

C.O. & WPI

10 AM
11/9/00 CO - all day

11/27/00
Anytime

1-16-00
2:00 pump

RPS#?

Needs Pump Test

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514628

A 50195-K

ISSUE DATE 11/6/00

APPROVAL DATE 1/16/01

INDEXED

Union Paving IS PERMITTED TO INSTALL ALTER

ADDRESS 5977 Sandy Ridge Road Elkridge, MD 21075 PHONE (410) 379-6463

SUBDIVISION Friendship Farms LOT NUMBER 7 ADDRESS 2701 Friendship Farm Court

PROPERTY OWNER Altieri Homes PROPERTY OWNER'S ADDRESS 9017 Red Branch Road

SEPTIC TANK CAPACITY 1250 GALLONS - TOP SEAMED Suite 201

PUMP CHAMBER CAPACITY 1250 GALLONS - TOP SEAMED Columbia, MD 21045

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Begin trenches 80 feet off the intersection of the 131.45' and 90.00' lot lines and 35 feet off the 286.49 lot line. Run trenches on contour toward the intersection of the 90.00' and 286.49' lot lines. 8/29/00 OK AW

PLANS APPROVED Amy Mc Millen ON SRM 10/11/00 DATE 8/17/00

PERMIT VOID AFTER 2 YEARS

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

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

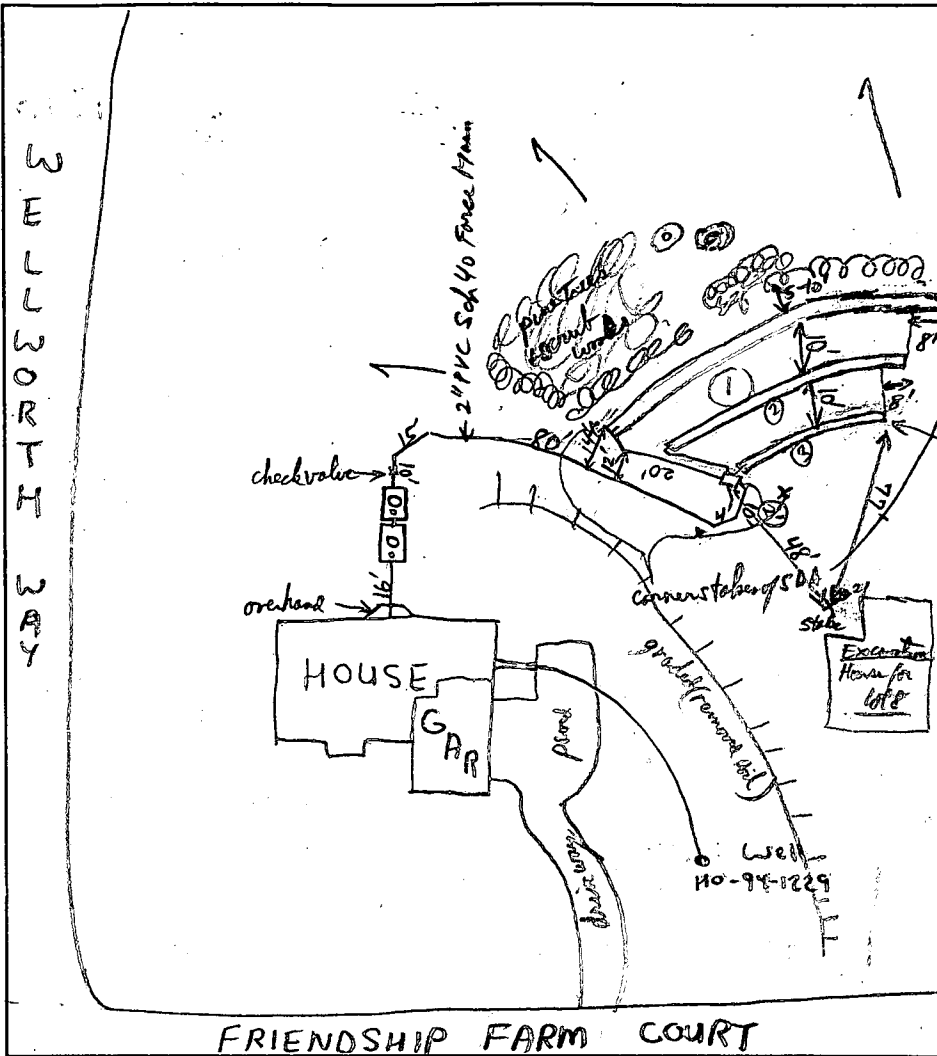
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P514628

NOT TO SCALE

Neighbor's House



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 2'
 TRENCH BOTTOM DEPTH 4'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 ① - 100 ② - 80' ③ - 60'
 TOTAL TRENCH LENGTH 240 LF
 ABSORBENT AREA 7200ft²
 DISTRIBUTION BOX LEVEL yes
 (No levels used)
 BAFFLE IN DISTRIBUTION BOX yes

SEPTIC TANK DATA

(2) 5' x 8' (L)
 SEPTIC TANK 1250 Top Second GALLONS
 MANHOLE RISER yes (12" cover)
 6 INCH INSPECTION PORT yes

PUMP CHAMBER DATA

(2) 5' x 8' (L)
 PUMP CHAMBER 1250 Top Second GALLONS
 MANHOLE RISER yes (12" cover)
 ALARM OK
 PUMP PERFORMANCE TEST OK

Neighbor's well
 110-94-0761

PRE-CONSTRUCTION INSPECTION: 11/8/00 Installation postponed until area is graded.
With current grade tank placement is difficult. House connection too deep. (BB)

INSPECTION COMMENTS: 11/9/00 - OK TO STONE TRENCH ① & COVER MIDDLE & CONTINUE WORK, HOUSE CONNECTION WILL BE RAISED SLIGHTLY & GRADE AROUND HOUSE

ADJUSTED (SRW) Septic Tank, Pump Chamber, connection piping, force main (pressure line) and 3 trenches finished, piped & graded & ready to cover. OK to cover all work (except d.B)
Needs Pump Test. Hubley 11/27/00
Casing is 4" below grade (due to site grading) 11/27/00 1/16/01 Pump and alarm working. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 1/16/01

APPLICATION

PERCOLATION TESTING

A 50195K

P _____

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

DISTRICT THIRD

DATE AUGUST 1, 1994

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 JOHN SIONEY BRITTON

ADDRESS 2716 JENNINGS CHAPEL ROAD WOODBINE MARYLAND PHONE 489-9342

AGENT OR PROSPECTIVE BUYER BRITTON PROPERTY PARTNERSHIP

ADDRESS P.O. Box 1371 ELLICOTT CITY MARYLAND 21041 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION FRIENDSHIP FARM (BRITTON PROPERTY) LOT NO. 8

ROAD AND DESCRIPTION 2800'± SOUTH FROM THE INTERSECTION OF MARYLAND ROUTE 144 AND WELWORTH WAY

TAX MAP 15 PARCEL # 65

SIZE OF LOT 40,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DETACHED
(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 _____

