

10/31/97  
LATE

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59003  
A48767

DISTRICT 3rd

DATE 10/6/97

DATE SYSTEM APPROVED 10/31/97

INSPECTOR (CW)

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 410-313-2640

INDEXED

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL X ALTER

ADDRESS P.O. Box 15, Woodbine, MD 21797 PHONE 410-795-7873

SUBDIVISION West Friendship Estates LOT 64 ROAD 3310 Fox Valley Drive

PROPERTY OWNER Trinity Custom Homes, Inc. Roderic McKinnon

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 190 feet up the right (293.78') lot line and 60 feet off that same lot line as seen when facing the lot from Fox Valley Drive. 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. 9/9/97 OK ALM

PLANS APPROVED BY Amy McMillen/Donna K. Soe DATE 09/05/97

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

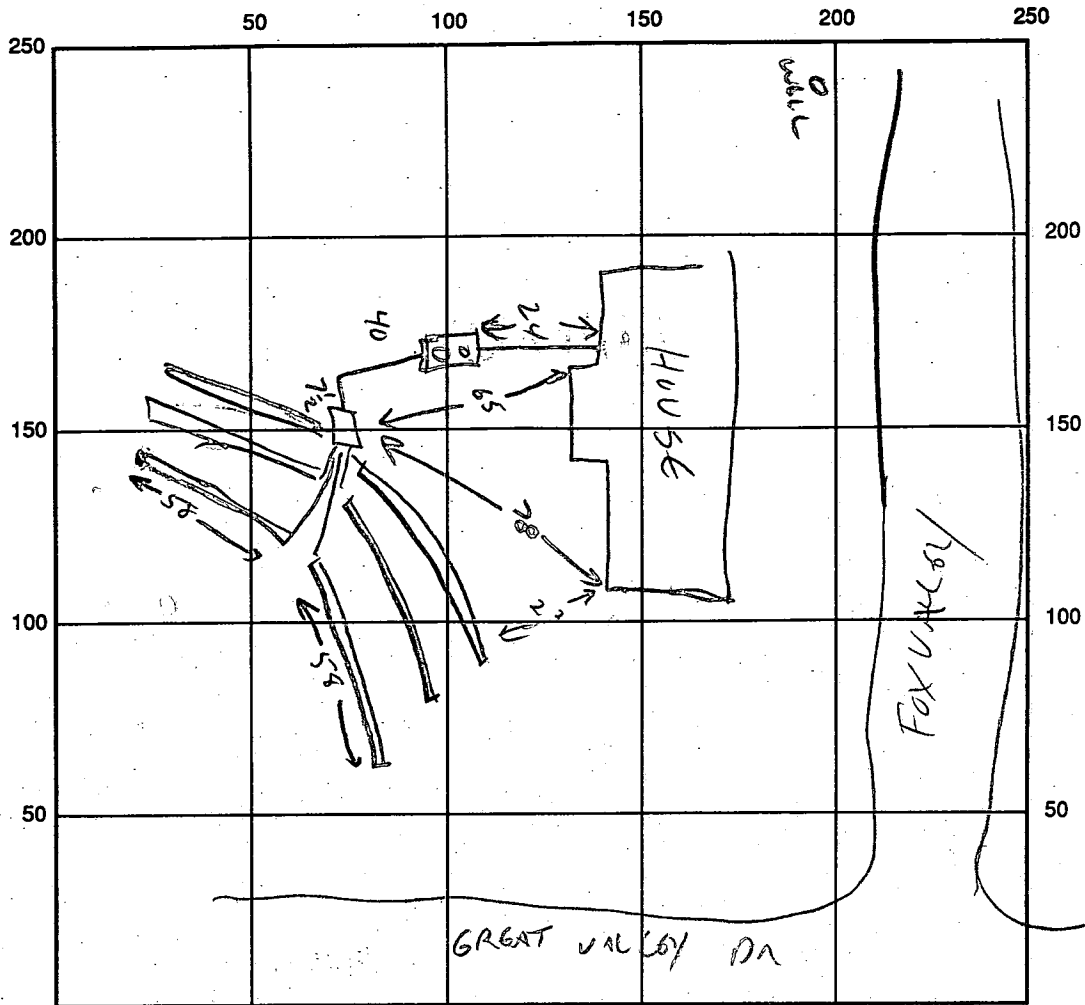
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNATURE  
AND RETURNED 2-15-98  
Serial # 210112983-decl

A  
48767



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL  1500 G CLEANOUTS INLET & MANHOLE AT CENTER

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 348 FT.

