

11/6/96
11:00
11-8-96
CP. WPE ANYTIME

PERMIT

02-339730

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57374A

A 39203

DISTRICT 2nd

DATE 11/1/96

DATE SYSTEM APPROVED 11-8-96

INSPECTOR ef

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Burleigh Manor LOT 686 ROAD 3890 Whitebrook Lane

PROPERTY OWNER Erick Reinhard

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Starting from front left lot corner, start first trench 200 feet down left lot line and 45 feet off this same lot line. Run the trenches on contour toward left side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 11/1/96 JKS

PLANS APPROVED BY Mark Rifkin/Glen Savage

DATE 10/31/96

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

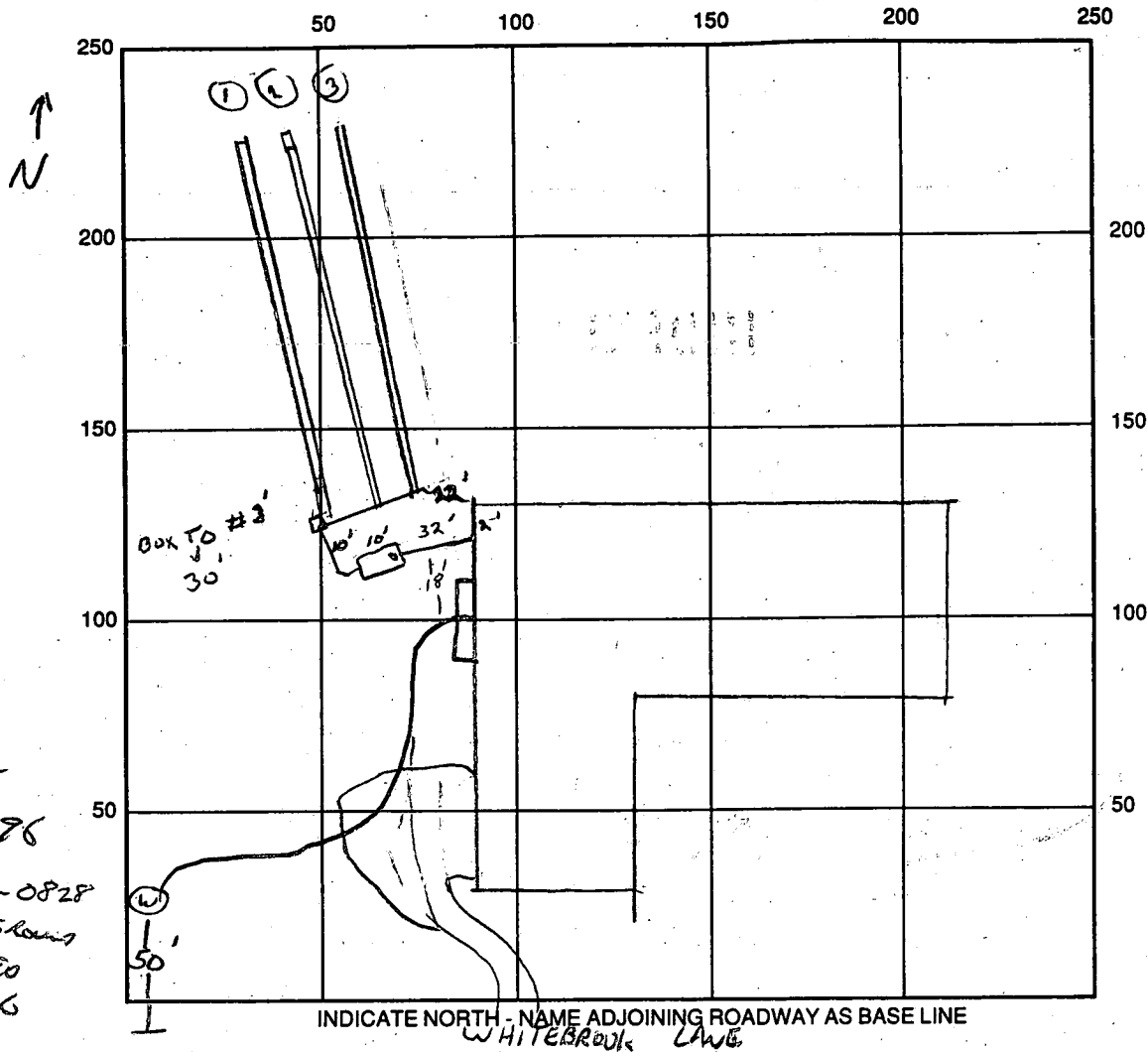
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

