

6/22/99  
12-1

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511595

A 48741-A

DISTRICT \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE 5/19/99

DATE SYSTEM APPROVED 6/22/99

INSPECTOR SRH

### INDEXED

K & K Excavating

IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 14960 Route 144, Woodbine, Maryland 21797

PHONE 410-442-1336

SUBDIVISION West Friendship Estates LOT 100

ROAD 3300 Velvet Valley Drive

PROPERTY OWNER ERIC ASTRAN

Selfridge Builders

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 190 feet up the left 303.27' lot line and 80 feet off that same lot line as seen when facing the lot from Velvet Valley Drive. Run trenches on contour 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 4/28/99 DIS

PLANS APPROVED BY Amy McMillen

DATE 4-15-1999

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)

**BUILDING PERMIT SIGNED AND RETURNED**

2/19/2003 300140360 DECK + PORCH

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.

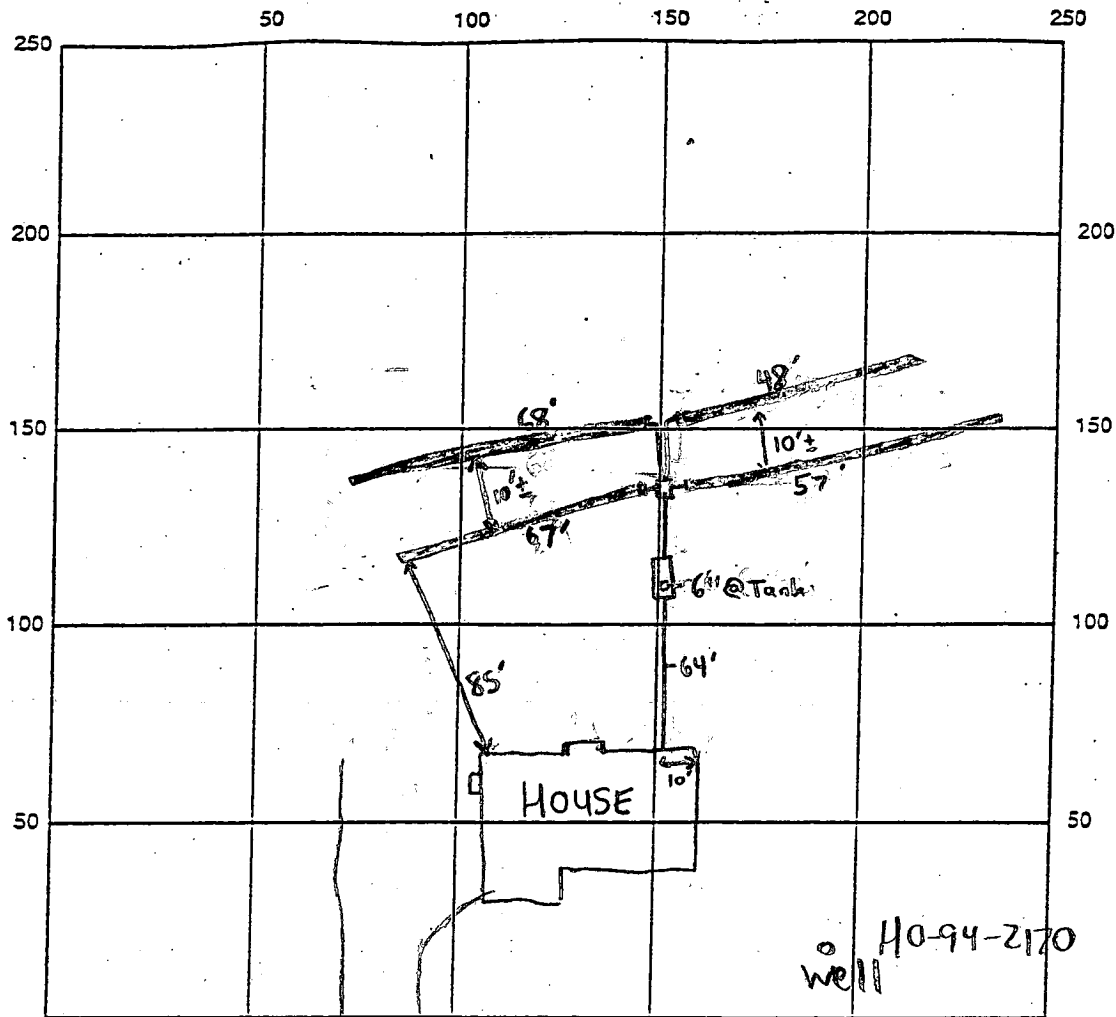
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

48741-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
VELVET VALLEY DRIVE

SEPTIC TANK LEVEL  1250 gallon midseam CLEANOUTS 1-6" @ Tank

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 6.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/22/99 - HOUSE CONN. MADE, OK TO COVER ALL WORK - (SRK)

