

378656

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57434

A 47191

DISTRICT 3rd

DATE 12/7/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 313-2640

DATE SYSTEM APPROVED 12/14/94

INSPECTOR C.B.D.

INDEXED

Arnold Backhoe & Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION W. Friendship Estates LOT 8 ROAD 3100 Fox Valley Drive

PROPERTY OWNER Trinity Custom Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 180 feet up the right lot line (303.00) and 100 feet off that same lot line when facing the lot from Bogey Court. Run trenches on contour toward the back lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 12/21/94 DKS

BUILDING PERMIT SIGNED AND RETURNED

7-15-04 800 149 452 - FINISH BASEMENT

*8/13/95 Bldg permit #57985 }
on pool deck 20'x14' }
C.B.D.*

PLANS APPROVED BY Amy McMillen DATE 11/21/94

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

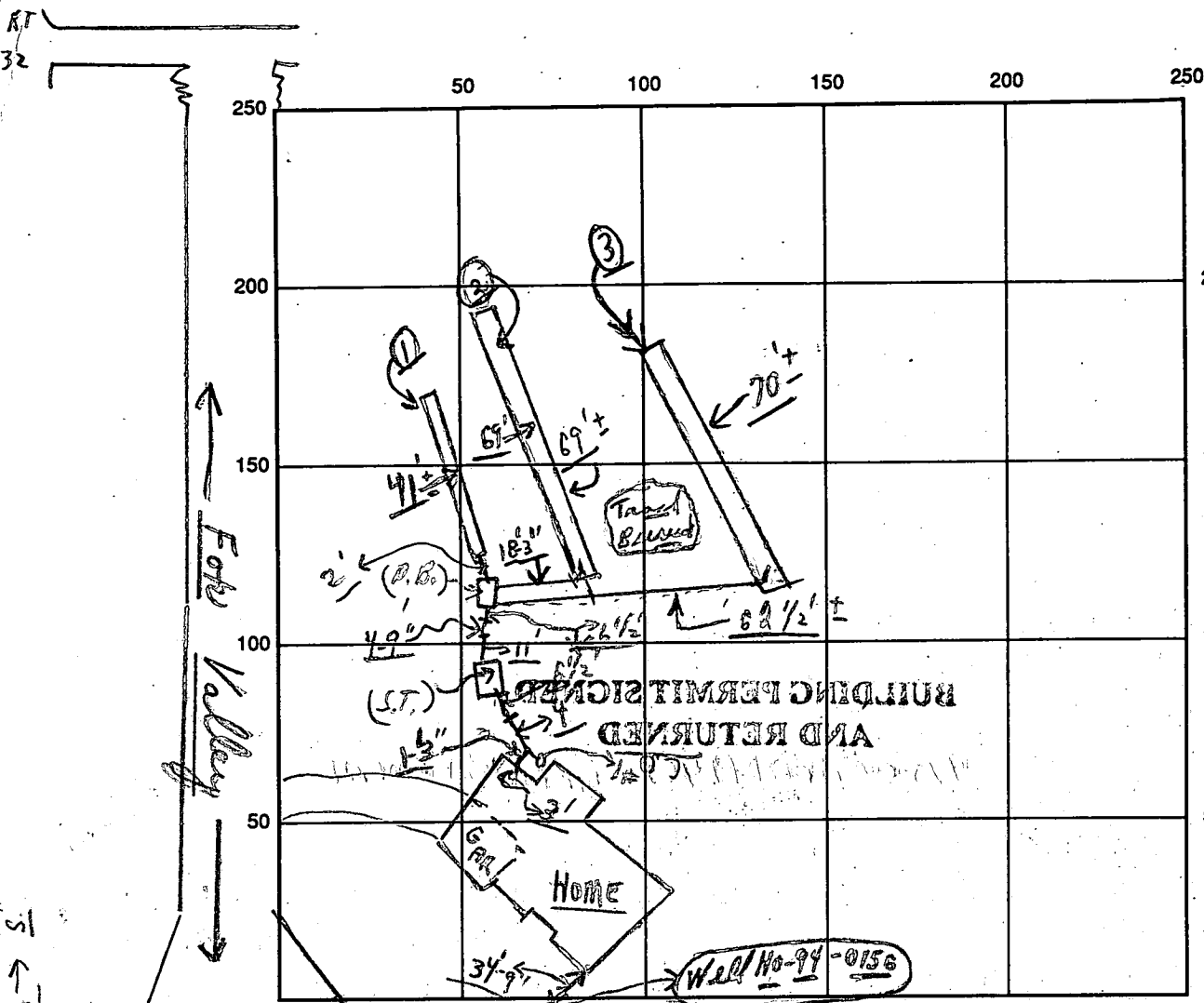
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
PERMIT VOID AFTER TWO YEARS

