

1/13/00
early am

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513217

A 50065-A

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

319113
INDEXED

DATE SYSTEM APPROVED 1/13/00

INSPECTOR *[Signature]*

Feaga & Son Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 1625 Henryton Road, Marriottsville, MD 21104 PHONE 410-442-5623

SUBDIVISION West Friendship Estates LOT 51 ROAD 13105 Fox Path Lane

PROPERTY OWNER Brian & Amy Dick

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - Place the distribution box 105 feet down the right lot line and 70 feet off this same lot line as seen from Fox Path Lane. Run first trench along contour towards the right lot line; run all other trenches along contour in both directions.

NOTES - **MAINTAIN 20' SEPARATION BETWEEN HOUSE AND TRENCHES.**
No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 8/20/99 DLS*

PLANS APPROVED BY Donna K. Soe DATE 1-22-1999

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**

1
50065-A

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 Brian + Amy Dick

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION West Friendship Estates LOT NO. 51

ROAD AND DESCRIPTION 13105 Fox Path Lane

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD - 4 Brms.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

REG. PERMIT SIGNED

AND RETURNED 7-22-89

Serial # B10 119402

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 _____

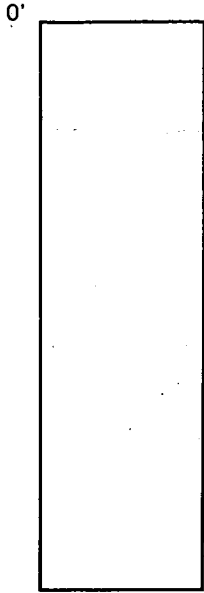
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

