12-9-87
1 pm. Rock problems.

PERMIT

P 3950

A 37668

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

03-307891

DATE 6/26/87

DATE SYSTEM APPROVED 12/11/87

INSPECTOR RJ

Mechanical Systems Company IS PERMITTED TO INSTALL X ALTER

ADDRESS 940 Sunset Valley Drive, Sykesville, MD 21784 PHONE 442-1718

SUBDIVISION Sunset Valley ROAD 945 Sunset Valley Dr LOT 5

PROPERTY OWNER Patel **BUILDING PERMIT SIGNED AND RETURNED**

ADDRESS

5-2604 800148432 — BATHROOM
1-1305 800152859 DEK W/SIGN

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Shallow System Only - Start 1st trench 370 feet down the front (213.30/235.36') line beginning from the left (250') ~~and front (213.30')~~ juncture, and 85 feet from the front lot lines as seen when facing property from Sunset Valley Drive/ Run trenches along contour towards the rear (525') lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

90 296 GRADE CHANGED TO 70 OK'd 3 TRENCHES EACH, 610 90 FT LONG, 3 FT WIDE IN SAME LINE

PLANS APPROVED BY B. Nixon DATE 10/21/86

COVER NO WORK UNTIL INSPECTED AND APPROVED. WHAT DIFFERENT LOCATION

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.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

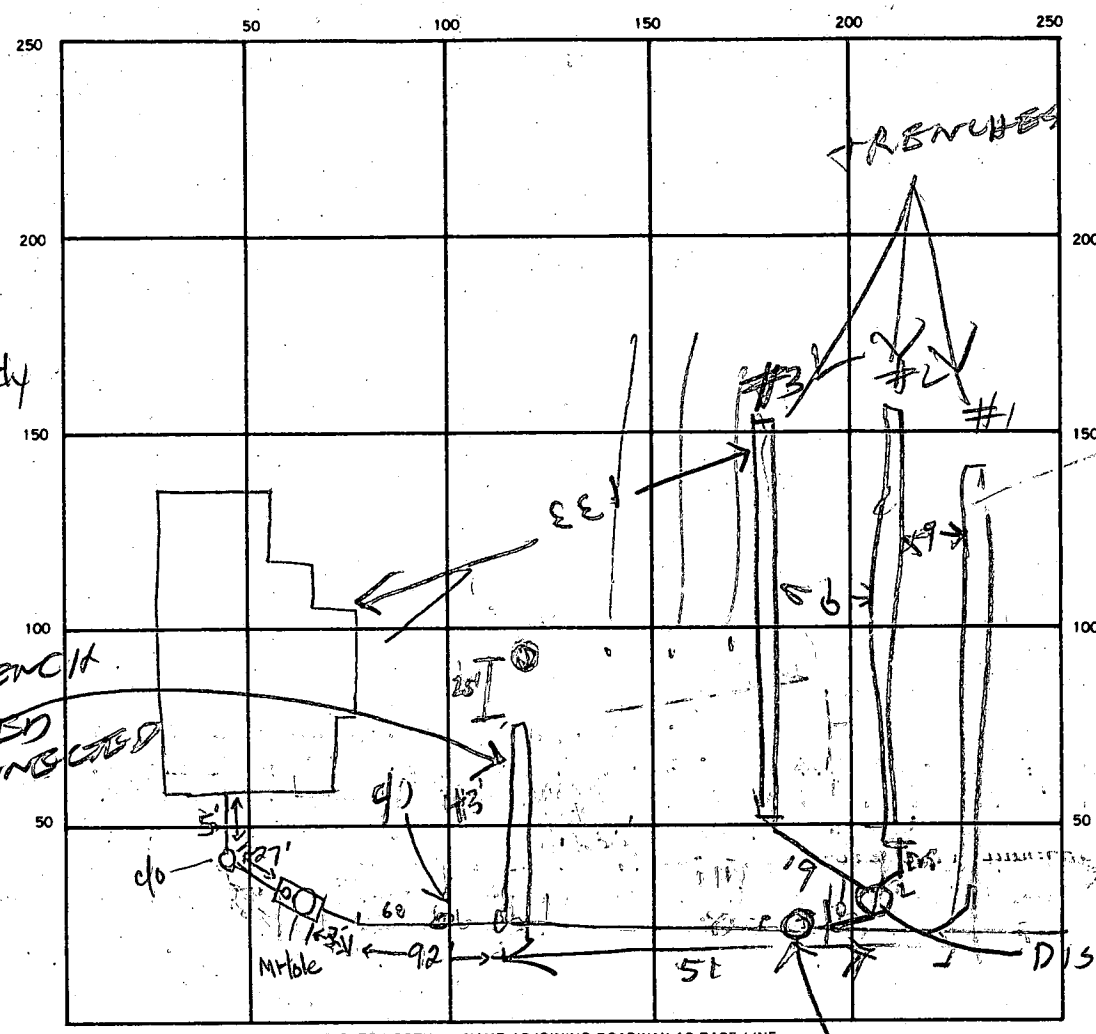
A 37668

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1186

12-9-87
Hole (A)
0-4' Br sl sa lm, roots, topsoil
4'-6' Red sandy sl clay



SEPTIC TANK. LEVEL ✓ CLEANOUTS ST ✓ INLINE-2 ✓

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH #1 6 | #2 5.5 | #3 5 FT. TRENCH WIDTH #1 2.3 | #2 2.6 | #3 2 FT. INLET DEPTH 3.5t | 3.5t | 3 FT. 5

