

8/1/99 2PM
8/15/99 2PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512012

A 48763

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE 7/19/99

DATE SYSTEM APPROVED 8/5/99

INSPECTOR S.R.N.

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION West Friendship Estates LOT 70 ROAD 3313 Velvet Valley Drive

PROPERTY OWNER Altieri Homes

ADDRESS _____

BUILDING PERMIT SIGNED

AND RETURNED

8-1804 BODM9926 DECK

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

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 - Starting at the end of the pipestem, place the distribution box 110 feet down the 207.49' lot line and 10 feet off that same lot line. Run trenches on contour toward the left side of the 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/MR

PLANS APPROVED BY Donna K. Soe REVISED DATE 4-28-1999

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)

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

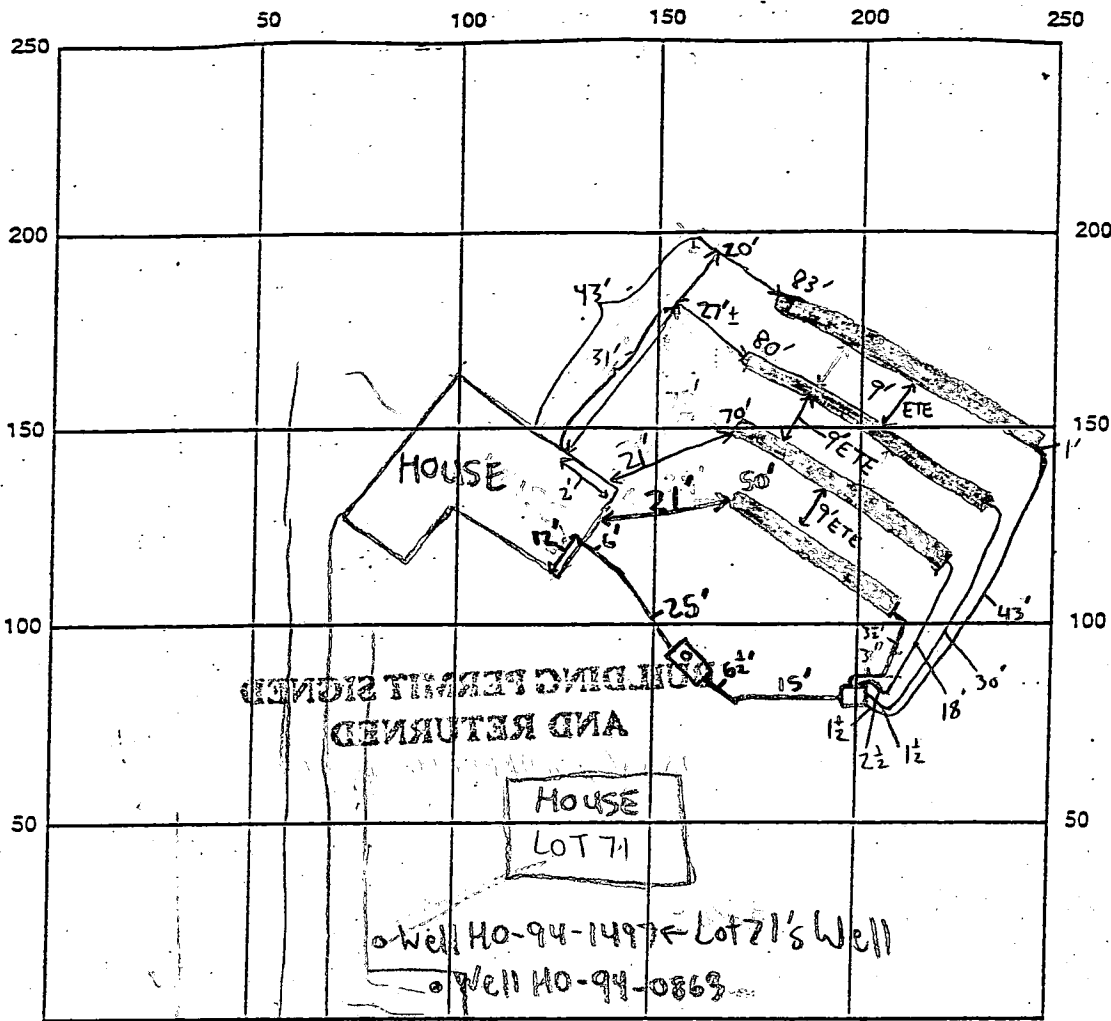
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

1-18763



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

SEPTIC TANK LEVEL 1500 gallon top seam CLEANOUTS 6" @ Tank

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD/TILE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 283 FT.

