

11/19/96  
2:00 C.O.

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57558E

A 50065D

DISTRICT 3rd

DATE 11/19/96

#319156

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 11/19/96

INSPECTOR ALM

## INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL  ALTER

ADDRESS 4105 Ten Oaks Road Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION W. Friendship Estates LOT 54 ROAD 13129 Fox Path Lane

PROPERTY OWNER Tim Pagoaga

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 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 - Start trenches at a point 45 feet in from section of right lot line, being 200 feet in length and 115 feet in from rear lot line being 130 feet in length per plat. Run trenches on contour toward the left 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 9/13/96 DKS

PLANS APPROVED BY C. B. Streaker/Amy McMillen DATE 08/30/96

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**

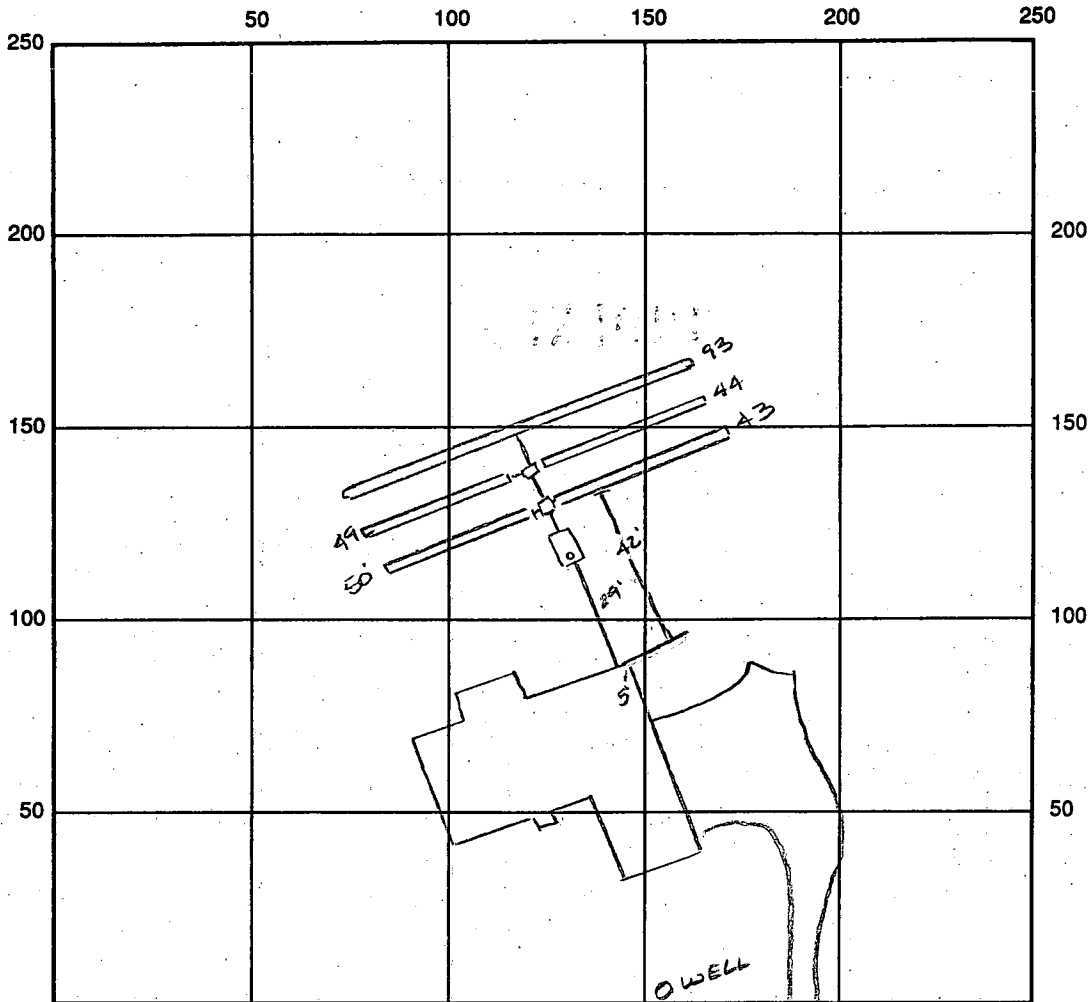
HD-260(6-90)

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

**BUILDING PERMIT SIGNED AND RETURNED**

8/15/2002 B00138005 DECK

A 50065D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 279 FT.

