

02-339617  
**PERMIT**

**SEWAGE DISPOSAL SYSTEM**

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**HOWARD COUNTY HEALTH DEPARTMENT**

**BUREAU OF ENVIRONMENTAL HEALTH**

~~XXXXXX~~ 313-2640

**INDEXED**

P 50012

A 38512

DISTRICT 2

DATE 5/5/94

DATE SYSTEM APPROVED 6/7/94

INSPECTOR C.B.D.

Charles A. Klein & Sons, Inc.

IS PERMITTED TO INSTALL X ALTER       

ADDRESS 5220 KLEES Mill Road - Sykesville, Maryland 21784  
10514 Marriottsville Road, Randallstown, Maryland 21133 PHONE 922-4468 549-6960

SUBDIVISION Burleigh Manor - Sec. 2 LOT 675 ROAD 10418 Queensway Drive

PROPERTY OWNER Williamsburg Builders David Addler

ADDRESS P. O. Box 1018  
Columbia, Maryland 21044

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from right front lot corner, start first trench 285 feet down right lot line and 10 feet off this same lot line. Run trenches on contour to center of lot. Maintaining 100 feet from well.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/29/94 DKS

PLANS APPROVED BY Mark Rifkin REVISED        DATE 1/03/94

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**

HD-260(6-90)

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 38512



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

Final 6/2  
OK / CBL

APPLICATION FOR PITLESS ADAPTER WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # — 0 —  
Date 5/3/94

Name of Installer CHARLES A. KLEIN & SONS, INC. Telephone (410) 549-6960

License Number 6521  
Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☐

Name of Property Owner WILLIAMSTHURGE BUILDERS Telephone (410) 997-8800  
Subdivision BERLEY MANOR @ PRESERVES Lot #675 Well Tag # H0 - 88 - 0740  
Site Address 10418 QUEENSWAY DRIVE ELLICOTT CITY, MD 21042

Pump  
1. Type  
a. Deep well jet  
b. Shallow well jet  
c. Submersible  
2. Make  
3. Model #  
4. Capacity                      GPM  
5. Pump exceeds well capacity Yes ☐ No ☐  
6. If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐  
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☐ Other ☐

Motor  
1. Horsepower                       
2. RPM                       
3. Voltage                       
a. 110                       
b. 220                     

Pitless Adapter  
1. Make                       
2. Model #                       
3. Depth                     

Tank  
1. Capacity                       
2. Pressure relief valve? ☐

Piping  
1. Type                       
2. Size                       
3. NSF and/or BOCA Code approved ☐  
4. Depth of supply line                     

Well data  
1. Depth                      ft.  
2. Yield                      GPM  
3. Static water level                      ft.  
4. Will water supply be disinfected by installer? ☐

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: Charles A. Klein Jr.

Date: 5/4/94

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

# APPLICATION

PERCOLATION TESTING

A 38512  
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 Williamburg Builders  
Gerald M. Katz, Trustee c/o Whitman, Requardt and Associates

ADDRESS 2315 Saint Paul Street, Baltimore, MD 21218 PHONE (301) 235-3450

PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION:

LOT 675 on Prelim

SUBDIVISION Burleigh Manor Section 2 LOT NO. A

ROAD AND DESCRIPTION West of the intersection of Centennial Lane and Old Annapolis Road  
(10418 Queensway Drive)

TAX MAP 23, 24 PARCEL # 290

SIZE OF LOT 3 Ac. TYPE BLDG. Single Family Dwelling  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED  
AND RETURNED 9/7/93  
Serial # 49252 - SFD 4Bm

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. Stan Sloan

(SIGNATURE OF APPLICANT)