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**

A 47191



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS OK / OK

DISTRIBUTION BOX LEVEL OK (Ball box in)

DRAIN FIELD/TITLE DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER --- FT. EFFECTIVE DEPTH BELOW INLET --- FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS: (MUD) ① (A.M.) 12/14/94 Partial - 2 trenches ok for stones etc; only
 12/14 ② (P.M.) - ③rd trench ok for stones; ok to cover #2 trench to
 top end near P. Box; #1 trench ok to cover except inside part
 12/14 ③ Late P.M. - Final - all work done; *cb*

(A.M.) 12/14/94 AM No W.P.I. *cb*
 12/14/94 P.M. W.P.I. *cb* 12/14/94
 DATE SYSTEM APPROVED _____ INSPECTOR Charles Bryan Stecker

APPLICATION

PERCOLATION TESTING

47191
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. Trinity Custom Homes

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

PROSPECTIVE BUYER N/A 410-313-8722

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WEST FRIENDSHIP ESTATES IV Section 128 (7/11/91)
LOT NO 7

ROAD AND DESCRIPTION WEST IVORY RD. & RT 32, SOUTH OF RT. 70
(3100 Fox Valley Drive)

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.

APPROVED BY John C. Reuwer (SIGNATURE OF APPLICANT)
FOR PERCONTEE, INC. DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/12/91 Perc OK Hold for Plat RD

BLDG. PERMIT SIGNED
AND RETURNED 11/21/94
Serial # 57260
SFD - (4Bums)

