

12-13-88
Bring WPS permit
12-14-88
12/14/88
12/17 PM

04-347420

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 43129

A 38713

DISTRICT 4th

DATE 11/29/88

DATE SYSTEM APPROVED 12-14-88

INSPECTOR S. Abel

Paul Schissler/South Carroll Backhoe IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Morgan Station ROAD 809 Iron Rail Court LOT 7

PROPERTY OWNER James May Frederick C. Walker

ADDRESS

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

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

190
376.0
253 ft-trench

TRENCHES - 190 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the trench 220 feet up the left (392.22') lot line and 110 feet off the same lot line as seen when facing the lot from Iron Rail Court. Run trenches on contour left and front lot line.

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

PLANS APPROVED BY Sid Abel DATE 6/23/88

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES)

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

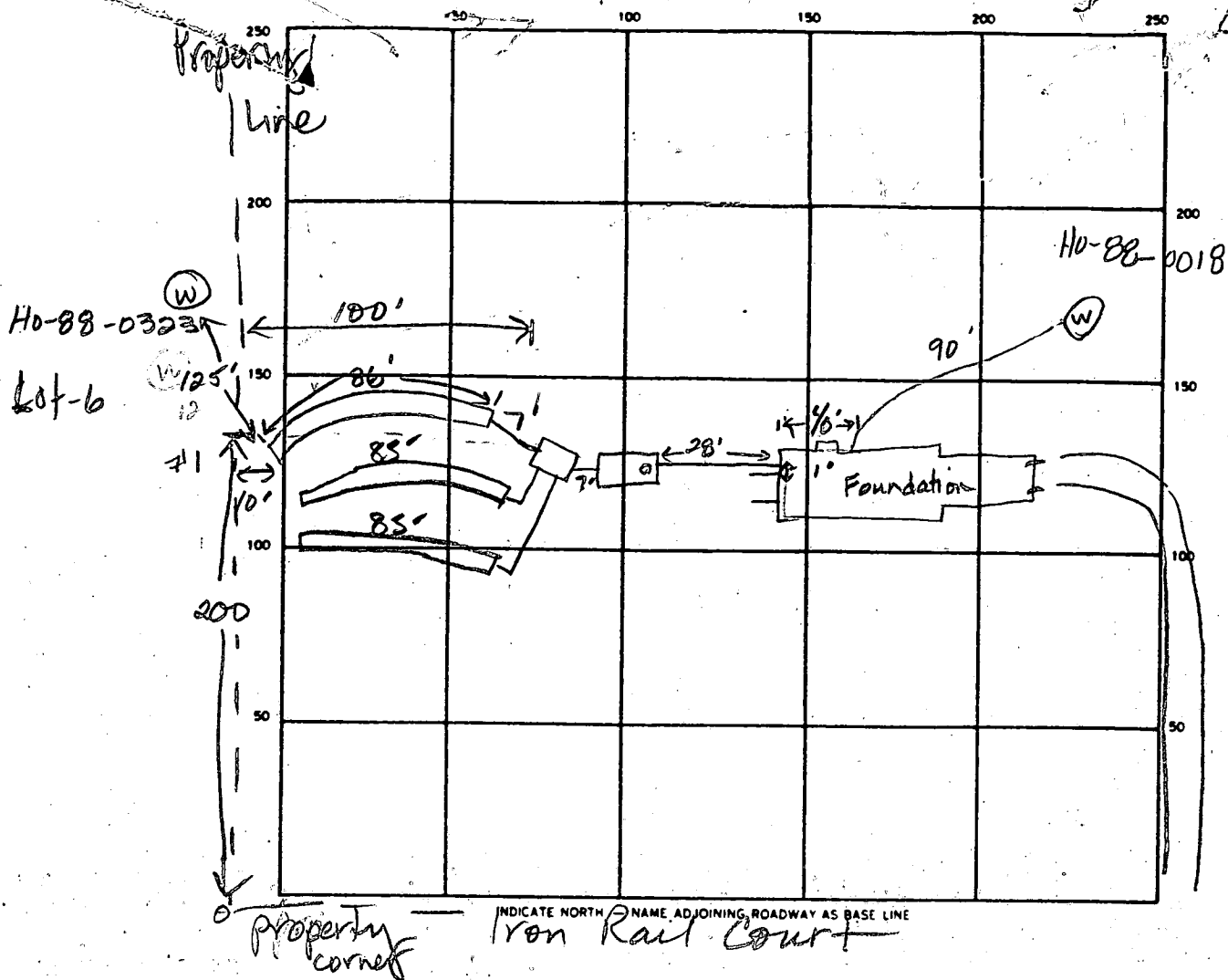
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED Sid Abel
Sheet #38394-deck