PROPOSED ADO

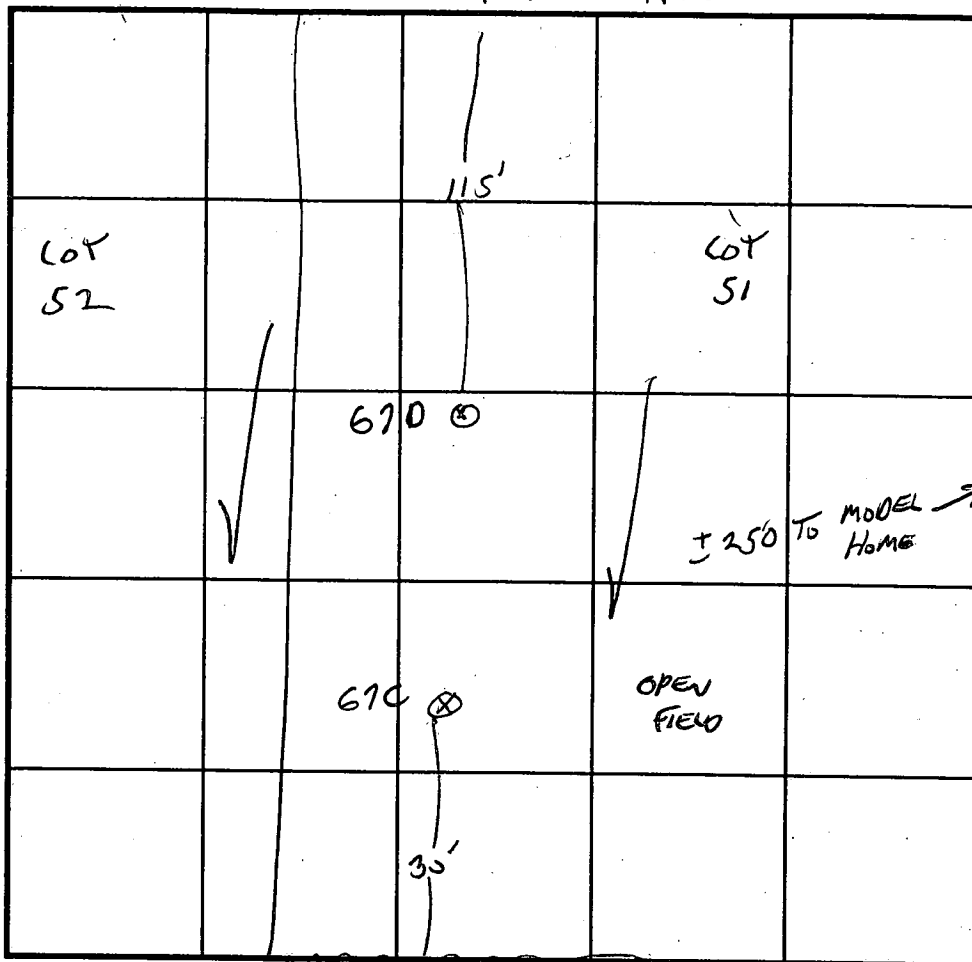
COUNTY #

SOIL PROFILE



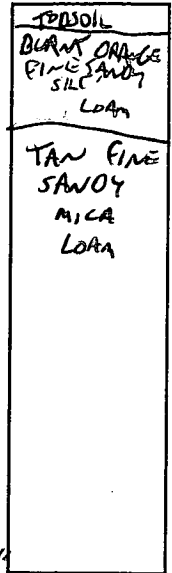
67D

SIMILAR TO 67C
15% S&T
PARENT ROCK
7" - 3" DIAMETER



SOIL PROFILE

67C



116''

OK TO PROCEED WITH BUILDING AND SEPTIC PERMITS

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-7-96	67C	OK TO 8" / 116"	VISUAL	-OK			
	67D	OK TO 8" / 12	VISUAL	OK			

REMARKS LOT 51, VISUAL EVALUATION OF ESTABLISHED PERC AREA
 TYPE OF SOIL _____
 TESTED BY G. SAVAGE ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