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 837 SQ. FT.

$$\begin{array}{r} 279 \\ \times 3 \\ \hline 837 \end{array}$$

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

ABSORBENT AREA — SQ. FT.

REMARKS: 11/19/96 OK to cover all work final AC

**BUILDING PERMIT SIGNED  
AND RETURNED**

DATE SYSTEM APPROVED 11/19/96

INSPECTOR A. McMill

# APPLICATION

PERCOLATION TESTING

A 50065D

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 6/2/94

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 West Friendship Estates Inc Jim PAGOAGA

ADDRESS C/O Land Design + Dev 10805 Hickory Ridge Rd PHONE 740-2100

AGENT OR PROSPECTIVE BUYER Mark Reich

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION West Friendship Estates I LOT NO. 55 ← (7)

ROAD AND DESCRIPTION Route 32 + West Ivory Rd 13129 Fox Path LAWF

TAX MAP 15+22 PARCEL # 32,42+533

SIZE OF LOT 1 ± acre TYPE BLDG. SFD - 4Bmn  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED  
DATE RETURNED 6/2/94  
Serial # B010 1966

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 Reich  
(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 \_\_\_\_\_

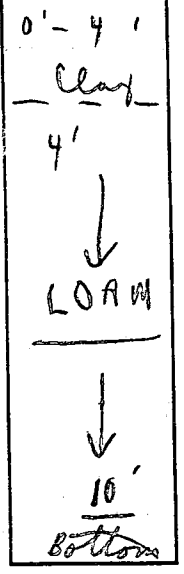
# THIS IS NOT A PERMIT

6/6  
For 6/2/94  
(P.M.)  
6/9

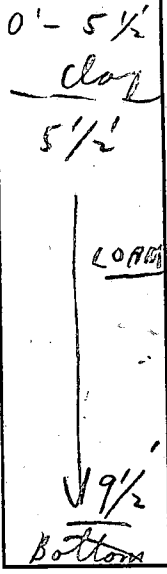
LOT ~~58~~ 54 NOW. <sup>W. Wall</sup> (New home in clearing)  
 LOT # 7 [on stake]

