

TAX# 03330044

# PERMIT

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

P 514 962  
A 50195-M  
ISSUE DATE 3/6/2001  
APPROVAL DATE 4/24/01

3/18  
PRE IN (ASAP)  
3/15/01 IN PROGRESS  
LATE PM REQUESTED BY CONTR.  
4/24/01 - 1:00 PUMP TEST

Union Paving Company, Inc. IS PERMITTED TO INSTALL X ALTER       

ADDRESS 5977 Sandy Ridge Road, Elkridge, MD 21075 PHONE 410-379-6463  
SUBDIVISION Friendship Farms LOT NUMBER 8 ADDRESS 2705 Friendship Farm Court  
PROPERTY OWNER Covenant Homes Inc PROPERTY OWNER'S ADDRESS P.O. Box 1913, EC 21041  
SEPTIC TANK CAPACITY 1250 GALLONS  
PUMP CHAMBER CAPACITY 1250 GALLONS  
NUMBER OF BEDROOMS 4  
SQUARE FEET PER BEDROOM 180  
LINEAR FEET OF TRENCH REQUIRED 240

\* Pumped septic system needed  
BUILDING PERMIT SIGNED AND RETURNED  
INDEXED  
11/19/04 800/51118-J6 PWSL

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. 2 feet of stone below distribution box.  
LOCATION: Starting at the intersection of the 90.13'/149.99' lot lines, place the distribution box 65 feet down the 149.99' lot line and 40 feet off this same lot line. Run trenches on contour in either direction. Suggested layout as shown on site plan

Well line should be installed and dug per approved plan (10' to be maintained to all parts of septic system)

PLANS APPROVED Mark Rifkin, R.S. ON SRK 1/18/01 DATE 1/8/2001

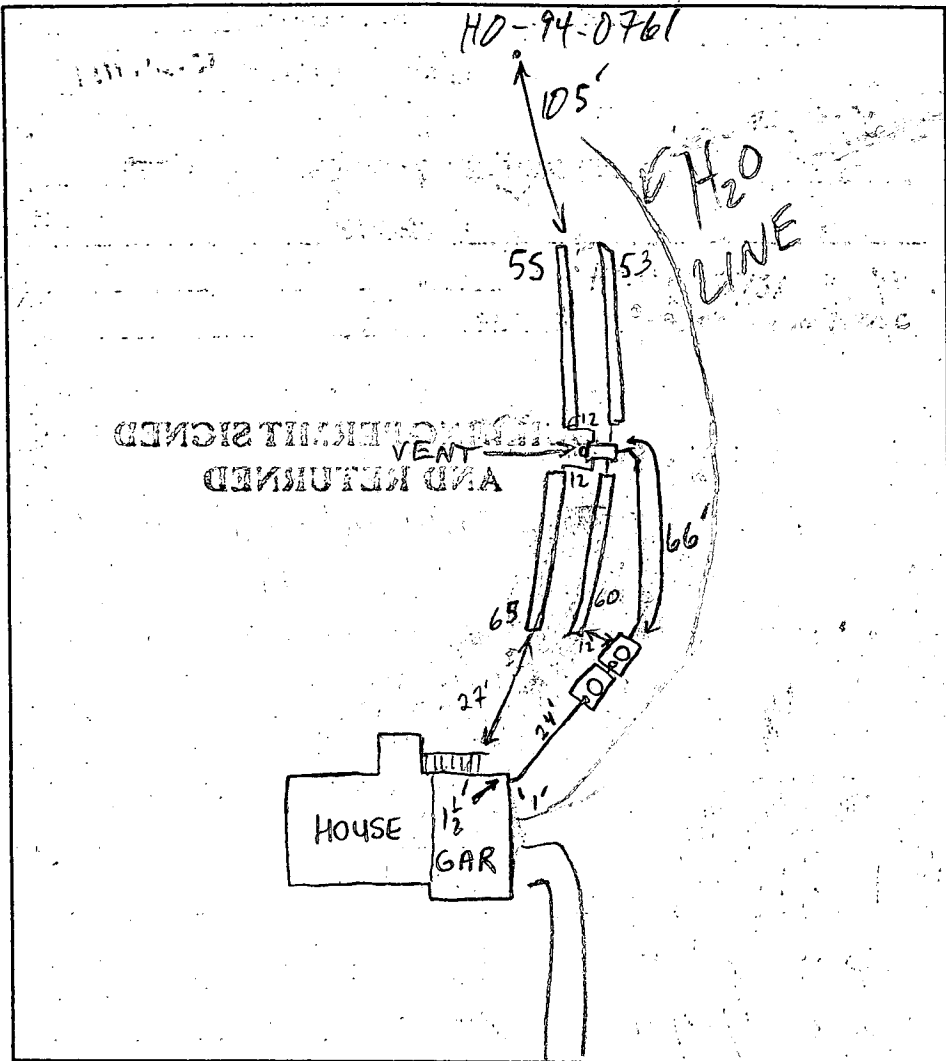
- PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE 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

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

M15 B17 P 272

50195 M

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	<u>3'</u>
TRENCH INLET DEPTH	<u>2'</u>
TRENCH BOTTOM DEPTH	<u>4'</u>
DEPTH OF STONE	<u>2'</u>
NUMBER OF TRENCHES	<u>4</u>
TOTAL TRENCH LENGTH	<u>233'</u>
ABSORBENT AREA	<u>699 ft<sup>2</sup></u>
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK	<u>1250 TS</u> GALLONS
MANHOLE RISER	<u>2' high</u>
6 INCH INSPECTION PORT	<input checked="" type="checkbox"/>
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	<u>1250 TS</u>
MANHOLE RISER	<u>3' high</u>
ALARM	<u>OPERATIONAL</u>
PUMP PERFORMANCE TEST	<input checked="" type="checkbox"/>

Friendship Farm Court

PRE-CONSTRUCTION INSPECTION: 3/8/01 Contractor reports problems w/ ex. grade all

3/8/01 Pumped septic system needed - house set lower than approved. SDA stated - input confirmed. OK to start work. DRC

3/9/01 No work done. Backhoe broken. (BB) Septic tank & Pump Chamber set, Baffled + 20' Force Main laid. Needs House connection yet. R/P 3/15/01

3/20/01 TRENCHES OK TO COVER, DESPITE SLIGHT (20') SHORT OF ABSORPTION REQUIREMENTS, HOLD FOR PUMP/ALARM INSP & HOUSE CONN (MR)

3/21/01 HOUSE CONN OK (MR) 4/24/01 - Pump AND ALARM OPERATIONAL (SRW)

INSPECTOR Steven R. King

DATE SYSTEM APPROVED 4/24/01

# FILE INQUIRY FORM

Property Address: 2705 Friendship Farm Court

Owner came in w/ proposed pool loc. [X] indicates area lost while [ ] indicates area that can be gained. Need an unblemished drawing total lost / total gained for H.O. sig. Engineered plan not req'd. See attached plan for more details. 10/4/04

10/25/04 Warning pool/spa appears to be within 20' of drainfield. Left mess w/ owner to call me back. Owner will be req'd to locate the end of the field, mark/expose it, & then call for S.V. to verify. 10/25/04

11/1/04 - Needs new drawing w/ reduced pool size and actual easement justifications

11/3/04

Needs to stake out pool & trenches in field & call for someone to verify distance's to end of trench, & new drawing to scale

NOT A FAX!

