

LAYOUT 10/17/03 11Am INSP 4 _____
INSP 2 10/20/03 INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 10/14/2003

APPROVAL DATE: 10/20/03

**PERMIT
INDEXED**
02 339 122

P 519614

A 38520

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

Hatfields Equipment IS PERMITTED TO INSTALL ☒ ALTER ☐
ADDRESS: 13785 Burntwoods Rd, Glenelg PHONE NUMBER: 301-854-6172
SUBDIVISION: Burleigh Manor LOT NUMBER: 685
ADDRESS: 3894 Whitebrook Lane PROPERTY OWNER: Ramesh Sabapathy
SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED ☐
PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐
NUMBER OF BEDROOMS: 5
SQUARE FEET PER BEDROOM: 210
LINEAR FEET OF TRENCH REQUIRED: 210 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 2.0 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 9.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Starting from the right front lot corner, place the distribution box 280' down the right lot line and 125' off this same lot line. Run trenches on contour in both directions.
NOTES:	Place a marker or cleanout pipe on distribution box to prevent encroachment of future road.

PLANS APPROVED: Mark E. Rifkin 42 DATE: 7/6/89

NOTES: PERMIT VOID AFTER 2 YEARS

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED

MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**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**

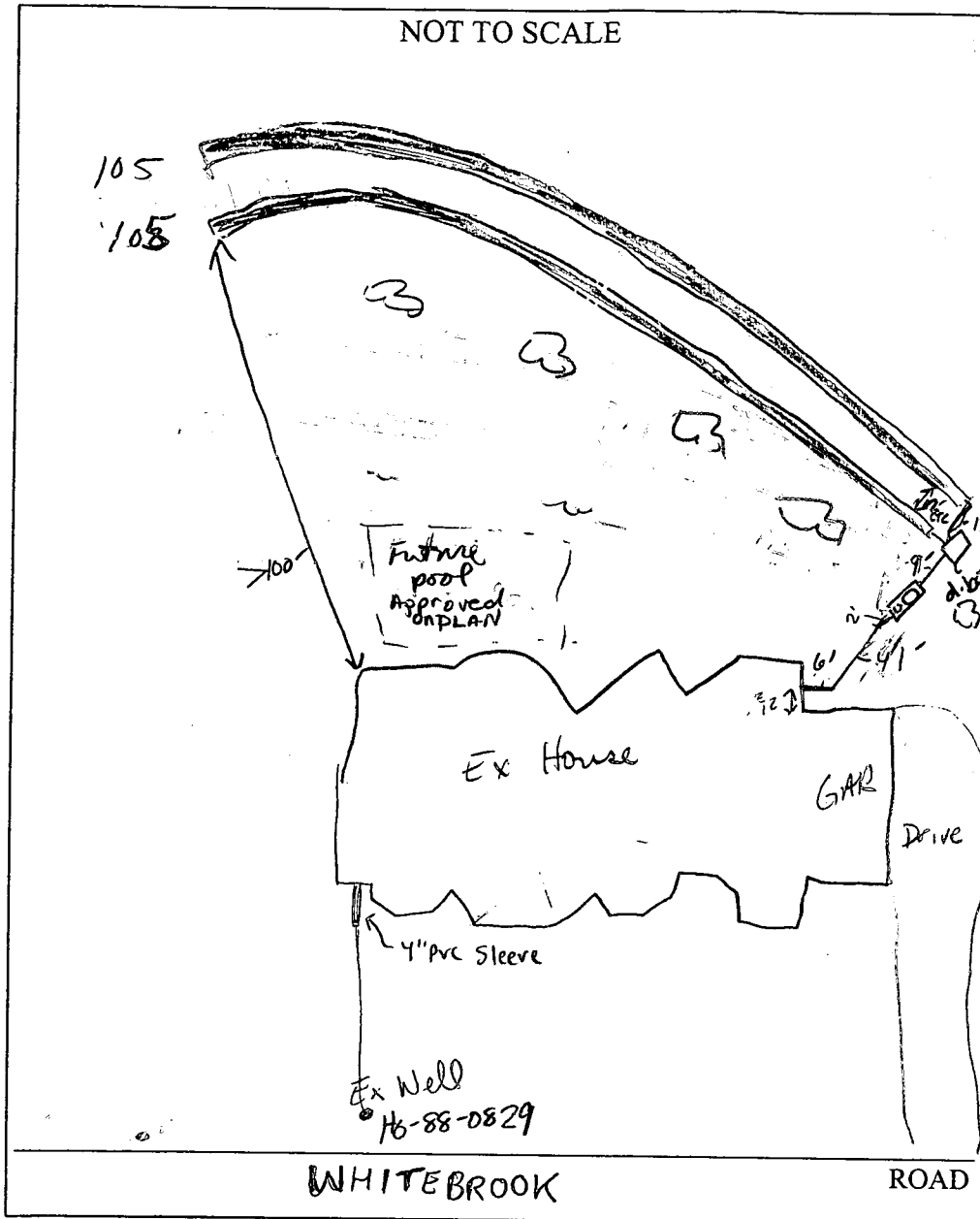
BUILDING PERMIT SIGNED ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED

11/16/04 BOD 151182-16 POC
6/7/05 BOD 154274-DECK

A 38520

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	5'	9'
NUMBER OF TRENCHES		
2		
TOTAL LENGTH		
210'		
ABSORPTION AREA		
1050 sq ft		
DISTRIBUTION BOX LEVEL		
w/ levelers ✓		
DISTRIBUTION BOX BAFFLE		
yes		
DISTRIBUTION BOX PORT		
N/A		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	yes
CAPACITY	1500 GAL
SEAM LOC	TOP
TANK LID DEPTH	2'
BAFFLES	yes
BAFFLE FILTER	No
MANHOLE LOC	back
6" PORT LOC	front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 10/17/03 Trenches 10' etc due to trees. Run 2-105' long trenches on contour. Top accurate & area staked. S.T. loc. per plan (KN)

INSTALLATION 10/20/03 OK TO COVER ALL WORK (KN)

FINAL INSPECTOR Karee Noonan

DATE OF APPROVAL 10/20/03

ENGINEER'S CERTIFICATE

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

3-21-03
DATE

DEVELOPER'S CERTIFICATE

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.

3-21-03
DATE

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS.

U.S.D.A. NATURAL RESOURCES CONSERVATION SERVICE4/9/03
DATE

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

HOWARD SOIL CONSERVATION DISTRICT4/9/03
DATE

LEGEND

SYMBOL	DESCRIPTION
-----	EXISTING CONTOUR 2' INTERVAL
-----	PROPOSED CONTOUR
+490.0	SPOT ELEVATION
SF/TPF	SILT FENCE/TREE PROTECTION FENCE
SSF/TPF	SUPER SILT FENCE/TREE PROTECTION FENCE
ECM	EROSION CONTROL MATTING
L.O.D.	LIMIT OF DISTURBANCE
XXXX	EXISTING STREET TREE TAKEN FROM F-01-

XXXX NOT INCLUDED IN THIS SUBMISSION

GENERAL NOTES:

1. THE TOPOGRAPHY SHOWN HEREON WAS TAKEN FROM THE PRELIMINARY PLAN SUPPLIED BY THE CLIENT.
2. THE PERC FIELD SHOWN HEREON IS BASED ON THE APPROVED PERC FIELD AS SHOWN ON RECORD PLAT #8313.
3. THE EXISTING WELL LOCATION IS A RESULT OF A FIELD LOCATION.
4. THE PROPOSED HOUSE SHOWN HEREON WILL HAVE A FIRST FLOOR GRAVITY SERVICE ONLY. A BASEMENT SERVICE MUST UTILIZE A PUMP SYSTEM.
5. LIMIT OF DISTURBED AREA: 1.51 ACRES
6. The tennis court and service road are not to be constructed at this time.

