

Needs Pump Test

P 514163

PERMIT

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

A 48731

ISSUE DATE 7/31/00

APPROVAL DATE 10/20/00

8/2/00
Septic Layout
1:00-2:00

8/4/00 1 pm
A.M.
10/20/00

Union Paving Co., Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION West Friendship Estates II LOT NUMBER 91 ADDRESS 3301 Fox Valley Drive

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

SEPTIC TANK CAPACITY 1250 GALLONS Columbia, MD 21045

PUMP CHAMBER CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4 *** LAYOUT INSPECTION REQUIRED PRIOR TO INSTALLATION***

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED ~~288~~ 210

TRENCHES: Trenches to be ^{2 1/8} feet wide. Inlet ³ feet below original grade. Bottom maximum depth ^{7 1/2} feet below original grade. ^{4 1/2} feet of stone below distribution box.

LOCATION: Beginning from the intersection of the 231.49' and 273.00' lot lines, place the ^{61'} distribution box ⁴⁵ feet up the 273.00' lot line and 10 feet off that same lot line. Start the high trench ⁶⁵ feet from the distribution box. Run trenches on contour toward the 231.49' lot line.

SUGGESTED LAYOUT: HIGH TRENCH ^{45'} 60', MIDDLE TRENCH ^{85'} 100', LOW TRENCH ^{90'} 120' OR 7/31/00
Layout Review OK 8/2/00 DCB

PLANS APPROVED Mark Rifkin DATE 6/13/2000

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

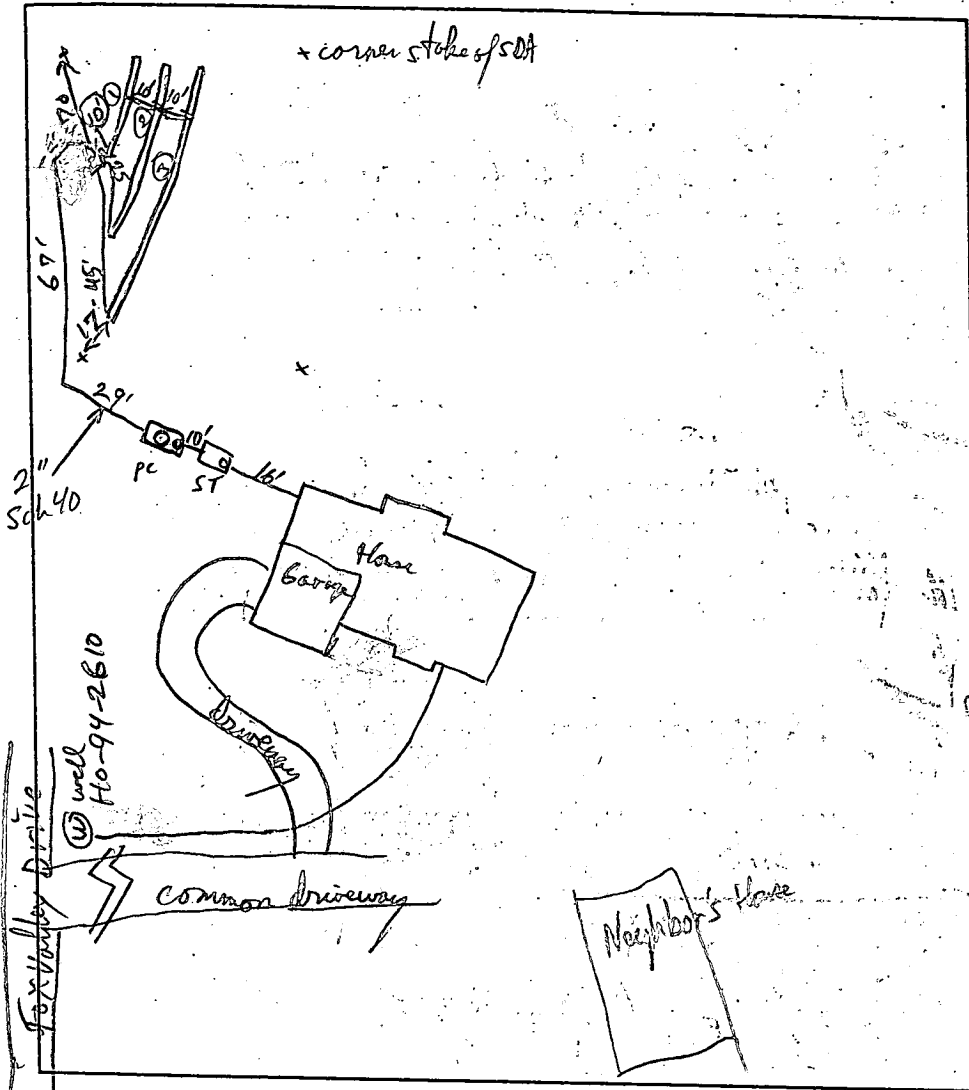
GLUE BERNARD
AND REQUIRED 3/21/01
B00128886 Deck

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

A 48731

NOT TO SCALE

* corner stake of SDA



TRENCH DATA

TRENCH WIDTH 2'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 7'
 DEPTH OF STONE 4'
 NUMBER OF TRENCHES 3
 1-45' 2-75' 3-90'
 TOTAL TRENCH LENGTH 210
 ABSORBENT AREA 840 sq ft
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 ^{top} Sealed GALLONS
 MANHOLE RISER N/A
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1250 gal ^{top} Sealed
 MANHOLE RISER Yes
 ALARM Operational
 PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: see spec change to economize septic area. Soils good enough to support this change P/P.

