

3/27/00  
3:00 LAYOUT  
#100  
PRCO.  
4/14/00  
4:00-2:00

INDEXED

**PERMIT**  
**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 513340  
A 510580-A  
ISSUE DATE 3/23/2000  
APPROVAL DATE 4/14/00

03-306631

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL x ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Cameron Trail LOT NUMBER 15 ADDRESS 3623 Cameron Court

PROPERTY OWNER Todd & Robyn Evans PROPERTY OWNER'S ADDRESS 3625 Cameron Court

SEPTIC TANK CAPACITY 1000 GALLONS Ellicott City, MD 21042

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Starting from the 269.11'/185.42' lot corner, place the distribution box 90 feet down the 185.42' lot line and 50' off this same lot line. Run trenches on contour towards the right side of the lot.

NOTE: Mark utilities prior to beginning excavation (buried electric on lot).

PLANS APPROVED Mark E. Rifkin OK SRU 3/2/00 DATE 12-1-99

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

CLDG. PERMIT SIGNED  
AND RETURNED 5/5/00  
300123744 Propark  
Tank

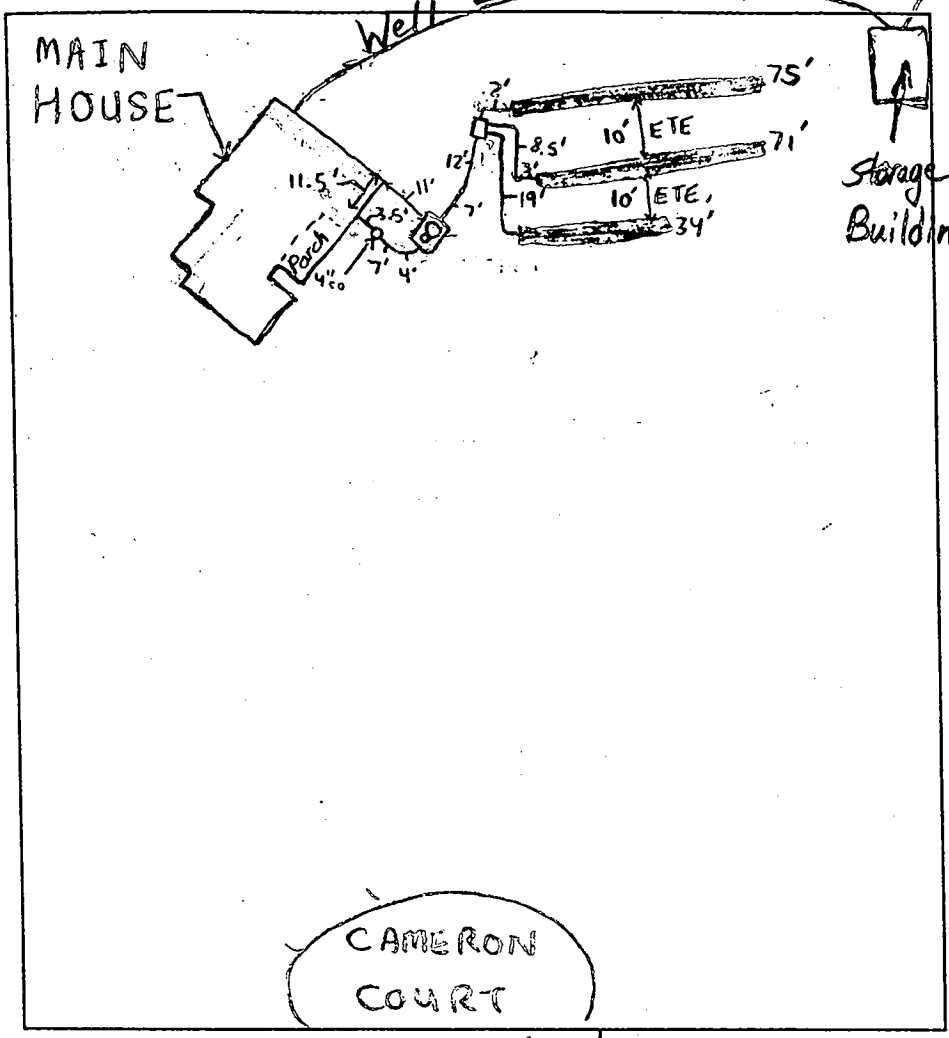
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

681-8995

510580 A

Well Ho-99-2224

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH	3
TRENCH INLET DEPTH	5
TRENCH BOTTOM DEPTH	7
DEPTH OF STONE	2
NUMBER OF TRENCHES	3
TOTAL TRENCH LENGTH	180
ABSORBENT AREA	540
DISTRIBUTION BOX LEVEL	<input checked="" type="checkbox"/>
BAFFLE IN DISTRIBUTION BOX	<input checked="" type="checkbox"/>

**SEPTIC TANK DATA**

SEPTIC TANK	1000 Mid.	GALLONS
MANHOLE RISER	ON TANK	
6 INCH INSPECTION PORT	ON TANK	
4 INCH INSPECTION PORT	AT HOUSE	

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS	N/A
MANHOLE RISER	N/A
ALARM	N/A
PUMP PERFORMANCE TEST	N/A

PRE-CONSTRUCTION INSPECTION: 3/27/00 VERIFIED H<sub>2</sub>O LINE LOC., S.S. LAYOUT, ELEVATIONS: OK TO START (MR)

INSPECTION COMMENTS: 4/13/00 House connection made. Tanks set. (BB)

4/14/00 - OK TO COVER ALL WORK (SRK)

INSPECTOR Steven R. Kiege DATE SYSTEM APPROVED 4/14/00

12/22/99  
a.m. 8 p.m.  
12/23/99  
2:30 PM  
1/3/00  
A.M. (MPL)

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 573782

A 510580-B

DISTRICT \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

DATE 12-17-99

BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 12/23/99

INSPECTOR S.P.H.

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 580 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5670

SUBDIVISION Cameron Tract LOT 15 ROAD 3625 Cameron Court

PROPERTY OWNER Todd Evans (Ranch House/Storage Building)

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1000 GALLONS

*\* LAYOUT INSP REQ'D FIRST*

NUMBER OF BEDROOMS     

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 100

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 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 10 feet off the breakpoint in the rear lot line (466.60' / 185.42' intersection). Run trenches on contour to left side 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/MP*

