

4/23/99
pm
4/26/99
4/26/99 1:00

PERMIT

03-321878

P 511475

SEWAGE DISPOSAL SYSTEM

A 41804

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 3/24/99

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 5/26/99

~~XXXXXXXX~~ 410-313-2640

INSPECTOR AL

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road; Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION West Friendship Estates LOT 88 ROAD 3255 Fox Valley Drive

PROPERTY OWNER Altieri Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210

210 SQUARE FEET PER BEDROOM

590

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 75 feet from the front lot line and 120 feet from the left (177.36') lot line. Run trenches on contour in both directions.

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

OK KM 2-299

PLANS APPROVED BY Amy McMillen, R.S./Mark E. Rifkin, R.S. DATE 2-1-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

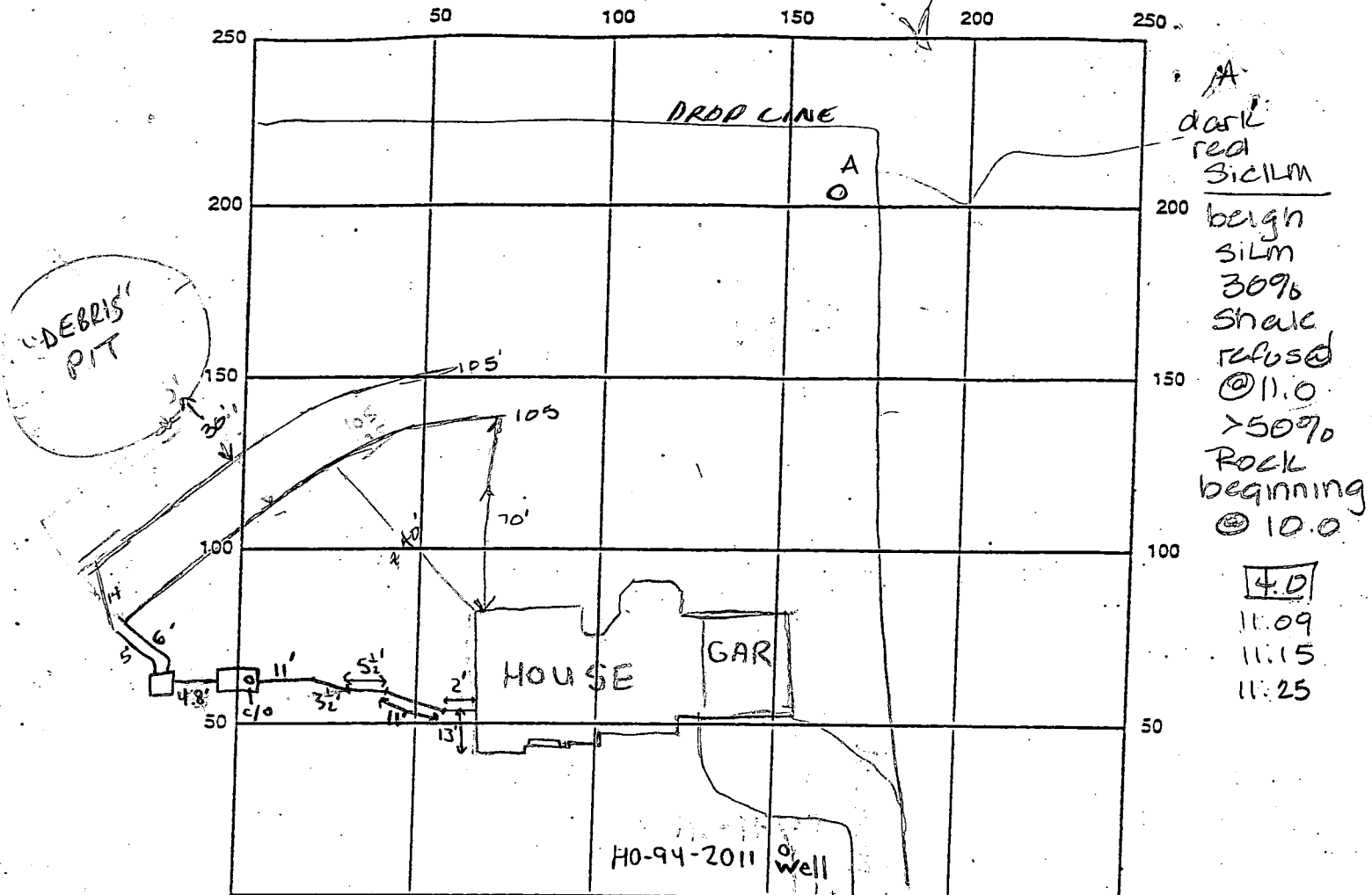
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

41804



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 @ 11.0
 >50%
 Rock
 beginning
 @ 10.0
 4.0
 11.09
 11.15
 11.25

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 FOX VALLEY DRIVE

SEPTIC TANK LEVEL ✓ 1500 top seam CLEANOUTS 6" at tank

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH _____ FT. (210 required)

NUMBER OF TRENCHES _____ ONE-SIDEWALL/BOTTOM AREA _____ SQ. FT. 840

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: OK TO COVER PIPING FROM HOUSE TO TANK - 4/26/99 S.R.K.
NOTICED DEBRIS PILE BURIED IN SEPTIC AREA - 4/26/99 S.R.K.
FILL PILE ALSO POTENTIALLY LOCATED WITHIN SEPTIC AREA - S.R.K.

