

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

A 48762

DISTRICT 3rd

DATE 6-24-98

DATE SYSTEM APPROVED 7/15/98

INSPECTOR

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS P. O. Box 89, Triadelphia Road, Glenelg, Maryland PHONE 410-988-9270

SUBDIVISION West Friendship Estates LOT 71 ROAD 3317 Velvet Valley Drive

PROPERTY OWNER Joseph Anthony Joseph

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 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 155 feet up the right (277.52') lot line and 75 feet off that same lot line as seen when facing the lot from Velvet Valley Drive. Run trenches on contour toward the back lot line.

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 6-16-98

PLANS APPROVED BY Amy McMillen/Donna K. Soe

DATE 6/15/98

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

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

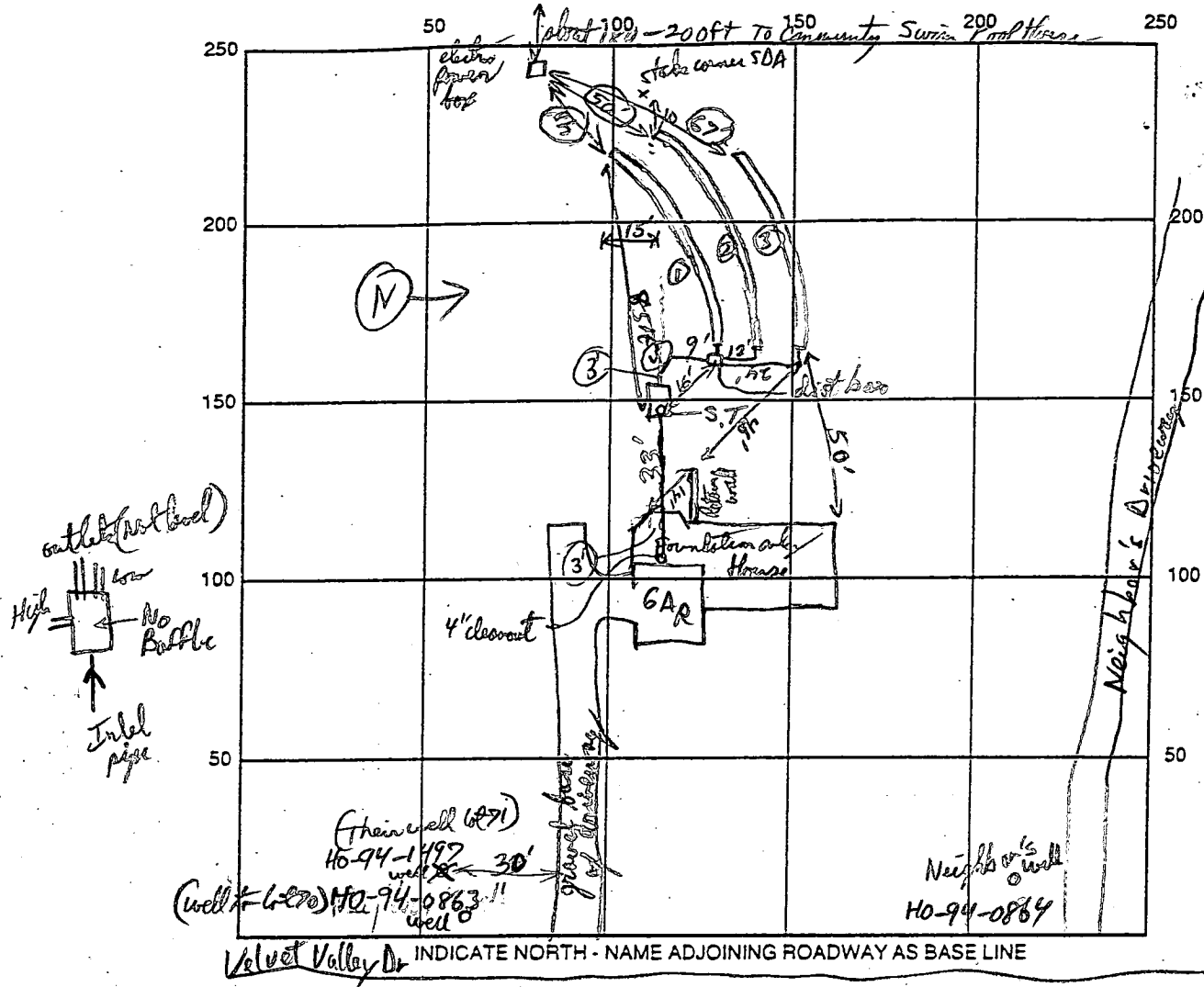
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

