

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Phone: 410-313-2500 Fax: 410-313-2545
TDD 410-313-2523 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hcdehealth

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Maura J. Rossman, M.D., Health Officer

15K4910

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Friendship Manor

PROPERTY ADDRESS 2550 Wellworth Way W. Friendship
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ LOT NO. 38 PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY: _____ TIER _____

PROPERTY OWNER(S) Mike Byrne

DAYTIME PHONE 443-654-0171 CELL _____ EMAIL _____

MAILING ADDRESS 2550 Wellworth Way West Friendship
STREET CITY, STATE ZIP

APPLICANT Fogles Septic RELATIONSHIP TO OWNER: None

DAYTIME PHONE 410-745-3670 CELL _____ EMAIL _____

MAILING ADDRESS 560 Obrecht Rd. Sykesville MD 21781
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE _____
SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

BUILDING:

- RESIDENTIAL WITH 4 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
- NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

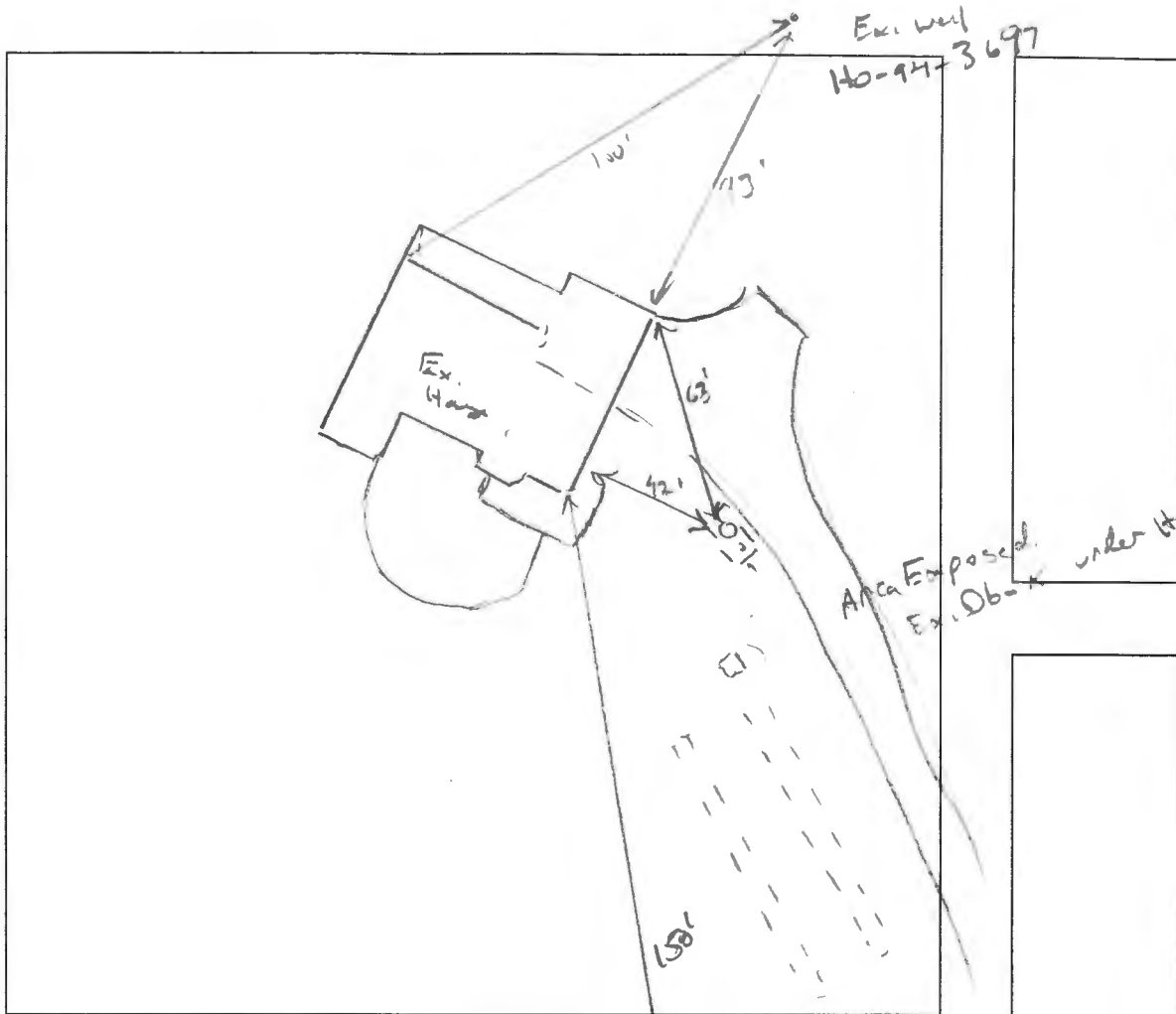
- THIS APPLICATION IS VALID FOR TWO (2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE.
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Jeff Palm 6.13.23
SIGNATURE OF APPLICANT DATE

