

HHS 102 - ~~CANA~~ 230 3pm 11/19/02 10AM TAX ID - 02-339668
11/18/02 11-11:30 11/20/02 3PM

ISSUE DATE: 11/18/2002

P 516479-B

APPROVAL DATE: 11/20/02

A 39831

**PERMIT
INDEXED**

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

K & K Excavating IS PERMITTED TO ☒ INSTALL ☐ ALTER

ADDRESS: 14960 Frederick Road - 21797 PHONE NUMBER: 410-442-1336

SUBDIVISION: Burleigh Manor LOT NUMBER: 679

ADDRESS: 10402 Queensway Drive PROPERTY OWNER: Robert Baruck
Seifridge Builders

SEPTIC TANK CAPACITY (GALLONS): 2000

PUMP CHAMBER CAPACITY (GALLONS): N/A ~~2000~~

NUMBER OF BEDROOMS: 7

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 252

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 5.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 205' off the existing well and 30' off the left lot line. Run (4) trenches on original contour toward house as shown on plan.
NOTES:	Septic system to be installed before fill is placed. If fill is in placed first, fill must be removed prior to system installation. ***PUMPED SEPTIC SYSTEM*** SYSTEM REVISED TO FIRST FLOOR GRAVITY SVC. ONLY

PLANS APPROVED: MER DATE: 9/5/01

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

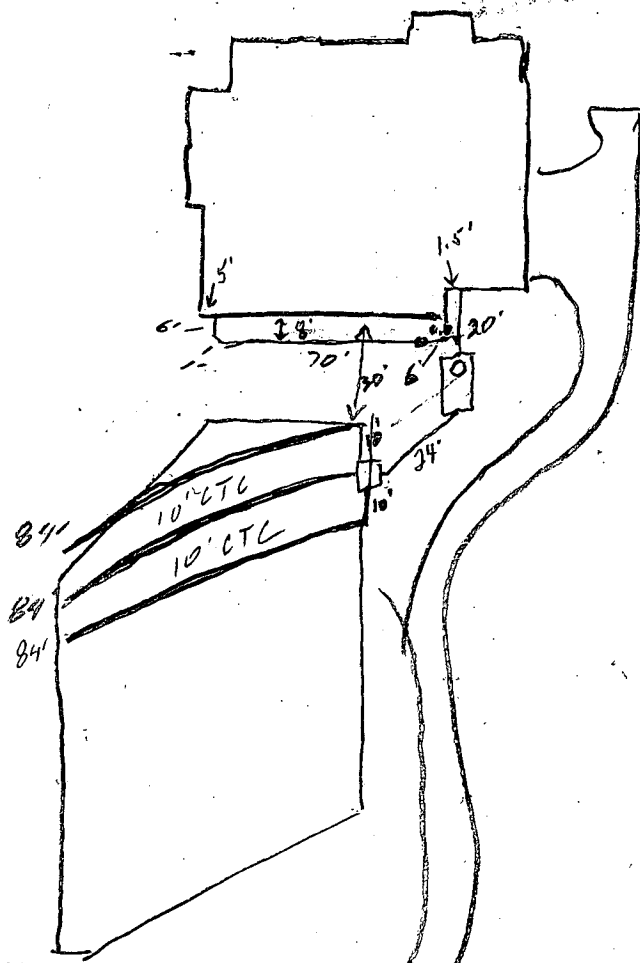
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**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
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

439831

NOT TO SCALE

HO-94-3425



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 3.5'
TRENCH BOTTOM DEPTH 8.5'
DEPTH OF STONE 5'
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 252'
ABSORBENT AREA 12604
DISTRIBUTION BOX LEVEL ✓
BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 2000 TS GALLONS
MANHOLE RISER Front - 3'
6 INCH INSPECTION PORT ✓

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS
MANHOLE RISER N/A
ALARM
PUMP PERFORMANCE TEST

1/31/02 SOME SRA STAKES REMOVED; FILL TO BE REMOVED AND SRA TO BE RE-STAKED MR
PRE-CONSTRUCTION INSPECTION:

11/18/02 - Left side house conn. 1.5' higher than right. OK to
INSPECTION COMMENTS: move tank & D.B. to right side of SRA.
Keep trenches on original contour. Still about 1-1.5' of fill by house
10' CTC (SO) 11/19/02 ^{MOST} SRA CORNER STAKES LOST; REFERENCED DB ADJUSTMENT
OK SINCE TOPO NOT 100% ACCURATE AND ADEQUATE FALL AVAILABLE TO START REPAIRS
IN MIDDLE OF SRA MR/SO 11/19/02 Tank set & 1st trench installed. (SO)
11/19/02 - 2nd trench installed. 11/20/02 OK to cover all work (SO)

INSPECTOR

Steve C. [Signature]

DATE SYSTEM APPROVED

11/20/02

GENERAL NOTES:

- 1) THIS PLAT 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 CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT 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 PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR 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. 24004-0223 D, EFFECTIVE DATE: DEC. 4, 1996.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (4).
- 4) B.R.L. = BUILDING RESTRICTION LINE
- 5) THE SURVEY SHOWN HEREON IS A RESULT OF A FIELD BOUNDARY SURVEY COMPLETED BY FISHER COLLINS AND CARTER AND IS INTENDED TO CORRECT THE ERROR FOUND ON THE PLAT OF RECORD RECORDED AS PLAT 8317.



