

8/9/99 2-3 PM

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 5/2012

A 48764

DISTRICT \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

DATE 7/19/99

DATE SYSTEM APPROVED 8/10/99

INSPECTOR S.P.K.

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 68 ROAD 3305 Velvet Valley Drive

PROPERTY OWNER John Riegert

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 ~~4250~~ GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the front left lot corner, place distribution box 145 feet up the left lot line and 50 feet off that same lot line. Run trenches on contour toward the left 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/MR

PLANS APPROVED BY Amy McMillen/Mark E. Rifkin/Donna K. Soe REVISED DATE 04/23/1999

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

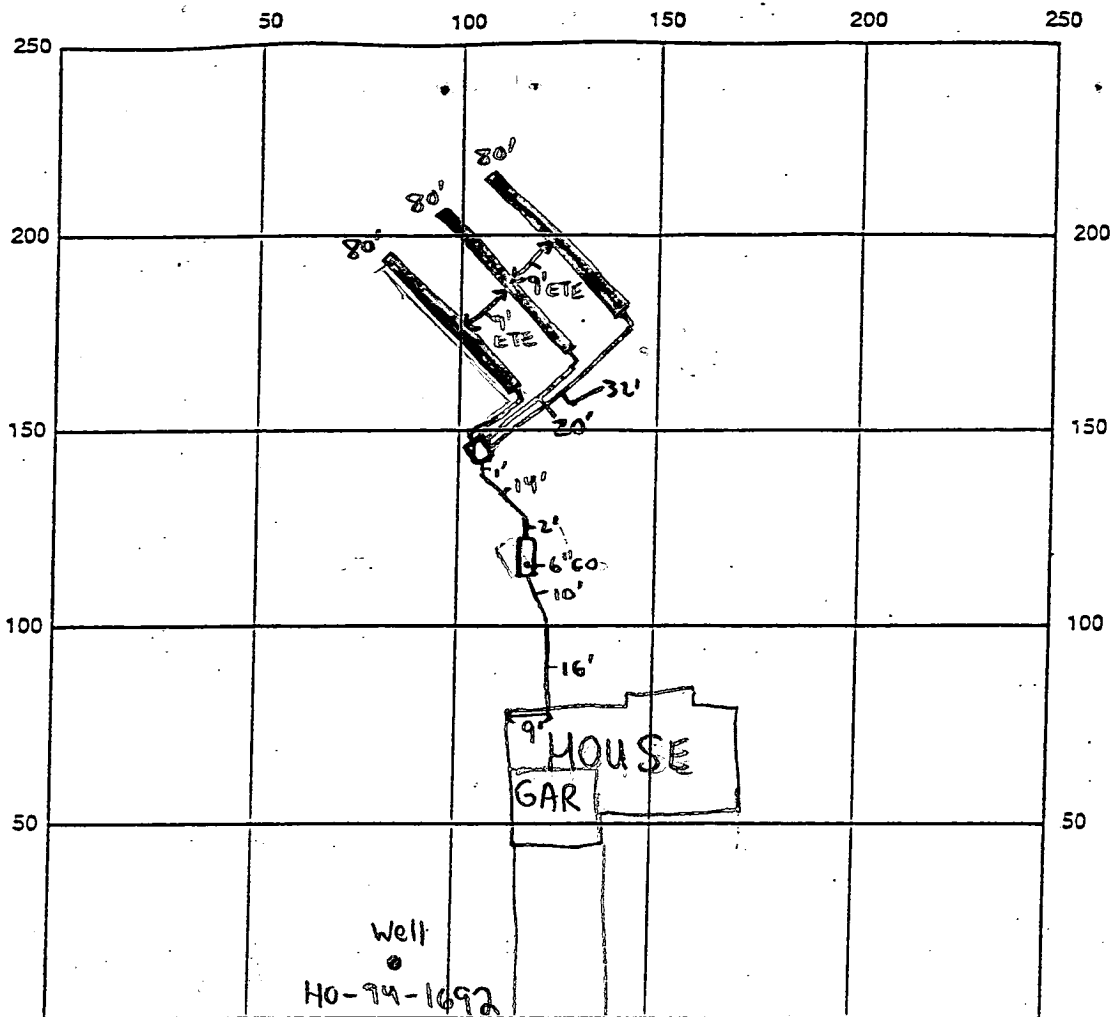
HD-260(6-90)

\*CALL 461-9533 FOR INSPECTION OF SEPTIC SYSTEM.