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 38713



2
 37
 24
 48
 44
 88
 27
 24
 60
 37

253
 85
 167

SEPTIC TANK LEVEL 1500 gal CLEANOUTS 1 on septic tank
 DISTRIBUTION BOX LEVEL Needs baffle
 DRAIN FIELD TILE FIELD DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3' FT.
 EFFECTIVE GRAVEL DEPTH 2 2 2 FT. TOTAL LENGTH 86 85 85 FT.
 NUMBER OF TRENCHES 1 ONE SIDEWALL BOTTOM AREA 250-255-255 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 768 SQ. FT.

52
 24
 208
 104

1
 85
 255

REMARKS 12-13-88 House moved toward perc field 50±. Septic area appears to be intact. ok to cover trench #1. Add baffle to dist box (EN)

DATE SYSTEM APPROVED 12-14-88 INSPECTOR S. Abel

APPLICATION

PERCOLATION TESTING

A 38713

P _____

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

DISTRICT 4

DATE 12/17/86

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 Roy W. Crym + Wife JAMES MAY 442-1160

ADDRESS 791 Morgan Station Rd PHONE 489-4995

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION: LOT 7 Prelim. 10/21/87

SUBDIVISION Morgan Station (~~own property~~) LOT NO. X

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd
809 IRON RAIL COURT

TAX MAP 3 PARCEL # 9

SIZE OF LOT 3 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.

Mal S. Reel
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Shallow Trenches DATE 6-23-88

