

10/11/95
noon
10/12/95
12:00
W.P.G. - 10-27-95

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 50872 B

A 47189

DISTRICT 3rd

DATE 9-13-95

DATE SYSTEM APPROVED 10/12/95

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~889-9933~~ 313-2640

#319083

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION West Friendship Estates LOT 48 ROAD 3149 Fox Valley Drive

PROPERTY OWNER Andrew Shaw

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 189.71 and 290.46 lot lines, place distribution box 155 feet up the 189.71 lot line and 70 feet off that same lot line. Run trenches on contour toward the 130.00 lot line.

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

PLANS APPROVED BY Amy McMillen DATE 9/1/95

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

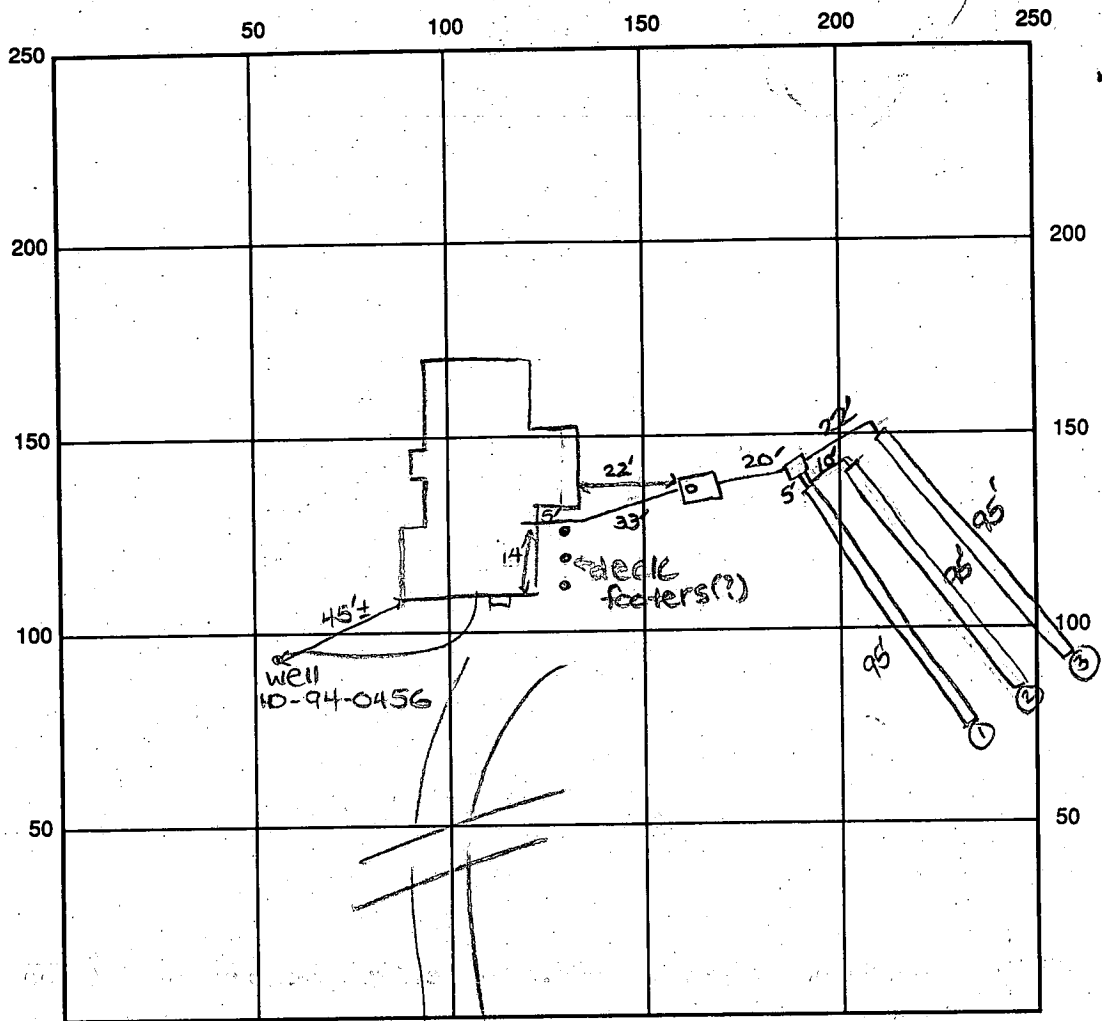
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

