

4/5/93 LAG

Tax ID - 04-351339

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49101

A 42802

DISTRICT 4th

DATE 4/2/93

DATE SYSTEM APPROVED 4/6/93

INSPECTOR M. Ripkin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

Francis Harrison, Jr.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 2858 Flagmarsh Road, Mt. Airy, Maryland 21771 PHONE 795-8651

SUBDIVISION Camden Downs, Sec. 1 LOT 1 ROAD 15601 Thistle Downs Court

PROPERTY OWNER Mark W. & Lorraine A. Harbold Robert / Donna Schoeffer

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 185 feet down the rear (394.33') lot line and 65 feet off the same line, beginning from the rear left lot corner, as seen when facing the lot from Thistle Downs Court. Run trenches on contour toward the rear (394.33') and the left (289.33') lot line. Maintain a minimum of 100 feet from the well.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 10/5/92 RH

PLANS APPROVED BY Raymon Hodges

REVISED _____ DATE 8/27/92

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**

APPLICATION

PERCOLATION TESTING

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

A 42802

P _____

DISTRICT 4

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 Mark & Lorraine A. Harbold

ADDRESS 830 Morgan Station Road, Woodbine 21797 PHONE _____

PROSPECTIVE BUYER Potomac Development Company

ADDRESS 1015 Copperstone Ct., Rockville 20852 PHONE 410-448-9149
424-6006

PROPERTY LOCATION:

SUBDIVISION Camden Downs Prelim LOT NO. (1)

ROAD AND DESCRIPTION Old Frederick Road and Morgan Station Road
(15601 Thistle Downs Court)

TAX MAP 8 PARCEL # 1

SIZE OF LOT 3.60 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.

Gregory B. Powell
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-24-89 Perc Satisfactory Hold for P.E.T. S. Alvin

