PROP	ERTY LOCATION:
SUBD	IVISION Burleigh Manor Section 2 LOT NO 3
,,,,	AND DESCRIPTION West of the intersection of Centennial Lane and Old Annapolis Road
ROAD	AND DESCRIPTION West of the intersection of Centennial Lane and Old Annapolis Road
	23 24 290
TAX	MAP 23. 24 PARCEL # 290
SIZE	of LOT 3Ac. Type BLDG Single Family Dwelling
	(SINGLE FAMILY DWELLING OR COMMERCIAL)
250	
THE	SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE: I FULLY UNDERSTAND THE
.** FFF	CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDABLE UNDER ANY CIRCUMSTANCES. LALSO AGREE TO COMPLY
WIT	H ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT
	Desp frenches (SIGNATURE OF APPLICANT)
	Call on Sur
АРРК	OVED BY FOR STATES DATES
REJE	CTED BY DATE
HOLD	PENDING FURTHER TESTSDATE
	ONS FOR REJECTION OR HOLDING 3-26-87 Pure partiales from hold for subdivision plat. SAL
REAS	ONS FOR REJECTION OR HOLDING 3-26-87 Pure satisfeetery, hold for subclivision plat. SAG
	BEDG. PERMIT SIGNED

THIS IS NOT A PERI



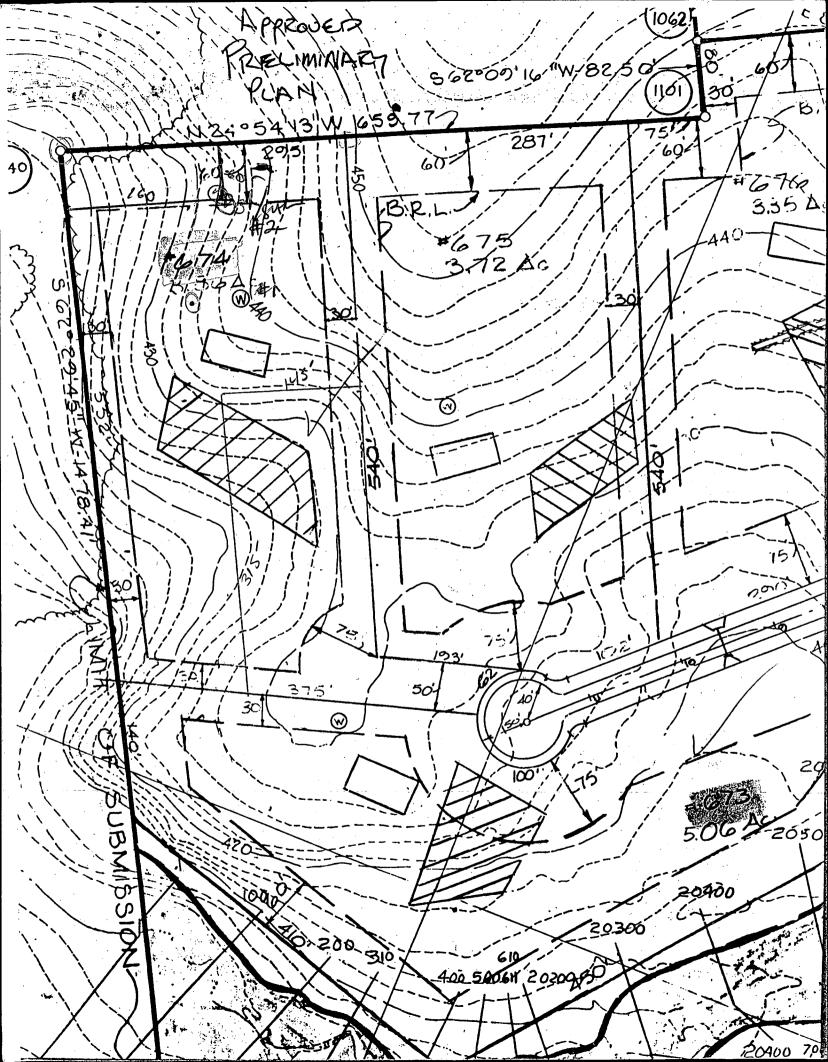
DATE	TEST NO.	DEPTH	PRE START	STOP	TEST -	I" DROP STOP	TIME
3/24/87	15	5.5	1132 WiFORAN S	1136 11 below	1136	1:43	7 Min
- 101	25	5-	1:36 UN: foxus	1147	1:47	2:13	26 min
. * S S	3 S		1:38		1:46	1:59	13 MIN 3 MIN
	3 v		NIFORM				
	41	13,5	Uni form	soil be	bas 4.5-		
			ĺ		\		,
-							e.

