HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXXX

313-2640

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-356063

p 57007-C

44245

DISTRICT 4th

DATE 6/28/96

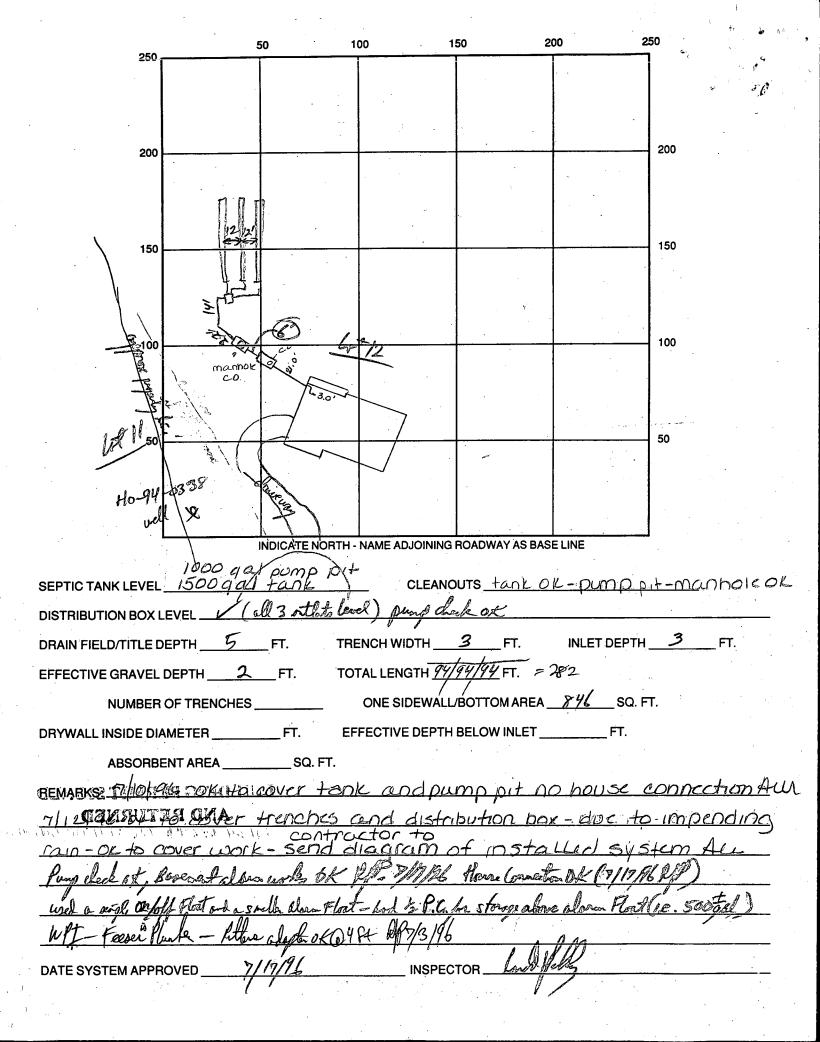
DATE SYSTEM APPROVED

| | ANDEXED | | INSPECTOR LANGE |
|--|---|---|---------------------------------------|
| South Carroll Backhoe, Inc. | | _ IS PERMITTED TO INST | ALL X ALTER |
| ADDRESS 4410 Salem Bottom Road, West | minster, MD 21157 | PHONE 875 | 5–4197 |
| SUBDIVISION Gwyndyl Oak Estates | LOTR | OAD 2817 Rustic M | lanor Court |
| PROPERTY OWNER | NV Homes | • | |
| ADDRESS | | | |
| SEPTIC TANK CAPACITY 1250 GALLONS TOP NUMBER OF BEDROOMS 4 | SEAMED TANK | ***PUM | IP SYSTEM ONLY*** |
| 210 SQUARE FEET PER BEDROOM | **SEPTIC PUMP DETAI | | |
| LINEAR FEET OF TRENCH REQUIRED | CONTRACTOR PRIOR | TO SEPTIC PERMIT | ISSUANCE.** |
| TRENCHES - Trench to be 3 feet wide. depth 5 feet below original original grade. 2 feet of the same lot line when for trenches on contour in both cap to grade or above on the same lot line when for the same lot line when | al grade. Effective f stone below distrem 0 feet up the left acing the lot from | e area begins at ibution pipe. lot line (340.13' Rustic Manor Cour | 3 feet below) and 10 feet off |
| | | | · · · · · · · · · · · · · · · · · · · |
| PLANS APROVED BY Amy McMillen/Glen Sa | avage | | DATE 4/02/96 |
| COVER NO WORK UNTIL INSPECTED AND APPROVED | | | |
| NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH D | DEPARTMENT IS RESPONSIBLE FC | R THE SUCCESSFUL OPERAT | TION OF ANY SYSTEM |
| NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER L ACCEPTABLE. | LINE AND/OR AT 90° SWEEPS IN | LINES FROM HOUSE TO D | DRAIN FIELDS, 90° ELBOWS NOT |
| NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIE AUTHORIZED) | the second second | DOILDIN | GLEKMII SIGKED |
| NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER N | N BEFORE AND AFTER PLACING G O ABSORPTION TRENCH TO EXCI | RAVEL IN TRENCH(ESANI 3-11-04 BC EED 100 FEET IN LENGTH | D RETURNED O 146720-FINSH BASEM |
| NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAS | | • | |
| 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.



APPLICATION

PERCOLATION TESTING

P ______

| • | TELEPHONE: 46 | 51-9933 | : * | | DATE | |
|--------|---------------------------------------|---|--|--|--|--|
| | • , | | | | | |
| | | | | | | |
| | | ************************************** | • | • | | |
| TO: | THE COUNTY HE | EALTH OFFICER | | | J. W.A. | • |
| | ELLICOTT CITY. | MARYLAND | | | | |
| | I. HEREBY. APPL | Y FOR THE NECESSARY TEST IN ORC | ER TO CONSTRUCT (OR RE | CONSTRUCT) A SEWAGE DISPOS | AL SYSTEM. | |
| | | Pettit and Griff: | in Inc | | | • |
| PROPI | ERTY OWNER | rettit and Griff. | in, inc. | | | · · · · · · · · · · · · · · · · · · · |
| | ADDRESS | 18205-D Flower H: | ill Way | PHON | 301-975-102 | 0 |