A50065D  
 COUNTY #

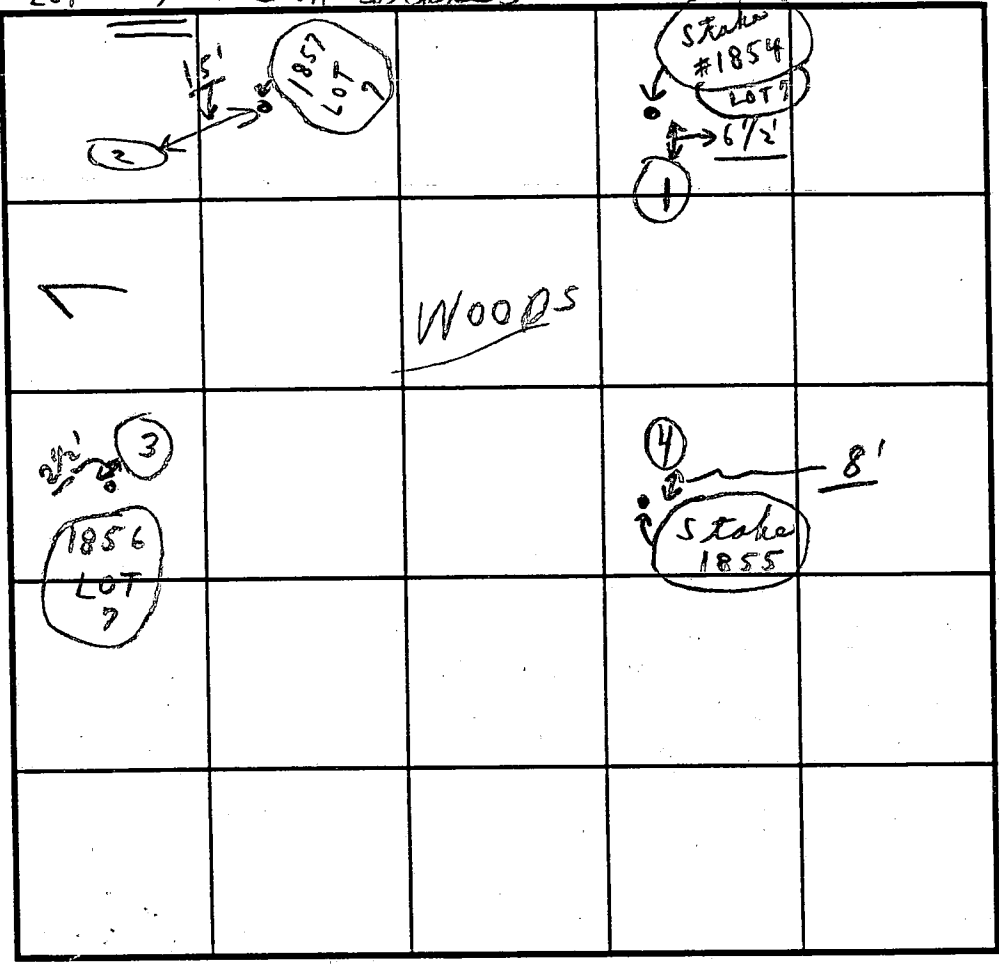
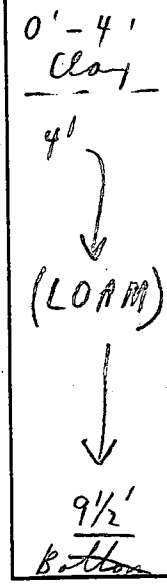
SOIL PROFILE  
 Hole # ①



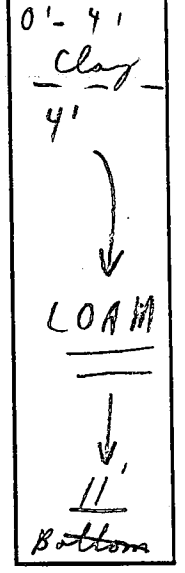
Hole # ②



Hole # ③



SOIL PROFILE  
 Hole # ④



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	#1854	4'	1:18	1:19	1:19	1:21	2m	
P.M.	1	10'	0'-4' Clay (LOAM Below)					
(T.NURS)	#1857	5 1/2'	1:23	1:24	1:24	1:25	1m	
	2	9 1/2'	0'-5 1/2' Clay (Loam below)					
	#1856	4'	1:27	1:29	1:29	1:31	2m	
	3	9 1/2'	0'-4' Clay (LOAM)					
	#1855	11'	0'-4' Clay (Loam)					

REMARKS 6/9/94 Tests in Woods; Tests per above + per stake  
 TYPE OF SOIL LOAM Holes ready for test  
 TESTED BY C. B. D. ALSO PRESENT { Sylvia + Oak }  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3  
 INLET DEPTH 4" MAXIMUM BOTTOM DEPTH 6' SQ. FT./BEDROOM 210  
 SHALLOW SYSTEM

**STATE OF MARYLAND  
WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

SEQUENCE NO. (MDE USE ONLY)  
THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS

COUNTY NUMBER **A50065-D**

ST/CO USE ONLY  
DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

8 13

15 20  
**060796**

22 26  
**305**  
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37  
**H10-94-0791**

OWNER Greenfield Homes  
STREET OR RFD River Valley Chase TOWN W. Friendship  
SUBDIVISION W. Friendship Est SECTION I LOT 54

**WELL LOG**  
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	60	✓
Sand Stone MICKA	60	65	
	65	90	
Sand Stone MICKA	90	95	✓
	95	305	

**GROUTING RECORD** yes no  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **(CM)** BENTONITE CLAY **(BC)**  
NO. OF BAGS 20 NO. OF POUNDS 2000  
GALLONS OF WATER 120  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 305 ft.  
(enter 0 if from surface)

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

**MAIN CASING TYPE** Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**(PL)** 6 25

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **(Y)** **(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.