LOT 680

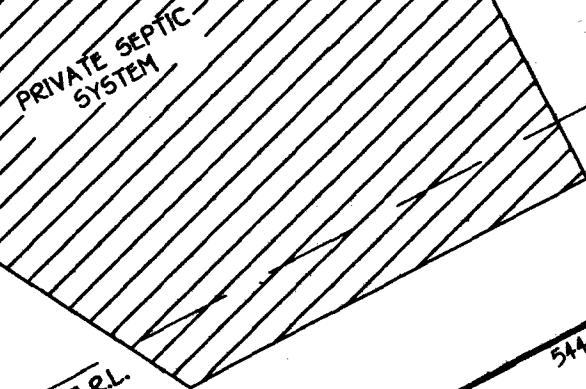
LOT 679
AREA 4.13 Ac.

LOT 678

KINGSBRIDGE ROAD
150' R/W

QUEENSWAY DRIVE
150' R/W

WALL CHECK
CONSISTENT
w/BP PLAN
MR 1/18/02



PRIVATE SEPTIC SYSTEM

POURED CONC FOUNDATION

PHILLIP CARROLL
11/30/3

LOT 679
BURLEIGH MANOR
SECTION 2
LOTS 665 THRU 719 A RESUBDIVISION
OF PART OF PARCEL B-2
SECOND ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 8317

TOP OF FOUNDATION ELEV. 452.0'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLSWORTH CITY, MARYLAND 21042
410.461-2855

<p>FISHER, COLLINS & CARTER, INC. CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE ELLSWORTH CITY, MARYLAND 21042 410.461-2855</p>	<p><i>Mark A. Bull</i> PROFESSIONAL LAND SURVEYOR REG. # 3309 DATE 1/28/02</p>	<p>HOUSE LOCATION DRAWING FOUNDATION LOCATION 1/22/02 FINAL LOCATION BOUNDARY SURVEY: SCALE: 1"=30' DATE: 1/28/02 DRAWN BY: LEC CHECKED BY: LEC PROJECT No. 61381</p>
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E-6722

Depth of stone required below
distribution pipe 5 feet

Signature Mark P. P. P. Date 9/5/01

[illegible]

may Lou
40
313-2648

**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: EASTERDAY WELL & PUMP Telephone #: _____
Address: 9265 BROWN CHURCH RD
MT AIRY, MD 21771
301-631-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer **X**
License # and name of individual responsible for the field installation:
Name (Print): Darren E. Wilson License# JSD065
*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Self Ridge Builders Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 99-3425
Site Address: 10902 Queensway Dr.

Submersible Pump Data

Make: Goulds
Model #: 10 G-31542A
Pump Capacity: 15 GPM
Well Yield: 12 GPM
Depth of well encountered at time of pump installation: 400 (feet)

Pitless Adapter

Make: Mattison
Model #: 5-10
Depth: 3 1/2 (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arresters, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing **✓**

Piping to house

Type: PE
PSI: 200 (160 psi min)
Depth of supply line: 3 1/2 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: 100
Approximate length of sleeve: 34
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: Darren E. Wilson

7-13-02
date

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

Date Insp. Requested: 7/15/02 Date Insp. Approved: 7/15/02 Inspector: (50) SRK
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

C1 14553		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY <u>516 479 - B</u> NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 06 03 02		Depth of Well 22 <u>420</u> 26 (TO NEAREST FOOT)		OK SRK 10/4/02 PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-44-3425</u> 28 29 30 31 32 33 34 35 36 37	
OWNER <u>SELFRIE Builders</u> STREET OR RFD <u>19045 BARRED DR.</u> first name TOWN <u>GLENWOOD MD. 21538</u> SUBDIVISION <u>The Pines</u> SECTION LOT <u>679</u>							
WELL LOG Not required for driven wells			GROUTING RECORD yes no <input checked="" type="checkbox"/> <input type="checkbox"/> 44 44				
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)				
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one)				
			CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>				
FEET FROM TO check if water bearing			NO. OF BAGS <u>45</u> NO. OF POUNDS <u>450</u>				
			GALLONS OF WATER <u>42</u>				
Top Soil Sandy MICKA Sand Stone MICKA Flint Rock MICKA			DEPTH OF GROUT SEAL (to nearest foot)				
			from <u>0</u> ft. to <u>19</u> ft. (enter 0 if from surface)				
			CASING RECORD				
			casing types insert appropriate code below				
			MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>21</u>				
			OTHER CASING (if used) diameter inch depth (feet) from to				
			SCREEN RECORD				
			screen type or open hole insert appropriate code below				
			screen type or open hole insert appropriate code below				
			screen type or open hole insert appropriate code below				
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>			C2 DEPTH (nearest ft.)				
WELL HYDROFRACTURED <input checked="" type="checkbox"/> <input type="checkbox"/>			1 <u>HO</u> 19 420				
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			A 8 9 11 15 17 21				
			C 23 24 26 30 32 36				
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 PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.			S 38 39 41 45 47 51				
			R 38 39 41 45 47 51				
DRILLERS LIC. NO. 1 M S D <u>123</u>			SLOT SIZE 1 2 3				
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)			DIAMETER OF SCREEN (NEAREST INCH)				
LIC. NO. <u>D</u>			from to				
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68				
			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q				
			70 72 74 75 76				
			TELESCOPE CASING LOG INDICATOR OTHER DATA				
			C3				
			PUMPING TEST				
			HOURS PUMPED (nearest hour) <u>3</u>				
			PUMPING RATE (gal. per min.) <u>10</u>				
			METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>				
			WATER LEVEL (distance from land surface)				
			BEFORE PUMPING <u>44</u> ft.				
			WHEN PUMPING <u>132</u> ft.				
			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 INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.				
			TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29				
			CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35				
			PUMP HORSE POWER 37 41				
			PUMP COLUMN LENGTH (nearest ft.) 43 47				
			CASING HEIGHT (circle appropriate box and enter casing height)				
			+ above LAND SURFACE 2 (nearest foot)				
			- below 49 51				
			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)				