REMARKS	Holes DIF	F. MAN	PLAT	Shightly			
TYPE OF SOIL	Chester	(m.	- ·	·		<u> </u>	
TESTED BY	S. Abre	¥,			ALSO PRESENT	Bill, ROCKY	

EH-12-1079

513

SPECIAL CONDITIONS



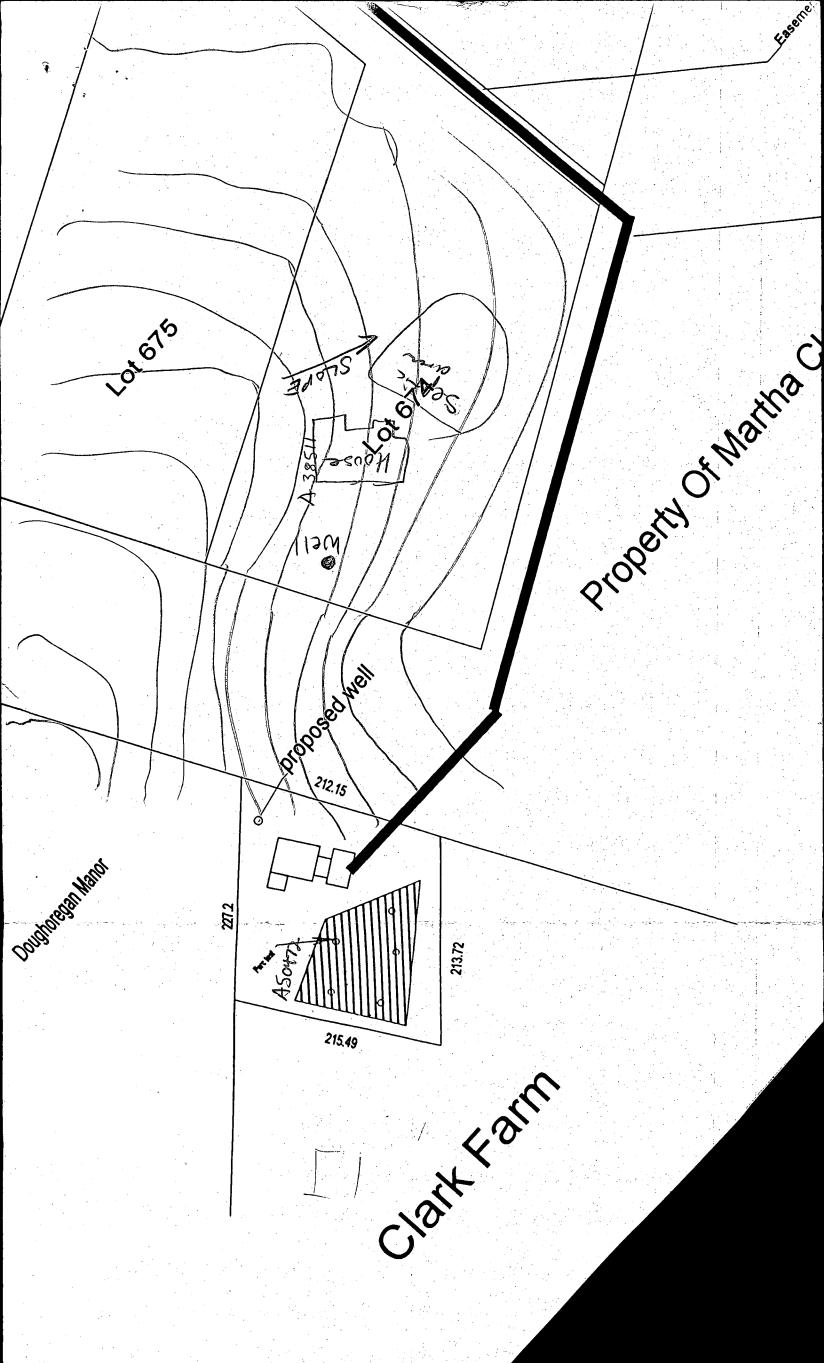
C 1 2374 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	NUMBER A-38511
DATE Received DATE WELL COMPLETE 13 DATE WELL COMPLETE 15 20 20	Depth of Well 22	PERMIT NO. FROM "PERMIT TO DRILL WELL"
1 - 4 1	RECABRICA . ASTRONO	
	first name TOWN	Elliebit Com
SUBDIVISION WELL LOG	SECTION	LOT 674
Not required for driven wells STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3 1 2 PUMPING TEST
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL CEMENT C M BENTONITE CLAY B C	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	NO. OF BAGS NO. OF POUNDS 13/6	PUMPING RATE (gal. per min. 15 to nearest gal.)
SAND STORE C 24	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
Gun 1016 34 365	from ft. to ft. bottom 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING
Gray MICA 24 265 1	casing types types insert ST CO	WHEN PUMPING
	appropriate STEEL CONCRETE CODE PL OT PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine
(1) A M (1) A	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary Other (describe 27 below)
	TYPE (nearest inch) (nearest foot)	J jet S submersible
	60 61 63 64 66 70 E OTHER CASING (if used)	
	diameter depth (feet)	PUMP INSTALLED
	C A S	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES OF NO) IF DRILLER INSTALLS PUMP, THIS SECTION
Drywers 400'	screen type SCREEN RECORD or open hole	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED
File Lin with	insert appropriate STEEL BRASS OPEN BRONZE HOLE	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT
Coment + Coment + Opical months	below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) (to nearest gallon) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Opilia in the in still the	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	E 1	CASING HEIGHT (circle appropriate box and enter casing height)
	H 2 2 23 24 26 30 32 36	LAND SURFACE (nearest foot)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	R 3 38 39 41 45 47 51	LOCATION OF WELL ON LOT
E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P TEST WELL CONVERTED TO PRODUCTION WELL THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"? AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE	from to	
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	IF WELL DRILLED WAS FLOWING WELL INSERT	25
DRILLERS IDENT. NO.	F IN BOX 68 68 OEP USE ONLY	
Joseph F. Maistre	(NOT TO BE FILLED IN BY DRILLER)	1001 100
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	
sosbougine (or arremork it mineraire itout betwittee)	COUNTY	

