

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

313-2640

INDEXED

03-318893

P 50609

A 47201 A

DISTRICT 3rd

DATE 3-29-95

DATE SYSTEM APPROVED 4/11/95

INSPECTOR C. B. J.

Arnold Backhoe & Septic Services, Inc. IS PERMITTED TO INSTALL ☒ ALTER ☐

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

SUBDIVISION West Friendship Estates LOT 30 ROAD 3144 River Valley Chase

PROPERTY OWNER ~~Trinity Custom Homes~~ Lohman

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

BLDG. PERMIT SIGNED

AND RETURNED 10/3/96

Send # B17102515 - sent

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 155 feet down the right lot line (341.94') and 15 feet off that same lot line when facing the lot from River Valley Chase. Run trenches on contour toward the left front corner of the lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 1/19/95 DJS

PLANS APPROVED BY Amy McMillen DATE 11/28/94

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

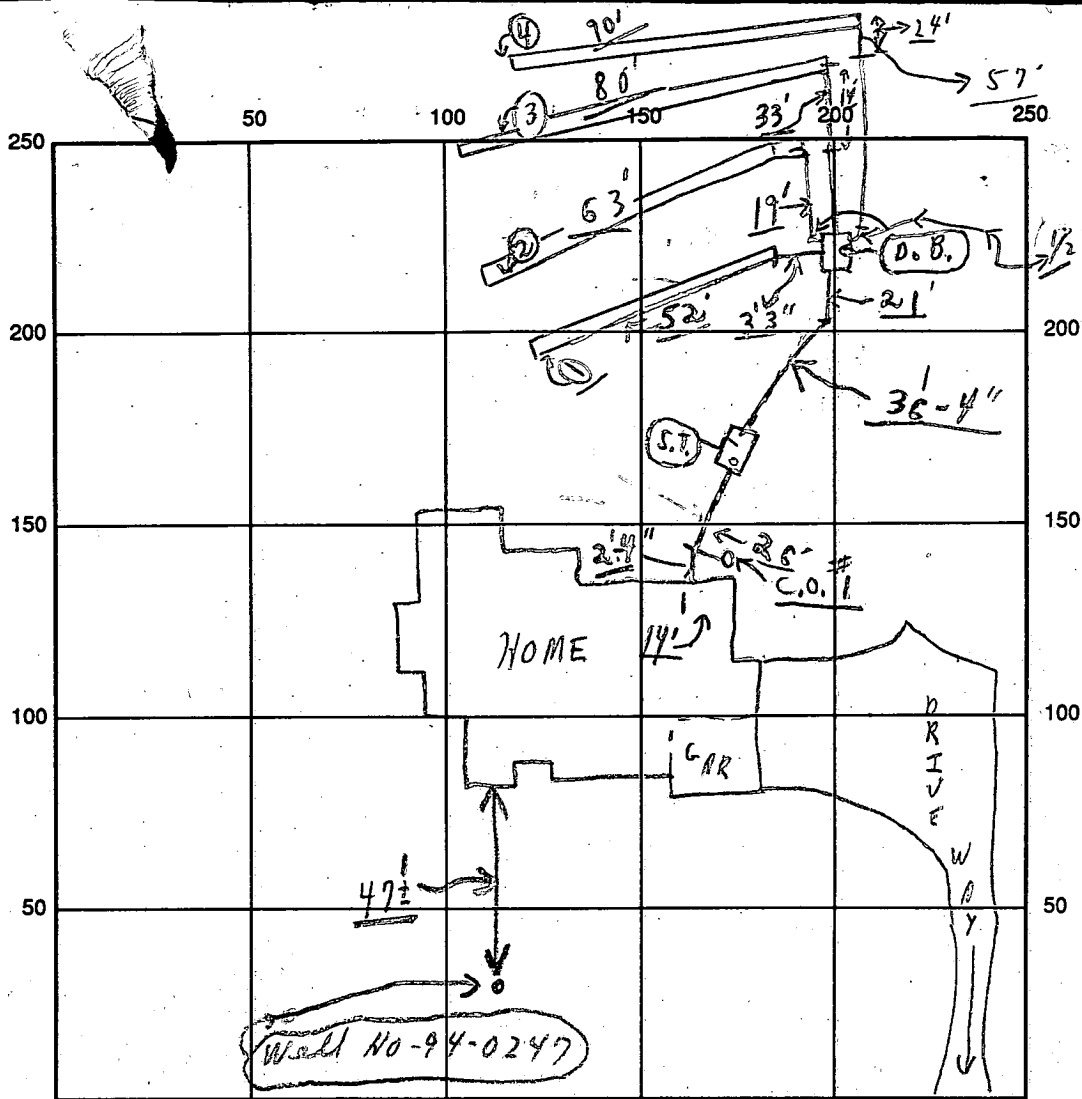
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