| | AUUKE35 | Gaithersburg, Man | | | | |
| PROSI | PECTIVE BUYER . | | • | | | |
| rnosi | rective boven . | | Z | , | · · · · · · · · · · · · · · · · · · · | (13) |
| | ADDRESS | and the second second | 4.5 | PHON | E | |
| | | | • | | 1 / | = 12 |
| PROPE | ERTY LOCATION: | | | | 12/2 | - VOAD |
| | | McKendree Estates | | | 10 | (9/16 |
| SUBDI | VISION | | **** | LOT NO. | | |
| | · | McKendree Road | and Route 97 | Annual Committee of the | a de cada e la | |
| ROAD | AND DESCRIPTION | N | | | BLDG. PERMI | SIGNED |
| | socialisedorems en alto | aga gennekateur keter i kilonik kilonik kilonik k | A TO STEEL S | and the contract of the contra | AND REFURNS | 4-2-96 |
| | - 14J* | and the second second | t sk#≥ | 1 1 A | The same of the sa | (17 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - |
| TAX F | 4AP 14 | PARCEL #123 | The state of the s | Es a recollege, and a second of the second o | Social # | 64179 |
| | e e e e e e e e e e e e e e e e e e e | | | | | 1. BR. 00 |
| SIZE C | OF LOT | 3 AC. + | | TYPE BLDG. | Single Family | - A 1500 m |
| | e | | | · | ISINGLE FAMILY DWELLIN | G OR COMMERCIAL |
| THE | EVETEM INCTAL | LED HAIDED THIS ADDITION I | C ACCEPTABLE ONLY III | NTU 0000 10 ELOU ITIEC DEC | SOME ANAMASI E LEMIN | UNDERSTAND THE |
| I ME | STSTEM INSTAL | LED UNDER THIS APPLICATION I | S ACCEPTABLE UNLY U | NTIL PUBLIC PACILITIES BEC | OME AVAILABLE. I PULLT | UNDERSTAND THE |
| FFF (| CONNECTED WI | TH THE FILING OF THIS PERC TE | ST APPLICATION IS NON | LPFFIINDARI F LINDER ANY | CIRCUMSTANCES LAISO | GREE TO COMPLY |
| • == . | COMMECTED W | THE TEMO OF THIS PERCON | SI AIT EIGATION IS NOT | THE ONDADEL ONDER ANT | CINCOMS I AITCES. I ALSO I | CONCE TO COM E. |
| WITH | ALL M.O.S.H.A | . REQUIREMENTS IN TESTING T | HIS LOT. | | | |
| | | | | (SIGNATURE O | F APPLICANT) | |
| | | • | | | | |
| APPRO | VED BY | <u> </u> | FOR | <u></u> | DATE | |
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| KEJEC | TED 8Y | | FOR | , | DATE | |
| HQ1 D | PENDING FURTHE | R TESTS | | | DATE | <u> </u> |
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| REASC | NS FOR REJECTION | ON OR HOLDING | 107 (lev | 01) 17000 | KONKOU 11 |) [] |
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|] | on the same | *************************************** | | ALLA - PRE- | WET | TEST - | 1" DROP | 1 Julius House Supples |
|---|-------------|--|----------|-------------|------|--------|--------------|------------------------|
| | DATE | TEST NO. | DEPTH | START | STOP | START | STOP | TIME |
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| REMARKS _ | | | | | | | | |
|------------------|-------|-----------|-----|------|--------------|--------------|------|--|
| TYPE OF SOIL | | | - , | | | | | |
| , TESTED BY _ | - | ∵. | ÷. | | · , | ALSO PRESENT | · .4 | |

