

03-306646

11/3/87 ~~AMP~~

PERMIT

P 40494

A 25574

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 11/17/87

DATE SYSTEM APPROVED 11/3/87

INSPECTOR S. Abel

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Cameron Tract ROAD 3641 Cameron Court LOT 10

PROPERTY OWNER John Miller

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 4 feet below original grade. 4 1/2 feet of stone below distribution pipe.

LOCATION - Beginning from the front right lot corner, place 1st trench 125 feet off the front (445.00') lot line and 135 feet off the right lot line as seen when viewing property from Cameron Court. Run trenches along contour back towards the left lot line. BE SURE TO MAINTAIN MINIMUM 100 FEET FROM WELL TO SEPTIC.

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

OKSA

PLANS APPROVED BY Bert Nixon DATE 11/07/86

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.

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

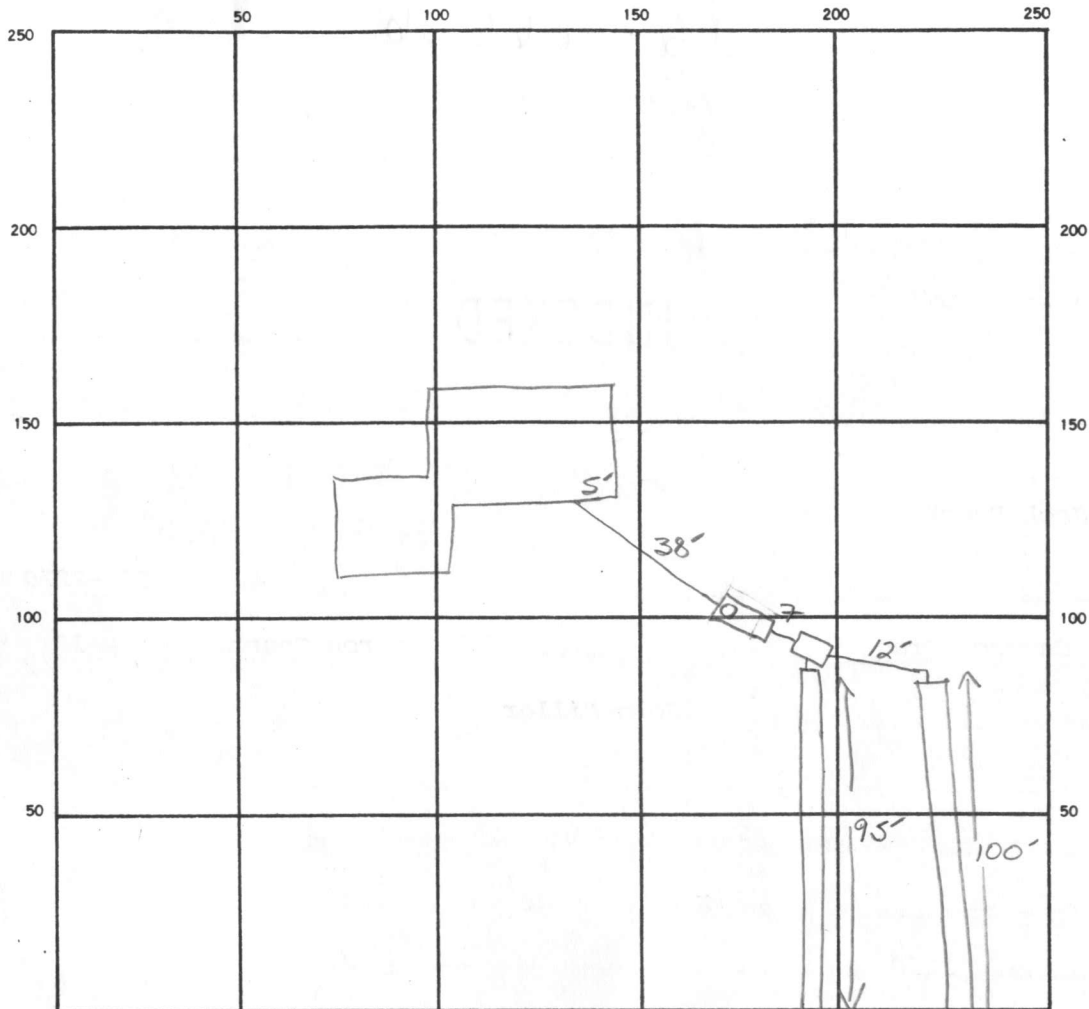
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

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

EH - 2-1186

A 25574



295
145
975
280
8775

INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL ✓ 1250 GAL CLEANOUTS ✓ ST

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH ① 4.5 ② 4.5 FT. TOTAL LENGTH ① 100 ② 95 FT. TOTAL 195 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 877 SQ. FT.

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

ABSORBENT AREA 877 SQ. FT.

