

1/20/98
C.O. trenches
not following contour
ASAP
1-21-98
12:00 + 3:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXX

410-313-2640

INDEXED

P 59229-C

A 48738

DISTRICT 3rd

DATE 11-22-97

DATE SYSTEM APPROVED 1/21/98

INSPECTOR KM

Arnold Backhoe & Septic Service

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797

PHONE 410-795-7873

SUBDIVISION W. Friendship Estates

LOT 75

ROAD 3333 Velvet Valley Drive

PROPERTY OWNER

Trinity Custom Homes, LLC / Odachowski

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280 175

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Begin trenches 145 feet up the right lot line and 50 feet off that same lot line as seen when facing the lot from Velvet Valley Drive. Run trenches on contour toward the left lot line in both directions

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

OK 10/22/97

* REVISED 1-20-98 ALM

PLANS APPROVED BY Amy McMillen

DATE 10/16/97

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.

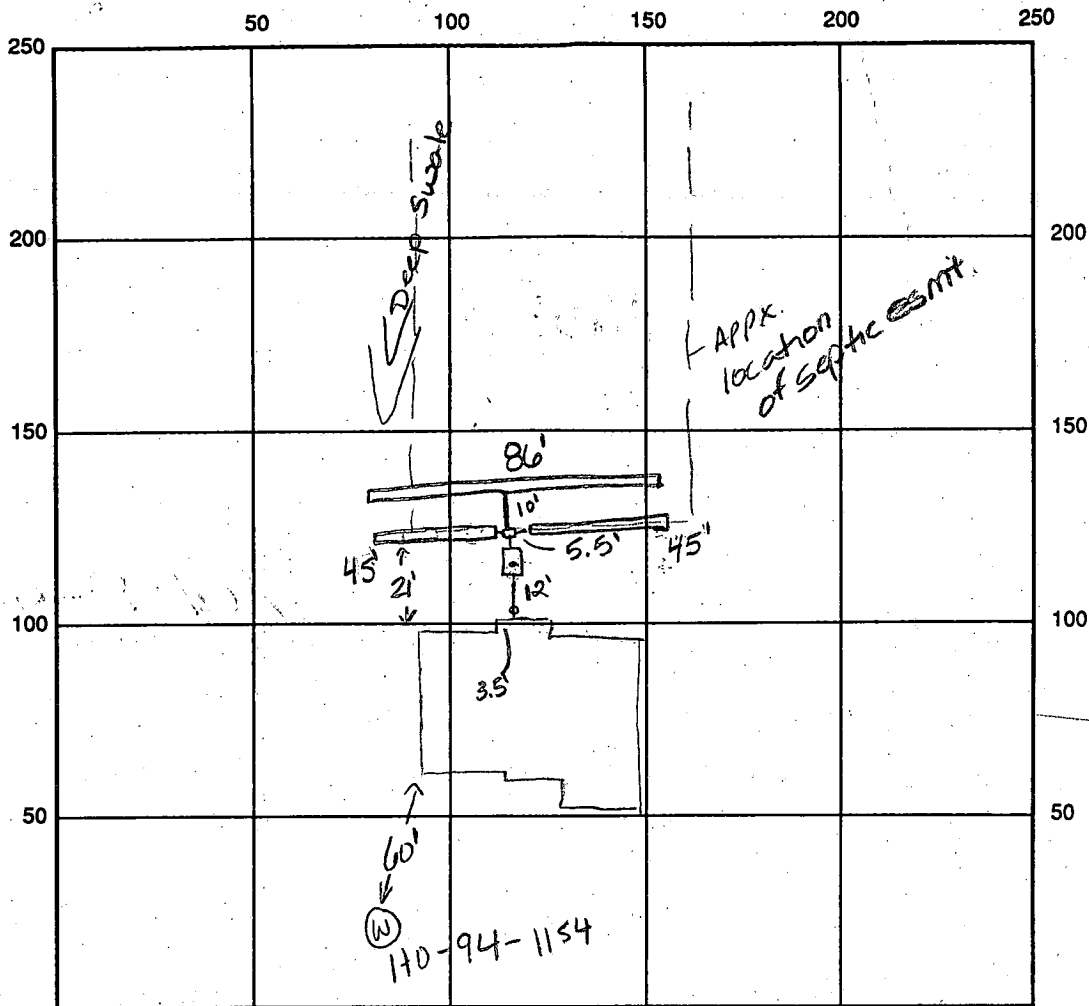
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 48738



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS 1 at house, 1 on tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 9.0 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 5.0 FT. TOTAL LENGTH 86' x 1' 90' x 1' FT. 176

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 880 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 1/20/98 Topography not as shown on plan - deep swale on edge of septic smt - Specs changed to deep system (after confirm. soil conditions to 13.0' to reduce system size & conserve repair area - ALM)

1/21/98 NPS - P.A. 3.5' below grade, casing 2.0' above grade, has 2 piece cap

1/21/98 OK to cover all work (RM)

DATE SYSTEM APPROVED 1/21/98

INSPECTOR Kimberly Maisto

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510182

A REPAIR

DISTRICT _____

DATE 06/05/98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION West Friendship Estates LOT 75 ROAD 3333 Velvet Valley Drive

PROPERTY OWNER Wayne Odachowski

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - In support of building permit B00112053.