11-8-04 - Pool measurements O.K.  
Field checked,  
Permit to be signed,

**GENERAL NOTES**

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 504.20
4. B. BASEMENT ELEVATION: 495.20
5. C. INVERT OF SEPTIC SYSTEM AT HOUSE: ~~500.00~~ 500.80
6. D. INVERT IN AT SEPTIC TANK: ~~499.86~~ 499.99
7. E. INVERT OUT AT SEPTIC TANK: ~~499.86~~ 499.60
8. F. PROPOSED GRADE OVER SEPTIC TANK: 502.00
9. G. INVERT AT DISTRIBUTION BOX: 502.00
10. H. EXISTING GROUND OVER DISTRIBUTION BOX: 501.00
11. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
12. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

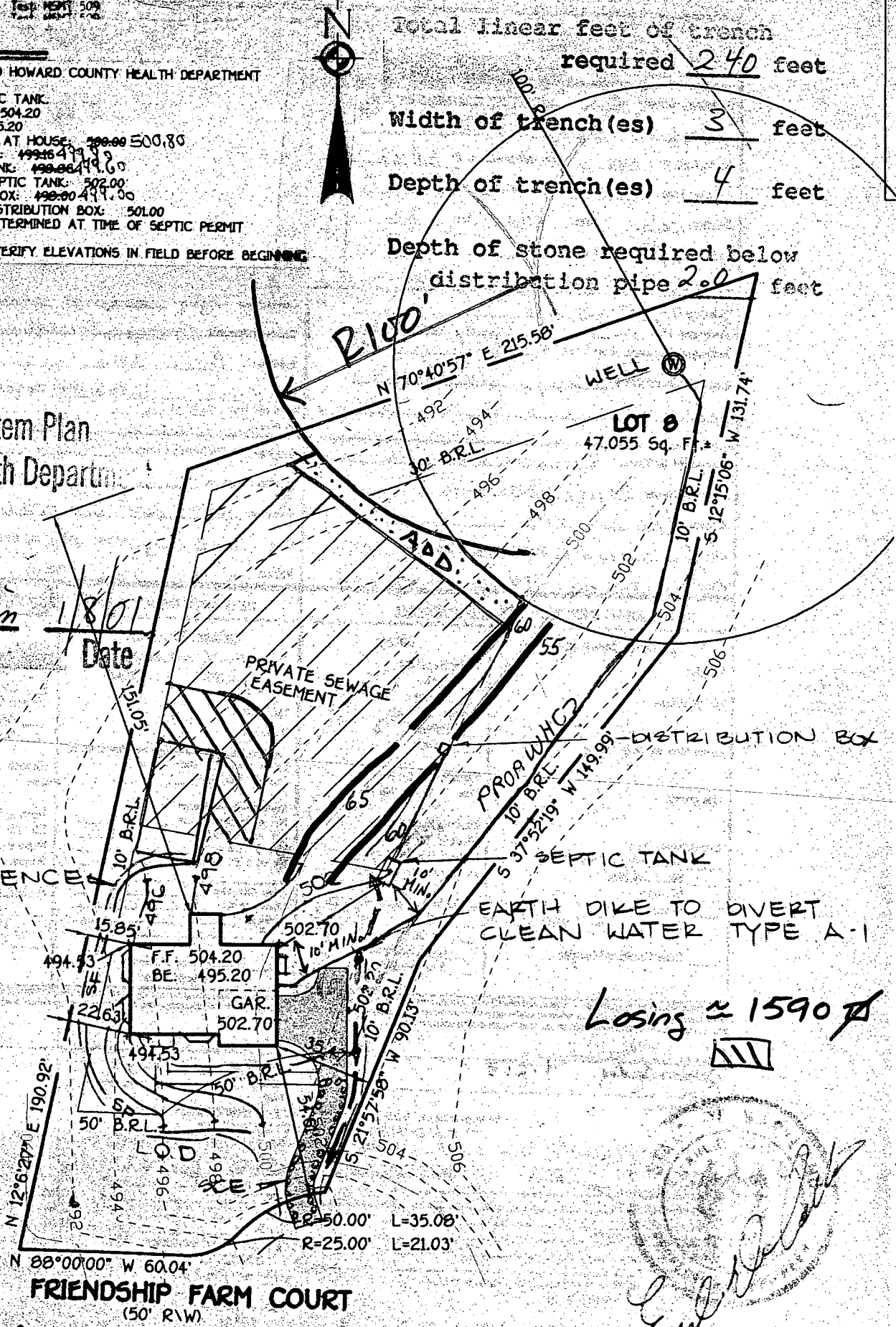
Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan  
Howard County Health Department

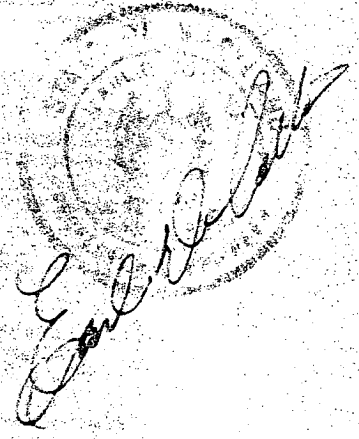
*Mark Rifkin*  
Signature

1/8/01  
Date

*- pumped system  
located 700.00 by 3'*



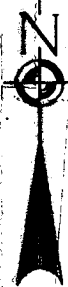
*Losing ≈ 1590'*



*1:50 PLAN BY FCC*

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 D. INVERT IN AT SEPTIC TANK: 499.16 499.80  
 E. INVERT OUT AT SEPTIC TANK: 498.86 499.60  
 F. PROPOSED GRADE OVER SEPTIC TANK: 502.00  
 G. INVERT AT DISTRIBUTION BOX: 498.00 499.00  
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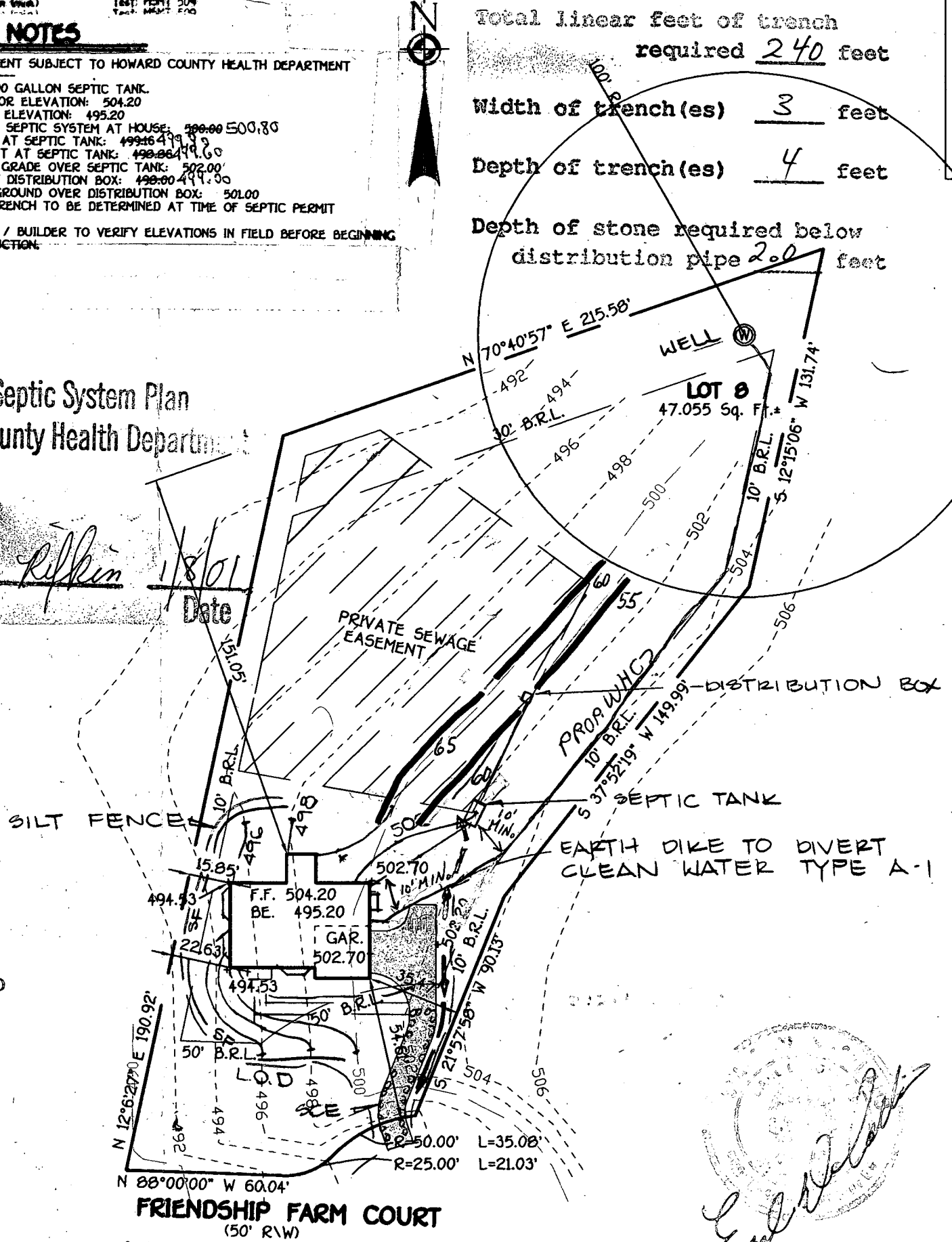
Depth of stone required below distribution pipe 2.0 feet

**Approved Septic System Plan**  
**Howard County Health Department**

*Mark Rifkin*  
 Signature

1/8/01  
 Date

*- pumped system  
 located inside by 3'*



*[Circular official seal]*  
*[Handwritten signature]*

1:50 PLAN BY FCC

kc  
 Altieri?

