

2/10/97
WAT
2/11/97
11:00
+ later

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57631

A 48633

DISTRICT _____

DATE 1/13/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~

313-2640

INDEXED

DATE SYSTEM APPROVED 2-11-97

INSPECTOR KM

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Gwyndyl Oak Estates LOT 7 ROAD 2825 Rolling Fork Way

PROPERTY OWNER NV Homes / STEVE FOREST

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

219 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

ORIGINAL PERMIT SIGNED

AND RETURNED 10-2-97
Serial # B70108210
deck

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 195 feet up the left (343.31') lot line and 85 feet off that same lot line when facing the lot from Rolling View Way. Run trenches on contour toward the front left corner of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.
OK 12/2/96

PLANS APPROVED BY Amy McMillen

REVISED DATE 11/27/96

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

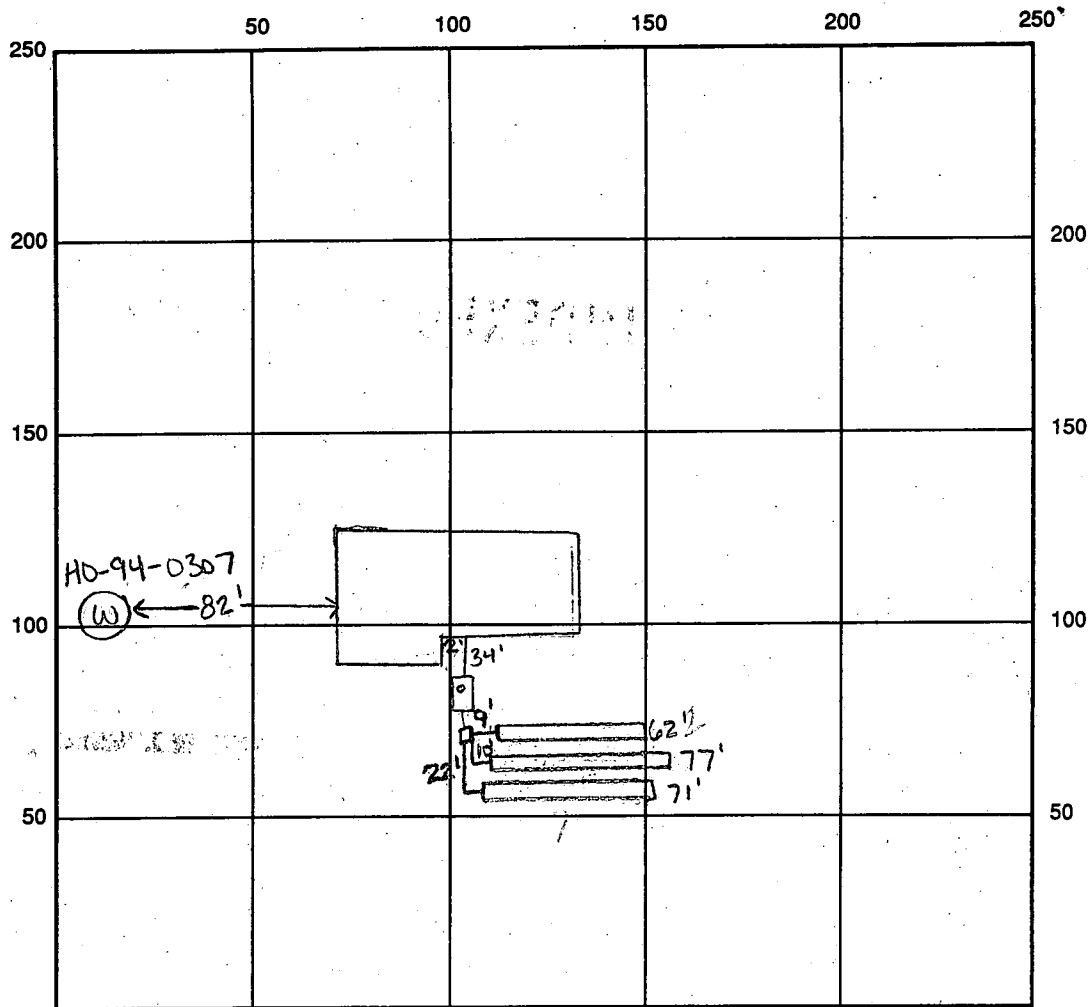
PERMIT VOID AFTER TWO YEARS

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

A 48633



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Rolling Fork Way

SEPTIC TANK LEVEL OK CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL OK, baffles in