REJECTED BY _____ FOR _____ DATE _____

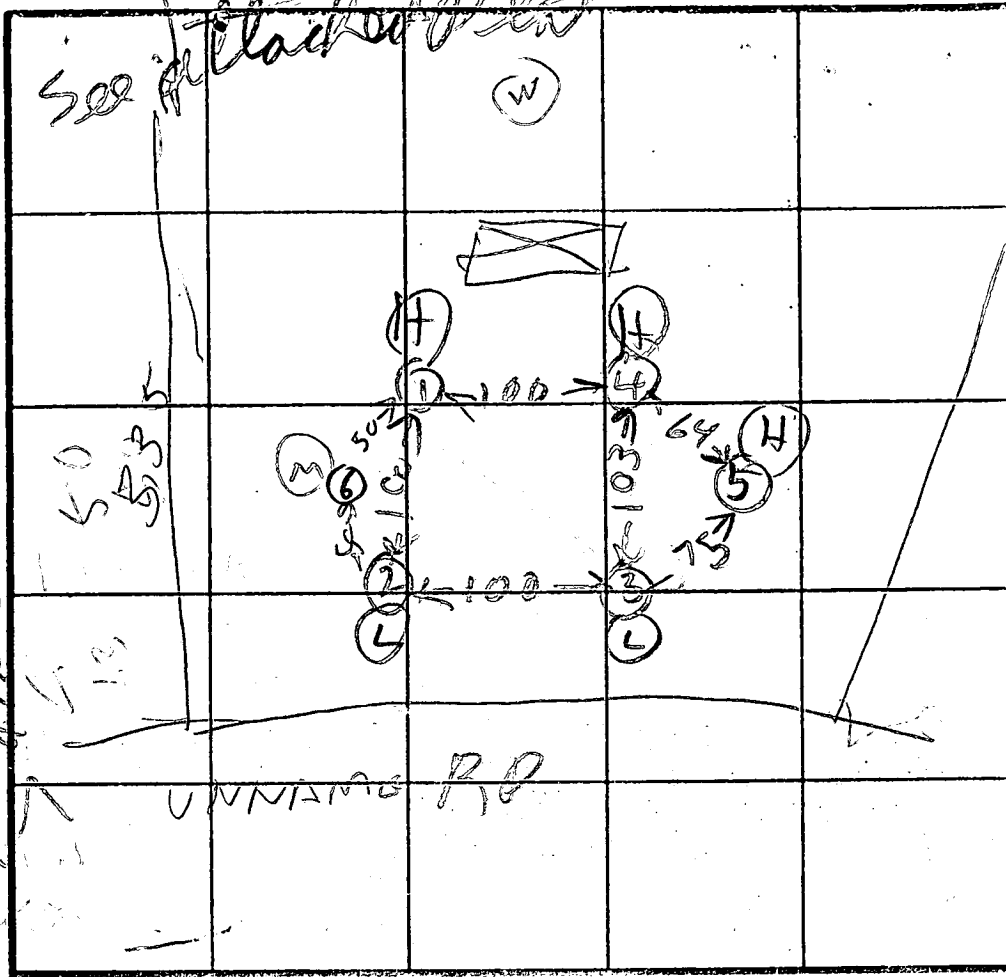
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/27/87 perc OK Hold for Plat B/H
Lot lines to be changed

BLDG. PERMIT SIGNED
AND RETURNED 9-14-88

BP 21277 SA

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
 0 BROWN CLAY
 3 15% SAPROLITE BROWN SANDY LOAM
 9 1/2 ROCK

3 CLAY & SODIUM
 12 PARK BROWN SAND LOAM

6 CLAY
 3 GRAY BROWN SAND LOAM
 9 ROCK

3 BROWN CLAY
 2.5 25% SAPROLITE BROWN SANDY LOAM
 ROCK

3 CLAY & SODIUM
 BROWN SAND LOAM
 5% SAPROLITE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/27/87	1S	3	329	335	335	350	15
	1V	6.5	329	331	331	341	15
4/27/87	IV	9.5	OK				
	2S	3	333	346	346	310	little perc
	2V	8.5	UNSAT TO SHALLOW		ROCK		
	3S	4	336	338	338	334	2
	3V	11.5	OK				
	4V	11	OK				
	5S	3	401	403	403	408	5
	5V	12	OK				
5/1/87	6S	12	152	155	155	201	6
	6V	8					

at
 Time
 9 min
 Max
 depth
 3 FT
 BOTTOMS
 190# LB

REMARKS Holes 0239 Dig Per Surveyor Hole (5) Extra

TYPE OF SOIL
 TESTED BY R. HODGES

ALSO PRESENT POB KE TEAMAN

EH-12-1079

EVIDENTLY
PROVED
RC AREA

LOT 4
THE STATION
LOTS 4-6
PLAT NO 7306

LOT 3

LOT 2

565

EX. DRIVEWAY TO
BE ABANDONED

PREVIOUSLY
APPROVED
PERG AREAS

7344

593

N 09° 05' 57" E 430.40'

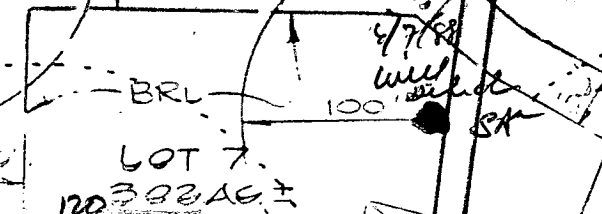
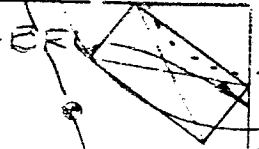
215'
100'