CLUB PERMITS DIVISION
NO PERMITS 1/25/2001
B00128217

A
47189



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Fox Valley Drive

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 095' @ 95' → 285'

NUMBER OF TRENCHES 3 ~~GRASS DRAINAGE~~ BOTTOM AREA 855 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 10/11/95 OK to cover from house to d.b. and continue. DKS
10/12/95 Final - OK to cover all work. DKS

WPI 10/12/95 P.A. 4' below grade, casing 2' above grade. DKS

DATE SYSTEM APPROVED 10/12/95 INSPECTOR SOUND BY GIL

APPLICATION

PERCOLATION TESTING

A 47189
P _____

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

DISTRICT _____

DATE 6/12/91

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 PERCONTEE, INC.

ADDRESS 11900 TECH RD, SILVER SPRING MD. 20904 PHONE JOHN REUWER 740-2100 X291

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WEST FRIENDSHIP ESTATES ^{Section III} LOT NO 15

ROAD AND DESCRIPTION WEST IVORY RD. & RT 32, SOUTH OF RT. 70

TAX MAP 15 PARCEL # 42

SIZE OF LOT 3.00 AC. +/- TYPE BLDG SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

John C. Reuwer
(SIGNATURE OF APPLICANT)
FOR PERCONTEE, INC.

APPROVED BY John C. Reuwer FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

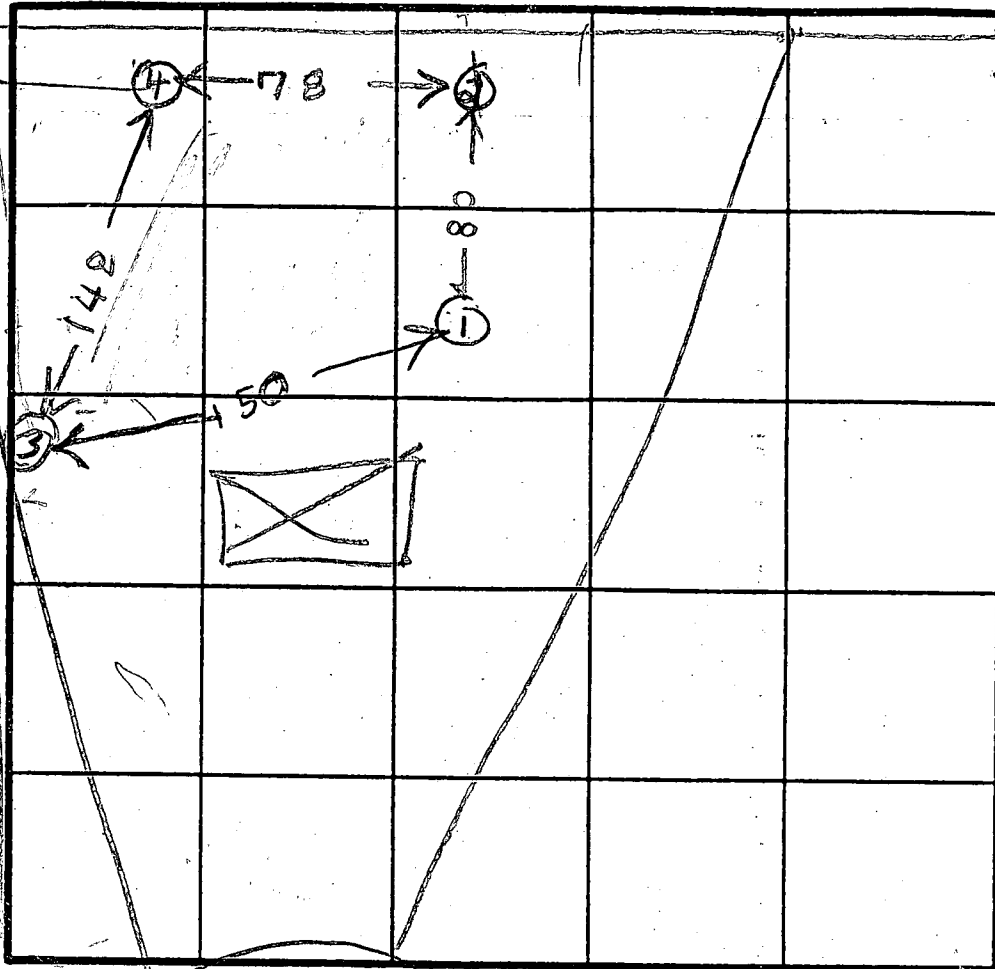
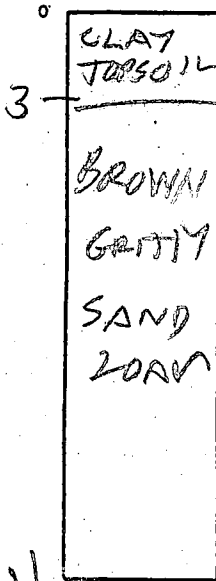
REASONS FOR REJECTION OR HOLDING 6/13/91 - Percol OK Hold for Well R/H