EFFECTIVE GRAVEL DEPTH 1 2 | 2 2 | 3 2 FT. TOTAL LENGTH 1 97 | 2 93 | 3 93 FT. 283

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~/BOTTOM AREA 723/4 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

38
26
30
18.9
26
283
26
1698
566

REMARKS 12-9-87 Contractor ran into bedrock at 2' to 5.5' near old perc hole #3 Move trenches toward perc hole #5, 70 ft from perc hole #1. Stay 10 ft off back lot line as seen when facing lot from Sunset Valley Drive). Add cleanout to line between s.tank and d.box. OK to cover up to s.tank. Call when trenches are open. JEN 12/10/87 CRAIG JOHNSON VISITED SITE CHANGED LOCATION OF TRENCHES AFTER VISUAL HOLES 12/11/87 TRENCHES IN NEW LOCATION OK RH

DATE SYSTEM APPROVED 12/11/87 INSPECTOR Raymond Rodgers

TENTATIVE DATE 9/22/86 1:30

APPLICATION

PERCOLATION TESTING

9/22/86 at 1:30 perc's approved as per plat

A 37668

P

DISTRICT

DATE 9-4-86

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

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 MR. & MRS. PATEL

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER NLP ENTERPRISES DAVID WICKHAM (AGENT)

ADDRESS 11422 REISTERSTOWN RD OWINGS MILLS, MD 21117 PHONE 356-7500

PROPERTY LOCATION:

SUBDIVISION SUNSET VALLEY LOT NO. 5

ROAD AND DESCRIPTION 945 SUNSET VALLEY DR.

BLDG. PERMIT SIGNED AND RETURNED 11/19/86

TAX MAP _____ PARCEL # _____

SIZE OF LOT APPROX 3 ACRES TYPE BLDG. SFD (SINGLE FAMILY DWELLING OR COMMERCIAL)

BP#9012

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. David Wickham
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING (circled) certified holes (good + bad)

THIS IS NOT A PERMIT

(P)

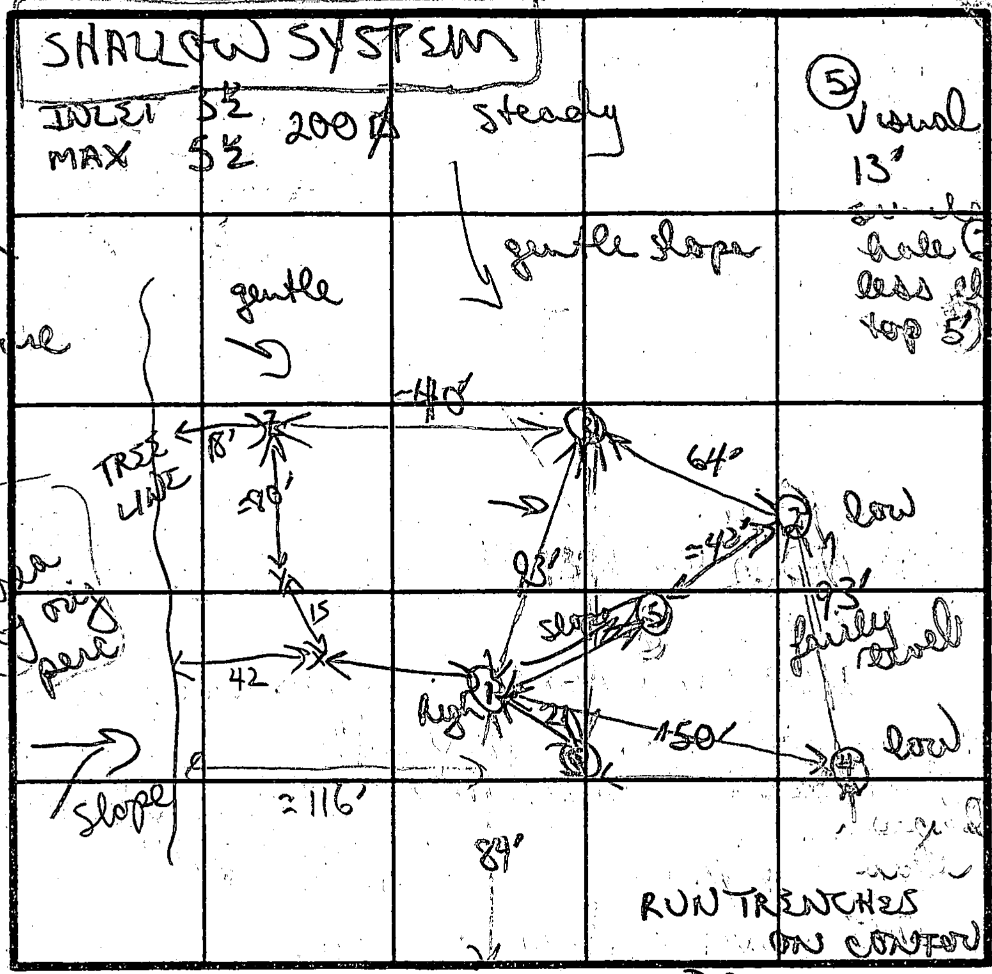
SOIL PROFILE

0'

yellow/brown hard clay loam mixture w/ sandy + some silty soils <10% small rock

rock layer

8' hard bottom



INDICATE NORTH—NAME ADJOINING ROADWAY AS BASE LINE.