NUMBER OF TRENCHES 6 @ 58' ONE SIDEWALL/BOTTOM AREA 1044 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: SYSTEM COMPLETE, TRENCH LOCATION AS PER PLAN, SEPTIC TANK LOCATION DIFFERS FROM APPLICANT'S SITE PLAN. 10/31/97 CW  
1/21/98 WPI - P.A. 4.0' below grade, casing 2.0' above grade, has 2 piece cap, line sleeved out of house (EM)

DATE SYSTEM APPROVED 10/31/97 INSPECTOR Ray Wilton

# APPLICATION

PERCOLATION TESTING

A 48767  
P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_  
DATE 12/15/92

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 12 64

ROAD AND DESCRIPTION Pfefferkorn Road & Route 32

TAX MAP 15 PARCEL # 32 & 42, 533

SIZE OF LOT 1 + acres

**BLOG PERMIT SIGNED**  
**AND RETURNED 9-5-97**  
*Serial # BR107734*  
*SFD-55A*  
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 \_\_\_\_\_

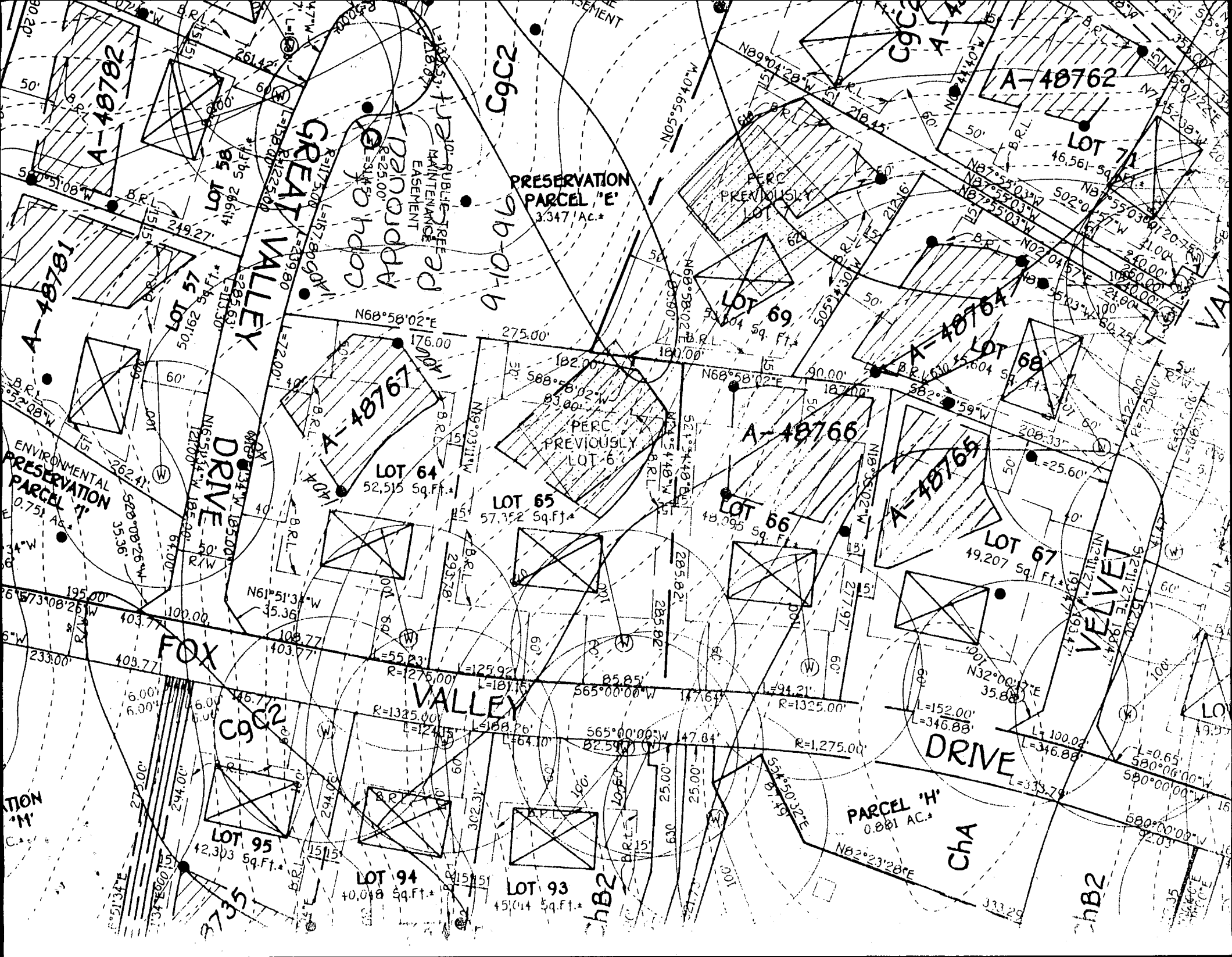
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