THIS IS NOT A PERMIT

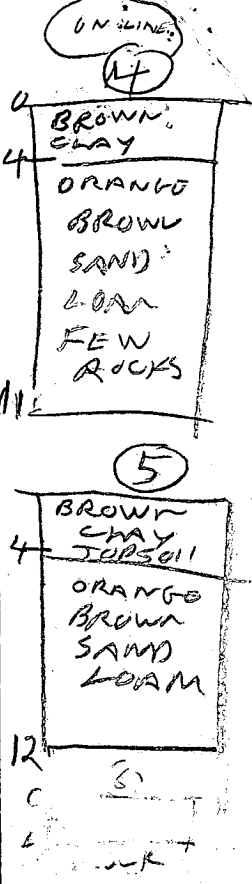
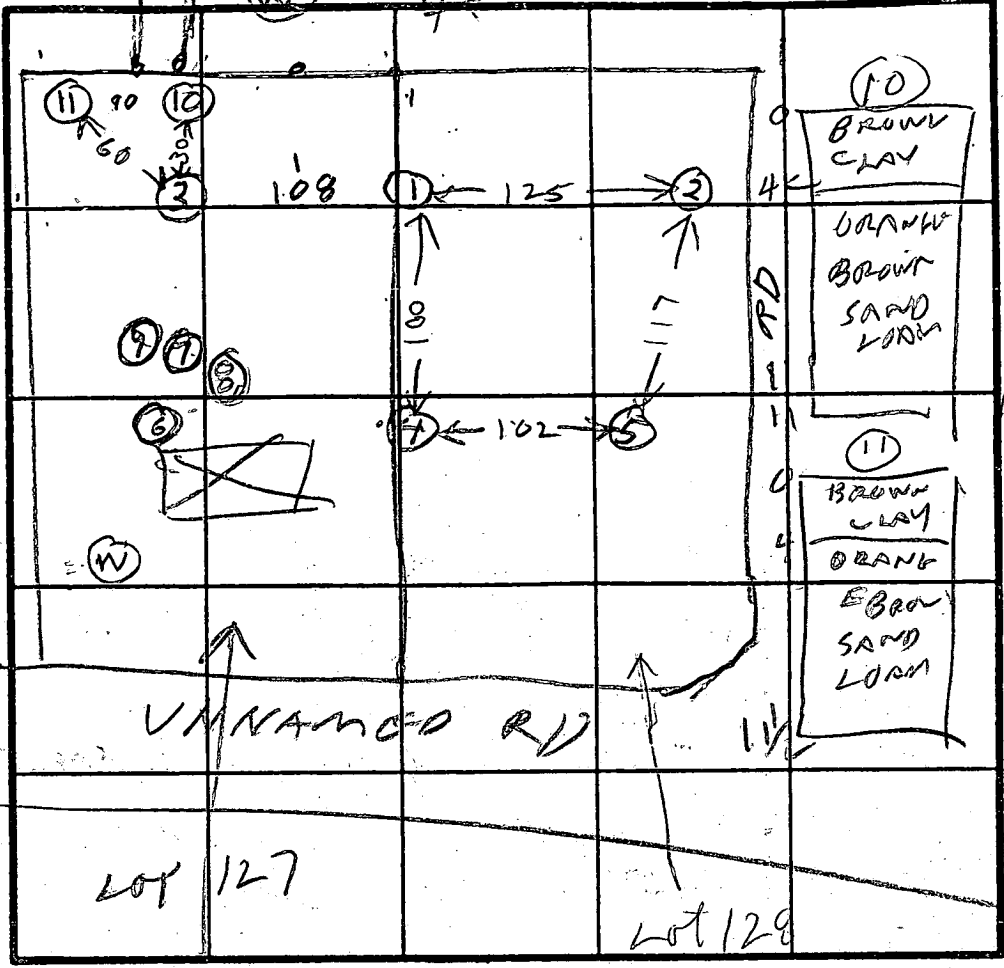
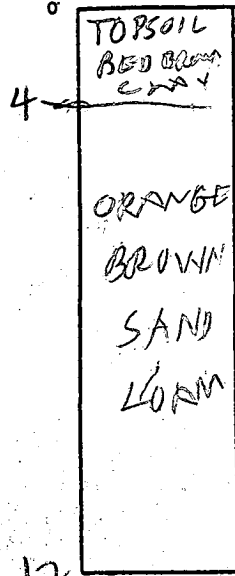
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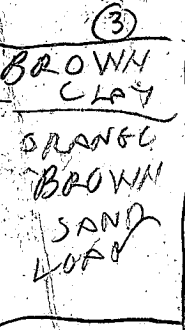
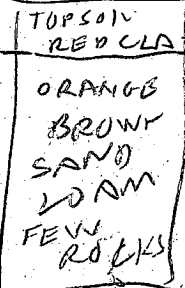
MOVE WELL SITE

ON LINE

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/11/91	1 S	5	129	130	130	131	1
	1 V	12	OK				
7/11/91	2 S	3.5	140	142	142	144	2
	2 V	11.5	OK				
7/11/91	3 S	3.5	202	203	203	204	1
	3 V	11	OK				
	4 S	4.5	229	236	236	243	2
	4 D	8	229	232	232	234	
	4 V	11	OK				
	5 V	12	OK				
	6 V	4	ROCK BOTTOM (FAIL)				
	7 V	10	ROCK BUT + BIG SHAIL (FAIL)				
	8 V	5 1/2	ROCK BOTTOM (FAIL)				
	9 V	3	ROCK BOTTOM (FAIL)				
	10	11	OK				
	11	11	OK				

