

12/27/99
10:00
2/22/00
11am
SEPTIC
1 PM
2/23/00 11am

Needs Pump Test

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 513188

A 50195-Q

DISTRICT _____

DATE 12-23-1999

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

H 330052

DATE SYSTEM APPROVED 2/23/00

INSPECTOR S.R.K.

Union Paving Company, Inc.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 5977 Sandy Ridge Road, Elkridge, MD 21075

PHONE 410-379-6463

SUBDIVISION Friendship Farms

LOT 10

ROAD 2713 Friendship Farm Court

PROPERTY OWNER Altieri Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

PUMPED SEPTIC SYSTEM PROPOSED

INSTALL: 1-1250 GALLON TOP SEAMED PUMP CHAMBER

- NOTES:
- Septic pump detail to be provided by installer prior to issuance of septic permit.
 - Pump performance test is necessary prior to Health Department approval of pumped septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 153.21' and 275.37' lot lines, begin trenches 125 feet up the 275.37' lot line and 75 feet off that same lot line. Run trenches on contour

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 12/23/99 DKS

PLANS APPROVED BY Amy McMillen/C. Williams

DATE 11-02-1999

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 WELLS (SEE 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**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

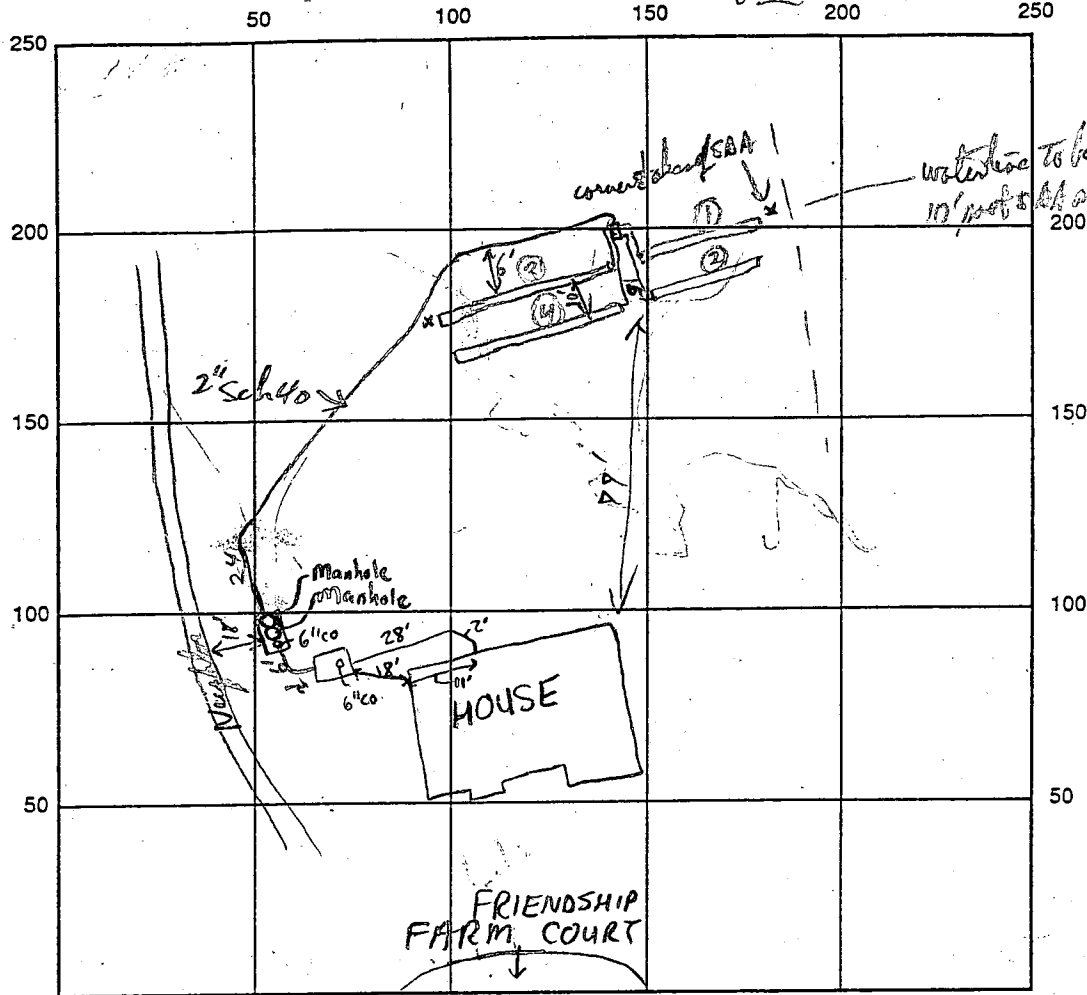
HD-260(6-90)

