

LAYOUT 7/29/02 11am INSP 4 \_\_\_\_\_  
 INSP 2 7/30/02 12pm INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 6/20/2002 P 517321  
 APPROVAL DATE: 7/3/02 A 59907-G

**PERMIT  
INDEXED**

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH  
 03-337405**

Hatfield's Equipment IS PERMITTED TO INSTALL  ALTER   
 ADDRESS: 13785 Burntwoods Rd., Glenelg PHONE NUMBER: 301-854-6172  
 SUBDIVISION: Friendship Lakes LOT NUMBER: 10  
 ADDRESS: 2923 New Rover Road PROPERTY OWNER: JAMES VAUGHAN Williamsburg Group, LLC  
 SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED   
 PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED   
 NUMBER OF BEDROOMS: 4  
 SQUARE FEET PER BEDROOM: 180  
 LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as per the approved site plan. Best trench layout to be determined at the time of layout inspection.
NOTES:	

PLANS APPROVED: Steven R. Krieg OK 6/7/02 (50) DATE: 5/01/2002

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

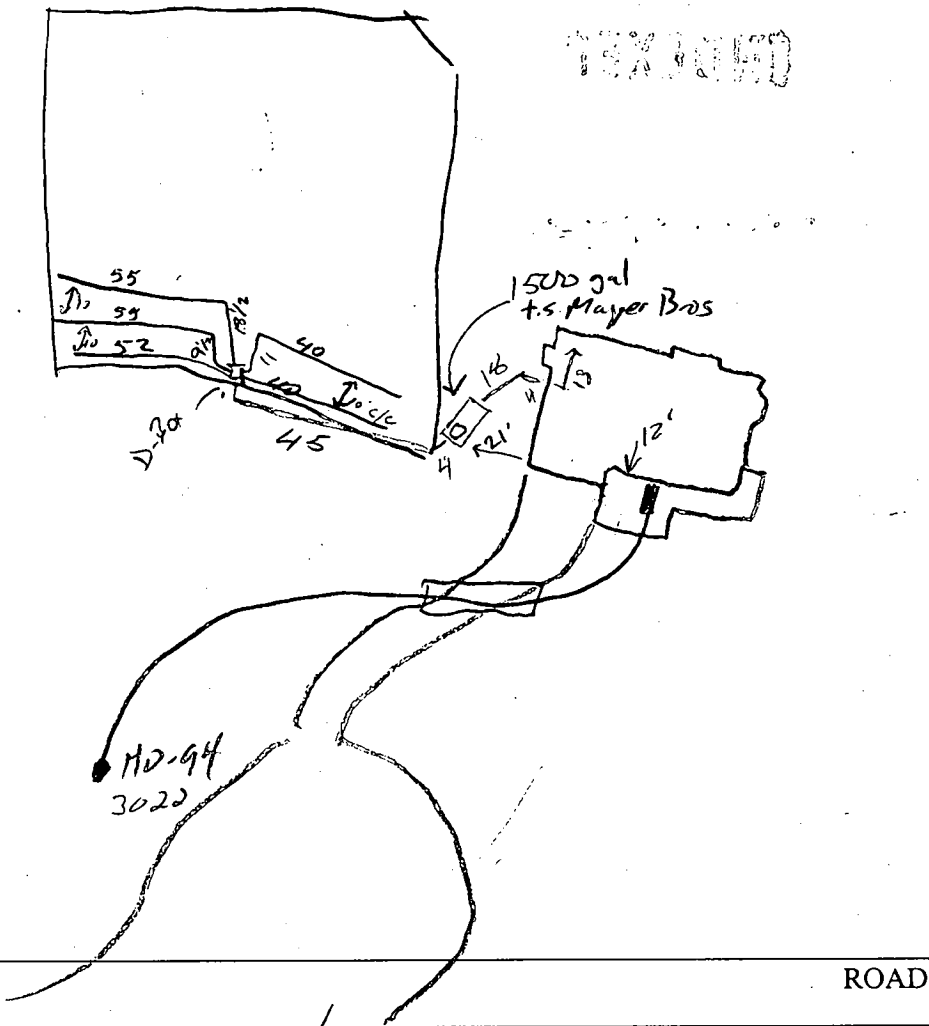
**BUILDING PERMIT SIGNED  
 AND RETURNED**

9/10/02 B00138316 1000 gal UG PROPANE TANK  
 1/30/03 B00140153 DECK w/STEPS  
 7-15-04 B00149441 - FINISH BASEMENT

A59907-G

\* NOTE - 10' c/c on trenches  
 - 7' edge to edge

NOT TO SCALE



TRENCH/DRAINFIELD DATA:		
WIDTH	INLET	BOTTOM
3	3	5
NUMBER OF TRENCHES		5
TOTAL LENGTH		242
ABSORPTION AREA		726 ft <sup>2</sup>
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL ✓		
CAPACITY	1500	GAL
SEAM LOC	Top	
TANK LID DEPTH	2	
BAFFLES	✓	
BAFFLE FILTER	NA	
MANHOLE LOC	Front+Rear	
6" PORT LOC	middle	
WATERTIGHT TEST	N/A	
SEPTIC TANK 2 LEVEL N/A		
CAPACITY		GAL
SEAM LOC		
TANK LID DEPTH		
BAFFLES		
BAFFLE FILTER		
MANHOLE LOC		
6" PORT LOC		
WATERTIGHT TEST		