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

50195K
COUNTY #

SOIL PROFILE 5

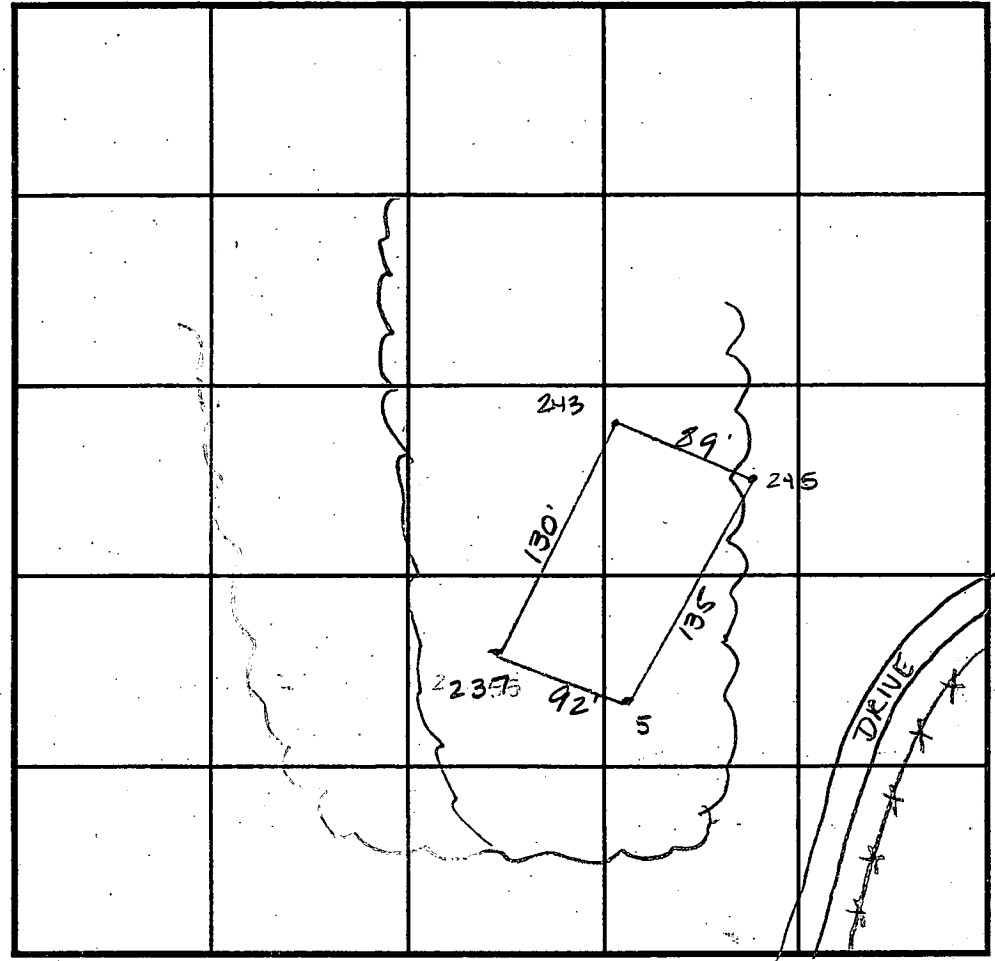
0' brn CL
3' brn SL
consistent color throughout
7' zone of 15-20% shale
9'
11 1/2'

237

1/2' lgt tan/brn CL
2 1/2' lgt tan SL
mica
10-20% rock throughout
not interconnected
OK
12'

243

no distinct clay layer
5 mica loam
lgt tan
no rock
11'



SOIL PROFILE 245

0' bright red c
2 1/2' yellow orange sil
7' lgt tan SL mica
10' hard bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/9/94	5	3' / VIII 1/2'	12:44	12:47	12:47	12:53	6 min
	237	Visual to	12'				OK
	243	2 1/2' VII'	11:14 ¹⁵	11:15 ³⁰	11:15 ²⁰	11:16 ⁴⁵	1 1/4 min
	245	3' VI 0	10:57 ³⁰	10:58 ³⁰	10:58 ³⁰	11:00	1 1/2 min
	245	6' VI 0	10:56 ³⁰	10:57	10:57	10:58	1 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT FRANK MANALANSAN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 3'

INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 4' SQ. FT./BEDROOM 180 ft²

C1 9993

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

07/10/97

07/10/97

420 (TO NEAREST FOOT)

40-94-1229

OWNER Britton John last name first name TOWN W. Friendship STREET OR RFD Rt 32 SUBDIVISION Friendship FARMS SECTION LOT # 8

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Residual Soil, Weathered Rock, Micaceous Schist, Fractured Schist, Micaceous Schist, Fractured Schist w/ quartz, Micaceous Schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 40 NO. OF POUNDS 94 GALLONS OF WATER 240 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 120 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 72 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Flowmeter WATER LEVEL (distance from land surface) BEFORE PUMPING 94.8 WHEN PUMPING 145.8 TYPE OF PUMP USED (for test) S submersible

CASING RECORD

casings types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 122

OTHER CASING (if used)

Table for other casing with columns for diameter inch and depth (feet) from to.

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

C 2

DEPTH (nearest ft.)

Table for screen record with columns for depth (nearest ft.) and rows for each casing and screen.

WELL HYDROFRACTURED

yes Y N

- 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. (MWD) 5020 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

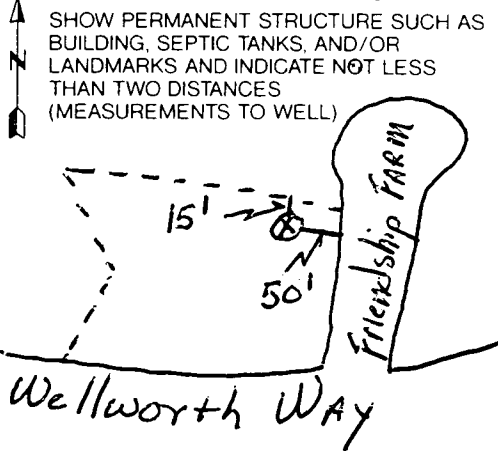
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

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) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT



DRILLER Bernis Sturgill

DATE 4-17-2000

Your Completion Report for John Britten

(HO-94-1229) has been found to be incomplete. Please complete as indicated below and return to ISSWP.

- | | |
|--|--|
| <input type="checkbox"/> date well completed | <input type="checkbox"/> screen depth |
| <input type="checkbox"/> depth of well | <input type="checkbox"/> slot size |
| <input type="checkbox"/> permit number | <input type="checkbox"/> diameter of screen (given in NO.) |
| <input type="checkbox"/> owner | <input type="checkbox"/> gravel pack |
| <input type="checkbox"/> street | <input type="checkbox"/> pumping test |
| <input type="checkbox"/> town | <input type="checkbox"/> hours pumped |
| <input type="checkbox"/> sub-division | <input type="checkbox"/> pumping rate |
| <input type="checkbox"/> section | <input type="checkbox"/> method used to measure pump |
| <input type="checkbox"/> lot | <input type="checkbox"/> water level before pumping |
| <input type="checkbox"/> well log - (when given on separate sheet
send for state, survey & WRA) | <input type="checkbox"/> water level when pumping |
| <input type="checkbox"/> driller's signature - (must agree with permit
unless transferred) | <input type="checkbox"/> type of pump used |
| <input type="checkbox"/> driller's number | <input type="checkbox"/> pump installed |
| <input type="checkbox"/> type of driller (MWD, MSD, MGD) | <input type="checkbox"/> gallons per minute |
| <input type="checkbox"/> has well been grouted (<u>Circle only one</u>) | <input type="checkbox"/> pump horse power |
| <input type="checkbox"/> number of bags | <input type="checkbox"/> pump column length |
| <input type="checkbox"/> Number of Pounds | <input type="checkbox"/> casing height |
| <input type="checkbox"/> gallons of water | <input type="checkbox"/> height above land surface |
| <input type="checkbox"/> depth of grout seal | <input type="checkbox"/> location of well on lot |
| <input type="checkbox"/> casing record | <input type="checkbox"/> sketch |
| <input type="checkbox"/> main casing type-insert code | <input type="checkbox"/> all numbers start at far left bo |
| <input type="checkbox"/> casing diameter | <input type="checkbox"/> don't staple report(s) together
as we have to unstaple taking up
valuable time. |
| <input checked="" type="checkbox"/> casing depth | |
| <input checked="" type="checkbox"/> screen record or open hole | |
| <input type="checkbox"/> screen type-insert code | |

2000 JL 10 PM 1:59

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

C1 9993

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 50195-K

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT) 20

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-79-1229

OWNER Britten John, STREET OR RFD Rt 32, SUBDIVISION Friendship FARMS, SECTION, LOT #8, TOWN W. Friendship

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Residual Soil, Weathered Rock, Micaceous Schist, Fractured Schist, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 40, NO. OF POUNDS 94.

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter 6, Total depth 122.

OTHER CASING (if used) diameter, depth (feet) from to

SCREEN RECORD: screen type (ST, BR, HO, PL, OT), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (Y).

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

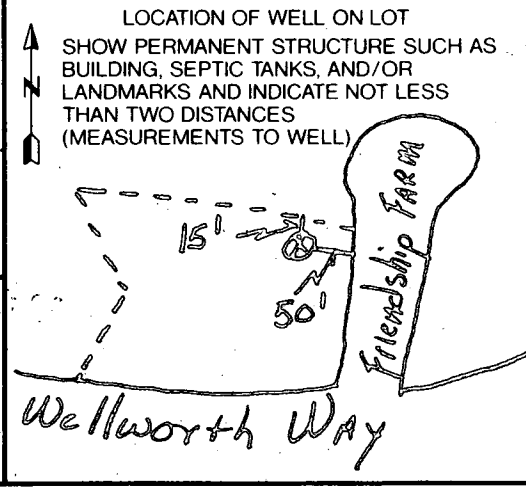
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 5020, DRILLERS SIGNATURE, 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)

C3 PUMPING TEST: HOURS PUMPED 72, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE Flowmeter, WATER LEVEL BEFORE PUMPING 97.8, WHEN PUMPING 75.8.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED (S) submersible, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH.



