

5/16/99
Moon

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 5 11490

A 41819

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE 4/5/99

DATE SYSTEM APPROVED 5/18/99

INSPECTOR AU

INDEXED

S.K. Backhoe & Septic Services IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1220 FSK Highway, Keymar, Maryland 21757 PHONE 301-898-0955

SUBDIVISION West Friendship Estates LOT 61 ROAD ~~3319~~ Great Valley Drive

PROPERTY OWNER BRIAN + LISA CARTER Trinity Builders 3317

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS MANHOLE CLEANOUT REQUIRED

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of flstone below distribution pipe.

LOCATION - Beginning from the intersection of the 80.00 and 347.86' lot lines, begins trenches 130 feet up the 347.86' lot line and 25 feet off that same lot line. Run trenches on contour toward the 363.44' 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 4/17/99 DCS*

PLANS APPROVED BY Amy McMillen/Kim Maiste REVISED DATE 02/11/99

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

10/10/2002 800138834 FINISH BASEMENT

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

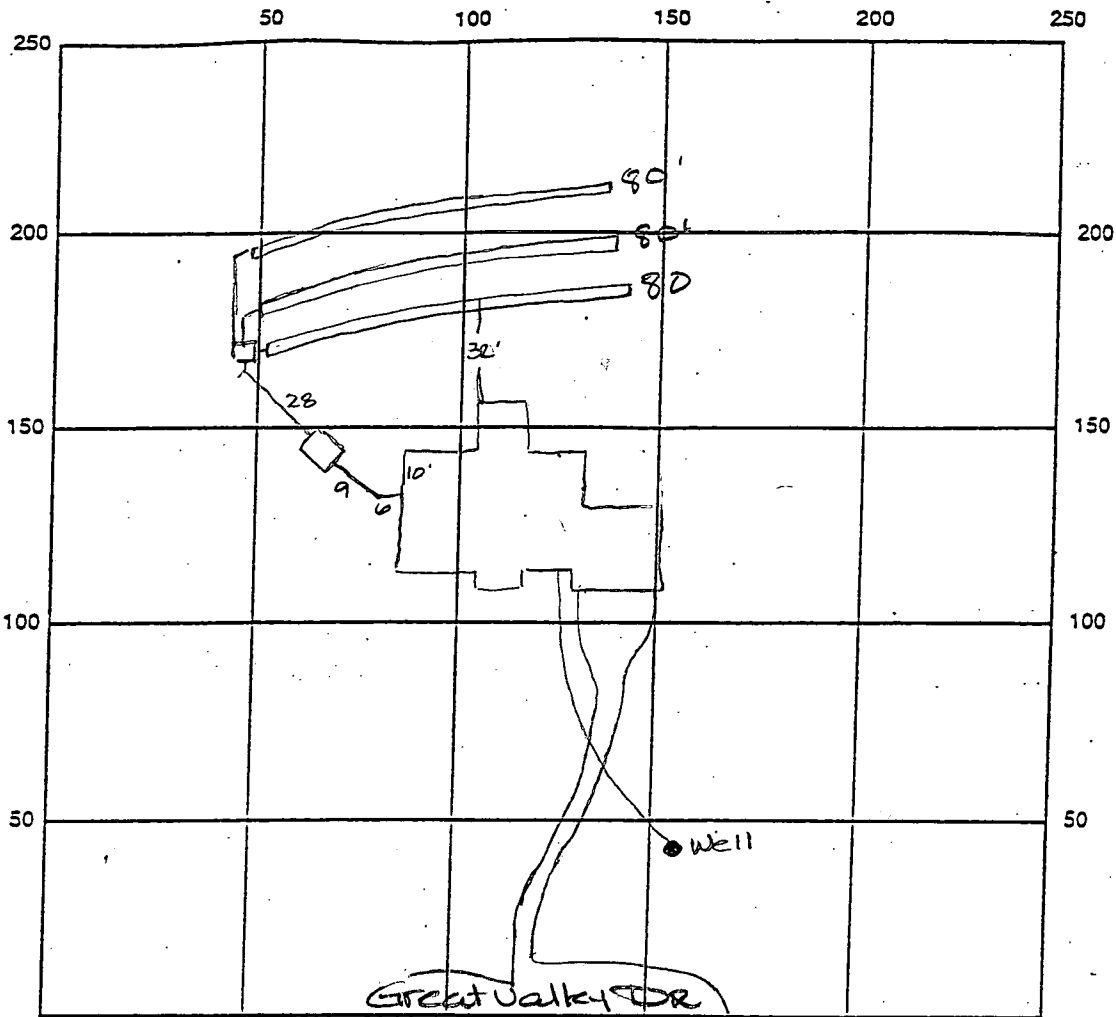
PERMIT VOID AFTER TWO YEARS

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**

61817



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK
 DISTRIBUTION BOX LEVEL bafeleisin
 DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.
 EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.
 NUMBER OF TRENCHES 3.0 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 5/18/99 OK to cover all work final *
 AND RETURNED

DATE SYSTEM APPROVED 5/18/99 INSPECTOR A. McMill

APPLICATION

PERCOLATION TESTING

A 41819

P _____

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

DISTRICT 312

DATE 3/10/88

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 PRISCILLA CLAGETT AND AVIS PFEFFELKORN Trinity Builders

ADDRESS 14000 CASTLE BOULEVARD SILVER SPRING PHONE 202-890-6077
MARYLAND 20904

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Prelim 2 lot

SUBDIVISION BUENA VISTA FARM ESTATES. LOT NO. 25 sect

ROAD AND DESCRIPTION EAST SIDE OF PFEFFELKORN ROAD ; NORTH WEST
3319 Great Valley Drive
OF MD ROUTE 32

COO. PERMIT SIGNED
AND RETURNED 2-11-88
Serial # B10115904

TAX MAP 22 PARCEL # 8

SIZE OF LOT 3.1 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.