INSPECTION COMMENTS: House connection, septic tank, pump chamber OK to cover. P/P 8/2/00
Trenches OK to cover, Needs Pump Test P/P 8/4/00
10/20/00 - PUMP & ALARM OPERATIONAL (SRW)

INSPECT Steven R. Krieg

DATE SYSTEM APPROVED 10/20/00

2 well sites
shown - which
one right?

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

300123739

Building Address 3301 Fox Valley Drive
West Friendship, MD 21094

Suite/Apt. #: _____ SDP/NWP/Petition #: GP-00-139

Census Tract 6030 Subdivision West Friendship

Section 2 Area NA Lot 91

Tax Map 22 Parcel 556 Grid 2

Zoning RC Map Coordinates _____ Lot size 1.42 AC
61,995 sq ft

Existing Use Vacant lot

Proposed Use New Single Family Dwelling

Estimated Construction Cost \$ 150,000

Description of Work The York - 2 Story full bsmt,
9Rms, 2FB 1 1/2, 2 Car Garage (402) opt TP

Occupant or Tenant Attieri Home

Contact Name Daren B. Attieri

Address 9017 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

Phone 410-415-4500 Fax 410-410-5809

Property Owner's Name Attieri Homes

Address 9017 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

Home Phone _____ Work Phone _____

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

Phone 410-415-4500 Fax 410-410-5809

Contractor Company Attieri Homes

Contact Person Daren B. Attieri

Address 9017 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

License No. _____

Phone 410-415-4500 Fax 410-410-5809

Engineer or Architect Company Fisher Collins &

Contact Person Carter

Address 10273 Baltimore North Pike

City Ellicott City State MD Zip Code 21042

Phone 410-461-5855 Fax 410-450-3184

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height: _____		Water Supply:	
No. of stories: _____		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____		Sewage Disposal:	
Use group: _____		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Construction type:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Reinforced Concrete		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Structural Steel		Heating System:	
<input type="checkbox"/> Masonry		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Natural Gas <input type="checkbox"/>	
<input type="checkbox"/> State Certified Modular		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression	
		# of Heads _____	

Building Characteristics		Utilities	
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
1st floor: _____		Sewage Disposal:	
2nd floor: _____		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Basement: _____		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Heating System:	
No. of Bedrooms <u>4</u>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
Multi-family dwellings:		Natural Gas <input checked="" type="checkbox"/>	
No. of efficiency units: _____		Propane Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 2 BR units: _____		NFPA #13D _____	
No. of 3 BR units: _____		NFPA #13R _____	
Other Structure: _____		Other: _____	
Dimensions: _____			
Footings: _____			
Roof: _____			
<input type="checkbox"/> State Certified Modular			
<input type="checkbox"/> Manufactured Home			

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 TO THIS; (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 _____
 Title/Company _____

Print Name Daren B. Attieri
 Date _____

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>6/13/00</u>	<u>Mark Riffe</u>
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Is 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"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>75924</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

FOX VALLEY DRIVE

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. No. PROPOSED 1500 GALLON SEPTIC TANK 624.20
3. A. FIRST FLOOR ELEVATION: 615.20
B. BASEMENT ELEVATION: 620.50
C. INVERT IN AT SEPTIC TANK: 619.10
D. INVERT OUT AT SEPTIC TANK: 618.80
E. PROPOSED GRADE OVER SEPTIC TANK: 623.00
F. INVERT AT DISTRIBUTION BOX: 624.00
G. EXISTING GROUND OVER DISTRIBUTION BOX: 623.20
H. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
I. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION
J. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM

GRADE @ HIGH TR 625.6
INV @ HIGH TR 622.6
GRADE @ NEXT TR 624.8
INV @ NEXT TR 621.8
GRADE @ LOW TR 624.0
INV @ LOW TR 621.0

Approved Septic System Plan
Howard County Health Department

Mark E. Riffin
Signature
6/13/00
Date

24' WIDE PRIVATE DRIVEWAY USE-IN-COMMON ACCESS EASEMENT ACROSS LOTS 91 AND 92 FOR THE USE AND BENEFIT OF LOTS 91 AND 92. MAINTENANCE AGREEMENT RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

