

7/22/91
11 AM
8/14/91
anything

04-347463

PERMIT

SEWAGE DISPOSAL SYSTEM

P 47287
A 38715

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX-TIME EXPIRED-FOR F.C.O.P.

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

COMPLIANCE

DATE 7/9/91

DATE SYSTEM APPROVED 8/14/91

INSPECTOR M. Rifkin

INDEXED

*7/15/93
C. Williams/C. BO*

W. T. C., III Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS 1820 Gillies Falls Road, Woodbine, Maryland 21797 PHONE 489-4457

SUBDIVISION Morgan Station LOT 11 ROAD 833 Iron Rail Court

PROPERTY OWNER Kevin E. Purdum

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - 210 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 - Start the first trench 290 feet from the front lot line and 125 feet from the left lot line as seen when facing the lot from ~~Face~~ Iron Rail Court. Run trenches on contour toward the rear lot line. Keep septic tank at least 100 ft. from well.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 7/11/91 OK BH

PLANS APPROVED BY Sid Abel/Raymond Hodges cm DATE 09/7/89

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

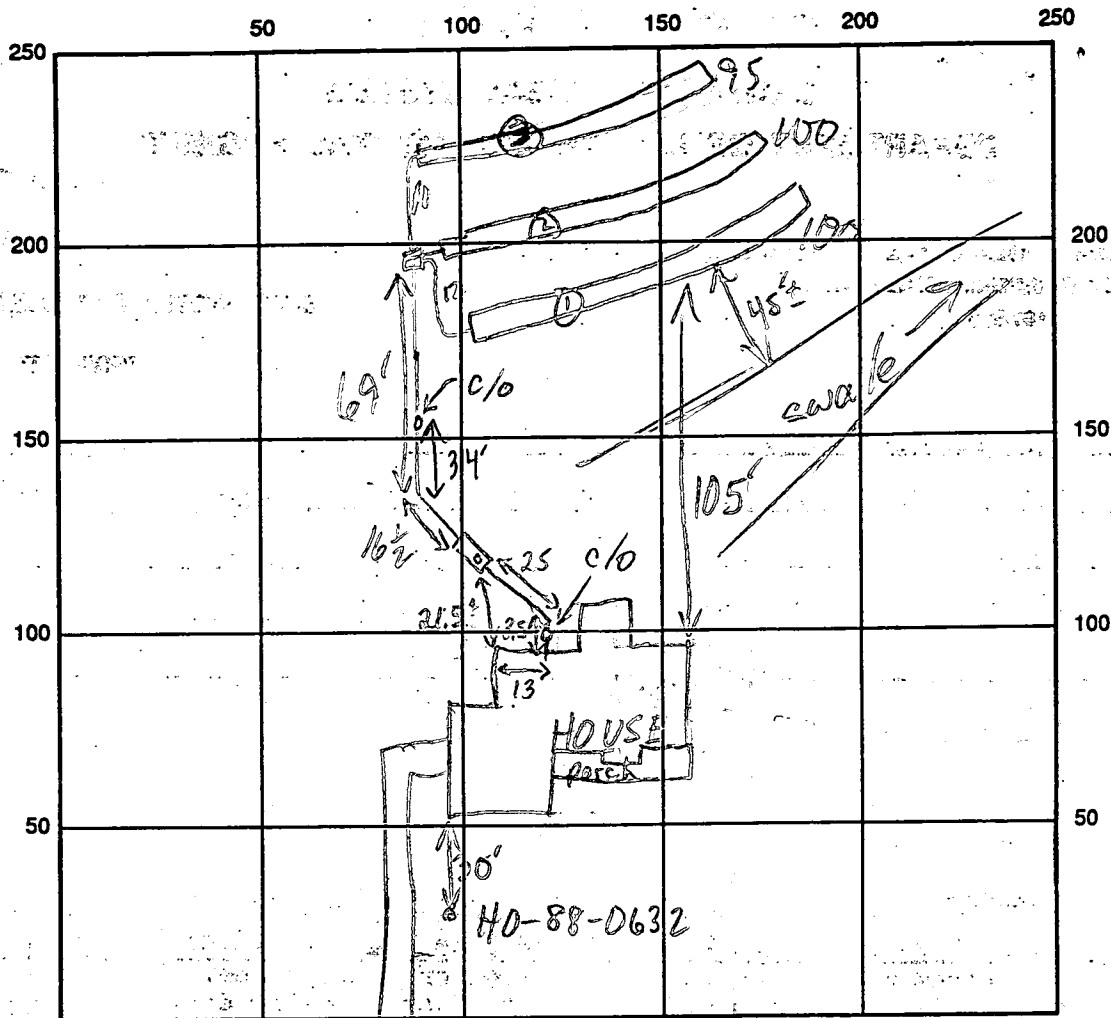
PERMIT VOID AFTER TWO YEARS

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 38715



IRON RAIL CT

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

S.T. / INLINE - HOUSE / INLINE NEAR D.B.