10/4/02

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3425
Location of property (road) OFF QUEENS WAY
Subdivision THE PER SERVICES Lot 628 Block Plat Sec.
Well Driller Ralph E. MAYNE Owner SELFRIEDGE Builders

Depth of well 420
Distance of measuring point (M.P.) above ground 24
Static water level (S.W.L.) below M.P. 42 ft.

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 Gpm
Total time 15 min to reach pumping water level 132 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3425
Location of property (road) Quensway Drive
Subdivision Burleigh Manor Lot 679 Block Plat Sec.
Well Driller Ralph Mayne Owner Selfridge Builders

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

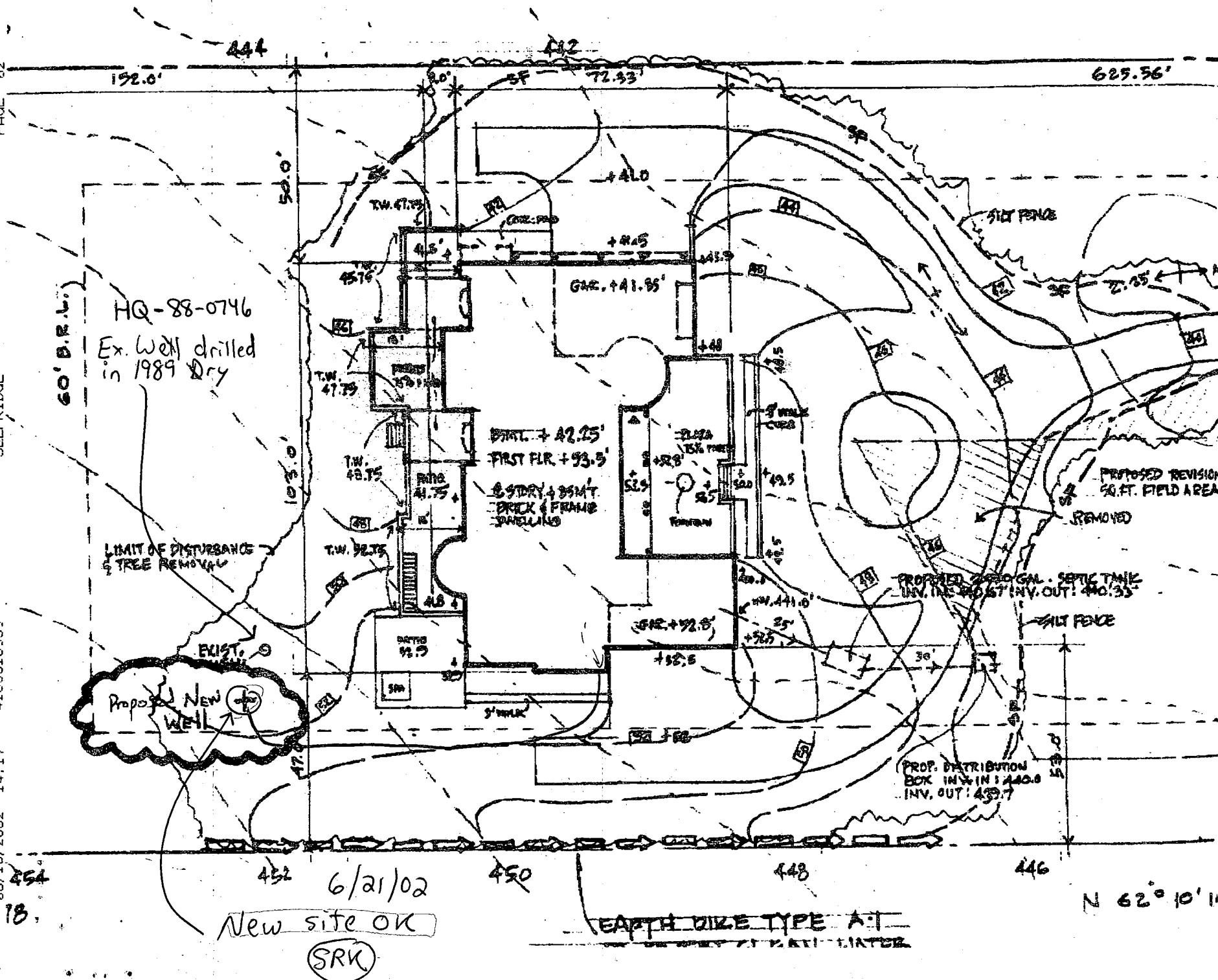
I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

