

102 ID-04-351487

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49443

A 42816

DISTRICT 4th

DATE 7/14/93

DATE SYSTEM APPROVED 8/26/93

INSPECTOR AM CBS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~460993~~ 313-2640

INDEXED

0-25-93
3 pm
5/26/93 my

Paul Schissler, South Carroll Backhoe IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Camden Downs LOT 14 ROAD 15603 Camden Meadows Court

PROPERTY OWNER Mike Cole

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

4 BR x 210 = 840 Deck

BLDG. PERMIT SIGNED
AND ~~RECEIVED~~ 6-27-93
Serial Number 60836

TRENCHES - Trench to be 3 feet wide. Inlet 5.5 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 5.5 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 200 feet off the front (200.0) lot line and 110 feet off the right (625.88') lot line as seen when facing the lot from Camden Meadows Court. Run trenches on contour toward the right and left lot lines. MAINTAIN A MINIMUM OF 100 FEET FROM ALL NEARBY WELLS.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok 6/3/93 BJ

PLANS APPROVED BY Jane Nadeau DATE 01/08/90

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
42816

SCALE 1:60

PREPARED BY

DAVIES DEV.

410-750-0007

EXISTING ELEV. @
TRENCH & DISTRIBUTION
BOX 577.5

INVERT ELEV. OUT
OF HOUSE 578

EXISTING INVERT
SEPTIC 579

INVERT ELEV. INTO
SEPTIC 577

INVERT ELEV. OUT
OF SEPTIC 576.75

INVERT ELEV. INTO
DISTRIBUTION BOX
573.

