

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58582A

A 47222

DISTRICT 3rd

DATE 7-22-97

DATE SYSTEM APPROVED 7/28/97

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXXX~~

313-2640

03-318842

Adamson Plumbing and Heating

IS PERMITTED TO INSTALL X ALTER

ADDRESS 323 East Watersville Road Mt. Airy, MD 21771 PHONE (301) 831-7497

SUBDIVISION W. Friendship Estates LOT 25 ROAD 3164 River Valley Chase

PROPERTY OWNER Hamilton Reed, LLC

ADDRESS.

SEPTIC TANK CAPACITY 1500 GALLONS

*****MANHOLE CLEANOUT REQUIRED IF COVER OVER
SEPTIC TANK EXCEEDS 3 FEET.*****

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

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 the distribution box 150 feet down the left lot line and 20 feet off this same lot line. Run trenches on contour to right side of 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 KM 5/12/97

PLANS APPROVED BY Mark Rifkin/Kim Soe

DATE 050797

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.

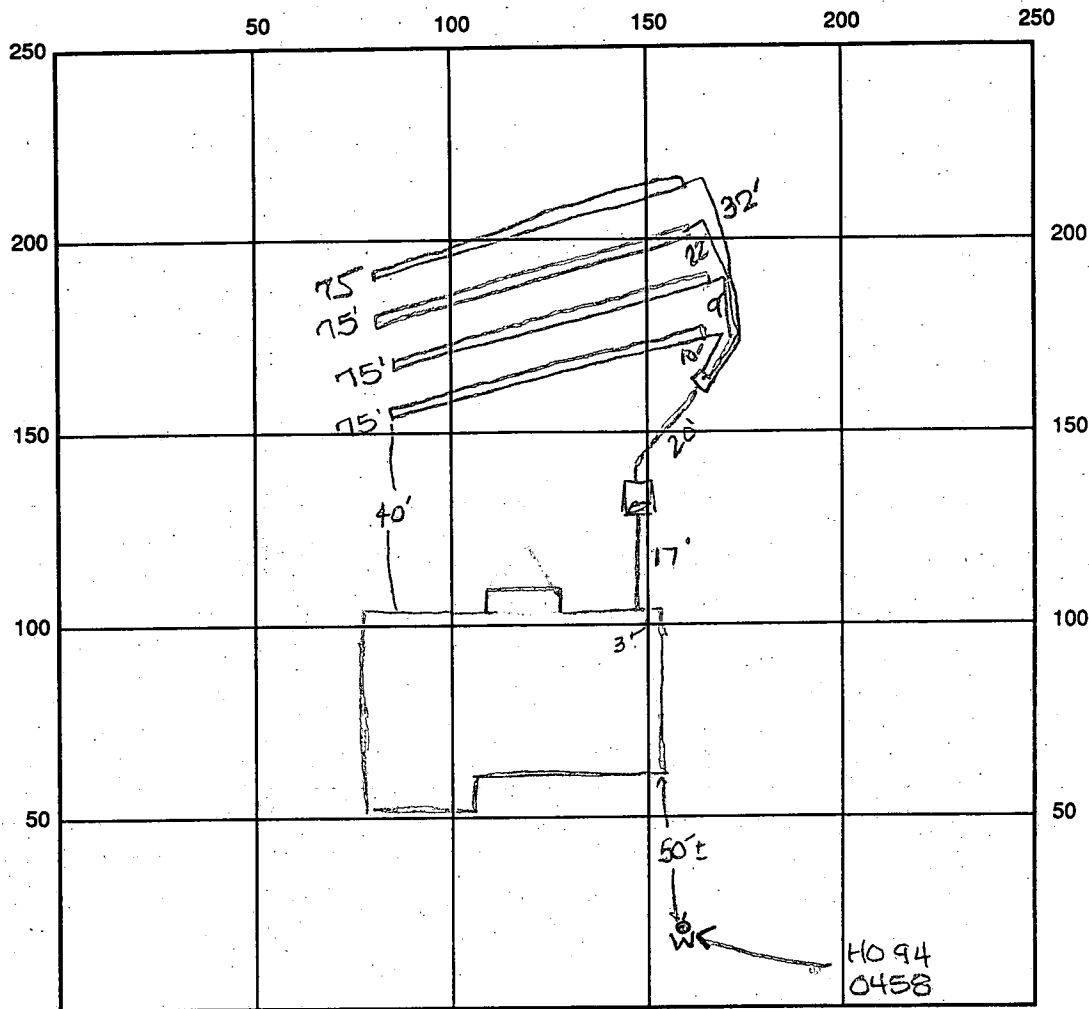
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

47222 A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle preformed in box

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 300 FT.