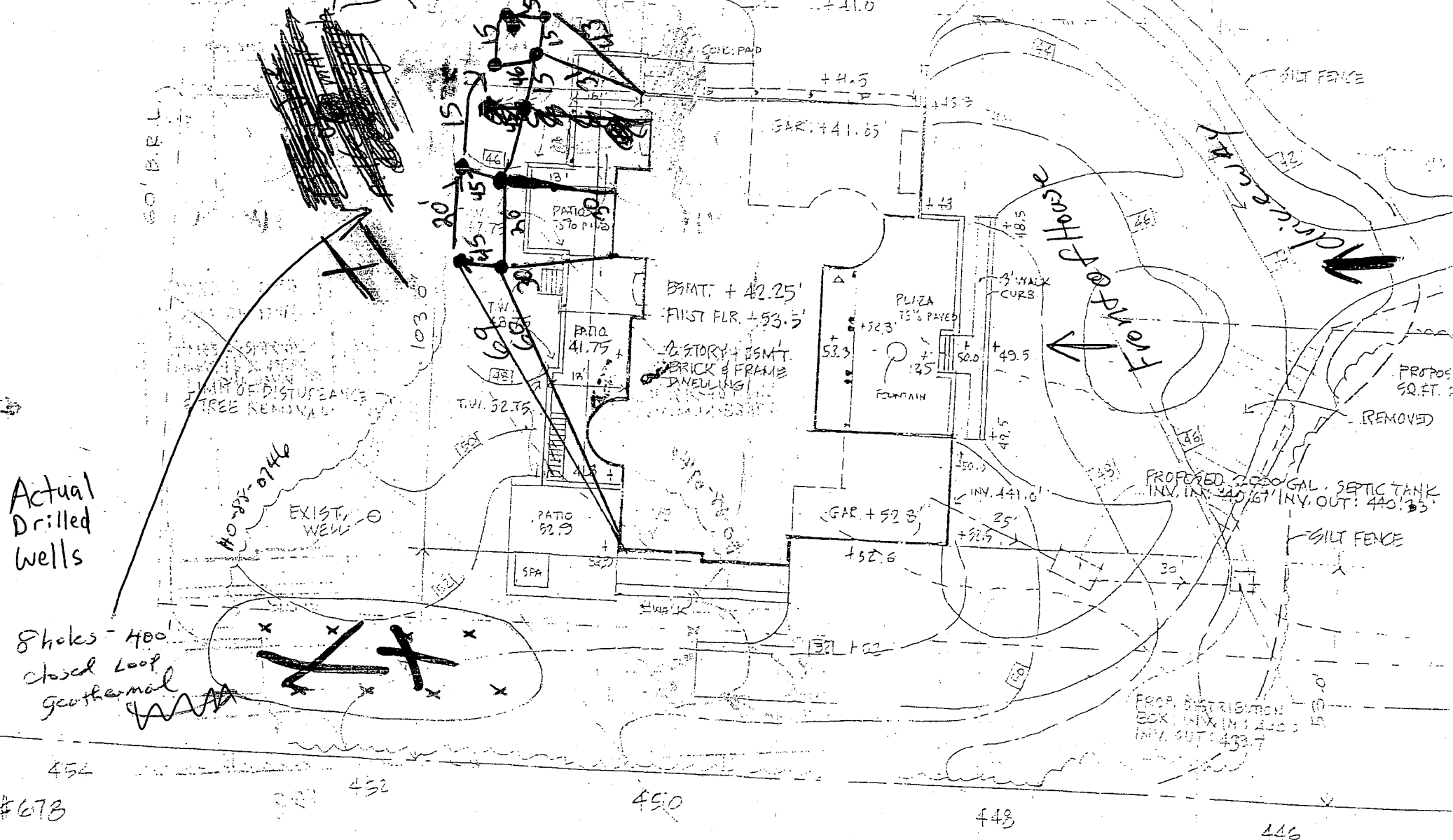
B 1	3268	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-3425 <small>fill in this form completely</small>
Date Received (APA) 06 21 02 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
Last Name SELFRIEGE		Owner First Name Bulldens		
Street or RFD 14045 Gared Dr.		City Glenwood MD 21738		
Town Glenwood		State MD		
Zip 21738				
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name Ralph E. Mayne		COUNTY Howard		
License No. MS D 112		SUBDIVISION The Preserves		
Firm Name Ralph E. Mayne Well Drilling		SECTION 679		
Address 17024 Handy Rd. Mt Airy MD 21771		LOT 679		
Signature <i>Ralph E. Mayne</i>		NEAREST TOWN Ellicott City		
Date 6-21-02		MILES FROM TOWN (enter 0 if in town) 4		
WELL INFORMATION		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
APPROX. PUMPING RATE (GAL. PER MIN.) 5				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500				
USE FOR WATER (CIRCLE APPROPRIATE BOX)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NEAR WHAT ROAD Queensway Dr DISTANCE FROM ROAD 350 ENTER FT OR MI FT		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		TAX MAP: _____ BLK: _____ PARCEL: _____		
COUNTY NAME Howard		COUNTY NO. 516479-B		
STATE SIGNATURE Steven R. King		INSERT S → 41		
DATE ISSUED 06 21 02		EXP. DATE 06 21 03		
CO SIGNATURE Steven R. King		CO SIGNATURE Steven R. King		
NORTH GRID 520		EAST GRID 830		
50 55		57 63		
APPROXIMATE DEPTH OF WELL 150 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL 6"		SOURCES OF DRILLING WATER 1. well		
METHOD OF DRILLING (circle one)		WRITE THE BOX NUMBER FROM THE MAP HERE		
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other: _____		E 830 N 520		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) HO-88-0				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER G				
PERMIT No. HO-94-3425				
SPECIAL CONDITIONS				