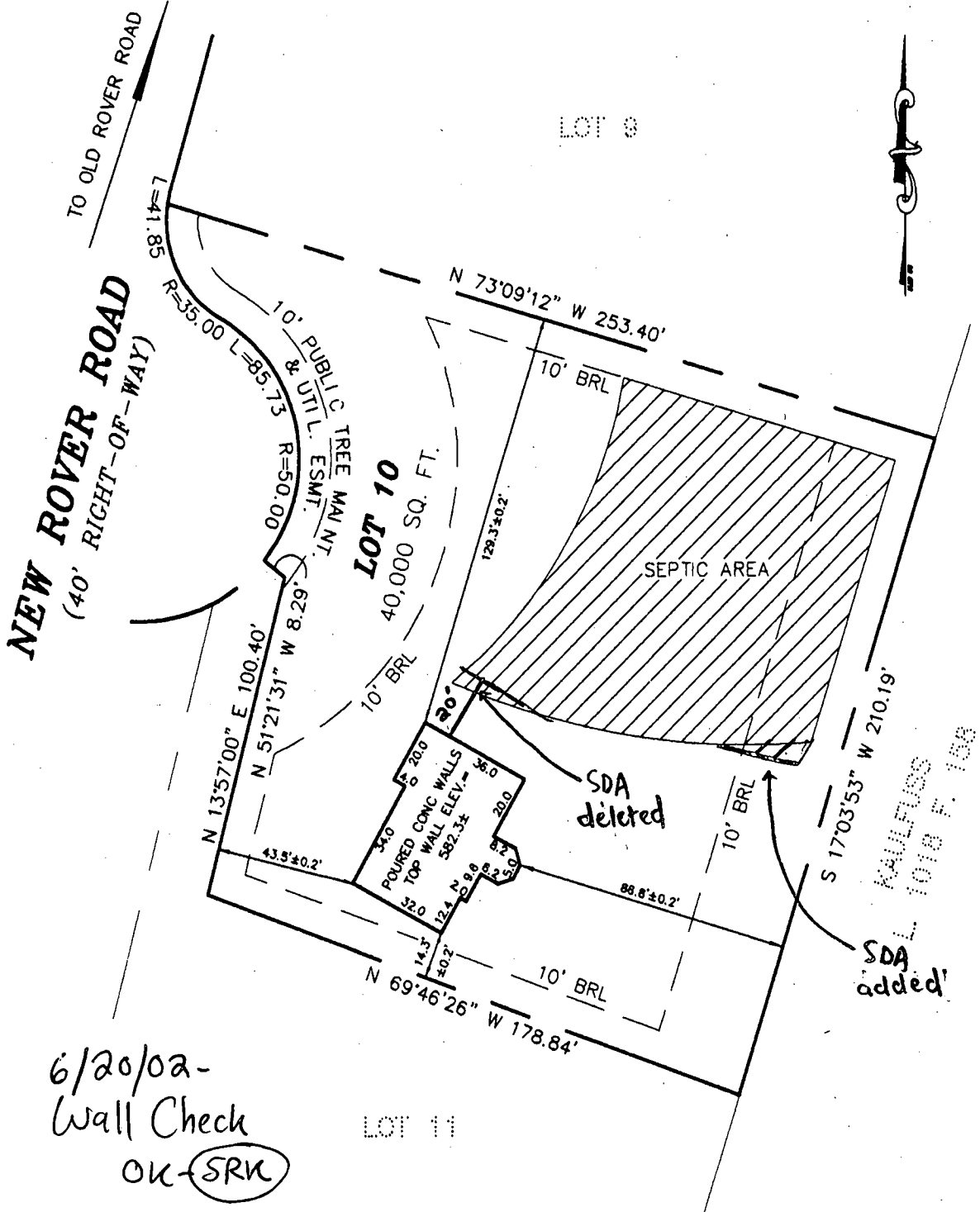
PRE-CONSTRUCTION 7/29/02 Lot staked. Contour appears as shown. Tank set.  
 Install (1) 40' & (4) 50' trenches

INSTALLATION 7/30/02 installed 2-40's, 52, + 2-55. OK, to back fill.  
 Installed to maximize area so: 10' center to center (SB)

BUILDING PERMIT SIGNED  
 AND RETURNED

FINAL INSPECTOR JDM

DATE OF APPROVAL 7/30/02



**LOT 10**  
**FRIENDSHIP LAKES**  
 LOTS 5 THRU 15  
 & PRES. PARCELS A&B  
 A RESUBDIVISION OF FRIENDSHIP LAKES  
 LOTS 1, 2, & 4  
 TAX MAP 15, PARCEL NO. 175

ADDRESS: NEW ROVER ROAD.

- LEGEND**
- O/H = OVERHANG
  - A/C = HEAT PUMP/AIR COND.
  - G/M = GAS METER
  - E/M = ELECTRIC METER
  - C = CHIMNEY
  - B/W = BAY WINDOW
  - D/W = DRIVEWAY
  - CONC = CONCRETE
  - S = CONC STOOP

ELECTION DISTRICT No. 3  
 HOWARD COUNTY, MARYLAND

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

**MILDENBERG**  
**BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors  
 5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042  
 (410) 997-0296 Balt. (301) 621-5521 Wash. (410) 997-0298 Fax.

JOHN B. MILDENBERG  
 PROF. LAND SURVEYOR  
 MARYLAND No. 10718

FOUNDATION	DATE: 05/14/02	FINAL LOCATION	DATE:
DRAWN BY: M.S.		SCALE: 1" = 50'	
PROJECT NO.:	99010	LOCATION DRAWING	

B00135129 BLDG PERMIT #

MILDENBURG & BOENDER

LOT 10

SEPTIC SYSTEM DATA

FIRST FLOOR EL	583.34 ✓
BASEMENT EL	574.34 ✓
INV. OUT OF HOUSE	576.91 ✓
INV. IN SEPTIC TANK	576.17 ✓
INV. OUT SEPTIC TANK	575.92 ✓
EXIST EL ● SEPTIC TANK	577.60 ✓
PROP EL ● SEPTIC TANK	577.60 ✓
INV. IN DIST. BOX	575.00 ✓
EXIST EL ● DIST. BOX	578.00 ✓

\* BASEMENT SEWERAGE TO BE PUMPED.

1" = 50'

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

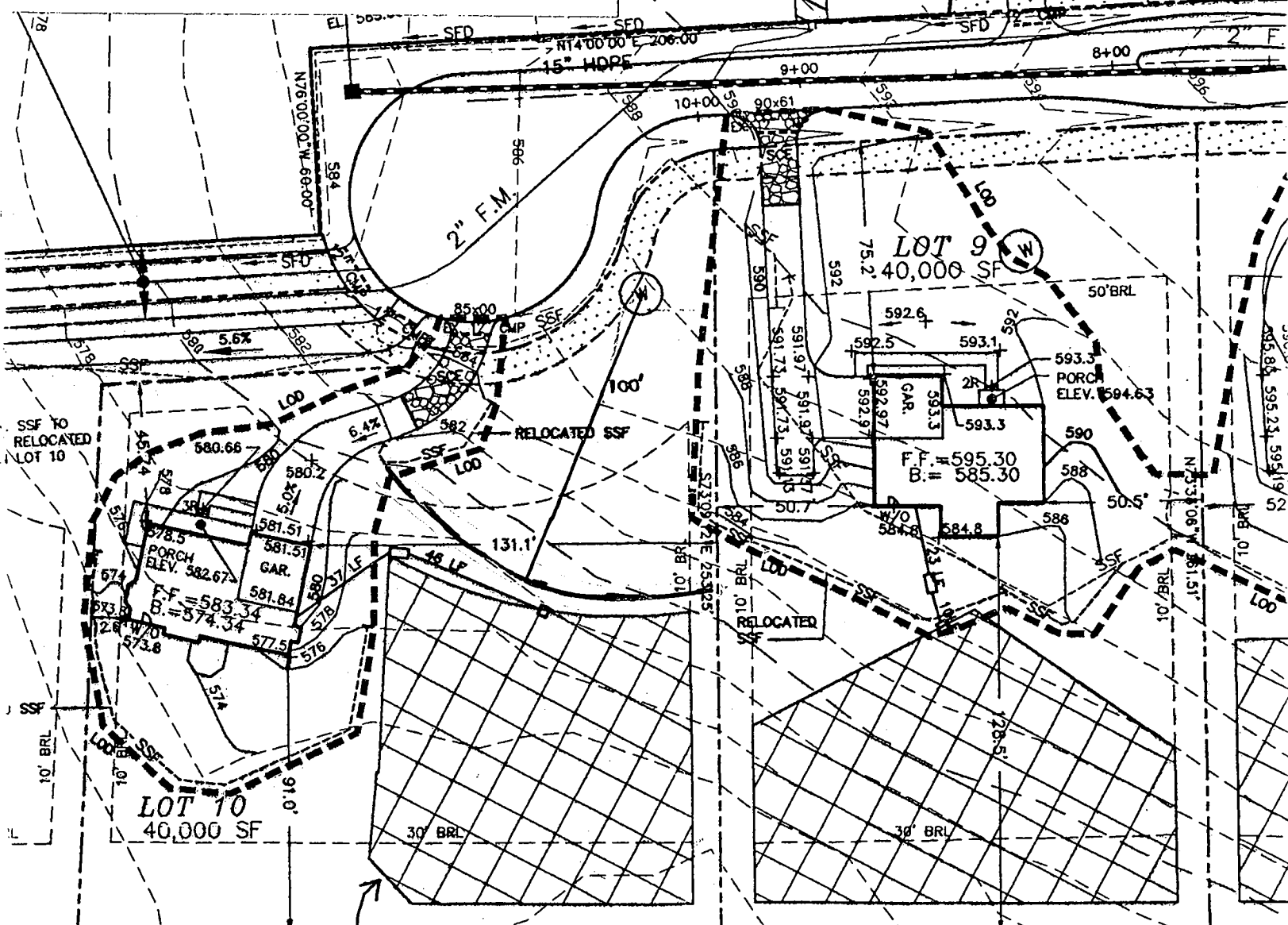
Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan

Howard County Health Department

*Steve R. King* 5-1-02  
Signature SRK Date



SHOWN SDA does not match the approved record plat but close enough -SRK

**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 & Son Inc Telephone #: (410) 549-6960  
Address: 5220 Klees Mill Road  
Lyonsville, 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): CHARLES A. KLEIN, JR. License# 6521

\*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: Williamburg Shores Telephone #: (410) 997-8800  
Subdivision: Friendship Balsa Lot #: 10 Well Tag #: HO-94-3022  
Site Address: 273 New Koves Road  
West Friendship, MD 21794

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Jacuzzi</u>	Make: <u>Harvard</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>554513P-52</u>	Model #: <u>PT-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>6</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</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>140</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 <input type="checkbox"/>		

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Polyethylene</u>	FVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>1"</u> (160 psi min)	Approximate length of sleeve: <u>        </u>
Depth of supply line: <u>        </u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Charles A. Klein Jr date: 5/6/02

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

Date Insp. Requested: 8/10/02 Date Insp. Approved: 8/7/02 (SO)

- 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 grout observed below pitless adapter

4" Sleeve Installed  
Under Driveway

8/6/02  
BB

C1 0845

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 NUMBER A59907G

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3022

OWNER Rover Mill LLC STREET OR RFD New Rover Road TOWN Glenelg SUBDIVISION Friendship Lakes SECTION LOT 10

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD section including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (14), NO. OF POUNDS (4540), GALLONS OF WATER (84), DEPTH OF GROUT SEAL (0 to 30+ ft).

CASING RECORD section including: MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth (55 feet).

OTHER CASING (if used) section with fields for diameter and depth.

SCREEN RECORD section including: screen type (HO), diameter (52 inch), depth (140 feet).

PUMPING TEST section including: HOURS PUMPED (3), PUMPING RATE (10 gal. per min.), WATER LEVEL (38 ft. before, 40 ft. when pumping), TYPE OF PUMP USED (S submersible).

Administrative fields: NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (N), CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-36, 38-51) and slot size/diameter of screen.

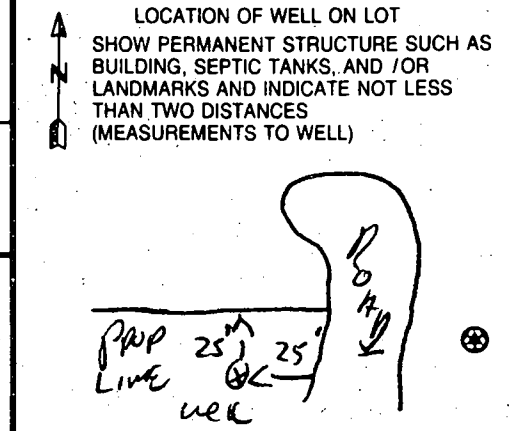
PUMP INSTALLED section including: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (3 feet).

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...

DRILLERS LIC. NO. M SD 1117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. M D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE 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





B 1 04796

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-94-3022

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

W514454 please print or type

fill in this form completely

Date Received (APA)

030801

OWNER INFORMATION

ROVER MILL LLC
8808 CENTRE PARK DR.
COLUMBIA MD 21045

B 3

LOCATION OF WELL

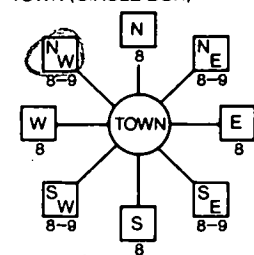
14 CROWN
8 COUNTY
FRIENDSHIP LAKES
SECTION 44 46 LOT 10
GLENELE
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

RALPH E. MAYNE RUSA 117
Ralph E. Mayne Well Drilling
17024 Handy Rd. Mt Airy MD
R. E. Mayne 02-2501

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



New Rover Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



25
DISTANCE FROM ROAD

ENTER FT or MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co H59907 G
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED 030501
CO SIGNATURE EXP. DATE
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN
AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER H500GAP203
FORCE 177 PERMIT No. 10-94-3022

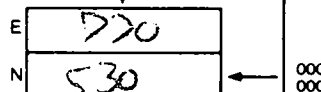
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

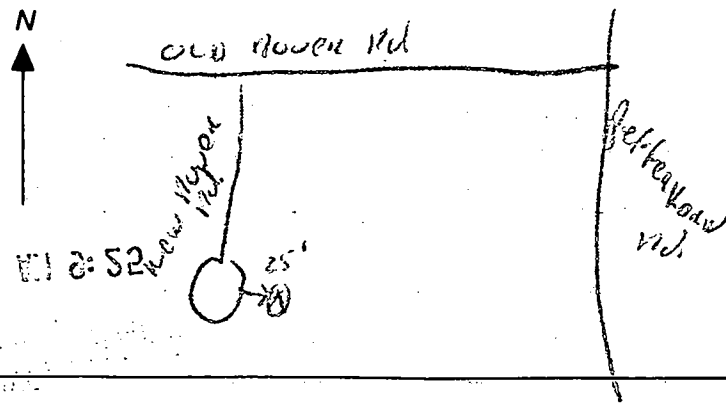
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