APPROVED BY B. Nyfon FOR Shallow only DATE 2/8/88

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

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

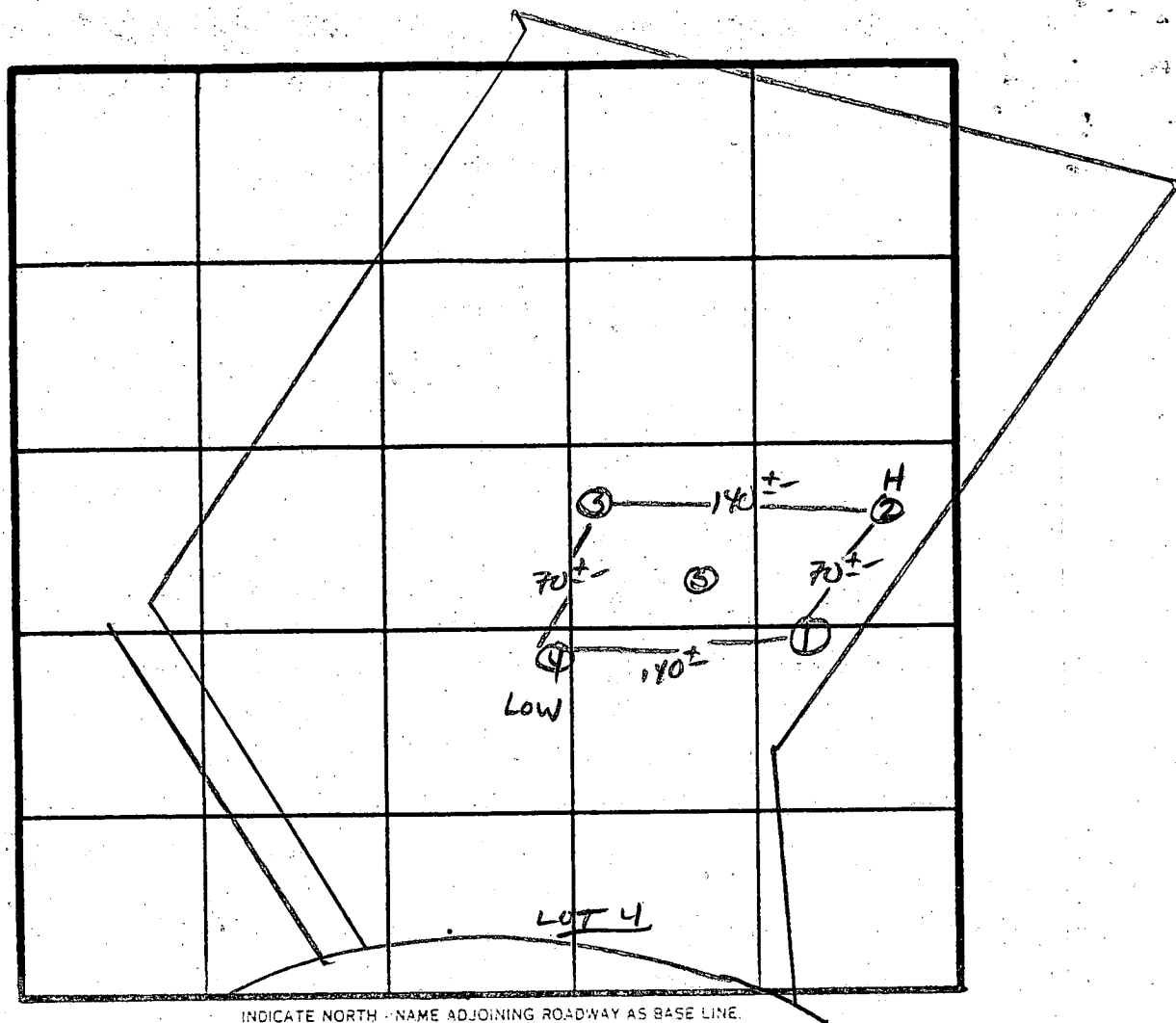
REASONS FOR REJECTION OR HOLDING 3-26-87 due to hydrology - water from S. Alton