PLANS APPROVED BY Mark E. Rifkin DATE 12/01/1999

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

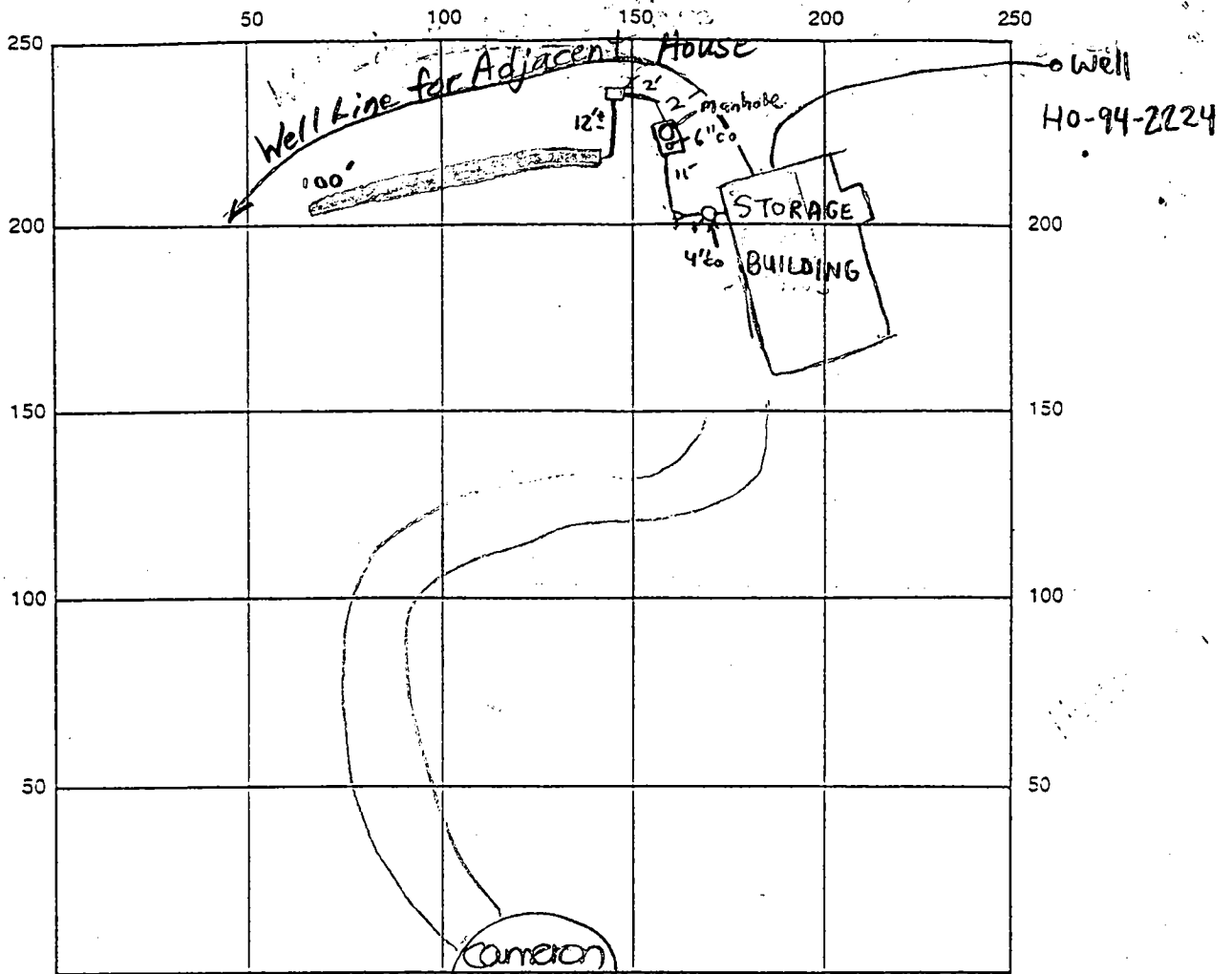
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1000 gal t.s. CLEANOUTS 4" at building, manhole on st. Storage 6" on S.T. &

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 ~~ONE SIDEWALL~~/BOTTOM AREA 300 SQ. FT.

DRYWALL INSIDE DIAMETER 2 FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 12/22/99 OK to cover from storage building to dist. box and  
continue work. DKS 12/23/99 - OK TO COVER ALL WORK - (SRK)

DATE SYSTEM APPROVED 12/23/99 INSPECTOR Steven R. Krieg

1/5/00 WPI Ranch House only anytime

4/19/00 10am

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  Replacement   
Receipt # \_\_\_\_\_ Date \_\_\_\_\_  
Name of Installer Alan Compton Telephone 410-795-5670  
License Number M50009  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner GYC Builders (Evans) Telephone \_\_\_\_\_  
Subdivision Cameron Tract Lot # 15 Well Tag # 40-94-2224  
Site Address 3623 & 3625 Cameron Ct

Pump  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make JVCV221  
3. Model # \_\_\_\_\_  
4. Capacity 12 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 3/4  
2. RPM \_\_\_\_\_  
3. Voltage B  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_  
Pitless Adapter  
1. Make Cambell  
2. Model # \_\_\_\_\_  
3. Depth 46 inches  
Tank  
1. Capacity 20 gal  
2. Pressure relief valve? yes  
Piping  
1. Type Black Plastic  
2. Size 1" inch  
3. NSF and/or BOCA Code approved Y  
4. Depth of supply line 46 inches  
Well data  
1. Depth 220 ft.  
2. Yield 10 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.

1/5/00 - WPI OK connection to storage bldg.  
~~code book~~ only (MR) SRK  
4/19/00 - WPI OK to house from storage building (BB) SRK

Signature of Applicant: Alan Compton  
Date: 7-24-00

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

HD-215 WELL LINE IS MARKED W/ PVC STAND PIPES

Building Address 3623 Cameron Ct.  
Ellicott City, MD. 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6030 Subdivision Cameron Trail

Section 1 Area 1 Lot 15

Tax Map 23 Parcel 121 Grid 9

Zoning M-1-D Map Coordinates 10109 Lot size \_\_\_\_\_

Property Owner's Name Jean Goldsmith  
 Address 3623 Cameron Ct.  
 City Ellicott City State MD Zip Code 21042  
 Home Phone 410 465 2719 Work Phone 443 535 9000  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Dwelling  
 Proposed Use Underground Propane Tank  
 Estimated Construction Cost \$ 2500.00

Description of Work Bury a 500 Gallon  
Underground Propane Tank

Contractor Company Suburban Propane  
 Contact Person Michael DeVincent  
 Address 31 Delwood Circle  
 City Rockville State MD Zip Code 20849  
 License No. \_\_\_\_\_  
 Phone 301 251 0606 Fax 301 251 0608

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 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	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input checked="" 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" 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 <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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 THEREAFTER; (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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Michael A. DeVincent  
 Title/Company: Suburban Propane

Print Name: Michael A. DeVincent  
 Date: 7/24/00

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\***  
**- FOR OFFICE USE ONLY -**