OLD PERMIT
AND RETURNED 9/13/01
B00132392. Build
Single level deck on
back of house

48762



SEPTIC TANK LEVEL 1250 gal Midseamed CLEANOUTS S.T. only
 DISTRIBUTION BOX LEVEL from 1/2 to 1/3 off, No auto levelers, No Baffle in DB, Floor Baffle Not Now favors highest trench
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 80/20/80 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: House Connection & basement OK, Trenches OK to cover
Dist Box looks baffle and lines are Not level - Need regrading when corrected. R/P 7/15/98
Dist Box corrected, Baffle installed & has two outlets have auto levelers, favors highest
Trench Now. OK to Cover

DATE SYSTEM APPROVED 7/15/98 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 48742

P _____

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

DISTRICT _____

DATE 12/15/92

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. Joseph Anthony

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 71

ROAD AND DESCRIPTION Pfefferkorn Road & Route 32 (3317 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)

LOCAL PERMIT SIGNATURE

AND RETURNED 6-15-98
Serial # 31011271
4/3/99

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

1948762

COUNTY #

SOIL PROFILE

0'

LOT 19

New 64

See Lot #18
12/21/92

Holes 1540, 1388, 1432, 1539

were used

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	
12/21/92	#1432	1	:	:	:	:	
	#(1)	1					
	#1540	1	:	:	:	:	
	#(2)	1					
	#1539	1	:	:	:	:	
	#(3)	1					
	#1388	1	:	:	:	:	
	#(4)	1					

REMARKS Tests

TYPE OF SOIL

TESTED BY ALSO PRESENT (O.K. for help)

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 min TRENCH WIDTH 3'

INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 210 ft²

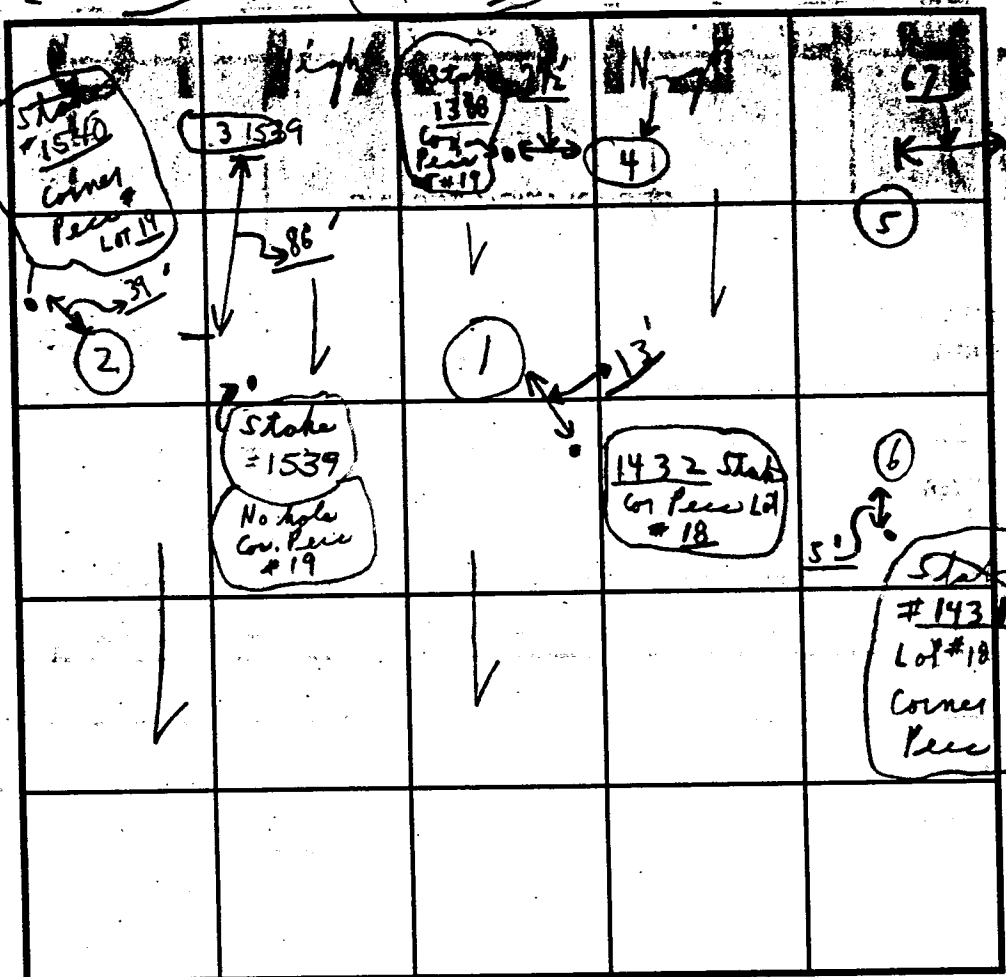
A 48053

LOT #18

New 63

COUNTY

SOIL PROFILE



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
12/21/12	#1432	5'	2:50	2:52	2:52	2:58	6"
Late P.M.	#1	12'	Call	Loam	Below	Clay	
39' = Near	#1540	5'	2:55	3:01	3:01	3:18	18"
	#2	11 1/2'	Call	Loam	below	clay	
	#1539	4 1/2'	Loam	to bottom			
	#3	10'-10"	Vesal		(8' some stone)	*	
	#1388	3 1/2'	3:09	3:11	3:11	3:13	2"
Hyd	#4	7'	3:10	3:11	3:11	3:14	3"
	1429	12'-3"	Vesal	all loam	(4 1/2' to 12' 3")		
	1431	4'	3:24	3:26	3:26	3:32	6"

REMARKS: 1431 to 11 1/2' tests in open holes dug *Shallow only

TYPE OF SOIL: Loam below clay

TESTED BY: C. B. 10/

ALSO PRESENT: (10' x 10' x 10')

DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH: 3'