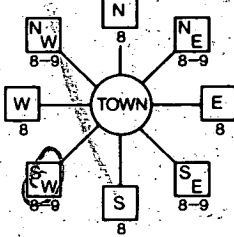
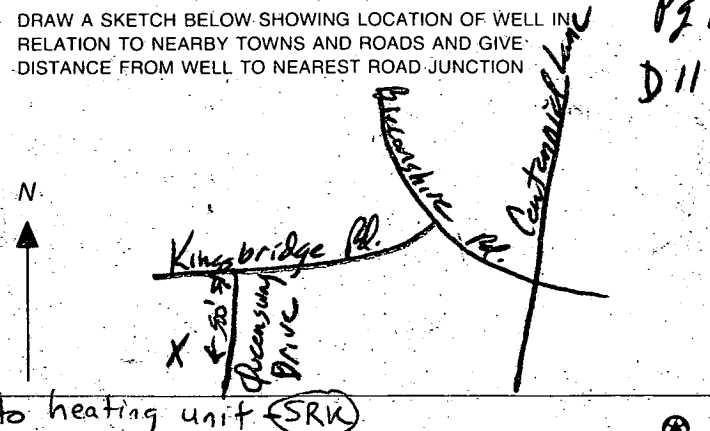
C 14462 <small>1 2 3 4 5 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY 13 A 398 31 NUMBER																																		
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WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>soft brown dirt</td> <td>0</td> <td>5</td> <td></td> </tr> <tr> <td>med hard tan rock</td> <td>5</td> <td>18</td> <td></td> </tr> <tr> <td>hard gray rock</td> <td>18</td> <td>400</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	soft brown dirt	0	5		med hard tan rock	5	18		hard gray rock	18	400		GROUTING RECORD yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 46 NO. OF POUNDS 45 46 GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface) CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) 60 61 63 64 66 70 OTHER CASING (if used) diameter depth (feet) inch from to A C H C A S I N G SCREEN RECORD screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> <td></td> </tr> </table> DEPTH (nearest ft.) C 2 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>E 1 8 9 11 15 17 21</td> </tr> <tr> <td>A 23 24 26 30 32 36</td> </tr> <tr> <td>S 38 39 41 45 47 51</td> </tr> <tr> <td>R</td> </tr> <tr> <td>E</td> </tr> <tr> <td>N</td> </tr> </table> SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from 58 to 60		ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER	ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER		E 1 8 9 11 15 17 21	A 23 24 26 30 32 36	S 38 39 41 45 47 51	R	E	N
DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing																																		
	FROM	TO																																			
soft brown dirt	0	5																																			
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E																																					
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NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED yes no Y N 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 PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		PUMPING TEST HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. 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 INSTALLED PUMP (CIRCLE) (YES or NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE (nearest foot) - below } 49 51																																			
DRILLERS LIC. NO. MW 0304 Dave Kelly DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MW 0509 Harvey Knopp SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA																																			

See Attached sheet for well locations

10402 Queensway DR



Site Plan

B 1 8327 1 2 3 6	SEQUENCE NO. (MDE USE ONLY) 11516545	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-3375 fill in this form completely
Date Received (APA) 3 10 02 8 MM DD YY 13 OWNER INFORMATION Baruch Robert 15 Last Name Owner First Name 34 3755 Chateau Ridge Dr. 36 Street or RFD 55 Ellicott City MD 21042 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8. COUNTY 21 Burleigh Manor 23 SUBDIVISION 42 SECTION 2 LOT 679 44 46 48 50 Ellicott City 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78	
DRILLER INFORMATION DAVE KELLY MWD 304 Driller's Name 76 License No. 81 JONES WELL Drilling Inc. Firm Name 3700 Rush Rd. Jarrattville, MD 21084 Address Dave Kelly 2/27/02 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  10402 Greensway Drive 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 580 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: 23 BLK: _____ PARCEL 290	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 0 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 0 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A 39831 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41. DATE ISSUED 3/28/02 Race Models SRK 3/28/03 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 518 0 0 0 EAST GRID 0835 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input checked="" type="checkbox"/> G GEO-THERMAL closed loop 8 holes		APPROXIMATE DEPTH OF WELL 400 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 30 32 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettied & DRIVEN 30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8305 N 5108 000 000 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 (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HO-94-3375 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - Attach well tag to heating unit SRK	

