

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~X-1000000~~

313-2640

P 58465B

A 41810

DISTRICT 3rd

DATE 5/16/97

DATE SYSTEM APPROVED 5/20/97

INSPECTOR DKS

Jack Fyock Septic Services

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION W. Friendship Estates LOT 78, Sec. II ROAD 3320 Velvet Valley Drive

PROPERTY OWNER Danford S. & Kim W. Smith

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAM TANK

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 195 feet down the right lot line and 35 feet off that same lot line as seen from Velvet Valley Drive. Run trenches along contour towards the right rear lot corner.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/22/97 DKS

PLANS APPROVED BY Glen Savage DATE 04/21/97

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

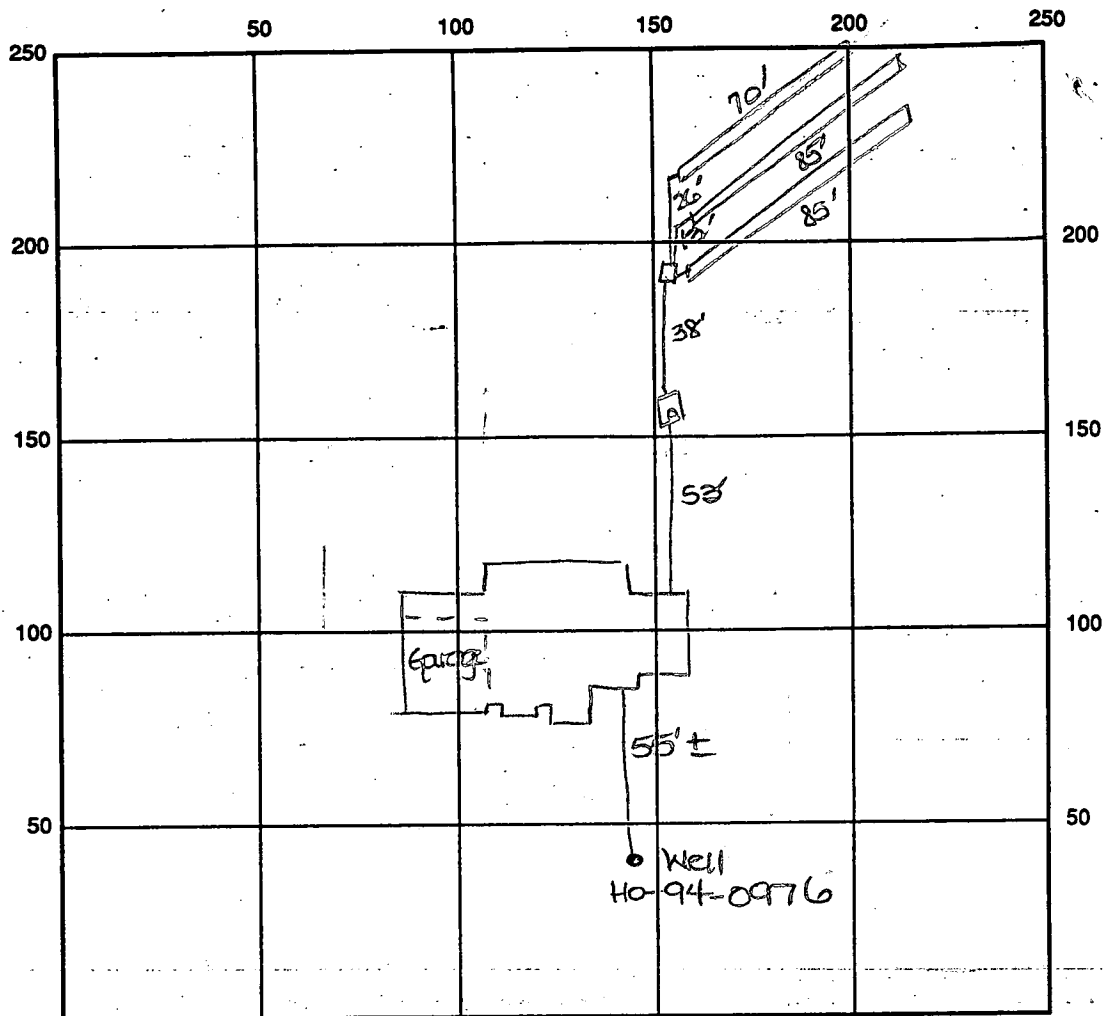
PERMIT VOID AFTER TWO YEARS

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 41810



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Vener Valley Drive

SEPTIC TANK LEVEL OK - 1500 gal top section CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH ① 70 ② 85 ③ 85 FT. → 240

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 5/20/97 FINAL INSP - OK to cover all work. DKS

DATE SYSTEM APPROVED

5/20/97

INSPECTOR

[Signature]

APPLICATION

PERCOLATION TESTING

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

Hold for 1989
wet season
8-25-88

A 41810

P _____

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 Danford S + Kim W. Smith
PRISCILLA CLAGETT AND AVIS PFEFFELKORN

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

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BUENA VISTA FARM ESTATES LOT NO. 78
See

ROAD AND DESCRIPTION EAST SIDE OF PFEFFELKORN ROAD, NORTHWEST
3320 VELVET VALLEY DRIVE
OF MD ROUTE 32

TAX MAP 22 PARCEL # 8

BLDG. PERMIT SIGNED

AND RETURNED 4-21-97
Serial # B70105034

SIZE OF LOT 4.2 AC. TYPE BLDG. SFD - 4 Brms
(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. Priscilla S. Clagett
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8-25-88 Hold for wet season testing. Hole (E) should
be referred to find suitable soils. SHALLOW SYSTEM ONLY. JEN