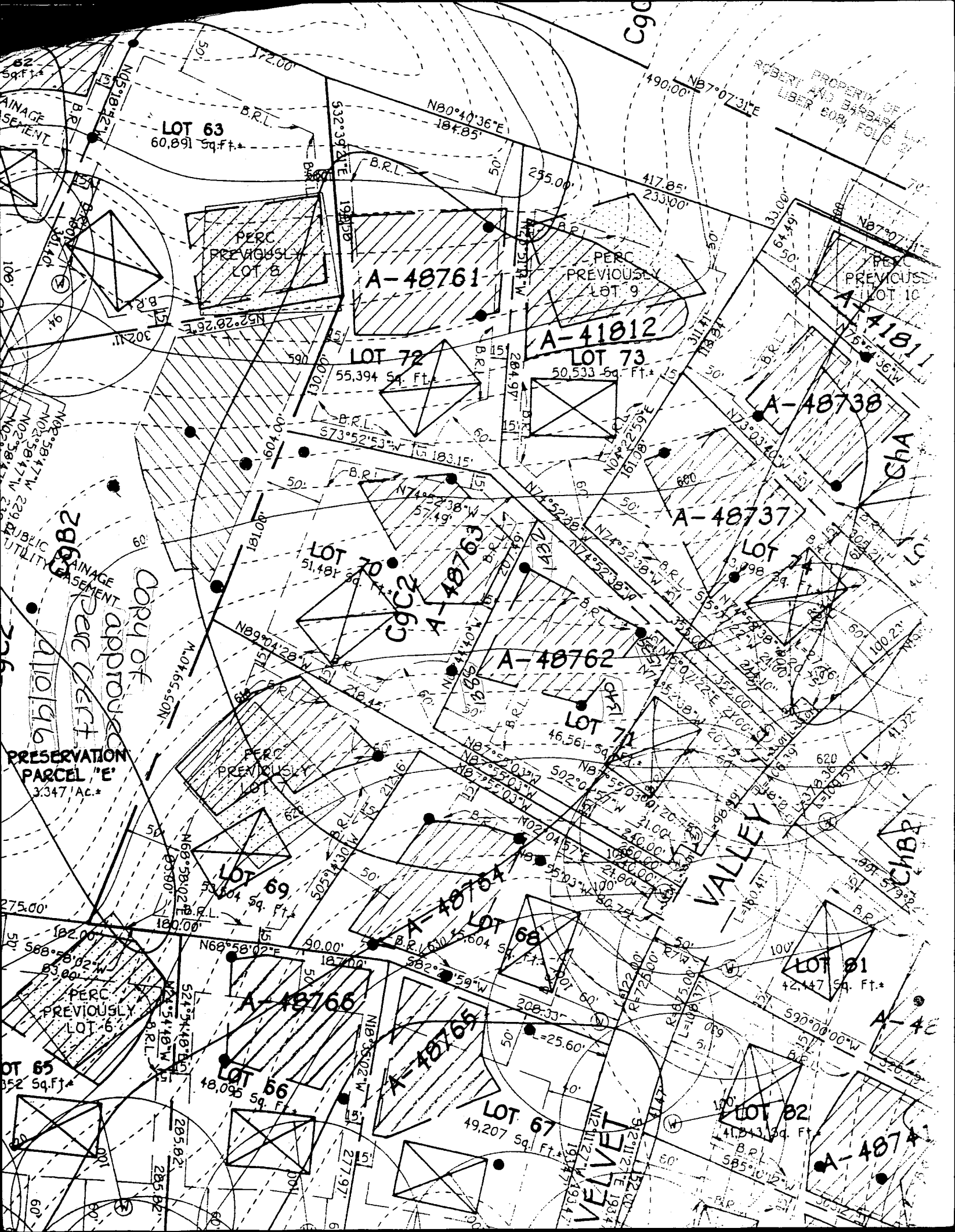
INLET DEPTH: 4'

MAXIMUM BOTTOM DEPTH: 6'

SQ. FT./BEDROOM: 100

TIME

10:00 AM



C105091

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
NUMBERA 48762

1236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 6-8 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
813

DATE WELL COMPLETED
MM DD YY
4298

Depth of Well
2234026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1497
28293031323334353637

OWNERGREENFIELD HOMES
last namefirst name
STREET OR RFDVELVET VALLEY DR
TOWNWEST FRIENDSHIP
SUBDIVISIONWEST FRIENDSHIP EST. SECTIONLOT 71

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
FROMTO

check
if water
bearing

Sand067✓
Gray Mica
Rock67340✓

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENTCMBENTONITE CLAYBC
NO. OF BAGS21NO. OF POUNDS1974
GALLONS OF WATER126
DEPTH OF GROUT SEAL (to nearest foot)
from0ft. to67ft.
48TOP5254BOTTOM58
(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below
STEELSTCONCRETECO
PLASTICPLOTHERO
MAIN
CASING
TYPEST
Nominal diameter
top (main) casing
(nearest inch)6
Total depth
of main casing
(nearest foot)71
606163646670