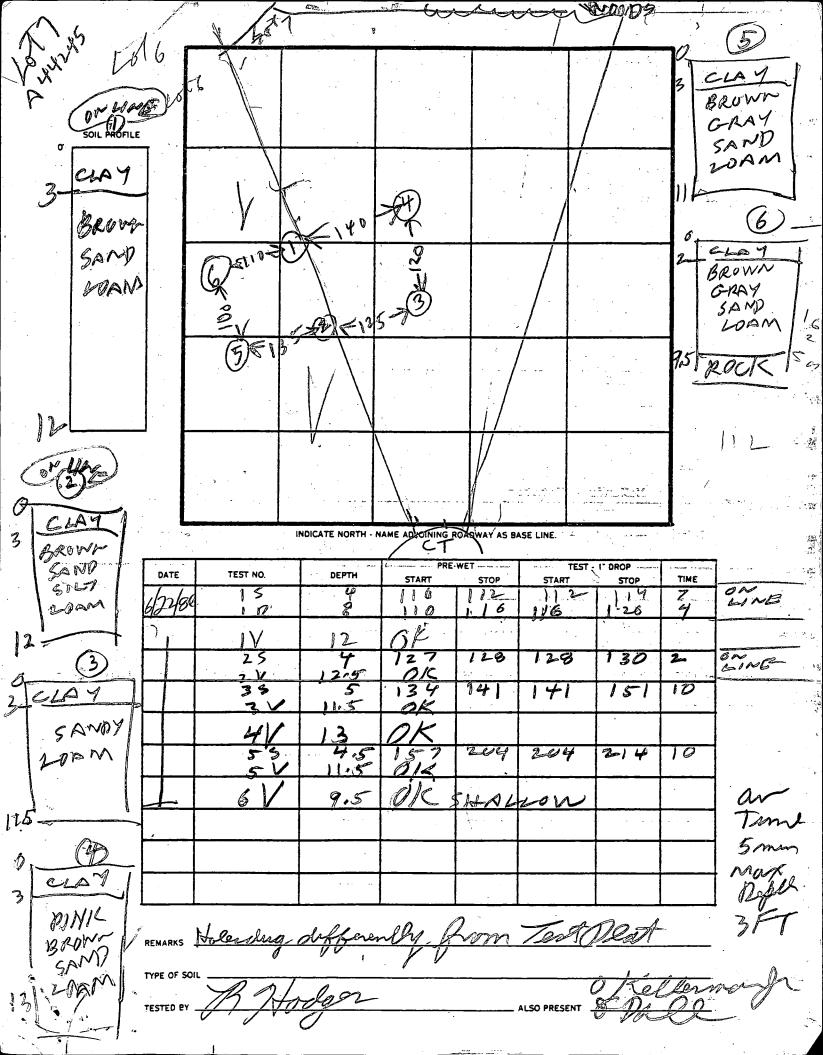
APPLICATION

PERCOLATION TESTING HOWARD COUNTY HEALTH DEPARTMENT DISTRICT _ BUREAU OF ENVIRONMENTAL HEALTH PO. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933 THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. Pettit and Griffin, Inc. 18205-D Flower Hill Way Gaithersburg, Maryland 20879 PROSPECTIVE BUYER PROPERTY LOCATION: Mckendree Estates McKendree Road and Route 97 (SINGLE FAMILY DWELLING OR COMMERCIAL) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. .

THIS IS NOT A PERMIT

HD-216

HOLD PENDING FURTHER TESTS



| | SEQUENCE NO. (DENV. USE ONLY) | STATE OF MARYLAND WELL COMPLETION REPORT | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. |
|----------------|---|--|---|
| - | (THIS NUMBER IS TO BE PUNCHED IN COLS 3 6 ON ALL CARDS) | FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE | COUNTY A44245 |
| | ST/CO USE ONLY DATE Received DATE WELL COMPLETE | D. Depth of Well | PERMIT NO. FROM "PERMIT TO DRILL WELL" |
| * | 0 3 1 3 9 5 8 15 20 | 22 6 2 26 (TO NEAREST FOOT) | # 0 - 9 4 - 0 3 3 6 28 29 30 31 32 33 34 35 38 37 |
| | OWNER PETTIT + | GRIFFITH INC. | |
| デ リス 学 | STREET OR RFD Last name RYSTIC SUBDIVISION GWYNDMYLOAK | - A T | GLENWOOD LOT 12 |
| | SUBDIVISION WELL LOG | CROLITING PECORD | |
| 海 | Not required for driven wells | WELL HAS BEEN GROUTED (Circle Appropriate Box) (Circle Appropriate Box) | C 3 |
| 3 | STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, | TYPE OF GROUTING MATERIAL | PUMPING TEST HOURS PLIMPED (pagest hour) |
| | THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check if water | CEMENT CM BENTONITE CLAY BC | 1100110 1 Olvii ED (Tealest Todr) |
| | additional sheets if needed) FROM TO bearing | NO. OF BAGS 20 NO. OF POUNDS 2000 | PUMPING RATE (gal. per min. 9 1 15 to nearest gal.) |
| | soft brown dirt 0 65 | GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) | METHOD USED TO MEASURE PUMPING RATE timer |
| | The fight of the second of the following and a | from 0 ft. to 7 9 ft. | WATER LEVEL (distance from land surface) |
| | hard tan rock 65 81 | 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface) | BEFORE PUMPING 17 20 |
| 4 | med hard dark tan 81 32 | casing CASING RECORD types insert ST CO | WHEN PUMPING 2 0 5 |
| 5 | med hard tan rock 92 109 | (appropriate) STEEL CONCRETE | TYPE OF PUMP USED (for test) |