RIVER VALLEY CHASE

SEPTIC TANK LEVEL OK CLEANOUTS OK C.O. #1

DISTRIBUTION BOX LEVEL OK (Raffles in)

DRAIN FIELD/TITLE DEPTH 6' FT. TRENCH WIDTH 3' FT. INLET DEPTH 4' FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH 285' FT. (285)
 NUMBER OF TRENCHES 4 ONE SIDEWALL BOTTOM AREA 855 SQ. FT.
 DRYWALL INSIDE DIAMETER 90' EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 855 SQ. FT.

REMARKS: 4/10/95 OK TO MOVE D.B. 30' DOWNHILL TO FIRST TRENCH
(AS PER PLAN) MR 4/11/95 OK TO COVER TO 3rd trench from
home partial; all done except last trench; C.O.
4/11/95 Last trench ok to cover up - final; C.O.

4/11 W.P.I. - Final C.O.

DATE SYSTEM APPROVED 4/11/95 INSPECTOR Charles Bryan Stricker, Jr.

APPLICATION

PERCOLATION TESTING

A 47201
P _____

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

DISTRICT _____
DATE 6/12/91

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 PERCONTEE, INC., Trinity Custom Homes
ADDRESS 11900 TECH RD, SILVER SPRING MD. 20904 PHONE JOHN REUWER 740-2100 X291 410-313-8723
PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WEST FRIENDSHIP ESTATES Section IV Lot No 120
27

ROAD AND DESCRIPTION WEST IVORY RD. E RT 32, SOUTH OF RT. 70
(3144 River Valley Chase)

TAX MAP 15 PARCEL # 42

SIZE OF LOT 3.00 AC. +/- TYPE BLDG SF-D-4Brm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

OLD PERMIT SIGNED

AND RETURNED 1/4/95

Serial # 51302

(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.

John C. Reuwer
(SIGNATURE OF APPLICANT)
FOR PERCONTEE, INC.

APPROVED BY John C. Reuwer FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 47203

P _____

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

DISTRICT _____

DATE 6/12/91

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 PERCONTEE, INC.

ADDRESS 11900 TECH RD, SILVER SPRING PHONE JOHN REUWER
MD. 20904 740-2100 X291

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WEST FRIENDSHIP ESTATES Section III LOT NO 29 Lot 119 (7/14/91)

ROAD AND DESCRIPTION WEST IVORY RD. & RT 32, SOUTH OF RT. 70

TAX MAP 15 PARCEL # 42

SIZE OF LOT 3.00 AC +/- 1 AC TYPE BLDG SFD
(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.