6/23/99 - WPI OK (SRK)

DATE SYSTEM APPROVED 6/22/99 INSPECTOR Steven R. Krieg / Craig Williams

# APPLICATION

PERCOLATION TESTING

A 48741  
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. SELFIDGE Builders

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 82 100

ROAD AND DESCRIPTION Pfefferkorn Road & Route 32

3300 VELVET VALLEY DRIVE

REQ. PERMIT SIGN'D  
AND RETURNED 4-15-99  
Serial FB10 117253

TAX MAP 15 PARCEL # 32 & 42, 533

SIZE OF LOT 1 + acres TYPE BLDG single family dwelling - 9.5Bm  
(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

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 \_\_\_\_\_

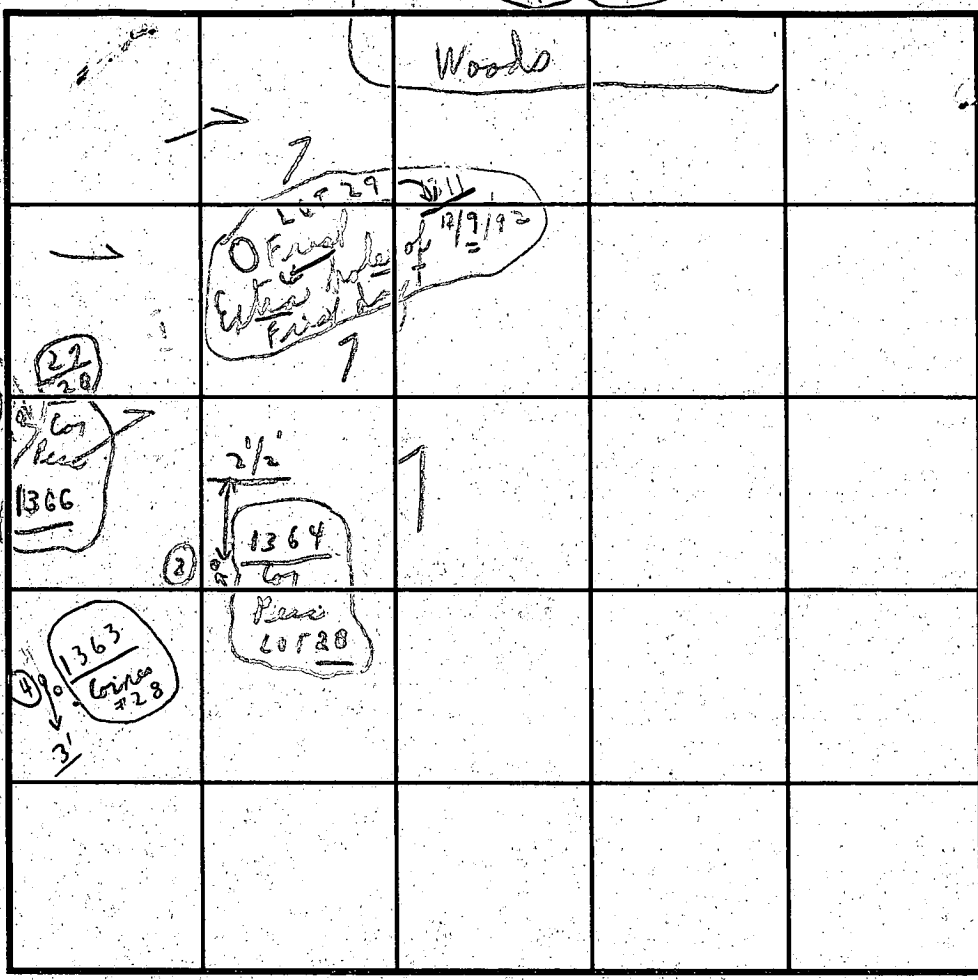
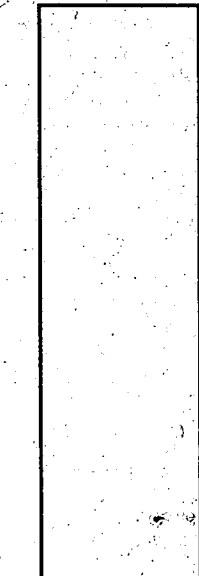
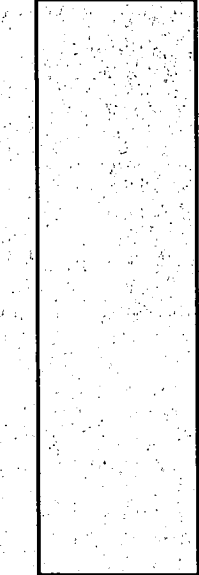
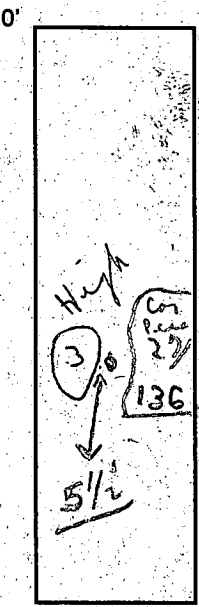
# THIS IS NOT A PERMIT