OLD PERMIT BOOK

AND RETURNED 7/12/01  
800131491 - deck w/steps

48764



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

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

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ~~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: 8/9/99 - OK TO CONTINUE WORK - SRK 8/10/99 - OK TO COVER ALL WORK - SRK

DATE SYSTEM APPROVED

8/10/99

INSPECTOR

Steven R. Krieg

# APPLICATION

PERCOLATION TESTING

A 98764  
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. John RIEGERT

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 68

ROAD AND DESCRIPTION Pfefferkorn Road & Route 32 3305 VELVET VALLEY DRIVE

MDCL PERMIT SIGNATURE

AND RETURNED 4-23-99

Serial # B 00117306

TAX MAP 15 PARCEL 32 & 42, 533

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

A 48764

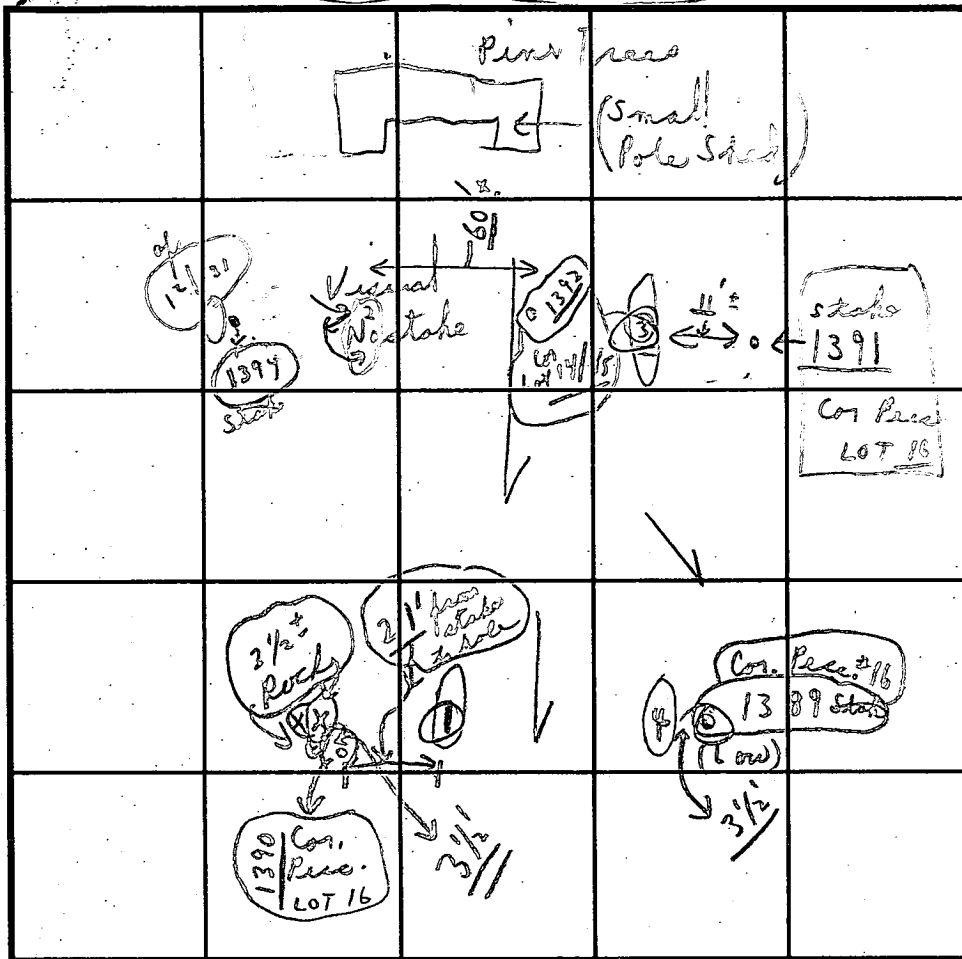
COUNTY #

SOIL PROFILE

0'

Lot #16

New 61 Hold rock



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	
12/22/92	#1390	5'	12:01	12:05	12:05	12:10	5 min
P.M.	#(1)	11'-10"	Loam	below	5' to 11'	10"	
	#Visual	Visual		(0-4'± Clay)			
	#(2)	12' 10"		Loam	4 1/2' to		Dry
12/22/92	#1391						
P.M.	#(3)						
	#1389	3 1/2'	12:09	12:11	12:11	12:13	2 1/2 min
12/22 P.M.	#(9)	11'	Loam	below	3 1/2' to	11'	

REMARKS

Tests in ocean (See notes #14 + #15)

TYPE OF SOIL

MUD LOAM BELOW CLAY

TESTED BY

C.B. V.