APPROVED BY John C. Reuwer (SIGNATURE OF APPLICANT)
FOR PERCONTEE, INC. DATE _____

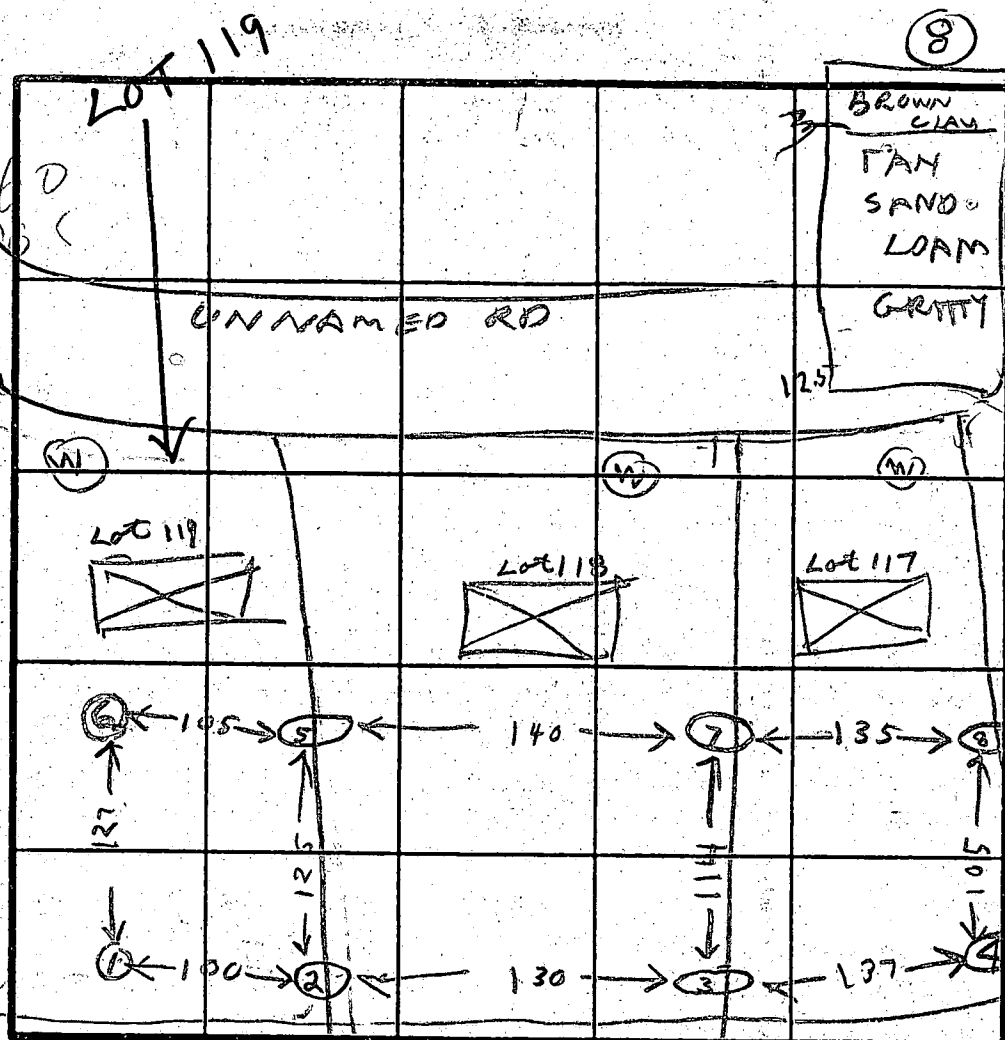
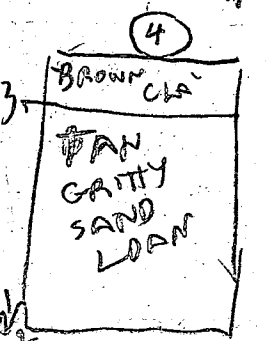
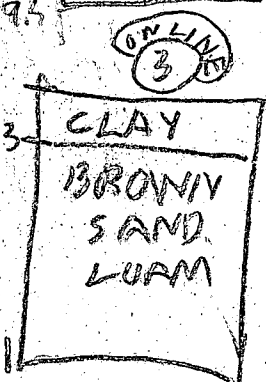
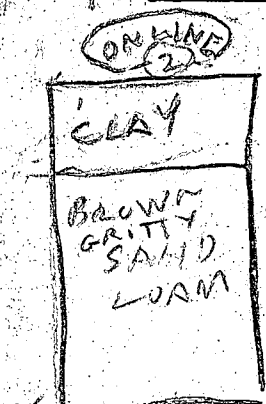
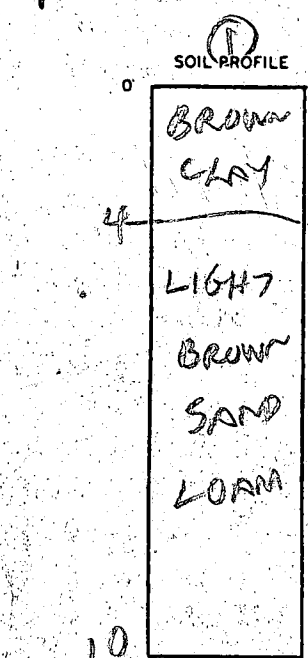
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