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

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 117  
DRILLER SIGNATURE

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

DEPTH (nearest ft.)  
**(H)** 0 73 305  
A 8 9 11 15 17 21  
C 23 24 26 30 32 36  
H 2  
S 3  
C 38 39 41 45 47 51  
R 2  
E 3  
N

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)  
T W Q  
70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**

**PUMPING TEST**  
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft.

WHEN PUMPING 85 ft.

TYPE OF PUMP USED (for test)  
**(A)** air **(P)** piston **(T)** turbine  
**(C)** centrifugal **(R)** rotary **(O)** other (describe below)  
**(J)** jet **(S)** submersible

**PUMP INSTALLED**  
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) **(NO)**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

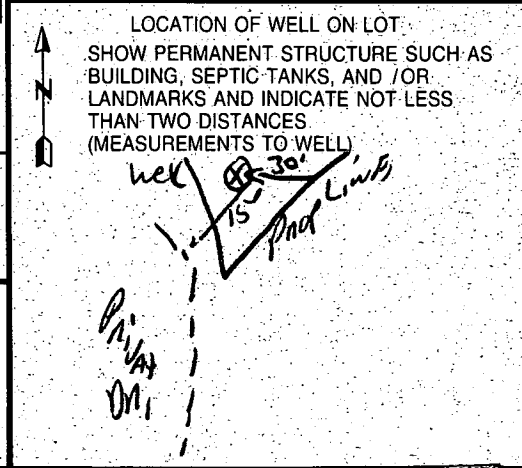
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