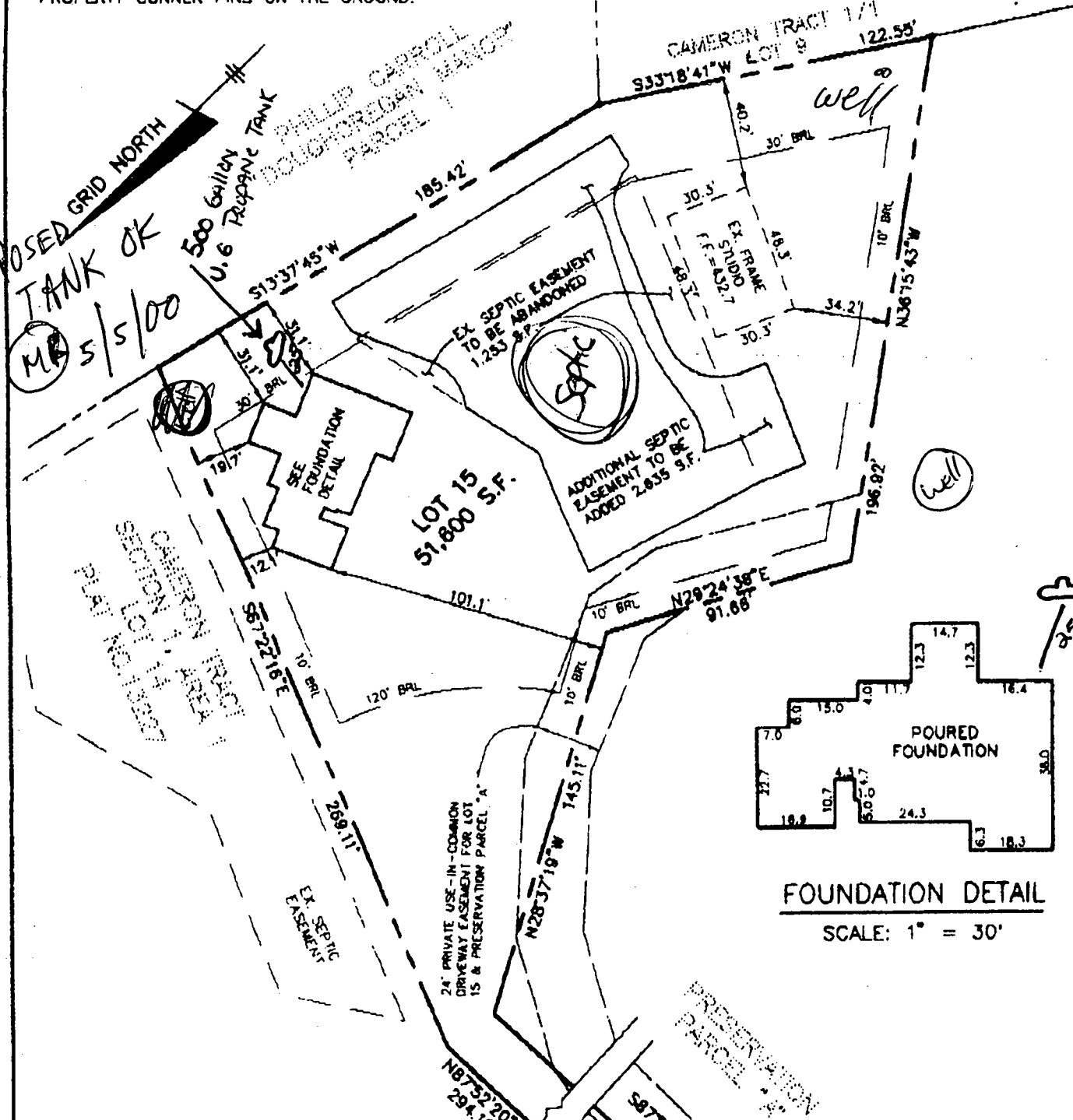
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	4117322
<input checked="" type="checkbox"/> Building Official			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>100</u>
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>5/5/00</u>	<u>Mark Riffin</u>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
<input checked="" type="checkbox"/> Health			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
<input checked="" type="checkbox"/> Fire Protection			Lot Coverage for New Town Zones _____	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			SDP/Red-line approval date: _____	Add'l permit fee \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Accepted by _____	TOTAL FEES \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Balance due \$ _____
				Check # <u>6000</u>
				Validation # _____

Distribution of Copies: White: Building Official; Green: LDD, DPZ; Yellow: DED, DPZ; Pink: Health; Gold: SHA

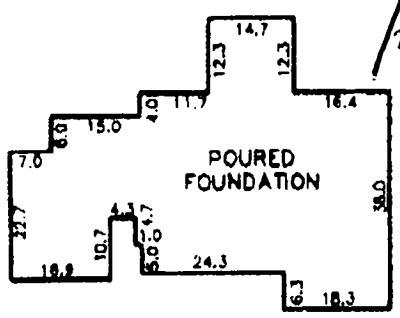
Rev. 10/15/98

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.

PROPOSED GRID NORTH  
 TANK OK  
 MR 5/5/00



500 Gallon U.6 Poly TANK

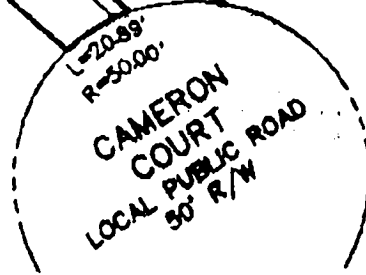


**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

*[Signature]*

PETER J. DARE  
 MD. PROPERTY LINE SURVEYOR #224



TOP OF FOUNDATION WALL = 427.30





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HOWARD COUNTY HEALTH DEPARTMENT

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Diane L. Matuszak, M.D., M.P.H., County Health Officer

February 9, 2000

TO: George Beisser, Chief  
Public Service and Zoning Administration

FROM: Mark Rifkin *MR*  
Water and Sewerage Program

RE: 3625 Cameron Court  
Cameron Tract, Lot 15  
Building Permit B00116231

Please inspect the referenced property for violations of zoning standards which permit only one dwelling unit per lot.

During a requested inspection of the property on January 5, 2000, the observed design and construction of the partially constructed "storage building" generated concerns that this building could or would likely be occupied as a dwelling or rental unit. This property is also the subject of a pending building permit application (B00121702) to construct a two-bedroom single family dwelling.

If you have any questions, please call me at 2640.

*RESOLVED - SEE ATTACHED MEMO*  
*MR 2/22/00*

MR



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DEPARTMENT OF PLANNING & ZONING

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*Joseph W. Rutter, Jr., Director*

February 22, 2000

To: Mark Rifkin  
Water and Sewerage Program

From: George Beisser, Chief, *GB*  
Public Services and Zoning Administration

Through: Joseph W. Rutter, Director  
Department of Planning and Zoning

RE: **Building Permit B00116231**  
**Building Permit B00121702 - 3625 Cameron Court**  
**Zoning Complaint 00-17**

In response to your inquiry on February 9, 2000 Mr. Dave Calloway, Regulation Inspector II and myself personally visited the above noted property and inspected the nearly completed "storage building" that generated concerns by your department that this building could or would likely be occupied as a dwelling or rental unit. You were very correct in having those concerns as this structure clearly exceeds the description of an accessory structure.

The structure was originally applied for under Building Permit B0016231, to be constructed on Lot 8, which it was. Prior to its completion the property was legally subdivided and the "storage building" now exist on adjacent Lot 15. The structure is to be used as an "artist studio" and the two lots, lot 8 and lot 15 are family related. A Building Permit B00121702 currently is open for the construction of a two-bedroom single family dwelling on lot 15 where the "storage building" exists.

The applicants and owners of the properties have been advised by this Department that the structure cannot be used for residential purposes or commercial purposes. They were further advised that protection should be provided for future owners or lending institutions and the County to ensure that this structure was properly used. An instrument has been recorded with the deed that states that this building cannot be used as a dwelling.

