

C1 4562

SEQUENCE NO. (MDE 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 A50196-B

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

ST/CO USE ONLY

DATE RECEIVED

052096

DATE WELL COMPLETED

051096

Depth of Well

405 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

H0-94-0769

OWNER BRITENPROP PARTNERSHIP

STREET OR RFD WELLWORTH WAY

TOWN WEST FRIENDSHIP

SUBDIVISION FRIENDSHIP FARMS

SECTION

LOT 11

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	55	✓
Sand Stone	55	60	
MICKA	60	65	
Sand Stone	65	75	✓
MICKA	75	405	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 25 NO. OF POUNDS 2500

GALLONS OF WATER 158 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD

casing types insert appropriate code below

STEEL (ST), CONCRETE (CO), PLASTIC (PL), OTHER (OT)

MAIN CASING TYPE PL, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 65

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

SCREEN RECORD screen type or open hole insert appropriate code below: STEEL (ST), BRASS BRONZE (BR), PLASTIC (PL), OPEN HOLE (HO), OTHER (OT)

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 112

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 55 ft.

WHEN PUMPING 235 ft.

TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

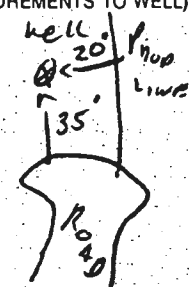
DRILLER WILL INSTALL PUMP (CIRCLE) (YES OR NO) YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

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 (+) below (-) LAND SURFACE 24 (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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (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.

TYPE: MWD/MSD/MGD 116

DRILLERS LIC. NO. 116 Kath Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 117 Kath E. Mayne

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

C2 DEPTH (nearest ft.): 63, 405

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: MARCH 9, '99 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

40 - 94 - 0769

* PERMIT NUMBER OF REPLACEMENT WELL

N/A

* PERSON ABANDONING WELL: Dave Kelly

WELL DRILLERS LICENSE NUMBER: 304

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: John Britten

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: West Friendship
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Friendship FARM
 SECTION: _____ LOT: 11
 NEAREST ROAD: Wallworth Way

000	
000	X

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER
 E 810
 N 530

* 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 INCHES IN DIAMETER

* DEPTH OF WELL: 405 FEET DEEP

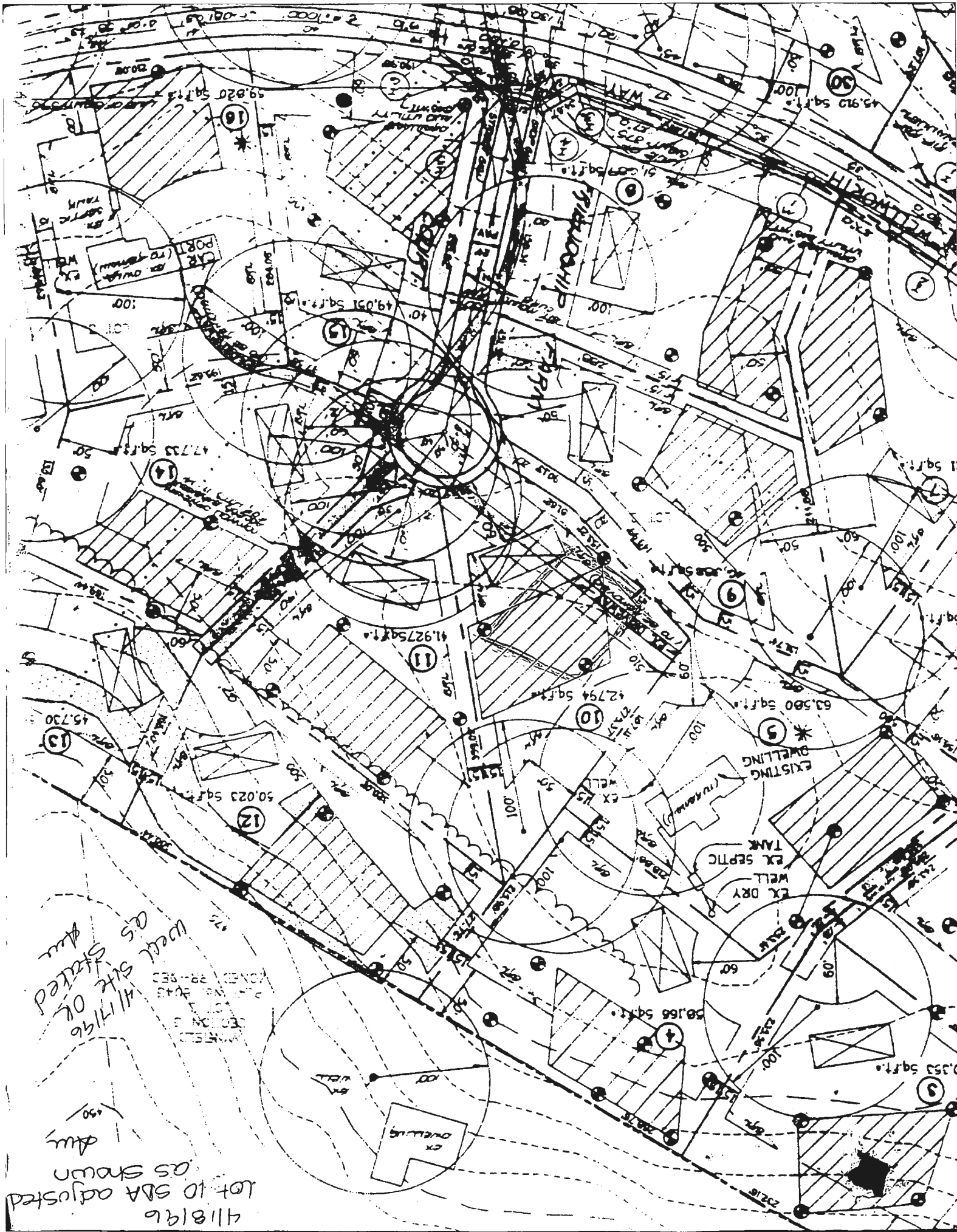
* WAS ANY CASING REMOVED? YES _____ NO _____
 if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement/bentonite</u> <u>9105T</u>	<u>0</u>	<u>100</u>
<u>pea gravel</u>	<u>100</u>	<u>405</u>