NUMBER OF TRENCHES 40 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 7/28/97 11:00 SI two trenches OK to cover 11:00 OK to cover
system final DK5

DATE SYSTEM APPROVED

7/28/97

INSPECTOR

[Signature]

APPLICATION

PERCOLATION TESTING

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

DISTRICT

DATE

A 47227

P

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. Hamilton Reed LLC

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 II LOT NO. Action Lot 116 -47

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

(3164 RIVER VALLEY CHASE)

TAX MAP 15 PARCEL # 42

SIZE OF LOT 3.00 AC. +/- TYPE BLDG SFD-5brn

(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. Reed FOR PERCONTEE, INC. DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

20th 1196

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

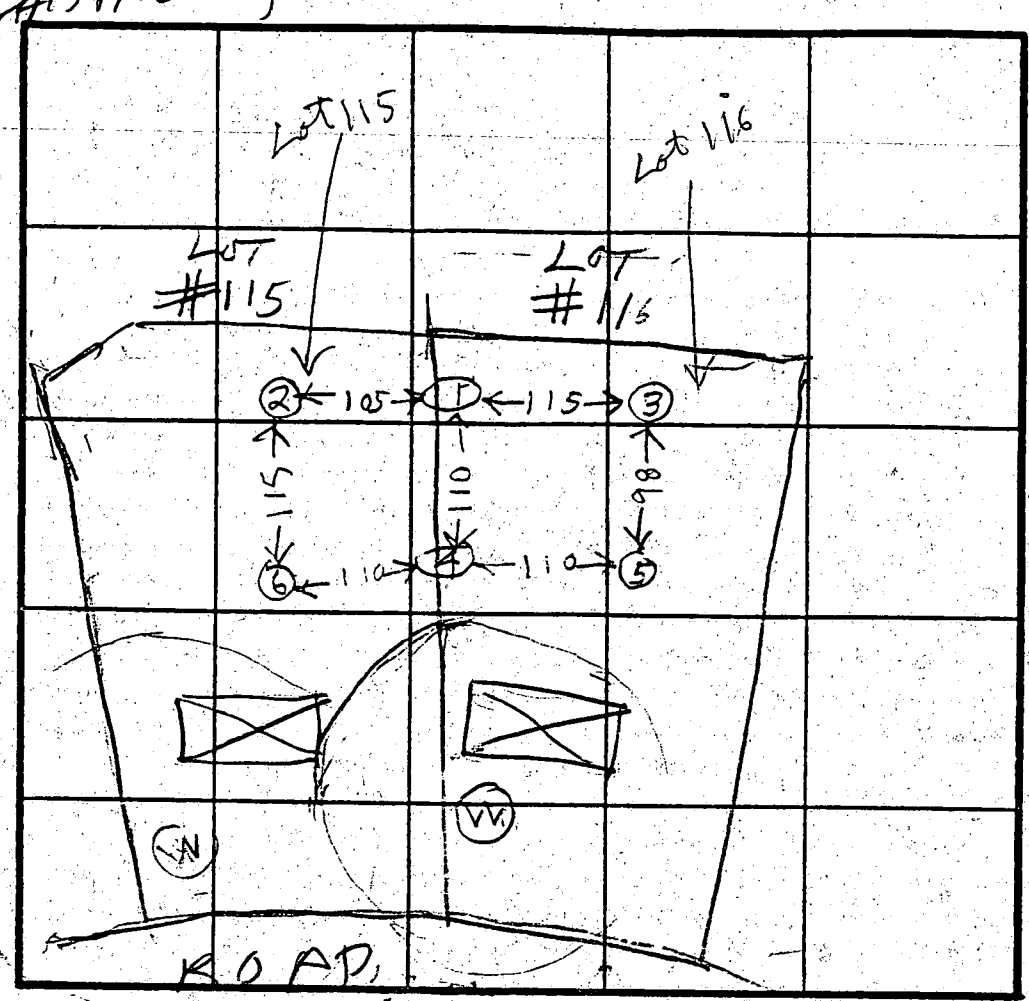
REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

Lot 115
(RESULTS FOR THIS PAGE)
2 LOTS ON THIS PAGE

SOIL PROFILE
①
0 BROWN CLAY
3 BROWN GRITTY SAND
SILT LOAM
10.5 HARD



⑤
3 BROWN CLAY
BROWN LOAM SAND
LOAM
11 HARD
⑥
3 BROWN CLAY
BROWN GRITTY SAND
LOAM
12

②
0 BROWN CLAY
BROWN SAND LOAM
& SAPROLITE
HARD

③
BROWN CLAY
BROWN SAND LOAM
BALTIMORE SAPROLITE
HARD

④
3 BROWN CLAY
BROWN GRITTY SAND
LOAM
12 HARD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/23/91	1 S	3	1017	1015	1015	1016	1	ON LINE #115 & #116
	1 V	10.5	OK	SHALLOW				
	2 S	3	1021	1022	1022	1024	2	#115
	2 V	9.5	OK	SHALLOW				
	3 S	3	1029	1030	1030	1031	1	#116
	3 V	9.5	OK	SHALLOW				
	4 S	4	1043	1045	1045	1047	2	ON LINE #115 & #116
	4 V	7.5	1042	1043	1043	1044	1	
	4 V	12	OK	SHALLOW				
	5 V	11	OK	SHALLOW				#116
	6 V	12	OK					#115

REMARKS: Hand Dig Per Survey Station Others a little different
TYPE OF SOIL: _____
TESTED BY: R. HODGE
ALSO PRESENT: JOHN REDMON

APPLICATION

PERCOLATION TESTING

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

A 48739
P _____
DISTRICT _____

DATE 10/9/92

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 West Friendship New Town Co.