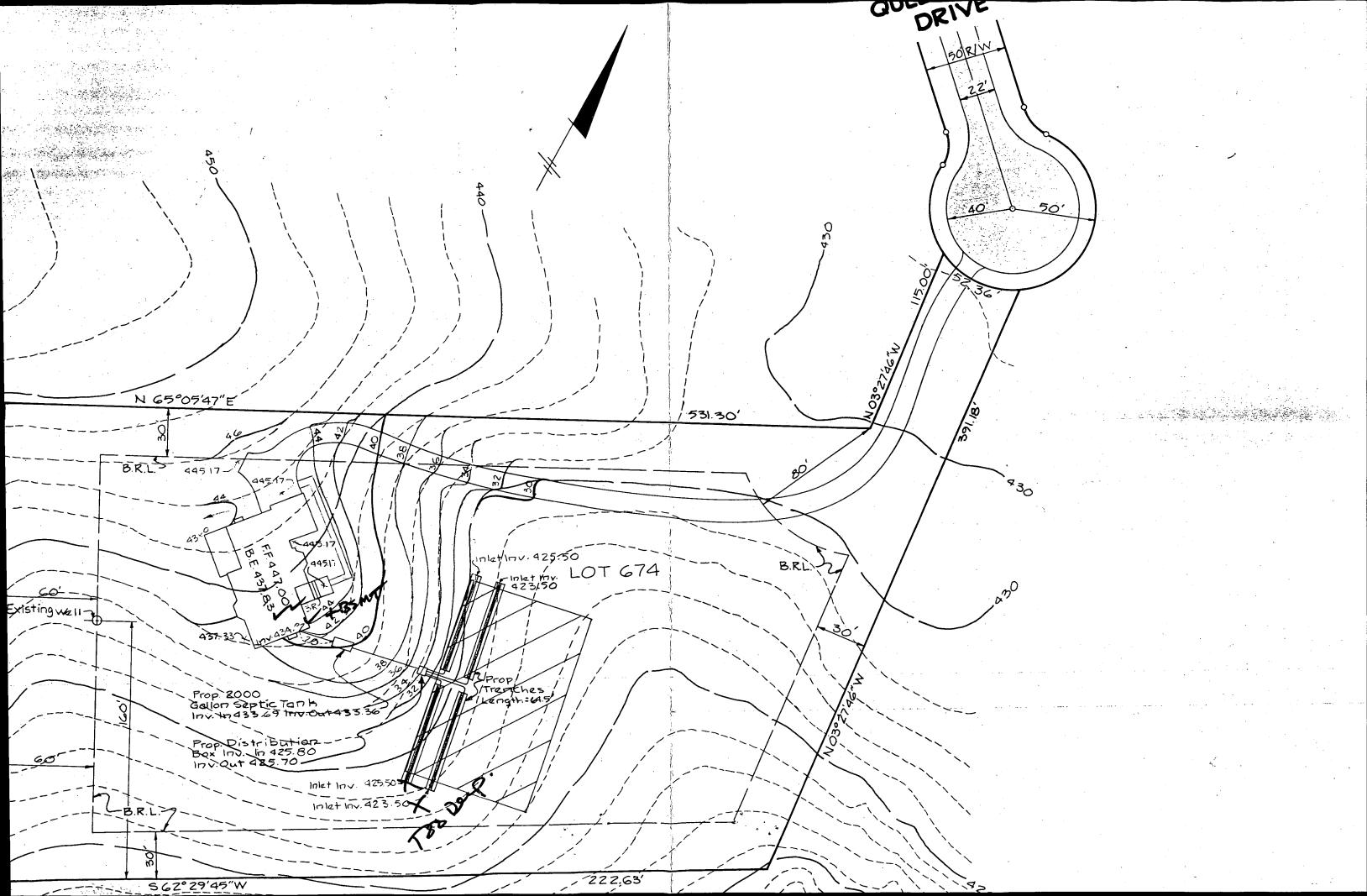
HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation		Receipt # 48 900 Date 48 24 89
Replacement	1 4	
Name of Installer T, mot	hy C. KRAUS	Telephone $747-229$
License Number 3104		
Contified Well Dump Instal	ler Well Driller	Registered Plumber
certified well rump instal	O (LION-OUM
Name of Property Owner St	ewart Geenbaum h mana Lot # 674 We	Telephone 78 1 8700
Subdivision Burners	h mana Lot # 674 We.	11 Tag # Hn - 88 - 0524
Site Address /0422 (2)6605	WAY DA	
	atte and the first and desirable and an arrange are an arrange and the same and the same are the same are an a	
Pump	Motor	Pitless Adapter
1. Type	1 Horsepower	1. Make
a. Deep well jet	2. RPM	2. Model #
b. Shallow well jet	3. Voltage	3. Depth
c. Submersible	a. 110 b. 220,	·
c. Submersible	b. 220,X	•
3. Model #		•
4. Capacity	SPM .	
5. Pump exceeds well capac	city Yes No X	
6. If Yes, is low pressure	e cutoff switch installed?	Yes No
7. What methods are used t	o protect the pump and elect	rical wiring from
vibrations? Torque an	restors X Cable guards	X Other
	Distant	Wall data
Tank	Piping	Well data
1. Capacity 40	1. Type Poly BUTHENK	
2. Pressure relief valve?	2. Size / 3. NSF and/or BOCA	
vaive? /v >		
1 1	Codo approved	laval a 2 ft
	Code approved	level <u>2</u> ft.
MR 8 13/89	4. Depth of supply	Will water supply
MR 8 13/89	4. Depth of supply	 Will water supply be disinfected by
	4. Depth of supply	4. Will water supply
MR 8/3/89 P.A. OK @ 3,5 BG.	4. Depth of supply line	4. Will water supply be disinfected by installer?
ML 8 13/89 1. A. OK @ 3.1 BG. I understand that it is	4. Depth of supply line	4. Will water supply be disinfected by installer?
MR 8 3/89 F.A. OK @ 3/86. I understand that it is proper the installations of the contract o	4. Depth of supply line	4. Will water supply be disinfected by installer?
ML 8 13/89 1. A. OK @ 3.1 BG. I understand that it is	4. Depth of supply line	4. Will water supply be disinfected by installer?
ML 8 3/89 A.A. OK @ 3 B.G. I understand that it is proportional to the installing is null and void).	4. Depth of supply line line responsibility to notify llation is ready for inspecti	4. Will water supply be disinfected by installer? the Howard County Health on (otherwise this permit
ML 8 3/89 A.A. OK @ 3 B.G. I understand that it is proportional to the installing is null and void).	4. Depth of supply line	4. Will water supply be disinfected by installer? the Howard County Health on (otherwise this permit