SUNSET VALLEY DR

1 & 4 somewhat

5 lge rock frags 2'-4' hard bottom

X rock 3'

Y heavy clay w/rock 4'

(2)

orange/yellow brown mixture of clay loam + chunky clay - 4½' changing to yellow orange loam mixture ≤5% rock frags

12'D

(3)

yellow orange powdery/gritty clay/sand mix 30" layer of red orange clay - 4½' back to yellow/orange loam ≤5%

(4)

AP 1-3" brown powdery silty loam - 2' orange/yellow sandy clay w/small rock frags - 5' gritty sandy loam - 8' rock frags

9' hard red

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
9/22/86	(1)	2½'	2 09	2 28	2 29	2 59	30 MIN
		≈8'D	hard rock bottom				
	(2)	5'	2 16	2 22	2 22	2 32	10 MIN
		12'D	bottom (see profile)				
	(3)	4½'S	2 40	2 52	2 52	3 17	25 MIN
		13½'D	bottom (see profile)				
	(4)	2½ 4½	2 56 3 01	3 08 3 05	3 08 3 05	3 28 3 16	20 MIN 11 MIN
		9' rock bottom (see profile)					
		>50% large rock frags below a					
		heavy red/orange clay layer (5')					

REMARKS: AREA PLAQUED W/ ROCK PROBLEMS, ROCK SEEMS TO DECREASE IN LOWER FLATER AREA OF LOT.

TYPE OF SOIL: yellow orange + red clays (5') below sandy loams with varying amounts rock frags

TESTED BY: B Nixon

ALSO PRESENT

EH-12-1079

Prel.

APPLICATION

A 29161

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3RD

DATE 10/12/78

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 VIRGINIA M. GARRATT

ADDRESS FORSYTHE ROAD SYKESVILLE, MD. 21784 PHONE 301-442-2262

PROPERTY LOCATION:

SUBDIVISION SUNSET VALLEY LOT NO. ~~43~~ new 5 sec. 1

ROAD AND DESCRIPTION SUNSET VALLEY DRIVE

SIZE OF LOT 3.0AC.± TYPE BLDG. SINGLE FAMILY RESIDENCE

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.

SIGNATURE OF APPLICANT Bruce D. Bunte

APPROVED BY Raymond Hodges FOR TRENCH OR DRY WELL DATE 3/10/83

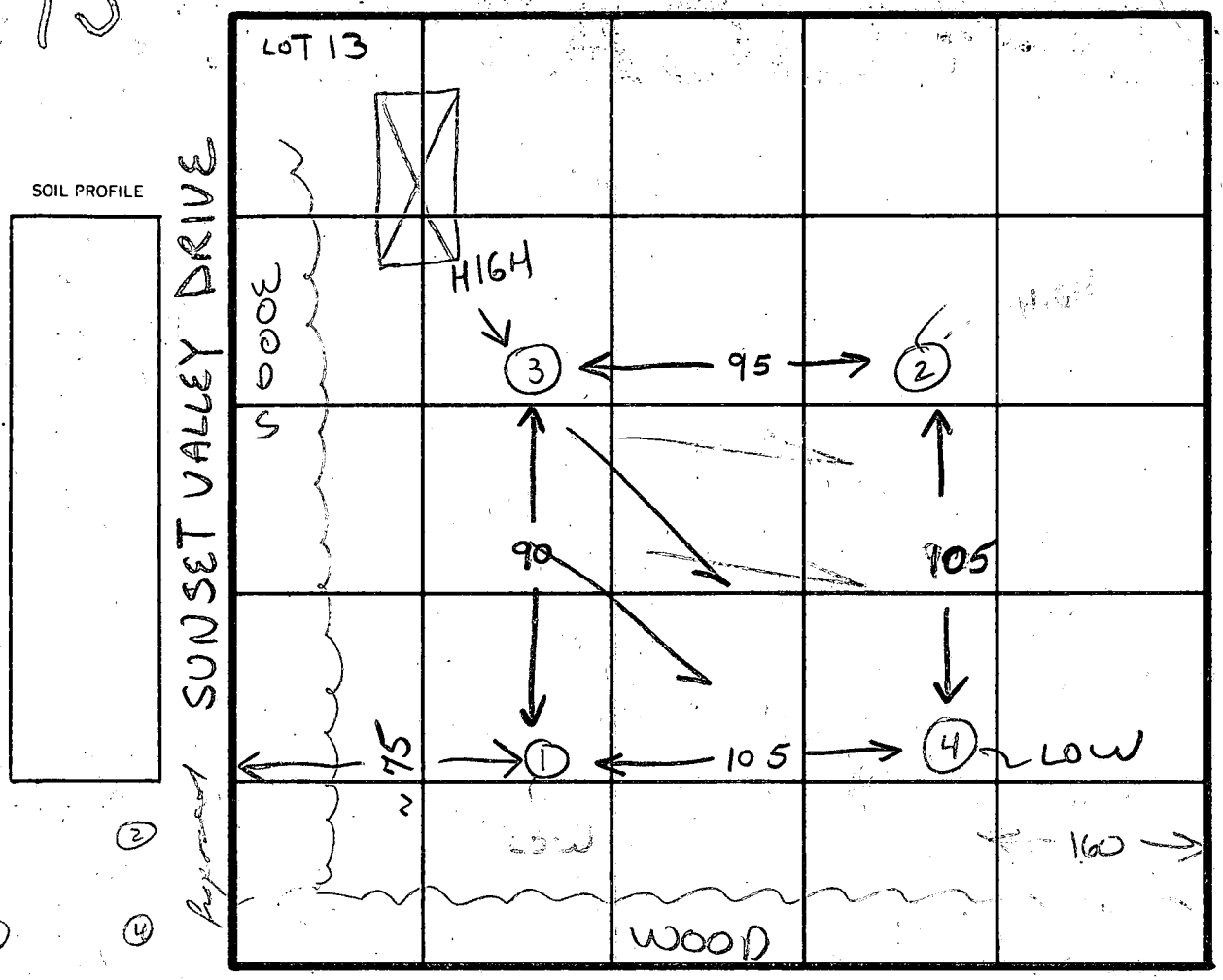
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