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





A-48782

A-48781

GREAT VALLEY DRIVE

FOX VALLEY DRIVE

C9C2

LOT 95  
42,303 Sq. Ft.

LOT 94  
40,048 Sq. Ft.

LOT 93  
45,014 Sq. Ft.

hb2

C9C2

9-10-96

PRESERVATION PARCEL 'E'  
3,347 Ac.

copy of Approved Permit  
Public Tree Maintenance Easement

PERC PREVIOUSLY LOT 65

LOT 69  
52,104 Sq. Ft.

A-48766

LOT 66  
48,095 Sq. Ft.

A-48765

LOT 67  
49,207 Sq. Ft.

DRIVE

PARCEL 'H'  
0.881 AC.

Cha

hb2

A-48762

LOT 71  
46,561 Sq. Ft.

VELVET DRIVE

LOT 70  
49,207 Sq. Ft.

C1 9528 SEQUENCE NO. (MDE 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-48767

ST/CO. USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

080699 15 20

22 185 26 (TO NEAREST FOOT)

40-94-1293 28 29 30 31 32 33 34 35 36 37

OWNER TRINITY BUILDERS INC. STREET OR RFD Fox Valley Dr TOWN SUBDIVISION WEST ERIENSHIP EST SECTION 2 LOT 64

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. Rows include Top Soil, Sandy Sandstone, MICKA, Sandstone, MCKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL, ST, CO, PL, OT) Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

diameter, depth (feet) PL 10" -2' to 7'

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) STEEL, BRASS BRONZE, PLASTIC, OPEN HOLE, OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 116

DRILLERS SIGNATURE (Handwritten Signature)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD 117

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

C2 DEPTH (nearest ft.)

1 112 126 185 21

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

C3

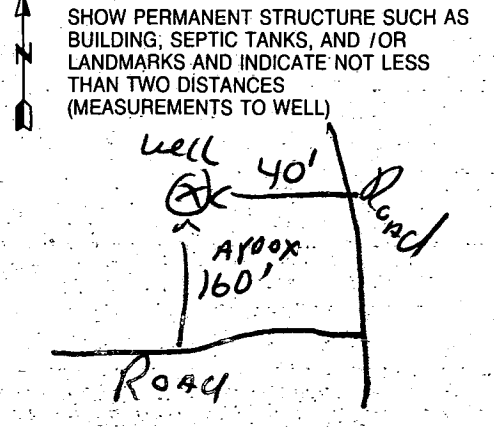
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 150 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 45 ft. 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. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 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



B 1 **8713** SEQUENCE NO. (MDE USE ONLY)

2 (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  
**40-94-1243**  
70 fill in this form completely 78

Date Received (APA) **072397**

OWNER INFORMATION  
**TRINITY BUILDERS INC**  
15 Last Name 34 Owner First Name  
**812 Devon Dr**  
36 Street or RFD 55  
**COLUMBIA MD 21044**  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

**HOWARD**  
8 COUNTY 21  
**WESTFRIENDSHIP EST.**  
23 SUBDIVISION 42  
SECTION **2** 44 46 LOT **64** 48 50  
**WESTFRIENDSHIP**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **1** 73 76 77 78 MI

