

Tax ID - 03306607

5/5/86
septic OK
completed
(initials)

PERMIT

P 36889
A 36348

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~992-2330~~
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 3rd
DATE 5/5/86

Jack Eyock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Cameron Tract ROAD 3601 Cameron Court LOT 5

PROPERTY OWNER Margwood Home LTD. 531-2071
ADDRESS 4008 Heritage Hill Lane
21043

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

LOCATION - Place the distribution box 149 feet from the front (738.48') lot line and 132 feet from the right (150.83') lot line as seen when facing the lot from Cameron Court. Run trenches on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 2/18/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

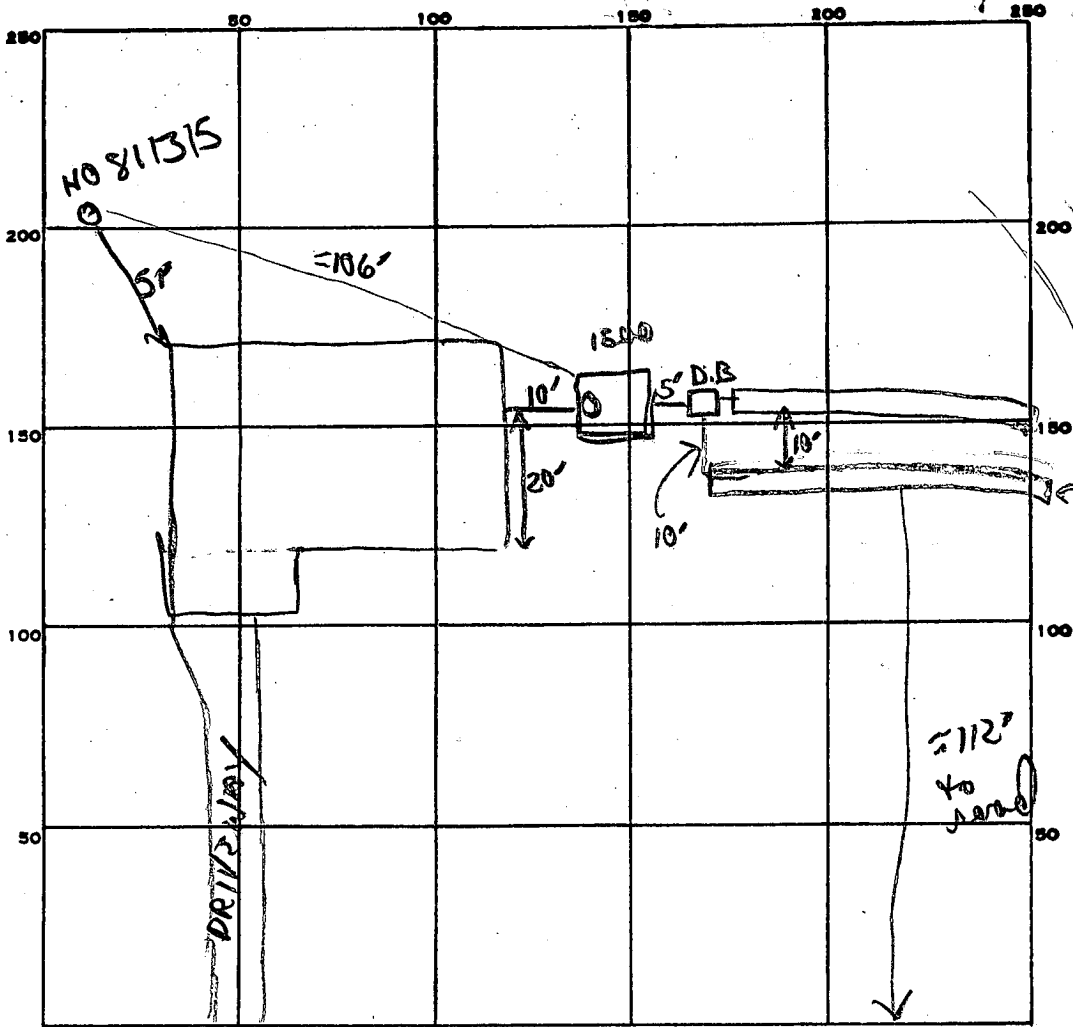
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 36348



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

CAMERON CT

PERMIT CARD

SEPTIC TANK, LEVEL 1500 gal

CLEANOUTS 1 S.T.