13



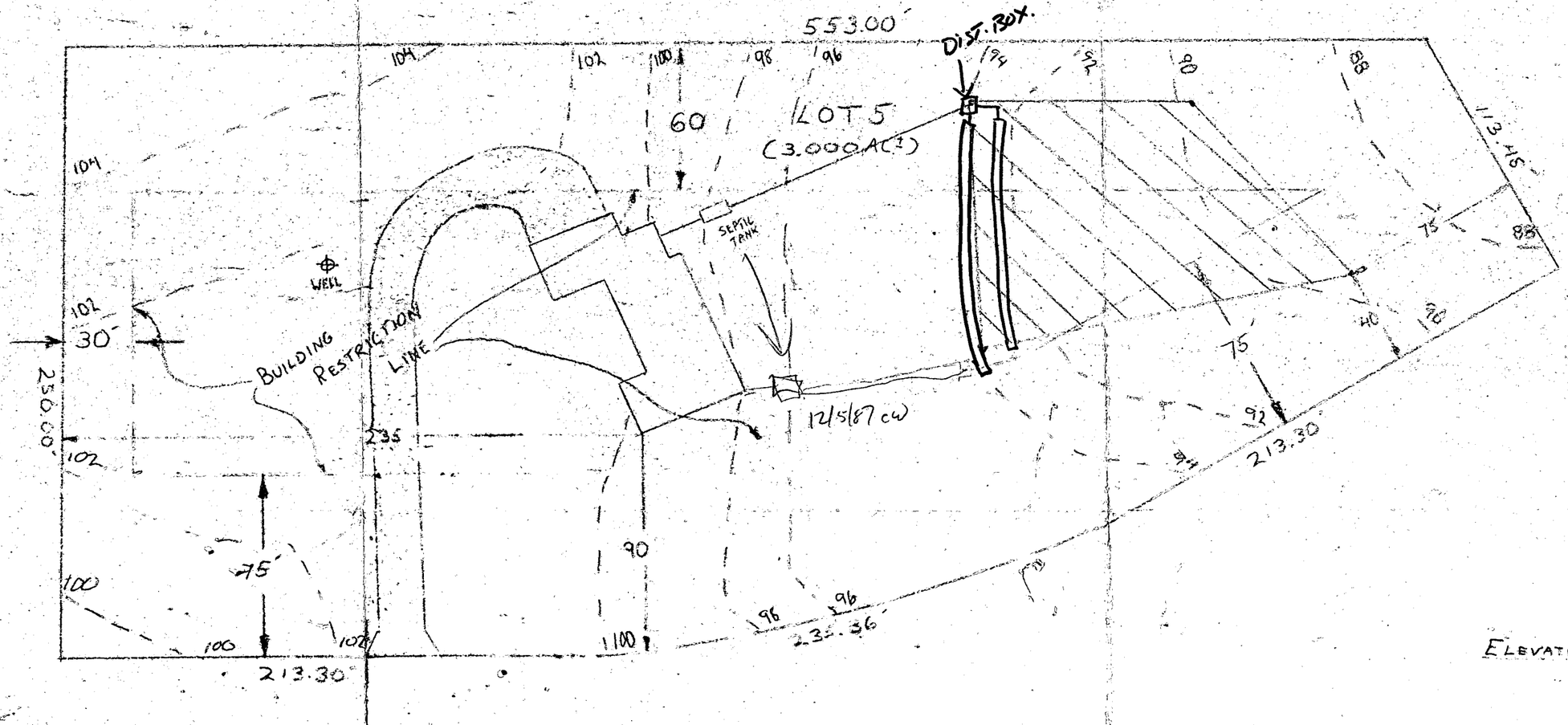
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
12/19/78	1S	5	305	309	309	315	6
	1D 2nd	12½	305	307	307	311	4
	2S	5	316	323	323	330	7
	2D	12	315	320	320	326	6
	3S	5	315	320	320	328	8
	3D	12	VISUAL -	SANDY			
	4S	6	319	323	323	342	19
	4D	13	319	323	323	331	8
4/5/79	(4)	14½	— SIMILIAR TO (3)				
	(3)	15'	250	300	300	315	15