INVERT ELEV. INTO
TRENCH 572.8

SEE PLAN
#2 FOR DETAILS
16' X 36' DECK

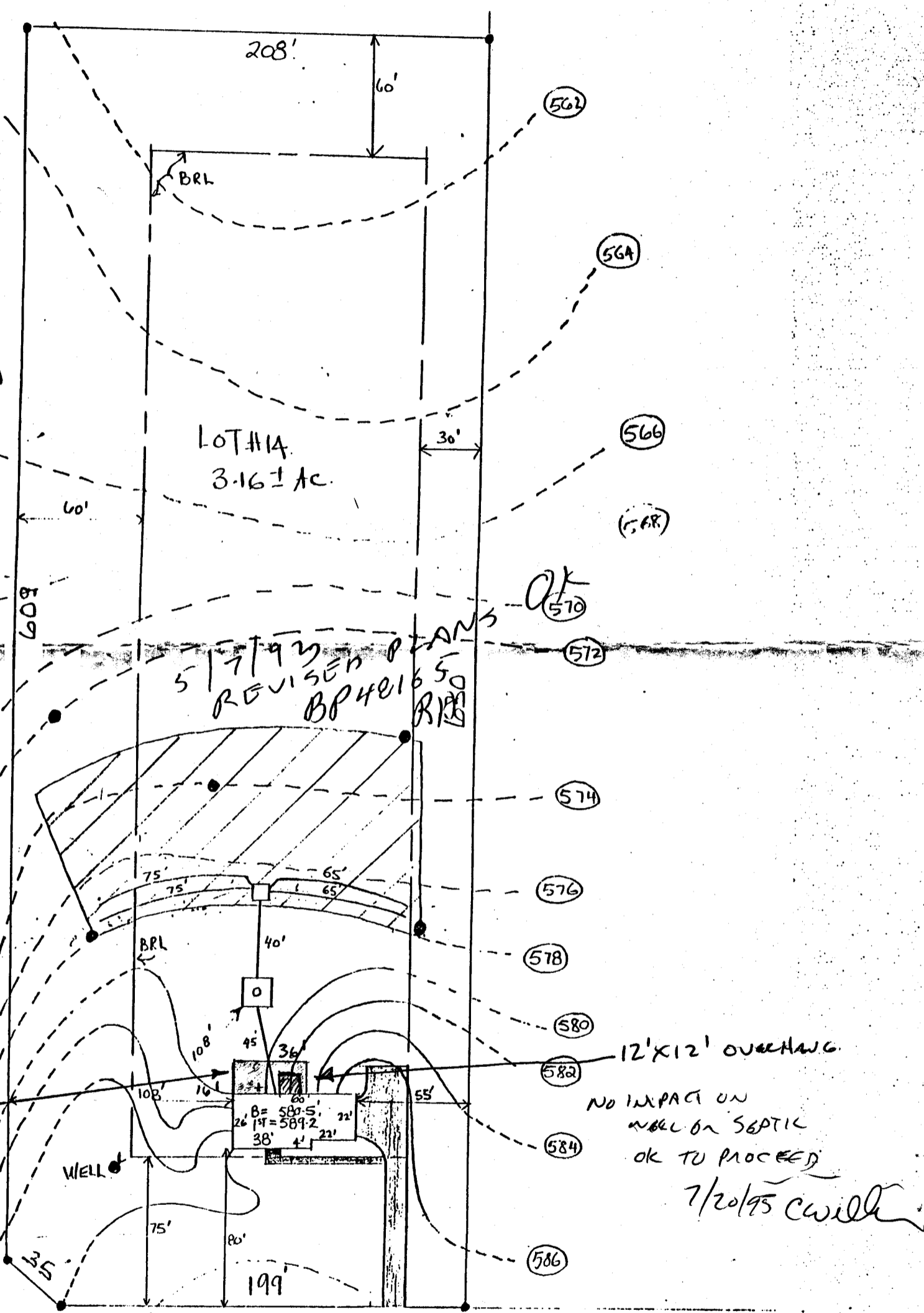
4 BEDROOMS