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8' 8' FT.

TRENCH WIDTH 2 FT.

GRAVEL DEPTH 3 1/2' 4' IN.

TOTAL LENGTH 85 + 85 FT.

NUMBER OF TRENCHES 2

TOTAL BOTTOM AREA 340 + 340

SEEPAGE PITS, INSIDE DIAMETER — FT.

DEPTH BELOW INLET — FT.

ABSORBENT AREA 680 SQ. FT.

REMARKS

OK to add stone pipe, paper to trenches 1+2, OK to cover septic tank to house.

OK to cover trenches 1+2 + all work

DATE SYSTEM APPROVED

5/5/86

INSPECTOR

B. Nuyon

120
+
189

85
7100
54
340

DRIVEWAY TO BACK
PAPER PIPES

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36348

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 12/20/85

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 MARCWOOD HOMES LTD

ADDRESS 4008 HERITAGE HILL LANE PHONE 531-2071

PROPERTY LOCATION:

SUBDIVISION CAMERON TRACT LOT NO. 5

ROAD AND DESCRIPTION CAMERON COURT + FOLLY QUARTER

SIZE OF LOT 3 TYPE BLDG. RESIDENTIAL
(NUMBER OF BEDROOMS)

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.

Ron Marc Buschert
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

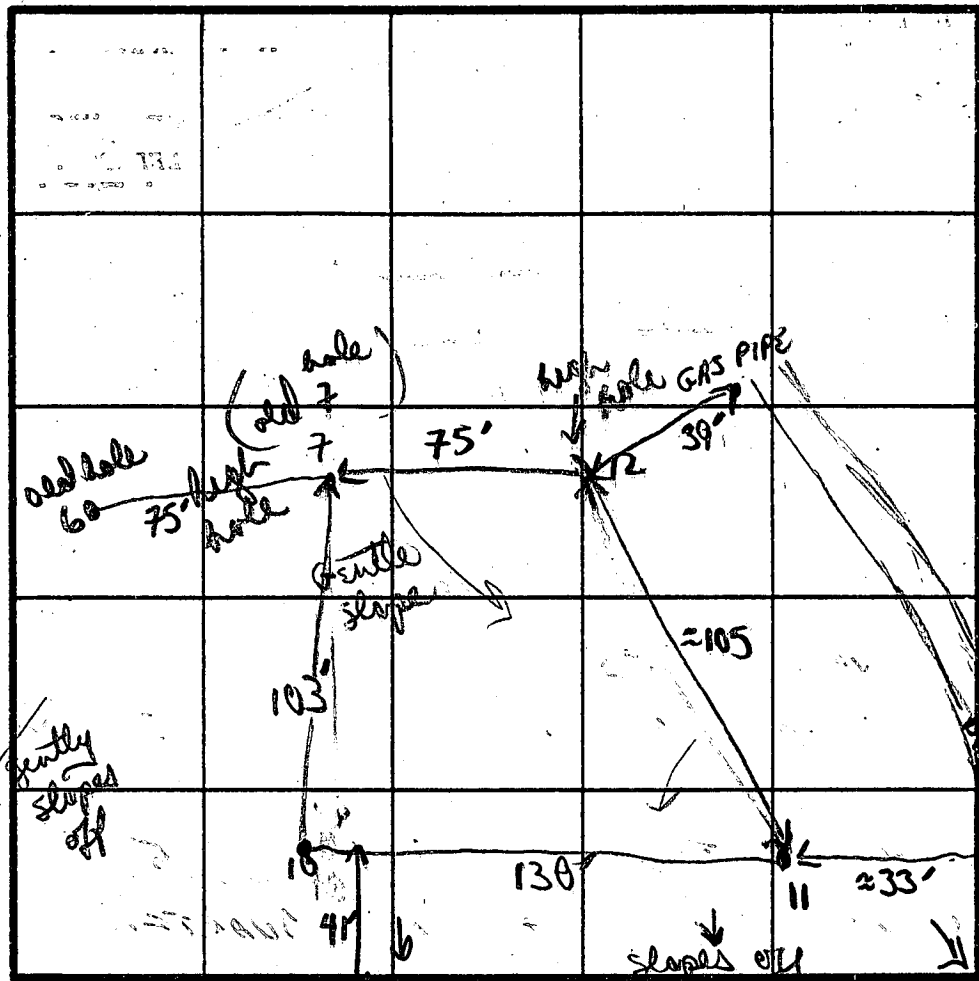
THIS IS NOT A PERMIT

10

SOIL PROFILE

4 1/2
 Red/brown clay loam
 Fine/med grain tan brown micaceous loam
 Uniform to bottom

12' bottom



11
 Tan brown powdery loam