REMARKS open field - high weeds - test as stated

TYPE OF SOIL sandy loam below clay

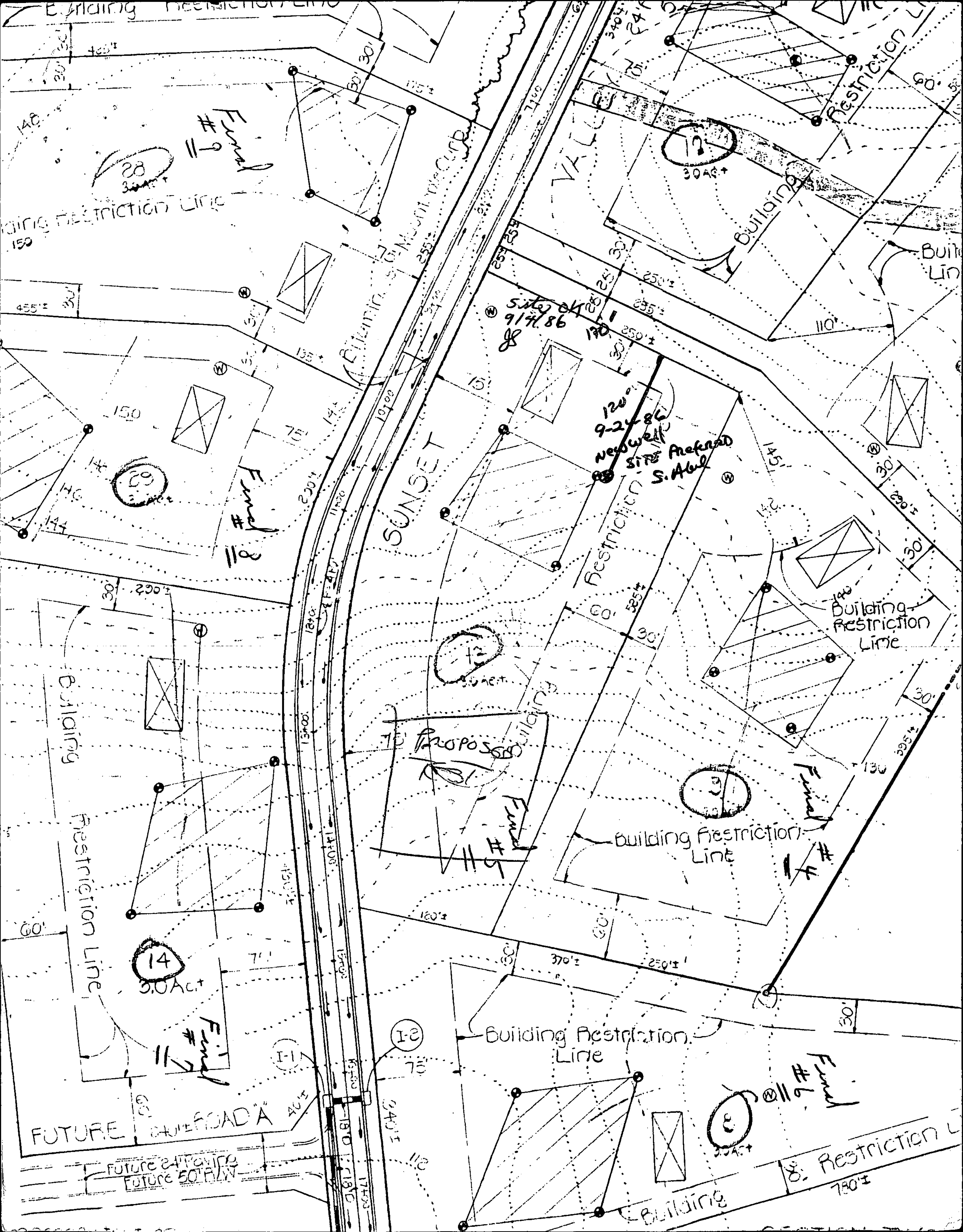
TESTED BY (GLK) + RJ ALSO PRESENT

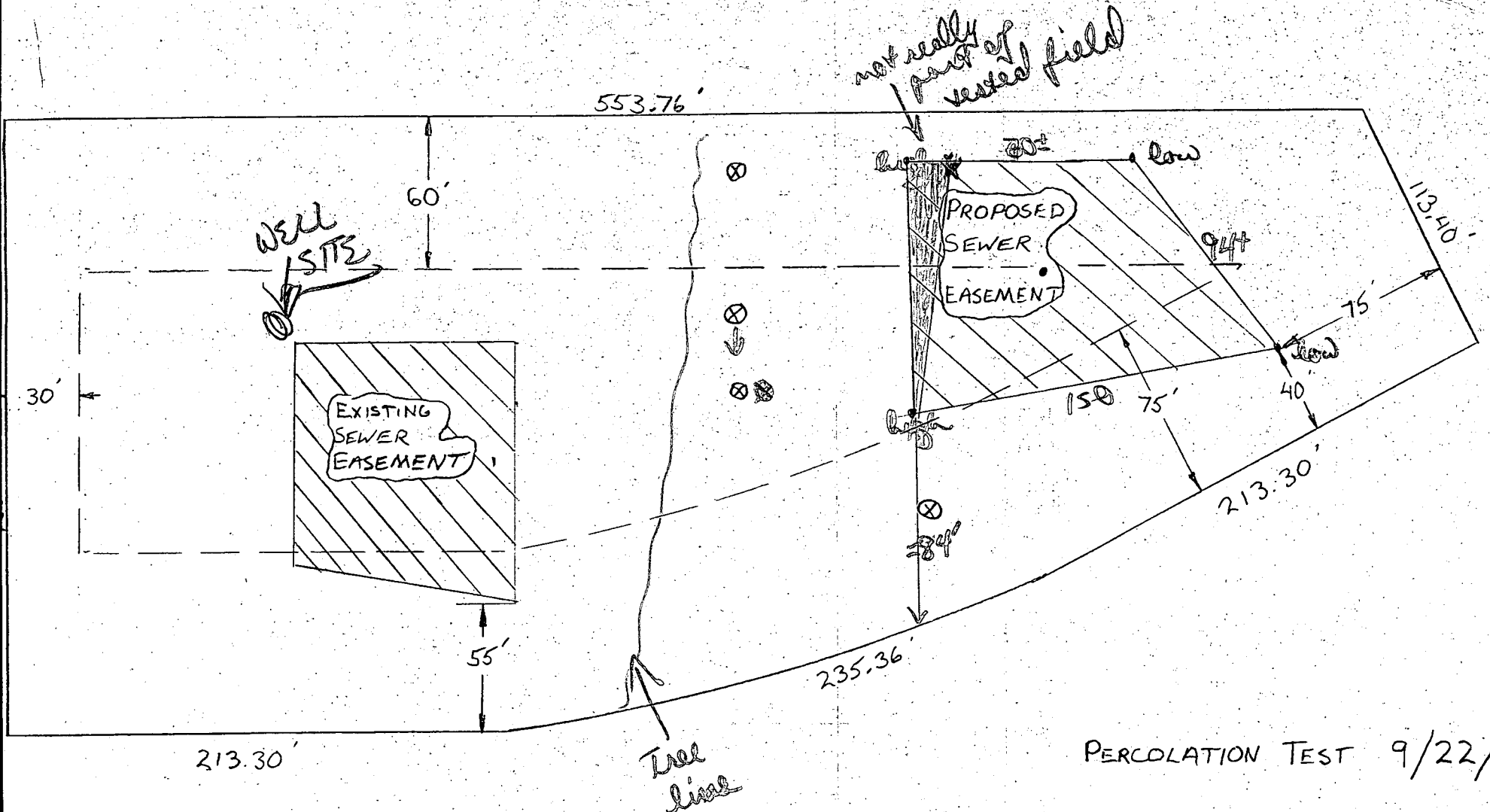


ELEVATIONS:

FIRST FLOOR

SEWER OUTLET HOUSE

 Building Restriction Line
SUNSET
Site OK
9/4/86
120'
9-24-86
New well
Site Preferred
S. Abel
PROPOSED
Final
3.0Ac±
14
FUTURE ROAD "A"
Future 24' Paving
Future 50' R/W
I-1
I-2



PERCOLATION TEST 9/22/86

⊗ = BAD HOLE

SECTION ONE SUNSET VALLEY		LOT 5
1"=60'	(3.000 AC)	DW
RELOCATED SEWAGE EASEMENT		

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement ____

Receipt # 39502
Date 6/26/87

Name of Installer Mechanical Systems Co Telephone 442-1718

License Number 6681
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner Patel Telephone ____
Subdivision Sunset Valley Lot # 5 Well Tag # ____-____-____
Site Address 945 Sunset Valley Dr Sykesville MD

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make ____
3. Model # ____
4. Capacity ____ 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 ____

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

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth ____

Tank
1. Capacity ____
2. Pressure relief valve? ____

Piping
1. Type ____
2. Size ____
3. NSF and/or BOCA Code approved ____
4. Depth of supply line ____

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

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: Douglas Pulenday

Date: 6-26-87

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

HD-215

293
2.5
141 5
566

C 1 5290 — SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A 2 7 1 6 1

DATE Received

DATE WELL COMPLETED 10 15 86

Depth of Well 260 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1655

OWNER Mel Enterprises Inc
STREET OR RFD Sunset Manor Dr TOWN Sykesville
SUBDIVISION Sunset Manor SECTION 1 LOT 5

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 FROM	FEET TO	Check if water bearing
Top Soil	0	2	
Sandy	2	30	
Shist Stone	30	35	
Micka	35	45	
Sand Stone	45	50	✓
Micka	50	260	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 7 NO. OF POUNDS 700
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 50 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL / CO CONCRETE / PL PLASTIC / OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	145

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL / BR BRASS BRONZE / HO OPEN HOLE / PL PLASTIC / OT OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	111	250
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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. 223
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Ralph L. Wagner
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 ____ TELESCOPE CASING
(E.R.O.S.) ____ LOG INDICATOR
WQ ____ OTHER DATA

