

5/17/96
ASAP C.O.
+ 2:30 PM
6-18-96
C.O.
10/15/96 AM
(P6625~)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-318826

P 56623 B

A 47221 B

DISTRICT 3

DATE 5/15/96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

INDEXED

DATE SYSTEM APPROVED 11/7/96

INSPECTOR ALM

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION West Friendship Estates LOT 23 ROAD 3172 River Valley Chase

PROPERTY OWNER Malcom J. MacDonald & Amy B. MacDonald

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

TOP SEAM TANK.

NUMBER OF BEDROOMS 4

*Contractor to contact this office to request a site inspection/perc test to confirm acceptable soil conditions prior to installation.

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

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

LOCATION - Place distribution box 150 feet up the right (357.01) lot line and 10 feet off that same lot line as seen when facing the lot from River Valley Chase.

NOTES - Run trenches on contour toward the left lot line.
No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK ALM 5/16/96

PLANS APPROVED BY Glen Savage REVISED DATE 5/8/96

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.

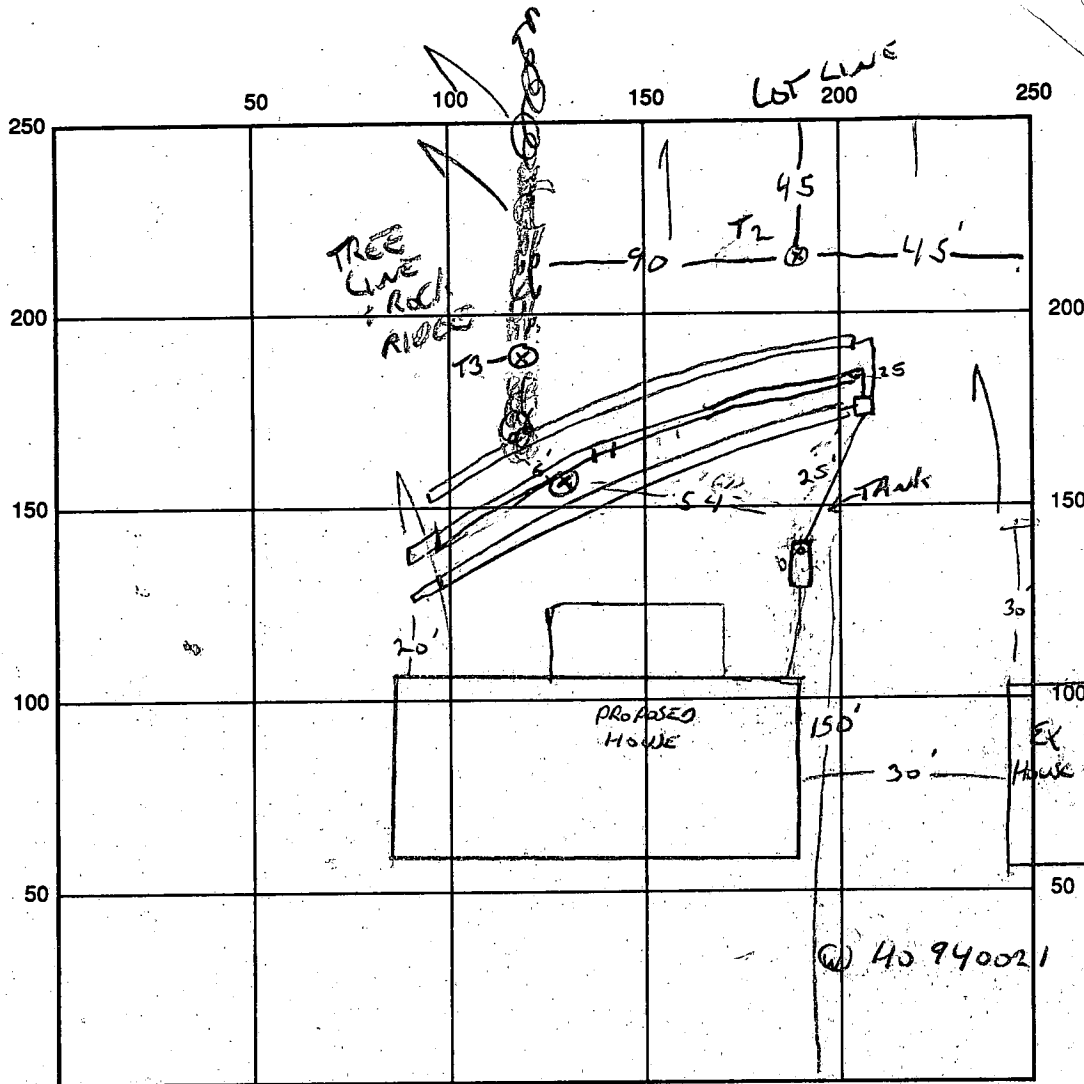
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 47221 B