SEPTIC TANK LEVEL 1250 GAL CLEANOUTS OK OK OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{1}{5} \frac{2}{5.56}$ FT. TRENCH WIDTH 3 FT. INLET DEPTH $\frac{1}{3} \frac{2}{3.5} \frac{3}{4}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{1}{21} \frac{2}{21.2}$ FT. TOTAL LENGTH 100 100 95 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 300 300 285 SQ. FT.

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

ABSORBENT AREA 885 SQ. FT.

REMARKS: 7/22/91 OK TO INSTALL T&T TRENCH w/ INLET @ 4'
BOT 5 1/2' REMAINDER PER ORIGINAL SPECS (HOUSE
ELEV. DIFF. THAN PER PLAN) MR. 8/7/91 CONTOURS ON PLAN
NOT CORRECT, REPAIRS HIGHER IF POSS; NEED C/O BETWEEN
S.T. + D.B. - ALL OTHER WORK OK; WELL CASING NEEDS
8-12" TO BE OK - DO NOT GIVE W/O P. CONFIRMATION OF WORK MR

8/14/91 IN LINE C/O OK MR. 8/14/91 INSPECTOR M. Rifkin

DATE SYSTEM APPROVED

APPLICATION

PERCOLATION TESTING

A 38715

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

Kevin E. Purdum

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~Roy W. Crum + wife RJC Partnership - 461-3769~~

ADDRESS 791 Morgan Station Rd PHONE 489-4995

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION:

SUBDIVISION Morgan Station (~~Crum Property~~) LOT NO. LOT 11 Paetim 12/2/87

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd (833 Iron Rail Court)

TAX MAP 3 PARCEL # 9

SIZE OF LOT 3 acres

BLDG. PERMIT SIGNED AND RETURNED 9/4/87
Serial #365 or SFD
SFD 4 Bedroom
(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 Skerit
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