HD-216

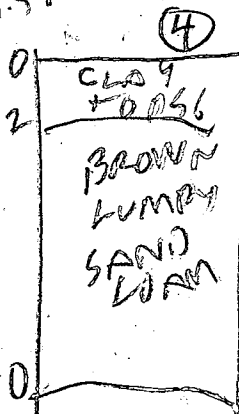
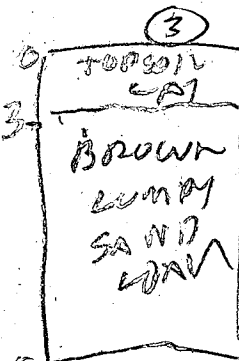
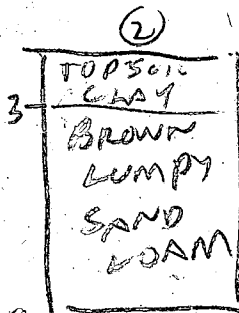
THIS IS NOT A PERMIT

Lot 15
A 47189

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
6/13/91	1D	8	1143	1146	1146	1148	12
	1S	4	1143	1146	1146	1156	10
L	1V	11	OK				
	2V	13	OK				
L	3S	4	1158	1159	1159	1203	4
	3V	11.5	OK				
	4S	4.5	1206	1208	1208	1211	3
	4V	10	OK				

REMARKS: Hole (1)(2)(3) dug Per Surveyor Stake Hole 4 Differently

TYPE OF SOIL _____

TESTED BY B. RIDGER ALSO PRESENT D. KETTERMAN JR

C1 3644

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 A# 47189

ST/GO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 07/21/95

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0456

OWNER YORKTOWN HOMES INC. last name FOX VALLEY DR. first name TOWN WEST FRIENDSHIP SUBDIVISION W. FRIENDSHIP EST SECTION 1 LOT 48

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 Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y) (N). TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC). NO. OF BAGS 10 NO. OF POUNDS 1000. GALLONS OF WATER 60. DEPTH OF GROUT SEAL (to nearest foot) from 0 to 26 ft.

CASING RECORD. casing types insert appropriate code below. MAIN CASING TYPE PL 6 28. Nominal diameter top (main) casing (nearest inch) 6. Total depth of main casing (nearest foot) 28.

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

SCREEN RECORD. screen type or open hole insert appropriate code below. HO 26 305. DEPTH (nearest ft.)

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

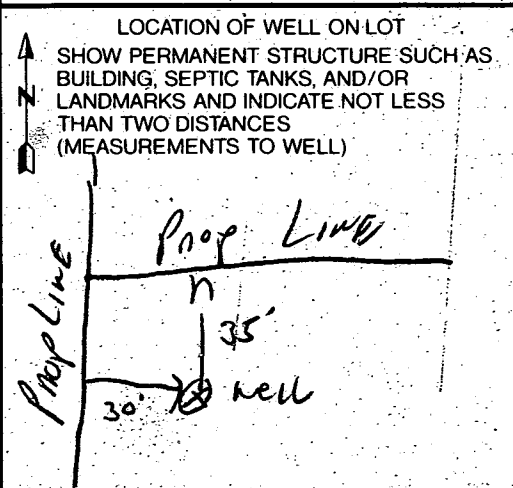
DRILLERS IDENT. NO. 117. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