Building Address 2705 Friendship Farm Ct  
West Friendship, MD 21094

Suite/Apt. #: N/A SDP/NP/Petition #: GP-01-13

Census Tract 4030 Subdivision Friendship Farms

Section N/A Area N/A Lot 8

Tax Map 15 Parcel 271 Grid 17

Zoning RR-1E Map Coordinates WDS Lot size 1.08 ac

Existing Use Vacant Lot

Proposed Use New single family Dwelling

Estimated Construction Cost \$150,000

Description of Work 2 Story, full front, no rear porch, 1.5B, 1.5C, Sunroom, fireplace, garage

Occupant or Tenant Covenant Homes Inc

Contact Name George Ballantine

Address Po Box 1913

City Ellicott City State MD Zip Code 21041

Phone 410-854-0610 Fax 410-854-3674

Property Owner's Name Covenant Homes Inc

Address Po Box 1913

City Ellicott City State MD Zip Code 21041

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Phone 410-854-0610 Fax 410-854-3674

Contractor Company Covenant Homes Inc

Contact Person George Ballantine

Address Po Box 1913

City Ellicott City State MD Zip Code 21041

License No. 452884

Phone 410-854-0610 Fax 410-854-3674

Engineer or Architect Company Fisher Collins & Barker

Contact Person \_\_\_\_\_

Address 10712 Baltimore NW 1 Pike

City Ellicott City State MD Zip Code 21042

Phone 410-461-2055 Fax 410-461-3717

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
_____ State Certified Modular	

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" 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 type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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	

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 THEREBY, (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 THIS WORK PERMITTED AND POSTING NOTICES.

George W Ballantine  
 Applicant's Signature  
Covenant Homes Inc  
 Title/Company

George Ballantine  
 Print Name  
1/13/10  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY ID: <u>45901</u>
Land Development DPZ			Front: <u>50 FT</u>	Filing fee \$ _____
State Highway			Rear: <u>50 FT</u>	Permit fee \$ _____
Building Official			Side: <u>10 FT</u>	Excise tax \$ _____
Dev. Engineering DPZ			Side St. _____	Sub-total paid \$ _____
Health	<u>1/8/10</u>	<u>Mark Miller</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>TOTAL FEES</b> \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check <u>100%</u>
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
			Accepted by _____	

C1 4541

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A50195-M

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

DATE RECEIVED 052096

DATE WELL COMPLETED 041796

DEPTH OF WELL 265 (TO NEAREST FOOT)

PERMIT NO. FROM 'PERMIT TO DRILL WELL' HD-94-0761

OWNER: Britten Property Partnership, Wellworth Way, West Friendship, Friendship Farms, SECTION, LOT 9

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 entries for Top Soil, Sandy Sandstone, MICA, and Sandstone MICA.

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay)

NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD casing types insert appropriate code below (Steel, Concrete, Plastic, Other)

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

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

SCREEN RECORD screen type or open hole insert appropriate code below (Steel, Brass, Plastic, Open Hole, Other)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES/NO

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) LIC. NO. 117

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

DEPTH (nearest ft.) HO 38 265

DEPTH (nearest ft.) 38 265

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

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

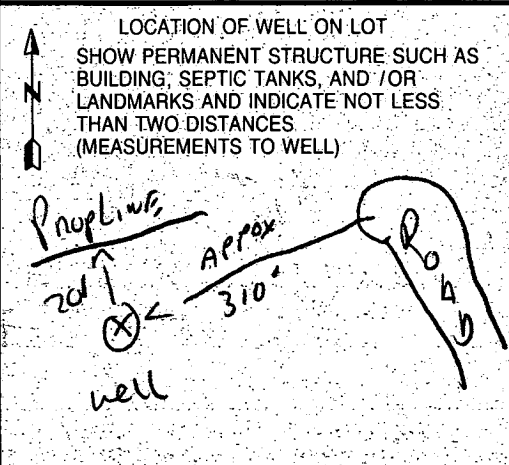
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 85 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. 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)





<b>B 1</b>	<b>0678</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HD-94-0761</b> <small>fill in this form completely</small>
------------	-------------	--------------------------------	--	---

**Date Received (APA)**  
[ ] [ ] [ ] [ ] [ ] [ ]

**OWNER INFORMATION**

**BRI T T E M P R O P P A R T N E R**  
Last Name      Owner      First Name

**P O B O X 1 3 3 1**  
Street or RFD

**E L L I C O T T C I T Y M D 2 1 0 4 2**  
Town      State      Zip

**B 3**      **LOCATION OF WELL**

**H O W A R D**      COUNTY

**F R I E N D S H I P F A R M S S U B**      23 SUBDIVISION

SECTION [ ] [ ]      LOT **9**

**W E S T F R I E N D S H I P**      52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** [ ] [ ] [ ] [ ] M I

**DRILLER INFORMATION**      CIRCLE (MSD) MGD/MWD

**Ralph MAYNE**      **116**

Driller's Name      77 License No. 80

**Ralph MAYNE well Drilling**  
Firm Name

**9120 Brown Church Rd Mt Airy**  
Address

**Ralph Mayne**      **3/14/96**  
Signature      Date

**B 4**      **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**K R I E N D S H I P F A R M**      NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**310**      DISTANCE FROM ROAD

ENTER FT OR MI **27**

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)**

**D** HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

**F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

**I** INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

**P** PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

**T** TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**Howard County**      **A50195-M**  
COUNTY NAME      COUNTY NO.

STATE SIGNATURE \_\_\_\_\_      INSERT S: [ ]

DATE ISSUED **04/29/96**      **A. McMullen**      **4/12/97**  
CO SIGNATURE      EXP. DATE

NORTH GRID **532000**      EAST GRID **0814000**

APPROXIMATE DEPTH OF WELL **1150** 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

E **8104**

N **5302**

000 000

4/11/96  
9:30 Grout  
No insp  
AW

**REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)**

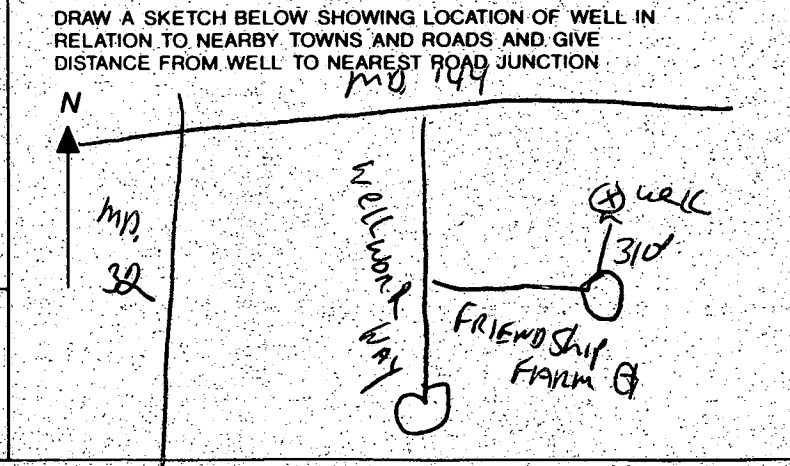
**N** THIS WELL WILL NOT REPLACE AN EXISTING WELL

**Y** THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

**S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

**D** THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) [ ]



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

APPROX. PERMIT NUMBER [ ] [ ] [ ] [ ] **G A P** [ ] [ ] [ ] [ ]

FORCE **AM**      WRITE INITIALS IN BOX      PERMIT No. **HD-94-0761**

**SPECIAL CONDITIONS**  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

COUNTY

# APPLICATION

PERCOLATION TESTING

A 50195 M

P \_\_\_\_\_

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

DISTRICT THIRD

DATE AUGUST 1, 1994

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 JOHN SIDNEY BRITTON

ADDRESS 2716 JENNINGS CHAPEL ROAD WOODBINE MARYLAND PHONE 489-9342

AGENT OR PROSPECTIVE BUYER BRITTON PROPERTY PARTNERSHIP

ADDRESS P.O. Box 1371 ELLICOTT CITY MARYLAND 21041 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION FRIENDSHIP FARM (BRITTON PROPERTY) LOT NO. 9

ROAD AND DESCRIPTION 2800'± SOUTH FROM THE INTERSECTION OF MARYLAND ROUTE 144 AND WELWORTH WAY

TAX MAP 15 PARCEL # 65

SIZE OF LOT 40,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DETACHED  
(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.