TANK 15' 14"
OFF RIGHT
LOT LINE

T2: HARD AT
9' 6"
T3: OK AT
8' 6"
T1: OK AT
9' 6"

93TR
5
12
25-TANK

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
RIVER VALLEY CHASE

SEPTIC TANK LEVEL 1500 GAL TOP SEAM CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK BAELE IN

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 1/2/3 FT. = 279

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 837 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 5-17-96 TANK SET - GOOD SOIL IN TANK HOLE, TEST HOLE DUG
@ T1, T2, T3. ROCK AT SURFACE AT T3 OK AT 8' 6". TOPOGRAPHY VARIATION
IN TRENCH AREA OK TO DROP DIST BOX END DEEPER TO KEEP GRADE AT
FAR END OF TRENCH, 5/17 PM OK TO COVER 1ST 2 TRENCHES, TANK +
DIST BOX NEEDS HOUSE CONN + 3RD TRENCH FOR FINAL IS-OK
10/25/96 W.P.I. OK NOT ABLE TO VERIFY HOUSE CONNECTION. 11/7/96 HOUSE CONNECTION
MADE ALL

DATE SYSTEM APPROVED 11/7/96 INSPECTOR AMY McMillen

APPLICATION

PERCOLATION TESTING

A 47221B
P _____

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

DISTRICT _____

DATE _____

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 EASH I LOT NO. 24

(ON ^{24/23} LINE)
HOLES

ROAD AND DESCRIPTION NORD FORM

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 5-20-96
Serial # 64889
S.F.D. - 4 Bcms

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

LOT 24 (24/23 ON LINE HOLES ONLY)