AVP _____



(A)
 2' Gr CL, m603BK road, p...
 Trash Fill
 ↓
 6' 1i Br sil WK F SBK 10% rx-micro...
 7-8' 1i Br Y FSL CS Dense, Friable, Hard mic...
 10' 1i Br Y Rd FSL Low K PL. Friable, micro...
 15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/22/02	(A)	75' 15'	00:27	11:55	01:26	31	F
		5'	00:27	11:55	01:26	31	H
		4.2' p... 15'				65mp	P

REMARKS Ex. trenches all - AVS
 SANITARIAN K. Wolf BACKHOE Mike = Foster's OTHERS Harmon
 TEST HOLES USED IN SDA 1 AVG. PERC TIME 21.5 SQ. FT/BR 0.6
 TRENCH WIDTH 3' INLET DEPTH 4' MAX. BOT DEPTH 10' EFFECTIVE SW 7'-10' (.50)
 $5' BR = \frac{750 \text{ mpd}}{0.6} = 1250 \div 3 = 416 (.50) = 208 LF$

Real Property Data Search ()
 Search Result for HOWARD COUNTY

[View Map](#) [View GroundRent Redemption](#) [View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 03 Account Number - 305899

Owner Information

Owner Name: BYRNE MICHAEL S Use: RESIDENTIAL
 BYRNE KRISTIN S Principal Residence: YES
 Mailing Address: 2550 WELLWORTH WAY Deed Reference: /17986/ 00402
 WEST FRIENDSHIP MD 21794-9504

Location & Structure Information

Premises Address: 2550 WELLWORTH WAY Legal Description: LOT38 1.992AR S 2
 WEST FRIENDSHIP 21794-0000 2550 WELLWORTH WAY
 FRIENDSHIP MANOR

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:
 0015 0017 0235 3020202.14 2002 38 2022 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
 2004 3,481 SF 1400 SF 1.9900 AC

StoriesBasementType ExteriorQualityFull/Half BathGarage Last Notice of Major Improvements
 2 YES STANDARD UNITSIDING/6 4 full/ 1 half 1 Attached

Value Information

	Base Value	Value	Phase-in Assessments	
			As of 01/01/2022	As of 07/01/2022
Land:	249,900	261,100		As of 07/01/2023
Improvements	614,600	645,400		
Total:	864,500	906,500	878,500	892,500
Preferential Land:	0	0		

Transfer Information

Seller: LEOCADIA WILSON LIVING TRUST Date: 12/28/2017 Price: \$675,000
 Type: NON-ARMS LENGTH OTHER Deed1: /17986/ 00402 Deed2:
 Seller: WILSON LEOCADIA Date: 02/26/2007 Price: \$0
 Type: NON-ARMS LENGTH OTHER Deed1: /10540/ 00408 Deed2:
 Seller: WILSON LEOCADIA Date: 03/09/2004 Price: \$453,420
 Type: NON-ARMS LENGTH OTHER Deed1: /08150/ 00514 Deed2:

Exemption Information

Partial Exempt Assessments:Class 07/01/2022 07/01/2023
 County: 000 0.00
 State: 000 0.00
 Municipal: 000 0.00|0.00 0.00|0.00