BLDG. PERMIT SIGNED

AND RETURNED

8/27/88
Serial # 45712-SFD
3-Bedroom

BLDG. PERMIT SIGNED

AND RETURNED

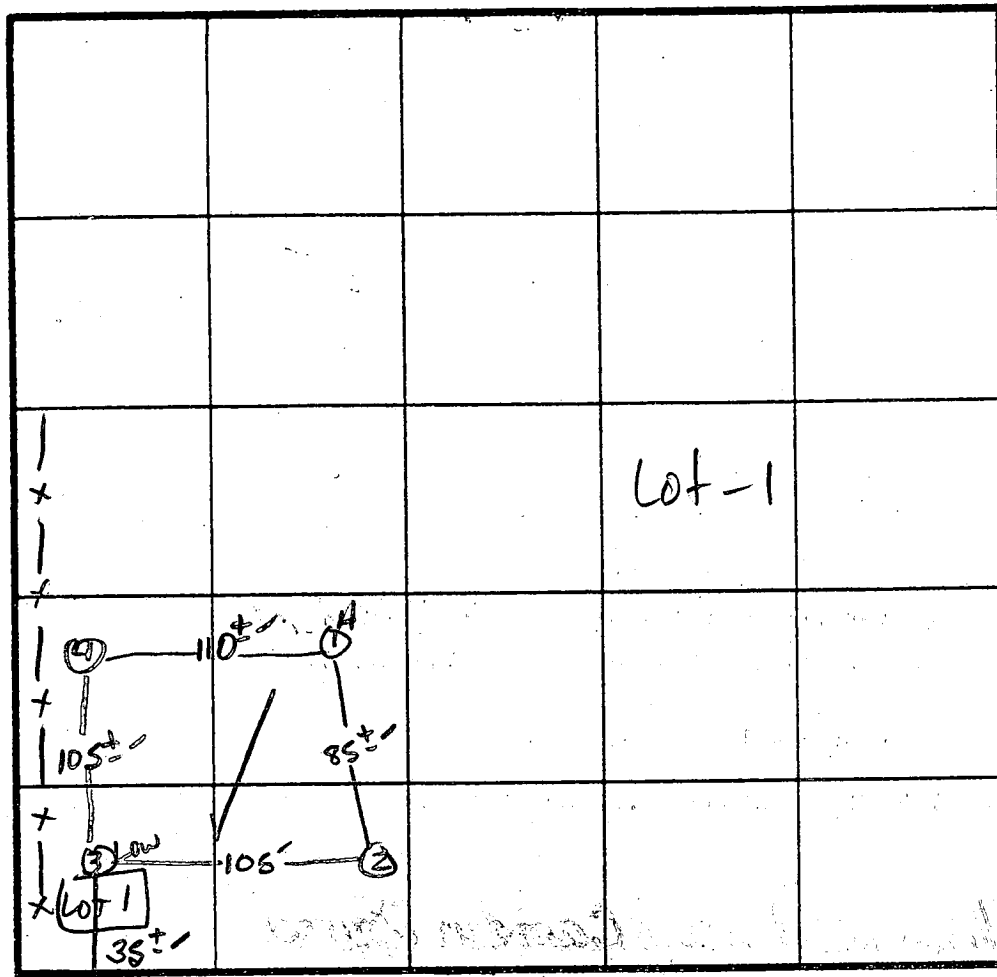
8/27/88
Serial # 95713-
2-Car Garage

THIS IS NOT A PERMIT

A-42802

①
SOIL PROFILE

0"	AP
8"	Red Brown Silty Clay Common 15-25% Frag
4-4.5"	Yellow Br. Silt loam Micaceous 20-30% Common Frag
13"	



\bar{x} PERC 11 MIN
 210 #/GR
 INLET 40
 BOTTOM 50 S.5

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

CL

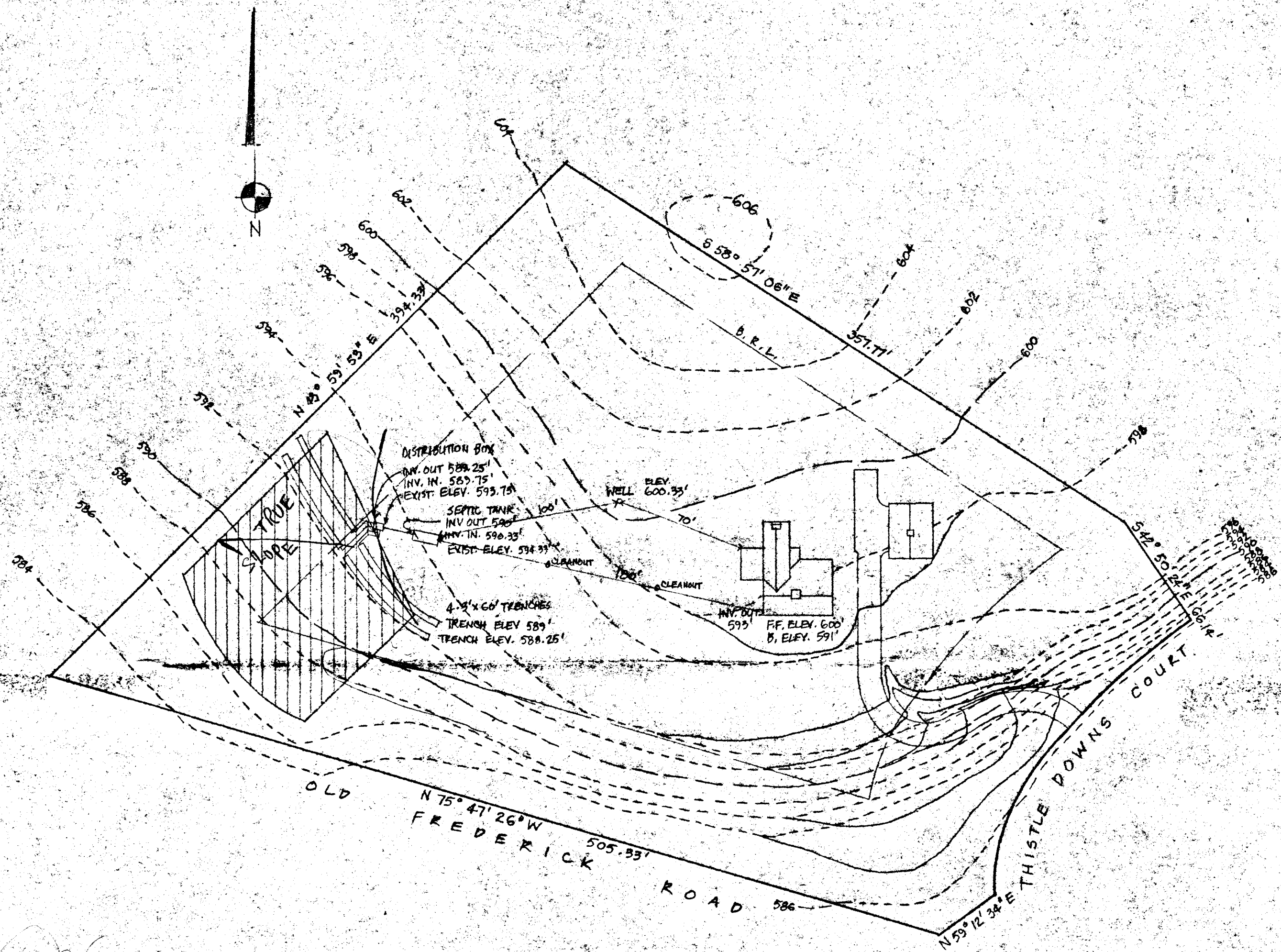
OLD Fred. Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/24/89	1 S	4.5	9:55	9:58	9:58	10:08	10 MIN
	1 M	8.0	9:56	9:58	9:58	10:02	4 MIN
	1 V	13"	As Profiled				
	2 V	12.5"	Similar to Profile 3.5-4.0' CLAY HAVEN AD				
	3 S	4.5"	10:05	10:11	10:11	10:23	12 MIN
	3 V	13"	Remainder AD Clay to 4.5' similar to Profile				
	4 S	4.5"	10:02	10:10	10:10	10:18	8 MIN
	4 V	13"	As Profiled - Less Frag AT 4.5-13"				