ON LINE
#127 #128
ON LINE
#127
#148

REMARKS: 6/20/91 - RH DID NOT SEE ROCK HOLES BUT O.K. BETTER MAN DUG ROCK HOLES EARLIER

TYPE OF SOIL: NO SURVEYOR STAKES AT TEST HOLES
TESTED BY: M. Fodger
ALSO PRESENT: O.K. attorney, John Penner

B 1 06894

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 10-94-0156 fill in this form completely

Date Received (APA) 072294

OWNER INFORMATION

FRINTV CUSOM HEMPS 6212 D-VOU DRIVE COLUMBIA MD 21044

B 3

LOCATION OF WELL

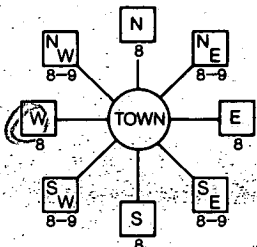
WARD COUNTY WEST FRIENDSHIP EST SECTION 1 LOT 8 WEST FRIENDSHIP MILES FROM TOWN 2 MI

DRILLER INFORMATION

Joseph L. Wayne 24 License No. 80 Joseph L. Wayne Well Drilling Co 5572 Ridge Rd Mt Airy, Md 21771 7/19/94

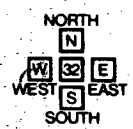
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Bogey Court NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



40 DISTANCE FROM ROAD ENTER FT OR MI FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 COUNTY NAME A-47191 COUNTY NO. STATE SIGNATURE DATE ISSUED 081691 Charles B. ... 8/16/95 CO SIGNATURE EXP. DATE NORTH GRID 529000 EAST GRID 0207000

APPROXIMATE DEPTH OF WELL 300 FEET

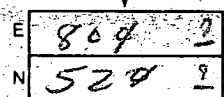
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

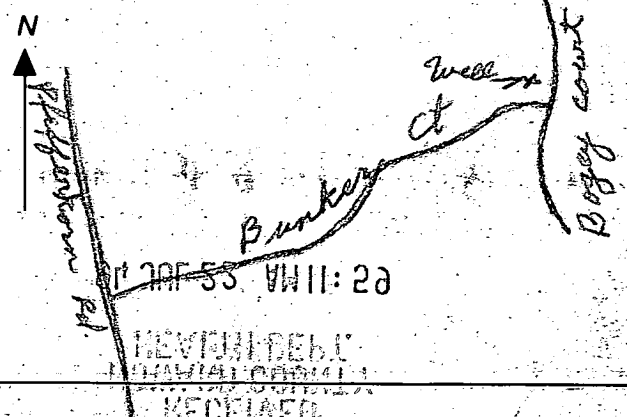
- BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other

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

9/1/94 9:30 42' casing 37' open 13 bags Amy McMiller



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



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 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 PERMIT No. 10-94-0156

SPECIAL CONDITIONS

C1 8860

SEQUENCE NO. (DENV 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

42171

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 09/01/94

Depth of Well grid: 165

PERMIT NO grid: W-94-0156

OWNER TRINITY CUSTOM HOMES last name ROBEY COURT first name TOWN SUBDIVISION W. FRIENDSHIP EST. SECTION I 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. Includes handwritten entries: SAND, GRAY MICA, ROCK.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 1722 GALLONS OF WATER 28 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 37 ft.

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 42

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

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

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for each screen.

