

8/28/96
8/29
ASAP
8/27
ASAP
8/28/96
ARP
8/29
C.P.
PM
10/20/97 WPI
10-30

PAID 8/26/96
CHECK 8275

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-318745

P 57088

A 47212-B

DISTRICT

DATE 8-26-96

DATE SYSTEM APPROVED 8/26/97

INSPECTOR ALM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXX461-9933 313-2640

INDEXED

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL ☒ ALTER

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

SUBDIVISION W. Friendship Estates LOT 17 ROAD 3196 River Valley Chase

PROPERTY OWNER ~~Trinity Custom Homes~~ JAMES ARNOLD

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK

NUMBER OF BEDROOMS 4

270 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 360

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 - Location to be determined at the time of installation.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 8/20/96 DKS

PLANS APPROVED BY Glen Savage DATE 8/16/96

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

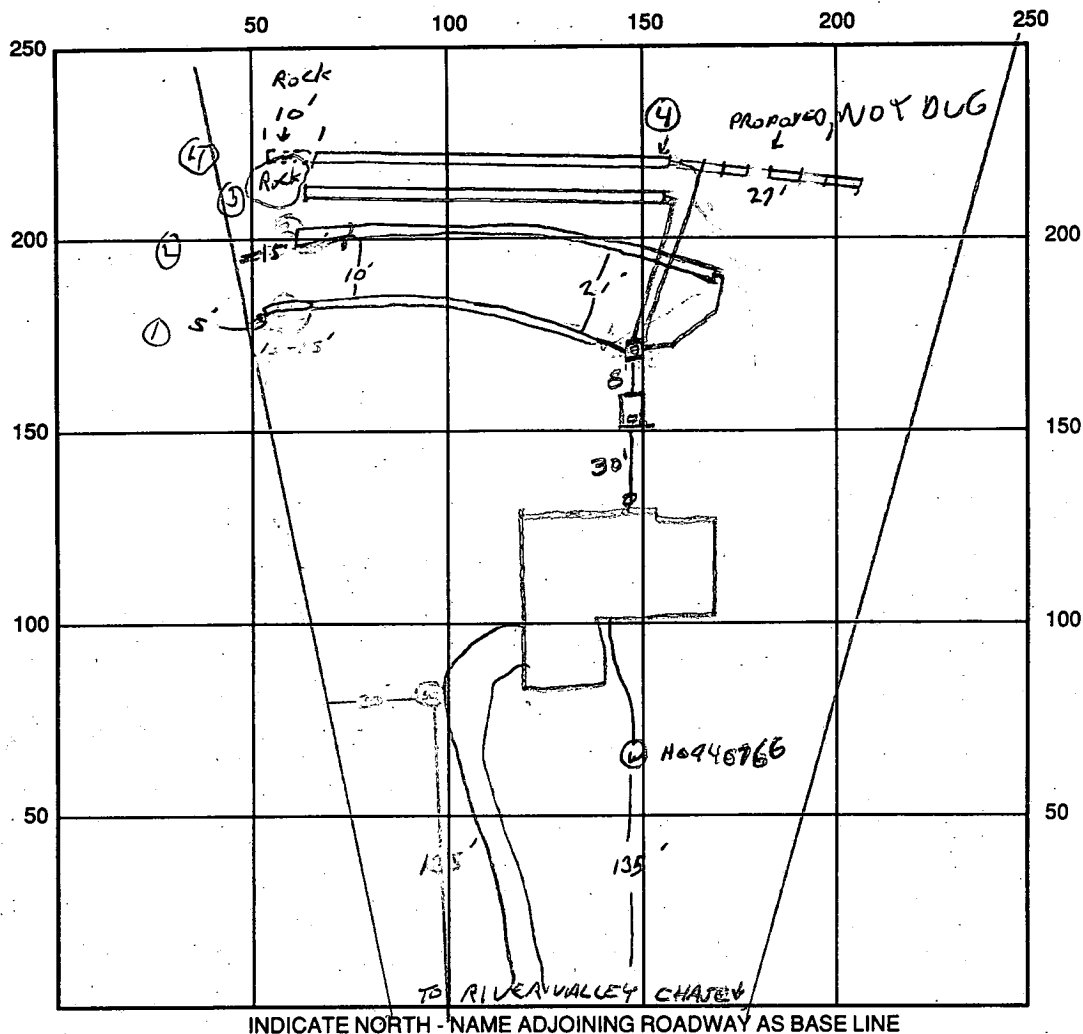
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BLDG PERMITS DIVISION
AND RETURNED 7/12/01
000131483-deck