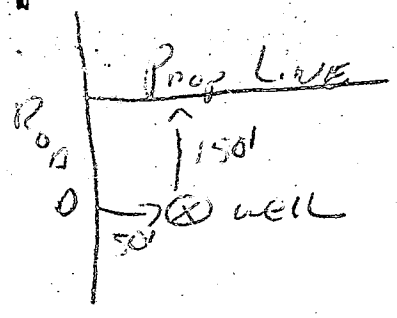
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 1
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 40
WHEN PUMPING 100

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

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES 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:
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height) + above / − below LAND SURFACE (nearest foot) 2

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)



Page ____ of ____
Date 10/15/86

Review d S. Abl 5-4-87

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1658
Location of property (road) Sun SET Valley Dr.
Subdivision Sunset Valley Lot 5 Block ____ Plat ____ Sec. ____
Well Driller Ralph Mayne Owner NLP Enterprises Inc

Depth of well 260 ft
Distance of measuring point (M.P.) above ground 3 ft
Static water level (S.W.L.) below M.P. 40 ft

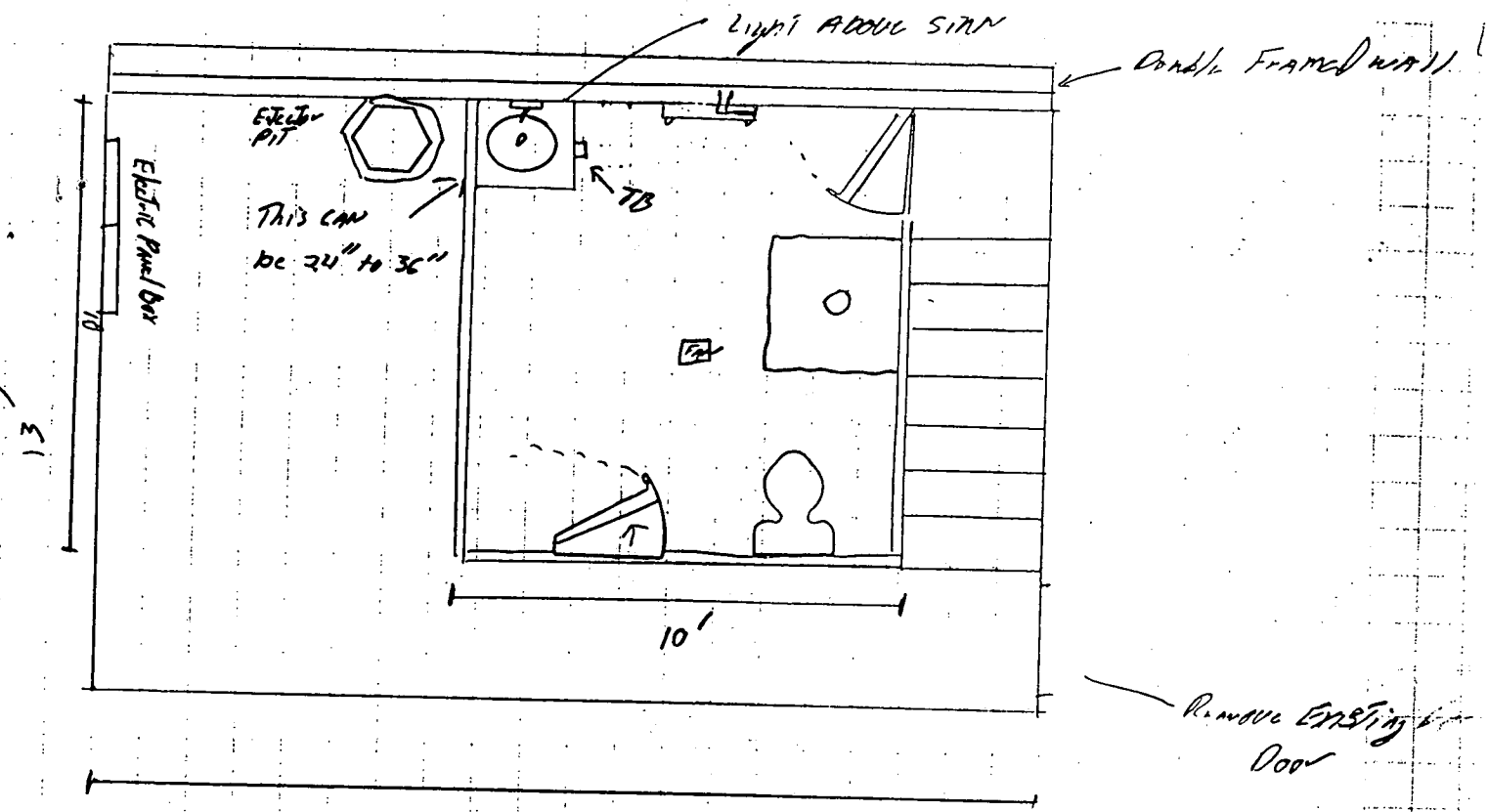
I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 10 G.P.M
Total time 30 MIN to reach pumping water level 140 ft ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	140 ft	15 sec		4 G.P.M
8:15	140	15		4
8:30	140	15		4
8:45	140 ft	15 sec		4 G.P.M
9:00	140	15		4
9:15	140	15		4
9:30	140 ft	15 sec		4 G.P.M
9:45	140	15		4
10:00	140	15		4
10:15	140 ft	15 sec		4 G.P.M
10:30	140	15		4
10:45	140	15		4
11:00	140 ft	15 sec		4 G.P.M