THIS IS NOT A PERMIT

Property Corner
9 Lot - 13

⑥

SOIL PROFILE

0-3.5	Br si cl lm
3.5-13.0	Br sa si lm, ~25% decomposed rock
13.0	Bottom

①

0-5.0 Brsid
1m
5.0-12.5 Brsa
5.1m,
L 15%
decomp
rock
12.5 Bottom

④

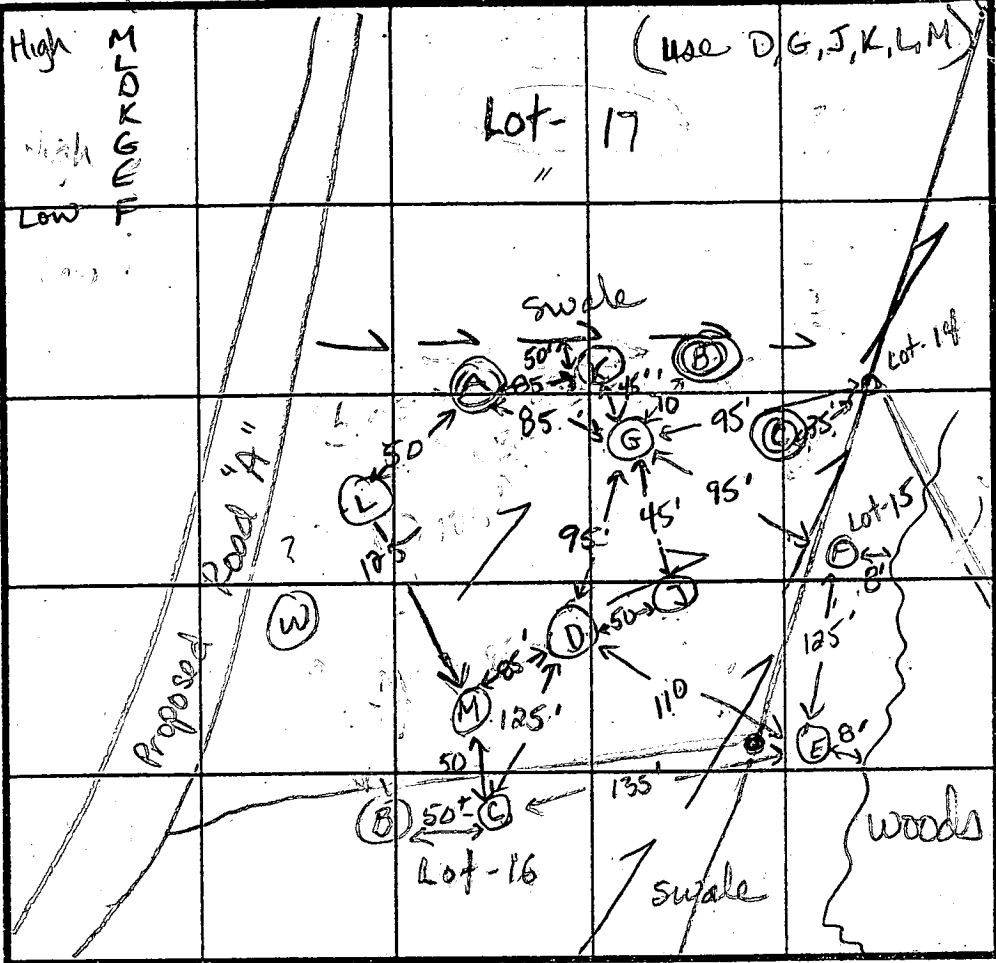
6-5.0 Brsicl
1m, some
broken
rock
L 20%

5-140 Rd-br
Sa si,
some
decomposed
rock
L 25%

EH-12-1079

Approximate
450 beds
at 9'
14.0 Poo Horn

EH-12-1079



(F)

0-5.0 Brs cl
lm, some
broken
rock, < 10%

5.0-13.0 Br ss s
lm, some
decomposed
rock, < 30%

70° Bedding
faint
at 10' ft.

13.0 Bottom

$\bar{X} =$
Inlet = 5.0'
Bottom 6.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-25-89	OK	G	4.5 S 7.0 M	10:54 12:05	11:10 12:10	3/4 inch 12:10	slow 12:17 7min
			13.0 D	(see profile)	- Rocking	at 9.5'	OK
	OK	D	4.5 S	11:13	11:16	11:16	11:22 6min
			8.5 M	11:14	11:16	11:16	11:22 6min
			12.5 D	(see profile)			
	X	E	5.0 S	11:38	11:53	11:53	1/2 inch 12:23 slow Failed
			14.0 D	(see profile)	- Bedding	at 9.0'	OK
	OK	F	5.5 S	11:58	12:03	12:03	12:25 22min
			13.0 D	(see profile)	- fault beds	at 10.0'	OK
	ABC		Not excavated				

20
24.11
480

REMARKS	All holes moved except ① from plat. SHALLOW SYSTEM ONLY.	
TYPE OF SOIL	Hold for wet season testing.	
TESTED BY	Jane E. Nadreau	ALSO PRESENT Mike, John Sr.

APPLICATION

PERCOLATION TESTING

A 41810

P _____

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

DISTRICT _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Buena Vista Farm Estates LOT NO. 17

ROAD AND DESCRIPTION _____

TAX MAP 22 PARCEL # 9

SIZE OF LOT 4.2 acres 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.

(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

A 41810

(M)

SOIL PROFILE

0-4.0

Rd-br si
cl lm

4.0-13.0

Br sa
si lm,
L 20%
decomp
rock

13.0

Bottom

(L)

0-3.0 Rd-br

si cl lm

3.0-14.0 Br sa si

lm, L 30%

broken
rock

14.0 Bottom

(K)