Now 51
A50065A
COUNTY #

LOT # 3 (on stades)
LOT # 3

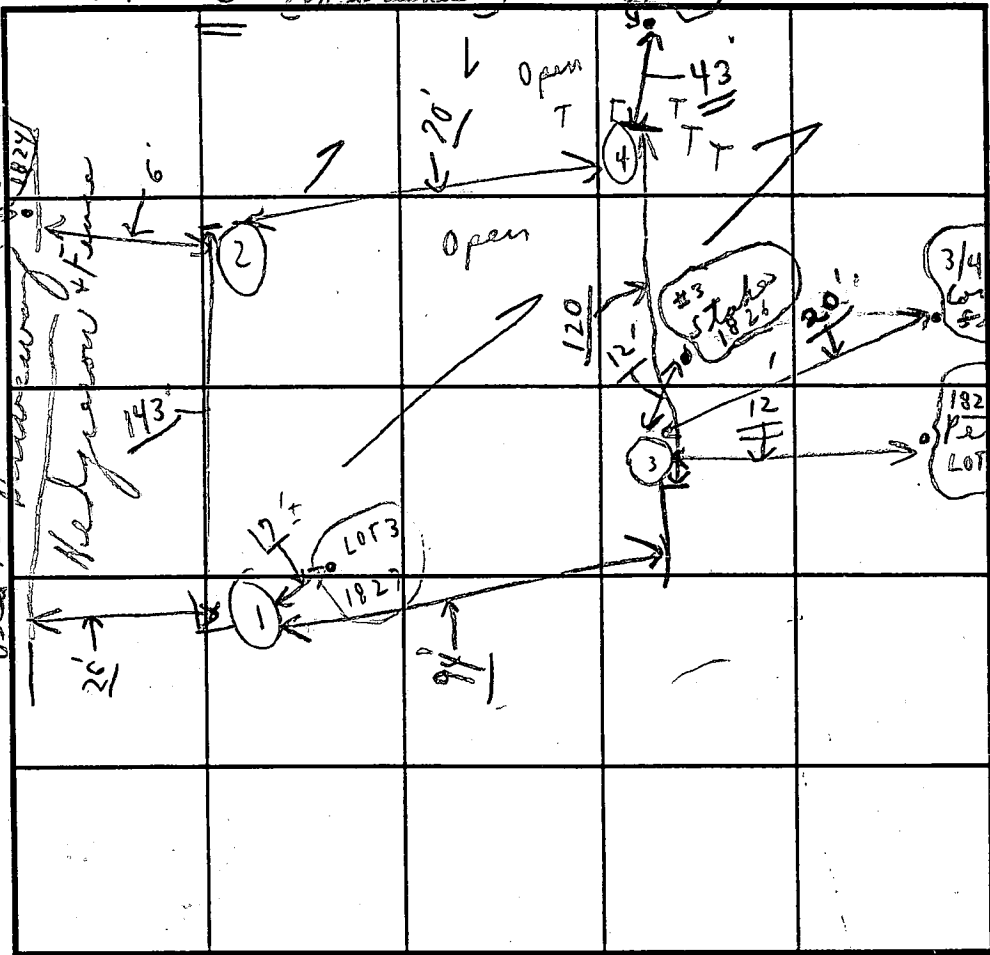
Stake LOT 3 1825

SOIL PROFILE
Hole # ①

0'-3 1/2'
clay
3 1/2 ±
Sandy
Loam
10 1/2
Bottom

SOIL PROFILE
Holes # ④

0'-3'
clay
3'-
(Some 15g⁺)
Sandstone
10'-10"
Bottom



Hole # ②

0'-3 1/2 ±
Clay
Loam
3 1/2 ±

(Some sandstone)
10'
Bottom

Hole # ③

0'-3-3"
3'-3"
LOAM
10'
Bottom

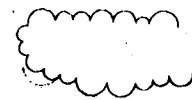
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/9/94	①	3 1/2'	10:05	10:06	10:06	10:07	1 1/2 ±
	②	10 1/2'	0:-				Sandy Loam No rock
	③	10'	0:-				Visual similar to ④
	③	3'-3"	10:09	10:10	10:10	10:11 1/2	1 1/2 ±
	④	10'	0:-				all loam
	④	3'	10:14	10:15	10:15	10:16	1 in
	④	10' 10"	0:-				Loam some sandstone
							(Some high grass)

REMARKS 6/9/94 Tests in open; Tests per on mem stades
 TYPE OF SOIL LOT 3 on stades High grass in some
 TESTED BY C.B.A. ALSO PRESENT { Sylvia }
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 1 1/2 in TRENCH WIDTH 3'
 INLET DEPTH 3 1/2' MAXIMUM BOTTOM DEPTH 5 1/2' SQ. FT./BEDROOM 210
 (SHALLOW ONLY)