(Septic tank to be relocated/replaced; highest trench/distribution box to be relocated)
Call for inspection when ground is opened so sanitarian can recommend location. 06/11/98

AS OF 1/27/00, NO attempt to complete the described work has been made by the owner. Therefore, I accept the current situation and have previously advised the owner of potential problems associated w/ the deck location relative to the existing septic.

PLANS APPROVED BY Donna K. Soe DATE 06/11/98

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

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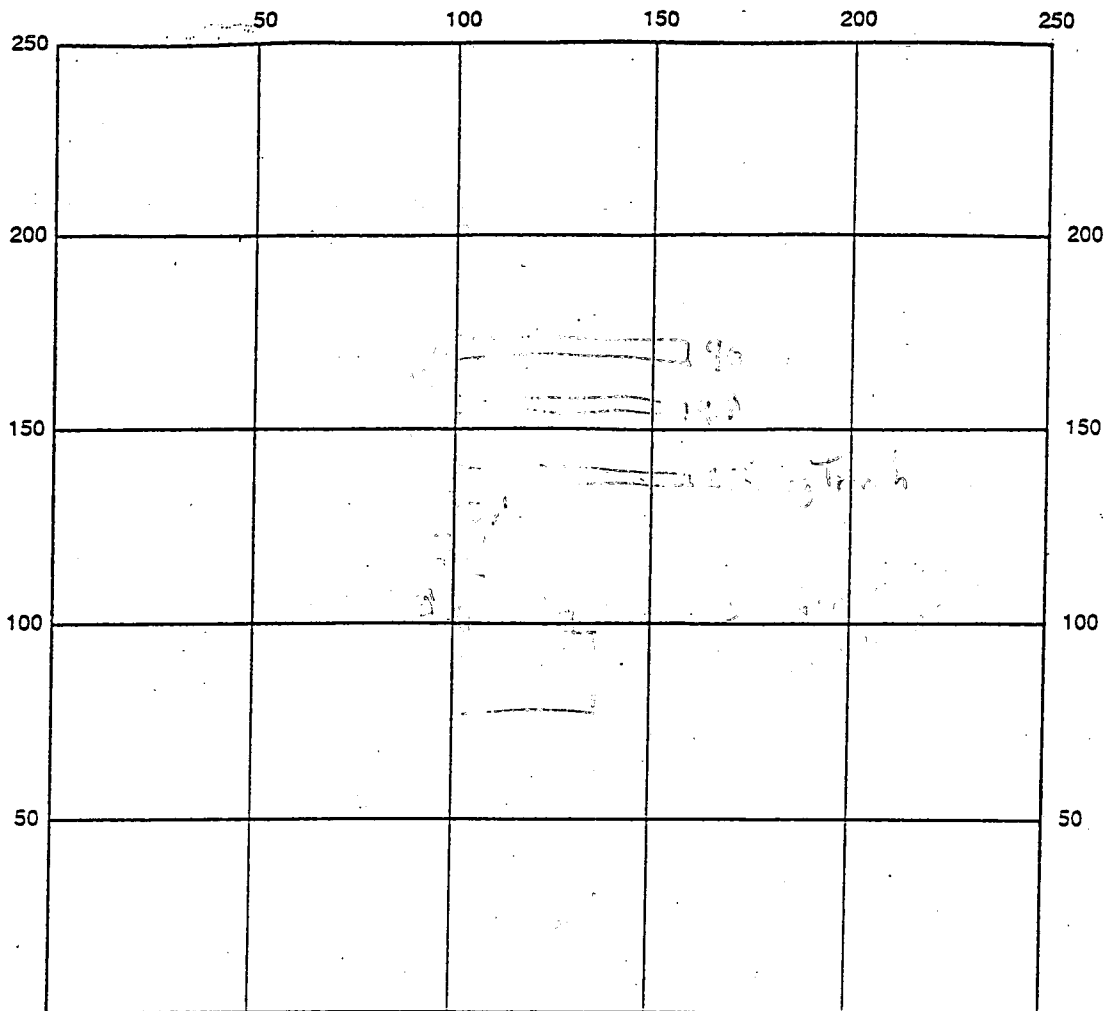
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PERMIT VOID AFTER TWO YEARS

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NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 2, 1998

MEMORANDUM

TO: Wayne Odachowski
3333 Velvet Valley Drive
West Friendship, MD 21794

FROM: Donna K. Soe, R.S.
Water and Sewerage Program

RE: BP# B00112053
3333 Velvet Valley Drive

Keep in file

This office has recently received the above referenced building permit application. However, we are unable to approve the application at this time for the following reason(s):

- ☐ No water supply has been established to serve the proposed dwelling. (Please submit a copy of the well completion report for review, along with a revised site plan showing actual well location.)
- ☐ No septic elevations have been provided on the site plan submitted.
- ☐ Incorrect septic specifications utilized in proposed septic system design. (See enclosure)
- ☐ No invert elevation(s) provided for: _____
- ☐ Proposed house to _____ less than _____ feet.
- ☐ Existing well to _____ less than _____ feet.
- ☐ Sewage easement location/configuration incorrect. (See enclosure)
- ☒ Other: Proposed deck location is too close to existing septic tank
and septic system.