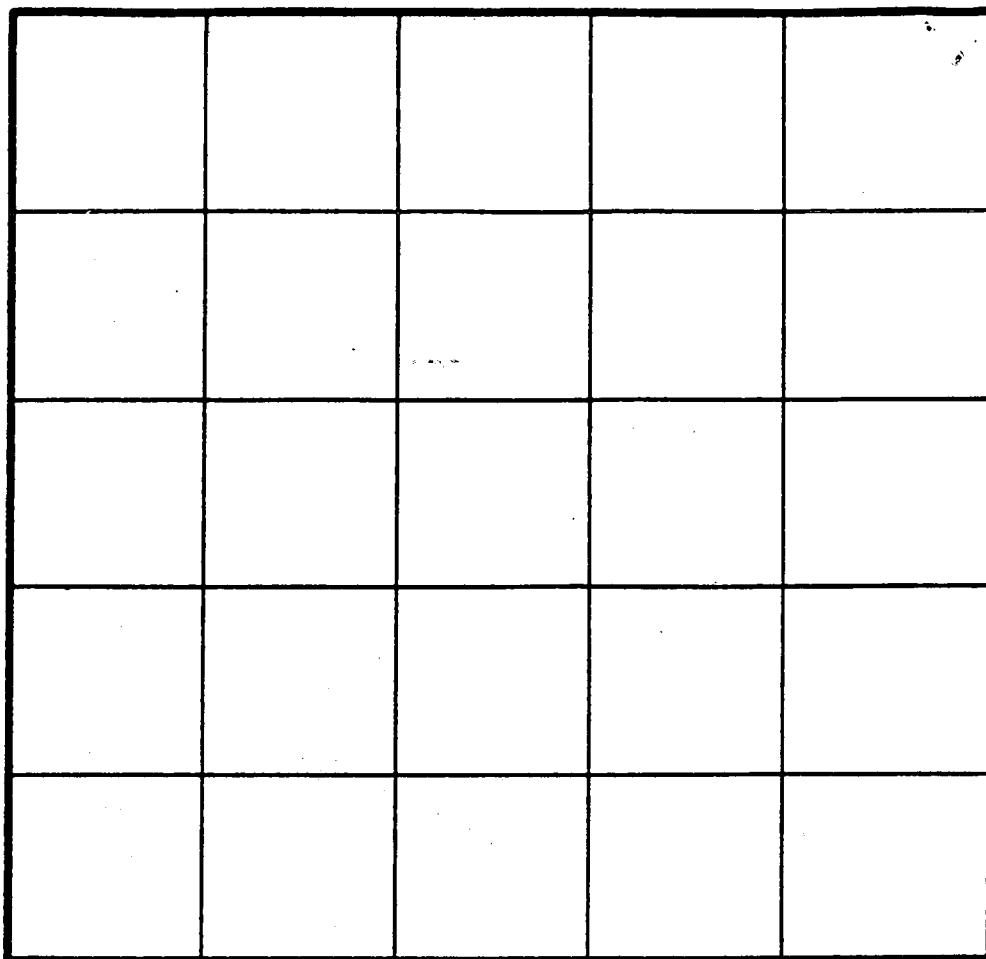
0-3.0 Rd-br

si cl lm

3.0-13.0 Br sa si

lm,
some
decomp
rock
L 40%

13.0 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(J)

0-3.0 Rd-br
si cl lm,
trc of
gul L 10%3-14.0 Br sa si
cl lm,
L 30%
decomp
rock

14.0 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-2-88	M	4.5 S	2:04:15	2:05:45	2:05:45	2:07:20	2 min
			2:01:10	2:02:10	2:02:10	2:03:25	(1 min)
		7.5 M	2:01:40	2:03:25	2:03:25	2:06:25	3 min
		13.0 D	(see profile)				ok
	L	4.0 S	2:14:21	2:15:30	2:15:30	2:17:20	2 min
			2:11:22	2:12:02	2:12:02	2:13:13	1 min
		14.0 D	(see profile)				ok
	K	3.0 S	2:19:42	2:21:16	2:21:16	2:24:06	3 min
		13.0 D	(see profile)				Hold for WS
	J	5.5 S	2:29:05	2:30:15	2:30:15	2:32:36	2 min
✓		14.0 D	(see profile)				ok