# THIS IS NOT A PERMIT

INLET 4 1/2  
 MAX D 7'  
 220 Ø / BD  
 X = 19

① SOIL PROFILE

0	A1-3
4.11	Yellow Red Silty loam 12-15% CLAY 10-15% FRAGS
4.5	
5	Yellow Br Silty SAND LOESS 20-25% FRAGS
13	

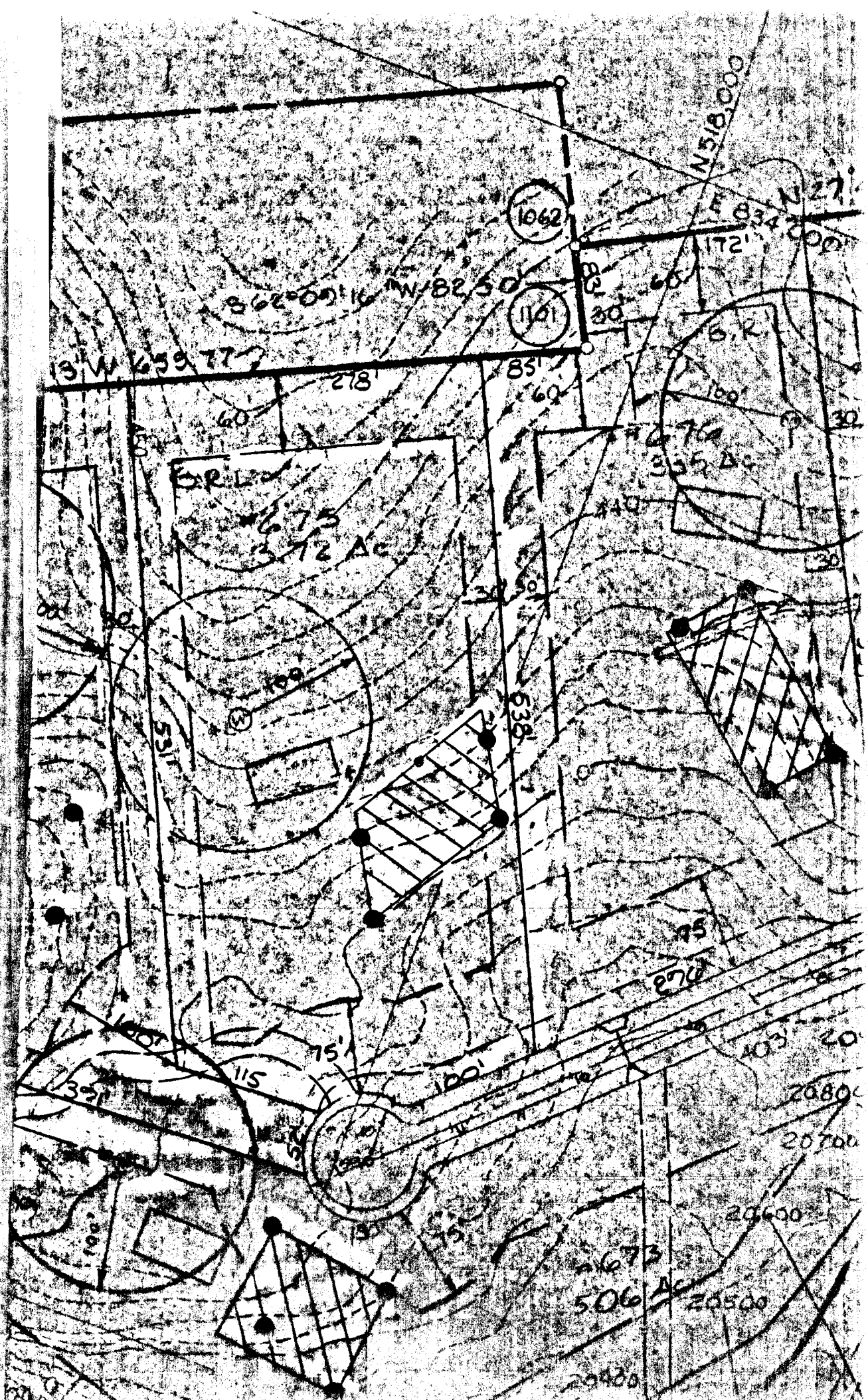


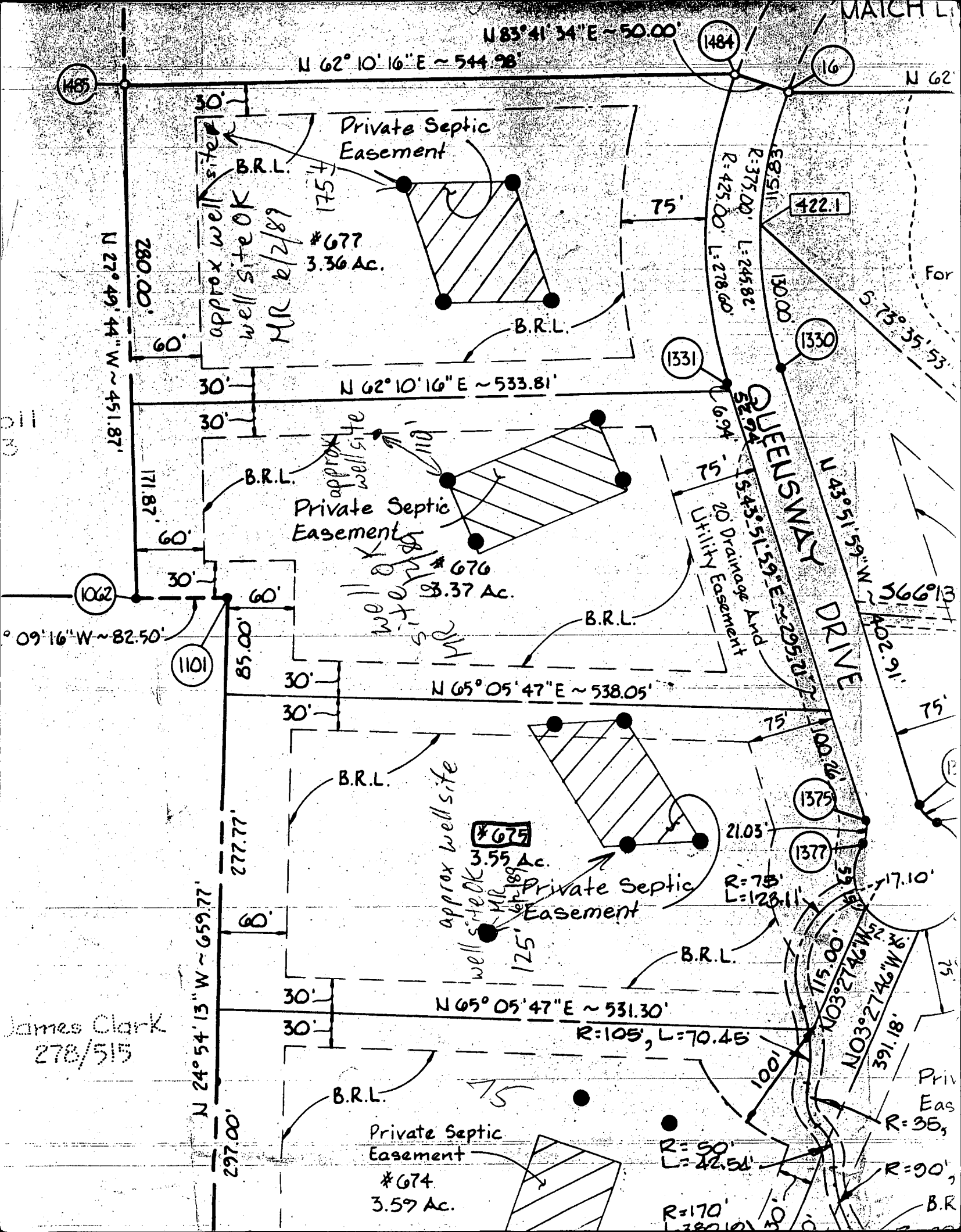
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/24/87	1S	4.5'	11:15	11:26	11:26	11:51	25 MIN
	1V	13'	UNIFORM SOIL below 4.5'				
	2S	5'	11:19	11:32	11:32	11:58	26 MIN
	2M	9'	11:18	11:21	11:21	11:25	4 MIN
	2V	14'	UNIFORM SOIL below 5'				
	3V	12.5'	UNIFORM SOIL below 5'				
	4S	4.5'	11:30				MIN
	4V	13'	UNIFORM SOIL below 5.5'				
	5V	12'	UNIFORM SOIL below 5'				

REMARKS 1 Holes Per PLAT

TYPE OF SOIL CHESTER

TESTED BY S. Abel ALSO PRESENT Bill, Ravey







C1 0053 SEQUENCE NO. (DENV USE ONLY)

(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 TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER A 38512

ST/CO USE ONLY

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

8 13

070597

22 75 26  
(TO NEAREST FOOT)40-88-0740  
28 29 30 31 32 33 34 35 36 37OWNER Greenbaum Rose & Assoc  
STREET OR RFD Greenway Dr last name first name TOWN Ellicott City  
SUBDIVISION BURLEIGH MANOR SECTION        LOT 675

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

Check  
if water  
bearing

FROM

TO

SAND stone

0 44

GRAY MICR  
ROCK

44 75

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)YES ☒ NO ☐

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☐NO. OF BAGS 9 NO. OF POUNDS 846GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 1 ft. to 36 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowSTEEL ☒ CONCRETE ☐  
PLASTIC ☐ OTHER ☐MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)8 1/2648EACH  
CASING

OTHER CASING (if used)

diameter  
inchdepth (feet)  
from to        
      screen type  
or open hole

## SCREEN RECORD

insert  
appropriate  
code  
belowSTEEL ☒ BRASS ☐ OPEN  
HOLE ☐  
PLASTIC ☐ OTHER ☐

C2

1 2

DEPTH (nearest ft.)