DRILLER INFORMATION CIRCLE: **MSD**/MGD/MWD

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

Firm Name **Ralph MAYNE (well Drilling)**

Address **9120 Brown Church Rd. Mt. Airy**

Signature **Ralph Mayne** Date **7/23/97**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**FOX VALLEY DR.**  
11 NEAR WHAT ROAD 30

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

DISTANCE FROM ROAD **40** 34 37  
ENTER FT OR MI **FT** 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)

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 COUNTY NO. **A-48767**

STATE SIGNATURE \_\_\_\_\_ INSERT S  41

DATE ISSUED **072997** **Ed. Jany** 7/29/98  
43 48 CO-SIGNATURE EXP. DATE

NORTH GRID **527000** EAST GRID **845000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL **150** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST 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

- well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**808**  
**5207**  
000  
000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

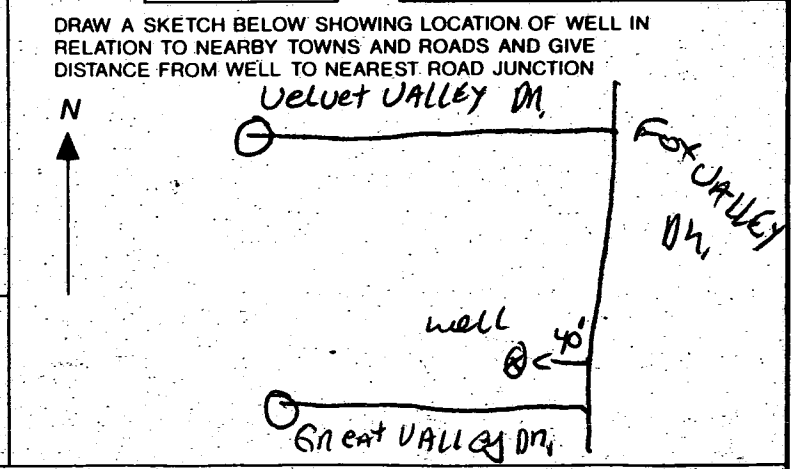
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) 41 \_\_\_\_\_ 52



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

APPROX. PERMIT NUMBER \_\_\_\_\_ 54 63

FORCE **SS** WRITE INITIALS IN BOX PERMIT No. **40-94-1243**  
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

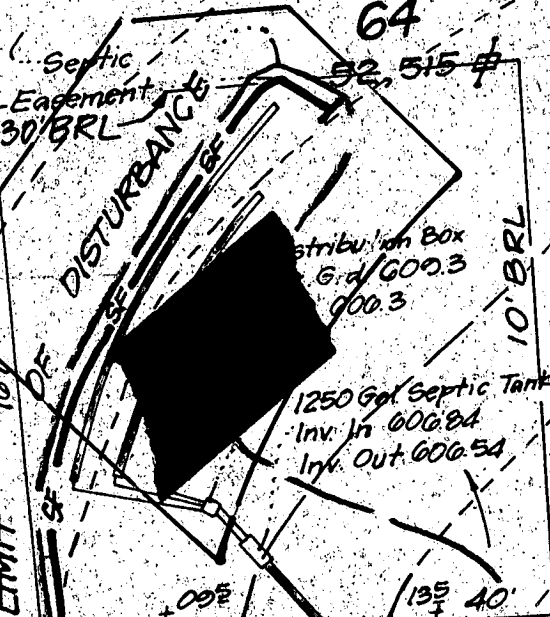
COUNTY \_\_\_\_\_

PARCEL

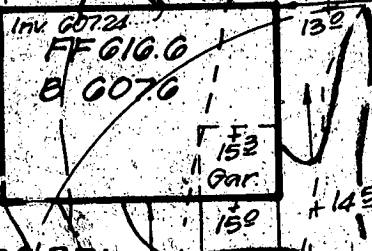
BASEMENT WILL NOT SEWER BY GRAVITY

N 68° 58' 02" E 176.00'

LOT 65



Septic Easement



W.S.T. OK 100'R

R=1175.00

S 16° 51' 34" E 185.00'

N 19° 03' 11" W

S 73° 08' 26" W 1295.00'

VALLEY DRIVE

GREAT VALLEY DRIVE

S 16° 51' 34" W 121.00'

A=285.63' R=1225.00'

50

40

40

25