TOTAL LENGTH
OF TRENCH 280'

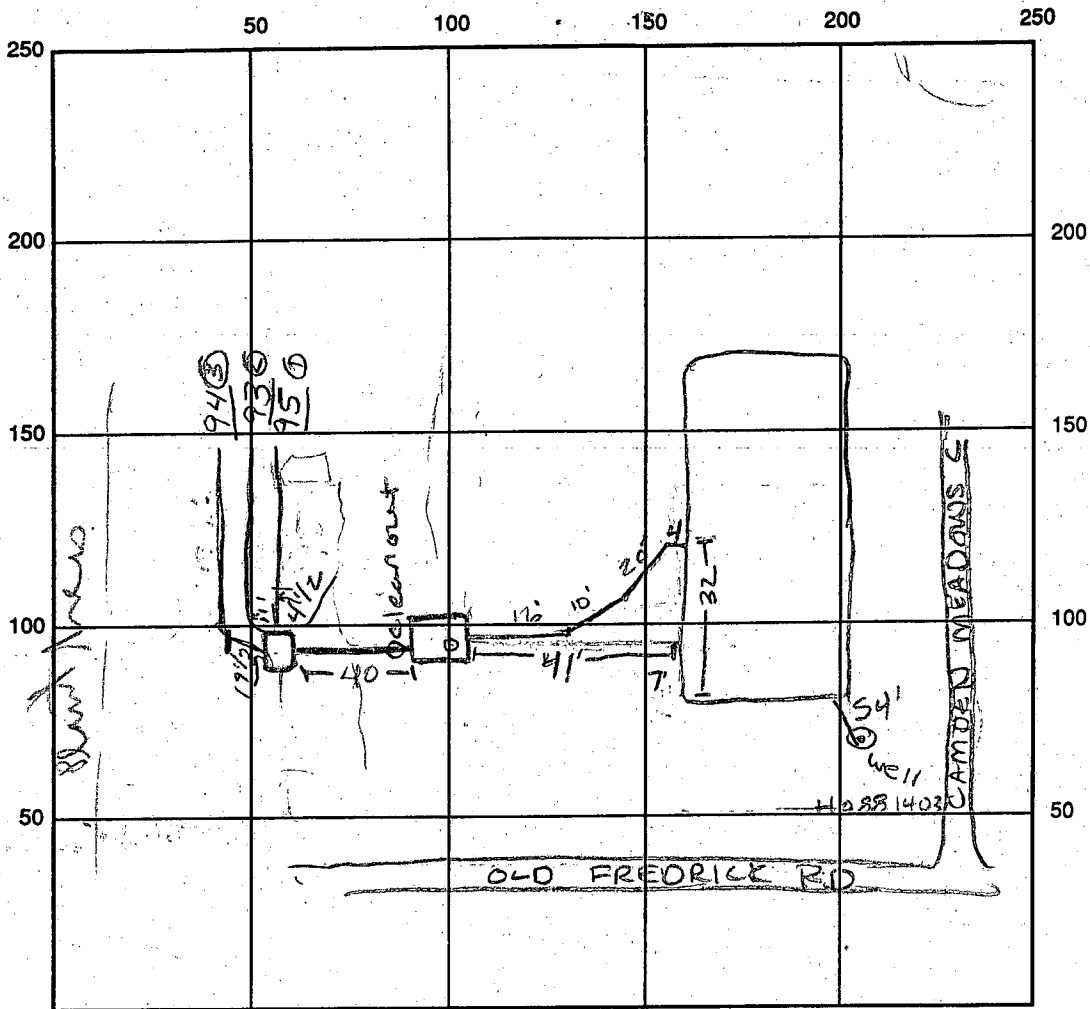
COLE RESIDENCE
BUILDER: DAVIES DEVELOPMENT
410-750-0007