*Chester*  
(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

50195M  
COUNTY #

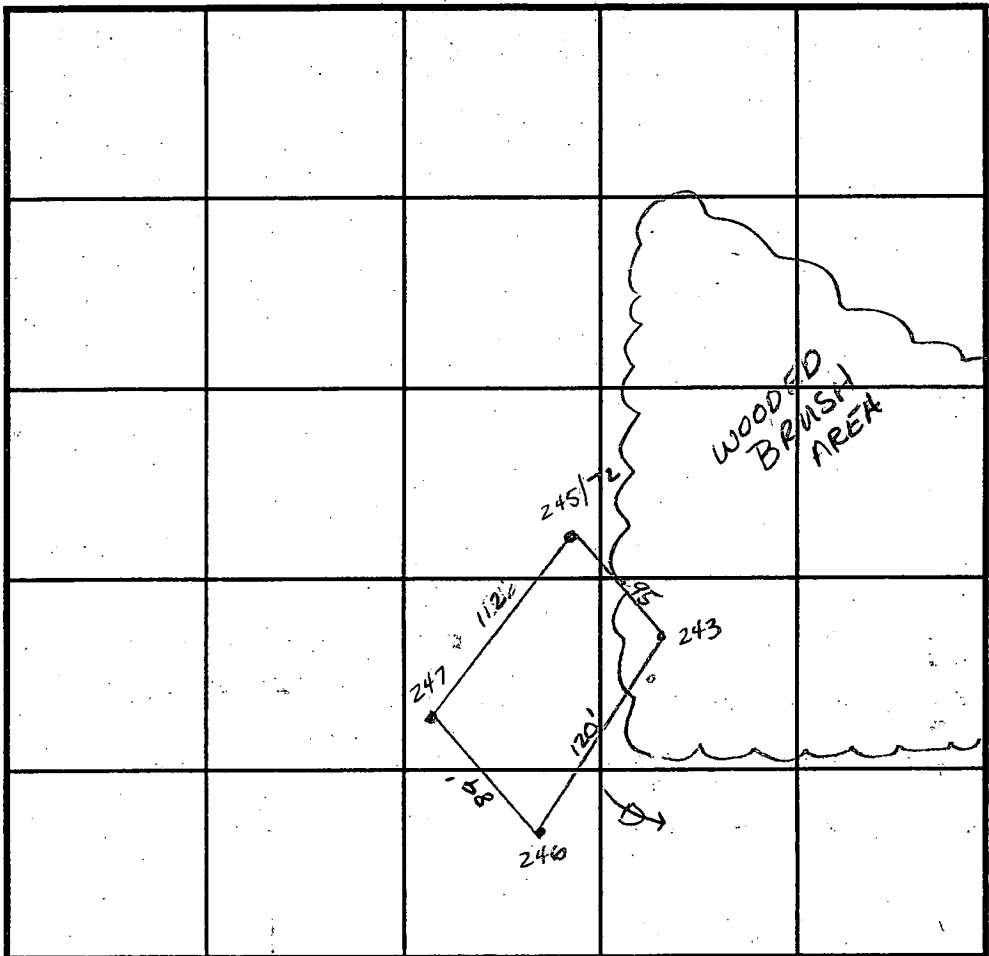
LOT 9

SOIL PROFILE

0' 245 247  
bright red c  
2 1/2' yellow orange sil  
7' lgt tan SL mica  
10' hard bottom

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

243:  
no distinct clay layer  
S mica  
L  
lgt tan  
no rock

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/9/94	245	3' / V10'	10:57 <sup>30</sup>	10:58 <sup>30</sup>	10:58 <sup>30</sup>	11:00 <sup>30</sup>	1 1/2 min
	245	6' / V10'	10:56 <sup>30</sup>	10:57 <sup>30</sup>	10:57 <sup>30</sup>	10:58 <sup>30</sup>	1 min
	247	VISUAL to 10'					OK
	243/6	2 1/2' / V11'	11:14 <sup>15</sup>	11:15 <sup>30</sup>	11:15 <sup>50</sup>	11:16 <sup>45</sup>	1 1/4 min
	246	3 1/2' / V12'	11:33 <sup>15</sup>	11:33 <sup>45</sup>	11:33 <sup>45</sup>	11:34 <sup>45</sup>	30 sec
	246	repour	11:35 <sup>30</sup>	11:36 <sup>30</sup>	11:36 <sup>30</sup>	11:37 <sup>30</sup>	1 min

REMARKS \_\_\_\_\_

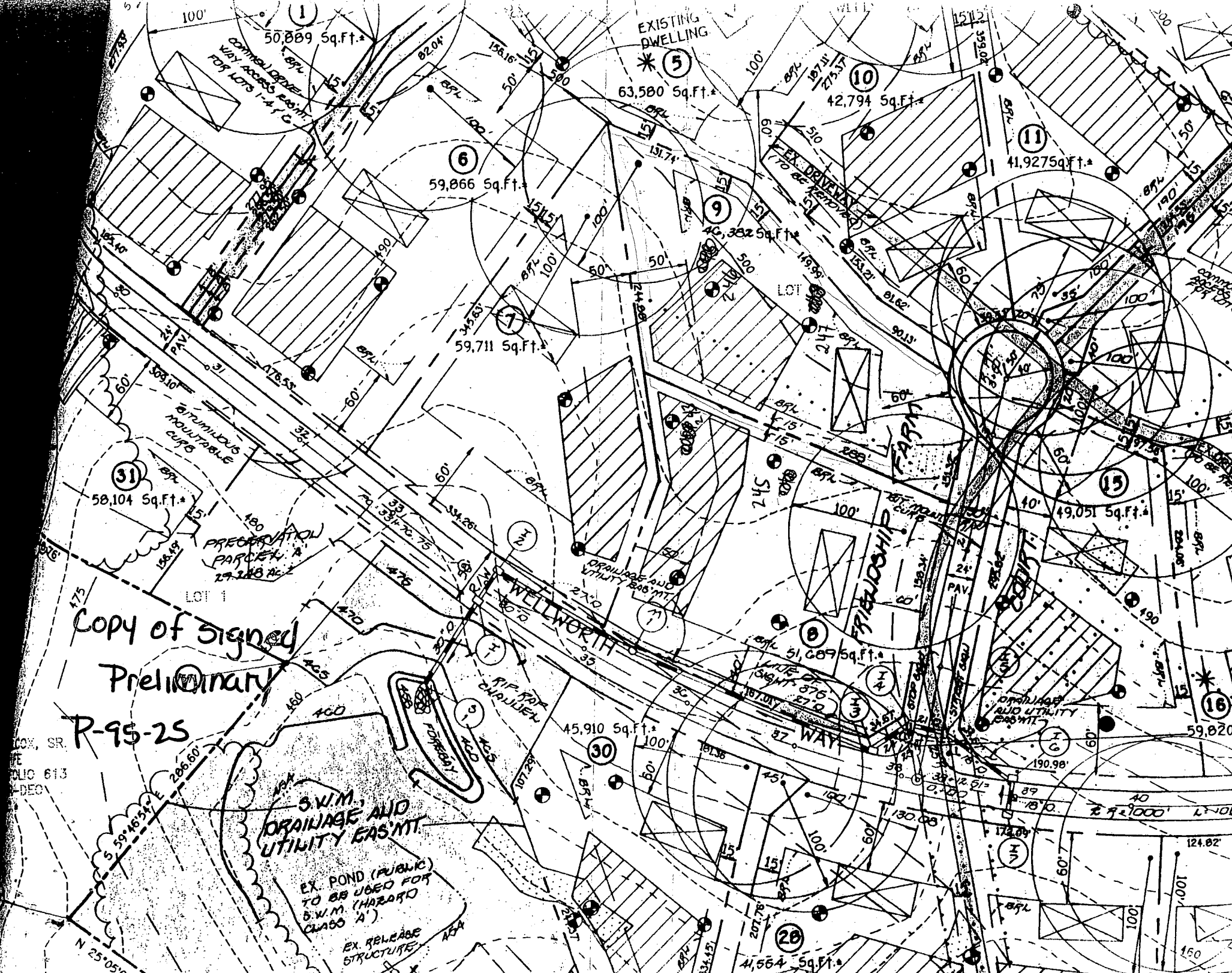
TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT FRANK MANALANSAN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'

INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 4' SQ. FT./BEDROOM 180 ft<sup>2</sup>

11' 246  
orange/red CSL  
3' lgt tan orange SL mica flecks  
OK  
12'



Copy of Signed  
Preliminary  
R-95-25

COX, SR.  
PLC 613  
DEC

S.W.M.  
DRAINAGE AND  
UTILITY EAS. MT.

EX. POND (PUBLIC)  
TO BE USED FOR  
S.W.M. (HAZARDOUS  
CLASS 'A')

EX. RELEASE  
STRUCTURE

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Columbia Plumbing HVAC Telephone #: 410-715-2323  
Address: 907 Bell Branch  
Columbia, MD 21045

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Kevin C. Di Maggio License# 8594

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Covenant Homes Telephone #: \_\_\_\_\_  
Subdivision: Friendship Farms Lot #: 8 Well Tag #: HO-94-0744  
Site Address: 2705 Friendship Farm Ct  
West Friendship, MD

Submersible Pump Data

Make: Jacuzzi  
Model #: T564513B-S2  
Pump Capacity 5 GPM.  
Well Yield: 4 GPM

Pitless Adapter

Make: Howard  
Model#: PT 800  
Depth: 4.5 ft. (36" min)  
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes  
Screened, vented well cap: yes  
Cap secured to casing: yes  
Conduit min 18" B.G.: yes  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 270 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 4 1/2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 5 ft.  
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Kevin C. Di Maggio/k.c.d.  
Signature of company representative responsible for installation

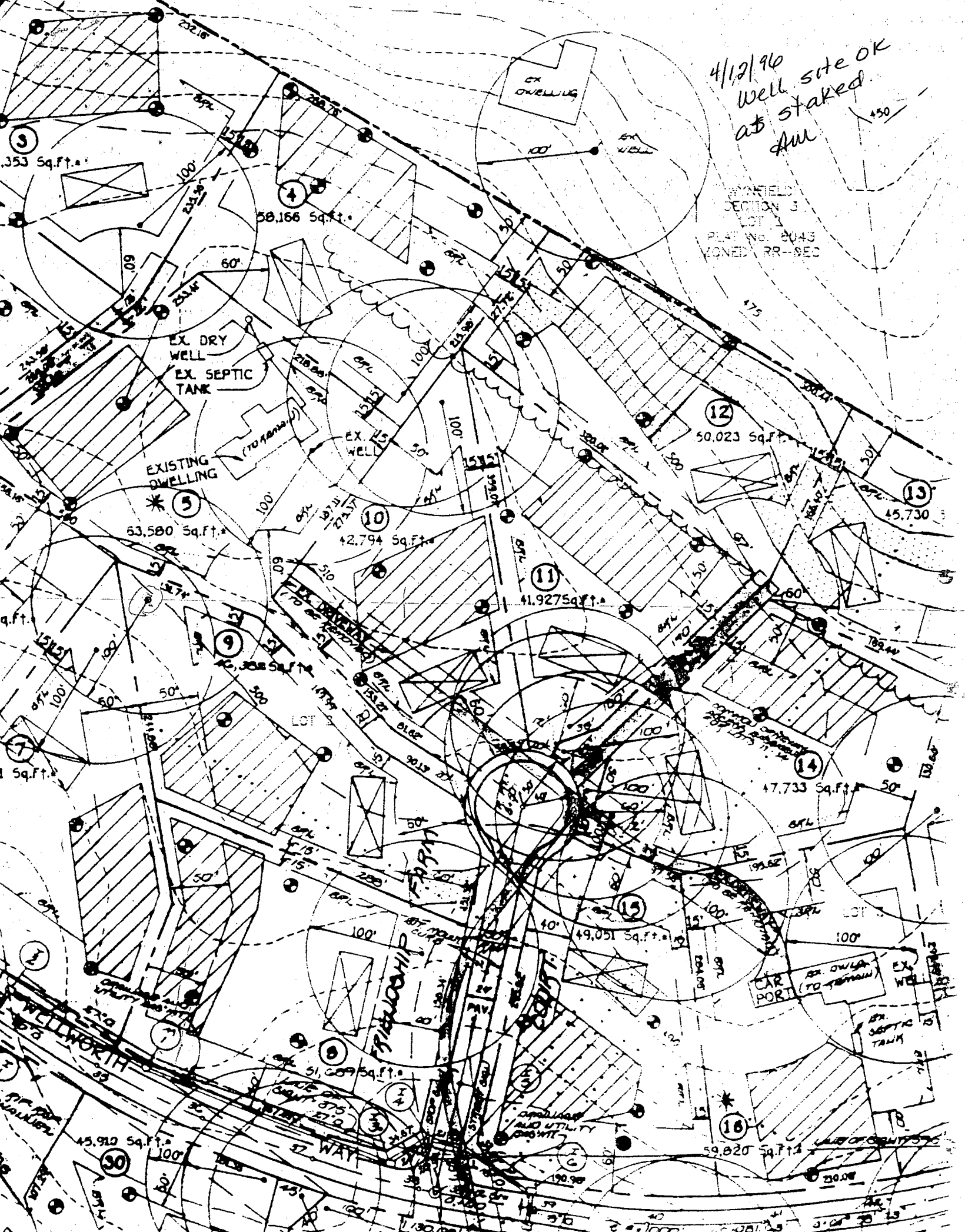
April 18, 2001  
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 3/21/01 Date Insp. Approved: 3/21/01 (MR) SRK  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed inside of well casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection  - Flooded  
Adequate grout observed below pitless adapter

4/12/96  
Well site OK  
at staked  
AM

WATFIELD  
SECTION 3  
LOT 1  
PLAT No. 2043  
ZONED RR-SEC



353 Sq.Ft.

58,166 Sq.Ft.

EX. DRY WELL  
EX. SEPTIC TANK

EXISTING DWELLING

63,580 Sq.Ft.

42,794 Sq.Ft.

41,927 Sq.Ft.

50,023 Sq.Ft.

45,730

47,733 Sq.Ft.

49,051 Sq.Ft.

59,820 Sq.Ft.

45,910 Sq.Ft.

AND UTILITY PROWIT

EX. DWELLING  
(TO REMAIN)  
EX. WELL  
EX. SEPTIC TANK

WELLWORTH

57 WAY

CAR PORT

B 1 **2708** 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-93-0319**  
 fill in this form completely

Date Received (APA) **12/5/96**

OWNER INFORMATION

8 **Britter** 13 **John**  
 15 Last Name Owner First Name 34

36 **2716 Jennings Chapel** 55  
 Street or RFD

57 **Woodbine** 70 **Md.** 72 **21797** 76  
 Town State Zip

B 3 **Howard** LOCATION OF WELL

8 COUNTY **Howard** 21

**The Britter Property**  
 23 SUBDIVISION 42

SECTION **44** 46 LOT **48** 50 **DW-9**  
**West Friendship**  
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2.1** M I  
 73 76 77 78

DRILLER INFORMATION

**Mark G. McMillan** M D **984**  
 Driller's Name 76 License No. 81

**GROUNDWATER SYSTEMS, INC.**  
 Firm Name

**3159 Mary Ella Lane**  
**Hemdon, VA 22071**  
 Address

**Mark G. McMillan** **12/4/96**  
 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**Sykesville Rt 32**  
 1) NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**1500**  
 34 DISTANCE FROM ROAD 37  
 ENTER FT OR MI 38 39

TAX MAP: **15** BLK: **17** PARCEL: **65**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **0**  
 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **0**  
 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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard Co.** **13**  
 COUNTY NAME COUNTY NO.