1520m
200

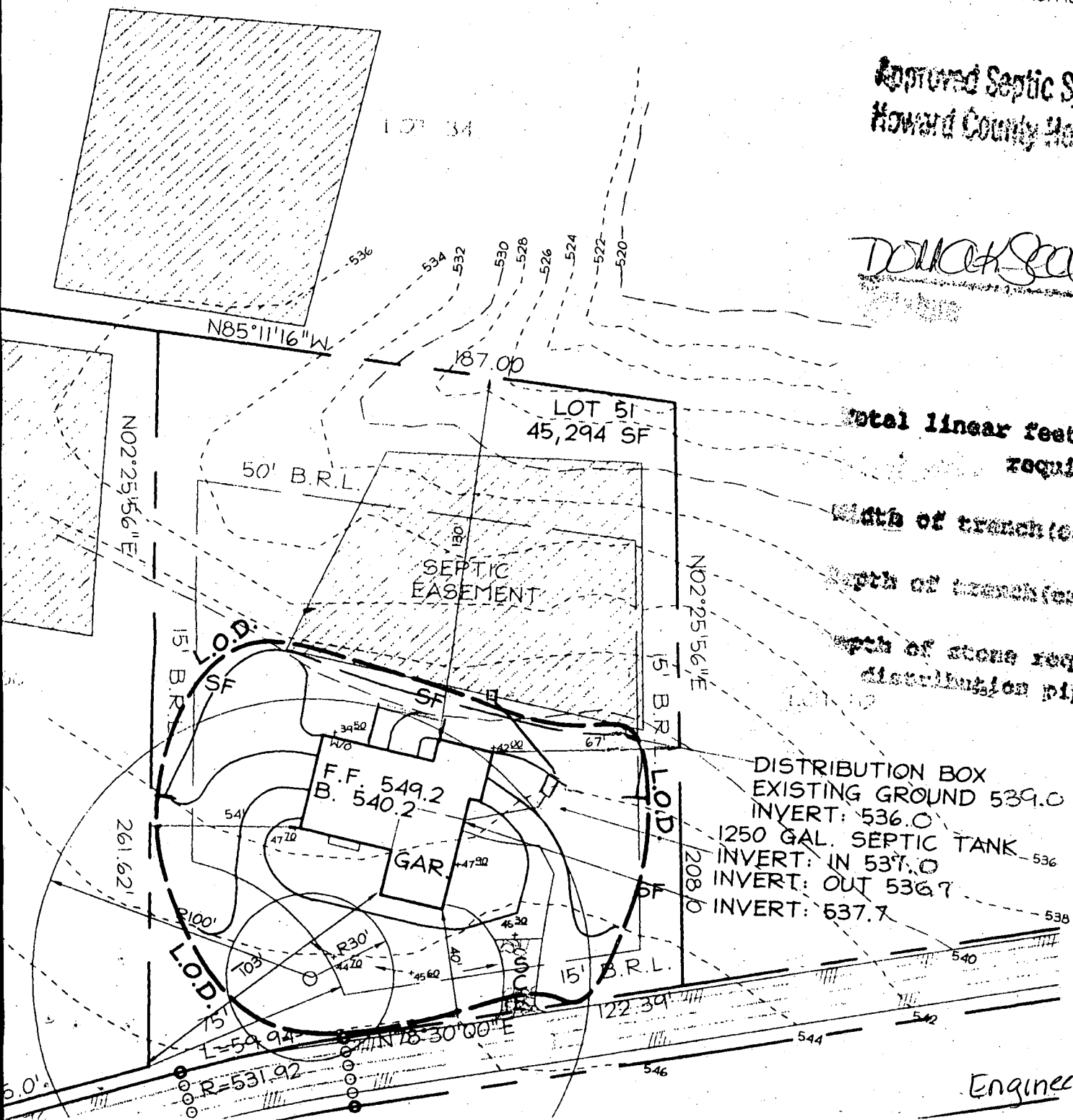
Existing Trees to Remain



Approved Septic System Plan Howard County Health Department

Donna H. Seal
Date

7/22/99
Date