517

LOT #14
CAMDEN DOWNS SEC. 1
PLAT 05° 95/4.
LIBER 2220 FOLIO 614
PLAN #1



CAMDEN MEADOWS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL O.K. CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL 1.0 K baffle is in

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 1/2 FT. 19'

EFFECTIVE GRAVEL DEPTH 2+ FT. TOTAL LENGTH 93 FT. 94

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 846 SQ. FT.

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

ABSORBENT AREA 846 SQ. FT.

REMARKS: 8/25 Trench depth, tank baffle to specification. Well line OK to cover AM CW
8/26 OK to cover as finish material on site for last trench & to
cement around distribution box pipes

DATE SYSTEM APPROVED 8/26/93 INSPECTOR Ang M Miller CBS

APPLICATION

PERCOLATION TESTING

A 42816

P _____

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

DISTRICT 4th

DATE 8/16/88

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 Carrie Lee Hutchins Mr. and Mrs. Mike Cole

ADDRESS 830 Morgan Station Road, Woodbine MD 21797 PHONE 757-7812

PROSPECTIVE BUYER Potomac Development Company

ADDRESS 1015 Copperstone Ct., Rockville MD 20852 PHONE 424-6006

PROPERTY LOCATION: Prelim Lot (14)

SUBDIVISION Camden Downs LOT NO. 15

ROAD AND DESCRIPTION Old Frederick Road and Morgan Station Road
(15603 Camden Meadows Court)

TAX MAP 8 PARCEL # 1

SIZE OF LOT 3.40 Acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 5/7/93
Serial # 48165

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.

Gregory B. Powell
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR (HOLDING) 1-18-89 Pending perc hole locations and subdivision plat approval. SHALLOW SYSTEM ONLY DENIED
1-24-89 ADDITIONAL low hole on lot 15/16 TO EXPAND AREAS OR. RESUB OF LOT 15/16 TO MAKE 3 LOTS PLANNED. Hold for plat before charging ADDITIONAL fee. S. Col