 multiple layers of 2 types of soil
 heavy micaceous soil
 7 white soft clumps (quartz?)
 10 type soil w/ mica
 micaceous soil brown loam

12'

7 Perc
 10 min
 Inlet 4
 Bottom 8

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

Reperc

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/2/83	10	3 1/2'	116	119	119	122	3 min	
		12'	uniform below clay layer to bottom					
	11	2 1/2'	126	129	129	134	5 min	
		17'	138	141	141	144	3 min	
		12'	bottom (see soil profile)					
	12	VISUAL						
		12'	bottom uniform					

12
 Tan brown clay loam
 3 1/2
 generally uniform fine tan powdery sandy loam
 (1 small patch of white soil at 10')

12'

with mixed bag lumpy soil with lots of mica

REMARKS

all perc times good

TYPE OF SOIL

B. Nyen

TESTED BY

ALSO PRESENT

Jack, Ron Marc

Permit

APPLICATION

A 25567

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.

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 Cameron Tract LOT NO. 4-5 (new)

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

SIZE OF LOT 3.0 acres TYPE BLDG. single family res. (4-5 bedrooms)
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 *Medlin*
T.F. DeFlavis / C & D Dev. Corp.

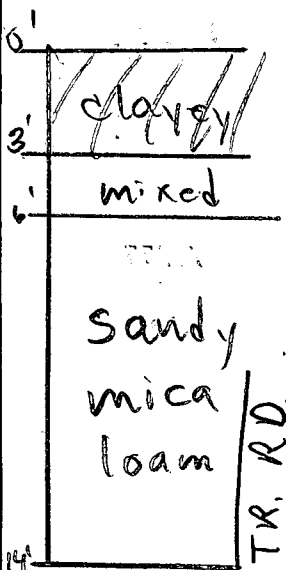
APPROVED BY *Frank Skenne* FOR Drywell & trench DATE 11/23/79
(KIND OF SYSTEM)