BLDG. PERMIT SIGNED

AND RETURNED

01/02/97
Serial # B00103526 - prr

A
39203



WPT
11-8-96
OK
HO-88-0828
NEEDS GRADING
ATTACHED
TO CALLS

SEPTIC TANK LEVEL OK CLEANOUTS 1 ON TANK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5.5-6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2.5 FT. TOTAL LENGTH $\frac{1,213}{95/95/95} = 285'$ FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 755' SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 11/6/96 OK TO COVER SYSTEM, NEEDS HOUSE CONNECTION
FOR FINAL 11-8-96 HOUSE CONNECTION OK.

DATE SYSTEM APPROVED 11/8/96 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 37203

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Burleigh MANOR LOT NO. 54

ROAD AND DESCRIPTION CENTENNIAL LANE

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD
(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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

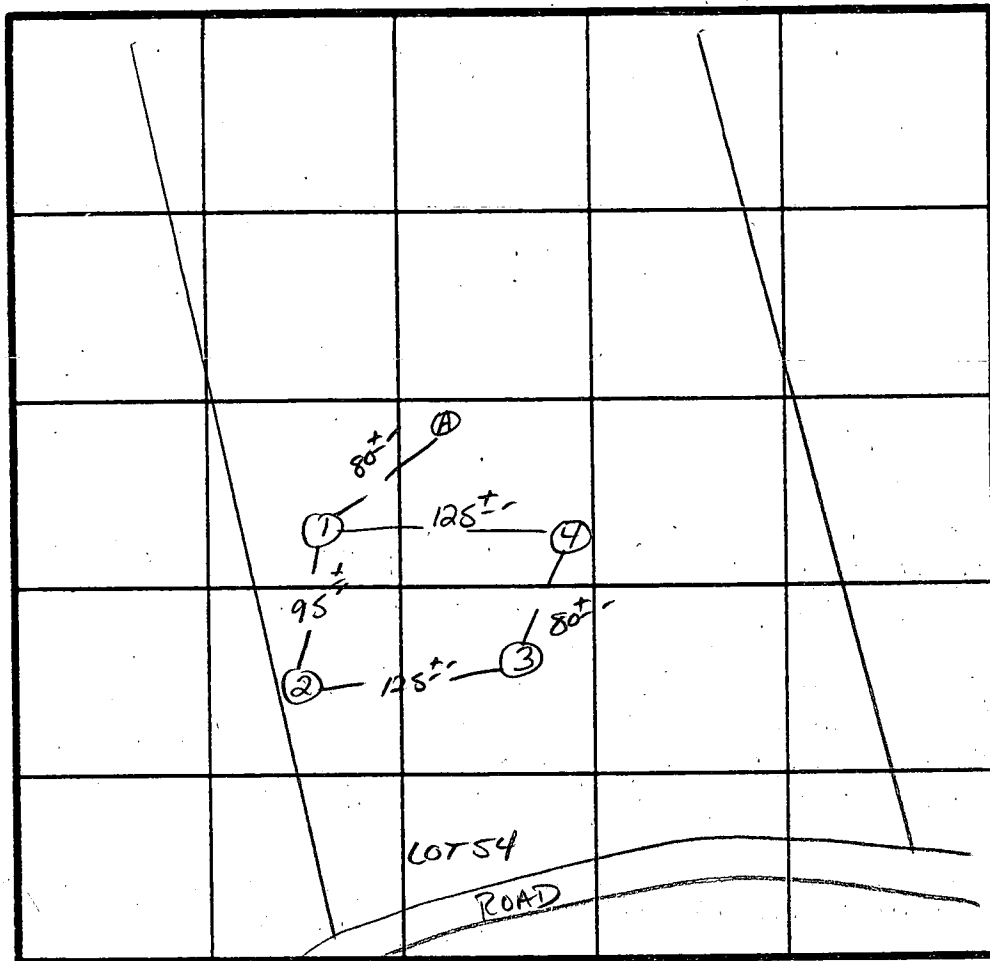
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-9-87 Due SATISFACTORY, hold for subdivision plat.