B 1 03535

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

70-94-1229 fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

Date Received (APA)

020372

OWNER INFORMATION

BEITHE JOHN

3716 JENNINGS CHAPEL

WOODRING MD 21077

B 3

LOCATION OF WELL

400010

BRITTON 5-6

WEST FRIENDSHIP

4 MI

DRILLER INFORMATION

Bearis D Strill 502

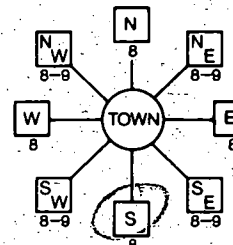
Waterworks Systems Inc

3155 Mount Airy Ln. Friendsville MD 21050

7-3-57

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sykesville Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



2000

ENTER FT or MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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. 12/5/57

STATE SIGNATURE DATE

DATE ISSUED 070997A M. McLean 7/19/95

NORTH GRID 531000 EAST GRID 313000

APPROXIMATE DEPTH OF WELL 500 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST 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

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 GAP

FORCE M PERMIT No. 70-94-1229

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X. SOURCES OF DRILLING WATER. WRITE THE BOX NUMBER FROM THE MAP HERE. Includes a hand-drawn map showing a well location and a road junction.

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION. Includes a hand-drawn sketch showing a well location relative to a road junction.

B 1 03534

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-93-0334 fill in this form completely

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

Date Received (APA)

020397

OWNER INFORMATION

Owner: Britten John

Street or RFD: 2716 Seaminck Chapel

Town: Woodbridge MD 21797

B 3

LOCATION OF WELL

Howard County

Subdivision: Britton Sub

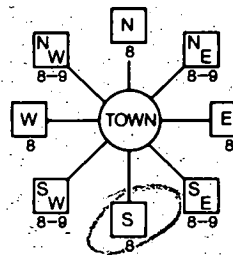
Section: 44 46 Lot: 48 50

Nearest Town: West Friendship

Miles from town: 4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: Centerville Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 2370 FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (Single or Double Household Unit Only)
Farming (Livestock Watering & Agricultural Irrigation)
Industrial, Commercial, State and Federal Gov. Other (Requires Appropriation Permit)
Public or Private Water Company (Requires Appropriation Permit and State Health Department Approval)
Test, Observation, Monitoring (May Require Appropriation Permit)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME
STATE SIGNATURE
DATE ISSUED: 070997
CO SIGNATURE: A. M. Miller
NORTH GRID: 531000 EAST GRID: 213000

APPROXIMATE DEPTH OF WELL: 500 FEET

APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered)
Jetted
Jetted & 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)

APPROX. PERMIT NUMBER: GAP

FORCE INITIALS IN BOX: JM PERMIT No. 40-93-0334

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

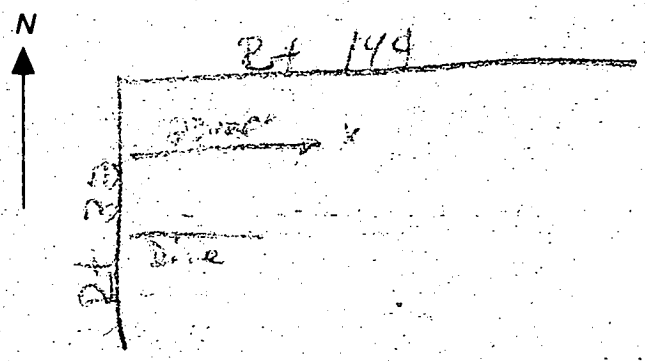
SOURCES OF DRILLING WATER

- 1. City
2.
3.

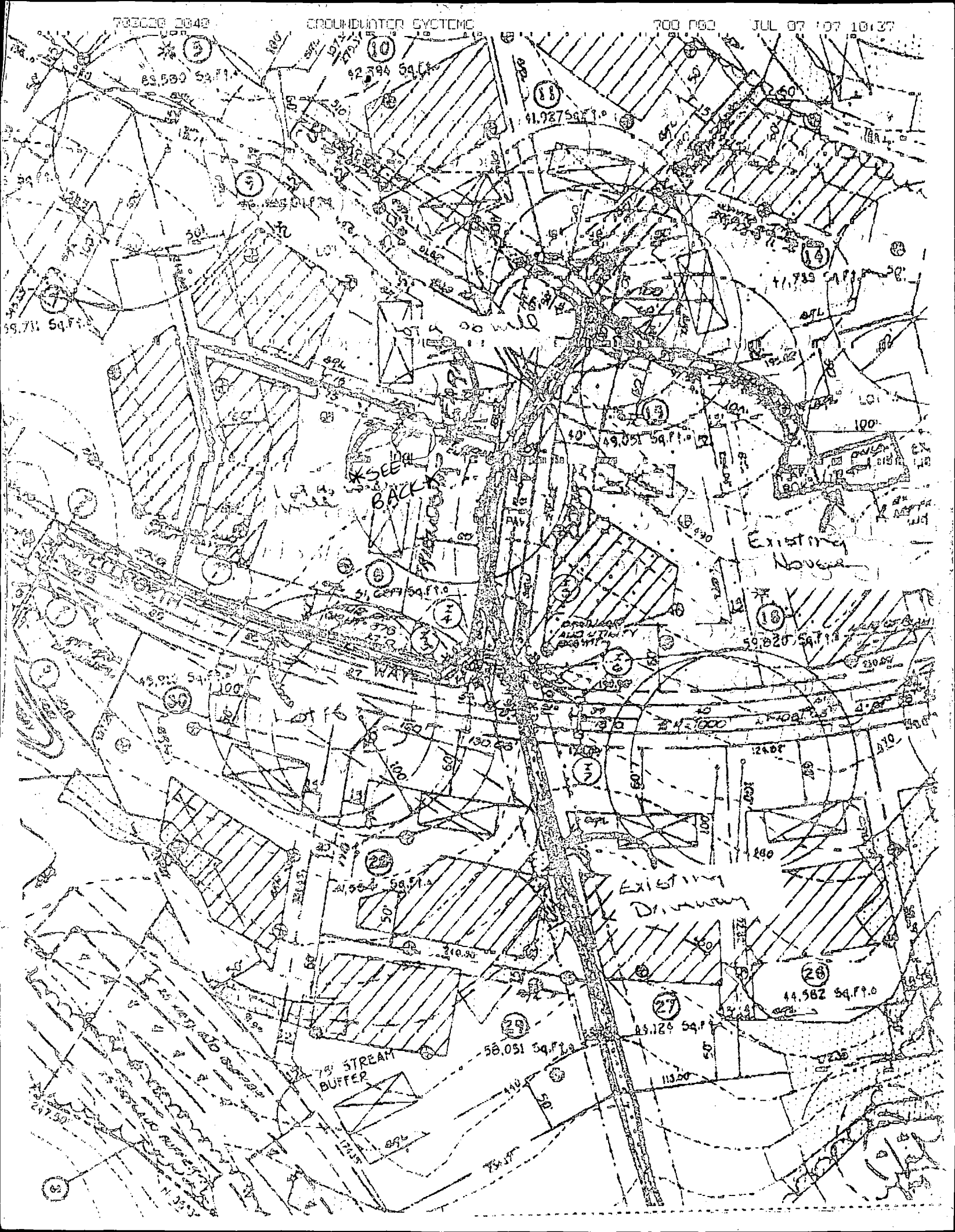
WRITE THE BOX NUMBER FROM THE MAP HERE

Box number: E 813, N 521

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



SPECIAL CONDITIONS



7/10/97

Sometime back in March, Craig Williams
myself & Chuck Cravo met on site to
determine alternate well site. Fracture
trace analysis by environmental
engineering company revealed a fracture
originating near VOC contaminated
site went through the proposed well
site agreed to on the Preliminary
Plan.