ADDRESS c/o Land Design & Development PHONE (410) 740-2100
10805 Hickory Ridge Road, Columbia, MD 21044

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION West Friendship Estates LOT NO 26

ROAD AND DESCRIPTION Pfefferkorn Road & Route 32

TAX MAP 15 PARCEL # 32 & 42, 533

SIZE OF LOT 1 + acres TYPE BLDG single family dwelling
(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. Mark S. Reich

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

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 _____

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 _____ LOT NO. _____

ROAD AND DESCRIPTION _____

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

48739

COUNTY #

SOIL PROFILE

Lot # 26

	3 1372 Cor. Piece LOT 26	2 Cor. Piece 26 1373	
	4 26/27 Cor. Piece 1369	1 370 Cor. Piece 26 27	

SOIL PROFILE

8 = 7
180 # BR
In 4
Bot 6

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
12/15/92	#1370	4 1/2'	9:53	9:55	9:55	10:02	7 min
	#1	11'	Loam	6 1/2'	- Some	sand	15 90%
	#1373	4'	10:03	10:06	10:06	10:11	5 min
	#2	10 1/2'		Loam	5%	sand	
	#1372	0-1'		(0' to 5' Clay)			
	#3	11'		Loam	5' to 11'	Loam	
	#1369	4'	10:13	10:15	10:15	10:25	10 min
	#9	6 1/2'	10:13	10:14	10:14	10:18	4 min
		10'-3" (Dug to solid)			6' down	concrete	

(all holes close in elevation)

REMARKS

TYPE OF SOIL

TESTED BY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

Shallow system only
5' maximum depth

ALSO PRESENT

TRENCH WIDTH

C1 3643	SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED	
	(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		COUNTY NUMBER	A# 47222
DATE RECEIVED		DATE WELL COMPLETED		PERMIT NO.	
[] [] [] [] [] []		060656		FROM "PERMIT TO DRILL WELL"	
8 13		15 20		H0-94-0458	
		Depth of Well.		28 29 30 31 32 33 34 35 36 37	
		22 185 26			
		(TO NEAREST FOOT)			

OWNER	YORKTOWN HOMES INC.				
STREET OR RFD	last name	first name	TOWN	WEST FRIENDSHIP	
SUBDIVISION	W. FRIENDSHIP EST.		SECTION	1	
			LOT	25	

WELL LOG		
Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET	Check if water bearing
	FROM TO	
Top Soil	0 2	
Sandy	2 40	✓
Sand Stone	40 45	
MICKA	45 75	
Sand Stone	75 80	✓
MICKA	80 185	

GROUTING RECORD	
WELL HAS BEEN GROUTED	
(Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT	BENTONITE CLAY
CM	BC
NO. OF BAGS	NO. OF POUNDS
14	1400
GALLONS OF WATER	
84	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 30 ft.	
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below		
ST	CO	
STEEL	CONCRETE	
PL	OT	
PLASTIC	OTHER	
MAIN CASING TYPE		
PL	6	50
60 61	63 64	66 70
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		
ST	BR	HO
STEEL	BRASS	OPEN HOLE
PL	OT	
PLASTIC	OTHER	

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.	
WELL HYDROFRACTURED	yes (Y) no (N)
	Y N

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

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.	116
DRILLERS SIGNATURE	Ralph Wayne
(MUST MATCH SIGNATURE ON APPLICATION)	
117	Ralph E. Wayne
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

DEPTH (nearest ft.)	
H0 48 185	
EACH SCREEN	
1 2 3	
23 24 26 30 32 36	
38 39 41 45 47 51	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	
from to	

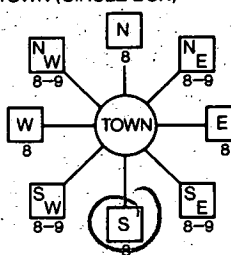
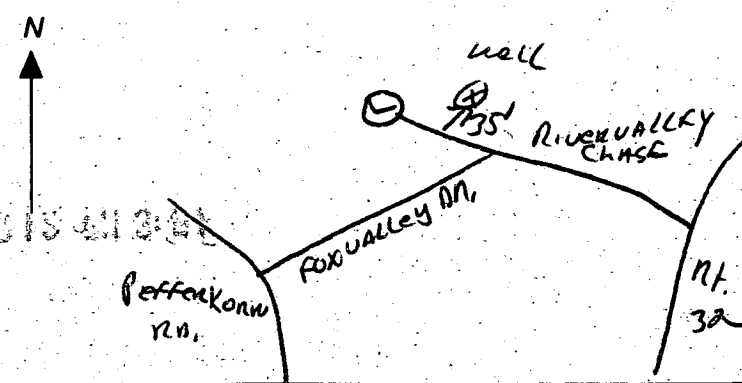
GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
68	