OTHER CASING (if used)
diameterdepth (feet)
inchfromto
EACH
CASING

screen type
or open hole
(insert
appropriate
code
below)
STEELSTBRASSBR
BRONZEPL
PLASTICPLOTHERO
DEPTH (nearest ft.)
12
169340
EACH
CASING
2232426303236
3383941454751
SLOT SIZE 123
DIAMETER
OF SCREEN(NEAREST
INCH)
5660
fromto

C3
12
PUMPING TEST
HOURS PUMPED (nearest hour)3
89
PUMPING RATE (gal. per min.)7.5
15
METHOD USED TO
MEASURE PUMPING RATEBucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING66ft.
1720
127ft.
2225
WHEN PUMPING
TYPE OF PUMP USED (for test)
Aair-PPistonTTurbine
272727
CcentrifugalRrotaryOother
272727
(describe below)
JjetSSubmersible
2727

PUMP INSTALLED
DRILLER WILL INSTALL PUMPYESNO
(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)3135
PUMP HORSE POWER3741
PUMP COLUMN LENGTH
(nearest ft.)4347
CASING HEIGHT (circle appropriate box
and enter casing height)
+above
-below2(nearest
495051foot)

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)
Velvet Valley Dr.
15' well

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTUREDyesno
YNY

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. MS D024
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. MS D027
SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

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.)WQ
7072747576
TELESCOPE
CASINGLOG
INDICATOROTHER DATA

B 1 8091 <small>1 2 3 4 5 6</small> (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO 94-1497 <small>70 79</small> fill in this form completely
Date Received (APA) 3/20/98 <small>8 MM DD YY 13</small> OWNER INFORMATION <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Greenfield Homes Inc. </div> <small>15 Last Name Owner First Name 34</small> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 16656 Luster Dr. </div> <small>36 Street or RFD 55</small> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Highland Md. 20777 </div> <small>57 Twpn 70 State 72 Zip 76</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> West Friendship Estates </div> <small>23 SUBDIVISION 42</small> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> West Friendship </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 71 </div> </div> <small>44 46 48 50</small> <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 2 <small>73 M I 76 77 78</small>	
DRILLER INFORMATION <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Joseph L. Magna </div> <small>Driller's Name 76 License No. 81</small> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> MS D24 </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Joseph L. Magna Well Drilling </div> <small>Firm Name</small> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 5512 Ridge Rd. Mt. Airy Md 21771 </div> <small>Address</small> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> Joseph L. Magna </div> <small>Signature</small> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 3/16/98 </div> <small>Date</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) <div style="text-align: center;"> </div>	
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		Velvet Valley Dr. <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> </div> DISTANCE FROM ROAD 22 <small>34 37 FT</small> ENTER FT OR MI 22 <small>38 39</small> TAX MAP: 75 BLK: 25 PARCEL: 559	
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 APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> HOWARD </div> <small>COUNTY NAME</small> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> A48762 </div> <small>COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → <small>41</small> DATE ISSUED 3 26 98 3 26 99 <small>43 MM DD YY 48</small> <small>CO SIGNATURE</small> <small>EXP. DATE</small> NORTH GRID 527 000 EAST GRID 805 000 <small>50 55 57 63</small>	
APPROXIMATE DEPTH OF WELL 280 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3.	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> <small>30 AIR-ROTARY 37 CABLE</small> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		WRITE THE BOX NUMBER FROM THE MAP HERE E 805 N 5207	
REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;"> </div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G5 <small>54 G A P 63</small> FORCE 65 <small>67 68</small> <small>WHITE INITIALS IN BOX</small> HO 94-1497 <small>PERMIT No. 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