BUILDING PERMIT SIGNED AND RETURNED

12-10-01 600151574 - FINISH BAseland

A 50195-Q

well HO-94-0762



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

PUMP CHAMBER LEVEL ✓ 1250 gallon topseam Septic Tank
 SEPTIC TANK LEVEL ✓ 1500 gallon midseam P.T. → 2 chamber CLEANOUTS (6" on Pump Tank & 2 Manholes)

DISTRIBUTION BOX LEVEL ✓ (No pits levelled but all 4" lines very close to level)

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 45/40/75/75 FT. = 235

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 705 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: Site for met with installer. To continue as planned. Waiting for easement
area to be staked. (SR) 1/7/00 - OK TO COVER FROM HOUSE TO TANKS (SR)
Trenches OK to cover, OK to cover PC + supply line when well finished. All 1/13/00. Need pump test
2/22/00 - PUMP TEST NOT APPROVABLE (SR) 2/23/00 - PUMP OPERATIONAL &
HIGH WATER ALARM OPERATIONAL OK (SR)

DATE SYSTEM APPROVED 2/23/00 INSPECTOR Steven R. Kuej

APPLICATION

PERCOLATION TESTING

A 501950

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 STONEY BRITTON Artieki James

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. 10

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

2713 FRIENDSHIP FARM COURT

TAX MAP 15 PARCEL # 65

SIZE OF LOT 40,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DETACHED - 4 BR
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERMIT SIGNATURE

NO RETURNED 11-2-99

Serial # B10120576

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 501950
COUNTY #

LOT

SOIL PROFILE

0'
257
orange
brn
C

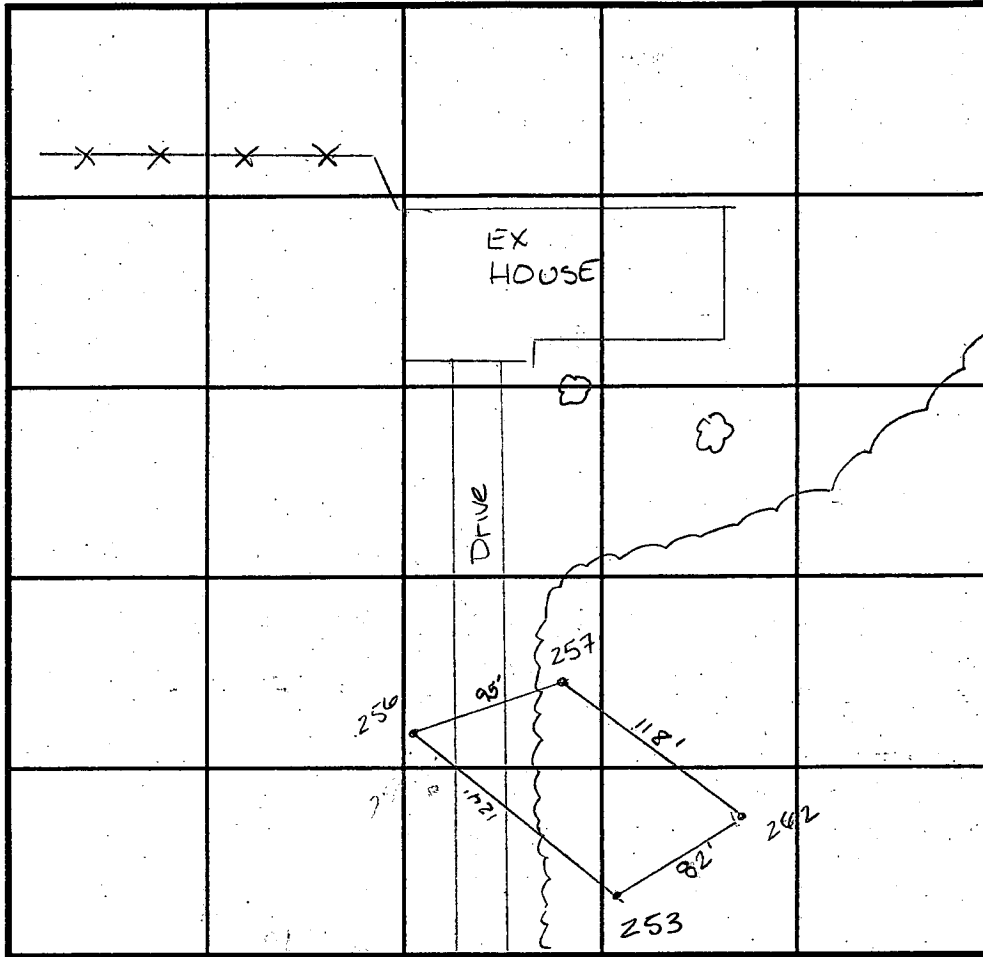
3'
lgt
orange
tint, brn
SL w/ some
silt
no
shale or
rock