Total linear feet of trench required ~~280~~ 210 feet

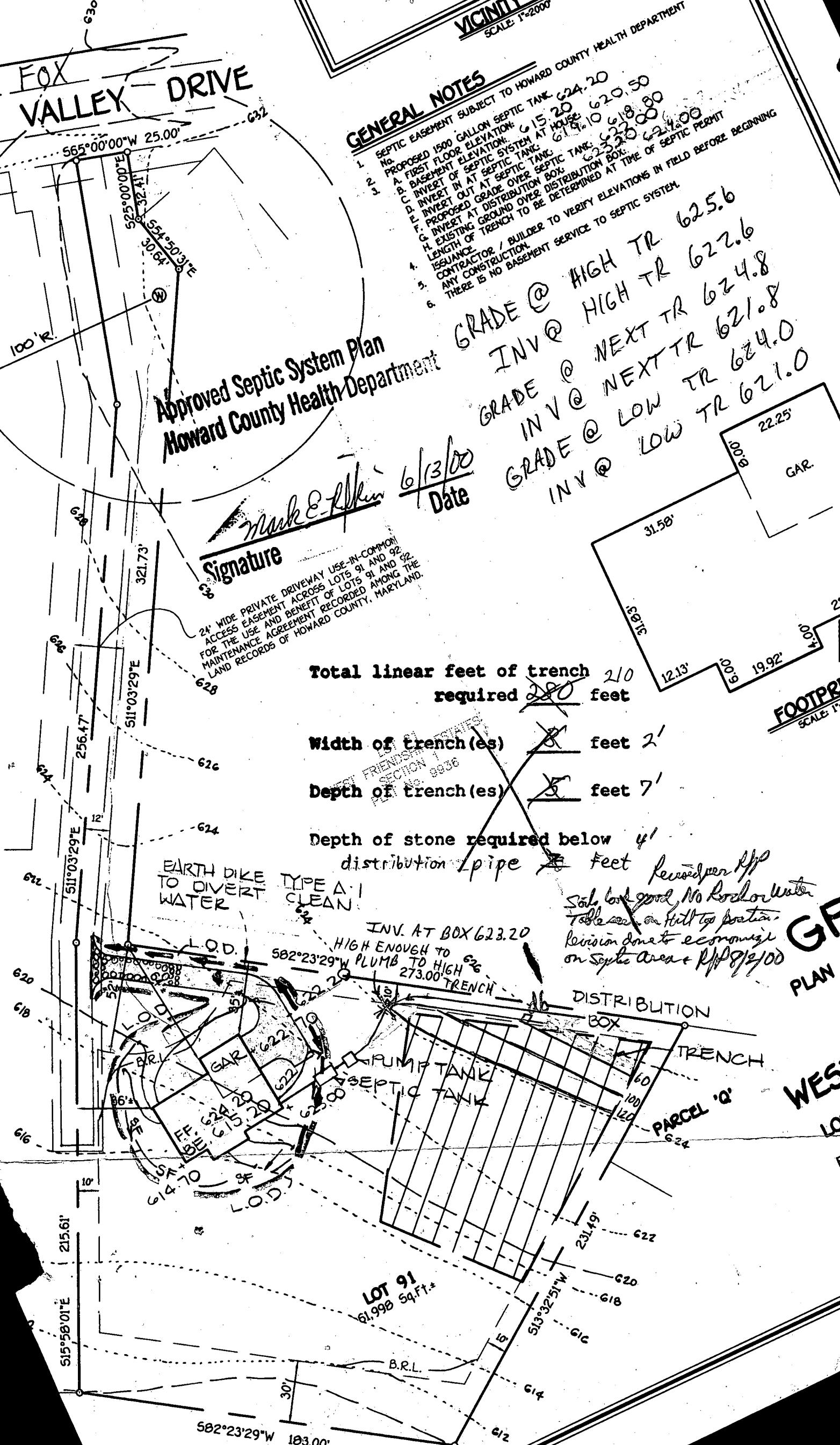
Width of trench(es) ~~8~~ feet 2'

Depth of trench(es) ~~8~~ feet 7'

Depth of stone required below distribution pipe ~~8~~ feet 4'

EARTH DIKE TO DIVERT WATER TYPE A / CLEAN

Revised per RPP
Soil test good, No Rock or water
Table set on Hill top position.
Revision done to economize on Septic Area - RPP 8/2/00



FOOTPRINT
SCALE: 1"=2000'

GP
PLAN

WEST
LOT

APPLICATION

PERCOLATION TESTING

A 48731

P _____

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

DISTRICT _____

DATE 12/8/92

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 West Friendship New Town Co.

ADDRESS c/o Land Design & Development PHONE (410) 740-2100
10805 Hickory Ridge Road, Columbia, MD 21044

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION West Friendship Estates LOT NO. 911

ROAD AND DESCRIPTION Pfefferkorn Road & Route 32

Handwritten notes:
✓ on * With Hold Lot # 98
Recheck W-1 Season

TAX MAP 15 PARCEL # 32 & 42, 533

SIZE OF LOT 1 + acres TYPE BLDG single family dwelling
(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.