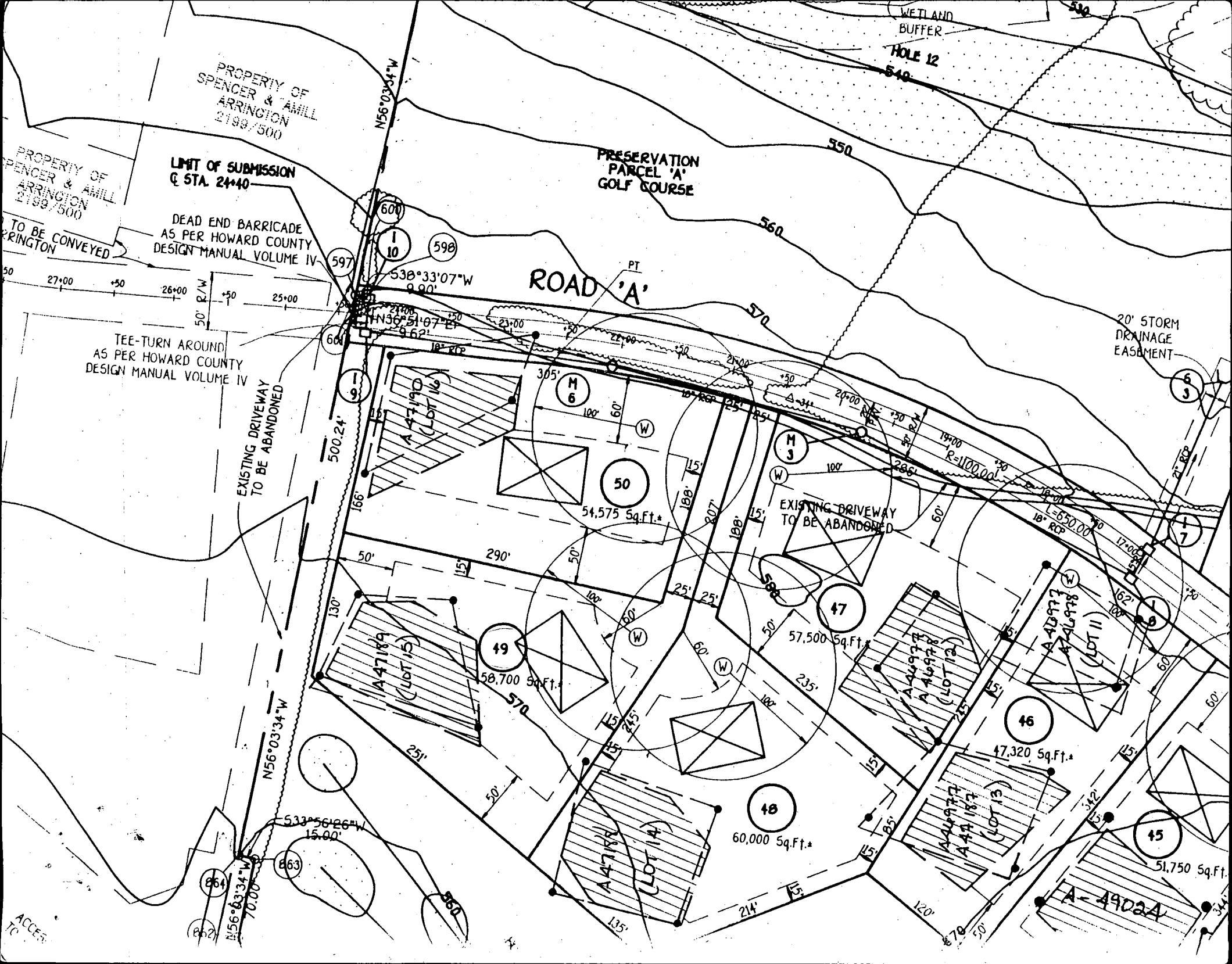
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.

PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min. to nearest gal.) 5. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 30. WHEN PUMPING 95. TYPE OF PUMP USED (for test) S submersible.