Special Tax Recapture: None

Homestead Application Information

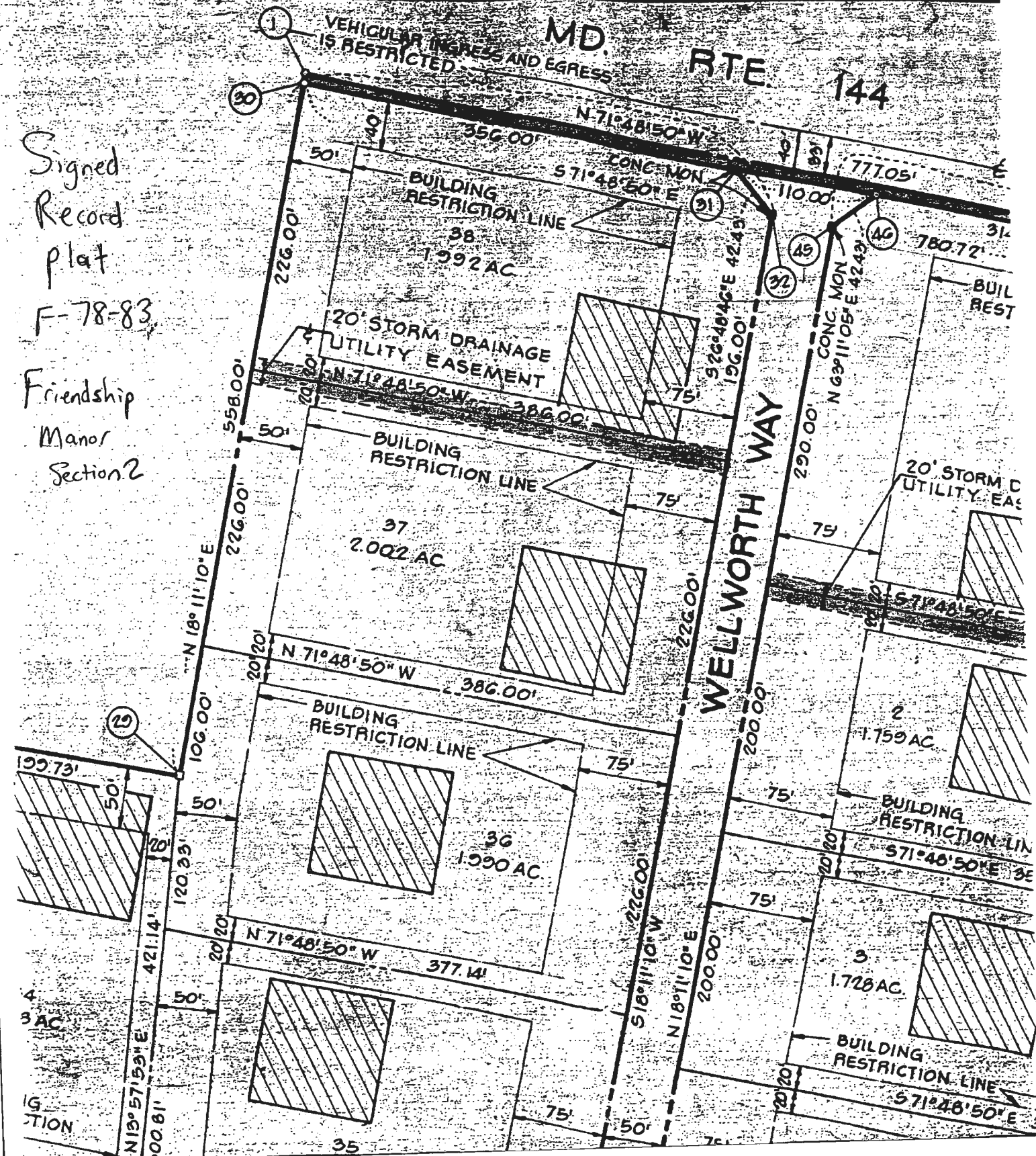
Homestead Application Status: Approved 01/25/2019

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:



Signed
Record
plat
F-78-83
Friendship
Manor
Section 2



OWNER

prepared by 1-1

LOT NUMBER 38

Absorbant Area/bedroom 130

SEPTIC TANK 1000 gal 1250 gal 1500 gal
3 bdrms 4 bdrms 5 bdrms

1 DRY WELL 3 1/2'
inlet below orig grade Max. depth below original Abs. Area
Located 140' from front St line and 110 ft from left side as seen when
standing from Wellworth Way

TRENCH	Inlet	Max. depth	# bedrooms	Length	Abs. Area

If dry well and trench are used leave a 5' earth buffer between them.
 If septic tank is 3' or more below grade, use manhole type cleanout to grade.
 If more than one trench is used space them parallel, twice their depth apart.
 Call office for inspection of trench before placing stone in trench.
 All pipe from house to disposal area cast iron.
 Install standpipe (6" min.) on septic tank and dry well. Cast iron, concrete, terra cotta ok. Trench distribution lines may be clay, asbestos cement, orangeburg type, open joint cast iron or heavy duty plastic. (Commercial standard Cs228-61).

S.T. : 3BR - 1000 gal, 4BR - 1250 gal

DW & Trench

The system will contain no less than 125 # of absorbant sidewall area per bedroom. Locate the D.W. ft from

and ft from the inv. will enter the DW @ 4 ft. below O.G. and the max depth of the D.W. will not exceed 10 ft below O.G.

Begin the trench 5 ft from the edge of the D.W. and follow the contour of the land. The trench will be 2 ft wide, 10 ft deep, and contain 6 ft of stone.