NUMBER OF TRENCHES 4 ONE-SIDEWALL/BOTTOM AREA 849 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 8/4/99 - HOUSE CONNECTION MADE, OK TO CONTINUE WORK (SRK)

8/5/99 - OK TO COVER ALL WORK - (SRK)

DATE SYSTEM APPROVED 8/5/99 INSPECTOR Steven R. Kueg

APPLICATION

PERCOLATION TESTING

A 48763
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO 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. *Alfieri Homes*

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 ~~70~~ 70

ROAD AND DESCRIPTION Pfefferkorn Road & Route 32 (*3313 VELVET VALLEY DRIVE*)

PERMIT SIGNATURE
NOT RETURNED *4-25-93*
Serial # B70117913

TAX MAP 15 PARCEL # 32 & 42, 533

SIZE OF LOT 1 + acres TYPE BLDG single family dwelling *4Bm*
(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

A48963

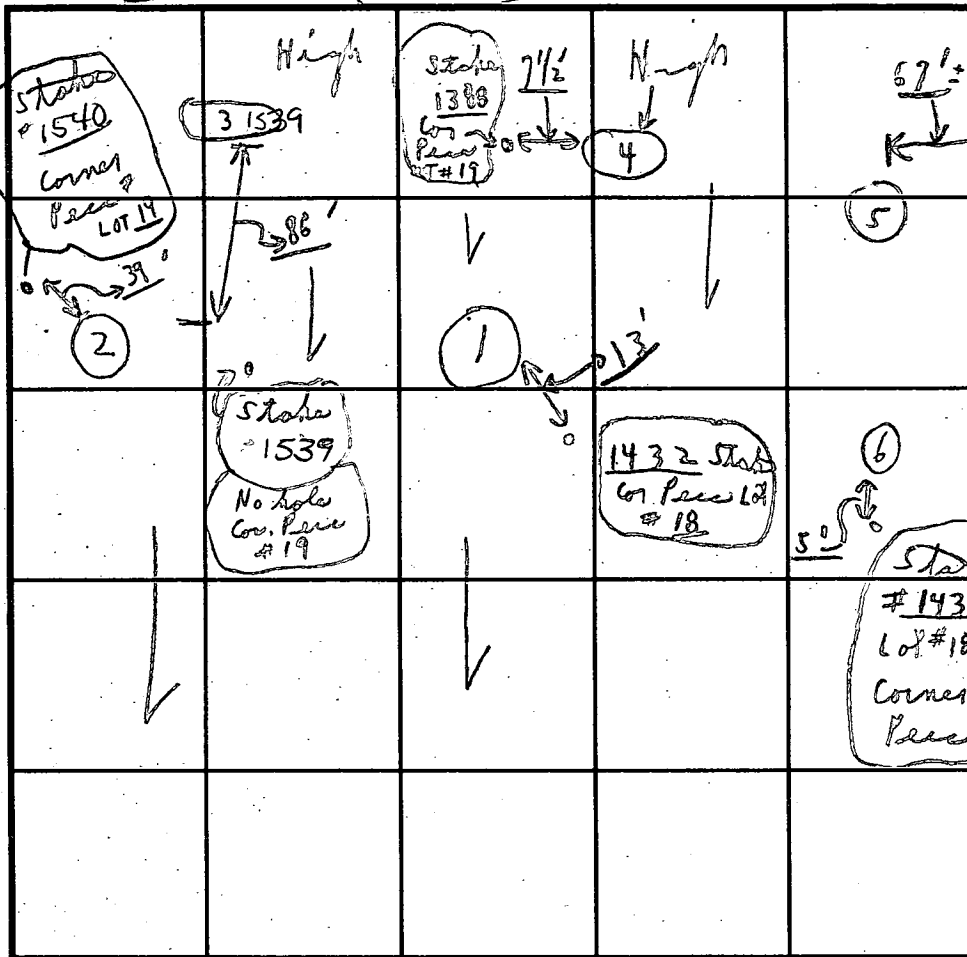
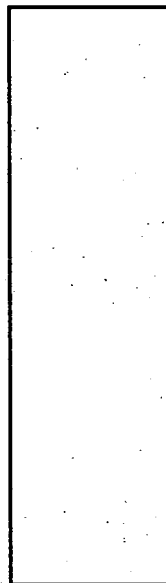
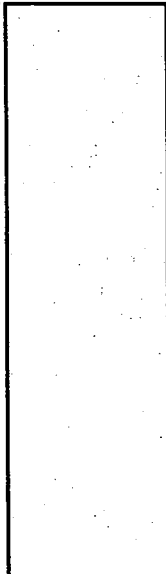
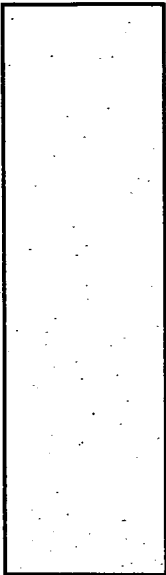
LOT #18