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH $\begin{matrix} 1 \times 62 \\ 1 \times 77 \\ 1 \times 71 \end{matrix}$ FT. $\rightarrow 210$

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 2-10-97 OK to cover up to tank, house connection made KM/ALM

2-10-97 WPI OK to cover well line KM/ALM

2-11-97 (pm) OK to cover first two trenches KM

2-11-97 (pm) OK to cover all work KM

DATE SYSTEM APPROVED 2-11-97

INSPECTOR Kim Maister

11/21/96
1:30 PM

APPLICATION

PERCOLATION TESTING

A 57552

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

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

*Reperc required
for house site
preference*

DISTRICT _____

DATE 11-14-96

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 NV HOMES

ADDRESS 2200 DEFENSE Highway PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Gwynndyl Oak Estates LOT NO. 7

ROAD AND DESCRIPTION 2825 Rolling Fork Way

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED

11/27/96
Serial # BM 103169

SFD - 4 Brms

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. Jim Kerwin
(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

57552

COUNTY #

SOIL PROFILE

0'

bright
red
siltm

3.0

lgt
brown
to
orange
siltm
no
rock

12.0

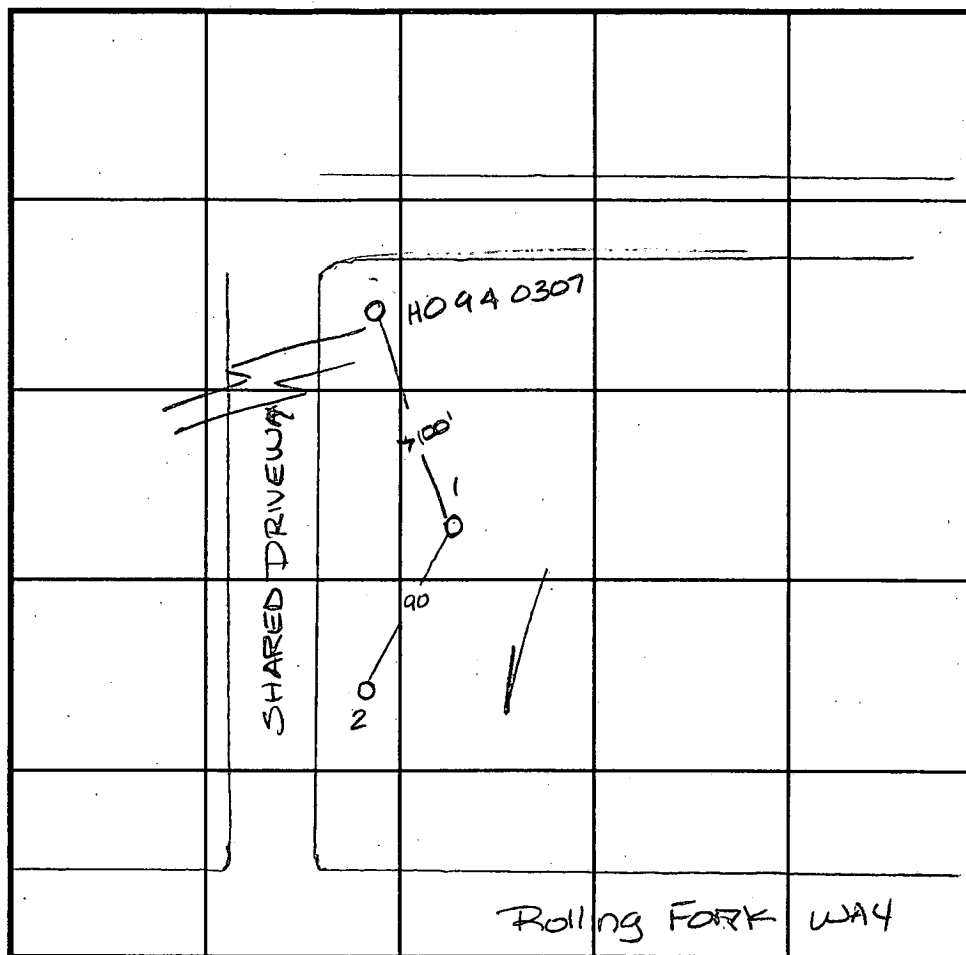
2

dark
red
siltm

3.5

red
brown
siltm
no
rock

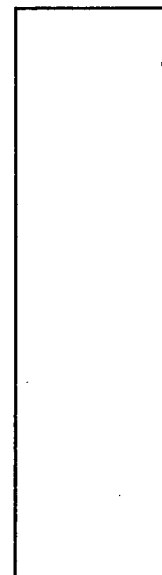
12.5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-15-96	1	Visual to 12.0	—		see profile		OK
	2	3.5 VIZS	2:10	2:13	2:13	2:17	4min

REMARKS

TYPE OF SOIL

TESTED BY

Amy McMillen

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A 48633

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2640

DISTRICT _____

DATE 10-22-92

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 PETTIT & GRIFFIN INC.

ADDRESS 18205-D FLOWER HILL WAY PHONE (301) 975-1020

GAITHERSBURG MARYLAND 20879

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Mckendree estates LOT NO. ~~NEW~~ (9/15/93)

ROAD AND DESCRIPTION Mckendree Road

TAX MAP 14 PARCEL # 123

SIZE OF LOT 40,000# - 60,000# TYPE BLDG. SINGLE FAMILY DWELLING
(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. Zacharia y. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING 11/13/92 Perc OK / hold for Plat RH

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

35

C1 5118 1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP 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 NUMBER																																						
DATE RECEIVED 8 13	DATE WELL COMPLETED 03 06 9 5	DEPTH OF WELL 22 26 5 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37																																						
OWNER <u>Pettit & Griffith Inc.</u> STREET OR RFD <u>18205 D Flower Hill Way</u> TOWN <u>Gaithersburg</u> <u>20879</u> SUBDIVISION <u>Candy Oak Estates</u> SECTION _____ LOT <u>7</u>																																									