4/27/99 OK to cover all work - final approval contingent upon establishment of sufficient repair area 5/26/99 After re-review C. Williams feels no further action is required - sufficient area exists for 2 future repairs

DATE SYSTEM APPROVED 5/26/99 INSPECTOR A McMell

APPLICATION

PERCOLATION TESTING

A 41804

P _____

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

DISTRICT 3RD

DATE 3/10/88

1/2

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER PRISCILLA CLAGETT AND AUIS PFEFFELKORN Altieri Homes

ADDRESS 14000 CASTLE BOULEVARD SILVER SPRING MARYLAND 20904 PHONE 202-890-6077

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____ WFE LOT 88

PROPERTY LOCATION: Prelim 17

SUBDIVISION BUENA VISTA FARM ESTATES LOT NO. H Sec 1

ROAD AND DESCRIPTION (3255 FOX VALLEY DRIVE) EAST SIDE OF PFEFFELKORN ROAD, NORTHWEST

OF MD ROUTE 32

~~OLD PERMIT SIGN'D~~
~~AND RETURNED 2/99~~
Serial # B70115825

TAX MAP 22 PARCEL # 8

SIZE OF LOT 3.0 AC. TYPE BLDG. SFD - 4 Boms
(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.

Priscilla S. Clagett
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8-2389 For perc hole locations and subdivision plat approval JEN

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 41804
P _____

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

DISTRICT _____

DATE 3-10-88

2/2

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Panama Vista Farms Estates LOT NO. X 88

ROAD AND DESCRIPTION _____

TAX MAP 22 PARCEL # 8

SIZE OF LOT 3.0 acres TYPE BLDG S.F.D.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A41804

(F)

SOIL PROFILE

0-4.0

Br sil
lm, <10%
broken
rock

4.0-14.0

Rd br
sa sil lm,
<20%
decomposed
rock

14.0

Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(E)

0-4.5' Br sil cl lm,
<30%
broken
rock

4.5-13.0

Br sa
silt,
<70%
broken
rock, at 5.0',
large
cobble
size
pieces

13.0' Refusal

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
B-238	X (E)	13.0	✓	(see profile)	Rock at 5.0'	Failed	

30
20
120
60

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

5/26/99
 Builder looking
 for ICOP - CW re-review
 and suggested w/out further
 investigation. After re-review he
 feels the damage to the SDA
 is minimal & will not restrict
 the installation of
 two repair