This office therefore stands that from a zoning standpoint the property is in compliance as far as the "storage building" on Lot 15 is concerned. It has been further recommended that the permit be changed by the applicant through the Department of Inspections, Licensing and Permits (DILP) to reflect the proper description of the structure. In regard to Building Permit B00121702, the two-bedroom single family dwelling, this office currently has no violation existing that would place a hold on this permit.

f:\KoskiCameronCt.wpd

JULY 26

# APPLICATION

PERCOLATION TESTING

A 510580-A

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

PROPOSED 1 LOT SUBDIVISION,  
SEPTIC AND A FOR EXISTING  
HOUSE

DISTRICT \_\_\_\_\_

DATE 7-23-98

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 ALICE J. DINEEN

ADDRESS 3625 CAMERON COURT PHONE 410-531-9331  
ELLICOTT CITY, MD 21042

AGENT OR PROSPECTIVE BUYER TODD EVANS

ADDRESS 2824 DEERFIELD DRIVE PHONE (410) 465-2282  
ELLICOTT CITY, MD 21043

PROPERTY LOCATION:

SUBDIVISION CAMERON TRACT (OLD LOT 8) LOT NO. 15

ROAD AND DESCRIPTION END OF CAMERON COURT TO  
THE SOUTHEAST

TAX MAP 23 PARCEL # P/O 124

SIZE OF LOT 46,119 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.

Stephanie Demchuk  
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR SEO DATE 8.20.98

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

510580A

COUNTY #

SOIL PROFILE 4A

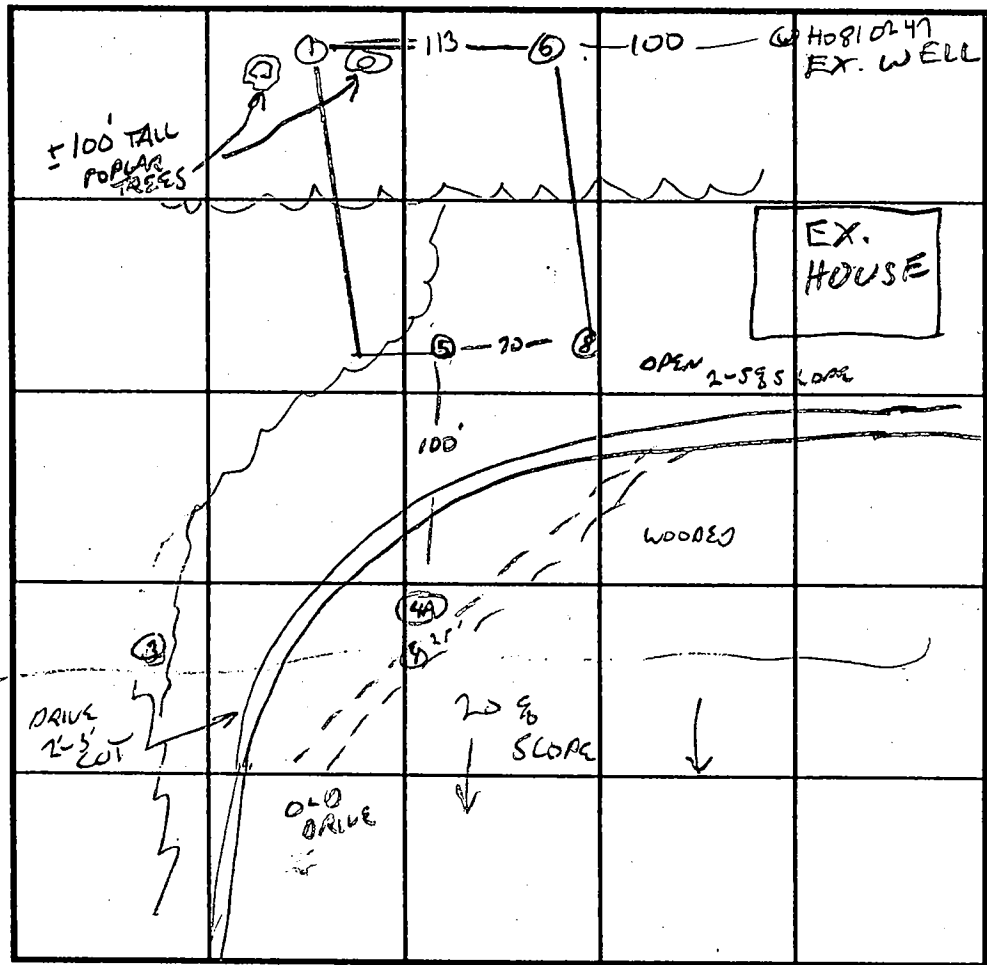
0' TOPSOIL  
 1' DARK ORANGE CLAY  
 4' BR SL 5-10% Rock  
 9' BR/GRAY LS 50% Rock  
 11' DRY 8