Chris Pfeffelkorn

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

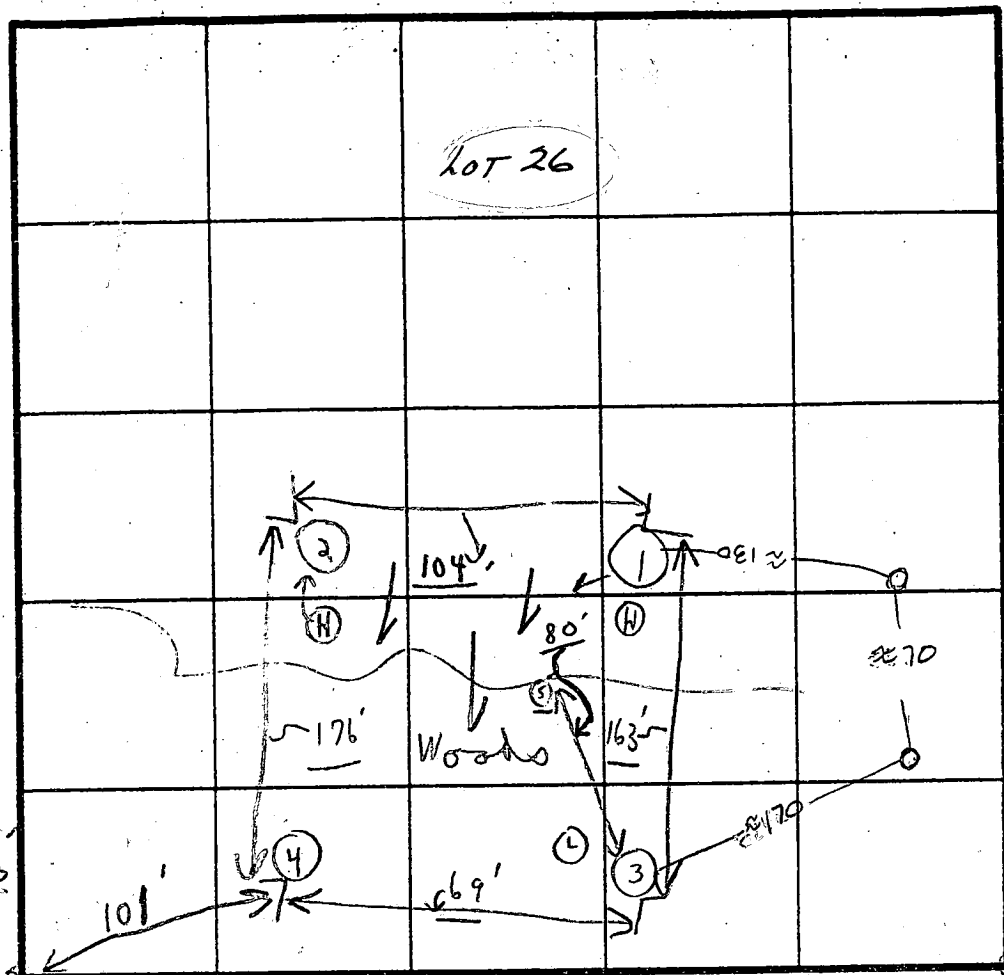
THIS IS NOT A PERMIT

A 41819

#26
SOIL PROFILE

T. SOIL
+
CLAY
LIGHT
SANDY
LOAM

To BOT Tom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Pepperhorn Road

① 12 1/2
② 12 1/2
③ 13
④ 13 1/2

← 27 26

25
26

T.S. + CLAY
TO SANDY
LOAM
12 1/2

12' 10"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/17	1A	5'	1:08	1:10	1:10	1:13	3m
#2 LOT CBC	(H) 1B ^{26D}	8'	1:09	1:11	1:11	1:15	4m
	2A	5 1/2'	1:12	1:14	1:14	1:19	5min
	(H) 2B ^{26C}	12'-10"	Visual		loam		
	3A	5 1/2'	1:21	1:23	1:23	1:25	2m
	(L) 3B ^{26A}	13'	Visual		loam		
	4A	5 1/2'	1:22	1:26	1:26	1:29	3m
	(L) 4B ^{26B}	13 1/2'	Visual		loam		
	5	12'-10"	Visual		loam		

REMARKS (2 Tests in open) (2 in woods)
 TYPE OF SOIL 4 Tests per stakes (2 low) Tentative ok
 TESTED BY C. B. ALSO PRESENT { 1 Backhoe, 2 men, see # 25 }
 Wanted on small hole 2 1/2" water

EH-12-1079

A41819

COUNTY #

SOIL PROFILE

SOIL PROFILE

See attached

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	1439	4.5' ?	9:36	9:38	9:38	9:40	2 min
	1440	shallow only					
	1440	0' to 4.0'	clay	95% loam	4 1/2"		
				50% rock			