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

DATE ISSUED **12/10/96** **A. McMillan** **12/10/97**  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **531 000** EAST GRID **813 000**  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **100'** FEET  
 24 28

APPROXIMATE DIAMETER OF WELL **2.0** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)

37  CABLE  REVERSE-ROTARY  DRIVE-POINT

other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **City**

2. \_\_\_\_\_

3. \_\_\_\_\_

WRITE THE BOX NUMBER FROM THE MAP HERE

E **813**

N **531**

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

39  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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

**Route 144**

**Rt 32**

**1500-X Drive**

**2915 Sykesville Rd.**

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

APPROX. PERMIT NUMBER **54** G A P \_\_\_\_\_ 63

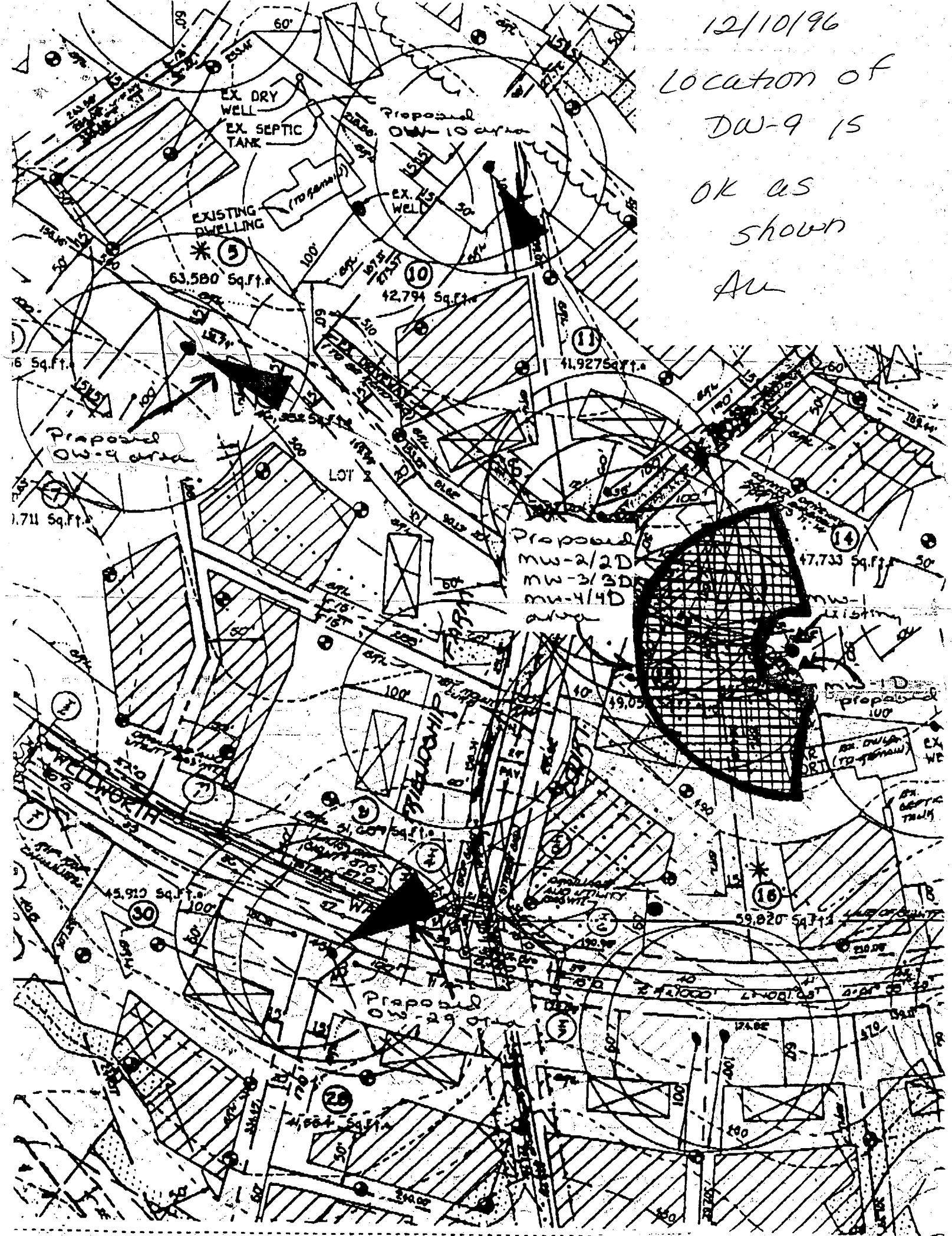
WRITE INITIALS IN BOX PERMIT No. **HO-93-0319**  
 FORCE **AM** 67 68 70 71 72 73 74 75 76 77 78 79