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">Check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr><td>soft brown dirt</td><td>0</td><td>30</td><td></td></tr> <tr><td>med brown clck</td><td>30</td><td>50</td><td></td></tr> <tr><td>hard tan rock</td><td>50</td><td>73</td><td></td></tr> <tr><td>soft tan chips</td><td>73</td><td>76</td><td></td></tr> <tr><td>hard tan/gray rock</td><td>76</td><td>85</td><td></td></tr> <tr><td>soft gray clay/rock</td><td>85</td><td>107</td><td></td></tr> <tr><td>med/med hard green</td><td>107</td><td>265</td><td>X</td></tr> <tr><td>rock w/soft streak</td><td></td><td></td><td></td></tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing	FROM	TO	soft brown dirt	0	30		med brown clck	30	50		hard tan rock	50	73		soft tan chips	73	76		hard tan/gray rock	76	85		soft gray clay/rock	85	107		med/med hard green	107	265	X	rock w/soft streak				GROUTING RECORD WELL HAS BEEN GROUTED Y N Circle Appropriate Box TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER <u>84</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>56</u> FT. 48 TOP 52 54 BOTTOM 58 (ENTER 0 IF FROM SURFACE) CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE P L Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 5 7 OTHER CASING (if used) diameter inch P L 5 depth (feet) from to 10 265	
DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing																																						
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soft gray clay/rock	85	107																																							
med/med hard green	107	265	X																																						
rock w/soft streak																																									
SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS BRONZE OPEN HOLE PL OT PLASTIC OTHER C2 DEPTH (NEAREST FT.) 8 9 11 10 5 15 12 5 23 24 26 16 5 30 18 5 38 39 41 24 5 45 26 5		PUMPING TEST 1 2 HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min. to nearest gal.) 8 11 15 METHOD USED TO MEASURE PUMPING RATE <u>timer</u> WATER LEVEL (distance from land surface) BEFORE PUMPING 4 0 17 20 WHEN PUMPING 2 2 6 22 25 TYPE OF PUMP USED (for test) A air P piston T turbine 27 27 27 C centrifugal R rotary O other (describe below) 27 27 27 J jet S submersible 27 27 PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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 - below 1 (NEAREST FOOT)																																							
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 10.17.13 "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 IDENT. NO. <u>304</u> <u>David Kelly</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>Harvey W. Knopp</u> SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA GRAVEL PACK _____ IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68 HEALTH																																							