The site shown on this document
is OK as a result of that meeting

On 7/19/97 another field insp was made
by ALM to be sure new well site was
drilled rather than old - OK to drill

ALM

*THE LOT
HOLD A FOR
ANY / GRAC
MONITORING WELL
ABANDONMENT
IS COMPLETE*



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

September 27, 1999

Altieri Homes
9017 Red Branch Rd.
Suite 201
Columbia, MD. 21045
To: Daren Altieri

Dear Mr. Altieri:

At this time well permits cannot be issued for Friendship Farms lots 6,7,11,12, and 14. There is an uncertainty as to the proper location of well sites. We have received your field sheets showing well sites but they are insufficiently detailed for proper evaluation. Please resubmit an exhibit showing topography, platted sewage easements, and lot boundaries. After the exhibit is submitted and the well site locations are properly staked, contact our office so that a reinspection can be arranged.

There is also a concern ^{ABOUT THE STATUS OF} ~~that~~ previously drilled monitoring wells ^{WHICH NEED TO} ~~are~~ properly abandoned. ~~Wells should be abandoned by a licensed well driller, or in the presence of a representative of the Howard County Bureau of Environmental Health.~~ ^{DOCUMENTATION OF} ~~OP PROPERTY ABANDONMENT IS REQUESTED PRIOR TO RELEASE OF NEW WELL~~ ^{CONSTRUCTION PERMITS.}

If you have any questions or concerns, please contact Brian Baker at (410) 313-1775.

*9/99
Question about the
monitoring well located
near lot 7+8 property
line. Can't determine
which lot the well is
located on. BB*

Sincerely,

Brian Baker
Sanitarian

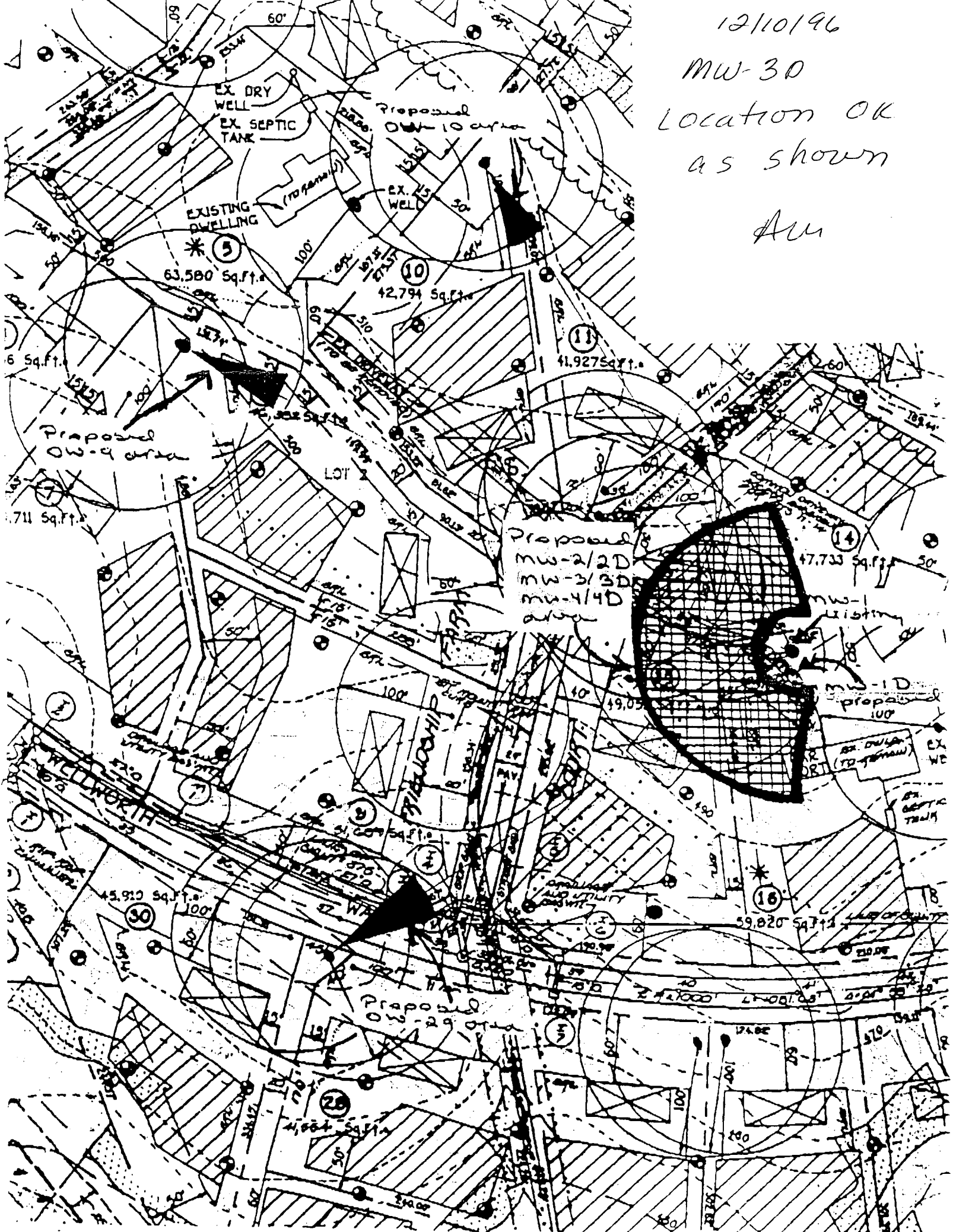
cc: CW

12/10/96

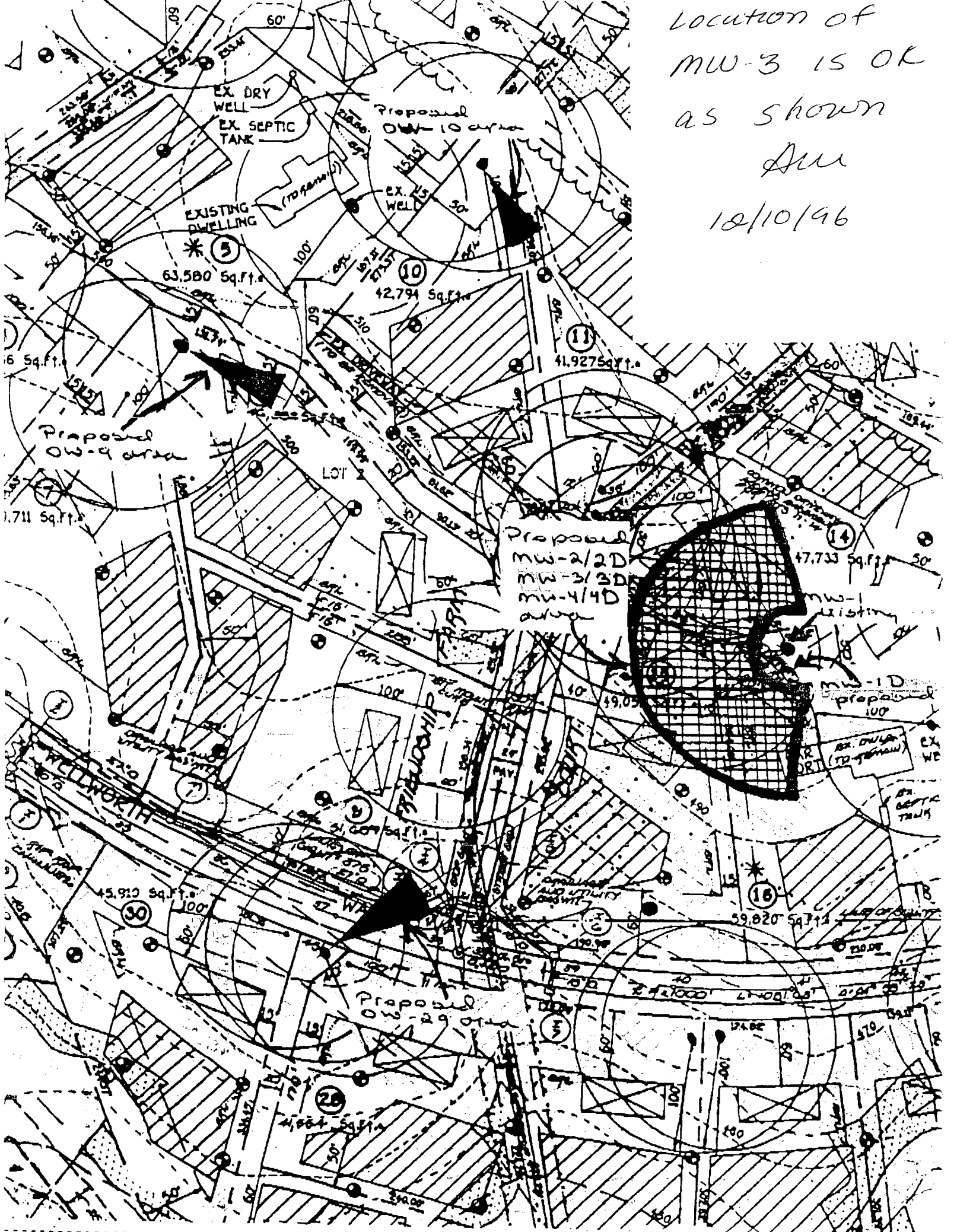
MW-30

Location OK
as shown

AM



Location of
MW-3 is OK
as shown
AM
12/10/96



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A980266 430 5

SEND REPORT TO:

Laboratories Administration

LAB NO. _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525 H ELLICOTT MILLS DRIVE
ELLICOTT CITY, MD 21043

201 W. Preston Street
P.O. BOX 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

GAS CHROMATOGRAPHY-MASS SPECTROMETRY LABORATORY
SDWA ANALYSIS REPORT FORM

COLLECTOR: D. Soe
BOTTLE NUMBER: HO-BFB-73097
EPA METHOD: ✓ 502.2 ✗ 524

LOT 8-
SAMPLE SOURCE: FRIENDSHIP FARMS
PRESERVATION USED: 1+1 HCl
DATA CATEGORY CODE: 4F

PRIVATE
 COMMUNITY
 NON-COMMUNITY

113
County

KJ
Plant No.

1111
Sampling Station

017301917
Date Collected

1101310
Time Collected

SAMPLE TYPE
 SOURCE (Raw Water)
 DISTRIBUTION (Treated)
 WATER TREATMENT PLANT
(P.O.E to Distribution)

Field Data:

15.8
pH

Chlorine Residual
0.0 0.0
Free Total

REMARKS: PLEASE RUN FULL SCAN

CONTAMINANT	EPA CONT ID.	MCL	ACTUAL LEVEL (ppb)	CONTAMINANT	EPA CONT ID.	ACTUAL LEVEL (ppb)
TRihalOMETHANES						
Bromodichloromethane	2943		<u>< 0.5</u>	Bromomethane	2214	<u>< 0.5</u>
Bromoform	2942			Dichlorodifluoromethane	2212	
Chloroform	2944			Chloroethane	2218	
Dibromochloromethane	2941			Trichlorofluoromethane	2216	
TOTAL THMs	2950	100		1,1-Dichloroethane	2978	
REGULATED				m-Dichlorobenzene	2967	
Benzene	2990	5	<u>< 0.5</u>	Dibromomethane	2408	
Carbon Tetrachloride	2982	5		1,1-Dichloropropene	2410	
Chlorobenzene	2989	100		trans-1,3-Dichloropropene	2224	
p-Dichlorobenzene	2969	<u>600</u> <u>75</u>		1,1,2,2-Tetrachloroethane	2988	
1,1-Dichloroethene	2977	7		1,3-Dichloropropane	2412	
1,2-Dichloroethane	2980	5		2,2-Dichloropropane	2416	
1,2-Dichlorobenzene	2968	<u>600</u> <u>75</u>		cis-1,3-Dichloropropene	2413	
1,2-Dichloropropane	2983	5		o-Chlorotoluene	2965	
cis-1,2-Dichloroethene	2380	70		p-Chlorotoluene	2966	
trans-1,2-Dichloroethene	2979	100		Bromobenzene	2993	
Ethylbenzene	2992	700		1,3,5-Trimethylbenzene	2424	
Styrene	2996	100		1,2,4-Trimethylbenzene	2418	
Tetrachloroethene	2987	5		1,2,3-Trichlorobenzene	2420	
Trichloroethene	2984	5		n-Propylbenzene	2998	
1,1,1-Trichloroethane	2981	200		n-Butylbenzene	2422	
Toluene	2991	1000		Naphthalene	2248	
Vinyl Chloride	2976	2		Hexachlorobutadiene	2246	
o-Xylene	2997			Isopropylbenzene	2994	
m-Xylene	2995			1,2,3-Trichloropropane	2414	
p-Xylene	2962			1,2-Dibromo-3-Chloropropane	2931	<u>< 0.5</u>
Total Xylenes	2955	10000	<u>< 1</u>	p-Isopropyltoluene	2030	<u>< 0.5</u>
Methylene Chloride	2964	5	<u>< 0.5</u>	tert-Butylbenzene	2426	
1,1,2-Trichloroethane	2985	5		sec-Butylbenzene	2428	
1,2,4-Trichlorobenzene	2378	<u>70</u> <u>X</u>		Bromochloromethane	2430	
UNREGULATED				1,1,1,2-Tetrachloroethane	2986	
Chloromethane	2210		<u>< 0.5</u>	1,2-Dibromoethane (EDB)	2946	
				Methyl-tert-Butyl Ether (MTBE)	2251	

DATE RECEIVED: _____

DATE ANALYZED: 8/1/97

CHEMIST: K Jones

ppb - parts per billion (micrograms per liter)
MCL - maximum contaminant level
NA - not analyzed

DW 8/5/97

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A980265 #30 5

SEND REPORT TO:

Laboratories Administration

LAB NO. _____

~~HOWARD COUNTY HEALTH DEPARTMENT~~
~~BUREAU OF ENVIRONMENTAL HEALTH~~
~~3525 H ELLICOTT MILLS DRIVE~~
~~ELLICOTT CITY, MD 21043~~

201 W. Preston Street
P.O. BOX 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

AS CHROMATOGRAPHY-MASS SPECTROMETRY LABORATORY
SDWA ANALYSIS REPORT FORM

COLLECTOR: D. Soe
BOTTLE NUMBER: 10-BLANK-73097
EPA METHOD: 502.2 524

SAMPLE SOURCE: FIELD BLANK
PRESERVATION USED: 1+1 HCl
DATA CATEGORY CODE: 4F

PRIVATE
 COMMUNITY
 NON-COMMUNITY

County: 113 Plant No.: 111 Sampling Station: 111 Date Collected: 07/30/97 Time Collected: 10:30

SAMPLE TYPE
 SOURCE (Raw Water)
 DISTRIBUTION (Treated)
 WATER TREATMENT PLANT (P.O.E to Distribution)