THIS IS NOT A PERMIT

SOIL PROFILE

0



X PERC
17 MIN
220 #/BR
INLET 3.5'
BOTTOM 6.0'

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	1S	5'- 11'	1:34	1:39	1:39	1:50	11min
			HARD BOTTOM / UNIFORM SOIL below 4.5'				
	2S	4'- 8'	1:38	1:44	1:44	2:02	18min
	2M		1:41	1:44	1:44	1:52	8min
	2V	12'-	HARD BOTTOM / UNIFORM SOIL below 3.5'				
	3V	9.5'-	HARD BOTTOM / UNIFORM SOIL below 8.5'				
	4S	4'- 8'	1:55	2:05	2:05	2:25	20min
	4V		HARD BOTTOM / UNIFORM SOIL below 3'				
	A-	ROCK AT 3'					

REMARKS

Holes DIFF THAN PLAT / SHALLOW Syst - only

TYPE OF SOIL

Chestnut loam

TESTED BY

S. Abel

ALSO PRESENT

SKIP; Rocky, Bill

C10098

SEQUENCE NO.
(DENV USE ONLY)

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

A39202

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-B8-0825

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

072687

Depth of Well

2240026

(TO NEAREST FOOT)

OWNER

Greenbush & Assoc

last name

first name

STREET OR RFD

Road White Brook Ln

TOWN

Fillicott City

SUBDIVISION

BIRLEIGH MANOR

SECTION

LOT

686

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

Sand - 0 36

Gravelly sand - 36 400

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

9

NO. OF POUNDS

346

GALLONS OF WATER

54

DEPTH OF GROUT SEAL (to nearest foot)

from

ft.

to

ft.

48

TOP

52

54

BOTTOM

58

(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)

5.1

6

42

60

61

63

64

66

70

OTHER CASING (if used)

diameter

depth (feet)

inch

from

to

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

ST

BR

HO

STEEL

BRASS

OPEN
HOLE

PL

OT

PLASTIC

OTHER

DEPTH (nearest ft.)

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

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100

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.

928

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

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

PUMPING TEST

HOURS PUMPED (nearest hour)

6

8

9

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

2

11

15

METHOD USED TO
MEASURE PUMPING RATE

2.1 ft

WATER LEVEL (distance from land surface)

BEFORE PUMPING

7.5

17

20

WHEN PUMPING

2.36

22

25

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

(CIRCLE) (YES or NO)

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

below

LAND SURFACE

(nearest
foot)

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)

Unit - 1/4" = 10'

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 ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer William T Cumberland

Telephone 489 4457

License Number 7979

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner Greenfield Homes Telephone _____