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

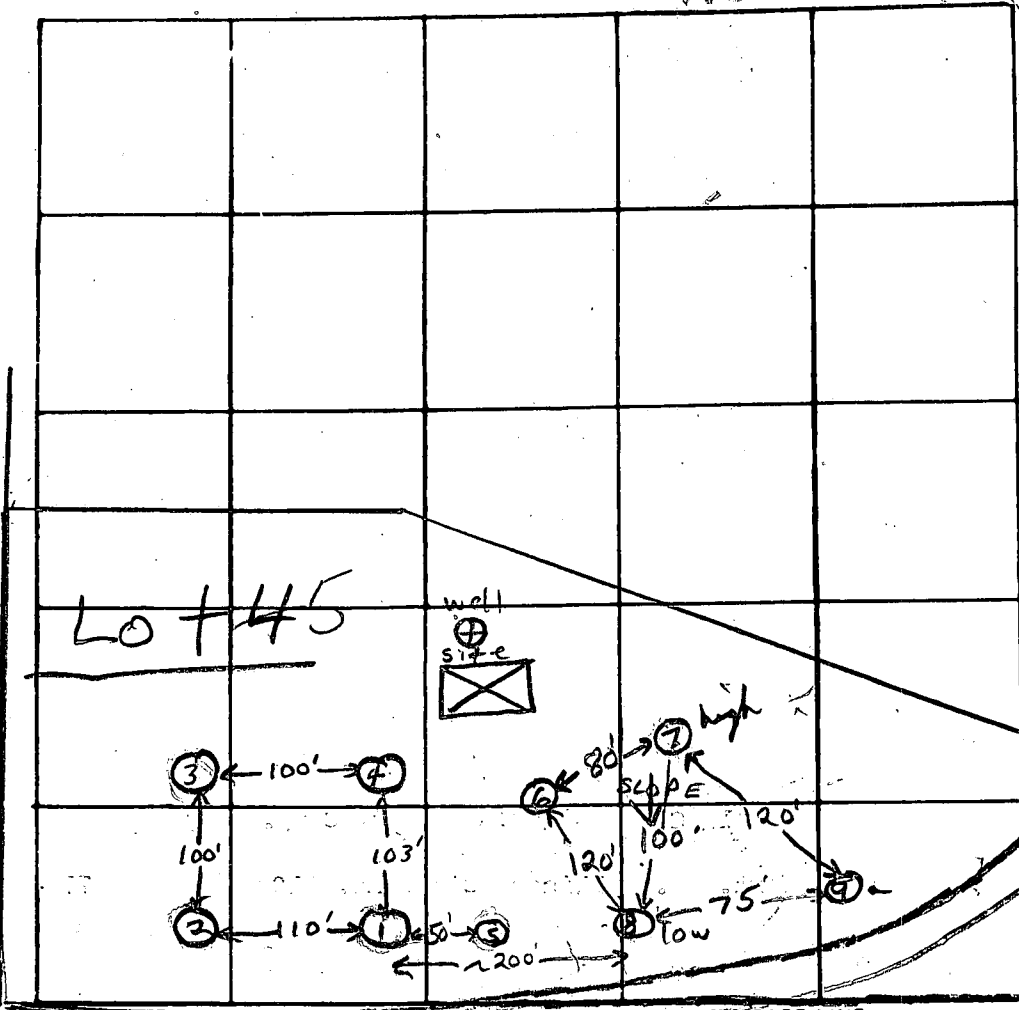
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



FOLLY QTR. RD.



COURT

tar & chip DRIVEWAY ADJOINING ROADWAY'S BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/6/77	1	7 1/2'	10:08	Pulled plug	10:24	4 1/2" drop	15 min	clayey to 8' above soil throughout
	1A	14'	10:06	10:13	10:13	10:24	11 min	
	2	13'	clayey to 9'		silty loam 9-13'			
	3	12'	H ₂ O at 12'		coming in at ~6'			
	4	6'	10:31	10:35	10:35	10:41	6 min	
	4A	14'	10:33	10:48	10:48	11:20	32 min	
	5	8'	clayey to 5'					
	6	13'	clayey to 5'		more sand 6-13'			
	7 high	4 1/2'	3:09	3:15	3:15	3:30	15 min	
	7A	12 1/2'	3:09	3:25	3:25	3:50	25 min	
4/7/77	8 low	4'	2:47	2:53	2:53	3:02	9 min	
	8A	13 1/2'	2:47	2:52	2:52	3:59	7 min	
	9	5'	2:50	3:09	3:09	3:43	34 min	
	9A	14'	2:50	2:55	2:55	3:02	7 min	
	9B	7'	10:47	10:51	10:51	10:55	4 min	

20 min avg inv. 4'

REMARKS house & well site must be moved uphill (as shown on plot)