A. McMullen

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

4/26/99

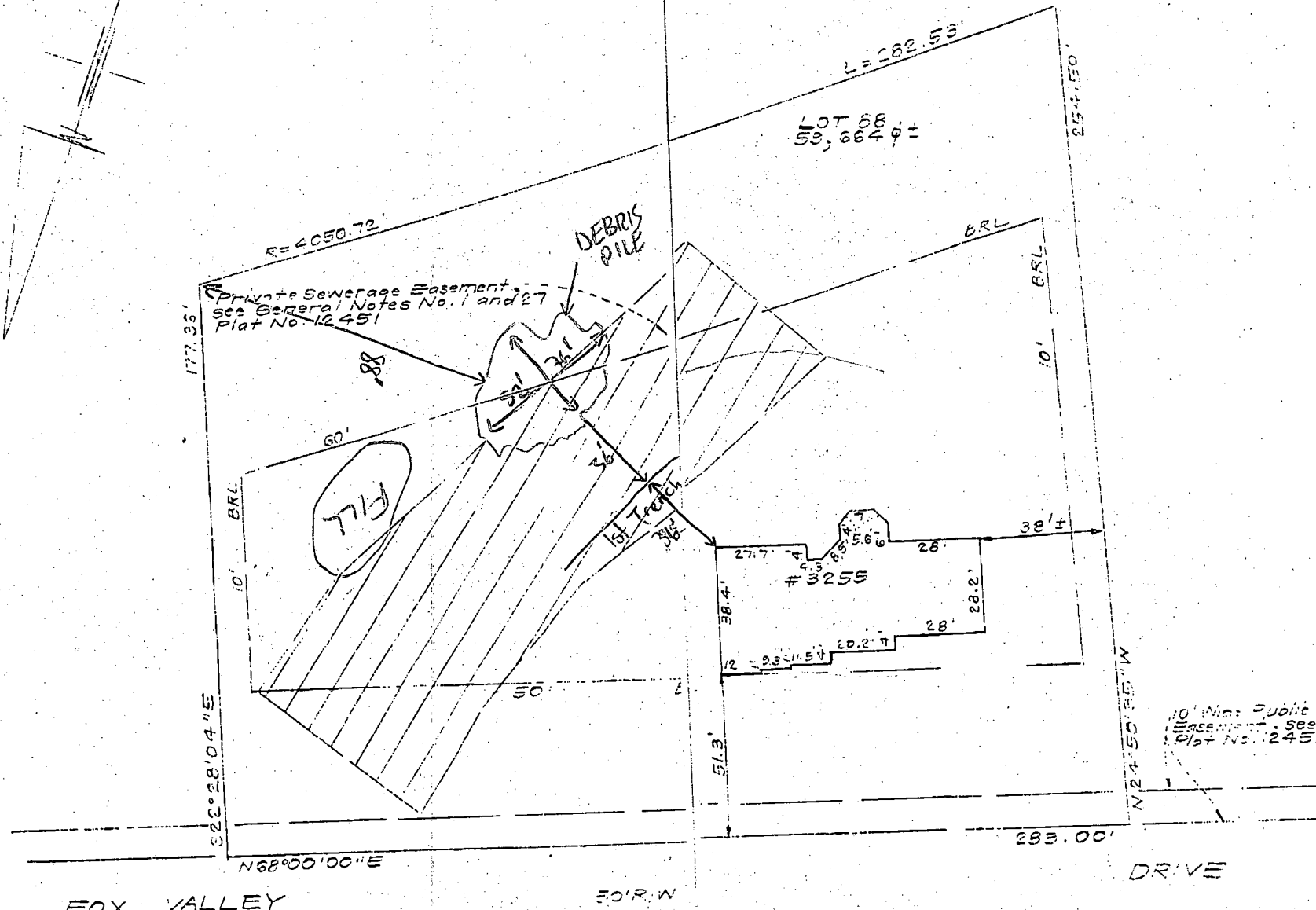
RE: SEPTIC SYSTEM STOP WORK ORDER
 LOT 88 WEST FRIENDSHIP ESTATES
 IE FOX VALLEY
 3255 FOX VALLEY DRIVE.

Post-it® Fax Note	7671	Date	# of pages ▶ 2
To DAREN ALTIERI		From CRAIG WILLIAMS	
Co./Dept.		Co.	
Phone #		Phone #	
Fax #		Fax #	

— IT SEEMS TO US AGAIN, THAT WE'RE
 OBSERVING PROBLEMS WITH LOCATION/DISTURBANCE
 OF SEPTIC AREA. THIS TIME ON LOT 88 W FASHP.

PLEASE HAVE AREA STAKED AS PER OUR
 STAND AND BP REQUIREMENTS LETTER - COPY ATTACHED.
 THEN ARRANGE TO MEET US AT SITE TO EVALUATE.

THANKS CW



LOT 58
59, 66, 49, 11

Private Sewerage Easement
see General Notes No. 1 and 27
Plat No. 12451

10' Min. Public Tree Maintenance
Easement. See General Note
Plat No. 12451

FOX VALLEY

50' R. W

DRIVE

CONSUMER INFORMATION

is of benefit to the consumer only as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or other purposes;
is not to be relied upon for the determination of location of fences, garages, sheds or other existing or future structures;
does not provide for the accurate location of property boundary lines, but identification may not be required for the purpose of title or for securing financing or other purposes.

House footprint changed,
but should not adversely
affect well/septic

(Signature)

Plat Reference: Plat No. 12452

	CLARK · FINEFRO ENGINEERS · PL
	7135 MINSTREL WAY • COLUMBIA, MD 21045
DESIGNED:	LOCATED: 3255 FOX

EXHIBIT CERTIFICATE

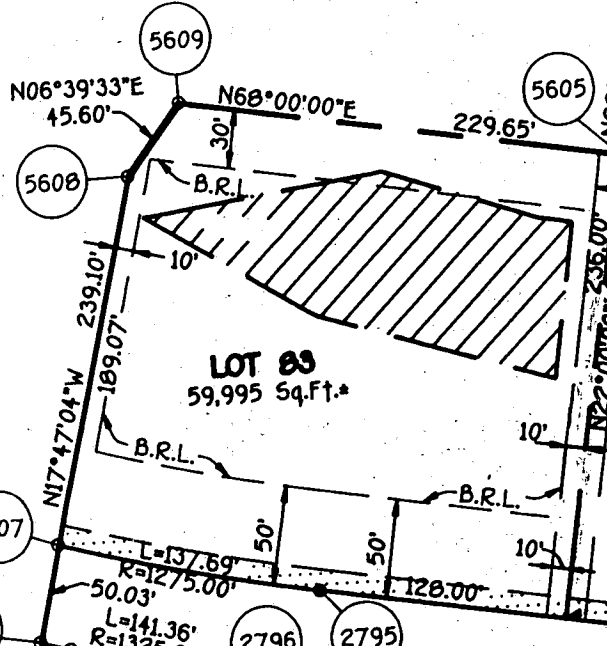
UTILITY EASEMENT

PRESERVATION PARCEL 'O'
(AREA THIS SHEET = 7.264 Ac.*
TOTAL AREA = 11.953 Ac.*)