4118196
 Lot 10 SDA adjusted
 as shown
 All
 4117196
 site OK
 as stated
 All

EX. DRY WELL
 EX. SEPTIC TANK
 EXISTING DWELLING

CAR PORT
 (10' x 10')

EX DWELLING

17,733 sq. ft.

41,927 sq. ft.

42,794 sq. ft.

63,580 sq. ft.

68,166 sq. ft.

10,253 sq. ft.

100

100

50

50

30

30

15,730

50,023 sq. ft.

50

50

50

50

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EMERGENCY/TEMP NO. IF ANY

B 1 0680	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-94-0769 <small>70 fill in this form completely 78</small>
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Date Received (APA)
 [] [] [] [] [] [] [] []

OWNER INFORMATION

BRISTLEBAY PROP PARTNER
15 Last Name Owner First Name 34

PO BOX 1371
38 Street or RFD 55

ELLICOTT CITY MD 21042
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD [] [] [] [] [] [] [] []
8 COUNTY 21

FRIENDSHIP FARM SUB
23 SUBDIVISION 42

SECTION [] [] [] [] [] [] [] [] LOT 11
44 46 48 50

WEST FRIENDSHIP [] [] [] [] [] [] [] []
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 [] [] [] [] [] [] [] [] MI
73 78 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

Ralph MAYNE 116
Driller's Name 77 License No. 80

Ralph MAYNE well Drilling
Firm Name

9120 Brown Church Rd. Mt. Airy
Address

Ralph Mayne 3/14/96
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

FRIENDSHIP FARM CT. [] [] [] [] [] [] [] []
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 95 [] [] [] [] [] [] [] [] 37
DISTANCE FROM ROAD

ENTER FT OR MI + [] [] [] [] [] [] [] []
38 39

TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 [] [] [] [] [] [] [] []
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 [] [] [] [] [] [] [] []
14 20

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 COUNTY A 50196-B
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED 04/18/96 A. McMullen 4/18/96
43 48 CO SIGNATURE EXP. DATE

NORTH GRID 532000 EAST GRID 0814000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 [] [] [] [] [] [] [] [] FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" 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
8194
5302

5/10/96 9:30 Groot
 No insp
 All

METHOD OF DRILLING (circle one)

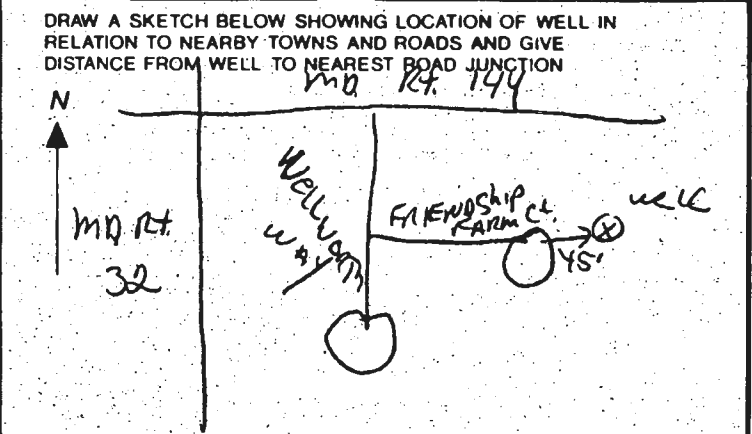
BORED (or Augered) **JETTED** **Jettied & DRIVEN**
30 37