FILL  
 SIMILAR TO 5

DRY 14

6"-8" TOPSOIL ROOTS  
 STRONG BROWN LS  
 5' LIGHT TAN CS

DRY 13



SOIL PROFILE 5

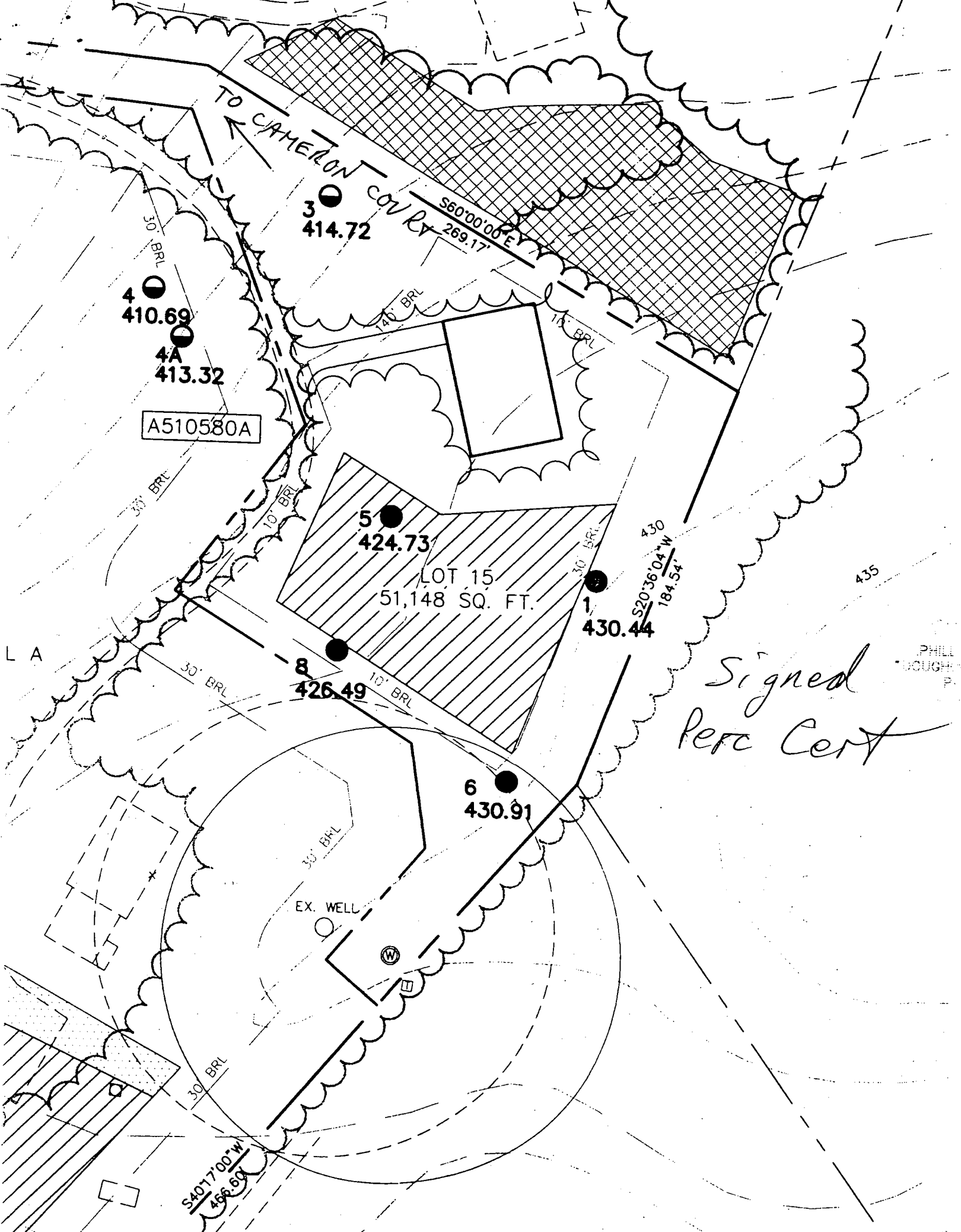
0' TOPSOIL DRAINAGE  
 1' LT TAN FIRM SL  
 2' ORANGE LOAM  
 6.5' TAN LOOSE SL  
 14.5' DRY  
 WHITE GRAY FRAGILE PM AT BOTTOM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
 CAMDEN CT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-29-98	5	9/14.5	11:19	11:20	UNDERSIZED →	11:21	1 MIN
	4	Rock	NOT	EVALUATED (CONQSD)			
	4A	11	- NOT TESTED - UNUSABLE		ROCKY		F
	3	9	50% Rock, CS > 5'	HEAVY CS	AM < 5'		F
	8	6.5/14	11:17	11:22	→	11:29	7 MIN
	6	7/13	11:32	11:36	→	11:40	4 MIN
	7	5/13	11:53	11:54	→	11:56	2 MIN

X Conversion Factor = 1.66

REMARKS Ground VERY compacted, PROGRESSIVE SLOW PERCS ABOVE 7'  
 TYPE OF SOIL NO TIMES - SACK PULSED STATES @ 10 MIN / IN WETT  
 TESTED BY G. SAVAGE ALSO PRESENT ROOT EYOCK JACK EYOCK (DURING TEST)  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 MIN TRENCH WIDTH 3  
 INLET DEPTH 5 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 180



TO CAMELON COUNTRY

A510580A

3  
414.72

4  
410.69

4A  
413.32

5  
424.73

LOT 15  
51,148 SQ. FT.

1  
430.44

8  
426.49

6  
430.91

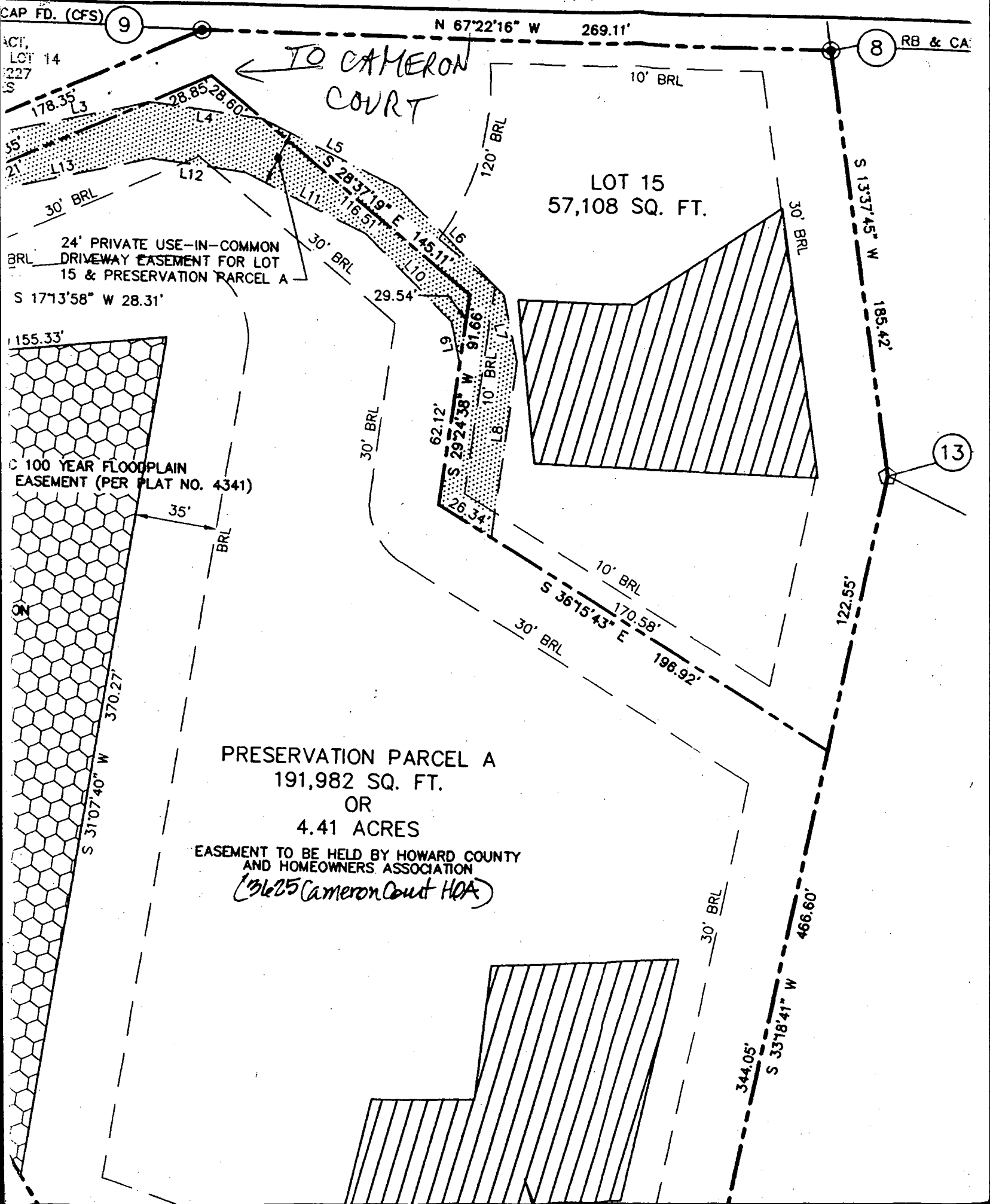
EX. WELL

*Signed  
Perc Cert*

PHIL  
WOLFE  
P.