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 2 (nearest foot)





PROPERTY OF
SPENCER & AMILL
ARRINGTON
2189/500

LIMIT OF SUBMISSION
@ STA. 24+40

PRESERVATION
PARCEL 'A'
GOLF COURSE

WETLAND
BUFFER

HOLE 12
540

PROPERTY OF
SPENCER & AMILL
ARRINGTON
2189/500

TO BE CONVEYED
ARRINGTON

DEAD END BARRICADE
AS PER HOWARD COUNTY
DESIGN MANUAL VOLUME IV

ROAD 'A'

TEE-TURN AROUND
AS PER HOWARD COUNTY
DESIGN MANUAL VOLUME IV

EXISTING DRIVEWAY
TO BE ABANDONED

EXISTING DRIVEWAY
TO BE ABANDONED

20' STORM
DRAINAGE
EASEMENT

A 47190
(LOT 16)

A 47189
(LOT 15)

A 47188
(LOT 14)

A 46977
A 46978
(LOT 12)

A 46977
A 46978
(LOT 11)

A 49024
(LOT 13)

M 6

50

M 3

47

49

48

46

45

58,700 Sq.Ft.

54,575 Sq.Ft.

57,500 Sq.Ft.

47,320 Sq.Ft.

60,000 Sq.Ft.

51,750 Sq.Ft.

$538^{\circ}33'07''W$
9.90'

$136^{\circ}51'07''E$
9.62'

$533^{\circ}56'26''W$
15.00'

$533^{\circ}56'26''W$
15.00'

$556^{\circ}03'34''W$
70.00'

$N56^{\circ}03'34''W$

$N56^{\circ}03'34''W$

$N56^{\circ}03'34''W$

500.24'

130'

135'

290'

50'

207'

214'

188'

120'

188'

78'

188'

120'

170.00'

120'

170.00'

120'

27+00 +50 26+00 +50 25+00

50' R/W

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27+00 +50 26+00 +50 25+00

50' R/W

166'

130'

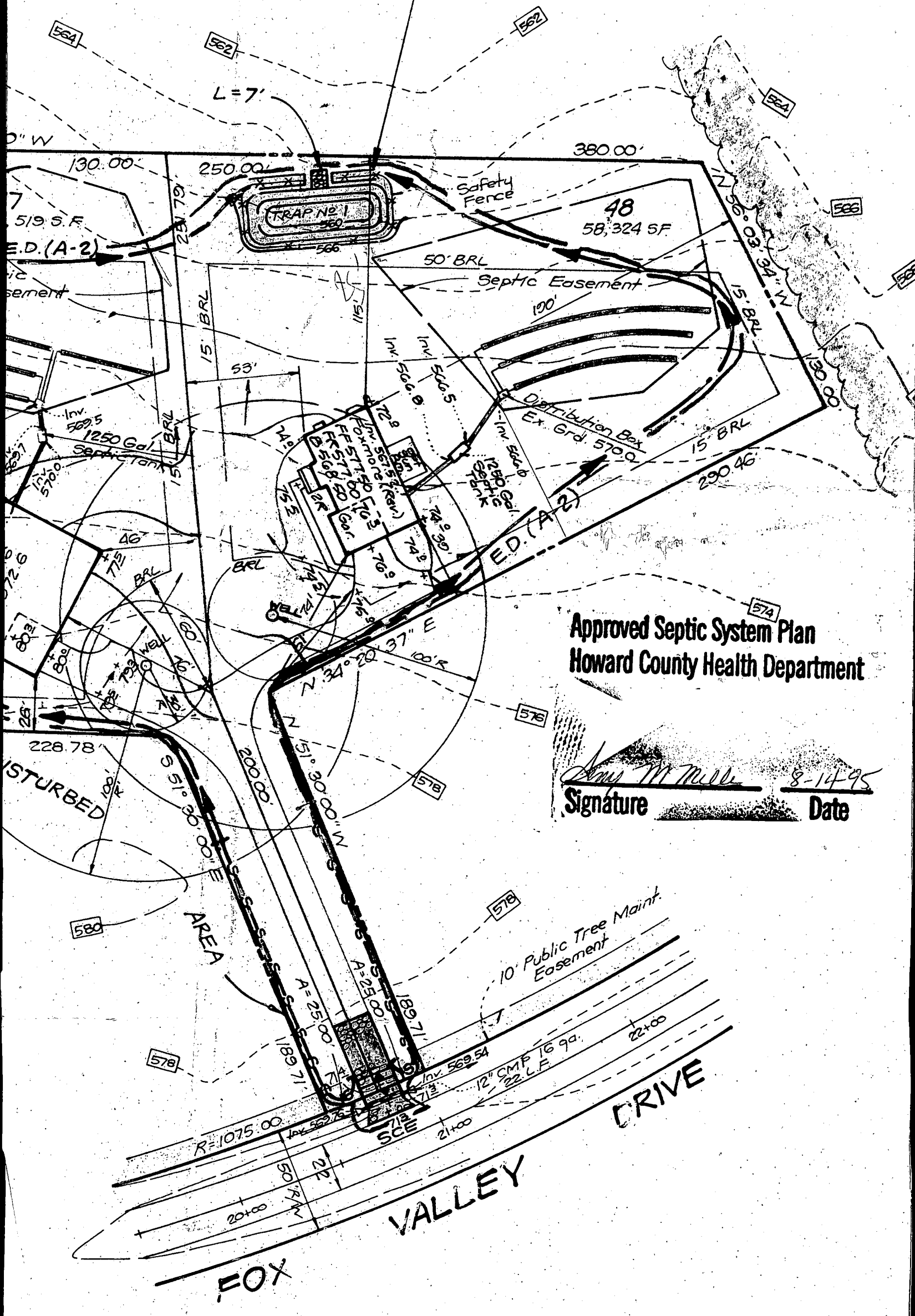
130'