16' LPL

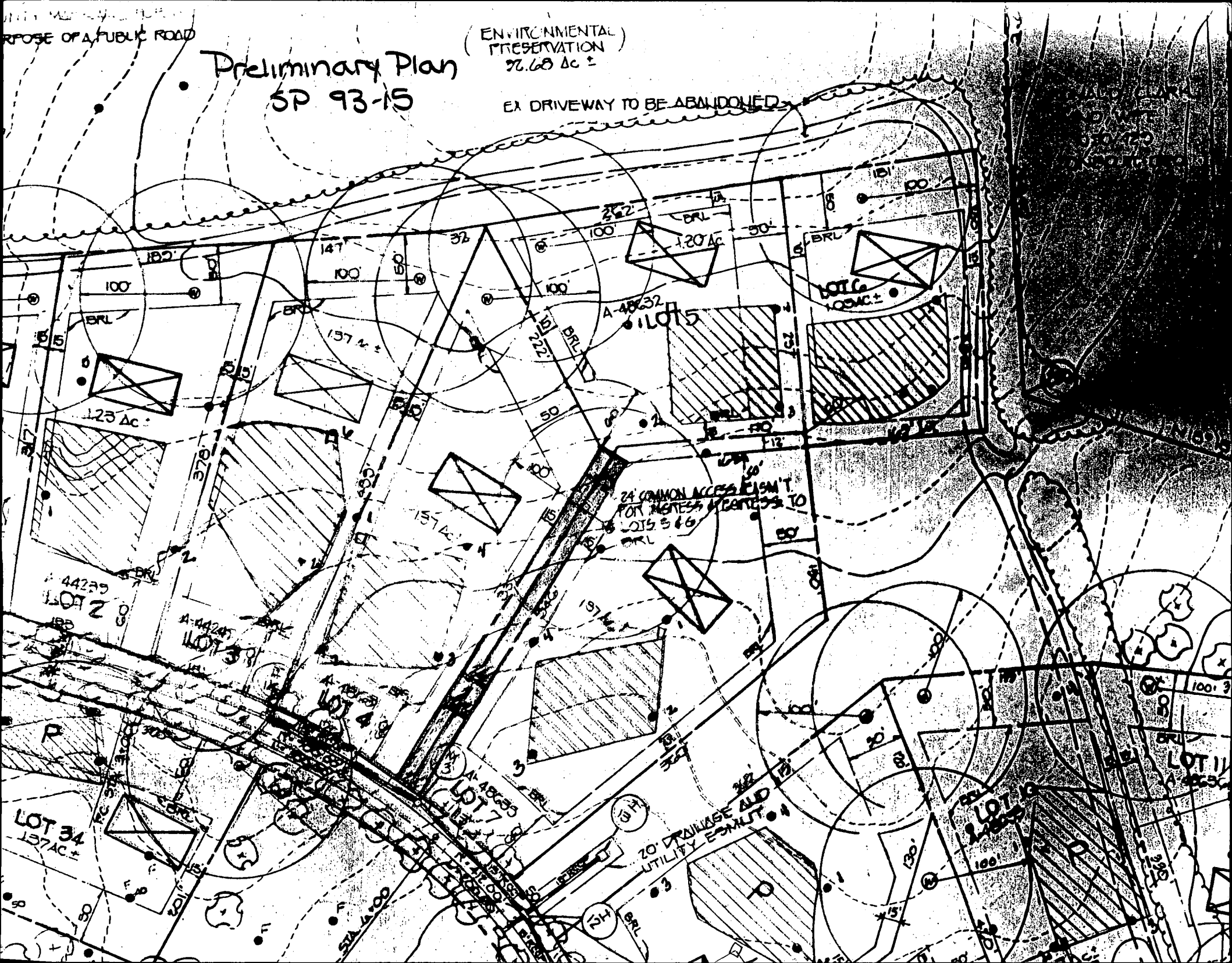
32' LRC

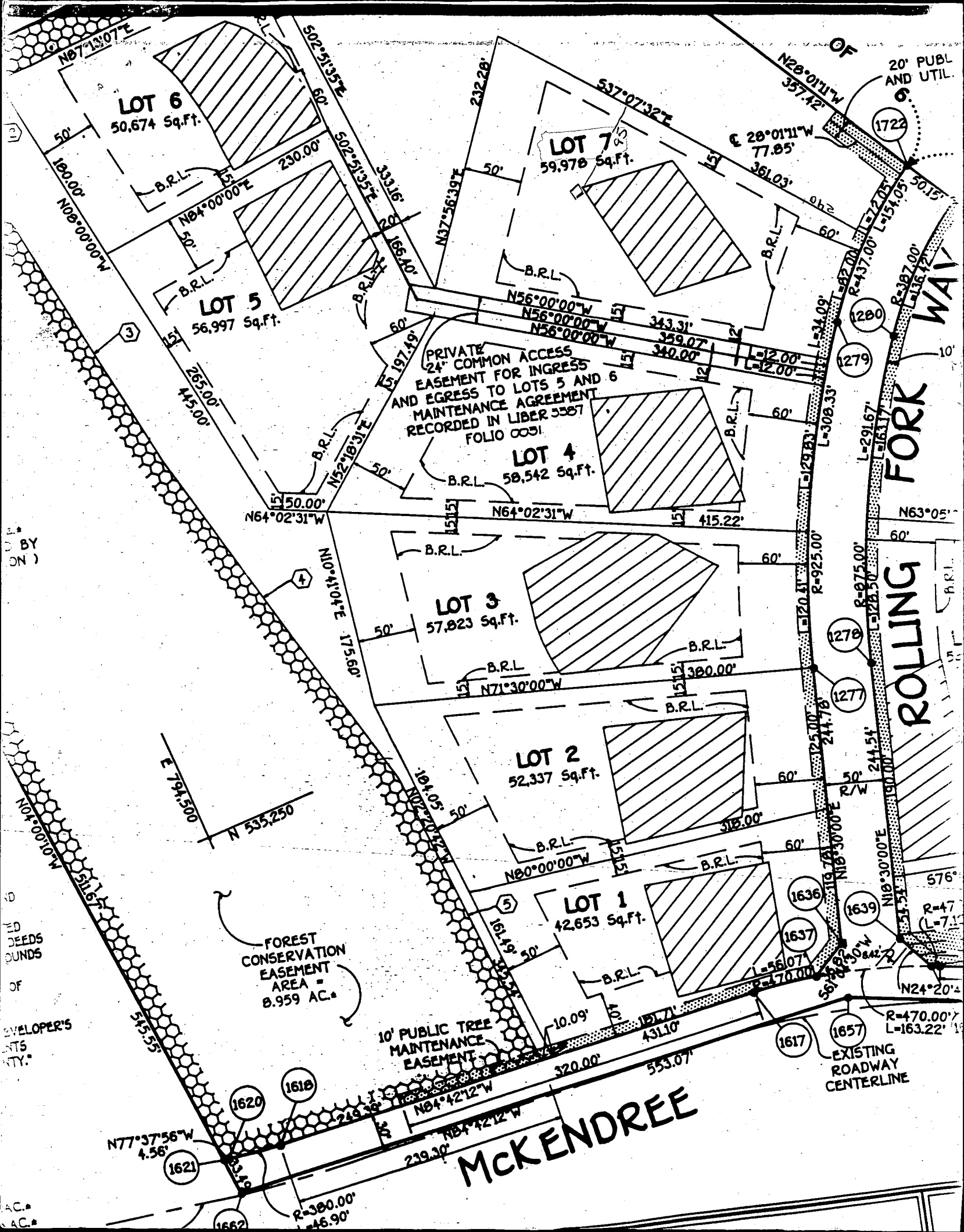
PROPOSED OF A PUBLIC ROAD

ENVIRONMENTAL
PRESERVATION
72.68 AC ±