ML 8 2/89 LA OK @ 3 BG. I understand that it is properties to the installing is null and void). All information given above	4. Depth of supply line	4. Will water supply be disinfected by installer? the Howard County Health on (otherwise this permit
ML 8 2/89 LA OK @ 3 BG. I understand that it is properties to the installing is null and void). All information given above	4. Depth of supply line line responsibility to notify llation is ready for inspecti	4. Will water supply be disinfected by installer? the Howard County Health on (otherwise this permit
ML 8 2/89 LA OK @ 3 BG. I understand that it is properties to the installing is null and void). All information given above	4. Depth of supply line my responsibility to notify lation is ready for inspective is true to the best of my lignature of Applicant:	4. Will water supply be disinfected by installer? the Howard County Health on (otherwise this permit
ML 8 2/89 LA OK @ 3 BG. I understand that it is properties to the installing is null and void). All information given above	4. Depth of supply line	4. Will water supply be disinfected by installer? the Howard County Health on (otherwise this permit

on the well casing at the time of the inspection.





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FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

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Well Permit No. HO - 88-0527	•		
Location of property (road)	Du		
Subdivision Benleigh Money Lot	674 Block	Plat Sec.	2_
U	er Goenhau	1 Mesoc.	
Depth of well 265 Distance of measuring point (M.P.) above of Static water level (S.W.L.) below M.P. I. High rate pumping reservoir drawdown	30'		
Time pump started 7/30 Total time 15000 to reach pumping wate	·		
II. Recovery pump test data - observations to be	recorded every 15 i	ninutes	
TIME (in 15 WATER LEVEL PUMPING RATE	FLOW METER READII	NG CALCULATED	FLOW-

	TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \(\) gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW- (gallons per minute)
	7:45	107'	4 pre		15
	8:00	107	12		god from the
	. 8:15	107°	12	·	5
	8:30	107	12		5
	18:45	107	12		5
	9:00	107	12-		3
	9:15	107	/2_		.5
	9:30	107	12.		. 5
	9:45	/02	12-		5
	10:00	107	12		5
	10:15	107	12		5
	10:30	107	12		5
	10:45	107	12		5
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