Approved Septic System Plan
Howard County Health Department

Signature

Date

1/12/03
Need protection
during driveway
installation, well
and ensure well
maintains 8' above
grade (R)/MR
Take to Stone
Cm. Am. sent in
will have well
done & install
place drainage
protection around
well

REMESH RESIDENCE
SCALE: 1" = 30'LOT 685
SINGLE FAMILY DETACHED
BURLEIGH MANOR

SECTION TWO
LOTS #665 THRU #719
A RESUBDIVISION OF PART OF PARCEL B-2
SECOND ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REFERENCE: 8313
ZONING: RC-DEO
TAX MAP 24 GRID 13 PARCEL 766
SCALE: 1"=30' DATE: FEBRUARY, 2003
Sheet 1 of 2

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTRAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
4101 461 - 2055

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMPTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440022 B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (+)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



FOUNDATION LOCATION: 8/20/03
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=100'
DATE: 8/21/03
DRAWN BY: A.K.O.
CHECKED BY: S.R.P.
PROJECT No: 61037

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

Drawing Name:

FCC •



PROFESSIONAL LAND SURVEYOR DATE
REG. 287

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: CHARLES A. KLEIN & SONS, INC. Telephone #: (410) 549-6960
Address: 5220 KLEES MILL ROAD
SYKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print) MICHAEL F. KLEIN License# 6522
*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: GRIFFMORE GROUP Telephone #: (440) 531-8705
Subdivision: BURLEIGH MANOR Lot #: 685 Well Tag #: HO-88-08-29
Site Address: 3894 WHITE BROOK LANE
ELLICOTT CITY MD 21042

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>JACUZZI</u>	Make: <u>HARVARD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5345-13P-52</u>	Model#: <u>PT-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (35" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>3</u> GPM	NSF approved: <input type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u> </u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

Piping to house
Type: POLYETHYLENE
PSI: 1" (160 psi min)
Depth of supply line: (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve:
Sleeve caulked and sealed properly: ☒

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: MICHAEL F. KLEIN
date: 4/18/05

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

Date Insp. Requested: Date Insp. Approved: 10/22/05 SRK/KRB
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 grant observed below pitless adapter

C1 0099 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 TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER A38520

STXCO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26
(TO NEAREST FOOT)

28 37
H0-28-0874

OWNER Greenbaum & Assoc last name Whitebrook first name TOWN Elkton City
STREET OR RFD
SUBDIVISION BURLINGHAM MANOR SECTION LOT 685

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
FROM TO

Check
if water
bearing

SANDSTONE 0 36
GAY MICA 36 305
ROCK

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 246

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

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

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

ST 6 42

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type
or open hole

SCREEN RECORD

insert
appropriate
code
below

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

C2

DEPTH (nearest ft.)
H0 40 305
EACH SCREEN
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from to

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

GRAVEL PACK
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.) W Q
70 72 74 75 76

TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 7

PUMPING RATE (gal. per min. to nearest gal.) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE-PUMPING 26

WHEN PUMPING 229

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

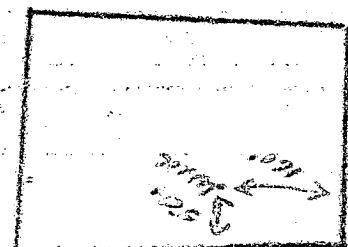
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:

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

above } LAND SURFACE (nearest foot)
below }

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)



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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO. 598

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

Page 1 of 1
Date 7/26/89

Review OK 8/7/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0829
Location of property (road) White brook La
Subdivision BUR LEIGH MANOR Lot 685 Block Plat Sec.
Well Driller J. Mayne Owner Greenbaum & Assoc

Depth of well 30.5'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 26'

I. High rate pumping -- reservoir drawdown

Time pump started 10:35 Pumping rate 15 gpm.
Total time 15 min. to reach pumping water level 26' 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:50	140	4		15
11:05	140	1		4
11:20	140	15		4
11:35	135	15		4
11:50	PUMP - ON (well depth dropping at 4 gallons per min.)			
12:00	Water level at 23' pumping 4 sec.			15
12:15	229	23		2.6
12:30	226	23		2.6
12:45	225	20		3
1:00	225	20		3
1:15	225	20		3
1:30	225	21		3
1:45	225	20		3
2:00	225	20		3
2:15	225	20		3
2:30	225	20		3
2:45	225	20		3
3:00	225	20		3
3:15	225	20		3
3:30	225	20		3
3:45	225	20		3
4:00	225	20		3
4:15	225	20		3
4:30	225	20		3
4:45	225	20	(OVER)	3