43 ft 37 open 9 bays



APPROVED

WALK-THRU BUILDING PERMIT

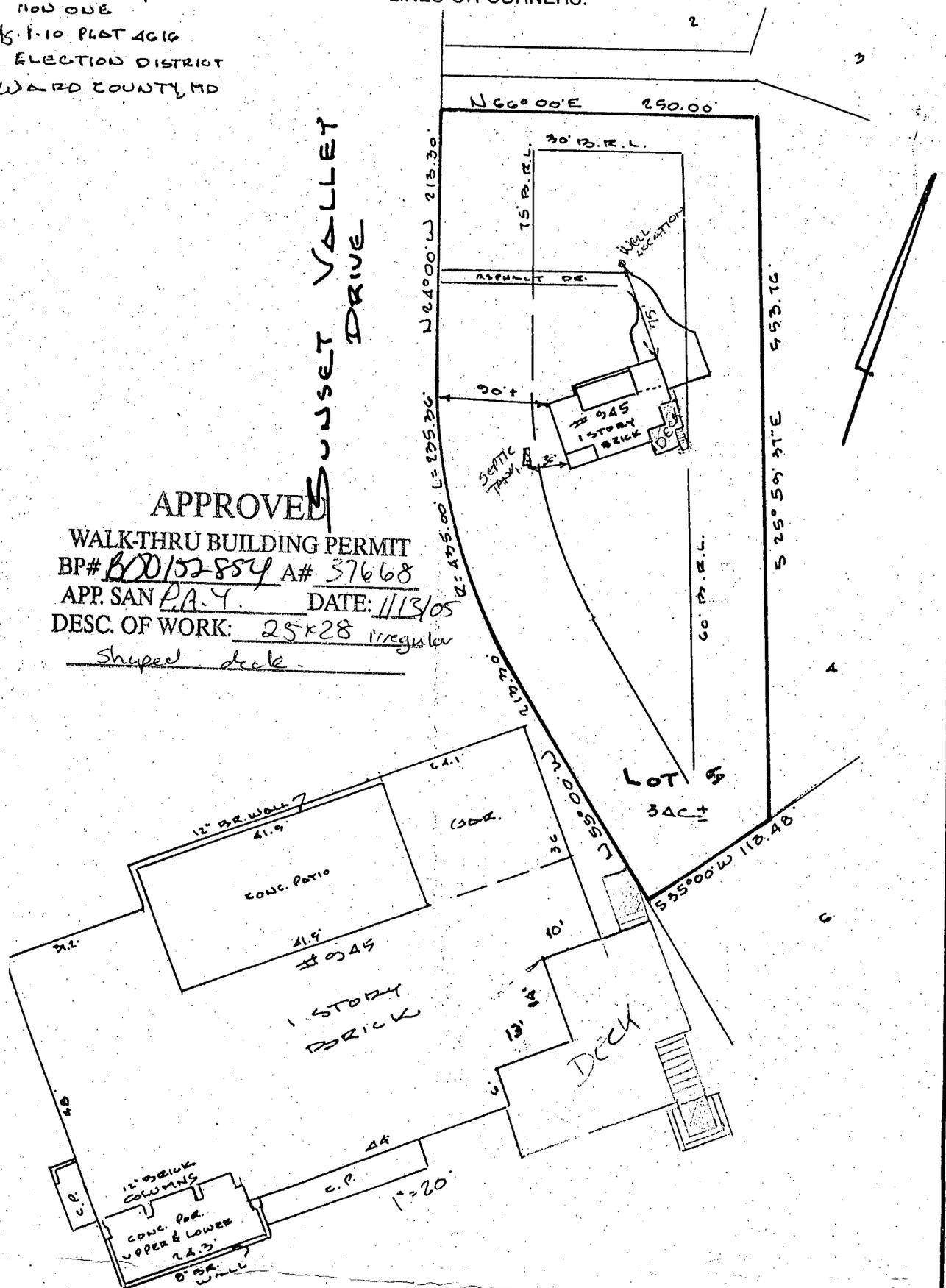
BP# 00148432 A# 37668

APP. SAN KH DATE: 5/26/04

DESC. OF WORK: Bathroom in basement

rty known as: LOT 5
JSET VALLEY
NON ONE
LOTS 1-10 PLAT 4616
3rd ELECTION DISTRICT
HOWARD COUNTY, MD

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.



APPROVED
WALK-THRU BUILDING PERMIT
BP# B201152854 A# 37668
APP. SAN P.A.Y. DATE: 11/3/05
DESC. OF WORK: 25x28 irregular shaped deck.

CATION SURVEY PLAT
JECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION	SEAL	SCALE 1"=100' DATE 5-15-1997
is to certify that I have surveyed roperty known as: 945 SUNSET VALLEY DRIVE for the purpose of locating the improvements thereon, and the improvements are located as shown.	STATE OF MARYLAND WALTER PARK 10750	**LDE Inc.** 9250 Rumsey Road Suite 106 Columbia, Maryland 21045 (Balt.) 410-715-1070 (Wash.) 301-596-3424 (FAX) 410-715-9540

Walter Park