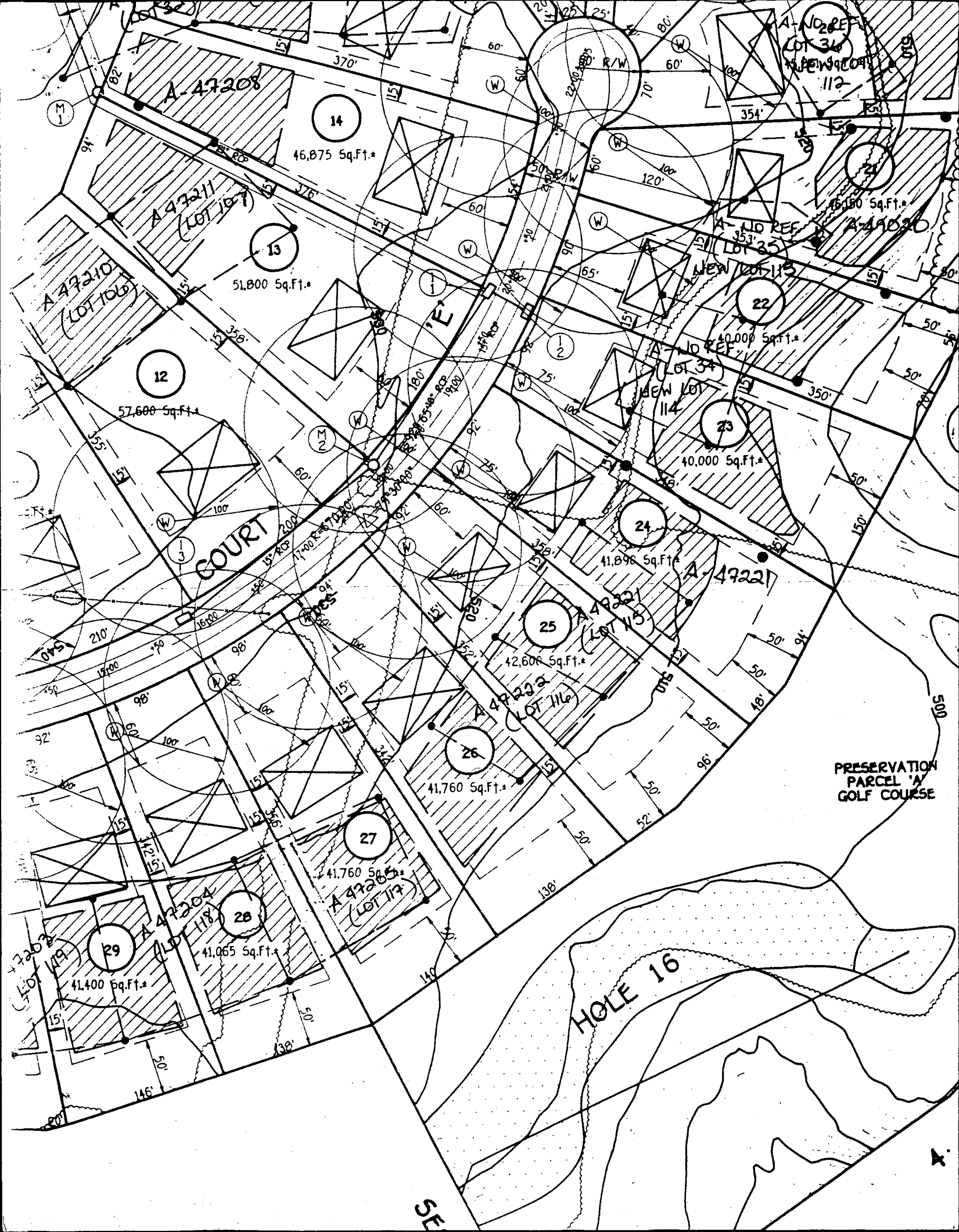
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
T	(E.R.O.S.)	W Q
70	72	74 75 76
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

PUMPING TEST		
HOURS PUMPED (nearest hour)		
3		
PUMPING RATE (gal. per min. to nearest gal.)		
12		
METHOD USED TO MEASURE PUMPING RATE		
Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
34		
WHEN PUMPING		
43		
TYPE OF PUMP USED (for test)		
A	P	T
air	piston	turbine
C	R	O
centrifugal	rotary	other (describe below)
J	S	
jet	submersible	

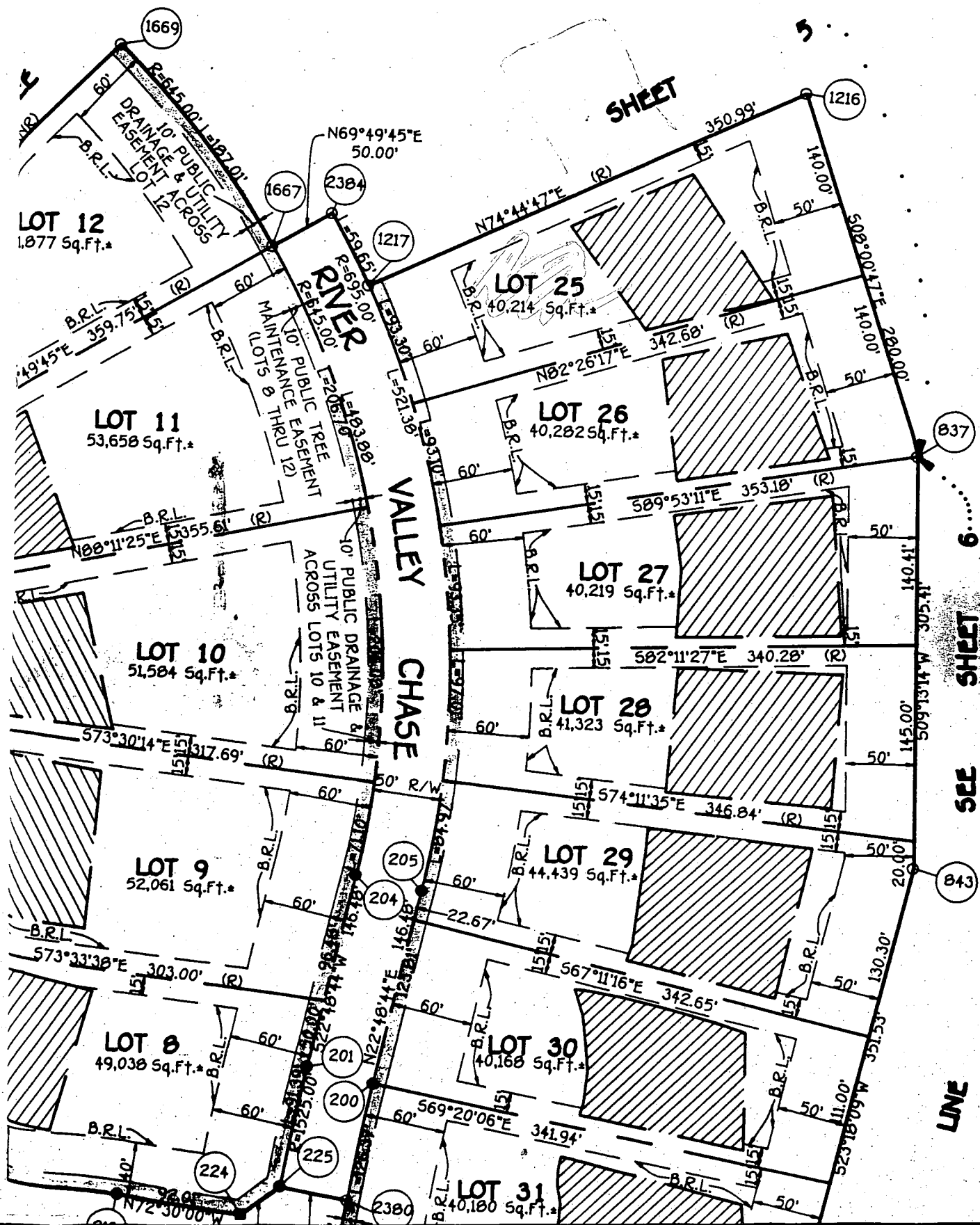
PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES (NO)	
(CIRCLE) (YES or NO)	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED	
PLACE (A,C,J,P,R,S,T,O)	
IN BOX - SEE ABOVE:	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
PUMP HORSE POWER	
PUMP COLUMN LENGTH (nearest ft.)	
CASING HEIGHT (circle appropriate box and enter casing height)	
LAND SURFACE (nearest foot)	
2	