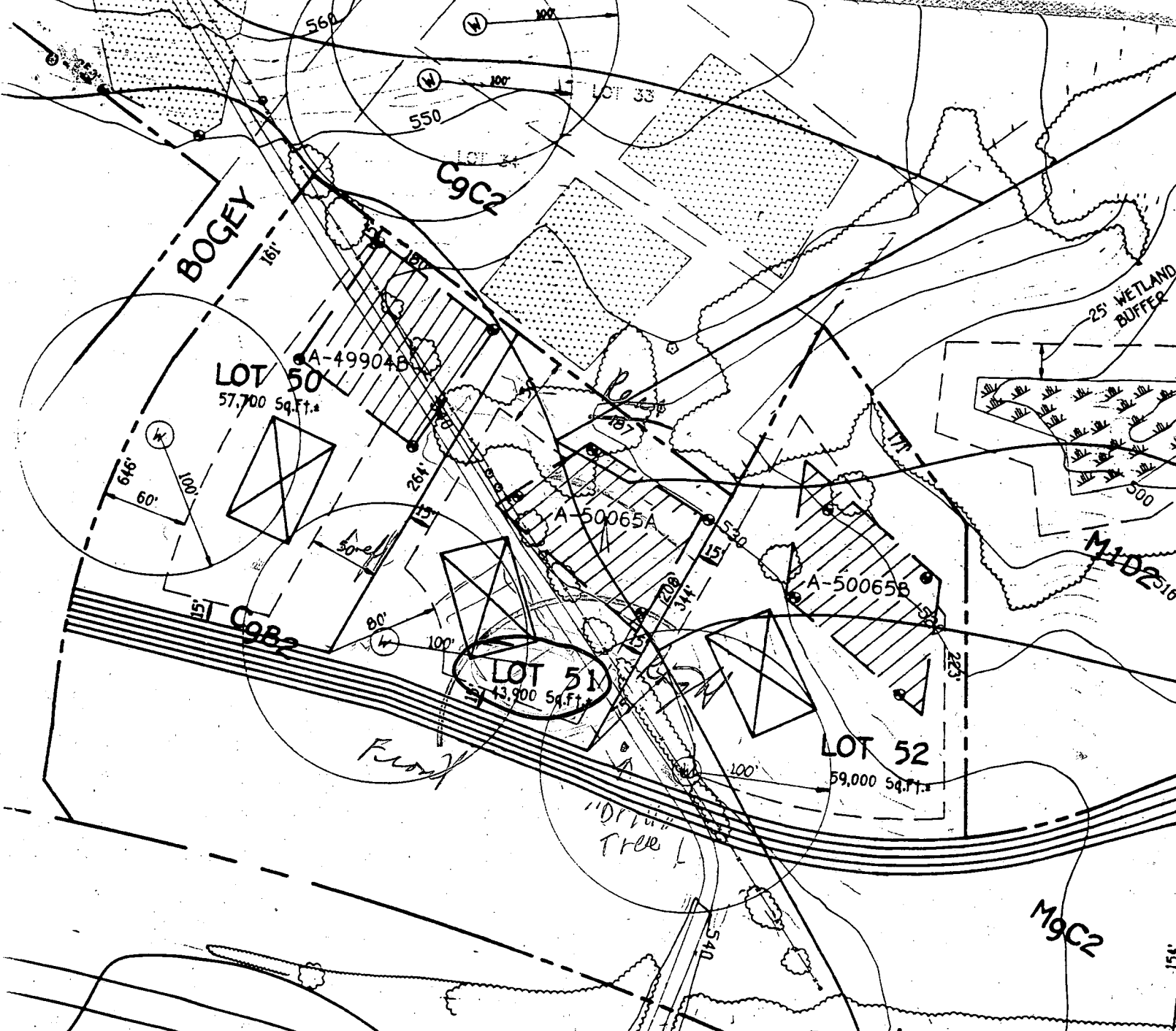
Total linear feet of trench required 240 feet
Width of trench(es) 3 feet
Depth of trench(es) 5 feet
Depth of stone required below distribution pipe 2 feet