REMARKS Hole AS STAKED/APPROX TO PLAT/LAND STOP POSITION SUGGEST SHALLOW SYST ONLYTYPE OF SOIL Clayey/Mt. ArgTESTED BY S. Abel

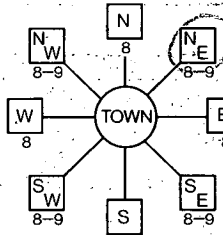
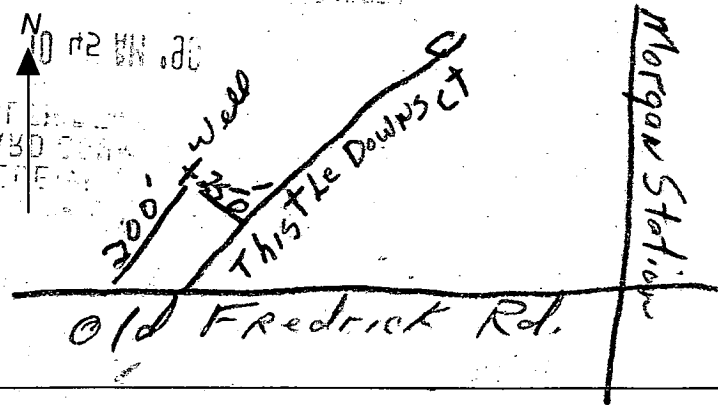
ALSO PRESENT

NO ONE



8/27/92
 PLANS O/K
 BP 45003 & BP 45002
 County of B. Dodge

LOT 1 • CAMDEN DOWNS • SEPTIC SYSTEM PLAN			
SCALE 1" = 50' 0"	APPROVED BY:	DRAWN BY MWH	
DATE:		REVISED	
HARBOLD • RESIDENCE			
MARK HARBOLD		301-898-7853 (co)	DRAWING NUMBER 1-A

B 1 9460 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-88-1361 <small>fill in this form completely</small>
Date Received (APA) 050790		B 3 LOCATION OF WELL	
OWNER INFORMATION CAMDEN DOWNS PARTNER 10805 Hickory Ridge Rd. Columbia Md 21044		HOWARD 8 COUNTY CAMDEN DOWNS 23 SUBDIVISION SECTION 1 LOT 1 LISBON 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 MI	
DRILLER INFORMATION FRANK DELPH 453 FRANK DELPH WELL DRILLERS INC 18234 PENN SHOP RD MT AIRY MD Frank Delph 5-2-90		B 4 Thistle Downs Ct DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 250 DISTANCE FROM ROAD ENTER FT OR MI 17	
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 COUNTY NO. STATE SIGNATURE DATE ISSUED 052290 CO SIGNATURE Craig Wilson 11/22/90 NORTH GRID 552000 EAST GRID 0783000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 7843 5520	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		6-5-90 grant 8:30am 5' bags of cement 21' casing 18' Grout - open 2' casing above ground	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER FORCE CU PERMIT No. HD-88-1361	
SPECIAL CONDITIONS			

C 1 1593
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.
(DENV 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-42802

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT-TO-DRILL WELL"

8 13

15 20

22 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37
H0-88-1361

OWNER Camden Downs Partners
STREET OR RD last name first name TOWN Lisbon
SUBDIVISION Camden Downs SECTION LOT 21

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

Top Soil 0 2
Brown Slate 2 15
Blue Slate 15 30
Brown Slate 30 40 L
Blue slate 40 70
Brown Slate 70 75 L
Blue Slate 75 110
Brown Slate 110 120 L
Blue slate 120 165

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 14 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

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

PL L 21
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

C 2
1 2
DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
2 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36
3 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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.) W Q
70 72 74 75 76

TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40

WHEN PUMPING 40

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

(CIRCLE) (YES or 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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

above } LAND SURFACE
below } (nearest foot)
49 50 51

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)

Diagram showing well location on lot with distances to structures.

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 PRE-
SENTED 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)

COUNTY