| 1 | hard gray rock \$109 135 | code below PLASTIC OTHER | A air P piston T turbine |
| (°) | hard tan & gray 135 262 x | MAIN Nominal diameter Total depth | C centrifugal R rotary O other (describe |
| 1 | | CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) | 27 27 below) |
| | | P L 6 80 | jet Submersible |
| | | 60 61 63 64 66 70 E OTHER CASING (if used) | |
| | | diameter depth (feet) c inch from to | PUMP INSTALLED |
| | | C C | DRILLER WILL INSTALL PUMP YES NO |
| | | S N | (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION |
| | | screen type SCREEN RECORD | MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE |
| | | or open hole ST BR HO | TYPE OF PUMP INSTALLED PLACE (A.C.J.P.R.S.T.O) |
| , | | appropriate STEEL BRASS OPEN BRONZE HOLE | IN BOX - SEE ABOVE: CAPACITY: 29 |
| | | below PL OT | GALLONS PER MINUTE (to nearest gallon) |
| 14 | | C 2 PLASTIC OTHER | PUMP HORSE POWER 37 41 |
| | IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. | DEPTH (nearest ft) | PUMP COLUMN LENGTH (nearest ft) |
| | | E 1 H 0 7 9 2 6 2 | CASING HEIGHT (circle appropriate box |
| | WELL HYDROFRACTURED YES (N) | A 8 9 11 15 17 21 | LAND SURFACE |
| | | s ² 23 24 26 30 32 36 | below foot) |
| | CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED | R 3 41 45 47 51 | LOCATION OF WELL ON LOT |
| | WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED | N 38 39 41 45 47 51 | A SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR |
| | _ TEST WELL CONVERTED TO PRODUCTION | DIAMETER [] [(NEAREST | N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES |
| | P WELL THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN | OF SCREEN 56 60 INCH) from to | (MEASUREMENTS TO WELL) |
| | ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE- | GRAVEL PACK | 125' RPC |
| | ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION FRE- SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. | FLOWING WELL INSERT | |
| | DRINLERS IDENT, NO. 304 | F IN BOX 68 68 MDE USE ONLY | I II TI FPI |
| energy of | David Kelly | (NOT TO BE FILLED IN BY DRILLER) | [一件子》 [1] |
| | DRILLERS SIGNATURE ON APPLICATION) | T (E.R.O.S.) W Q | |
| | Harvey W. Known | 72 | |
| . T | SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee). | TELESCOPE LOG OTHER DATA CASING INDICATOR | |
| è | | COUNTY | |