EACH

1

2

3

SCREEN

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

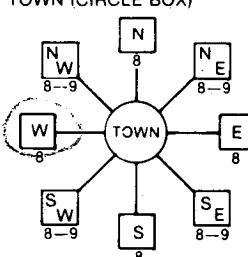

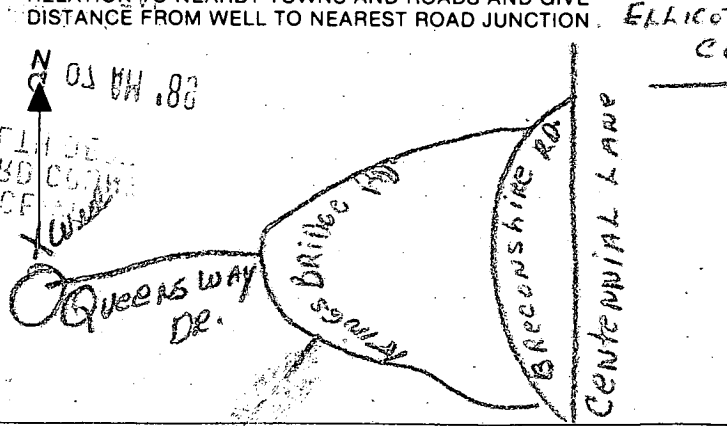
292

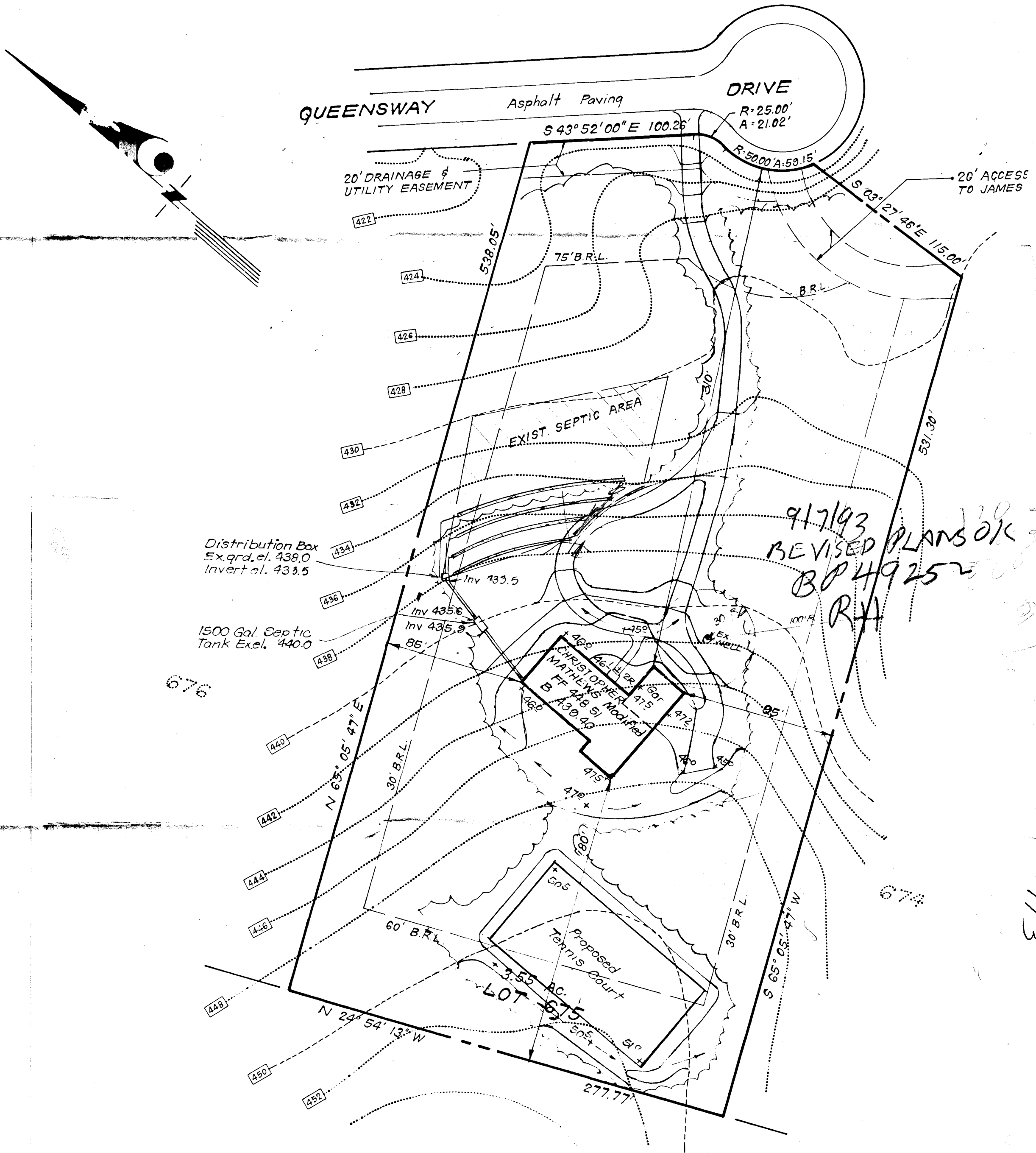
293

294

295



B 1	5658	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-88-0740</b>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) <b>052389</b>		LOCATION OF WELL 8 COUNTY <b>HOWARD</b> 21 23 SUBDIVISION <b>RIPLEIGH MANOR</b> 42 SECTION <b>2</b> 44 46 LOT <b>675</b> 48 50 52 NEAREST TOWN <b>ELLICOTT CITY</b> 71 MILES FROM TOWN (enter 0 if in town) <b>3 1/2</b> 73 76 77 78 <b>MI</b>		
OWNER INFORMATION 15 Last Name <b>CAPENBAUM</b> 13 Owner's First Name <b>ROSE</b> 34 36 Street or RFD <b>1797 REISTERS TOWN RD.</b> 55 57 Town <b>BALTIMORE</b> 70 State 72 <b>MD</b> Zip 76 <b>21208</b>		DRILLER INFORMATION Driller's Name <b>Joseph L. Mayne</b> 77 License No. 80 <b>238</b> Firm Name <b>Joseph L. Mayne Well Drilling</b> Address <b>5512 RIDGE RD. MT. AIRY 2171</b> Signature <b>Joseph L. Mayne</b> Date <b>5/22/89</b>		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NEAR WHAT ROAD <b>QUEENSWAY DR</b> 30 DISTANCE FROM ROAD <b>300</b> 34 37 ENTER FT or MI <b>FT</b> 38 39		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <b>Howard</b> COUNTY NO. <b>A38512</b> STATE SIGNATURE _____ INSERT S DATE ISSUED <b>061389</b> 43 CO SIGNATURE <b>Mark E. Riffin</b> 48 EXP. DATE <b>12/13/89</b> 63 NORTH GRID <b>518000</b> 50 55 EAST GRID <b>0834000</b> 57 63		
APPROXIMATE DEPTH OF WELL <b>300</b> 24 28 FEET APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>Well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE N <b>834</b> E <b>518</b>		
METHOD OF DRILLING (circle one) BORED (or Augered) <u>          </u> JETTED <u>          </u> Jetted & DRIVEN 30- <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37- <u>CABLE</u> REVERSE-ROTary Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION. <b>ELLICOTT CITY</b> 		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 GAP _____ 63 FORCE <b>MR</b> 67 WRITE INITIALS IN BOX 68 PERMIT No. <b>HO-88-0740</b> 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS				



Review OK 7/11/89

Well Permit No. HO - 88-0740  
Location of property (road) Queensway  
Subdivision Burleigh Manor Lot 675 Block        Plat        Sec.         
Well Driller J. Hayne Owner Greenbaum & Assoc

Depth of well 25'  
Distance of measuring point (M.P.) above ground 1'  
Static water level (S.W.L.) below M.P. 25'

Time pump started 7:00 Pumping rate 2090 gpm  
Total time 15 min to reach pumping water level 40 ft. below M.P.

[illegible]