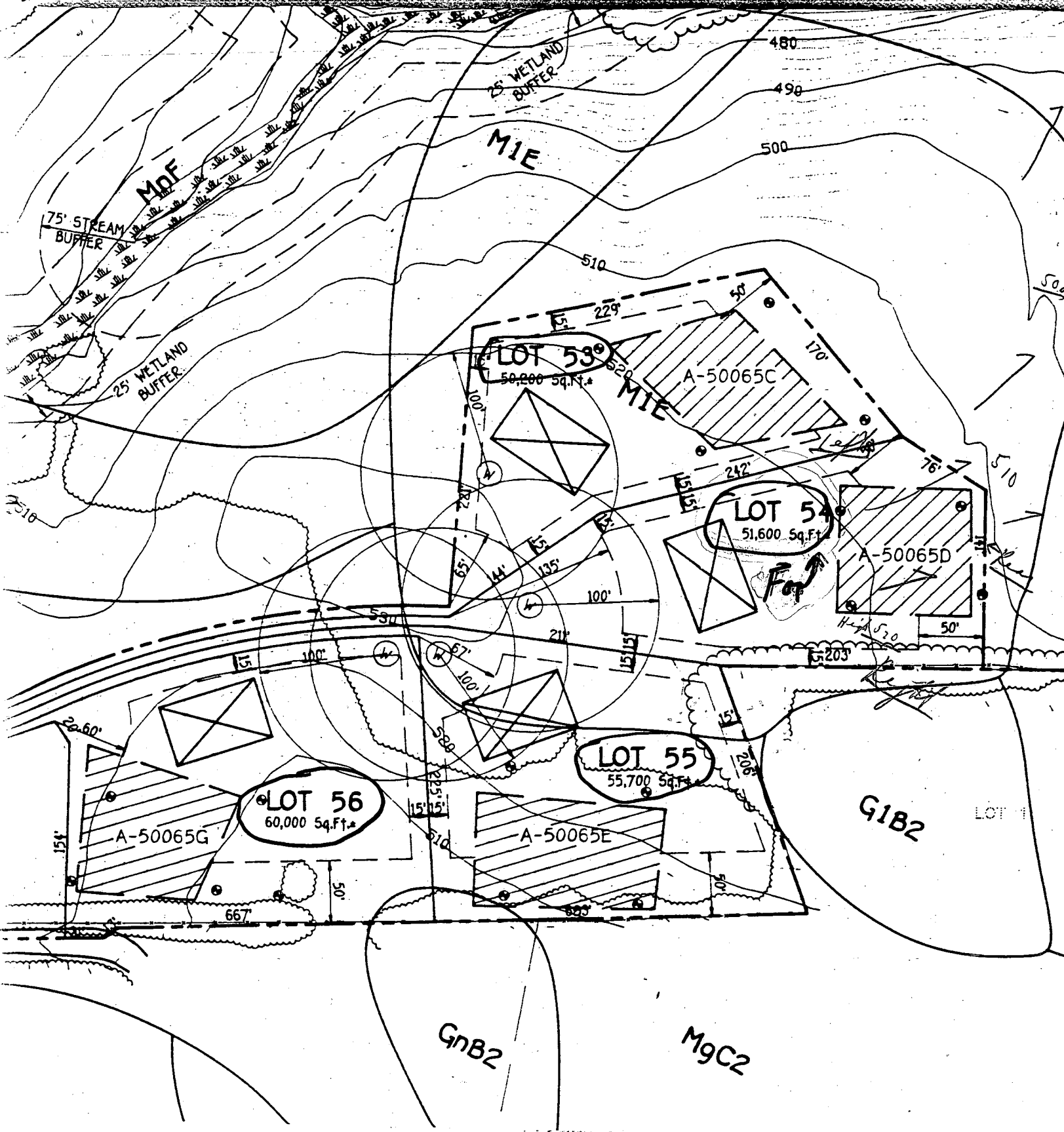
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 130/96

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)  
**(+)** above } LAND SURFACE  
**(-)** below } 2 (nearest foot)