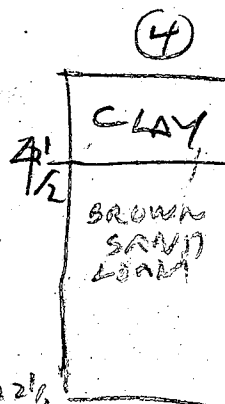
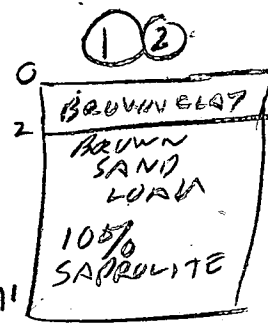
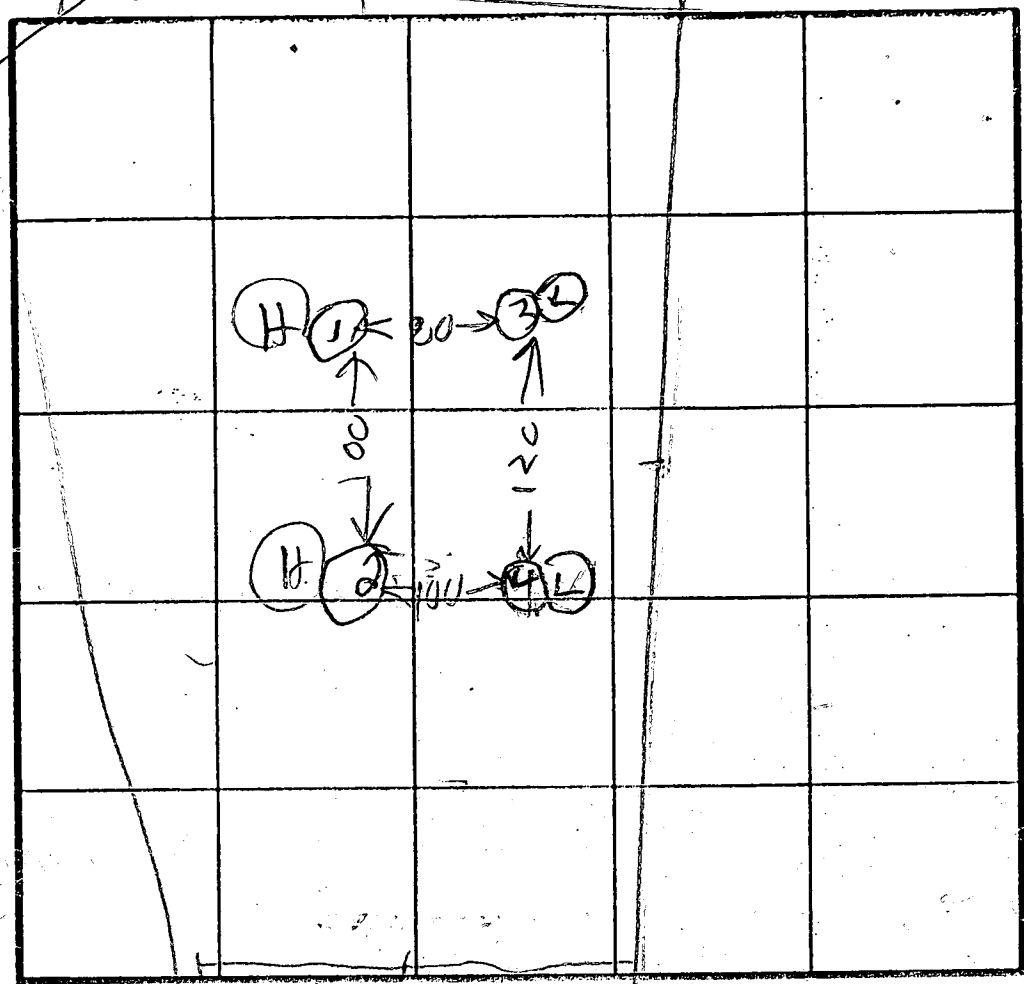
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/27/87 PERC OK Howard Health Dept

BLDG. PERMIT SIGNED AND RETURNED 9/19/89
Serial #2855
SFD - 4 Bedroom

THIS IS NOT A PERMIT

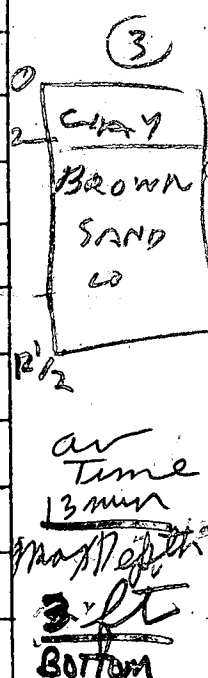
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UNNAMED RT