THIS IS NOT A PERMIT

A 42816

(A) (B) (C)
SOIL PROFILE

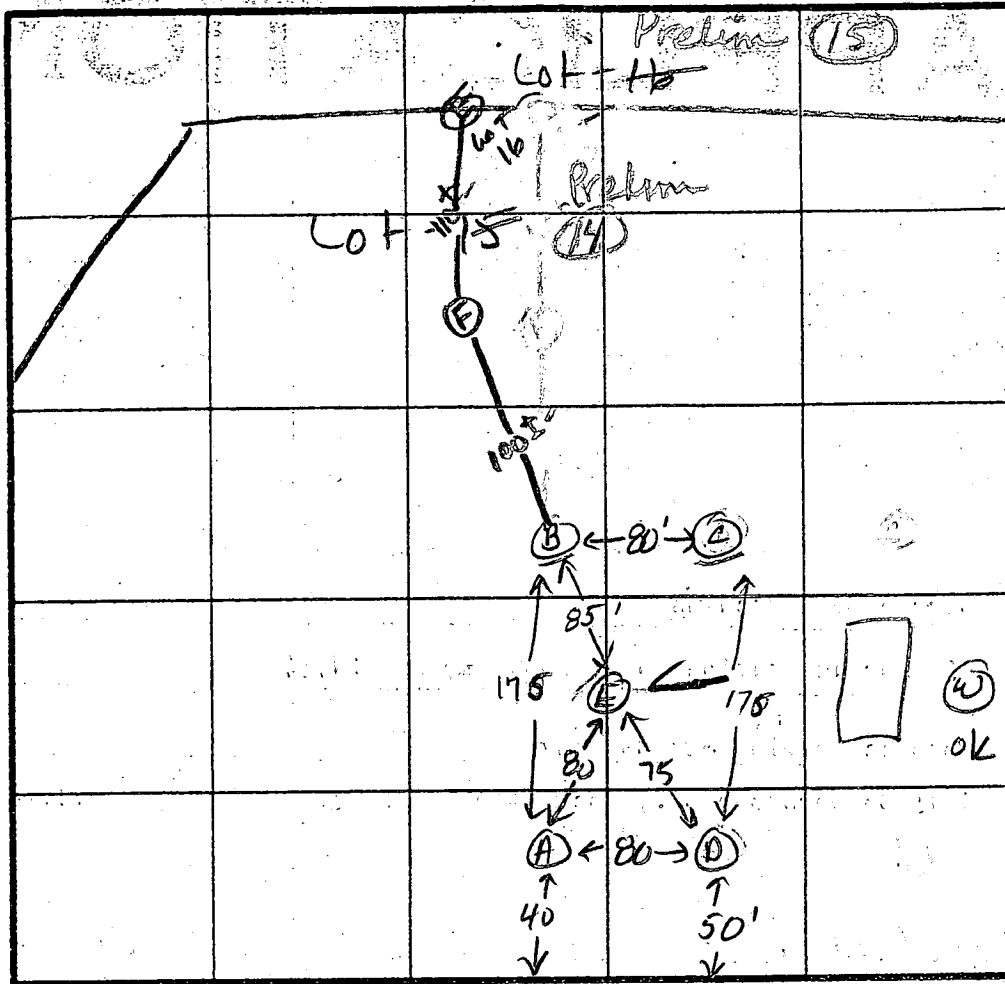
0-4.0 Br sil
1m
4-14.5 Tan sa
sil 1m,
some
broken
rx frags
< 25%
14.5 Bottom
slight
structure
at 11.5ft

(D)

0-5.5 rd-br sil
cl 1m
5.5-13.5 Br sa
sil 1m
13.5 Bottom

(E)

0-4.5 Br sil
1m
4.5-13.5 Br sa sil
1m, trace
of rx
frag
< 10%
13.5 Bottom



Highest D
C
E
B
Lowest A

SHALLOW ONLY
X = 7mm
Inlet = 6.0 ft
Bottom = 7.5 ft
210 sq ft / hdram

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Old Frederick Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1-18-89	B	6.0 S	1:09	1:15	1:15	1:30	15 min	
		14.5 D	Bottom (slight structure at 11.5')					ok
	C	13.0 V	(slight structure at 11.5 ft)					ok
	D	4.5 S	1:50	2:00	1/4 inch	slows	Failed	
		2.5 S	1:20	1:39	no movement		Failed	
		6.5 S	1:24	1:25	1:25	1:27	2 min	
		6.5 S	1:21	1:22	1:22	1:23	1 min	
		13.5 D	Bottom (see profile)					
	A	4.5 S	1:53	2:08	1/4 inch		Failed	
		4.0 S	1:29	1:44	no movement		Failed	
		6.5 S	2:14	2:16	2:16	2:20	4 min	
		13.5 D	Bottom (no structure visible)					ok
	E	13.5 V	Bottom (no structure visible)					ok
	D	8.5 M	2:10	2:16	2:16	2:30	14 min	