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)	
well 20' Prop line 135' Road	

B 1 1244 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-0458 <small>fill in this form completely</small>
OWNER INFORMATION Date Received (APA) 04/29/95 <div style="border: 1px solid black; padding: 2px;"> YORKTOWN TUMER INC <small>15 Last Name Owner First Name</small> </div> <div style="border: 1px solid black; padding: 2px;"> 9765 HILLSMERE RD <small>36 Street or RFD</small> </div> <div style="border: 1px solid black; padding: 2px;"> ELLICOTT CITY MD 21043 <small>57 Town 70 State 72 Zip 76</small> </div>		LOCATION OF WELL <div style="border: 1px solid black; padding: 2px;"> HOWARD <small>8 COUNTY</small> </div> <div style="border: 1px solid black; padding: 2px;"> WEST FRIENDSHIP EST <small>23 SUBDIVISION 42</small> </div> <div style="border: 1px solid black; padding: 2px;"> SECTION 1 LOT 25 <small>44 46 48 50</small> </div> <div style="border: 1px solid black; padding: 2px;"> WEST FRIENDSHIP <small>52 NEAREST TOWN 71</small> </div> <div style="border: 1px solid black; padding: 2px;"> MILES FROM TOWN (enter 0 if in town) 1 MI <small>73 76 77 78</small> </div>	
DRILLER INFORMATION Driller's Name RALPH MAYNE Firm Name RALPH MAYNE WELL DRILLING Address 9120 Brown Church Rd. Mt. Airy MD Signature Ralph Mayne Date 4/11/95 <small>MSD/MGD/MWD 77 License No. 80</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD RIVER VALLEY CHASE <small>11 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;"> 35 <small>34 37</small> </div> <div style="text-align: center;"> NORTH WEST SOUTH EAST </div> </div> DISTANCE FROM ROAD F+ <small>ENTER FT OR MI 38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 5px;"> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) </div> </div>	
APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" INCH <small>NEAREST INCH</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 5px;"> COUNTY NAME HOWARD COUNTY NO. A#42222 STATE SIGNATURE _____ DATE ISSUED 050195 Charles Bryan Throckmorton 5/1/96 <small>43 48 CO SIGNATURE 41 49</small> NORTH GRID 529000 EAST GRID 0808000 <small>50 55 57 63</small> </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT <input type="checkbox"/> 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 <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-around;"> <div style="text-align: center;"> E 800 8 </div> <div style="text-align: center;"> N 520 9 </div> </div>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 5px;"> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED </div> <div style="margin-bottom: 5px;"> <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 </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL </div> </div> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) H0-94-0458 <small>41 52</small>		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) APPROP. PERMIT NUMBER GAP <small>54 63</small> FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX PERMIT No. H0-94-0458 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			



N 530,000
E 808,000



I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

DEVELOPER'S CERTIFICATE

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN OF DEVELOPMENT AND PLAN FOR EROSION AND SEDIMENT CONTROL AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF NATURAL RESOURCES APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I/WE ALSO CERTIFY PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT OR THEIR AUTHORIZED AGENTS, AS ARE DEEMED NECESSARY."

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS
TECHNICAL REQUIREMENTS.

THIS DEVELOPMENT IS APPROVED FOR EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

SEDIMENT CONTROL NOTES

4. A MINIMUM OF 40 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS, SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (313-1955).

5. ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND IN ACCORDANCE WITH CONFORMANCE WITH THE MOST CURRENT MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL AND REVISIONS THERETO.

6. FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN 7 DAYS.

7. ALL PERIMETER SEDIMENT CONTROL STRUCTURES, DIKES, PERIMETER SLOPES AND ALL SLOPES STEEPER THAN 3:1, B) 1/4 DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE.

8. ALL SEDIMENT TRAPS/BASINS SHOWN MUST BE COMPLETED IN ACCORDANCE WITH VOL. 1, CHAPTER 12, OF THE HOWARD COUNTY DESIGN MANUAL, STORM DRAINAGE.

9. ALL DISTURBED AREAS MUST BE STABILIZED WITHIN THE TIME PERIOD SPECIFIED ABOVE IN ACCORDANCE WITH THE FOLLOWING SEEDING STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL FOR PERMANENT SEEDING (SEC. 51), SOD (SEC. 54), TEMPORARY SEEDING (SEC. 50), AND MULCHING (SEC. 52). TEMPORARY STABILIZATION WITH MULCH ALONE CAN ONLY BE DONE WHEN THE FOLLOWING DATES DO NOT ALLOW FOR PROPER GERMINATION AND ESTABLISHMENT OF GRASSES.

10. ALL SEDIMENT CONTROL STRUCTURES ARE TO REMAIN IN PLACE AND ARE TO BE MAINTAINED OPERATIONAL CONDITION UNTIL PERMISSIBLE FOR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.

11. SITE ANALYSIS:

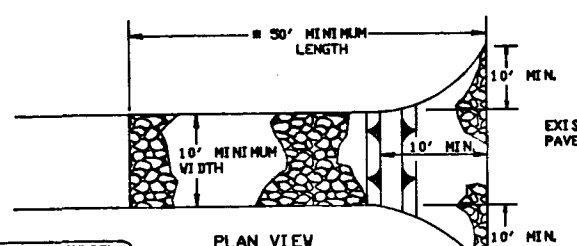
TOTAL AREA OF SITE 0.91 ACRES
AREA DISTURBED 0.26 ACRES
AREA TO BE ROOFED OR PAVED 0.05 ACRES
AREA TO BE VEGETATIVELY STABILIZED 0.15 ACRES
TOTAL CUT 0.00 ACRES
TOTAL FILL 0.00 ACRES
OFFSITE WASTE/BORROW AREA 0.00 ACRES
TOTAL CUYD. 0.00 CUYD.

12. ANY SEDIMENT CONTROL PRACTICE WHICH IS DISTURBED BY GRADING OR PLACEMENT OF UTILITIES MUST BE REPAIRED ON THE SAME DAY OF DISTURBANCE.

13. ADDITIONAL SEDIMENT CONTROLS MUST BE PROVIDED, IF DEEMED NECESSARY BY THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.

14. ALL UTILITY DISTURBED AREAS IN EXCESS OF 100 SQ. FEET, APPROVAL OF THE INSPECTION AGENCY SHALL BE REQUESTED UPON COMPLETION OF INSTALLATION OF PERIMETER EROSION AND SEDIMENT CONTROLS, BUT BEFORE PROCEEDING WITH ANY OTHER EARTH DISTURBANCE OR GRADING. OTHER BUILDING OR GRADING INSPECTION APPROVALS MAY NOT BE AUTHORIZED UNTIL THIS INITIAL APPROVAL BY THE INSPECTION AGENCY IS MADE.

15. TRENCHES FOR THE CONSTRUCTION OF UTILITIES IS LIMITED TO THREE PIPE LENGTHS OR THAT WHICH SHALL BE BACK FILLED AND STABILIZED WITHIN 7 DAYS OF THE WORKING DAY, WHICHEVER IS SHORTER.



Construction Specification

1. Length - nil min of 50' (600') for single residence lots.
2. Width - 10' nil min, must be flared at the existing road to provide a turning radius.
3. Geotextile Fabric (filter cloth) shall be placed over the existing ground prior to placing stone. After the plan approval, authority may not require single family residences to use geotextile.
4. Stone - crushed aggregate (2" to 3") or washed and recycled concrete aggregate shall be placed at least 6" deep over the length and width of the entrance.
5. Surface Water - all surface water flowing to or all vertical toward construction entrances shall be piped through the entrance, nil min of 4" pipe diameter. If pipe is installed through the stabilized construction entrance shall be protected with a length of 10' nil min of 4" of stone over the pipe. If pipe has to be sized according to the drainage, when the SDE is located at a high spot and has no drainage to convey, the pipe shall be sized so that it should be sized to convey the amount of runoff to be conveyed. A 6" nil min will be required.

NOT TO SCALE

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

1. OBTAIN GRADING PERMIT.
2. INSTALL SEDIMENT CONTROLS AS SHOWN ON PLAN.
3. PERFORM NECESSARY GRADING AND STABILIZE THE SITE.

APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE REDISTURBED
WHERE A SHORT-TERM VEGETATIVE COVER IS NEEDED.

LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING
OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.
IF NOT PREVIOUSLY LOOSENED.

APPLY 600 LBS. PER ACRE 10-10-10 FERTILIZER AT 450/1000 GALLONS

15 THROUGH NOVEMBER 15, SEED WITH 1 1/2 BUSHEL PER ANNUAL RYE (3.2 LBS./1,000 SQ.FT.) FOR THE PERIOD MAY 1 THRU AUGUST 14. SEED WITH 3 LBS./ACRE OF WEEPING LOVEGRASS (.07 LBS./1000SQ.FT.) FOR THE PERIOD NOVEMBER 16 THRU FEBRUARY 28. PROTECT SITE BY APPLYING 2 TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING OR USE SOD.