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
June 6, 1996

Jones Well Drilling, Inc. 3700 Rush Road Jarrettsville, Maryland 21084

RE: Well Completion Reports
Gwyndyl Oak Estates - Several lots
Lots 12, 19, 20, 24, 25 and

Dear Sirs:

This is to advise that review of the well completion reports for the above referenced wells indicated that the water level was not stabilized during the yield tests. The data sheets submitted to this office show the water level dropping steadily over time during the pump tests, implying lower well yield than actually reported.

Though it is apparent that these particular wells meet the minimum yield standard, it is requested that the yield tests be performed in accordance with COMAR 26.04.04 in the future. Please refer to the enclosed copy of COMAR 26.04.07Q for details on the stabilization requirement. Failure to complete the yield test in accordance with this detail could be cause for disapproval of the well completion report.

Thank you in advance for your cooperation and attention to this matter. If you have any questions or concerns, please contact me at the address below or by calling (410) 313-2640.

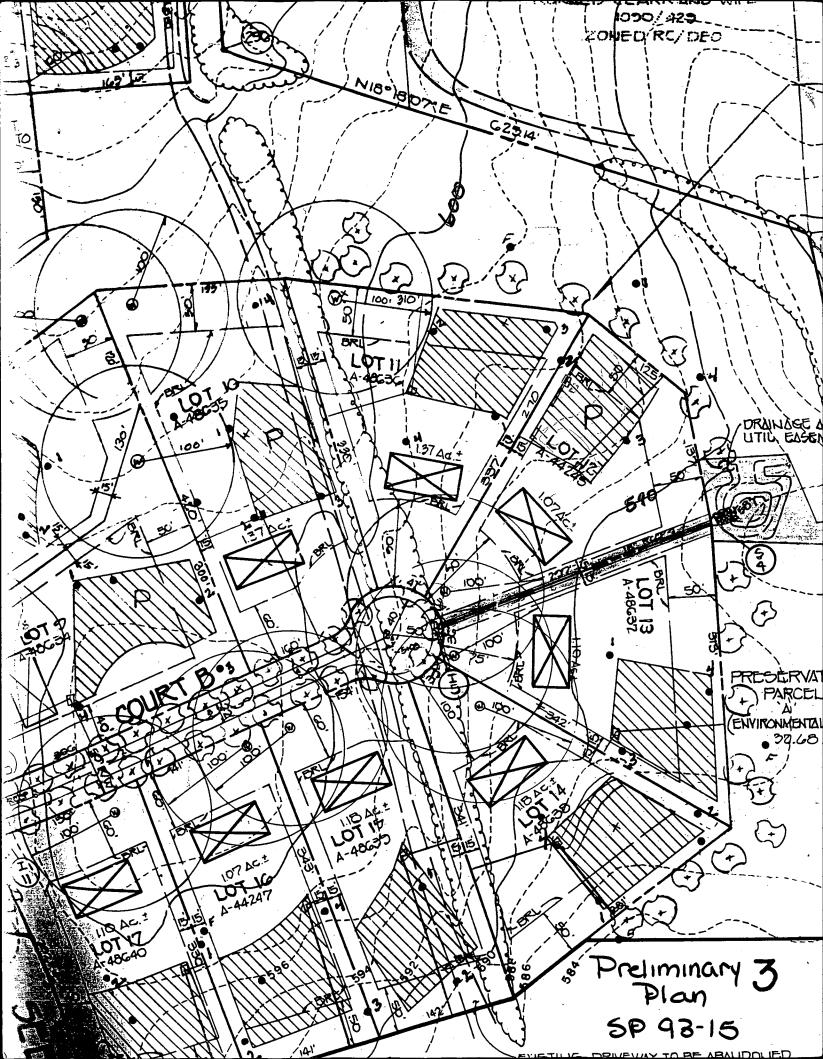
Sincerely

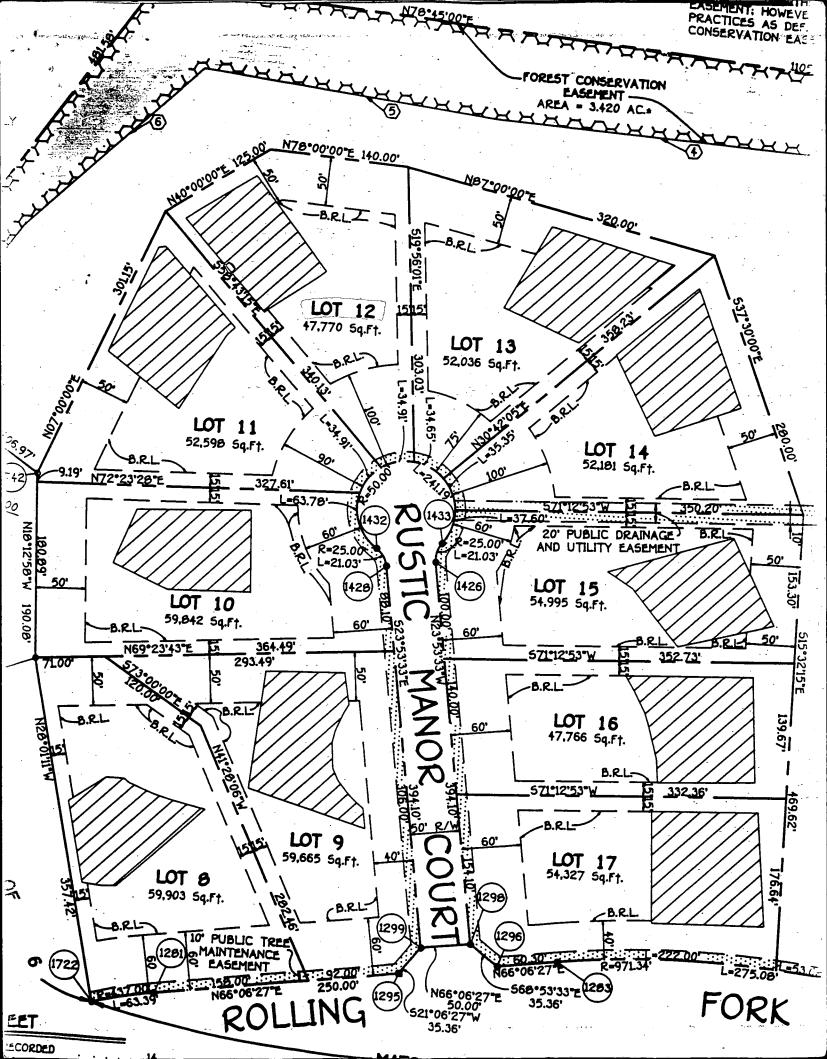
Donna K. Soe, R.S.