Some of (27 Lot) Lot 28  
48741

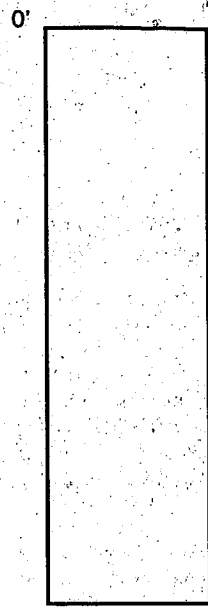
Neub 95

COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/15/92	# ①	4' 4"	9:37	9:39	9:39	9:43	4' out
Trees	# 1366	12 1/2'	Loam - lighter		10% sandstone		
Reddish	# ②	6'	9:39	9:40	9:40	9:41	1 min
Loam	# 1364	12'	No stand - Loam		all		
	# 1365	13'	10:30	10:32	10:32	10:35	3 min
	# ③	8' →	10:30	10:33	10:33	10:37	4 min
	# ④	0' to 6' ± Clay	Loam 6' to 10'-10"				
	# 1363	10'-10"	Hard in color		(Visual similar to ②)		

Depth 11-10"  
DRY

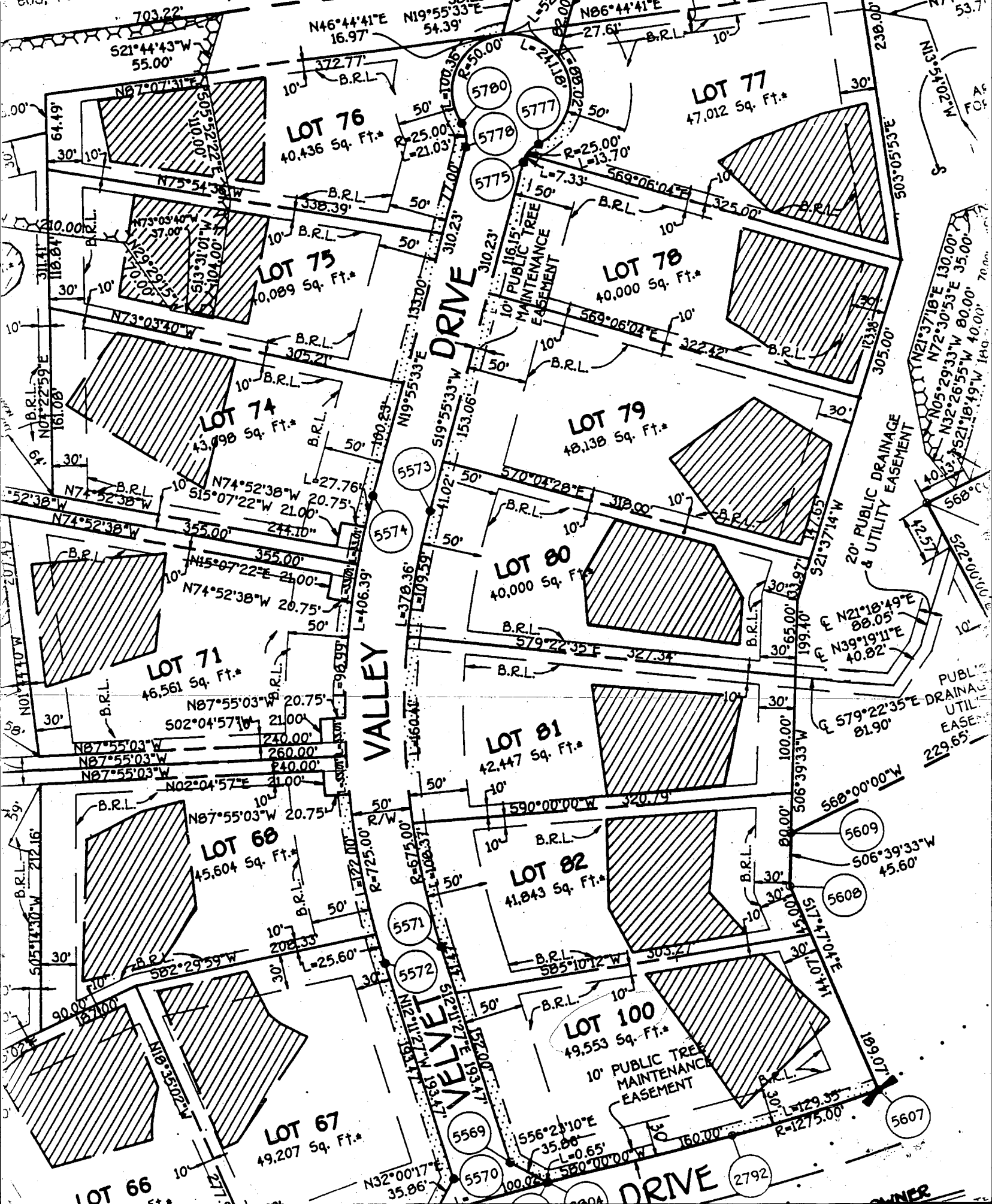
REMARKS Tests in open field (shallow system)  
 TYPE OF SOIL Loam (to 6' only)  
 TESTED BY C.B.O. ALSO PRESENT O.K. Jr. Nelson; Marsh Keich  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 3'  
 INLET DEPTH 4.5 MAXIMUM BOTTOM DEPTH 6.5 SQ. FT./BEDROOM 180 ft<sup>2</sup>