NOTES

1. Existing topog
2. Length of tre
permit issuan
3. Reference : P

DISTRIBUTION BOX
EXISTING GROUND 539.0
INVERT: 536.0
1250 GAL. SEPTIC TANK
INVERT: IN 537.0
INVERT: OUT 536.7
INVERT: 537.7

Engineer: Vogel & Assoc.



MARYLAND ROUTE 32
(EX. 150' R/W)
S.R.C. PLAT Nos. 20493, 20494,
23622 & 23623

Owner Information

5/20/96

Greenfield Homes, Inc.
6656 Luster Drive
Highland, Maryland 20777

* Resolved -
see test
notes
6/96
(D)

RE: Well Permit Application

West Friendship Estates
Lot 51
River Valley Chase
Driller: Ralph Mayne

NOT SENT -
MET W/ BUILDER -
HE WILL BE
RETESTING LOTS
Amy
McMullen

Dear Sirs:

The above referenced well drilling application cannot be processed at this time.

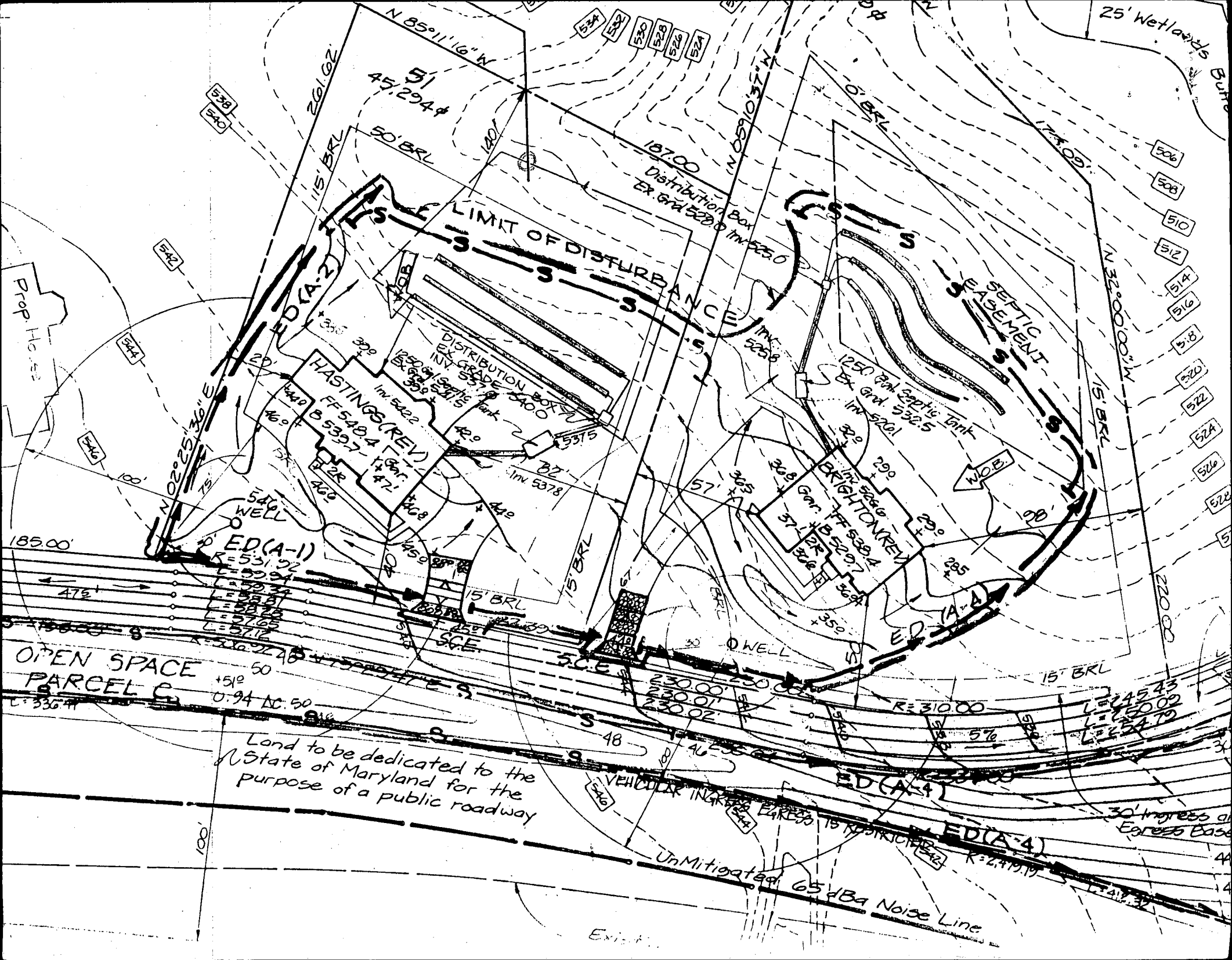
A site inspection (conducted 5/20/96) revealed that the lower portion of the septic area may be unsuitable due to high water table conditions. Because the well placement may reduce the amount of available septic repair area, it is suggested that a percolation test be conducted prior to drilling of the well. In addition, it was observed that a similar situation may be possible on the adjoining lot 52. It is advised that the potential problems on this lot be resolved ~~at the same time~~ concurrently with lot 51.

Please contact this office between the
hours of 8:00 AM - 5:00 PM so that review of
your applications.

Very truly yours

Amy McMullen, R.S

cc: file
Ralph Mayne



Prop. Ho. 22

OPEN SPACE
PARCEL C

Land to be dedicated to the
State of Maryland for the
purpose of a public roadway

UnMitigated 65 dBA Noise Line



C1 4596

SEQUENCE NO. (MDE 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 A 50065-A

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

062596

Depth of Well

2265

PERMIT NO. FROM "PERMIT TO DRILL WELL"

40940789

OWNER Greenfield Homes STREET OR RFD River Valley Chase TOWN W Friendship SUBDIVISION West Friendship SECTION I LOT 51

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, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 22 NO. OF POUNDS 2200

GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

ST [] CO [] PL [] OT []

MAIN CASING TYPE PL 6 28

OTHER CASING (if used)

SCREEN RECORD ST [] BR [] HO [] PL [] OT []

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [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 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT.

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

DRILLERS SIGNATURE (Must match signature on application)

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

DEPTH (nearest ft.)

HO 26 265

SLOT SIZE 1 2 3 DIAMETER OF SCREEN

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 60

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft.