Mark S. Reich
(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

SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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

48731 Lot 44

(Notes 12-14-92) High + Low hole. See lot 45

New 86
Hold
Possibly

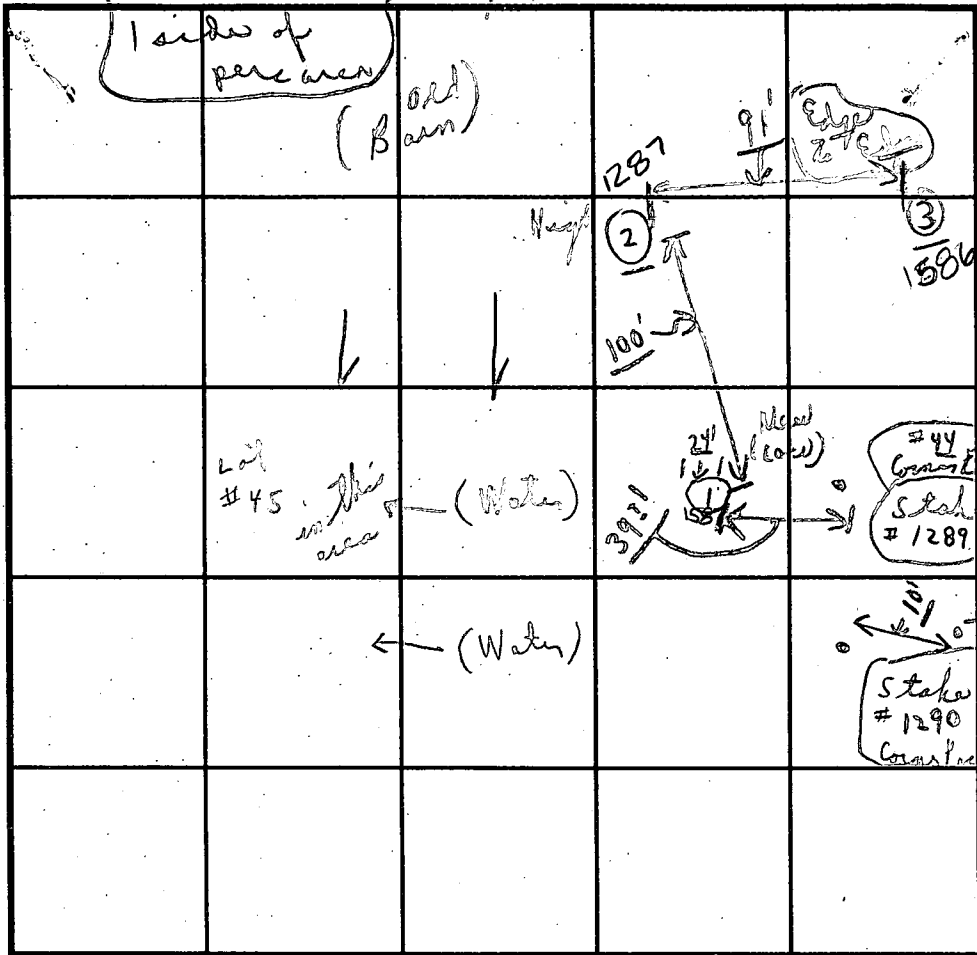
COUNTY #

SOIL PROFILE

0'

0'

0'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/15/92	1587	5 1/2'	2:39	2:43	2:43	2:56	13 in	
Leaf	# No. 5th	12'	DRY	Moistly	Low hole		No stake	
Leaf on CAB	1287	4 1/2'	2:51	2:54	2:54	3:03	9 in	
	# 10 7th	12'-5"	Loam	DRY	High Hole		No stake	
	1586		Loam below clay		DRY		No stake	
	(3)	13'	Vertical similar to # (2)					

REMARKS Tests in open; To Use some of LOT 43 Parc area
 TYPE OF SOIL Shallow Possibility
 TESTED BY C. Bel ALSO PRESENT { Mark R. OK gr. + Helen
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH
 INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM
 3:05 No other paperwork