New 63

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	
12/21/12	#1432	5'	2:50	2:52	2:52	2:58	6 min
Late P.M.	#(1)	12'	Call loan		Below clay		
39' Near	#1540	5'	2:55	3:01	3:01	3:18	18 min
	#(2)	11 1/2'	Call loan		below clay		
	#1539	4 1/2'	Loam to bottom				
	#(3)	10'-10"	Visual		(8' some stone) *		
	#1388	3 1/2'	3:09	3:11	3:11	3:13	2 min
High	#(4)	9'	3:10	3:11	3:11	3:14	3 min
	1429(5)	12'-3"	Visual all loam		(4 1/2' to 12' 5")		
	1431(6)	4'	3:24	3:26	3:26	3:32	6 min

REMARKS

1431 tests in main holes dug *Shallow system only

TYPE OF SOIL

Loam below clay

TESTED BY

C. B. 101

ALSO PRESENT

(D. K. G. + helpers)

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

10 min

TRENCH WIDTH

3'

INLET DEPTH

4'

MAXIMUM BOTTOM DEPTH

6'

SQ. FT./BEDROOM

210

Approved Septic System Plan
Howard County Health Department

Total linear feet of trench
 required 280 feet

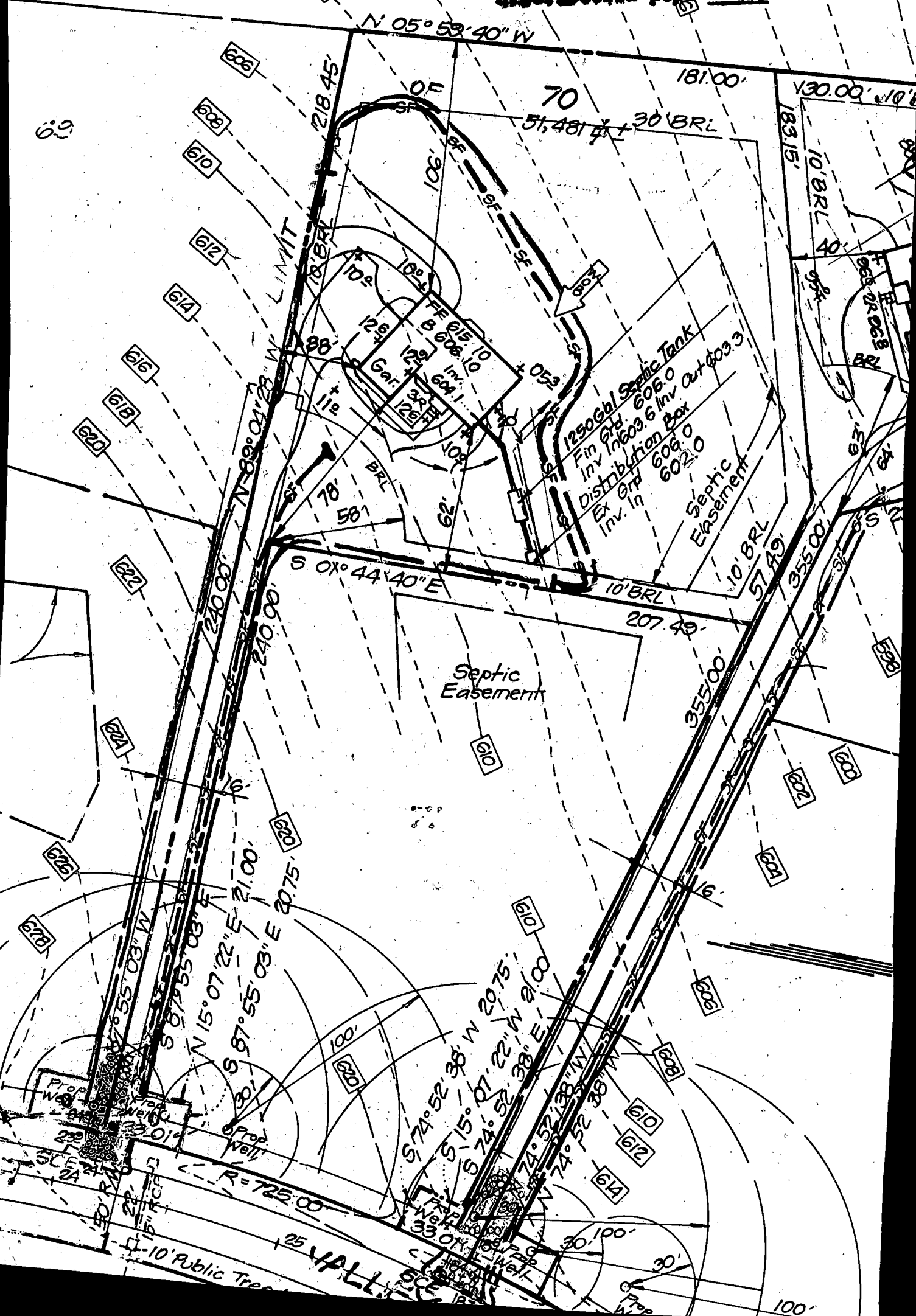
Width of trench (es) 3 feet
 PRESERVATION PARCEL E

Depth of trench (es) 6 feet

Depth of stone required below
 distribution pipe 2 feet

[Signature]
 Signature

4/28/09
 Date



C1 7961

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 NUMBER 48763

ST/CO USE ONLY DATE RECEIVED

090996

DATE WELL COMPLETED

082296

Depth of Well

125 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

H0-94-0863

OWNER LDO

STREET OR RFD RT 32

TOWN W. FRIENDSHIP

SUBDIVISION W. FRIENDSHIP EST

SECTION 2

LOT 70