S40°17'00\"/>

SIGNED F-99-53



CAP. FD. (CFS)

9

N 67°22'16" W 269.11'

8

RB & CA

ACT,  
LOT 14  
227  
S

TO CAMERON COURT

LOT 15  
57,108 SQ. FT.

24' PRIVATE USE-IN-COMMON  
DRIVEWAY EASEMENT FOR LOT  
15 & PRESERVATION PARCEL A

S 17°13'58" W 28.31'

100 YEAR FLOODPLAIN  
EASEMENT (PER PLAT NO. 4341)

PRESERVATION PARCEL A  
191,982 SQ. FT.

OR  
4.41 ACRES

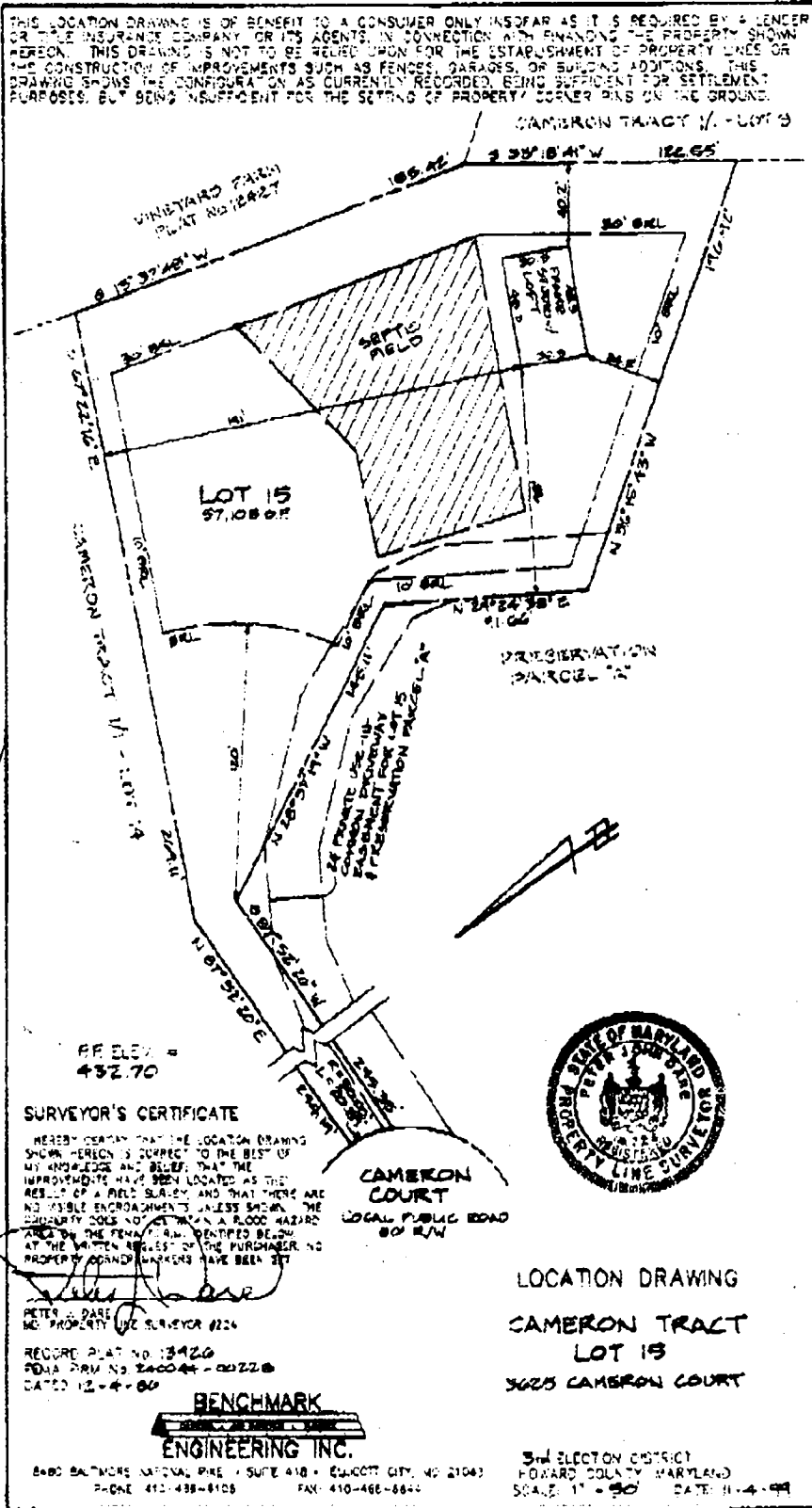
EASEMENT TO BE HELD BY HOWARD COUNTY  
AND HOMEOWNERS ASSOCIATION

(3625 Cameron Court HOA)