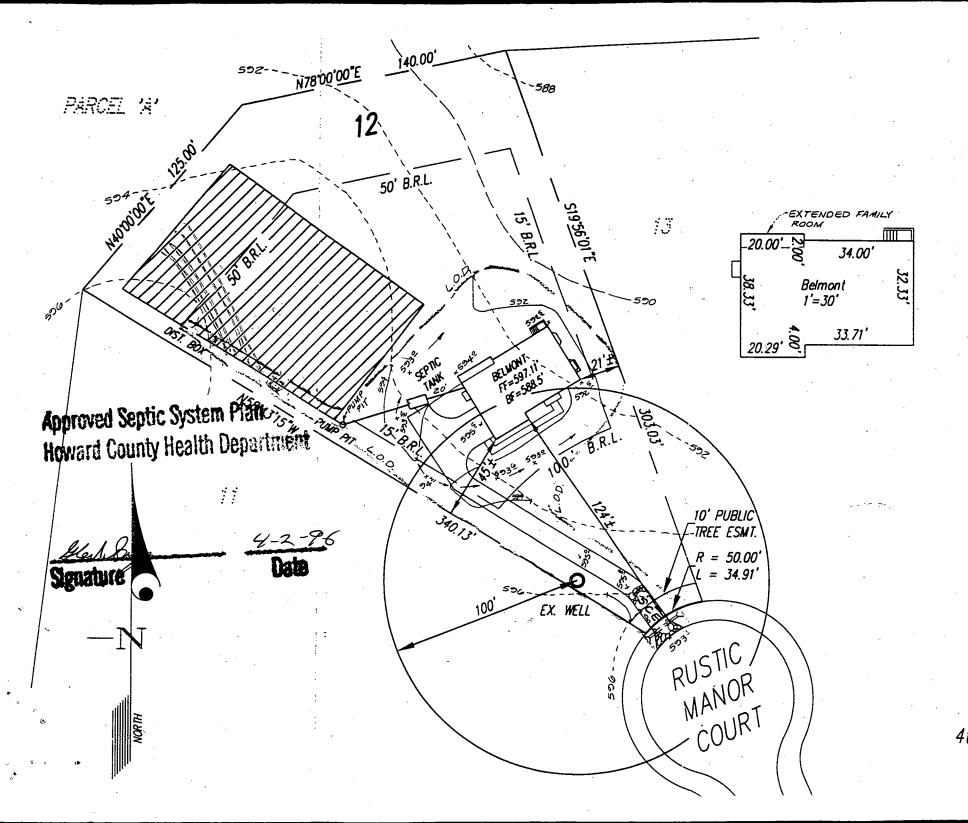
Water and Sewerage Program

cc: Craig Williams

Dave Kerr







Notes:

- 1. Lot shown contains 47,770 s.f. of land and recorded at plat # 11551 among the Land Records of Howard County, Maryland.
- 2. Prepared by Gutschick, Little and Weber, P.A.
- 3. Grading around house may vary due to field conditions.
- 4. No construction stockpiling refuse or excess material shall be buried in septic easement.
- 5. Wells shown per SP-93-15.
- 6. Install sediment controls as required by Sitë Inspector. See Sediment Control Plan # GP-95-26.
- 7. Disturbed area shown is 16,775 s.f.
- 8. Pile excavated material on high side of trench when installing septic field prior to disposal of excess material.
- 9. Length of trench for septic system to be determined and specified by Howard County Department of Health.