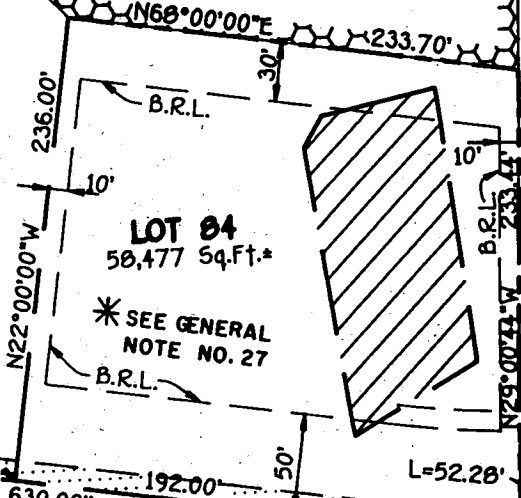
NON-BUILDABLE PARCEL 'P' (0.656 AC.) CONVEYED TO ADJOINING PARCEL OWNED BY JEFF AND LYNDY W UPON RECORDATION OF THIS PLAT

PARCEL 'J'

PROPERTY OF ANDREW AND EDITH DORSEY L272 F.483 L272 F.483

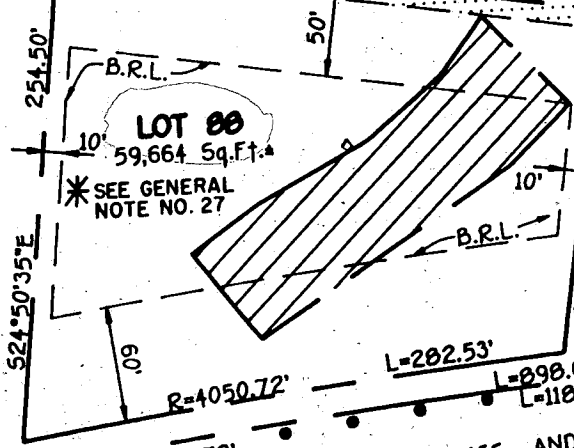


20' PUBLIC DRAINAGE & UTILITY EASEMENT



* SEE GENERAL NOTE NO. 27

Approved F98183



* SEE GENERAL NOTE NO. 27

ENVIRONMENTAL PRESERVATION PARCEL 'G' 4.125 Ac.*

NON-BUILDABLE PARCEL 'J' (0.550 AC.) CONVEYED TO ADJOINING PARCEL, OWNED BY ANDREW AND EDITH DORSEY UPON RECORDATION OF THIS PLAT