WHEN PUMPING 81 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

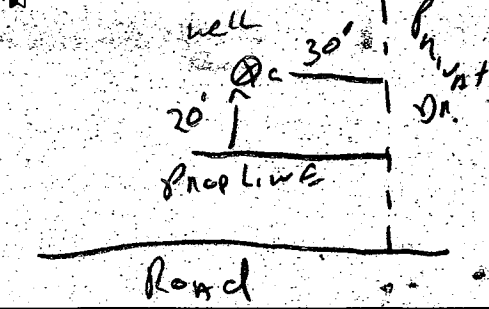
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE 2 (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)



B 1 **8210** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

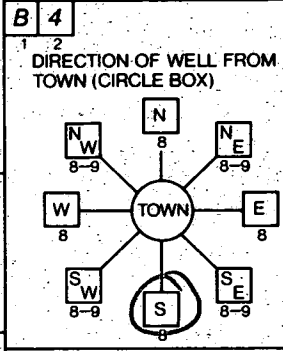
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-0789
 fill in this form completely

Date Received (APA) **05/09/96**
 OWNER INFORMATION
GREENFIELD HOMES INC
 15 Last Name Owner First Name 34
GG56 Luster DR
 36 Street or RFD 55
HIGHLAND MD 20777
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY
WESTFRIENDSHIP EST
 23 SUBDIVISION 42
 SECTION **4** LOT **51**
WESTFRIENDSHIP
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** MI
 73 76 77 78

DRILLER INFORMATION
RALPH MAYNE
 Driller's Name 77 license No. 80 **776**
RALPH MAYNE Well Drilling
 Firm Name
9100 Brown Church Rd. Mt. Airy
 Address
Ralph Mayne 5/10/96
 Signature Date



River Valley Chase
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST SOUTH EAST
 34 **200** 37
 DISTANCE FROM ROAD.
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 8 12 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)

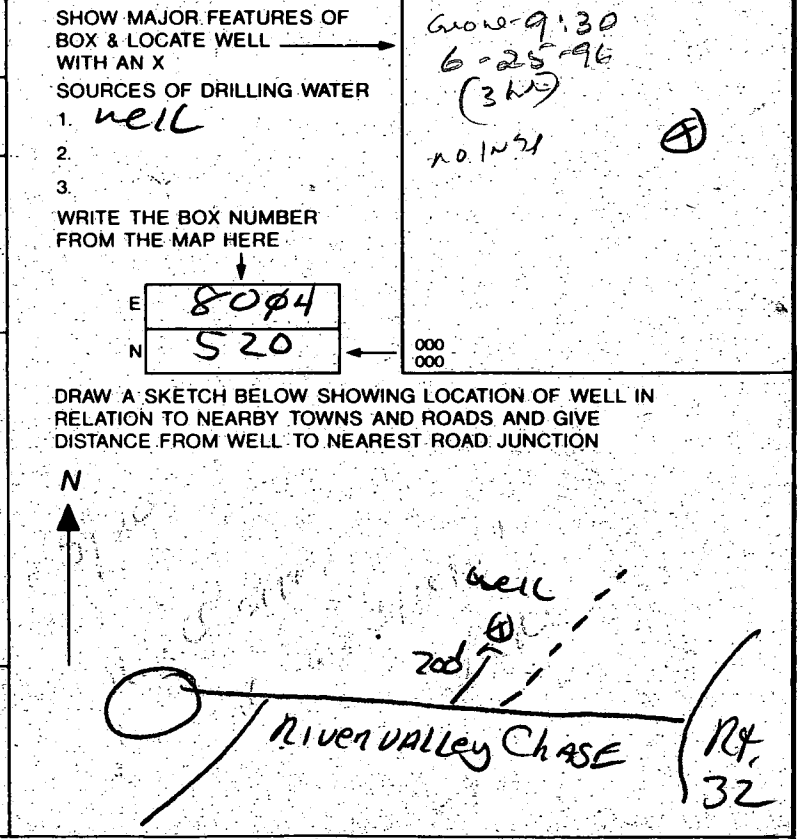
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard County **50065-A**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ -INSERT S
 DATE ISSUED **06/14/96** **A. McMiller** **6/14/97**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **620000** EAST GRID **0804000**
 50 55 57 63