SEPTIC SYSTEM DATA:

BASEMENT FLOOR AREA = 588.50'
INV. OUT OF HOUSE = 592.35' HUNG SEWER
INV. IN AT SEPTIC TANK = 591.95'
INV. OUT AT SEPTIC TANK = 591.70'
EX. ELEV. AT SEPTIC TANK = 593.9'±
PROP. ELEV. AT SEPTIC TANK = 593.7'±
INV. IN AT DIST. BOX = 593.00'
EX. ELEV. AT DIST. BOX = 596'±
INV. IN AT PUMP PIT = 591.00'

LOT 12
GWYNDYL OAK ESTATES
4th ELEC DIST. HOWARD CO., MD
March 21,1996 1"=50"

HOWARD COUNTY

| uite/Apt. #: SDP/WP/Petition #: ensus Tract (w/// Subdivision Gwyndy OAK) ection Area Lot | Address |
|--|--|
| ensus Tract William Subdivision Gwyndyl GAK | |
| | 中华发展中国中国经济的企业的特别的国际的,这个自然的企业的发现在中的特别的特别的经验的企业的主义。 |
| | |
| ection Lot V X | Applicant's Name & Mailing Address, (if other than stated hereon): |
| ax Map 14 Parcel Grid 11 | |
| oning ∉ ⊬ Map Coordinates ¶D > Lot size / | Phone Fax |
| xisting Use | Contractor Company <u>イカウ いまま ガンスイン・ファック</u> |
| roposed Use stimated Construction Cost \$ / 3 3 | Contact Person 25 27 |
| escription of Work FINISHED BASENGUT FO | Address |
| BATHROTM, LAWNDRY + CUB COVINS | City : Luu : State : Zip Code : : : : : : : : : : : : : : : : : : : |
| AND ITILITY AM | License No: Fax |
| ccupant or Tenant. | of the little of the bound of the state of the bound of the bound of the bound of the communities of the bound of the boun |
| ontact:Name | Contact Person |
| ddress | Address |
| ityZip Code | CityStateZip Code |
| hone Fax | Phone Fax |
| BUILDING DESCRIPTION - <u>COMMERCIAL</u> | BUILDING DESCRIPTION - RESIDENTIAL |
| Building Characteristics <u>Utilities</u> | Building Characteristics Utilities |
| eight: Water Supply Public | SF Dwelling 🖾 SF Townhouse 🗆 Water Supply: Depth Width Public |
| o of stones: Private Sewage Disposal: | ist floor Private 2nd floor Sewage Disposal: |
| Public ross area, sq. ft. per floor. Private | Basement: Public <u>天</u> Private |
| Electric Yes □ No □ | Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □ Electric Yes □ No □ No of Bedrooms □ Gas Yes □ No □ |
| se group: das Yes⊡ No 🗆 | No: of Bedrooms Gas Yes □ No □ Multi-family dwellings: Heating System: |
| Heating System: onstruction type: Electric Oil | No. of efficiency units: No of 1 BR units No of 1 BR units |
| Reinforced Concrete Natural Gas Structural Steel Propane Gas | No. of 2 BR units Propane Gas □ Propane Gas □ |
| Masonry | Other Structure: Sprinkler system: N/A D Dimensions: NFPA#13D |
| Full Partial | Footings: NFPA #13R Roof: Other. |
| State Certified Modular Other Suppression # of Heads | State Certified Modular Manufactured Home |

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| | | 4.00 | 35 436 | |

Title/Company

AGENCY

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

CE USE ONLY) DPZ SETBACK INFORMATION SIGNATURE APPROVAL

Front:

PROPERTY/ID# 177.1 4 Filing fee:\$_______

Land Development, DPZ

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