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166'

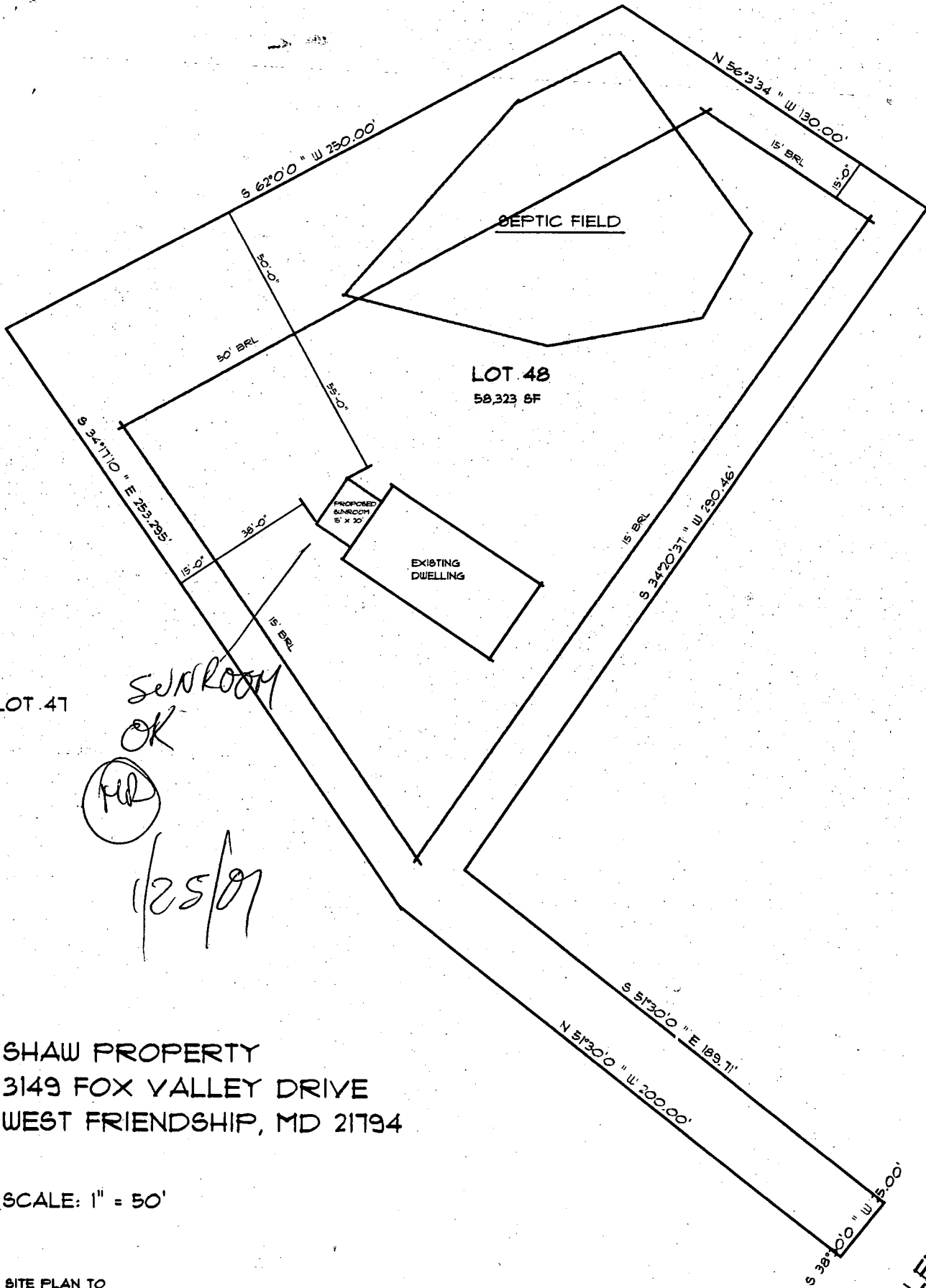
TRAP NO 1 SOST ST-V

Drainage Area	1.64 Ac.	Bottom Dimension	
Storage Required	2952 CF	L=7'	
Storage Provided	3060 CF	2:1 Side Slopes	
Top of Stone Crest	564.0		
Cleanout Elevation	561.5		
Bottom Elevation	560.0		
Storage Depth	3'		



**Approved Septic System Plan
Howard County Health Department**

Amy M. Miller 8-14-95
Signature Date



SUNROOM
OK
FD
1/25/07

SHAW PROPERTY
3149 FOX VALLEY DRIVE
WEST FRIENDSHIP, MD 21794

SCALE: 1" = 50'

SITE PLAN TO
ACCOMPANY PERMIT
FOR SUNROOM
ADDITION

FOX VALLEY DRIVE

Building Address <u>3149 FOX VALLEY DR.</u> <u>WEST FRIENDSHIP</u> <u>21794</u>	Property Owner's Name <u>ANDY SHAW</u> Address <u>3149 FOX VALLEY DRIVE</u>
Suite/Apt. #: <u>6030</u> SDP/WP/Petition #: <u>West Friendship</u> Census Tract <u>6030</u> Subdivision <u>FOX VALLEY (STATE)</u>	City <u>WEST FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21794</u> Home Phone <u>410/484-7888</u> Work Phone <u>410/391-7160</u>
Section <u>1</u> Area _____ Lot <u>47</u> Tax Map <u>15</u> Parcel <u>42</u> Grid <u>2</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>XT 15</u> <u>SAME AS ABOVE</u>
Zoning <u>RC</u> Map Coordinates <u>9116</u> Lot size <u>58,323.4</u>	Phone _____ Fax _____

Existing Use <u>Single Family Home</u> Proposed Use <u>Single Family Home</u> Estimated Construction Cost \$ <u>15,000</u>	Contractor Company _____ Contact Person <u>OWNER</u> Address _____