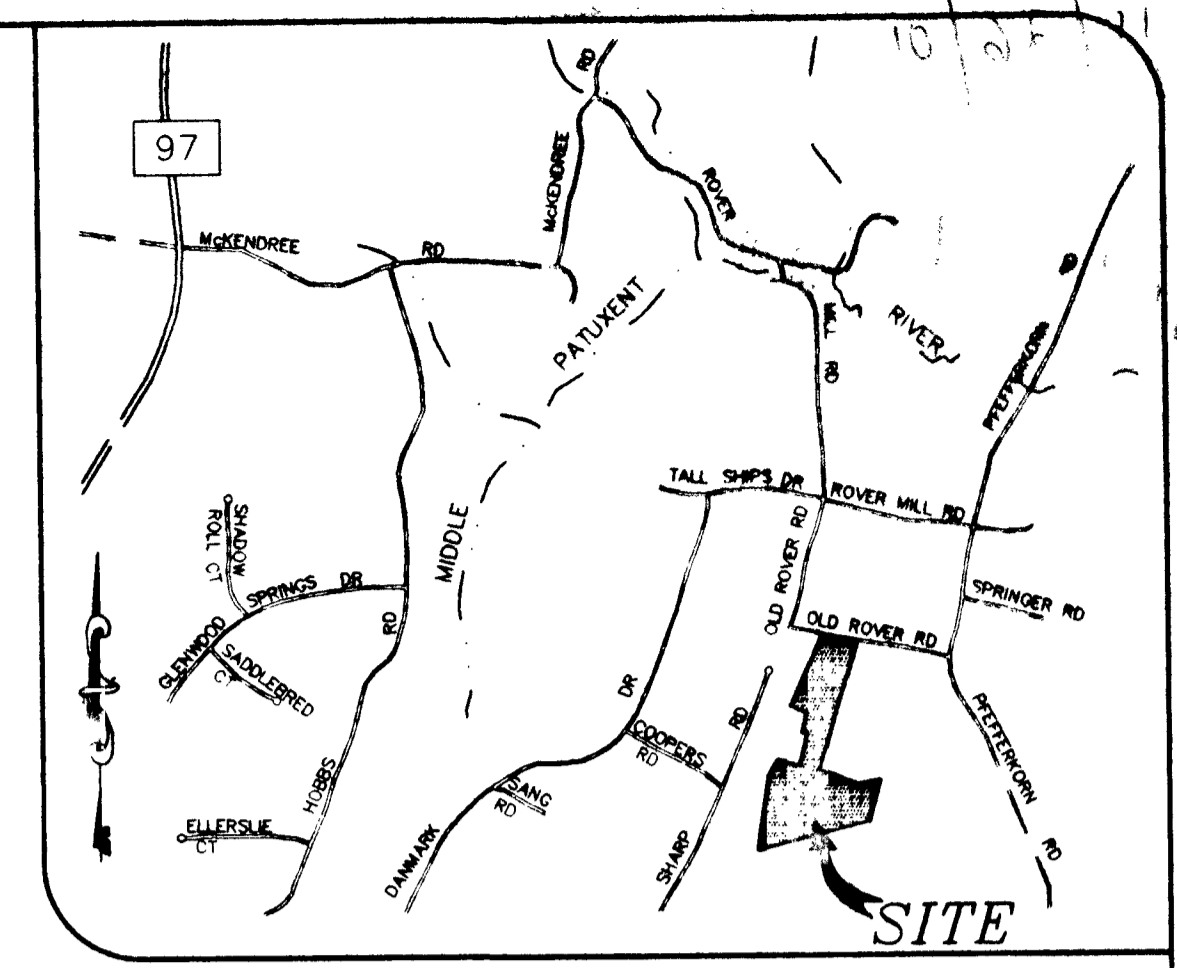


**SOIL LEGEND**

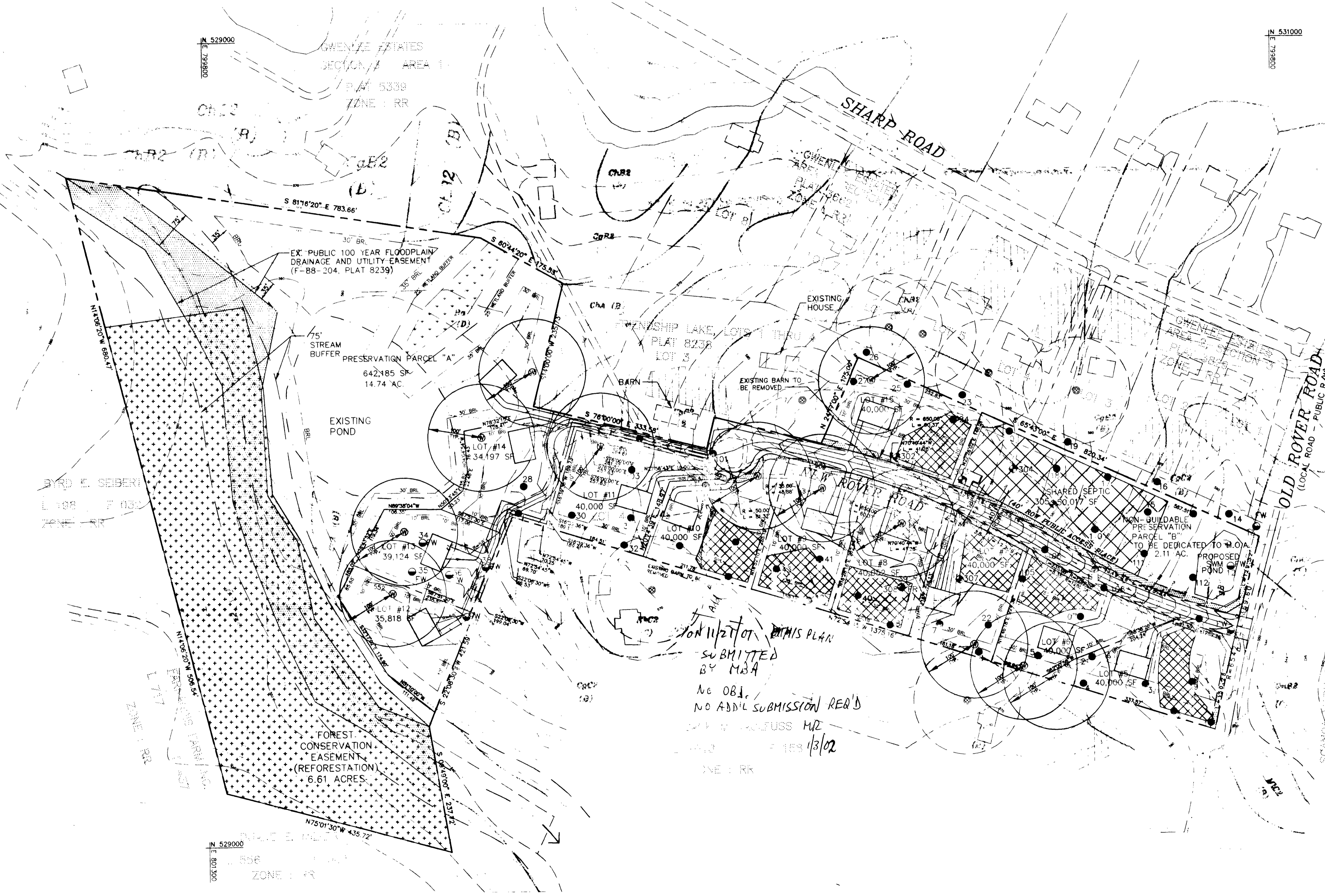
SYMBOL	NAME
HAILE Silt loam	HAILE Silt loam
CHRISTIE Silt loam, 0 to 3 percent slopes	CHRISTIE Silt loam, 0 to 3 percent slopes
CHRISTIE Silt loam, 3 to 15 percent slopes, moderately eroded	CHRISTIE Silt loam, 3 to 15 percent slopes, moderately eroded
CHRISTIE Silt loam, 15 to 35 percent slopes, moderately eroded	CHRISTIE Silt loam, 15 to 35 percent slopes, moderately eroded
CHRISTIE Gravelly silt loam, 0 to 3 percent slopes, moderately eroded	CHRISTIE Gravelly silt loam, 0 to 3 percent slopes, moderately eroded
CHRISTIE Gravelly silt loam, 3 to 15 percent slopes, moderately eroded	CHRISTIE Gravelly silt loam, 3 to 15 percent slopes, moderately eroded
CHRISTIE Gravelly silt loam, 15 to 35 percent slopes, moderately eroded	CHRISTIE Gravelly silt loam, 15 to 35 percent slopes, moderately eroded
CHRISTIE Silt loam, 0 to 3 percent slopes, moderately eroded	CHRISTIE Silt loam, 0 to 3 percent slopes, moderately eroded
CHRISTIE Silt loam, 3 to 15 percent slopes, moderately eroded	CHRISTIE Silt loam, 3 to 15 percent slopes, moderately eroded
CHRISTIE Silt loam, 15 to 35 percent slopes, moderately eroded	CHRISTIE Silt loam, 15 to 35 percent slopes, moderately eroded
CHRISTIE Silt loam, 0 to 3 percent slopes, moderately eroded	CHRISTIE Silt loam, 0 to 3 percent slopes, moderately eroded
CHRISTIE Silt loam, 3 to 15 percent slopes, moderately eroded	CHRISTIE Silt loam, 3 to 15 percent slopes, moderately eroded
CHRISTIE Silt loam, 15 to 35 percent slopes, moderately eroded	CHRISTIE Silt loam, 15 to 35 percent slopes, moderately eroded
CHRISTIE Silt loam, 0 to 3 percent slopes, moderately eroded	CHRISTIE Silt loam, 0 to 3 percent slopes, moderately eroded
CHRISTIE Silt loam, 3 to 15 percent slopes, moderately eroded	CHRISTIE Silt loam, 3 to 15 percent slopes, moderately eroded
CHRISTIE Silt loam, 15 to 35 percent slopes, moderately eroded	CHRISTIE Silt loam, 15 to 35 percent slopes, moderately eroded