REMARKS 1/24/89 FS 13.5 11:55 12:05 12:05 12:25 20min
All holes as shown similar to hole B - use to expand area to make area lot/sq

TYPE OF SOIL 0-4.5 Br sil 1m, 4.5-13.5 Br sa sil 1m, < 25% rx

TESTED BY JEN Arlean

ALSO PRESENT Cecio, Kenny

SCALE 1:60

PREPARED BY

DAVIES DEV.

410-750-0007

EXISTING ELEV. @
TRENCH & DISTRIBUTION
BOX 577.5

INVERT ELEV. OUT
OF HOUSE 578

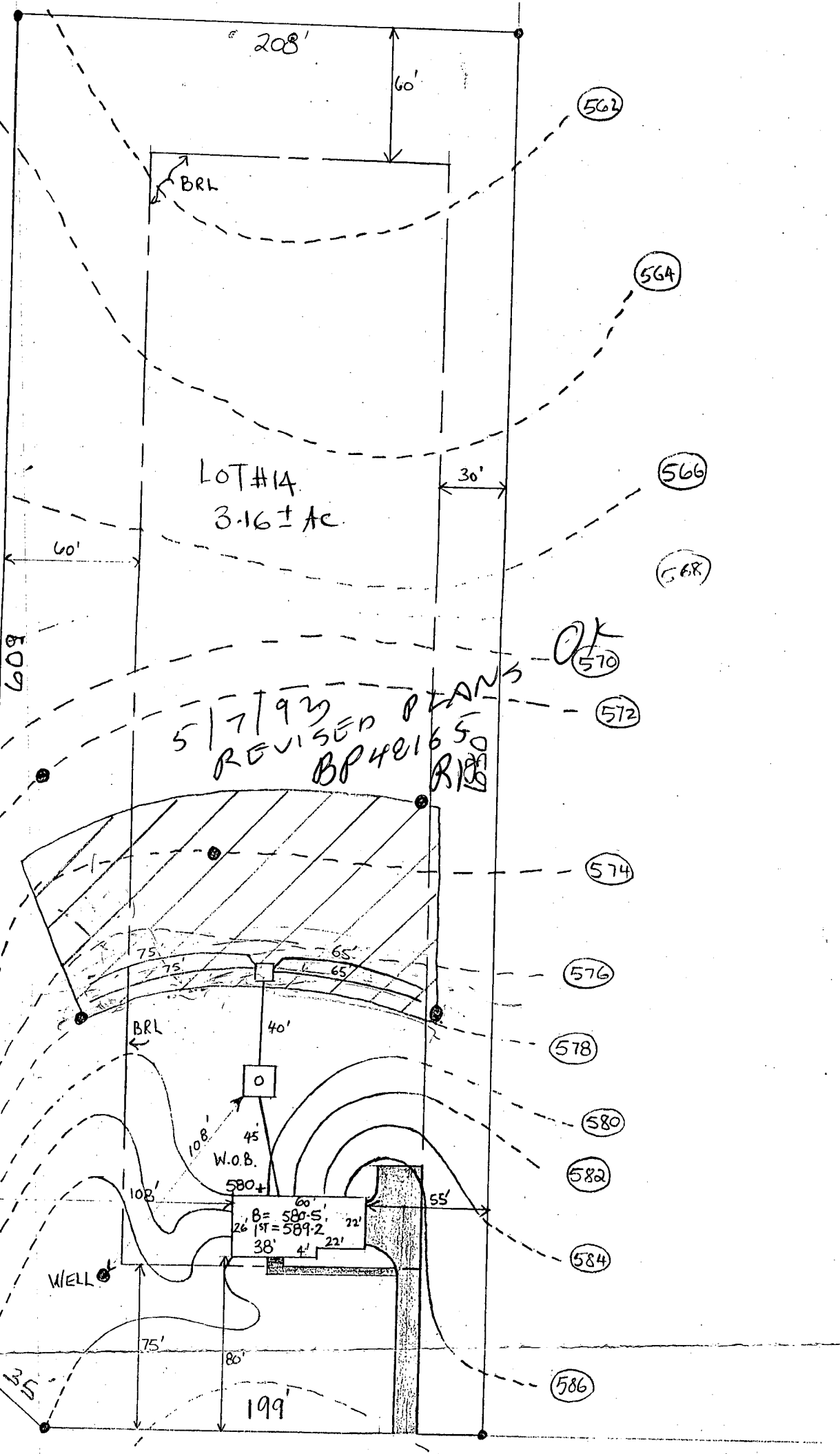
EXISTING INV @
SEPTIC 579

INVERT ELEV. INTO
SEPTIC 577

INVERT ELEV. OUT
OF SEPTIC 576.75

INVERT ELEV. INTO
DISTRIBUTION BOX
573.

INVERT ELEV. INTO
TRENCH 572.8



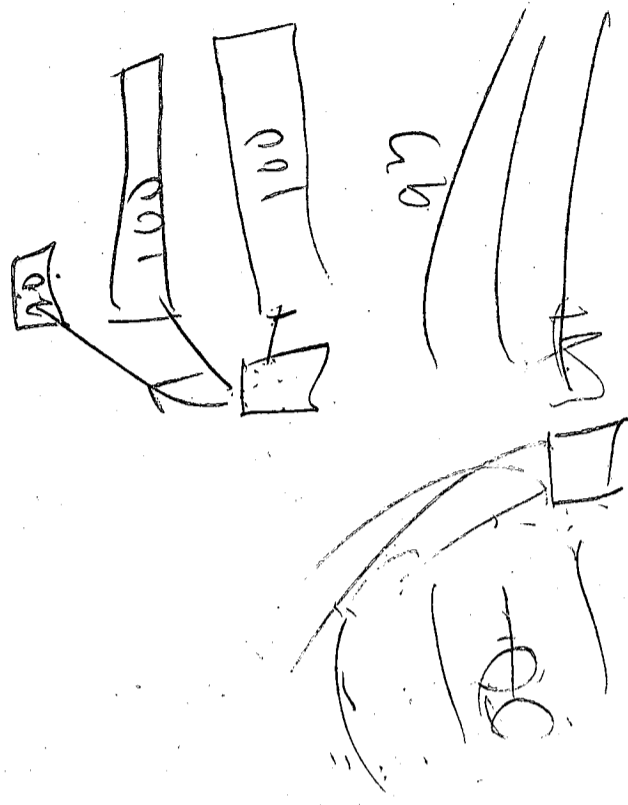
4 BEDROOMS

TOTAL LENGTH
OF TRENCH 280'

COLE RESIDENCE
BUILDER: DAVIES DEVELOPMENT
410-750-0007

LOT #14
CAMDEN DOWNS SEC. 1
PLAT NO 9574
LIBER 2220 FOLIO 614

5/7



B 1 **9459** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

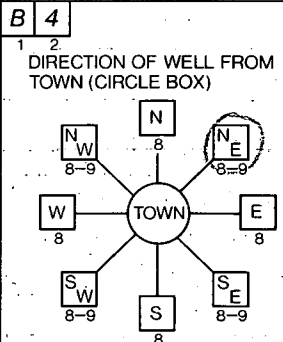
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-1403
 fill in this form completely

Date Received (APA) **050790**
 OWNER INFORMATION
CAMDEN DOWNS PARTNER
 10805 HICKORY BRIDGE RD.
 Columbia MD 21044