APPLY 1 1/2 TO 2 TONS PER ACRE (70 TO 90 LBS./1,000 SQ.FT.) OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 218 GALLONS PER ACRE (5 GAL./1,000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES. ON SLOPES 8 FEET OR HIGHER, USE 348 GALLONS PER ACRE (8 GAL./1,000 SQ.FT.) FOR ANCHORING.

ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:

SEEDBED PREPARATION:
LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING
OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.

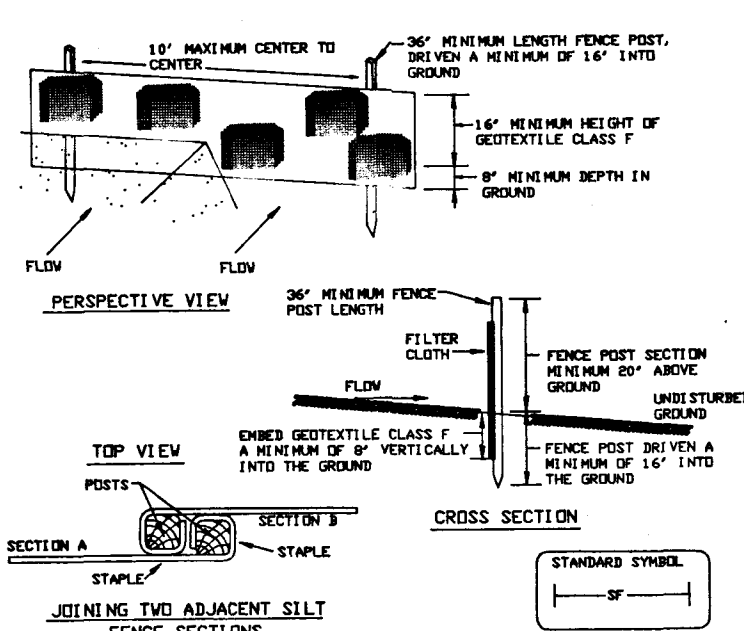
SOIL AMENDMENTS
APPLY TWO TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./1,000 SQ.FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (4 LBS./1,000 SQ.FT.) BEFORE SEEDING HARROW OR DISC. INTO UPPER THREE INCHES OF SOIL. AT TIME OF SEEDING, APPLY 400 LBS. PER ACRE 38-0-0 UREAFORM FERTILIZER (9 LBS./1,000 SQ.FT.) AND 500 LBS. PER ACRE (11.5 LBS./1,000 SQ.FT.) OF 10-20-20 FERTILIZER.

FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 1 THROUGH OCTOBER 15, SEED WITH 100 LBS. PER ACRE (2.3 LBS./1,000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE, FOR THE PERIODS MAY 1 THROUGH JULY 31, SEED WITH 50 LBS./ACRE (1.4 LBS./1,000 SQ.FT.) KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.05 LBS./1,000 SQ.FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER 15 THROUGH FEBRUARY 28, SEED WITH 50 LBS./ACRE (1.4 LBS./1,000 SQ.FT.) OF WEEPING LOVEGRASS. TWO TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING; OPTION (2) - USE 500; OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE PROTECTED.