65 dba NOISE LEVEL LINE

VEHICULAR INGRESS AND EGRESS IS RESTRICTED

LAND TO THE STATE FOR THE PURPOSE OF DEVELOPMENT

EXISTING RIGHT-OF-WAY LINE THROUGH HIGHWAY

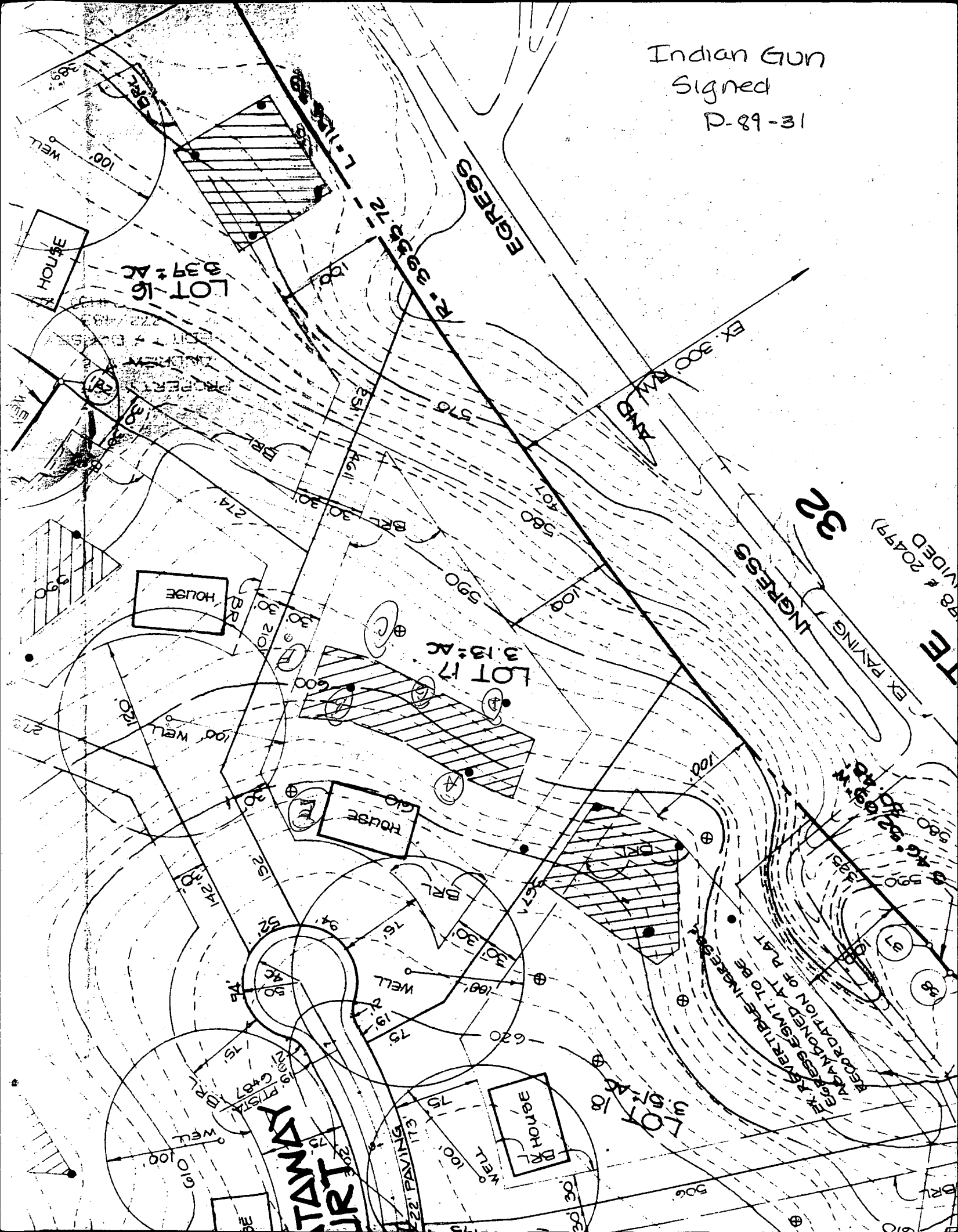
MARYLAND

ROUTE 32

PLAT No. 20496, 20497, 20498 & 20499

32

Indian EUN
Signed
P-89-31



LOT 16
3.37 AC

LOT 17
3.13 AC

LOT 18