WATER WELL ABANDONMENT-SEALING REPORT FORM

OKSRK

10/4/02

SUBMIT COPIES OF COMPLETED FORM TO:

- COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- WELL OWNER SELFRIEGE Builders
- MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: July 3 2002 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any)

PERMIT NUMBER OF REPLACEMENT WELL

PERSON ABANDONING WELL: Ralph E. MAYNE

OWNER'S NAME: SELFRIEGE Builders

WELL LOCATION:

COUNTY: Howard
NEAREST TOWN: ELlicott City
TAX MAP BLOCK PARCEL
SUBDIVISION: The PRESERVES
SECTION: LOT: 679

MARYLAND GRID COORDINATES

E 830
BOX NUMBER
N 520

40-88-0246

40-94-3425

WELL DRILLERS LICENSE NUMBER: MSD 117
CIRCLE: MWD MSD /MGD

(X)	
000	000

TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify)

USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify)

SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

DEPTH OF WELL: 140 FEET DEEP

WAS ANY CASING REMOVED? YES ☒ NO
if yes, length removed, in feet:

WAS CASING RIPPED OR PERFORATED? YES ☒ NO

SHOW WELL LOCATION
BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
#2 Cement	140	0

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD MSD /MGD 117 8-03-02

CIRCLE ONE

DATE

DENV 828 JULY 1993

C1 0058 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 A39831

STANDARD 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

OWNER Greenbaum Assoc last name first name
STREET OR RFD Queensway Dr TOWN Ellicott City
SUBDIVISION RUDLEIGH MANOR SECTION LOT 677

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 16
GRAY MICACIOUS ROCK 16 145 ✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 6 NO. OF POUNDS 576

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 17 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 22

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 HOLE
PL PL OT
PLASTIC OTHER

C2

DEPTH (nearest ft.)
EACH SCREEN
1 40 145
2
3

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 CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 20

WHEN PUMPING 32

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) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

above } LAND SURFACE 2 (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 PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

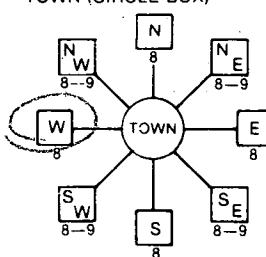

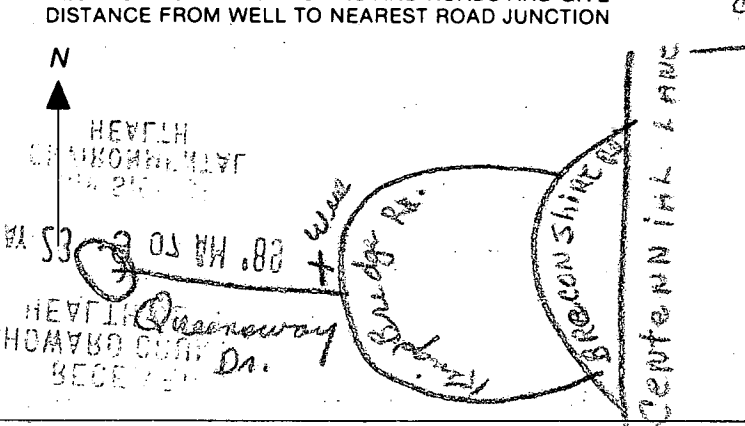
Well Permit No. HO - 88-0746
Location of property (road) Pupensway Dr
Subdivision BURLEIGH MANOR Lot 679 Block Plat Sec.
Well Driller J Mayne Owner Greenbaum Assoc