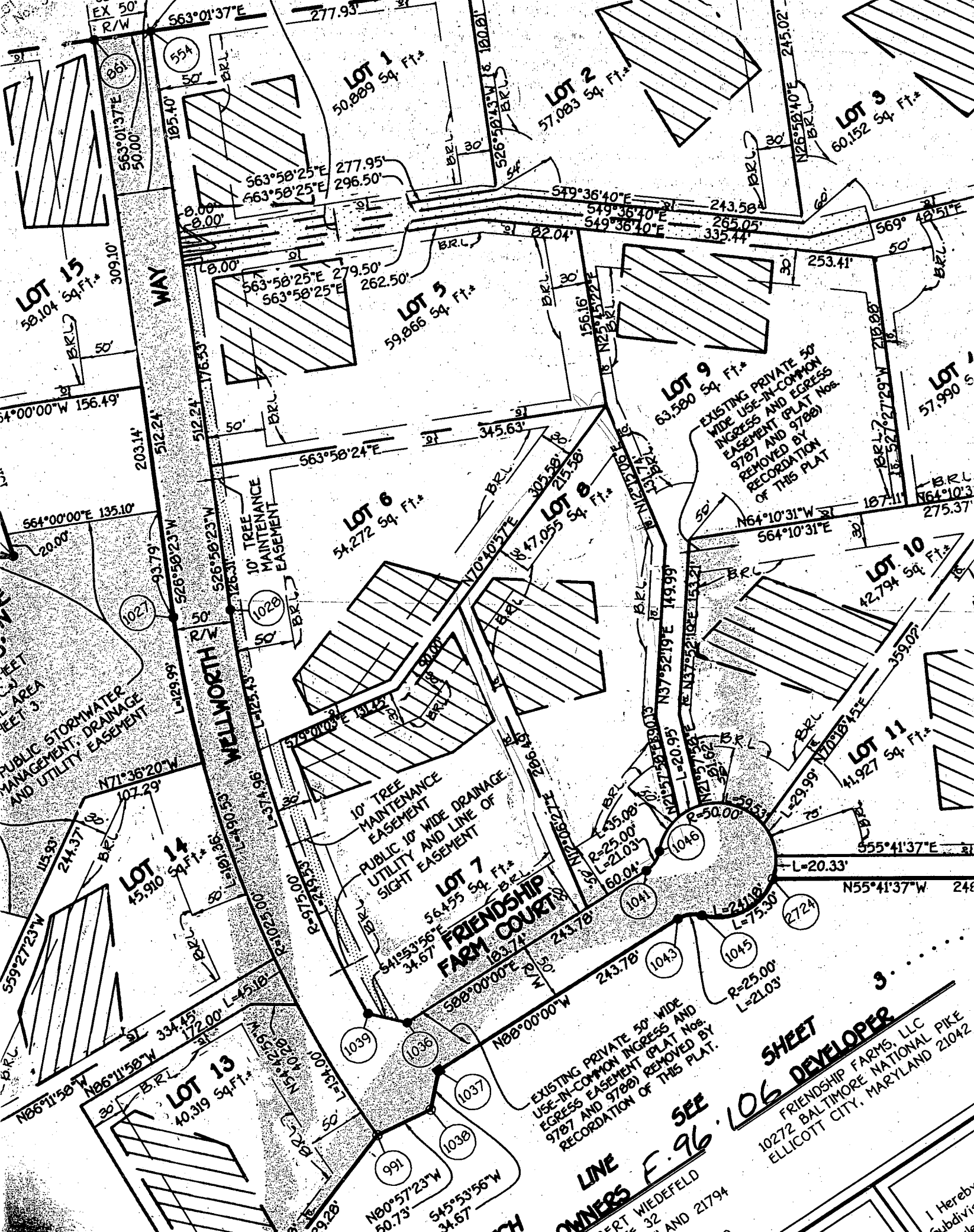
12/10/96

Location of  
DW-9 is

OK as  
shown

AW





**LOT 15**  
58,104 Sq. Ft.

**LOT 1**  
50,889 Sq. Ft.

**LOT 2**  
57,083 Sq. Ft.

**LOT 3**  
60,152 Sq. Ft.

**LOT 15**  
58,104 Sq. Ft.

**LOT 5**  
59,866 Sq. Ft.

**LOT 9**  
63,580 Sq. Ft.

**LOT 8**  
57,990 Sq. Ft.

**LOT 6**  
54,272 Sq. Ft.

**LOT 8**  
47,055 Sq. Ft.

**LOT 10**  
42,794 Sq. Ft.

**LOT 14**  
45,910 Sq. Ft.

**LOT 7**  
56,455 Sq. Ft.

**LOT 11**  
41,927 Sq. Ft.

**LOT 13**  
40,319 Sq. Ft.

**SHEET 3**

**OWNERS SEE F. 96**

**106 DEVELOPER**  
FRIENDSHIP FARMS, LLC  
10272 BALTIMORE NATIONAL PIKE  
ELlicott CITY, MARYLAND 21042

**LINE**  
BERT WIEDEFELD  
AND 21794

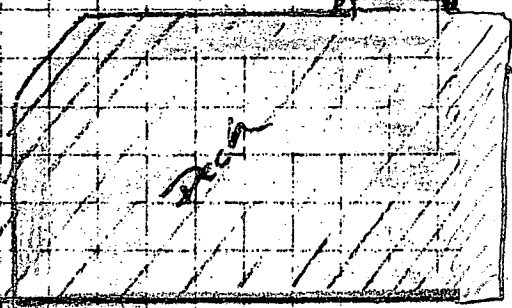
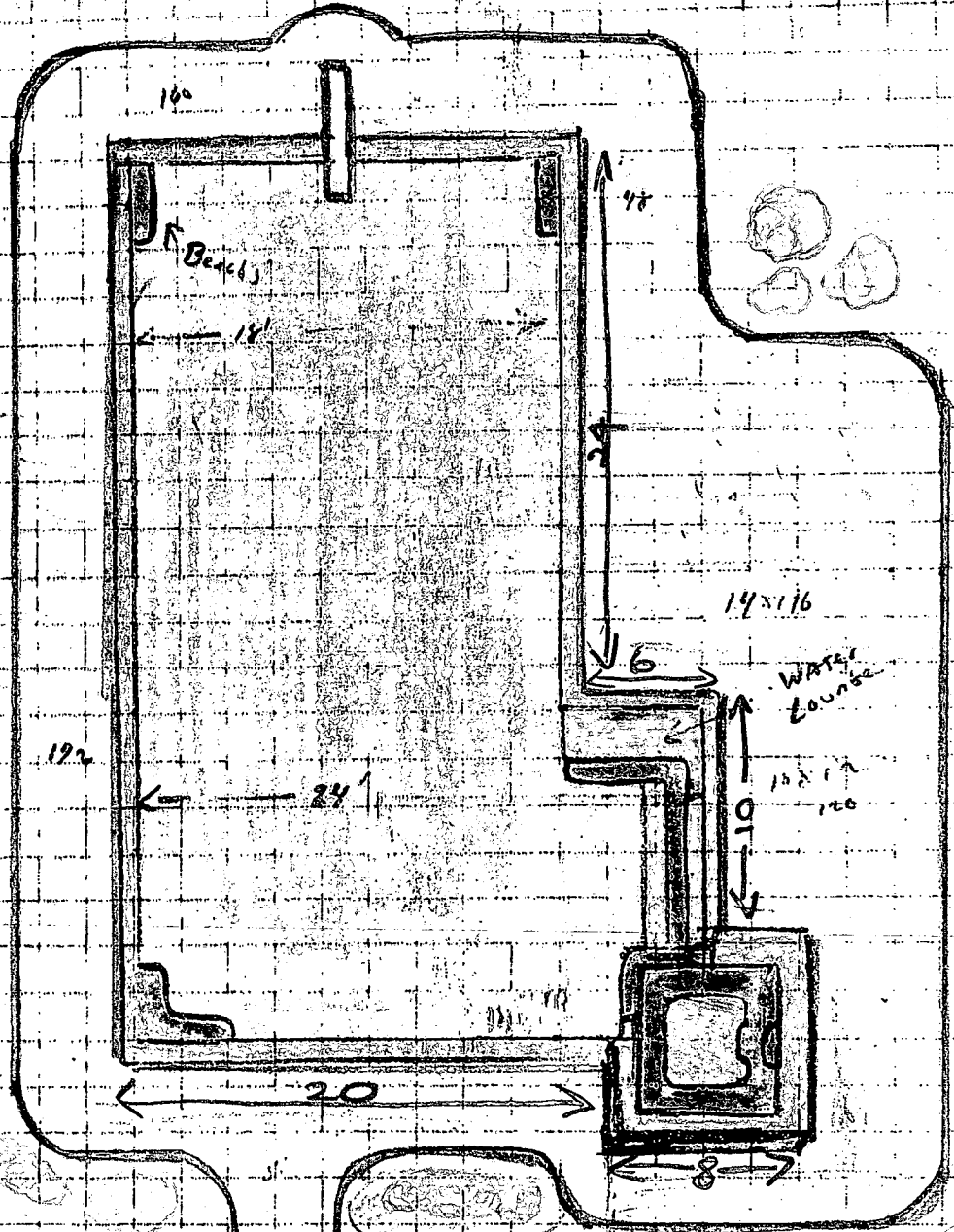
I Hereby  
Subdivi

POOLS

888 SA P  
10310

Berry Room

788 SA P  
P...  
90 SA SPA



SUNROOM

HOUSE



# Robert & Kylie Berry

2705 Friendship Farm Court, West Friendship, MD 21794

◆ home - (410) 489-2476 ◆ cell - (301) 466-8613 ◆ mdberrys@comcast.net

October 11, 2004

Howard County Health Department  
Environmental Services  
3525H Ellicott Mills Drive  
Ellicott City, MD 21043

## REQUEST FOR A VARIANCE ON EASEMENT

To Whom It May Concern:

This letter is to request a variance on our easement for the purpose of building an in ground swimming pool.

Our current PERK field measures approximately 12,500 sq. feet. Howard County requires a minimum of 10,000 sq. feet. By placing our swimming pool near the house and in the southwest corner of the PERK field, we would be losing approximately 3,000 sq. feet of current existing field. This includes the 20-foot easement around the perimeter of the pool, colored 'red'.

If we are required to 'move' the entire 3,000 sq. feet, we propose, "moving" it to a combination of two areas. The area colored 'blue' which is approximately 2,100 sq feet and a portion on the 'green' colored area, which is approximately 1,500 sq. feet.

Since the existing PERK field is over the required 10,000 sq. feet, 'moving' 3,000 sq. feet might not even be necessary and only 500 sq. feet might need to be 'moved' to one of the locations suggested above.

We thank you for your time and attention to this request.

Regards,

Robert and Kylie Berry

Howard County  
↓

John Boris

(410) 313-2640

Pool orig 900 sq ft  
→ Reduced to 650 sq ft

**GENERAL NOTES**

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 504.20  
 B. BASEMENT ELEVATION: 495.20  
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 500.80  
 D. INVERT IN AT SEPTIC TANK: 498.47  
 E. INVERT OUT AT SEPTIC TANK: 498.64  
 F. PROPOSED GRADE OVER SEPTIC TANK: 502.00  
 G. INVERT AT DISTRIBUTION BOX: 498.00  
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 501.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.



Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

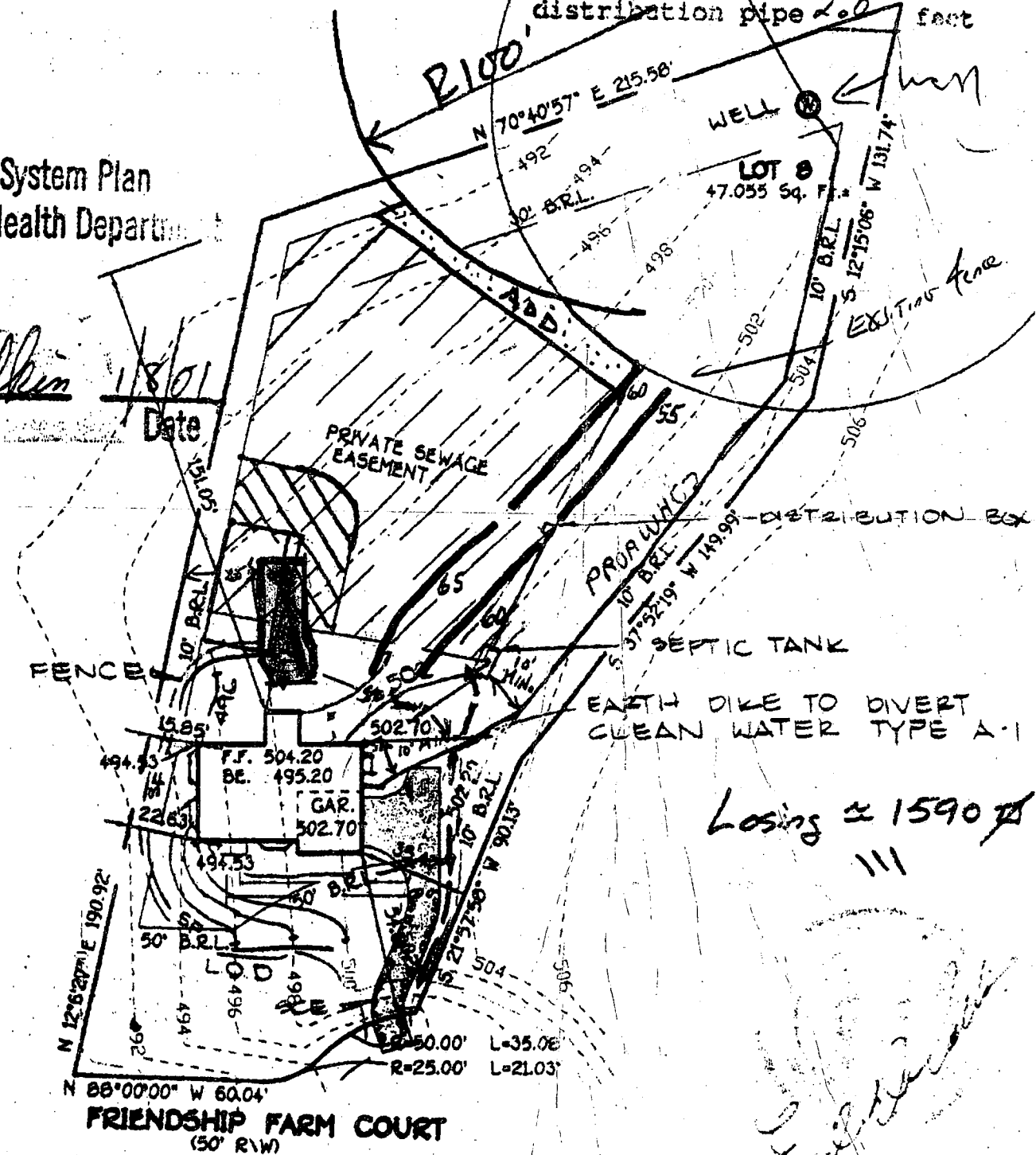
Depth of trench(es) 4 feet

Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan  
 Howard County Health Department

*Mark Kilham*  
 Signature

1/8/01  
 Date



*pumped system  
 located inside by 3'*

*Lossing ± 1590 ft  
 III*

1:50 PLAN BY FCC

*Handwritten signature/initials*

**GENERAL NOTES**

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 E. INVERT OUT AT SEPTIC TANK: 498.80 499.60  
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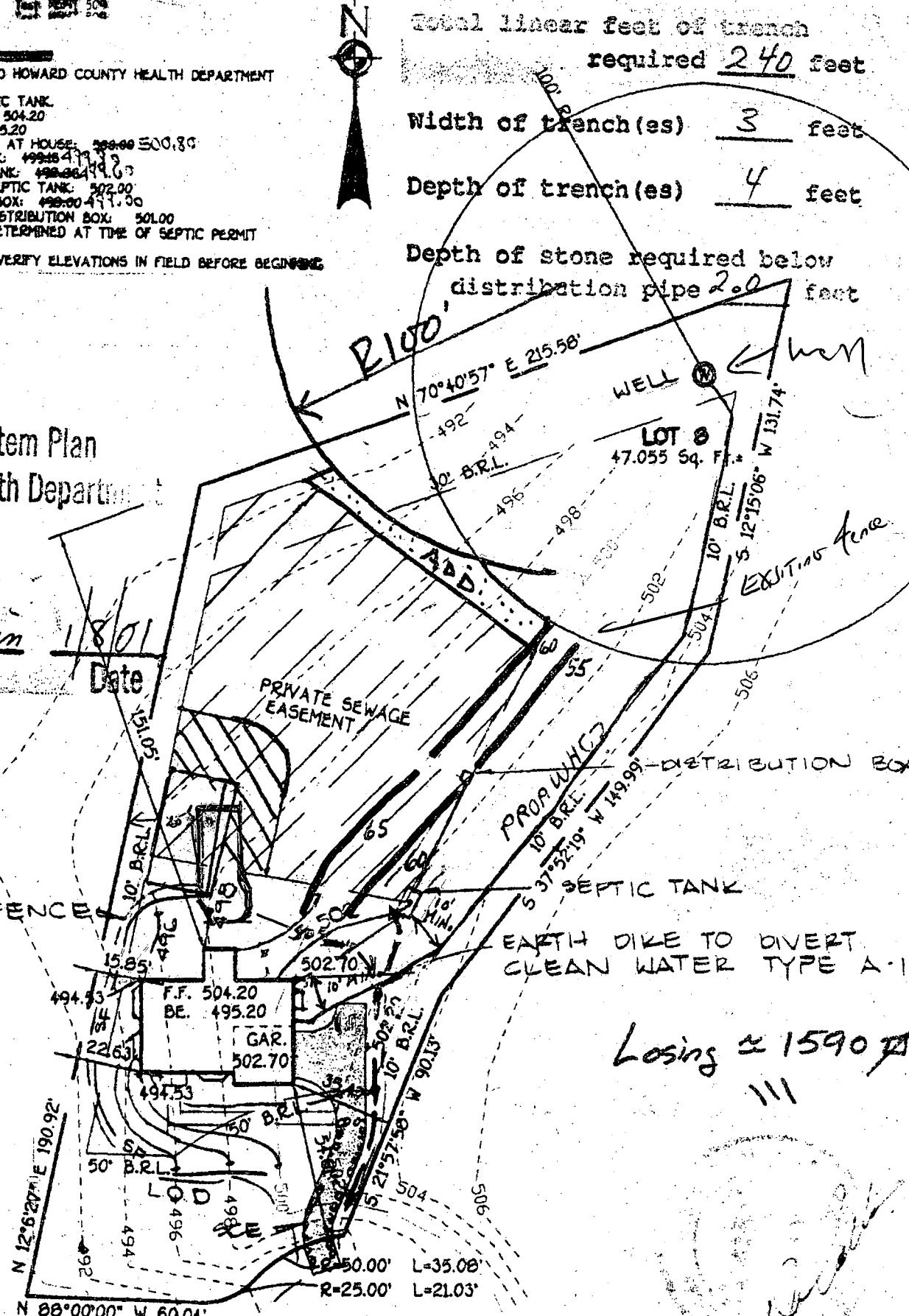
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Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan  
 Howard County Health Department

*Mark Rifkin* 1/8/01  
 Signature Date

*pumped system  
 located inside of 3'*



*Lossing ≈ 1590 ft*

FRIENDSHIP FARM COURT  
 (50' R/W)

1:50 PLAN BY FCC

*[Handwritten signature]*