ALSO PRESENT

(O.K. Jrs + helpers)

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

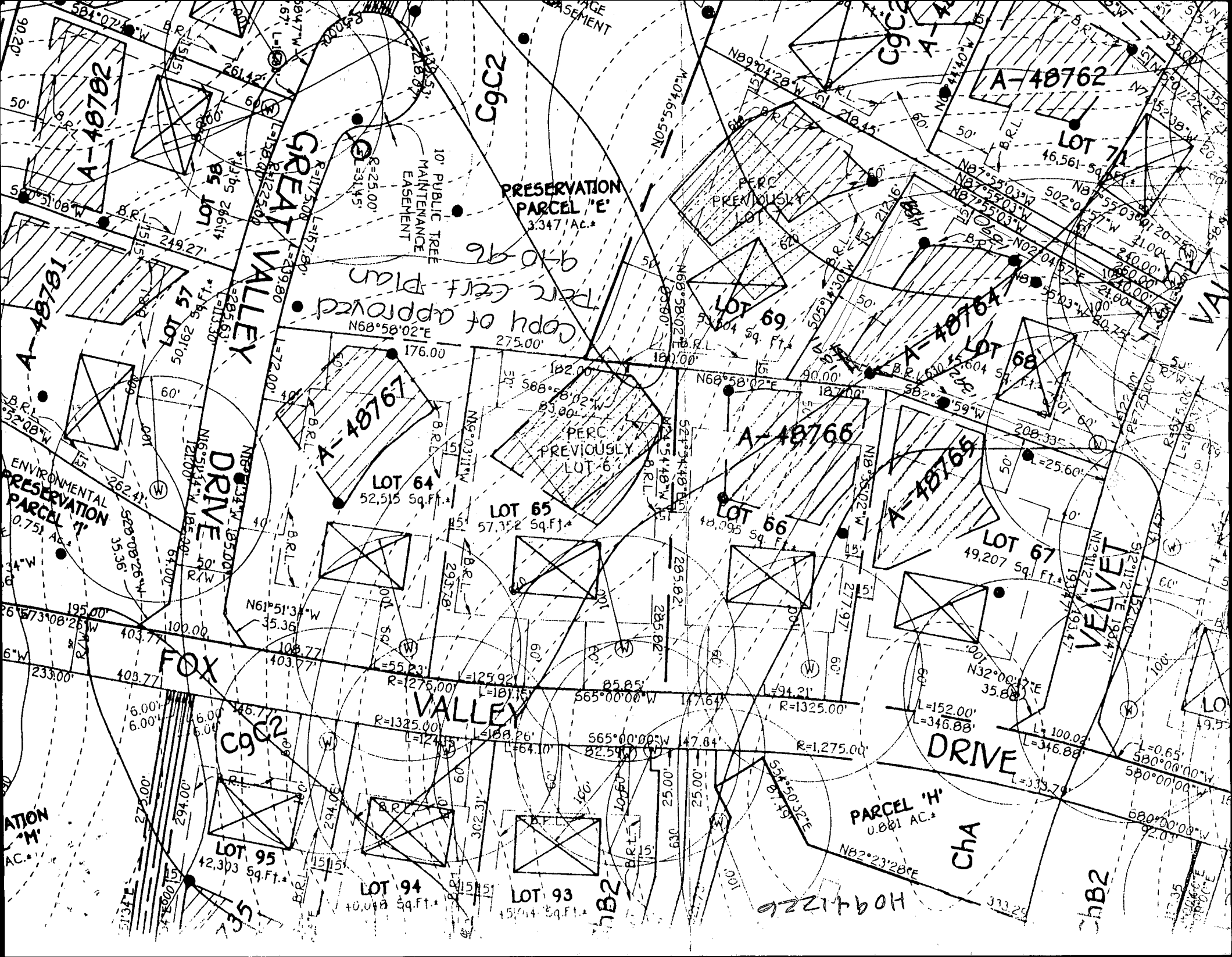