REMARKS 11/3/87 OK TO STONE BOTH TRENCHES. S. Abel

DATE SYSTEM APPROVED 11/3/87 INSPECTOR Sid Abel

APPLICATION

A 25574

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3

DATE 4/4/77

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.

JOHN Miller.

PROPERTY OWNER Dr. Ronald Cameron / C & D Dev. Corp.

ADDRESS Folly Qtr. Rd.; Ellicott City, Md. 21043 PHONE 774-2495

PROPERTY LOCATION:

SUBDIVISION Folly Quarter Estates LOT NO. 11-10 (new)

ROAD AND DESCRIPTION Folly Qtr. Rd., S. of Rt. 144 on east side of Folly Qtr. Rd.

between Rt. 144 and Homewood Rd. 3641 CAMERON Ct.

SIZE OF LOT 3.0 acres TYPE BLDG. (4-5 bedrooms) single family res.
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT [Signature]

APPROVED BY Frank Skinner FOR T. F. DeFlavis, / C & D Dev. Corp. DATE 11/23/79
(KIND OF SYSTEM) Drywell & trench

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM) _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 12/17/86

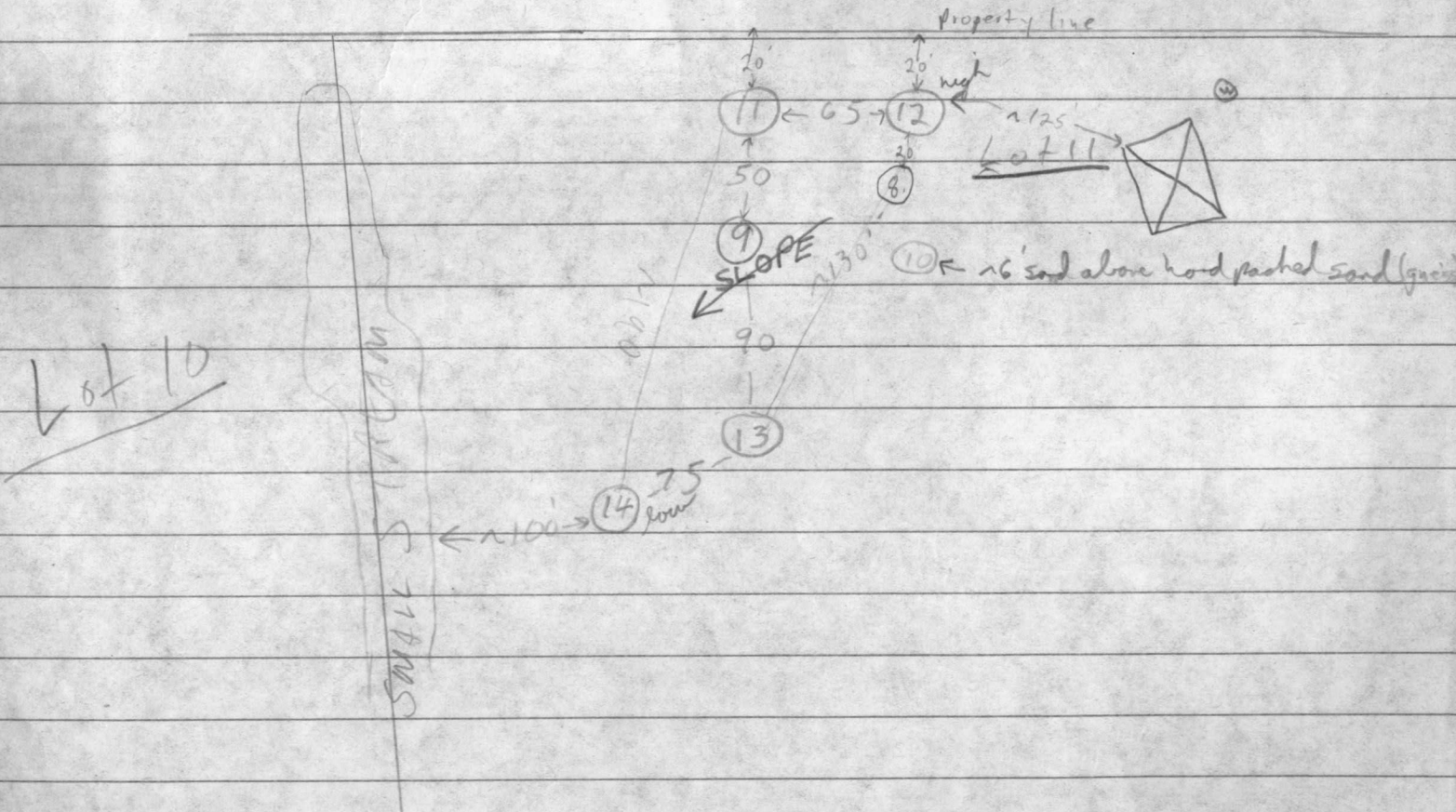
S. A. G. P.
151 #09429

THIS IS NOT A PERMIT

5/10/77 11 12' Clayey to 4' sandy loam below
 12 high 12 1/2' Clayey to 4' sandy loam below
 13 13' Clayey to 4' sandy loam below
 14 low 6' 3:55 3:57 3:57 4:03 6min clayey to 4'
 14A 12' 3:56 4:02 4:02 4:23 21min ← (getting harder)
 packed sand