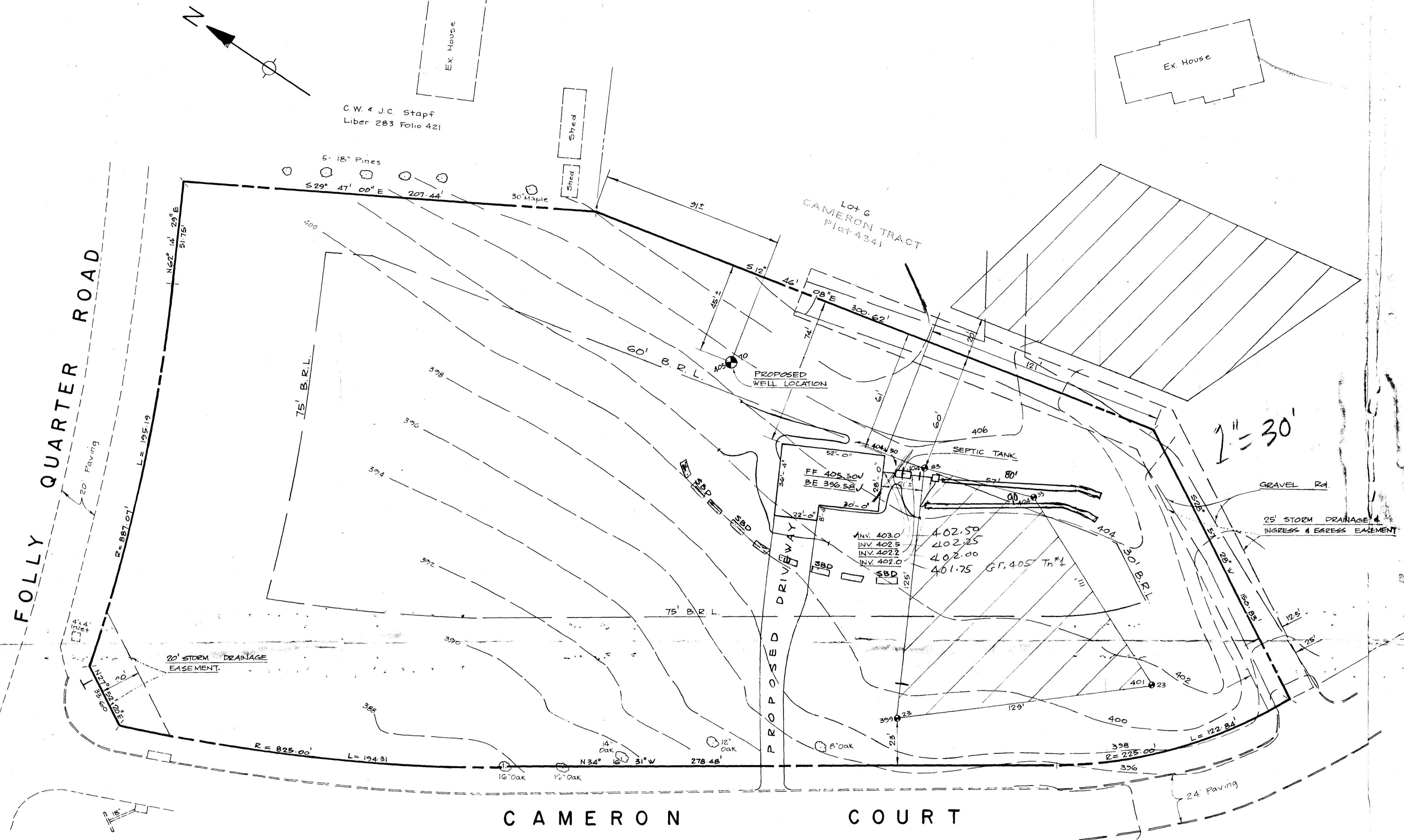
TYPE OF SOIL sandy mica loam below top 3-6' clayey soil

TESTED BY R. B. & F. S. ALSO PRESENT: T. DeFlavis, L. Grout, Brittinghams crew

New 5

15
25
7
7
30
7
4
9/97
14

COPY TO: MIKE GRACE
2201 HAMMONDS FERRY RD
BAGT 21227



- LEGEND**
- PERC HOLE
 - PRIVATE SEWER EASEMENT
 - STRAW BALE DIKE

B.P. # 68775

revisions			prepared by	SCALE 1" = 30'	
no.	description	date		DRAWN	CHECKED
			RBA <small>ENGINEERS-ARCHITECTS-PLANNERS</small> 5485 HARPER'S FARM RD, SUITE 200 COLUMBIA, MARYLAND 21044 301/730-7950 621-605	DS	JH
				PROJ. NO.	DATE
			4796	12-18-85	
			GRADING PLAN Lot 5 in a Resubdivision of Lot 4 of CAMERON TRACT PLAT #4341 3 rd Election Dist. Howard County, Md Zoning - R Tax Map 23		
			SHEET	OF	
			1	1	