I. High rate pumping -- reservoir drawdown

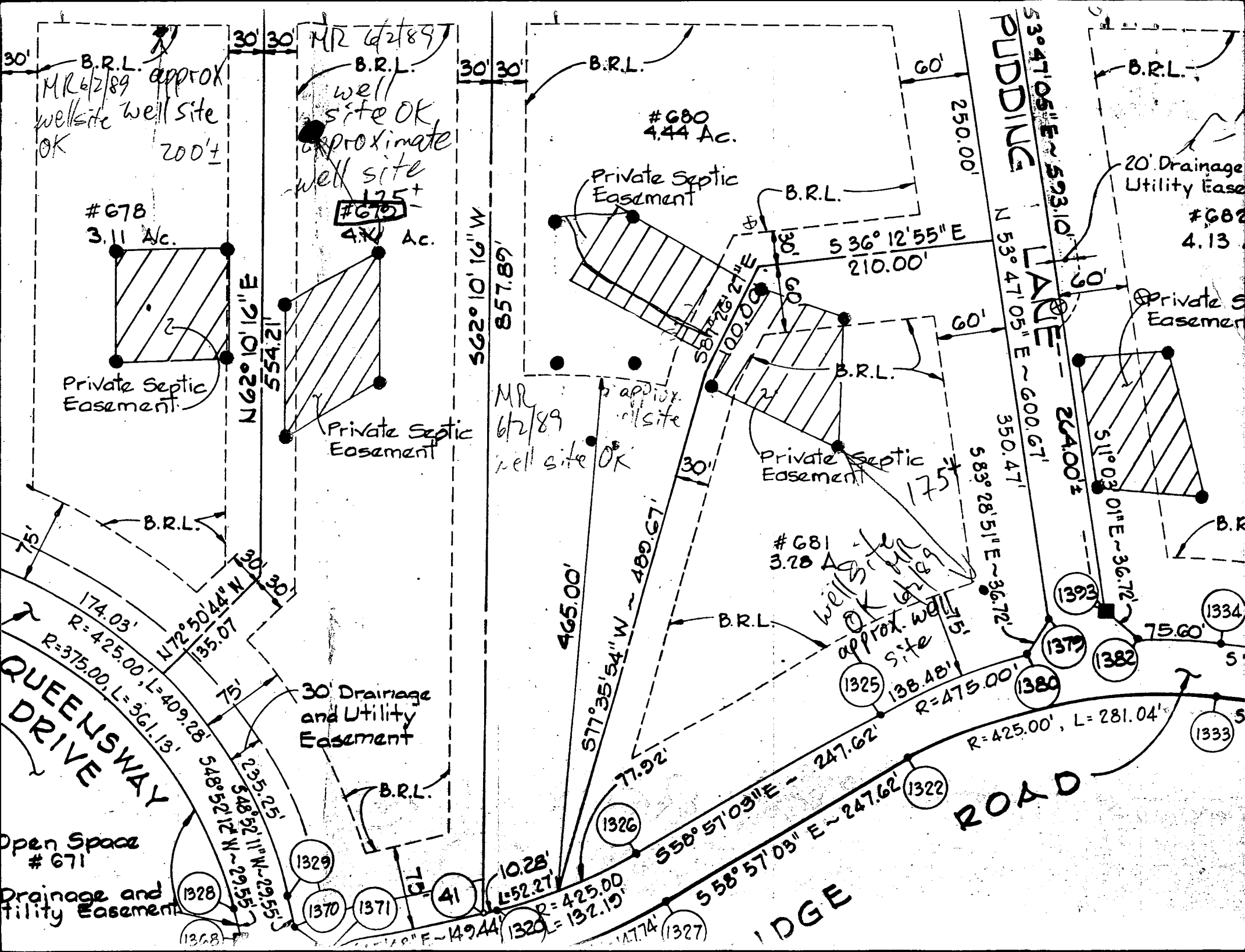
Time pump started 1:25 Pumping rate 12 gpm.
Total time 3 min. to reach pumping water level 30 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

HD-224

B 1	5655	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-88-0746 <small>fill in this form completely</small>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) 052389		LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION BIRLICK MANOR 42 SECTION 2 44 46 LOT 679 48 50 52 NEAREST TOWN ELLICOTT CITY 71 MILES FROM TOWN (enter 0 if in town) 3.5 73 76 77 78		
OWNER INFORMATION 15 Last Name GREENBAUM Owner ROSS First Name MISS. 34 36 Street or RFD 1777 REGISTERSTOWN RD 55 57 Town BALTIMORE 70 State 72 MD Zip 21208 76		DRILLER INFORMATION Driller's Name Joseph L. MAYNE 77 License No. 80 238 Firm Name Joseph L. Mayne Well Drilling Address 5512 RIDGE RD. Mt. Airy 21771 Signature Joseph L. Mayne Date 5/22/89		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE-APPROPRIATE BOX)  DISTANCE FROM ROAD 560 34 37 ENTER FT or MI FT 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 Howard COUNTY NO. A39831 STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 06/14/89 CO SIGNATURE Mark E. Rikim EXP. DATE 12/4/89 NORTH GRID 518000 50 55 EAST GRID 0835000 57 63		
APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		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 83X 5 N 5X 18 000 000		
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</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 		
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 DEEPEMED 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 HR WRITE INITIALS IN BOX PERMIT NO. HD-88-0746 67 68 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS				

HD-224



4/8/97

Spoke w/ a perspective buyer -
She enquired about moving
the existing septic easement
downhill - I told her that
movement downhill would
require a re-test due to
the proximity to a low
lying wet area, and a swale.

ALM

SUBDIVISION:

Burleigh Manor
Queensway Dr

A 39831

LOT NUMBER: 679

DRY WELL OR DRY WELL AND TRENCH

sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHESTrench to be 2 wide.Inlet 3 1/2 feet below original grade.Bottom maximum depth 8 1/2 feet below original grade.Effective area begins at 3 1/2 feet below original grade.9 1/2 feet of stone below distribution pipe.180 sq. ft./bedroom5BR = 180' L.F.
7BR = 252' L.F.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: STARTING FROM LEFT REAR LOT CORNER,
START FIRST TRENCH 300' DOWN LEFT LOT LINE
AND 50' OFF THIS SAME LOT LINE. RUN TRENCHES
TOWARD LEFT SIDE OF LOT ON CONTOURS, MAINTAINING
10' FROM LEFT LOT LINE.