If you have any questions or concerns, please contact Donna K. Soe, R.S. at (410) 313-2640.

Enclosure
cc: file

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

000112053

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

3333 Velvet Valley Dr.

West Friendship, MD 21794

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
75	556	-	-	2	-	-

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
FOX VALLEY	RCD	22	3	6030

OWNER NAME AND ADDRESS

WAYNE ODACHOWSKI
3333 Velvet Valley Dr.
West Friendship, MD 21794

PHONE NO.

(410-442-4430)

OCCUPANT'S NAME AND ADDRESS

SAME

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS

SELF

PHONE NO.

EXISTING USE

SFH

PROPOSED USE

Same w/ Deck

EST. CONSTRUCTION COST

\$13,000

LICENSE NUMBER

PERMIT FEE

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK

(CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

CK 3590

GRADING/SEDIMENT CONTROL ☐ YES ☒ NO

DESCRIPTION OF WORK AUTHORIZED

NEW DECK 2 level deck
on rear of Home w/ steps
to ground level 1" 12x12
step 2" 24x12

SIZE OF BLDG.

FRONT

DEPTH

HEIGHT

TYPE OF BLDG.

AREA

VOLUME

ROOF

B. ROOMS

ROOMS

BATHS

FIREPLACES

FOOTINGS

FOUNDATION

S. WALLS

UTILITIES

WATER/WELL

SEWER/SEPTIC

GAS

ELECTRICITY

TYPE OF HEAT

AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permit twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

SIGNATURE

TITLE

DATE

5-29-98

FUNCTION

DATE

SIGNATURE APPROVAL

ZONING/PLANNING

SHA

SEDIMENT/GRADING

BUILDING OFFICIAL

WATER & SEWER

HEALTH DEPT.

FIRE PROTECTION

STORM WATER MGMT.

APPROVED

DATE

Distribution of Copies:

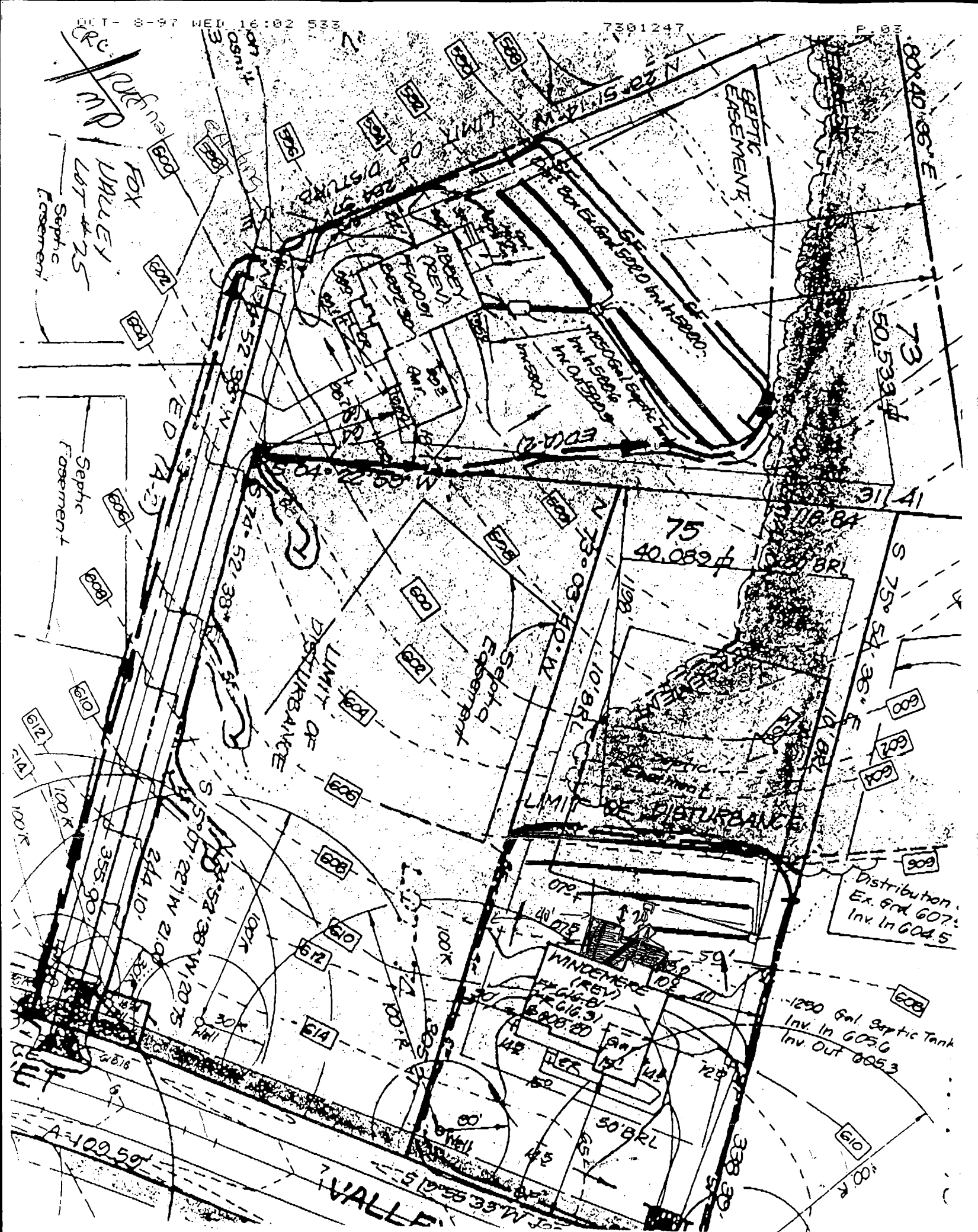
White - Building Official

Green - Planning & Zoning

Yellow - Engineering

Pink - Health Dept.

Gold - S.H.A.



APPLICATION

PERCOLATION TESTING

A 48738

P _____

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

DISTRICT _____

DATE 12/9/92

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. *Trinity Custom Homes, Inc.*

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 Sec 2 LOT NO ~~22~~ 75

ROAD AND DESCRIPTION Pfefferkorn Road & Route 32 (3333 VELVET VALLEY DRIVE)

TAX MAP 15 PARCEL # 32 & 42, 533

SIZE OF LOT 1 + acres TYPE BLDG single family dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 10-16-92

Serial # 32108291

10-16-92

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 _____

THIS IS NOT A PERMIT

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	

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

48738

Lat 23

? on new 1.8 HOLD

COUNTY #

SOIL PROFILE

0'

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	
12/14/92	#	'	:	:	:	:	
See #22	#	'					
	#	'	:	:	:	:	
	#	'					
	#	'	:	:	:	:	
	#	'					
	#	'	:	:	:	:	
	#	'					

REMARKS Tests in

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

48737

#22

Tree Line

on LOT 10

COUNTY #

SOIL PROFILE

1378

SOIL PROFILE

	(New # 67)			
		(1381 on Perc. LOT 23)	(2)	
				(1382 Corner Perc. 22)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET.		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/14/92	(#1378)	5'	3:12	3:14	3:14	3:16	2 min
Moody P.M.	(#1)	10'-10"	Dry - no flow		Loam below clay		
	(#1381)	5'	3:10	3:13	3:13	3:25	12 min
	(#2)	11'	Dry no flow		Loam below clay		
	(#1379)	4'	3:30	3:32	3:32	3:37	5 min
	(#3)	8'	3:36	3:39	3:39	3:45	6 min
	(#1382)	1'	i. reddish in color				
	(#4)	10' 10"	Similar to (#2)		Dry 10' some rock		

REMARKS

TYPE OF SOIL

TESTED BY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

INLET DEPTH

MAXIMUM BOTTOM DEPTH

ALSO PRESENT

TRENCH WIDTH

SQ. FT./BEDROOM

Tests in open around tree line

(Loam below clay)

C. B. id.

A. K. Jr.

9 min

13' B'

4'

6'