Description of Work <u>ADD ATTACHED SUNROOM</u> <u>(W/DOOR) TO EXISTING DECKING</u>	City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____

Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person <u>OWNER</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> <input type="checkbox"/> SP Townhouse <input type="checkbox"/> Depth <u>20'</u> Width <u>15'</u> 1st floor: _____ 2nd floor: _____ Basement: <u>20'</u> <u>15'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>NONE</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>15' x 20' SUNROOM</u> Dimensions: <u>FOURED CONCRETE</u> Footings: <u>ASPHALT SHINGLES</u> Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <u>EXISTING</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THIS WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>OWNER Agent</u> Title/Company _____	Print Name <u>Andy Shaw</u> Date <u>1/25/01</u>
---	--

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

FOR OFFICE USE ONLY			
AGENCY	DATE	SIGNATURE APPROVAL	PROPERTY ID#
Land Development DPZ	<u>1/25/01</u>	<u>[Signature]</u>	<u>2112</u>
State Highways			
Building Official			
Dr. Engineering DPZ	<u>1/25/01</u>	<u>[Signature]</u>	
Health			
Fire Protection			
Sediment Control approval required prior to issuance	YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START	<input type="checkbox"/>		
ONE STOP SHOP	<input type="checkbox"/>		
Distribution of Copies	White: Building Official	Green: LDD: DPZ	Yellow: DED: DPZ
	Pink: Health	Gold: SHA	