**GENERAL NOTES:**

1. SITE DATA:  
TAX MAP 15 - P/O PARCEL 175 - BLOCK 19  
DEED REFERENCE: 3450/661  
GROSS AREA: 27.69 ACRES ±  
ZONING: RR
2. TOPOGRAPHIC DATA BASED ON HOWARD COUNTY'S 200 SCALE MAPS FOR OFFSITE AND FIELD RUN BY MILDENBERG, BOENDER & ASSOCIATES, INC. FOR ONSITE.
3. BASED ON AVAILABLE COUNTY DATA, NO HISTORIC STRUCTURES OR BURIAL GROUNDS EXIST ON SITE.
4. SOILS DATA BASED ON HOWARD COUNTY SOIL SURVEY DATED 1968, SHEET 29.
5. THERE IS FLOODPLAIN ON SITE.
6. WETLAND STUDY WAS COMPLETED BY WILDMAN ENVIRONMENTAL SERVICES ON OCTOBER, 1997
7. PRIVATE WATER AND PRIVATE SEWERAGE WILL BE UTILIZED, SHARED SEPTIC TO BE FOR LOT 11 THRU 14 AND PRESERVATION PARCEL "A"
8. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT, & RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.
9. THE LOTS SHOWN COMPLY WITH THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
10. ALL PERCOLATION TESTS HAVE BEEN FIELD LOCATED. TO THE BEST OF OUR KNOWLEDGE, ALL EXISTING WELLS AND SEPTIC SYSTEMS HAVE BEEN SHOWN WITHIN 100 FEET OF PROPERTY BOUNDARY WHICH MAY IMPACT THE SUBDIVISION.
11. GROUNDWATER APPROPRIATIONS PERMIT MUST BE APPROVED PRIOR TO FINAL PLAT APPROVAL.
12. ALL PROPOSED WELLS SHALL BE DRILLED PRIOR TO FINAL PLAT SIGNATURE APPROVAL.



**VICINITY MAP**  
SCALE: 1" = 2000'

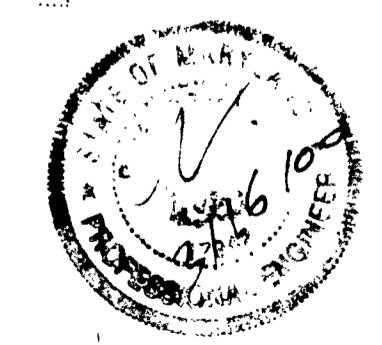


**LEGEND**

- FOREST CONSERVATION EASEMENT
- EX. PUBLIC 100 YEAR FLOODPLAIN DRAINAGE AND UTILITY EASEMENT
- EXISTING SEPTIC AREA
- ▨ PROPOSED SEPTIC EASEMENT
- ▩ PROPOSED 10' PUBLIC TREE MAINTENANCE AND UTILITY EASEMENT
- WETLANDS
- PASSED PERC TEST HOLES - 10/12/99 (A59907)
- PASSED PERC TEST HOLES - 4/13/98 & 2/9/99 (A59907)
- PASSED PERC TEST HOLE
- FAILED PERC TEST HOLE
- ⊗ EXISTING WELL
- ⊙ PROPOSED WELL

ON 11/21/02 THIS PLAN  
SUBMITTED  
BY MBA  
NO OBJ.  
NO ADD'L SUBMISSION REQ'D  
BY JESS MZ  
1/3/02

REVISED  
SRA  
LOT 10



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

*David M. ...*  
HOWARD COUNTY HEALTH OFFICER  
DATE: 3/22/08

**DEVELOPER**  
SAMUEL T. ECKER  
P. O. BOX 337  
WEST FRIENDSHIP, MD 21794-0337

**OWNER**  
CHARLOTTE A. SMITH  
LOUIS W. ET AUXIER  
CHRISTOPHER AUXIER  
13721 OLD ROVER ROAD  
WEST FRIENDSHIP, MD 21794

**MILDENBERG, BOENDER & ASSOC., INC.**  
Planners Surveyors  
5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland, 21042  
(410) 997-0296 Fax (410) 997-0296 Wash. (410) 997-0296 Fax

FRIENDSHIP LAKES, LOTS 5-15, PRESERVATION PARCELS "A" & "B"  
A RESUBDIVISION OF FRIENDSHIP LAKE, LOTS 1, 2, & 4  
TAX MAP 15, PARCEL 175  
HOWARD COUNTY, MARYLAND  
THIRD ELECTION DISTRICT  
PERC CERTIFICATION PLAT

Project No. 99010  
Date 3.17.08  
Scale 1" = 100'  
Description  
Revisors

# APPLICATION

PERCOLATION TESTING

A 59907

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 4/1/98

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Louis Axner, et al

ADDRESS 18612 MEADOWLAND TERRACE, OLNEY, MD 20832 PHONE (301) 570-6083

AGENT OR PROSPECTIVE BUYER SAM ECKER

ADDRESS P.O. BOX 187 WEST FRIENDSHIP, MD 21794 PHONE (410) 992-8486

PROPERTY LOCATION:

SUBDIVISION RESUB FRIENDSHIP LAKE LOT NO. NEW LOT #10

ROAD AND DESCRIPTION 13721 OLD ROVER ROAD W. FRIENDSHIP MD 21794  
LOTS 1, 2, 4

TAX MAP 15 PARCEL # 175

SIZE OF LOT 40,005 # 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.