13

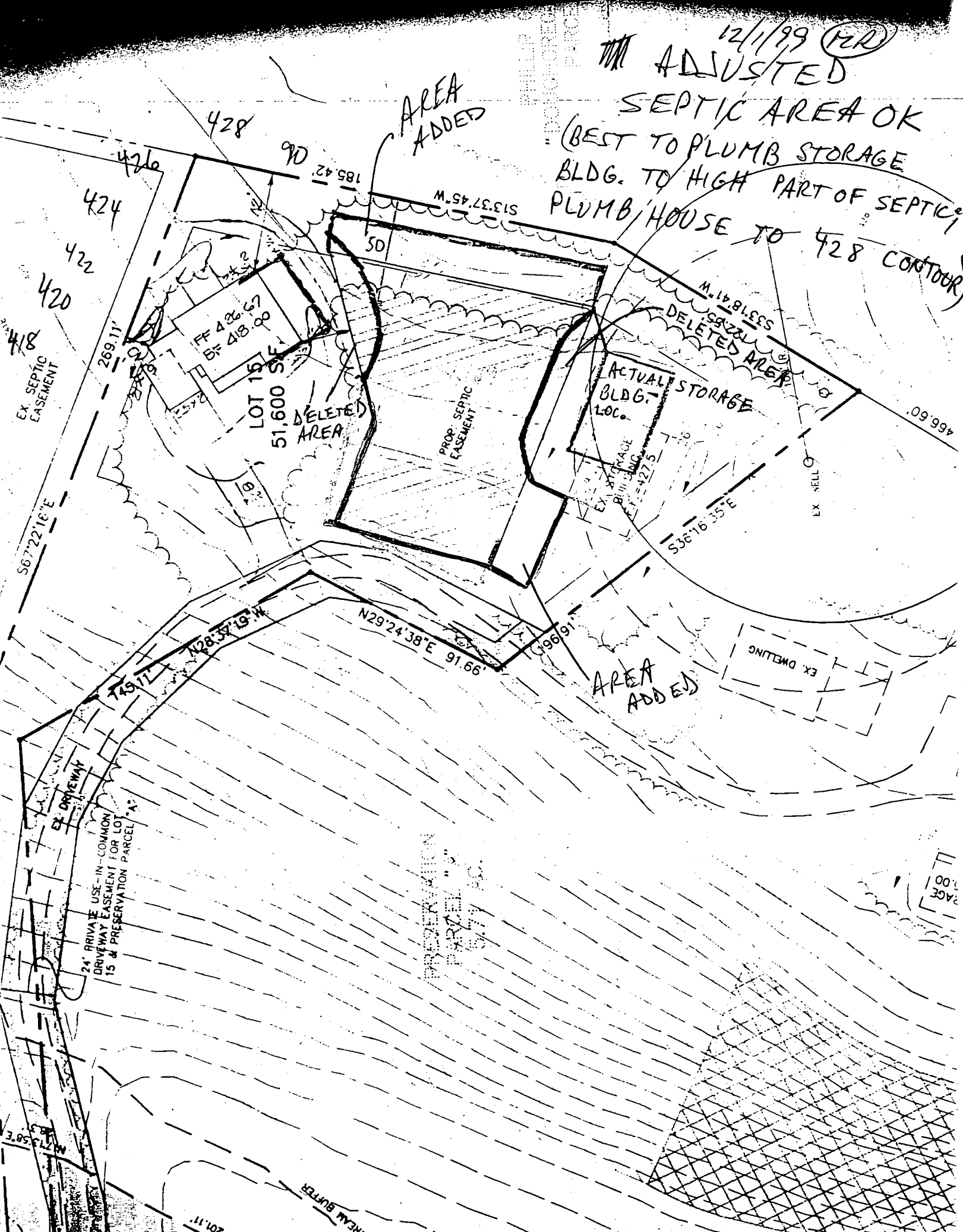
ordered  
11/8/99  
8:30 AM  
from Jane

ADVISED  
GYC REP  
(BUILDER)  
TO SUPPLY  
ORIG. WALL  
CHECK, NOT  
2ND GENERATION  
PAX  
MOR 11/15/99



Post-it® Fax Note	7671	Date	11/5	# of Pages	1
To	Date ?	From	Jim by Pegge		
Co./Dept.	Fogles	Co.	GYC Group		
Phone #		Phone #	410-846-0800		
Fax #	410-795-3432	Fax #			

12/1/99 (FR)  
 ADJUSTED  
 SEPTIC AREA OK  
 (BEST TO PLUMB STORAGE  
 BLDG. TO HIGH PART OF SEPTIC  
 PLUMB HOUSE TO 428 CONTOUR)



5'31"E  
26'

405

4  
410.69  
4A  
413.32

A510580A

3  
414.72

S60°00'00"E  
269.17'

5  
424.73

LOT 15  
51,148 SQ. FT.

ADD

REMOVE

REMOVE

8  
426.49

7  
430.44

S20°36'04"W  
184.54'

STORAGE  
BLDG.

6  
430.91

EX. WELL

MR  
135

11/15/99

GYC REP (BLDR)  
PROPOSED ADJUSTING  
SEPTIC EASEMENT TO ALLOW  
HOUSE TO MOVE AWAY FROM  
269.17' LOT LINE, I ADVISED  
BEST TO MOVE UPHILL AND  
INCLUDE ROOM TO INSTALL  
2ND SYSTEM FOR BATH  
IN STORAGE BLDG  
PERMITTED BY BCO116231, BUT  
BUILT CLOSER TO SDA THAN ON  
APPROVED PLAN, SO  
ADJ NEEDED  
HERE ALSO

CEL A

30' BRL

30' BRL

30' BRL

14' BRL

10' BRL

30' BRL

30' BRL

10' BRL

Building Address 3623 Cameron Court  
Ellicott City, MD 21042

Suite/Apt. #: N/A SDP/NP/Petition #: \_\_\_\_\_

Census Tract 6030 Subdivision Cameron Trail

Section 1 Area 1 Lot 15

Tax Map 23 Parcel 124 Grid 9

Zoning RC (DE) Map Coordinates 10K911 Lot size 51,600 S.F.

Property Owner's Name Todd + Robyn Evans  
 Address 3625 Cameron Ct.  
 City Ellicott City State MD Zip Code 21042  
 Home Phone \_\_\_\_\_ Work Phone 410-810-0800  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
MARK KOSKI  
GVC Group, Ltd  
P.O. Box 1550  
Westminster, MD 21158  
 Phone 410-840-0800 Fax 410-840-9211

Existing Use Vacant Lot  
 Proposed Use Single Family Dwelling  
 Estimated Construction Cost \$ 250,000

Description of Work SFD w/ Full Basement w/ BR  
1 car Garage 2 BR 2 full baths

Contractor Company GVC Group Ltd  
 Contact Person Mark Koski  
 Address P.O. Box 1550  
 City Westminster State MD Zip Code 21158  
 License No. CTR01959 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant N/A  
 Contact Name MARK A KOSKI  
 Address P.O. Box 1550 Westminster MD  
 City Westminster State MD Zip Code 21158  
 Phone 410-840-0800 Fax 410-840-9211

Engineer or Architect Company Stan Ryder Jr + Assoc  
 Contact Person Stan Ryder  
 Address 8308 Liberty Road  
 City P. Hanover State MD Zip Code 21244  
 Phone 410-521-2467 Fax 410-521-2464

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories <u>2</u>	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	1st floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	2nd floor: _____
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Basement: _____
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____
State Certified Modular _____		Multi-family dwellings: _____ No. of efficiency units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Multi-family dwellings: _____ No. of efficiency units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____
		State Certified Modular _____ Manufactured Home _____	State Certified Modular _____ 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 ENCLOSED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Mark A. Koski Print Name MARK A. KOSKI  
 Title/Company GVC Group Ltd Date 12/10/99

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 PLEASE WRITE NEATLY AND LEGIBLY

FOR OFFICE USE ONLY

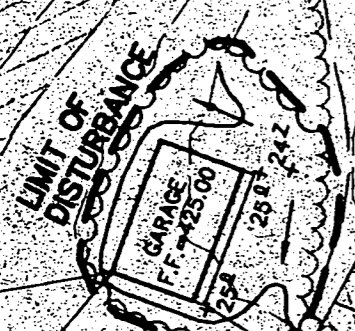
AGENCY	DATE	SIGNATURE APPROVAL	DEP SETBACK INFORMATION	PROPERTY ID#
Land Development DEP			Front <u>12' 0" Min</u>	44722
State Highways			Rear <u>30' Min</u>	
Building Official			Side <u>15' Min</u>	
City Engineering DEP			Side St. <u>N/A</u>	
Public Works			All minimum setbacks met? <input checked="" type="checkbox"/>	
Fire Department			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Filing fee \$ _____
Is Sediment Control approval required prior to assistance? <input checked="" type="checkbox"/>			Is Entrance Permit required? <input checked="" type="checkbox"/>	Permit fee \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			Historic District? <input checked="" type="checkbox"/>	Excise tax \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Additional permit fee \$ _____
			Accepted by <u>[Signature]</u>	TOTAL FEES \$ _____
				Balance due \$ _____
				Check # <u>276</u>
				Validation # <u>2664</u>

Division of Copies: White: Building Official, Green: LDD, DPZ, Yellow: DED, DPZ, Pink: Health, Gold: SEA





LOT 8  
5.71 AC ±



Garage OK as proposed. Confirms adequate separation from septic system. CONTRACTOR TO TOUCH. (LW)

STORAGE BUILDING

PHILLIP CARROLL  
DOUGLASS HANCOCK  
OR PARCEL

3/5/99 CWille  
HOW CO HEALTH

**NOTES**

1. THIS AREA DESIGNATES A PRIVATE SEWERAGE SYSTEM AS REQUIRED BY THE STATE DEPARTMENT OF ENVIRONMENTAL MANAGEMENT. IMPROVEMENTS OF ANY NATURE WHICH ARE AVAILABLE. THESE EASEMENTS SHALL BECOME A PART OF THE SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICE SHALL BE NOTIFIED OF ANY VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE SYSTEM. A MODIFIED SEWERAGE EASEMENT PLAN SHALL BE SUBMITTED TO THE HEALTH OFFICE.
2. TOPOGRAPHY SHOWN HEREON IS TAKEN BASED ON THE 1980 SURVEY.
3. THE BUILDINGS PROPOSED BY THIS PLAN ARE TO BE PROVIDED WITH SEPTIC SERVICE.
4. LIMIT OF DISTURBANCE = 15,600 ± SF.