Subdivision Burleigh Manor Lot # 686 Well Tag # _____

Site Address 3690 White Brook Lane

Pump

1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ☒

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 ☒

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

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 _____

Tank

1. Capacity 40
2. Pressure relief valve? yes

Piping

1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 46

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: W. T. Cumberland

Date: 11/10/96

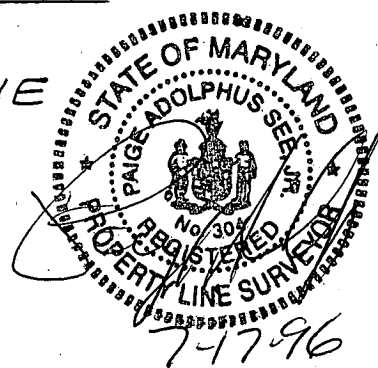
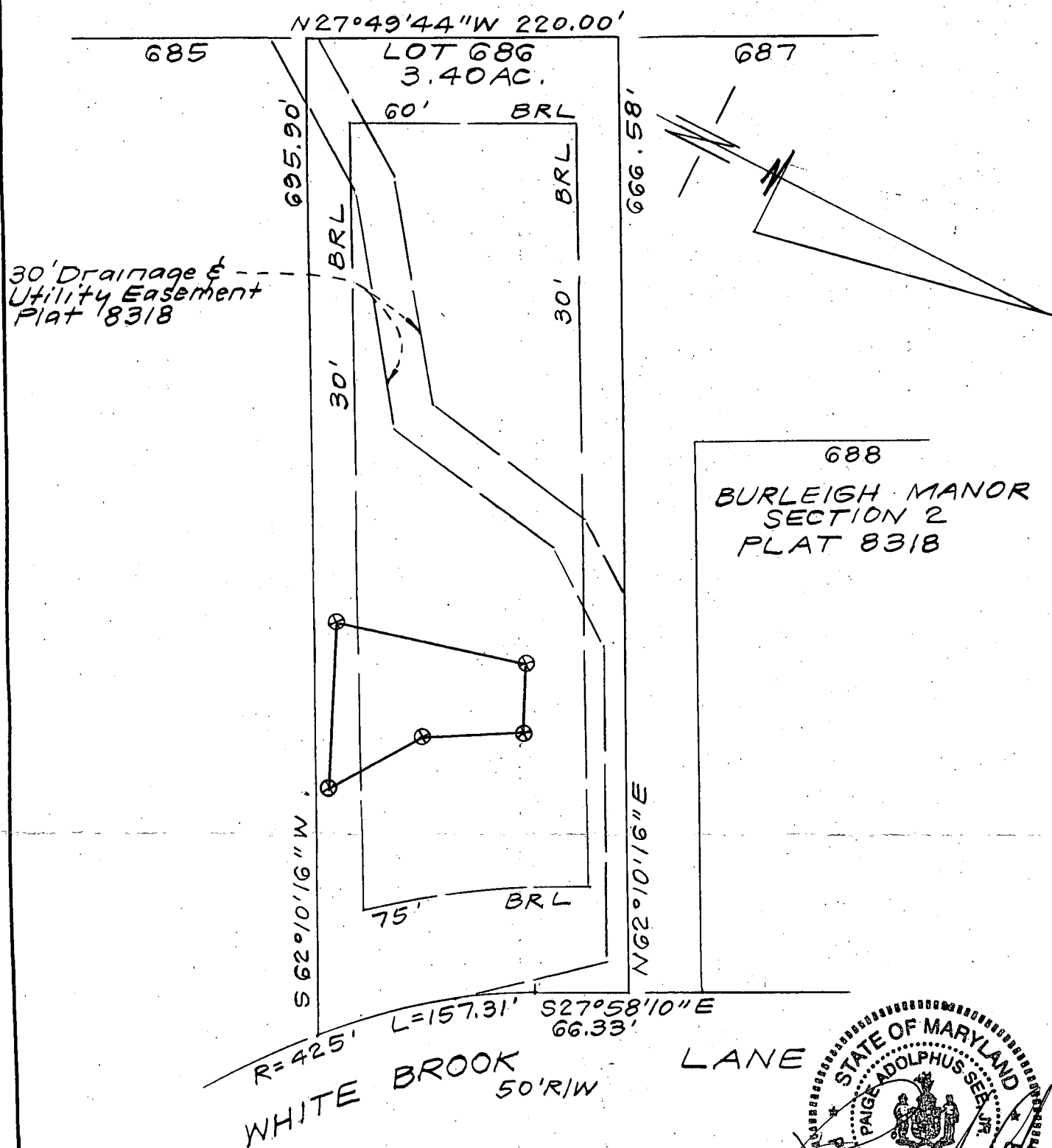
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

By copy of this plan the HEALTH Dept, accepts this modification to the recorded sewage disposal easement

FIELD LOCATION OF
PROPOSED SEPTIC EASEMENT
LOT 686
BURLEIGH MANOR
SECTION 2
2ND ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

NOTE:

⊗ = Stakes set for proposed septic area from plan furnished by Greenfield Homes.



CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY COLUMBIA, MD. 21045 (410) 381-7500-BALTO. • (301) 621-8100-WASH.	DRAWN BY KWC	SCALE 1"=100'	DATE 7-17-96
	CHECKED BY PAS	JOB NO.	FILE NO.
	APPROVED BY		96-129-L

Scale 1"=50'

50' (1" = 25')

WHITE BROOK LANE

NOTE:

- DISTANCE**
1. POOL TO SEPTIC FIELD 10' 0"
 2. POOL TO SEPTIC TANK 50'
 3. POOL TO PROPERTY LINE 60' SIDE
 4. FILTER PAD 40' TO PROPERTY LINE