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

## THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

99 98 97

1gt  
Yellow  
orange  
SiLm

3.0

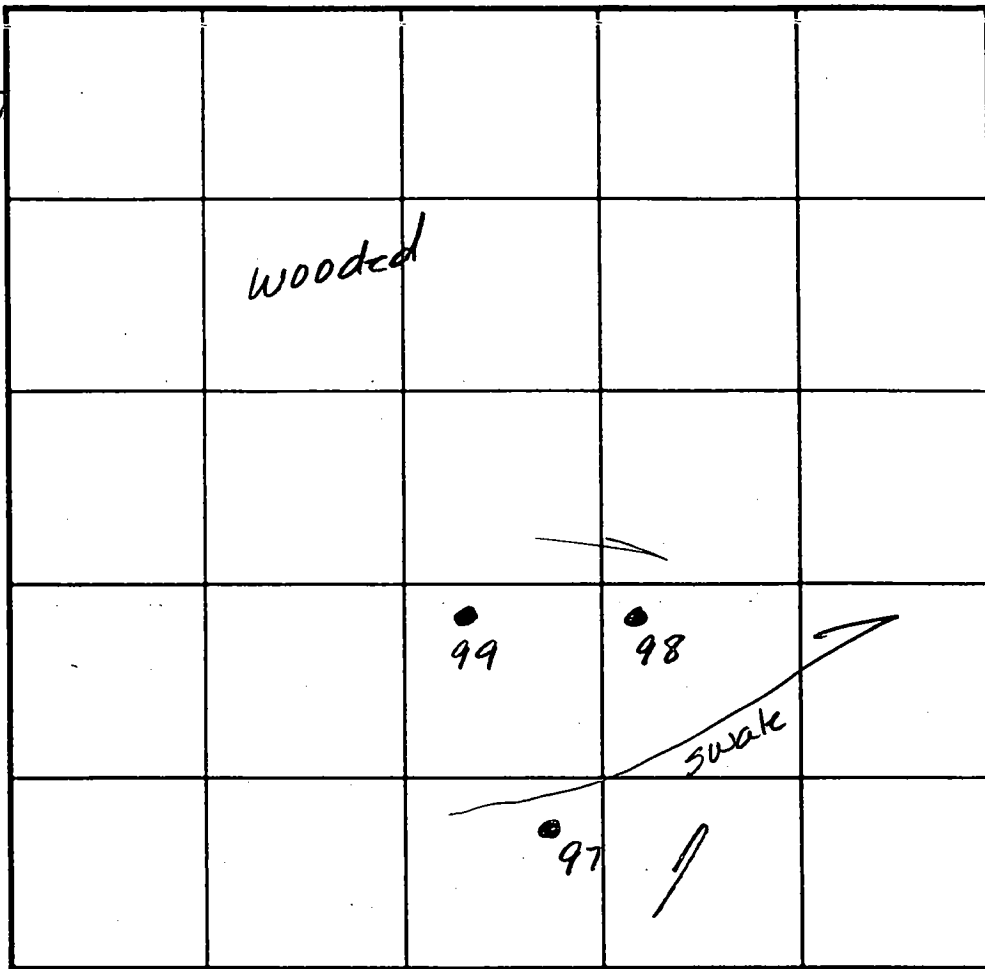
beige  
micaceous  
Salm

12.0



SOIL PROFILE

Empty box for soil profile notes



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-9-99	99	Visual	to 12.0 - see profile				OK
	98	3.0 / 12.0	12:31	12:32	12:32	12:34	2min
	97	Visual	to 12.0 see profile				OK

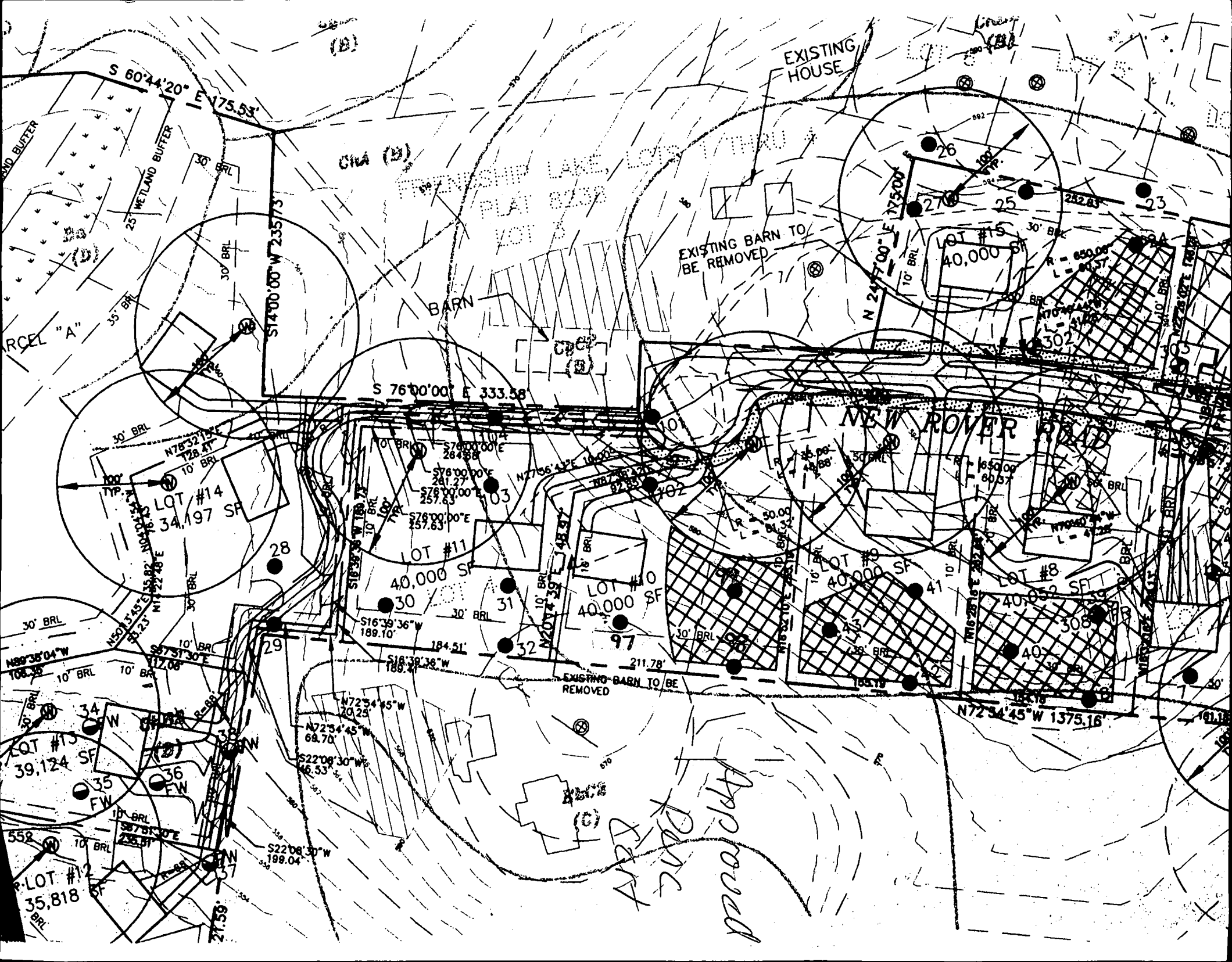
REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