Preliminary Plan SP 93-15

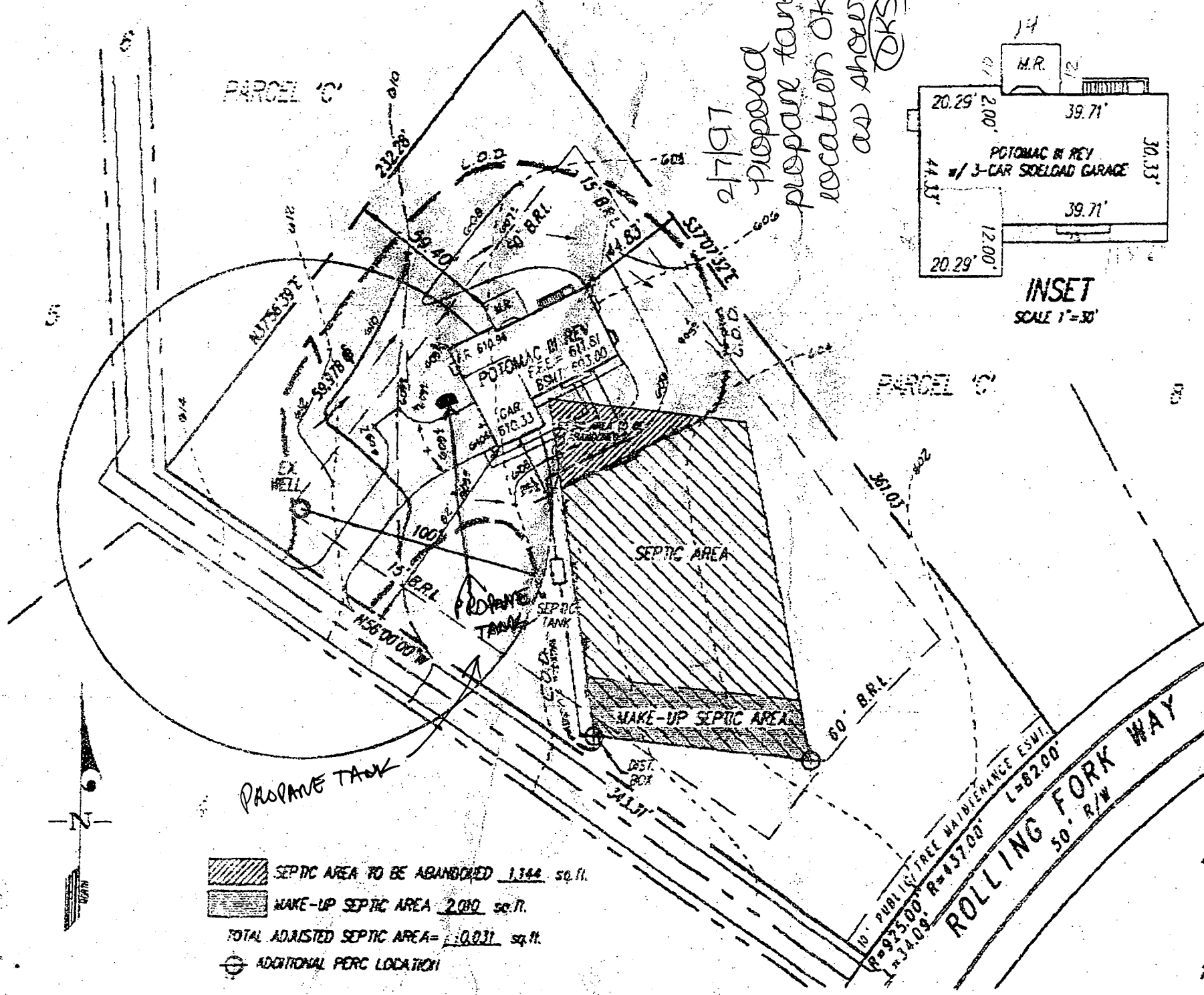
EX DRIVEWAY TO BE ABANDONED



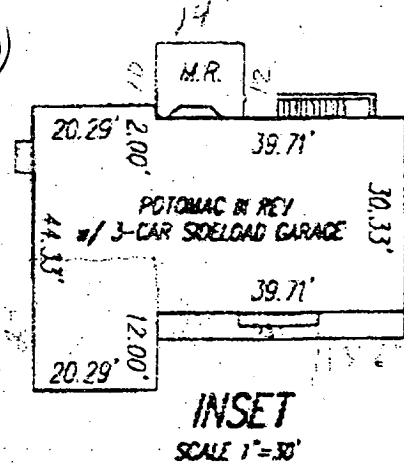


DEC-30-96 MON 8:57 AM GUTSCHICK LITTLE WEBER PAA IV, JULIATION

3



- SEPTIC AREA TO BE ABANDONED 1,344 sq.ft.
- MAKE-UP SEPTIC AREA 2,080 sq.ft.
- TOTAL ADJUSTED SEPTIC AREA = 7,031 sq.ft.
- ADDITIONAL PERC LOCATION