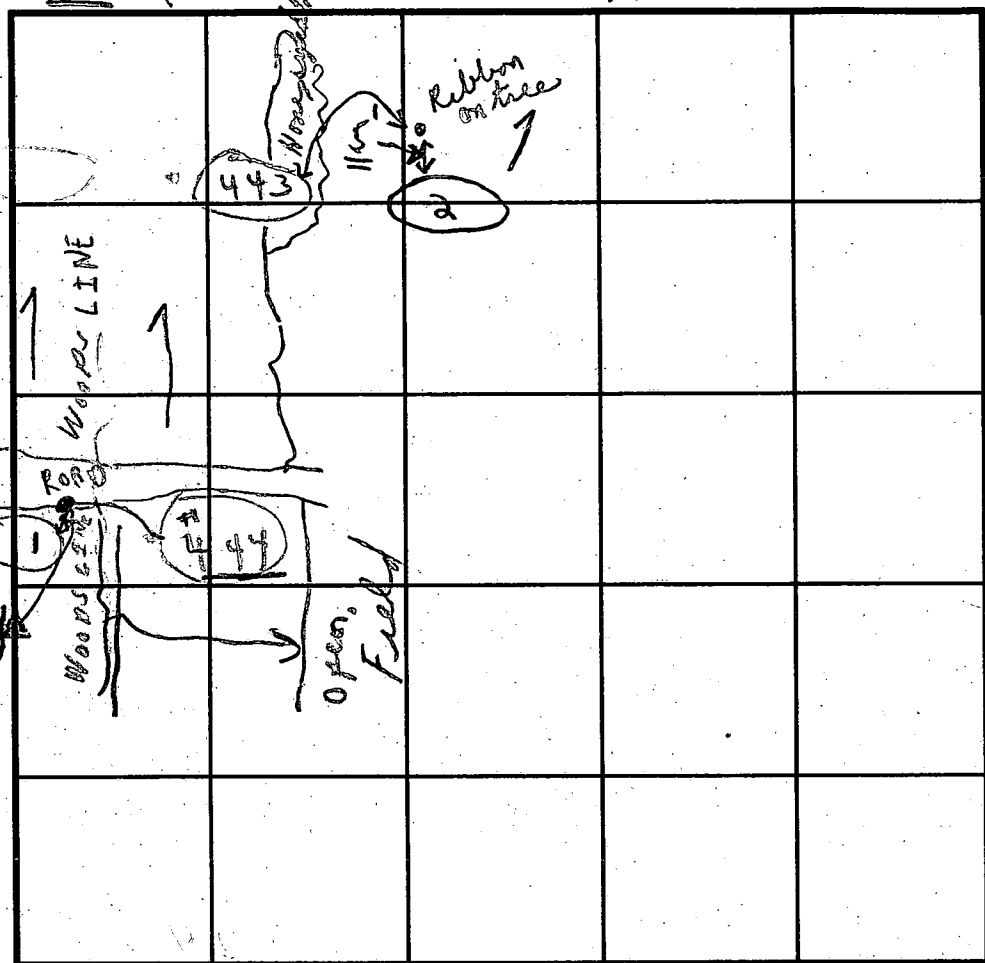
COUNTY #

SOIL PROFILE

0'

SOIL PROFILE

0'

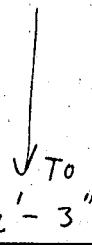


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLE #①

0' to 2 1/2' CLAY

2 1/2' to Visual Loom Below



HOLE #②

0' to 2'-3" CLAY

2'-3"

60%+ LOAM

40%+ Weathered Sandstone Layer

5'±

9 1/2'±

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/27/93	✓ ①	2 1/2'	1:54	1:57	1:57	2:07	10 min	Stake Set in Wood
(Wednesday)	#444	12'-3"	Visual loom below clay					
Right on edge of Woods	②	2'-3"	2:11	2:13	2:13	2:15	2 min	Weathered Sandstone Layer
	#443	9 1/2'	(60% LOAM) ↔ (40%±)		5' to		9 1/2'±	
	3	'	:	:	:	:		
	Not	'						
	Not	'						
		'						

REMARKS Tests in woods

TYPE OF SOIL Loom below clay

TESTED BY C.B.S. ALSO PRESENT O.K. Jr. & assistant

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

C1	8704	SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
					COUNTY NUMBER	A-47221	
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		Depth of Well		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
8 13		15 20		22 26		28 37	
		030194		178		H0-74-0031	
				(TO NEAREST FOOT)			