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shell, Sandstone, Blue Rock, and GOT water at 90 and 115 feet.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 11 NO. OF POUNDS 1034

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 43 ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

PL 64 45

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 043

DRILLERS SIGNATURE (Must match signature on application) Lic. No. 350-062

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

DEPTH (nearest ft.)

Table for casing depth with columns for casing number and depth.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 27 ft.

WHEN PUMPING 37 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (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)

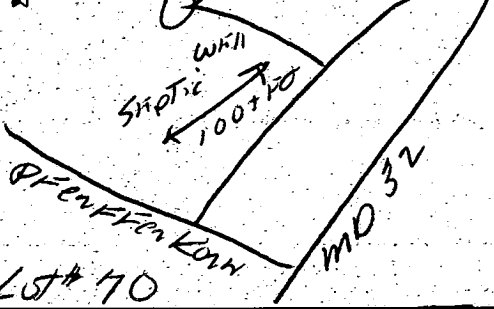
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

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)



EMERGENCY/TEMP NO. IF ANY

B 1 **3035**
SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HD-94-0863
fill in this form completely

Date Received (APA) **053196**
OWNER INFORMATION
LAW **DESIGN DEVELOPMENT**
15 Last Name Owner First Name 34
10805 **HICKORY** **RIDGE**
36 Street or RFD 55
COLUMBIA **MD21044**
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
8 COUNTY 21
WEST FRIENDSHIP
23 SUBDIVISION 42
SECTION **2** LOT **70**
44 46 48 50
WEST FRIENDSHIP
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** MI
73 76 77 78