PROPERTY OF  
BARBARA LUNDY  
608, FOLIO 2

Approved  
F. 95-183

20' PUBLIC DRAINAGE  
AND UTILITY EASEMENT  
247.61'



**LOT 76**  
40,436 Sq. Ft.\*

**LOT 77**  
47,012 Sq. Ft.\*

**LOT 75**  
40,089 Sq. Ft.\*

**LOT 78**  
40,000 Sq. Ft.\*

**LOT 74**  
43,098 Sq. Ft.\*

**LOT 79**  
48,138 Sq. Ft.\*

**LOT 71**  
46,561 Sq. Ft.\*

**LOT 80**  
40,000 Sq. Ft.\*

**LOT 81**  
42,447 Sq. Ft.\*

**LOT 68**  
45,604 Sq. Ft.\*

**LOT 82**  
41,843 Sq. Ft.\*

**LOT 100**  
49,553 Sq. Ft.\*

**LOT 67**  
49,207 Sq. Ft.\*

**LOT 66**

VALLEY DRIVE

VELVET DRIVE

DRIVE

5780

5777

5778

5775

5573

5574

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5572

5571

5572

5571

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5571

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Approved Septic System Plan  
Howard County Health Department

*Ann McMill*  
Signature

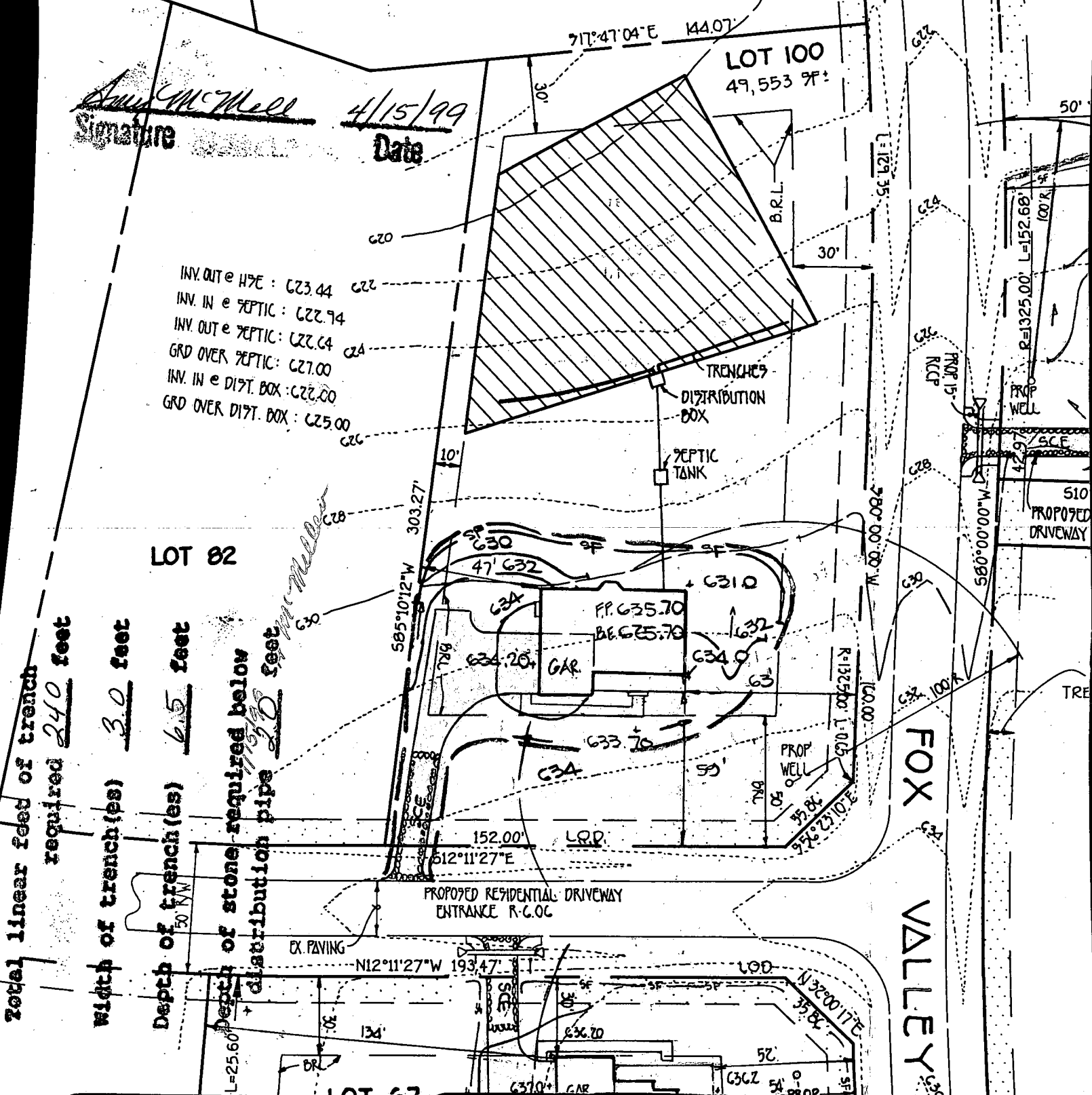
4/15/99  
Date

LOT 100  
49,553 SF

INV. OUT e H<sub>7</sub>C : 623.44  
INV. IN e <sub>7</sub>EPTIC : 622.94  
INV. OUT e <sub>7</sub>EPTIC : 622.64  
GRD OVER <sub>7</sub>EPTIC : 621.00  
INV. IN e DIST. BOX : 622.00  
GRD OVER DIST. BOX : 625.00

Total linear feet of trench required 240 feet  
Width of trench(es) 3.0 feet  
Depth of trench(es) 6.5 feet

Depth of stone required below distribution pipe 2.0 feet



FOX VALLEY

C1 9669 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A48741

ST./CO. USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM 'PERMIT TO DRILL WELL'

OWNER Selfridge Builders STREET OR RFD Velvet Valley DR TOWN West Friendship SUBDIVISION West Friendship Est SECTION II LOT 106

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 FROM TO check if water bearing