REMARKS _____

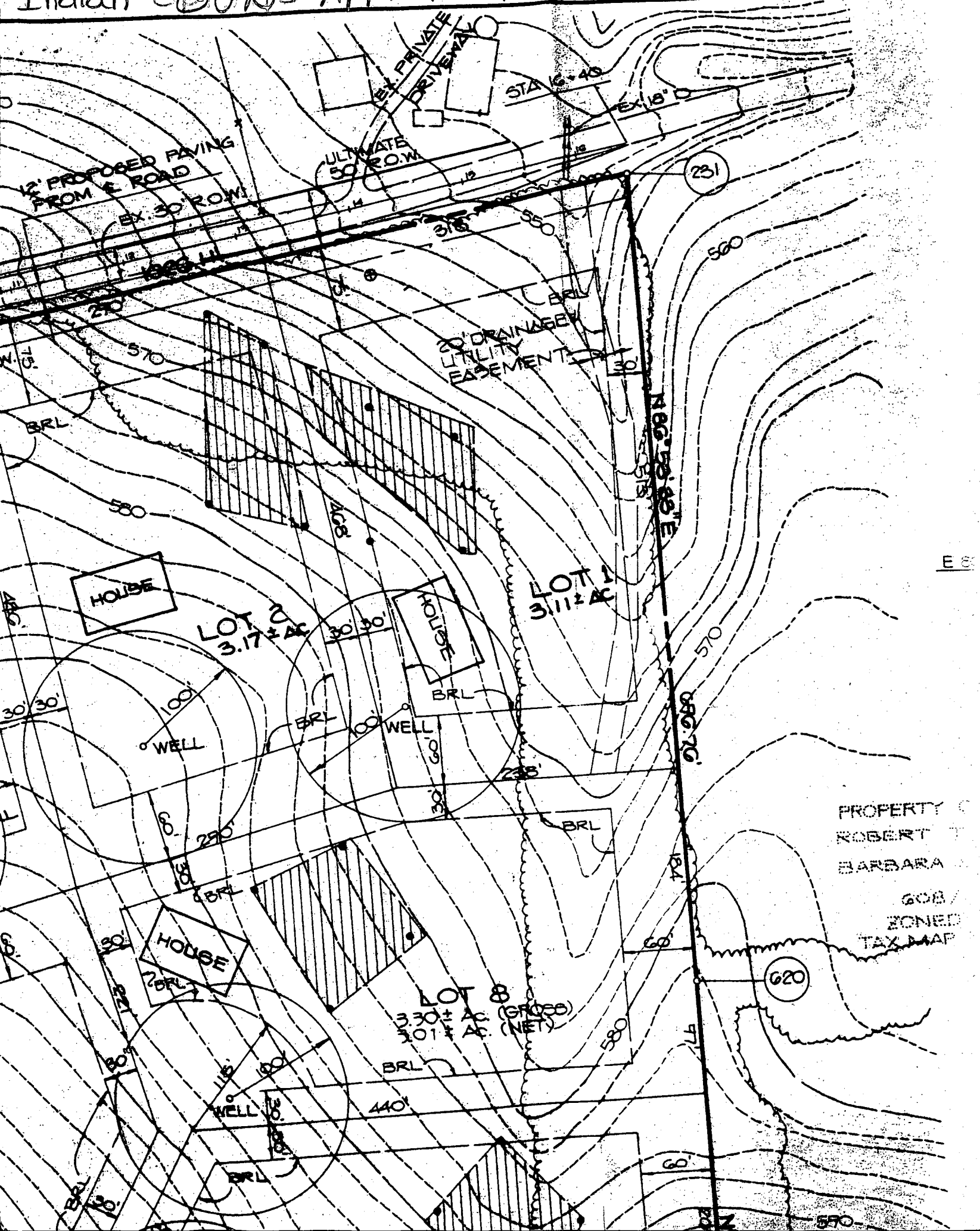
TYPE OF SOIL _____

TESTED BY CBS ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Indian County Approved Plat

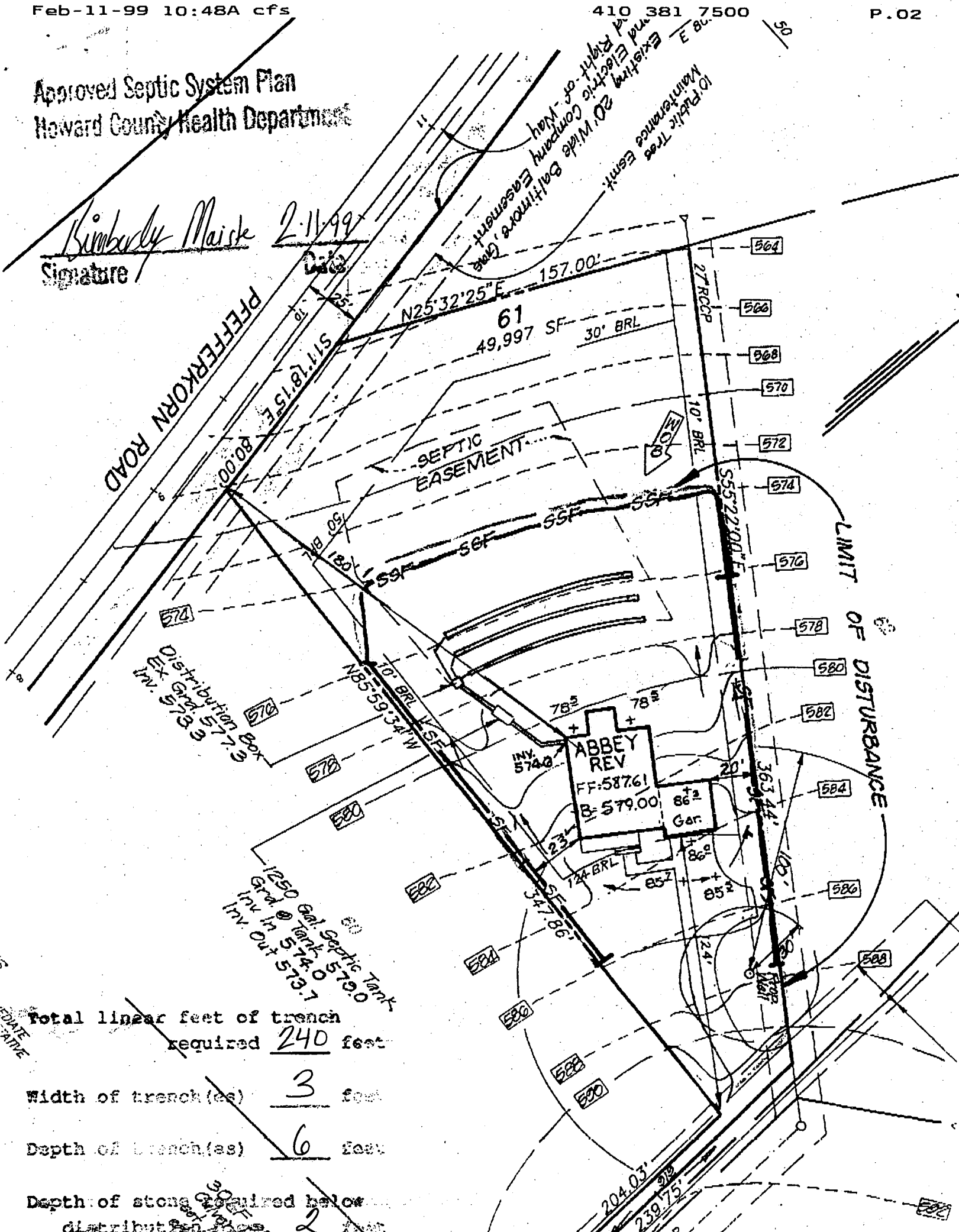


Approved Septic System Plan Howard County Health Department

Kimberly Maick 2-11-99
Signature

PFEFFERKORN ROAD

Existing 20' Wide Baltimore Gas and Electric Company Easement, Right-of-Way
10' Public Tree Maintenance Easement



Total linear feet of trench required 240 feet

Width of trench (as) 3 feet

Depth of trench (as) 6 feet

Depth of stone required below distribution box 2 feet

LIMIT OF DISTURBANCE

SEPTIC EASEMENT

ABBEY REV
FF: 58761
B: 579.00
Gar

Distribution Box
Inv. 577.5

1250 Gal. Septic Tank
Inv. in 574.0
Inv. out 573.7

Inv. 574.0

564

566

568

570

572

574

576

578

580

582

584

586

588

590

592

594

596

598

600

602

604

606

61
49,997 SF

N25°32'25"E 157.00'

S117°18'15"E 80.00'

N85°59'34"W 70. BRL

S55°22'00"E 555.22'00"

S56° 56F

S59° 59F

S51° 51F

S34° 34F

S204° 03' 204.03'

S239° 75' 239.75'

27' RC

10' BRL

363.44'

10'

20'

24'

24'

20'

20'

20'

NO

NO

NO

NO

NO

NO

NO

NO

SCALE

DATE

B 1 3040

SEQUENCE NO.
(DP USE ONLY)

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

STATE PERMIT NUMBER

HO-94-0859
fill in this form completely

Date Received (APA)

053196

OWNER INFORMATION

ZANO DESIGN + DEVELOPMENT INC

10805 HICKORY RIDGE

CATAMOUNT MD 21044

B 3

LOCATION OF WELL

HOWARD

WEST FRIENDSHIP EST.

SECTION 2 LOT 61

WEST FRIENDSHIP

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

MSD/MGD/MWD

GARY W SHOFF

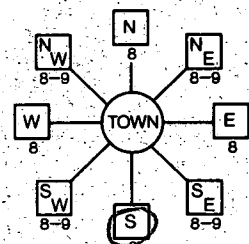
HADLEY DRILLING & PUMP

Box 160 WALKERSVILLE, MD

Yash W Shoff

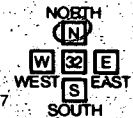
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD 32 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

500 ENTER FT OR MI

TAX MAP: BLK: PARCEL:

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 3

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800

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. COUNTY NAME A41819 COUNTY NO.

STATE SIGNATURE DATE ISSUED 07/6/96 A. McMillen 7/16/97

CO SIGNATURE EXP. DATE

NORTH GRID 528000 EAST GRID 0804000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

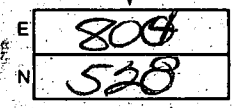
- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)
- CABLE REVERSE-ROTARY DRIVE-POINT
- other:

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

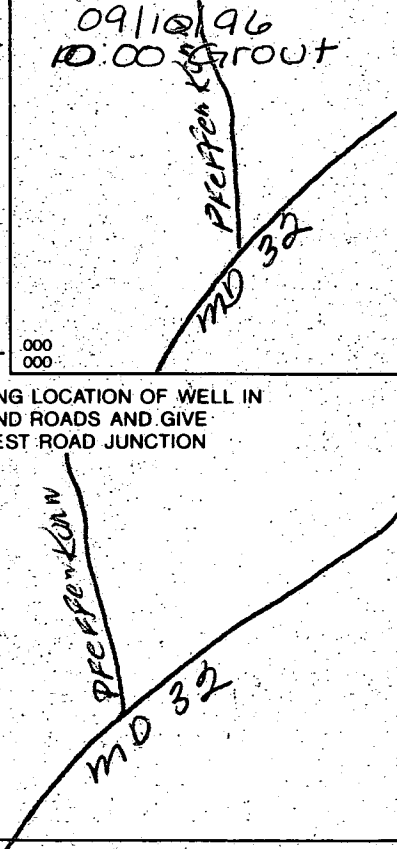
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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
- 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller. (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE AM PERMIT No. HO-94-0859

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date _____
Name of Installer S.K. Plumbing + Heating Inc Telephone 410-775-0822
License Number 12285
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner Trinity Homes Telephone 410-313-8722
Subdivision Fox Valley Lot # 61 Well Tag # HO-94-0859
Site Address 3317 Great Valley Dr

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make JAVELIN
3. Model # 5545138-S-2
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other Slave

Motor
1. Horsepower 1/2
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Norwood
2. Model # _____
3. Depth 42

Tank
1. Capacity Well-X-Proll 250
2. Pressure relief valve? Yes

Piping
1. Type P.E.
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42'

Well data
1. Depth 120 ft.
2. Yield 12 GPM
3. Static water level 36 ft.
4. Will water supply be disinfected by installer? Yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge
Signature of Applicant: [Signature]
Date: 6-7-99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B 00115 904

Building Address 3317 GREAT VALLEY DR.
WEST FRIENDSHIP 21794
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision WEST FRIENDSHIP ESTATES 3
 Section 2 Area N/A Lot 61
 Tax Map 22 Parcel 5589 Grid 2
 Zoning RC-DE Map Coordinates _____ Lot size 49,497 sq ft

Property Owner's Name TRINITY BUILDERS
 Address 6212 DEVON DR.
 City COLUMBIA State MD Zip Code 21044
 Home Phone _____ Work Phone 410-313-5722
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax 410-313-8751

Existing Use VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 110,000
 Description of Work CUSTOM ABLY W/CHANGES
2 STORY, FULL BSMT, 9R, 2FB, 1WB
FRS (AEROC) (UBR)

Contractor Company SAME
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant N/A
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company SAME
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	
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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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

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.

Sally L Hodge
 Applicant's Signature
VP Operations - Trinity
 Title/Company

SALLY HODGE
 Print Name
1/29/99
 Date

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: _____ Rear: _____ Side: _____ Side St: _____	<u>39432</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____ Check # <u>3742</u> Validation # <u>1997-516</u>
Dev. Engineering DPZ	<u>2/11/99</u>	<u>Kim Maize</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health			Lot Coverage for NewTown Zone _____	
Fire Protection			SDP/Red-line approval date _____ Accepted by _____	
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"/>				

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pmk: Health Gold: SHA