385'

130'

S 52° 04' E 207.45'

592



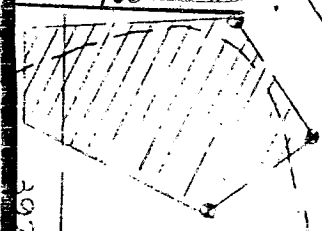
LOT 7
20.392 AC ±

S 37° 26' 38" W 278.54'

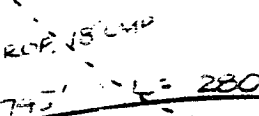
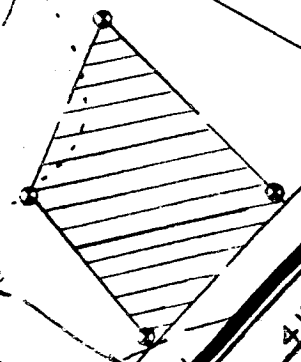
492

484

S 05° 53' 12" W 218.72'



LOT 8
3.04 AC ±



R=695; L=495
COURT

20' DRAINAGE
EASEMENT

LOT 11

PERC SPECIFICATIONS

Well: Ex Gr 560 ✓

Prop Gr. 560 ✓

House: FF 560 ✓

LL 551 ✓

Inv. Out 549.9 ✓ ~~551~~

Sewer: Septic Tank

50@2% Inv. In 548.9 ✓

30@2% Inv. Out 548.6 ✓

30@2% = 0.6 ✓ 548.0

DISTRIBUTION BOX

Ex Gr. = 551 ✓

Prop. Gr. 551 ✓

Inv. 548.0 ✓

Trench - $\frac{3}{2}$ sf/lf 190 sf/bdrm x 4 = 760 sf

Length = $760/2 = 380'$

Trench 1 = 80+110 = 190

2 = 75+95 = 170

3 = 20

$\frac{380}{253}$ LF required/sk

LOT 7 MORGAN STATION

4th ELECTION DISTRICT

TAX MAP 3

PARCELS 9&11