8'
lgt
brn
SL
mica

10 1/2'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

253/256/3
No
distinct
Clay
layer
SL
orange
brown
micaceous
some
1"-2"
flecks of
mica
OK

253/262
No
distinct
clay
layer
SL
orange
tan
some
Si

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/9/94	257	3' $\sqrt{10 1/2}$	12:32 ¹⁵	12:32 ⁴⁵	12:32 ⁴⁵	12:33 ³⁰	45 sec
	257	repour	12:33 ⁴⁵	12:33 ¹⁵	12:33 ¹⁵	12:34 ¹⁵	1 min
	256	6 1/2' $\sqrt{11}$	12:36 ⁴⁵	12:37 ⁴⁵	12:37 ⁴⁵	12:37 ¹⁵	15 sec
	256	2' $\sqrt{11}$	12:40 ¹⁵	12:40 ⁴⁵	12:40 ⁴⁵	12:41 ¹⁵	30 sec
	256	repour	12:41 ¹⁵	12:42 ⁴⁵	12:42 ⁴⁵	12:43 ¹⁵	1 min
	253	2' $\sqrt{10}$	12:54 ⁴⁵	12:55 ⁴⁵	12:55 ⁴⁵	12:57 ⁴⁵	1 1/4 min
	262	Visual to		10'			OK

REMARKS holes ready to collapse (256)
shallow only due to fast perc times

TYPE OF SOIL _____

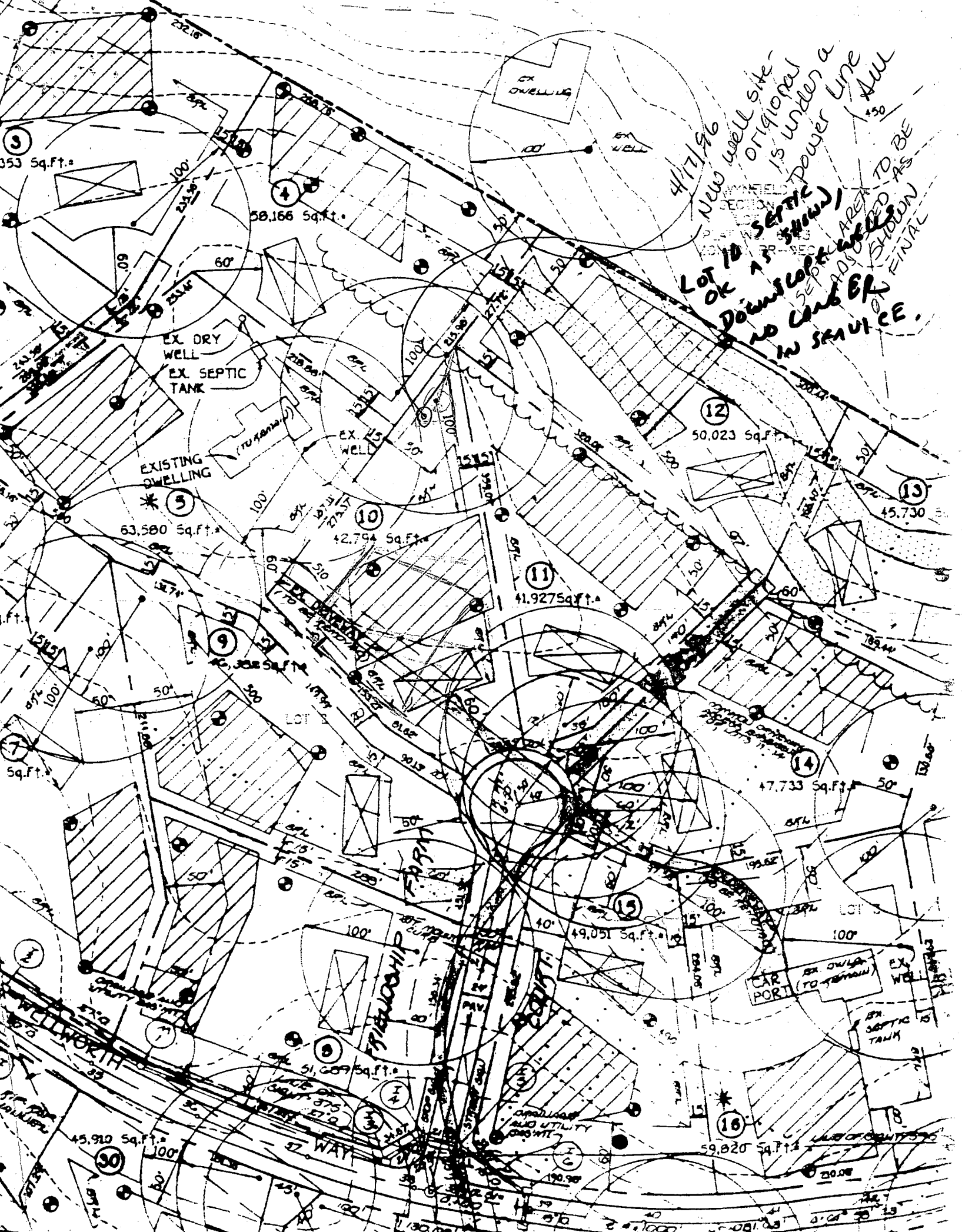
TESTED BY Amy McMillen ALSO PRESENT FRANK MANALANSAN