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 2500 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 23

OTHER CASING (if used) diameter inch depth (feet) from to

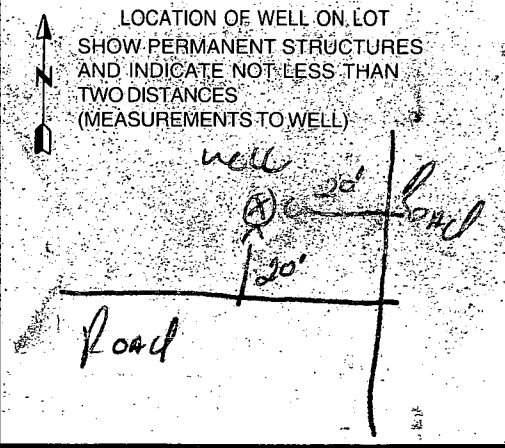
SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) HO 91 380

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 57 ft. WHEN PUMPING 215 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below (nearest foot) 50 51



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO 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 LIC. NO. M S D 116 SIGNATURE: Mark Murre LIC. NO. M S D 112 SIGNATURE: Bobbie Murre

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

B 1	4714	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-2170</u> <small>fill in this form completely</small>
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Date Received (APA) 030199

OWNER INFORMATION

15 Last Name SELFRIDGE 34 Owner First Name Builder's

36 Street or RFD 14045 GATED DR. 55

57 Town Glenwood MD 70 State MD 72 Zip 21738 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION West Friendship Est. 42

SECTION 2 44 46 LOT 100 48 50

52 NEAREST TOWN West Friendship 71

MILES FROM TOWN (enter 0 if in town) I 73 M I 76 77 78

DRILLER INFORMATION

Driller's Name Ralph MAYNE 76 License No. MSD 116 81

Firm Name Ralph MAYNE well drilling

Address 9120 Brown Church Rd MD 191

Signature Ralph Mayne 225-99 Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

1 2

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD VELVET VALLEY M. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 S 37

DISTANCE FROM ROAD 50 38 39

ENTER FT OR MI FT

TAX MAP: 22 BLK: 2 PARCEL 556

WELL INFORMATION

1 2

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING.