FENCE

FILTER SYSTEM
40' TO PROPERTY LINE

pool to be adjusted in field to meet minimum requirement from septic field

1-2-97
Pool location to be adjusted in field (see note) OK to proceed
ALM

0.95 = 11

ULTIMATE PLAN

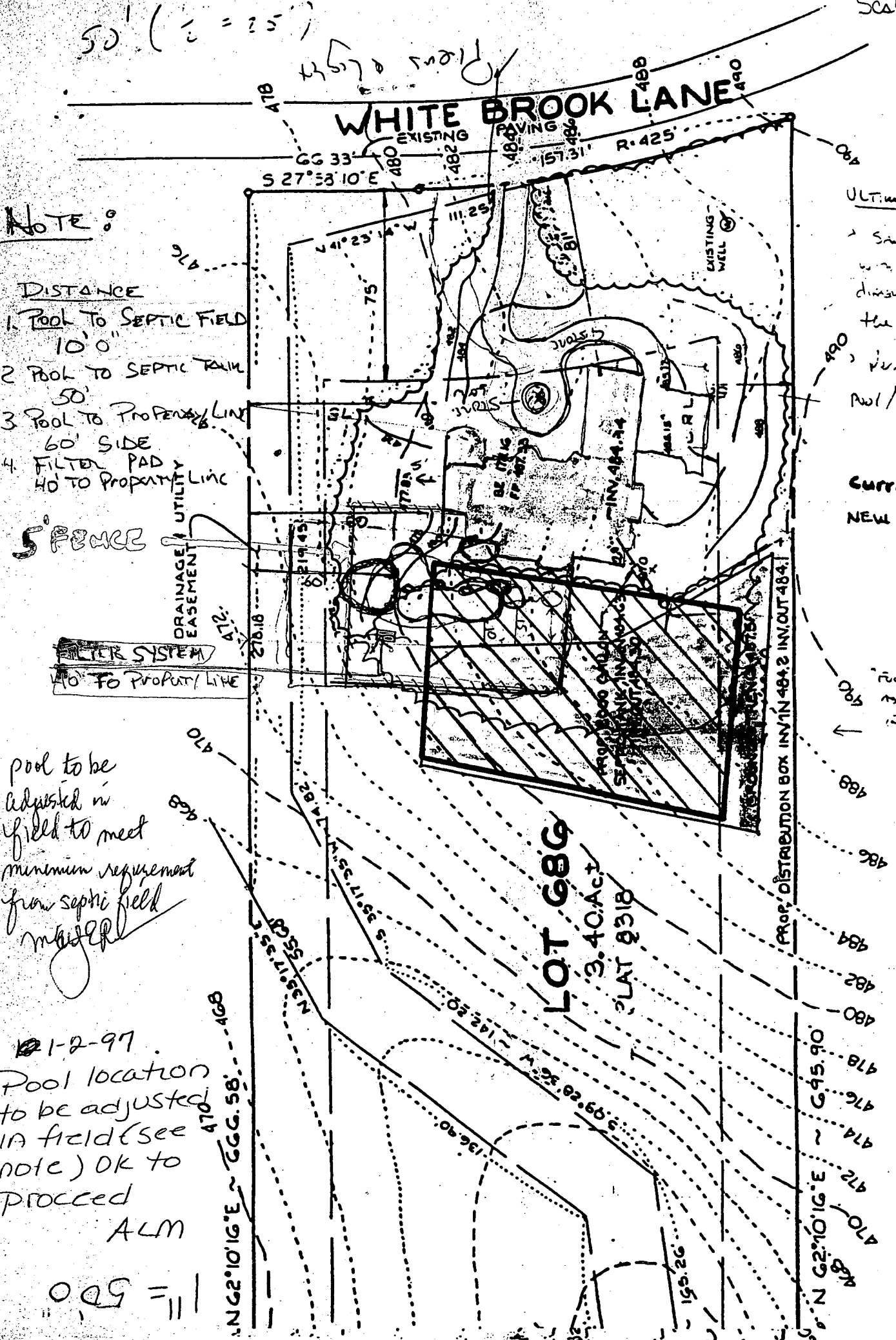
Since the ultimate plan is a security diagram subject to the house, please for better pool/landscape plan