-MR 8/22/89

REV. MR 7/1/88

APPLICATION

PERCOLATION TESTING

A 39831

P _____

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

DISTRICT 5TH

DATE 8/7/87

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 Stewart J. Greenbaum - 484-8400
Gerald M. Katz, Trustee c/o Whitman, Requardt and Associates

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

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Burleigh Manor Section 2 LOT NO. 679 on Prelim
CS

ROAD AND DESCRIPTION West of the intersection of Centennial Lane & Old Annapolis Rd.
(10408 Kingsbridge Road)

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

APPROVED BY B. Wilson FOR Deep system DATE 2/8/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-10-87 Perc Satisfactory Hold for sub. Plat & Plan

BLDG. PERMIT SIGNED

AND RETURNED 9/20/87

Small 29425-51-D

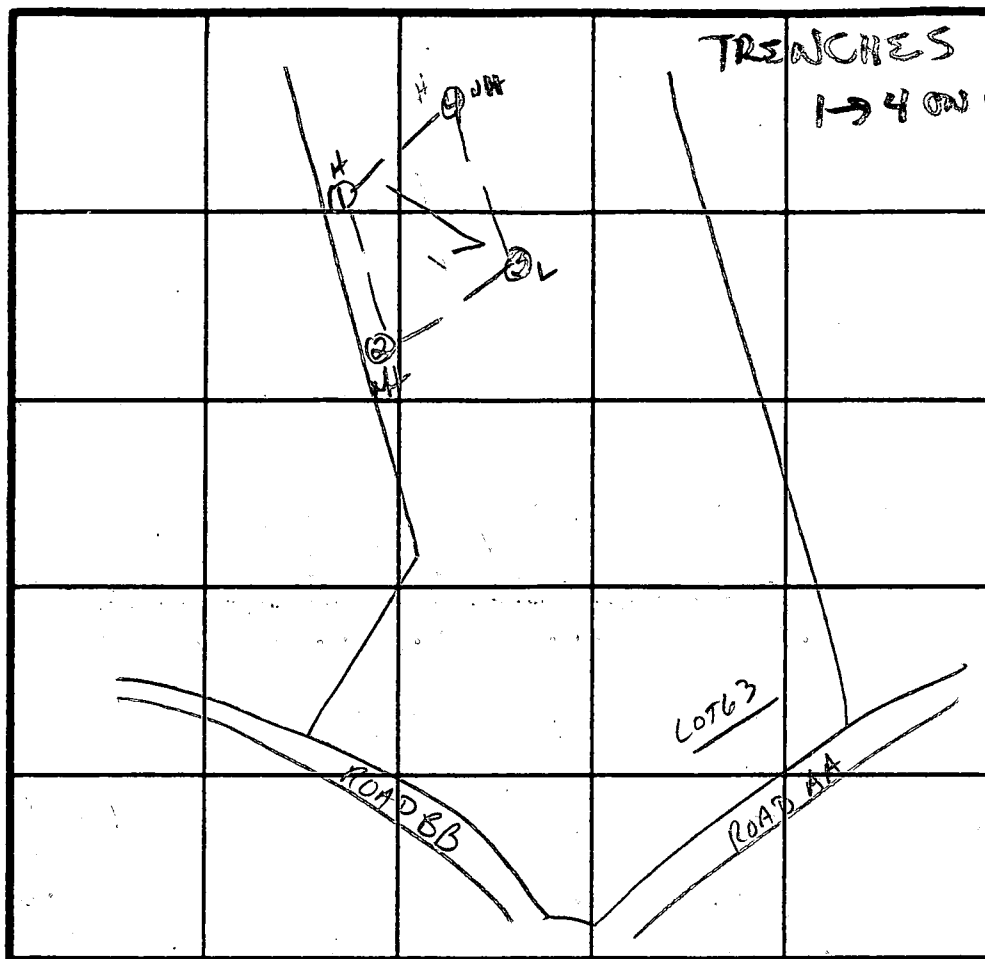
5 Bedrooms

THIS IS NOT A PERMIT

① ②

SOIL PROFILE

0'	4'-11"	3'	13'
A1-3			
Brown Yell Silty CLAY LOAM 10% FRAGS			
Yell. BR → Bl. Silty SAND LOAM 10-15% FRAGS			



TRENCHES

1 → 4 ON CONTOUR

X Perc 7 MIN

180 #/BR

INLET 3 1/2'
BOTTOM 8'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/10/87	1 S	3.5'	10:21	10:22	10:22	10:25	3 MIN
	1 M	7.0'	10:21	10:22	10:22	10:25	3 MIN
	1 V	13'	UNIFORM Soil below		3'		
	2 V	SAME AS #1 14' DEEP		DRY			
	3 S	4.5'	12:01	12:02	12:02	12:06	4 MIN
	3 V	12'	UNIFORM Soil below		3.5'	SIMILAR TO #1	
	4 S	4'	12:08	12:14	12:14	12:32	18 MIN
		12'	UNIFORM Soil below		3-3.5'		

REMARKS

Holes approx TO PLAT -

TYPE OF SOIL

Chester LOAM

TESTED BY

S. Abel

ALSO PRESENT

Rocky, Skip, Bill