B 3 LOCATION OF WELL
HOWARD COUNTY
CAMDEN DOWNS SUBDIVISION
 SECTION **1** LOT **14**
LISBON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
FRANK-DELPH
 FRANK DELPH WELL DRILLERS INC.
 18334 PENN SHOP RD. MARYLAND
 Frank Delph 5-2-90



Camden Meadows Ct NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **75** FT
 ENTER FT or MI **FT**

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A-42816 COUNTY NO.
 STATE SIGNATURE **Mark E. Kiffin** DATE ISSUED **12/11/90**
 NORTH GRID **551000** EAST GRID **0784000**

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)

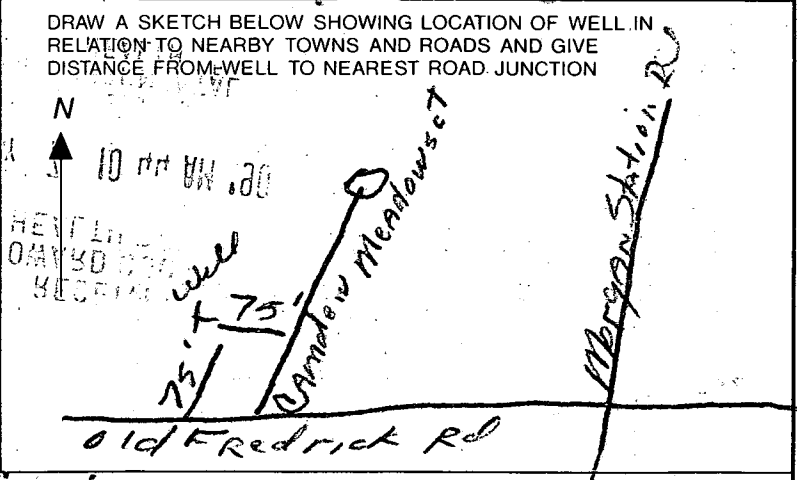
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERcussion **ROTARY (Hydraulic Rotary)**
 CABLE REVerse-ROTary Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7864**
 N **5521**

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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **MR** PERMIT No. **HO-88-1403**

SPECIAL CONDITIONS

C1 **1605** SEQUENCE NO. (DENV 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-42816**

ST/CO USE ONLY DATE Received **050790** DATE WELL COMPLETED **071190** Depth of Well **22505** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **11-88-11403**

OWNER **Camden Downs Partner** STREET OR RFD **Camden Meadows** TOWN **Lisbon** SUBDIVISION **Camden Downs** SECTION **2** LOT **14**

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		Check if water bearing
	FROM	TO	
Topsoil	6	2	
Shale	2	30	
Brown Slit	30	38	
Blue Slit	34	50	
Brown Slit	50	305	
Blue Slit	55	140	
Brown Shale	140	145	
Blue Slit	145	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **7** NO. OF POUNDS **9100**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **3** ft.

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **31**

OTHER CASING (if used)
 diameter inch depth (feet) from to

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

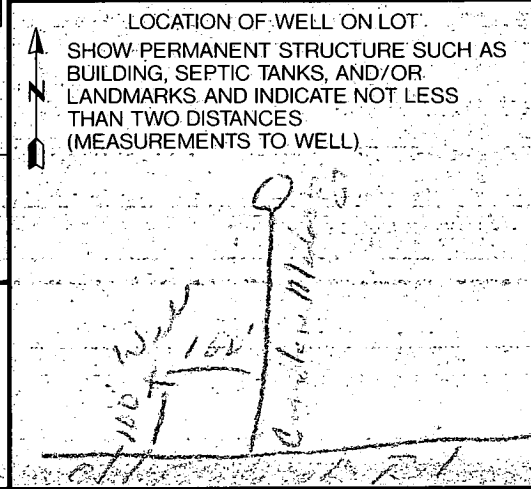
C2
 DEPTH (nearest ft.)
 SLOT SIZE **2** **3**
 DIAMETER OF SCREEN (NEAREST INCH) from to

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.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **25** WHEN PUMPING **43**
 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: **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 **2** (nearest foot) **50** **51**



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 IDENT. NO. **453**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)