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME A48741A COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 030299 A Mc Miller 030200

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 527 000 EAST GRID 805 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30  AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37  CABLE REVerse-ROTary DRive-POINT

other \_\_\_\_\_

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

39  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 DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_ 54 63

PERMIT No. HO-94-2170

70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 3/3/99 9:30

SOURCES OF DRILLING WATER NO INSP

1. well

2.

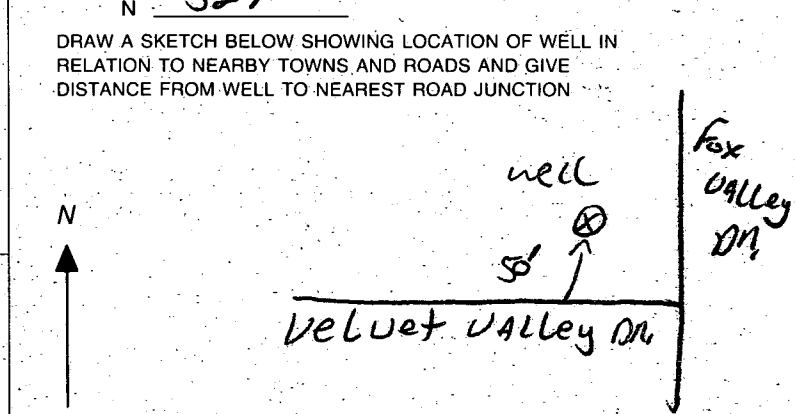
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E. 805

N. 527

000 000



1525501

B 1 **8272** SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-94-1228**  
 fill in this form completely

Date Received (APA) **06.05.97**  
 OWNER INFORMATION  
**SELFRIDGE BUILDERS**  
 15 Last Name Owner First Name 34  
**14045 CAREY DR.**  
 36 Street or RFD 55  
**GLENWOOD** **MD 21238**  
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLE: MSD/ MGD/ MWD  
**RAIP MAYNE** 77 License No. 80 **776**  
 Driller's Name  
**RAIP MAYNE Well Drilling**  
 Firm Name  
**9120 Brown Church Rd Mt Airy**  
 Address  
**Ralph Mayne 6/5/97**  
 Signature Date

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **5000**  
 14 20

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)

APPROXIMATE DEPTH OF WELL **150** FEET  
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH  
 NEAREST 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 \_\_\_\_\_

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 54 63  
 FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **HO-94-1228**  
 67 88 70 71 72 73 74 75 76 77 78 79

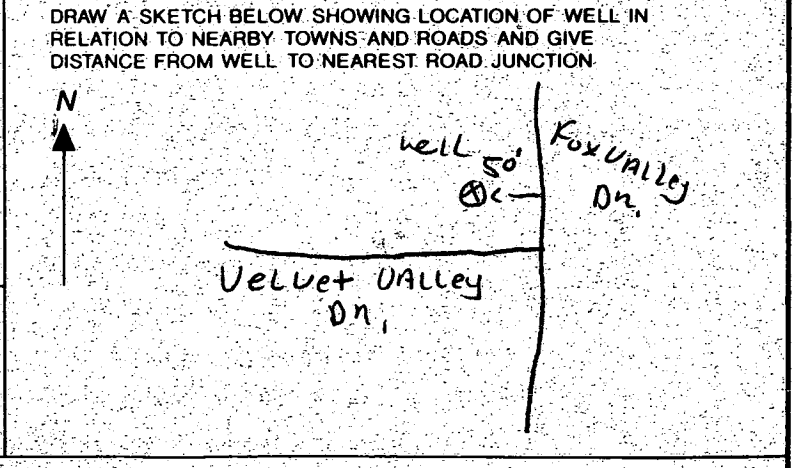
SPECIAL CONDITIONS  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**WESTFRIEWOSHIP EST.** SUBDIVISION  
 SECTION **2** LOT **100**  
**WESTFRIEWOSHIP** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **1** MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 NEAR WHAT ROAD **FOX VALLEY DR.**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 WEST  EAST  
 NORTH  SOUTH  
 DISTANCE FROM ROAD **50** FT. OR MI  
 ENTER FT OR MI **FT.**  
 TAX MAP: **22** BLK: **2** PARCEL **556**

NOT TO BE FILLED IN BY DRILLER. HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME COUNTY NO. **A-48741A**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **7/8/98**  
**074899** CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 NORTH GRID **527000** EAST GRID **805000**  
 43 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER **well**  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **805**  
 N **528**  
 000 000