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. CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 [] [] [] [] [] [] [] [] 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER [] [] [] [] [] [] [] [] **G A P** [] [] [] [] [] [] [] []
54 63

FORCE AM 87 88 WRITE INITIALS IN BOX PERMIT No. HD-94-0769
70 71 72 73 74 75 76 77 78 79

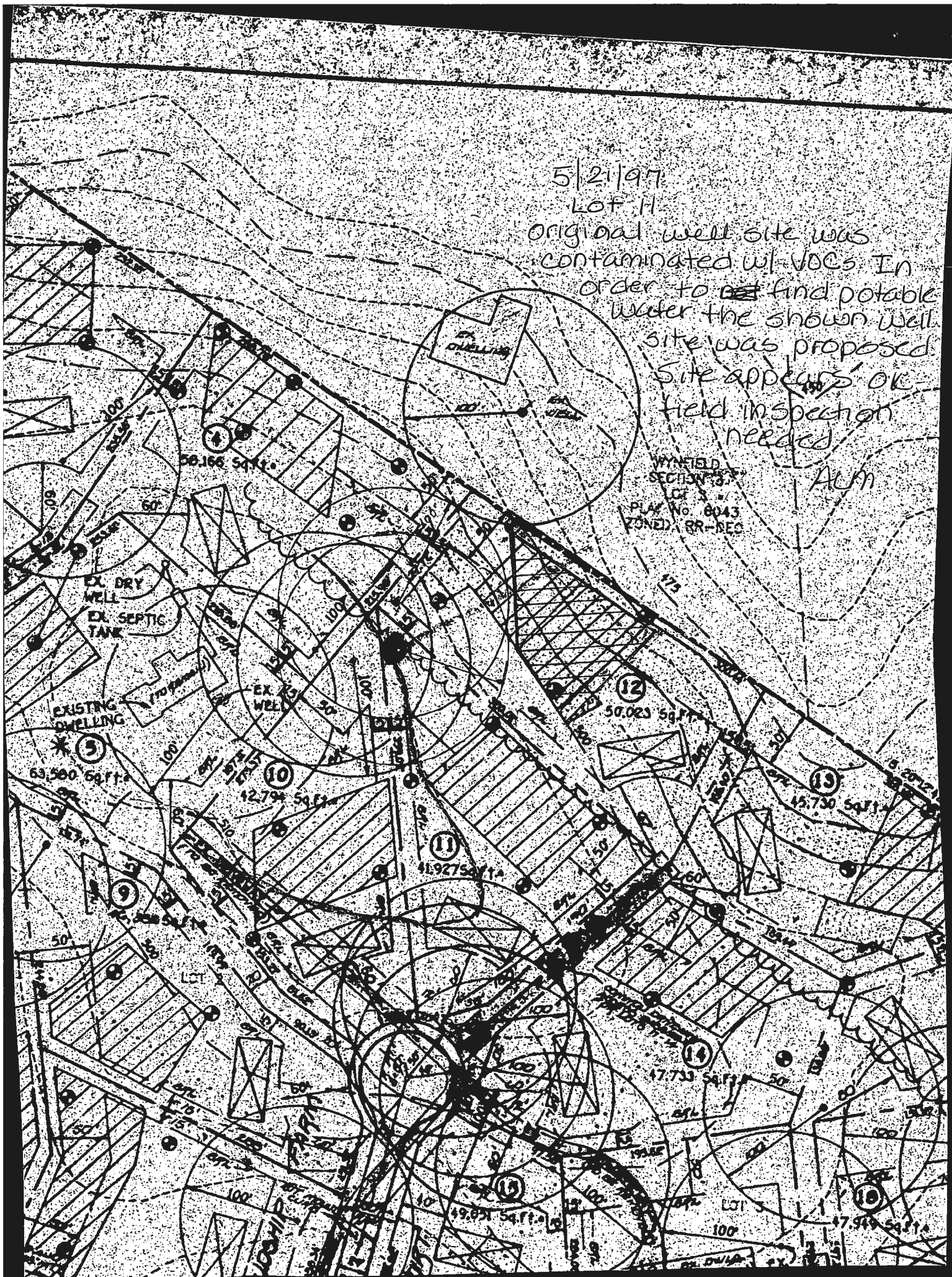
5/21/97

LOT 11

Original well site was contaminated w/ VOCs. In order to ~~get~~ find potable water the shown well site was proposed. Site appears OK - field inspection needed.