Field Data: pH 158 Chlorine Free 0.10 Residual Total 0.10

REMARKS: PLEASE RUN FULL SCAN

CONTAMINANT	EPA CONT ID.	MCL	ACTUAL LEVEL (ppb)	CONTAMINANT	EPA CONT ID.	ACTUAL LEVEL (ppb)
TRihalOMETHANES						
Bromodichloromethane	2943		<u><0.5</u>	Bromomethane	2214	<u><0.5</u>
Bromoform	2942		<u>↓</u>	Dichlorodifluoromethane	2212	<u>↓</u>
Chloroform	2944		<u>↓</u>	Chloroethane	2218	<u>↓</u>
Dibromochloromethane	2941		<u>↓</u>	Trichlorofluoromethane	2216	<u>↓</u>
TOTAL THMs	2950	100	<u>↓</u>	1,1-Dichloroethane	2978	<u>↓</u>
REGULATED				m-Dichlorobenzene	2967	<u>↓</u>
Benzene	2990	5	<u><0.5</u>	Dibromomethane	2408	<u>↓</u>
Carbon Tetrachloride	2982	5	<u>↓</u>	1,1-Dichloropropene	2410	<u>↓</u>
Chlorobenzene	2989	100	<u>↓</u>	trans-1,3-Dichloropropene	2224	<u>↓</u>
p-Dichlorobenzene	2969	<u>600</u>	<u>↓</u>	1,1,2,2-Tetrachloroethane	2988	<u>↓</u>
1,1-Dichloroethene	2977	7	<u>↓</u>	1,3-Dichloropropane	2412	<u>↓</u>
1,2-Dichloroethane	2980	5	<u>↓</u>	2,2-Dichloropropane	2416	<u>↓</u>
1,2-Dichlorobenzene	2968	<u>1500</u>	<u>↓</u>	cis-1,3-Dichloropropene	2413	<u>↓</u>
1,2-Dichloropropane	2983	5	<u>↓</u>	o-Chlorotoluene	2965	<u>↓</u>
cis-1,2-Dichloroethene	2380	70	<u>↓</u>	p-Chlorotoluene	2966	<u>↓</u>
trans-1,2-Dichloroethene	2979	100	<u>↓</u>	Bromobenzene	2993	<u>↓</u>
Ethylbenzene	2992	700	<u>↓</u>	1,3,5-Trimethylbenzene	2424	<u>↓</u>
Styrene	2996	100	<u>↓</u>	1,2,4-Trimethylbenzene	2418	<u>↓</u>
Tetrachloroethene	2987	5	<u>↓</u>	1,2,3-Trichlorobenzene	2420	<u>↓</u>
Trichloroethene	2984	5	<u>↓</u>	n-Propylbenzene	2998	<u>↓</u>
1,1,1-Trichloroethane	2981	200	<u>↓</u>	n-Butylbenzene	2422	<u>↓</u>
Toluene	2991	1000	<u>↓</u>	Naphthalene	2248	<u>↓</u>
Vinyl Chloride	2976	2	<u>↓</u>	Hexachlorobutadiene	2246	<u>↓</u>
o-Xylene	2997		<u>↓</u>	Isopropylbenzene	2994	<u>↓</u>
m-Xylene	2995		<u>↓</u>	1,2,3-Trichloropropane	2414	<u>↓</u>
p-Xylene	2962		<u>↓</u>	1,2-Dibromo-3-Chloropropane	2931	<u><0.5</u>
Total Xylenes	2955	10000	<u><1</u>	p-Isopropyltoluene	2030	<u><0.5</u>
Methylene Chloride	2964	5	<u><0.5</u>	tert-Butylbenzene	2426	<u>↓</u>
1,1,2-Trichloroethane	2985	5	<u>↓</u>	sec-Butylbenzene	2428	<u>↓</u>
1,2,4-Trichlorobenzene	2378	<u>100</u>	<u>↓</u>	Bromochloromethane	2430	<u>↓</u>
UNREGULATED				1,1,1,2-Tetrachloroethane	2986	<u>↓</u>
Chloromethane	2210		<u><0.5</u>	1,2-Dibromoethane (EDB)	2946	<u>↓</u>
				Methyl-tert-Butyl Ether (MTBE)	2251	<u>↓</u>

DATE RECEIVED: _____ DATE ANALYZED: 8/1/97 CHEMIST: K. Jones

ppb - parts per billion (micrograms per liter)
MCL - maximum contaminant level
NA - not analyzed

DW
8/5/97

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: Columbia Plumbing HVAC Telephone #: 410-715-2323
Address: 9017 Bell Branch Rd
Columbia, MD 21045

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Kevin C. DiMaggio License# 8594

*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: Altieri Homes Telephone #: 410-715-2323
Subdivision: Friendship Farms Lot #: 7 Well Tag #: HO-94-1229
Site Address: 2701 Friendship Farm Ct
West Friendship, MD 21794

Submersible Pump Data

Make: Jacuzzi
Model #: 3/4 Horsepower
Pump Capacity 5 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Howard
Model #: PT800
Depth 4.5 ft (36" min)
NSF approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 4.0 (feet)
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 NO

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5 ft
Sleeve caulked and sealed properly: yes

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.

Kevin C. DiMaggio/K.M.O. 1-17-01
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 12/5/00
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 ✓

OK
ALM
BB

12/5/00
Any time

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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

*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: _____ Telephone #: _____
Subdivision: Friendship Farms Lot #: 7 Well Tag #: HO-94-1229
Site Address: 2701 Friendship Farm Ct.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF 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: _____

Depth of well encountered at time of pump installation: _____ (feet)
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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

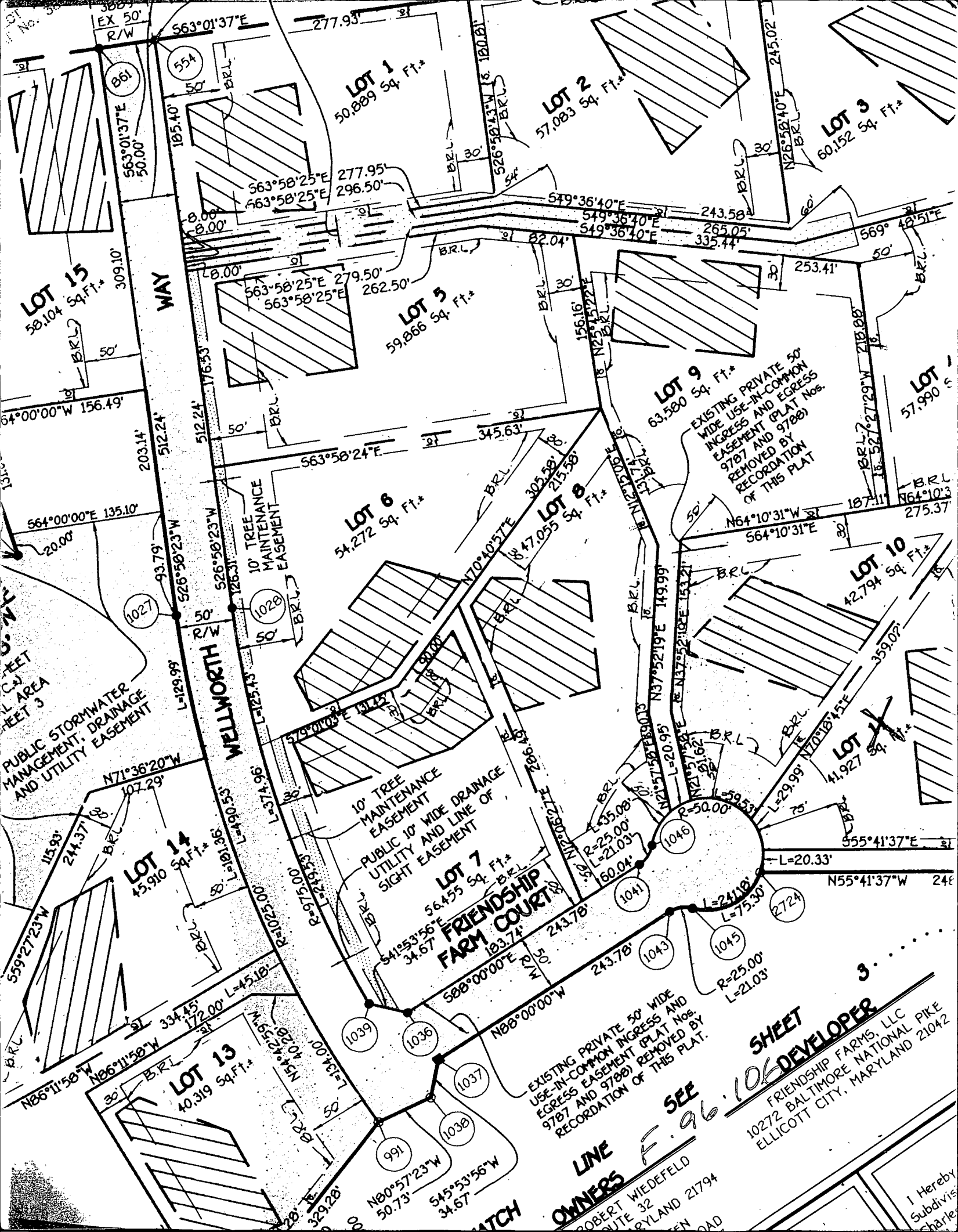
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: ^{11/2/00} 12/5/00 Date Insp. Approved: ^{11/9/00} 12/5/00
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