	Water Level	Pumping rate	Gallons per min.
5.00	225	20	www
15	225	20	
30	225	20	
45	225	20	
6.00	225	20	

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT
 JUL 31 4 00 PM '83
 HEALTH DEPT
 HOWARD COUNTY

B 1 5646 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 36 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0829 <small>fill in this form completely</small>
Date Received (APA) 052389 OWNER INFORMATION GREENBAUM ROSS ASS 1777 AUSTIN ST. RD. BALTIMORE MD 21208		B 3 LOCATION OF WELL HOWARD 8 COUNTY BURLEIGH MANOR 23 SUBDIVISION SECTION 2 LOT 685 ELLICOTT CITY 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 3.2 MI	
DRILLER INFORMATION Joseph L. Mayne Driller's Name Joseph L. Mayne Well Drilling Firm Name 5512 River Rd. Mt. Airy 21771 Address Joseph L. Mayne 5/22/89 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD Whitebrook Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 160 ENTER FT or MI FF	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A38520 COUNTY NO. STATE SIGNATURE DATE ISSUED 070589 CO SIGNATURE Mark E. Riffin EXP. DATE 1/5/90 NORTH GRID 520000 EAST GRID 0834000	
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)		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 8384 520	
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		7-26-89 Grant MR 36' OPEN 2/26/89 42' CASING 9 BAGS 2' CASING A.G. GROUT NOT OBS'D 000 well 01 TAG OK	
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 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER FORCE MR WRITE INITIALS IN BOX PERMIT No. 40-88-0829 SPECIAL CONDITIONS			

11:00 am
~~to follow~~ #2

Review

← Logged C. Bd 2/27

[illegible]

APPLICATION

PERCOLATION TESTING

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

A 38520
P _____

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 Gerald M. Katz, Trustee c/o Stewart J. Greenebaum - 484-8400

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

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Burleigh Manor Section 2 LOT NO. 12

ROAD AND DESCRIPTION West of the intersection of Centennial Lane and Old Annapolis Road
3894 Whitebrook Lane

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.

(SIGNATURE OF APPLICANT)

APPROVED BY B. Nylor FOR Deep system DATE 2/9/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-9-88 Perc Satisfactory; Hold for Subdivision Plat S.A.M.