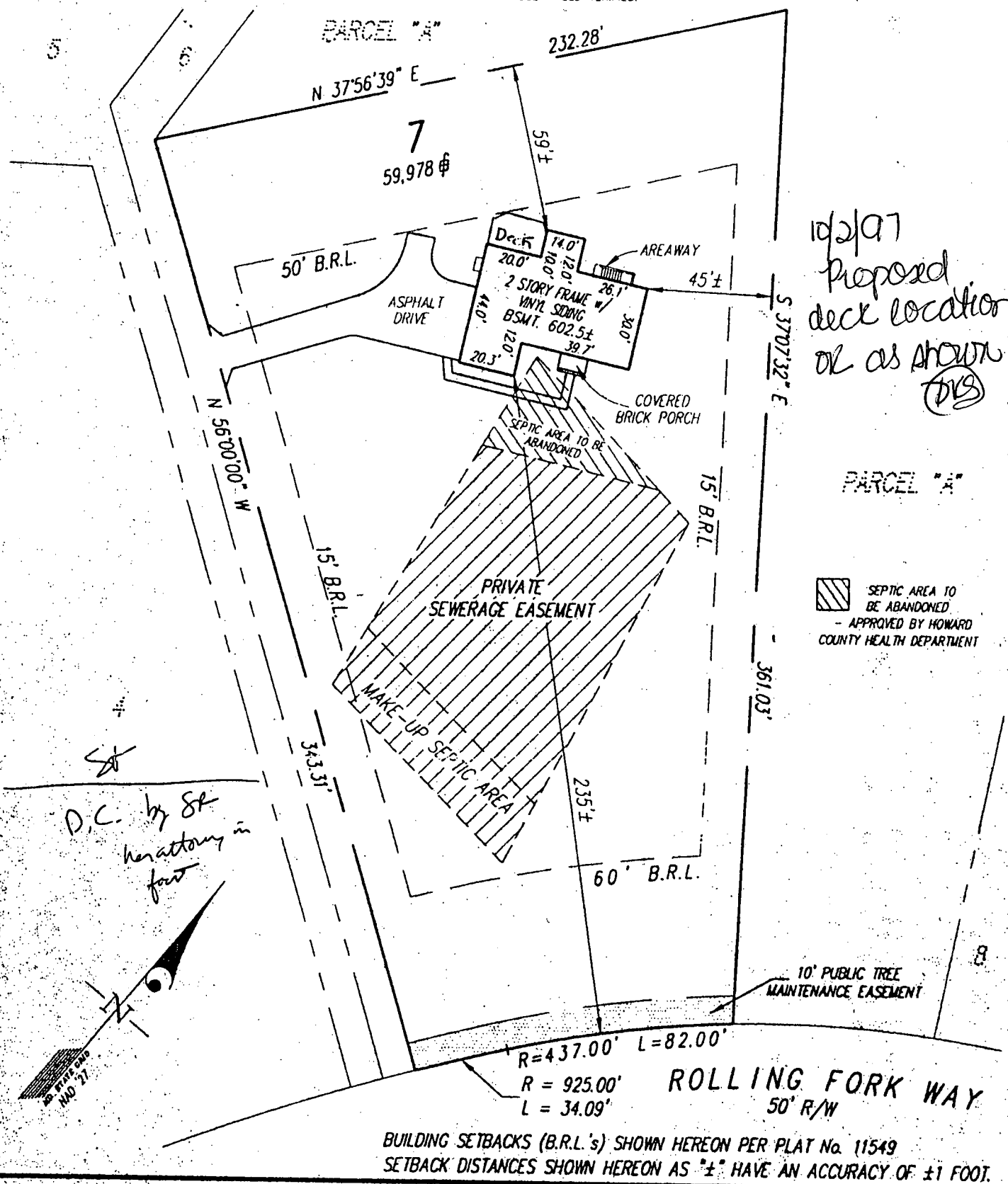
GWY
4th EL
11-4-96
12-19-96

14

Forrest

NOTE: THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH A CONTEMPLATED TRANSFER AND FINANCING; AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, SHEDS, GARAGES, BUILDINGS, LANDSCAPING, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING.

THIS LOCATION DRAWING WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT TITLE REPORT. THIS PROPERTY IS SUBJECT TO ANY AND ALL EASEMENTS, RIGHTS-OF-WAY, COVENANTS, AND RESTRICTIONS, ETC. OF RECORD, SOME OR ALL OF WHICH MAY OR MAY NOT BE SHOWN AND/OR REFERENCED HEREON. BEARINGS AND DISTANCES OF THE PROPERTY BOUNDARY LINES SHOWN HEREON ARE PER AVAILABLE RECORDS AND HAVE NOT BEEN FIELD VERIFIED.



GLW GUTSCHICK, LITTLE & WEBER, P.A.

CIVIL ENGINEERS, SURVEYORS, PLANNERS, LANDSCAPE ARCHITECTS
3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
BURTONSVILLE, MARYLAND 20866