20
2:1
80
40

REMARKS

Retest hole K in wet season, near swale

TYPE OF SOIL

TESTED BY

ALSO PRESENT

B 1 3060	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0976 fill in this form completely
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			
OWNER INFORMATION Date Received (APA) 102196 15 Last Name ZALB 34 Owner DESIGN DEVELOP 36 10805 46 HILKONG RIDGE 55 Street or RFD 57 2014mb18 70 MDZV 0444 76		B 3 LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION WESTFRIKESWDSK18 42 SECTION 5 44 46 LOT 78 48 50 52 NEAREST TOWN WESTFRIKESWDSK18 71 MILES FROM TOWN (enter 0 if in town) 3 73 MI 76 77 78	
DRILLER INFORMATION Driller's Name Wayne E. Hasky Firm Name Hasky Drilling Co Address Box 160 WDKesville, MD Signature Wayne E. Hasky Date 11-19-97 MSD/MGD/MWD 043 77 License No. 80		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		11 MD 30 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 S 37 DISTANCE FROM ROAD 500 ENTER FT OR MI FT 38 39	
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 COUNTY NAME Howard Co. COUNTY NO. A41810 STATE SIGNATURE _____ INSERT S ☐ DATE ISSUED 110696 A McMullen 11/6/97 NORTH GRID 528000 EAST GRID 0804000	
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 2-26-97 KM 3. grout ok 12 bags Portland Type II 60 casing per driller 57' open	
METHOD OF DRILLING (circle one) BORED (or Augered) ☐ JETTED ☐ Jetted & DRIVEN 30 AIR-ROTARY ☐ AIR-PERCUSSIVE ☒ ROTARY (Hydraulic Rotary) 37 CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT other _____		WRITE THE BOX NUMBER FROM THE MAP HERE E 804 N 528	
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 39 ☒ 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY)			
APPROX. PERMIT NUMBER GAP 54 63			
FORCE AM WRITE INITIALS IN BOX 67 68 PERMIT No. 40-94-0976 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			

C1 7877		SEQUENCE NO. (MDE 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 NUMBER A41810		
ST/CO USE ONLY DATE Received 040297		DATE WELL COMPLETED 022697		PERMIT NO. FROM "PERMIT TO DRILL WELL" H094-0976		
OWNER LOD		Depth of Well 100 (TO NEAREST FOOT)		28 29 30 31 32 33 34 35 36 37		
STREET OR RFD RT. 32		TOWN W. Friendship		LOT 78		
SUBDIVISION W. Friendship Est		SECTION II		LOT 78		
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED ☒ YES ☐ NO TYPE OF GROUTING MATERIAL (Circle one) CEMENT ☒ BENTONITE CLAY ☐ NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 1128 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft. (enter 0 if from surface)		C3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 62 ft. TYPE OF PUMP USED (for test) ☒ air ☐ piston ☐ turbine ☒ centrifugal ☐ rotary ☐ other (describe below) ☒ jet ☒ submersible		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 54 Total depth of main casing (nearest foot) 60 OTHER CASING (if used) diameter inch depth (feet) from to		PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) ☒ YES ☐ NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY GALLONS PER MINUTE (to nearest gallon) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) ☒ above ☐ below 2 (nearest foot)		
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO TOP SOIL 0 5 Brown Shell 6 55 MILD 56 100 GoT water at 80 95		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER DEPTH (nearest ft.) 140 59 100 SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		
NUMBER OF UNSUCCESSFUL WELLS: 0		C2 WELL HYDROFRACTURED ☒ YES ☐ NO		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) LOT # 78		
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 26.04.04 "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		TELESCOPE CASING ☐ LOG INDICATOR ☐ OTHER DATA ☐		
TYPE MWD/MSD/MGD DRILLERS LIC. NO. 043 Wayne E. Harley DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. _____		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) 70 72 74 75 76				
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)						