3.07 AC

HOUSE

HOUSE

HOUSE

STANWAY
COURT

EX. PAVING

INGRESS

32

EX. PAVING
EX. 300

EX. PAVING
EX. 300
RECORDATION OF PLAT
REGIONS AGMT TO BE

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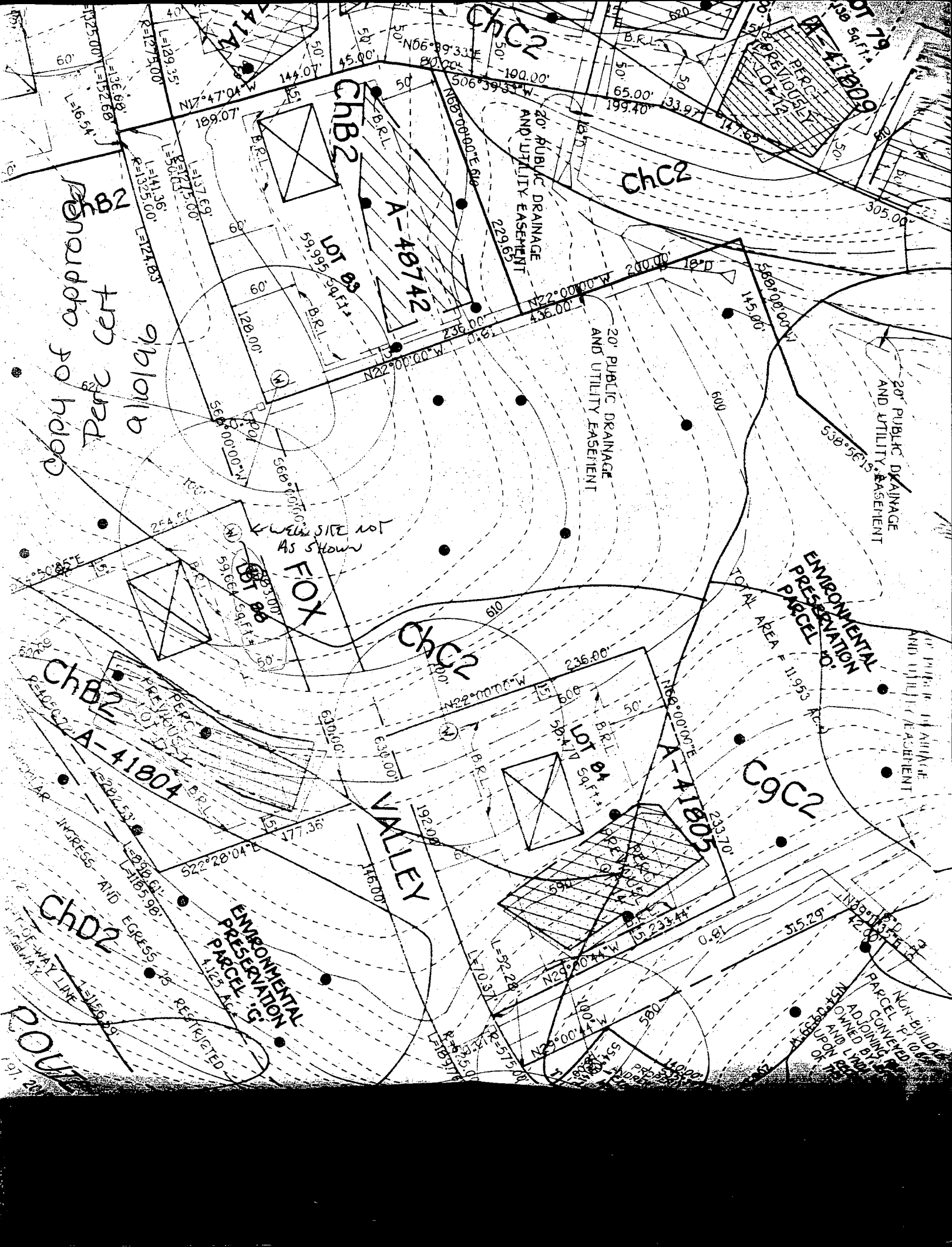
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copy of approved
Pericert
910196