COUNTY #

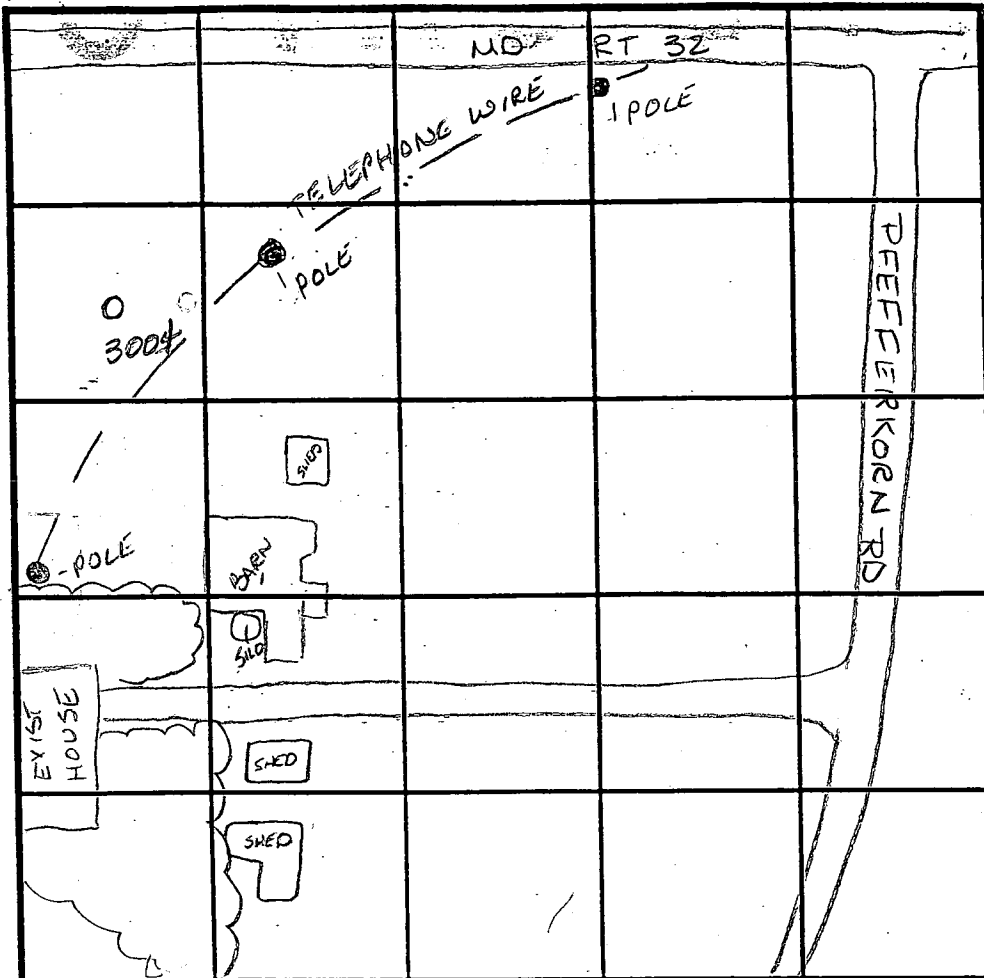
SOIL PROFILE

3004

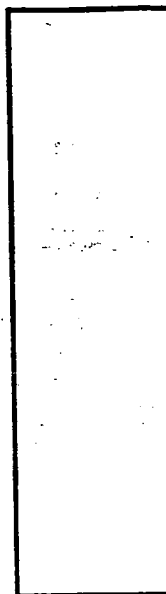
red
CL

dull
brown
SIL
mica
25%
grey
mica
rock

throughout



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-15-95	3004	4' - 10'	3:14 ³⁰	3:19	3:19	3:22 ³⁰	3 1/2 min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillan

ALSO PRESENT Olga Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

MIN ET DEPTH

MAXIMUM BOTTOM DEPTH

SO FT BEDROOM

C1 07659

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OKSRN 6/3/00 COUNTY NUMBER A48731

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 03 31 2000

DEPTH OF WELL 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2610

OWNER Altieri Homes STREET OR RFD Fox Valley DR TOWN W Friendship SUBDIVISION W Friendship Est SECTION LOT 91

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, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 156' & 260'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS 20 NO. OF POUNDS 200 GALLONS OF WATER 120 DEPTH OF GROUT SEAL 80

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 115

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (H/O) insert appropriate code below

DEPTH (nearest ft.)

Table for depth measurements with columns for casing and slot size.

DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

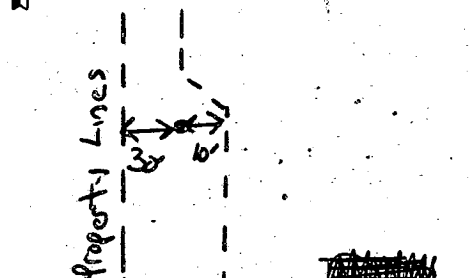
PUMPING TEST

HOURS PUMPED 3 PUMPING RATE 8.1 GPM MEASURE PUMPING RATE Submersible WATER LEVEL 52 ft before, 187 ft when pumping

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED S (submersible) CAPACITY 31 35 GPM PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH 43 47

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y/N

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

DRILLERS LIC. NO. MW D 399 DRILLERS SIGNATURE Wynn Powell LIC. NO. JW D 241

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

B 1 07036

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2610 fill in this form completely

Date Received (APA) 020800

OWNER INFORMATION

Alteri Homes, 9018 Red Branch Road, Columbia MD 21045

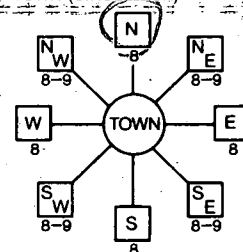
LOCATION OF WELL

Howard, W. Friendship Estates, Glenelg, NEAREST TOWN

DRILLER INFORMATION

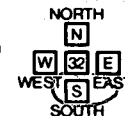
Paul M. Fabiszak, G. Edgar Harr Sons' Corp., 12047 Falls Road, Cockeysville 21030