BUDG. PERMIT SIGNED

AND RETURNED 10/6/88

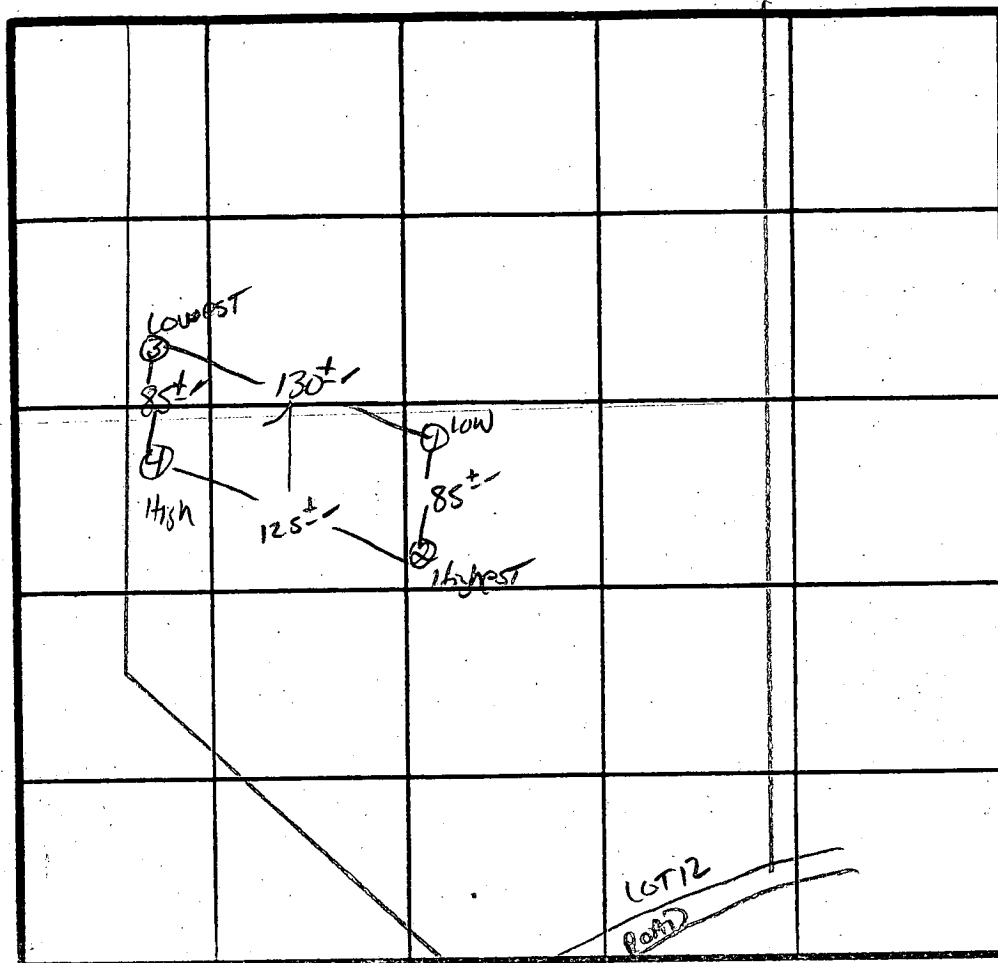
Serial # 29995-SFD
5 Bedroom

THIS IS NOT A PERMIT

①
SOIL PROFILE

0
4-11
A1-3
Yellow Br.
Silt loam
12-15% clay
4-5
5.5-
Yellow Br.
Silty silt
loam
20-25%
fragments
highly
micaceous

12-13



2 Perc
14 min
210 #/BL
INLET 5
BOTTOM 9

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/9/87	15	6"	10:44	10:46	10:46	10:50	4 min
	15	10.5"	UNIFORM SOIL below		5.5"		
	25	3.5	10:51	11:14	11:14	MOVING TO ROW	
	25	13"	UNIFORM SOIL below		9" - Cg.		
	35	5"	12:16	12:29	12:29	12:57	28 min
	35	12"	UNIFORM SOIL below		4" - Cg.		
	45	6"	10:53	10:59	10:59	11:11	12 min
	45	13"	UNIFORM SOIL below		6"		
	25	5"	12:23	12:28	12:28	12:39	11 min

REMARKS

Holes per PLAT

TYPE OF SOIL

CHESER LM. → GRavelly LM.