DRILLER INFORMATION
GARY W. SHAFF MSD/MGD/MWD **410**
Driller's Name License No. 80
HARLEY DRILLING & PUMPS & SEWERS
Firm Name
Box 160 WALKERSVILLE, MD
Address 21793
Gary W. Shaff Date **5-27-96**
Signature

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH (N) 8
WEST (W) 8
SOUTH (S) 8
EAST (E) 8
NORTHWEST (NW) 8-9
NORTHEAST (NE) 8-9
SOUTHWEST (SW) 8-9
SOUTHEAST (SE) 8-9
TOWN

11 **MD 32** 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) 34
WEST (W) 34
EAST (E) 37
SOUTH (S) 37
DISTANCE FROM ROAD **500**
ENTER FT OR MI **FT**
38 39
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **3**
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **800**
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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD CO. **A 48763**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S _____
DATE ISSUED **071696** **A. McMullen** **7/16/97**
43 48 CO SIGNATURE EXP. DATE
NORTH GRID **528000** EAST GRID **0804000**
50 55 57 63

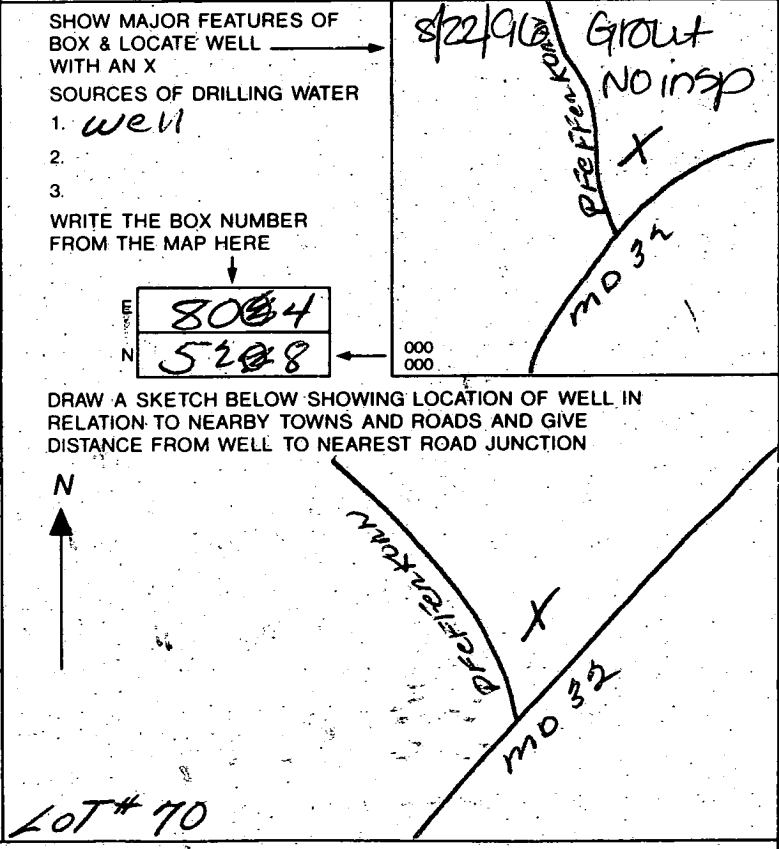
APPROXIMATE DEPTH OF WELL **200** FEET
24 28