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

INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 4 SQ. FT./BEDROOM 180 ft²

8
lgt tan
grey
SL
100% shale
hard bottom

10



B 1 **0679** 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
40-94-0762
 fill in this form completely

Date Received (APA)
032696

OWNER INFORMATION

B 2 I T T E M PROP **P A R T N E R**
 15 Last Name 13 Owner 34 First Name

P O BOX **1321**
 36 Street or RFD 55

E L L I C O T T **E I T Y M O** **2 1 0 9 2**
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

1 **2** **HOWARD**
 8 COUNTY

F R I E N D S H I P **F A R M** **S u b**
 23 SUBDIVISION 42

SECTION **10** LOT **10**
 44 46 48 50

W E S T **F R I E N D S H I P**
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** **M I**
 73 76 77 78

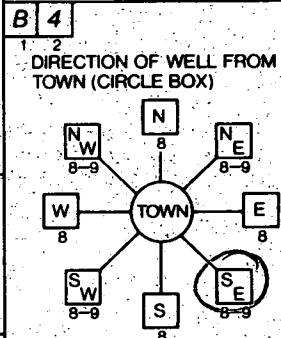
DRILLER INFORMATION CIRCLE (MSD) MGD/MWD
R A L P H **M A Y N E** **1 1 6**
 77 License No. 80

Driller's Name **Ralph Mayne Well Drilling**

Firm Name **5120 Brown Church Rd. Mt. Airy**

Address **Shalk Mayne** **3/14/96**

Signature Date



11 **F R I E N D S H I P** **F A R M** **R D**
 NEAR WHAT ROAD 30

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

34 **300** 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**
 2 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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 **A50195-0**
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S 41

DATE ISSUED **041296** **A. Mc Miller** **4/12/97**
 43 48 CO SIGNATURE EAST EXP. DATE

NORTH GRID **332000** EAST GRID **0814000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **159** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)

B O R E D (or Augered) **J E T T E D** **J e t t e d & D R I V E N**

A I R - R O T A R Y **A I R - P E R C U S S I O N** **R O T A R Y** (Hydraulic; Rotary)

C A B L E **R E V E R S E - R O T A R Y** **D R I V E - P O I N T**

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8104
5302

5/10/96 10:30 Groot
 45' casing
 30 open
 17 bags

Am

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

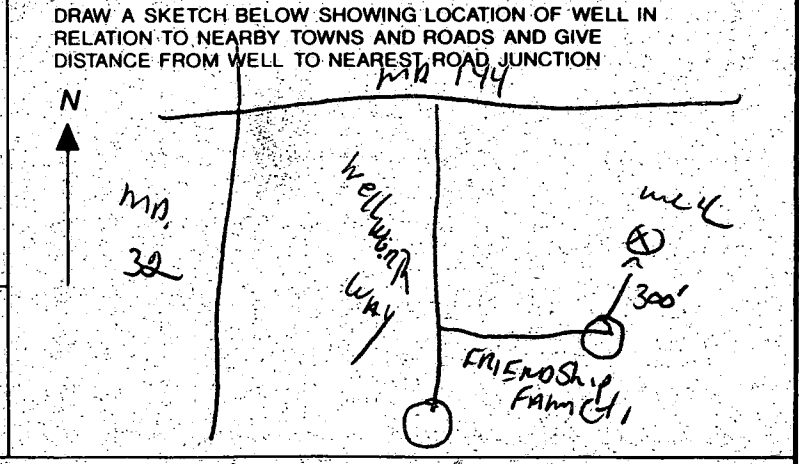
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEM AN EXISTING WELL

