

2/15/01 2pm pump Test
1/23/01 10-11 AM
1/24/01 All day
1/25/01 All day
1/26/01 AM

12-000456

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514694
A 50549-C
ISSUE DATE 12/7/2000
APPROVAL DATE 2/15/01

INDEXED

Union Paving Company, Inc. IS PERMITTED TO INSTALL x ALTER

ADDRESS 5977 Sandy Ridge Road, Elkridge, MD 21075 PHONE 410-379-6463
SUBDIVISION Friendship Farms LOT NUMBER 15 ADDRESS 2670 Wellworth Way
PROPERTY OWNER Altieri Homes PROPERTY OWNER'S ADDRESS 9017 Red Branch Rd, Ste 201
SEPTIC TANK CAPACITY 1250 GALLONS
PUMP CHAMBER CAPACITY 1250 GALLONS
NUMBER OF BEDROOMS 4
SQUARE FEET PER BEDROOM 180
LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3 feet below original grade. 1.5 feet of stone below distribution box.
LOCATION: Place the distribution box 85 feet from the front lot line and 30 feet off the right lot line. Run trenches on contour to front of lot. 10/12/00 D.K. (BB)

PLANS APPROVED Mark Rifkin DATE 9/22/00

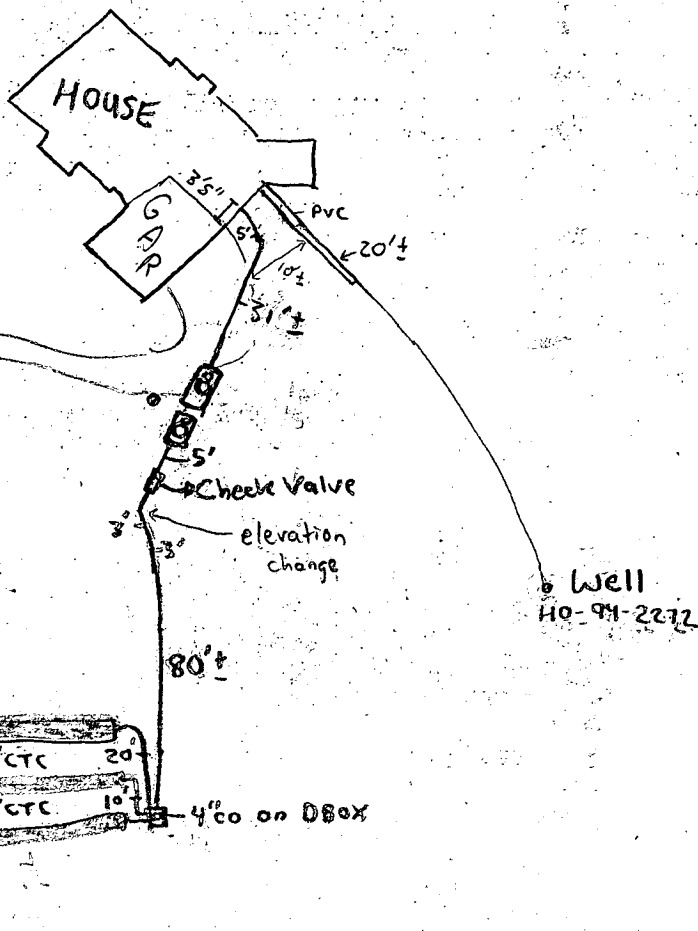
- PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

50549-C

NOT TO SCALE

WELLMORTH WAY



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 1.5'
 TRENCH BOTTOM DEPTH 3'
 DEPTH OF STONE 1.5'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 229'
 ABSORBENT AREA 687 ft²
 DISTRIBUTION BOX LEVEL ☒
 BAFFLE IN DISTRIBUTION BOX ☒
 MONITORING PIPE (4" CO) ON DBOX

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 BAFFLES W/EXT ON INLET/OUTLET
 MANHOLE RISER on center
 6 INCH INSPECTION PORT on front

PUMP CHAMBER DATA

PUMP CHAMBER 1250 TS GALLONS
 BAFFLE W/EXT IN FRONT
 MANHOLE RISER on center
 ALARM ☒ OK
 PUMP PERFORMANCE TEST ☒ OK

PRE-CONSTRUCTION INSPECTION: 1/23/01 A.M. Trench layout confirmed - SDA stayed. Tank location uncertain due to location of well and driveway. I reminded contractor - max. 3' cover on tanks. DKC

INSPECTION COMMENTS: 1/23/01 P.M. OK to cover first trench and continue work. DKC
1/24/01 TRENCHES OK TO COVER; OK TO INSTALL TANKS 4' B.G. JUST BEYOND APPARENT EDGE OF DRIVE; GRAVEL OVER & UNDER FIRST TANK; INSTALL STANDPIPE W/CAP @ DB (MR) 1/25/01 HOUSE SEWER & ST STONED AS REQUESTED, NO ONE PRESENT - (SRK)
1/26/01 - HOLD FOR PUMP & ALARM TEST, SYSTEM OK OTHERWISE - (SRK)

Alarm works OK, on/off flat OK, pump to hot back. PP. 2/15/01

INSPECTOR Russell J. Hall DATE SYSTEM APPROVED 2/15/01

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Columbia Plumbing HVAC Telephone #: 410-715-2323
Address: 9017 Red Branch Rd.
Columbia, MD 21046

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Kevin C. Dimaggio License# 8594

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Altieri Homes Telephone #: 410-715-4500
Subdivision: Friendship Farms Lot #: 15 Well Tag #: HO 94-2272
Site Address: 2470 Wellwood Way

Submersible Pump Data

Make: Jacuzzi
Model #: V2HP 15545 133-82
Pump Capacity: 5 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Harvard
Model#: PT900
Depth: 4.5 ft. (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 260 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17-8.4

Torque arrestors on Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house

Type: POLY
PSI: 200 (160 psi min)
Depth of supply line: 4 ft. (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5 ft.
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Kevin C. Dimaggio/KMD
Signature of company representative responsible for installation

February 14, 2001
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 12/7/00

Date Insp. Approved: 12/8/00

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

OK ALM SRK

Depth of stone required below
distribution pipe 1.5 feet

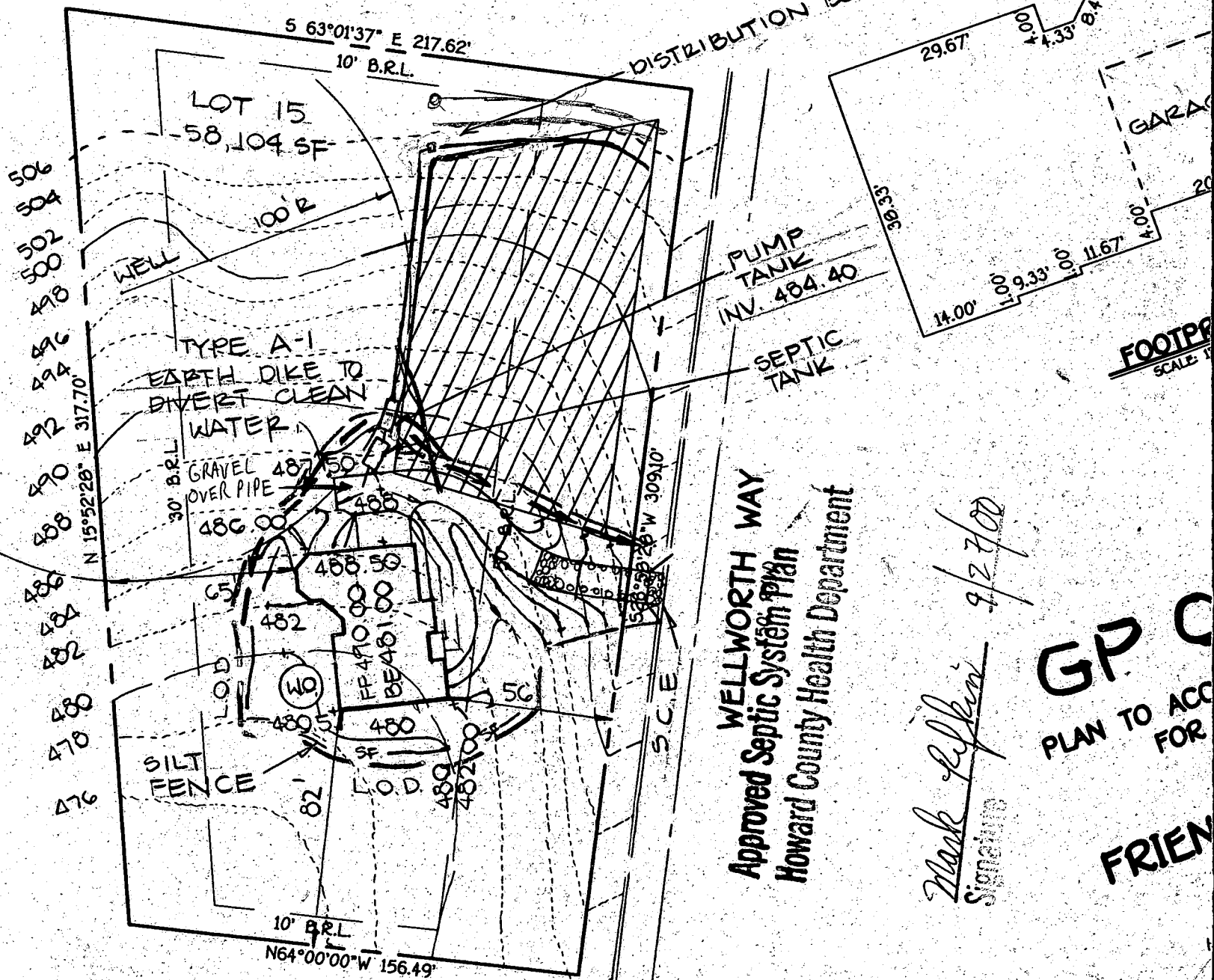
GENERAL NOTES

- # GENERAL NOTES
1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- | No. | DESCRIPTION | 490.00 | 481.00 |
|-----|--------------------------------------------------------------------------------------|--------|--------|
| 2. | PROPOSED 1500 GALLON SEPTIC TANK | 484.90 | 485.50 |
| 3. | A. FIRST FLOOR ELEVATION | 484.90 | 487.90 |
| | B. BASEMENT ELEVATION | 503.50 | 505.00 |
| | C. INVERT OF SEPTIC SYSTEM AT HOUSE | | |
| | D. INVERT IN AT SEPTIC TANK | | |
| | E. INVERT OUT AT SEPTIC TANK | | |
| | F. PROPOSED GRADE OVER SEPTIC TANK | | |
| | G. INVERT AT DISTRIBUTION BOX | | |
| | H. EXISTING GROUND OVER DISTRIBUTION BOX | | |
| | I. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE | | |
| 4. | CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION | | |
| 5. | THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM | | |
- Model change
J. K. Kunkel
J. K. Kunkel

INVERT EXISTING GROUND
LENGTH OF TRENCH
ESQUANCE
CONTRACTOR / BUILDER TO VERIFY
ANY CONSTRUCTION.
THERE IS NO BASEMENT SERVICE TO SEPTIC

12/4/00 model change
1/16/01 partial finished
bennt
*per DNP
4/23/01
DICO

7.00'
5.66'
5.66'
4.00'



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) 313-3900	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00123740
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------	------------------------------------------

Building Address <u>2670 Wellworth Way</u> <u>West Friendship MD 21794</u>	Property Owner's Name <u>Attieri Homes</u>
Suite/Apt. #: _____ SDP/WP/Petition #: <u>GP00-141</u>	Address <u>9011 Red Branch Rd, Suite 201</u>
Census Tract <u>0030</u> Subdivision <u>Friendship Farms</u>	City <u>Columbia</u> State <u>MD</u> Zip Code <u>21045</u>
Section _____ Area _____ Lot <u>15</u>	Home Phone _____ Work Phone _____
Tax Map <u>15</u> Parcel <u>243</u> Grid <u>17</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RR</u> Map Coordinates _____ Lot size <u>1.33 Ac</u>	Phone <u>410-715-4500</u> Fax <u>410-7140-5809</u>
Existing Use <u>Vacant lot</u>	Contractor Company <u>Attieri Homes</u>
Proposed Use <u>New Single Family Dwelling</u>	Contact Person <u>Daren B. Attieri</u>
Estimated Construction Cost <u>\$120,000</u>	Address <u>9011 Red Branch Rd, Suite 201</u>
Description of Work <u>Nathan Marsh II (Elev 2)</u> <u>2 Story full bsmt, 78m, 2FA, 110, EP, 6m</u> <u>(L100)</u>	City <u>Columbia</u> State <u>MD</u> Zip Code <u>21045</u>
Occupant or Tenant <u>Attieri Homes</u>	License No. _____
Contact Name <u>Daren B. Attieri</u>	Phone <u>410-715-4500</u> Fax <u>410-7140-5809</u>
Address <u>9011 Red Branch Rd, Suite 201</u>	Engineer or Architect Company <u>Fisher Collins & Carter</u>
City <u>Columbia</u> State <u>MD</u> Zip Code <u>21045</u>	Contact Person _____
Phone <u>410-715-4500</u> Fax <u>410-7140-5809</u>	Address <u>10212 Baltimore Nat'l Pike</u>
	City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u>
	Phone <u>410-461-2355</u> Fax <u>410-7150-3754</u>

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Structural Steel _____	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame _____	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input checked="" type="checkbox"/>
State Certified Modular _____	Propane Gas <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
	Full _____	Other Structure: _____	NFPA #13D _____
	Partial _____	Dimensions: _____	NFPA #13R _____
	Other Suppression _____	Footings: _____	Other: _____
	# of Heads _____	Roof: _____	
		State Certified Modular _____	
		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.

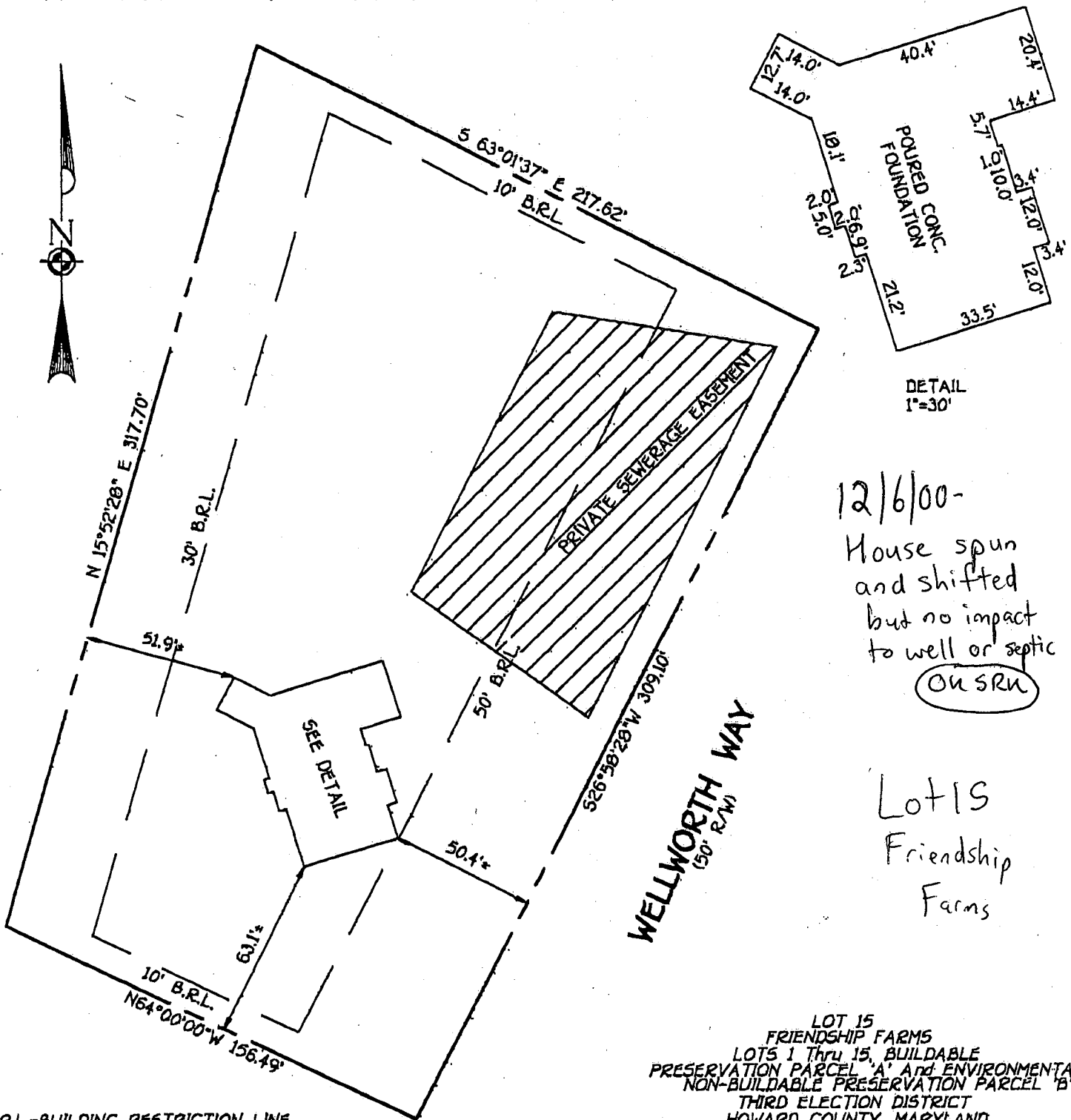
Applicant's Signature <u>Attieri Homes</u>	Print Name <u>Daren B. Attieri</u>
Title/Company _____	Date <u>11-24-00</u>

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Sub-total paid \$ _____
Health	<u>9/22/00</u>	<u>Mark R. Phipps</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

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 C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0015 B, EFFECTIVE DATE: DEC 4 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



12/6/00-

House spun
and shifted
but no impact
to well or septic
(On SRU)

Lot 15
Friendship
Farms

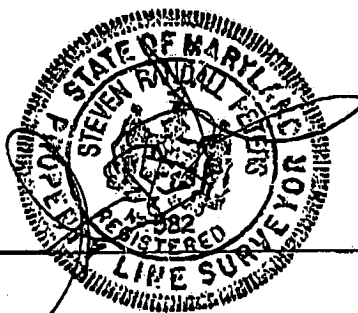
LOT 15
FRIENDSHIP FARMS
LOTS 1 THRU 15, BUILDABLE
PRESERVATION PARCEL 'A' AND ENVIRONMENTAL
NON-BUILDABLE PRESERVATION PARCEL 'B'
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 13643

B.R.L.=BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 508.3'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELICOTT CITY, MARYLAND 21042
(410) 461 - 2255

Drawing Name:

FCC •



PROFESSIONAL LAND SURVEYOR DATE
REG. 582

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 11/18/00
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=50'
DATE: 11/20/00
DRAWN BY: T.P.F.
CHECKED BY: S.R.P.
PROJECT No.: 61362

APPLICATION

PERCOLATION TESTING

A 50549C

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT Third

DATE ~~1/28~~ 2/28/95

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 John Sidney Britten

ADDRESS 2716 Sennings Chapel Rd Woodbine PHONE 489-9342

AGENT OR PROSPECTIVE BUYER Britten Prop. Partnership

ADDRESS P.O. Box 1371 Ellicott City MD 21041 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION Britten Prop LOT NO. 31

ROAD AND DESCRIPTION Wellworth Way

TAX MAP 15 PARCEL # 65

SIZE OF LOT 1+ ac TYPE BLDG. SFD
(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

COUNTY #

SOIL PROFILE

331

no
distinct
clay
layer
orange
brn
SCL

7'
8'
zone of
rock
gets
better
underneath

329

red/
orange
clay

7'
> 50%
rock

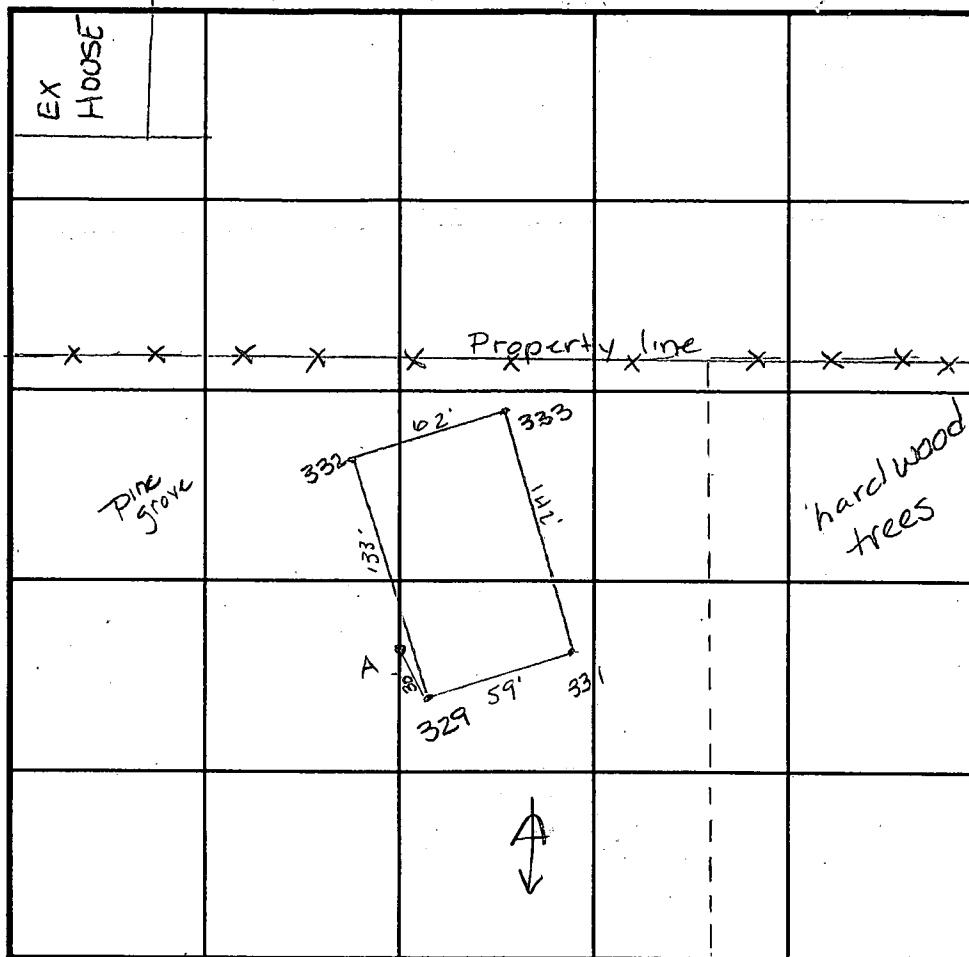
9 1/2'

A/332

orange/
red
c

1 1/2'
lgt tan/
grey
SL
some
rock
fragments
OK

9 1/2'
hard bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

333

red
SCL

3'
lgt
orange
tan
SCL
mica
chunks
throughout
OK

10'
hard bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-12-94	331	1 1/2' VII	10:10 ¹⁵	10:13 ³⁰	10:13 ³⁰	10:18	4 1/2 min
	329	Visual	to 9 1/2' - deep		clay &	rock	F
	A	2 1/2' V 9 1/2'	11:02 ³⁰	11:03 ³⁰	11:03 ³⁰	11:04	1 min
	A	repour	11:04 ³⁰	11:05 ³⁰	11:05 ³⁰	11:06 ³⁰	1 min
	332	Visual	to 10'				OK
	333	6' V10	11:23 ¹⁵	11:24 ³⁰	11:24 ³⁰	11:26 ³⁰	2 min
	333	3' V10	11:24 ¹⁵	11:25 ¹⁵	11:25 ¹⁵	11:27	13/4 min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMullen

ALSO PRESENT FRANK MANALANSAN

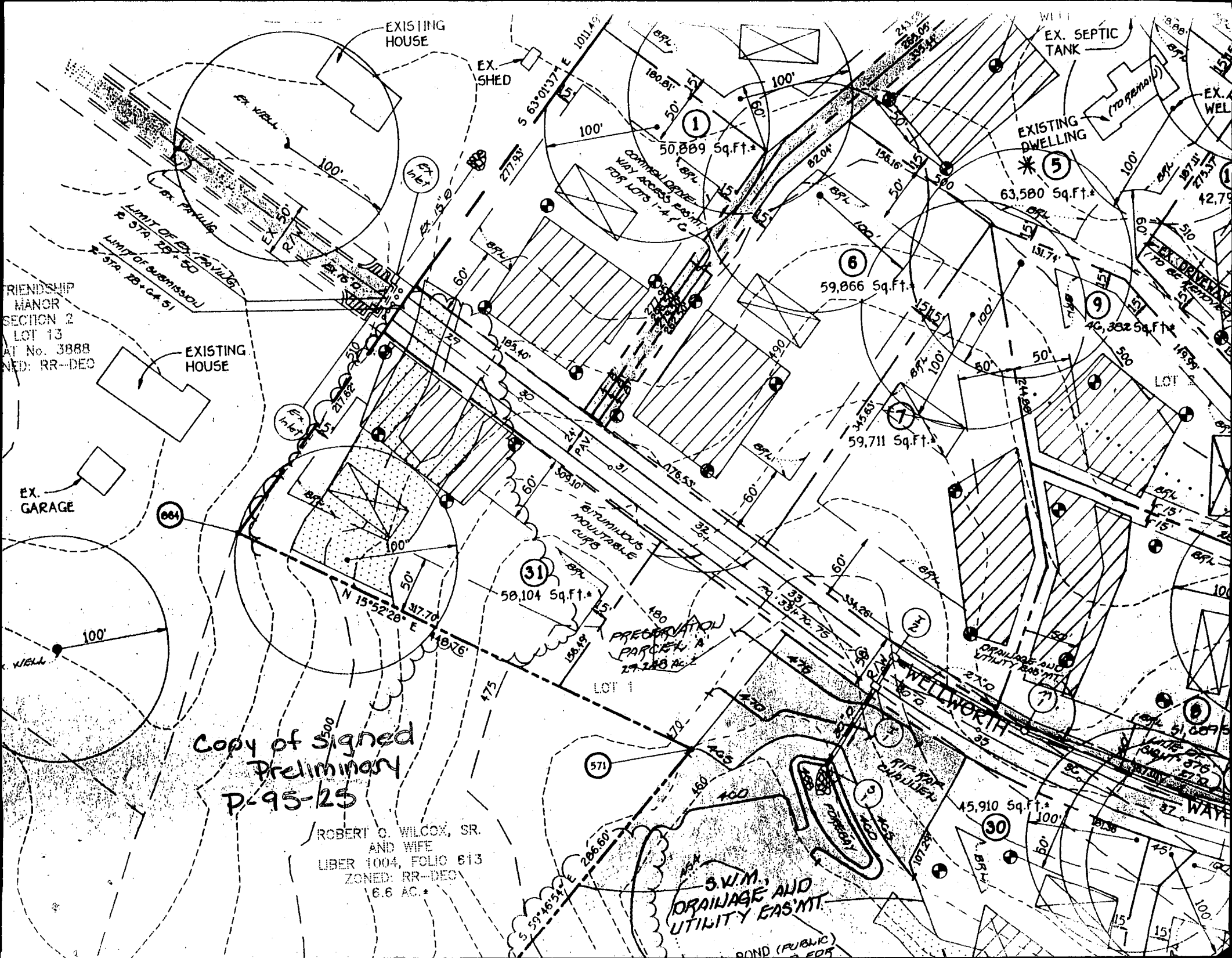
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 min

TRENCH WIDTH 3'

INLET DEPTH 1 1/2'

MAXIMUM BOTTOM DEPTH 3'

SQ. FT./BEDROOM 180



FRIENDSHIP
MANOR
SECTION 2
LOT 13
AT No. 3888
ZONED: RR-DEC

Copy of signed
Preliminary
P-95-25

ROBERT C. WILCOX, SR.
AND WIFE
LIBER 1004, FOLIO 613
ZONED: RR-DEC
6.6 AC.*

S.W.M.
DRAINAGE AND
UTILITY EAS'MT.

[illegible]

C1067771

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
NUMBERA50549-C

ST/CO USE ONLY
DATE Received
9/13/2000

DATE WELL COMPLETED
09 08 2000

Depth of Well
22 200 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-94-227.2

OWNERAsteri Homes

STREET OR RFDWellworth Way

SUBDIVISIONFriendship Farms

TOWNWest Friendship

SECTION

LOT15

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	
Overburden	0	30	
Gray Rock	30	200	x
water at 72'			

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS10NO. OF POUNDS1000

GALLONS OF WATER600

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to36ft.

CASING RECORD

casing
types
insert
appropriate
code
below

MAIN
CASING
TYPEPL

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

Total depth
of main casing
(nearest foot)36

OTHER CASING (if used)

diameter
inch

depth (feet)
fromto

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

STEELBRASSBRONZEPLASTIC

OPEN
HOLE
OTHER

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTURED

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.1 MW D 399

DRILLERS SIGNATURE

LIC. NO.1 M D 049

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

DEPTH (nearest ft.)

1236202

18911151721

232426303236

383941454751

SLOT SIZE 123

DIAMETER
OF SCREEN

5660

fromto

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

7072747576

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min.)14.2

METHOD USED TO
MEASURE PUMPING RATESubmersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING33ft.

WHEN PUMPING35ft.

TYPE OF PUMP USED (for test)

AairPpistonTturbine

CcentrifugalRrotaryOother
(describe
below)

JjetSsubmersible

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)3135

PUMP HORSE POWER3741

PUMP COLUMN LENGTH
(nearest ft.)4347

CASING HEIGHT (circle appropriate box
and enter casing height)

abovebelow

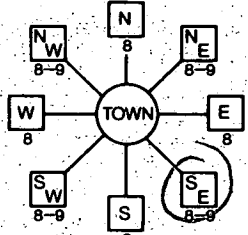
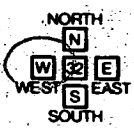
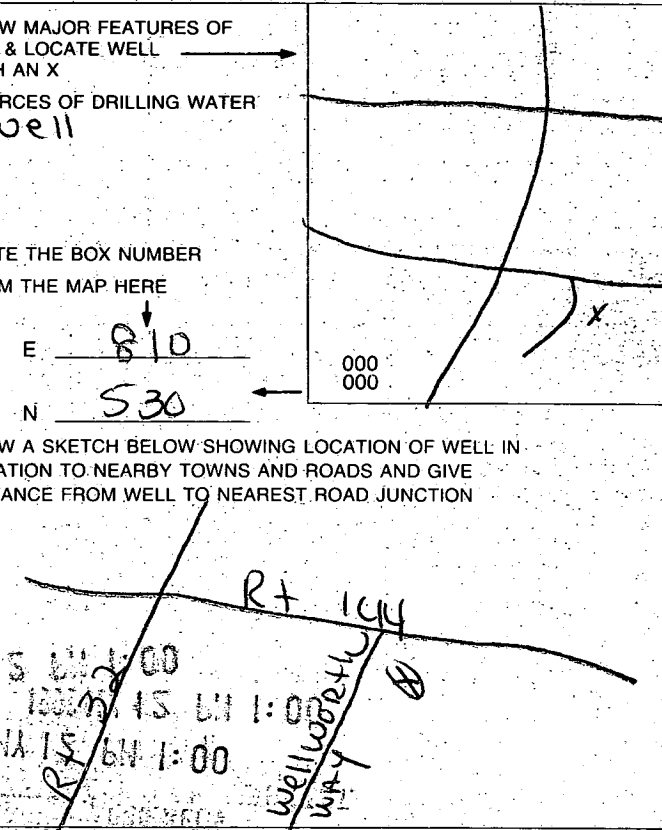
LAND SURFACE

(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)

9/22/00

B 1 <u>7552</u> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-2272</u> <small>70 fill in this form completely 79</small>
Date Received (APA) <u>05/12/99</u> <small>8 MM DD YY 13</small> OWNER INFORMATION 15 <u>Alteri Homes</u> Owner First Name 34 36 <u>9017 Red Branch Rd</u> Street or RFD 55 57 <u>Columbia</u> MD <u>21045</u> Town State Zip 76		B 3 LOCATION OF WELL 8 <u>Howard</u> COUNTY 21 23 <u>Friendship Farms (Oaks at Yardley Hunt)</u> SUBDIVISION 42 SECTION <u>44</u> LOT <u>15</u> 46 48 50 <u>West Friendship</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M 73 76 77 78	
DRILLER INFORMATION Driller's Name <u>Paul M. Fabiszak</u> M.W.D. <u>399</u> 76 License No. 81 Firm Name <u>G. Edgar Harr Sons' Corp.</u> Address <u>12047 Falls Road, Cockeysville 21030</u> Signature <u>Paul M. Fabiszak</u> Date <u>5/7/99</u> 57 76		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  11 <u>Wellworth Way</u> NEAR WHAT ROAD 30 34 <u>100</u> 37 DISTANCE FROM ROAD <u>FT</u> ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>A50549-C</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>05/21/99</u> <u>A. McMillen</u> <u>5/21/00</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>530 000</u> EAST GRID <u>810 000</u> 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>810</u> N <u>530</u> 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 	
APPROXIMATE DEPTH OF WELL <u>250</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTARY <u>AIR-PERCussion</u> ROTARY (Hydraulic Rotary) 37 CABLE <u>REverse-ROTARY</u> Drive-POINT other _____	
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 39 <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		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 _____ 63 PERMIT No. <u>HO-94-2272</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - LOGGED <u>Friendship Farm Ct</u>			