**LEG**

- EXISTING CONTOURS
- PROPOSED CONTOURS
- EXISTING WOODS LINE
- PROPOSED WOODS LINE
- EXISTING STRUCTURE
- PROPOSED STRUCTURE
- EX. 15% - 25% SLOPES
- EX. 25% OR GREATER
- SEPTIC EASEMENT

CAMERON TRACT  
SECTION 1, AREA 1  
LOT 8  
PLAN NO. 4342

WILLIAMS



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 22, 1999

Mr. Todd Evans
3625 Cameron Court
Ellicott City, MD 21042

STORAGE BUILDING REVISION ACCEPTED. SEE ATTACHED SITE PLAN 3/5/99 CW

BOTH ISSUES RESOLVED!

RE: Building Permit Application B00116231 Proposed Storage Building Building Permit Application B00116232 Proposed Detached Garage 3625 Cameron Court Cameron Tract, Lot 8

CONTRACTOR HAS CONFIRMED ADEQUATE SEPARATION FROM GARAGE TO SEPTIC TRENCH 3/5/99 CW

Dear Mr. Evans:

This office has received the referenced building permit applications, but cannot recommend approval at this time because of concerns regarding the locations of the proposed structures.

Construction of the proposed storage building would generate unsuitable grading impacts to the approved sewage reserve area as shown on the signed percolation certification plan for new lot 15. Adjustment of the building location away from this approved sewage reserve area could allow grading to occur without these negative impacts.

The location of the proposed garage is in a designated "zone of concern" on the signed percolation certification plan. Prior to garage construction, existing septic system trenches must be precisely located and the proposed garage location evaluated for maintenance of appropriate setback distances to this trench(es).

Please contact this office at (410) 313-2640 to arrange further review, to request an inspection or to discuss any concerns.

Very Truly Yours,

Mark E. Rifkin
Mark E. Rifkin, R.S.
Water & Sewerage Program

MR

cc: Department of Inspections, Licenses & Permits
File

B 1 **7493** SEQUENCE NO. (MDE USE ONLY)  
 STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-94-2224**  
 fill in this form completely

Date Received (APA)  
 OWNER INFORMATION  
 8 MM DD YY 13  
**Erens Robin** \* < Jodd  
 15 Last Name Owner First Name 34  
**3625 Cameron Ct.**  
 36 Street or RFD 55  
**Ellicott City, Md. 21042**  
 57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL  
 8 COUNTY 21  
**Cameron Tract**  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT **15** 48 50  
**Cameron Ct West Friendship**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **5** M I  
 73 76 77 78

DRILLER INFORMATION  
**Joseph L. Wayne** MS D 24  
 76 License No. 81  
**Joseph L. Wayne Well Drilling**  
 Firm Name  
**5512 Ridge Rd. Mt. Airy, Md. 21271**  
 Address  
**Joseph L. Wayne** 4/2/99  
 Signature Date

B 4  
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
**Cameron Ct.**  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST  
 SOUTH  
 34 **575** 37  
 DISTANCE FROM ROAD FT MI 38 39  
 ENTER FT OR MI  
 TAX MAP: **23** BLK: **9** PARCEL **124**

B 2 WELL INFORMATION  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.)  
**5**  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)  
**500**  
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

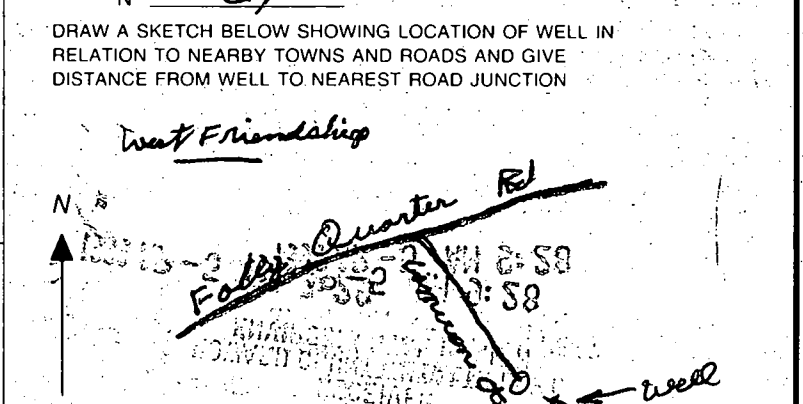
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD A510580A**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S  
 DATE ISSUED **04 26 99** **C. Williams** 4/25/00  
 43 MM DD YY 48 CO SIGNATURE EXP DATE  
 NORTH GRID **522** 0 0 0 EAST GRID **0826** 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL **6** INCH  
 NEAREST INCH

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  
 E **8206**  
 N **522**  
 000  
 000  
**5/10/99**  
**11:30 GROUT**  
 location ok  
 1/2' casing  
 100' open hole  
 30' of 4" pipe being used  
 Grout in progress at time of inspection 5/10/99 SRM

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
 37 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  
 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 DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER 54 \_\_\_\_\_ 63  
 PERMIT No. **HO-94-2224**  
 70 71 72 73 74 75 76 77 78 79

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

C1 06723

SEQUENCE NO. (MDE 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 A 510580 A

ST/CO USE ONLY

DATE RECEIVED 05 12 99

DATE WELL COMPLETED

MM 05 DD 12 YY 99

DEPTH OF WELL

22 140 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-94-2224

OWNER EVANS TODD STREET OR RFD CAMERON CT TOWN WEST FRIENDSHIP SUBDIVISION CAMERON TRACT SECTION LOT 15

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 40 NO. OF POUNDS 3760 GALLONS OF WATER 240 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 100 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3/8 9 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft. WHEN PUMPING 58 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Sand (0-107), Gray Mica Rock (107-140)

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing 6 Total depth of main casing 112

OTHER CASING (if used)

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) DEPTH (nearest ft.) 110 140

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (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 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above (2) (nearest foot) (-) below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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.

DRILLERS LIC. NO. 1 MS D 024 DRILLERS SIGNATURE Joseph L. Mayne

LIC. NO. 1 MS D 027 DRILLERS SIGNATURE Joseph L. Mayne

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