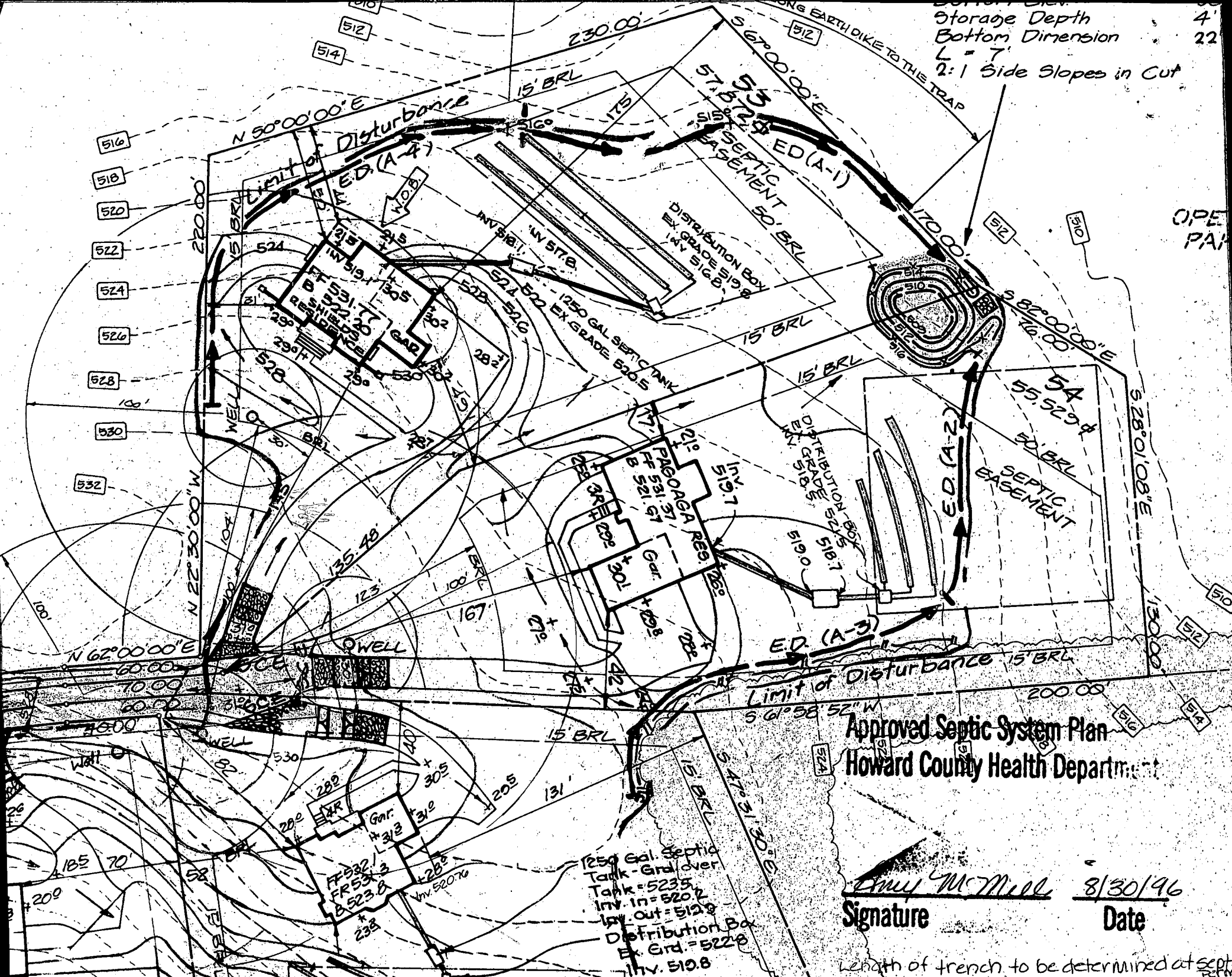




G1B2

M9C2

Storage Depth 4'  
 Bottom Dimension 22'  
 L = 7'  
 2:1 Side Slopes in Cut



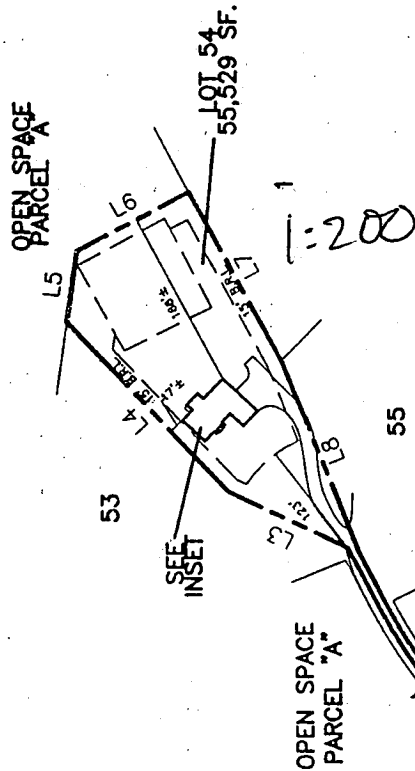
Approved Septic System Plan  
 Howard County Health Department