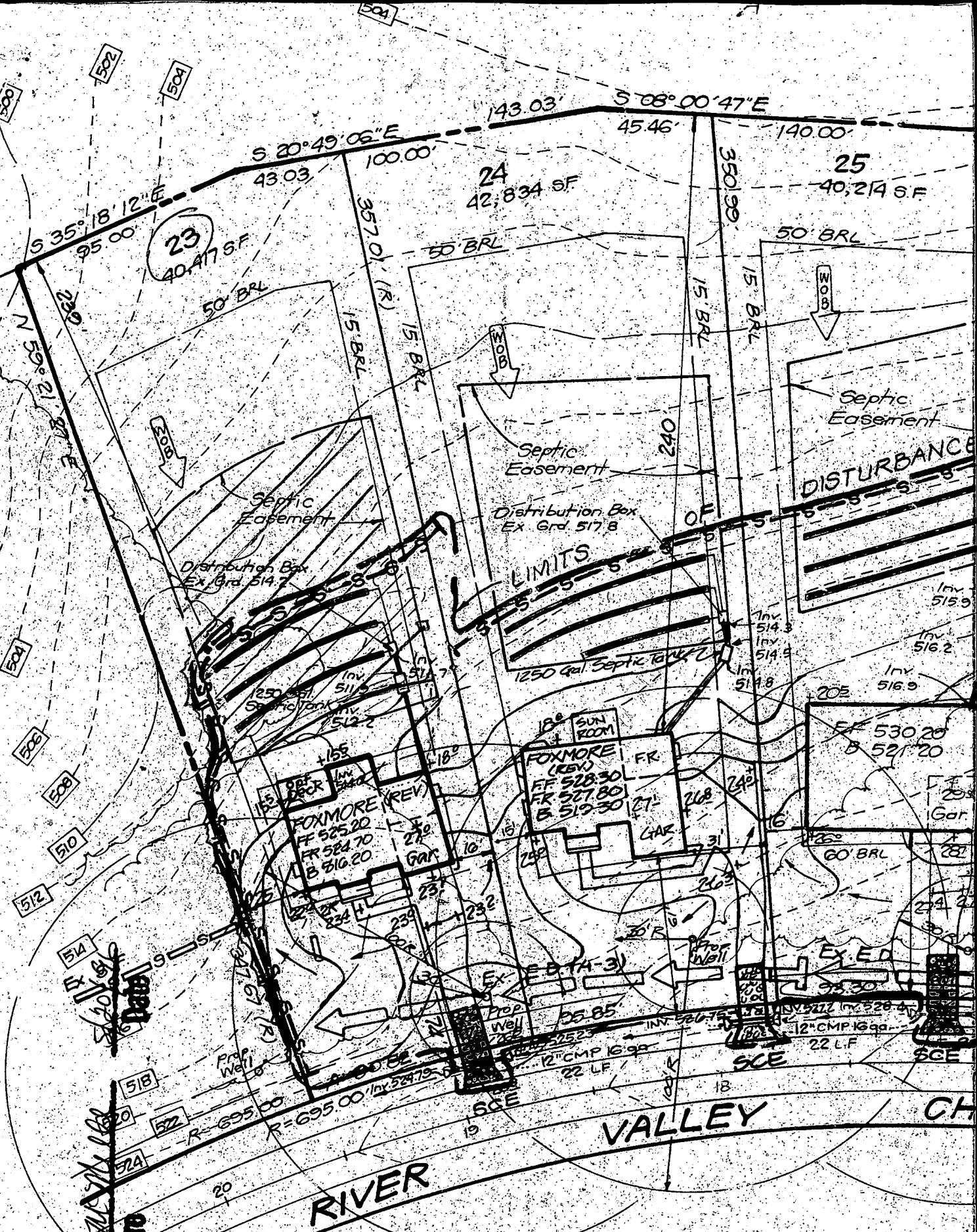
OWNER LAND DESIGN + DEV.
STREET OR RFD last name BOGEY COURT first name TOWN WEST FRIENDSHIP
SUBDIVISION WEST FRIENDSHIP EST. SECTION 1 LOT 23