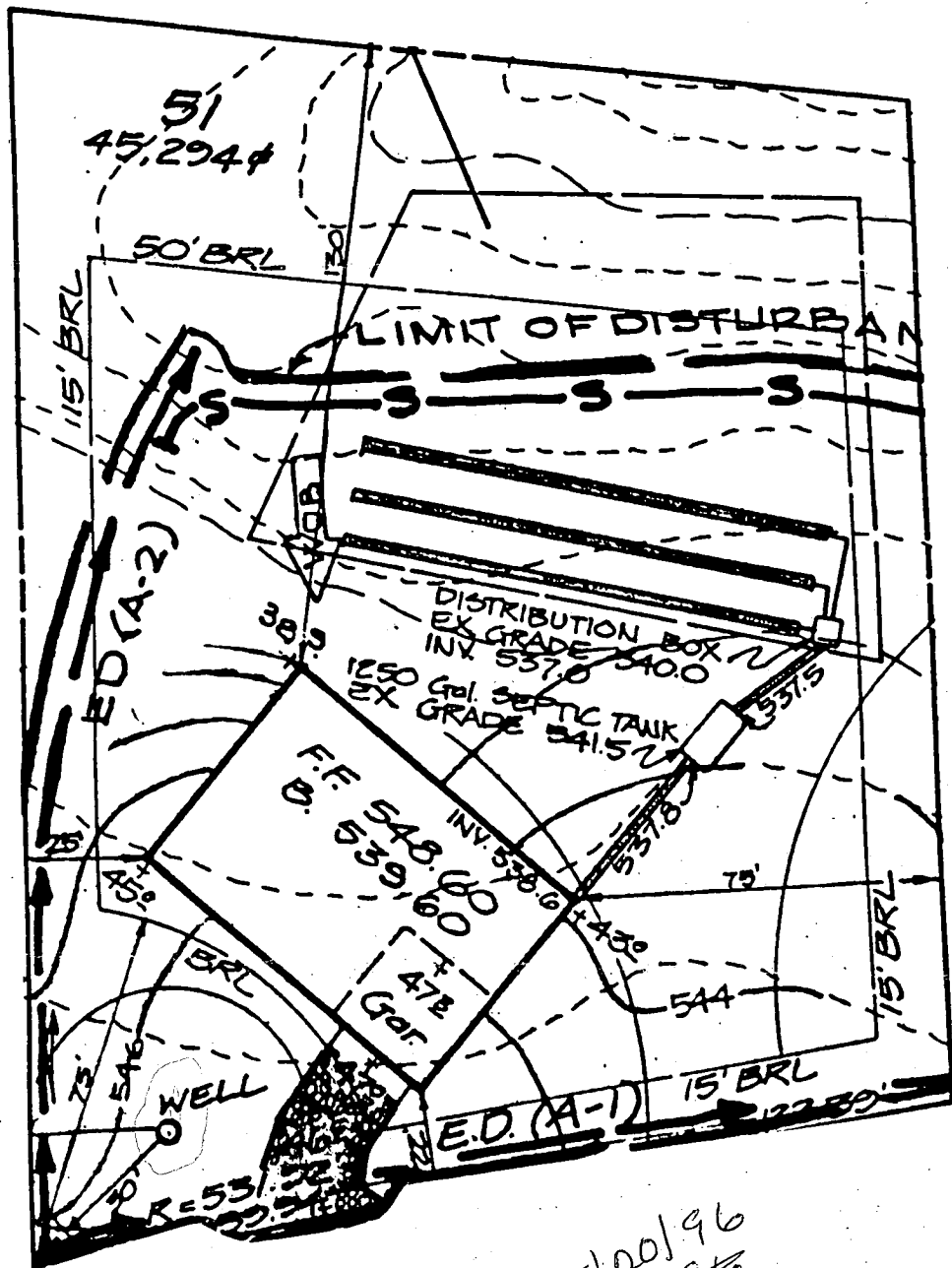
APPROXIMATE DEPTH OF WELL **150** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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 DEEPEN 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 _____ GAP _____
 54 63
 FORCE **AM** WRITE INITIALS IN BOX
 PERMIT No. **HO-94-0789**
 67 68 70 71 72 73 74 75 76 77 78 79





5/20/96

~~6/11/96~~

Well site

OK as stated
 see