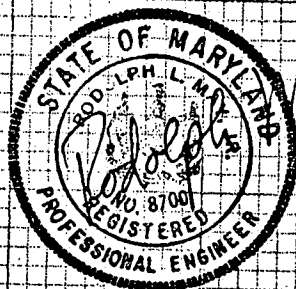
MAY BROTHERS

2920 RTE 32

WEST FRIENDSHIP, MD

442-1160

21794



May
7/25/88

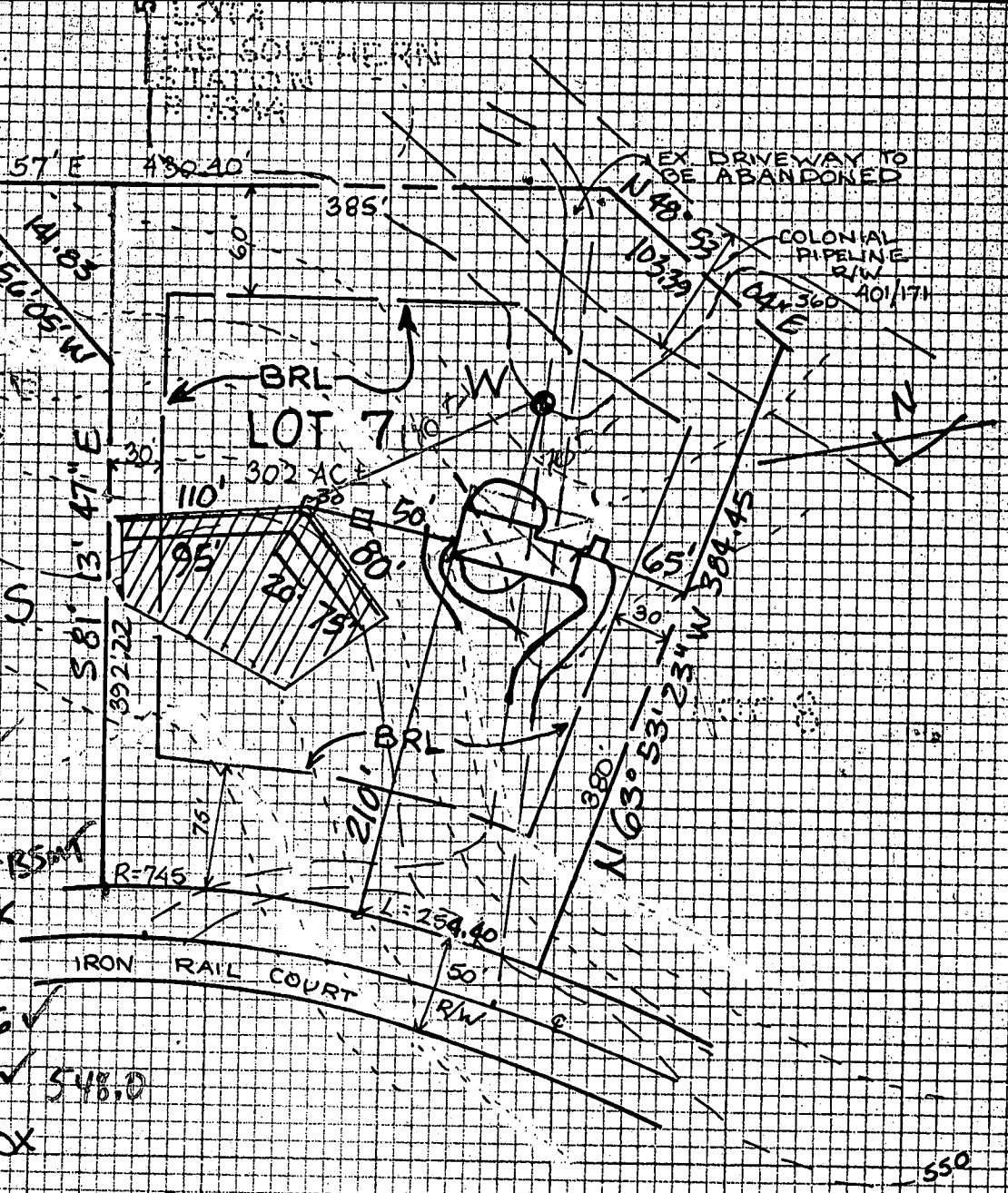
BLDG PERMIT SIGNED AND RETURNED

9-17-88

BP 21277

SAC

BP-21277



B 1 7-088 SEQUENCE NO. (DP 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

STATE PERMIT NUMBER 10-88-0018 fill in this form completely

Date Received (APA) 06/16/88 OWNER INFORMATION: REICHA MARK 8307 MAIN STREET ELLICOTT CITY MD 21043

B 3 LOCATION OF WELL HOWARD MORGAN STATION WOODSIDE 2 MILES FROM TOWN

DRILLER INFORMATION: RALPH MAYNE 273 RALPH MAYNE (WELL DRILLING) 9120 BROWN CHURCH RD MT AIRY

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD TOWN RAIL COURT DISTANCE FROM ROAD 320 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard A 38713