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

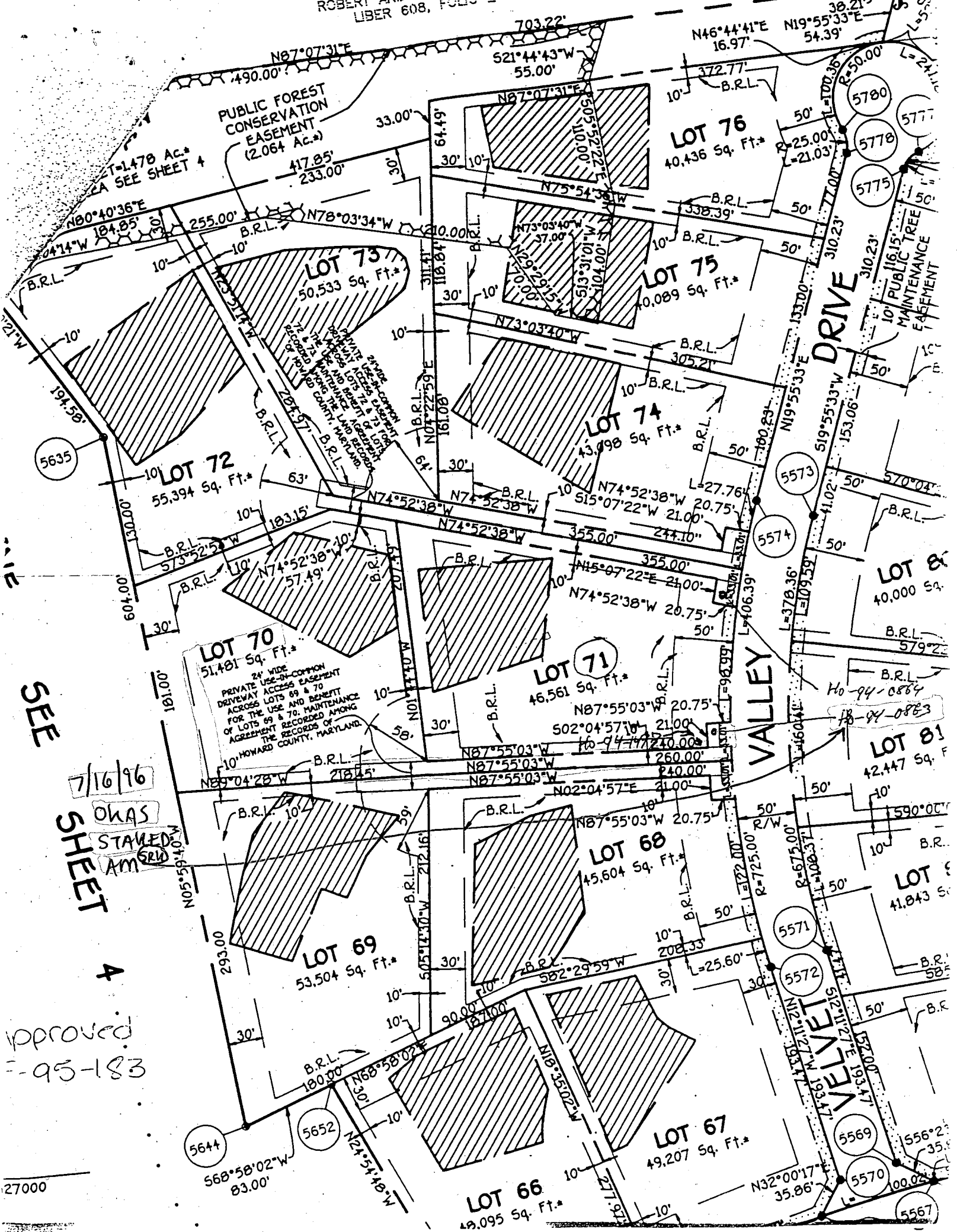
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTARY DRive-POINT
other _____

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 (OEP USE ONLY)
APPROX. PERMIT NUMBER: _____ GAP _____
54 63
FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-94-0863**
67 68 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =
COUNTY



PUBLIC FOREST
CONSERVATION
EASEMENT
(2.064 Ac.)

1.478 Ac.
SEE SHEET 4

LOT 73
50,533 Sq. Ft.

LOT 76
40,436 Sq. Ft.

LOT 75
40,089 Sq. Ft.

LOT 72
55,394 Sq. Ft.

LOT 74
43,498 Sq. Ft.

LOT 70
51,481 Sq. Ft.

LOT 71
46,561 Sq. Ft.

LOT 80
40,000 Sq.

LOT 81
42,447 Sq. Ft.

LOT 69
53,504 Sq. Ft.

LOT 68
45,604 Sq. Ft.

LOT 82
41,843 Sq.

LOT 67
49,207 Sq. Ft.

LOT 66
48,095 Sq. Ft.

SEE
SHEET
4

7/16/96

OKAS
STAKED
AM SRID

Approved
-95-183