A
47212-B



SEPTIC TANK LEVEL OK 1250 gal

CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - baffle 13.10

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 359 FT.

NUMBER OF TRENCHES 24 ONE SIDEWALL/BOTTOM AREA 1177 SQ. FT.

DRYWALL INSIDE DIAMETER 1 FT. EFFECTIVE DEPTH BELOW INLET 1 FT.

ABSORBENT AREA SQ. FT.

REMARKS: 8/26/96 TRENCH INSTALLATION PROCEED, OK TO COVER FIRST TWO TRENCHES. 8/27/96 TRENCHES 1-3 OK TO COVER, TRENCH 4 HAS ROCK FOR FIRST 10' - NOT USABLE, 27' TO BE ADDED TO OPPOSITE END. DISTRIBUTION BOX + TRENCHES TO BE COMPLETED PM - COVER WHEN DONE IF INSPECTOR HAVN'T RETURNED. LATE INSPECTION - HEAVY RAIN, CONTRACTOR GONE, 4TH TRENCH ONLY $\frac{1}{2}$ STONED, LAST 27 NOT DUG. 8/29 TRENCH 4 CLEANED OUT - 3' OF SILT, MAKEUP AREA ADDED TO 1ST 2

DATE SYSTEM APPROVED 8/26/97

INSPECTOR A. McMiller

APPLICATION

PERCOLATION TESTING

A 47212

P _____

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

DISTRICT _____

DATE 6/13/91

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 Inc

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

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WEST FRIENDSHIP ESTATES Section III LOT NO 37 OLD NEW 111

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

(3196 RIVER VALLEY CHASE) BLDG. PERMIT SIGNATURE _____

TAX MAP 15 PARCEL # 42 AND RETURNED 7-21-97

SIZE OF LOT 3.00 AC. +/- TYPE BLDG SFD - 4/3rm

(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 John C. Reuwer FOR PERCONTEE, INC. DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

O Ketterman

APPLICATION

PERCOLATION TESTING

A 47212

P _____

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

DISTRICT _____

DATE 6/13/91

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 LOT NO 2817

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

TAX MAP 15 PARCEL # 42

SIZE OF LOT 3.00 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.

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 6/14/91 perc OK HOLD FOR PLAT R14