~~SRW~~
SRW on 11/9
ALM on 12/5
Reinstallation
Required
SRW



LOT 15
58,104 Sq. Ft.*

LOT 1
50,889 Sq. Ft.*

LOT 2
57,083 Sq. Ft.*

LOT 3
60,152 Sq. Ft.*

LOT 5
59,866 Sq. Ft.*

LOT 9
63,580 Sq. Ft.*

LOT 6
54,272 Sq. Ft.*

LOT 8
47,055 Sq. Ft.*

LOT 10
42,794 Sq. Ft.*

LOT 14
45,910 Sq. Ft.*

LOT 7
56,455 Sq. Ft.*

LOT 11
41,927 Sq. Ft.*

LOT 13
40,319 Sq. Ft.*

FRIENDSHIP FARM COURT

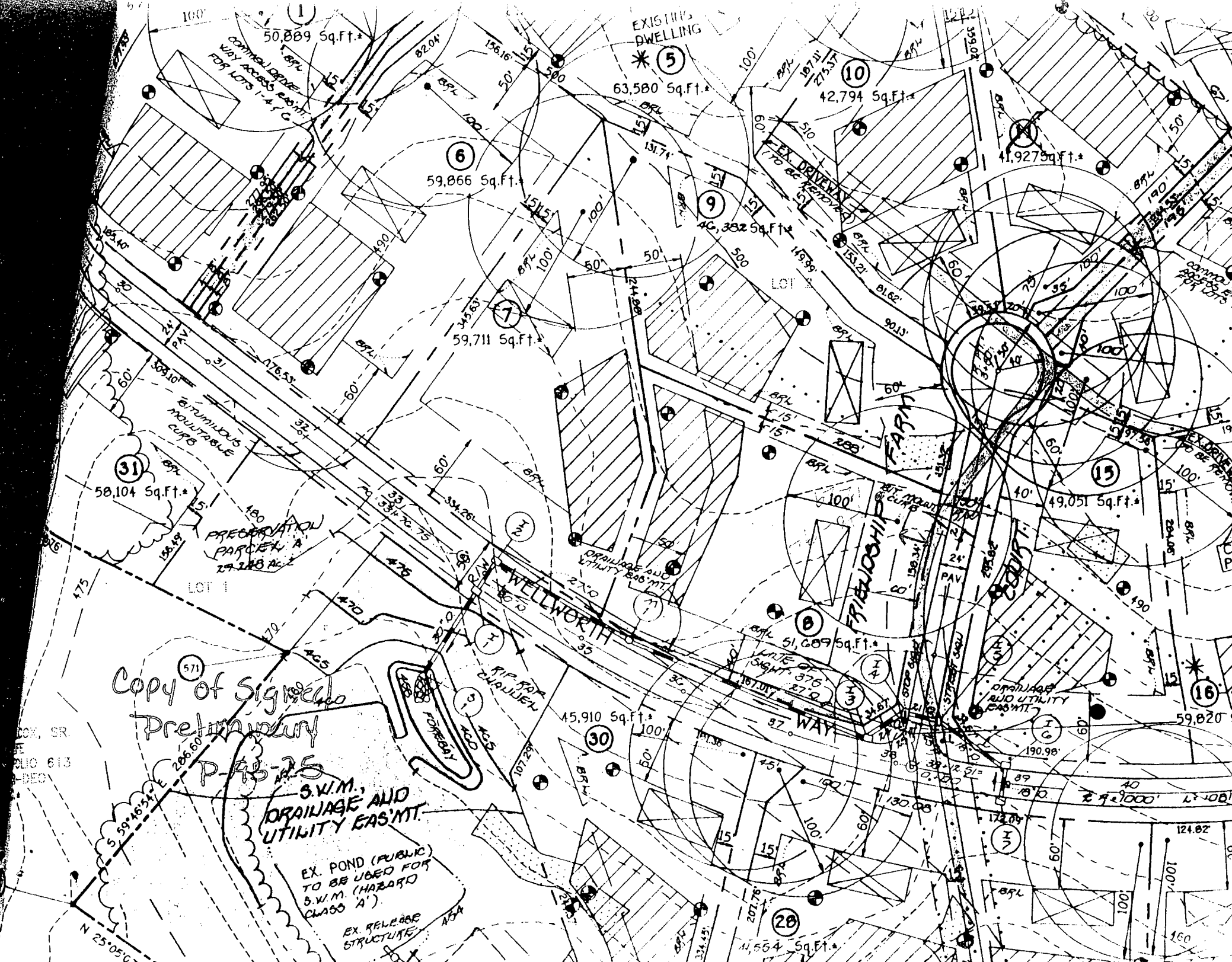
EXISTING PRIVATE 50' WIDE
USE-IN-COMMON INGRESS AND
EGRESS EASEMENT (PLAT NOS.
9787 AND 9788) REMOVED BY
RECORDATION OF THIS PLAT.

SHEET 3

106 DEVELOPER
FRIENDSHIP FARMS, LLC
10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042

LINE OWNERS SEE F. 96
ROBERT WIEDEFELD
ROUTE 32
RYLAND 21794

I Hereby
Subdivis
Charle



Copy of Signed
Preliminary
P-45-25

S.W.M.
DRAINAGE AND
UTILITY EASMT.

EX. POND (PUBLIC)
TO BE USED FOR
S.W.M. (HARBOR
CLASS 'A')
EX. RELEASE
STRUCTURE

COX, SR.
PLC 613
DEC

EXISTING
DWELLING
* 5
63,580 Sq.Ft.*

31
58,104 Sq.Ft.*

6
59,866 Sq.Ft.*

7
59,711 Sq.Ft.*

9
46,382 Sq.Ft.*

10
42,794 Sq.Ft.*

11
41,927 Sq.Ft.*

15
49,051 Sq.Ft.*

16
59,820 Sq.Ft.*

30
45,910 Sq.Ft.*

8
51,689 Sq.Ft.*

28
41,554 Sq.Ft.*

PRESERVATION
PARCEL A
29,248 AC.±

WELLWORTH

FRIENDSHIP
FARM

37 WAY

571

S 59°16'34"

N 25°05'07"

LOT 1

LOT

BITUMINOUS
IMPOUNDABLE
CURB

FOREBAY

ORANGE AND
UTILITY EASMT.

ORANGE AND
UTILITY
EASMT.

ORANGE AND
UTILITY
EASMT.

ORANGE AND
UTILITY
EASMT.

ORANGE AND
UTILITY
EASMT.

ORANGE AND
UTILITY
EASMT.

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

176.55'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

100'

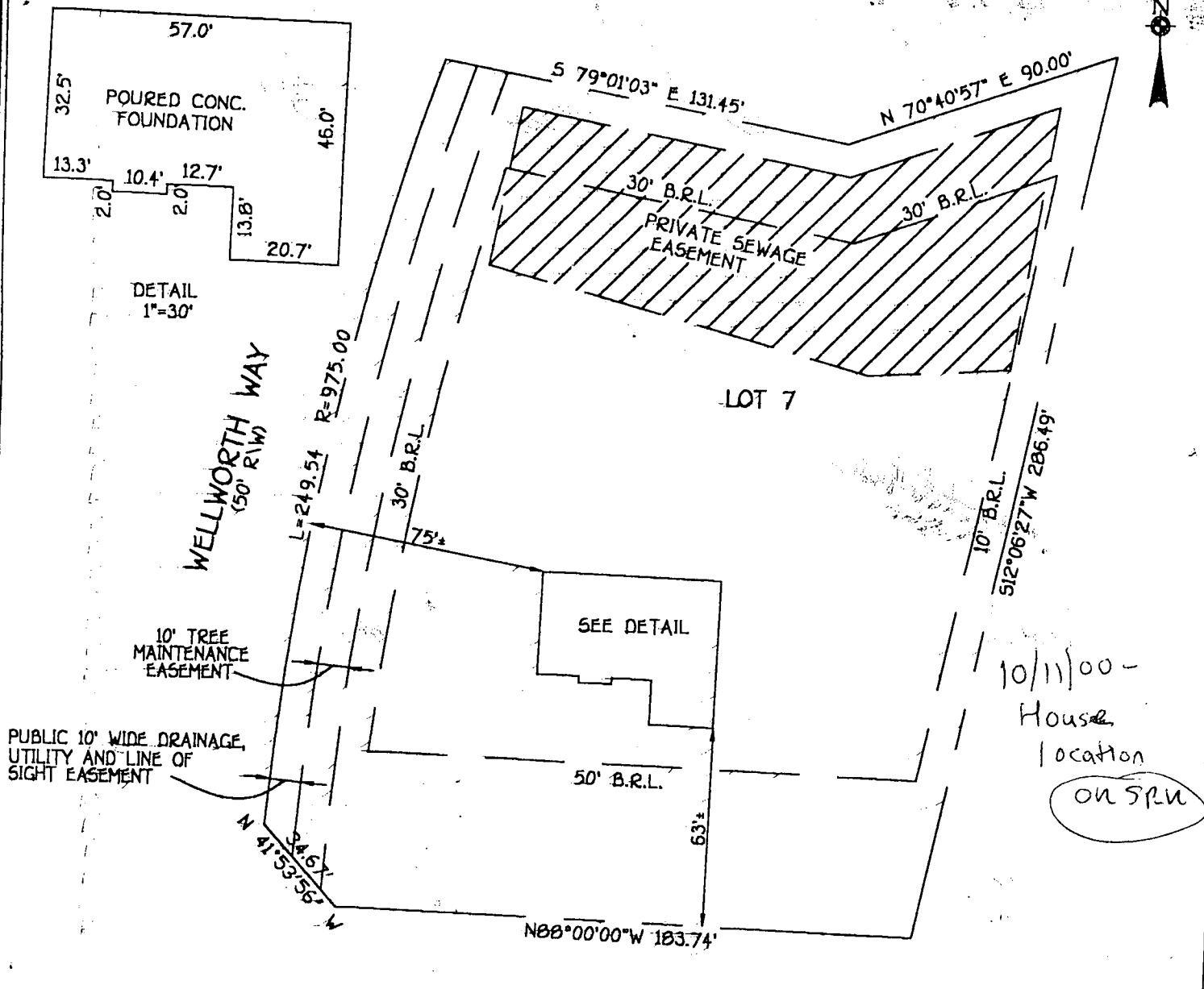
100'

100'

10

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. 240044 0015 B, EFFECTIVE DATE: DEC. 4, 1986.
- 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) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.