CURRENT FIELD
NEW FIELD

Full channels as indicated in the plan steps outlined in options I-IV

LOT 686
3.40 AC
LAT 8318

PROP. DISTRIBUTION BOX IN/IN 484.2 IN/OUT 484.1

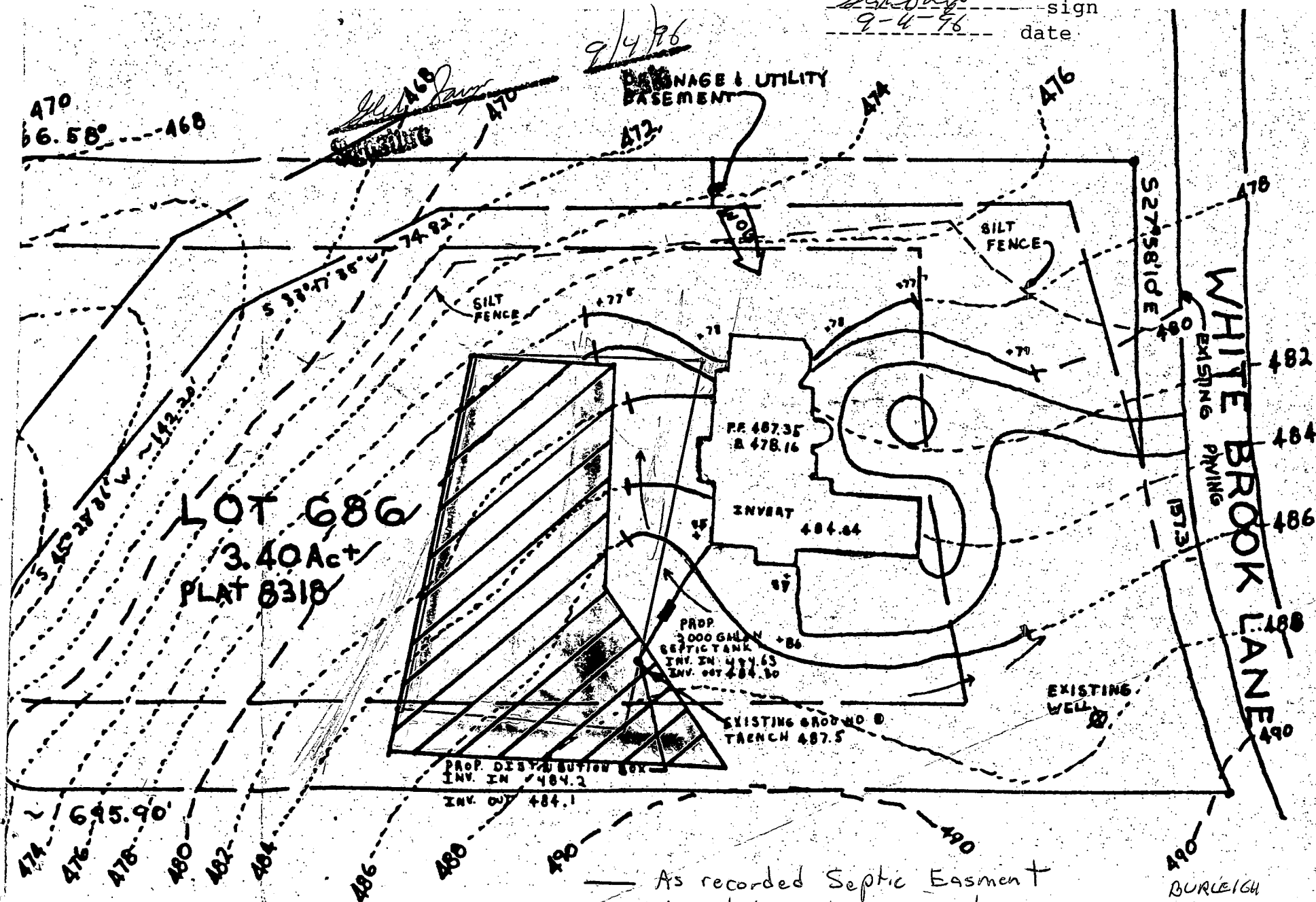


I wish to resive my current septic easement
as shown in red to the proposed easement
as shown in black.

Approved Septic Easement Plan
Howard County Health Department

By copy of this approved
plan the Health Dept
accepts the proposed
modifactions to the septic
easement.

[Signature] sign
9-4-76 date



REDUCE 88 FOR 1:50 SCALE