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



3301 Fox Valley Drive, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



700, DISTANCE FROM ROAD, ENTER FT OR MI

WELL INFORMATION

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

TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A48731

COUNTY NAME, COUNTY NO., STATE SIGNATURE, INSERT S

DATE ISSUED 022800, EXP. DATE 2/28/01

NORTH GRID 520 000, EAST GRID 800 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL, NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), AIR-ROTARY, CABLE, JETTED, AIR-PERCussion (circled), Reverse-ROTARY, Jetted & DRIVEN, ROTARY (Hydraulic Rotary), Drive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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 DEEPEIN AN EXISTING WELL

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

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

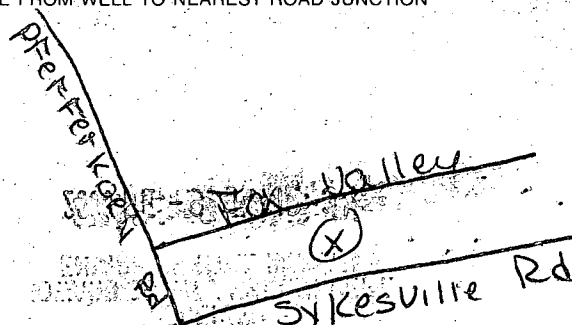
APPROP. PERMIT NUMBER, G A P

PERMIT No. HO-94-2610

WRITE THE BOX NUMBER FROM THE MAP HERE

800, 520

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

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 **8751** SEQUENCE NO. (MDE USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-99-1335
 fill in this form completely

Date Received (APA) **111397**

OWNER INFORMATION

HAMELTON E. REED
 Last Name Owner First Name

10805 HICKORY RIDGE
 Street or RFD

COLUMBIA MD 21044
 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD COUNTY

WEST ARDENSHIP EST 23 SUBDIVISION

SECTION **2** LOT **91**

WEST ARDENSHIP 52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION

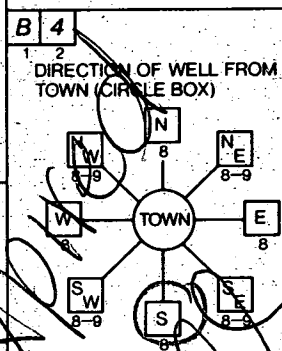
RALPH MAYNE DRILLER NAME

Ralph Mayne Well Drilling Firm Name

9120 Brown Church Rd Mt Airy Address

Ralph Mayne 410013199 Signature Date

CIRCLE: MSD/ MGD/ MWD
116 License No. 80



FOX VALLEY DR NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []

DISTANCE FROM ROAD **800** ENTER FT OR MI **FT**

TAX MAP: _____ BLK: _____ PARCEL: _____

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 A-48731

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED **11/20/97** INSERT S **41**

Blad Jay CO SIGNATURE EXP. DATE **11/20/98**

NORTH GRID **527000** EAST GRID **805000**

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL _____ INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E **800**
 N **527**

000
 000

METHOD OF DRILLING (circle one)

AIR-ROTARY BORED (or Augered) JETTED Jetted & DRIVEN

CABLE AIR-PERCussion ROTARY (Hydraulic Rotary)

other REverse-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

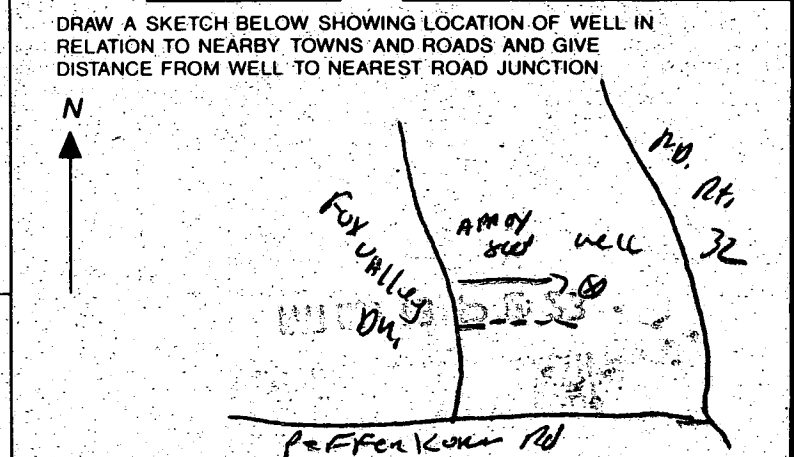
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