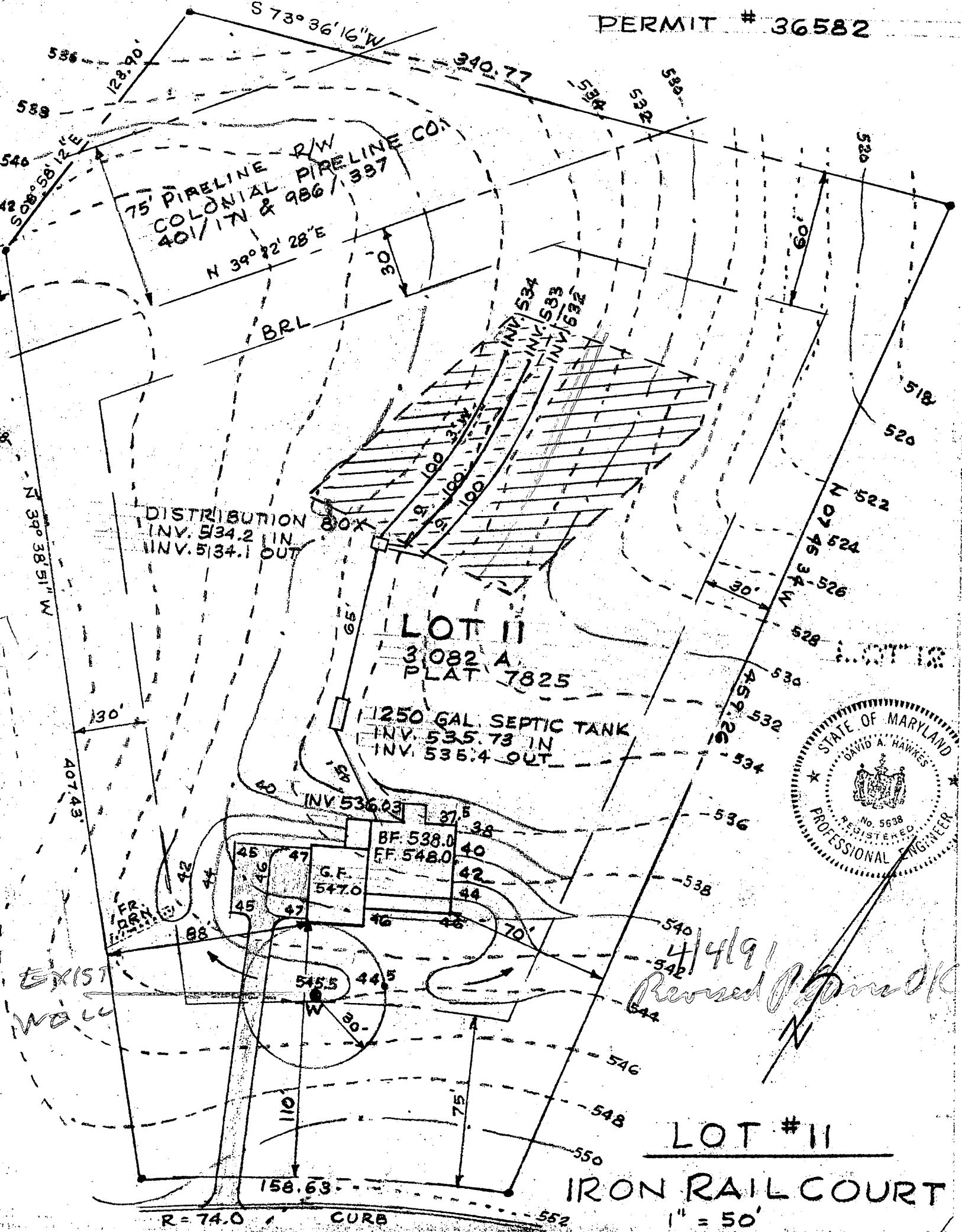
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/07	15	4	1114	1119	1119	1127	8
	10	6	1115	1126	1126	1127	6
11 11	1V	11	OK				
	2V	11	OK				
4/27/07	35	13	1152	1201	1201	1214	13
	3V	12 1/2	OK				
	45	4	1153	1155	1155	1158	3
11	4V	12.5	OK BELOW		4 1/2		27
11	4M	5	1212	1234	1234	100	26
		6.5					



REMARKS (45) DUG IN FILE - TIRE CLAY, DIG 1 FT DEEP
 RAIN TODAY Hole Digger Surveyor Stake
 200P