CIRCLE APPROPRIATE LETTER 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. 24 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

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

PUMPING TEST

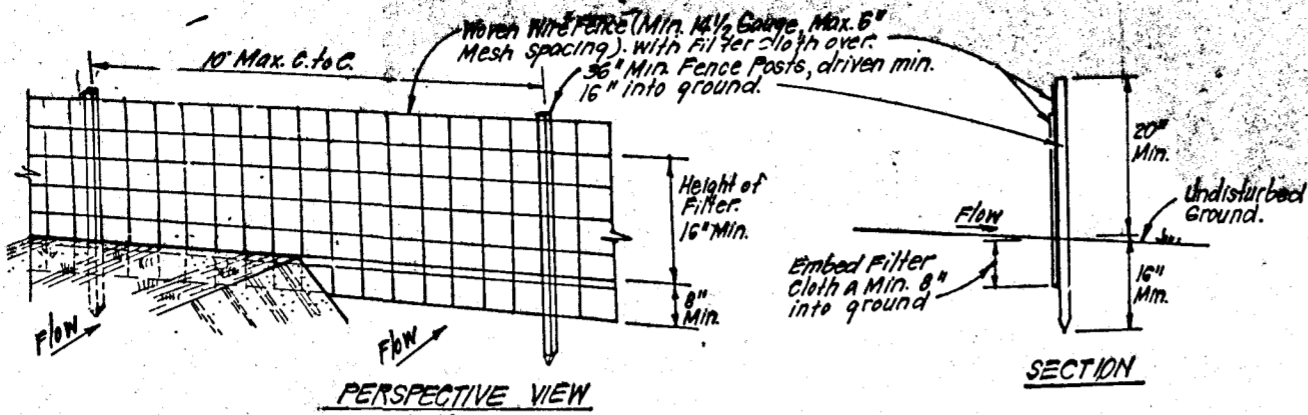
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 28 WHEN PUMPING 42 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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. SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

See Attached Well location



- CONSTRUCTION SPECIFICATIONS:**
1. Woven wire fence to be fastened securely to fence posts with wire ties or staples.
 2. Filter cloth to be fastened securely to woven wire fence with ties spaced every 24\"/>
 - 3. When 2 sections of filter cloth adjoin each other they shall be overlapped by 6\"/>
 - 4. Maintenance shall be performed as needed and material removed when "bulges" develop in Silt Fence.

POSTS: Steel either T or U Type or 2\"/>

FENCE: Woven Wire, 14 1/2 Gage, 6\"/>

FILTER CLOTH: FilterX, MiraFy 100X, Stablinta, T140N or Approv. equal.

PREFABRICATED UNIT: Geofab, Envirofence, or Approv. equal.