210 sq ft

4/8/11

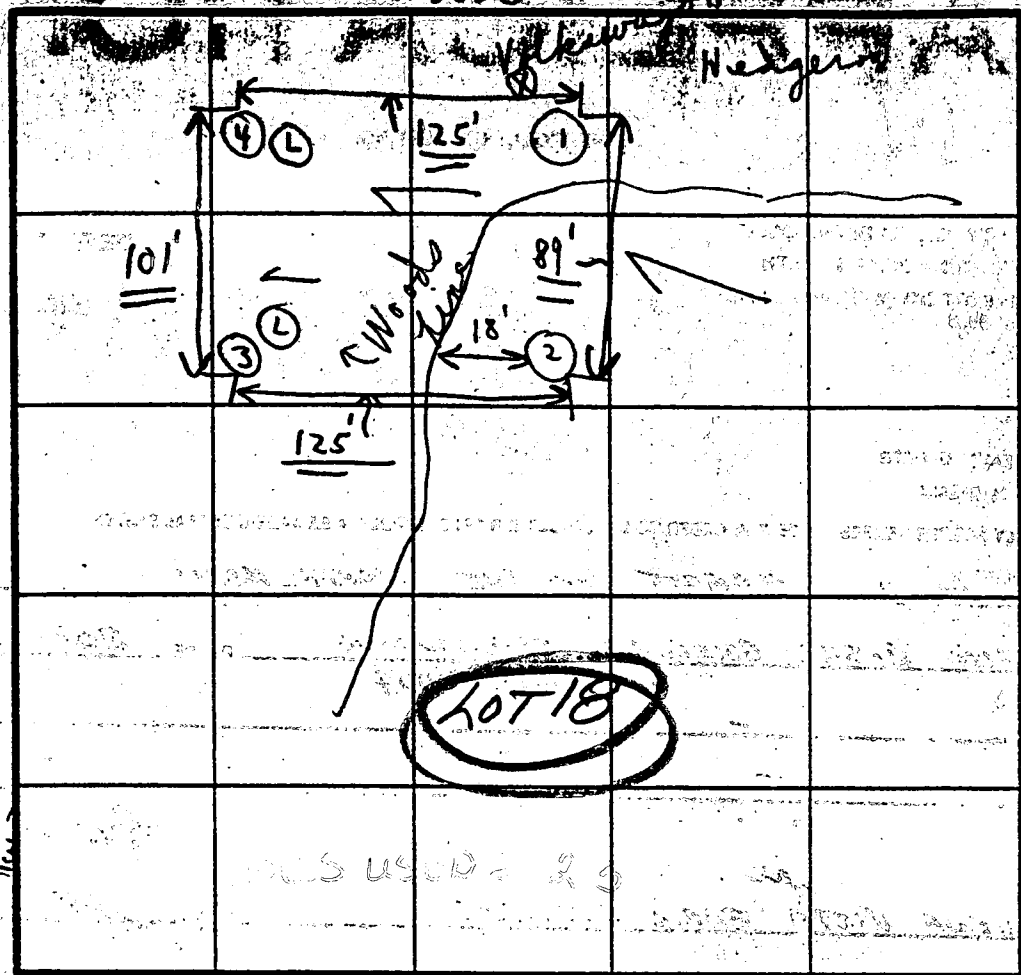
18

SOIL PROFILE

T.S.
CLAY

NO STONE
LIGHT
COLORED
LOAM

↓
TO
BOTTOM



X = 3 min
180 ft 2 bdr
inlet, 6'
bottom, 8'

① 12' 10" ② 13' ③ 13'
④ 13'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL S...
CLAY
TO 4 1/2'

CLAY TO
5'

CLAY TO
5 1/2'

CLAY TO
7'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/18/88	1A	4 1/2'	8:10	8:12	8:12	8:15	3 min
#2 LOT	1B 18B	12' 10"	Visual light loam				
	2A	5'	8:16	8:18	8:18	8:21	3 min
	2B 18C	9 1/2'	8:16	8:18	8:18	8:23	5 min
	3A	5 1/2'	8:26	8:28	8:28	8:32	4 min
	3B 18D	13'	Visual light loam				
	4A	7'	8:31	8:33	8:33	8:36	3 min
	4B 18A	13'	Visual light loam				