TYPE OF SOIL _____

TESTED BY R HODGES ALSO PRESENT OKETTERMAN & SON

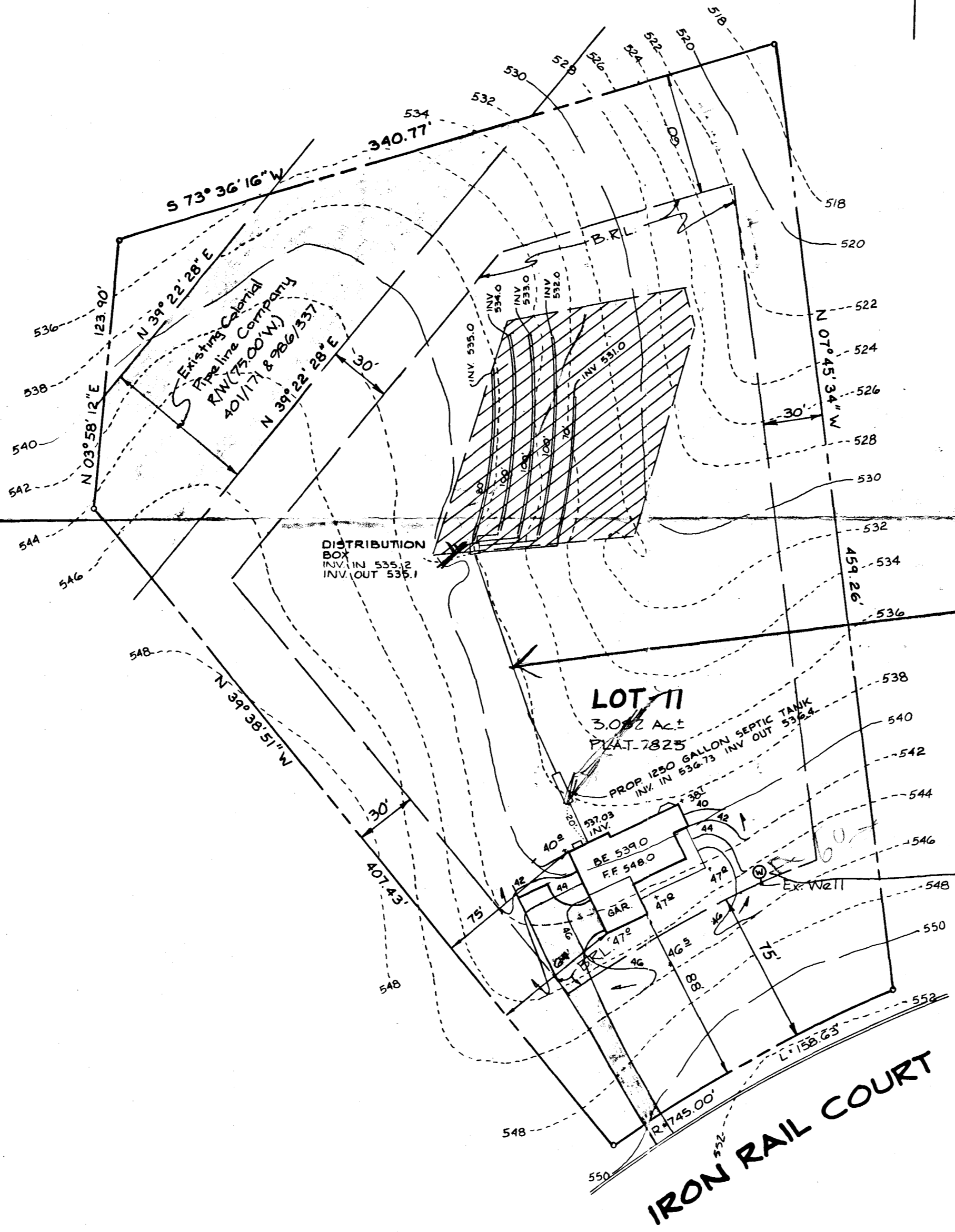


4/4/91
 Revised Plans OK

LOT # II
 IRON RAIL COURT
 1" = 50'

EXIST WALL

R = 74.0 CURB



INSTALL CLEANOUT ON SEWER LINE
 BETWEEN TANK & BOX
 ONE CLEANOUT every 70 FT

- 1) 4 BEDROOM HOUSE
- 2) 210 SQ FT / BEDROOM
- 3) LENGTH OF TRENCHES REQUIRED $\frac{4 \times 210}{2} = 420'$
- 4) LENGTH OF TRENCHES PROVIDED = 450'

Imposed Well location

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT
 CENTRAL
 HEALTH
 JUN 31 2 32 PM '89

FISHER, COLLINS AND CARTER, INC.
 CONSULTING ENGINEERS AND LAND SURVEYORS
 8388 COURT AVENUE
 ELLICOTT CITY, MARYLAND 21043
 TELEPHONE: (301) 461-2855

PLAN TO ACCOMPANY APPLICATION
 FOR BUILDING PERMIT
 LOT 11
MORGAN STATION
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MD.
 JUNE 14, 1989 SCALE: 1" = 50'

B 1 **5920** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

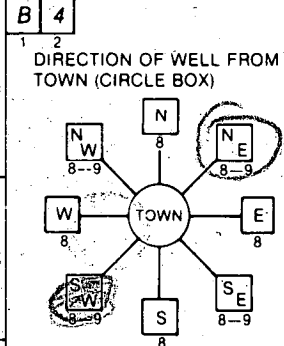
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-88-0632
 fill in this form completely

Date Received (APA) **032389**
 OWNER INFORMATION
Hemphill Associates
 Last Name Owner First Name
10126 PAAT MAT FIRE
 Street or RFD
Ellicott City Md 21043
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
Morgan Station SUBDIVISION
 SECTION **11** LOT **11** PARCEL 9TH
Lisbon NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **MI**

DRILLER INFORMATION
FRANK DELPH License No. **453**
 Driller's Name
Frank-Deiph Well Drillers Inc.
 Firm Name
14234 Penn Shop Rd. Mt Airy Md.
 Address
Frank Delph **3/17/89**
 Signature Date