Approved Septic System Plan Howard County Health Department

Signature

Date

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

24' WIDE PRIVATE USE-IN-COMMON
DRIVEWAY ACCESS EASEMENT
ACROSS LOTS 69 & 70 FOR THE
USE AND BENEFIT OF LOTS
69 & 70

N01°44'40"W

46,561 SF

SEPTIC EASEMENT

207.49'

30' BRL

10' BRL

277.52'

S74°52'38"E

LIMIT OF DISTURBANCE

1250 Gal. Septic Tank

Distribution Box

EX. GRA. 613.0

INV. 610.0

INV. 610.3

INV. 612.0

INV. 614.17

INV. 620.42

INV. 622.30

INV. 623.44

INV. 624.40

INV. 625.00

INV. 626.00

INV. 627.00

INV. 628.00

INV. 629.00

INV. 630.00

INV. 631.00

INV. 632.00

INV. 633.00

INV. 634.00

INV. 635.00

INV. 636.00

INV. 637.00

INV. 638.00

INV. 639.00

INV. 640.00

INV. 641.00

20' PUBLIC DRAINAGE
AND UTILITY EASEMENT

VALLEY

DRIVE

20.75' N87°55'03"W

20.75' S74°52'38"E

20.75' S74°52'38"E

20.75' S74°52'38"E

20.75' S74°52'38"E

20.75' S74°52'38"E

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20.75' S74°52'38"E

20.75' S74°52'38"E



CLARK • FINEFROCK & SACKETT, INC.

ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 - BALTO. • (301) 621-8100 - WASH.

DESIGNED
DB
JME

DRAWN
PS

SEDIMENT AND EROSION CONTROL PLAN
LOTS 69, 71, 77, 78, 83, 90 & 99

WEST FRIENDSHIP

SCALE

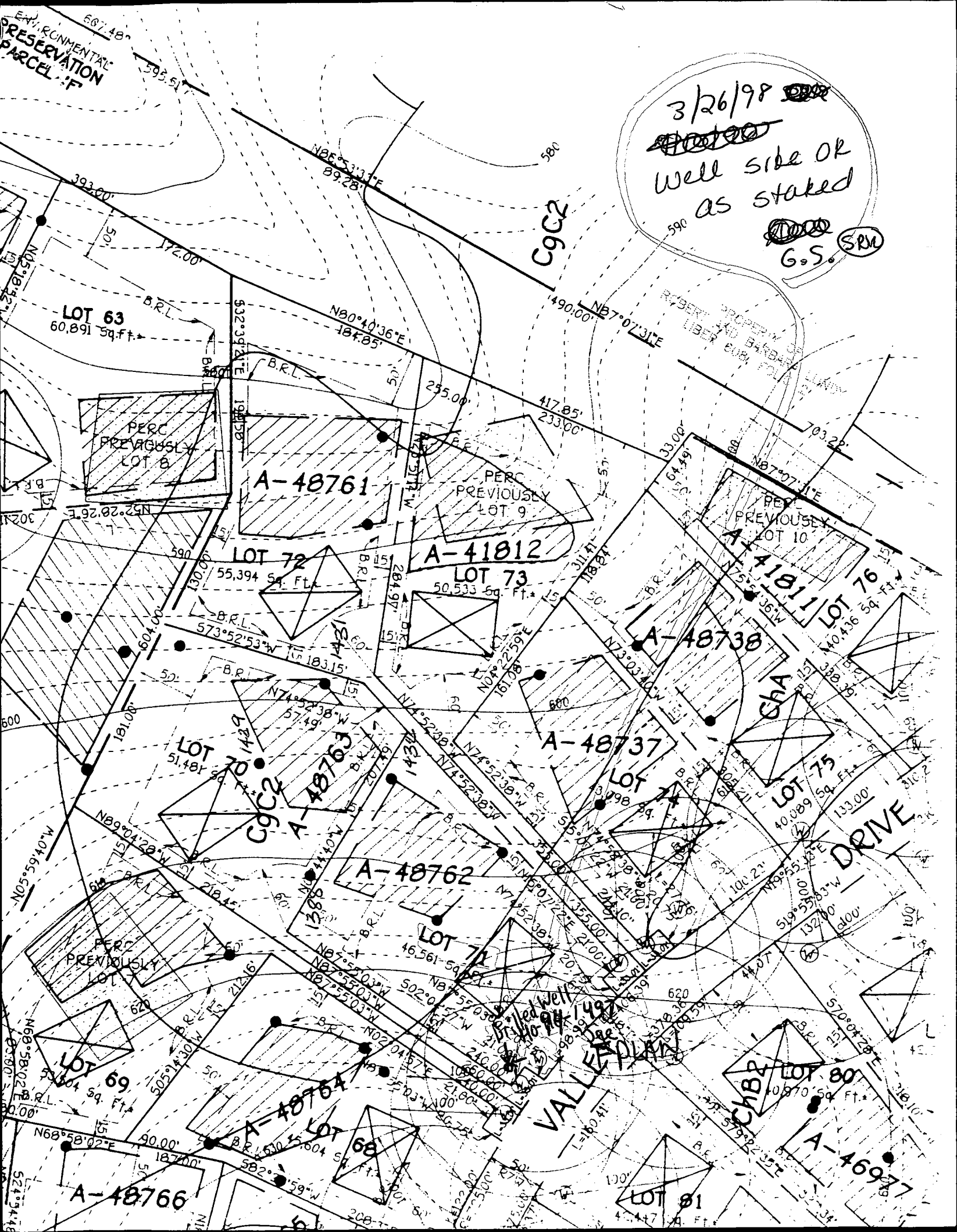
1"=50'