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

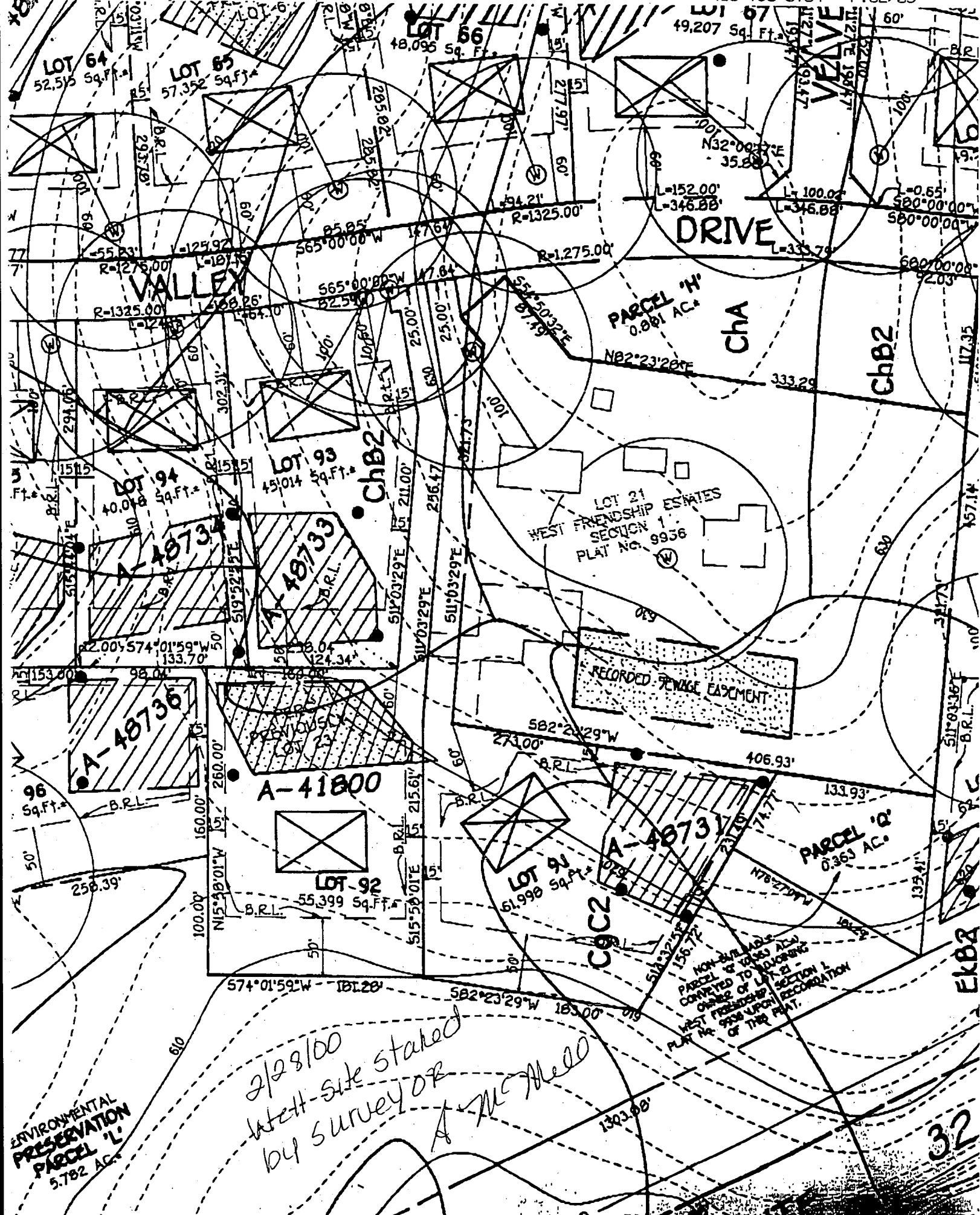
APPROX. PERMIT NUMBER **GAP**

FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **HO-99-1335**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY



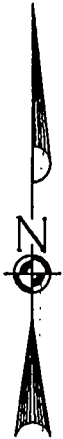
ENVIRONMENTAL
PRESERVATION
PARCEL 'L'
5.782 AC.

2/28/00
Wetland site stated
by survey of
A McMill

32

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. 2400440021 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 (±).
- 40 NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



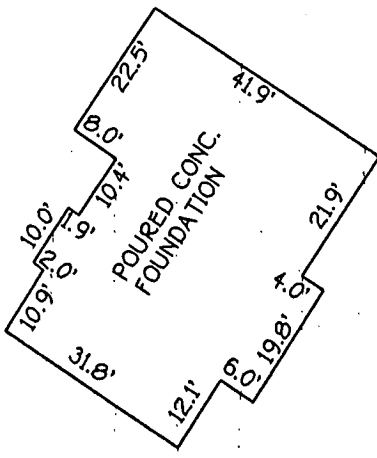
FOX VALLEY DRIVE
(150' R/W)

MATCH LINE "AA"
S 11°03'29" E 321.73'
N 11°03'29" W 256.47'