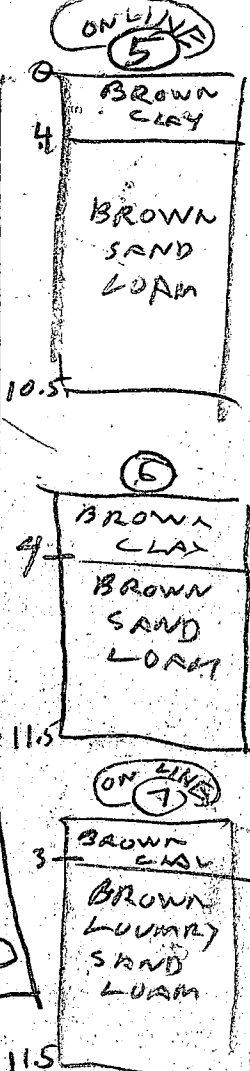
REASONS FOR REJECTION OR HOLDING 7/12/91

THIS IS NOT A PERMIT

Lot 119
A 47203



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/14/91	1S 1V	5 10	110 OK	114	114	124	10	Lot #119
7/12/91	2S 2V	4 9.5	120 OK	140 SHALLOW	140	208	28	ON LINE #118
	3S 3V	4 11	131 OK	133	133	135	2	ON LINE #118 #117
	4S 4V	4.5 10.5	144 OK	147	147	150	3	#117
	5S 5V	7.5 5	205 210	207 216	207 216	210 239	3 13	ON LINE #114 #118
	5V	10.5	OK					#119
	6V	11.5	OK					#119
	7D 673	6 3	228 228	233 230	232 230	240 232	7 2	ON LINE LOT #117 #118
	7V 8V	11.5 12	OK OK					#117

REMARKS NO SURVEYOR STAKED HOLES

TYPE OF SOIL _____

TESTED BY R. HODGES

ALSO PRESENT HUGH OKETTERMAN JR

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 _____

NO FEE

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 W LEASHP 1 LOT NO. 32 31

ROAD AND DESCRIPTION WORD FARM

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

Call at LOT #31 ← (2 on line Holes)

COUNTY #

SOIL PROFILE

0' Hole ①

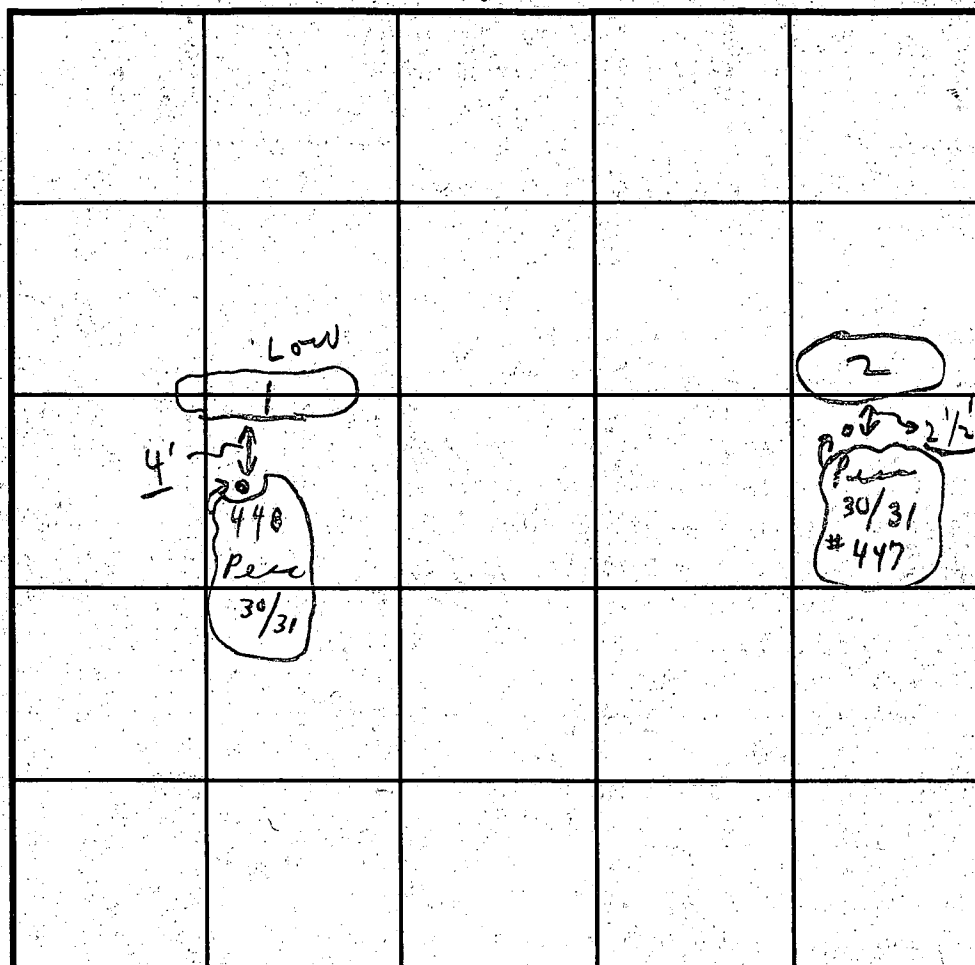
to 4' clay
4' to
ALL
LOAM
↓
11'