SILT FENCE DETAIL (9)
NO SCALE

LEGEND

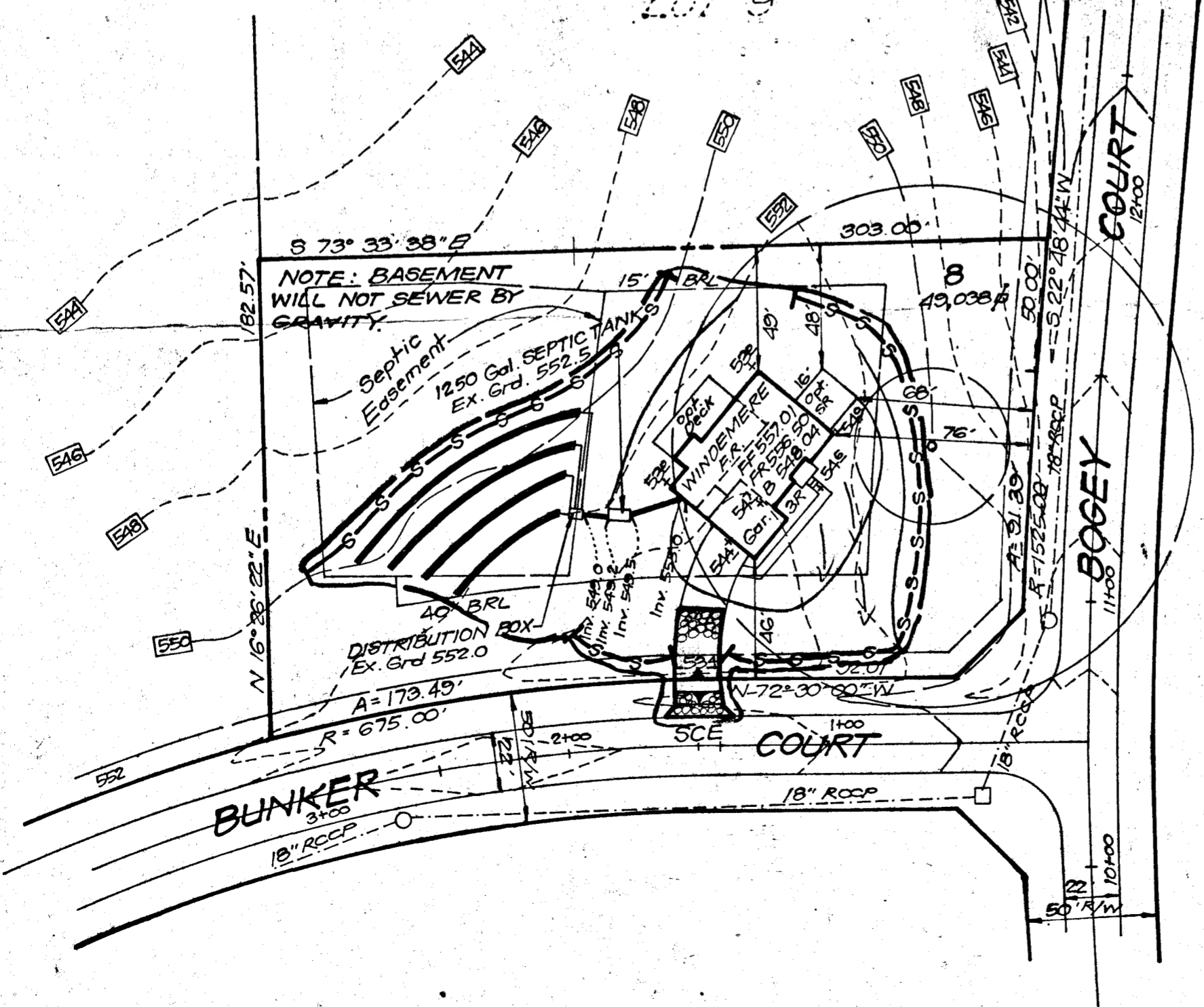
Contour Interval	2 FT.
Existing Contour	--- 410 ---
Proposed Contour	— 410 —
Spot Elevation	+10±
Direction of Drainage	→
Walk out Basement	WOB →
Silt Fence	— S — S — S —
Stabilized Construction Entrance w/ Mountable Berm	