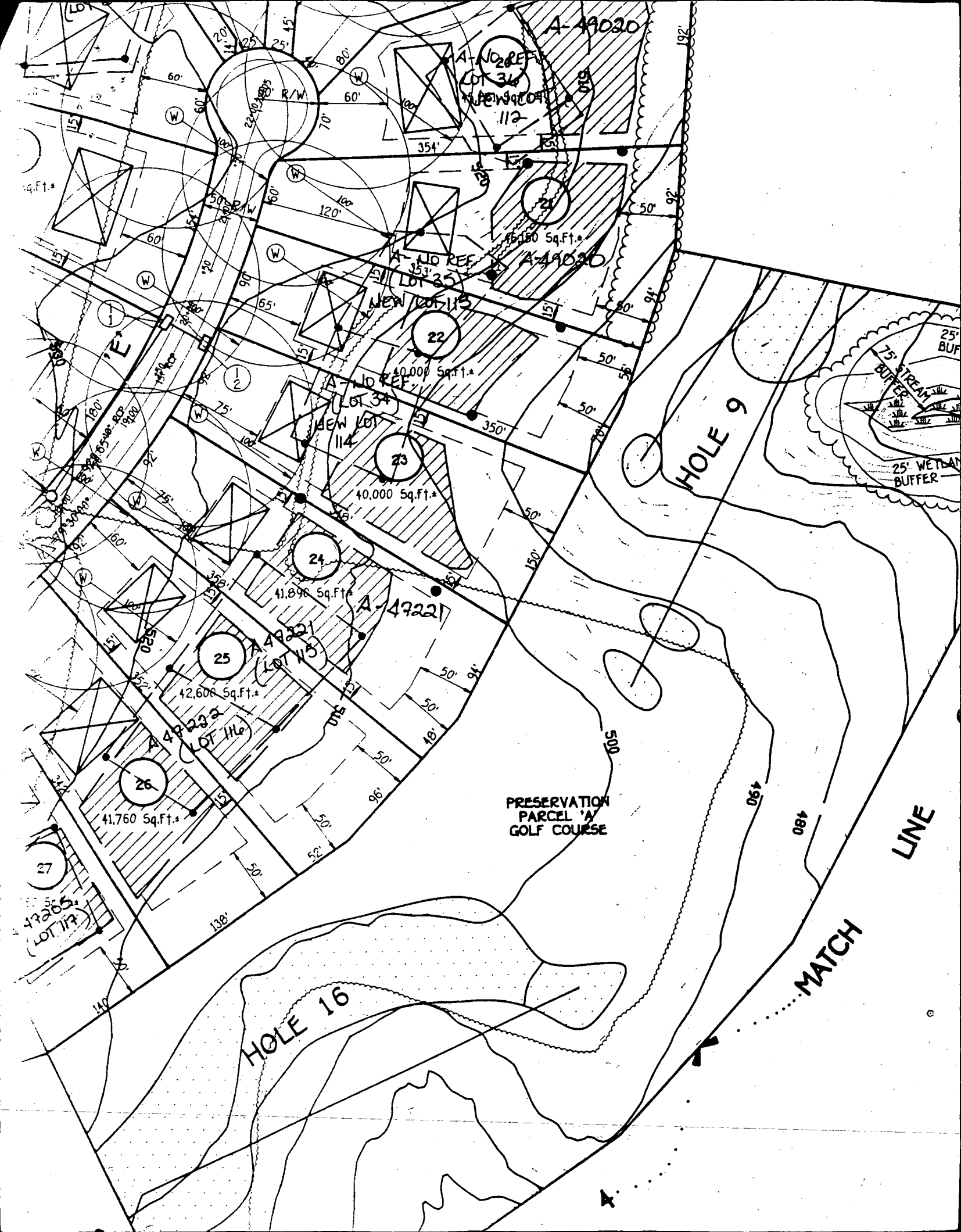
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT C BENTONITE CLAY B NO. OF BAGS <u>10</u> NO. OF POUNDS <u>940</u> GALLONS OF WATER <u>60</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>25</u> ft. (enter 0 if from surface)			C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min. to nearest gal.) <u>12</u> METHOD USED TO MEASURE PUMPING RATE <u>submersible</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>27</u> WHEN PUMPING <u>37</u> TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible		
DESCRIPTION (Use additional sheets if needed)	FEET	Check if water bearing	CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>27</u> OTHER CASING (if used) diameter inch depth (feet) from to			PUMP INSTALLED DRILLER WILL INSTALL PUMP YES <u>NO</u> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) + above <u>49</u> - below <u>2</u> (nearest foot)		
	FROM	TO	EACH CASING			PUMP INSTALLED		
	TO	TO	EACH CASING			PUMP INSTALLED		
DIRT	0	2	SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT STEEL BRASS OPEN HOLE BRONZE PLASTIC OTHER C 2 DEPTH (nearest ft.) <u>178</u> <u>27</u>			PUMP INSTALLED		
Soft Br. Mica & Clay	2	23	EACH SCREEN			PUMP INSTALLED		
Hard Blue Sand-Stone	23	51	EACH SCREEN			PUMP INSTALLED		
Br. Sandstone	51	52	EACH SCREEN			PUMP INSTALLED		
Blue Sandstone	52	178	EACH SCREEN			PUMP INSTALLED		