DRY
HOLE ②

0' - 6 1/2'
clay
6 1/2' - 11'
ALL
LOAM
↓
11'
DRY

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	
1/26/93	①	4'	1:08	1:10	1:10	1:18	out & on
Tues	#448	11'	(all loam)				
(2) only	②	6 1/2'	1:11	1:13	1:13	1:17	4 min
	#447	11'	(all loam)				
← (No other day) →							

REMARKS Tests in open

TYPE OF SOIL Loam

TESTED BY C.B.C.

ALSO PRESENT O.K. Jr. & assistant

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

B 1 <div style="border: 1px solid black; padding: 2px; font-size: 24pt; font-weight: bold;">5318</div>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">H0-94-0247</div>
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		70 fill in this form completely 79	
OWNER INFORMATION Date Received (APA) <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">110294</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">TRINITY BUILDERS INC</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">6212 Devon DRIVE</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">COLUMBIA MD 21044</div>		LOCATION OF WELL 8 COUNTY <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">HOWARD</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">WEST FRIENDSHIP EST.</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">30</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">WEST FRIENDSHIP</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">2 MI</div>	
DRILLER INFORMATION Driller's Name <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">Joseph L. Mayne</div> Firm Name <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">Joseph L. Mayne Well Drilling</div> Address <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">5512 Ridge Rd. Mt. Airy 21771</div> Signature <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">Joseph Mayne</div> Date <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">10/31/94</div>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">5</div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">500</div>		NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">River Valley Chase</div> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">20</div> DISTANCE FROM ROAD <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">FF</div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">HOWARD</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">A 47201</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">11/15/94</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">Charles Regan Shuck</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">11/15/95</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">529000</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">0808000</div>	
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">200</div> FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 15' Bags of cement 3. 58' casing 48' 6" rough open 2 1/2' casing above ground (✓ on top of casing)	
METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT other		WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">800 8</div> <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">520 9</div>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY)			
APPROX. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">GAP</div> FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX PERMIT No. <div style="border: 1px solid black; padding: 2px; font-size: 18pt; font-weight: bold;">H0-94-0247</div>			
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			

C1 5927

SEQUENCE NO.
(ENV USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS 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 47201ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

8 13

12/29/94

Depth of Well
22 200 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-0247OWNER TRINITY BLDGS. INC.
STREET OR RFD last name RIVER VALLEY CHASE first name TOWN W. FRIENDSHIP
SUBDIVISION W. FRIENDSHIP EST. SECTION 1 LOT 30

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed) FEET
FROM TO Check
if water
bearingSAND 0 53
GRAY MICA Pkt 53 200 ✓Dry well 400'
filled in
with cement &
drilling materials

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 15 NO. OF POUNDS 1410

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 48 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING TYPE Nominal diameter
top (main) casing
(nearest inch) Total depth
of main casing
(nearest foot)

5 6 58

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type
or open hole

SCREEN RECORD

insert
appropriate
code
belowST BR HO
STEEL BRASS OPEN
HOLE
PL OT
PLASTIC OTHER

C2

DEPTH (nearest ft.)