TRENCH WIDTH

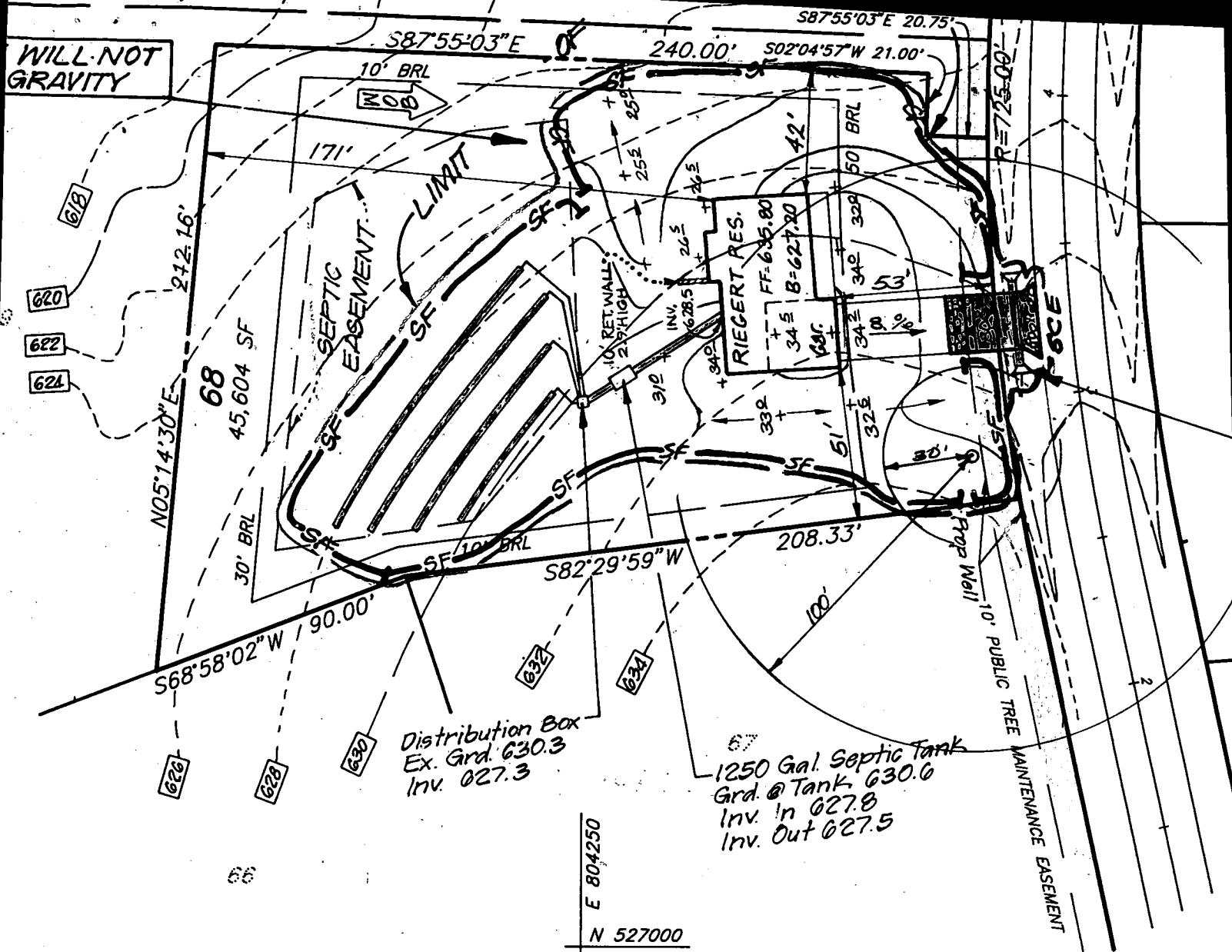
INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

Notes ← [ + LOT "A" ] (P.M.) 12/22 4 holes Lot 16 1 hole Lot #17 see above





Approved Septic System Plan  
Howard County Health Department

DeWalt S. S. 4/23/99  
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

#### DEVELOPER'S/BUILDER'S CERTIFICATE

all development and construction will be done according  
development and plan for sediment and erosion control and  
e personnel involved in the construction project will have a  
adance at a Department of the Environment Approved  
for the Control of Sediment and Erosion before beginning  
authorize periodic on-site inspection by the Howard  
District or their authorized agents, as are deemed

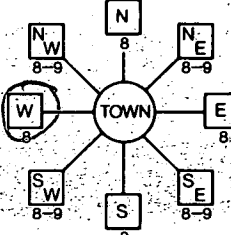
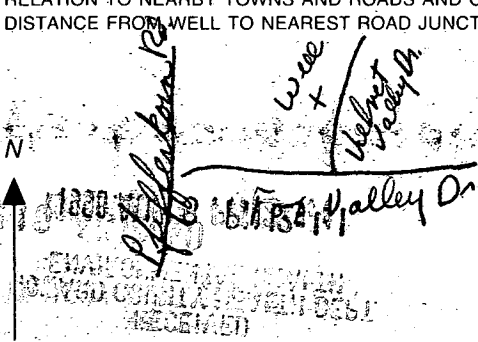
#### ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and  
Erosion Control represents a practical and workable  
plan based on my personal knowledge of the site  
conditions and that it was prepared in accordance  
with the requirements of the Howard Soil Conservation  
District.





C 1		4188		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.					
1 2 3 6										COUNTY NUMBER A48764					
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 8 27 98				Depth of Well 22. 200 26 (TO NEAREST FOOT)				PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1692 28 29 30 31 32 33 34 35 36 37					
OWNER Greenfield Homes STREET OR RFD Velvet Valley DR SUBDIVISION W Friendship Est SECTION 11 LOT 68															
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND 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 24 NO. OF POUNDS 2256 GALLONS OF WATER 144 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 47 ft. (enter 0 if from surface)						C 3		PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 74 ft. WHEN PUMPING 76 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	
DESCRIPTION (Use additional sheets if needed)						CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 52 OTHER CASING (if used) diameter inch depth (feet) from to								PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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) 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 2 (nearest foot)	
NUMBER OF UNSUCCESSFUL WELLS: 0						C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to								LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) Velvet Valley Dr	
WELL HYDROFRACTURED yes Y no N						GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68									
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.						MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA									
DRILLERS LIC. NO. 1 M SDO 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M SDO 27 SITE SUPERVISOR (Sign of driller or journeyman responsible for sitework if different from permittee)															

B 1 1 2 3 4 5 6 <b>6759</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-94-1692</b> <small>fill in this form completely</small>
Date Received (APA) <b>08-18-98</b> <small>8 MM DD YY 13</small>		B 3 <b>Howard</b> LOCATION OF WELL 8 COUNTY <b>West Friendship East</b> 23 SUBDIVISION SECTION <b>68</b> 44 46 48 50 <b>West Friendship</b> 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) <b>2</b> M I 73 74 76 77 78	
OWNER INFORMATION 15 Last Name <b>Greenfield</b> Owner First Name <b>Homer Inc.</b> 34 36 <b>6656 Luster Dr.</b> Street or RFD 55 <b>Highland Md. 20777</b> 57 Town 70 State 72 Zip 76		DRILLER INFORMATION Driller's Name <b>Joseph L. Mayne M.S.D. 21</b> 76 License No. 81 <b>Joseph L. Mayne Well Drilling</b> Firm Name <b>5512 Ridge Rd. Mt. Airy 21771</b> Address <b>Joseph L. Mayne 8/17/98</b> Signature Date	
B 2 1 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <b>Velvet Valley Dr.</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <b>25</b> 37 DISTANCE FROM ROAD <b>FT</b> ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard Co.</b> COUNTY NAME STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED <b>8/20/98</b> <b>McMullen</b> <b>8/20/99</b> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <b>520</b> 50 55 EAST GRID <b>800</b> 57 63	
APPROXIMATE DEPTH OF WELL <b>260</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>Well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>800</b> N <b>520</b> 000 000	
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) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEMED 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 <b>54</b> G A P <b>63</b> PERMIT No. <b>HO-94-1692</b> 70 71 72 73 74 75 76 77 78 79		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
SPECIAL CONDITIONS NOTE: * APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

as Zone C,  
MAP  
nel