WELL SITE NOT
AS SHOWN

NON-BUILDING
PARCEL CONVERTED
ADJOINING
AND LIND
UPON THE

Total linear feet of trench required 210 feet

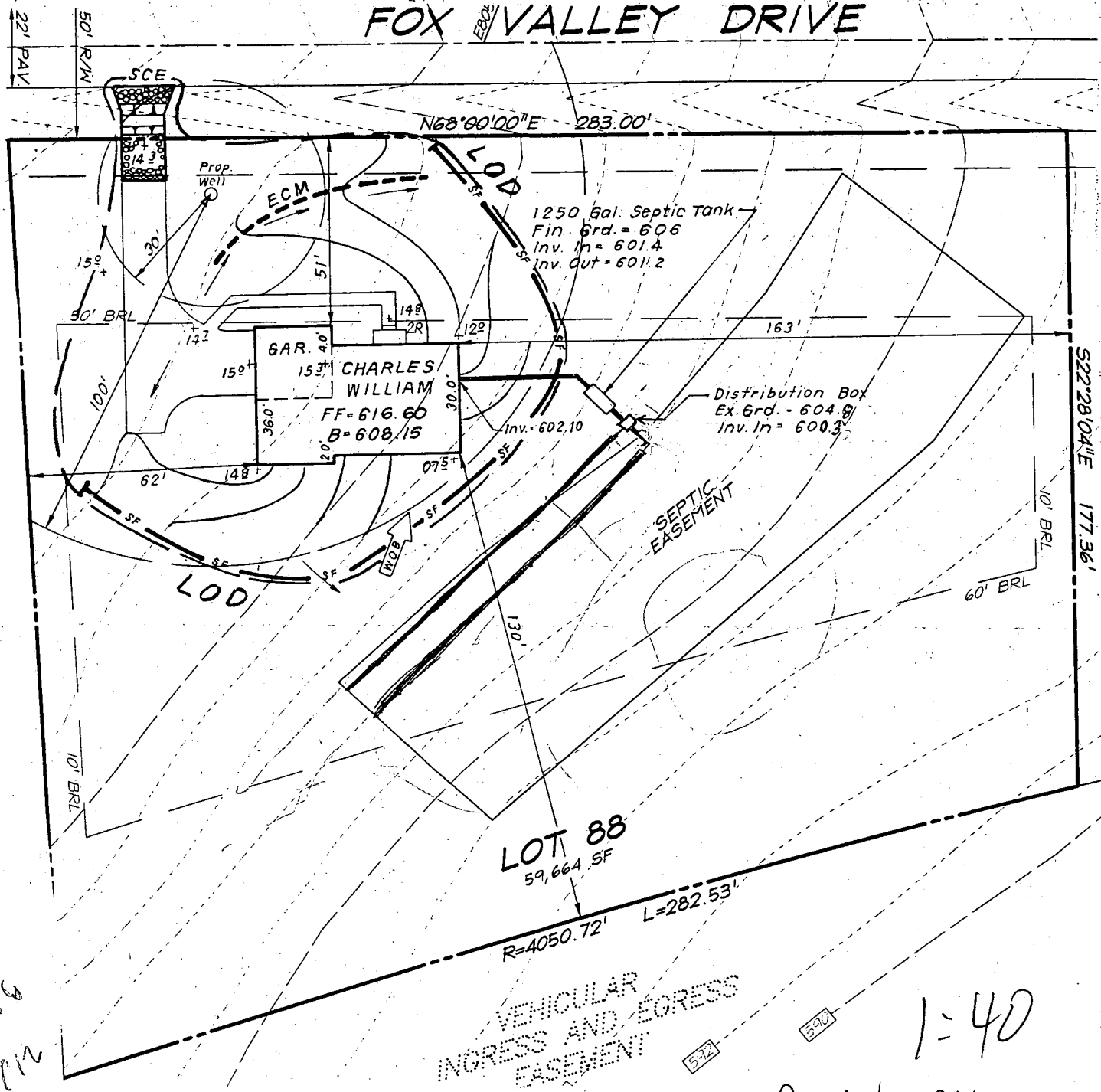
Width of trench(es) 2 feet

Depth of trench(es) 8.5 feet

Depth of stone required below distribution pipe 4 feet

Approved Septic System Plan Howard County Health Department

Mark E. Reffner 2/1/99
Signature Date



7/12/99

1:40
PLAN BY
CFS

B 1	8845	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>110-94-2011</u> <small>70 fill in this form completely 79</small>
-----	------	--------------------------------	---	--

OWNER INFORMATION

Date Received (APA) 12/11/98

8 MM DD YY 13

15 Last Name Alteri Owner First Name Homes 34

36 Street or RFD 9017 Red Branch Rd 55

57 Town Columbia 70 State MD 72 Zip 21045 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION W. Friendship 42

SECTION 44 46 LOT 88 48 50

52 NEAREST TOWN W. Friendship 71

MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION

Driller's Name Paul M. Fabiszak 76 License No. M W D 3 9 9 81

Firm Name G. Edgar Harr Sons' Corp

Address 12047 Falls Rd cockeysville 21030

Signature [Signature] Date 12/15/98

WELL INFORMATION

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

3255 Fox Valley Drive 11 NEAR WHAT ROAD 30

34 100 37 DISTANCE FROM ROAD 38 39

ENTER FT OR MI

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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 COUNTY NAME COUNTY NO. 141004

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 12/15/98 43 MM DD YY 48

CO SIGNATURE [Signature] EXP. DATE 12/21/99

NORTH GRID 527 000 50 55 EAST GRID 0805 000 57 63

APPROXIMATE DEPTH OF WELL 200 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN

30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROtary Drive-POINT

other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER 54 _____ 63

PERMIT No. 110-94-2011 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Well

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 800

N 520 7

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

12/99 9:00 Gout

missed insp

KM

PERMITOR KM

Fox Valley

S/Kesville Rd

C1 9804 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 A41804

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
07 22 99

Depth of Well
22 200 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO 94 2011

OWNER Alieri Homes
STREET OR RFD Fox Valley Drive TOWN W. Friendship
SUBDIVISION W. Friendship Estates SECTION _____ LOT 88

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	
Overburden	0	15	
Sand & Boulders	15	45	
Gray Rock	45	200	x

water at 85 & 150'

GROUTING RECORD (yes no)
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 12 NO. OF POUNDS 1200
GALLONS OF WATER 72
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 48 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 50

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MHD 399
DRILLERS SIGNATURE Mark Duman
LIC. NO. ASD 048

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

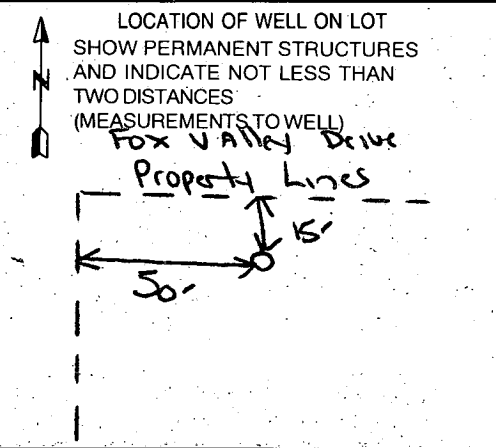
C 2 DEPTH (nearest ft.)
1 2
E 1 Ho 50 200
A 8 9 11 15 17 21
C 2 23 24 26 30 32 36
S
C 3 38 39 41 45 47 51
R
E
E SLOT SIZE 1 _____ 2 _____ 3 _____
N DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____