1 H0 55 200

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST
INCH)

from to

GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68MDE 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.
to nearest gal.) 15METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 27

WHEN PUMPING 62

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 YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USETYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:CAPACITY:
GALLONS PER MINUTE

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)LAND SURFACE
(nearest foot)

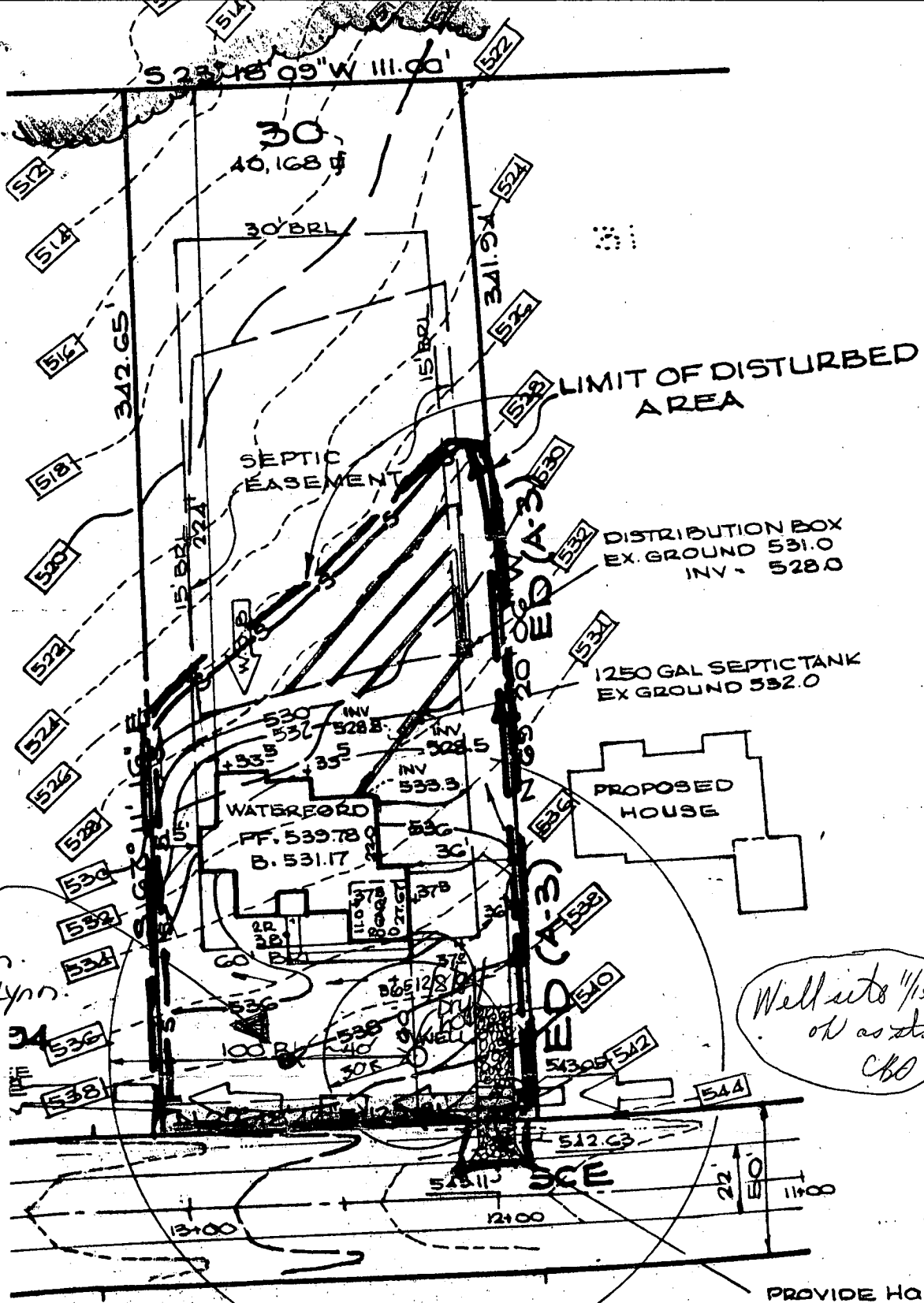
LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO 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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO. 24