5/14/97

WPI
afternoon
OK TO COVER
ff

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 # _____
Date 5-12-97

Name of Installer Gartland Plumbing, Inc.Telephone 410-875-5303License Number 6352

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Kim & Danford SmithTelephone 301-596-8849Subdivision West Friendship Lot # 18Well Tag # 10-94-0976Site Address 3320 Velvet Valley Drive

Pump

1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____

Motor

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

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

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 _____

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: Sandra ShadlandDate: May 12, 1997

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

Indian
Gun
approved
plat

3 OF

SHEET

SEE

PISCATAWAY

COURT

GUN

HOUSE

HOUSE

HOUSE

LOT 12
3.01 ± AC

WELL

HOUSE

WELL

HOUSE

WELL

LOT 10
4.24 ± AC

DRIVE

LOT 11
3.13 ± AC

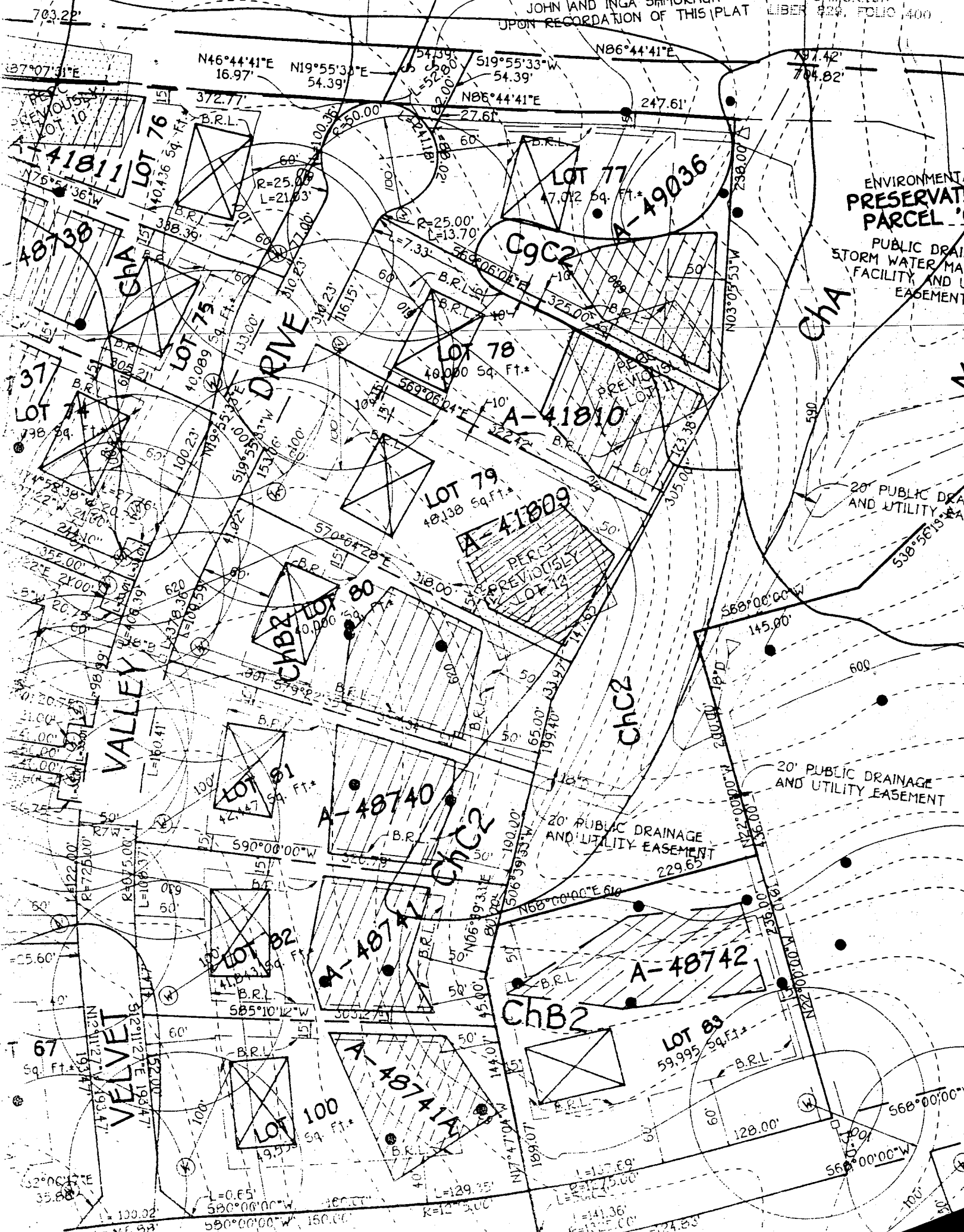
20' DRAINAGE
UTILITY
EASEMENT

PT. STA 1957

703.22'

N 80° 44' 41" E
197.42'

ADJOINING PARCEL, OWNED BY JOHN AND INGA SHMORHUN
UPON RECORDATION OF THIS PLAT
LIBER 829, FOLIO 400



APPROVED
F-95-183

LOT 76
40,436 Sq. Ft.

LOT 75
40,089 Sq. Ft.

LOT 74
43,098 Sq. Ft.

LOT 71
46,561 Sq. Ft.

LOT 68
45,604 Sq. Ft.

LOT 67
49,207 Sq. Ft.

LOT 77
47,012 Sq. Ft.

LOT 78
40,000 Sq. Ft.

LOT 79
48,138 Sq. Ft.

LOT 80
40,000 Sq. Ft.

LOT 81
42,447 Sq. Ft.

LOT 82
41,843 Sq. Ft.

LOT 100
49,553 Sq. Ft.

LOT 66

VALLEY DRIVE

VELVET DRIVE

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

10' PUBLIC TREE MAINTENANCE EASEMENT

20' PUBLIC DRAINAGE & UTILITY EASEMENT

PUBLIC DRAINAGE UTILITY EASEMENT

5609
506°39'33"W
45.60'

5608
517°47'04"E
144.07'

5607
169.07'

5570
556°23'10"E
35.86'

5569