2 Inspections

APPLICATION

PERCOLATION TESTING

A 26050

*Confirmation
test hole*

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 5/21/03

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 Thomas Twiss

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Friendship Manor LOT NO. 33

ROAD AND DESCRIPTION Rt 144, 1st left past Wellworth Way

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

APPLICATION

A 26050

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 6/7/77

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 William B. Ridgely

ADDRESS Spring Meadow Farm Cooksville, Md. 21728 PHONE Carol Clark

531-5115

PROPERTY LOCATION:

SUBDIVISION Ridgely Property (Friendship Manor) LOT NO. 27

ROAD AND DESCRIPTION Rte. 144 - Rte. 32

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Albert Scheel

APPROVED BY R.M. & D.O'M FOR SW DATE 6-28-77 + 2-23-78
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

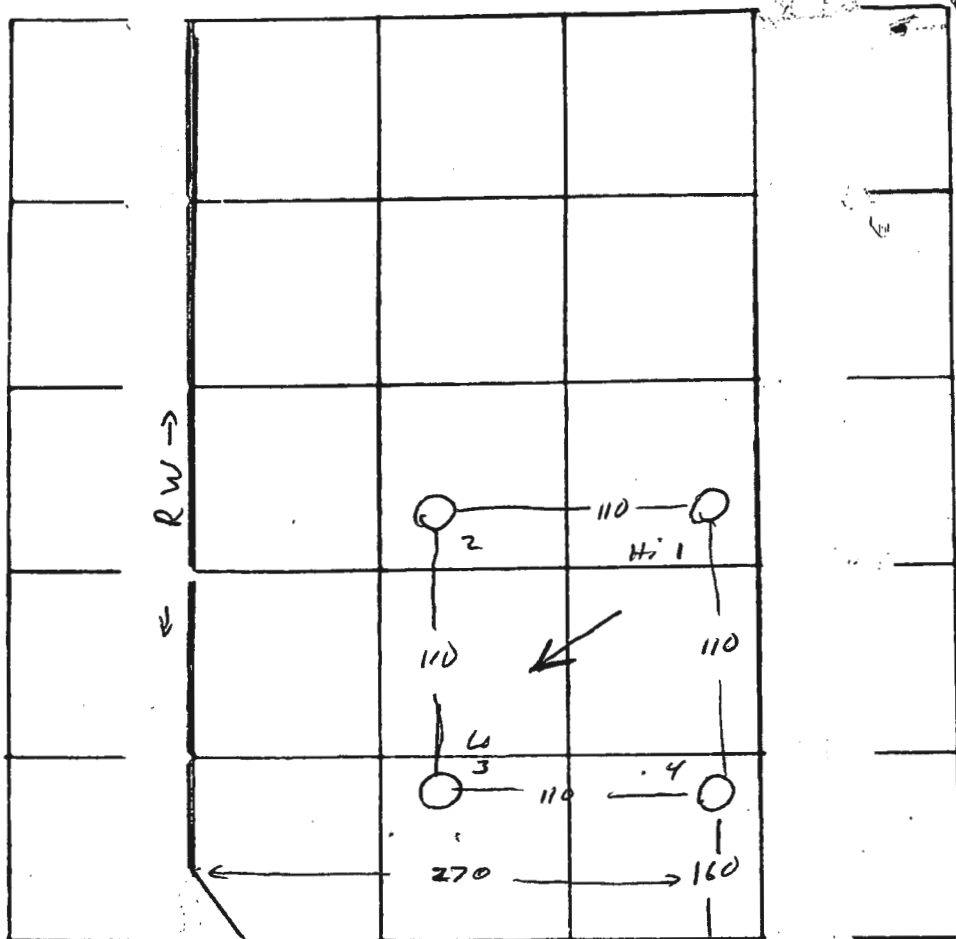
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

0 some clay
 mixed
 3-4 sandy
 loam
 13

Lt 27



NORTH - NAME ADJOINING ROADWAY AS BASE
 < RT 144 >

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
28 June 77	1	4	2 ³⁵	2 ³⁶	2 ³⁶	2 ³⁸	2
	1A	13	2 ³⁸	2 ³⁶	2 ³⁶	2 ⁴¹	5
	2	13	vis	-	same	-	-
	3	4	2 ⁴⁷	2 ⁴⁹	2 ⁴⁹	2 ⁵³	4
	3A	13	"	2 ⁴⁹	2 ⁴⁸	2 ⁵³	4
	4	4	2 ⁴⁸	2 ⁵⁰	2 ⁵⁰	2 ⁵⁴	4
	4A	13	2 ⁴⁸	2 ⁵⁰	2 ⁵⁰	2 ⁵⁵	5

REMARKS _____

TYPE OF SOIL sandy loam

TESTED BY M ALSO PRESENT: Scheel