(B)

EXISTING HOUSE

(B)

CH 1 (B)

BARN

EXISTING BARN TO BE REMOVED

LOT #15  
40,000 SF

RCCL "A"

LOT #14  
34,197 SF

S 76°00'00" E 333.58

NEW ROVER ROAD

LOT #11  
40,000 SF

LOT #10  
40,000 SF

LOT #9  
40,000 SF

LOT #8  
40,000 SF

LOT #13  
39,124 SF

N 72°34'45" W 20.25'  
N 72°34'45" W 68.70'  
S 22°08'30" W 46.53'

EXISTING BARN TO BE REMOVED

N 72°34'45" W 1375.16'

LOT #12  
35,818 SF

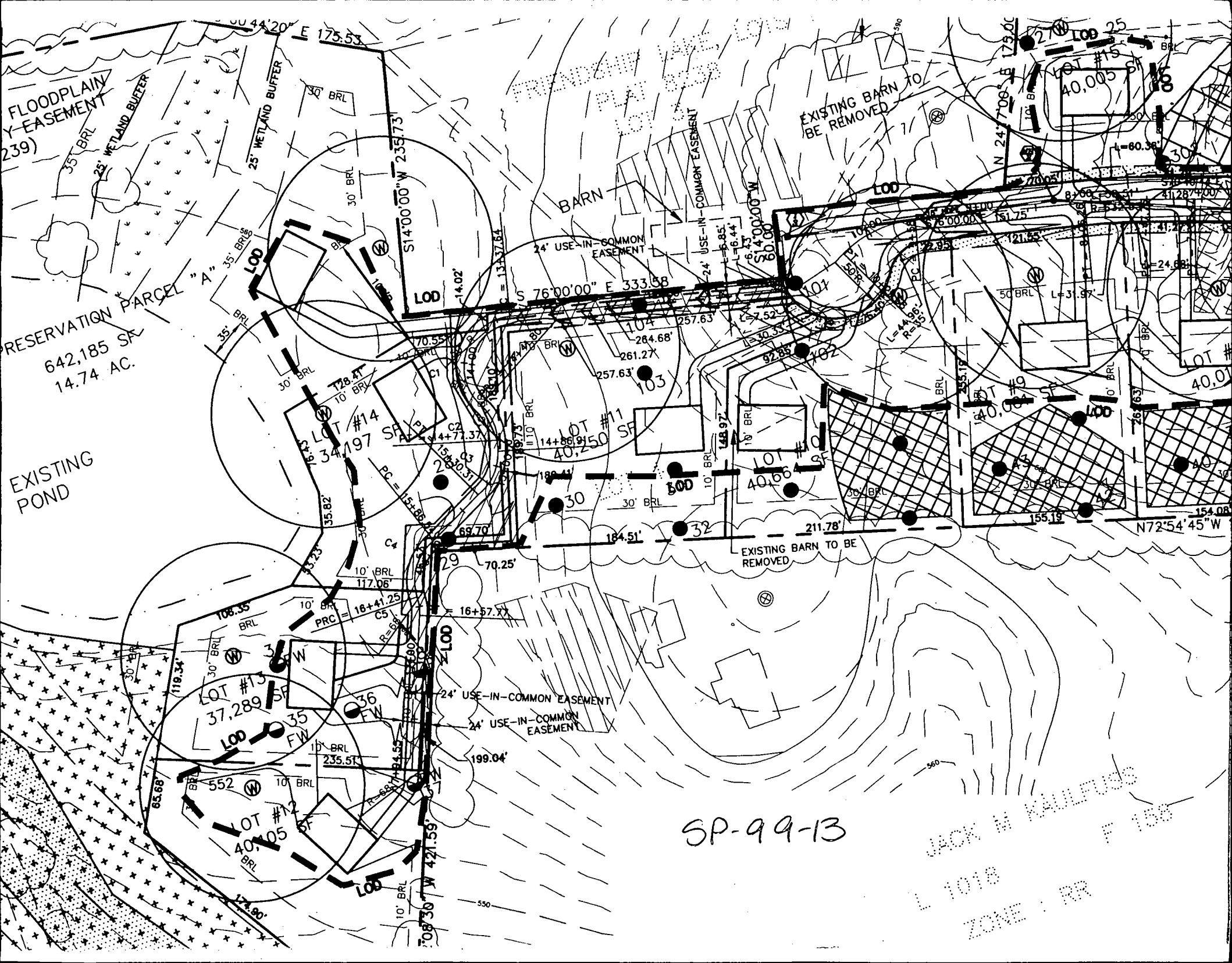
S 22°08'30" W 189.04'

APPROX

FLOODPLAIN  
EASEMENT  
(239)

RESERVATION PARCEL "A"  
642,185 SF  
14.74 AC.