B 1 **5772** SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
HO-811-1315
fill in this form completely

Date Received **010986**
OWNER INFORMATION
MARC WOOD JONES INC.
Last Name Owner First Name
8008 HERITAGE HILL LN
Street or RFD
ELLICOTT CITY MD 21043
Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
CAMERON TRACT SUBDIVISION
SECTION **44** LOT **5**
WEST FRIENDSHIP NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **2.56** MI

DRILLER INFORMATION
Dana Kyker, Jr. II Driller's Name
Westminster Rotary Well Drilling, Inc. Firm Name
Box #861, Westminster, Md. 21157 Address
Dana Kyker, Jr. Signature **1/6/86** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **CAMERON CT.**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **200** 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**

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
HOWARD COUNTY NAME
A-36348 COUNTY NO.
OEP SIGNATURE **B. Wilson** STATE HEALTH INSERT S
DATE ISSUED **07/24/86** EXP. DATE
NORTH GRID **523000** EAST GRID **0825000**

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
other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **CITY well**
2. _____
3. _____
WRITE THE BOX NUMBER FROM THE MAP HERE

2-4-86
143' CASING
77' OPEN HOLE
22 BAGS CEMENT
Well location ok
TAG Present
left by city
Water sand
S. Ash
COMPLETE SAND
WELL

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)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N
FOLLEY QUARTER
CAMERON CT.
180'
WELL

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER **GAP**
FORCE **BA** WRITE INITIALS IN BOX PERMIT No. **HO-811-1315**

C1 00856 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-36348**

DATE RECEIVED
 8 13

DATE WELL COMPLETED
 15 20 **020486**

DEPTH OF WELL
 22 26 **203**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
NO-91-1315
 28 29 30 31 32 33 34 35 36 37

OWNER **MARC WOOD HAMMS INC.**
 STREET OR RFD **CAMERON CT.** TOWN **WEST FRIENDSHIP**
 SUBDIVISION **CAMERON TRACT** SECTION _____ LOT **45**

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	
DIRT	0	1	
Soft Brown Mica	1	73	
Hard Blue Schist	73	115	<u>X</u>
Hard, Soft, Blue & Brown Schist	115	133	
Hard Blue & Black Schist	133	179	
Opening	179	180	<u>X</u>
Hard, Soft, Blue Schist	180	203	

Told owner well should be gravel packed
 Set pump at 143 ft. draw-down to 135 ft.

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **34** NO. OF POUNDS **3196**
 GALLONS OF WATER **204**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **139** 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 (nearest inch) **6** Total depth (nearest foot) **143.6**

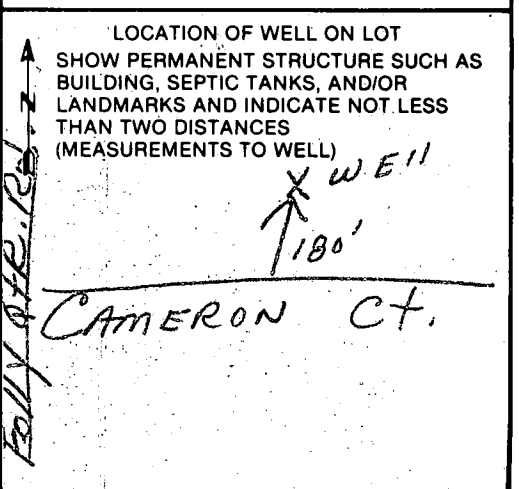
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **8.5**
 METHOD USED TO MEASURE PUMPING RATE **Submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **35**
 WHEN PUMPING **129**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

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

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

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 **4** (nearest foot)

DEPTH (nearest ft.)
 EACH SCREEN
HO **143.6** **203**
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)



CIRCLE APPROPRIATE LETTER
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

GRAVEL PACK from **203** to **143**
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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. **256**
Dana Kyker, Jr. II
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 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 (E.R.O.S.)
 TELESCOPE CASING LOG INDICATOR OTHER DATA