Approved Septic System Plan
Howard County Health Department

Amie M. Miller 11-21-94
Signature Date

~~WEST FRIENDSHIP ESTATES SECTION 1~~

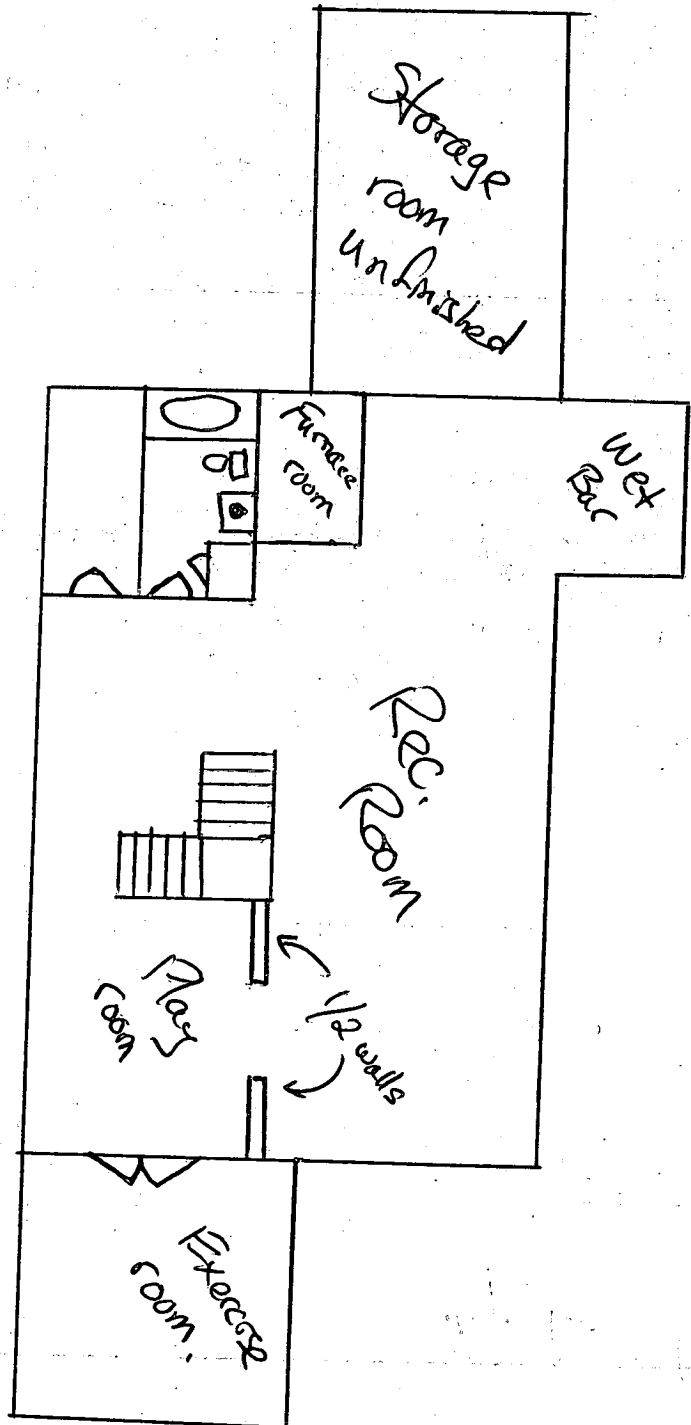
LOT 9



Jay + Anne Jang
3100 Fox Valley Drive
W. Friendship MD 21794

Approx 1200 sq ft Finished Basement.

APPROVED
WALK-THRU BUILDING PERMIT
BP# B00149452 A# 47191
APP. SAN MR DATE: 7/15/04
DESC. OF WORK: Finished bsmt
no BK



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

20147450

Building Address 3100 Fox Valley Dr
West Friendship MD 21794

Property Owner's Name Joy - Anne Jones
 Address 3100 Fox Valley Dr

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

City West Friendship State MD Zip Code 21794

Census Tract 030 Subdivision West Friendship

Home Phone 410 489-5353 Work Phone _____

Section 1 Area _____ Lot 8

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

Tax Map 15 Parcel 4a Grid 21

Zoning RCO Map Coordinates 7R6 Lot size _____

Phone _____ Fax _____

Existing Use SFD

Contractor Company Robson Construction

Proposed Use SFD w/ Finish

Contact Person Craig Robson

Estimated Construction Cost \$ 27,000

Address PO Box 73

Description of Work Finish 2100 sq ft

City Annapolis State MD Zip Code 20717

to include rec room, bathroom and

License No. 421AR

work and exercise room

Phone 301 254 5201 Fax 854 0542

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name same as above

Contact Person N/A

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

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

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

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

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other _____

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

Applicant's Signature [Signature]
 Title/Company Owner/Robson Construction
HR 7/15/04

Print Name J. Craig Robson
 Date 7/15/04

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

FOR OFFICE USE ONLY