EXISTING  
POND



SP-99-13

JACK W. VALLEJO  
L 1018  
ZONE RR



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

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER  
 300138316 #59907-6

Building Address 2923 NEW BLVD. RD.  
WEST FRIENDSHIP, MD 21774  
 Suite/Apt. #: \_\_\_\_\_ SDP/NP/Petition #: \_\_\_\_\_  
 Census Tract 6030 Subdivision FRIENDSHIP LAKES  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 10  
 Tax Map 15 Parcel 175 Grid 19  
 Zoning RR Map Coordinates 965 Lot size \_\_\_\_\_

Property Owner's Name WILLIAMSBURG GROUP  
 Address 5485 PARKERS FARM RD  
 City COLUMBIA State MD Zip Code 21771  
 Home Phone \_\_\_\_\_ Work Phone 410-997-8800  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SINGLE FAMILY DWELLING  
 Proposed Use SINGLE FAMILY DWELLING  
 Estimated Construction Cost \$ 2500  
 Description of Work BURY LIQUID PROPANE  
PROPANE TANK. 1000 gallon

Contractor Company UNITED PROPANE  
 Contact Person TENY CEBRIANT  
 Address 104 W. RIDGEVILLE BLVD.  
 City MT. AIRY State MD Zip Code 21771  
 License No. CP0154 01472  
 Phone 301 824 2828 Fax 301 295 2944

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature UNITED PROPANE Master Gas Fitter  
 Title/Company \_\_\_\_\_

Print Name ALVINE GARRETT  
 Date 8-30-02 9-6-02

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE/INITIALS	DEPARTMENT/INFORMATION	PROPERTY/ID
Building Department				
Engineering Department				
Environmental Department				
Fire Department				
Health Department				
Police Department				
Public Works Department				
Revenue Department				
Water & Sewer Department				
Other				

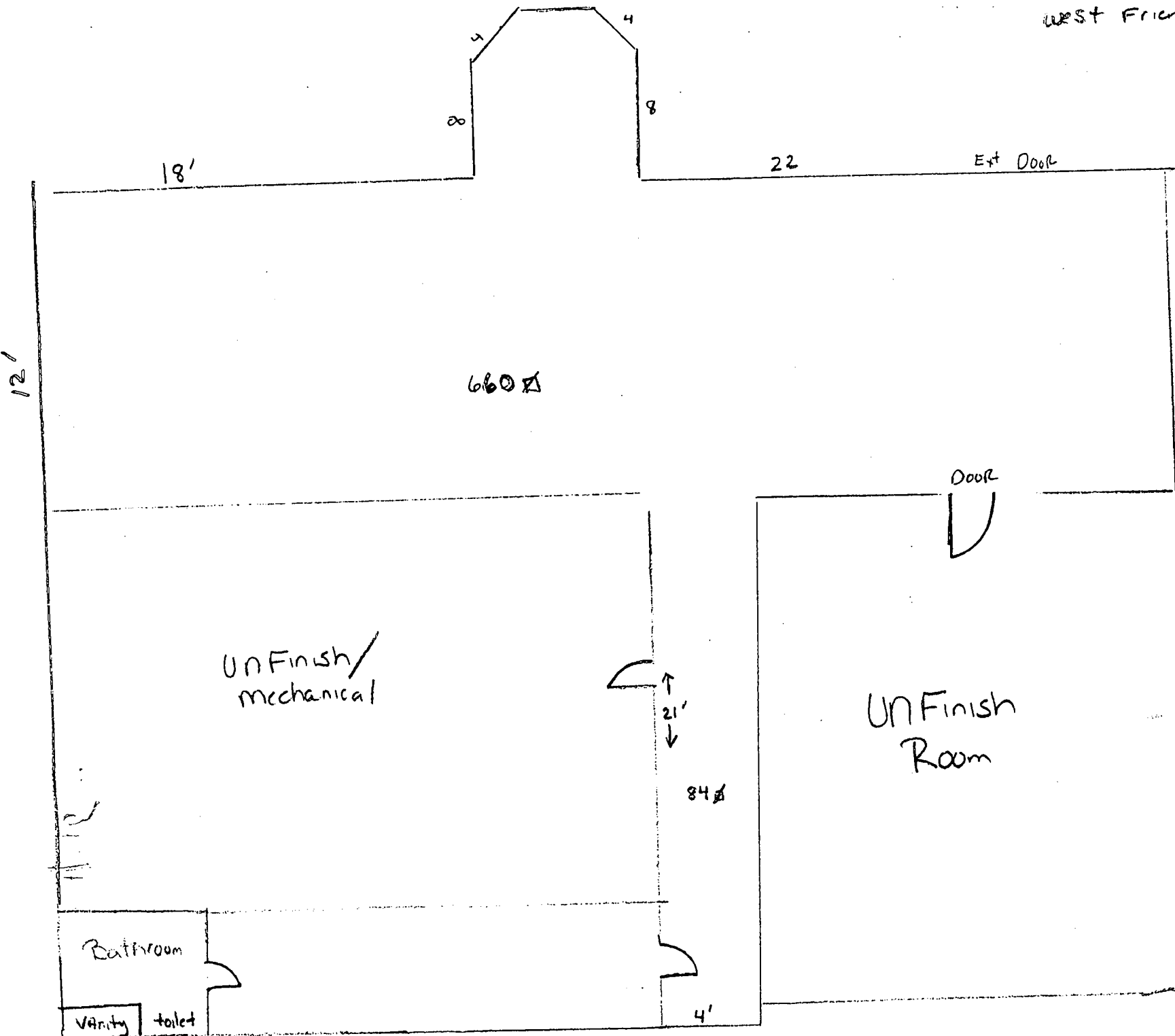
COMMENCE CONSTRUCTION (N/A)   
 ONE STOP SHOP   
 Distribution of copies: \_\_\_\_\_  
 Date: \_\_\_\_\_



2923 New River Rd  
West Friendship 21797-0006

APPROVED

WALK-THRU BUILDING PERMIT  
BP# BD0149441 A# 59907-6  
APP. SAN ML DATE: 2/5/04  
DESC. OF WORK: finished  
bsmt no BR



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-149441

Building Address 2923 New River Road  
West Friendship, MD 21154

Suite/Apt. # \_\_\_\_\_ SDP/WP/Petition # \_\_\_\_\_

Census Tract 10300 Subdivision Friendship Lakes

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 10

Tax Map 15 Parcel F15 Grid 19

Zoning R1D Map Coordinates 9 6 5 Lot size 1/4 AC

Property Owner's Name James Vaughn

Address 2923 New River Road

City West Friendship State MD Zip Code 21154

Home Phone 410-442-1011 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Unfinished Basement

Proposed Use Finished Basement

Estimated Construction Cost \$ 10,000

Description of Work Finish Basement with

Family Room

Contractor Company B Square Construction

Contact Person Barry Boone

Address 2420 Alder Drive

City New Windsor State MD Zip Code 21776

License No. 26372

Phone 410-204-1850 Fax 410-633-6444

Occupant or Tenant James Vaughn

Contact Name James Vaughn

Address 2923 New River Road

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 410-442-1011 Fax \_\_\_\_\_

Engineer or Architect Company N/A

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**

**Utilities**

Height: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

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   
 Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

**Building Characteristics**

**Utilities**

SF Dwelling  SF Townhouse   
Depth Width  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement  
 Crawlspace  Slab on Grade  
 No. of Bedrooms 4  
 Multi-family dwellings:  
 No. of efficiency units: \_\_\_\_\_  
 No. of 1 BR units: \_\_\_\_\_  
 No. of 2 BR units: \_\_\_\_\_  
 No. of 3 BR units: \_\_\_\_\_  
 Other Structure: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

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   
 NFPA #13D  
 NFPA #13R  
 Other

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

Barry Boone  
 Applicant's Signature  
B Square Construction  
 Title/Company

Barry Boone  
 Print Name  
7/12/04  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
**FOR OFFICE USE ONLY**