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

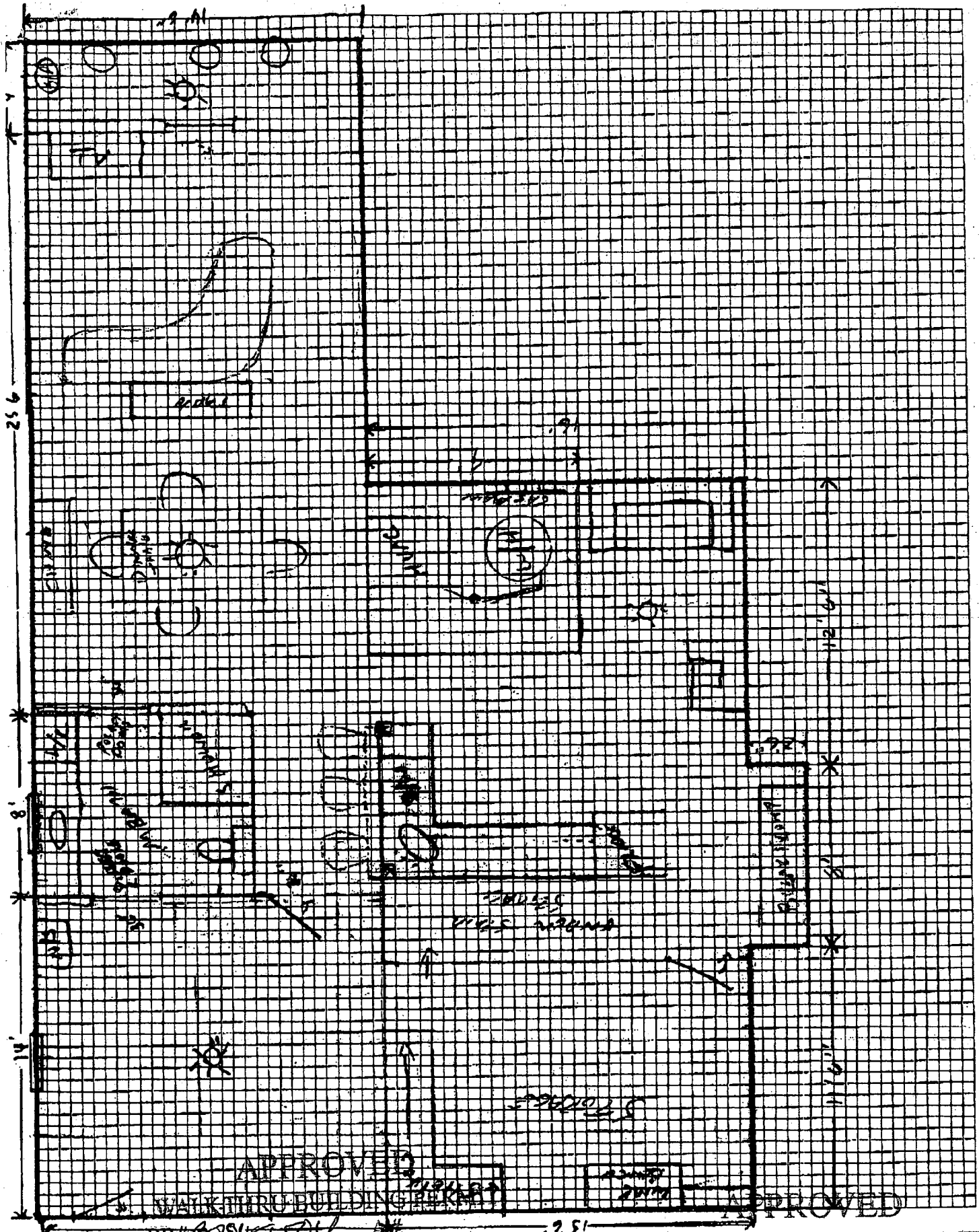


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ **G A P** _____ 54 63

FORCE **AM** INITIALS IN BOX PERMIT No: **40-94-0762**
 67 68 70 71 72 73 74 75 76 77 78 79

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



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 00515704
 APP. SAN P.A.Y DATE: 12-10-04
 DESC. OF WORK: Finishing Basement

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# 50195-Q
 APP. SAN P.A.Y DATE: 12-10-04
 DESC. OF WORK: Finishing Basement