TEL: (301) 421-4024 HQ. VA: (301) 989-2524 BAL: (410) 880-1820 FAX: (301) 421-4186

THE PROPERTY SHOWN HEREON LIES WITHIN ZONE C (AREA OF MINIMAL FLOODING) AS SHOWN ON THE F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL No. 240044 0014 B, REVISED DECEMBER 4, 1986.

REFERENCE: PLAT No. 11549

DATE OF LATEST FIELD WORK: 04-07-97

DRAWN BY: WEG/CAD

SCALE:

1" = 50'

GLW FILE No.

95-052

CHECKED BY:

SURVEYOR'S CERTIFICATE

THIS IS TO CERTIFY TO:
"NV HOMES".

THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THIS LOCATION DRAWING WAS PREPARED IN ACCORDANCE WITH THE MINIMUM STANDARDS OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS OF THE STATE MARYLAND.

[Signature] 4/7/97
For Gutschick, Little and Weber, P.A.
Thomas C. O'Connor, Jr., Professional Land Surveyor, No. 10954

LOCATION DRAWING

"GWYNDYL OAK ESTATES"
LOT 7
2825 ROLLING FORK WAY

HOWARD COUNTY, MARYLAND

THIS LOCATION DRAWING IS VALID ONLY WITH AN ORIGINAL SIGNATURE AND EMBOSSED SEAL OF THE ABOVE SURVEYOR