13' DUE

Tentative OK

{ Tests per stake }

REMARKS

TYPE OF SOIL

2-1079

A48738

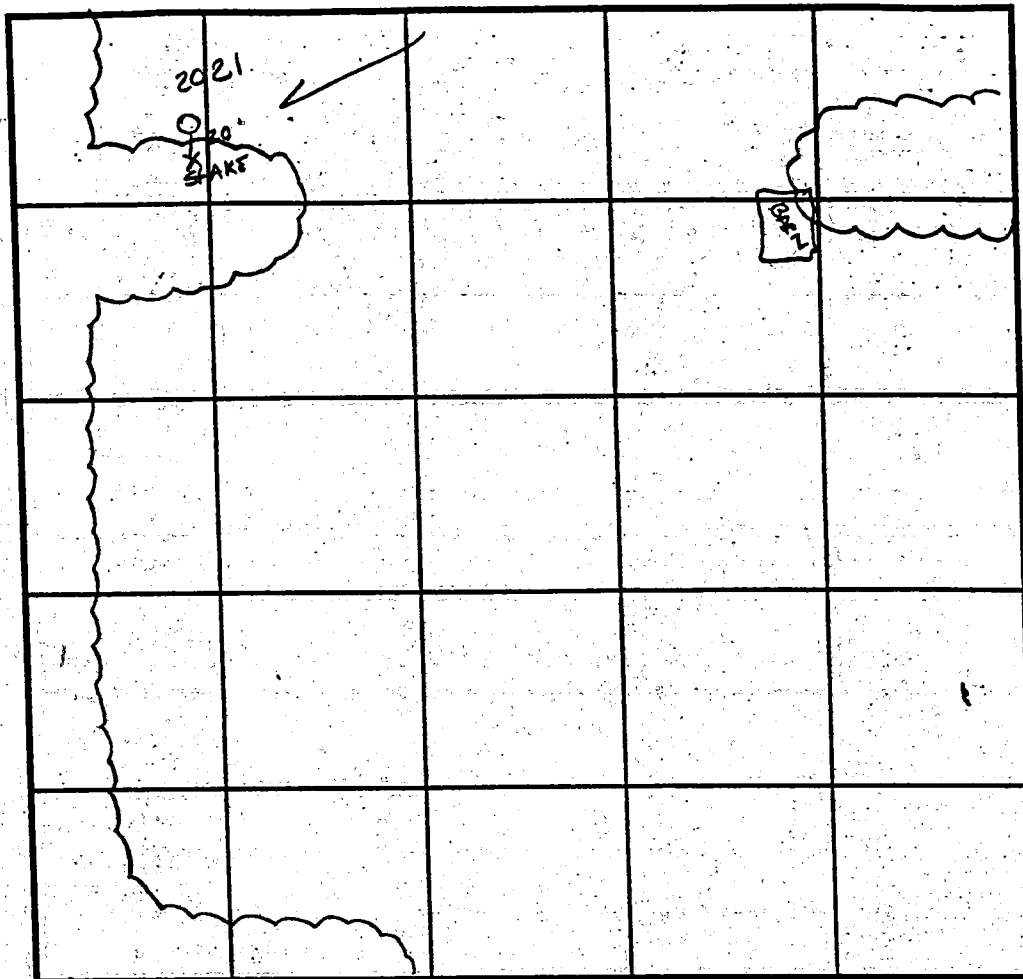
COUNTY #

SOIL PROFILE

2021

red
orange
SIL1st
orange
SIL50%
rock
through-
out

OK



LOT 70

SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Pfefferkorn Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-16-95	2021	Visual	to 13				OK

REMARKS

TYPE OF SOIL

TESTED BY Amy McMullen

ALSO PRESENT Olan Ketterman

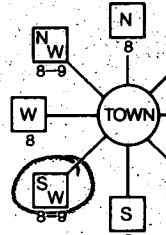
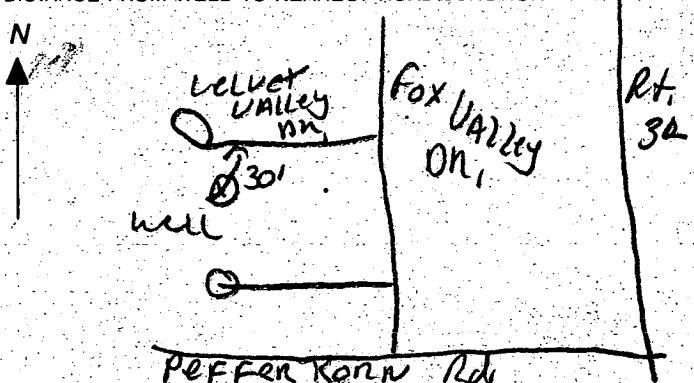
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM

B 1 8290 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-94-1154 <small>fill in this form completely</small>
Date Received (APA) 050797 OWNER INFORMATION TRINITY BUILDERS 6212 DEWONT DR COLUMBIA MD 21049 Town: Zip:		B 3 LOCATION OF WELL HOWARD 8 COUNTY WESTFRIENDSHIP EST 23 SUBDIVISION SECTION 2 LOT 25 WESTFRIENDSHIP 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78	
DRILLER INFORMATION RALPH MAYNE Driller's Name Ralph MAYNE Well Drilling Firm Name 9120 Brown Church Rd. Mt. Airy Address Ralph Mayne 5/5/97 Signature Date CIRCLE: MSD/MGD/MWD 116 77 License No. 80		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD VELVET VALLEY DR. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 47 38 39 TAX MAP: BLK: PARCEL:	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		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)	
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co. A48738 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 05/3/97 A McMillen 5/13/98 43 48 CO SIGNATURE EXP. DATE NORTH GRID 528000 EAST GRID 0802000 50 55 57 63	
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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		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 E 8002 N 528 000 000 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 (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 GAP 63 FORCE 4M WRITE INITIALS IN BOX PERMIT No. HD-94-1154 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

C16049

SEQUENCE NO.
(MDE 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
NUMBERA48738

ST/CO USE ONLY
DATE RECEIVED
6/6/97

DATE WELL COMPLETED
522995

Depth of Well
2220526
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1154

OWNERTrinity Homes

STREET OR RFDlast nameVelvet Valley DRfirst name

TOWNW Friendship

SUBDIVISIONW Friendship EstSECTION2LOT75

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	20	✓
Sand Stone	20	25	
MICKA	25	105	
Sand Stone	105	110	✓
MICKA	110	205	

GROUTING RECORD

yesno
☒Y☐N
4444

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT☒CMBENTONITE CLAY☐BC

NO. OF BAGS23NO. OF POUNDS2300

GALLONS OF WATER138

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to3034ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

☒STSTEEL☐COCONCRETE
☒PLPLASTIC☐OTOOTHER

MAIN
CASING
TYPEPL

Nominal diameter
top (main) casing
(nearest inch!)6

Total depth
of main casing
(nearest foot)82

OTHER CASING (if used)

diameterdepth (feet)

inchfromto

EACH
CASING

SCREEN RECORD

screen type
or open hole

☒STSTEEL☐BRBRASS
☐PLPLASTIC☐OTOOTHER

insert
appropriate
code
below

DEPTH (nearest ft.)