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

4297

bright
pink
red
silclmbright
red
silclm
10%
rock

refusal

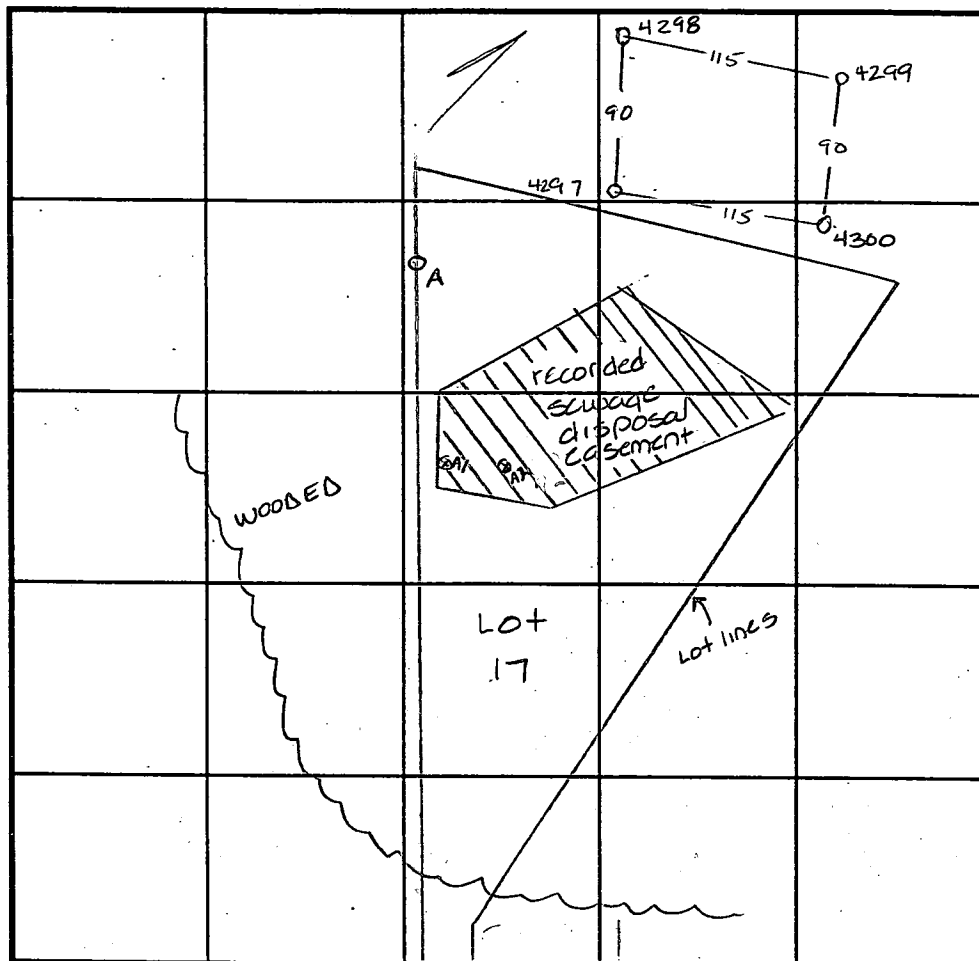
4299

No insp-
per
contractor>50%
rock
through-
out
water@
9.5

4300

red
brn
silclm
20%
rock>50%
rocklgt
orange
silclm

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. River Valley Chase

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7-29-96	4300	4.0 V8.5	12:00	12:06	12:06	12:19	13min	F
	4299	See profile						F
	4298	>50% rock at 4.5'						F
	4297	4.0 V8.0	11:51	11:57	11:57	12:21	24min	
	A	3.5 V9.5	12:27	12:29	12:29	12:31	2min	
8/15/96	A1	6'5"	2:39	2:42	2:42	2:53	11 min	15' OF TRENCH
8/15/96	A2	6'5"	2:46	3:05	3:05	3:32	27 min	

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Don Reuwer

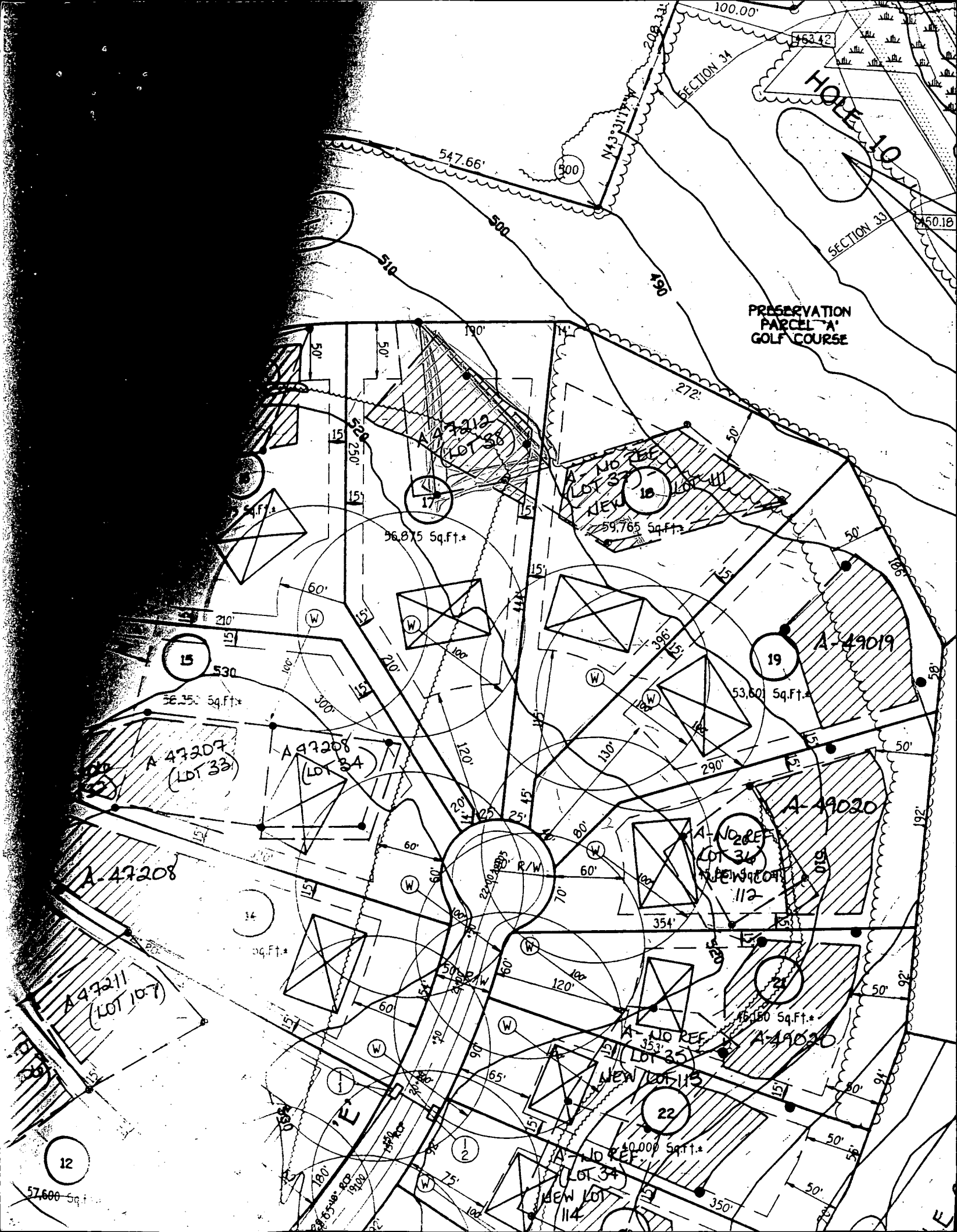
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 13 min