550°00'00"W
160.00'

5572
52°12'27"E
193.47'

5571
52°11'20"N
170.00'

5574
519°55'33"W
153.06'

5573
519°55'33"E
153.06'

5575
577°55'33"E
54.39'

5776
577°55'33"E
54.39'

5777
577°55'33"E
54.39'

5780
577°55'33"E
54.39'

5781
577°55'33"E
54.39'

5782
577°55'33"E
54.39'

5783
577°55'33"E
54.39'

5784
577°55'33"E
54.39'

5785
577°55'33"E
54.39'

5786
577°55'33"E
54.39'

5787
577°55'33"E
54.39'

5788
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54.39'

5789
577°55'33"E
54.39'

5790
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54.39'

5791
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5792
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5795
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5796
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5798
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5799
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54.39'

5800
577°55'33"E
54.39'

5801
577°55'33"E
54.39'

5802
577°55'33"E
54.39'

5803
577°55'33"E
54.39'

5804
577°55'33"E
54.39'

5805
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54.39'

5806
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5807
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5808
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54.39'

5809
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5810
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5811
577°55'33"E
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5812
577°55'33"E
54.39'

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24LFAL₂CSP
16ga 17"x13"

VELVET VALLEY DRIVE
(PUBLIC ROAD)

50' R/W

10' PUBLIC TREE
MAINTENANCE EASEMENT

LIMITS OF DISTURBANCE

SMITH
RES.

BASEMENT WILL
NOT SEWER BY
GRAVITY

SEPTIC EASEMENT

SEPTIC EASEMENT

ENVIRONMENTAL PRESERVATION PARCEL 'C'