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign: of driller or journeyman
responsible for sitework if different from permittee)

COUNTY



RIVER VALLEY CHASE
(PUBLIC ROAD)

Trinity Homes Inc.
410-450-2836
730-3137

Lot 30 Fox Valley
West Friendship Estates



10/10/94



CLARK • FINEFROCK & S.
ENGINEERS • PLANNERS • SU

7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-

DESIGNED
R.M.T.

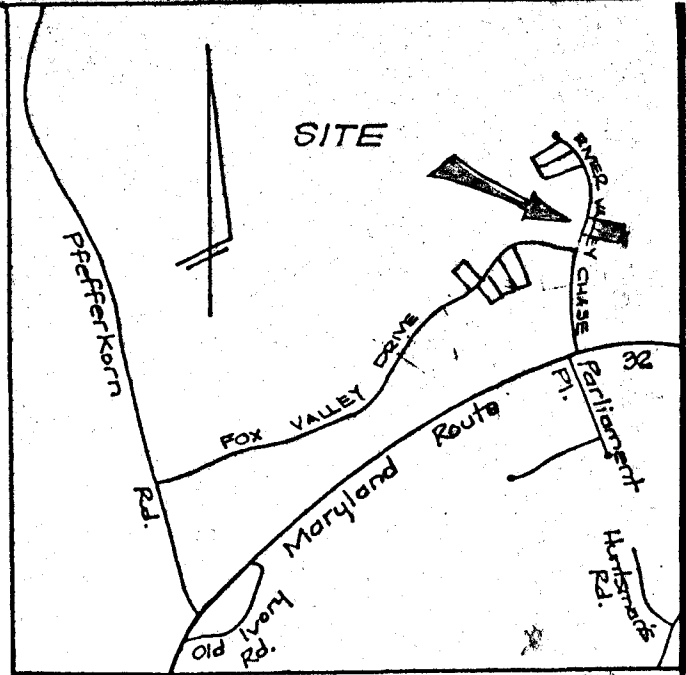
DRAWN

**SITE DEVELOPMENT
AND EROSION CON.**
LOT 30

WEST FRIENDSHIP

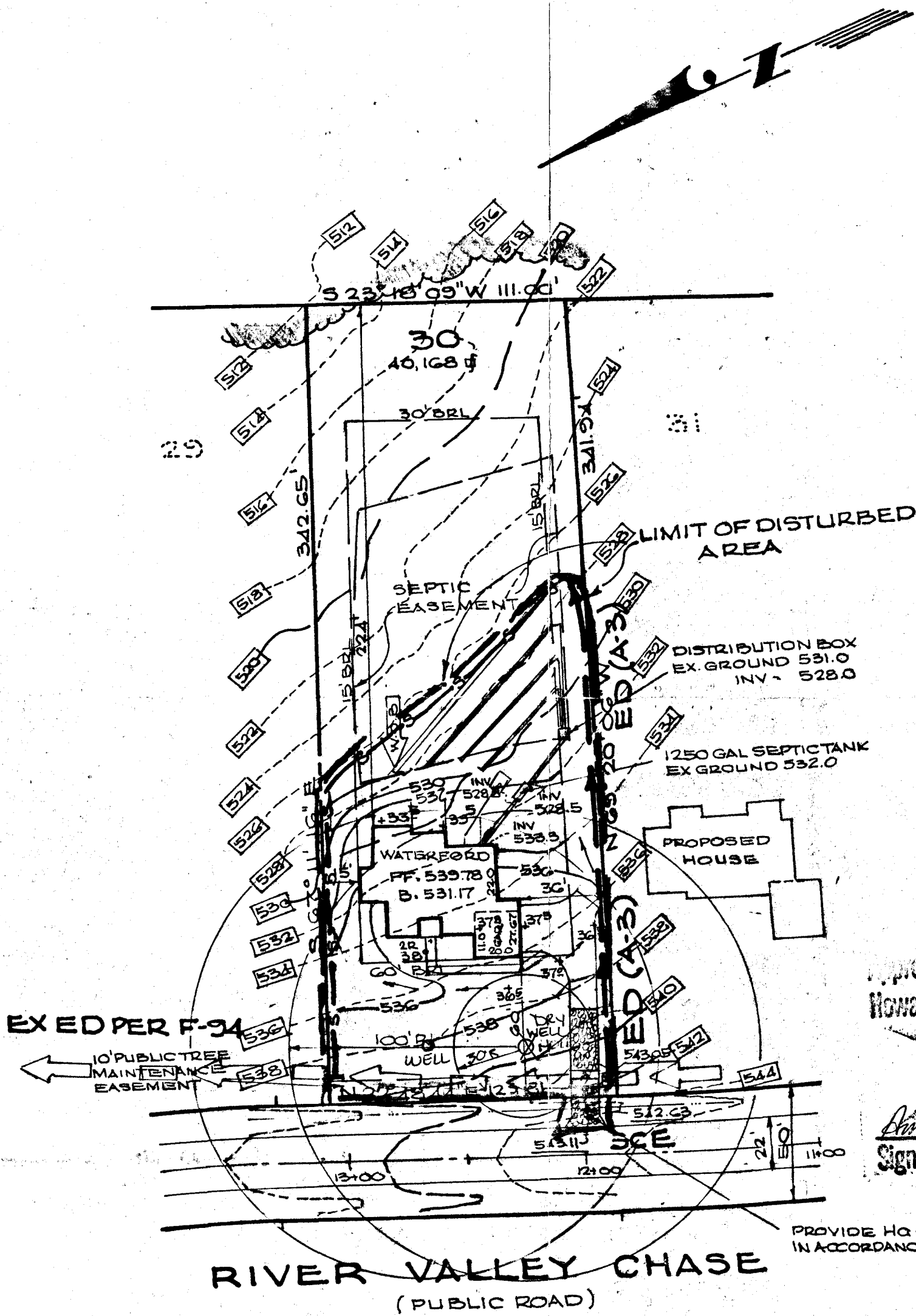
LEGEND

Contour Interval 2 Ft.
Proposed Contour ---448---
Existing Contour ---448---
Spot Elevation +48±
Direction of Drainage →
Silt Fence ---S---S---S---
Stabilized Construction Entrance w/ Mountable Berm
Ex. Earth Dike → Ex. E.D. (A-1) →
Earth Dike → E.D. (A-1) →
Limit of Disturbance —————



VICINITY MAP

Scale: 1" = 2000'



Approved Septic System Plan
Howard County Health Department

Danny M. Miller 11/4/95
Signature Date

PROVIDE HQ CO. DRIVEWAY ENTRANCE
IN ACCORDANCE WITH STD DETAIL R.C. 06

RIVER VALLEY CHASE
(PUBLIC ROAD)

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.



G. Nelson Clark 10-10-94
G. NELSON CLARK DATE



CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 - BALTO. • (301) 621-8100 - WASH.

DESIGNED R.M.T.	SITE DEVELOPMENT, SEDIMENT AND EROSION CONTROL PLAN LOT 30 WEST FRIENDSHIP ESTATES SECTION I 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN R.M.T.		DRAWING 1 OF 1
CHECKED JME		JOB NO. 94-104
DATE 10/10/94		FILE NO. 94.104

For TRINITY BUILDERS INC.
6212 DEVON DRIVE
COLUMBIA, MD. 21044

G.P. 95-25

proposed deck
OK as shown

5/31/95

4' WIDE
SIDEWALK

VERT PIPE

RIVER VALLEY CHASE
(PUBLIC ROAD)

PROVIDE HC
IN ACCORDAN