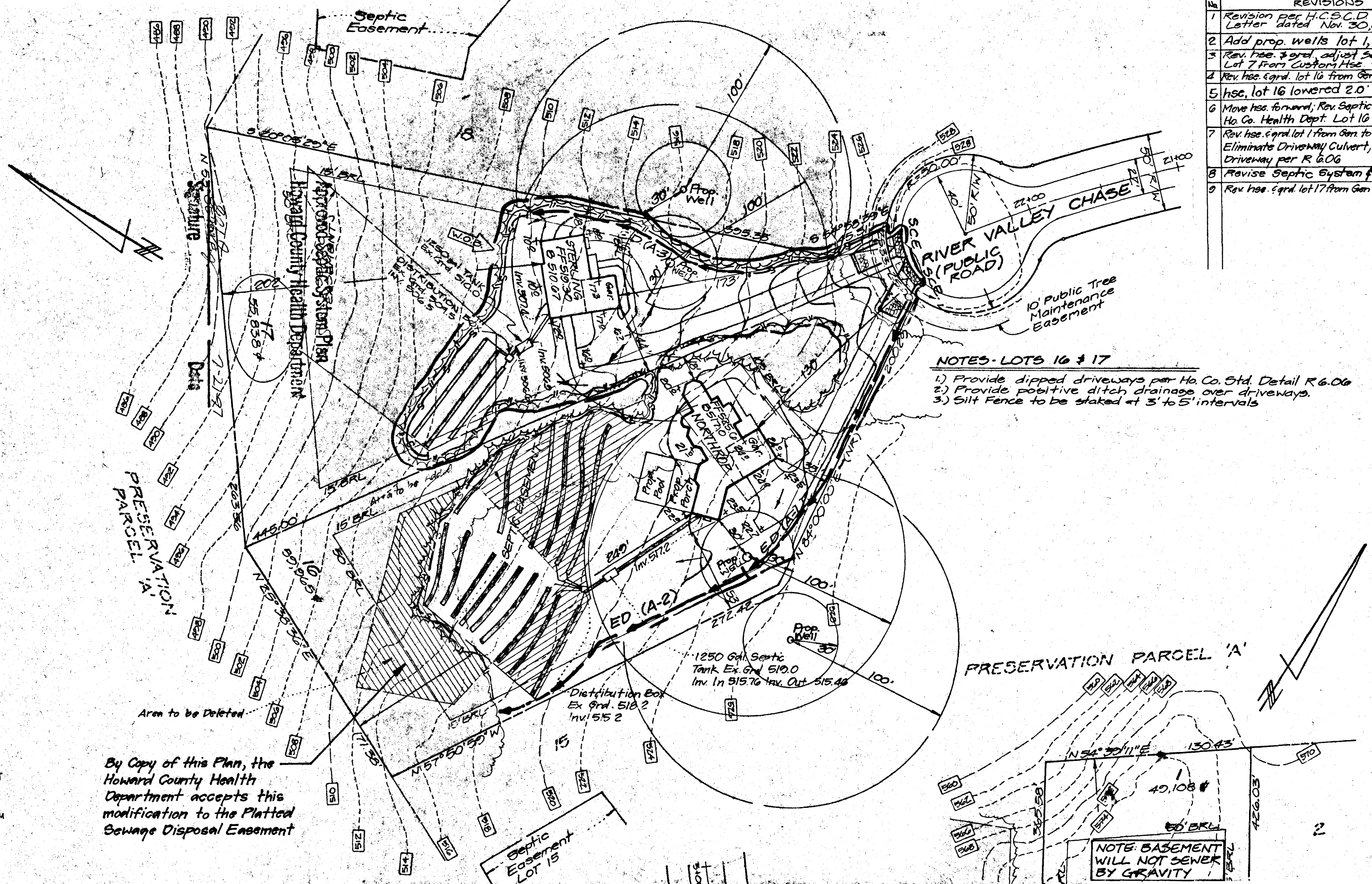
TRENCH WIDTH

INLET DEPTH

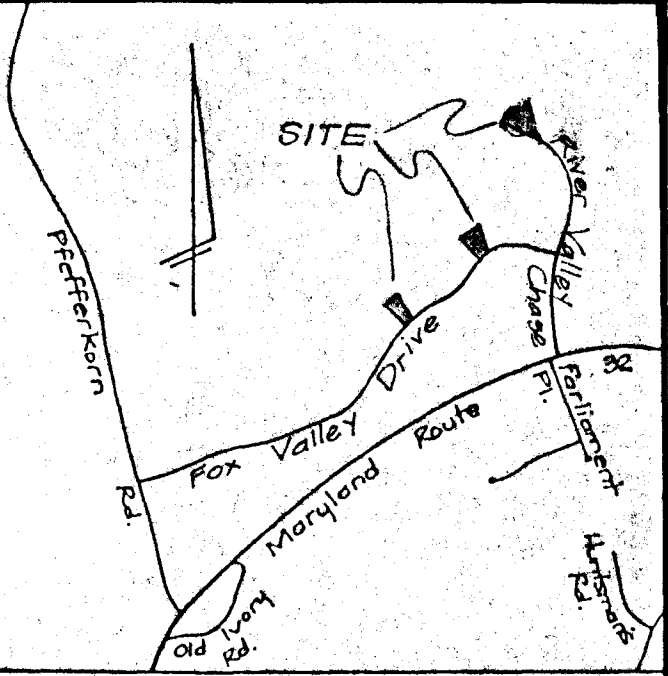
MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM





REVISIONS	DATE
1 Revision per H.C.S.C.D. Comment Letter dated Nov. 30, 1994	12-2-94
2 Add prop. wells lot 1, 7, 16 & 17	2-23-96
3 Rev. hse. & ord. adjust Septic & S+T Lot 7 From Custom Hse. to Trenton (R)	4-28-95
4 Rev. hse. & ord. lot 16 from Gen. to Northrop	5-7-96
5 hse. lot 16 lowered 2.0'	5-17-96
6 Move hse. forward; Rev. Septic System per Ho. Co. Health Dept. Lot 16	7-11-96
7 Rev. hse. & ord. lot 1 from Gen. to Trenton E-B Guss Eliminate Driveway Culvert, Provide Dip Driveway per R 6.06	9-25-96
8 Revise Septic System & Easmt. Lot 1	10-14-96
9 Rev hse. & ord. lot 17 from Gen. to Sterling	7-15-97



VICINITY MAP
Scale: 1" = 2000'

- NOTES - LOTS 16 & 17**
- 1) Provide dipped driveways per Ho. Co. Std. Detail R 6.06
 - 2) Provide positive ditch drainage over driveways.
 - 3) Silt Fence to be staked at 3' to 5' intervals

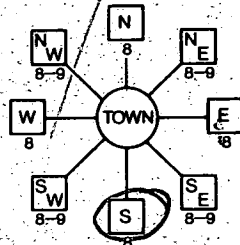
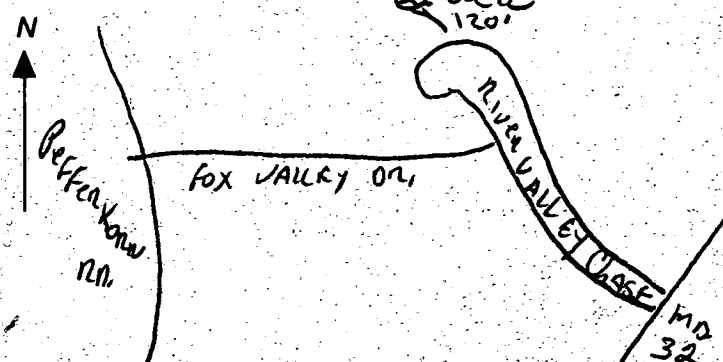
LEGEND

- Contour Interval 2 Ft.
- Existing Contour ——— 410 ———
- Proposed Contour ——— 410 ———
- Spot Elevation + 102
- Direction of Drainage →
- Ex. Trees to Remain
- Tree Protection Fence
- Silt Fence
- Earth Dike
- Limit of Disturbance
- Stabilized Construction Entrance

By Copy of this Plan, the Howard County Health Department accepts this modification to the Platted Sewage Disposal Easement

PRESERVATION PARCEL 'A'

NOTE: BASEMENT WILL NOT SEWER BY GRAVITY

B 1 8701 (THIS NUMBER IS TO BE PUNCHED IN GOLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-0766 fill in this form completely
Date Received (APA) 040996		B 3 LOCATION OF WELL	
OWNER INFORMATION TRINITY BUILDERS INC 6212 DEVON DR COLUMBIA MD 21044		HOWARD WEST FRIENDSHIP EST SECTION 1 LOT 17 WEST FRIENDSHIP MILES FROM TOWN (enter 0 if in town) 1 MI	
DRILLER INFORMATION DRILLER'S NAME: Ralph MAYNE FIRM NAME: Ralph Mayne Well Drilling ADDRESS: 9120 Brown Church Rd. Mt Airy SIGNATURE: <i>Ralph Mayne</i> DATE: 3/31/96		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		RIVER VALLEY CHASE NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 120 ENTER FT OR MI FT	
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 A47212 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 041596 GO SIGNATURE 4/14/96 EKP. DATE NORTH GRID 531000 EAST GRID 0807000	
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE E 8027 N 52031	
METHOD OF DRILLING (circle one) BORED (or Augered) ☒ JETTED ☐ Jetted & DRIVEN AIR-ROTARY ☒ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary) CABLE ☐ REVerse-ROTary ☐ DRIVE-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER GAP FORCE DS WRITE INITIALS IN BOX PERMIT No. HO-94-0766	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

COUNTY

410 997 2924; Apr-18-01 4:46; Page 2/2