12HO80205

8911151721

232426303236

383941454751

SLOT SIZE123

DIAMETER
OF SCREEN

(NEAREST
INCH)

5660

fromto

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.)WQ

7072747576

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

C3

12

PUMPING TEST

HOURS PUMPED (nearest hour)3

89

PUMPING RATE (gal. per min.)12

1315

METHOD USED TO
MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING55ft.

1720

WHEN PUMPING60ft.

2225

TYPE OF PUMP USED (for test)

☐Aair☐Ppiston☐Tturbine

272727

☐Ccentrifugal☐Rrotary☐Oother
(describe
below)

272727

☐Jjet☒Ssubmersible

2727

PUMP INSTALLED

DRILLER WILL INSTALL PUMP
(CIRCLE) (YES or NO)YESNO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX 29

CAPACITY
GALLONS PER MINUTE

(to nearest gallon)3135

PUMP HORSE POWER

3741

PUMP COLUMN LENGTH
(nearest ft.)

4347

CASING HEIGHT (circle appropriate box
and enter casing height)

☒+above

LAND SURFACE

☐-below

2(nearest
foot)

495051

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)

Road

30'

20'

Prop
Line

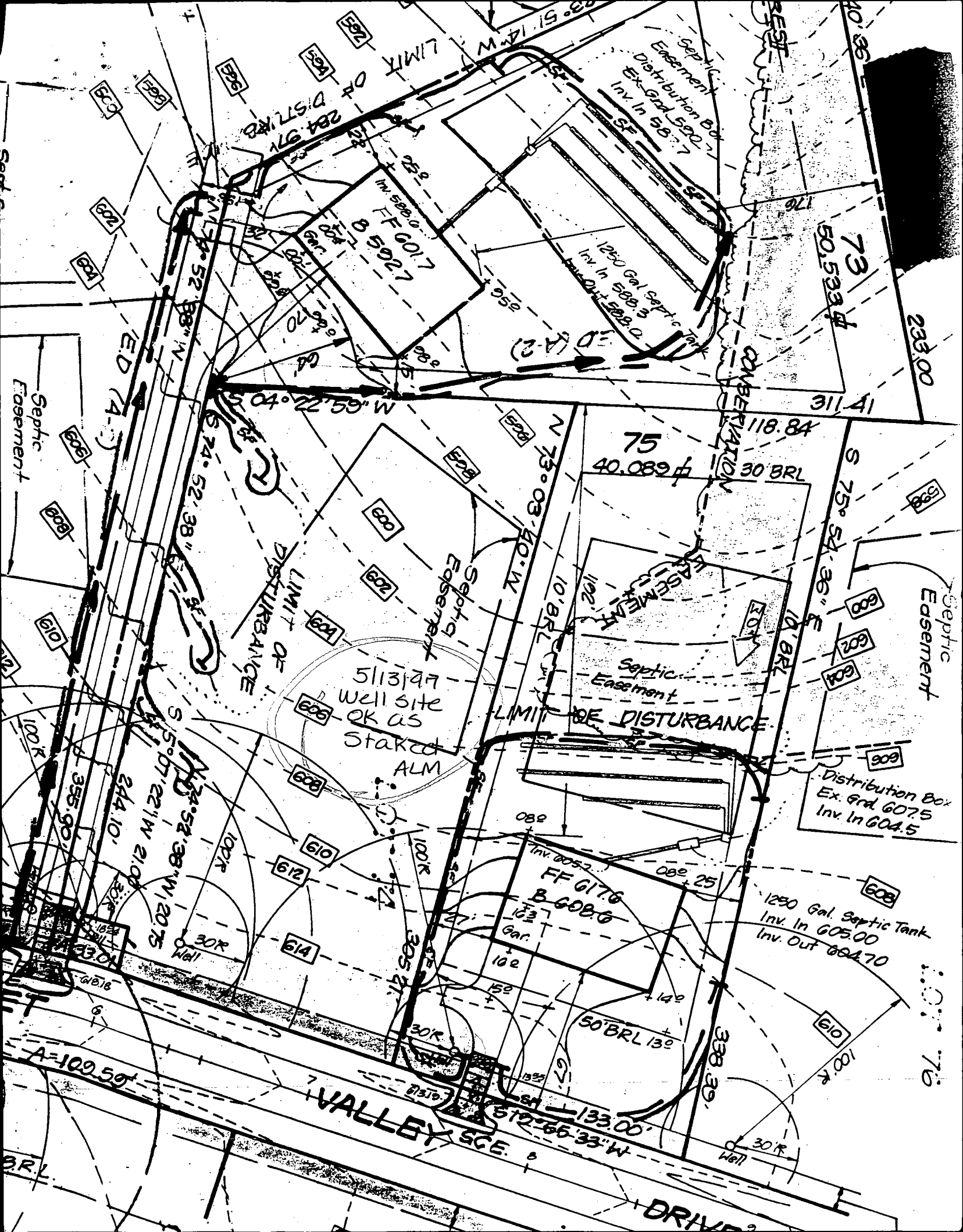
DRILLERS LIC. NO. MS D116

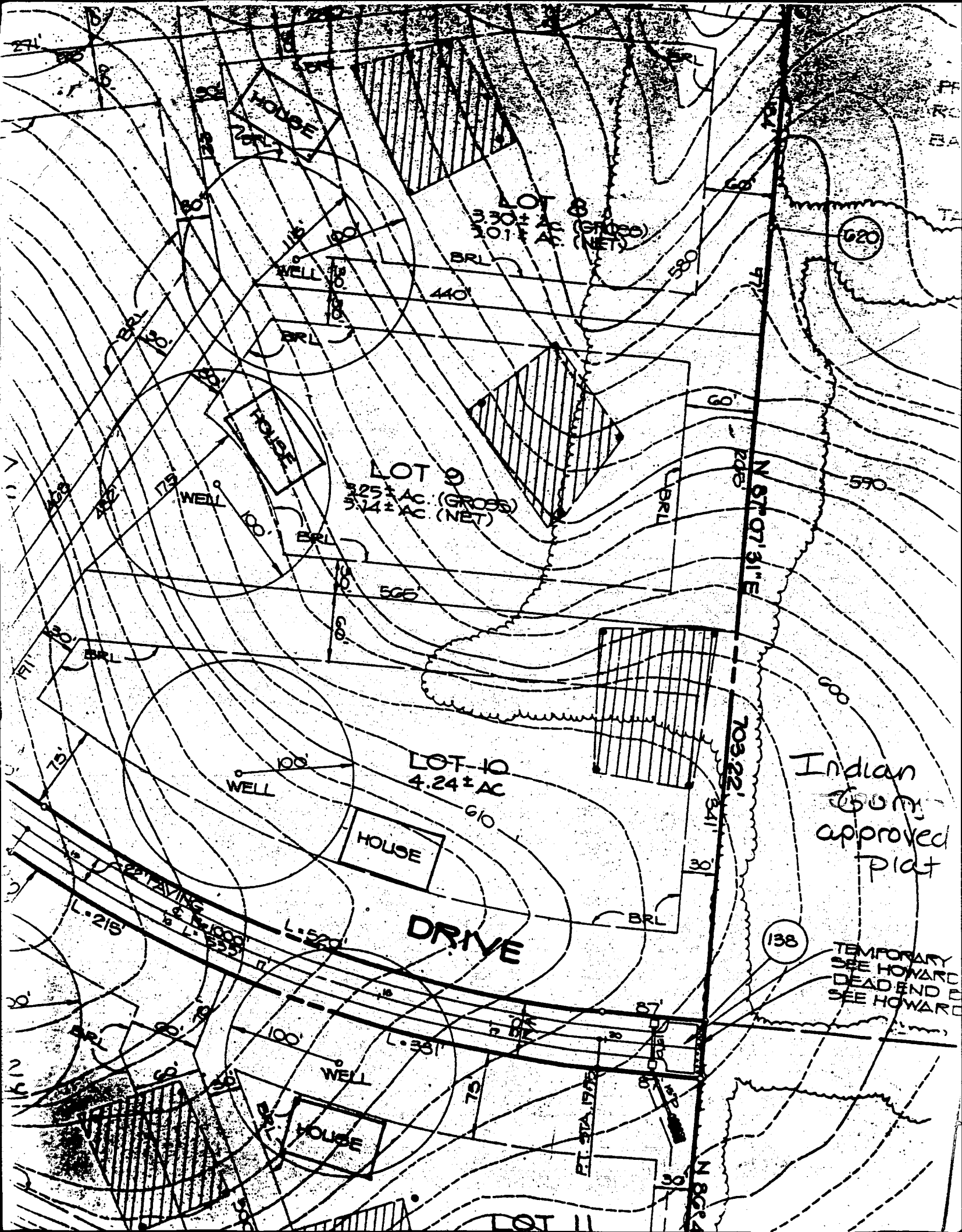
DRILLERS SIGNATURE

LIC. NO. MS D112

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

COUNTY





HOUSE

LOT 8
3.30± AC. (GROSS)
2.01± AC. (NET)

HOUSE

LOT 9
3.25± AC. (GROSS)
2.14± AC. (NET)

LOT 10
4.24± AC

HOUSE

DRIVE

HOUSE

Indian
Cm.
approved
plat

TEMPORARY
SEE HOWARD
DEAD END
SEE HOWARD

copy of approved
perc. cert
9-10-96