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

C 3 PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 7.6
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 31 ft.
WHEN PUMPING 121 ft.
TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED _____
PLACE (A,C,J,P,R,S,T,O) IN BOX 29 _____
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35
PUMP HORSE POWER 37 _____ 41
PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47
CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } (nearest foot) 1



W 3501

B 1 **8253** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **10-99-1227**
70 fill in this form completely 78

Date Received (APA) **060597** **OWNER INFORMATION**
SELFRIDGE BUILDERS
15 Last Name 13 Owner First Name 34
14045 GARED DR.
36 Street or RFD 55
GLENWOOD **MO21738**
57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
HOWARD
8 COUNTY 21
WESTFRIENDSHIP EST
23 SUBDIVISION 42
2 **58**
44 46 48 50
WESTFRIENDSHIP
52 NEAREST TOWN 71
1 **MI**
73 76 77 78
MILES FROM TOWN (enter 0 in town)

DRILLER INFORMATION **CIRCLE MSD/MGD/MWD**
Ralph MAYNE **118**
77 License No. 80
Ralph MAYNE (well drilling)
Firm Name
9120 Brown Church Rd. Wt. Airy
Address
Ralph Mayne **5/5/97**
Signature Date

B 4 **11** **FOX VALLEY DR.** **30**
NEAR WHAT ROAD
35 **37**
34 37
3.5
DISTANCE FROM ROAD
64
ENTER FT OR MI 38 39
22 **2** **556**
TAX MAP: BLK: PARCEL

B 2 **WELL INFORMATION**
5 **12**
APPROX. PUMPING RATE (GAL. PER MIN.)
500 **20**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

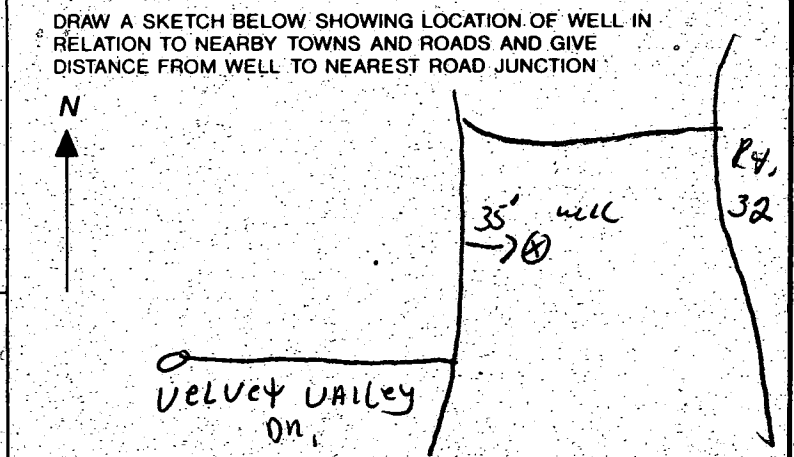
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL:
Howard **A-41804**
COUNTY NAME COUNTY NO.
7/8/98
DATE ISSUED EXP. DATE
527000 **804000**
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL **159** **28** FEET
24 28
6" **NEAREST INCH**
APPROXIMATE DIAMETER OF WELL
METHOD OF DRILLING (circle one)
 BORED (or Augered) **JETTED** **Jetted & DRIVEN**
 AIR-ROTARY **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)
 CABLE **REVERSE-ROTARY** **DRIVE-POINT**
 other _____

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
800
5207
000 000

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** _____ **63**
54
FORCE **65** **WRITE INITIALS IN BOX** **PERMIT No.** **10-99-1227**
67 68 70 71 72 73 74 75 76 77 78 79

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

Building Address 3255 Fox Valley Drive
West Friendship 21794

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6030 Subdivision West Friendship

Section ✓ Area _____ Lot 58

Tax Map 22 Parcel 156 Grid 2

Zoning R-C-DCU Map Coordinates 437 Lot size _____

Property Owner's Name Joe Salesky / Ray Parker

Address _____
 City (Same) State _____ Zip Code _____

Home Phone 442-0032 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD w/ deck

Estimated Construction Cost \$ 16K

Description of Work Construct irregular 17' x 14' & 27' x 14' w/ steps to grade on rear SFD

Contractor Company Decked Out

Contact Person Cary Lyon

Address 13726 Princess Anne Way

City Phoenix State MD Zip Code 21131

License No. 47520

Phone 410 667 4700 Fax 667-4333

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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	2nd floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Basement: _____
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 THEREIN; (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 Cary H. Lyon Print Name Cary H. Lyon
 Title/Company Decked Out Date 5/17/00

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	39331
State Highways			Rear: _____	Filing fee \$ _____
Building Official	<u>5/17/00</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ _____
Dev. Engineering DPZ	<u>5/17/00</u>	<u>[Signature]</u>	Side St: _____	Excise tax \$ _____
Health	<u>5/17/00</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>114</u>
			Accepted by _____	Validation # _____