ALM

WYNFIELD SECTION 13.7
LOT
PLAN No. 8043
ZONED RR-REC



10/14/99
Site stated by
surveyor

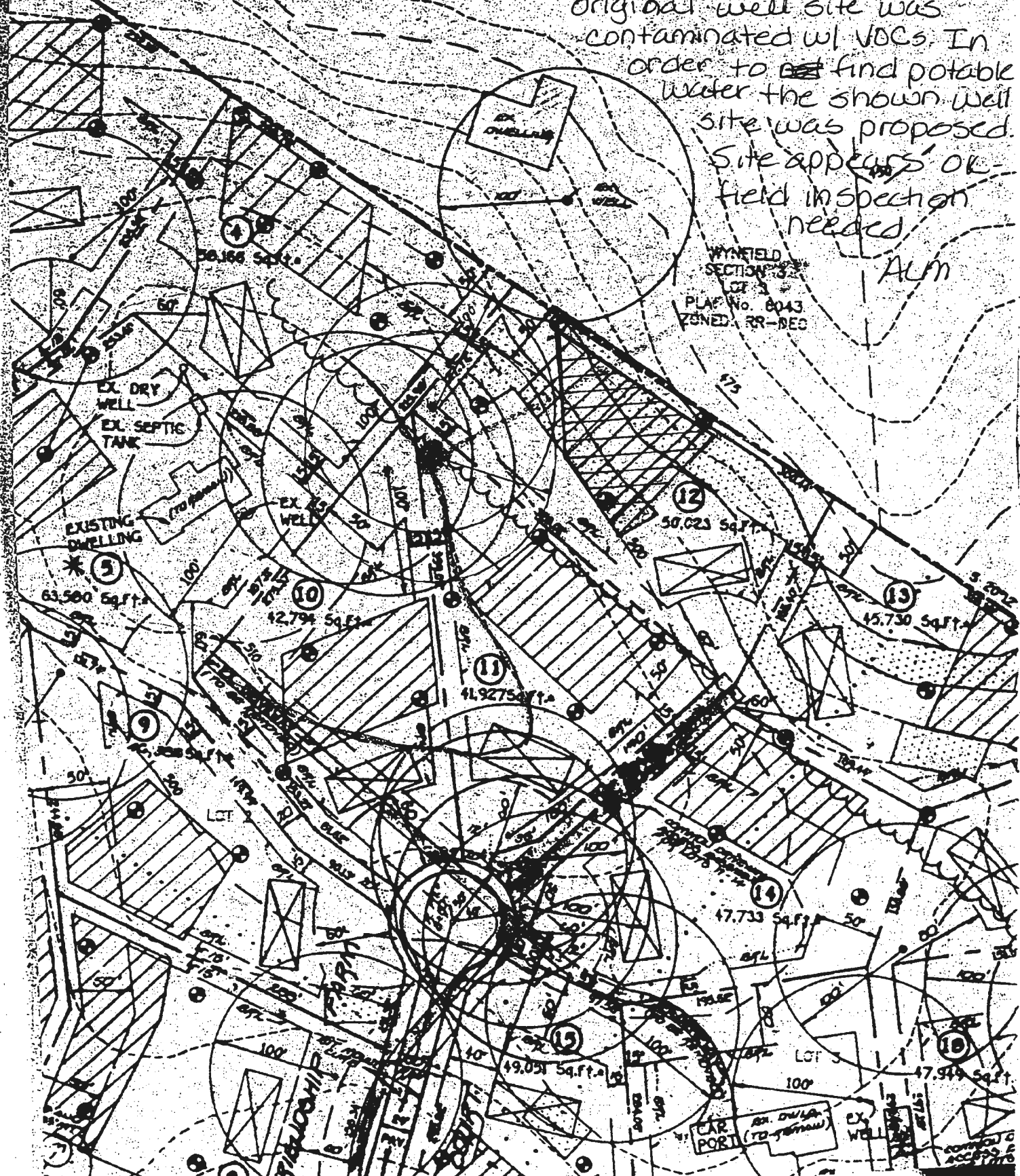
5/21/97

Lot 11

original well site was
contaminated w/ VOCs. In
order to ~~get~~ find potable
water the shown well
site was proposed.
Site appears OK -
field inspection
needed

ALM

WYNFIELD
SECTION 3
LOT 3
PLAN No. 6043
ZONED RR-DEG



B 1 9247

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2464

Date Received (APA): 08 10 99

OWNER INFORMATION

Alteri Homes, 9017 Red Branch Road, Columbia MD 21045

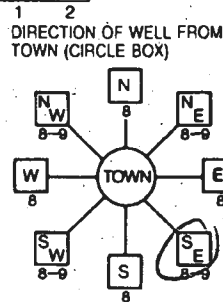
LOCATION OF WELL

Howard COUNTY, Friendship Farms (Oaks at Yardley Hunt) SUBDIVISION, West Friendship NEAREST TOWN