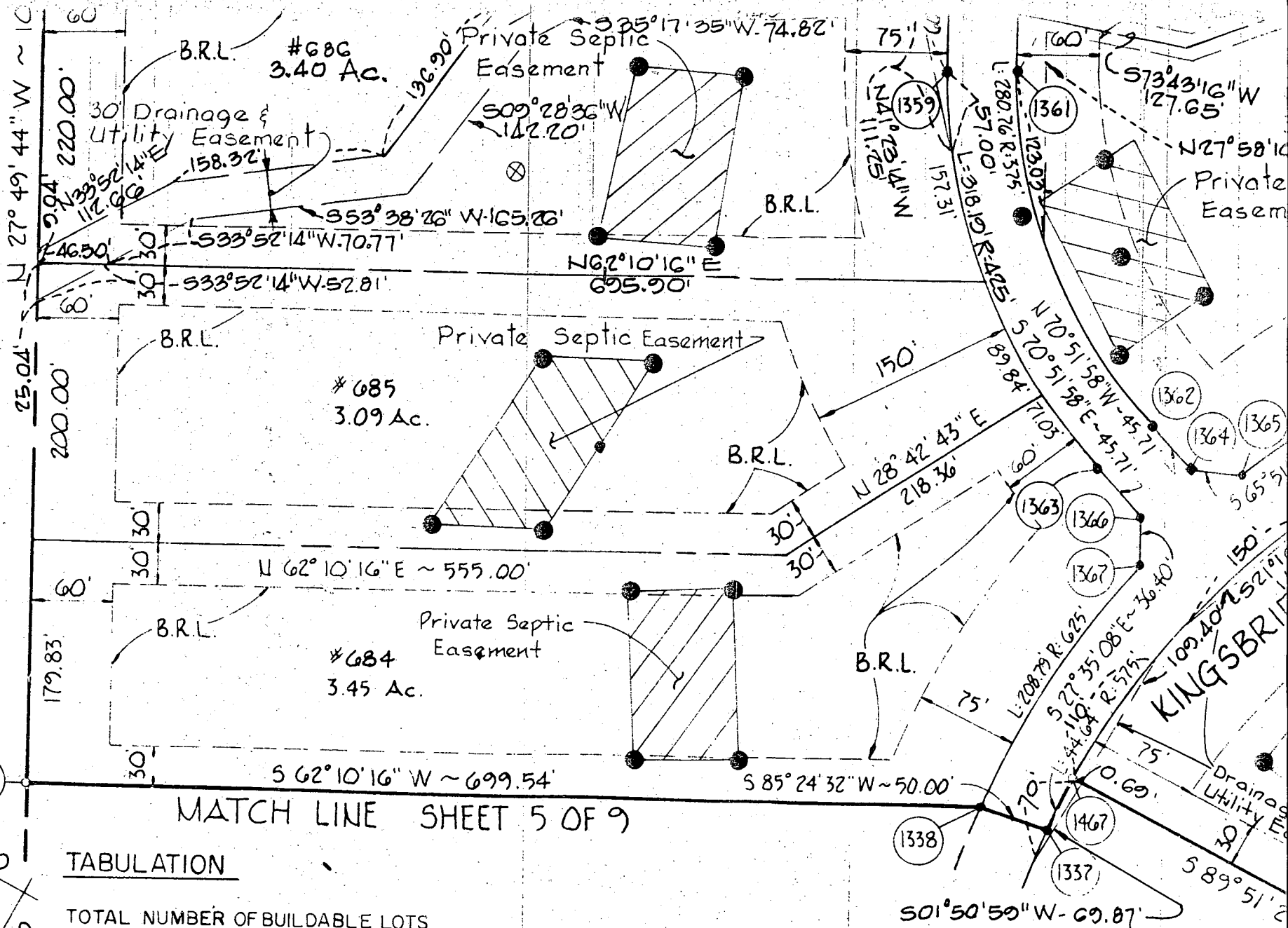
TESTED BY

S. Amel

ALSO PRESENT

SKIP, ROCKY

Phillip Carr
W/R 11/30



MATCH LINE SHEET 5 OF 9

TABULATION

TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED ——— 14
 TOTAL NUMBER OF LOTS TO BE RECORDED ——— 14
 TOTAL AREA OF LOTS TO BE RECORDED ——— 45.02 Ac.

TOTAL AREA OF ROADWAYS TO BE RECORDED ——— 3.10 Ac.
 TOTAL AREA OPEN SPACE TO BE RECORDED ——— 0
 TOTAL AREA OF SUBDIVISION TO BE RECORDED ——— 48.12 Ac.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

OWNER'S CERTIFICATE

WE, STEWART J. GREENEBAUM & THOMAS J. PELLERITO, TRUSTEES OF THE PROPERTY SHOWN AND DESCRIBED, ADOPT THIS PLAN OF SUBDIVISION & IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAN BY PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES & GRANT UNTO HOWARD ITS SUCCESSORS AND ASSIGNS, 1. THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINAGE

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

800/4177/ME

Building Address 3894 Whitehall Lane

EC 21042

Suite/Apt. #: _____ SDP/WP/Petition #: GPO305

Census Tract 6022.03 Subdivision Barlow Manor Preserve

Section 2 Area _____ Lot 685

Tax Map 22 Parcel 766 Grid 18

Zoning R-20 Map Coordinates 11010 Lot size 3.04 AC

Existing Use VACANT LOT

Proposed Use BUILD NEW SINGLE FAMILY HOME

Estimated Construction Cost \$ 800,000

Description of Work CONSTRUCT SINGLE FAMILY

HOME P/PLAN

Occupant or Tenant RAMESH SABAPATHY

Contact Name _____

Address 2934 TIMBER TRAILS CAT.