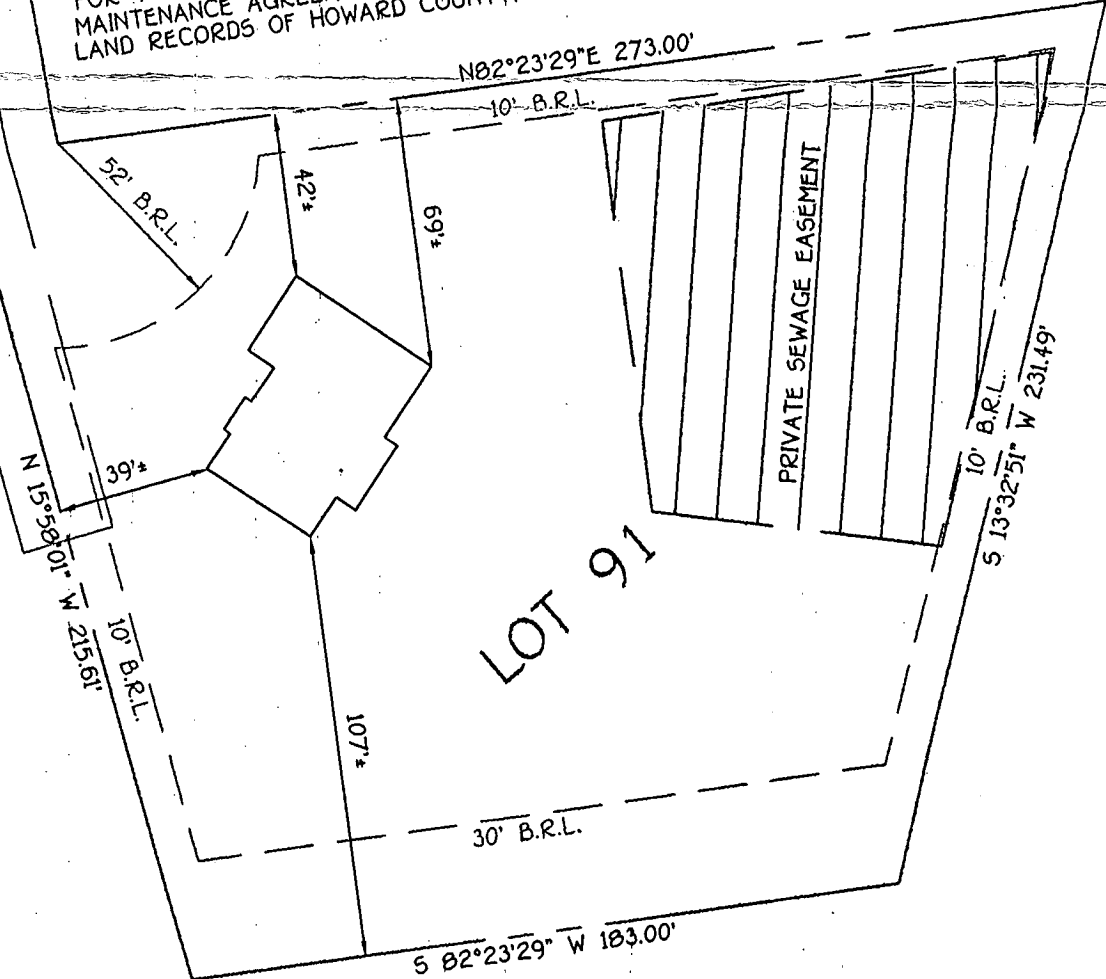
10' PUBLIC TREE MAINTENANCE EASEMENT
N 65°00'00" E 25.00'
S 25°00'00" W 117.35'
S 54°50'31" E 30.64'
S 25°00'00" E 32.41'

*7/30/00
House shifted slightly,
but should not adversely
impact septic system
installation*

24' WIDE PRIVATE DRIVEWAY USE-IN-COMMON ACCESS EASEMENT ACROSS LOTS 91 AND 92 FOR THE USE AND BENEFIT OF LOTS 91 AND 92. MAINTENANCE AGREEMENT RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.



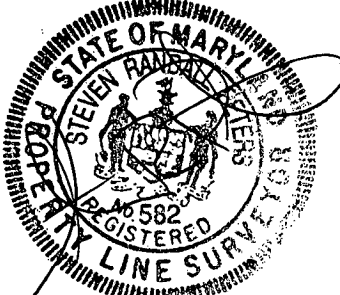
DETAIL
1"=30'



TOP OF FOUNDATION ELEV. 623.9±
B.R.L. = BUILDING RESTRICTION LINE

LOT 91
WEST FRIENDSHIP ESTATES
SECTION 2
LOTS 57 THRU 100 PARCELS 'E' THRU 'Q'
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 12455

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



PROPERTY LINE SURVEYOR
REG. 582
DATE
6/29/00

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 6/28/00
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=50'
DATE: 6/29/00
DRAWN BY: L.P.F.
CHECKED BY: S.R.P.
PROJECT No.: 60904