DRILLER INFORMATION

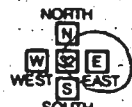
Baul M. Fabiszak, M W D 399, G. Edgar Harr Sons' Corp., 12047 Falls Road, Cokeysville 21030

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Wellworth Way NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



500 DISTANCE FROM ROAD ENTER FT OR MI

WELL INFORMATION, APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 750 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME, A50196B COUNTY NO., DATE ISSUED 101499, CO SIGNATURE J. McMillan, EXP. DATE 101400

APPROXIMATE DEPTH OF WELL 250 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED, AIR-ROTary, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, Reverse-ROTary, Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL, THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEM AN EXISTING WELL

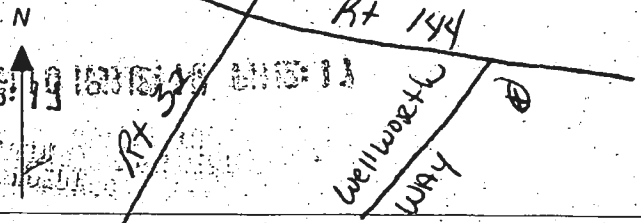
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

810, 530

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, PERMIT No. HO-94-2464

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 06502

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM 1 09 99

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 2464

OWNER Alteri Homes, STREET OR RFD Wellworth Way, SUBDIVISION Friendship Farms, TOWN West Friendship, SECTION, LOT 11

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entry for Overburden Gray Rock and water at 60'.

GROUTING RECORD section with checkboxes for YES/NO and fields for CEMENT (CIM), BENTONITE CLAY (BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD section with checkboxes for STEEL (ST), CONCRETE (CO), PLASTIC (PL), OTHER (OT) and fields for MAIN CASING TYPE, Nominal diameter, Total depth.

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

SCREEN RECORD section with checkboxes for STEEL (ST), BRASS (BR), BRONZE (PL), PLASTIC (HO), OPEN HOLE (OT), OTHER (OT) and fields for screen type, diameter, depth.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: YES (Y), NO (N)

CIRCLE APPROPRIATE LETTER: A (well abandoned), 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...

DRILLERS LIC. NO. MWD 399, DRILLERS SIGNATURE (Thom McElroy), LIC. NO. JS 0049

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

DEPTH (nearest ft.) table with columns for casing depth (1-21) and screen depth (23-51).

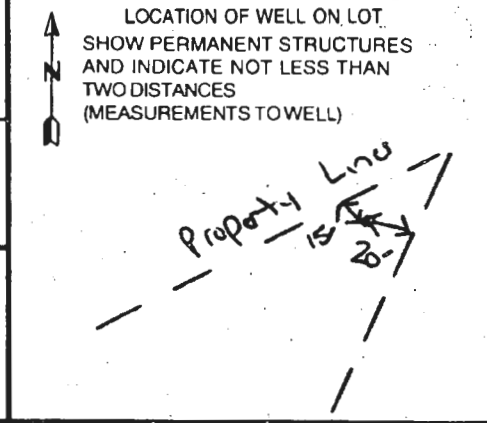
SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH) fields.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields T, W, O, 70, 72, 74, 75, 76.

PUMPING TEST section with fields: HOURS PUMPED (3), PUMPING RATE (14.2), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (BEFORE PUMPING 55, WHEN PUMPING 90), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED section with fields: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (above/below LAND SURFACE).



AS0196B
COUNTY #

lot 11

LOT 11

SOIL PROFILE
263

0'
1st
orange
CLL

3'
1st
tan w/ hint of orange
Sand
25% shale
through-out
OK

261

red
CL

3'
orange
red
SIL

5'

yellow/
1st tan
sand
OK

1 1/2'