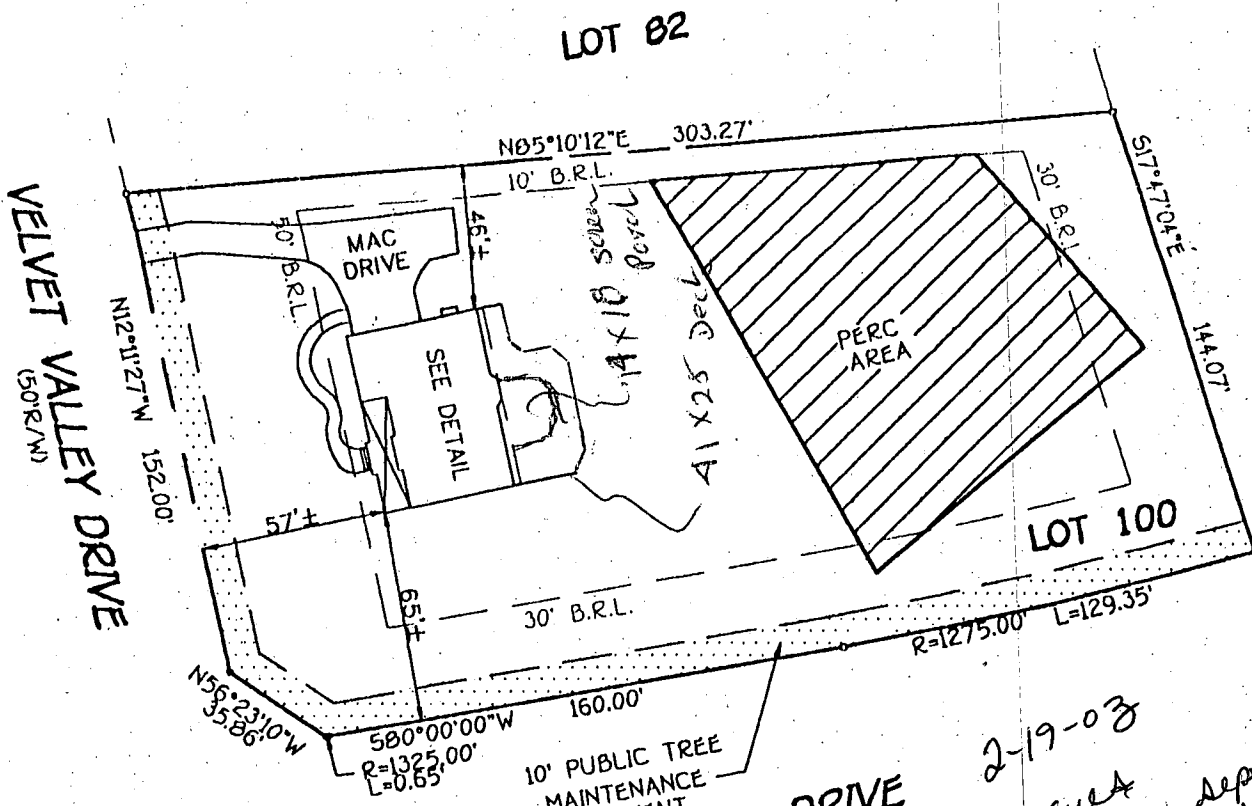


**GENERAL NOTES:**

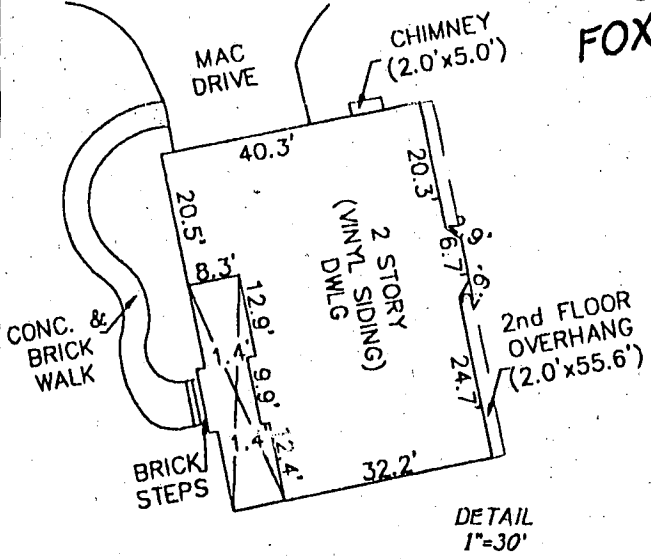
1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.

2) SUBJECT PROPERTY IS SHOWN IN ZONE S-1 BY THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 210011 9921 P, EFFECTIVE DATE: DEC. 4, 1988.