APPROXIMATE DEPTH OF WELL 150 FEET

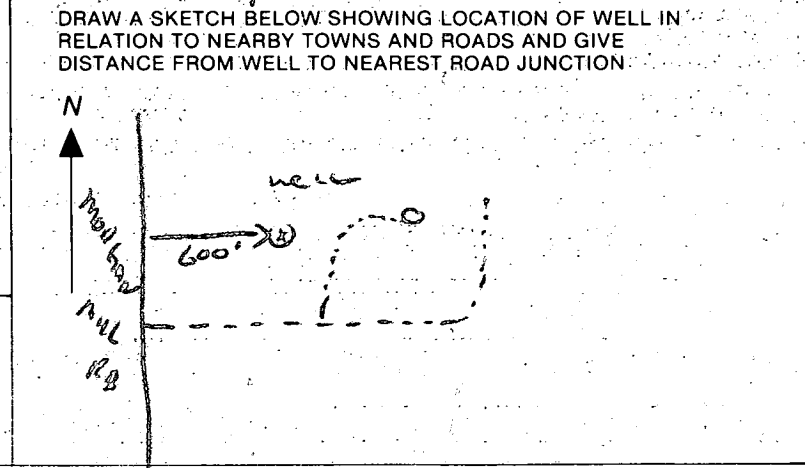
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER: well, well, well. WRITE THE BOX NUMBER FROM THE MAP HERE: 7806, 5502

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTARY

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX): THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (OEP USE ONLY): FORCE PERMIT NO. 10-88-0018



C1 9675 SEQUENCE NO. (DENY 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-38713

DATE Received [] DATE WELL COMPLETED 063088 Depth of Well 22 205 26 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HU-88-0018

OWNER REICH MARK last name first name
 STREET OR RFD 17003 RAIL CT TOWN WOODBINE
 SUBDIVISION MORGAN STATION SECTION LOT 7

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	
Top Soil	0	2	
Shady	2	19	
Sand Stone	19	25	
MICKA	25	30	
Sand Stone	30	35	✓
MICKA	35	80	
Sand Stone	80	85	✓
MICKA	85	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 45 NO. OF POUNDS 200
 GALLONS OF WATER 42
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 25 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)
 PL 6 30

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN 1 HU 28 205
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

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.

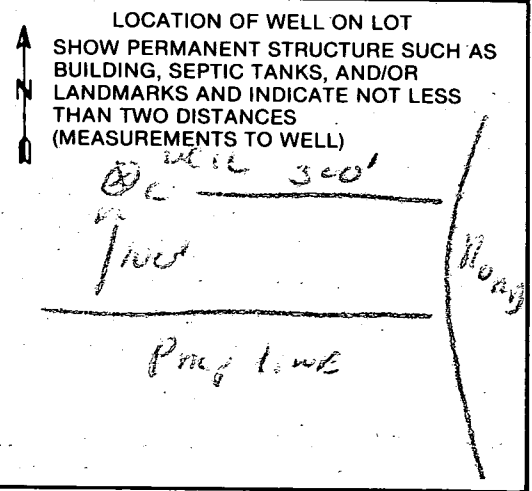
DRILLERS IDENT. NO. 273
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 30
 WHEN PUMPING 25
 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) 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 (nearest foot)
 - below }



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 # 43191
 Date 12/12/88
 Name of Installer ROBERT L. FEELER Co., INC. Telephone 781-4655
 License Number 2122
 Certified Well Pump Installer Well Driller _____ Registered Plumber
 Name of Property Owner MAY BROTHERS BUILDERS Telephone _____
 Subdivision MORGAN STATION Lot # 7 Well Tag # HO-88-0018
 Site Address 209 IRON RAIL COURT

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>MCCILL</u>
a. Deep well jet _____	2. RPM <u>3450</u>	2. Model # <u>MB-1</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>GRISWOLD (DOMINE)</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>3XLN</u>		
4. Capacity <u>5</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____		

Tank <u>CAPTIVE AIR</u>	Piping	Well data
1. Capacity <u>WK-203</u>	1. Type <u>POLY</u>	1. Depth <u>205</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>6</u> GPM
	3. NSF and/or BOCA Code approved <u>YES</u>	3. Static water level <u>32</u> ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>YES</u>

12/14/88 Pitless at 56" well (line same) sealed cap - no pump seen - INSIDE WORK NOT DONE. SAC

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: Robert L. Feeler R.L.F. Co., Inc.

Date: 12/15/88

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