City ELLCOTT CITY State MD. Zip Code 21036

Phone (410) 461-5981 Fax (410) 531-8167

Property Owner's Name RAMESH SABAPATHY

Address 2934 TIMBER TRAILS CAT

City ELLCOTT CITY State MD. Zip Code 21042

Home Phone _____ Work Phone 410 461-5981

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax (410) 461-5981

Contractor Company THE GRIFFIN GROUP LLC

Contact Person STEVE GRIFFIN

Address 4231 LINTHICUM RD.

City DAYTON State MD Zip Code 21036

License No. 1307

Phone (410) 531-8105 Fax (410) 531-8070

Engineer or Architect Company JB DESIGNS

Contact Person JOHN BUTTS

Address 4231 LINTHICUM RD.

City DAYTON State MD Zip Code 21036

Phone (410) 531-8105 Fax 410 531-8070

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:

____ Reinforced Concrete
____ Structural Steel

Utilities

Water Supply:

____ Public
____ Private

Sewage Disposal:

____ Public
____ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

1st floor: 62'4" 100'4"

2nd floor: 61'4" 100'4"

Basement: 62'5" 100'4"

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms 5

Multi-family dwellings:

No. of efficiency units: _____

No. of 1 BR units: _____

No. of 2 BR units: _____

No. of 3 BR units: _____

Other Structure: _____

Utilities

Water Supply:

____ Public
____ Private

Sewage Disposal:

____ Public
____ Private

Electric Yes ☒ No ☐

Gas Yes ☐ No ☐

Heating System:

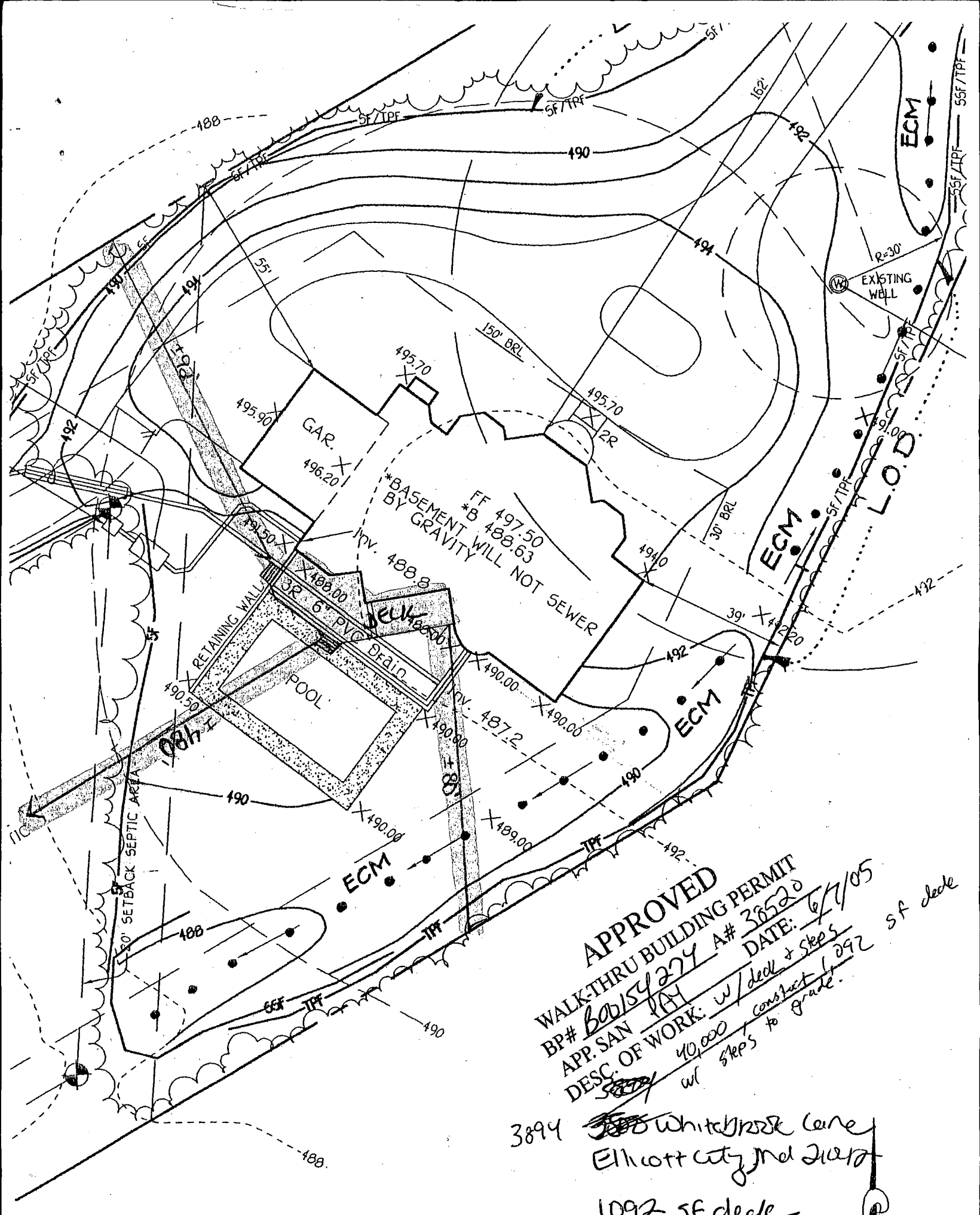
Electric ☐ Oil ☐

Natural Gas ☒

Propane Gas ☐

Sprinkler system: N/A ☒

Signed
by Karen
on 6/2/03



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 600154227 A# 38520 DATE: 6/7/05
 APP. SAN 181
 DESC. OF WORK: w/ deck + steps
5000 40,000 construct 1092 SF deck
w/ steps to grade.

3894 ~~3805~~ Whitehorse Lane
 Elliott City Md 21712
 1092 SF deck

LOT 685
SINGLE FAMILY DETACHED
BURLEIGH MANOR

SECTION TWO

LOTS *665 THRU *719

A RESUBDIVISION OF PART OF PARCEL B-2
 SECOND ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

PLAT REFERENCE: 8313

ZONING: RC-DEO

TAX MAP 24 GRID 13 PARCEL 766
 SCALE: 1"=30' DATE: FEBRUARY, 2003

GP-03-50

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Lanesford Rd. Westminster, MD (410) 848-1013 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	54094	Account #:	3123
Reference:	Griffmore Group Preserve	Company:	National Water Servicing
Location:	3894 Whitebrook Lane	Requested By:	Dave Rycke
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	3/8/2005 1320	Site:	Holding Tank
Date/Time Rec'd:	3/8/2005 1540	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.6
Collected By:	C. Mooshian 7268CM	Well #:	HO-88-0829

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223-B.
Nitrate	<1.0	mg/L	10	601
Turbidity	2.41	NTU	<10	SM18 2130B
Sand	NS	mg/L	5	Visual/Gravimetric

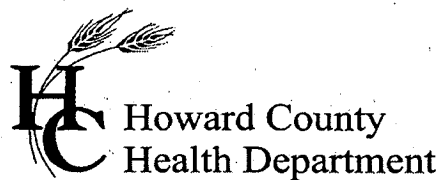
NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/l.)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
Building Permit # : 0014771

Date Reported: 3/9/2005

MD State Certification # 133



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

~~January~~ April 18, 2005

Ramesh Sabapathy
2934 Timber Trails Court
Ellicott City, MD 21042

SENT VIA FACSIMILE 410-531-8070

RE: Burleigh Manor, Lot 685
3894 Whitebrook Lane
Ellicott City, MD 21042
BP #: B00141771
Well Permit # HO-88-0829

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/20/2003. Final approval of the well line connection to the dwelling was approved on 10/22/2003.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

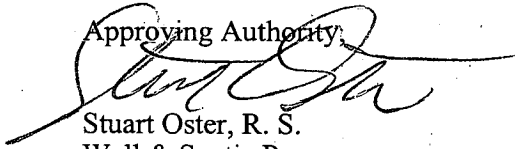
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-88-0829. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 03/08/2005
Date of Well Completion: 07/26/1989

Approving Authority:


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File