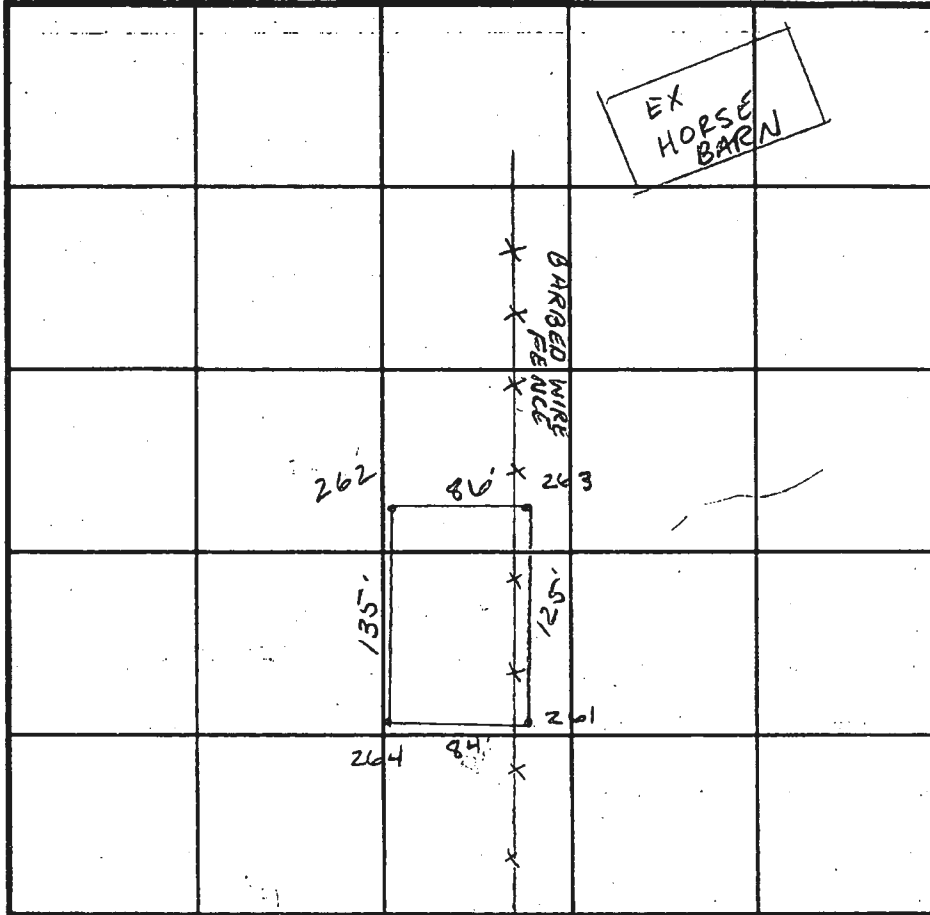
264

no
clay
layer

red/
brn
sand
mica

diggable
saprolite

8'



SOIL PROFILE
262

0'
No distinct
clay
layer
SL
orange
tan
SIL

8'
1st tan
grey
SL
10% shale

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	
8/10/94	263	3 1/2' VII'	1:01 ¹⁵	1:01 ³⁰	1:01 ³⁰	1:02 ¹⁵	30sec
	263	repour	1:02 ¹⁵	1:02 ⁴⁵	1:02 ⁴⁵	1:03 ¹⁵	30sec
	263	repour	1:04 ⁴⁵	1:04 ⁴⁵	1:04 ⁴⁵	1:05 ⁴⁵	1min
	261	3' VIII 1/2'	1:08 ¹⁵	1:09 ⁴⁵	1:08 ⁴⁵	1:09 ¹⁵	30sec
	261	repour	1:09 ⁴⁵	1:10 ³⁰	1:10 ³⁰	1:11 ¹⁵	45sec
	264	5' VIII'	1:16 ³⁰	1:16 ⁴⁵	1:16 ⁴⁵	1:17 ¹⁵	15sec
	264	repour	1:17 ³⁰	1:18	1:18	1:18 ⁴⁵	45sec
	264	1' VIII'	1:20 ⁵⁵	1:21 ¹⁵	1:21 ¹⁵	1:22	45sec
	262	Visual	to 10'				OK

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT FRANK MANALANSAN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'

INLET DEPTH 1 1/2' MAXIMUM BOTTOM DEPTH 3' SQ. FT/BEDROOM 180ft²

APPLICATION

PERCOLATION TESTING

A 50196 B

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:

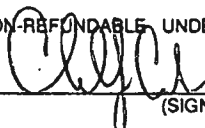
SUBDIVISION FRIENDSHIP FARM (BRITTON PROPERTY) LOT NO. 1511

ROAD AND DESCRIPTION 2800'± SOUTH FROM THE INTERSECTION OF MARYLAND ROUTE 144 AND WELLSBORO 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 _____

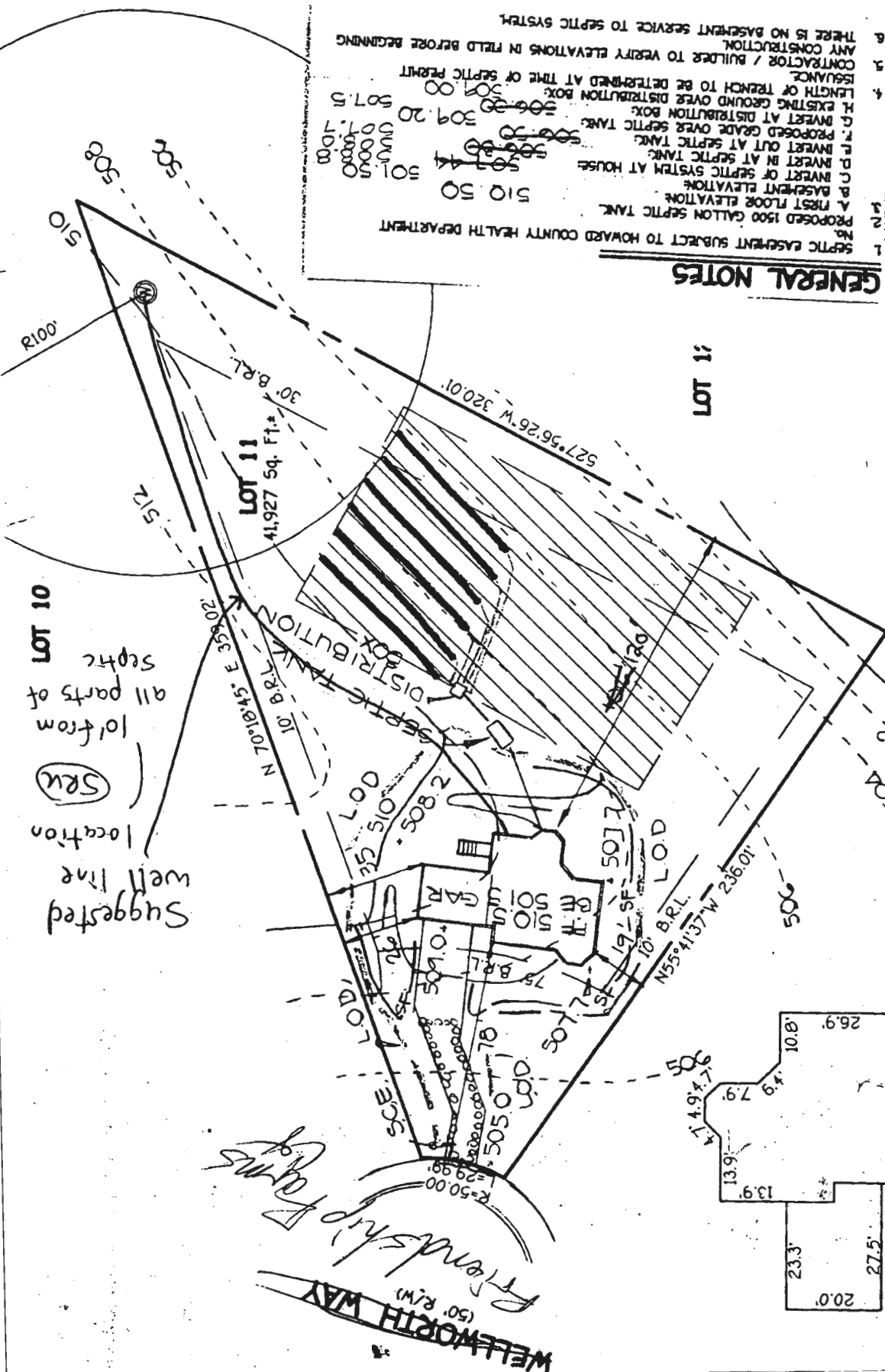
HOLD PENDING FURTHER TESTS _____

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



total linear feet of trench required 360 feet

width of trench (ft) 30 feet

Depth 35 feet

Depth of stone in trench below distribution pipe 15 feet

GP 00-146

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT

LOT 11

FRIENDSHIP FARMS

Approved Septic System Plan
Howard County Health Department

FOOTPRINT
SCALE: 1"=30'

Ann Gussmell - 7/24/07

INDEXED

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514628

A 50196-B

ISSUE DATE 1/16/00

APPROVAL DATE 12/15/00

11/30/00
12/14/00
12-30
12/11/00
A.M.
12/13/00
AM
12/15/00 10 AM
pump Test?

#?

Union Paving

IS PERMITTED TO INSTALL ALTER

ADDRESS 5977 Sandy Ridge Road Elkridge, MD 21075 PHONE (410) 379-6463
SUBDIVISION Friendship Farms LOT NUMBER 11 ADDRESS 2717 Friendship Farm Court
PROPERTY OWNER Altieri Homes PROPERTY OWNER'S ADDRESS 9019 Red Branch Road
SEPTIC TANK CAPACITY 2000-1500 GALLONS West Friendship, MD 21774
PUMP CHAMBER CAPACITY 1500 GALLONS
NUMBER OF BEDROOMS 6
SQUARE FEET PER BEDROOM 180
LINEAR FEET OF TRENCH REQUIRED 360

OK ME
12/1/00

TRENCHES: Trenches to be 3.0 feet wide. Inlet 11.5 feet below original grade. Bottom maximum depth 3.5 feet below original grade. 2.0 feet of stone below distribution box.
LOCATION: Begin trenches 135 feet up the right (236.01) lot line and 110 feet off that same lot line as seen when facing the lot from Friendship Farms Court. Run trenches on contour toward the left rear lot corner. 7/26/00 OK AL