DRAWING

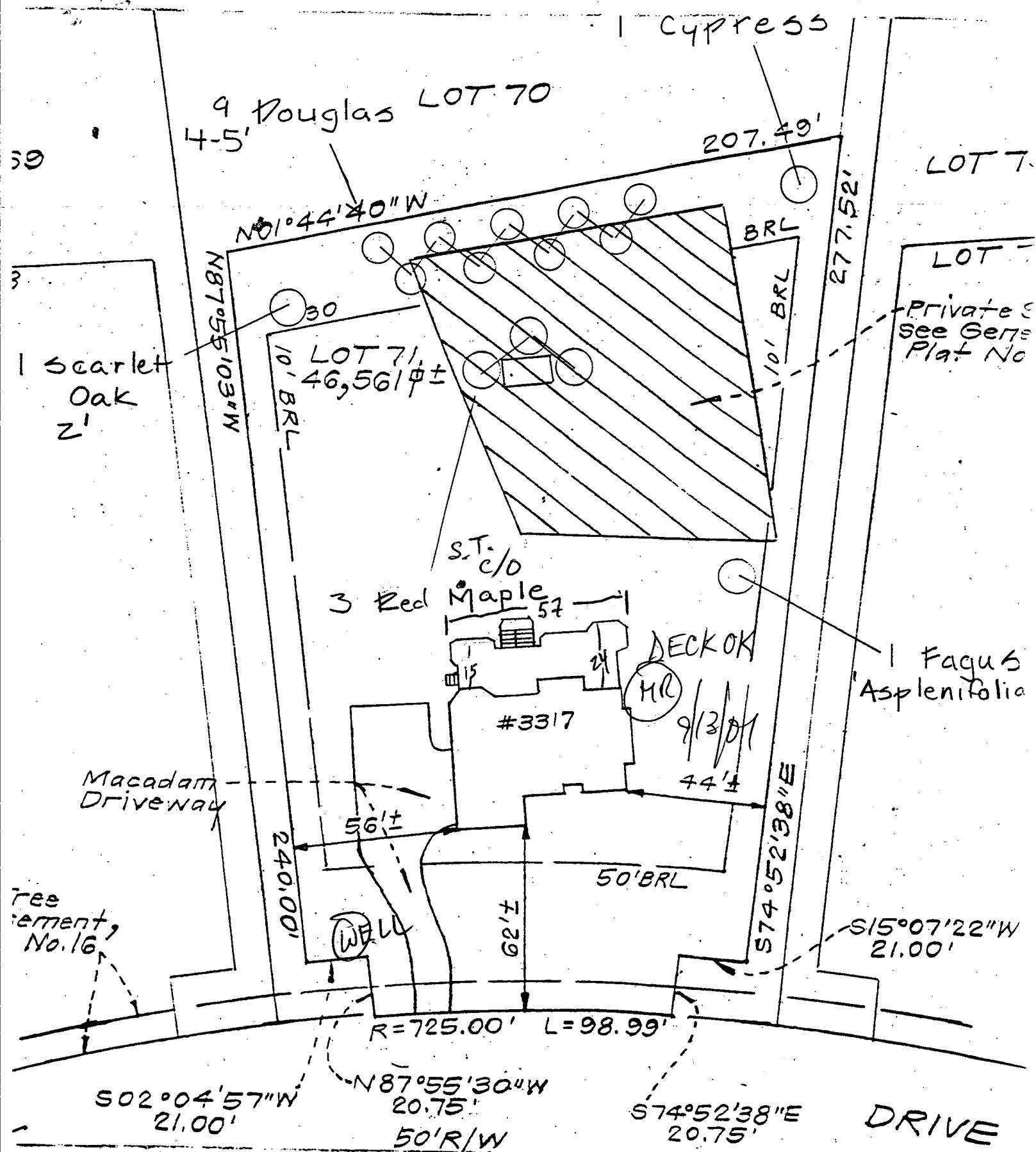
2 OF 2

ENVIRONMENTAL
PRESERVATION
PARCEL 'F'

3/26/98 ~~0000~~
~~0000~~
Well side OK
as staked
~~0000~~ G.S. SRM



40. scale



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 000132392
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Building Address <u>3317 VELVET VALLEY DRIVE</u> <u>WEST FRIENDSHIP, MD 21794</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>FOX VALLEY</u> Section _____ Area _____ Lot <u>71</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size <u>1 ACRE</u>	Property Owner's Name <u>ANTHONY A. JOSEPH</u> Address <u>3317 VELVET VALLEY DRIVE</u> City <u>W. FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21794</u> Home Phone <u>(410) 489-2515</u> Work Phone <u>(410) 765-7912</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>SAME AS ABOVE</u> Phone _____ Fax _____
Existing Use <u>RESIDENTIAL HOME</u> Proposed Use <u>RESIDENTIAL HOME WITH DECK</u> Estimated Construction Cost \$ <u>25,000</u> Description of Work <u>BUILD SINGLE LEVEL DECK</u> <u>ON BACK OF HOUSE</u>	Contractor Company <u>GREEN RIVER CONSTRUCTION</u> Contact Person <u>MIKE MILES</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone <u>(410) 531-3977</u> Fax _____
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>33'</u> <u>57'</u> 2nd floor: <u>33'</u> <u>57'</u> Basement: <u>33'</u> <u>57'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> 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 Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN; (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 ON THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Anthony A. Joseph</u> Applicant's Signature <u>SELF</u> Title/Company	<u>ANTHONY A. JOSEPH</u> Print Name <u>9/13/01</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>	DATE <u>9/13/01</u> SIGNATURE APPROVAL <u>Mark R. [Signature]</u>	DPZ SETBACK INFORMATION Front _____ Rear _____ Side _____ Side St _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# Filing fee: \$ _____ Permit fee: \$ _____ Excise tax: \$ _____ Add'l per. fee: \$ _____ TOTAL FEES: \$ _____ Sub-total paid: \$ _____ Balance due: \$ _____ Check # _____ Validation # _____ Accepted by _____
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Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA