

8/29/97
6/26/97
9/2/97

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58592E

A 48783

DISTRICT 3rd

DATE 7-31-97

DATE SYSTEM APPROVED 9/2/97

INSPECTOR lt

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

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 59 ROAD 3309 Great Valley Drive

PROPERTY OWNER Altieri Homes

ADDRESS _____

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 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Begin trenches 135 feet up the left (261.42') lot line and 85 feet off that same lot line as seen when facing the lot from Great Valley Drive. Run trenches on contour in both directions.

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 6/4/97

PLANS APPROVED BY Amy McMillen DATE 05/03/97

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

ORIGINAL PERMIT SIGNED AND RETURNED 6-2-99

PERMIT VOID AFTER TWO YEARS

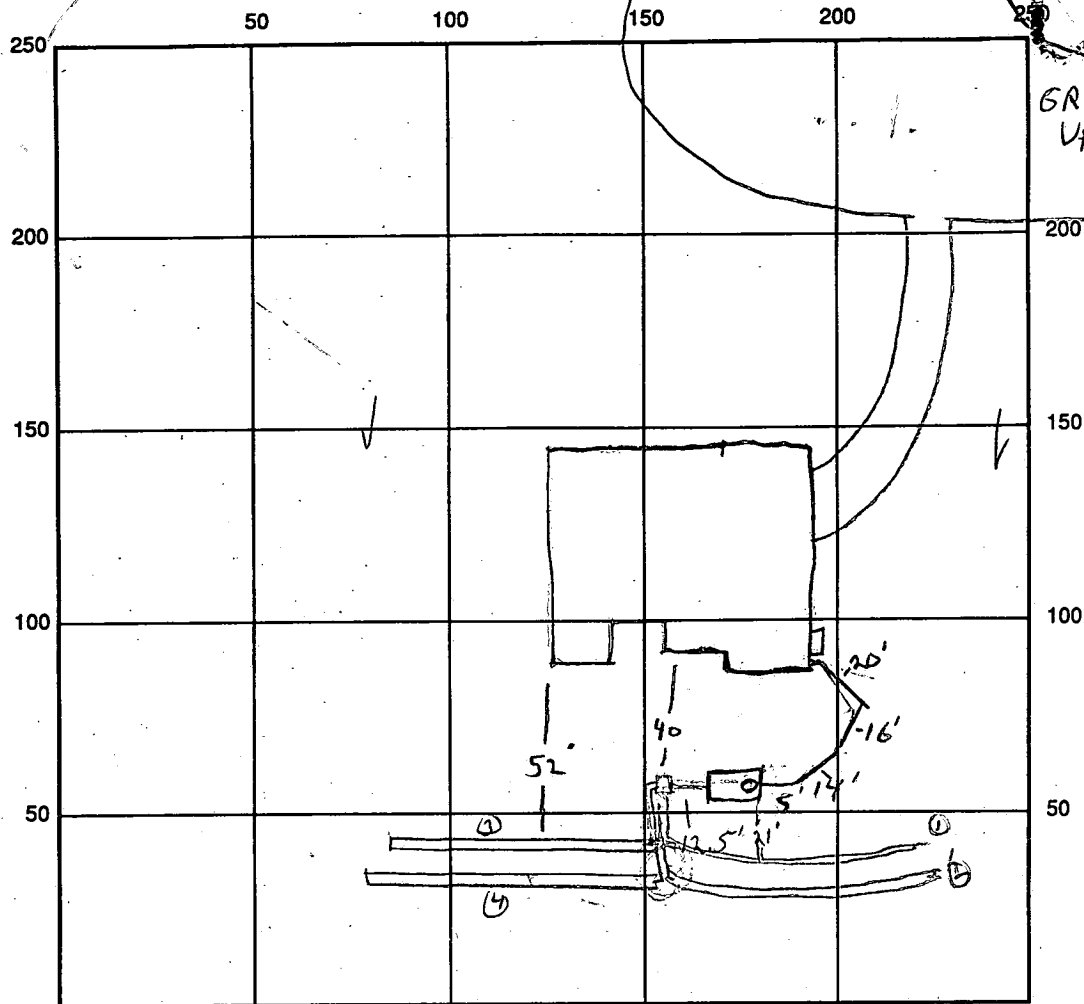
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

Serial # B70118419
deck

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 48783



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS _____
 DISTRIBUTION BOX LEVEL OK, NEEDS CEMENT, BRICK
 DRAIN FIELD/TITLE DEPTH 6.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 68'12" / 3' / 4' = 285
 NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~/BOTTOM AREA 855 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: 8/29/97 OK TO COVER SEPTIC TANK. OK TO COVER 1ST 2 TRENCHES.
TANK NEEDS CLEANOUT. 9/2/97 OK TO COVER 1, 2 & 9/2
OK TO COVER

DATE SYSTEM APPROVED 9/2/97 INSPECTOR [Signature]

LOT 59

COUNTY #

SOIL PROFILE
3018

0' yellow
orange
CL

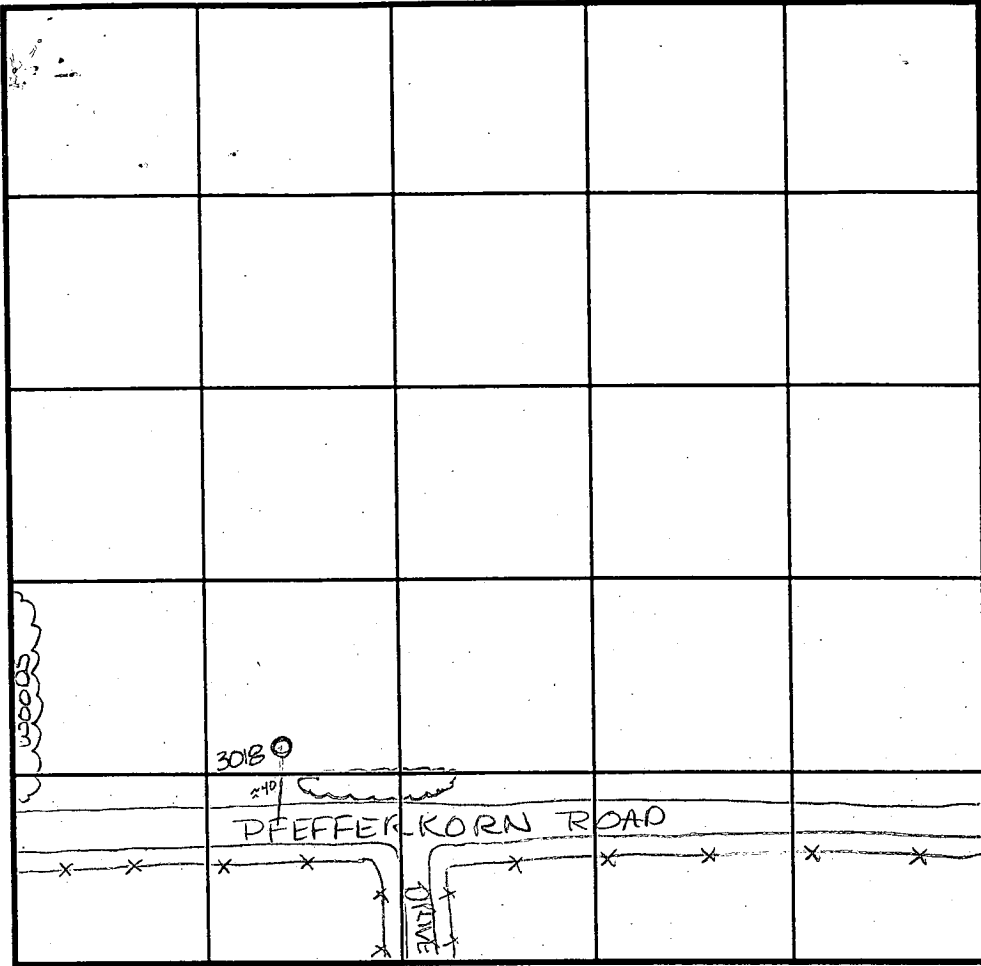
4' zone of
gravelly
SIL lgt
brn

5' lgt brn
SIL
no
rocks
or
shale

11'

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	
3-15-95	3018	4.5' VII'	10:35	10:36	10:36	10:38	2min

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 48783
P _____

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

DISTRICT _____
DATE 12/21/92

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. - A/TICKI 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 X 59

ROAD AND DESCRIPTION Pfefferkorn Road & Route 32 (3309 GREAT VALLEY DRIVE)

TAX MAP 15 PARCEL # 32 & 42, 533

~~BLDG. PERMIT SIGNER~~

~~AND RETURNED 5-3-97~~
Serial # BR105636

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

APPLICATION

PERCOLATION TESTING

A 41818
P _____

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

DISTRICT 3RD
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 PFEFFER KORN
CL

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

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

Prelim 302
25 Sec 1

SUBDIVISION BUENA VISTA FARM ESTATES LOT NO. _____

ROAD AND DESCRIPTION EAST SIDE OF PFEFFERKORN ROAD, NORTHWEST
OF MD ROUTE 32

TAX MAP 22 PARCEL # 8

SIZE OF LOT 3.0 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.

Avis Pfeffer Korn

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

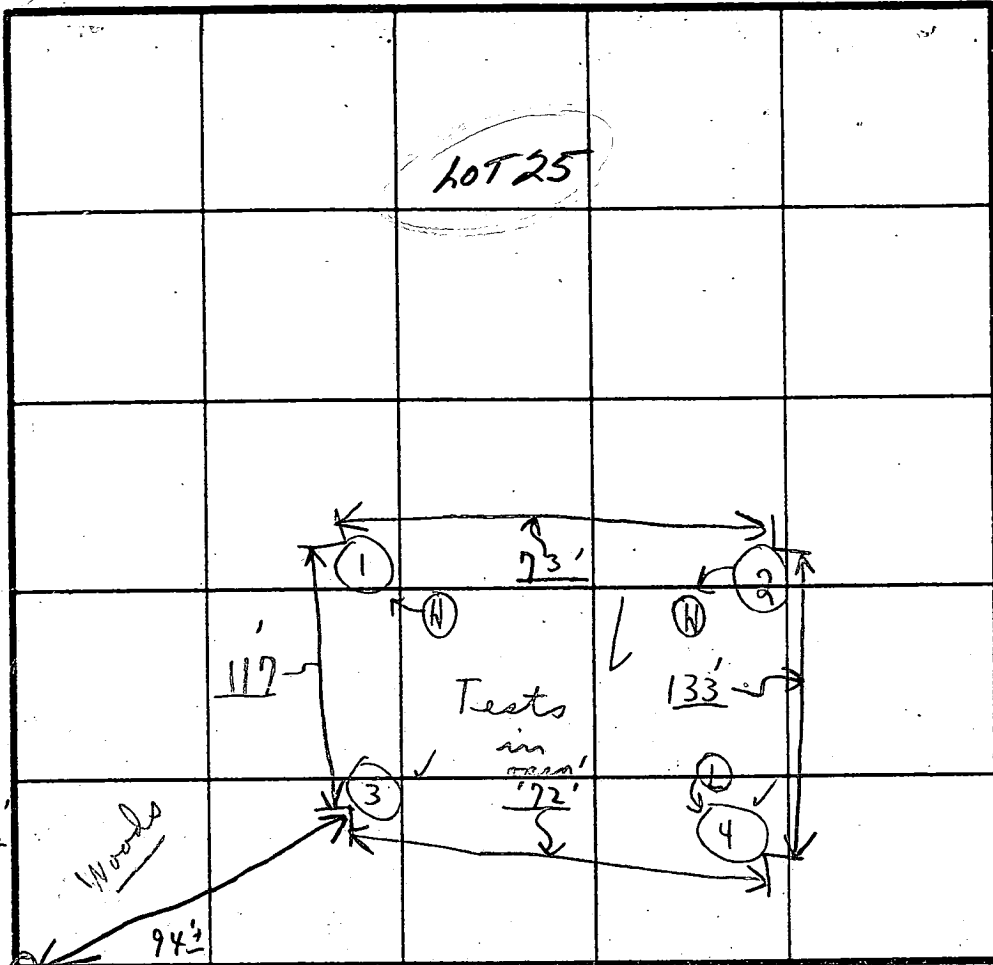
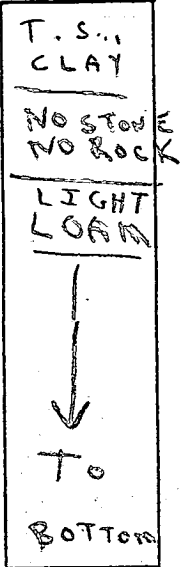
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

441818

#25

SOIL PROFILE



- ① 13 1/2'
- ② 13'
- ③ 13 1/2'
- ④ 12 1/2'

#25 #25
- P1

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Pfefferkorn Road

To → #32

T. SOIL CLAY
TO LIGHT SANDY LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
8/17	1A	7'	12:21	12:26	12:26	12:43	17 min	
	① 1B (25B)	13'	Visual loam below					
	2A	5'	12:10	12:13	12:13	12:23	10 min	
	② 2B (25C)	2B 7 1/2'	12:22	12:25	12:25	12:29	4 min	
	2C 13'		Visual loam					
	3A	6'	12:06	12:11	12:11	12:17	6 min	
	3B (25A)	13 1/2'	Visual loam					
	4A	7'	12:08	12:12	12:12	12:16	4 min	
	③ 4B (25D)	12 1/2'	Visual loam					

REMARKS: Notes: ① Tests in open field; ③ tests per stake.
② Tentative ok;

TESTED BY: C. B. Stecker
ALSO PRESENT: S. Mr. Phillip Bradford V.P., C. Roger

EH-12-1079

EMERGENCY/TEMP NO. IF ANY

B 1 **3083**
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.
(DP USE ONLY)

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

STATE PERMIT NUMBER
40-94-1108
fill in this form completely

Date Received (APA)
040297
OWNER INFORMATION
AKTVERI Homes
Last Name Owner First Name
2017 REDBROOK RD
Street or RFD
COLUMBIA MD 21045
Town State Zip

DRILLER INFORMATION
Serry Harley
Driller's Name License No. **143**
Firm Name **Harley Drilling & Pump Systems**
Address **Box 160 Walkersville MD 21795**
Signature **Derry Harley** Date **4-2-97**

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **3**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **600**

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)

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 _____

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 **G A P**
FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **40-94-1108**

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

LOCATION OF WELL
HOWARD COUNTY
WESTFORDSHIRE SUBDIVISION
SECTION **2** LOT **59**
WESTFORDSHIRE NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **2** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Great Valley Drive**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **30** FT OR MI **FO**
TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard County COUNTY NAME
A48783 COUNTY NO.
STATE SIGNATURE _____ INSERT S
DATE ISSUED **041897** **A McMullen** **4/18/98**
CO SIGNATURE EXP. DATE
NORTH GRID **528000** EAST GRID **0804000**

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

COUNTY

C1 6023 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A48783

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 5 14 97 Depth of Well 125

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1108

OWNER Altieri Homes STREET OR RFD Great Valley Drive TOWN W. Friendship Est SUBDIVISION W. Friendship Est SECTION II LOT 59

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shell Sandstone, Sandstone, Blue Rock, and Got water at 95/115.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 12 NO. OF POUNDS 1128

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) (S) (T) (C) (O) (P) (L) (O) (T)

MAIN CASING TYPE (S) (T) (C) (O) (P) (L) (O) (T) Nominal diameter 6 1/2" Total depth 63

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

DEPTH (nearest ft.) 125

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MSD 193 DRILLERS SIGNATURE Pure Herdley LIC. NO. M-D

SCREEN TYPE OR OPEN HOLE (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) DIAMETER OF SCREEN 56 (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

PUMPING TEST

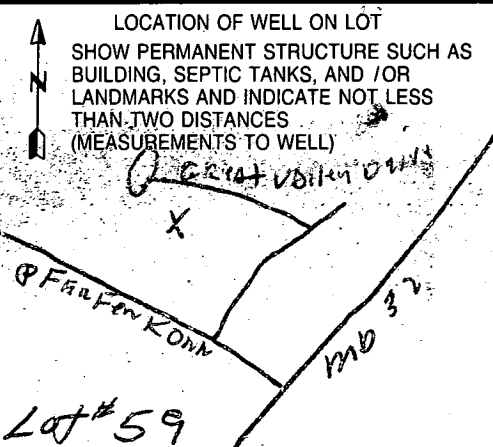
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10.0

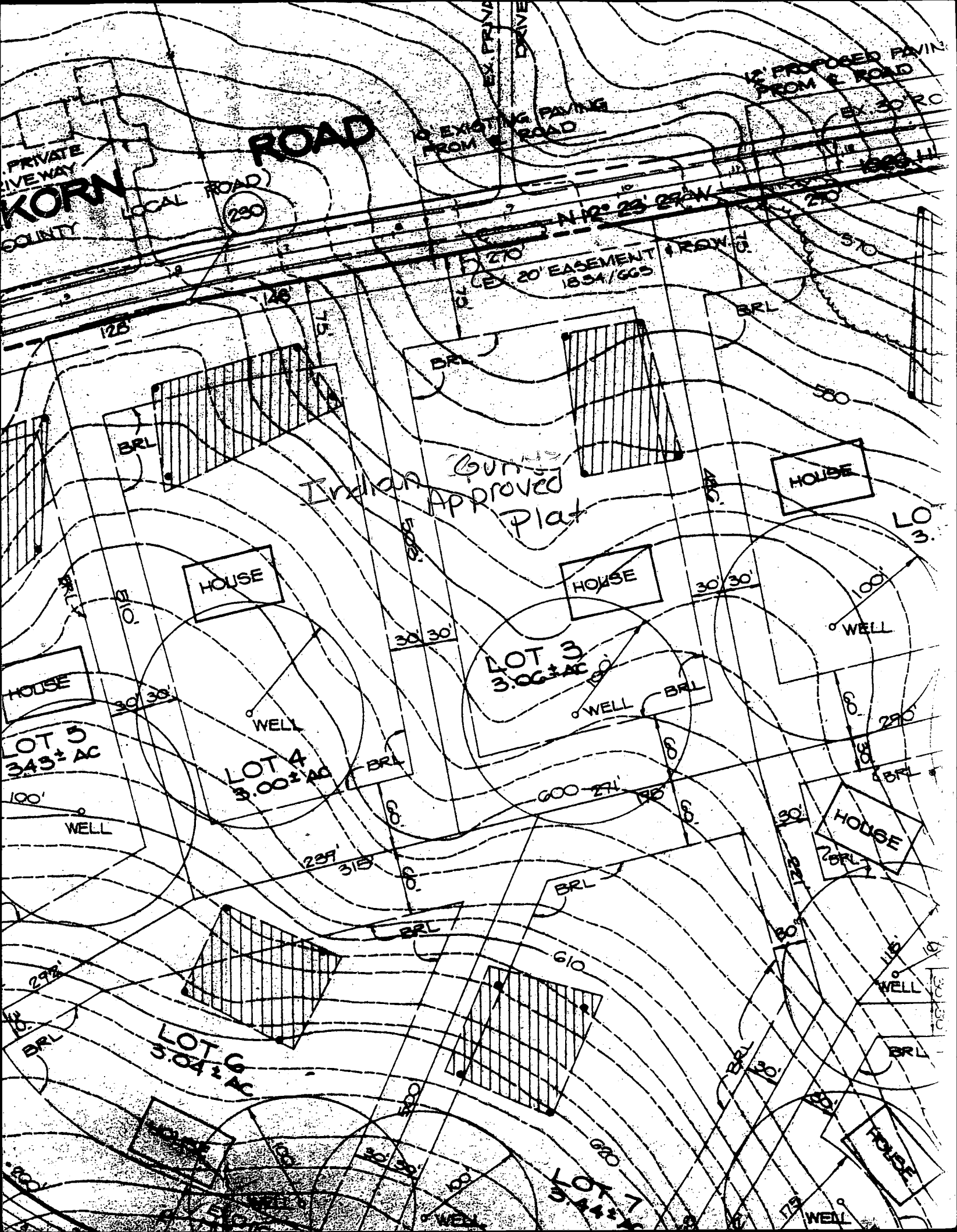
TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (S) submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES) (NO)

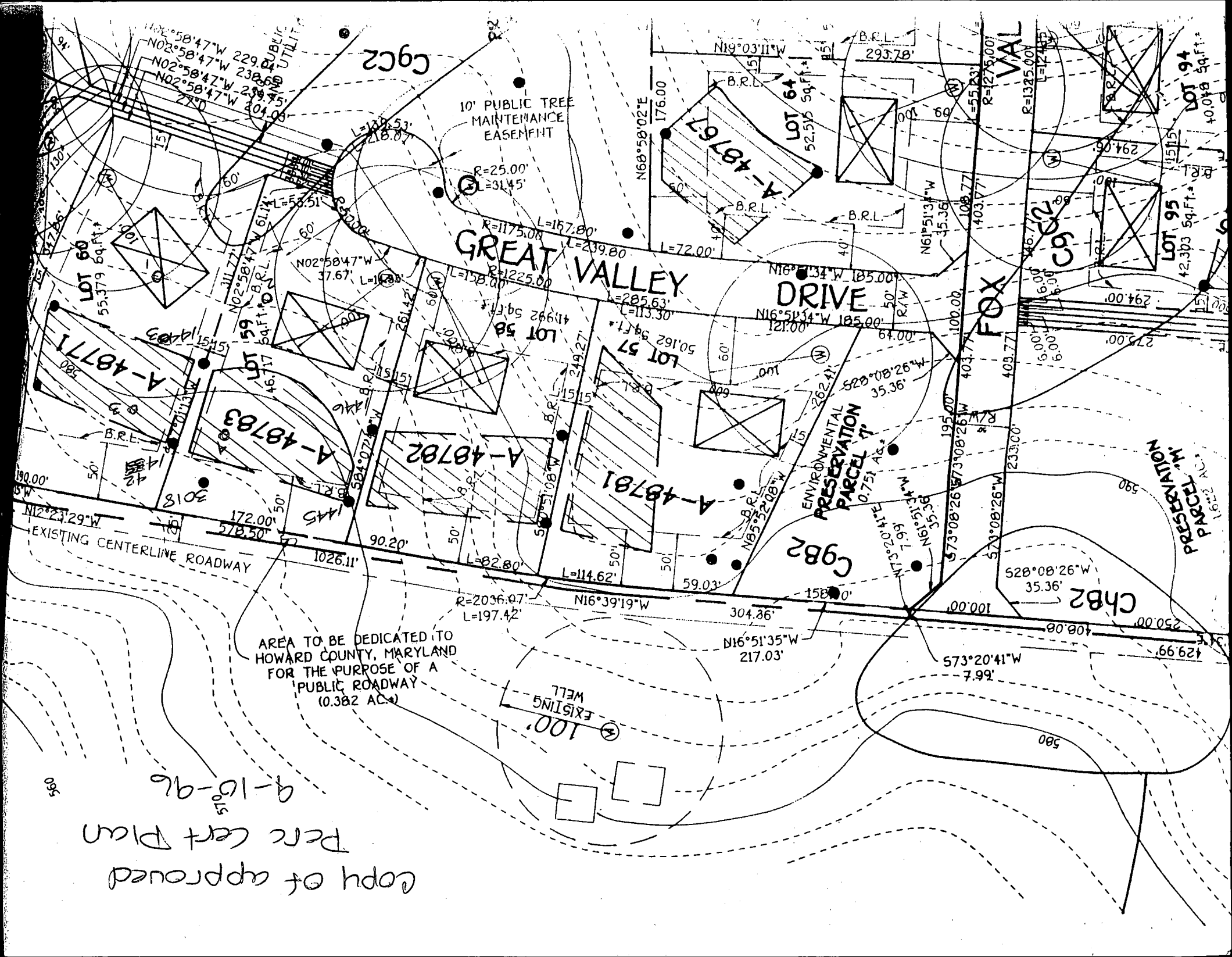
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (F) above () below LAND SURFACE 2 (nearest foot)





copy of approved
Per cert Plan
9-10-96
5705



Call Cust we need to know where plat well+ septic is

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
 210118419

Building Address 3309 Great Valley Dr.
West Friendship, MD 21794

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 59

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Furcell, Lorena Bailey

Address 3309 Great Valley Dr.

City W. Friendship State MD Zip Code 21794

Home Phone 410-442-2405 Work Phone 410-685-7790

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFD

Proposed Use Construct irreg. shape res. deck

Estimated Construction Cost \$ 8995.00

Description of Work Construct Res. Deck
12' x 24' wth stairs @ E @ 10'

Contractor Company Deck America

Contact Person Danielle P. Piro

Address 7522 Connelley Dr. #104

City Harover State MD Zip Code 21076

License No. 23889

Phone 410-766-7400 Fax 410-766-2204

Occupant or Tenant _____

Contact Name Same as owner

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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	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 _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
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	

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 Lee Feehley

Title/Company Deck America

Print Name Lee Feehley

Date 6/3/99

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>6/2/99</u>	<u>Mark E. Pfen</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 \$ _____
Is 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 NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

SITE INSPECTION SHEET

OWNER: Dr. Percell Bailey

DATE REQUESTED: 8/16/99

ADDRESS: W. Friendship Est - lot 59

~~DRAWER:~~ _____

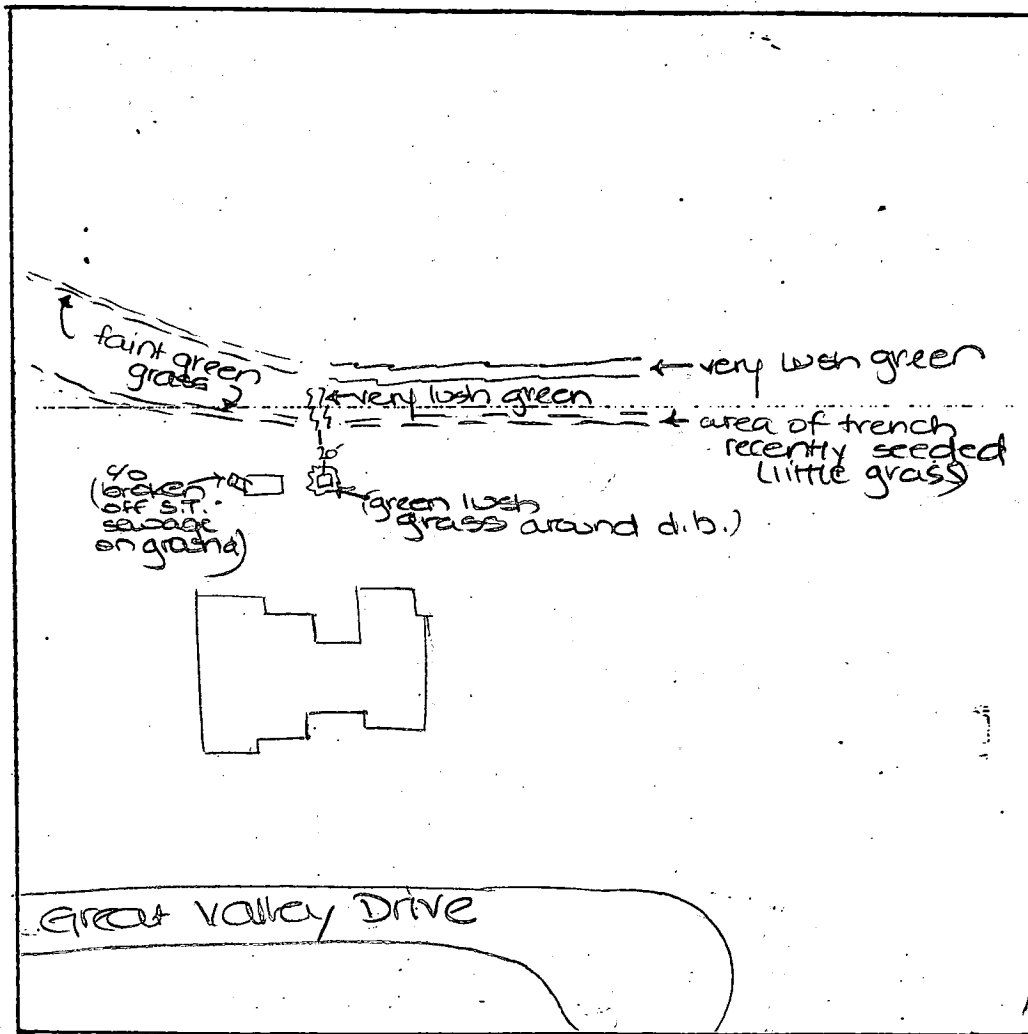
3309 Great Valley Dr.

~~WELL TAG #~~ _____

COUNTY # A48783

PROPOSAL: owner requests HD inspection of existing septic system (due to apparent problems)

LOCATION DIAGRAM



COMMENTS: confirmed problems w/ existing septic system - explained to Dr. Bailey. He plans to contact installer to correct - I offered HD assistance if needed.

DATE: 8/16/99

INSPECTOR: JKS



MARYLAND DEPARTMENT OF THE ENVIRONMENT
2500 Broening Highway • Baltimore, Maryland 21224
(410) 631-3000


Parris N. Glendening
Governor

Jane T. Nishida
Secretary

MEMORANDUM

TO: Craig Williams
Howard County Environmental Health Department

David Kerr, Regional Consultant
State Groundwater Permits Program

FROM: Eric Dougherty, Geologist
State Groundwater Permits Program 

SUBJECT: Observations Made During Construction of Well

DATE: May 14, 1997

On April 30, 1997, I observed Mr. Perry Harley, MSD 143, and Mr. Dean Smith, JSD 078, drill and grout domestic water wells under permit numbers HO-94-1108 and HO-94-1099, located in the West Friendship Subdivision (Fox Valley). Attached for your review and information is a copy of my field notes.

If you have any questions, please feel free to contact me at 800-633-6101, x3784.

ED:je

cc: Perry Harley
Board of Well Drillers

30 APRIL 97 WED

Sunny 60-70°F

ON-SITE Noon - IR T4

H094-1108

PERRY HARVEY

Drilling @ "Fox Valley"

LET - DEAN SMITH

WEST FRIENDSHIP SUBDIVISION, Lot 59, ALTIERE
Houses

- Drilled to 52 ft w/ "soft spot" @ 25 ft → SDR 27.6
- Setting 6' PUC ASTM F480 casing @ 20 ft encountered
 - push 20-40 ft 5' PUC casing through soft fill material
 - insert 6' BIT ; ream out inside 3' of casing
 - PUC casing DR 27.6, CREOSINE 6" 4" ASTM F480
- BELL OD 7²⁷/₆₄" ; PUC OD 7"
- 40-55 ± ft casing push through soft fill material
- REAM OUT INSIDE OF CASING =
 - Bottom Bit
 - REAMER BIT DIAMETER 8¹/₂" Ø MEASURED
 - Bottom Bit FOR ITS Ø DIAMETER 6" MEASURED
 - SET 49 LF ± PUC CASING

CREUT / YIELD TEST H0-94-1099 - PUMP SET @ 70 ft ^{3/4 HP MOTOR} _{15 gpm pump}

START @ 2:35 pm yield test static @ 54 ft ±

PUMP ON Sgell / 17.94 sec water drop ~ 6"

TREMBLE - 3/4" PUC CREOSINE, 20 LF 5' - insert 30 ± ft

@ 2:53 pm Sgell / 18.44 sec yield - water level @ 54.6 ft ±

grout - LEHIGH PORTLAND CEMENT Type II
w/ paddle mixer

1st BATCH 9 sacks appeared good mix

2nd BATCH 6 sacks appeared ok mix

grout show @ surface 3:27 pm

pumping level @

@ 3:14 pm yield 5 gals / 18.48 sec ~~static~~ @ 55 ft ± 55 to 55.6 ft

@ 3:27 pm yield 5 gals / 17.77 sec ^{pumping} ~~static~~ level @ 55.6 - ft

left site @ 3:30 pm

(LSD)

1997 MAY 19 A 9:12
HOWARD CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH
RECEIVED