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			SLOT SIZE 1 <u>2</u> 3 <u>56</u> <u>60</u> DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u> GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q <u>70</u> <u>72</u> <u>74</u> <u>75</u> <u>76</u> TELESCOPE CASING LOG INDICATOR OTHER DATA		
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.			DRILLERS IDENT. NO. <u>256</u> DANA KYKER JR II			DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>Dana Kyker Jr II</u>		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			COUNTY			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) <u>Bogey Court</u> <u>Driller</u>		

Approved Septic System Plan
Howard County Health Department

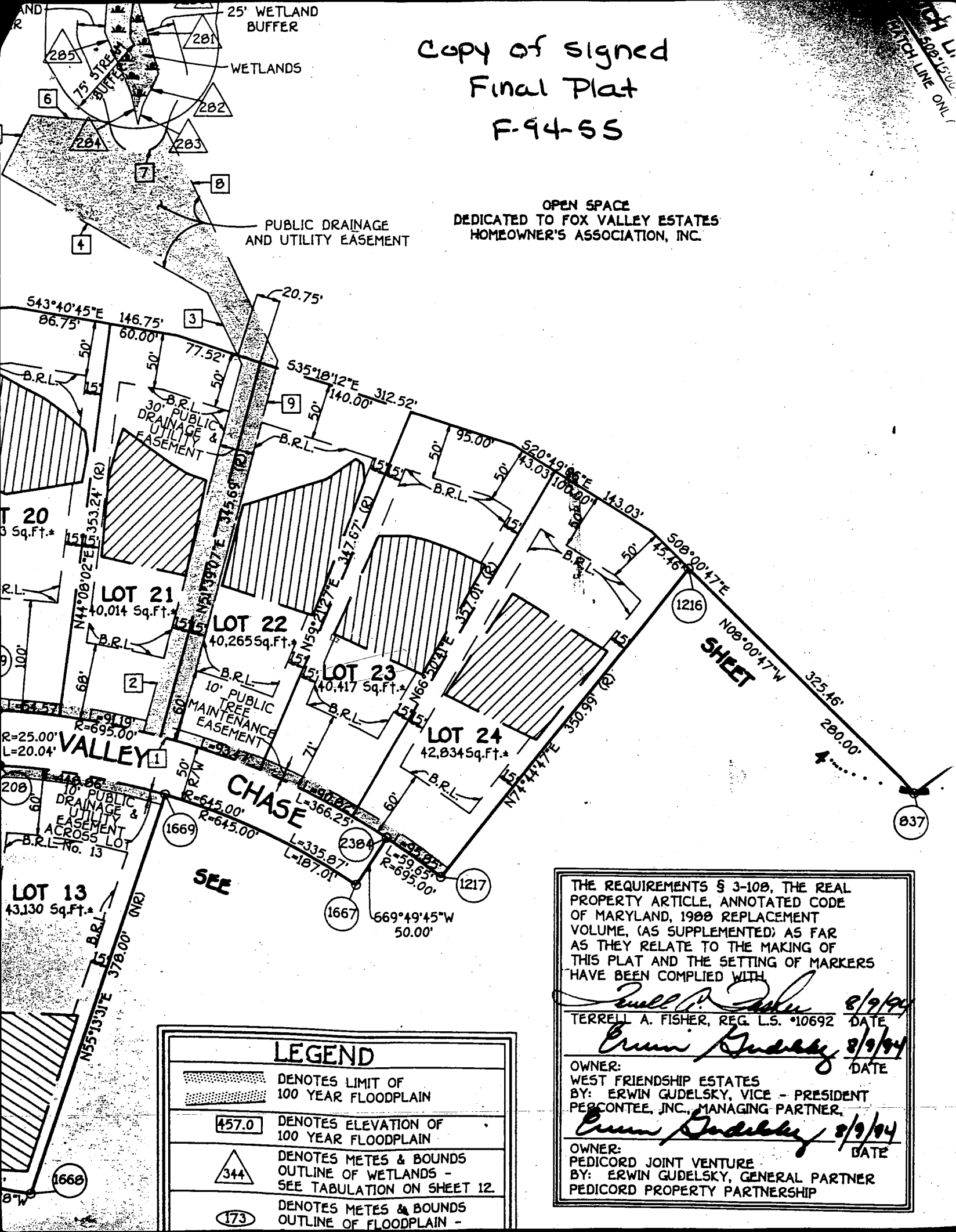
John M. [Signature]
Signature





Copy of signed
Final Plat
F-94-55

OPEN SPACE
DEDICATED TO FOX VALLEY ESTATES
HOMEOWNER'S ASSOCIATION, INC.



THE REQUIREMENTS § 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME, (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH

TERRELL A. FISHER, REG. L.S. *10692 DATE 8/9/04

OWNER:
WEST FRIENDSHIP ESTATES
BY: ERWIN GUELSKY, VICE - PRESIDENT
PERCONTEE, INC., MANAGING PARTNER,

OWNER:
PEDICORD JOINT VENTURE
BY: ERWIN GUELSKY, GENERAL PARTNER
PEDICORD PROPERTY PARTNERSHIP

LEGEND

- DENOTES LIMIT OF 100 YEAR FLOODPLAIN
- DENOTES ELEVATION OF 100 YEAR FLOODPLAIN
- DENOTES METES & BOUNDS OUTLINE OF WETLANDS - SEE TABULATION ON SHEET 12
- DENOTES METES & BOUNDS OUTLINE OF FLOODPLAIN -

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B 00124464

Building Address 3172 River Valley Chase
West Friendship, MD 21794
Suite/Apt. # _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision W. Friendship Estates
Section 1 Area _____ Lot 23
Tax Map 15 Parcel 42 Grid 21
Zoning RCDEP Map Coordinates 9K6 Lot size 40,000

Property Owner's Name Lawrence + Julia Diamond
Address 3172 River Valley Chase
City West Friendship State MD Zip Code 21794