70
 30
 100 min
 100

"Doughoregan Manor"



new 10

~~old 11~~

2-110' TRENCHES
(4/5 BD ROOMS; 4 BATH)

OK FOR YBL
NEED TOTAL 223 FOR SBC.
SABul

12/17/86
New elevations
called in by Mr.
Miller SABul

DISTRIBUTION BOX ~~415'~~ DIST. BOX. EXISTING
ELEVATION

DISTR. BOX
INLET ELEV. 542.0'

544.0'

~~538.00~~ ✓

INLET INTO DIST.
BOX 540.0' ✓

40' MIN
60' MAX

INVERT ELEV. (out of)
SEPTIC TANK 544.0' ✓

EXIST. ELEV AT 549.00 ✓
SEPTIC TANK

will require
man hole to
grade

BLDG. PERMIT SIGNED
AND RETURNED 12/17/86 SABul
BP# 9429

SEPTIC
TANK

INVERT ELEV
(into) SEPTIC
TANK 544.25'

DISTANCE
40' - 60' MAX
MIN

GARAGE

levation
SABul

546.0' ✓ INVERT ELEV (OUT OF)
HOUSE

HOUSE

1ST FLOOR ELEV. 554.0' ✓
BASEMENT ELEV. 546.0' ✓

11/3/87 - AM. PM

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 Receipt # 40371
 Replacement _____ Date 11/2/87

Name of Installer John Maske Telephone 788 3389

License Number 3189
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner _____ Telephone _____
 Subdivision CAMERON TRACT Lot # 10 Well Tag # HO-81-1696
 Site Address 3641 CAMERON COURT

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>3/4</u>	1. Make _____
a. Deep well jet <u>X</u>	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>4'</u>
c. Submersible <u>X</u>	a. 110 _____	
2. Make <u>Myers</u>	b. 220 <u>X</u>	
3. Model # <u>3/4 HP.</u>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes _____ No <u>X</u>		
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 <u>X</u> Cable guards <u>X</u> Other <u>Tape</u>		

Tank	Piping	Well data
1. Capacity <u>82</u>	1. Type <u>Big Blue</u>	1. Depth <u>150</u> ft.
2. Pressure relief valve? <u>75 lb</u>	2. Size <u>1"</u>	2. Yield <u>14</u> GPM
	3. NSF and/or BOCA Code approved <u>X</u>	3. Static water level <u>35</u> ft.
	4. Depth of supply line <u>20' OFF Bottom</u>	4. Will water supply be disinfected by installer? <u>yes</u>

11/3/87 Pressure AT 48" well line NOT DUG YET. S. Maske

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: John Maske
Date: 11-2-87

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

Big Oak

A-190'

B-40' flagged Dogwood

E21,600 N 18,500

540



LOT 9
3.4 Acres

LOT 10
3.6 Acres

LOT 11
16.26 Acres

Pond

OFF CAMERON RD

GRAZE - ALL THE PASTURE

100yr Flood Plain

113778

GHORE

C1 5329

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

A-25574

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED

8 13

DATE WELL COMPLETED

10 15 20 10 16 8 4

Depth of Well

22 26 15 0 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

28 29 30 31 32 33 34 35 36 37 10-8-1696

OWNER

MILLER last name

JOHN first name

STREET OR RFD

CAMERON CT.

TOWN

WEST FRIENDSHIP

SUBDIVISION

CAMERON TRACT

SECTION

LOT

10

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 TO Check if water bearing

OVERBURDEN 0 5
DRN SHALE 5 36
Granite 36 50 X

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 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 40 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO STEEL CONCRETE
PL OT PLASTIC OTHER

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

ST 6 40

OTHER CASING (if used)

diagram of casing with diameter and depth fields

screen type or open hole insert appropriate code below

SCREEN RECORD

ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C 2

DEPTH (nearest ft.) 39
EACH SCREEN 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68

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

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 428
METHOD USED TO MEASURE PUMPING RATE SUMMERSIDE
WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 39
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 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)

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)

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. 120

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

NO MAP AVAILABLE

1. NAME OF THE PERSONS TO BE TESTED
 2. ADDRESS
 3. CITY AND STATE
 4. ZIP CODE
 5. DATE OF TEST
 6. TIME OF TEST
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RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 OCT 23 4 28 PM '86
 DIVISION OF
 ENVIRONMENTAL
 HEALTH

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