Morgan Station NEAR WHAT ROAD
IRON RAIL COURT
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH EAST WEST SOUTH
100
 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **3**
 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 38715 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **10/22/89** CO SIGNATURE **x Gay Williams** EXP. DATE
 NORTH GRID **553000** EAST GRID **0786000**

APPROXIMATE DEPTH OF WELL **200** FEET

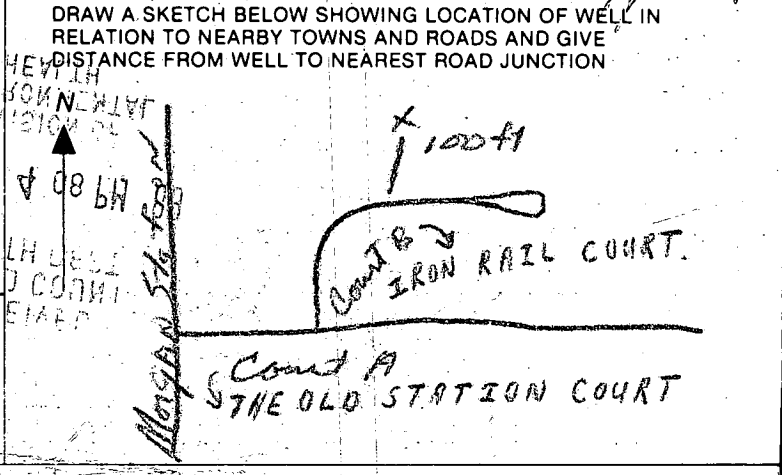
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **780 6**
 N **550 3**

6/13/89 / Well drilled
 5 Bags of cement
 21 Well casing
 18' Casing open joint
 per well driller already grouted

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 _____
 FORCE **CU** WRITE INITIALS IN BOX PERMIT NO. **H0-88-0632**

SPECIAL CONDITIONS

C1 2401 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 = 38715**

DATE Received [] DATE WELL COMPLETED **AL 10 89** Depth of Well **165** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-RR-0632**

OWNER **HEMPHILL ASSOCIATES** last name first name
 STREET OR RFD **IRON BRICK COURT** TOWN **LISAON**
 SUBDIVISION **MORGAN STATION** SECTION **---** LOT **11**

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	
Shale	2	16	
Mika	16	35	
Sandstone	35	40	✓
Mika	40	70	
Sandstone	70	75	✓
Mika	75	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y) N**
 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 **15** 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 **PL** Nominal diameter **1** Total depth of main casing **71**
 (nearest inch) (nearest foot)

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 **HO 19 144**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN **1** (NEAREST INCH)
 from to

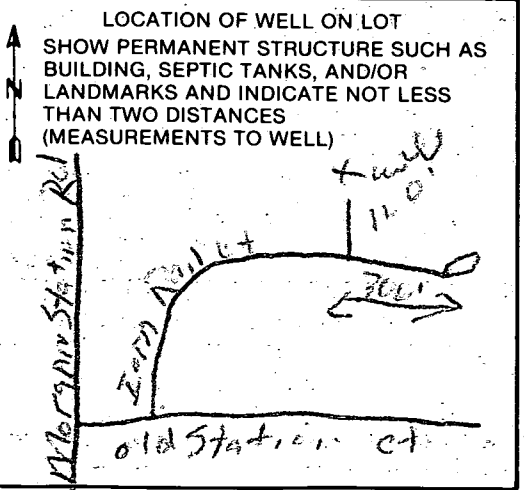
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F. IN BOX 68

DEP 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) **2**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **32**
 WHEN PUMPING **32**
 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**
 (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: **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 } LAND SURFACE (nearest foot)
- below }

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. **403**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (Sign. of driller or journeyman responsible for sitework if different from permittee)



8/14/91 RWT/MS

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 # 47286
 Date 7/9/91
 Name of Installer William T Cumberland Telephone _____
 License Number 7979
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner Kevin F Pordum Telephone 489-4457
 Subdivision Morgan Station Lot # 11 Well Tag # 88-06-32
 Site Address 933 Iron Rail Court HO

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>WEP</u>	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
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 <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth <u>165</u> ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield <u>10</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level <u>32</u> ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

P-A-OK & B-G.
MR 8/14/91

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: [Signature]
Date: 7-9-91

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