Home Phone 410-489-7884 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____

Existing Use SFD
Proposed Use same with deck
Estimated Construction Cost \$ 6000.00
Description of Work 18' x 21' deck on
rear of home
wood steps.

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

Occupant or Tenant owner
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 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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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: <u>Post & Beam</u> Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Julie Diamond
owner
Title/Company _____

Print Name Julie Diamond
Date May 25, 2000

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

- FOR OFFICE USE ONLY -

AGENCY DATE SIGNATURE APPROVAL
Land Development DPZ 5/25/00 Joe Bell
State Highways 5/25/00 Joe Bell
Building Official 5/25/00 Joe Bell
Dev. Engineering DPZ 5/25/00 Joe Bell
Health 5/25/00 Joe Bell
Fire Protection 5/25/00 Joe Bell
Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

DPZ SETBACK INFORMATION
Front: 71 FT
Rear: 50 FT
Side: 15 FT
Side St.: NA
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☒
Historic District? YES ☐ NO ☒
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 16633
Filing fee \$ _____
Permit fee \$ 30
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ 30
Balance due \$ _____
Check # 696
Validation # _____

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP ☐

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

2000 MAY 25 PM 2:01

House
1/2 x 5" LAG 12" OC
Into solid board house

Bay window

Deck will
be free
standing
with 2 beams

5/4 decking

Door

4x4 Railing
posts

double 2x10 beam

double 2x10
beam

6x6 post

stairs
4) 2x12 stringers

2x10-16" OC

600124464
TO WITH IN 5' AT CLOSURE POINT
TO EXISTING TRAILHEADS
5/25/00
16
15
13
11
9
7
5
3
1

All lumber is pressure
treated #2 grade or
better