If contour allows trenches should be 7' edge to edge to conserve septic area due to large amount of area initial system will consume. (SRU) KEEP TRENCHES OUT OF 100' Well Radius

PLANS APPROVED Amy Mc Millen DATE 7/24/00

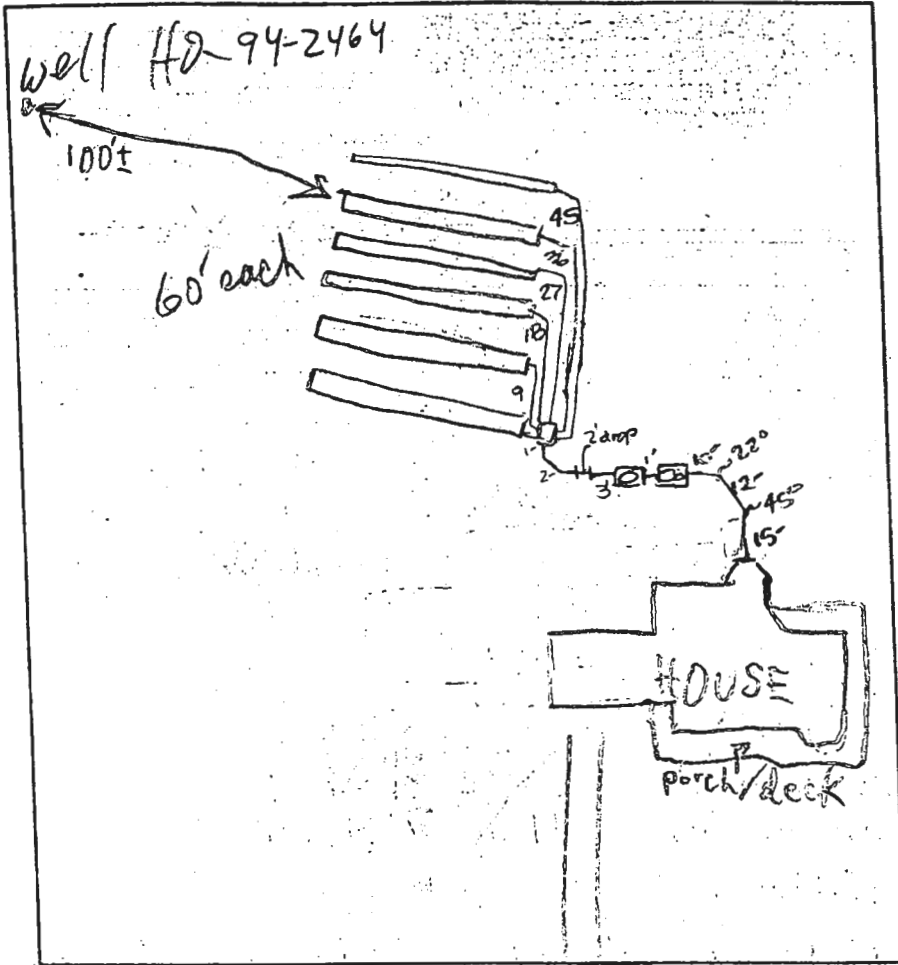
PERMIT VOID AFTER 2 YEARS Well line must be 10' from all parts of septic system / easement

- 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

A50196-B

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	3
TRENCH INLET DEPTH	1.5
TRENCH BOTTOM DEPTH	3.5
DEPTH OF STONE	2
NUMBER OF TRENCHES	6
TOTAL TRENCH LENGTH	360
ABSORBENT AREA	108.0
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	1500 TS GALLONS
MANHOLE RISER	1
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	1500 TS
MANHOLE RISER	<input checked="" type="checkbox"/>
ALARM	
PUMP PERFORMANCE TEST	

PRE-CONSTRUCTION INSPECTION: 11/30/00 HOUSE PIPE 18" 4"0 DEEP; INSTALLER WAS ADVISED TO HAVE HOUSE PIPE RAISED; OK TO START TRENCHES (MR)

INSPECTION COMMENTS: 12/1/00 PUMPED SYS REQ'D CONTINUE (MR)

12/1/00 PM OK TO COVER TRENCHES CONTINUE (MR)

12/2/00 2:30 OK TO COVER tanks and last trench.

Need pump performance test for final approval (OK)

12/13/00 - No Electrical Connection to P.C. yet - Pump is set - No electric Junction box. Call when ready for comp. AP

12/14/00 - NO ONE PRESENT (SRK) 12/15/00 Pump and alarm working. (BB)

INSPECTOR B. Baker DATE SYSTEM APPROVED 12/15/00