3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



2-19-03  
 No issues with septic tank or well  
 (KW)



DETAIL  
 1"=30'

TOP OF FOUNDATION ELEV. = 634.7'  
 BRL=BUILDING RESTRICTION LINE  
 FOX VALLEY ROAD

LOT 100  
 WEST FRIENDSHIP ESTATES  
 SECTION 2  
 LOTS 57 thru 100 PARCELS 'E' thru 'Q'  
 (A RESUBDIVISION OF WEST  
 FRIENDSHIP ESTATES SECTIONS ONE AND TWO  
 PLATS No. 9932 thru 9936 AND 9953)  
 THIRD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 PLAT REFERENCE: 12453



*Charles J. Crow, Sr.*  
 PROFESSIONAL LAND SURVEYOR  
 REG. 10763  
 8/18/99  
 DATE

**HOUSE LOCATION DRAWING**

FOUNDATION LOCATION: 5/13/99  
 FINAL LOCATION: 8/18/99  
 BOUNDARY SURVEY:

SCALE: 1"=60'  
 DATE: 8/19/99  
 DRAWN BY: T.P.E.  
 CHECKED BY: C.C.  
 PROJECT No.: 60527

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461-2855



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HOWARD COUNTY HEALTH DEPARTMENT

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Diane L. Matuszak, M.D., M.P.H., County Health Officer

September 10, 1999

Tim Ragen  
Selfridge Builders  
14045 Gared Drive  
Glenwood, MD 21738

*KEEP  
IN  
FILE*

RE: West Friendship Estates, Lot 100  
3300 Velvet Valley Drive  
Well Permit # HO-94-2170

Dear Mr. Ragen:

This is to advise you that the septic system for the referenced property was installed, inspected and approved on June 22, 1999.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

The nitrate sample result was documented to be 16.9 ppm on September 10, 1999. A nitrate device has not been installed to treat the excessive nitrate contamination. COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a temporary deviation to that section of the regulation on condition that a nitrate removal system is installed within thirty days from the date of this letter. The nitrate removal system must effectively maintain the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. A yearly nitrate analysis should be performed by a private laboratory certified for water testing.
3. You should make any potential buyer/tenant aware of the above condition if you decide to sell or rent your home in the future.

## INTERIM CERTIFICATE OF POTABILITY

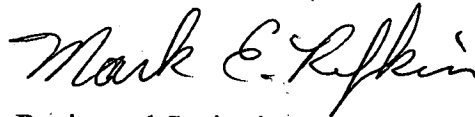
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit # HO-94-2170. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Department of the Environment accepts this well system as required by COMAR 26.04.04.09

This certificate may become final upon completion of the final bacteriological and nitrate samples which are to be taken by the county health department within six months of the date of this letter. Additionally, this certificate may become final upon the owner's acceptance of the requirement to install a nitrate removal device and conditions pertaining to the device.

Date of Water Sample: September 9, 1999

Date of Well Completion: March 12, 1999

Approving Authority



Registered Sanitarian

Water and Sewerage Program

MR

cc: Building Inspector's Office  
File

# HOWARD COUNTY PERMIT APPLICATION

**PERMIT NUMBER** ✓  
B0017253

Building Address 3300 Velvet Valley Dr. DRIVE  
West Friendship - Md 27794  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision WEST FRIENDSHIP ELLICOTT  
 Section 2 Area - Lot 100  
 Tax Map 22 Parcel 556 Grid 2  
 Zoning RCD1A Map Coordinates 95 Lot size \_\_\_\_\_

Owner's Name SELFRIDGE BUILDERS  
 Address 14045 GARED DR.  
 City GLENNWOOD State MD Zip Code 21738  
 Home Phone \_\_\_\_\_ Work Phone 410-531-8920  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
BERNIE DALEO  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VACANT LOT  
 Proposed Use NEW SINGLE FAMILY DWELLING  
 Estimated Construction Cost \$ 120,000  
 Description of Work 2 story, 2 car garage detached  
4 BR, 2 1/2 BATH, GAS FP, central air conditioning  
W/RT

Contractor Company \_\_\_\_\_  
 Contact Person SAME AS ABOVE  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name NA  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>40'-0" Depth</u> <u>55'-6" Width</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>35'-4" Depth</u> <u>55'-6" Width</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>40'-4" Depth</u> <u>55'-6" Width</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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.

Bernard Daleo BERNARD DALEO  
 Applicant's Signature Print Name  
1100 West Selfridge 4/13/99  
 Title/Company Date

**VALIDATION**

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>4/15/99</u>	<u>A. McMillan</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met? YES  NO   
 Is Entrance Permit required? YES  NO   
 Historic District? YES  NO   
 Lot Coverage for NewTown Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:** 40618

Filing Fee \$ 25  
 Permit Fee \$ \_\_\_\_\_  
 (.10 sq. ft.  (.15 sq. ft.   
 Excise Tax \$ \_\_\_\_\_  
 (.40 sq. ft.  (.80 sq. ft.   
**TOTAL FEES** \_\_\_\_\_  
 Check # 14684  
 Validation # 21249  
 Accepted by: DA