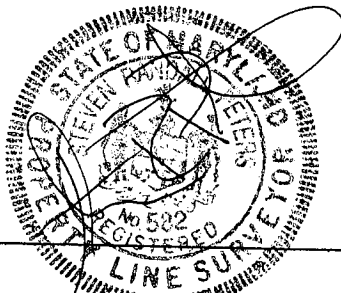


FRIENDSHIP FARM COURT
(50' R/W)

LOT 7
FRIENDSHIP FARMS
LOTS 1 Thru 15, BUILDABLE
PRESERVATION PARCEL 'A' AND ENVIRONMENTAL
NON-BUILDABLE PRESERVATION PARCEL 'B'
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 13643

B.R.L.=BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 486.9'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
4100 481 - 2895



PROFESSIONAL LAND SURVEYOR DATE 9/5/00
REG. 582

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 8/23/00
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

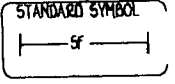
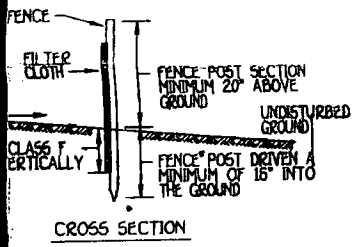
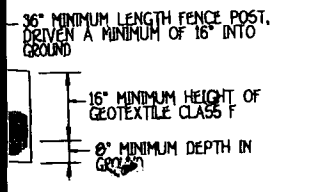
SCALE: 1"=50'
DATE: 9/5/00
DRAWN BY: T.P.E.
CHECKED BY: C.C.
PROJECT No.: 61362

...ents may be applied as specified below.
 ...ioner for sites having disturbed
 ...ndments and for sites having disturbed
 ...requirements:
 ...ginate from a person or persons that are
 ...mposed) by the Maryland Department of the
 ...cent Nitrogen, 1.5 percent Phosphorus, and 0.2
 ... If compost does not meet these requirements,
 ...meet the requirements prior to use.
 ...of 1 ton/1,000 Sq. Ft.
 ...m Fertilizer applied at the rate of 4 lb./1,000

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 488.30
 B. BASEMENT ELEVATION: 479.30
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 482.60
 D. INVERT IN AT SEPTIC TANK: 482.30
 E. INVERT OUT AT SEPTIC TANK: 482.00
 F. PROPOSED GRADE OVER SEPTIC TANK: 485.00
 G. INVERT AT DISTRIBUTION BOX: 491.8
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 493.8
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



...fications
 ...ng driven 16" minimum into the
 ...are (minimum) cut, or 1 3/4" diameter
 ...ility hardwood. Steel posts will be
 ...than 1.00 pound per linear foot.
 ...each fence post with wire ties
 ...meet the following requirements

n) Test: M5MT 509
 n) Test: M5MT 509
 minute (max.) Test: M5MT 322
 Test: M5MT 322

...together, they shall be overlapped,
 ...ass.
 ...rainfall event and maintained when
 ...n reached 50% of the fabric height.

NCE
 SCALE

Approved Septic System Plan Howard County Health Department

Columbia Plumbing

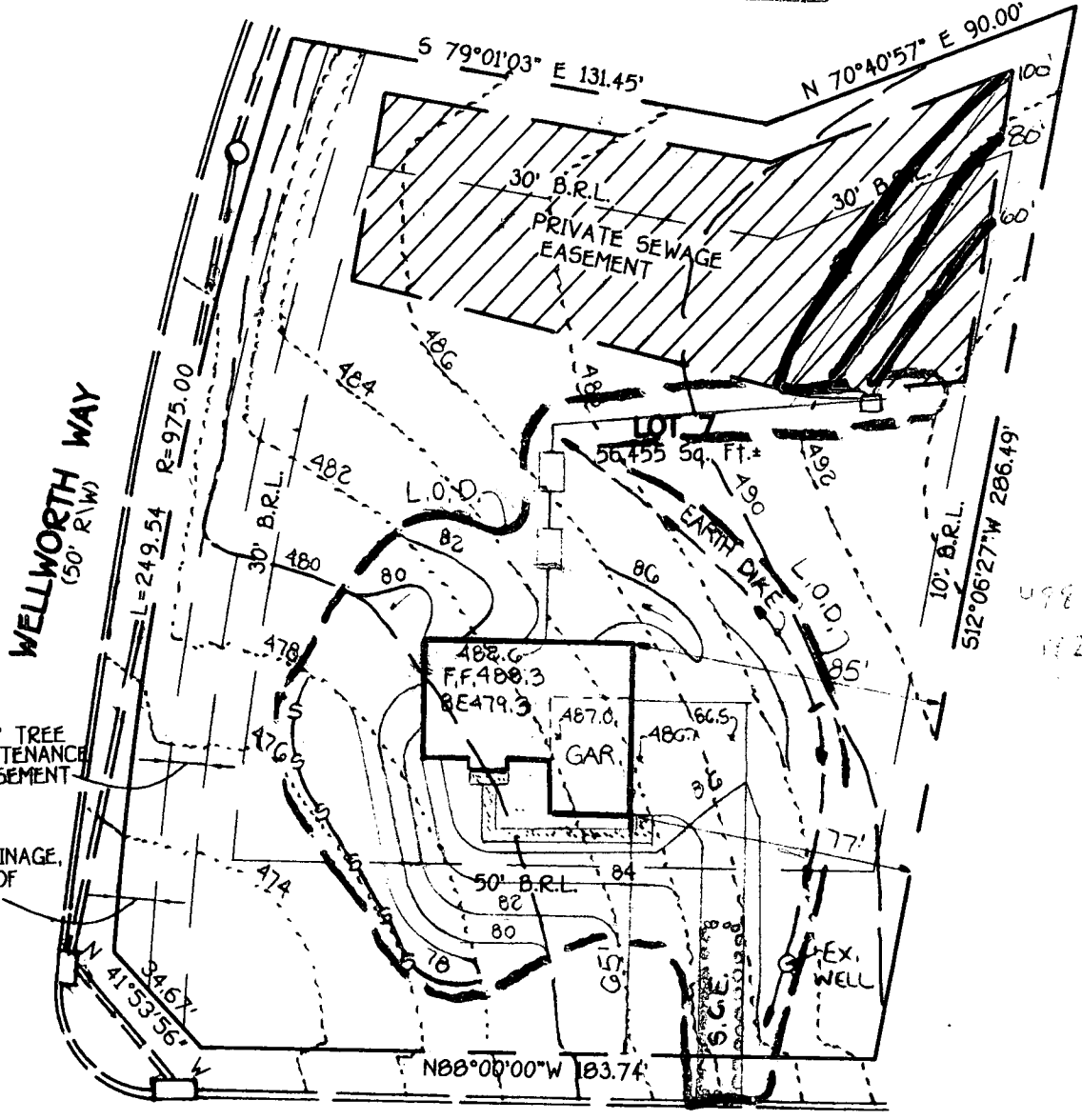
Angus M. Hill 8/17/00
 Signature Date

Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 4.0 feet

Depth of stone required below distribution pipe 2.0 feet



482.6
 482.3
 482.3

498.7
 492.7
 492.7

32.00'
 13.

FRIENDSHIP FARM COURT

FR