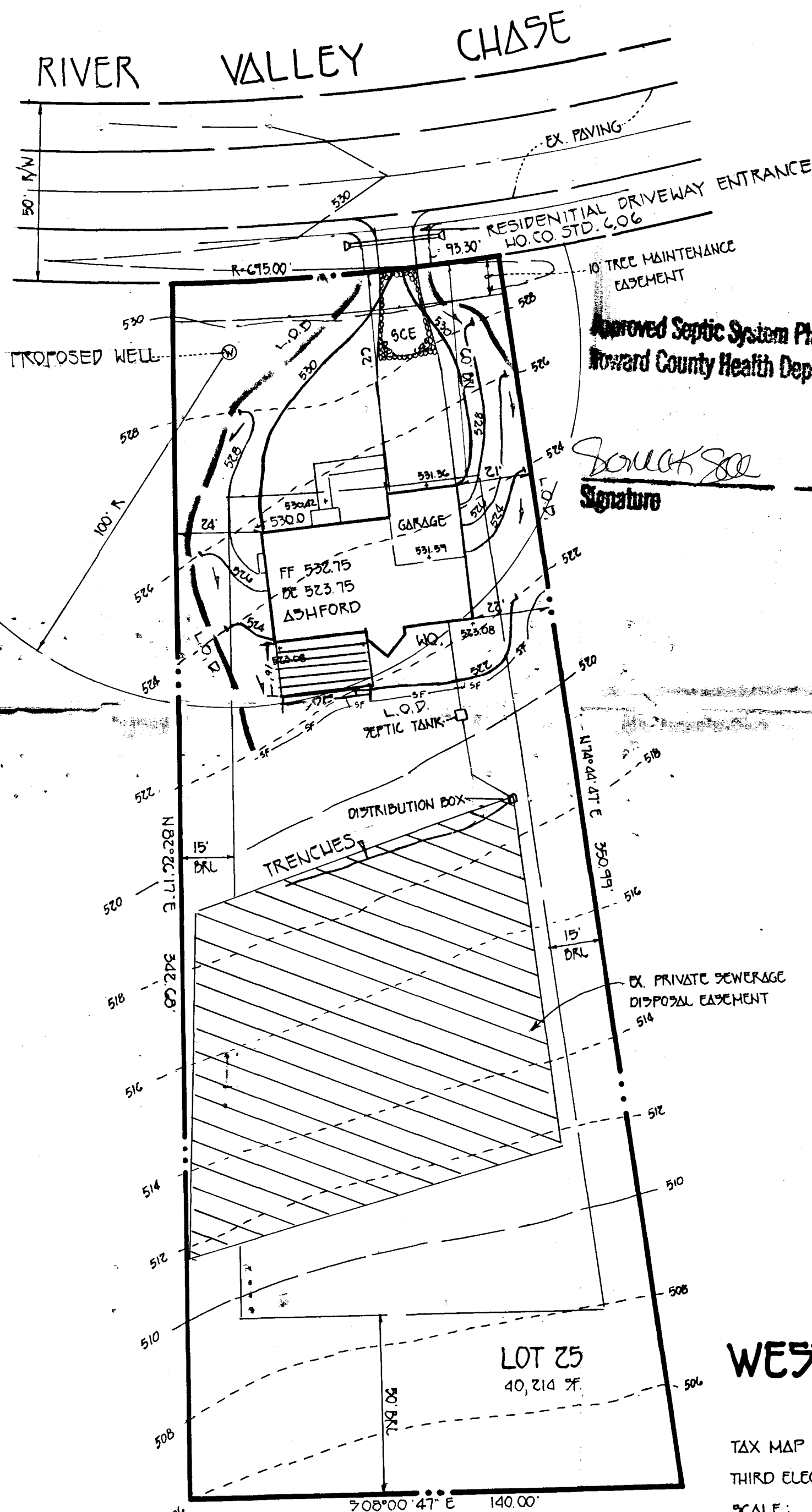
MULCHING
APPLY 1 1/2 TO 2 TONS PER ACRE (10 TO 90 LBS./1,000 SQ.FT.)
OF UNROTTED SMALL GRAIN STRAW IMMEDIATELY AFTER SEEDING
ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING 200
GALLONS PER ACRE (5 GAL./1,000 SQ.FT.) OF EMULSIFIED
ASPHALT ON FLAT ACRES, ON SLOPES 8 FEET OR HIGHER USE
120 GALLONS PER ACRE (3 GAL./1,000 SQ.FT.) FOR ANCHORING.

INSPECT ALL SEEDED AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDINGS.

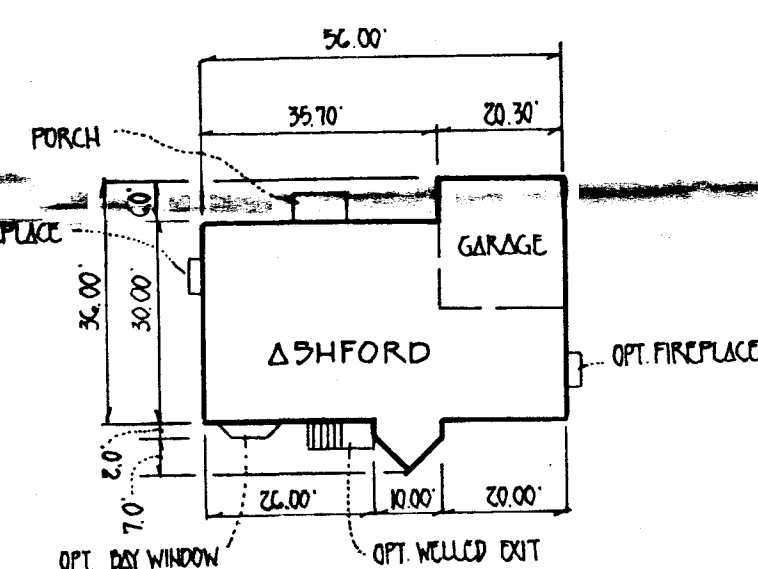
- * FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWNVETCH AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS THE SEEDING REQUIREMENT. OPTIMUM SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.



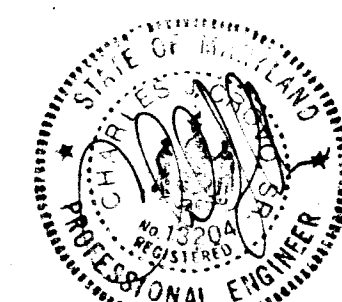
NOT TO SCALE



1.	SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT	
2.	PROPOSED 1500 GALLON SEPTIC TANK.	
3.	A. FIRST FLOOR ELEVATION:	572.75
	B. BASEMENT ELEVATION:	572.75
	C. INVERT OF SEPTIC SYSTEM AT HOUSE:	570.00
	D. INVERT IN AT SEPTIC TANK:	568.00
	E. INVERT OUT AT SEPTIC TANK:	568.00
	F. PROPOSED GRADE OVER SEPTIC TANK:	570.00
	G. INVERT AT DISTRIBUTION BOX:	568.00
	H. EXISTING GROUND OVER DISTRIBUTION BOX:	568.00
4.	LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT	
	ISSUANCE.	
5.	CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BE	
	GANY CONSTRUCTION.	
6.	THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.	



PROPOSED RESIDENCE



GP. 97-159
PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT

WEST FRIENDSHIP ESTATES

LOT 25

TAX MAP 15
THIRD ELECTION DIST.
SCALE: 1" = 30'

PARCELS A, B, C AND D
 1 HOWARD COUNTY, MARYLAND
 DATE: APRIL 17, 1997