*Emily McMill* 8/30/96  
 Signature Date

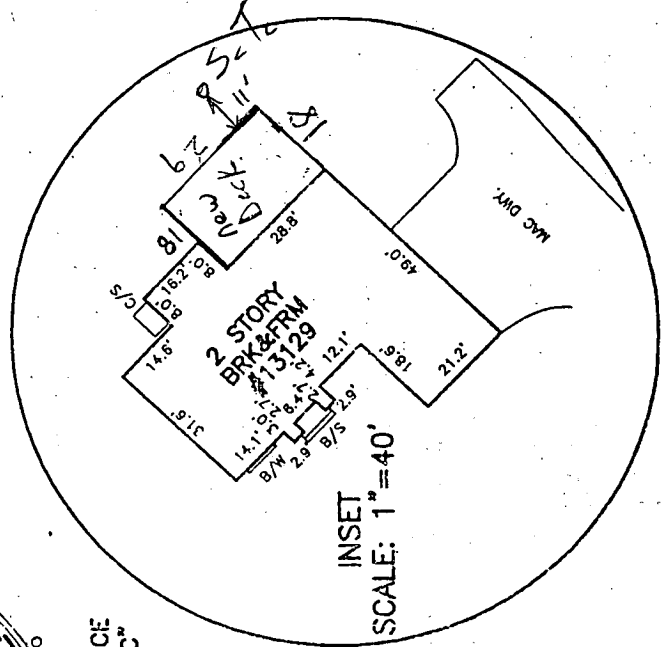
1250 Gal. Septic Tank - Grd. over  
 Tank = 5235  
 Inv. In = 5202  
 Inv. Out = 5128  
 Distribution Box  
 Ex. Grd. = 5228  
 Inv. 510.8

Length of trench to be determined at septic permit

LOCATION DRAWING  
**WEST FRIENDSHIP ESTATES**  
 SECTION 1  
 LOT 54  
 HOWARD COUNTY, MARYLAND

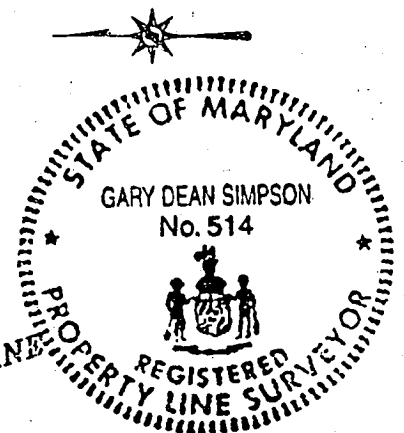
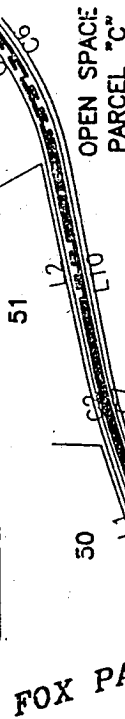


DECK OK  
 MR 8/15/02  
 dot



CURVE	RADIUS	ARC LENGTH
C1	575.00'	5.00'
C2	521.92	58.81'
C3	316.00'	245.43'
C4	541.00'	207.73'
C5	533.00'	204.66'
C6	322.00'	250.09'
C7	516.92'	58.25'

LINE	BEARING	DISTANCE
L1	N 72°02'38" E	195.44'
L2	N 78°44'57" E	230.06'
L3	N 25°46'34" E	135.48'
L4	N 47°00'00" E	242.00'
L5	S 82°00'00" E	76.00'
L6	S 28°01'08" E	130.00'
L7	S 61°58'52" W	200.00'
L8	S 68°23'38" W	215.92'
L9	S 40°07'02" W	124.01'
L10	N 78°59'54" E	120.28'
L11	S 72°02'38" W	195.44'
L12	N 39°11'04" E	124.61'



**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER

B00138005

Building Address 13129 Fox Path Lane  
West Friendship MD 21794  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 0030 Subdivision W. Friendship Est  
 Section 1 Area - Lot 540  
 Tax Map 15 Parcel 42 Grid 21  
 Zoning RC-DEP Map Coordinates 9KC Lot size \_\_\_\_\_

Property Owner's Name Stephanie Reza  
 Address 13129 Fox Path Lane  
 City West Friendship State MD Zip Code 21794  
 Home Phone 410 499 9084 Work Phone 301 446 2263  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use STD  
 Proposed Use STD  
 Estimated Construction Cost \$ 13,000  
 Description of Work deck 29x18  
steps to grade

Contractor Company owner  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant same  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</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: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R 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 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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]  
 Title/Company Owner  
MC 8/15/02

Print Name Stephanie Reza  
 Date 8-15-02

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

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